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Motivation and Well-Being in Humanitarian Health Workers:

Relating Self-Determination Theory
to hedonic vs. eudaimonic well-
being, vitality and burnout

**A thesis presented in partial fulfilment of the
requirements for the degree of
Doctor of Philosophy in Psychology,
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Abstract

This research examined the effects of motivation on the well-being of humanitarian health workers. Using Self-Determination Theory, I argued introjected and identified motivations were applicable to this occupational domain, and have differential effects on well-being. Introjected motivation would be positively related to hedonic well-being and burnout, while identified motivation would be positively related to eudaimonic well-being and vitality. Orientations to happiness and passion were proposed as mediating these relationships. An online quantitative questionnaire was used in the first phase of data collection. Respondents were $N = 82$ humanitarian health workers. A semi-structured interview methodology was used in the second phase. Participants were $N = 5$ humanitarian health workers. Path analyses revealed neither introjected nor identified motivation was significantly related to vitality or hedonic vs. eudaimonic well-being. Both motivations had significant direct effects on burnout, albeit in the opposite direction to hypotheses. Passion moderated the relationship between motivation and burnout. Additional path analyses showed obsessive passion mediated the path between introjected motivation and emotional exhaustion. Harmonious passion mediated the path between identified motivation and diminished personal accomplishment. Both obsessive and harmonious passion mediated the paths between each motivation and depersonalisation, although identified motivation had the strongest relationship with this aspect of burnout. Interview data supported the majority of quantitative findings. The results suggest the motivations underlying engagement in humanitarian work, are related to the development of burnout. The mediational effect of passion determines which aspect of burnout will be most prevalent. The findings have applicability to the design and implementation of recruitment strategies, and programs aimed at the treatment and prevention of burnout in workers, both pre- and post-deployment to humanitarian situations.

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“Humanitarian workers come in many shapes and sizes. They work in on-site recovery and relief missions, education, health training, agricultural assistance, community mobilization, economic development, water and sanitation, conflict resolution, and advocacy. The common thread across these diverse roles is a service-orientation in the face of suffering and need. Everyone who works for a humanitarian organization is a helper in some capacity”

(Headington Institute, 2008)

1.0 Introduction

The World Health Organisation (WHO) describes health workers as “all people engaged in actions whose primary intent is to enhance health” (2006, p. 2), while health is defined as “...a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” (1948, p. 100). The term ‘health worker’ incorporates any individual engaged in work to promote the physical, mental and social well-being of others. Humanitarian workers are defined as “all workers engaged by humanitarian agencies, whether internationally or nationally recruited, or formally or informally retained from the beneficiary community, to conduct the activities of that agency” (Inter-Agency Standing Committee, 2002, p. 3). A *humanitarian health worker* is any individual engaged by a humanitarian agency to promote the physical, mental and social well-being of a beneficiary community, in response to a humanitarian crisis.

The activities of humanitarian health workers include:

...the protection of civilians and those no longer taking part in hostilities, and the provision of food, water and sanitation, shelter, health services and other items of assistance, undertaken for the benefit of affected people and to facilitate the return to normal lives and livelihoods. (Humanitarian Policy Group, 2003, p. 3)

As active agents of health production, they provide basic services to advance well-being outcomes, both in a curative and preventative capacity. They are the doctors, nurses, psychologists, social workers, nutritionists, engineers, among others, providing essential life-saving, life-giving, and life-maintaining assistance. As professionals dedicated to assisting others, they are at the

forefront of human survival in all humanitarian situations, whether they relate to natural disasters or complex emergencies (Tassell & Flett, 2007).

Despite the diversity of workers and their associated work tasks, a characteristic of humanitarian work is that it reflects a continuum of the best and worst aspects of human experience. At one end of the continuum, such work represents humanity's most benevolent qualities, as the sole aim is to enhance the well-being of others. Personifying altruism and compassion, workers willingly risk their own health and safety to assist those less fortunate than themselves. Humanitarian health workers demonstrate a social commitment unmatched by many professions.

At the other end of the continuum, humanitarian health work reflects some of the worst aspects of the human condition. Workers are exposed to unpleasant, distressing and traumatic experiences, including physical and mental illness, societal and environmental conflict, physical and sexual violence, societal destruction, mass human displacement, insecure and dangerous environments, and death (McCall & Salama, 1999; McFarlane, 2004; Sheik et al., 2000; UNHCR, 2001). The very nature of the work is to deal with these in a professional capacity, and such conditions are experienced on a daily basis throughout the course of a deployment.

For example, in many settings workers are at risk of kidnappings, car-jackings, robberies, riots, motor vehicle accidents, sexual assaults, and workplace suicides (Cripe, 2007). A recent report indicated these incidences have been increasing over the past decade, with 2008 being the most dangerous and deadliest for humanitarian workers. A total of 122 were killed, 62 were kidnapped, and there were approximately 155 violent incidents affecting workers across 25 countries (Stoddard, Harmer, & DiDomenico, 2009). Humanitarian workers are now considered more at risk of death or injury during their deployments to humanitarian situations, than United Nations peacekeepers (Surman, 2009).

Despite the risks, individuals must work effectively and efficiently for extended and typically ill-specified time periods, usually while lacking some of the resources necessary to undertake their work. The nature of humanitarian situations means important decisions must be made based on minimal information, while working in multi-cultural, multi-lingual, and multi-functional work groups. Living and working situations are devoid of the usual interpersonal support of spouses, family and friends (Salama, 1999; UNHCR, 2001). These factors can potentially compound the difficulties already faced when working in humanitarian settings.

Such work is extremely labour intensive and involves individuals mobilising psychological and emotional resources to effectively undertake their work, and maintain an adequate equilibrium of well-being. As stated by one worker, humanitarian situations are:

...extreme situations, invoking our survival instincts, expecting us to tap into our ultimate capacities of strength and courage....When you see the immense suffering of those you are attempting to help, you are morally and emotionally compelled to put aside your own fear. (Sherif, 2002; cited in Danieli, 2002, p. 62)

The extraordinary conditions of humanitarian situations require extraordinary efforts on the part of workers, and none will be left untouched by their experience (Stamm, Varra, Pearlman, & Giller, 2002; Thormar & Djakababa, 2007). It can remain imprinted in the depths of the psyche, impacting well-being - a plausible and logical response to exceptional circumstances. Exactly how well-being is affected will differ among individuals, and manifest in varying ways. For many, the rigors of humanitarian work are used as a platform for personal growth and development, allowing them to be energised and exert personal effort far exceeding that of most engaged in any occupation (Antares Foundation, 2006; Blanchetiere, 2006; UNHCR, 2001). These individuals are likely to maintain sufficiently high levels of well-being.

When well-being is maintained, workers are engaged, driven, more likely to function efficiently, provide quality humanitarian assistance in an effective manner, and have positive interactions with others. Colleagues are less likely to feel pressured, over-burdened or stressed, as there is no need to compensate for professional inadequacies. The needs of recipients are greatly enhanced and they are likely to perceive the assistance received positively, thereby increasing beneficial outcomes (e.g., Tzeng & Ketefian, 2002; Tzeng, Ketefian, & Redman, 2002; Tzeng, Yang, & Lee, 2001; Weisman & Nathanson, 1985). As a result, the humanitarian workforce and the well-being outcomes of the population being served are greatly improved.

For other workers, continued exposure to the often traumatic and distressing circumstances of humanitarian work has adverse consequences (Antares Foundation, 2006). At the individual level, increased stress, burnout, psychosomatic disorders (e.g., headaches, digestive difficulties), increased risk-taking behaviour (e.g., excessive alcohol consumption, sexual promiscuity), loss of ideals, disengagement from work, and a sense of failure, among others, may be experienced (Antares Foundation, 2006; Blanchetiere, 2006; Salama, 1999; Stamm et al., 2002). These affect an individual's ability to undertake work tasks efficiently and effectively, as decision-making skills are compromised, and behaviour may increasingly risk the well-being and safety of others.

At the collective level, any compromise to well-being affects work ability. This has potentially disastrous effects for the population being served, as the provision of quality assistance is either insufficient, compromised, or in the worst cases, completely absent (Leiter, Harvie, & Frizzell, 1998). Wider implications for other workers may result, as they are forced to compensate for the lack of engagement, leading to task employment outside of expertise scope, increases in already burdened workloads, and higher exposure to situational stressors. As a consequence, the effective functioning of the entire humanitarian team is compromised (Antares Foundation, 2006).

Psychological support systems have only recently been developed by some organisations (e.g., International Federation of Red Cross and Red Crescent Society's Reference Centre for Psychosocial Support, Antares Foundation, Center for Humanitarian Psychology, Headington Institute) to cater for the well-being of workers (McCall & Salama, 1999). This may be due to limited research investigating why humanitarian crises have different effects on worker's well-being. In the absence of an adequate pool of research, quality psychological support programs may be difficult to design and implement.

Although research specific to the humanitarian health worker population is yet to be conducted, some studies with relief worker samples have been done. A history of psychiatric illness and alcohol abuse, recent significant life events (such as the death of a loved one or relationship break-up), social support, personality traits, and unrealistic expectations of achievement are risk factors for adverse well-being in humanitarian settings (Pearlman, 2007). The difficulty with these findings is not all individuals afflicted by such circumstances will experience adverse well-being. For example, a history of psychiatric illness does not automatically guarantee future ill-health. Only some individuals with a recent relationship break-up will suffer adverse well-being, while for others the experience will be beneficial. High expectations of achievement incongruous with the reality of the humanitarian situation, may increase energy and dedication, as opposed to thwarting well-being.

These suggestions are consistent with findings indicating not all individuals exposed to specific stressors experience adverse outcomes (e.g., Campbell, Converse, & Rodgers, 1976; Suh, Diener, & Fujita, 1996; Uskun, Ozturk, Kisioglu, & Kirbiyik, 2005). While the previously described factors may impact the well-being of some workers, they cannot fully account for differences in the well-being of humanitarian health workers as a whole. It cannot be these stressors nor those inherent to humanitarian crises per se, affecting well-being. In line with research indicating more enduring personal characteristics are

responsible for well-being outcomes (e.g., Costa & McCrae, 1980; Diener, Sandvik, Pavita, & Fujita, 1992), other factors must explain the differences.

One personal factor is motivation. Encapsulating action, intention, direction and persistence towards a desired outcome (Ryan & Deci, 2000), motivation energises and sustains behaviour over time (Steers, Mowday, & Shapiro, 2004). Significant positive associations have been found between motivation and work satisfaction (Ilardi, Leone, Kasser, & Ryan, 1993), psychological adjustment, and well-being in work settings (Deci et al., 2001; Ilardi et al., 1993). A lack of motivation is negatively related to adverse well-being outcomes (e.g., burnout), when individuals are exposed to the stressors of humanitarian work. Motivation may explain why, when faced with similar or the same stressors, other workers remain relatively unaffected, maintaining high levels of well-being and experiencing vitality.

Ensuring the well-being of populations directly affected by humanitarian crises is the primary aim of humanitarian organisations. However, given the plethora of adverse situations experienced within humanitarian settings and the impact these can have, the importance of workers maintaining adequate levels of well-being cannot be understated. In line with their humanitarian objectives, organisations must equally prioritise the welfare of their workers.

The primary purpose of this present research is to better understand how engagement in humanitarian work affects workers, by assessing the relationship between motivation and well-being. This will be done by investigating the types of motivation applicable to engagement in humanitarian work, and examining pathways between these and well-being.

The first section of the thesis provides a synopsis of prominent work motivation theories, in addition to a comparative analysis of their strengths and weaknesses. I argue Self-Determination Theory (SDT; Deci & Ryan, 1985, 2000) is the most applicable theory for explaining motivational processes in

humanitarian health workers. The second section addresses this theory and an analysis of each motivation type is given. I propose only introjected and identified motivations are applicable to humanitarian work, and associated with distinctly different pathways to well-being.

The third and fourth sections look specifically at the relationship of motivation to differences in well-being. In the third section an overview of well-being is given, and I argue introjected and identified motivations are associated with different Orientations to Happiness (Duckworth, Steen, & Seligman, 2005; Peterson, Park, & Seligman, 2005), which result in differences to subjective well-being. An explanation of how motivation contributes to the development of either an obsessive or harmonious passion (Vallerand et al., 2003) for humanitarian health work, is given in section four. Passion then provides a link in the pathway between motivation and the experience of vitality, or the development of burnout.

Section five gives a brief summary of the preceding sections and states the hypotheses being tested. Section six outlines the methodology employed for this research, while section seven examines the results of both quantitative and qualitative data analyses, respectively. Notably, an analysis of how demographic variables relate to the psychological variables is given. There is no known prior empirical precedent for investigating these relationships, but demographics such as age, length of deployment, organisation of employment, and where workers are deployed may have an effect on motivation and subsequent well-being.

The final section provides a discussion of the research findings including how demographic variables may have an impact, and their theoretical, methodological, and practical implications. Avenues for future research in the area are also suggested.

This research will contribute to the growing knowledge base of Positive Psychology, by offering insights into some mechanisms underlying well-being. The human potential to thrive and excel toward positive functioning is the primary concern of Positive Psychology (Seligman & Csikszentmihalyi, 2000; Sheldon & King, 2001). Advancing understanding in the area will be made by examining self-determined motivation and its effect on well-being, within the context of humanitarian health workers.

Even within the most adverse humanitarian situations, the human potential and capacity for positive, effective, and adaptive well-being is still actively sought and attainable. Delineating the relationship between motivation and well-being provides a foundation for identifying individuals at particular risk of adverse well-being, and will be beneficial for guiding the design and implementation of training programs that teach individuals at risk to identify and mobilise relevant internal (e.g., psychological, emotional) and external (e.g., colleagues, day leave) resources, to effectively cope with circumstances hazardous to their well-being.

A schematic representation of all the hypothesised pathways between motivation and well-being in humanitarian health work are provided in Figure 1. As shown, both introjected and identified motivations have direct and indirect effects on well-being, through two pathways. The pathway in the upper half of Figure 1 hypothesises an indirect effect of motivation on hedonic and eudaimonic well-being, through the mediational role of the orientations to happiness. Motivation is also hypothesised to have a direct effect on hedonic and eudaimonic well-being. The pathway in the lower half of the figure indicates passion mediates the effect of motivation on burnout and vitality, but motivation also has a direct effect on burnout and vitality. Figure 3 on page 46 and figure 4 on page 62 give more detailed representations of the specific pathways investigated.

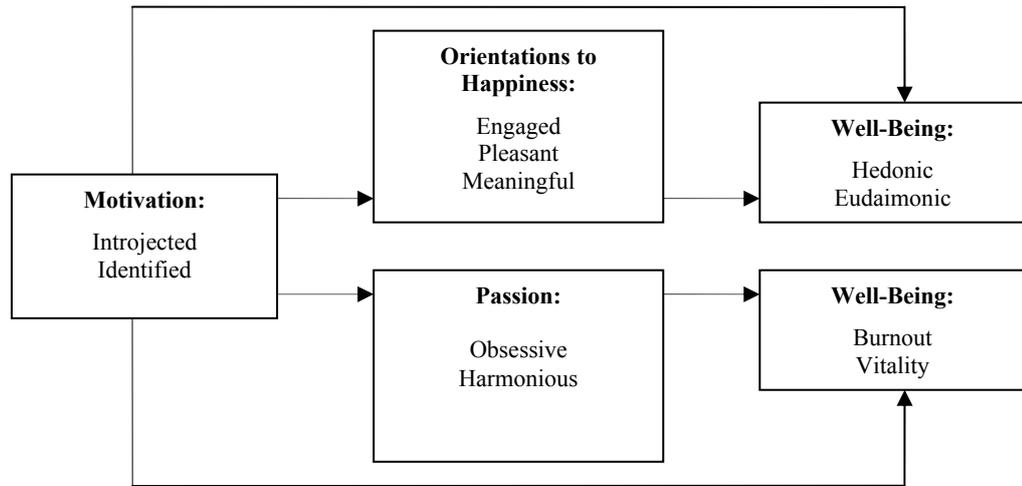


Figure 1. The hypothesised pathways between motivation and well-being for humanitarian health workers, showing both direct and indirect paths, and mediational variables.

2.0 Motivation for Work: An Overview of Theories

Encapsulating action, intention, direction, and persistence towards a desired outcome (Ryan & Deci, 2000), motivation energises and sustains behaviour over time (Steers et al., 2004). Motivation is a key issue investigated in organisational research (van Knippenberg, 2000), due to its observed association with a variety of work-related phenomena (see Alihonou, Soude, & Hounye, 1998; Deci et al., 2001; Hasselhorn, Tackenberg, & Müller, 2004; Ilardi et al., 1993; Kasser, Davey, & Ryan, 1992; Tzeng, 2002), and relevance for effective operations in organisational areas, including management, team work, leadership, ethics, and performance. Several theories provide plausible explanations for work motivation, and are categorised as either content or process theories (Steers et al., 2004).

2.1 Content Theories of Work Motivation

Emerging largely in the 1950s, content theories identify external work factors (e.g., pay, safe work environment) impacting the internal functions and processes of individuals (e.g., need for power, self-esteem, physiological satisfaction) (Steers et al., 2004). Content theories explore interactions between internal and external factors, and how they influence motivation within work environments (Bassett-Jones & Lloyd, 2005).

2.1.1 Maslow and Alderfer's Hierarchy of Needs Theories

The most widely recognised content theories are the needs-based theories developed by Maslow (1954), and later extended by Alderfer (1972). Each theory is organised into a hierarchy of lower-order to higher-order needs. According to Maslow, lower order needs are life-sustaining, such as physiological, safety and social, and are also known as deficiency needs, as

behaviour is motivated by gratification, when deficiency of a specific need is felt (Neher, 1991). Higher order needs are oriented toward the fulfilment of individual potential, such as esteem and actualisation (Brown & Cullen, 2006). These needs are also called being needs, as “they sustain our interest without there being feelings of deprivation” (Neher, 1991, p. 91). This model was later refined by Alderfer to incorporate three needs: existence, relatedness, and growth (Steers et al., 2004).

The main premise of both theories suggests work motivation is a function of the progressive fulfilment of firstly lower-order, and then higher-order needs. The specific need being gratified at a particular time has implications for the amount of motivation, elicited by external work factors. For example, if a worker is striving to meet their basic physiological (according to Maslow) or existential (according to Alderfer) needs like food, housing, and clothing, work factors, such as pay, will increase motivation. If social or relatedness needs are being strived for, social interactions within the work setting facilitating feelings of belongingness and social acceptance, will increase motivation.

These theories are highly regarded in the motivation literature and have been applied in a number of contexts (e.g., employment, education, management, religion) (Brown & Cullen, 2006; Keil, 1999). They have also been criticised as suffering from several limitations. For example, while the theories suggest needs must be satisfied in a hierarchical fashion from lower to higher order, an early review found modest evidence for the hierarchical ranking of needs, and concluded little evidence existed for a definitive hierarchy (Wahba & Bridwell, 1976).

Other studies revealed Maslow’s hierarchy is not applicable in the teaching profession (Gawel, 1999), or to religious behaviour (Brown & Cullen, 2006), and may not be applicable in other settings. For example, in humanitarian settings workers often put the recipient population’s well-being before their own personal safety, suggesting the pursuit of social needs prior to safety

needs. This casts doubt on the validity of the hierarchical need fulfilment proposed by Maslow and Alderfer.

Previous research implies the hierarchies are not universal, but rather culturally specific. In collectivist cultures the self exists in terms of its relationships with and connectedness to significant others (Harrington & Liu, 2002), which creates a tendency for interdependence and obligation (Oyserman, Coon, & Kimmelmeier, 2002). Individuals from collectivist cultures may value and pursue social needs over their own safety or physiological needs, casting doubt on the hierarchical structure of the theories.

Neher (1991) argues Maslow's theory does not account for other cultural traits, nor does it include the need to develop language as part of its tenets. Additionally, social influences tend to promote gendered behaviours, such as independence in males, and relational behaviours in females (Cross & Madson, 1997). Some argue the theories may also be gendered, such that needs like self-actualisation and esteem are more important to males than females, who tend to focus more on caring/social relationships with others (Cullen, n.d.).

These criticisms relate to the hierarchical nature of the theories; they do not negate the needs-based approach to motivation. Gagné and Deci (2005) suggest while the theories are useful for explaining the energisers of motivation (i.e., needs), they fail to provide an explanation of how behaviour is directed as a consequence of such energisers. Other theorists argue growth needs are difficult to empirically study, and the developers of the theories were 'impressionistic', and designed them to negate existing theories (Neher, 1991), rather than formulating new theories well-grounded in empiricism (Geller, 1982).

2.1.2 McClelland's Need for Achievement Theory

Another content theory emphasising the importance of needs as motivators, was developed by McClelland (1961, 1971). In contrast to Maslow and Alderfer,

McClelland ignored the hierarchical concept altogether, suggesting instead competition between several needs occurs simultaneously, with specific needs being acquired over time, as a result of experience. McClelland's theory specified the needs for affiliation, power, and achievement. Affiliation reflects a need to belong and feel part of social groups, while power reflects a need to have control over one's environment. Achievement is defined as "behaviour directed toward competition with a standard for excellence" (Steers et al., 2004, p.381).

While all three needs were aspects of McClelland's theory, more emphasis was placed on the need for achievement. McClelland argued individuals differ in this need, and those possessing a high need for achievement can be distinguished by five specific attributes, which include: responsibility for finding solutions to difficulties; a preference for immediate feedback on performance; avoidance of easily obtainable and highly difficult goals; enjoyment of challenging yet achievable tasks; and, a preference for intangible, (e.g., knowledge) as opposed to tangible (e.g., money), rewards (Chell, Haworth, & Brearley, 1991; Sexton & Smilor, 1986; Smith-Hunter, Kapp, & Yonkers, 2003). Within work settings, the need for achievement increases individual motivation, according to whether such attributes are able to manifest behaviourally.

The five attributes provide a basis for explaining how behaviour is energised and directed, but the overall theory suffers several limitations. The need for achievement is strongly emphasised, yet needs other than achievement may be equally effective at energising and directing behaviour toward work goals. The need for achievement is unlikely to be cross-culturally important. For example, in some collectivist cultures individual achievement is contrary to socio-cultural expectations, whereby the needs, wants, and desires of the individual are secondary to the needs, wants, and desires of the group (Tassell, 2004).

Management research questions the predictive power of the theory, showing no empirical evidence of an association between the need for achievement and specific outcomes, such as entrepreneurship (Brockhaus, 1982). Atkinson (1981) suggested achievement is not an independent need, but rather is determined by personality and situational factors, such as the desire to achieve and the perceived probability of success. Atkinson and Litwin (1960) suggested it may be a fear of failure, as opposed to a need for achievement, motivating behaviour in some individuals. Such research casts doubt on the validity of McClelland's theory, for explaining work motivation.

2.1.3 Herzberg's Motivation-Hygiene Theory

Moving away from the emphasis on needs, a model developed by Herzberg (1966; Herzberg, Mausner, & Snyderman, 1959) recognised differences between factors leading to satisfaction and dissatisfaction, within work environments. According to the model, two important and interacting elements are necessary for motivation: hygiene factors and motivators, also termed extrinsic and intrinsic motives. Hygiene factors lead to dissatisfaction, and are associated with the external environment, such as salary, job status, work conditions, and interpersonal relations with co-workers (Accel-Team, 2006). The hygiene factor most likely to increase motivation, is salary.

Motivators are intrinsic factors leading to satisfaction in the work setting, and include achievement, recognition, advancement, and intrinsic interest, with recognition being proposed as enhancing motivation the most. Herzberg suggested neither hygiene factors nor motivators, lead to increased motivation in and of themselves. Rather their interaction is important for increasing motivation. For example, an individual's motivation will increase, if their work is intrinsically interesting (motivator), and conditions are satisfactory (hygiene factor). Herzberg was among the first to suggest jobs must be optimally designed, to increase employee motivation and satisfactory outcomes.

Herzberg's theory has been criticised for being too simplistic, making the two-factor result (of hygiene and motivating factors) inevitable. Individuals naturally attribute dissatisfaction to external factors and satisfaction to internally controlled factors, as is evidenced by the self-serving bias (Brown & Rogers, 1991). In early research, the dichotomization of the two factors was not supported (e.g., Dunnette, Campbell, & Hakel, 1967; Hinton, 1968; King, 1970), although more recent studies do provide support. A study investigating the theory's utility for work-based suggestion schemes, found intrinsic factors were the reason individuals contributed ideas within work environments (Bassett-Jones & Lloyd, 2005).

Others suggest the two factors are not universal, as what causes dissatisfaction for one individual, may serve as a motivator for another (Hackman & Oldham, 1976; Swinton, n.d.). For example, some individuals will be satisfied with a job promotion (and thus enhanced job status), while others will be dissatisfied, due to the increased responsibility associated with the promotion. Satisfaction with one's job should not imply motivation to do the job. An individual may be satisfied with their job status and the recognition they receive from such status, but that does not necessarily mean they are motivated to undertake work tasks. A final limitation found in a recent study is that salary and recognition are not the primary hygiene and motivating factors impacting motivation (Bassett-Jones & Lloyd, 2005), as was initially suggested by Herzberg.

2.1.4 Hackman and Oldham's Theory of Optimal Job Design

The content theory developed by Hackman and Oldham (1976, 1980) focuses on facilitating high internal motivation for work, thereby enhancing personal growth. It suggests the optimal design of jobs is central to achieving motivation in the work setting, with optimal characteristics including task variety; identity with the task through whole completion; positive impact on others lives; decision latitude and autonomy; and meaningful feedback on performance. If designed with all characteristics in mind, autonomous motivation will be

facilitated, as opposed to external factors controlling work engagement. When internal motivation is high, individuals are more likely to experience intrinsic enjoyment and personal growth at work. When work is experienced as intrinsically enjoyable, motivation increases.

A major criticism of the theory is that it does not apply to individuals with a low need for growth, as job characteristics such as task variety and meaningful feedback, are not necessary in the work environment. Loher, Noe, Moeller, and Fitzgerald (1985) found associations between job characteristics and job satisfaction increased for individuals with high growth needs, and substantially decreased for individuals with a low need for growth, thereby supporting this criticism. Another limitation is that the theory focuses on internal motivation, with no consideration for externally controlled motivation. Individuals can be motivated by external factors such as money, and/or externally controlled factors, like approval from others. The theory does not consider the interaction between internal and external motivation, and whether this affects how behaviour is energised and directed in work settings (Gagné & Deci, 2005).

2.1.5 Summary of Content Theories

The content theories provide plausible explanations for motivation in work settings, although none can sufficiently explain the totality of factors affecting motivation. This is largely because the factors identified by each theory (i.e., needs, hygiene factors, motivators), are not universally or cross-culturally applicable. For example, Maslow and Alderfer specified that a range of needs must be fulfilled in a hierarchical fashion, while McClelland emphasised the need for achievement as prominent. Hierarchical fulfilment and the potency of specific needs (such as achievement), may not be applicable across cultures.

Considerable controversy has been generated by the concept of needs that transcend socio-cultural circumstances, contexts, and situations (Heine, Lehman, Markus, & Kitayama, 1999). Specifying needs that are undeniably

universal is important, and necessary for any theory of motivation. While external circumstances and factors play a part in creating differences between individuals, a theory which incorporates needs as applicable and inherent to all human beings, will provide a basis for developing a universal theory of motivation that explains a variety of behaviours, and provide a foundation for addressing less desirable behaviours (e.g., genocide, terrorism). While need fulfilment is a logical energiser of motivation, the needs specified in content theories are inadequate as universal, cross-culturally applicable explanations of motivation.

The theories of Herzberg, and Hackman and Oldham, provide a basis for distinguishing types of motivation, such as intrinsic versus extrinsic, and controlled versus autonomous. However, the factors underlying these motivations are not universally applicable. Herzberg suggests hygiene (extrinsic) factors lead to dissatisfaction, while motivators (intrinsic) lead to satisfaction, within work settings. Hackman and Oldham suggest a specific set of job characteristics lead to perceptions of autonomy, which increases intrinsic enjoyment and motivation for a task. However, differences in perceptions of what cause dissatisfaction, or enhance autonomy, vary between individuals. Opsahl and Dunnette (1966) suggest the notion that external factors (such as money) act as dis-satisfiers is mystifying, and state no research exists indicating a link between external factors such as money, and job satisfaction or dissatisfaction.

Although the theories of Herzberg, and Hackman and Oldham provide a means for differentiating types of motivations, and suggest specific factors relating to differential satisfaction outcomes (e.g., Bassett-Jones & Lloyd, 2005), they do not allow for specific predictions regarding these differentiations, and treat motivation as a unitary concept. That is, the total *amount* as opposed to the *type* of motivation an individual has for a task, is believed to vary as a consequence of specific factors (Gagné & Deci, 2005).

Lastly, none of the content theories can provide an adequate description of the motivation construct, primarily due to their sole focus on the *content* of motivation. The needs and extrinsic/intrinsic factors described by the theories, provide a sound basis for explaining what energises and directs behaviour, but fail to explain the process, or why such factors energise behaviour in a specific way.

2.2 Process Theories of Work Motivation

A decade after content theories first emerged, the examination of work motivation embraced a new approach, which focussed on delineating the underlying processes of work motivation. The process theories elucidate the internal factors and cognitive processes, underlying why individuals behave in differing ways in work settings (Bassett-Jones & Lloyd, 2005; Steers et al., 2004).

2.2.1 Expectancy-Valence Theories

One of the best known is the expectancy-valence theory, developed by Vroom (1964). Conceptually derived from the earlier work of Lewin (1938) and Tolman (1951, 1959), the theory's major premise is that behaviour is rational, conscious, and goal-directed. Individuals behave according to self-perceived expectations, which are directed towards attaining personal goals and valuable outcomes (Buchanan & Huczynski, 1997). Within work settings, motivation increases if outcomes have personal value and there is a high probability of obtaining them. Neither the value nor the probability of obtaining the outcome can increase motivation alone; rather it is the combined effect of both.

Several attempts have seen the theory extended and refined. Porter and Lawler (1968) suggested, in addition to the value and probability of obtaining outcomes, several other factors are important for increasing work motivation. Effort toward an outcome is moderated by individual ability to undertake

behaviour and by role perception. Satisfaction with work is affected by perceptions regarding the fairness of rewards received, as a result of effort inputted. The combined consequence of these factors is individuals more capable of completing tasks and satisfied with their work, have higher levels of motivation, in comparison to those less capable and satisfied.

Kanfer (1987, 1999) also suggested abilities, termed distal and proximal factors, play a role in work motivation. Distal factors, also known as *will do* factors, concern the perceived ability to perform a specific task, and the simultaneous effort required to complete the task. Proximal factors, also known as *can do* factors, relate to internal processes, such as regulation and monitoring, which sustain the behaviour required to complete the task. According to the theory, work motivation is affected by a balance between both distal and proximal factors (Gagné & Deci, 2005; Mathauer & Imhoff, 2006).

Early findings cast doubt on the validity of the expectancy theories. Matsui, Okada, and Mizuguchi (1981) found the extent motivation increased was determined by valence only. Pritchard, DeLeo, and Von Bergen (1976) attempted to increase expectancy and reward valency by tying efforts to rewards, and found the expectancy of a reward did not impact motivation. Such findings contrast with the theories, which postulate both valence and expectancy are required for motivation to increase.

Another major criticism is the theories maintain the implicit assumption motivation is a conscious phenomenon, whereby individuals wilfully calculate expected rewards (Xolani, 2005). However, as suggested by Freud and Jung (Eysenck & Flanagan, 2000), human behaviour is also directed by unconscious motives, desires, and needs, yet the theories fail to take these into account. They also fail to indicate relevant outcomes for certain situations, such as how expectancy in the absence of value, may result in a specific outcome. Lastly, the majority of research using the theories has been undertaken on very specific populations, thereby limiting the generalisability of results (Xolani, 2005).

2.2.2 *Goal-Directed Theories*

Goal-directed theories have provided an influential contribution to the area of work motivation. Among the most notable, is the goal-setting theory developed by Locke and Latham (1990). Derived from the earlier work of Locke (1968), the main premise of the theory is all behaviour is goal-directed. It proposes motivation will increase when work tasks are specific, challenging, and have a high degree of personal value for the individual. When specified in these ways, the individual has a clear understanding of the behaviours required to achieve tasks, which enhance feelings of competency and commitment, and thus increases motivation for performing the task.

Despite receiving substantial empirical support (see Locke & Latham, 2002), some findings question the theory's predictive powers. Yearta, Maitlis, and Briner (1995) found negative associations between perceived difficulty of a task and performance. This relationship is the reverse of goal-setting theory, which predicts motivation and performance are enhanced when tasks are challenging. Others suggest the setting of goals is applicable when jobs are simplistic, but difficulties arise for more complex jobs in which goals are not easily measurable (Xolani, 2005). For example, tasks associated with the role of a typist are arguably more measurable and definable than those associated with the job of a counsellor, thus making goal-setting easier for the former role than the latter.

The theory also fails to account for goal acceptance. A goal can only be considered as such, when it is perceived as relevant and accepted by an individual. If it is not accepted, then it will not regulate behaviour (Locke, Shaw, Saari, & Latham, 1981). Outside of the work context, individuals are likely to be motivated by personal goals they have accepted. However, within the work context it is possible organisational goals conflict or are incongruent with an individual's value and belief systems, or may not be deemed relevant or important. It may be difficult for workers to accept or endorse such work-related goals, making motivation to achieve them less likely. A final criticism,

is the theories do not consider how differences in goal contents may have different implications for motivation, such as resulting in varying levels of performance (Gagné & Deci, 2005).

2.2.3 Summary of Process Theories

The process theories do provide plausible descriptions of why and how motivation occurs within work settings, but have the inadequacy of focussing solely on the *process* of motivation. For example, in all the expectancy-valence and goal directed theories, emphasis is placed on goal selection and goal pursuit, with the implicit assumption such processes are conscious. However, they discount that much human action is unconsciously driven, and do not account for the content of behaviour. The process theories ignore the underlying and largely unconscious content of what gives goals their potency and value, motivating an individual to pursue them (Deci & Ryan, 2000).

The theories imply different goals with equal valence and attainment expectancies, will produce the same quality and magnitude of performance and affective experience in any individual. As such, they fail to distinguish among types of goals, and also fail to explain how behaviour is energised differently, as a result of such distinction. They also cannot account for how differences in goals and the energy invested to achieve them, result in different outcomes. This contrasts with what logic would suggest, and also with research indicating different goal types have different implications for behaviour and affect (e.g., Deci & Ryan, 2000; Elliot & Church, 1997; Higgins, 1996).

Finally, as with content theories, the process theories view motivation as a unitary construct varying in amount, rather than type. They suggest the total *amount* of motivation an individual has for tasks, varies according to the presence or absence of specific determinants, and give no consideration to whether the determinants produce variations in *type* of motivation (Gagné & Deci, 2005).

2.3 An Alternative Approach

A factor common to all work motivation theories reviewed here is their failure to provide a holistic explanation of motivation, incorporating both process and content factors. All conceptualise motivation in a singular fashion, regarding it as differing in amount, as opposed to type. A theory accounting for the limitations inherent to the aforementioned theories has been developed.

Self-Determination Theory (SDT; Deci & Ryan, 1985; Ryan & Deci, 2000) developed from findings of numerous studies conducted over a 35-year period, thus the basic propositions of the theory are empirically robust, and well supported (Deci & Ryan, 1985; Deci & Ryan, 2000; Deci, Eghrari, Patrick, & Leone, 1994; Gagné, Ryan, & Bargmann, 2003; Ryan, 1982). SDT provides an explanation of motivation that considers both content and process factors, while treating motivation as a categorical variable.

SDT purports needs are the underlying mechanisms giving goals their potency and thus directing behaviour toward achievement of those goals. A comprehensive understanding and conceptualisation of motivation can only occur, if the concept of needs is defined and clarified, in a universally applicable and cross-culturally acceptable fashion. SDT has achieved this by suggesting individuals have an innate and largely unconscious desire to maintain adequate psychological well-being, and defines the three basic psychological needs of relatedness, autonomy, and competence as essential for this.

While SDT does acknowledge basic physiological needs (e.g., satiety, sexual) motivate individuals to behave in certain ways, satisfaction of basic psychological needs is inherent, life-long, and thus more suitable for addressing motivation across a variety of circumstances, than are physiological needs. For example, sexual needs arise during adolescence and in certain contexts thereafter, and as such are not life-long. However, the psychological need of relatedness postulated by SDT is essential for adaptive growth and functioning

throughout the lifespan and across all contexts (e.g., familial, social, work), and is considered enduring.

Using basic psychological needs as a basis, SDT differentiates the concept of goal-directed behaviour, by distinguishing between the content of goals, and the processes through which goals are achieved. This allows outcomes of different content and process combinations, to be predicted. Motivation can be categorised according to these predictions, and is no longer treated as a unitary concept varying in amount, but according to different types. SDT allows predictions based on whether motivation is initiated in a controlled or autonomous fashion, and regulated via more extrinsic or intrinsic factors.

The broad purpose of the present research is to examine the effect *type* of motivation has on well-being, vitality, and burnout, by exploring pathways between the variables. An examination of the specific contents and processes underlying motivation types is necessary, to predict specific well-being outcomes. Given these purposes, the comprehensive conceptualisation of motivation and the support provided for the theory in numerous empirical studies, SDT is highly applicable as the underlying foundation of the present research. The theory is described in the next chapter, along with a detailed overview of the two types of motivation (introjected and identified) relevant to this research.

3.0 Self-Determination Theory

Self-Determination Theory (SDT; Deci & Ryan, 1985; Ryan & Deci, 2000) is a meta-theory describing human motivation. Central to the theory is the belief all humans are inherently growth-oriented, and desire to be effective, self-determined organisms, experiencing optimal functioning and fulfilment. Being self-determined means to possess “a sense of choice in initiating and regulating one's own actions” (Deci, Connell, & Ryan, 1989, p. 580). Individuals are proactive, constantly striving to master the internal (e.g., emotions, feelings) and external (e.g., environmental, social) processes they experience, to extend and strengthen capacities, and foster self-determination.

Although pro-activation and self-fulfilment are inherent, they do not occur automatically, and require constant support and nourishment from social environments, or from an individual's ability to construct this, by mobilising internal psychological resources (Deci & Ryan, 2000). Support and nourishment relate to the satisfaction of three basic psychological needs. The need for *competence* reflects the need to feel effective in mastering challenging external processes, such as specific tasks, activities and situations; and an ability to attain specific outcomes (tangible or intangible) associated with the external processes. *Relatedness* reflects the universal urge to interact and/or feel connected to others, through the establishment of mutually beneficial relationships that provide a feeling of social belongingness and care. *Autonomy* reflects the psychological need for personal volition and causality, regarding cognitions and actions (Baard, Deci, & Ryan, 2004).

Needs reside within the deep structure of the human psyche, and relate to the inherent and life-long propensity to achieve efficacy, coherence, and a common bond (Deci & Ryan, 2000; Deci & Vansteenkiste, 2004). SDT argues basic psychological needs are universal, irrespective of cultural context, socio-

economic circumstance, and personal disposition. When satisfied, they promote positive psychological outcomes, but lead to negative psychological consequences when thwarted. The extent needs are met is a function of being immersed in or perceiving a supportive environment, and also the type of general causality orientation utilised in making social judgements.

Supportive environments concern the quality of interpersonal interactions with significant others, and the degree these support autonomous, relatedness, and competent behaviours, directly corresponds to basic psychological need satisfaction. Of particular importance is the extent environments are autonomy supportive, which is when significant others encourage the autonomous and competent engagement of behaviour, and facilitate relatedness. Environments supporting autonomous behaviours influence the satisfaction of basic psychological needs, while non-supportive environments thwart basic psychological need satisfaction (Deci et al., 2001; Gagné, 2003).

Differences in the way social situations are perceived to satisfy or thwart basic psychological needs, are also explained by causality orientations. A tendency to perceive social situations as self-determined reflects an autonomy causality orientation. Individuals initiate and regulate their behaviour, and seek stimulation and challenges from activities. A control causality orientation is a tendency to perceive social situations as controlling, and lacking autonomy. An impersonal causality orientation reflects a lack of intention to initiate or regulate behaviour, with social situations being perceived impersonally (Baard et al., 2004; Deci & Ryan, 2000; Gagné, 2003; Gagné & Deci, 2005; University of Rochester, 2007).

SDT posits the combined impact of causality orientations and supportive environments, determine the extent basic psychological needs are met, which then influences the motivation underlying specific behaviours. An objective of this present research is to examine the underlying motives for engagement in humanitarian health work, and argue that due to the unique nature and work

involved in humanitarian settings, introjected and identified motivations are most likely to regulate engagement in such work. To gain an increased understanding of why these motivations are applicable, an overview of all the SDT motivations is given, to place each in context to the other types. Introjected and identified motivations are then described, followed by research supporting the existence of these motivations, and some psychometric issues associated with their measurement.

3.1 Types of SDT Motivation

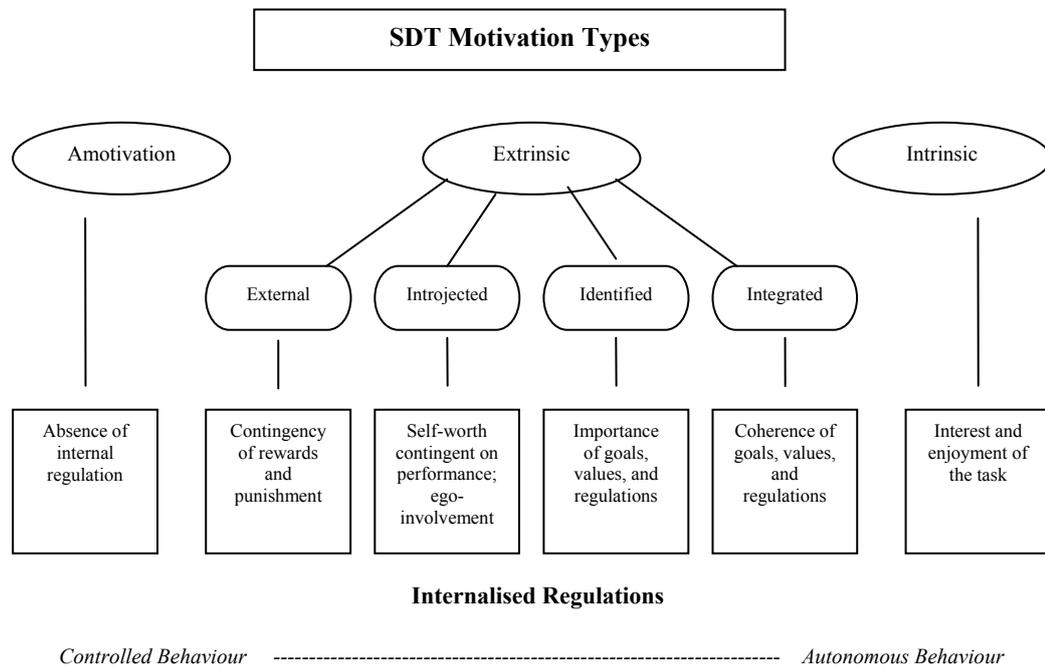
SDT motivations are categorised according to the degree they are autonomous or controlled. Autonomous motivation refers to an individual's volition and free choice, and may be defined as "endorsing one's actions at the highest level of reflection" (Gagné & Deci, 2005, p. 334). When individuals feel pressured to behave, think, or feel in certain ways, motivation is controlled (Gagné & Deci, 2005; Sheldon, Ryan, Deci, & Kasser, 2004). Rather than being a dichotomy, controlled and autonomous motivations are polar extremes, and motivation is distinguished into three categories: intrinsic motivation, extrinsic motivation, and amotivation.

Intrinsic and extrinsic motivations are well-grounded in motivation literature, with their use extending back several decades, and being incorporated into a host of motivation theories (e.g., Hackman & Oldham, 1976, 1980; Herzberg, 1966). Intrinsic motivation refers to an inherent tendency to engage an activity for the enjoyment of it. Extrinsic motivation refers to a tendency to engage an activity to gain specific rewards (Ryan & Deci, 2000). However, research showed intrinsic motivation can be undermined by extrinsic factors (e.g., Amabile, DeJong, & Lepper, 1976; Deci, 1971), and internalisation of values can lead to increased autonomy when behaviours are extrinsic (e.g., Williams & Deci, 1996), so a new conceptualisation of extrinsic motivation was conceived.

Extrinsically motivated behaviours are not only externally regulated, but internally regulated, if specific values associated with behaviour are internalised. Internalisation occurs when externally regulated structures, such as social norms, values, attitudes, and beliefs, are taken in by an individual and changed into internally regulated structures (Gagné & Deci, 2005). For internalisation to occur, satisfaction of the relatedness need is crucial, as internalisation of externally regulated structures (such as social norms) represents a desire for perceived social acceptance and belongingness, which are characteristics of relatedness.

Satisfying this need does not mean values will be internalised, as it is the extent the autonomy need is satisfied that determines internalisation. Because autonomy reflects a need for personal volition and causality, external structures are internalised if they facilitate a sense of determination over behaviour. Based on this, extrinsic motivation is not a single type of motivation, but differentiated according to the extent external regulations have become internalised.

Figure 2 shows the three main motivations with the four differentiated extrinsic types. The types of regulations that are internalised to produce a specific motivation are also given, below each of the motivation types. The bottom of the diagram shows a controlled to autonomous continuum, which is indicative of where each motivation type falls with regard to the extent of autonomy or control that characterise it. This is discussed more fully in the following sections, which firstly describe amotivation and intrinsic motivation, as these represent the extremes on the motivation continuum. External and integrated motivations are then discussed, before giving an overview of the motivations of interest to this research: introjected and identified.



Source: Ryan & Deci (2000)

Figure 2. The SDT continuum of motivation, showing the three major motivations, sub-motivations, and the regulations underlying each. The extent behaviour is controlled or autonomous, is also represented.

3.1.1 Amotivation

Located at one extreme of the SDT motivation range, amotivation characterises a complete lack of self-fulfilment. Amotivated behaviour does not involve self-determination or motivational intention, and neither internal nor external contingencies are attached to behavioural engagement. The regulatory processes underlying this motivation lack intention, value, competence, and autonomy (Deci & Ryan, 2000; Gagné & Deci, 2005; Ryan & Deci, 2000), so behaviour is not directed toward any definable goals or outcomes. Amotivation results when none of the basic psychological needs have been previously and

consistently satisfied, and behavioural engagement does not allow for such satisfaction.

Although it may be difficult to conceive of situations where individuals are amotivated, some SDT studies (e.g., Blais, Sabourin, Boucher, & Vallernad, 1990; Pelletier, Fortier, Vallerand, & Brière, 2001) show amotivation is endorsed by some participants, suggesting such individuals are able to differentiate the reasons for why they engage in certain behaviours, and indicating amotivation is applicable for explaining the reasons for behaving in some contexts.

Humanitarian health work involves deployment to dangerous, unpredictable, and labour-intense situations, and requires an ability to mobilise internal resources to maintain well-being. Engagement in such work involves a concerted choice to leave familiar surroundings, comfort, and security. Once there, the work involves the individual being motivated to direct behaviour toward specific outcomes. Given amotivation is deficient in these characteristics, it cannot direct health workers to engage this work, so is not a focus of the present research.

3.1.2 Intrinsic Motivation

Representing the other extreme on the continuum, intrinsic motivation fully exemplifies the human potential for self-fulfilment (Ryan & Deci, 2000). There is an inherent tendency to engage behaviours that challenge and extend one's capabilities, resulting in learning, optimal functioning, and personal growth. Intrinsically motivated behaviours are regulated by internal processes, such as enjoyment, interest, and satisfaction, and are fully autonomous and self-determined, with no external contingencies propelling engagement. Behaviour is solely due to personal interest and spontaneous enjoyment (Deci & Ryan, 2000; Gagné & Deci, 2005; Ryan & Deci, 2000).

Intrinsic motivation occurs when all three basic psychological needs are satisfied. This does not imply intrinsically motivated behaviours are *directed at* satisfying such needs, rather they are engaged freely due to inherent interest or enjoyment. For behaviours to be maintained as intrinsically interesting, needs must have been previously and consistently satisfied across other contexts, so may not necessarily have been previously or consistently satisfied by the activity itself (Deci & Ryan, 2000). A history of consistent need satisfaction in general, is required to facilitate intrinsic motivation.

While some aspects of humanitarian work may be inherently interesting and satisfying, the very nature of such work implies it cannot be inherently enjoyable. While satisfaction and interest may still underlie behaviour, external circumstances are likely to interfere and off-set any intrinsic enjoyment. For example, in humanitarian settings children are often malnourished (e.g., due to lack of food supplies in camps), and workers themselves risk threats to their own well-being and personal safety (e.g., due to unsafe, unpredictable, and unstable conditions). These would make enjoying any activity difficult, so intrinsic motivation cannot direct the behaviour of health workers in humanitarian settings.

3.1.3 External Motivation

External motivation means contingencies are required for engagement. Because activities are not inherently interesting, avoiding or obtaining specific outcomes motivates behaviour. This motivation may direct behaviour toward need satisfaction; however, this is dependent on the external contingencies available at any given time, and the consistency with which a need has been previously satisfied. An external contingency will only have potency for directing behaviour, if previous need satisfaction has been inconsistent or non-existent. Consequently, it is difficult to stipulate which needs are important for regulating extrinsic motivation.

Given contingencies are required for engagement with this motivation, this implies outcomes such as salary, may motivate the behaviour of humanitarian health workers. Research indicates independent of external rewards, many health workers continue to engage the work and exert personal effort, to ensure others well-being is sufficiently catered for (Dolea & Adams, 2005). Non-financial incentives are more relevant for motivating health workers in formal health care settings, like hospitals and clinics (e.g., Dielemann, Van Cuong, Vu Anh, & Martineau, 2003; Kingma, 2003; Vujicic, Zurn, Diallo, Adams, & Dal Poz, 2004). External contingencies (e.g., money, family expectation) also significantly predict intentions to leave health work (e.g., Tzeng, 2002), suggesting they de-motivate workers. These findings imply individuals are not extrinsically motivated to engage in health work, and so may also not be motivated in this way in humanitarian settings.

3.1.4 Integrated Motivation

The most complete form of internalisation is represented by integrated motivation. Integrated motivation occurs when all three basic psychological needs have been previously and consistently satisfied, so behaviour is not directed at satisfying needs, but by the value it has. Satisfaction of the needs must be maintained for integrated motivation to occur. With this motivation, behaviours are not only important, but completely assimilated into the self and congruent with other values, beliefs, and ideologies, so engagement is volitional and self-determined, reflecting one's true identity.

Many workers do not choose humanitarian work as a life-long career, but are instead professionals from other disciplines, who engage the work on a roster-basis for a limited period of time (e.g., several weeks, months, or years). If such work did reflect one's true identity, it is plausible an individual would be committed and engage it as a life-long profession. For this reason, integrated motivation cannot underlie humanitarian health work.

3.1.5 Introjected Motivation

Introjected motivation represents the least internally regulated form. It occurs when an external regulation is accepted by the individual, but not fully assimilated into their self-concept. Contingencies are still required, but behavioural engagement is self-controlled and ego-involved, being motivated by the pursuit of self-esteem or feelings of worth. An example of introjected motivation is reflected in the statements: “I work because it makes me feel worthy”, and “I work quickly so people will like me”.

Introjected motivation results when the needs for competence or relatedness have not been previously or consistently satisfied, so behaviour is directed at the need requiring the most immediate satisfaction. For example, if the need for relatedness has been previously satisfied in a consistent way, while the need for competence has not, and the circumstance provides opportunities for satisfaction of both, behaviour will be directed at satisfying the need for competence. Behaviour is not autonomously controlled, and while internalisation of values can occur, they are only partially integrated into an individual’s self-concept. Values have little potency or importance in and of themselves, and are not likely to become stable influences of behaviour. It is the urge to satisfy needs that drives behaviour.

Engagement in humanitarian work is invariably a worthwhile cause, allowing an individual to influence the well-being of others in a direct and practical way. It is likely to facilitate feelings of self-worth and interconnectedness with others, which in turn enhance levels of self-esteem. The work provides opportunities for consistent satisfaction of both the competence and relatedness needs, which facilitates positive feelings of self-esteem and worth. The present research contends introjected motivation directs engagement in humanitarian work, for some health workers.

Research from culturally and socially diverse health worker populations supports this. A series of focus group discussions exploring the experiences of

health workers employed in primary health care facilities, were conducted across three regions in Tanzania. The aim was to investigate motivation for health work, in addition to factors facilitating satisfaction and frustration within the work environment. Results relating to the motivation aspect of the study, indicated the need to feel valued and supported were the main factors motivating work (Manongi, Marchant, & Bygbjerg, 2006).

An exploratory quantitative study in two North Vietnam provinces examined the major factors motivating Vietnamese rural health workers, in a district preventative facility, and a commune health centre. Appreciation by managers, colleagues, and members of the community, and receiving respect and appreciation for one's work, were ranked as the main (i.e., first and second, respectively, among five) motivating factors (Dieleman et al., 2003). Similar findings by Kyaddondo and Whyte (2003) revealed recognition of professional work by employers and members of the community, as a primary motivating factor for Ugandan health workers.

While these studies examined health worker populations in non-humanitarian settings, the countries they were conducted in are developing nations, suffering from lack of financial, material, and human resources. The types of difficulties faced by service recipients in such countries, are similar to those faced by some humanitarian populations (e.g., deprivation, poverty). Workers in these studies are exposed to similar circumstances faced by those in humanitarian settings, making the findings applicable to such work.

3.1.6 Identified Motivation

Identified motivation occurs when behaviour is more fully internalised, due to its perceived personal value and importance. It motivates more autonomous engagement (although it is not fully autonomous), as specific behaviours represent a consciously valued aspect of the self. For example, an individual may choose a career in surgery, because they place value on helping others to

maintain good physical health, and understand the importance of undertaking the unpleasant task of surgery to achieve this. While the task of performing surgery may not be inherently enjoyable (although it may, as suggested by Flow Theory; e.g., Csikszentmihalyi, 1982, 1999), the surgeon would feel relatively autonomous when engaged in this task, due to the personal value and importance placed on its undertaking and outcomes.

Identified motivation occurs when the competence and relatedness needs have been previously satisfied in a consistent way, allowing values to be synthesised into the self. While behaviour may not be entirely autonomous, it is not directed by the urge to satisfy the autonomy need either, as prior satisfaction of the competence and relatedness needs, allow behaviour to be directed by the importance it has for the individual. Satisfaction of these needs must be maintained to facilitate identified motivation, although it does not necessarily occur as a consequence of engagement in the specific behaviour (Deci & Ryan, 2000).

Humanitarian work is labour-intensive, and involves deployment to unpredictable and unsafe situations, but also provides opportunity to impart practical and lasting benefits to others. Irrespective of the dangers involved, engagement must be motivated by the importance placed on assisting other human beings, and not by a desire to satisfy basic psychological needs. Identified motivation must direct engagement in humanitarian work for some health workers.

Support for this has been provided, through research with health worker populations. Mathauer and Imhoff (2006) investigated the role of non-financial incentives in facilitating motivation for health work. A series of semi-structured qualitative interviews were undertaken with workers from private, public, and NGO facilities, in rural areas of Benin and Kenya. In both countries, the main values motivating work were a personal vocation, professional conscience, and

a desire to help patients. When impeded from satisfying these values, the majority of participants reported feeling frustrated and de-motivated.

A similar study assessing motivational determinants and consequences was conducted, with health workers from public and community hospitals in Jordan and Georgia. Despite differing socio-cultural and socio-economic atmospheres, factors motivating health work engagement, were similar in both countries. Dedication/cooperation as a virtue, devotion, effort, and consultation were values impacting motivation (Franco, Bennett, Kanfer, & Stubblebine, 2004). A quantitative study of Finnish health workers revealed dedication/responsibility for work, was a significant value motivating health work engagement (Laamanen, Bross, Happola, & Brommels, 1999).

While these studies were conducted on health worker populations in non-humanitarian settings, the findings are applicable to humanitarian workers. They suggest specific values are involved in regulating engagement in humanitarian settings. Identified motivation is characterised by the internalisation of values, so engagement in humanitarian work is regulated by identified motivation for some health workers.

3.1.7 Differentiating Introjected and Identified Motivations

Introjected and identified motivations share some theoretical characteristics, and studies indicate they are correlated. Research examining intercorrelations between each of the SDT motivations shows an ordered correlation or “quasi-simplex pattern” (Gagné & Deci, 2005, p. 336), which means each motivation has a stronger positive correlation with those motivations that are closer on the SDT continuum, and a weaker positive or negative correlation with those further away on the continuum. For example, Neyrinck, Vansteenkiste, Lens, Duriez, and Hutsebaut (2006) found positive relationships between identified and introjected motivations ($r = .17, p < .05$), and introjected and external motivations ($r = .34, p < .001$). External and identified motivations were

negatively related ($r = -.24, p < .01$). Millette and Gagné (2008) found introjected motivation was more positively related to identified motivation ($r = .50$) than intrinsic motivation ($r = .29$), while identified and intrinsic motivation had a stronger relationship ($r = .49$). Numerous other studies also show evidence of a quasi-simplex pattern among the motivations (e.g., Guay, 2005; Lam & Gurland, 2008; Lynch, Plant, & Ryan, 2005).

However, Koestner, Losier, Vallerand, and Carducci (1996) examined differences in motivation to follow political events, and subsequent effects on behaviour and emotions. Partial correlations of introjected and identified motivations were done with decision-making strategies, anticipated emotions, and actual emotions after referendum. With regard to decision-making strategies, significantly positive associations were found between identified motivation and actively seeking information to make a decision, and introjected motivation and passive reliance on others to make a decision. A significant negative relationship was found between identified motivation and passive reliance on others. Identified motivation shared a significantly positive relationship with expected positive emotions if referendum outcomes were in one's favour, but no relationship with negative emotions. Introjected motivation was significantly positively related to both positive and negative emotions, suggesting some conflict between emotional outcomes.

Partial correlations were calculated for actual emotions, according to whether voting went in one's favour or not, one week post-referendum. Significantly positive relations were found between identified motivation and pleasant emotions, and introjected motivation and both pleasant and unpleasant emotions, when voting was in one's favour. A strong positive association was found between introjected motivation and unpleasant emotions when the referendum was not in one's favour, while no relationships were evidenced between identified motivation and either pleasant or unpleasant emotions.

Such findings suggest identified motivation results in more self-determined forms of decision-making, in comparison to introjected motivation, and both motivations have different effects on well-being. Identified motivation is related to positive well-being outcomes (e.g., pleasant emotions only), while introjected motivation is related to more conflicted well-being outcomes (e.g., both pleasant and unpleasant emotions). Even though the quasi-simplex pattern indicates introjected and identified motivations are correlated, suggesting similarities, each correlates with different outcomes, supporting the idea they are conceptually distinct phenomena.

Definition and measurement of motivation varies considerably. While some studies directly assess specific types of motivation (e.g., intrinsic, identified, external, amotivation), others categorise the construct as either autonomous or controlled. Such categorisations are not controversial in and of themselves at a theoretical level, but they may yield differences in the predictive ability of motivation and may not always be desirable at a more analytical (i.e., statistical) level (R. Flett, personal communication, February 5th, 2007). For the purposes of the present research, introjected and identified motivation must be measured specifically. How they are empirically defined, assessed, and validated is important to examine.

3.2 Assessment of Motivation Types

To date, two main approaches have been used to measure motivation: behavioural and self-report assessments. Behavioural assessments, characteristically undertaken in a laboratory setting, involve calculating the time an individual spends engaged in an activity, in the absence of external contingencies. During activity engagement, a researcher announces the completion of the experiment, along with the pretext the participant will be left alone for a short period of time. During this ‘alone time’, the participant is free to continue working on the task or engage in another activity (e.g., read a magazine), while the researcher unknowingly observes them through a one-way

mirror. The amount of time activity engagement continues is calculated. Longer engagement reflects the degree the participant is intrinsically motivated to do the activity (Guay, Vallerand, & Blanchard, 2000).

The meta-analysis of Cameron and Pierce (1994) revealed at least two-thirds of studies examined employed the behavioural approach. The operationalisation of intrinsic motivation (e.g., Deci & Ryan, 1985), and the construct validity (Ryan, 1982; Ryan, Mims, & Koestner, 1983) and reliability (Diblasio, Chantal, Vallerand, & Provencher, 1995: cited in Guay et al., 2000) of the approach, have all received support. However, in addition to lacking mundane realism (Smith, 1991), the approach measures motivation in a bi-dimensional fashion according to whether it is intrinsic or not, and does not account for the other types of motivation postulated by SDT (Guay et al., 2000). Consequently, this approach is not useful in this research.

The self-report method of measurement provides a more useful approach. Over the past decade and a half, numerous motivation measures have been developed (Gagné & Deci, 2005). While many are adequate for assessing SDT motivation, an analysis of the literature revealed three specific types of self-report questionnaires tend to dominate SDT motivation research: the Self-Determination Scale, the Intrinsic Motivation Inventory, and the family of Self-Regulation questionnaires.

The Self-Determination Scale (SDS) is designed to measure individual differences in self-awareness and perceived choice in general, while the Intrinsic Motivation Inventory assesses intrinsic motivation only. Neither measure directly assesses introjected or identified motivation, so are of limited use in this research.

A self-report approach that is useful is the family of measures known as the Self-Regulation Questionnaires, which assess individual differences in motivation within specific domains, such as academic, prosocial behaviour,

treatment, learning, religion, and friendship. Typically, participants are asked why they engage in a specific behaviour, and then presented with a range of responses representing different types of SDT motivation. Participants respond to items, according to the degree each is true for them.

Some types of motivation are not applicable to some domains and behaviours, so the number of subscale items and subscales varies (University of Rochester, 2006). For example, the Academic Self-Regulation Questionnaire (SRQ-A) is designed to measure external, introjected, identified, and intrinsic forms of motivation, but not amotivation or integrated motivation. The rationale for this is not all behaviour is facilitated by each of the SDT motivation types. For example, children's behaviour is often intrinsically motivated, and is less likely to be regulated by integrated motivation or amotivation. These subscales are often excluded from questionnaires measuring children's behaviour (University of Rochester, 2007).

The Treatment and Learning Self-Regulation Questionnaires (SRQ-T and SRQ-L, respectively) only include controlled and autonomous motivation subscales, whereby intrinsic, integrated, and identified motivation are categorised as autonomous motivation, while introjected, external, and amotivation are categorised as controlled motivation. Such categorisation is not empirically incorrect, as they do reflect the main characteristic of each motivation type (e.g., intrinsic, integrated, and identified types are indeed autonomous forms of motivation). However, the regulations underlying each motivation are different, making them distinct. For example, intrinsic and integrated motivations are autonomous motivations, but the relative amount of autonomy and the underlying processes regulating each, are different. Categorising motivation as autonomous or controlled is useful for dichotomously differentiating the construct, but fails to account for the unique distinctions of each SDT motivation.

Irrespective of item and subscale quantity of the various Self-Regulation Questionnaires, numerous findings reveal favourable properties for the measures, across all domains. Cronbach's alphas have been reported as .67, .84, and .91 (Black & Deci, 2000; Niemiec et al., 2006; Williams & Deci, 1996; Williams, Rodin, Ryan, Grolnick, & Deci, 1998), suggesting adequate internal consistencies. The subscales adhere to a "quasi-simplex pattern" (Gagné & Deci, 2005, p. 336), which means they correlate more positively with close subscales, and less positively or negatively with those further away on the continuum. This is consistent with the controlled to autonomous motivation range, and the categorisations of types proposed by SDT (Gagné & Deci, 2005).

A plethora of studies show the questionnaire subscales predict a host of outcomes. Williams et al. (1998) used the Treatment Self-Regulation Questionnaire (SRQ-T) to conclude autonomous motivation is involved in medication adherence in adult outpatients. A version of the Academic Self-Regulation Questionnaire (SRQ-A) was used to predict autonomous motivation for college attendance (Niemiec et al., 2006). Such use of the questionnaires suggests that irrespective of the domain measured, the self-regulation subscales are systematically tapping into the underlying regulatory processes characteristic of each type of SDT motivation.

To summarise, neither the behavioural or self-report approach to motivation measurement is without fault. While the self-report measures provide a more comprehensive means for assessing SDT motivation, both the Self-Determination Scale and Intrinsic Motivation Inventory, are severely limited with regard to the motivation types they examine. The family of Self-Regulation Questionnaires are prone to the limitations of any self-report methodology, and some domain-specific versions do restrict the type of motivation measured. However, their validity and reliability is empirically supported, and they are deemed useful and appropriate measures for assessing introjected and identified motivations. To validate this claim, findings from research utilising the questionnaires are examined.

3.2.1 Evidence of Introjected and Identified Motivations using the Self-Regulation Questionnaires

Studies using the Self-Regulation Questionnaires consistently indicate the existence and predictability of the motivation types across various domains. Ryan and Connell (1989) examined the reasons why individuals engaged in both achievement-related and prosocial behaviours, over a series of two studies. In the first study, a sample of 718 elementary school children responded to a self-regulation measure assessing external, introjected, identified, and intrinsic reasons for engaging in achievement-related behaviours. In the second study, 972 students from urban elementary, junior high, and senior high schools, responded to a measure assessing external, introjected, and identified reasons only.

Identified reasons for engaging in both behaviours were the most strongly endorsed, followed by external, introjected, and intrinsic reasons. In study one, the largest mean difference between reasons, was evidenced for intrinsic and identified motivations. This suggests youth and children as young as elementary age, clearly distinguish between specific motivations for engaging in behaviour. Inter-correlations between the reasons were assessed and found to conform to the quasi-simplex pattern expected by SDT, suggesting the motivation types fall along a controlled to autonomous range, and were differentiated according to specific categorisations.

The Couple Motivation Questionnaire, which assesses all six SDT motivational types, was used to investigate the validity of a motivational model of couple's happiness. A sample of 63 heterosexual couples (equating to 126 participants) were assessed about motivations to live together, level of couple happiness, and perceptions of non-adaptive/adaptive relationship behaviours. Couples scored higher on intrinsic, integrated, and identified forms of motivation. Significantly lower scores were evidenced for introjected and external motivation, while amotivation ratings were significantly lower than both of these motivations.

Indices of the quality of the couple relationship (e.g., dyadic adjustment, potential problem checklist, positive comparison, marital happiness) shared significantly positive relations with intrinsic, integrated, and identified motivations, and significantly negative relations with introjected, extrinsic, and amotivated types. Given introjected and identified motivations correlated differently with these indices, this reinforces the idea both motivations are empirically distinct, and more autonomous motivations predict positive well-being.

In the same study, the strength of positive associations increased as a function of more autonomous motivation. That is, the indices had stronger relations with integrated than identified motivation, and stronger relations still with intrinsic than integrated motivation. The same pattern was evident for variables with negative associations, such that indices shared stronger relations with external than introjected motivation, and were stronger with amotivation than external motivation. Inter-correlations revealed more autonomous motivations related in the same direction among themselves, and in an opposite direction to more controlled forms, and were most strongly correlated with adjacent types on the SDT motivation range (Blais et al., 1990). These results conform to the quasi-simplex pattern expected by SDT.

Other versions of the Self-Regulation Questionnaires assess introjected and identified motivations across a variety of behaviours, including religion (e.g., Ryan, Rigby, & King, 1993), athletic (e.g., Gagné et al., 2003), job-searching (e.g., Vansteenkiste, Lens, De Witte, & Feather, 2005), health care (e.g., Williams et al., 1998), politics (e.g., Koestner et al., 1996), the environment (e.g., Green-Demers, Pelletier, & Menard, 1997), and work (e.g., Levesque, Blais, & Hess, 2004). This supports the existence of these motivations, and indicates they are empirically distinguishable and relevant, to a variety of settings and contexts.

3.3 Conclusion

The fundamental premise of Self-Determination Theory is all humans have the inherent desire to experience optimal functioning, and become effective, self-determined organisms. They are inherently proactive, constantly striving to master internal and external processes, strengthen capacities, and foster self-fulfilment. This does not occur automatically, and requires the satisfaction of the three basic psychological needs of relatedness, competence, and autonomy. The extent these needs are met, is a function of whether an individual is immersed in or perceives a supportive environment, and also the type of general causality orientation utilised in making social judgements.

Need satisfaction is related to motivation, and determines the extent it is autonomous or controlled. Rather than being a dichotomy, controlled and autonomous motivations are distinguished according to whether they are internalised into an individual's self-concept, resulting in six distinct types: amotivation, external, introjected, identified, integrated, and intrinsic motivations.

The present literature review suggests introjected and identified motivations, are the primary motivations regulating health workers engagement in humanitarian settings. Numerous studies indicate these motivations conform to the quasi-simplex pattern, where each motivation type correlates more positively with closer types on the continuum, and less positively with those further away. However, each motivation also correlates with different outcome variables (e.g., Koestner et al., 1996), reinforcing the idea they are related, yet conceptually distinct phenomena.

This thesis will extend previous research by examining introjected and identified motivations, in the domain of humanitarian health work. Given past research using well-validated and reliable measures indicates the existence of SDT motivations across a variety of settings and contexts, they are also likely to be evident in this work setting. Both motivations are associated with

distinctly different pathways to well-being. The exact nature of these differences is addressed in subsequent chapters. The pathway between motivation and hedonic vs. eudaimonic well-being is assessed in relation to specific orientations to happiness, in the next chapter. The predictive ability of motivation for burnout vs. vitality is assessed in relation to harmonious and obsessive passion, in chapter five.

4.0 Hedonic vs. Eudaimonic Well-Being

This chapter explores how motivation directly and indirectly affects the well-being of humanitarian health workers. An overview of well-being describing hedonic and eudaimonic aspects is provided, and I argue eudaimonia provides a more holistic definition of the construct, as it fosters the positive emotions characteristic of hedonia, in addition to optimal functioning and experience. Humanitarian health workers directed by introjected motivation are more hedonically-oriented, while those directed by identified motivation are more eudaimonically-oriented.

Orientations to Happiness (e.g., Duckworth et al., 2005; Peterson et al., 2005), which are either hedonically- or eudaimonically-focussed, provide a link in the pathway between motivation and well-being. These orientations are described and I suggest introjected motivation, which is more hedonically-focussed, will be positively associated with the pleasant and engaged orientations to happiness. Identified motivation, which is more eudaimonically-focussed, will be positively associated with the meaningful orientation to happiness, in addition to the pleasant and engaged orientations.

The orientations to happiness mediate the role between motivation and well-being. I argue introjected motivation and the associated orientations to happiness, will be more strongly related to the hedonic well-being indices of life satisfaction and positive/negative affect, and less strongly to the eudaimonic indicator of self-actualisation. Identified motivation and the associated orientations, will be positively related to the eudaimonic well-being indicator of self-actualisation, in addition the engaged life will be positively related to life satisfaction and positive/negative affect. Figure 3 shows the hypothesised paths between the variables described in this chapter.

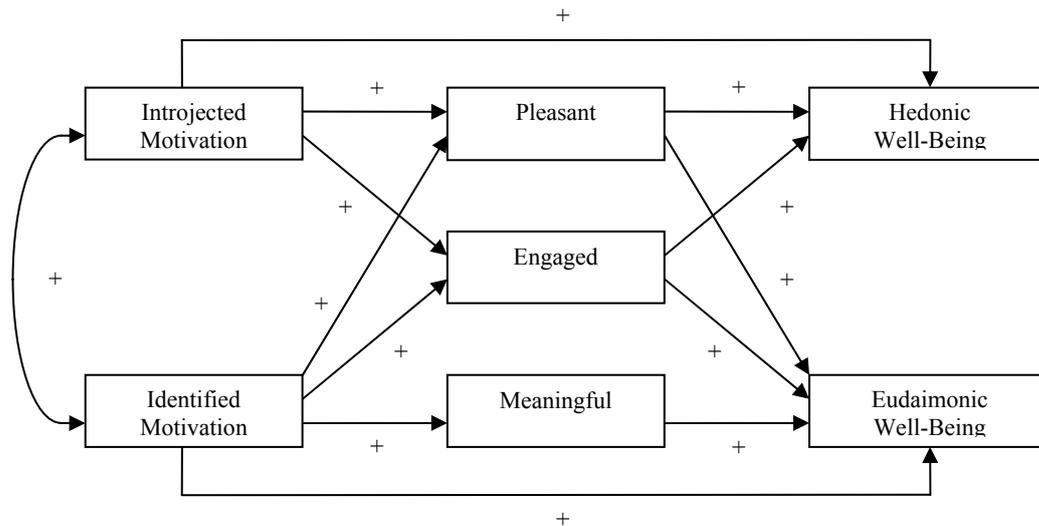


Figure 3. The hypothesised direct and indirect pathways between motivation and well-being, also showing mediator variables. Introjected motivation has a direct affect on hedonic well-being, but also an indirect effect on hedonic and eudaimonic well-being, through the mediational role of the pleasant and engaged orientations to happiness. Identified motivation has a direct effect on eudaimonic well-being, and an indirect effect on hedonic well-being, through the pleasant and engaged orientations to happiness. It has an indirect effect on eudaimonic well-being, through the mediational role of the meaningful orientation to happiness.

4.1 Well-being

Well-being refers to subjectively positive states or experiences, such as feelings of happiness, joy, and good health. In psychological literature, controversy regarding the exact definition and dimensional nature of well-being remains (Springer & Hauser, 2006). This is due to the belief it cannot be universally defined, as well-being experiences are unique to each individual (White, 2007). It is also not the equivalent of happiness or joy, nor the absence of negative affect or ill-health (Ryff & Singer, 1998; World Health Organization, 1948). While these constitute well-being, other factors are incorporated by the construct (Ryan & Deci, 2001; Wright & Cropanzano, 2000). Theorists have attempted to more comprehensively define well-being, by differentiating two

distinct yet overlapping philosophical views, known as hedonia and eudaimonia.

4.1.1 Hedonic Well-Being

The concept of hedonism provided one of the first criteria for well-being, suggesting the attainment of pleasure and avoidance of pain, were supreme quests in life (Fromm, 1947; Peterson, Ruch, Beermann, Park, & Seligman, 2007). Epicurus extended this by proposing a good/bad dichotomy to pleasurable pursuits, suggesting those leading to later difficulties greater than the immediate pleasure, do not constitute well-being (Fromm, 1947). Ancient Greek and Roman cultures also characterised well-being as experiences of happiness and positive affect that result when specific needs, wants, and desires have been satisfied, producing pleasurable sensations of body and mind (Kahneman, Diener, & Schwarz, 1999).

Hedonic well-being is viewed as equivalent to the subjective well-being construct, used to conceptualise well-being within psychological research (Ilies, Morgeson, & Nahrgang, 2005; Ryan & Deci, 2001). Life satisfaction and the presence/absence of positive and negative affect, are typically used as indicators of subjective well-being (Diener, 1984; Ryan & Deci, 2001; Ryff, 1989). Despite being extensively validated across a range of studies as reflective of subjective well-being (e.g., Campbell et al., 1976; Diener, Emmons, Larsen, & Griffin, 1985; Fordyce, 1978; Kammann & Flett, 1983), debate remains over whether these indices provide a holistic description of the well-being experience.

Specifically, they do not reflect well-being as it relates to self-actualisation, which is described by concepts such as self-growth, self-determination, fulfilment, and development (e.g., Fromm, 1941, 1947; Ryff & Singer, 1998, 2000). It occurs when an individual becomes self-determined and autonomous, and there is congruence between their actions and personal ideology (e.g.,

values, beliefs), enabling behaviour to be endorsed at the “highest level of reflective capacity” (Deci & Vansteenkiste, 2004, p. 25). It results in positive psychological outcomes, such as vitality (Nix, Ryan, Manly, & Deci, 1999) and self-congruence (Sheldon & Elliot, 1999). These are as important as the relative satisfaction an individual has with life, and the emotions they feel (Ilies et al., 2005), and affects these factors.

The presence of positive affect or the absence of negative affect is not necessarily indicative of self-actualisation. For example, an individual trained as a psychologist and believing this is an important aspect of their identity may, due to limited opportunities, be employed as a university lecturer. They may not possess negative feelings about their role (i.e., the absence of negative affect), but the role may not be congruent with their perception of their true self (i.e., a psychologist), so a sense of complete fulfilment may not be felt. The absence of negative affect is not the same as well-being related to self-actualisation. Similarly, satisfaction with life does not imply well-being as it relates to self-actualisation. Using the example above, the individual may be satisfied with their life, but the lack of congruence between their perceived self and behaviour (at least in the workplace), suggests an absence of optimal functioning and experience. Some conditions facilitate subjective well-being as measured by life satisfaction, but may not promote self-actualisation (Ryan & Deci, 2001).

While affect and life satisfaction are important to any assessment of well-being (Diener, 1984; Diener, Sapyta, & Suh, 1998), the extent self-growth, self-determination, fulfilment, and development (indicators of self-actualisation) are experienced, plays a part in determining well-being. Consequently, a more holistic approach for defining the construct incorporating these indicators, is necessary.

4.1.2 Eudaimonic Well-Being

The eudaimonic view suggests the pursuit of pleasurable activities and experiences is not the sole purpose in life, and well-being is not simply a consequence of pleasure-producing behaviours. Rather, it occurs by living in accordance with one's *daimon* or true identity, and experienced when individuals realise their unique potential and live in ways fostering such potential. Well-being occurs when life activities deeply congruent with one's true identity, are fully engaged (Ryan & Deci, 2000, 2001; Waterman, 1993).

Psychological theorists, primarily in the psychoanalytic and humanistic/existential paradigms, have emphasised this approach. Maslow and Jung used the concepts of self-actualisation and self-realisation to express well-being as “a state of fulfilment that occurs when a person balances and gives expression to all the positive and creative aspects of his or her personality”, and finds meaning in life (Davison & Neale, 2001, p. 30). Fromm (1941, 1947) suggested well-being occurs by using capacities to realise one's true potential. Rogers (1961, 1964) expressed eudaimonic well-being in his conceptualisation of the “fully functioning person” (p. 191), where an openness to experience, trust in self, autonomy, and living existentially are achieved.

Ryff and Singer (1998, 2000) proposed eudaimonic well-being is equivalent to the concept of psychological well-being, which relates to six components of human actualisation: autonomy, personal growth, self-acceptance, life purpose, mastery, and positive relatedness. They also suggest psychological well-being can be differentiated from subjective well-being, as the latter construct reflects life satisfaction and the presence of positive/negative aspects, while psychological well-being is a more comprehensive measure of psychological wellness and functioning. Other authors (e.g., Haybron, 2001; Ryan & Deci, 2001) concur with Ryff and Singer's definition of eudaimonia, suggesting constructs such as self-realisation, personal growth, and expressiveness define eudaimonic well-being (Ilies et al., 2005).

The present research contends self-actualisation, which incorporates the dimensions of Ryff and Singer and the ideas of others, is more suitable for measuring eudaimonic well-being. The six dimensions of psychological well-being do tap the construct of ‘actualisation’ (Ryan & Deci, 2001), and measures of self-actualisation such as the Personal Orientation Inventory (Shostrom, 1964) and the Short Index of Actualisation (Jones & Crandall, 1986), discriminate between individuals rated as self-actualised and non-self-actualised. Other areas of research have used self-actualisation to assess well-being, defining it as functioning that is “healthy, congruent, vital” (Ryan & Deci, 2001, p. 147). These types of well-being experiences are of interest to the present research.

Eudaimonic well-being does not negate the experiences of affect and life satisfaction. If an individual is self-actualised and living in accordance with their daimon, they will experience positive affect and a sense of satisfaction with their life, as the presence of positive affect and life satisfaction reflect how agreeable circumstances and events are to the self (Ryan & Deci, 2001). Eudaimonic well-being must be a more complete form of well-being, as it includes eudaimonia while also facilitating hedonic well-being, and studies are indicative of this.

Compton, Smith, Cornish, and Qualls (1996) investigated the factor structure of 18 mental health scales, typically used to measure well-being. Principal components analysis revealed the majority of scales loaded on just two factors: subjective well-being (hedonic), and personal growth (eudaimonic). The subjective well-being factor accounted for 39% of the variance, and had loadings of at least .50 on all subjective well-being scales (Satisfaction With Life, Affect Balance Scale). The personal growth factor accounted for 10% of the variance in well-being, and had loadings on measures of Openness to Experience, Self-Actualisation, and the Scales of Psychological Well-Being.

McGregor and Little (1998) factor analysed a diverse set of well-being indicators, which included measures of positive affect, life satisfaction, and life meaning. Most scales loaded on just two factors: happiness (hedonic), and meaningfulness (eudaimonic). The happiness factor accounted for 52% of the variance, and had the greatest loadings on measures of life satisfaction and affect. The meaningfulness factor accounted for 22% of the variance in well-being, and had the highest loading on measures of Purpose in Life. Happiness and meaningfulness are essential dimensions of well-being, as was revealed in a study exploring people's perceptions of what makes a good life, and positive well-being. Results indicated significant effects of happiness (hedonic) and meaningfulness (eudaimonic), on such ratings (King & Napa, 1998).

These findings suggest both hedonic and eudaimonic factors are essential for defining well-being. Eudaimonia fosters hedonic factors (such as life satisfaction and positive affect), so in and of itself provides a holistic definition of the well-being construct. I argue eudaimonic well-being is a more complete form of well-being, in comparison to hedonic well-being, and this will be evident in health workers engaged in humanitarian work. Specifically, the extent well-being is predominantly hedonic or eudaimonic is a function of the motivation underlying humanitarian work engagement. The next section considers the role of motivation to well-being within work and other domains, and is followed by a discussion of how orientations to happiness may mediate this relationship.

4.2 Motivation and Well-Being

The importance of motivation within work settings is a key issue in organisational research (van Knippenberg, 2000). The relationship between motivation and organisational objectives, such as worker productivity and output has been prioritised, although increasingly there is recognition these factors contribute to well-being. Research using the SDT model of motivation has found consistent associations between motivation and well-being.

Deci et al. (2001) examined the relationship between SDT motivation and well-being, in work settings in two different countries. A sample of 548 employees from 10 Bulgarian companies and 128 American employees from a data-management firm, completed measures of motivation and well-being (which included both hedonic (anxiety, self-esteem) and eudaimonic dimensions (work engagement)). More autonomous motivation was significantly related to higher levels of self-esteem and work engagement, and lower levels of anxiety.

Baard and colleagues (2004) investigated the relationship between motivation and well-being, in different work settings. The sample comprised 59 and 528 employees from two separate banking firms, participating over two studies. In the first study, the well-being measure was hedonic and assessed depression/anxiety, while the second study used the eudaimonic indicators of vitality and psychological adjustment. More autonomous motivation was significantly related to well-being (psychological adjustment, vitality).

These relationships are not limited to work settings. Reinboth and Duda (2006) examined associations between perceived motivational climate and indices of psychological well-being, over a five-month period. Participants were 128 athletes from a British university, who completed motivation and psychological well-being (Subjective Vitality Scale) measures. Perceiving the motivational climate as more autonomous (measured as task-involved), significantly predicted psychological well-being.

Research by Gagné et al. (2003) investigated the relationship between the variables, in a sample of 33 female gymnasts from the United States. Over a four-week period, measures of motivation and well-being were completed, both before and after gymnastics practice. Well-being measures included eudaimonic and hedonic components, such as self-esteem, vitality, and positive/negative affect. Motivation significantly predicted pre-practice well-being, and systematic changes in pre- and post-practice well-being reports.

These findings indicate a relationship between motivation and well-being, and the present research contends similar relationships will be found in humanitarian settings. I propose well-being will range from predominantly hedonic to predominantly eudaimonic, according to differences in the orientations used by workers to experience well-being. Orientations to Happiness mediate the path from motivation to well-being, so it is necessary to explain them.

4.3 Pathways to Well-Being

Differences in well-being, are attributable to the ways individuals seek well-being. Three distinct, though not incompatible, *orientations to happiness* are proposed to play a role in this: the pleasant orientation, the engaged orientation, and the meaningful orientation (Duckworth et al., 2005; Peterson et al., 2005).

The pleasant orientation is pursuing well-being through maximising positive emotions about the present, past, and future. Present positive emotions relate to somatic sensations that are momentarily pleasurable, but transitory in nature. Past positive emotions are feelings of contentment, satisfaction, and tranquillity, when considering experiences from the past. Future positive emotions include those of expectation, aspiration, potential, and optimism, when considering future prospects. The pleasant orientation involves experiencing well-being by emphasising positive emotions and pleasure, while simultaneously minimising negative and painful emotions (Duckworth et al., 2005; Peterson et al., 2005).

The engaged orientation involves using personal talents and cross-cultural character strengths, such as kindness, wisdom, compassion, and love, to effectively manage everyday situations and achieve positive outcomes. Well-being is pursued through identifying and cultivating personal virtues, and ensuring life experiences are congruent with these. The engaged orientation can be differentiated from the pleasant orientation, as the former does not involve

the sole pursuit of pleasurable experiences per se, but is oriented to pursuing well-being through personally relevant experiences (Aristotle, 2000; Duckworth et al., 2005; Peterson et al., 2005).

The meaningful orientation involves engagement in social institutions, such as families, communities, and organisations, which cultivate positive emotions and experiences. Membership and servitude to these institutions enhances personal attributes, provides a basis for feeling one is involved in enterprises extending beyond the self, and provides benefits at the collective level. This gives a sense of purpose and meaning to an individual's life. The meaningful orientation may be conceptualised as pursuing well-being through purposeful engagement in positive social institutions (Duckworth et al., 2005; Peterson et al., 2005).

While the orientations to happiness seem similar to hedonic and eudaimonic well-being, they can be differentiated. The orientations involve the *pursuit* of well-being, as opposed to the *actual experience* of well-being. That is, they focus on the pleasure-, engagement-, and meaning-making processes, while hedonic and eudaimonic well-being focus on the experience of well-being. Research indicates the orientations to happiness are *predictive* of well-being (e.g., Peterson et al., 2005), thereby supporting the differentiation between the variables. To better explicate how the constructs differ, it is necessary to examine how they are measured.

4.3.1 Measuring the Orientations to Happiness

Measurement of the orientations has been done using instruments applicable for the assessment of other constructs. Examination of the pleasant orientation has involved self-report, subjective well-being measures (Duckworth et al., 2005), the most widely employed being the Satisfaction with Life Scale (Diener et al., 1985), the Subjective Happiness Scale (Lyubomirsky & Lepper, 1999), and the Fordyce Happiness Measure (Fordyce, 1988). These instruments correlate highly with each other, and have adequate psychometric properties (Duckworth

et al., 2005). However, they are not ideal for assessing the pleasant orientation, as they measure the experience of well-being, as opposed to the pathway used to obtain it. They do not examine the process of achieving well-being, which is the definitive characteristic of the pleasant orientation, so are not adequate for measuring it.

Two instruments designed for measuring other constructs, have been used to assess the engaged orientation. As this orientation involves identifying and using positive individual attributes in activities, identification of attributes has been a primary consideration. The *Classification of Strengths* (Peterson & Seligman, 2004) was developed to capture six broad categories of moral excellence (wisdom and knowledge, courage, love, justice, temperance, transcendence), representing universal attributes necessary for engaging life experiences. From this, the Values in Action Inventory of Strengths (Peterson et al., 2005) was designed, which assesses the extent the strengths are applicable to the individual. The inventory is often administered with measures of life satisfaction, and scores from both determine the degree character strengths relate to life satisfaction.

All subscales of the inventory have been rigorously tested, show satisfactory alphas and test-retest correlations, and share significant associations with indices of life satisfaction (Duckworth et al., 2005; Park, Peterson, & Seligman, 2004). While results show the Values in Action Inventory does assess the extent an individual possesses specific attributes, and correlations have been found with life satisfaction (e.g., Park et al., 2004), it does not indicate how the attributes facilitate well-being, as would be expected if an engaged orientation was assessed adequately. It is not sufficient for capturing the engaged orientation, as it relates to the underlying process involved in obtaining well-being.

A further aspect of the engaged orientation suggests an individual uses their attributes to engage challenging yet achievable activities, and this is associated

with a eudaimonic sense of well-being. A second set of instruments used to measure this orientation capture the construct of flow, which is a state facilitating eudaimonic well-being, under specific circumstances (Csikszentmihalyi & LeFevre, 1989). Interviews, self-report questionnaires (Flow Questionnaire and Flow Scale), and the Experience Sampling Method (ESM) have been used to assess flow. While these methodologies are useful for measuring the flow experience, the construct does not assess the engaged orientation, as it relates to well-being.

Flow occurs when attributes are used within specific activities, while the engaged orientation involves using attributes to effectively manage everyday situations. Flow is a useful indicator of engagement in specific activities, but is not useful as a global assessment of engagement in life activities in general. While Flow and the Values in Action Inventory of Strengths assess aspects of the engaged orientation, they do not measure this orientation as it relates to the *process* of obtaining well-being.

The meaningful orientation is measured using interviews and narratives. The most prevalent interview technique asks participants to imagine their life as a book, and over a two-hour period they are questioned about significant events in their life (e.g., earliest memory, high/low points, important occasions) (McAdams, Reynolds, Lewis, Patten, & Bowman, 2001). The narrative technique involves the recollection of significant life events, disclosed as written narratives. The rationale for identifying significant events is because they are inherently meaningful to the individual (e.g., marriage, parental death).

While studies suggest the disclosure of meaningful events is psychologically beneficial (e.g., Burton & King, 2004; Smyth, 1998), meaningful events do not always facilitate well-being. For example, the death of a loved one results in an initial period of ill health for many people (e.g., sadness, depression, loneliness). The interview and narrative techniques do not assess the meaningful orientation, as it relates to membership and servitude in positive

social institutions (e.g., family). While the two techniques are useful for identifying meaningful events, they are not useful for assessing the process underlying such meaning, or how this process is oriented toward obtaining well-being. They focus on the *outcome* the meaning-making process has for an individual, as opposed to the meaning-making process itself.

The aforementioned techniques are useful for measuring some aspects of the orientations, but fail to capture each in their completeness, primarily due to a focus on assessing associated outcomes (e.g., well-being), as opposed to the actual orientations. However, an instrument designed specifically to measure the orientations has been developed, termed The Orientations to Happiness Questionnaire (Peterson et al., 2005).

A total of 36 face valid items (12 for each orientation) were composed by Peterson and colleagues (2005). Items tapping the pleasant orientation were derived from measures of hedonic well-being, and capture an orientation to hedonism, as opposed to the outcome of hedonic experiences. Items tapping the meaningful orientation were derived from measures of eudaimonic well-being, such as purpose in life and meaning, and reflected an orientation to eudaimonism. Items tapping the engaged orientation were based on the concept of flow, but reflected the process of engagement characteristic of flow, as opposed to the experience of flow itself. All items were refined in a focus group of 15 students, enrolled in a Positive Psychology course at an American university.

The 36-item questionnaire was made available on the internet, and initially tested on a sample of 180 participants, from a variety of age groups, educational backgrounds, marital statuses, and ethnicities, who responded to an invitation to complete the questionnaire. Satisfactory internal consistencies for each of the subscales of .84 (pleasant), .77 (engaged), and .88 (meaningful) were evidenced, in addition to relatively moderate intercorrelations between the

subscales ($r = .51$). Each of the orientations could be distinguished, but were related.

To enhance the distinction, the six items with the highest correlations on each subscale were retained. The revised 18-item version was tested on a sample of 845 participants responding through the internet. Principal components analysis using varimax rotation, revealed three factors with eigen-values greater than 1.00. Items assessing the same orientation loaded most strongly on the factor they were designed to assess. Internal consistencies of .82, .72, and .82 respectively for the pleasant, engaged, and meaningful subscales were adequate, and in excess of the scale intercorrelations (Petersen et al., 2005). Initial analyses revealed the scale is useful for assessing the pleasant, engaged, and meaningful orientations.

Peterson et al.'s research also investigated whether the orientations were associated with indices of well-being. Individuals scoring simultaneously high on all three orientations had higher scores on well-being measures, while those scoring simultaneously low on all three orientations had lower well-being scores. The engaged and meaningful orientations, both independently and combined, had stronger predictive effects for well-being than the pleasant orientation.

Such findings indicate the questionnaire adequately measures the orientations to happiness, the orientations are differentiated from hedonic and eudaimonic well-being, and they are related to well-being. I contend the orientations may mediate the pathway between motivation and well-being, an idea examined in the following section.

4.4 Predicting the Well-Being of Humanitarian Health Workers

This research proposes motivation has varying implications for the well-being of workers, both directly and indirectly, through the mediational role of the

orientations to happiness. Introjected motivation predicts hedonic well-being. It occurs when an external regulation is accepted by the individual, but not fully assimilated into their self-concept. Contingencies are still required, but internally controlled by the individual. Behavioural engagement is self-controlled and ego-involved, being motivated by the pursuit of self-esteem or feelings of worth. This motivation occurs when the competence or relatedness needs have not been previously satisfied in a consistent fashion.

Engagement in humanitarian work is oriented toward the satisfaction of one or both needs. This suggests behavioural engagement is oriented toward identifying personal attributes, and using them to maximise positive outcomes and minimise negative outcomes, which is characteristic of both the engaged and pleasant orientations. Therefore, engagement in humanitarian health work directed by introjected motivation results in hedonic well-being.

Identified motivation is regulated by a partial internalisation of specific values, and results when both the competence and relatedness needs have been previously satisfied in a consistent way. Values become synthesised and accepted into self-concept, and the influence of prior competence and relatedness need satisfaction allows behaviour to be directed by the value and importance it has. For example, a nurse may choose to work in the area as she believes compassion and kindness to be personally important, and such values are able to be readily expressed within a hospital or other health care setting.

This suggests an orientation toward identifying and engaging personally important attributes within meaningful social institutions. These orientations are characteristic of both the engaged and meaningful orientations. Engaging activities that are meaningful and congruent with one's sense of self foster life satisfaction and positive affect. Workers directed by identified motivation will experience well-being that is eudaimonic.

Motivation and well-being are correlated (e.g., Baard et al., 2004; Deci et al., 2001; Gagné et al., 2003; Reinboth & Duda, 2006), and the orientations to happiness predict well-being (Peterson et al., 2005). I contend introjected motivation predicts well-being directly, but also indirectly through the mediational role of the pleasant and engaged orientations to happiness. Identified motivation is directly related to eudaimonic well-being, but also indirectly related through the pleasant, engaged, and meaningful orientations to happiness.

4.5 Conclusion

The purpose of the present research is to investigate the relationship between motivation and well-being, by examining potential pathways between the variables. Hedonia and eudaimonia are types of well-being that have relevance to humanitarian work, and the orientations to happiness provide one potential pathway between motivation and these well-being types. The next chapter explores another potential pathway between motivation and the well-being indicators of burnout and vitality, using passion as a mediator variable.

5.0 Burnout vs. Vitality

This chapter explores how motivation affects the well-being of humanitarian health workers, by looking specifically at the burnout syndrome, and the experience of vitality. Passion mediates the path between motivation and the experience of vitality, or the development of burnout.

The Passion for Activities construct conceptualised by Vallerand and colleagues (2003), is used as a basis for investigating harmonious and obsessive passions. An overview of each of the passions is given. How they are differentiated and their link to SDT is then described. I argue individuals with an identified motivation for humanitarian work develop a harmonious passion, while those with introjected motivations develop an obsessive passion for the work.

An overview of both the burnout syndrome and the experience of vitality are provided, and their links to harmonious and obsessive passion described. Previous research shows a harmonious passion for an activity, leads to more positive outcomes. This is used as a basis for my argument workers with a harmonious passion are likely to experience increased vitality, when engaged in humanitarian settings. Workers with identified motivation develop harmonious passion, and these variables combined negatively predict burnout.

Research indicating an obsessive passion leads to more negative outcomes, and theoretical arguments about the effect of obsessive passion on burnout (e.g., Tassell & Flett, 2007), are used to support my argument workers with an obsessive passion are more likely to develop burnout, as a result of humanitarian engagement. Workers with introjected motivation develop obsessive passion, and both variables negatively predict vitality. Figure 4 provides an illustration of the relationships explored in this chapter.

an activity. Passion is defined as a strong inclination toward any activity one enjoys, finds important, or invests a significant amount of time and energy engaged in on a regular basis. Energy expenditure, enjoyment, and valuation are all associated with activity engagement and investment (Deci et al., 1994; Emmons, 1999), and studies indicate significant associations between passion and duration, time involvement, and activity inclusion (Stenseng, 2008), thus supporting this definition.

In line with Self-Determination Theory (Ryan & Deci, 2000), Vallerand et al. (2003) suggest an activity is internalised into an individual's self-concept in an autonomous or controlled way, enabling passion to be categorised into two distinct types: harmonious and obsessive.

5.1.1 Harmonious Passion

Harmonious passion results from autonomous internalisation. The passionate activity is chosen freely, personally endorsed, congruent with values and sense of self, and forms an important aspect of identity. Contingencies are not attached to it, and engagement is self-motivated and self-determined. Time and resources spent on the activity are flexible, allowing incorporation into an individual's life, in a way that does not neglect or compromise other life domains.

This ensures a specific focus on, increased concentration with, and greater absorption during activity engagement. Once engagement ceases these capacities transfer to other life domains, as the resources necessary for engagement do not compete with those of the passionate activity (Mageau, Vallerand, Rousseau, Ratelle, & Provencher, 2005; Rousseau, Vallerand, Ratelle, Mageau, & Provencher, 2002; Levesque, Laliberte, Pelletier, Blanchard, & Vallerand, 2003; Vallerand et al., 2003).

Harmonious passion leads to beneficial outcomes. Levesque et al. (2003) investigated passion for the internet and couple's relationships. Individuals with harmonious passion reported greater self-determination and motivation toward intimate relationships, and greater relationship quality. Individuals with obsessive passion reported less self-determined motivation, and lower levels of adjustment in their relationships.

Mageau et al. (2005) found harmonious passion is associated with positive outcomes and emotions (e.g., feelings of fun, perceived challenge, perceived control over activity), while obsessive passion is associated with negative outcomes and emotions (e.g., feelings of guilt, perceived judgement by others).

Vallerand and colleagues (2003) found increased concentration, flow, and positive emotion had significantly positive relationships with harmonious passion, both during and after activity engagement. Other studies (e.g., Ratelle, Vallerand, Mageau, Rousseau, & Provencher, 2004; Vallerand et al., 2003; Vallerand et al., 2007) report more positive affective and behavioural outcomes associated with harmonious passion, in comparison to obsessive passion.

5.1.2 Obsessive Passion

Obsessive passion results from a controlled internalisation. The passionate activity is not self-determined, and is often in conflict or incongruent with an individual's values and sense of self. Certain contingencies (e.g., self-esteem, social acceptance, sense of self-worth) are attached to the activity, creating an internal pressure that compels engagement.

The desire to alleviate this pressure and obtain the contingencies becomes uncontrollable, leading to non-specific time and resource allocation for the activity. Engagement becomes inflexible and pressured, causing conflict with other life activities, as they are neglected to accommodate the activity. Because it is impossible to completely disengage from thoughts about the activity, it

becomes distracting, and full concentration and absorption of other life domains is prevented (Mageau et al., 2005; Rousseau et al., 2002; Levesque et al., 2003; Vallerand et al., 2003).

Obsessive passion leads to negative outcomes. Vallerand et al. (2003) assessed whether obsessive passion is involved in rigid persistence, leading to self-destructive gambling behaviour. Significantly higher levels of obsessive passion were observed for severe gamblers (those who engage in the pursuit of wealth), in comparison to regular gamblers (those who engage for entertainment). Rousseau et al. (2002) showed obsessive passion was associated with negative consequences, such as heavy and frequent gambling of large amounts of money over a long duration.

Stenseng (2008) examined associations between obsessive passion and intrapersonal conflict, and some life domain outcomes. Obsessive passion was negatively correlated to positive outcomes in the domains of family, partner/spouse, and work/studies, although only the work/studies domain was significant. Significant positive associations were found with the intrapersonal conflict indices.

Other studies indicate obsessive passion is associated with persistent engagement in activities despite risks to personal safety (e.g., Vallerand et al., 2003), lower levels of adjustment and self-determination (e.g., Levesque et al., 2003), and increased negative affect (e.g., Mageau et al., 2005). Such studies suggest the non-autonomous internalisation characteristic of obsessive passion leads to continuous engagement of an activity, despite negative consequences.

5.1.3 Differentiating Passion from SDT

The characteristics of each passion seem similar to the autonomous and controlled forms of SDT motivation. Some studies show the constructs correlate with each other (e.g., Wang, Khoo, Liu, & Divaharan, 2008), but

further analyses reveal they have independent effects on outcome variables, and are theoretically distinct. The fundamental difference between harmonious and obsessive passion and SDT motivation, relates to internalisation (Amiot, Vallerand, & Blanchard, 2006).

With harmonious passion, the activity is autonomously internalised into an individual's self-concept. This type of passion may be likened to the more autonomous forms of motivation, such as identified, integrated, and intrinsic. With harmonious passion the activity itself is internalised into self-concept; with the autonomous forms of motivation it is not the activity, but specific values associated with the activity, that are internalised.

Obsessive passion results from a controlled internalisation of an activity into self-concept, and engagement is regulated by external contingencies. Obsessive passion may be likened to the controlled forms of SDT motivation, such as introjected, external, and amotivation. Obsessive passion requires internalisation of the activity into self-concept, but neither the external or amotivated forms of motivation require any internalisation to occur. Introjected motivation does require internalisation, but it is the contingencies associated with the activity that are internalised (e.g., self-esteem), as opposed to the activity itself.

Furthermore, Vallerand and colleagues (2003) show each passion is correlated with different outcomes, independent of the SDT motivations. Separate hierarchical multiple regression analyses where both positive and negative affect were entered, followed by intrinsic, identified, introjected, and external motivations, and the two types of passion, were conducted to determine the extent passion contributed to variance in affect.

Positive affect analyses revealed none of the motivations contributed significant variance, and the only significant predictor of positive affect was harmonious passion. This confirms harmonious passion is distinct from motivation.

Negative affect analyses showed motivation significantly contributed 4.5% variance. However, beta weights revealed only external motivation and obsessive passion significantly predicted negative affect, suggesting the impact of obsessive passion is independent of autonomous and introjected motivation, but not external motivation.

This finding may be explained by the conflict associated with both obsessive passion and external motivation. With obsessive passion, activity engagement is compelled by external contingencies, which causes conflict with other life domains. With external motivation, behaviour is engaged either to avoid punishment or gain rewards, so is also compelled by external contingencies, and likely to cause conflict with other life domains. It is this conflict causing the negative affect, as opposed to the constructs of passion and motivation being identical.

A series of studies (Vallerand et al., 2003) showing each passion correlates with different variables, support the distinction between harmonious and obsessive passion. Outcomes experienced pre- and post-activity were investigated. Increased concentration, flow, and positive emotion were significantly and positively associated with harmonious passion, both during and after engagement, while shame shared a significant negative association. Shame, negative emotion, and anxiety were positively associated with obsessive passion, although only the relationship with shame was significant. Strong positive relationships between obsessive passion and both negative cognitions and affect when prevented from engaging in the activity, were also evident.

The predictive ability of passion for affective experience and intention to pursue an activity (football) was examined. The Passion Scale, measures of positive/negative affect, and behavioural intentions were completed by 205 male football players from a Canadian league. Significantly positive relationships were observed for harmonious passion and positive affect, and obsessive passion and negative affect. Obsessive passion significantly predicted

intentions to continue football, while no significant relationships were found with harmonious passion.

The association between passion and activity persistence (cycling) despite risks was examined. A total of 59 recreational cyclists who regularly engaged in cycling completed the Passion Scale, in addition to specifying the number of hours engaged in cycling during summer and winter. Individuals with an obsessive passion for cycling were significantly more likely to continue cycling during winter, despite environmental conditions being a risk to personal safety. The results suggest the passions can be distinguished by differing effects on cognition, affective experience, intention to continue an activity, activity persistence, and self-determination. The studies were conducted across a broad range of activities, suggesting passion is applicable to other domains, including humanitarian health work.

I argue passion explains why persistent engagement in humanitarian work has detrimental consequences for some individuals and not others. The type of passion an individual develops is determined by the motivation underlying work engagement. To better understand this, the involvement of motivation in the development of harmonious and obsessive passion must be explored.

5.2 Passion for Activities and SDT Motivation

Given the theoretical framework underpinning passion is guided by Self-Determination Theory, and passion and the SDT motivations are distinguishable, I propose the SDT motivations predict whether a harmonious or obsessive passion for an activity develops.

The characteristics of harmonious passion are similar to an identified motivation, but rather than being synonymous, identified motivation leads to the development of a harmonious passion. This occurs as the values associated with behaviour that is continually engaged, lead to the behaviour itself (as

opposed to the values associated with the behaviour, as is the case with identified motivation) being internalised into self-concept. I propose health workers directed by identified motivations, develop a harmonious passion for humanitarian work. Research indicates this type of passion is more strongly related to identified motivation in comparison to introjected motivation (e.g., Wang et al., 2008), providing support for this proposition.

The characteristics of obsessive passion are similar to introjected motivation. However, an introjected motivation for behaviour that is consistently engaged, leads to an obsessive passion. Unless behavioural engagement leads to consistent need satisfaction, behaviour directed by introjected motivation results in the internalisation of the external contingencies driving behaviour. When this occurs, the behaviour itself is internalised and valued for its contingencies (which is characteristic of obsessive passion), so engagement is compelled by the contingencies because they are associated with the behaviour, rather than the contingencies in and of themselves (as is typical of introjected motivation). I propose health workers directed by introjected motivations for humanitarian work, develop an obsessive passion. Research showing obsessive passion is more strongly related to introjected motivation in comparison to identified motivation (e.g., Wang et al., 2008), supports this proposition.

Harmonious and obsessive passions correlate differently with cognition, affective experience, intention to continue the activity, and activity persistence. Such outcomes (positive/negative affect, cognitions, behaviours) will be evident in humanitarian health work, with a harmonious passion leading to positive outcomes, such as enhanced vitality. An obsessive passion for humanitarian work will lead to negative consequences, such as burnout. The process through which these occur is described in the following sections.

5.3 Harmonious Passion and Vitality

In psychology, energy-related constructs describe associations between internal psychological processes and behavioural functions. Freud argued that we have a limited amount of psychic energy that facilitates a variety of life functions. When used to resolve internal conflicts, it is rapidly depleted, with adverse implications for functioning (Nix et al., 1999; Ryan & Frederick, 1997). Jung viewed psychic energy as a basic life-force that directs expression, and is gained or depleted according to psychological state (Stein, 2004).

Studies in health psychology investigating links between life changes and physical illness, suggest ‘psychic energy’ is depleted by life changes, decreasing its availability to attend to other life matters (Eysenck & Flanagan, 2000; Holmes & Rahe, 1967). Other psychological theorists (e.g., Perls, Fromm) implied life energy is available according to specific psychological states (Ryan & Frederick, 1997). The depletion of energy reserves in relation to egoistic and self-regulatory efforts, has also received attention (e.g., Baumeister & Vohs, 2007).

While such energy is difficult to empirically quantify as a physical substance, contemporary psychologists acknowledge its phenomenological nature as a subjective psychological variable, differing between individuals. Ryan and Frederick (1997) conceptualise energy as subjective vitality, defined as “the conscious experience of having positive energy available to or within the regulatory control of one’s self” (Ryan & Frederick, 1997, p. 530). It is a dynamic and positive psychological force that enhances vivacity and determinism.

Largely subjective and psychological in nature, subjective vitality varies according to somatic and psychological influences. It declines during times of actual or perceived ill-health, as evidenced by negative associations with tinnitus severity (e.g., Nondahl et al., 2007), transformed migraines (e.g., Guitera, Munoz, Castillo, & Pascual, 2002), and a variety of somatic complaints (e.g.,

Stewart, Hays, & Ware, 1992). Increased vitality occurs during times of physical well-being (e.g., Testa et al., 1993). Ryan and Frederick (1997) found individuals not experiencing pain had higher levels of subjective vitality, in comparison to those experiencing pain.

Subjective vitality is higher during times of positive psychological functioning. Significantly negative associations were found between vitality and measures of depression (e.g., Keawe'aimoku Kaholokula, Haynes, Grandinetti, & Chang, 2006; Riley et al., 2003), neuroticism (e.g., van Straten, Cuijpers, van Zuuren, Smits, & Donker, 2007), relationship stress (e.g., Nagurney, 2007), depression, fatigue, anger/hostility, confusion, and tension/anxiety (Ryan & Frederick, 1997). Significantly positive associations were found between vitality and self-esteem (e.g., Ryan & Frederick, 1997), and extraversion and openness (e.g., van Straten et al., 2007).

These findings indicate subjective vitality varies according to both somatic and psychological factors, but do not account for whether the severity of these factors determines the extent vitality increases or decreases. For example, individuals with a terminal illness will presumably experience less vitality than those with a headache, although in both cases there is a negative association between vitality and somatic symptoms.

Neither do they tell if individual differences, such as whether a person perceives themselves to be experiencing ill/good health or whether they perceive they have control over their physical and mental well-being, affects vitality. If an individual perceives they are in good physical or psychological health, yet medical tests indicate they have a serious illness, does vitality vary according to subjective assessments of health or objective medical tests? If a person is diagnosed with a serious illness, yet feel they have control over the consequences of that illness (e.g., a person with high cholesterol feels they can reduce it by making dietary changes), is vitality affected by perceived autonomy, irrespective of the ailment?

Ryan and Frederick (1997) argue that while somatic and psychological influences are associated with variations in vitality, they do not determine the experience. Rather, subjective vitality is a function of whether an individual is relatively autonomous in their behaviours. Because vitality is characterised by the perceived availability and control of energy, the extent an individual feels autonomous facilitates access to it, making subjective vitality determined by the degree behaviours are experienced as *self-determined*.

Ryan and Frederick (1997) assessed the relationship between vitality and motivation in a clinically obese sample engaged in a 26-week weight loss program, with a two-year follow-up. At follow-up, participants completed the Treatment Self Regulation Questionnaire (TRSQ), which assessed whether motivation to continue the weight loss program was autonomous or controlled. Vitality shared a significantly strong positive association with autonomous (self-determined) reasons to continue the program, and a non-significant negative association with non-autonomous reasons.

Nix et al. (1999) examined whether conditions conducive to autonomy impact subjective vitality. Participants were 93 university students who initially completed a measure of vitality, before being assigned to either a self-directed or other-directed task. At task completion, participants responded to measures of vitality and motivation. Pre-task subjective vitality was maintained post-task, for those involved in the self-directed (autonomous/self-determined) task. A significant decline in vitality from pre- to post-task, was evidenced for those engaged in other-directed tasks.

These findings indicate subjective vitality varies according to somatic and psychological factors, but self-determination plays a role in the extent of variation. Self-determination underlies harmonious passion, so provides a basis for examining the relationship with vitality in humanitarian health workers. No studies have investigated the link between these variables in this context.

Vitality is essential if workers are to function effectively in humanitarian situations, so examining mechanisms facilitating this experience is pertinent.

5.3.1 Vitality and Humanitarian Health Workers

Humanitarian settings are often distressing, traumatic, and unpleasant, so are not always conducive to healthy functioning, resulting in many undesirable somatic and psychological effects, and decreasing subjective vitality (Ryan & Frederick, 1997). I argue individuals with a harmonious passion for humanitarian work do not suffer declines to subjective vitality, as this passion mitigates the effects of physical and psychological stressors. Because energy is not invested in dealing with these, it remains available to the self and increases feelings of vitality.

Subjective vitality does not vary with somatic factors per se, but as a result of the psychological recognition given to them (Ryan & Frederick, 1997; Sapolsky, 2004). Health workers who perceive somatic ailments as distressing or disabling, suffer decreases in subjective well-being. For workers with a harmonious passion, engagement is autonomously chosen, as the work is congruent with personal values and self-concept. For example, one may place value on compassionate behaviour, and believe this forms an integral part of identity. Humanitarian work is a means for expressing this identity, and experienced as enjoyable and worthwhile, due to congruence between the work and one's values.

The somatic ailments associated with the work, are perceived as an inevitable outcome of engaging a personally endorsed task. Due to the sense of self-determination over behaviour and internal resources characteristic of harmonious passion, the antecedents and consequences of somatic ailments are perceived as less menacing and within one's control. For example, a worker may rationalise that excessive anxiety could induce a headache, and by not placing so much concern on anxiety-inducing situations, reduce the likelihood

of a headache occurring. Energy levels do not decrease when faced with such ailments, and subjective vitality is maintained.

Some workers experience adverse psychological outcomes in response to humanitarian crises, including loss of ideals, disengagement from work, a sense of failure, depression, distress, and anxiety (Antares Foundation, 2006; Blanchetiere, 2006; Salama, 1999; Stamm et al., 2002). A harmonious passion for humanitarian work suggests it is congruent with values, deemed worthwhile and fulfilling, and representative of self-actualisation. Work does not present a substantial drain on psychic reserves, but instead these positive feelings mitigate any adverse psychological experiences, such as those described above.

The effect harmonious passion has on both somatic and psychological outcomes works according to the following mechanism. Self-determination is pertinent to structuring cognitions conducive to positive psychological and physical functioning, as the more perceived control one feels the better one is placed to make cognitive re-appraisals. Because of the sense of volition over behaviours and the value placed on humanitarian work, individuals with a harmonious passion reconstruct negative cognitions associated with the consequences of the work, into positive cognitions.

For example, an individual may restructure feelings of despair associated with the tragic circumstances of a humanitarian disaster (e.g., death, injury, lack of resources) or with a physical ailment, into positive cognitions, by rationalising their role in the humanitarian effort as making a difference to the affected populations lives. Psychological functioning is more beneficial, and allays any negative consequences associated with adverse psychological (e.g., depression, anxiety) or physical (e.g., migraine, achy joints, etc.) experiences. This increases feelings of subjective vitality.

A study examining the impact of mood changing strategies on energy levels supports this. Cognitive self-control, such as restructuring negative thoughts to

positive thoughts, and analysing/evaluating the mood-inducing situation in a positive way, was among the most common methods used to change mood. Changing mood through cognitive self-control was rated the most effective strategy for enhancing energy levels (Thayer, Newman, & McClain, 1994).

The findings indicate negative thoughts and affect, can be re-formed into positive ones. This is consistent with the underlying premise of the cognitive-behavioural approach, which suggests the way individuals cognitively appraise an event, situation, or circumstance, determines behaviour and affect (Hollon & Beck, 1994). I propose this same effect occurs for humanitarian workers with a harmonious passion. When faced with the volatility inherent to humanitarian situations, they use cognitive restructuring to effectively manage physical and psychological stressors. These stressors no longer tax psychic reserves, so vitality is maintained.

The relationship between harmonious passion and subjective vitality is relevant to the humanitarian health worker population. It explains why some individuals are energised by humanitarian work, exerting effort in excess of what is expected in other occupations (Antares Foundation, 2006; Blanchetiere, 2006; UNHCR, 2001). The very rigors of the work are positively restructured, facilitating a sense of purpose, fulfilment, personal growth, and development. An energised state follows, allowing vitality to be consciously experienced and controlled, and enabling perseverance and continuous engagement, despite the volatility of humanitarian settings.

Vitality is a positive state experienced as a result of engagement in humanitarian health work. One of the more negative experiences that can result from being involved in this work, burnout, is addressed in the next section.

5.4 Obsessive Passion and Burnout

Typified by a “progressive loss of idealism, energy and purpose” (Hare, Pratt, & Andrews, 1988, p. 106), burnout is an occupationally-based phenomenon, experienced by human service professionals (Jenaro, Flores, & Arias, 2007). It has been documented in rehabilitation practitioners, (Flett, Biggs, & Alpass 1992, 1993, 1995), psychologists (Rupert & Kent, 2007; Rupert & Morgan, 2005), psychiatric staff (Jeanneau & Armelius, 2000), nurses (Hare et al., 1988), and doctors (Dreary et al., 1996), among others.

Burnout manifests as emotional exhaustion, depersonalisation, and diminished personal accomplishment (Borritz et al., 2005; Maslach, 1976; Maslach & Jackson, 1982; Maslach, Jackson, & Leiter, 1996). Emotionally exhausted individuals feel overextended; they lack enthusiasm and energy, and become emotionally and cognitively distant from their work. Depersonalised workers treat service recipients as impersonal objects, and lack a sense of engagement and responsibility for them. Diminished personal accomplishment occurs when workers feel they lack efficacy, competence, and effectiveness to assist others (Brown & O’Brien, 1998; Leiter & Laschinger, 2006; McManus, Keeling, & Paice, 2004).

A structural model of burnout suggests it develops from prolonged exposure to work-related stressors (Maslach et al., 1996; Rupert & Kent, 2007). Staff shortages (Aiken et al., 2001), lack of support (Hare et al., 1988), role conflict and ambiguity (Borritz et al., 2005; Duquette, Sandhu, & Beaudet, 1994; Melchior, Bours, Schmitz, & Wittich, 1997), work pressure (Duquette et al., 1994), high work pace and low possibilities for development (Borritz et al., 2005), low salaries, lack of recognition, and limited financial resources (Rupert & Morgan, 2005; Schaufeli & Buunk, 2003), are some factors believed responsible.

Consistent findings show not all individuals exposed to these stressors develop burnout (Uskun et al., 2005), so it cannot be the stressors per se solely

contributing; other factors must be involved. Occupational stress literature focuses on potential moderators/mediators of the stressor-strain relationship, including lack of social support (e.g., Uchino, 2004), and health-impairing behaviours like smoking, poor nutrition, lack of exercise, and alcohol abuse (e.g., Grunberg, Moore, Anderson-Connolly, & Greenberg, 1999; Moore, Sikora, Grunberg, & Greenberg, 2007; Nobrega & Cifuentes, 2008).

Even when these factors are present, individuals still adequately manage workplace stressors and avoid burnout. An increasing pool of research has found individual-specific factors are related to burnout development, implicating personality traits (e.g., Carver & Scheier, 1999; McManus et al., 2004), self-perceptions (e.g., Jeanneau & Armelius, 2000), coping mechanisms (e.g., Brown & O'Brien, 1998; Folkman & Moskowitz, 2004; Vaillant, 2000), and mental health (e.g., Laschinger, Almost, Purdy, & Kim, 2004; Laschinger & Finegan, 2005).

Obsessive passion is associated with a variety of cognitive and affective outcomes, and persistence and intention to continue an activity despite negative consequences, which are similar characteristics of burnout. Therefore, obsessive passion may be implicated in the development of burnout, in human service professionals. Although there has been theoretical speculation (e.g., Tassell & Flett, 2007), no studies have investigated this relationship in humanitarian settings. Minimising the occurrence of burnout in this context, is essential if workers are to function effectively. Examining obsessive passion as an explanation for burnout, is pertinent to achieving this.

5.4.1 Burnout and Humanitarian Health Workers

I argue obsessive passion leads to burnout, and describe how each of the three characteristics of the syndrome manifest, in humanitarian health workers with an obsessive passion for the work.

Previous research suggests only some individuals exposed to work stressors develop burnout (McManus et al., 2004; Uskun et al., 2005). Those who develop burnout perceive aspects of their work as stressful, while others do not perceive those same work aspects in a stressful fashion, or this perception is mediated/moderated by some other factor. Individuals with higher levels of self-determined motivation, perceive their work environments as low in stress, and are significantly less likely to develop burnout. Individuals with low levels of self-determined motivation, perceive their work environment as stressful, and are more likely to develop burnout (Léveillé, Blais, & Hess, 2003). Obsessive passion is related to a variety of adverse cognitive, emotional, and psychological effects. Several studies reveal during activity engagement, individuals report feeling conflicted (Levesque et al., 2003), and perceive the passionate activity as stressful (Blanchard, 1999), and depressing (Rousseau, Vallerand, LeMartret, & Clark, 1999).

Extrapolating from these studies, individuals with an obsessive passion for humanitarian work who thus have low self-determination, suffer adverse effects to psychological well-being and perceive the work as stressful, depressing, and conflictual. For example, experiencing other human-beings displaced, not having enough food, and falling ill from preventable diseases, induces stress and depression. Over an extended period of time, these negative *perceptions* cause the work to be experienced as stressful, and this cumulative effect fosters burnout (Tassell & Flett, 2007).

Obsessive passion leads to rigid activity persistence, despite negative consequences. Vallerand et al. (2003) found individuals with an obsessive passion for cycling rigidly persisted, although circumstances indicated doing so would be contrary to safety. Rousseau et al. (2002) found obsessive passion for gambling is associated with negative outcomes, such as persistent heavy and frequent gambling of large amounts of money, over a long duration. Such rigid persistence is facilitated by the uncontrollable desire to alleviate internal pressure and obtain contingencies. For example, individuals may have an

internal desire to gain self-worth by engaging in employment perceived as worthwhile, and attaining this is contingent on engaging in humanitarian work. The internal pressure to gain self-worth eventually becomes uncontrollable, propelling work engagement, irrespective of associated negative consequences.

This psychological process is responsible for the emotional exhaustion experienced by humanitarian workers suffering burnout. Individuals with an obsessive passion for humanitarian work maintain negative perceptions, such as the work being stressful, depressing, and conflictual. Due to the internal pressure propelling engagement in humanitarian work, these individuals rigidly persist, irrespective of these negative perceptions. Over a period of time, this is emotionally and cognitively draining, causing the emotional overextension and exhaustion typical of burnout. Findings indicating obsessive passion is negatively related to feelings of vitality support this (Mageau et al., 2005). Vitality is associated with feelings of control and autonomy over emotions, while emotional overextension and exhaustion suggest a lack of control.

The non-autonomous internalisation of humanitarian work suggests conflict or incongruence with one's self-concept, meaning engagement does not consciously form an aspect of identity, nor is it representative of true self. According to the basic premise of SDT underlying obsessive passion, any behaviour internalised in a non-autonomous way has contingencies attached to it, so does not represent a valued and important aspect of self-identity (i.e., is not related to personal values, beliefs, or moral codes), but rather a means for obtaining some need (e.g., self-esteem, recognition). This lack of congruence explains a further contribution of obsessive passion to burnout.

Individuals with personal identities incongruent with their occupation, experience decreased engagement (defined as lack of personal responsibility and commitment), when conditions are adverse (Britt, 1999, 2003). Given humanitarian conditions are typically volatile, workers with an obsessive passion experience decreased work engagement. Individuals work for ill-

defined periods and in conditions devoid of structure, organisation, and security. The work is often labour intensive and physically, emotionally, and psychologically taxing. Prolonged exposure to these conditions decreases feelings of responsibility for and commitment to the humanitarian population, causing the depersonalisation characteristic of burnout.

The non-autonomous internalisation associated with obsessive passion suggests incongruence with an individual's self-concept, so engagement in an activity is not consciously controlled, resulting in negative outcomes. Obsessive passion leads to negative cognitive and affective consequences, such as conflict and negative emotion (e.g., feelings of guilt, perceived judgement by others) (Mageau et al., 2005; Vallerand et al., 2003), less self-determination, and lower levels of relationship adjustment (Levesque et al., 2003).

Similar adverse outcomes are experienced by individuals with an obsessive passion for humanitarian health work. The lack of self-determination and control means workers are propelled by a desire to obtain contingencies like self-worth, as opposed to the work reflecting values, beliefs, capabilities, and self-concept. Because work does not truly reflect the self, individuals feel they lack effectiveness, efficacy, and competence, which are characteristic of the diminished personal accomplishment associated with burnout. Burnout shares highly significant negative associations with self-image (Jeanneau & Armelius, 2000), thus supporting this assumption.

Burnout was originally conceived to describe a phenomenon experienced by human service professionals. The concept of passion provides a pathway for suggesting it is not engagement in human service professions, such as humanitarian work, that is responsible for the development of burnout. Rather, it is the underlying motivations regulating engagement in humanitarian work that lead to an obsessive passion, which then contributes to the development of burnout, in some humanitarian health workers.

5.5 Conclusion

The present research seeks a better understanding of the relationship between motivation and well-being in humanitarian health workers. Burnout and vitality are typically experienced by workers in humanitarian settings. In this chapter, I suggested type of motivation determines both burnout and vitality, and the relationship between the variables is mediated by passion. Workers with an introjected motivation for humanitarian health work develop an obsessive passion, which leads them to experience burnout. Workers with an identified motivation develop a harmonious passion, which results in their experiencing vitality. The next chapter summarises the specific hypotheses of this research, and is followed by chapters outlining the methodology and results of the study.

6.0 Hypotheses

The primary purpose of this research is to better understand how engagement in humanitarian work affects workers, by assessing relationships between motivation and well-being. Self-Determination Theory will be extended by examining motivation for humanitarian health work. Following previous work that suggests not all the SDT motivations are applicable in all domains (e.g., Koestner et al., 1996), I argue introjection and identification are the key motivations regulating engagement in the domain of humanitarian work. These motivations are related to the well-being of humanitarian health workers, in different ways.

6.1 Motivation and Well-Being

This research will extend the growing knowledge base of Positive Psychology, by offering insights into the mechanisms underlying the relationship between motivation and well-being. More controlled forms of motivation, such as introjected, typically share negative associations with well-being, while more autonomous forms of motivation, such as identified, share positive associations with well-being (Blais et al., 1990; Gagné et al., 2003; Neighbors, Vietor, & Knee, 2002). This thesis contends these differences are evident in humanitarian work, and attributable to both the orientation used to pursue well-being, and the type of passion an individual has for such work. The relationship between the orientations and subjective well-being outcomes will be assessed first, followed by that between passion, and burnout and vitality.

6.1.1 Hedonic vs. Eudaimonic Well-Being

Three orientations to happiness (Duckworth et al., 2005; Peterson et al., 2005) are identified by Positive Psychology: pleasant, engaged, and meaningful.

Research indicates these orientations predict well-being (e.g., Peterson et al., 2005), which can be classified as either hedonic or eudaimonic in focus. Humanitarian health workers with an introjected motivation are oriented toward the pleasant and engaged orientations, and experience well-being that is more hedonic. This motivation will share positive associations with the pleasant and engaged orientations to happiness, and the hedonic well-being measures of life satisfaction and positive affect. A direct positive effect of motivation on hedonic well-being will also be evident.

Workers with an identified motivation are oriented toward the meaningful and engaged orientations, experiencing well-being that is more eudaimonic. Given eudaimonia fosters positive emotions, the pleasant orientation and hedonia must also be experienced. Positive associations will be found between identified motivation, the pleasant and engaged orientations, and the hedonic well-being measures of life satisfaction and positive affect. Identified motivation, the meaningful orientation, and self-actualisation will be positively related. A direct positive effect of identified motivation on eudaimonic well-being will also be evident. Figure 5 shows the paths corresponding to this hypothesis.

experience negative well-being. An indirect path between this motivation and burnout will be mediated by obsessive passion, with both variables negatively predicting vitality. Direct positive effects between identified motivation and vitality, and introjected motivation and burnout will be evident. Figure 6 shows the paths corresponding to this hypothesis.

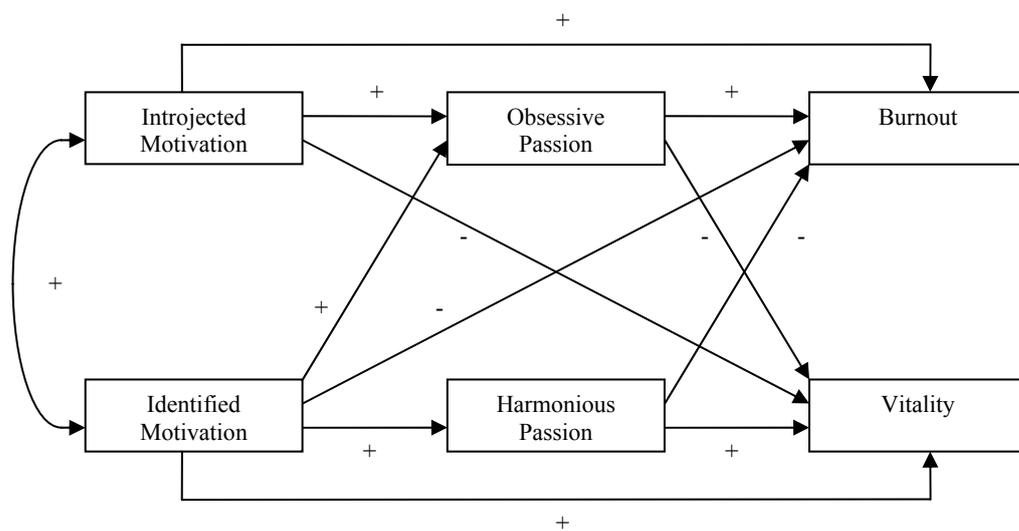


Figure 6. The hypothesised direct and indirect pathways between motivation and well-being, also showing mediator variables. Introjected motivation has a direct affect on burnout and vitality, but also an indirect effect, through the mediational role of obsessive passion. Identified motivation has a direct effect on vitality and burnout, but also an indirect effect, through the mediational role of harmonious passion.

7.0 Methodology

Data collection occurred in two phases. During the first phase, quantitative data were collected via a questionnaire methodology, and in the second phase qualitative data were collected via semi-structured interviews. The samples and procedures for each phase differed and are described separately.

7.1 Quantitative Data

7.1.1 Sample

The sample comprised *humanitarian health workers*, who are individuals engaged by a humanitarian agency to promote the physical, mental, and social well-being of a beneficiary community, in response to a humanitarian crisis. This workforce includes a variety of occupations, such as doctors, nurses, midwives, psychologists, psychiatrists, social workers, physiotherapists, and dentists, among others. Any professionals who had been engaged in humanitarian work between January 2000 and December 2008, were invited to participate in the research.

A total of 82 participants ranging from 23-73 years ($M = 48$ years), completed an online questionnaire. Males made up 31% of the sample, 66% were female, and 3% failed to specify sex. Nearly half the sample were married (49%), 39% were single, and a further 8% were in a non-marital relationship. The majority of participants (72%) did not have any dependent children.

The highest educational qualifications specified by the majority of the sample were a Masters degree (38%), and Bachelors degree (26%). Only a small percentage had high school qualifications (1%), or a Doctoral degree (4%). The most common occupation was social worker (18%), followed by nurse (15%), and specialist consultant (13%) (e.g., occupational therapist, mental health

therapist, pharmacist, health logistician, etc). Half of all participants worked for the Red Cross/Red Crescent movement, while a further quarter worked for other organisations (e.g., World Vision, Action Aid International, Australian Volunteers International, Voluntary Services Abroad).

Most participants reported being deployed to a humanitarian setting once (44%), or twice (21%) a year, and nearly three-quarters of the sample (71%) were last deployed between January 2006 and December 2008. The majority indicated being deployed for emergency aid/relief reasons (54%). Roughly a third of participants (28%) reported their life had been in danger during a deployment.

7.1.2 Procedure

Ethics approval was sought for this phase of data collection, and approved by the Massey University Human Ethics Committee: Southern A, Application 07/48. Given humanitarian health workers are deployed to locations around the world, and derive from a host of countries, data collection required tapping into a global sample. A web-based questionnaire approach was subsequently employed, as this allowed the research to be advertised to an international audience of potential participants for recruitment.

The questionnaire package (including information sheet) was compiled in English (see Appendix A), and translated into Spanish (see Appendix B), and French (see Appendix C). The official languages of many humanitarian organisations (including the United Nations, Red Cross/Crescent, Save the Children, Oxfam) are predominantly English, Spanish, and French, and these are the most widely spoken languages in the world (according to the number of countries where they are the official language), so were deemed most appropriate for translation. The English version of the questionnaire was completed by 81 participants, the Spanish version by 1, while the French version was not completed.

The research used a host of humanitarian organisations based in different countries to recruit participants, so different language versions of the questionnaire package allowed participants to respond in a language most suitable and/or comfortable for them. Respondents were given URL links to all three language versions of the questionnaire package.

The questionnaire package was published to a Massey University website, established for the specific purpose. An information page preceded the questionnaire proper (see Appendices A, B, and C), so participants could make an informed choice whether to complete it. If they chose to participate, a further link moved to the commencement of responses. At any stage during questionnaire completion, participants could choose to not complete the entire questionnaire and exit from the website, without their responses being retained. Upon completion, questionnaire responses were electronically submitted, and downloaded to a secure computer file.

Participants were recruited from over 200 humanitarian organisations, and via the acquaintanceship networks of the researcher. Humanitarian organisations were identified through online searches, using keywords such as humanitarian organisations, humanitarian charities, aid organisations, aid charities, humanitarian workers, aid workers, and relief workers.

A preliminary pilot of the questionnaire was conducted by advertising on the Aid Workers Network website [<http://www.aidworkers.net/>]. Responses from a total of 10 humanitarian workers were analysed to ensure the measures had adequate variance, after which the URL proper was launched and posted on specific organisational websites, in addition to a link being emailed to various organisations.

Permission was obtained to post a link of the URL and information about the research on the websites of a non-random sample of organisations, dedicated to humanitarian work/workers, including:

- Aid Workers Network
- People in Aid
- DevNet New Zealand
- ARC Worldwide

An email citing the URL link and a description of the research, was also sent to relevant contacts and humanitarian organisations, including:

- RedR – NZ
- Save the Children – New Zealand, Sweden, United Kingdom, United States of America, Australia, Canada, Fiji
- Skillshare – United Kingdom
- Oxfam – New Zealand, United Kingdom
- Australian Volunteers International
- Red Cross – 105 offices, including all English-speaking country offices, and regional offices in larger countries (e.g., United States of America and Canada)
- Voluntary Services Overseas - Canada, Ireland, United Kingdom, Netherlands, India, Jitolee (Uganda & Kenya), Bahaginan (Phillipines)
- World Vision – Australia, Canada, Ireland, New Zealand, Singapore, South Africa, United Kingdom, United States of America)
- Tearfund
- ActionAid
- CAFOD
- British Psychological Society
- Bridge to Sri Lanka
- Help an African School Child
- Self-Determination Theory email list

These organisations were invited to distribute the link to their contacts or mailing lists, and all maintained control of their email distribution lists. Not all organisations chose to distribute the information, and several ($N = 13$) sent reply emails, to indicate they had declined to do so. Of those organisations that did not respond to the initial email, a follow-up email was sent six weeks after the initial email to again seek assistance with recruitment. No further contact was made with the organisations after this time.

The British Psychological Society posted information about the research in their monthly publication *The Psychologist*, and the Australian Red Cross published information about the research in their monthly e-newsletter. Both publications were distributed to their members.

It is not known exactly how many organisations chose to distribute the email to their staff lists. However, the majority of email requests were sent to offices of the Red Cross/Red Crescent movement, and given the large percentage of respondents were affiliated to the Red Cross/Red Crescent movement, it is likely branches of this organisation provided the most assistance with distribution.

7.1.3 Measures

The online quantitative questionnaire packages, which are available in Appendices A, B, and C, according to language version, comprised the following measures:

7.1.3.1 Demographics

Participants were asked to indicate their age, sex, marital status, highest academic qualification, and main health occupation. Other demographic information pertaining to employer, years experience, country and length of last deployment, and personal safety while deployed, was also requested.

7.1.3.2 *Motivation*

Motivation for humanitarian health work was measured using the **Blais Work Motivation Inventory** (BWMI; Blais, 1993). The original inventory comprises 31 items, assessing the extent work is motivated by intrinsic, identified, introjected, external, and amotivated regulations. Given the focus of this research, only the shorter versions of the identified and introjected subscales were used. These consist of three items assessing each respective motivation. Participants were asked to consider the degree each item corresponds with the reason they engaged in humanitarian work. Example items include: “Because my life is my work and I don’t want to fail” (introjected motivation), and “Because I chose this job since it allows me to attain some important goals while at the same time permitting me to respect other aspects of my life as well” (identified motivation). Responses were made on a 7-point Likert-type scale, according to extent of agreement with each statement (1 = *not at all*, 7 = *exactly*). Scores on each subscale were totalled, with higher scores indicating the predominance of the specific motivation. Adequate internal consistencies of .79 to .81 for identified motivation, and .78 to .83 for introjected motivation have been reported, in addition to adequate test-retest reliabilities (.67 to .71 for identified, and .66 to .70 for introjected) (Blais, Brière, Lachance, Riddle, & Vallerand, 1993).

7.1.3.3 *Orientations to Happiness*

Pathways to well-being were assessed using the **Orientations to Happiness Scale**. Developed by Peterson et al. (2005), the 18-item scale comprises three subscales (pleasant, engaged, meaningful), each reflecting different ways individuals orient their lives toward happiness. Example items on the pleasant subscale include: “I love to do things that excite my senses”, and “In choosing what I do, I always take into account whether it will be pleasurable”; on the engaged subscale: “I seek out situations that challenge my skills and abilities”, and “In choosing what I do, I always take into account whether I can lose myself in it”; and on the meaningful subscale: “What I do matters to society”, and “In choosing what I do, I always take into account whether it will benefit

other people”. Responses were given according to extent of agreement with each item, on a Likert-type scale ranging from 1 (*very much unlike me*) to 5 (*very much like me*). Scores for each subscale were summed, with higher scores reflecting the orientation assessed. Adequate psychometric properties have been reported for each subscale, including Cronbach’s alphas of .84, .77, and .88 for the pleasant, engaged, and meaningful subscales, respectively (Peterson et al., 2005).

7.1.3.4 *Passion for Humanitarian Work*

The shortened version of Vallerand et al.’s (2003) **Passion for Activities Scale** assessed passion for humanitarian health work. The scale contains 14 items, with seven items each representing the two types of passion. Example items assessing harmonious passion include: “This activity is a passion that I still manage to control”, and “This activity is in harmony with other activities in my life”. Example items on the obsessive passion subscale include: “I have difficulty imagining my life without this activity”, and “I am emotionally dependent on this activity”. Participants were asked to think about their humanitarian work, and respond on a Likert-type scale ranging from 1 (*do not agree at all*) to 7 (*completely agree*), according to the extent of agreement with each statement. Type of passion for an activity is indicated by a higher score on either subscale. Cronbach’s coefficient alphas ranging from .76 to .84 for the harmonious passion subscale, and .89 to .96 for the obsessive passion subscale, and test-retest correlations of .84 for the obsessive passion subscale, and .89 for the harmonious passion subscale, have been reported (e.g., Mageau et al., 2005; Rousseau et al., 2002).

7.1.3.5 *Hedonic Well-Being*

Hedonic well-being was assessed using two measures; the Affectometer 2 (Kammann & Flett, 1983), and the Satisfaction with Life Scale (Diener et al., 1985). An 8-item subscale, the **Affectometer 2** assesses positive and negative affect. Participants were asked to indicate how often each of eight adjectives

(hopeless, depressed, insignificant, confused, useful, clear-headed, optimistic, enthusiastic), was typical of the way they felt. Responses were made on a 5-point, Likert-type scale, ranging from 1 (*not at all*) to 5 (*all the time*). Responses were summed, to produce an overall total score for each scale. Higher overall scores on positive affect were indicative of experiencing more positive feelings, while higher scores on negative affect meant negative feelings were not felt so often. The measure has a high level of internal homogeneity, and an average convergence of .70 with other subjective well-being scales. Diener (1984) stated the measure deserves to be widely utilised for the assessment of affect.

The **Satisfaction with Life Scale (SWLS)** assessed life satisfaction. Developed by Diener et al. (1985), the SWLS measures cognitive judgements regarding one's life, and comprises five items. Example items include: "In most ways my life is close to ideal", "I am satisfied with my life", and "So far I have gotten the important things I want in life". Responses were made on a 7-point, Likert-type scale (1 = *strongly disagree*, to 7 = *strongly agree*), according to extent of agreement with each item. Higher scores indicated greater levels of life satisfaction. The SWLS is the most widely used measure of general life satisfaction, and has been extensively validated, with reported alphas of .83, .85, and .87 (Diener et al., 1985; Pavot, Diener, Colvin, & Sandvik, 1991).

A merged hedonic well-being score was created for the purposes of path analyses, according to the method adopted by Vallerand et al. (2007). Items on the negative affect subscale were reverse coded, and scores on both the affectometer and SWLS scale were converted to z scores, before all scales were summed to give a total hedonic well-being score.

7.1.3.6 *Eudaimonic Well-Being*

The **Short Index of Self-Actualization** developed by Jones and Crandall (1986), assessed eudaimonic well-being. Comprising 15 items, the index

assesses self-actualization according to the degree an individual is living in the present, possesses time competence and self-esteem, and is using personal capacities to their fullest extent. Example items include: “I feel I must do what others expect me to do”, “It is better to be yourself than to be popular”, and “I can express my feelings even when they result in undesirable consequences”. Responses were made on a 4-point, Likert-type scale (1 = *disagree*, 4 = *agree*), according to the extent of agreement with each item. Some items were reversed scored, with higher total scores for the index reflecting self-actualization. The index has been sufficiently validated in other studies (e.g., Castellow & Hayes, 1983; Crandall, McCown, & Robb, 1988), and has good internal consistency and discriminant validity for self-actualization and non-self-actualization. Adequate test-retest reliabilities of .69 have been reported.

7.1.3.7 *Vitality*

The individual difference version of the **Subjective Vitality Scale (SVS)**, developed by Ryan and Frederick (1997), measured subjective vitality. The original SVS consists of seven items; however, recent research by Bostic, Rubio, and Hood (2000) indicated greater effectiveness of the scale through removal of a particular item. The revised six-item version of the SVS, was used in the present study. Items assess the degree energy is available to or within the control of the self, and examples include: “I feel alive and vital”, “I have energy and spirit”, and “I feel energised”. Participants responded according to the extent of agreement with each item on a Likert-type scale, ranging from 1 (*strongly disagree*) to 7 (*strongly agree*). The scale was scored by totalling all responses, and averaging this across the six items. Higher average scores indicate higher levels of subjective vitality. The SVS has been extensively validated across a number of studies, with reported alphas of .80, .84, .89, and .91 (e.g., Bostic et al., 2000; Kasser & Ryan, 1989; Nix et al., 1999; Ryan & Frederick, 1997).

7.1.3.8 *Burnout*

The Maslach Burnout Inventory – Human Service Scale (MBI-HSS; Maslach & Jackson, 1981) assessed burnout. Comprising 22 items, the scale measures the three components of burnout: emotional exhaustion, depersonalisation, and personal accomplishment. The emotional exhaustion subscale consists of nine items, including: “I feel emotionally drained from my work”, and “I feel used up at the end of the work day”. The depersonalisation subscale consists of five items, such as: “I have become more callous toward people since I took this job”, and “I really don’t care what happens to some recipients”. The personal accomplishment subscale consists of eight items, including: “I feel I’m positively influencing other people’s lives through my work”, and “I have accomplished many worthwhile things in my job”. Responses were made on a Likert-type scale, ranging from 1 (*never*) to 7 (*daily*). Higher scores on both the emotional exhaustion and depersonalisation subscales, combined with a lower score on the personal accomplishment subscale, reflect burnout. The MBI-HSS is the most widely used measure of burnout in human service professions, and its reliability and validity is well-established (Borritz et al., 2005; Dyrbye et al., 2006; Leiter & Laschinger, 2006). Internal reliability as measured by Cronbach’s coefficient alpha, has been reported as .83 and .84. Test-retest reliability of the subscales reportedly ranges from .53 to .82 (Maslach & Jackson, 1981).

7.2 **Qualitative Data**

7.2.1 *Sample*

Participants were humanitarian workers (4 female and 1 male), ranging in age from 28-73 years. All had been deployed to a humanitarian setting within the past 32 months, but deployment had been short-term only (from one month to one year), although one participant was deployed on a continual basis every two months (one month deployed, two months home). Table 1 provides a brief overview of participant demographics. Given the lack of anonymity

characterising the interview approach, and to respect privacy and confidentiality, no other demographic details were recorded.

Table 1

Participant Demographics

Pseudonyms	Marital Status	Ethnic Origin	Country of Residence	Humanitarian Deployments
A	Married	Uruguayan	India	India
B	Single	British European	United Kingdom	Sri Lanka
C	Non-marital relationship	NZ European	New Zealand	Cambodia India
D	Married	NZ European	New Zealand	Indonesia
E	Single	British European	United Kingdom	Gambia South Africa Tanzania Zambia

7.2.2 Procedure

Ethics approval was sought for this phase of data collection, and approved by the Massey University Human Ethics Committee: Southern A, Application 08/42. A semi-structured interview method was used. Participants were recruited via the acquaintanceship networks of the researcher. Potential participants were approached, provided with verbal information about the research, and invited to participate as an interviewee. The information provided at this stage included overviews of why the research was being conducted, what the research was about, the aims of the study, the expectations of participants, the interview procedure, and what would happen to the information obtained through the interviews.

Upon tentative agreement to participate, time and venue for the interview were agreed, and confirmation of these sought via email, one week prior to the agreed arrangements. Before each interview participants were provided with information sheets about the research (see Appendix D), and completed consent forms (see Appendix E), and release of transcript forms (see Appendix F). Four interviews were conducted in participant's own homes, while one was conducted via email. Interviews lasted between 45 to 60 minutes.

Four main open-ended questions (included in Appendix G) comprised the interview schedule, with prompts and follow-up questions included to elicit more in-depth responses (Breakwell, 1995). The four questions asked participants to describe how they generally felt during their deployments to humanitarian situations, some of the things that motivated them to engage in humanitarian work, whether they believed humanitarian work was a passion for them, and whether they believed specific personal characteristics were necessary to engage in humanitarian work. Responses to these determined whether any exploratory or prompt questions were asked (also in Appendix G). All participant responses were recorded via dicta-phone, and later transcribed verbatim into electronic format (Microsoft word).

To organise and analyse the transcript data a thematic analysis was undertaken, which is "a method of identifying, analysing and reporting patterns (themes) within data" (Braun & Clarke, 2006, p. 79). Because I was interested in determining whether the interview data provided a more in-depth insight or explanation for the quantitative data, a *theoretical thematic analysis* was employed. This type of analysis is theoretically derived from a research question or questions, and provides a detailed analysis of aspects of the data, as opposed to a rich description and interpretation of the entire data set. A semantic approach was also employed, which meant initial codes and subsequent themes were identified within the explicit content of the data, and no attempt to interpret the ideas, assumptions, and ideologies underlying the explicit content was made (Braun & Clarke, 2006).

Using the process suggested by Braun and Clarke (2006), analysis proceeded with the generation of initial codes and their application to data extracts. Several codes were theoretically derived from the research question, but the majority derived from analyses of the transcripts. Data extracts of relevance and their specific codes, were then collated and organised into 'theme-piles'. The creation of each theme pile was guided by constructs of interest in the quantitative aspect of the research, in addition to theoretical considerations. The theme piles were re-analysed, and commonly linked piles combined. Eight initial themes were identified: values, outcomes, orientations, well-being, motivation, burnout, vitality, and passion.

A thematic map was developed to indicate how each of the eight themes connected to others, and several themes were found to describe a commonly experienced phenomenon, so were combined. These themes were then re-analysed in terms of the research questions of interest, and three main themes were found to transcend the entire data set:

- 1) initial motivation for humanitarian health work,
- 2) reasons for continuing humanitarian health work, and
- 3) personal consequences of humanitarian health work.

Within each theme, several sub-themes were also identified. These themes and sub-themes are described in the results chapter, and a discussion of how each theme reflects the theories and hypotheses underpinning this research is given. Although emphasis was given to qualitative analysis, some information regarding the quantity of specific experiences was also analysed (Ranyard, Routh, Burgoyne, & Saldanha, 2007).

8.0 Results

Quantitative data were collected in the first phase of data collection, and described in section 8.1. Qualitative data were collected in the second phase, and are described in section 8.2.

8.1 Quantitative Data – Online Questionnaire

8.1.1 Demographics

A total of 82 participants, ranging from 23-73 years ($M = 48$ years) completed an online questionnaire. Of this, 31% were male, 66% were female, and 3% failed to specify sex. The majority (72%) had no dependent children, and were last deployed for emergency aid/relief reasons (54%). Approximately 28% reported danger to their life during a deployment. Table 2 provides some key sample demographic data, while a detailed overview is given in section 7.1.1.

Table 2

Key Demographic Variables of Sample

Demographics		Percent (%) of Sample
Marital Status	Married	49
	Single	39
	Non-Marital Relationship	8
Highest Educational Qualification	High School	1
	Bachelors	26
	Masters	38
	Doctorate	4
Most Common Occupation	Social Worker	18
	Nurse	15
	Specialist Consultant	13
Deployments Per Annum	One	44
	Two	21

8.1.2 Measures

Means, standard deviations, and Cronbach's alpha reliabilities across all subscales, are shown in Table 3. Means and standard deviations for the individual items in each subscale are provided in Appendix H. To the author's knowledge, no previous research using the variables of interest to this study, has been conducted with samples of humanitarian health workers, making it difficult to find comparison samples with similar occupational demographics to the present sample. However, Appendix I provides an overview of means and standard deviations from other samples, on each of the variables used in the present research.

Table 3

Means, Standard Deviations, Cronbach's Alpha Reliabilities, and Score Range Data of All Research Variables

Variable	Scale (min-max score range)	Mean	SD	α
Motivation	Introjected (1 - 7)	3.82	1.72	.83
	Identified (1 - 7)	4.39	1.60	.75
Orientations to Happiness	Pleasant (1 - 5)	2.06	.68	.70
	Engaged (1 - 5)	2.20	.46	.53
	Meaningful (1 - 5)	2.38	.58	.80
Passion	Harmonious (1 - 7)	5.23	.60	.76
	Obsessive (1 - 7)	3.13	1.43	.91
Well-Being	Positive Affect	2.87	.45	.71
	Negative Affect	.77	.44	.55
	Life Satisfaction (1 - 7)	5.18	.88	.80
	Self-Actualisation (1 - 4)	3.15	.31	.64
	Vitality (1 - 7)	4.45	.72	.87
	Burnout (1 - 7)	2.32	.75	.88

Scores on the motivation subscales were similar, suggesting the sample was likely to have either introjected or identified motivations for humanitarian work, although the level of identified motivation was marginally higher.

Introjected motivation occurs when an external regulation is accepted by the individual, but not fully assimilated into their self-concept, so contingencies direct behaviour. Identified motivation occurs when behaviour is more fully internalised, due to its value and importance.

The standard deviations for both types of motivation were relatively large. For introjected motivation this may be because scores were spread across the entire possible range of the subscale, rather than being clustered around one or two specific scores. For identified motivation, scores from three participants were outliers in comparison to the rest of the samples scores on this subscale. However, the mean and standard deviation of the present sample, is comparable to those reported in other studies (e.g., Blais et al., 1990; Koestner et al., 1996; Wang et al., 2008). Removing the three outliers would have reduced the mean and standard deviation to 3.55, and 1.07, respectively.

High mean scores indicate the sample was more likely to have a meaningful orientation to happiness, in comparison to the engaged and pleasant orientations. Scores for type of passion show higher means for harmonious passion in comparison to obsessive passion, suggesting participants were more likely to have a harmonious passion for humanitarian work. A high standard deviation is evident for obsessive passion, which may be attributable to one participant scoring the maximum on all responses. Removing this outlier changed the mean to 2.79, and the standard deviation to 1.28. However, without removing the outlier, the mean and standard deviation are similar to those reported in other studies (e.g., Mageau et al., 2005; Stenseng, 2008; Wang et al., 2008).

The well-being indices suggest positive affect and vitality were experienced more than negative affect or burnout. Scores on vitality were similar to those of comparison samples. Mean scores on the burnout subscale indicate the sample were not burnout by their humanitarian work. However, additional analyses of the individual subscales revealed high means scores on emotional exhaustion,

which differ from findings of other studies (see Appendix I). This suggests emotional exhaustion is common in this sample of humanitarian health workers. High scores on the positive affect scale, combined with low scores on the negative affect scale, indicates positive feelings were more commonly experienced by participants, than negative feelings. The present sample had a higher mean score and lower standard deviation on life satisfaction, and a lower mean score and standard deviation on self-actualisation, in comparison to other samples.

The variables of interest to this study have not before been researched in samples of humanitarian health workers, making comparisons with other samples difficult. Therefore, no analyses were performed to determine whether there were significant differences between the present and comparison samples, as any differences between the samples could likely be attributed to the demographic characteristics of each. Until a larger body of research with humanitarian health worker samples is available, caution should be exercised when comparing these workers to those of other occupational groups.

Cronbach's alphas show the majority of subscales had acceptable reliability, by standard psychometric criteria. Initial analyses of the engaged subscale, and the self-actualisation index, indicated reliabilities of .32 and .62, respectively. Two items were deleted from the engaged subscale, increasing the reliability to .53. However, analyses of the overall Orientations to Happiness Scale revealed an adequate reliability of .73, which is similar to that reported in other studies (e.g., Peterson et al., 2005). One item was deleted from the self-actualisation scale, marginally increasing reliability to .64, which is similar to that reported in other studies (e.g., Jones & Crandall, 1986; Meyer, Enstrom, Harstveit, Bowles, & Beevers, 2007).

8.1.3 Relationships Between Demographic and Psychological Variables

To assess the relationships between the demographic and psychological variables, *t*-tests and analyses of variance (ANOVA) were performed, as relevant. Pearson correlational analyses were also conducted, and are shown in Table 4. Although none of the correlations between the variables were strong, some were statistically significant. Cohen (1988, 1992) suggests $r = .10$, $r = .30$, and $r = .50$ equate to small, medium, and large effect sizes, respectively. The implication of this is, even though some associations were non-significant, there was still a relationship between some of the demographic and psychological variables. While the total available sample size equated to $N = 82$, missing data on subscales may account for why some correlations were non-significant, even though small to moderate effects were evident.

Identified motivation had a significantly negative association with age, suggesting younger participants were likely to have an identified motivation for humanitarian work. Introjected motivation and years experience had a significantly positive relationship, which indicates participants with more years experience were likely to be motivated by introjection. No significant differences in motivation were found according to gender, whether participants had dependent children or not, or whether participants had experienced threats to life during deployment. One-way factorial ANOVA, found no difference according to marital status.

The pleasant orientation to happiness had a significantly positive relationship with deployments per year, which suggests workers experienced more positive emotions, the more often they were deployed to a humanitarian situation. The engaged orientation shared significantly positive associations with length of deployment and years experience, indicating the longer an individual is involved in humanitarian work, the more engaged they feel with it. Positive associations between the engaged orientation and age, and the engaged orientation and number of deployments per year were non-significant, but of a moderate effect. No significant differences in orientation according to gender,

whether participants had dependent children or not, or whether participants had experienced threats to life during deployment, were revealed by *t*-tests. One-way factorial ANOVA found no difference according to marital status.

As deployments per year increased, harmonious passion significantly decreased. This may suggest harmonious passion does not develop as a result of the amount of time a worker spends involved in humanitarian endeavours, but rather develops as a consequence of other factors (i.e., internalisation, enjoyment of the activity). Harmonious passion had negative, non-significant relationships with age, length of deployment, and years experience. Obsessive passion was not significantly related to any of the demographic variables. ANOVA and *t*-tests revealed no significant differences in passion, according to the demographic variables.

Positive affect and self-actualisation were the only well-being variables to share significant correlations with demographic variables. As length of deployment increased, positive affect increased, suggesting the longer workers were deployed, the happier they were likely to feel. Self-actualisation was positively associated with age, indicating older workers were more likely to feel they had achieved their potential, were fulfilled, and had a sense of self-determination. There were significant differences in self-actualisation, $t(51) = 3.61, p < .001$, according to whether participants had dependent children: $M = 49.79, SD = 3.07$; or no dependent children: $M = 46.28, SD = 4.87$, which also may explain the correlation; those with children were more likely to feel their life was fulfilled.

There were significant differences in life satisfaction, $t(74) = 2.58, p < .05$, according to whether participants had dependent children ($M = 28.15, SD = 3.32$) or not ($M = 25.28, SD = 4.45$), although life satisfaction was not significantly correlated with any of the demographic variables. No significant differences were found on any of the well-being variables for gender, or

whether participants had experienced threats to life during deployment. ANOVA showed no significant difference according to marital status.

Burnout was hypothesised as a primary well-being outcome for humanitarian health workers, but was not significantly correlated with any demographic variables. It did share small to moderate positive effects with length of deployment, and number of deployments per year, suggesting increased engagement in humanitarian work plays a role in the development of burnout. A non-significant negative effect with age was also evident, suggesting older workers are less likely to experience burnout.

Given the majority of significant correlations were relatively weak, and only accounted for a small portion of shared variance, clearly other factors are at play with regard to associations between the demographic and psychological variables of interest, at least in this sample of humanitarian health workers.

Table 4

Correlations Between Some Demographic and Psychological Variables

Variable	Motivation		Orientations to Happiness			Passion			Well-Being				
	Intro	Iden	PL	EN	ME	Har	Ob	PA	NA	LS	SA	Vit	BO
Age	-.02	-.35*	.01	.28	-.19	-.14	-.18	.04	-.10	-.05	.29*	.12	-.24
Length of Deployment	.01	.01	.14	.28*	-.00	-.01	.08	.23*	.09	.16	-.14	.16	.20
Deployments Per Year	.16	.10	.23*	.20	.04	-.25*	.20	.05	.07	.10	-.10	.11	.24
Years Experience	.27*	.13	.01	.29*	-.01	-.21	.06	-.03	-.06	-.08	.12	-.12	.06

$p < .05$, ** $p < .01$

Note: **Intro** = Introjected; **Iden** = Identified; **PL** = Pleasant; **EN** = Engaged; **ME** = Meaningful; **Har** = Harmonious; **Ob** = Obsessive; **PA** = Positive Affect; **NA** = Negative Affect; **LS** = Life Satisfaction; **SA** = Self-Actualisation; **Vit** = Vitality; **BO** = Burnout

Cohen (1988, 1992) suggests $r = .10$, $r = .30$, and $r = .50$, equate to small, medium, and large effect sizes, respectively.

8.1.4 Correlations Between Psychological Variables

Pearsons correlations between the psychological variables are shown in Table 5, on page 116. The results provide some support for the research hypotheses, and findings of previous studies. This section will discuss how the data support the conceptualisation of both introjected and identified motivation, and how the well-being indices correspond to data from previous research, before discussing the data in relation to specific hypotheses.

Previous research indicates the SDT motivations share an ordered correlation or “quasi-simplex pattern” (Gagné & Deci, 2005, p. 336), which means each motivation has a stronger positive correlation with those motivations that are closer on the SDT continuum, and a weaker positive or negative correlation with those further away on the continuum. Introjected and identified motivation shared a significantly positive moderate relationship. Only these two motivations were assessed, and no other correlational data is available to determine how the motivations correlated with the other SDT motivations, making definitive conclusions about whether the motivations conformed to the quasi-simplex pattern difficult. However, according to SDT, a positive moderate correlation should be expected between introjected and identified motivation, as they are closer on the continuum, and this did occur in the present study.

Despite the quasi-simplex pattern, each motivation tends to correlate differently with other variables, suggesting they are distinct types of motivation. Identified motivation was positively associated with the meaningful orientation to happiness, and harmonious passion. Introjected motivation was not significantly associated with these variables. This suggests workers with an identified motivation are more likely to find humanitarian work meaningful, and feel it is enjoyable and valuable, leading them to feel passionate towards the work. Workers with an introjected motivation for humanitarian work, were unlikely to view the work in this way. Obsessive passion was significantly

associated with both introjected motivation and identified motivation, although to varying degrees, indicating workers with an introjected motivation are more likely to develop an obsessive passion for the work, while those with an identified motivation are less likely to develop such a passion by comparison. These findings support the differentiation between the motivations.

All indices of well-being were correlated in the directions expected from previous studies. Positive affect had significantly positive relationships with life satisfaction and vitality, suggesting positive emotions are more likely to be experienced when individuals are satisfied with their lives and experience vitality. Positive affect also had a significant negative relationship with burnout, indicating positive emotions are unlikely to be experienced when suffering from burnout. Negative affect had a significantly positive relationship with burnout, indicating workers suffering burnout are also likely to experience increased negative feelings and emotions. Negative affect was also significantly related to self-actualisation, which indicates individuals who experience negative feelings and states are less likely to feel a sense of fulfilment, potential, and self-determination in their lives.

8.1.4.1 Hedonic vs. Eudaimonic Well-Being Hypotheses

Several hypotheses relating to motivation and hedonic or eudaimonic well-being were proposed, and overall were not supported by the data shown in Table 5 (p. 116).

I hypothesised introjected motivation would share positive associations with the pleasant and engaged orientations to happiness, and the hedonic well-being measures of life satisfaction and positive affect. The pleasant and engaged orientations would also be positively related to these hedonic well-being indices. While introjected motivation was positively related to both the pleasant and engaged orientations, these were non-significant, and effect sizes for both were small according to Cohen's (1988, 1992) criteria. As Table 5 shows,

introjected motivation was positively related (albeit non-significantly) to the meaningful orientation, and a stronger effect size was evident. The association between introjected motivation and the hedonic well-being indices were all non-significant, although the effect size with negative affect was small to moderate. The relationships between the two orientations and hedonic well-being indices were also non-significant, with very small effect sizes. While all were in the expected direction, the correlations between the variables do not support the research hypotheses. This suggests introjected motivation does not play a part in the experience of life satisfaction, and positive or negative affect (hedonic well-being measures), and is unrelated to the pleasant, engaged, and meaningful orientations to happiness.

A second hypothesis was identified motivation would be positively associated with the pleasant, engaged, and meaningful orientations to happiness. This motivation would be positively related to the hedonic well-being measures of life satisfaction and positive affect, and the eudaimonic well-being measure of self-actualisation. The meaningful orientation would be positively related to eudaimonic well-being. As shown in Table 5, significant positive associations were found between identified motivation and the meaningful orientation, providing partial support for this hypothesis, and suggesting individuals with an identified motivation engage humanitarian work because it has meaning to them. Identified motivation was not significantly related to the two other orientations to happiness, and effect sizes were small. Identified motivation was not significantly related to any of the well-being indices, suggesting it does not play a part in life satisfaction, or positive and negative affect, neither does it play a role in the experience of self-actualisation. None of the relationships between the orientations, and either the hedonic or eudaimonic well-being indices were significant, with correspondingly small effect sizes. Overall, correlations between the variables do not support the hypotheses relating to this model.

8.1.4.2 *Burnout vs. Vitality Hypotheses*

Several hypotheses regarding the associations between motivation, passion, and burnout vs. vitality were proposed. Overall, the hypotheses were partially supported by the data in Table 5 (p. 116).

It was proposed identified motivation would have positive relationships with harmonious passion and vitality, and a negative relationship with burnout. Harmonious passion and burnout were expected to be negatively related, while the relationship with vitality was expected to be positive. Identified motivation and harmonious passion shared a significantly positive relationship, suggesting identified motivation may be involved in the development of harmonious passion. The relationships between identified motivation and vitality, and identified motivation and burnout, were non-significant. Harmonious passion was not significantly related to vitality. Burnout and harmonious passion had a significantly negative relationship, suggesting workers with a harmonious passion for humanitarian work are unlikely to suffer from burnout. Harmonious passion had a significantly positive relationship with positive affect and life satisfaction, supporting previous research that indicates this passion is associated with positive well-being (e.g., Mageau et al., 2005; Ratelle et al., 2004; Vallerand et al., 2007). Overall, the correlations indicate identified motivation is related to harmonious passion, which in turn is related to burnout, suggesting harmonious passion may serve to mediate the relationship between identified motivation and burnout.

Positive relationships were predicted between introjected motivation and obsessive passion and burnout, while a negative relationship with vitality was expected. Obsessive passion was expected to be positively associated with burnout, but negatively associated with vitality. Introjected motivation had a moderate positive relationship with obsessive passion that was significant, thereby supporting the research hypotheses, and suggesting workers with this motivation are likely to develop an obsessive passion for humanitarian work. Extremely weak non-significant associations were evident between introjected

motivation and vitality, and introjected motivation and burnout. Obsessive passion had a significantly positive relationship with burnout, suggesting this type of passion may be implicated in the development of burnout. Obsessive passion and vitality were not significantly related. Obsessive passion had a significantly positive relationship with negative affect, which is in line with other findings showing this passion is related to negative well-being (e.g., Mageau et al., 2005; Ratelle et al., 2004; Vallerand et al., 2007). These correlations also suggest a mediational role of passion, as introjected motivation is related to obsessive passion, which in turn is related to burnout.

Table 5

Correlations Between Psychological Variables

Variable		1	2	3	4	5	6	7	8	9	10	11	12
Motivation	1 Intro												
	2 Iden	.57**											
Orientations to Happiness	3 PL	.11	.12										
	4 EN	.11	.10	.29*									
	5 ME	.23	.26*	.13	.20								
Passion	6 Har	.15	.28*	.18	-.06	.20							
	7 Ob	.51**	.33**	.25*	.10	.22	.09						
Well-Being	8 PA	-.07	-.05	.12	.11	.13	.25*	-.04					
	9 NA	.20	.17	-.14	-.02	.17	-.19	.36**	-.11				
	10 LS	.03	.15	.14	-.03	.14	.28*	-.11	.34**	-.22			
	11 SA	-.09	-.05	-.03	.07	.02	.23	-.13	.22	-.28*	.36**		
	12 Vit	-.07	.02	.17	.18	.03	.18	-.01	.31**	-.20	.38**	.29*	
	13 BO	.08	.23	.01	.00	-.13	-.35**	.30*	-.29*	.45**	-.29*	-.41**	-.20

* $p < .05$, ** $p < .01$

Note: **Intro** = Introjected; **Iden** = Identified; **PL** = Pleasant; **EN** = Engaged; **ME** = Meaningful; **Har** = Harmonious; **Ob** = Obsessive; **PA** = Positive Affect; **NA** = Negative Affect; **LS** = Life Satisfaction; **SA** = Self-Actualisation; **Vit** = Vitality; **BO** = Burnout

8.1.5 Testing the Hypothesised Models

Path analysis is an exploratory technique assessing the causal structure of correlational data, by testing the fit of the correlation matrix against a-priori hypothesised causal models (Billings & Wroten, 1978; Garson, 2008; Streiner, 2005). Path models are used to indicate the direction of relationships between variables, and regressions are performed for each path in the model. The regression weights for each path (known as path coefficients) are then compared to the correlation matrix, to determine how well the data fit the hypothesised model. Fit refers to the model's ability to reproduce the data, which is usually from a correlation matrix (Kenny, 2008). A series of fit indices are used to determine this (i.e., chi-square, normed fit index (NFI), comparative fit index (CFI), and root mean square errors of approximation (RMSEA)). Although the technique assesses the causal structure of correlations, it does not determine causality, or whether a particular model is correct regarding the relationships between variables. Rather, path analysis determines whether data are consistent with the hypothesised model, and can also be used to test which of two or more models the data fit best (Streiner, 2005).

Path analysis is designed for theory testing, so models seek to confirm hypotheses made prior to analyses of the data, rather than confirm post-factum conclusions based on the results (Garson, 2008). However, theoretically-driven models do not always yield statistically significant results, so model trimming procedures can be employed, to improve the fit of the data to path models (Byrne, 2001; Kline, 2005; Garson, 2008). This can involve including covariances between variables, including paths between variables that were not initially specified, and deleting non-significant paths from the model. While no specific rules exist for determining when and if these procedures should occur, trimming of any model should be theoretically justifiable (Billings & Wroten, 1978; Streiner, 2005).

While the usual assumptions of regression are required, and a series of regressions are performed with each path analysis, the technique differs from multiple regression. Path analysis separates *both* direct and indirect effects of independent variables on dependent variables, as opposed to multiple regression, which only considers direct effects (Ahn, 2002).

To test the hypothesised models in the present research, a series of path analyses with maximum-likelihood estimation, were conducted using AMOS 7 (Arbuckle, 2006). Maximum-likelihood estimation is a commonly employed method of obtaining parameter estimates, and is suitable for small sample sizes (Williams et al., 1998). Results of the hypotheses relating to the relationship of motivation and the orientations to happiness, to hedonic vs. eudaimonic well-being are presented first, followed by those relating to motivation, passion, and burnout vs. vitality.

8.1.5.1 Hedonic vs. Eudaimonic Well-Being Model

The model proposed hedonic and eudaimonic well-being are directly, and indirectly, dependent on motivation and the orientations to happiness (see Figure 7 below). The direct paths between introjected motivation and hedonic well-being, and identified motivation and eudaimonic well-being, were hypothesised as positive. The pleasant and engaged orientations to happiness, were proposed mediators in the path between introjected motivation and hedonic well-being. The pleasant, engaged, and meaningful orientations to happiness, mediated the path between identified motivation and eudaimonic well-being. The relationship between introjected motivation, the pleasant and engaged orientations to happiness, and eudaimonic well-being was expected to be negative, as was that between identified motivation, the pleasant and engaged orientations, and hedonic well-being.

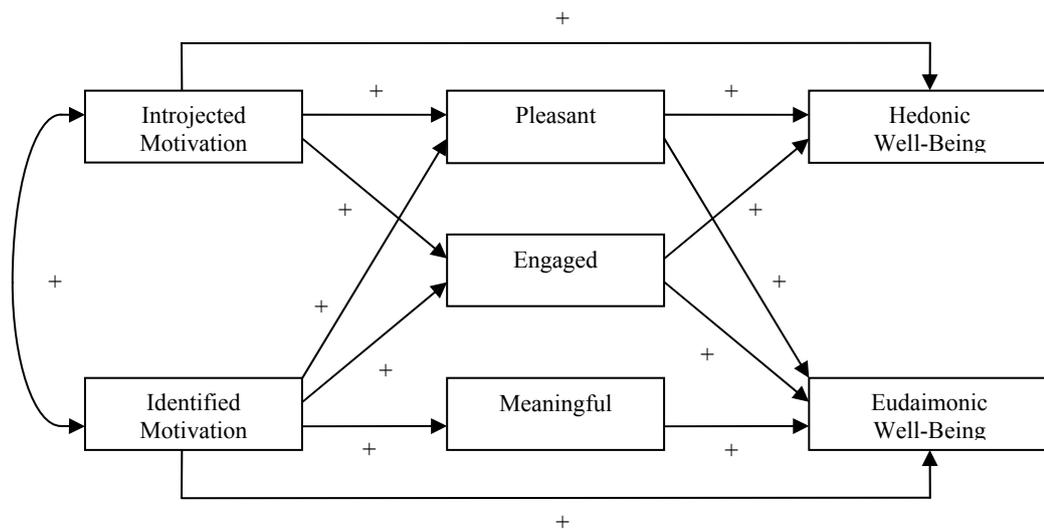


Figure 7. The hypothesised direct and indirect pathways between motivation and well-being, also showing mediator variables.

As shown in Table 5 on page 116, there were no significant correlations between the variables in this first model, with the exception of that between identified motivation and the meaningful orientation to happiness. It is unlikely the path coefficients between variables, would yield significant results through path analyses. However, path analysis tests hypotheses made prior to analyses of the data, and the inclusion or exclusion of one or two paths can, at times, increase the value and significance of betas in other paths (Garson, 2008). Despite the lack of correlations at the bivariate level, it was deemed appropriate to conduct the analyses to assess the a-priori hypothesised paths, and also determine whether exclusion of any of these paths, would increase the fit of the data to the hypothesised model.

Model fit indices indicate chi-square tests for the models should be non-significant, suggesting a good fit of the data to the associated model. An NFI and CFI of .90 or above, indicates adequate fit of data to the model, as does an RMSEA less than .05 (Kenny, 2008; Wuensch, 2006). Critical ratio values measure the change in likelihood ratio chi-square (Garson, 2008). When these

values are less than 1.00, it suggests the path between variables may be too complex for the model. Low critical ratios, coupled with a non-significant beta, indicate the path in question should usually be excluded from the model (Garson, 2008). This rationale guided the elimination of paths from models, and path analyses were re-run between the remaining variables.

An initial model (model 1) testing the hypothesised direct and indirect paths indicated the data did not fit the model well, $\chi^2(8) = 27.14, p < .001$, NFI = .60, CFI = .53, RMSEA = .17. As shown by the data for model 1 in Table 6, standardised regression coefficients (also known as path coefficients), revealed the only significant path was that between identified motivation and the meaningful orientation to happiness, $\beta = .27, p < .01$. Only two paths between variables showed adequate critical ratio values of more than 1.00.

Given most paths in this model were non-significant with low critical ratios, eliminating them all would have meant only two paths remained for the analyses in model 2. Consequently, arbitrary cut-off points for the critical ratios were specified to minimise the number of paths being excluded at any one time from subsequent models. The exclusion of one or two paths can, at times, increase the value and significance of beta's in other paths (Garson, 2008), so it was important not to eliminate too many paths at once.

As indicated by the data for model 2 in Table 6, the elimination of non-significant paths increased the critical ratio value of the path between introjected motivation and the engaged orientation to happiness. Only the path between identified motivation and the meaningful orientation to happiness remained significant. Model fit indices revealed the data did not fit the new model well, $\chi^2(12) = 27.63, p < .01$, NFI = .60, CFI = .62, RMSEA = .13.

Table 6

Direct Effects from Path Analyses of Models 1, 2, 3 and 4

Direct Effects of Variables			C.R	β	p
Model 1					
Introjected Motivation	→	Hedonic Well-Being	-.54	-.06	ns
Introjected Motivation	→	Pleasant Orientation	.45	.06	ns
Introjected Motivation	→	Engaged Orientation	.52	.07	ns
Pleasant Orientation	→	Hedonic Well-Being	1.86	.22	ns
Engaged Orientation	→	Hedonic Well-Being	-.35	-.04	ns
Identified Motivation	→	Eudaimonic Well-Being	-.70	-.09	ns
Identified Motivation	→	Pleasant Orientation	.67	.09	ns
Identified Motivation	→	Engaged Orientation	.48	.07	ns
Identified Motivation	→	Meaningful Orientation	2.42	.27	.01
Pleasant Orientation	→	Eudaimonic Well-Being	-.21	-.03	ns
Engaged Orientation	→	Eudaimonic Well-Being	.62	.08	ns
Meaningful Orientation	→	Eudaimonic Well-Being	.32	.04	ns
Model 2					
Introjected Motivation	→	Hedonic Well-Being	-.58	-.07	ns
Introjected Motivation	→	Pleasant Orientation	.45	.06	ns
Introjected Motivation	→	Engaged Orientation	.96	.11	ns
Pleasant Orientation	→	Hedonic Well-Being	1.76	.21	ns
Identified Motivation	→	Eudaimonic Well-Being	-.67	-.08	ns
Identified Motivation	→	Pleasant Orientation	.67	.09	ns
Identified Motivation	→	Meaningful Orientation	2.41	.27	.01
Engaged Orientation	→	Eudaimonic Well-Being	.62	.08	ns
Model 3					
Introjected Motivation	→	Engaged Orientation	.96	.11	ns
Pleasant Orientation	→	Hedonic Well-Being	1.70	.20	ns
Identified Motivation	→	Eudaimonic Well-Being	-.68	-.08	ns
Identified Motivation	→	Pleasant Orientation	1.13	.13	ns
Identified Motivation	→	Meaningful Orientation	2.41	.27	.01
Engaged Orientation	→	Eudaimonic Well-Being	.62	.08	ns
Model 4					
Introjected Motivation	→	Engaged Orientation	.93	.11	ns
Pleasant Orientation	→	Hedonic Well-Being	1.70	.20	ns
Identified Motivation	→	Pleasant Orientation	1.11	.13	ns
Identified Motivation	→	Meaningful Orientation	2.39	.27	.01

Note: C.R. = Critical Ratio (which measure the change in likelihood ratio chi square (Garson, 2008)).

In model 3, all non-significant paths with critical values below the arbitrary value of .60 were eliminated, so as not to eliminate too many paths from the model at once. Analyses were re-run with the remaining paths. The results for model 3 are shown in Table 6. Again, the data did not fit the model well, $\chi^2(14) = 28.21$, $p < .01$, NFI = .59, CFI = .65, RMSEA = .11, with only one significant path indicated.

Critical ratios below the arbitrary cut-off of .90 were eliminated for model 4, which meant no variables formed a path to eudaimonic well-being. Analyses were re-run, and indicated the remaining data still did not fit model 4 well, $\chi^2(12) = 28.93$, $p < .024$, NFI = .58, CFI = .68, RMSEA = .10. Only the path between identified motivation and the meaningful orientation to happiness remained significant.

To better explicate the significant relationship between identified motivation and the meaningful orientation to happiness, Pearson's correlational analyses were conducted on the individual items of the identified motivation scale, and the meaningful orientation subscale. Table 7 shows only those correlations that were significant in the analyses. Two items on the identified motivation scale were significantly related to the meaningful orientation. One item on the meaningful orientation subscale was significantly related to identified motivation. These findings suggest humanitarian health workers with identified motivations find the work meaningful, because it is a career they wish to pursue, and because it brings benefit to others.

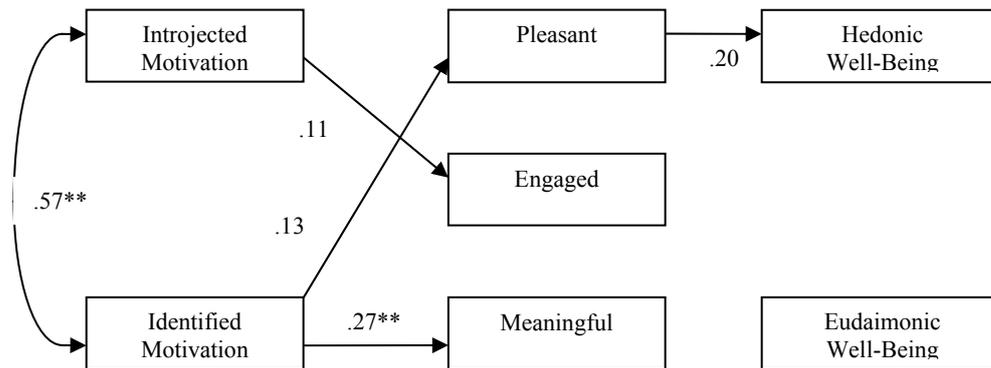
Table 7

Correlations Between Individual Items and Variables of Interest

Item	Meaningful Orientation	Identified Motivation
Identified Motivation – Because this is the type of work I prefer in order to pursue my career	.23*	
Identified Motivation – Because it is the job I chose to work towards fulfilling my career plans	.23*	
Meaningful Orientation – In choosing what to do, I always take into account whether it will benefit other people		.29*

* $p < .05$

Path analyses seek to confirm a-priori hypotheses, rather than post-factum conclusions based on the results (Garson, 2008). The data did not conform to the predicted hypotheses, and elimination of non-significant paths meant some initially hypothesised variables fell out of the model. Further analyses eliminating non-significant paths, would have meant the majority of variables fell out of the model. Therefore, no further path analyses for the initially predicted model were conducted. The final path analytic model is presented in Figure 8. The data did not fit the model as predicted, with only the path between identified motivation and the meaningful orientation being significant, in addition to the correlation between introjected and identified motivations. Overall, the hypotheses pertaining to this model were not supported by the data.



$^{**}p < .01$

Figure 8. Results of the final path analytic model for the hedonic vs. eudaimonic well-being analyses. As shown, the only significant relationships were between identified motivation and the meaningful orientation to happiness, and introjected and identified motivations. Eudaimonic well-being fell out of the model altogether.

Possible reasons for the lack of fit of data to the model include, variables not included in the model that should have been, an incorrect ordering of variables, and incorrect conceptualisation of constructs, among others (Billings & Wroten, 1978). Although path analyses are theoretically driven, model trimming procedures do allow for the inclusion of covariances between variables, paths between variables that were not initially specified, in addition to the deletion of non-significant paths (Byrne, 2001; Kline, 2005; Garson, 2008). Billings and Wroten (1978) state that when logic and theory allow, “a reordering and re-examination of system variables may be useful...[and] additional paths may have to be deleted from or added back to the model” (p. 684). Therefore, additional analyses to better understand the relationship between motivation, the orientations to happiness, and well-being, were deemed appropriate.

Previous research (e.g., Peterson et al., 2005; Peterson et al., 2007; Vella-Brodrick, Park, & Peterson, 2009) indicates while the orientations to happiness are distinguishable, when pursued simultaneously, well-being outcomes are

better predicted. High scores on the orientations to happiness overall, are related to higher life satisfaction scores. Low scores on the orientations to happiness, are related to low life satisfaction scores. With this in mind, a decision was made to analyse the relationship of motivation to well-being, using the orientations to happiness as an encompassing construct, rather than looking at the individual subscales. Although eudaimonic well-being fell out of the final model in the initial path analyses, this variable was re-included in the subsequent analyses, to ascertain whether the relationship it has with the orientations to happiness as a holistic construct, is different to the relationship with the individual subscales. Figure 9 gives an illustration of the initial model tested.

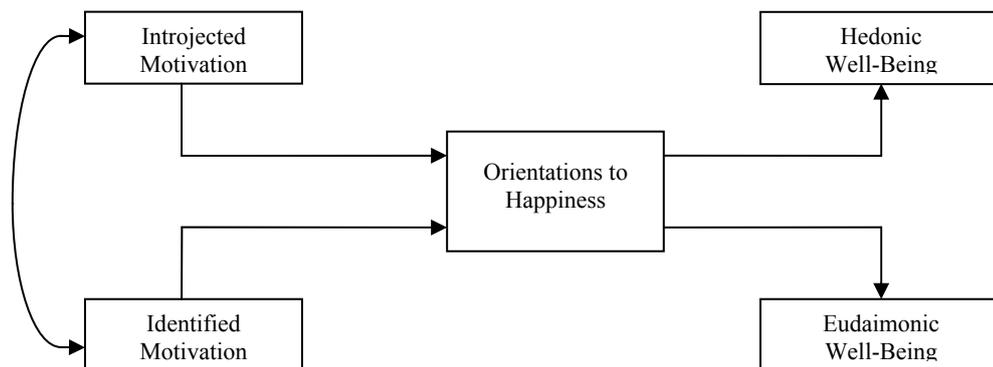


Figure 9. The model tested in the subsequent path analyses. Eudaimonic well-being has been re-included in the model, and the relationship between the motivations and well-being, is mediated by the orientations to happiness as a holistic construct.

Model fit indices showed the data did not fit the model well, $\chi^2(5) = 15.43$, $p < .01$, NFI = .70, CFI = .72, RMSEA = .16. As Table 8 shows, critical ratios for the paths between introjected motivation and the orientations to happiness, and

the orientations to happiness and hedonic well-being, suggested these paths were not too complex for the model, although they were still non-significant. Critical ratios between identified motivation and the orientations to happiness, and the orientations to happiness and eudaimonic well-being were below 1.00, and betas for these paths were non-significant.

Table 8

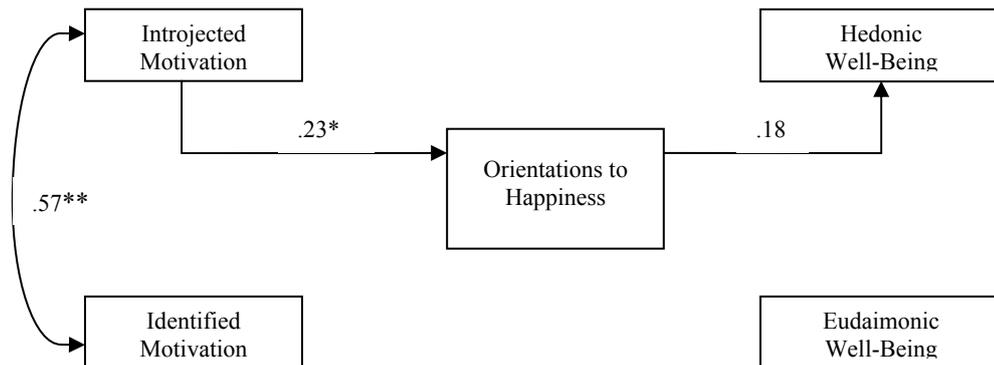
Direct Effects Between Paths in Subsequent Analyses

Direct Effects of Variables			C.R	β	p
Introjected Motivation	→	Orientations to Happiness	1.16	.16	ns
Orientations to Happiness	→	Hedonic Well-Being	1.53	.19	ns
Identified Motivation	→	Orientations to Happiness	.89	.13	ns
Orientations to Happiness	→	Eudaimonic Well-Being	.26	.03	ns

Given the critical ratios for some paths in this model were adequate, a further analysis was conducted retaining these paths, while excluding the paths with low critical ratios. This meant eudaimonic well-being fell out of the model again, while identified motivation was not related to the orientations to happiness or any well-being indices, but was still significantly correlated to introjected motivation.

Model fit indices for this next model showed the data again did not fit the model well, $\chi^2(7) = 16.27$, $p < .02$, NFI = .69, CFI = .75, RMSEA = .13. However, a significant beta was achieved for the path between introjected motivation and the orientations to happiness, which may be because identified motivation was excluded, leaving only introjected motivation impacting this variable. The path between the orientations to happiness and hedonic well-

being remained non-significant, although the critical ratio remained adequate at 1.46. Figure 10 provides an overview of the relationships in this final model.



* $p < .05$, ** $p < .01$

Figure 10. Results of the final model, showing path coefficients between the relevant variables. The path between introjected motivation and the orientations to happiness was significant, while that between the orientations to happiness and hedonic well-being, remained non-significant.

Additional paths between the variables could have been tested, by including variables not previously tested by the model. However, this section of the present research was interested in assessing the relationship between motivation and well-being, and the possible mediational effect of the orientations to happiness, and not the relationship these variables have with other potentially important variables. Therefore, no additional analyses were performed, as these would not have been theoretically-driven, according to the tenants of the present research.

8.1.5.2 Burnout vs. Vitality Model

The initial model proposed burnout and vitality are directly, and indirectly, dependent on motivation and passion (see Figure 11 below). The direct paths between introjected motivation and burnout, and identified motivation and vitality were expected to be positive. Obsessive passion was proposed as mediating the path between introjected motivation and burnout, while harmonious passion mediated the path between identified motivation and vitality. The relationship of vitality to introjected motivation and obsessive passion was expected to be negative, as was that between burnout and identified motivation and harmonious passion.

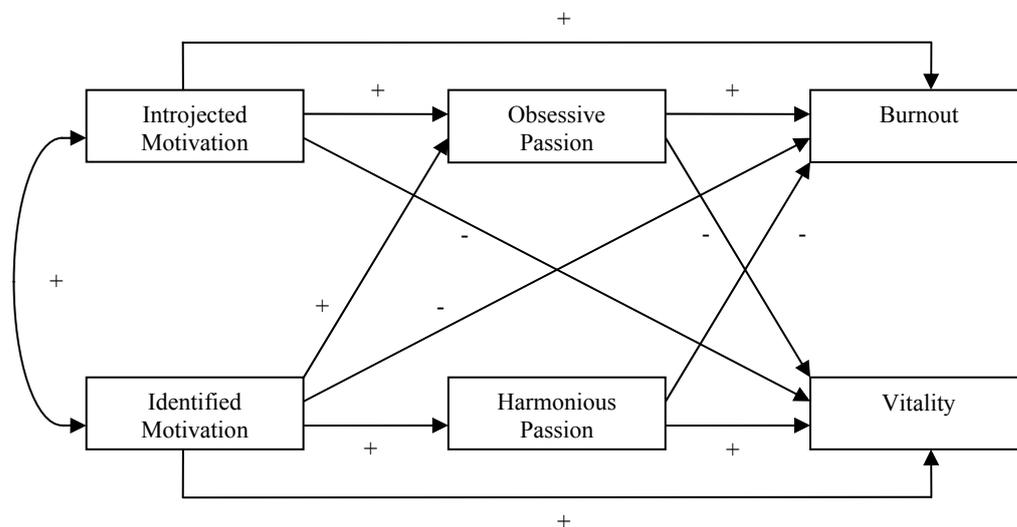


Figure 11. The hypothesised direct and indirect pathways between motivation and well-being, also showing mediator variables.

An initial model tested these indirect and direct paths. According to suggested fit indices (Kenny, 2008; Wuensch, 2006), the data fitted the model well, $\chi^2(4) = 2.09$, $p = .72$, NFI = .93, CFI = 1.00, RMSEA = .00. As indicated in Table 9, standardised regression coefficients revealed the majority of hypothesised paths

between the variables were significant, and critical ratio values indicated most paths were not too complex for the model.

Table 9

Direct Effects from Path Analyses of Initial Model

Direct Effects of Variables			C.R	β	p
Introjected Motivation	→	Burnout	-1.89	-.26	.05
Introjected Motivation	→	Obsessive Passion	5.23	.52	.001
Introjected Motivation	→	Vitality	-.93	-.14	ns
Obsessive Passion	→	Burnout	2.74	.33	.01
Obsessive Passion	→	Vitality	.38	.05	ns
Identified Motivation	→	Vitality	.09	.01	ns
Identified Motivation	→	Harmonious Passion	2.63	.30	.01
Identified Motivation	→	Burnout	2.80	.36	.01
Harmonious Passion	→	Vitality	1.89	.23	.05
Harmonious Passion	→	Burnout	-4.24	-.46	.001

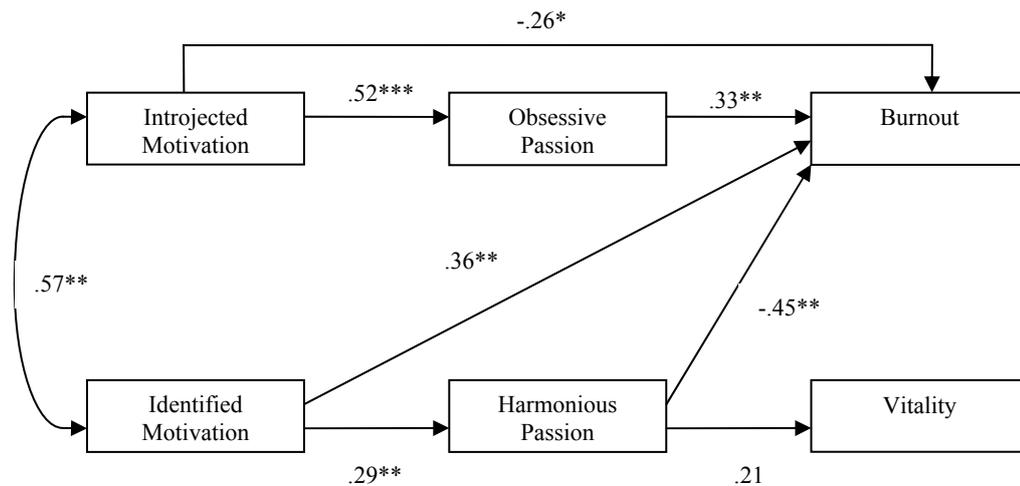
Model trimming procedures usually involve excluding non-significant paths from models (Byrne, 2001; Kline, 2005). Given several non-significant paths were evidenced in the initial model, a further model was tested. The paths between introjected motivation and vitality, obsessive passion and vitality, and identified motivation and vitality, were excluded from the second model and path analyses re-run. The results of this final model are presented in Figure 12.

The data fitted the model very well, $\chi^2(7) = 3.14$, $p = .87$, NFI = .97, CFI = 1.00, RMSEA = .00. The majority of the relationships between the variables were in the predicted direction, with the exception of the direct effects of introjected motivation and identified motivation on burnout, at $\beta = -.26$, $p < .05$, and $\beta = .36$, $p < .01$, respectively. The direct effect of introjected motivation on

burnout was stronger than the indirect effects of introjected motivation and obsessive passion on burnout, which again was contrary to predictions.

Obsessive passion mediated the path between introjected motivation and burnout, $\beta = .12, p < .01$, and harmonious passion mediated the path between identified motivation and vitality, $\beta = -.13, p < .05$. While these paths support the research hypotheses, their effects are relatively weak. As expected, harmonious passion negatively predicted burnout, with a direct effect of $\beta = -.45, p < .001$.

The non-significant direct paths between introjected motivation and vitality, and identified motivation and vitality in the first model, did not support the research hypotheses, and due to their non-significance were excluded from the final model. Eliminating these paths meant harmonious passion was the only variable to directly affect and explain all the variance in vitality. This may account for the non-significant relationship evidenced between these two variables in the second model. While some paths needed to be excluded from the initial model, overall the data fitted the model well and supports the research hypotheses.



* $p < .05$, ** $p < .01$, *** $p < .001$

Figure 12. Results of the final path analytic model for the burnout vs. vitality analyses. All of the paths between variables were significant, with the exception of that between harmonious passion and vitality. Paths contrary to hypotheses were those between introjected motivation and burnout, and identified motivation and burnout.

Burnout comprises three subscales: emotional exhaustion, depersonalisation, and diminished personal accomplishment. Given burnout was found to be pertinent in the path analyses, a series of additional analyses were conducted, to understand how motivation and passion exert their effect on each burnout subscale. Descriptive statistics showed the sample had higher mean scores on the emotional exhaustion subscale ($M = 2.64$, $SD = 1.09$), in comparison to the diminished personal accomplishment ($M = 2.15$, $SD = 0.81$), and depersonalisation ($M = 1.95$, $SD = 1.02$) subscales. This suggests workers in this sample were more likely to suffer emotional exhaustion, as a result of their involvement in humanitarian work. The means and standard deviations for individual items on each of the subscales are given in Appendix H.

In the path model shown in Figure 12, both introjected and identified motivations, and obsessive and harmonious passion, were significantly related to burnout, so a series of Pearson's correlations were performed to see how

each of these variables related to the burnout subscales. As shown in Table 10, emotional exhaustion was significantly correlated with obsessive passion. Harmonious passion had a significantly negative relationship with diminished personal accomplishment. Depersonalisation was positively related to both obsessive passion and identified motivation.

Table 10

Correlations Between Motivation, Passion, and the Burnout Subscales

Variable	Emotional Exhaustion	Diminished Personal Accomplishment	Depersonalisation
Introjected Motivation	.08	-.70	.21
Identified Motivation	.17	.07	.32**
Obsessive Passion	.38*	-.08	.36**
Harmonious Passion	-.20	-.35**	-.18

* $p < .05$, ** $p < .01$

These findings suggest each of the motivations and passions exert different effects on burnout, leading to different aspects of burnout being experienced more than others. Other studies (e.g., Borritz et al., 2005; Carver & Scheier, 1999; Jenaro et al., 2007; McManus et al., 2004) show differences in scores on the burnout subscales, according to internal dispositions (e.g., coping, personality) and external influences (e.g., salary, low role clarity, role conflict). Therefore, to determine whether this might also occur in humanitarian health workers, according to motivation and passion, further path analyses were performed. Because each of the paths leading to burnout was significant in the final model in Figure 12, it was decided the same paths would be included in subsequent analyses, although burnout would be substituted by each of the

subscales: emotional exhaustion, depersonalisation, and diminished personal accomplishment. This meant paths in a total of three different models would be tested.

The direct effects of introjected and identified motivation, and obsessive and harmonious passion on emotional exhaustion, were assessed in the first model, as shown in Figure 13. The data fitted the model very well, $\chi^2(3) = .26$, $p = .97$, NFI = .99, CFI = 1.00, RMSEA = .00. Critical ratio values were adequate and above 1.00 for all paths, and most path coefficients were significant. The path coefficients between introjected motivation and emotional exhaustion, and identified motivation and emotional exhaustion, were non-significant.

Consequently, these paths were excluded and another analysis conducted, to determine whether this would improve the fit of the data to the model. Model fit indices showed the data again fitted the model very well, $\chi^2(5) = 4.23$, $p = .52$, NFI = .95, CFI = 1.00, RMSEA = .00. All paths in the model reached significance, although the path coefficients between each of the passions and emotional exhaustion decreased slightly. The significance level of the path between identified motivation and harmonious passion also decreased from .01 in the initial model in Figure 13 and the previous model in Figure 12, to .05 in the final model. Figure 14 shows the direct effects of variables in the final model for the analyses using emotional exhaustion.

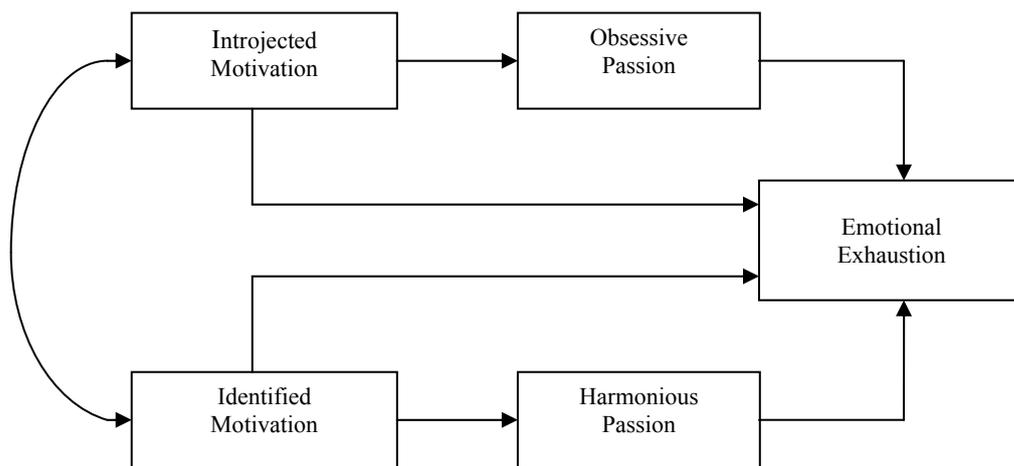
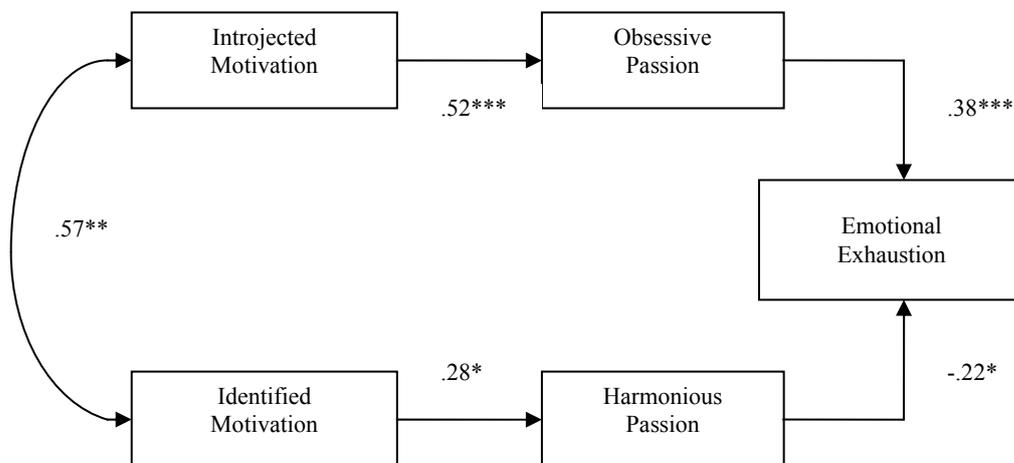


Figure 13. The model tested in path analyses, using emotional exhaustion.



* $p < .05$, ** $p < .01$

Figure 14. Results of the final model using emotional exhaustion. The direct paths between the motivations and emotional exhaustion were non-significant, and dropped out of the model. The indirect paths between each motivation and emotional exhaustion, mediated by passion, were significant.

Indirect effects for the final model in Figure 14 were also calculated. The indirect effect of introjected motivation on emotional exhaustion, with obsessive passion as a mediator, was $\beta = .20$, $p < .001$. The indirect effect of identified motivation on emotional exhaustion, with harmonious passion as a mediator, was $\beta = -.06$, $p < .05$. This suggests introjected motivation and obsessive passion have more of an impact on whether emotional exhaustion is experienced, in humanitarian health workers.

The next model substituted diminished personal accomplishment for burnout. Direct paths between introjected and identified motivation were analysed, as were indirect paths between these variables, mediated by both obsessive and harmonious passion. The data fitted the model well, $\chi^2(3) = .27$, $p = .97$, NFI = .99, CFI = 1.00, RMSEA = .00. However, critical ratio values lower than 1.00, were evidenced for the paths between personal accomplishment and both introjected motivation and obsessive passion. These same paths were also non-significant, so were dropped from the model and analyses re-run.

Again, model fit indices showed the data fitted the model well, $\chi^2(5) = 1.94$, $p = .86$, NFI = .97, CFI = 1.00, RMSEA = .00. While significant in the previous analysis, the direct path between identified motivation and personal accomplishment was non-significant in this analysis. The exclusion of paths can increase or decrease the value and significance of beta's in other paths (Garson, 2008), so the exclusion of the two paths from the previous model may account for this.

A further analysis was performed, excluding the path between identified motivation and personal accomplishment. The data fitted the model very well, $\chi^2(6) = 4.29$, $p = .64$, NFI = .94, CFI = 1.00, RMSEA = .00, with all paths in the model achieving significance. Figure 15 shows the initial model tested, while Figure 16 shows the final path analytic model, with path coefficients between the variables.

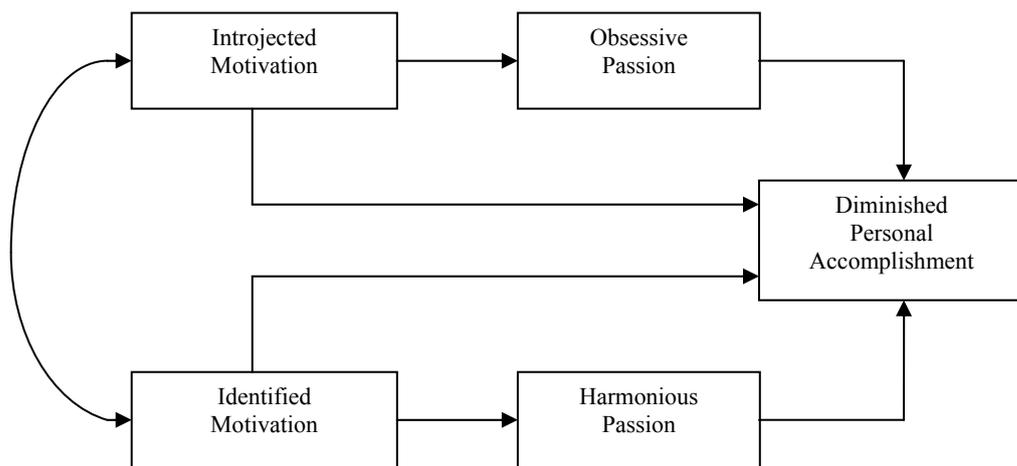
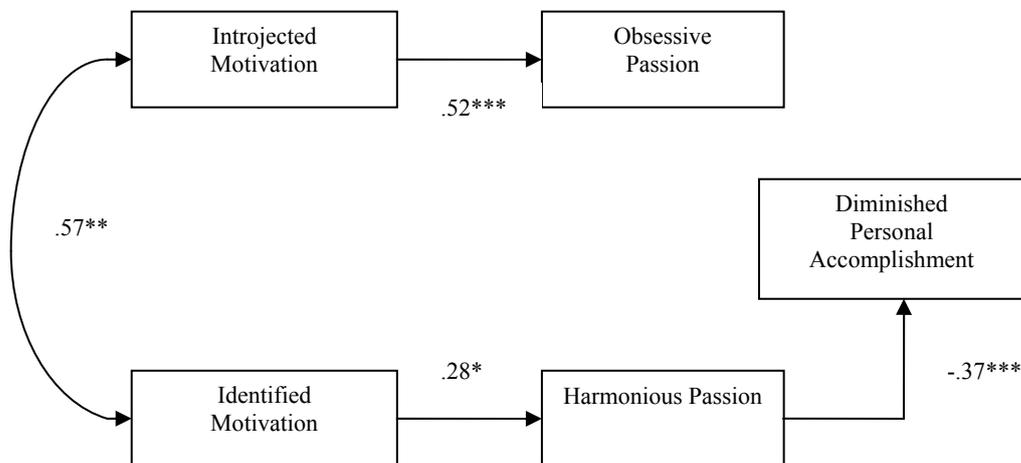


Figure 15. The model tested in path analyses, using diminished personal accomplishment.



* $p < .05$, ** $p < .01$

Figure 16. Results of the final model using diminished personal accomplishment. Only the mediated path between identified motivation and harmonious passion, had a significant effect on diminished personal accomplishment.

The indirect effect of identified motivation on diminished personal accomplishment, through the mediational role of harmonious passion was calculated as $\beta = -.10$, $p < .05$. This indicates as motivation and passion for humanitarian work increase, diminished personal accomplishment is less likely to be experienced.

In a final model, depersonalisation was included in place of burnout, and direct paths between each motivation and depersonalisation, and the indirect paths between these variables mediated by obsessive and harmonious passion, were analysed. All path coefficients were significant, with the exception of that between introjected motivation and depersonalisation, which also had a critical ratio value below 1.00. Model fit indices showed the data fitted the model well, $\chi^2(3) = .27$, $p = .97$, NFI = .99, CFI = 1.00, RMSEA = .00.

Because of the non-significant path between introjected motivation and depersonalisation, analyses were re-run with this path excluded, to determine if a better fit of the data could be achieved. A better fit was achieved, $\chi^2(4) = 1.19$, $p = .88$, NFI = .99, CFI = 1.00, RMSEA = .00. Although the coefficients decreased slightly between depersonalisation and obsessive passion, harmonious passion, and identified motivation, all were significant. Critical ratio values for each of the paths were also well above the 1.00 threshold. Figures 17 and 18 on the next page, show the initial and final model tested using depersonalisation, instead of burnout.

The indirect effect of introjected motivation on depersonalisation, mediated by obsessive passion was $\beta = .15$, $p < .01$. The indirect effect of identified motivation on depersonalisation, mediated by harmonious passion was $\beta = -.08$, $p < .05$. The variable with the most impact on depersonalisation was identified motivation, with a direct effect of $\beta = .31$, $p < .01$, implicating this motivation in the experience of depersonalisation in humanitarian health workers.

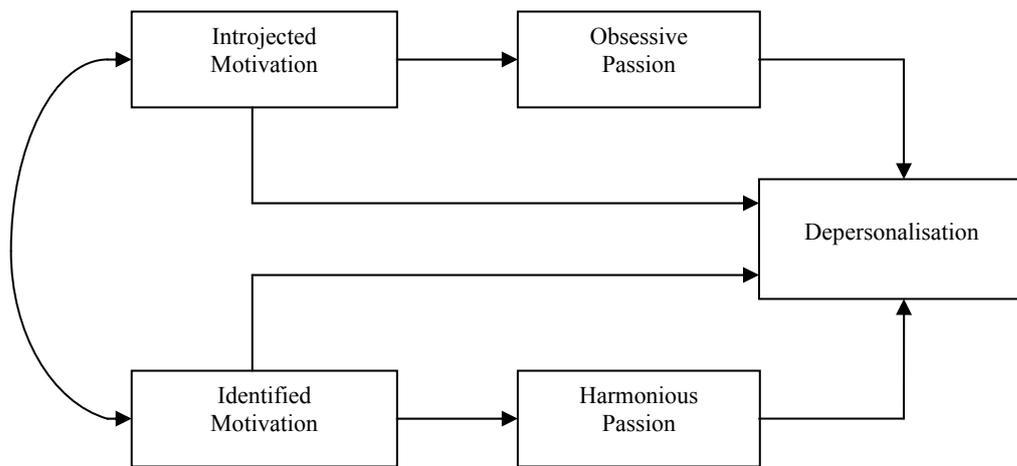
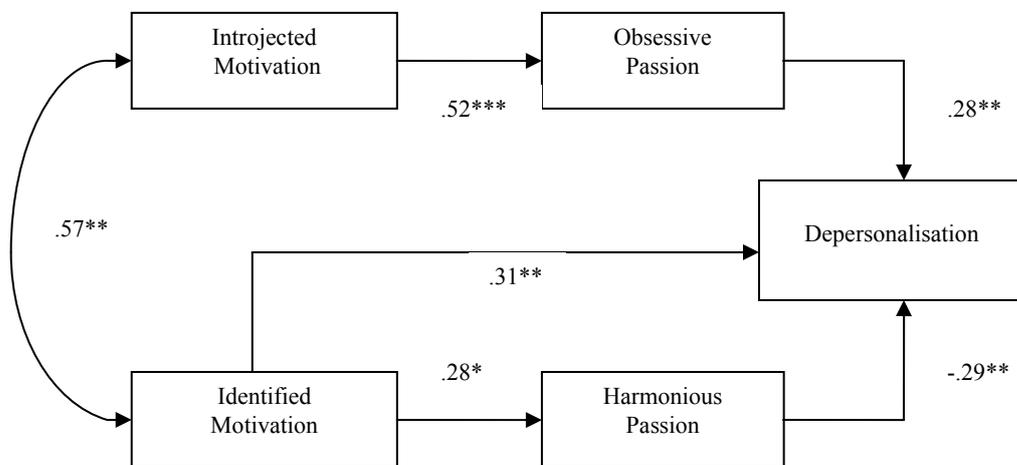


Figure 17. The model tested in path analyses, using depersonalisation.



* $p < .05$, ** $p < .01$

Figure 18. Results of the final model using depersonalisation, which was affected both directly by identified motivation, but also indirectly, through the mediated paths between each motivation and obsessive/harmonious passion.

8.2 Qualitative Data – Semi-Structured Interviews

A theoretical thematic analysis, which is “a method of identifying, analysing, and reporting patterns (themes) within data” (Braun & Clarke, 2006, p. 79), was employed to analyse the interview data. This type of analysis is theoretically driven, and seeks to give a detailed analysis of the explicit content of the data, rather than interpreting implicit content. The process suggested by Braun and Clarke (2006) was adopted, and analysis proceeded from the generation of initial codes, organisation of codes into theme piles, re-analysis of theme piles, development of a thematic map, re-analysis of themes, and creation of final themes. Section 7.2.2 provides a more detailed outline of the process undertaken to extract the final themes.

The final three main themes transcending the entire data set were:

- 1) initial motivation for humanitarian health work,
- 2) reasons for continuing humanitarian health work, and
- 3) personal consequences of humanitarian health work.

Within each of these, several sub-themes were also identified. Personal needs and wants, and values, were the sub-themes underlying the *initial motivation for humanitarian work* theme. *Reasons for continuing humanitarian health work*, was underpinned by the sub-themes of achievement, satisfaction, engagement, and not wanting recognition. The sub-themes underlying *personal consequences of humanitarian health work* were emotional exhaustion, an inner core of strength, vitality, and a sense of satisfaction. These are discussed below.

8.2.1 Initial Motivation for Humanitarian Health Work

Initial motivation to engage in humanitarian health work, was highlighted by several sub-themes. Personal needs and wants were reported as the main antecedents for stimulating thinking about engaging in such work. A number of common values guided decisions to actually engage in the work, and these included having a sense of responsibility for, moral obligation to, and

compassion towards other human beings. How these map onto introjected and identified motivations is discussed.

Some participants reported a personal crisis preceded their involvement in humanitarian work. Significant long-term relationship break-ups were reported by two participants, who as a result of the break-ups, felt they wanted to do something of benefit for themselves and others.

I was at a very low point in my life at that point. My marriage had split up and I was bored with my job and their father having just split, and I was feeling very sorry for myself and that's, you know, I'm not ashamed to say that that's true. (Participant B)

Why did I actually get into the work? So long ago now...I had a break-up of a long-term relationship which was what kind of stimulated me to look for external things to do and things for myself as well...(Participant C)

Other participants wanted to experience travel, and contribute to something useful.

I think it was, I wanted to go travelling a long time ago, anyway, and see different places. And then I also wanted to try and go and do something useful. (Participant E)

I think it was wanting to do something useful. (Participant D)

Although personal needs and wants served as catalysts for thinking about engaging in humanitarian work, the decision to actually engage in that work (and not some other type), was guided by specific values. A sense of responsibility to others in need was the value most commonly expressed by all participants: "Um, it's my responsibility I kind of feel, too, to help others...I think it's part of being a nurse, you know, just being in the caring profession, it's my nature" (Participant D). In total, this value was highlighted in nine

lengthy extracts. Personal ideals such as being responsible, being morally obligated, and identifying oneself as a ‘helper’, underpinned this value.

...if something happens to someone I'll go and try and help. I don't think of any negatives to that, I'd just plunge in regardless of whether there was danger or anything. I would just do it. You know, I can't walk past somebody crying out for food and not, and just ignore it. (Participant D)

When someone says, “oh aren't you good doing that”, I kind of think “who are you talking about?”. I mean I don't think I'm good doing it, I feel like it's my duty to do it. (Participant B)

Determination to succeed and determination to help someone who is less fortunate...So it's kind of easy in a way because they are less fortunate so they need help...You know, morally, I go back to saying that I'm very lucky and I'm in a position to help...(Participant C)

Part of it's moral, part of it's, yeah just a sense of responsibility, um, to others...Yeah I think maybe sometimes people don't feel responsible for others therefore, you know, “it's got nothing to do with me”. They just get on with it, you know “that's a shame that's happened to them but they just have to get on with it, get over it”. Whereas, yeah I feel that it's a small world, really, and we're all responsible for each other, to care for each other, yeah. (Participant D)

Other values guiding engagement emphasised a need for equality, such as “a sense of justice” (Participant B), “a sense of fairness” (Participant B), and a “sense of right and wrong” (Participant B), for all people irrespective of their circumstances. These were spoken about in relation to values such as compassion and empathy, and combined they underlay the sense of being responsible for others.

I can't bear things that are unfair and particularly where people are involved where it means that someone will suffer. If somebody has one thing that means someone else will suffer. And I can't bear that. (Participant D)

Treat somebody as you would want to be treated yourself. And I don't believe that anyone who lives in a third world country has any need to be treated differently to me. I don't think they should be. I think that that's a basic human right is to be treated properly...(Participant D)

Compassion is certainly at the top of my motivations, but also the feeling of need for justice to be applied equally to all human beings, and that everybody gets the same chances and opportunities to live a decent life. (Participant C)

...the more able I am to see or identify what can be done to help somebody who is in a position that, where they need empathy, they need compassion, I mean compassion – everything to do with my work is about compassion. Every single thing. Doesn't matter if it's building houses, if it's doing a medical project, providing food it's all about compassion. (Participant B)

8.2.1.1 Conclusion

The sub-themes highlighting initial motivations for humanitarian health work map closely onto both introjected and identified motivations. Introjected motivation means behavioural engagement is regulated by the pursuit of contingencies, such as self-esteem and feelings of worth. Some personal need or want, was identified as the catalyst for thinking about engaging in humanitarian work. Data extracts indicated participants were searching to do something external to themselves but still for themselves, that was of benefit to themselves and others. This suggests the activity needed to serve some external purpose (i.e., helping others), in addition to having internal consequences for the individual (i.e., inducing feelings of worth, usefulness). In this sense, an introjected motivation stimulated initial thinking about engaging in humanitarian health work.

While introjected motivation may be implicated in initial thinking about involvement in humanitarian health work, identified motivation plays a more prominent part with regard to *actually engaging* in the work (as opposed to *thinking* about engaging). Identified motivation occurs when behaviour is more fully internalised into self-concept, because it is consciously valued. A number of very specific values (i.e., sense of responsibility, justice, compassion) were highlighted as personally important to participants, and guided their involvement in humanitarian settings. The number of times and the amount of

attention given to emphasising values in each interview, suggests they had been and formed a significant aspect of participants' self-concepts/identities. These values underpinned decisions to engage in humanitarian work, suggesting identified motivation guided actual engagement.

8.2.2 Reasons for Continuing Humanitarian Health Work

All participants had been engaged in humanitarian health work for a period of more than one year, and been deployed to humanitarian situations on a number of occasions. Given the inherent adversity of such settings, and the challenges and difficulties often faced, it is not surprising participants discussed why they continued with the work. The main sub-theme emphasised was outcomes associated with the work, such as a sense of achievement, satisfaction, and engagement. Although these were often accomplished, and resulted in benefits to self and others, all participants indicated that receiving recognition by others for their work, was not one of the reasons why they continued. How these outcomes relate to the orientations to happiness and passion is discussed.

A primary outcome centred around the sub-theme of achievement, which was expressed in several ways, such as making a contribution and making a difference to others lives. A feeling of contributing to something larger than oneself, was also commonly expressed. A total of 24 excerpts across all interviews, indicated a sense of achievement was especially salient for all participants.

I guess it eases my feeling somewhat that I have done something now therefore, and I guess that's true about the tsunami, you know. I have done something now I guess I can feel like I have contributed I guess. And I haven't just ignored the situation. (Participant D)

There is a huge sense of achievement when you've got the house and the person's moved in and you walk away and they're in their new house and yeah, there is a sense of pride and achievement in that, that you've actually helped to change their life. (Participant B)

If you go out there and do something like you work with kids and you work with the people and then you see them – like the ones who have now become teachers – you’ve planted a seed along the way and it has got bigger...you pass things on and it spreads, like ripples on a pond...you go out there and whatever you do, it spreads and if people listen to you and what you talk about, you teach them, they teach you and it’s got to be beneficial somewhere along the line. (Participant E)

In general, participants’ comments differentiated two types of achievement: making a contribution, and making a difference. Comments regarding ‘making a contribution’ to some humanitarian cause, tended to emphasise a sense of personal achievement, which were often underpinned by the feeling of having alleviated others suffering:

I think when one achieves things it drives you to achieve more. And initially when we were building houses I wanted to build 5, and then it was 10 and then it was 15, and now it’s 25 – we’ve done 21 so my goal is 25. (Participant B)

I saw all the suffering and it broke my heart to see those kids and those people sleeping on the streets and the skinny, skinny rickshaw, cycle rickshaw drivers I think it’s the thing about helping get them out of poverty, that’s what really drives me. (Participant C)

Comments focussing on ‘making a difference’ emphasised a sense of achievement for others, which were underpinned by the feeling of seeing others excel, grow, and development:

I could see that they’d improved and then I’d be able to say “Wow I see that you’ve done this here...that’s great” and they’d get all, you know they’d feel good and I’d feel good and it was all good. (Participant C)

I think the reward is as well...you teach them things along the way and then you see them progress and that’s the answer to it, I think, you see them – they’ve actually taken a bit of notice, they’ve learnt some things along the way. (Participant E)

A sense of achievement for self and others was inextricably tied to feelings of satisfaction, which were identified as a salient reason for continuing involvement in humanitarian work. Participants reported feeling “a lot of satisfaction” (Participant C), and “a sense of satisfaction” (Participant D), usually in response to efforts they had achieved for themselves, but also from helping others: “You get a buzz when you help people” (Participant E).

Yes, it is some sort of internal ‘calling’ that makes me help others. There’s the selfish peace of mind of knowing that I’m doing the right thing in order to help somebody else, and then there’s the satisfaction when things turn out well for the person in need. (Participant D)

There’s obviously enjoyment and it sounds really sick but there is pleasure going from seeing someone so happy about something so small. And it is a pleasure and it’s not a voyeuristic pleasure, it’s a genuine pleasure, that I can do something very little to help somebody that makes a life-changing difference to them. (Participant B)

No words can describe the feelings running through me when, after spending just a couple of hours of my day with some kids entertaining them, playing with them, teaching them something, or feeding them. I see the happiness in their eyes, the many ‘thank you’ and hugs they give me are just indescribable. (Participant A)

Both achievement and satisfaction served as drivers to want to do even more work in the humanitarian domain: “I think when one achieves things it drives you to achieve more” (Participant B). Participants expressed feeling more engaged, and a need to become more involved from seeing their efforts produce tangible results for others, but also intangible benefits for themselves (e.g., feelings of personal achievement, satisfaction). Becoming more engaged was typically described as working at a different level or pace when in humanitarian settings.

I’m, um, what’s the word, very sort of stimulated – my brain works very fast and – I’m not saying it always works in the right direction – but it’s on the go the whole time and when I’ve thought of something then I’m trying to develop that idea so I do sit up at 3 o’clock in the morning and,

you know, and other people go “God, calm down, slow down” so I think it is just a case of becoming almost too involved sometimes. (Participant B)

I work on a different level out there and anyone who knows me here and goes out with me will see that very, and they’ll say “gosh you’re quite different”. And I am because I have to be motivated in a different way because you’re in a different culture. I’m not different, I mean, I’m the same person obviously but the work ethic is very, very keen out there. I’m very focused because I know I’ve got a short time. I’m up early, I go to bed late and we pack a lot in, so it’s very frenetic. (Participant B)

Three participants indicated they spent time outside of the humanitarian situation thinking about ways, and actually implementing ways, to contribute more to humanitarian situations. This indicates their engagement in the work extended beyond the actual humanitarian setting, infiltrating other life domains.

I spent every penny...giving people food. Because I knew that I had a house and I knew that I could feed myself. And one of the first things I did when I came back was de-clutter (*laughs*)...and I went and had a car boot sale and I just thought, “I can’t bear all this stuff I don’t need, I can turn it into money to give” and I, the first one I raised 300 pounds and it went straight back out in food basically, all got spent on food out there. (Participant B)

I was so sick, I mean I nearly died, and they evacuated me off to hospital and sent me back to my parents and I was really, really sick. But the whole time I was sick it was “I’ve got to get back, I’ve got to get back, and they’ve got their report due and I need to help them with that”. (Participant C)

Becoming more engaged both within and outside the humanitarian setting did not necessarily mean participants were doing as much as they thought they could or ought to do. Several participants indicated wanting to do more with regard to their humanitarian endeavours, but did not have resources to do so. Despite these barriers, a sense of not wanting to do any other type of work was also keenly expressed by all participants: “I feel like I could never stop doing this, and I only wish I had more time and resources to keep on doing it” (Participant A).

Another major area of expression was the feeling of not wanting any recognition for the work they did. Despite strong feelings of satisfaction and achievement with humanitarian work, participants did not derive these feelings from the recognition they received from others, but from actually doing the work and feeling good about it. All participants strongly denied recognition and praise from others, was a reason for them to continue their involvement in humanitarian settings.

If someone's in trouble my natural, there's a thing in my head that says you have to help them. You know, if someone has an accident I'm the first out the car and that's just how I am, not for any glory or anything like that, I just have that in built in me. (Participant B)

I don't know that I have to be acknowledged all the time for anything that I've done, but I know that it's important for me to help others and I feel bad if I don't. (Participant C)

I don't need acknowledgment from those people or anyone else that I've been, it's just that's what I need to do to feel better about myself, you know, to feel "good, I've done that, and I wanted to see that person" so I don't actually need that acknowledgement from them. (Participant D)

...when it gets like that when people are putting you on a pedestal in some ways. That's not the motive for doing it, not as far as I'm concerned. (Participant E)

8.2.2.1 *Conclusion*

The reasons cited for continuing to engage in humanitarian health work reflected the orientations to happiness and passion for an activity. The sense of achievement expressed by participants tapped into both the engaged and meaningful orientations to happiness. The engaged orientation involves using personal attributes to engage personally relevant experiences that have positive outcomes. This orientation was reflected in data extracts relating to 'making a contribution', which emphasised a sense of personal achievement and alleviating others suffering.

The meaningful orientation to happiness involves membership and servitude in social institutions that provide benefits at the collective level. Data extracts relating to ‘making a difference’, which emphasised joy at witnessing others achievements and watching others develop, grow, and excel, reflected the meaningful orientation.

Having a sense of satisfaction about one’s work reflected a pleasant orientation to happiness. Participants indicated feeling a sense of satisfaction about their humanitarian endeavours, especially when benefits to others were evident. The pleasant orientation involves experiencing positive emotions, such as satisfaction, in relation to past, present, and future experiences. Feeling satisfied about efforts made in humanitarian situations, is reflective of this orientation.

Obsessive passion for activities was also highlighted in discourses centred on reasons for continued involvement in humanitarian health work. Obsessive passion results from a controlled internalisation of an activity into self-concept. Certain contingencies are attached to the activity, which creates an internal pressure that compels engagement. The desire to alleviate this pressure and obtain the contingencies, makes it difficult to disengage from thoughts about the activity. Full concentration and absorption of other life domains is compromised.

Some participants expressed spending time outside of the humanitarian setting, thinking about and implementing ways of providing humanitarian assistance. Others mentioned often feeling like they wanted to do more work, while not wanting to do any other type of work was also salient among the data. All participants expressed feeling more engaged in humanitarian settings, which was typically described as working at an energised level or pace. These factors map well onto descriptions of obsessive passion, suggesting humanitarian health work is an obsessive passion for some participants.

However, engagement and absorption in an activity are also characteristic of a harmonious passion. Harmonious passion results from an autonomous internalisation of an activity into self-concept. Contingencies are not attached to the activity and it is congruent with one's values, thus forming an aspect of identity. Because of this congruence, there is no internal pressure compelling engagement, allowing the activity to be incorporated into one's life in such a way that it does not neglect or compromise other life domains. Harmonious passion is associated with positive well-being outcomes.

It is likely some participants have a harmonious passion for humanitarian work. This is explained by the observation that recognition by others for the work they do was not important to any of the participants, which indicates external contingencies (such as recognition) do not regulate engagement in such work. Rather, it is regulated by feelings of satisfaction and achievement, suggesting humanitarian work is congruent with the self-concept of some participants, and thus results in these positive outcomes.

8.2.3 Personal Consequences of Humanitarian Health Work

A final theme emerging from the data, was the consequences of involvement in humanitarian work. Given the often adverse and stressful nature of such work, not surprisingly many participants found it emotionally challenging, and occasionally threatening to their personal welfare. However, having an inner core of strength that helped endure the stressful times was identified across all interviews, and some participants mentioned experiencing vitality as a result of their work. In addition to being identified as a reason for continuing with humanitarian work, a sense of satisfaction also emerged as a personal consequence.

The main consequence experienced by participants as a result of their involvement, was burnout. Burnout has three characteristics: emotional

exhaustion, depersonalisation, and diminished personal accomplishment. The possibility of experiencing burnout was acknowledged, although all participants denied they had ever experienced it. They did express feeling emotionally drained or emotionally exhausted because of their humanitarian work; however, the other two characteristics of burnout were not described in any of the interviews. A total of 18 lengthy extracts, described the emotional exhaustion characteristic of burnout.

In terms of burnout there have been occasions where, I think, you know, the last trip I came back from was a very traumatic trip because there were lots of things that happened on the trip: there was a bomb, and you asked about, was I ever fearful for my life and I didn't actually think I was going to die but it was a very scary experience....I think the month had taken its toll and I got sick and I was unwell for a week but I wouldn't, I don't class that as burnout, exactly, I think I was just exhausted. (Participant B)

I found the work itself, I found it very rewarding but I found it also was very difficult to have like a work-life balance because the job was my life, that was why I was there, so I worked a lot and it was challenging. And it's a very emotionally challenging thing to do anyway, but no, how did I feel about it? I felt good, I felt very rewarded. (Participant C)

...and all those things obviously built up emotionally and I think getting unwell on the way back was my body saying "Ooooh, just slow down for a bit" because I'm fairly manic when I get going, um, so I wouldn't say it was burnout but I think there are times where you just become emotionally exhausted. (Participant B)

While feelings of emotional exhaustion were largely attributed to the work itself, the stress of fearing for personal welfare, may be associated with this. Four participants indicated they had experienced threats to their lives, on at least one of their deployments: "But fearing for your life, (*pause*) yes I think you can at times" (Participant D), and "Yes you do fear at times, initially anyway when you go to places because it's all very strange" (Participant E). These threats centred on the humanitarian situation, rather than any specific threats against their person.

I had some occasions where there were, the first time I went there were still aftershocks and we woke in the middle of the night to another earthquake and you'd sort of, I'd lie there and think "should I be doing anything?" and then I'd think "well if there's going to be another tsunami, it didn't reach here before so I should be alright". (Participant D)

...but yeah I have had those times where you sort of think "oh is this a bit dangerous" and you just hold your breath for a bit. (Participant E)

Another time, the second time I went we were, my husband was with me...all the other aid agencies that were there had 24 hour security and they lived in nice boarding houses and things like that. They had certain security rules that they had to follow – we didn't have such tight rules, we didn't have security...there was a lot of sort of unrest and people were unsure about what was happening...they couldn't guarantee our safety. So we didn't know what would happen but we were okay about it. And nothing eventuated in the end. (Participant D)

All participants stated they were not deterred by threats to personal safety, and they would not stop them from deploying to a humanitarian situation in the future. When asked whether they would still go, even with the knowledge their life may be in danger, and they may suffer threats to well-being, all indicated they would. Participant D's response is illustrative of this: "...I'd still go. Absolutely no, wouldn't deter me. It's part of life to me."

Despite the emotionally trying and often unsafe nature of the work, all participants described themselves as having an inner core of strength that enabled them to continue. This strength was underpinned by a perceived expectation that they needed to be strong, and the self-imposed perception they had no reason or right to be upset, as they were much better off than the people they were helping.

I think if you're driven enough to want to help, that goes beyond, that goes beyond the emotional turmoil that you may feel yourself in terms of feeling helpless. If you actually can do something to help that does make your internal mechanism say, well you're doing what little you can – ok maybe it's not enough, but you can't, nobody's ever going to save the world. (Participant C)

No, like anybody else you go into things, go into different situations, half the time you just got to get on with it and it's the thing where I suppose that's when you learn what your strengths are if you like, when you've got limited resources and nowhere to go, no DMQ, or no Woolworths, no Boots the chemist, you've got to go and get stuff, you've got to get on and deal with it there and then. And I think that's character building in some ways and it does a lot of people a lot of good. Some will never do it again but they've had that experience and maybe can actually appreciate what they've seen and done. (Participant E)

...and people deal with these things differently, and I think, you know, and they sort of look at me and say "gosh you're very strong" and if they only knew the reality is that I'm crying inside. But, you have to deal with that situation. You're not good to anybody if you're crying. You know, that doesn't get the job done and that doesn't help them. And in fact it's actually very detrimental because if you come away and you're crying, we can go back and have a nice meal and go to bed and they've got a little horrible hut to live in and maybe no dinner. And they've seen us, the strong ones, who they perceive as the strong ones, crying. It's not helpful. (Participant B)

Although participants expressed they had been emotionally drained at some stage during their deployments, three described feeling a sense of vitality when engaged in their work. Vitality is the experience of having energy available to the self. Participant A stated "no humanitarian worker should ever feel any lack of vitality. There is no way to do the work and help without it; vitality comes from the urge and eager to do the best I can and more, all the time". Vitality usually resulted from experiencing satisfaction at what they had achieved, and knowing they could achieve more: "It did make me feel vitalised, you know at the end of the day when you reflect on what you've done. I did get a sense of satisfaction" (Participant D). Excerpts previously used to identify engagement in the work, are also indicative of the increased sense of energy characteristic of vitality:

I'm, um, what's the word, very sort of stimulated – my brain works very fast and – I'm not saying it always works in the right direction – but it's on the go the whole time and when I've thought of something then I'm trying to develop that idea so I do sit up at 3 o'clock in the morning. (Participant B)

I work on a different level out there and anyone who knows me here and goes out with me will see that very, and they'll say "gosh you're quite different". And I am because I have to be motivated in a different way...the work ethic is very, very keen out there. I'm very focused because I know I've got a short time. I'm up early, I go to bed late and we pack a lot in, so it's very frenetic. (Participant B)

In addition to being a reason for continuing involvement in humanitarian work, a sense of satisfaction was described as a consequence of the work. Participants commented on the need to obtain some contingencies from their involvement, and these contingencies were described in terms of personal satisfaction and enjoying humanitarian work, despite the adversities.

...even in the most dire circumstances...you can walk away and leave someone smiling, even if they've got no food. (Participant B)

I think you have to enjoy it – 'cause I think you still have to get, yeah I think you still have to get something out of it. Usually the intangibles, some sense of satisfaction. (Participant D)

8.2.3.1 *Conclusion*

The personal consequences of involvement in humanitarian work are related to both positive and negative well-being. In terms of negative well-being, participants discussed being emotionally drained, tired, and challenged by their work. These map onto the emotional exhaustion characterising burnout, which is defined as being emotionally overextended. Depersonalisation, which is defined as a lack of engagement and responsibility, and diminished personal accomplishment, defined as feelings of ineffectiveness and competence, also characterise burnout, but were not identified as experienced by participants. Although emotional exhaustion was a prominent consequence, all participants denied they had ever suffered burnout.

In terms of positive well-being, vitality and satisfaction were highlighted. Ryan and Frederick (1997) define subjective vitality as "the conscious experience of

having positive energy available to or within the regulatory control of one's self" (p. 530). Data excerpts highlighting the vitality felt by participants, map closely onto this definition. Satisfaction relates to positive feelings about one's involvement in humanitarian work, particularly with regard to being of benefit to others. Positive feelings and experiences contribute to one's sense of subjective well-being, which in the context of the present research has been classified as representing hedonic well-being.

9.0 Discussion

This research sought to understand the effect of motivation on the well-being of humanitarian health workers. Models were developed to explain different pathways between introjected and identified motivations, and well-being. Introjected motivation occurs when an external regulation is accepted by the individual, but not fully assimilated into self-concept. Contingencies are required, but behavioural engagement is self-controlled and ego-involved, and motivated by the pursuit of self-esteem and feelings of worth, or the avoidance of negative reactions by others. Identified motivation occurs when behaviour is more fully internalised, due to its perceived personal value and importance. It motivates more autonomous engagement, as specific behaviours represent a consciously valued aspect of the self.

In the first model, the direct effect of each motivation on hedonic and eudaimonic well-being was assessed, in addition to the mediational role of the orientations to happiness. The hypotheses regarding this model were not supported. The direct effect of each motivation on the well-being indicators of burnout and vitality was investigated in the second model, as was the mediational role of harmonious and obsessive passion. The data generally fitted the model well, providing support for the majority of hypotheses. This chapter outlines these findings, and how they relate to previous studies in the area. Theoretical, methodological, and practical implications are discussed, in addition to avenues for future research.

9.1 Motivation

Introjected and identified motivations were expected to impact the well-being of humanitarian health workers. Both types of motivation were evident in the sample, although a high mean score indicates identified motivation was more

common. Scores on these measures were comparable to other samples (e.g., see studies cited in Appendix H), showing identified motivation predominates over introjected motivation. Interviews implicated introjected motivation in the initial *thinking about* engaging in humanitarian work, while identified motivation was implicated in *actual engagement* in the work. However, it is difficult to interpret these findings in light of the quantitative data, given the sample, who all had experience and recent involvement in humanitarian work, were likely to have either an introjected or identified motivation.

The motivations correlated with each other, but also differently with outcome variables. Identified motivation was positively related to age, the meaningful orientation to happiness, and harmonious passion. Introjected motivation was not significantly associated with these variables, but was with years experience. This is comparable to research (e.g., Koestner et al., 1996) showing the motivations relate differently to variables of interest, and thus describe distinct phenomena. It also suggests identified motivation directs younger workers to engage in humanitarian work, while introjected motivation motivates workers with more years experience.

In the first path model, introjected motivation was hypothesised as positively related to the pleasant and engaged orientations, and hedonic well-being. These hypotheses were not supported. Subsequent analyses showed when the three orientations (pleasant, engaged, meaningful) were combined to form an overall orientations to happiness score, introjected motivation had a significantly positive relationship with this variable. In the second path model, the hypothesis introjected motivation would be positively related to obsessive passion was supported. The hypotheses the motivation would be positively related to burnout, and negatively related to vitality, were not supported. Introjected motivation shared a significantly negative relationship with burnout.

In the first path model, identified motivation was expected to have positive relationships with the pleasant, engaged, and meaningful orientations, in

addition to eudaimonic well-being. Only the relationship with the meaningful orientation was significant. In the second model, identified motivation was hypothesised as positively related to both harmonious passion, and vitality, and negatively related to burnout. Only the relationship with harmonious passion supported the hypotheses. Identified motivation had a significantly positive relationship with burnout, and the depersonalisation aspect of burnout.

Although motivation is related to the orientations to happiness and the passion for activities construct, the purpose of this section is to describe the association of motivation to well-being in humanitarian health workers. The role the orientations to happiness and passion play in the path between motivation and well-being, will be discussed in sections 9.2 and 9.3.

Neither introjected nor identified motivation was related to hedonic and eudaimonic well-being, or vitality. However, these motivations were implicated in the development of burnout, albeit in the opposite direction to that predicted. Individuals with identified motivations for humanitarian work were likely to develop burnout, while workers with introjected motivations were less likely to develop the syndrome. This is contrary to previous studies showing more autonomous motivations are related to higher levels of well-being, and less burnout (e.g., Deci & Ryan, 2008a; Fernet, Guay, & Senecal, 2004; Ryan et al., 1993).

The concept of prosocial motivation, defined as expending personal effort to positively benefit others (Batson, 1987), provides a possible explanation for the findings. Grant (2008) suggested this motivation interacts with intrinsic motivation, and can be characterised as either introjected or identified. When intrinsic motivation is low, prosocial motivation is regulated by introjection, whereby individuals wish to help others, but do not find the process of doing so enjoyable. Even so, they pressure themselves to do it, to avoid guilt and protect self-esteem. When intrinsic motivation is high, identified regulation occurs, and

individuals enjoy the process of working to benefit others, because it reflects their own goals, identity, and core values.

More autonomous forms of motivation are positively associated with persistence (Deci & Ryan, 2008b), and Grant (2008) suggests each type of prosocial motivation affects persistence in different ways. Prosocial motivation regulated by introjection has less positive associations with persistence, as the pressure to engage in prosocial behaviours eventually becomes too psychologically taxing. In order to escape, workers reduce effort and lower input, thereby decreasing persistence in the prosocial activity. Because helping others is an important goal reflecting identity and values, prosocial motivation regulated by identification means workers increase efforts, expend more energy, and persist at the prosocial activity.

Humanitarian settings are inherently adverse, and workers are exposed to a multitude of stressors on a daily basis. Whether workers vicariously or directly experience such stressors, consistent and prolonged exposure to them increases the chance for adverse psychological consequences. Therefore, even though workers may enjoy the process of working to help others, persisting with such work and increasing physical, emotional, and psychological efforts, could eventually result in adverse consequences for well-being, such as burnout. If workers withdraw their efforts, they are less likely to be affected, and the humanitarian situation is unlikely to have adverse psychological implications, such as burnout. This suggests an identified motivation for humanitarian work results in detriments to well-being, while an introjected motivation leads to less negative outcomes.

Although prosocial motivation was not directly assessed, it does measure the same regulations underlying the SDT motivations (in this case introjection and identification), and provides an explanation for the observed association between motivation and burnout. The measure utilised in the present study (i.e., Blais Work Motivation Inventory - BWMI, 1993) investigated these

motivations in the context of the work setting in general, as opposed to specifically looking at motivation for humanitarian activities. Given humanitarian work is inherently a prosocial occupation, the Grant (2008) measure may have been more useful for assessing motivation in humanitarian health workers, tapping into the experiences directly underlying prosocial motivation, rather than work motivation in general. Future research utilising the prosocial motivation measure (Grant, 2008) and BWMI, could investigate whether there are significant differences in well-being, and significant differences in the means of each measure, to determine which motivation is most applicable for humanitarian health workers.

Research may investigate whether prosocial motivation, as conceptualised by Grant (2008), yields results consistent with this study. Although persistence was not assessed, consistent findings would suggest the persistence associated with each motivation affects well-being differently, in humanitarian health workers. Inconsistent findings would suggest there is something unique to humanitarian settings causing different effects of motivation on well-being, in comparison to other settings. For example, identified motivation increases persistence (Deci & Ryan, 2008b; Grant, 2008), so would be beneficial in a health care setting that requires patients to persist at a specific behaviour, to maintain long-term positive well-being (e.g., persisting with an exercise regime to maintain weight-loss in previously obese individuals). However, humanitarian work involves unpleasant and distressing experiences, so having an identified motivation in this context would not be beneficial, as persisting with such work would adversely affect well-being in the long-term. The nature of the behaviour one is motivated toward affects the outcomes associated with the motivation.

Other researchers (e.g., Gebauer, Riketta, Broemer, & Maio, 2008) conceptualise prosocial motivation as pleasure-based, or pressure-based. Pleasure-based motivation is regulated by the anticipation of experiencing positive affect, as a result of helping others. Pressure-based motivation is

regulated by a sense of fulfilling a duty, or conforming to social norms. This conceptualisation may be equally relevant for explaining engagement in humanitarian health work, and future research could investigate its applicability in this domain. Gebauer and colleagues (2008) showed pleasure-based prosocial motivation is positively related to positive well-being (i.e., self-actualisation, positive affect, life satisfaction), and negatively related to negative affect. The opposite relationships were evident between these same well-being indices and pressure-based motivation. It would be interesting to determine whether these results are replicated with humanitarian health workers. If so, this would support the utility of this measure for predicting well-being in this population, and also other types of helping occupations. If not, it could support my suggestion the nature of humanitarian settings, means the effect of motivation is different to that observed in other settings.

An alternative approach is to combine the scores on motivation subscales, to create a total autonomy score, which could be used to assess levels of autonomous motivation. This has been done in numerous studies using the Relative Autonomy Index (Ryan & Connell, 1989). Given more autonomous motivations are related to positive well-being in previous studies (e.g., Ryan & Deci, 2000, 2001), assessing levels of autonomous motivation, as opposed to motivation type, may allow for better predictions regarding the relationship between motivation and well-being in humanitarian health workers. Vallerand, Pelletier, and Koestner (2008) state the nature of the task, and the configurations of the various motivations, need to be considered when making predictions about the effect of motivation on well-being. The abovementioned suggestions regarding the measurement of motivation, would go some way to addressing this.

SDT was developed from findings obtained via a variety of methodological approaches, over a 35 year period (Vallerand et al., 2008). It has great heuristic power for explaining the consequences of motivational processes across a variety of contexts, including education, health care, sport, interpersonal

relationships, parenting, work, religious behaviours, and environmental protection (Deci & Ryan, 2008a). The findings of the present study do not negate the heuristic power of the theory, but do contribute to SDT research, by suggesting the effect of the motivations found in other settings, may not be applicable to the humanitarian context. For example, previous research indicates more autonomous forms of motivation are associated with higher levels of well-being (e.g., Ryan & Deci, 2000), yet the present research showed more autonomous motivation was related to greater burnout. More research is needed to determine why the motivations do not have the expected effect in humanitarian contexts, and the mechanisms through which they exert their effect.

Another contribution of these findings to advancing SDT relates to how they impact other-focussed domains. SDT has primarily focussed on motivation in areas oriented toward individual-specific goals (e.g., educational achievement, work, health-care) (Grant, 2008). This research examined motivation in a primarily other-focussed area, and how it affects personal well-being. Another possible reason for the findings being opposite to expectations, is because the SDT motivations tap into self-oriented motivation, which may differ from other-oriented motivation. While prosocial motivation could be perceived as other-oriented, it assesses the regulations directing behaviour toward individual outcomes (e.g., self-esteem, identity congruence), so does not assess other-oriented goals. Gebauer et al. (2008) suggest the different motivations underlying helping behaviour are important to assess, to understand why some people help more than others, and the consequences of such helping. This research provides a basis for addressing these suggestions, further examining the SDT motivations, and ascertaining whether refinements to their conceptualisation are needed, to accommodate the possible self-/other-distinction.

The findings contribute to the occupational stress literature, by providing understandings about the relationship between motivation and burnout. An

increasing pool of research shows individual-specific factors are related to burnout development, including personality traits (e.g., Carver & Scheier, 1999; McManus et al., 2004), self-perceptions (e.g., Jeanneau & Armelius, 2000), coping mechanisms (e.g., Brown & O'Brien, 1998; Folkman & Moskowitz, 2004; Vaillant, 2000), and mental health (e.g., Laschinger et al., 2004; Laschinger & Finegan, 2005). Specific to individuals, SDT motivation provides an additional causal explanation for burnout in human service professionals, and a fruitful area for further investigation.

9.1.1 Summary

This section outlined the impact of motivation on the well-being of humanitarian health workers. Identified motivation was the most common type of motivation in this sample. Both introjected and identified motivations were associated with the orientations to happiness and passion, but given the focus of this section was motivation and well-being, only the relationships between these variables were discussed.

Neither motivation had significant relationships with hedonic and eudaimonic well-being, or vitality. Both were significantly related to burnout, albeit in the opposite direction to that predicted, and in contrast to the findings of other studies (e.g., Deci & Ryan, 2008a; Fernet et al., 2004; Ryan et al., 1993). Possible reasons for the direction of the relationships were discussed in relation to the role of persistence. Individuals with introjected motivations may be less likely to be persistent with their efforts in humanitarian settings. Because they withdraw their resources and have less exposure to the adversities of humanitarian settings, they are unlikely to experience adverse psychological implications, such as burnout. Individuals with identified motivations may persist with such work, increasing physical, emotional, and psychological efforts. Because they have more exposure to the adversities inherent to humanitarian situations by way of their increased input, this eventually results in negative consequences for well-being, such as burnout.

Another possibility is there is something unique to humanitarian settings, causing different effects of motivation on well-being, in comparison to settings studied in previous research. It could be the inherent adversity of the settings, means a particular motivation regulates behaviour in ways detrimental to well-being, which would not be so in other settings. For example, identified motivation increases persistence (Grant, 2008), which would be useful in a health-care setting where, for example, persistent exercise is required to reduce weight. However, persistently engaging in psychologically taxing and adverse tasks in humanitarian contexts, is not useful for well-being.

While the present findings support the existence of the SDT motivations within the humanitarian context, outcomes associated with the motivations are contrary to other findings. This suggests the conceptualisation of the motivations may not be applicable across all domains, as previously assumed. It may also mean the regulations underlying each motivation are only relevant for individual-specific goals, rather than other-specific goals, like those involved in humanitarian work. Prosocial motivation may be a better means of assessing the motivation underlying engagement in humanitarian work, given such work is inherently prosocial. The measures adopted by Grant (2008) and Gebauer et al. (2008), may be considered for use in future studies in this area. Measures assessing the relative levels of autonomous motivation, as opposed to types of motivations, may also be useful for future studies.

These results contribute to the SDT literature by highlighting the abovementioned issues. They also contribute to burnout literature, showing motivation is related to the development of burnout, at least within the domain of humanitarian work. This has implications for future research regarding burnout within human service professions.

9.2 Hedonic vs. Eudaimonic Well-Being

Hedonia and eudaimonia were proposed different well-being outcomes, according to whether humanitarian health workers had introjected or identified motivations, and their orientation to happiness. No significant correlations were found at the bivariate level, so it was unlikely path analyses would yield significant coefficients. This was confirmed as none of the hypotheses for this model were supported. Neither introjected nor identified motivation was significantly related to hedonic or eudaimonic well-being. Each motivation was related to the orientations to happiness, in different ways.

9.2.1 Hedonic Well-Being

Mean scores were high on life satisfaction and positive affect, and low on negative affect, suggesting the indices of hedonic well-being were common experiences in the present sample. However, hedonic well-being was not significantly related to any variables in this model. The relationship between introjected motivation and hedonic well-being, was negative and non-significant. Both introjected and identified motivations were expected to have indirect relationships with hedonic well-being, through the mediational role of the pleasant and engaged orientations. These relationships were non-significant.

A number of possibilities may explain these findings. The way hedonic well-being was conceptualised and measured, may not have adequately captured the experience of humanitarian health workers. Hedonic well-being reflects the *outcomes* associated with engaging certain activities (Ryan, Huta, & Deci, 2008), and scales of life satisfaction and positive/negative affect used in the present study, do measure outcomes. A total hedonic well-being score was created by summing scores from both measures, according to the method used in previous studies, as this was deemed appropriate for conducting path analyses (e.g., Vallerand et al., 2007). However, life satisfaction represents a cognitive outcome, while positive/negative affect assesses affective outcomes. Because the measures capture different aspects of well-being, the way hedonic

well-being was scored, may not have accurately tapped into the experience for this sample. Results of the Vallerand et al. (2007) study revealed measuring well-being in this way produced significant results, so the measure itself can be useful for assessing hedonic well-being. However, humanitarian contexts involve exposure to both stressors and achievements, and likely invoke extremities in positive and negative affect. Miquelon and Vallerand (2008) suggest situations invoking a mix of positive and negative emotions can account for the null relationship between variables and happiness, so this may also explain the null relationship hedonic well-being had with other variables. Correlation analyses showed no significant relationships between life satisfaction, positive/negative affect and the motivations or orientations to happiness.

Another theoretical possibility accounting for this relationship, is that a lack of social support makes hedonic well-being less likely to be experienced. Because introjected motivation is regulated by contingencies, such as recognition and praise from others to increase one's feelings of worth, performing behaviour should result in obtaining these contingencies, inducing positive affect and satisfaction. However, the volatility and intensity of humanitarian situations leaves little time for others to acknowledge workers contributions and efforts. Organisational and social supports are important predictors of psychological distress and morbidity, in workers responding to humanitarian situations (Lopes-Cardozo et al., 2005; McCall & Salama, 1999; Shigemura & Nomura, 2002). Lack of supports makes it less likely workers are acknowledged for their contribution, thus affecting the attainment of contingencies regulating their engagement (self-worth). Without these, positive feelings and affect are less likely experienced. It could be social support mediates the path between introjected motivation and hedonic well-being.

Research investigating the effect of social supports on well-being in a variety of contexts (e.g., Adejumo, 2008; Blanchflower & Oswald, 2004; Feldman, Dunkel-Schetter, Sandman, & Wadhwa, 2000), including work (Blustein,

2008), indicates positive relationships between the variables. That is, the more social supports available to and utilised by an individual, the greater the levels of well-being. This provides a potential focus for future research. It would be interesting to determine the relationship of social supports to well-being in the humanitarian context. It would also be useful to investigate whether the motivation underlying such engagement, has an effect on the amount of social support required. Presumably individuals with introjected motivations will require more support to increase feelings of worth and esteem, while workers with identified motivations may not require as much support. This could have implications for assigning workers to specific tasks and work teams, within the humanitarian context.

This also feeds into SDT research on the role of supportive environments, and need satisfaction. Supportive environments are those that foster autonomy, and allow the basic psychological needs of autonomy, competence, and relatedness, to be satisfied (Deci et al., 2001; Gagne, 2003). Social supports may work in a similar way to the supportive environments espoused by SDT, in that they satisfy basic psychological needs. Need satisfaction is positively related to well-being (Deci et al., 2001; Reis, Sheldon, Gable, Roscoe, & Ryan, 2000). While need satisfaction has been suggested as leading to specific types of motivation, it is possible individuals are motivated to engage in humanitarian work, out of a desire to satisfy basic psychological needs. The extent these needs are satisfied determines the amount of social support required, which in turn impacts well-being levels. Although speculative, this is a potential point of focus for future research.

9.2.2 Eudaimonic Well-Being

The sample had high mean scores on the self-actualisation subscale. Self-actualisation had a significantly positive correlation with age. The mean age of the sample was 48 years. Previous research shows prosocial behaviour benefiting a collective, is associated with eudaimonia (Ryan et al., 2008). Given

humanitarian work is inherently prosocial, the mean age of the sample, and scores on the self-actualisation subscale, eudaimonic well-being was expected to share significant associations with other variables. Self-actualisation was not significantly related to either introjected or identified motivation, or the orientations to happiness.

An explanation for this may be self-actualisation is not an adequate measure of eudaimonic well-being for humanitarian health workers, as it does not tap into experiences typical in this domain. Self-actualisation reflects personal growth, realisation, and potential. While these may be traits of some workers, they are not states experienced when in this domain, due to the often unstable and insecure circumstances of humanitarian settings. Some environments, such as humanitarian situations, do not provide opportunities for self-expression and personal growth (Massimini & Delle Fave, 2000). In this sense, eudaimonic well-being is unlikely to be experienced by humanitarian workers, irrespective of the motivation underlying their involvement in the work. Interview data concur with the quantitative findings, as self-actualisation (the measure of eudaimonic well-being in the quantitative analyses) was not identified as experienced by participants.

A further possible explanation involves the conceptualisation of self-actualisation. Self-actualisation correlates positively with individualism, and critics argue it is a Western concept, that has little or no applicability to the experience of well-being, in more collectivistic cultures and contexts (Becker & Marecek, 2008). Humanitarian work is inherently prosocial, and involves engaging personal efforts for the benefit of others. Collectivism is also characterised by personal efforts being engaged for the collective good, and an orientation toward satisfying the needs of others, sometimes at the expense of one's own needs (Tassell, 2004). Humanitarian engagement and collectivism appear to have the same underlying characteristics, so it is possible individuals who engage in such work may have more of a collectivistic orientation, rather than an individualistic orientation, despite their socio-cultural context of origin.

Because self-actualisation is an individualistic concept that emphasises achieving personal potential, growth, and fulfilment, it may not be relevant to humanitarian workers who are often concerned with others achieving these outcomes. Interviewees in the present study emphasised that watching others grow, excel, and develop, was an important and rewarding outcome of the work. This supports the suggestion self-actualisation may not be valued by humanitarian health workers, but rather other-actualisation may be more applicable to this domain, and provides a potential area of future investigation. It would be interesting to investigate whether humanitarian health workers have more of an individualistic or collectivistic orientation, perhaps using the dimensions of culture scale developed by Singelis, Triandis, Bhawuk, and Gelfand (1995). Another possibility is to assess workers self-construals, which can be independent or interdependent (Triandis, 1990, 1995), and are believed to be the underlying psychological processes involved in how individuals are oriented in different socio-cultural contexts (Tassell, 2004). This would be useful for determining whether self-actualisation is an experience applicable to the humanitarian domain, or whether other-oriented expressions of well-being may be more relevant.

9.2.3 Orientations to Happiness

The orientations to happiness were expected to mediate the relationship between motivation and both hedonic and eudaimonic well-being. This hypothesis was not supported. The sample scored low on all three orientations, and there were no significant correlations with other psychological variables in this model. However, interview data indicated participants did describe their work in ways reflecting pleasure, engagement, and meaning, and identified motivation had a significant relationship with the meaningful orientation. Additional path analyses revealed when combined into a single variable (i.e., pleasure, engagement, meaning), the orientations to happiness had a significant relationship with introjected motivation.

Previous research in different cultures and domains shows mixed results regarding the importance of the orientations, and their affect on well-being. Gabriele (2008) found the pleasant orientation did not significantly contribute to educational variables (e.g., motivation, community involvement, career plans). Research with US adults indicates high scores on all three orientations are related to greater life satisfaction and positive affect. Low scores on all three orientations are related to lower life satisfaction, less positive affect, and more negative affect (Peterson et al., 2005; Peterson et al., 2007). In Australian adults, engagement predicts life satisfaction, engagement and meaning predict positive affect, and meaning predicts negative affect (Vella-Broderick, Park, & Peterson, 2009). Peterson (2006) stated meaning was a stronger predictor of life satisfaction, than the other two orientations. The studies suggest different settings, cultures, and socio-cultural contexts differentially determine whether the orientations are important, and how they affect well-being, thus providing a basis for explaining the present results.

The relationships between introjected motivation and both the pleasant and engaged orientations, and these orientations and hedonic well-being, were non-significant. A lack of social support in humanitarian settings, as previously mentioned, may explain why. The pleasant orientation to happiness involves maximising positive emotions, while minimising negative ones. Workers with introjected motivations are regulated by contingencies, such as self-esteem and self-worth, which induce positive feelings and experiences. If workers are not being supported, positive emotions will not be maximised, and satisfaction and positive affect are unlikely to be stable, trait-like experiences. Therefore, while individuals with introjected motivations may endorse a pleasant orientation as important to them (as indicated in interview data), the lack of social support means they are not oriented toward pleasure, and will not experience hedonic well-being as a result. The engaged orientation involves identifying and cultivating personal virtues, and engaging them in highly relevant personal experiences. Lack of supports mitigates the relevance humanitarian work has

for enhancing positive outcomes (self-worth), making hedonic well-being less likely to be experienced. This may account for the null relationship between the engaged orientation and hedonic well-being.

Another possibility for the lack of relationship is, rather than the orientations to happiness mediating motivation and well-being, supportive environments may mediate this relationship. SDT proposes supportive environments facilitate satisfaction of the three basic psychological needs for competence, relatedness, and autonomy (Deci et al., 2001; Gagne, 2003). Need satisfaction is reliably related to well-being, across a number of contexts (Deci et al., 2001; Reis et al., 2000). I previously argued workers motivate their lives to achieving pleasure, engagement, and/or meaning, and this in turn, affects the levels and types of well-being experienced. However, workers may instead be motivated to satisfy basic psychological needs, and seek environments that allow this to happen. Satisfaction of needs occurs within supportive environments, so social supports would help to achieve need satisfaction, which then affects well-being. Research indicates working environments provide individuals with relational supports (Blustein, 2001; Schultheiss, 2003), which lead to need satisfaction (Deci et al., 2001; Gagne, 2003), and subsequently to positive well-being (Deci et al., 2001). In addition to explaining present findings, the suggested line of investigation is a potentially fruitful area of research, and could better delineate the relationship between motivation and well-being in humanitarian health workers.

A series of additional analyses revealed, when combined, the orientations to happiness had a significant relationship with introjected motivation. Given the individual subscales were not related to introjected motivation, this was surprising. However, it does highlight a point regarding the conceptualisation and measurement of the orientations, suggesting in some instances a combined score may have more predictive ability than the individual orientations. A composite score combining all three orientations could be used to assess the amount of orientation, with higher scores reflecting higher levels of pleasure,

engagement, and meaning, and lower scores reflecting lower levels of these individual orientations. When measured this way, the orientations may relate to variables they have not previously related with.

The relationships between identified motivation and the pleasant, engaged, and meaningful orientations, and these orientations and eudaimonic well-being, were non-significant. Possible explanations for these results are provided below. The pleasant orientation to happiness involves maximising positive emotions about the present, past, and future. Identified motivation involves engaging in humanitarian health work, because it is valued and has importance to the self. When engaged for these reasons, positive emotions about the present are maximised, and negative emotions minimised. Interviewees felt a sense of satisfaction when considering the work they had done, suggesting positive emotions about the past were experienced. However, humanitarian settings are often unpredictable, insecure, and require problems of immediate concern to be dealt with on a day-to-day basis. Workers are unlikely to feel positive emotions about future possibilities, as the humanitarian context leaves little time to consider such things. Given positive emotions about the future is a pertinent aspect of the pleasant orientation to happiness, a lack of this may account for the insignificant relationship between identified motivation and the pleasant orientation. Given eudaimonic well-being reflects self-realisation and fulfilling one's potential, a lack of this may also account for the non-existent relationship the orientation has to eudaimonic well-being.

Because value and importance underlie identified motivation, workers with this motivation were expected to have an engaged orientation, which involves identifying and cultivating personal virtues, and engaging them in highly relevant personal experiences. Conceptualisation of the engaged orientation was based on the construct of flow, which is a psychological state characterised by a focussing of attention, forgetfulness of time and self, and a sense of control (Csikszentmihalyi, 1999; Monetta & Csikszentmihalyi, 1999; Vitterso, 2003). Being engaged in this way occurs when the environment presents adequate

opportunities for action (challenges), and the individual's capacity and ability to act (skills), sufficiently match the challenges (Csikszentmihalyi & LeFevre, 1989). The degree challenges and skills are matched, impacts motivation for and satisfaction derived from the activity, and creates potential for growth, and increase to skill and knowledge base. When mismatched, motivation, satisfaction, and growth, do not occur.

In humanitarian settings, workers are often required to undertake tasks outside their skill set, or they have the skills but not the means, to undertake specific tasks (Moresky, Eliades, Bhimani, Bunney, & VanRooyen, 2001; Mowafi, Nowak, & Hein, 2007; Shigemura & Nomura, 2002; Suparamaniam & Dekker, 2003; VanRooyen, Hansch, Curtis, & Burnham, 2001). This indicates there is often a mismatch between challenges and skills when workers are in this context, making motivation, satisfaction, and growth less likely to occur. Such an environment provides few opportunities for self-expression and personal growth (Massimini & Delle Fave, 2000). This explains the lack of relationship between identified motivation, the engaged orientation, and eudaimonic well-being. Workers with an identified motivation are enthusiastic about engaging their skills in an endeavour they value, yet the circumstances of humanitarian settings do not allow engagement in ways that make the most of their skills, hindering their personal potential and growth (eudaimonic well-being). This is supported by interview data indicating while workers wanted to input more to their humanitarian endeavours, resource constraints often inhibited them from doing so.

Identified motivation was expected to be positively related to eudaimonic well-being, through the mediational role of the meaningful orientation. This was not supported, although identified motivation was significantly related to the meaningful orientation. Identified motivation involves engaging in activities because they are valued and important to the individual. The meaningful orientation involves engaging in institutions that cultivate positive emotions and experiences, and bring meaning and purpose to one's life. The results suggest

workers with this motivation orient their lives toward engaging in social institutions they find meaningful, and humanitarianism is one such institution. To better understand the relationship between identified motivation and the meaningful orientation, additional correlation analyses were performed on the individual items of each subscale.

The meaningful orientation had significantly positive correlations with items on the identified motivation subscale related to pursuing a career. Identified motivation had a significantly positive relationship with items on the meaningful orientation subscale related to doing work benefiting others. These suggest workers with identified motivation, find humanitarian work meaningful, because it is important for their own career plans, but also because it is of benefit to others. Interview data support this, as reasons for participants continuing humanitarian work related to wanting to do something benefiting others, while also having a sense of achievement. A sense of not wanting to do any other type of work was also expressed.

However, engaging in meaningful activities does not mean the activity is actually *experienced* as meaningful. Some suggest there may be a discrepancy between endorsing meaningful activities, and actually experiencing them as meaningful (e.g., Chan, 2009), although more research is needed to ascertain this. Actually experiencing an activity as meaningful is likely to enhance feelings of self-actualisation and fulfilment, while not experiencing the activity in this way may not. A possible explanation for the lack of relationship between the meaningful orientation and eudaimonic well-being, is workers endorsed humanitarian work as meaningful, but did not actually experience it as such. This lack of meaningful engagement may also be attributed to a mismatch between skills and challenges. If workers are unable to apply their skills in challenging and/or appropriate avenues they consider meaningful, then meaning is unlikely to be experienced. Interview data provide some support for this. Interviewees endorsed the idea of making a difference to others lives as

meaningful, while also indicating they wanted to input more to their humanitarian work, but were constrained in doing so.

Following on from the suggestions of Chan (2009) about the discrepancy between endorsement and experience, others have suggested the Orientations to Happiness is a measure of the endorsement of pleasure, engagement, and meaning in one's life, but it does not necessarily reflect one's actual behaviour (Vella-Brodreik et al., 2009). That is, items on the measure assess how individual's interpret the activities they engage, rather than assessing whether such activities are experienced as pleasurable, engaged, or meaningful. Future research may look at better ways to conceptualise the orientations, so they reflect the actual experience associated with the activity. Other possibilities include measuring the orientations using alternative means, other than self-report measures with Likert-type response options. For example, employing open-ended self-descriptions asking respondents to describe how they experience an activity, and assessing whether these map onto the pleasant, engaged, and meaningful orientations, may be useful. Supporting this suggestion, interviewees in the present study described some of their experiences as pleasant and meaningful, and indicated they were engaging. This provided a more in-depth investigation into the experiences of these workers, which could not be ascertained from the Orientations to Happiness measure.

9.2.4 Summary

This section discussed the effect of motivation on hedonic and eudaimonic well-being, and also the role of the orientations to happiness in this relationship. The motivations did not affect well-being, although they were related to the orientations to happiness. The orientations did not play a role in the relationship between motivation and hedonic/eudaimonic well-being.

High mean scores on life satisfaction and positive affect, and low scores on negative affect, suggest the indices of hedonic well-being were common

experiences in the present sample. Interviewees also expressed a strong sense of satisfaction about their work. However, hedonic well-being was not significantly related to any variables in the final path model. Possible reasons discussed were the hedonic well-being measure did not adequately capture this experience, as it manifests in the humanitarian context. Humanitarian settings invoke extremities of positive and negative affect, which meant the composite well-being score did not work as in previous studies (e.g., Vallerand et al., 2007). This is in line with suggestions that a mix of positive and negative affect may result in null relationships, between hedonic well-being and other variables (e.g., Miquelon & Vallerand, 2008).

Lack of social support was also highlighted as an explanation. Social support is positively related to well-being, so may mediate the relationship between motivation and well-being. For example, individuals with introjected motivations are regulated by obtaining self-esteem and worth, which are gained from others recognition and approval. The nature of the humanitarian context means these are often not obtained, so well-being levels are low. The SDT notion of supportive environments is similar to social supports, and also provides an explanation for the null results of hedonic well-being with other variables.

Given the high mean scores on the self-actualisation subscales, it was surprising eudaimonic well-being was not associated with any variables in the model. A possible reason for this is eudaimonic well-being, as measured by self-actualisation, is not experienced by many workers, at least not while in humanitarian settings. Another possibility is the self-actualisation concept is inherently bias toward an individualistic orientation, which emphasises self- and self-related goals. Given humanitarian work is prosocial and other-oriented, it was suggested other-actualisation may be more applicable to measure eudaimonic well-being for this population group.

The orientations to happiness had no significant impact on the experience of hedonic or eudaimonic well-being. Low scores were evident on measures of all three orientations, for the sample overall. On a personal level, a lack of social support provides an explanation for the null relationships. It was also discussed that the SDT notion of supportive environments may be a more relevant mediator between motivation and well-being, rather than the orientations to happiness, although this is a potential avenue for future research. At a more organisational level, insufficient training and/or poor allocation of tasks according to skill-set may be implicated, particularly in the null relationship between identified motivation and eudaimonic well-being.

The orientations did share significant associations with each motivation. Additional analyses showed introjected motivation was significantly related to the orientations to happiness as a holistic construct. Suggestions centred around future research, and the possibility of creating a composite score totalling all three orientations, and investigating the orientations to happiness as a construct with different levels (i.e., low/medium/high orientations to happiness). The path between identified motivation and the meaningful orientation to happiness was significant, making it the only one endorsed by humanitarian health workers. This suggests workers with an identified motivation engage the work because it is a meaningful thing to do, and this meaning is fuelled by the desire to make a difference to others lives.

In conclusion, the model indicated hedonic and eudaimonic well-being are not significant types of well-being for humanitarian health workers. Introjected and identified motivations, and the orientations to happiness, do not play a part in the experience of hedonic and eudaimonic well-being. Construct conceptualisation and measurement concerns, as well as access to organisational and social supports, and congruence between skill-set and tasks, were suggested as playing a role in this. Introjected and identified motivations are significantly related to the orientations to happiness, albeit in different ways.

9.3 Burnout vs. Vitality

Burnout and vitality were proposed as different well-being outcomes according to whether humanitarian health workers had an introjected or identified motivation, and an obsessive or harmonious passion for the work. Vitality was not associated with any variables in the model. Both introjected and identified motivations had a direct effect on burnout, albeit in the opposite direction to expectations. Each motivation was related to passion, which in turn had significant relationships with burnout.

9.3.1 Burnout

Mean scores for burnout suggest, while the sample did experience burnout, they did not score at the extreme range of the burnout measure. Motivation was related to burnout, such that workers with introjected motivations were less likely to suffer burnout, while those with identified motivations were more likely to experience burnout. Burnout was also significantly associated with both obsessive and harmonious passions; these findings will be discussed in section 9.3.3. No studies of humanitarian health workers are available to compare how the motivations typically relate to burnout. However, previous research shows workers who identify more readily with victims of humanitarian crises are likely to develop psychological problems (Hogg, 2008; Ursano, Fullerton, Vance, & Kao, 1999), and this provides a possible explanation for these findings.

Individuals with introjected motivation became involved in the work out of a personal need and desire to do something for themselves, while workers with an identified motivation became involved as they wished to do something for others. As their energy was primarily directed at satisfying their own needs, as opposed to the needs of others, introjected individuals were less involved with the people they were helping, and unlikely to feel a sense of connectedness and identify with their victims. Psychological problems, such as burnout, were less likely to develop. Identified motivation played a prominent part in interviewees

becoming involved in humanitarian work, and this was guided by values reflecting empathy. Empathy involves the ability to identify with the perspective of another (Davis, Hull, Young, & Warren, 1987; Perez-Albeniz & de Paul, 2004). It is likely individuals with identified motivation identified with the people they were helping, who were victims of atrocities and disasters, and whose life circumstances were dire. This would make such workers more likely to experience burnout during their deployments. Previous research indicates identification with victims can lead to *secondary traumatic stress* (Stamm, 1997; Holtz, Salama, Lopes-Cardozo, & Gotway, 2002), which is vicarious exposure to stressful events by virtue of identifying with the victim. The explanation provided, is in line with such findings.

The notion of identifying with victims has similarity to the construct of perspective taking. Characterised by attempts to “understand how a situation appears to another person and how that person is reacting cognitively and emotionally to the situation” (Johnson, 1975, p. 241), perspective taking is an individual psychological position, enabling a person to spontaneously comprehend another’s perspective. Research consistently indicates perceiving another’s perspective increases concern for others, such as feelings of compassion and altruism, but can also result in distress and discomfort (Batson, Early, & Salvarani, 1997; Batson et al., 2003). Workers with identified motivations may readily perspective take, leading them to experience distress and discomfort, while workers with introjected motivations do not perspective take, so do not have these adverse experiences. Future research could investigate whether this is the case, and determine the role of perspective taking in the relationship between motivation and burnout. Perspective taking could serve as a moderator/mediator of this relationship.

Recent research implicates need satisfaction, as defined by SDT, in the development of burnout (Van den Broeck, Vansteenkiste, De Witte, & Lens, 2008), and previous research shows need satisfaction is positively related to well-being (Deci et al., 2001; Reis et al., 2000). Previously, I argued both

introjected and identified motivations are related to need satisfaction, and direct behaviour according to whether specific needs have been satisfied or not. Introjected motivation results when the needs for competence or relatedness have not been consistently satisfied, so behaviour is directed at satisfying these needs. Identified motivation occurs when these needs have been satisfied, so emphasis is not on satisfying needs, but engaging activities congruent with one's values and identity. Given only introjected motivation had a significant direct relationship with burnout, non-satisfaction of the competence and relatedness needs may account for this. However, the relationship between motivation and burnout was negative, so any implication of need satisfaction in the development of burnout, would be contrary to the findings of other studies. It would be interesting for future research to determine the effect of need satisfaction, if any, on burnout in the humanitarian context. This could be done by assessing the direct effect of need satisfaction on burnout, but also assessing the possible mediational role of need satisfaction in the relationship between motivation and burnout.

Burnout has three characteristics: emotional exhaustion, depersonalisation, and diminished personal accomplishment. Additional quantitative analyses showed participants had the highest mean score on the emotional exhaustion subscale. Interviewees indicated they had experienced emotional exhaustion during some deployments, but denied ever suffering burnout. Neither introjected motivation nor identified motivation significantly correlated with emotional exhaustion or diminished personal accomplishment, at the bivariate level. However, identified motivation had a significantly positive relationship with depersonalisation. Previously, I argued workers with identified motivations identified more with their victims, so were more emotionally involved with the people they were helping. This sense of involvement may eventually become maladaptive, as emotional and psychological resources are continually taxed, eventually causing workers to become depersonalised from their work. This may explain the relationship between identified motivation and depersonalisation, although future research should investigate this and perhaps look at whether amount of

experience in humanitarian settings, combined with perspective taking ability, has a predictive effect on depersonalisation in humanitarian health workers.

More research is needed to better delineate the relationship between motivation and burnout. However, these findings contribute to the literature on both SDT and burnout. SDT is extended by indicating motivation is applicable in the humanitarian domain, although its affects may differ to those typical of other domains. The burnout literature is extended by implicating motivation in the development of the syndrome.

9.3.2 Vitality

Mean scores on the subjective vitality scale, and information elicited from interviewees, suggest workers experience vitality while engaged in humanitarian work. However, vitality did not share significant relationships with any variables in the final path model. Possible reasons for the null relationship are described below.

Previous research shows negative associations between vitality and controlled forms of motivation (such as introjected) (e.g., Nix et al., 1999), and obsessive passion (Mageau et al., 2005; Ratelle et al., 2004). Similar results were expected in the present study. While both introjected motivation and obsessive passion were negatively related to vitality, these relationships were non-significant. The lack of autonomy characterising both introjected motivation and obsessive passion may explain why. Vitality is “the conscious experience of having positive energy available to or within the regulatory control of one’s self” (Ryan & Frederick, 1997, p.530), so represents a sense of autonomy. Because introjected motivation is regulated by external contingencies, such as seeking self-esteem and self-worth, workers with this motivation invest their energy in maintaining these feelings. This leaves little available to deal with the physical and psychological stressors of the work. Obsessive passion results from a controlled internalisation, whereby contingencies (self-esteem, self-

worth) are attached to the activity, compelling engagement that is often inflexible and pressured. Because it is impossible to completely disengage from thoughts about the activity, it becomes distracting and full concentration and absorption of other life domains is prevented. This internal conflict depletes psychic energy reserves, resulting in vitality not being available to the self, and accounting for the null relationship between these variables. This was supported by interview data that indicated, while vitality was experienced at specific times during some deployments, it appeared to be driven by an obsessive compulsion to complete as many tasks as possible, to the neglect of other domains. This in turn, led to feelings of being drained and exhausted.

Vitality was not significantly associated with identified motivation or harmonious passion. A possible reason for this may be explained by the construct of equity sensitivity. Huseman, Hatfield, and Miles (1985, 1987) proposed attitudes, behaviours, and motivations are affected by a distinct psychological sensitivity to equity, which can be classified as benevolent, entitled, and equity sensitive. Benevolents are input-oriented, and focus on ensuring their inputs are adequate and in excess of their outcomes. They are described as “givers” or “altruists” who are highly attuned to the relationship dimension of a social exchange, which manifests as a preference for giving rather than receiving. They are content in knowing they have made a valuable contribution, with intangible intrinsic outcomes being imperative (Kickul & Lester, 2001; King & Hinson, 1994; Miles, Hatfield, & Huseman 1994; Raja, Johns & Ntalianis, 2004; Shore, 2004; Wheeler, 2002).

Humanitarian work is labour-intensive, requiring workers to expend vast amounts of physical, emotional, psychological, and intellectual resources, in order to maintain adequate levels of well-being, and provide effective services to needy populations. It is invariably undertaken in unpredictable, unstable and unsafe conditions, often with few immediate tangible rewards, such as money, promotion, or other such benefits. Yet, workers with identified motivations and a harmonious passion for the work, value it as important to their self-concept

and willingly expend their internal resources to assist others, suggesting they must be oriented toward ensuring their inputs exceed obtained outcomes. However, working relationships characterised by perpetual giving while receiving little in return, leave little room for vitality to be felt. Humanitarian workers with an identified motivation and/or harmonious passion are more likely to identify with the work and the situation of the people they are helping, leading them to input more into their work than they receive in return. Energy expenditure in this fashion means it is not consciously available to the self, making vitality unlikely to be experienced. This may account for the null relationship between vitality and both identified motivation and harmonious passion.

Future research may investigate the association between these variables by looking at whether equity sensitivity plays a role in the experience of vitality. It would be interesting to assess whether benevolence is negatively related, or at least has a weak positive relationship with vitality, but also whether the other aspects of the equity sensitivity construct (entitleds, equity sensitives) have an effect. For example, those with an entitled sense of equity believe their outputs should exceed inputs, and are often attuned to getting what they want out of interpersonal exchanges, rather than ensuring the needs of others are catered for. If such individuals input less but receive more in return, they are likely to have more energy available to the self, and may consequently have higher levels of subjective vitality. It is possible equity sensitivity mediates/moderates the relationship between motivation and vitality, so this would be interesting to investigate.

9.3.3 *Passion*

Higher mean scores on the harmonious passion subscale indicate this type of passion was more common than obsessive passion. Previous studies investigating passion (see Appendix I) show either type can be more common than the other, and is likely dependent on sample characteristics and variables

of interest. Neither harmonious nor obsessive passion was related to vitality. This is contrary to some findings showing positive relationships between harmonious passion and vitality, but consistent with others showing null relationships between obsessive passion and vitality (e.g., Vallerand et al., 2007). Possible reasons for this may relate to vitality not being a relevant experience for humanitarian health workers, as discussed in section 9.3.2.

Passion was directly implicated in the development of burnout. Harmonious passion was negatively related to burnout, while obsessive passion was positively related. This is comparable to previous research showing harmonious passion relates to adaptive outcomes (greater levels of positive affect, flow, concentration, emotions, subjective well-being), while obsessive passion is related to less adaptive outcomes (higher levels of negative emotions, conflict, rigid persistence despite negative consequences, lower levels of subjective well-being) (e.g., Mageau et al., 2005; Ratelle et al., 2004; Vallerand et al., 2007). This also has similarity to a recent study, showing harmonious passion predicted decreases in burnout, although obsessive passion was not related to burnout, in a sample of teachers (e.g., Carbonneau, Vallerand, Fernet, & Guay, 2008). The present findings extend passion literature by indicating harmonious and obsessive passions are relevant to humanitarian health workers, and have similar effects on psychological well-being and burnout, to those observed in other studies. They also contribute to burnout literature, and suggest another factor leading to the development of burnout.

A further objective of this research was to assess whether passion mediated the path between motivation and burnout. Although introjected motivation had a direct negative relationship with burnout, when passion was introduced, the indirect relationship changed to positive. Identified motivation had a direct positive relationship with burnout, but with the introduction of harmonious passion, the indirect path became negative. According to Baron and Kenny (1986), mediation occurs when there are significant relations between: “a) the predictor and mediating variable, and b) the mediating variable and some distal

exogenous or criterion variable” (p. 1177-1178). Alternatively, moderation occurs when a variable affects the “direction or strength of the relation between an independent or predictor variable and a dependent or criterion variable” (p. 1174). Moderation is supported when the product of the moderator and independent variable is significantly related to the dependent variable. The predictor and moderator variable may also, as independent paths, still significantly relate to the dependent variable. Given the introduction of passion changed the direction of the relationship between motivation and burnout, these findings suggest passion may actually serve to moderate this relationship, as opposed to mediating it. This is supported by recent research showing obsessive passion does serve as a moderating variable (e.g., Mageau & Vallerand, 2007). To better understand how passion exerts its effect on burnout, additional analyses were performed, using each of the subscales of the burnout inventory.

Although both introjected and identified motivations were directly related to burnout as a holistic construct, they were not related to emotional exhaustion or depersonalisation. Path analyses conducted with emotional exhaustion as the outcome variable showed both obsessive and harmonious passion mediated the paths between each motivation and emotional exhaustion. The indirect path between introjected motivation, obsessive passion, and emotional exhaustion was positive and stronger, than the indirect path between identified motivation, harmonious passion, and emotional exhaustion, which was positive. This suggests workers with an introjected motivation, who develop an obsessive passion for the work, are likely to experience burnout in humanitarian settings.

There was an indirect negative relationship between identified motivation and diminished personal accomplishment, mediated by harmonious passion, but no relationships with obsessive passion and introjected motivation. This suggests workers with identified motivations who develop a harmonious passion, are less likely to feel a sense of diminished personal accomplishment in humanitarian settings. With depersonalisation as the outcome variable, path analyses revealed no direct relationship with introjected motivation. There were significant

indirect relationships between each motivation and depersonalisation, when obsessive and harmonious passion acted as mediators, of which the obsessive passion path was strongest. These findings indicate both obsessive and harmonious passions play a mediational role in the experience of depersonalisation, although have less of an effect on depersonalisation than identified motivation.

As with the analyses of hedonic and eudaimonic well-being, the extent workers identified with the victims of humanitarian crises provides a possible explanation for these findings. The passion for activities construct means an activity is internalised into self-concept, as opposed to the contingencies and values associated with the activity. Workers with an identified motivation identified with the victims of humanitarian disasters leading to the experience of emotional exhaustion, or secondary traumatic stress. However, if these workers develop a harmonious passion, humanitarian work is internalised because it reflects their identity and is congruent with self-concept. The stress of the work is rationalised as an inevitable outcome of engaging a personally relevant task, so workers understand, while the work is stressful, it reflects their true identity, so is not emotionally exhausting. They are also unlikely to feel diminished personal accomplishment, as they are engaging work that has personal relevance to them.

For individuals with obsessive passion, the activity is not congruent with self-concept, but is still engaged because it serves some internal purpose (such as increasing feelings of worth). Individuals with introjected motivations do not identify with their victims and do not experience secondary traumatic stress. However, if the same individuals develop an obsessive passion, the work is internalised and rigid persistence is likely to occur, despite possible adversities of the work. It is then experienced as stressful, not because of the vicarious exposure to the victims of humanitarian crises, but because of the internal pressure compelling engagement in an activity that is not personally relevant, in order to obtain contingencies. This would cause such individuals to feel

emotionally exhausted. Because humanitarian work is not congruent with self-concept, and engaged to obtain external contingencies, personal input and responsibility is likely to be minimal, thus accounting for a sense of depersonalisation. This is supported by findings showing individuals with obsessive passions rigidly persist in an activity, despite the negative consequences associated with doing so (e.g., Rip, Fortin, & Vallerand, 2006; Ratelle et al., 2004; Vallerand et al., 2003), which detracts from psychological adjustment and well-being (Vallerand, 2008).

Research also shows when prevented from doing, or when not engaged in the passionate activity, individuals with obsessive passions are more likely to feel decreases to well-being. Amiot and colleagues (2006) found individuals with obsessive passions experienced more psychological suffering in non-passionate environments, than when they were in passionate environments, while those with harmonious passions did not suffer decreases to well-being outside of the passionate environment. Given participants in the present study completed the questionnaire and were interviewed outside the humanitarian context, it is possible those with obsessive passions felt frustrated at not presently engaging in such work. Retrospective accounts of being in humanitarian situations may have been recalled in more negative ways by workers with obsessive passions, in comparison to those with harmonious passions. Interview data concurs with this explanation, as some participants indicated thinking about work while not on deployment, and feeling frustrated at not being able to contribute more outside of the humanitarian context. Future research may like to investigate whether workers with obsessive passions do indeed feel increased psychological suffering outside of the humanitarian context, due to not engaging in the work. This would contribute to the passion literature, and also provide useful information for humanitarian organisations looking at providing post-deployment support for workers.

A final possible explanation related to the above may have to do with positive and negative affect. Engaging in an activity one is passionate about may lead to

cumulative experiences of positive affect, especially for those with harmonious passions. For those with obsessive passions, cumulative experiences of negative affect may prevail. The cumulative effect of positive experiences may lead to individuals with harmonious passion having higher dispositional levels of positive well-being, and lower levels of negative well-being, while the reverse is true for those with an obsessive passion. This is in line with other's suggestions (e.g., Carbonneau et al., 2008; Frederickson & Joiner, 2002) that this process may account for the differential outcomes, typically associated with each type of passion. Future research, perhaps of a longitudinal nature, should investigate whether harmonious passion does lead to cumulative experiences of positive affect, which in turn translates to lower levels of burnout, and vice versa for obsessive passion, for those involved in humanitarian work over a long period of time. Another possibility is to assess the mediational role of positive affect, in the path between passion and burnout.

Vallerand (2008) stated research investigating how passion relates to a pursuing a cause, such as volunteerism or political activity, is needed, and would provide useful insights into who is likely to engage in such activities. It would also provide insights into which people are likely to persist with such activities, the consequences of engaging and persisting with them, and the potential benefits to organisation and collectives. The findings of the present research go some way to addressing these research questions, and contribute to both the passion and burnout literatures. The suggested explanations and avenues for future research provide a foundation for further contributing to these areas.

9.3.4 Summary

This section discussed the effect of motivation on vitality and burnout, and also the role of harmonious and obsessive passion. Vitality was not related to any variables, while burnout shared significant relations with all the major independent variables in the model. This is in line with other studies, which show burnout to be a salient outcome for many workers involved in the helping

professions (e.g., Dyrbye et al., 2006; Jenaro et al., 2007; Leiter & Laschinger, 2006; Prazetina, 2005; Rupert & Kent, 2007; Uskun et al., 2005).

Burnout was positively related to identified motivation and negatively related to introjected motivation. This was contrary to predictions, which expected the relationships to be in the opposite direction. Possible reasons for the findings were discussed in relation to workers identifying with the people they were helping. Those with identified motivations identified more strongly, leading them to experience secondary traumatic stress, which manifested as burnout. Those with introjected motivations identified less strongly, or not at all, so burnout was not likely experienced. Other possible reasons were related to the concept of perspective taking. Those with identified motivations readily took the perspective of others, so were likely to suffer secondary traumatic stress. Need satisfaction, as defined by SDT, was also discussed as a possibility for the results. While other studies show need satisfaction is related to positive well-being, any implication of need satisfaction in the present results would be contrary to those of other studies.

Additional analyses showed the sample scored highest on emotional exhaustion, although neither introjected nor identified motivation were related to emotional exhaustion. Identified motivation was related to depersonalisation, and again the extent of identification with victims of humanitarian crises was discussed as a possible explanation for this finding. With regard to the relationship between motivation and burnout, suggestions for future research included assessing the role of both perspective taking and need satisfaction, as potential mediators/moderators in this relationship.

Vitality was not significantly associated with any variables in the model, which was contrary to previous research, showing negative associations between vitality and autonomous forms of motivation, and positive relationships between vitality and harmonious passion. However, the findings are consistent with other studies showing null relationships of vitality and obsessive passion.

The lack of autonomy characterising both introjected motivation and obsessive passion may explain the null relationships of these variables to vitality. The concept of equity sensitivity, and in particular benevolence, provided an explanation for the null relationship of vitality to identified motivation, and harmonious passion. Suggestions for future research centred on investigating the possible relationship of the equity sensitivity construct to the experience of vitality.

The sample scored highest on the harmonious passion subscale, although both passions were implicated in the experience of burnout. Harmonious passion was negatively related to burnout, while obsessive passion was positively related, which is in line with previous studies showing differential well-being outcomes for each passion type. A further objective of this research was to examine the mediational role of each passion, in the paths between motivation and burnout. Results showed the passions serve a moderating role, as opposed to a mediating role.

Additional analyses using the different aspects of burnout (i.e., emotional exhaustion, depersonalisation, diminished personal accomplishment) showed the passions served as mediators. Conclusions based on these analyses were that workers with introjected motivations, who developed an obsessive passion, were more likely to experience emotional exhaustion, and depersonalisation. Those with identified motivation who developed a harmonious passion would not experience diminished personal accomplishment, but would be susceptible to depersonalisation. Although both passions played a role in depersonalisation, identified motivation was the strongest predictor of this variable.

The extent workers identified with the humanitarian victims provides an explanation for these findings, as does the cumulative effect of positive and negative affect. Previous findings show those with obsessive passion report decreased levels of well-being when outside of the passionate activity setting, due to frustration at not being engaged in the passionate activity. Given

participants responded to the questionnaire, and were interviewed out of the humanitarian context, it is possible the frustration associated with not currently engaging humanitarian work may have biased recall in a negative way, and thus accounted for the negative relationships associated with obsessive passion.

A number of avenues were suggested for future research, which would be useful for advancing the area of passion. The findings addressed in this section extend the passion and burnout literatures, and provide useful insights into some of the antecedents and underlying psychological processes involved in the development of burnout in humanitarian health workers.

9.4 Practical and Research Implications

The results of this research have a number of implications both for the professional practice of humanitarian organisations and workers, and also future research endeavours. Many of these have been discussed in the previous sections, in relation to specific findings. Some additional implications are provided below.

Although not specifically assessed in the present research, lack of supports, identification with victims, and underutilisation of skill-set, or engagement in tasks outside of skill-set, were identified as possible explanations for some findings. More research is required to determine their exact role, but if future research implicates them in well-being outcomes, it signals to humanitarian organisations a number of needs. Firstly, organisational and social supports must be made available for workers, when on deployment. Organisational supports include the provision of psychological assistance and counselling to deal with the stressors inherent to the work. Social supports include making communication with family and friends more accessible, either through telephone contact or internet access. Other studies speculate about the role of social supports in psychiatric morbidity (e.g., Lopes-Cardozo et al., 2005),

indicating it may be an important factor in the well-being of humanitarian workers.

Such processes will also help to counter the effects of over-identification and secondary traumatic stress. It may be difficult to train humanitarian health workers to not identify with the people they are helping, but ensuring psychological support systems are available during deployments, will help counter at least some of the negative effects associated with identification. While some humanitarian organisations do this already, few have policies on mental health support (McCall & Salama, 1999), and many still only provide such support post-deployment, and via telephone (VanRooyen et al., 2001). However, identifying effective mental health support, protection, and treatment approaches for workers while on deployment, is essential (Mollica et al., 2004). In order to get the most out of workers and ensure the work environment is more conducive to positive well-being outcomes, tasks must match the skill-set of workers. As much as possible within the constraints of the humanitarian setting, workers must not be expected to perform tasks outside of their expertise. When performing tasks within one's range of expertise, workers report more positive experiences in the work setting (Csikszentmihalyi & LeFevre, 1989). While the inherent adversity of humanitarian settings may not be conducive to increasing work satisfaction, ensuring workers are undertaking tasks within their expertise scope means they are less likely to be stressed, making well-being less likely to be affected adversely.

Findings indicated burnout is particularly prominent in this occupational group. Whether burnout, and the various aspects of burnout is experienced, is determined in part by the motivation workers have, and also whether they develop an obsessive or harmonious passion for humanitarian work. Results indicate obsessive passion is related to more emotional exhaustion, harmonious passion is related to less diminished personal accomplishment, while identified motivation is related to more depersonalisation. These findings provide a potential point of focus for future research to better understand the underlying

mechanisms contributing to these aspects of burnout, which could be used to inform psychological support programs to prevent and treat burnout. It also suggests simultaneous treatment of the three aspects of burnout, may not be applicable to humanitarian health workers, as the degree of emotional exhaustion, depersonalisation, and diminished personal accomplishment differs according to motivation and passion. Programs aimed at treating each of the individual aspects of burnout may be more effective for this group. Additionally, strategies aimed at increasing levels of harmonious passion would be useful for decreasing emotional exhaustion, while simultaneously reducing the likelihood of diminished personal accomplishment being experienced.

Humanitarian organisations have indicated difficulties in determining whether recruits have the psychological resources to cope with the stressors of humanitarian work, and some have suggested methods for detecting psychological vulnerability should be developed (McCall & Salama, 1999). The relationship burnout has with motivation and passion, provides a means for doing this. Those with identified motivations are more likely to develop burnout, unless the work is able to be made into a harmonious passion. Those with introjected motivation are less likely to develop burnout, at least in the initial stage of a career in such work, but may go on to develop an obsessive passion, which puts them at increased risk of becoming emotionally exhausted in particular. Therefore, measures identifying the type of motivation individuals have and whether they will develop an obsessive or harmonious passion for the work, could be used to ascertain those individuals with susceptibility to burnout.

Research shows workers with obsessive passion are more likely to persist with an activity, despite the risks it poses to the well-being of self and others. Those with harmonious passion are likely to seek treatment for ill health, and stop an activity if it is detrimental to well-being (Rip et al., 2006). With regard to burnout, this suggests workers who are burnt-out by the work may continue to persist at it, despite the adverse consequences it has for them. Programmes

designed to assess type of passion for humanitarian work, would be useful for identifying such workers. Organisations could then provide more support to such individuals, so they do not go on to experience adverse well-being.

Career workers may be at greater risk of developing psychological problems, such as burnout (Lopes-Cardozo et al., 2005), and presumably one can only develop a passion for humanitarian work after engaging it for awhile. The findings could be used as a foundation for designing strategies aimed at increasing existing workers harmonious passion for humanitarian work, which should have the concomitant effect of decreasing susceptibility to emotional exhaustion and diminished personal accomplishment.

Previous research indicates psychological morbidity, including syndromes such as post-traumatic stress disorder (PTSD) and compassion fatigue, are prevalent among individuals engaged in humanitarian work (Lopes-Cardozo et al., 2005; Tyson, 2007). Given the relationship the SDT motivations and passion have to burnout, future research may investigate if these variables are implicated in the development of other types of psychological distress (e.g., PTSD), typically experienced as a result of humanitarian engagement. This would be useful for determining the underlying aetiology of other forms of distress, or whether motivation and passion are unique in their contribution to burnout.

Many individuals do not choose humanitarian work as a life-long profession, with most deployed on a roster basis. The current health workforce cannot sufficiently cater for the health needs of many country populations, let alone those populations directly affected by humanitarian crises (WHO, 2006). Increases in natural disasters and complex emergencies, means there is likely to be a simultaneous rise in situations requiring humanitarian action. Consequently, the pool of health professionals available for deployment to humanitarian settings is likely to remain inadequate, so maintaining the well-being of those currently involved in the profession, is especially important. Vallerand (2008) stated passion provides a useful concept for determining

which people are likely to pursue certain causes, the consequences of engaging and persisting with such causes, and the potential benefits to organisations and collectives. The present research gives some insights into these issues, and provides a foundation for the development of strategies aimed at recruiting people who are likely to persist in humanitarian endeavours, and for preventing the adverse consequences, such as burnout, typically associated with engaging such a cause.

9.5 Limitations and Suggestions for Future Research

There were a number of theoretical, methodological, and practical limitations associated with this study, many of which have been addressed in relation to specific findings, throughout this chapter. However, some additional limitations are included below.

A simplified power analysis derived from Friedman (1982, p. 522) suggested with an alpha of .05, power set to the standard criteria of .80, and assuming an effect size of .30 (using simple correlation coefficients as a measure of effect size), a sample size of 82 provided adequate power for the study. An examination of the effect sizes (correlations) in Table 5 (p. 111) indicated 22 of the observed correlations were .25 or greater, which strengthens the claim there was marginally adequate power in the study. There were a number of correlations of lesser magnitude, thus raising the possibility of Type II error. Given the qualitative analyses reinforced some of the themes emerging from the survey data, Type II error is unlikely to be the primary reason why a number of hypotheses were not supported.

The sample size may have been restricted by the recruitment and data collection methods. Every effort was made to contact as many humanitarian/aid/relief organisations as possible, and obtain their cooperation in distributing information about the research to their employees/volunteers. Over 200 organisations were contacted at least once, and 13 sent reply emails declining to

participate. Those that did not respond within six weeks of the initial email, were sent a further email requesting support. Distribution of the information to the organisations was restricted to employees with email contact addresses, but it is likely some humanitarian health workers do not have regular access to the internet, or do not have a need for email communication. Similarly, the questionnaire was administered online, so only those workers with regular access to the internet were able to participate. Information about the research was also posted on four different websites associated with humanitarian work. It is possible workers deployed to some of the more remote humanitarian crises around the globe do not have internet access, or do not have it on a regular basis. Face-to-face interviews and paper-and-pencil questionnaires would have been more useful; however, the costs associated with these types of data collection would have been prohibitive, given the financial parameters within which the research needed to be conducted.

Given humanitarian health workers are deployed to locations around the world and derive from a host of countries, data collection required tapping into a global, multi-national sample. The questionnaire package for the quantitative data collection was translated into French and Spanish, to account for this. However, I am not fluent in either French or Spanish, so distribution of the information was restricted to organisations in English-speaking countries. A higher response rate may have been achieved had the questionnaire package been distributed more widely to include non-English-speaking countries.

Practical and resource limitations meant an online distribution of the quantitative questionnaire was the most cost- and time-effective means of collecting data from workers, in humanitarian situations around the globe. However, quantitative surveys lack the anecdotal information often obtained from qualitative methods (Lopes-Cardozo et al., 2005), which provide more in-depth insights into workers experience in the humanitarian context. For example, Mather (2008) used qualitative interviews to gather data on how interns at international humanitarian organisation, interpret their experiences,

and the meaning associated with these experiences. The information gathered was more insightful and in-depth than what could have been obtained using, for example, paper-and-pencil quantitative measures.

Following from the work of Mather (2008), qualitative interviews were conducted as a means for obtaining more insightful information on the well-being experiences of workers, in the present study. However, these were retrospective interviews conducted with workers outside of the humanitarian context, and may have been subject to bias, as a result of inaccurate recall. Studies indicate inaccuracies in recollection of traumatic events (e.g., Southwick, Morgan, Nicolaou, & Charney, 1997), and given interviewees indicated experiencing threats to life and emotional exhaustion, inaccuracies in the recollection of their experience in humanitarian situations is possible.

Future research may account for these methodological limitations by collecting data through a mixture of approaches. Administering multi-lingual quantitative paper-and-pencil questionnaire packages, conducting multi-lingual in-depth interviews, and observing workers onsite while they are on deployment to humanitarian situations, would provide the richest source of information. Using all three approaches would provide insight into the subjective experiences of workers, and also provide results that can be compared and interpreted through observational means, perhaps of several researchers. Actually being onsite to obtain such data removes any bias or inaccuracy that may occur, in workers retrospective recollection of their experiences. Employing all three approaches will remove any response bias associated with internet use, and means workers who do not have access, or who do not access the internet, will be included. A multi-lingual approach will ensure workers of all nationalities and cultural backgrounds are able to participate, again removing any response bias, and allowing for increased understanding and more generalisability of results, to the humanitarian health worker population.

A large portion of humanitarian crises are situated in countries where English is not the first language. The majority of participants responded to the online questionnaire in English, only one responded in Spanish, while there were no responses in French. More than 60% of respondents indicated being last deployed to areas where English was not the first language. This suggests a majority of respondents may have been expatriate humanitarian health workers (as opposed to local workers, who are typically from the country or region where the humanitarian crisis is situated). Some empirical evidence suggests differences in well-being between local and expatriate humanitarian workers, such that local workers suffer higher prevalence of PTSD and depressive symptoms (e.g., Lopes-Cardozo et al., 2005). If the sample were primarily expatriate, the findings are not applicable to local humanitarian workers, and likely underestimate the prevalence of mental distress (i.e., burnout) among the pool of local workers.

Similarly, the majority of respondents were last deployed to humanitarian situations in North America (39%) and Asia (21%), which indicates they may have been involved in humanitarian efforts resulting from a natural disaster (i.e., Hurricane Katrina, 2004 Asian Tsunami, 2005 Kashmir Earthquake). Research indicates being deployed to natural disasters is less traumatic for aid workers than being deployed to complex emergencies¹, which often involve threats to life and personal safety, moral dilemmas, and resource constraints (McCall & Salama, 1999). Given the majority of respondents were last deployed to natural disaster zones, as opposed to complex emergencies, they may have been less susceptible to psychological distress. If so, results of the present study may underestimate the occurrence of burnout in humanitarian health workers in general, and may not be applicable to those workers predominantly deployed to complex emergencies.

¹ Complex emergencies are defined as “a social catastrophe marked by the destruction of the affected population’s political, economic, sociocultural, and health care infrastructure” (Mollica, Lopes-Cardozo, Osofsky, Raphael, Ager, & Salama, 2004).

Future research could address these limitations by exploring and comparing the prevalence rate of burnout in both expatriate and local workers, and workers deployed to natural disasters compared to those deployed to complex emergencies. Comparing differences in emotional exhaustion, diminished personal accomplishment, and depersonalisation would also be of interest, to determine whether these vary according to type of humanitarian situation. For example, given complex emergencies increase the likelihood of experiencing trauma, it is possible workers will suffer more emotional exhaustion in these settings. Furthermore, the impact of harmonious passion on burnout may be minimised for workers deployed to complex emergencies, such that the relationship between the variables is no longer positive, and this could also account for higher burnout prevalence in workers in complex emergencies. However, this is a question for future research.

9.6 Conclusion

The purpose of this research was to gain a better understanding of the implications humanitarian situations have for humanitarian health workers, by investigating the relationship between motivation and well-being. As observed in the findings, motivation does not affect the experience of vitality or hedonic/eudaimonic well-being in this occupational group. However, both introjected and identified motivations determine whether workers develop burnout or not. Passion also plays a role.

Although there were a number of limitations to this study, avenues for future research have been proposed, along with some practical suggestions for the application of the findings. These findings can be used as a foundation from which to develop strategies to better cater for the well-being of workers, both pre- and post-deployment, and in particular, strategies aimed at the prevention and treatment of burnout.

Humanitarian health workers are at the forefront of ensuring other's health and well-being, in humanitarian crises. While the tasks of these workers, and the humanitarian organisations that employ them, will always be to enhance and maintain the well-being of others, this research shows the well-being of humanitarian health workers, must be equally prioritised.

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Appendix A – Online Questionnaire (English Version)

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The Motivations of Humanitarian Health Workers: Implications for Well-Being, Vitality and Burnout

INFORMATION SHEET

Who is doing this research?

Hello! My name is Natasha Tassell and I am currently conducting my Doctoral research through the School of Psychology at Massey University, New Zealand. My supervisor is Dr Ross Flett, a senior lecturer in the School of Psychology.

What is this research about?

I am interested in the psychology of health work in humanitarian settings – what motivates people - how they feel about the work, themselves and life in general. I have been involved in humanitarian work myself, so am aware it can be difficult and demanding! But also very rewarding too! So an increased understanding of the dynamics of the humanitarian experience seems a worthwhile research endeavour from my point of view. So if you have recently or are currently deployed to a humanitarian relief or development setting, I'd like to invite you to take part in this research.

Who can take part in the research?

If you have been deployed to a humanitarian development or aid/relief setting by a humanitarian organisation since 2000, I'd like to invite you to take part in this research. Whether your deployment was on a short-term or roster basis (e.g., a few weeks or months), or you were deployed on a more permanent basis for an extended period of time (e.g., 1 or 2 years), I am interested in hearing about your deployment as a humanitarian worker.

What will I be asked to do?

You will be asked to fill out a questionnaire. If you are interested in taking part then you can click the link in the next box of this information sheet. The questionnaire should take around 15 minutes.

What are my rights as a participant?

If you decide to take part you can skip or omit questions whenever you want to, and you can withdraw from the study at any time. I guarantee that no one who knows you will ever see your answers or be able to link your name to your answers. That also means, as researchers we cannot link your names to your answers.

How can I find out about the results?

There is a request for feedback form at the end of the questionnaire where you can fill in your contact details. The Analyst Programmer who has developed the online questionnaire for me assures us that this information will be stored in a separate place and cannot be linked back to person's answers once you click the "submit" button at the end of the questionnaire. I will also put a summary of the results on the following website (www.arc-worldwide.org) and will make a copy of the results available to a number of aid organisations (e.g., People in Aid, Aid Workers Network, RedR-NZ, Red Cross-NZ). You are also welcome to email me at tastassell@gmail.com after July 2008, and I can email you a copy of the findings.

What do I do now?

If you would like to help out then follow the link in the box below. If you'd like to know more before deciding then please email me at tastassell@gmail.com. Please contact my supervisor Dr Ross Flett (R.A.Flett@massey.ac.nz) if the process of filling out the questionnaire raises any issues for you that you would like to discuss further. Otherwise I thank you for your time and wish you all the best.

Completion and submission of the following questionnaire implies your consent to participating in the research.

Please **click [HERE](#)** if you would like to continue and participate in this research.

This project has been reviewed and approved by the Massey University Human Ethics Committee: Southern A, Application 07/48.

If you have any concerns about the conduct of this research, please contact Dr John O'Neill, Chair, Massey University Human Ethics Committee: Southern A, telephone 06 350 5799 x 8635, email humanethicsoutha@massey.ac.nz.



The Motivations of Humanitarian Health Workers: Implications for Well-Being, Vitality and Burnout

All going well, you have been directed here from the preceding [information sheet](#) about this survey.

Instructions

This questionnaire consists of four sections regarding demographics, your life situation, your work setting and then a place to provide comments about your experiences.

Please complete all the sections below if possible. You have the right to decline to answer any particular question.

After submitting your responses to the survey, you have the opportunity to provide your contact details to receive a summary of the results when the study is finished some time about July 2008. This information will be kept separate from the rest of the completed questionnaire and cannot be linked back to your responses.

PLEASE NOTE:
 If at any stage you would like to check your previous answers to any questions please scroll up and down the document. Do not use the back-button on your tool bar, as this will take you out of this survey without saving your answers.

Many thanks for your assistance with this survey.

SECTION A - DEMOGRAPHICS

Please respond by choosing the options that best represent your situation.

A1	What is your gender?	<input type="radio"/> Male <input type="radio"/> Female
A2	What is your age (in years)?	<input type="text"/> years
A3	What is your marital status?	<input type="radio"/> Married <input type="radio"/> Single <input type="radio"/> Partner
A4	Do you have any dependent children?	<input type="radio"/> Yes <input type="radio"/> No
A5	What is your highest educational qualification?	Please select one If other, please specify <input type="text"/>
A6	What would you consider to be your main health occupation?	Please select one If consultant, please identify speciality <input type="text"/>
A7	When was your last deployment to a humanitarian situation?	Jan <input type="text"/> 2000

Ba30	I feel pressured in my life	<input type="radio"/>					
Ba31	People are generally pretty friendly towards me	<input type="radio"/>					
Ba32	In my daily life, I frequently have to do what I am told	<input type="radio"/>					

Rating scale for these questions is as follows:

1	2	3	4
disagree	disagree somewhat	agree somewhat	agree

		1	2	3	4
Bb1	I believe that people are essentially good and can be trusted	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bb2	I am loved because I give love	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bb3	I feel free to be angry at those I love	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ba4	It is always necessary that others approve of what I do	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bb5	I don't accept my own weaknesses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bb6	I can like people without having to approve of them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bb7	I fear failure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bb8	I avoid attempts to analyse and simplify complex domains	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bb9	I do not feel ashamed of any of my emotions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bb10	I feel I must do what others expect me to do	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bb11	It is better to be yourself than to be popular	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bb12	I have no mission in life to which I feel especially dedicated	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bb13	I can express my feelings even when they may result in undesirable consequences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bb14	I do not feel responsible to help anybody	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bb15	I am bothered by fears of being inadequate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The following statements enquire about your thoughts and feelings across a variety of situations, and life in general. For each item, think about how well it describes you in general.

Rating scale for these questions is as follows:

0	1	2	3	4
does not describe me well	does not describe me	neutral	describes me somewhat	describes me well

		0	1	2	3	4
Bc1	I try to look at everybody's side of a disagreement before I make a decision	<input type="radio"/>				
Bc2	I sometimes try to understand my friends better by imagining how things look from their perspective	<input type="radio"/>				
Bc3	If I'm sure I'm right about something, I don't waste much time listening to other people's arguments	<input type="radio"/>				
Bc4	I believe that there are two sides to every question and try to look at them both	<input type="radio"/>				

Bc5	When I'm upset at someone, I usually try to "put myself in his shoes" for a while	<input type="radio"/>				
Bc6	Before criticizing somebody, I try to imagine how I would feel if I were in their place	<input type="radio"/>				
Bc7	I sometimes find it difficult to see things from the "other person's" point of view	<input type="radio"/>				
Bc8	I am often quite touched by things that I see happen	<input type="radio"/>				
Bc9	I would describe myself as a pretty soft-hearted person	<input type="radio"/>				
Bc10	I often have tender, concerned feelings for people less fortunate than me	<input type="radio"/>				
Bc11	Sometimes I don't feel very sorry for other people when they are having problems	<input type="radio"/>				
Bc12	When I see someone being taken advantage of, I feel kind of protective towards them	<input type="radio"/>				
Bc13	Other people's misfortunes do not usually disturb me a great deal	<input type="radio"/>				
Bc14	When I see someone being treated unfairly, I sometimes don't feel very much pity for them	<input type="radio"/>				
Bc15	Life is too short to postpone the pleasures it can provide	<input type="radio"/>				
Bc16	My life serves a higher purpose	<input type="radio"/>				

0	1	2	3	4
<i>does not describe me well</i>	<i>does not describe me</i>	<i>neutral</i>	<i>describes me somewhat</i>	<i>describes me well</i>

		0	1	2	3	4
Bc17	I seek out situations that challenge my skills and abilities	<input type="radio"/>				
Bc18	In choosing what to do, I always take into account whether it will benefit other people	<input type="radio"/>				
Bc19	Whether at work or play, I am usually "in a zone" and not conscious of myself	<input type="radio"/>				
Bc20	I am always very absorbed in what I do	<input type="radio"/>				
Bc21	I go out of my way to feel euphoric	<input type="radio"/>				
Bc22	I have a responsibility to make the world a better place	<input type="radio"/>				
Bc23	I am rarely distracted by what is going on around me	<input type="radio"/>				
Bc24	In choosing what to do, I always take into account whether it will be pleasurable	<input type="radio"/>				
Bc25	I agree with this statement: "Life is short – eat dessert first"	<input type="radio"/>				
Bc26	My life has a lasting meaning	<input type="radio"/>				
Bc27	What I do matters to society	<input type="radio"/>				
Bc28	I love to do things that excite my senses	<input type="radio"/>				
Bc29	I have spent a lot of time thinking about what life means and how I fit its big picture	<input type="radio"/>				
Bc30	In choosing what to do, I always take into account whether I can lose myself in it	<input type="radio"/>				
Bc31	For me, the good life is the pleasurable life	<input type="radio"/>				

Bc32	Regardless of what I am doing , time passes very quickly	<input type="radio"/>				
------	--	-----------------------	-----------------------	-----------------------	-----------------------	-----------------------

**These questions assess how you feel in general.
Please choose the response that most closely represents how often you experience each of the described feelings**

Rating scale for these questions is as follows:

1	2	3	4	5
<i>Not at all</i>	<i>Occasionally</i>	<i>Some of the time</i>	<i>Often</i>	<i>All the time</i>

		1	2	3	4	5
Bd1	Useful	<input type="radio"/>				
Bd2	Clear-headed	<input type="radio"/>				
Bd3	Optimistic	<input type="radio"/>				
Bd4	Enthusiastic	<input type="radio"/>				
Bd5	Hopeless	<input type="radio"/>				
Bd6	Depressed	<input type="radio"/>				
Bd7	Insignificant	<input type="radio"/>				
Bd8	Confused	<input type="radio"/>				



Nearly there!

SECTION C - WORK

The following statements enquire about your thoughts and feelings in the humanitarian work setting.

For each item, think about how well it describes you in general, during your last/present humanitarian deployment.

Rating scale for these questions is as follows:

1	2	3	4	5
<i>strongly disagree</i>	<i>disagree</i>	<i>neutral</i>	<i>agree</i>	<i>strongly agree</i>

<i>During my deployment to humanitarian settings...</i>	1	2	3	4	5
Ca1 When I have completed my task for the day, I help out other workers who have yet to complete their tasks	<input type="radio"/>				

Cc20	Working with people directly puts too much stress on me	<input type="radio"/>						
Cc21	In my work, I deal with emotional problems very calmly	<input type="radio"/>						
Cc22	I feel like I'm at the end of my rope	<input type="radio"/>						

Rating scale for these questions is as follows:

1	2	3	4	5	6	7
do not agree at all	disagree	disagree somewhat	normal	agree somewhat	agree	completely agree

My humanitarian work..		1	2	3	4	5	6	7
Cd1	My work allows me to live a variety of experiences	<input type="radio"/>						
Cd2	The new things that I discover with my work allow me to appreciate it even more	<input type="radio"/>						
Cd3	My work allows me to live memorable experiences	<input type="radio"/>						
Cd4	My work reflects the qualities I like about myself	<input type="radio"/>						
Cd5	My work is in harmony with other activities in my life	<input type="radio"/>						
Cd6	For me, my work is a passion that I still manage to control	<input type="radio"/>						
Cd7	I cannot live without my work	<input type="radio"/>						
Cd8	The urge is so strong, I can't help myself from doing my work	<input type="radio"/>						
Cd9	I have difficulty imagining my life without my work	<input type="radio"/>						
Cd10	I am emotionally dependent on my work	<input type="radio"/>						
Cd11	I have a tough time controlling my need to do my work	<input type="radio"/>						
Cd12	I have almost an obsessive feeling for my work	<input type="radio"/>						
Cd13	My mood depends on me being able to do my work	<input type="radio"/>						



One more section to go!

SECTION D - HAVE YOUR SAY

The following section is where you get to have your say! If you would like to add any comments about your experiences within humanitarian settings, then please feel free to do so here. I am very interested in your personal thoughts and opinions regarding your humanitarian work.

To submit your results, please click on the **Submit this information** button.

If you wish to wipe your answers, click on the **Clear your answers** button.
With submission of your answers, you imply consent to participate in this study.

Thank you for your time in completing this questionnaire!

Your help is appreciated and will make a valuable contribution toward understanding the experiences of humanitarian health workers.

Thank You!

*This project has been reviewed and approved by the Massey University
Human Ethics Committee: Southern A, Application 07/48.*

*If you have any concerns about the conduct of this research, please contact
Dr John O'Neill, Chair, Massey University Human Ethics Committee:
Southern A, telephone 06 350 5799 x 8635, email humanethicsoutha@massey.ac.nz.*

Appendix B – Online Questionnaire (Spanish Version)

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La motivación de los Trabajadores Humanitarios de la Salud: Implicaciones para su bienestar, vitalidad y agotamiento

HOJA INFORMATIVA

Quien esta realizando esta investigacion?

¡Hola! Mi nombre es Natasha Tassell. En estos momentos estoy llevando a cabo mi Investigacion Doctoral, en conjunto con la Escuela de Psicologia de la Universidad de Massey en Nueva Zelandia. Mi supervisor es Dr. Ross Flett, professor titular de la Escuela de Psicologia. .

Cual es el tema de esta investigacion?

Yo estoy interesada en conocer la psicología del trabajo de la salud en el campo humanitario – cuales son las motivaciones de sus trabajadores, como ellos se sienten su trabajo, con ellos mismos, y con la vida en general. Yo he estado envuelta en trabajo humanitario previamente, por lo que conozco cuan difícil y exigente este campo puede llegar a ser, y a la misma vez, cuanta satisfaccion este puede transmitir. Desde mi punto de vista, vale la pena realizar esta investigación, con el objetivo de desarrollar un mejor entendimiento de la dinamica de la experiencia humanitaria. Si usted ha sido desplegado (en estos momentos o en el pasado cercano) para realizar trabajo humanitario de ayuda o desarrollo, yo le invito a que forme parte de esta investigación.

Quien puede tomar parte en esta investigacion?

Si usted ha sido desplegado por alguna organizacion para a realizar algun tipo de trabajo de ayuda humanitaria o desarrollo entre el año 2000 y la actualidad, yo le invito a que forme parte de esta investigación. No importa si su tiempo de servicio fue corto (e.g. unas semanas o algunos meses), yo estoy interesada en conocer acerca de sus experiencias como trabajador(a) humanitario(a).

Como puedo colaborar ?

Se le pedira que llene un cuestionario. Si usted esta interesado en tomar parte, por favor haga Click en la siguiente casilla the esta hoja de informacion. El cuestionario debe tomar aproximadamente 15 minutos.

Cuales son mis derechos como participante?

Si decide tomar parte en esta investigacion, usted puede omitir respuestas si lo desea, y esta en su derecho de pedir su salida de la investigacion en cualquier momento. Yo le garantizo que ninguna persona que lo conozca podra ver sus respuestas o vincular su nombre con sus respuestas. Esto significa que tampoco nosotros como investigadores podremos vincular su nombre con sus respuestas.

Como podre enterarme de los resultados?

Al final del cuestionario hay una "Planilla de Peticion de Resultados", la cual usted podra llenar con sus datos y submitr. El programador que ha desarrollado este cuestionario me ha asegurado que esta información sera guardada por separado del resto del cuestionario y no podra ser vinculada con su persona, una vez que usted halla hecho click en el boton de "Submitr" al final de la planilla. Yo publicare un resumen de los resultados en el siguiente sitio web: (www.arc-worldwide.org), y tambien enviare una copia de estos a ciertas organizaciones de ayuda, (por ejemplo: 'People in Aid', 'Aid Workers Network', RedR-NZ, Red Cross-NZ), las cuales tienen listado de correo electronico. Usted esta invitado a escribirme un correo electronico a tashtassell@gmail.com despues de Julio del 2008, y yo le erviare en retorno una copia de los resultados.

Que hacer ahora?

Si usted esta interesado en ayudar, siga el enlace de la casilla siguiente. Si quisiera obtener mas detalles antes de tomar una decision, for favour envieme un email a tashtassell@gmail.com. Si el proceso de llenado



Las motivaciones de los trabajadores Humanitarios de la Salud: Implicaciones para su bienestar, vitalidad y agotamiento

Todo va bien, usted ha sido dirigido aquí desde la [Hoja de Información](#) sobre nuestro cuestionario.

Instrucciones

Este cuestionario consta de cuatro partes: Información demográfica, sobre su nivel de vida, sobre su trabajo y al final un espacio para que usted escriba sobre sus experiencias.

Por favor complete todas las secciones si es posible. Usted esta en su derecho de negarse a responder cualquier pregunta en particular.

Despues de submittir sus respuestas al cuestionario, usted tendra la oportunidad de hacernos llegar sus datos de contacto y asi recibir un resumen de los resultados una vez que el estudio haya sido terrminado, aproximadamente en Julio del 2008. Esta informacion sera guardada por separado del resto del cuestionario completado por usted, y no podra ser vinculada con sus respuestas.

POR FAVOR NOTE:

Si en cualquier moment desea revisar sus respuestas a preguntas anteriores, desplácese hacia arriba o hacia abajo en el documento. No use el boton de 'Atras' de su barra de herramientas, porque este le llevara fuera del cuestionario sin guardar sus respuestas.

Muchas gracias por su ayuda con el llenado de este cuestionario.

SECCION A - DEMOGRÁFICA

Por favor responda seleccionando la opcion que mejor represente su situacion.

A1	Cual es su genero?	<input type="radio"/> Masculino <input type="radio"/> Femenino
A2	Que edad tiene?	<input type="text"/> años
A3	Cual es su estado civil?	<input type="radio"/> Casado <input type="radio"/> Soltero <input type="radio"/> con compañero(a)
A4	Tiene usted algun dependiente menor de edad?	<input type="radio"/> Si <input type="radio"/> No
A5	Cual es su mas alto nivel de educacional?	por favor seleccione el que por favour especifique <input type="text"/>
A6	Cual de las siguientes usted considera que es su principal ocupacion en el campo de la	por favor seleccione el que <input type="text"/> Si es consultor, por favor identifique su especialidad: <input type="text"/>

	salud?	
A7	Quando fue su ultimo despliegue para realizar trabajo humanitario?	Ene 2000
A8	Por cuanto tiempo estuvo (o ha estado) desplegado como trabajador(a) humanitario?	semanas
A9	Cual fue (es) el motivo de su mas reciente despliegue?	por favor seleccione el que
A10	A que pais/region ha sido asignado en su mas reciente despliegue?	por favor seleccione el que por favour especifique
A11	Cual es el nombre de la organizacion con la cual hizo su ultimo despliegue?	por favor seleccione el que por favour especifique
A12	Cuantos años de experiencia tiene usted realizando trabajo humanitario?	años
A13	Cuantas veces al año es (o ha sido) desplegado para realizar trabajo humanitario?	por favor seleccione el que
A14	Usted esta registrado(a) en una lista de despliegue, con alguna(s) organizacion(es) humanitaria?	<input type="radio"/> Si <input type="radio"/> No
	Si su respuesta es SI, que organizacion(es)?	<input type="checkbox"/> Oxfam <input type="checkbox"/> Cruz Roja (Red Cross/Red Crescent) <input type="checkbox"/> Rojo – R (Red – R) <input type="checkbox"/> Salve a los Niños (Save the Children) <input type="checkbox"/> Naciones Unidas (United Nations) <input type="checkbox"/> Programa de Alimentacion Mundial (World Food Program) <input type="checkbox"/> medicos del mundo (Médecins du monde) <input type="checkbox"/> medicos sin fronteras (Médecins sans frontières) <input type="checkbox"/> Otra (por favor especifique) por favour especifique
A15	Alguna vez ha sido desplegado hacia un proyecto de ayuda humanitaria donde usted considera que su vida ha estado en peligro?	<input type="radio"/> Si <input type="radio"/> No

SECCION B - LA VIDA

Las preguntas siguientes se relacionan con su opinion acerca de la vida en general. Por favor indique cuan verdadera para usted es cada una de las declaraciones siguientes.

Ba21	En mi vida no tengo muchas oportunidades de demostrar mis habilidades	<input type="radio"/>					
Ba22	Generalmente me mantengo solitario(a) y no tengo mucho contacto social	<input type="radio"/>					
Ba23	Creo que soy libre de decidir por mi mismo(a) como vivir mi vida	<input type="radio"/>					
Ba24	No hay muchas personas a las cuales me acerco	<input type="radio"/>					
Ba25	Siento que puedo ser yo mismo(a) en la mayoría de las situaciones diarias	<input type="radio"/>					
Ba26	Creo que no le gusto mucho a las personas con las cuales interactuo regularmente	<input type="radio"/>					
Ba27	A menudo, no me siento muy capaz	<input type="radio"/>					
Ba28	No tengo muchas oportunidades para decidir por mi mismo(a) como hacer las cosas en mi vida diaria	<input type="radio"/>					
Ba29	A menudo, no me siento muy competente	<input type="radio"/>					
Ba30	Me siento presionado(a) en mi vida	<input type="radio"/>					
Ba31	Las personas son generalmente bastante amigables conmigo	<input type="radio"/>					
Ba32	En mi vida diaria, con frecuencia tengo que hacer lo que me mandan	<input type="radio"/>					

Rating scale for these questions is as follows:

1	2	3	4
<i>En Desacuerdo</i>	<i>En Desacuerdo en cierta medida</i>	<i>De acuerdo en cierta medida</i>	<i>De acuerdo</i>

		1	2	3	4
Bb1	Yo creo que las personas son buenas en esencia, y que se les puede tener confianza	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bb2	Yo soy amado porque doy amor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bb3	Me siento libre de enfadarme con aquellos que quiero	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ba4	Siempre es necesario que otros aprueben lo que hago	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bb5	No acepto mis propias debilidades	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bb6	Las personas pueden gustarme sin que tenga que aprobarlas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bb7	Tengo miedo de fallar	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bb8	Yo evito los intentos de analizar y tiendo a simplificar las situaciones complejas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bb9	Yo no me siento avergonzado con ninguna de mis emociones	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bb10	Siento que debo hacer lo que los demas esperan de mi	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bb11	Es mejor ser uno mismo, que ser popular	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bb12	No tengo una misión especial en la vida a la cual me siento especialmente dedicado	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bb13	Puedo expresar mis emociones aun cuando esto pueda tener consecuencias no deseadas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Bb14	No me siento responsable de ayudar a nadie	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bb15	Me preocupo con mis propios miedos de ser inadecuado	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Las siguientes declaraciones cuestionan acerca de tus ideas y emociones en diferentes situaciones, y de la vida en general. Con cada elemento, piense cuan bien este lo describe a usted en general.

La escala de graduacion para las siguientes preguntas es:

0	1	2	3	4
<i>No me describe bien</i>	<i>No me describe</i>	<i>neutral</i>	<i>Me describe en cierta medida</i>	<i>Me describe bien</i>

		0	1	2	3	4
Bc1	En una situacion de desacuerdo, antes de tomar una decision yo trato de mirar el asunto desde el punto de vista de cada cual	<input type="radio"/>				
Bc2	A veces trato de entender mejor a mis amigos, imaginando como las cosas lucen desde su punto de vista	<input type="radio"/>				
Bc3	Si estoy seguro(a) que tengo la razon en algo, no pierdo el tiempo escuchando los argumentos de las demas personas	<input type="radio"/>				
Bc4	Yo creo que cada pregunta tiene dos caras, y trato de mirarlas las dos	<input type="radio"/>				
Bc5	Cuando estoy enfadado con alguien, generalmente trato de 'ponerme en su lugar' por un momento	<input type="radio"/>				
Bc6	Antes de criticar a alguien, trato de imaginar como me sentiria yo si estuviera en el lugar de esa persona	<input type="radio"/>				
Bc7	A veces encuentro dificil ver las cosas desde la perspectiva de 'la otra persona'	<input type="radio"/>				
Bc8	Me impresiono a menudo con las cosas que pasan	<input type="radio"/>				
Bc9	Puedo describirme como una persona de Corazon blando	<input type="radio"/>				
Bc10	A menudo siento ternura y preocupacion por las personas menos afortunadas que yo	<input type="radio"/>				
Bc11	A veces, no siento ninguna pena por otras personas cuando estas tienen problemas	<input type="radio"/>				
Bc12	Cuando veo que se estan aprovechando de alguien, siento que debo actuar como protector de esa persona	<input type="radio"/>				
Bc13	Las desgracias de otras personas generalmente no me afectan demasiado	<input type="radio"/>				
Bc14	A veces, cuando veo que alguien esta siendo tratado injustamente, no siento mucha pena por el(ella)	<input type="radio"/>				
Bc15	La vida es muy corta como para posponer sus placers	<input type="radio"/>				
Bc16	My vida sirve un proposito superior	<input type="radio"/>				

0	1	2	3	4
<i>No me describe bien</i>	<i>No me describe</i>	<i>neutral</i>	<i>Me describe en cierta medida</i>	<i>Me describe bien</i>

		0	1	2	3	4
Bc17	Yo busco oportunidades para poner a prueba mis cualidades y habilidades	<input type="radio"/>				

Bc18	Cuando estoy eligiendo que voy a hacer, siempre tomo en cuenta si va a beneficiar a otras personas o no	<input type="radio"/>				
Bc19	Ya sea en el trabajo o fuera de este, yo siempre estoy "totalmente envuelto", y no estoy consciente de mi persona	<input type="radio"/>				
Bc20	Yo estoy siempre absorto en lo que hago	<input type="radio"/>				
Bc21	Me salgo de mi camino para sentirme eufórico(a)	<input type="radio"/>				
Bc22	Tengo la responsabilidad de hacer del mundo un lugar mejor	<input type="radio"/>				
Bc23	Raramente me distraigo con lo que ocurre a mi alrededor	<input type="radio"/>				
Bc24	Cuando estoy eligiendo que voy a hacer, siempre tomo en cuenta si me va a brindar placer o no	<input type="radio"/>				
Bc25	Estoy de acuerdo con el dicho: "La vida es corta – come el postre primero"	<input type="radio"/>				
Bc26	Mi vida tiene un significado duradero	<input type="radio"/>				
Bc27	Lo que hago es importante para la sociedad	<input type="radio"/>				
Bc28	Me encanta hacer cosas que estimulen mis sentidos	<input type="radio"/>				
Bc29	He invertido mucho tiempo pensando acerca del significado de la vida, y como yo encajo en este gran conjunto	<input type="radio"/>				
Bc30	Cuando estoy eligiendo que voy a hacer, siempre tomo en cuenta si me podre absorber completamente' en el empeño	<input type="radio"/>				
Bc31	Para mi, la mejor vida es la que esta llena de placeres	<input type="radio"/>				
Bc32	No importa lo que haga, el tiempo siempre pasa muy rapido	<input type="radio"/>				

Estas preguntas determinan como usted se siente en sentido general. Por favor seleccione la respuesta que mejor represente con que frecuencia usted percibe cada uno de los sentimientos siguientes.

La escala de graduacion para las siguientes preguntas es:

1	2	3	4	5
<i>No en lo absoluto</i>	<i>En algunas ocasiones</i>	<i>Parte del tiempo</i>	<i>A menudo</i>	<i>Todo el tiempo</i>

		1	2	3	4	5
Bd1	Util	<input type="radio"/>				
Bd2	Con la cabeza clara	<input type="radio"/>				
Bd3	Optimista	<input type="radio"/>				
Bd4	Entusiasmado(a)	<input type="radio"/>				
Bd5	Desesperanzado(a)	<input type="radio"/>				
Bd6	Deprimido(a)	<input type="radio"/>				
Bd7	Insignificante(a)	<input type="radio"/>				
Bd8	Confundido(a)	<input type="radio"/>				



Nearly there!

SECCION C - TRABAJO

Las siguientes declaraciones cuestionan acerca de sus pensamientos y sentimientos en su puesto de trabajo humanitario.

Con cada declaracion, piense cuan bien esta lo describe a usted en sentido general, durante su ultim o (o presente) despliegue como o trabajador humanitario.

La escala de graduacion para las siguientes preguntas es:

1	2	3	4	5
Completamente en desacuerdo	En desacuerdo	neutral	De acuerdo	Completamente de acuerdo

En el curso de mi despliegue como trabajador humanitario		1	2	3	4	5
Ca1	Cuando termino mis tareas del dia, ayudo a otros trabajadores que no han completado las suyas	<input type="radio"/>				
Ca2	Aun cuando mi salario es bajo y recibo pocos beneficios de mi empleador, yo trato de hacer mi trabajo lo mejor que puedo	<input type="radio"/>				
Ca3	Cuando estoy trabajando, my mayor preocupacion es saber si estoy (o no) haciendo mi trabajo lo mejor que puedo	<input type="radio"/>				
Ca4	Prefiero hacer lo menos posible durante mi jornada de trabajo, y obtener lo mas que pueda de mi empleador	<input type="radio"/>				
Ca5	Me siento mas satisfecho en mi trabajo mientras tenga menos cosas que hacer	<input type="radio"/>				
Ca6	Cuando estoy en el trabajo, pienso en formas de salirme de el	<input type="radio"/>				
Ca7	Si me lo permitieran, trataria de trabajar un poco mas despacio de lo que el espera el jefe	<input type="radio"/>				
Ca8	De verdad siento satisfaccion cuando puedo obtener algo a cambio de nada en el trabajo	<input type="radio"/>				
Ca9	El trabajador mas sagaz es aquel que obtiene lo mas que puede de su empleador, dando lo menor posible en retrospecto	<input type="radio"/>				
Ca10	Los trabajadores mas sabios son aquellos que se preocupan por obtener lo mas posible de su empleador, en vez de preocuparse por lo que lo que ellos puedan dar, como empleados	<input type="radio"/>				
Ca11	Si yo tuviera que trabajar duro todo el dia en mi empleo, probablemente hubiera dimitido	<input type="radio"/>				

Cc4	Yo siento que trato a algunas de las personas que ayudo como si fueran 'objetos impersonales'	<input type="radio"/>						
Cc5	Me siento desgastado(a) al final de cada día de trabajo	<input type="radio"/>						
Cc6	Yo trato con efectividad, con los problemas de las personas que ayudo.	<input type="radio"/>						
Cc7	Me he vuelto mas 'indiferente' hacia las personas desde que tome este trabajo	<input type="radio"/>						
Cc8	Me siento fatigado(a) cuando me levanto en la mañana y tengo que enfrentar otro día de trabajo	<input type="radio"/>						
Cc9	Siento que a través de mi trabajo, estoy ejerciendo una influencia positiva en la vida de otras personas	<input type="radio"/>						
Cc10	Me preocupa que este trabajo me esta endureciendo emocionalmente	<input type="radio"/>						
Cc11	Trabajar con personas todo el día es realmente un gran esfuerzo para mí	<input type="radio"/>						

1	2	3	4	5	6	7
<i>nunca</i>	<i>Varias veces al año</i>	<i>mensualmente</i>	<i>Varias veces al mes</i>	<i>Todas las semanas</i>	<i>Varias veces a la semana</i>	<i>Diariamente</i>

<i>Cuando estoy ocupado realizando trabajo humanitario.....</i>		1	2	3	4	5	6	7
Cc12	Me siento emocionalmente drenado por mi trabajo	<input type="radio"/>						
Cc13	Realmente no me importa lo que les sucede a las personas que ayudo	<input type="radio"/>						
Cc14	Me siento agotado por mi trabajo	<input type="radio"/>						
Cc15	Yo puedo crear fácilmente un ambiente relajado con las personas que ayudo	<input type="radio"/>						
Cc16	Yo siento que las personas que ayudo me culpan a mí por algunos de sus problemas	<input type="radio"/>						
Cc17	Me siento frustrado(a) en mi trabajo	<input type="radio"/>						
Cc18	Me siento exilarado después de haber trabajado de cerca con las personas que ayudo	<input type="radio"/>						
Cc19	Me parece que yo trabajo demasiado duro en mi empleo	<input type="radio"/>						
Cc20	Trabajar directamente con personas todo el día pone un estrés muy grande en mí	<input type="radio"/>						
Cc21	En mi trabajo, yo trato los problemas emocionales con mucha calma	<input type="radio"/>						
Cc22	Siento que no puedo más	<input type="radio"/>						

La escala de graduación para las siguientes preguntas es:

1	2	3	4	5	6	7
<i>Completamente en desacuerdo</i>	<i>En desacuerdo</i>	<i>En desacuerdo en cierta medida</i>	<i>neutral</i>	<i>De acuerdo en cierta medida</i>	<i>De acuerdo</i>	<i>Completamente de acuerdo</i>

My trabajo humanitario....		1	2	3	4	5	6	7
Cd1	Mi trabajo me permite vivir una gran variedad de experiencias	<input type="radio"/>						
Cd2	Las cosas nuevas que descubro con mi trabajo me permiten apreciar aun mas lo que hago	<input type="radio"/>						
Cd3	Mi trabajo me permite vivir experiencias inmemorables	<input type="radio"/>						
Cd4	Mi trabajo refleja las cualidades que mas me gustan de mi mismo(a)	<input type="radio"/>						
Cd5	Mi trabajo esta en armonia con otras actividades de mi vida	<input type="radio"/>						
Cd6	Para mi, mi trabajo es una passion sobre la que yo tengo control	<input type="radio"/>						
Cd7	Yo no puedo vivir sin mi trabajo	<input type="radio"/>						
Cd8	La necesidad de hacer mi trabajo es tan grande que no me puedo contener	<input type="radio"/>						
Cd9	No me puedo imaginar mi vida sin mi trabajo	<input type="radio"/>						
Cd10	Yo me siento emocionalmente dependiente de mi trabajo	<input type="radio"/>						
Cd11	Me cuesta bastante controlar mi necesidad de hacer mi trabajo	<input type="radio"/>						
Cd12	Me siento casi obsesionado con trabajo	<input type="radio"/>						
Cd13	Mi estado de animo depende de mi habilidad para hacer mi trabajo	<input type="radio"/>						



One more section to go!

SECCION D - DIGA SU OPINION

La seccion siguiente le da la oportunidad para expresar su opinion. Si usted quisiera agregar algun comentario acerca de sus experiencias en el campo del trabajo humanitario, sientase en libertad de hacerlo aqui. Yo estoy muy interesada en conocer sus experiencias personales acerca de su trabajo humanitario.

Para finalizar y submitir sus resultados, por favor haga Click en el boton de '**Submitir esta informacion**'.

Si usted desea borrar sus respuestas, haga Click en el boton de '**Borrar sus respuestas**'.
Con la submision de sus respuestas, usted esta de acuerdo con participar en este estudio.

[Submitir esta informacion](#)

[Borrar sus respuestas](#)

Muchas gracias por el tiempo empleado en completar este cuestionario!

Su ayuda representa una invaluable contribucion para el entendimiento de las experiencias de los trabajadores del campo humanitario de la salud.

Muchas Gracias!

Este proyecto ha sido revisado y aprobado por el Comité de Etica de la Universidad de Massey: Southern A, Application 07/48.

Si usted tiene alguna preocupacion acerca de la conduccion de esta investigacion, por favor contacte Dr. John O'Neill, Presidente del Comité de Etica Humana de la Universidad de Massey: Southern A, telefono +64 6 350 799, extension 8635, correo electronico humanethicsoutha@massey.ac.nz

Appendix C – Online Questionnaire (French Version)

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Les motivations des personnels soignants dans l'humanitaire et leurs incidences en matière de bien-être, vitalité et syndrome d'épuisement professionnel (SEP)

Informations préliminaires

L'auteur de la recherche

Bonjour! Je m'appelle Natasha Tassell et je fais une thèse de psychologie sous la direction de Ross Flett, senior lecturer à la School of Psychology de Massey University en Nouvelle-Zélande.

Sujet de recherche

Ma recherche porte sur la psychologie du travail médical dans un contexte humanitaire : ce qui motive les soignants, ce qu'ils pensent de leur travail, d'eux-mêmes et de la vie en général. Par mon expérience dans l'humanitaire, je sais combien ce travail peut être difficile et éprouvant mais tellement enrichissant aussi ! C'est pourquoi la compréhension des dynamiques du travail humanitaire me semble digne d'intérêt. Ainsi, si vous avez récemment pris part à une mission humanitaire, aussi bien d'urgence que de développement, ou si vous êtes actuellement en mission, je vous invite à participer à cette recherche.

Conditions de participation

Pour participer, vous devez être parti(e) au moins une fois pour le compte d'une organisation humanitaire depuis 2000. Que votre mission ait été de courte durée ou sur une base de roulement (par exemple, quelques semaines ou quelques mois) ou bien que vous soyez parti(e) pour une période plus longue (1 ou 2 ans), votre expérience de travailleur humanitaire m'intéresse.

Que faut-il faire?

Pour participer à cette étude, il vous suffit de remplir le questionnaire (pour cela, cliquez sur le lien ci-dessous). Le questionnaire en lui-même prend une quinzaine de minutes.

Vos droits

Si vous décidez de participer, sachez que vous pouvez sauter des questions ou vous retirer de l'étude à n'importe quel moment. Je vous garantis que personne ne verra vos réponses ou sera capable d'établir un lien entre votre nom et votre réponse. Cela est valable aussi pour nous chercheurs : il nous est impossible d'identifier les auteurs des réponses.

Les résultats

À la fin du questionnaire, vous trouverez un formulaire de demande de résultats où vous pourrez donner vos coordonnées. L'analyste-programmeur responsable du questionnaire en ligne m'a assuré que cette information sera stockée séparément des réponses une fois que vous aurez cliqué sur le bouton "envoyer". Une synthèse sera disponible sur le site web www.arc-worldwide.org et une copie des résultats sera envoyée à un certain nombre d'organisations humanitaires (ex: People in Aid, Aid Workers Network, RedR-NZ, Red Cross-NZ). Vous pourrez aussi me contacter directement à l'adresse suivante tashassell@gmail.com après juillet 2008 ; je serai heureuse de vous les communiquer.

Et ensuite ?

Pour participer à l'étude, cliquez sur le lien ci-dessous. Si vous voulez des informations complémentaires, n'hésitez pas à me contacter à tashassell@gmail.com. Vous pouvez aussi contacter mon directeur de thèse, Ross Flett (R.A.Flett@massey.ac.nz), pour discuter d'éventuelles questions sur le questionnaire proprement dit. Autrement, je vous remercie de votre temps et vous souhaite bon courage.



Les motivations des personnels soignants dans l'humanitaire et leurs incidences en matière de bien-être, vitalité et syndrome d'épuisement professionnel (SEP)

Vous avez normalement été redirigé(e) sur cette page après la lecture des [informations préliminaires](#).

Consignes

Le questionnaire se compose de quatre sections consacrées à votre profil démographique, votre vie, votre environnement de travail et pour finir votre propre opinion sur vos expériences.

Veuillez remplir si possible toutes les sections ci-dessous. Vous pouvez refuser de répondre à n'importe quelle question.

Après avoir validé vos réponses, il vous sera possible d'indiquer vos coordonnées afin de recevoir une synthèse qui devrait être publiée en juillet 2008. Ces informations seront stockées séparément et ne pourront être reliées à vos réponses.

Avertissement :

Pour vérifier vos réponses au fil de l'enquête, veuillez utiliser le bouton de défilement vertical.
N'utilisez pas la touche « retour » sur la barre d'outils ; cela terminerait l'étude immédiatement et effacerait vos réponses.

Merci beaucoup de votre participation.

SECTION A - VOTRE PROFIL DÉMOGRAPHIQUE

Veuillez choisir la réponse qui se rapproche le plus de votre situation.

A1	Vous êtes de sexe	<input type="radio"/> Masculin <input type="radio"/> Féminin
A2	Indiquez votre âge	<input type="text"/> années
A3	Vous êtes	<input type="radio"/> Marié(e) <input type="radio"/> Célibataire <input type="radio"/> En couple
A4	Avez-vous des enfants à charge ?	<input type="radio"/> Oui <input type="radio"/> Non
A5	Quel est votre plus haut degré d'études ?	<input type="text"/> choisissez s'il vous plaît celui <i>Autre, veuillez préciser</i> <input type="text"/>
A6	Quelle est votre profession ?	<input type="text"/> choisissez s'il vous plaît celui <i>Pour les consultants, précisez la spécialité</i> <input type="text"/>

Ba28	Je n'ai pas beaucoup l'occasion de décider par moi-même comment mener ma vie	<input type="radio"/>					
Ba29	Je me sens souvent incompetent(e)	<input type="radio"/>					
Ba30	J'ai beaucoup de pressions dans ma vie	<input type="radio"/>					
Ba31	Les gens sont généralement plutôt sympathiques avec moi	<input type="radio"/>					
Ba32	Au quotidien, je suis souvent obligé(e) de faire ce qu'on me dit	<input type="radio"/>					

Grille d'évaluation pour les questions suivantes

1	2	3	4
<i>Pas d'accord</i>	<i>Plutôt pas d'accord</i>	<i>Plutôt d'accord</i>	<i>D'accord</i>

		1	2	3	4
Eb1	Je crois que les gens sont foncièrement bons et qu'on peut leur faire confiance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eb2	On m'aime parce que j'aime en retour	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eb3	Je m'autorise à éprouver de la colère contre ceux que j'aime	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ea4	C'est essentiel pour moi d'avoir l'assentiment des autres dans ce que je fais	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eb5	Je n'accepte pas mes propres faiblesses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eb6	Je peux aimer des gens sans pour autant approuver ce qu'ils font	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eb7	Je redoute l'échec	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eb8	J'évite d'analyser et de simplifier des domaines complexes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eb9	Je n'ai pas honte de mes émotions, quelles qu'elles soient	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eb10	Je me sens obligé(e) de faire ce que les autres attendent de moi	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eb11	Mieux vaut être soi-même que populaire	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eb12	Je ne me sens pas particulièrement investi(e) d'une mission dans la vie	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eb13	Je sais exprimer mes sentiments même quand cela peut avoir des conséquences malheureuses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eb14	Je ne me sens pas la responsabilité d'aider quiconque	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eb15	J'ai peur de ne pas être à la hauteur	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Les affirmations suivantes portent sur vos pensées et vos sentiments dans diverses situations et dans la vie en général. Pour chacune d'entre elles, dites si cela vous correspond en général ou pas.

Grille d'évaluation pour les questions suivantes

0	1	2	3	4
<i>Ne me correspond pas bien</i>	<i>Ne me correspond pas</i>	<i>Ni pour ni contre</i>	<i>Me correspond plutôt</i>	<i>Me correspond bien</i>

		0	1	2	3	4
--	--	----------	----------	----------	----------	----------

Bc1	Dans un débat, j'essaie d'envisager le point vue de chaque camp avant de prendre une décision	<input type="radio"/>				
Bc2	Pour mieux comprendre mes amis, j'essaie parfois de me placer de leur point de vue	<input type="radio"/>				
Bc3	Si je suis sûr(e) d'avoir raison, je ne perds pas de temps à écouter les arguments des autres	<input type="radio"/>				
Bc4	Je pense qu'il y a toujours deux visions opposées à toute question	<input type="radio"/>				
Bc5	Quand j'en veux à quelqu'un, j'essaie de « me mettre à sa place » pendant quelques temps	<input type="radio"/>				
Bc6	Avant de critiquer quelqu'un, j'essaie d'imaginer ce que j'éprouverais si j'étais à sa place	<input type="radio"/>				
Bc7	Je trouve ça parfois difficile d'envisager les choses du point de vue de l'autre	<input type="radio"/>				
Bc8	Je suis souvent touché(e) par ce qui se passe sous mes yeux	<input type="radio"/>				
Bc9	Je me décrirais comme quelqu'un d'assez sensible	<input type="radio"/>				
Bc10	J'éprouve souvent de la compassion pour les gens qui ont moins de chance que moi	<input type="radio"/>				
Bc11	Il m'arrive de ne pas être très sensible aux problèmes des autres	<input type="radio"/>				
Bc12	Quand je vois qu'on profite de quelqu'un, j'ai envie d'intervenir et de le protéger	<input type="radio"/>				
Bc13	En général, les malheurs des autres ne m'affectent pas énormément	<input type="radio"/>				
Bc14	Il m'arrive parfois de ne pas éprouver beaucoup de pitié à l'égard de quelqu'un victime d'une injustice	<input type="radio"/>				
Bc15	La vie est trop courte pour remettre à demain les plaisirs d'aujourd'hui	<input type="radio"/>				
Bc16	Je donne du sens à ma vie	<input type="radio"/>				

0	1	2	3	4
<i>Ne me correspond pas bien</i>	<i>Ne me correspond pas</i>	<i>Ni pour ni contre</i>	<i>Me correspond plutôt</i>	<i>Me correspond bien</i>

		0	1	2	3	4
Bc17	Je recherche les situations qui défient mes capacités et mes compétences	<input type="radio"/>				
Bc18	Avant de faire un choix, je me demande toujours si ce sera profitable à quelqu'un	<input type="radio"/>				
Bc19	Que ce soit au travail ou dans la vie, je mène ma barque et je sais où je vais	<input type="radio"/>				
Bc20	Je suis toujours très absorbé(e) par ce que je fais	<input type="radio"/>				
Bc21	Je me donne beaucoup de mal pour me sentir euphorique	<input type="radio"/>				
Bc22	Il est de ma responsabilité de faire en sorte que le monde devienne un monde meilleur	<input type="radio"/>				
Bc23	Je me laisse rarement distraire par ce qui se passe autour de moi	<input type="radio"/>				
Bc24	Avant de faire un choix, je me demande toujours si ce sera agréable ou pas	<input type="radio"/>				

Bc25	Je suis d'accord avec Pierre Ronsard : "Cueillez dès aujourd'hui, les roses de la vie!"	<input type="radio"/>				
Bc26	Ma vie a un sens profond et durable	<input type="radio"/>				
Bc27	Ce que je fais compte pour la société	<input type="radio"/>				
Bc28	J'adore faire des choses qui éveillent mes sens	<input type="radio"/>				
Bc29	J'ai passé beaucoup de temps à réfléchir au sens de la vie et au rôle que je peux jouer dedans	<input type="radio"/>				
Bc30	Avant de faire un choix, je me demande toujours si je peux m'y perdre ou non	<input type="radio"/>				
Bc31	À mon avis, une bonne vie c'est une vie agréable	<input type="radio"/>				
Bc32	Quelque soit ce que je fais, le temps passe toujours très vite	<input type="radio"/>				

Les questions suivantes portent sur vos sentiments à votre égard en général. Choisissez la réponse qui représente le mieux la fréquence à laquelle vous éprouvez les sentiments suivants.

Grille d'évaluation pour les questions suivantes

1	2	3	4	5
<i>Jamais</i>	<i>Occasionnellement</i>	<i>Parfois</i>	<i>Souvent</i>	<i>Tout le temps</i>

		1	2	3	4	5
Bd1	Utile	<input type="radio"/>				
Bd2	Lucide	<input type="radio"/>				
Bd3	Optimiste	<input type="radio"/>				
Bd4	Enthousiaste	<input type="radio"/>				
Bd5	Bon(ne) à rien	<input type="radio"/>				
Bd6	Déprimé(e)	<input type="radio"/>				
Bd7	Insignifiant(e)	<input type="radio"/>				
Bd8	Perdu(e)	<input type="radio"/>				



Nearly there!

SECTION C - VOTRE TRAVAIL

Les affirmations suivantes portent sur ce que vous pensez et éprouvez quand vous êtes en mission.

Pour chacune d'entre elles, dites si cela vous décrit bien ou non au cours de votre dernière mission (ou de votre mission présente).

Grille d'évaluation pour les questions suivantes

1	2	3	4	5
<i>Pas du tout d'accord</i>	<i>Pas d'accord</i>	<i>Ni pour ni contre</i>	<i>D'accord</i>	<i>Tout à fait d'accord</i>

<i>Pendant ma mission humanitaire...</i>		1	2	3	4	5
Ca1	Quand j'ai terminé ce que j'ai à faire, je donne un coup de main aux autres collègues qui n'ont pas complètement fini leur travail	<input type="radio"/>				
Ca2	Même si j'étais peu payé(e) et que j'avais peu d'avantages sociaux, je continuerais à faire de mon mieux au travail	<input type="radio"/>				
Ca3	Au travail, ce qui compte le plus pour moi c'est de savoir si je fais de mon mieux ou pas	<input type="radio"/>				
Ca4	Au travail, je profite au maximum de mon employeur tout en en faisant le moins possible	<input type="radio"/>				
Ca5	Au travail, moins j'en ai à faire, mieux je me porte	<input type="radio"/>				
Ca6	Quand je suis au travail, je pense à la manière de m'en échapper	<input type="radio"/>				
Ca7	Si ça pouvait passer inaperçu, j'essaierais bien de travailler un peu plus lentement que la normale	<input type="radio"/>				
Ca8	Je trouve ça très satisfaisant d'être payé(e) à ne rien faire	<input type="radio"/>				
Ca9	Un employé malin c'est celui qui profite au maximum de son employeur tout en en faisant le moins possible	<input type="radio"/>				
Ca10	Les employés qui sont plus concernés par les avantages qu'ils peuvent tirer de leur travail que par ce qu'ils peuvent y apporter ont la bonne philosophie	<input type="radio"/>				
Ca11	Si je devais travailler très dur tous les jours, je quitterais certainement mon travail	<input type="radio"/>				
Ca12	Dans mon travail, je me sens obligé(e) d'en faire plus qu'il n'en faut	<input type="radio"/>				
Ca13	Je préfère un travail qui m'occupe toute la journée plutôt qu'un travail où je n'ai pas grand-chose à faire	<input type="radio"/>				
Ca14	Je me sens mal à l'aise au travail quand il y a peu à faire	<input type="radio"/>				
Ca15	Je pense que je deviendrais très frustré(e) si je n'avais pas grand-chose voire rien à faire au travail	<input type="radio"/>				
Ca16	Comme c'est du pareil au même, mieux vaut avoir un emploi avec beaucoup de devoirs et de responsabilités qu'un emploi avec peu de devoirs et de responsabilités	<input type="radio"/>				

Les phrases suivantes portent sur les raisons qui vous ont poussé(e) à vous investir dans l'humanitaire.

Pour chaque phrase, dites si cela correspond parfaitement, très bien, bien, moyennement, un peu, très peu ou pas du tout aux raisons de votre engagement dans l'humanitaire.

Grille d'évaluation pour les questions suivantes

1	2	3	4	5	6	7
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Cd10	Émotionnellement parlant, je suis dépendant(e) de mon travail	<input type="radio"/>						
Cd11	J'ai beaucoup de mal à essayer de contrôler mon besoin de faire mon travail	<input type="radio"/>						
Cd12	La relation que j'ai avec mon travail est presque de l'ordre de l'obsession	<input type="radio"/>						
Cd13	Mon humeur dépend de ma capacité à faire mon travail	<input type="radio"/>						



One more section to go!

SECTION D - À VOUS LA PAROLE

Dans la section suivante, vous êtes invité(e) à vous exprimer. Si vous avez envie d'ajouter des commentaires sur vos expériences dans l'humanitaire, n'hésitez pas à le faire ici. Vos réflexions personnelles et opinions sur votre travail dans l'humanitaire m'intéressent.

Pour valider vos résultats, veuillez appuyer sur le bouton **ENVOYER**

Si vous désirez effacer vos réponses, veuillez appuyer sur le bouton : **EFFACER LES RÉPONSES**
En validant vos réponses, vous consentez de manière implicite à participer à cette étude.

ENVOYER

EFFACER LES RÉPONSES

Merci d'avoir pris le temps de remplir ce questionnaire !

Votre contribution est grandement appréciée; elle nous sera d'une aide précieuse pour mieux comprendre les expériences des personnels soignants dans l'humanitaire.

Merci !

Ce projet a été lu et approuvé par le comité d'éthique (Human Ethics Committee) de Massey University: Southern A, Application 07/48.

Si vous voulez discuter de la manière dont cette enquête est menée, veuillez contacter le président du comité éthique John O'Neill à l'adresse suivante : John O'Neill, Chair,

*Massey University Human Ethics Committee,
Southern A, téléphone +64 6 350 5799 x 8635,
courriel : humanethicsoutha@massey.ac.nz.*

Appendix D – Information Sheet for Interview Participants

The Motivations of Humanitarian Health Workers: Implications for Well-Being, Vitality and Burnout

INFORMATION SHEET

Who is doing this research?

Hello! My name is Natasha Tassell and I am currently conducting my Doctoral research through the School of Psychology at Massey University, New Zealand. My supervisor is Dr Ross Flett, a senior lecturer in the School of Psychology

What is this research about?

I am interested in the psychology of health work in humanitarian settings – what motivates people - how they feel about the work, themselves and life in general. I have been involved in humanitarian work myself, so am aware it can be difficult and demanding! But also very rewarding too! So an increased understanding of the dynamics of the humanitarian experience seems a worthwhile research endeavour from my point of view. So if you have recently been deployed to or worked in a humanitarian relief or development setting, I'd like to invite you to take part in this research. Should you choose to participate, you will comprise one of a group of 12 interviewees.

What will I be asked to do?

You will be interviewed and asked to answer some questions. There are no right or wrong answers to these questions, and I would just like you to give the answers that feel most true for you. If you are interested in taking part in the interview, it should take about 30-50 minutes of your time, depending on how elaborate you wish to be with your responses.

What are my rights as a participant?

If you decide to take part you can skip or omit questions whenever you want to. That is, you don't have to answer any of the questions if you do not feel like it. You will not be exposed to any physical danger as a result of your participation in the interview, and you can also choose to withdraw from the interview at any time. Your responses will be audio-recorded and later transcribed into text format, but I guarantee that no one else who knows you will ever see your answers or be able to link your name to your answers. You will also be given the opportunity to view and edit your interview transcript, if you wish. If the interview raises any issues for you that you would like to discuss further, you can feel free to contact my supervisor Dr Ross Flett (R.A.Flett@massey.ac.nz) for a confidential discussion.

How can I find out about the results?

If you would like to find out about the results of the study, you can provide me your details on the attached separate form, and I will send you a summary of the research when it is completed. You are also welcome to email me at N.A.Tassell@massey.ac.nz or at Massey University on (06) 3569099 extn 2056 after March 2009, and I can email you a copy of the findings.

This project has been reviewed and approved by the Massey University Human Ethics Committee: Southern A, Application 08/42. If you have any concerns about the conduct of this research, please contact Professor John O'Neill, Chair, Massey University Human Ethics Committee: Southern A, telephone 06 350 5799 x 8771, email humanethicsoutha@massey.ac.nz.

Appendix E – Interview Participant Consent Form

The Motivations of Humanitarian Health Workers: Implications for Well-Being, Vitality and Burnout

PARTICIPANT CONSENT FORM

This consent form will be held for a period of five (5) years

I have read the Information Sheet and have had the details of the study explained to me. My questions have been answered to my satisfaction, and I understand that I may ask further questions at any time.

I agree/do not agree to the interview being audio taped.

I wish/do not wish to have my tapes returned to me.

I wish/do not wish to be given the opportunity to view and edit my interview transcript.

I agree to participate in this study under the conditions set out in the Information Sheet.

Signature:

Date:

.....

**Full Name -
printed**

.....

Appendix F – Authority for Release of Transcripts

The Motivations of Humanitarian Health Workers: Implications for Well-Being, Vitality and Burnout

AUTHORITY FOR THE RELEASE OF TRANSCRIPTS

This form will be held for a period of five (5) years

I confirm that I have had the opportunity to read and amend the transcript of the interview/s conducted with me.

I agree that the edited transcript and extracts from this may be used by the researcher, Natasha Tassell, in reports and publications arising from the research.

Signature: _____ **Date:** _____

Full Name - printed _____

Appendix G – Interview Schedule and Prompting Questions

1. How do you generally feel during your deployments to humanitarian settings?

- Have you ever felt like you were ‘burnt-out’, and if so, what characterised this feeling?
- Have you ever had ‘vitality’, and if so, what characterised this feeling?
- Have you ever felt ‘fearful’ – perhaps afraid for your life or for that of others, and if so, what characterised this feeling?
- Have you ever felt really ‘satisfied’ with your efforts, and if so, what characterised this feeling?

2. What are some of the things that have motivated/do motivate you to engage in humanitarian work?

- Would you say seeing others suffering motivates you, and if so, how?
- Would you say you are motivated by something internal to you, and if so, can you describe this?
- Would you say you are motivated by specific values (i.e., compassion, empathy), and if so, can you describe these?
- Would you say you are motivated by a need to feel like you are making a contribution to something larger than yourself?
- Would you say you are motivated by what other people might think about you doing this type of work?

3. Would you say humanitarian work is a passion for you? If so, what do you mean by this?

- How do you feel it is a passion for you?
- Where do you feel most passionate about your work (i.e., in the field, at home thinking about it)?

- When does the passion for your work tend to be the most strongest (i.e., in the field, at home thinking about it)?

4. What do you think are some of the most important personal characteristics required to be a humanitarian worker?

- For example, would you say there is a certain mind-set an individual must have (i.e., strong, psychologically resilient)?
- Would you say there are specific values that an individual must possess (i.e., compassion, religious philosophy)?

Appendix H – Descriptive Statistics for Individual Items on Each Subscale

Table 11

Means, Standard Deviations, and N for Individual Items on Each Scale

Scale	Item	Mean	SD	N
Introjected Motivation	Because I personally feel that I really ought to be very good at this job, and I would be disappointed otherwise	4.30	1.93	77
	Because I really want to be successful in this job and I would be ashamed otherwise	3.84	2.05	77
	Because my work is my life and I don't want to fail	3.32	2.00	77
Identified Motivation	Because this is the type of work I prefer in order to pursue my career	4.14	2.16	77
	Because it is the job I chose to work towards fulfilling my career plans	3.91	2.05	77
	Because I chose this job since it allows me to attain some important goals, while at the same time permitting my to respect other aspects of my life aswell	5.13	1.64	77

Pleasant Orientation to Happiness	Life is too short to postpone the pleasures it can provide	2.73	1.17	71
	I go out of my way to feel euphoric	1.31	.97	71
	In choosing what I do, I always take into account whether it will be pleasurable	1.65	.99	71
	I agree with this statement: “Life is short – eat dessert first”	2.14	1.23	71
	I love to do things that excite my senses	2.68	1.03	71
	For me, the good life is the pleasurable life	1.90	1.04	71
Engaged Orientation to Happiness	I seek out situations that challenge my skills and abilities	3.31	.77	71
	Whether at work or play, I am usually “in the zone” and not conscious of myself	1.45	1.10	71
	I am always very absorbed in what I do	2.45	.94	71
	I am rarely distracted by what is going on around me	1.70	.96	71
	In choosing what I do, I always take into account whether I can lose myself in it	1.56	.99	71
	Regardless of what I am doing, time passes very quickly	2.62	.95	71
Meaningful Orientation to Happiness	My life serves a higher purpose	2.37	1.28	71
	In choosing what I do, I always take account whether it will benefit other people	2.86	.80	71
	I have a responsibility to make the world a better place	3.00	.91	71
	My life has a lasting meaning	2.70	1.10	71
	What I do matters to society	2.99	.82	71
	I have spent a lot of time thinking about what life means and how I fit its big picture	2.59	1.10	71

Harmonious Passion	My work allows me to love a variety of experiences	6.48	.65	73
	The new things that I discover with my work allow me to appreciate it even more	6.27	.93	73
	My work allows me to live memorable experiences	6.55	.82	73
	My work reflects the qualities I like about myself	6.27	.85	73
	My work is in harmony with other activities in my life	5.48	1.44	73
	For me, my work is a passion that I still manage to control	5.53	1.29	73
Obsessive Passion	The urge is so strong, I can't help myself from doing my work	3.44	1.85	75
	I have difficulty imagining my life without my work	3.88	1.97	75
	I am emotionally dependent on my work	2.91	1.79	75
	I have a tough time controlling my need to do my work	2.73	1.61	75
	I have almost an obsessive feeling for my work	2.48	1.68	75
	My mood depends on me being able to do my work	2.80	1.64	75
Negative Affect	Hopeless	.10	.38	79
	Depressed	.10	.31	78
	Insignificant	.13	.34	78
	Confused	.19	.43	78
Positive Affect	Useful	1.96	.52	78
	Clear-Headed	1.86	.60	78
	Optimistic	1.86	.64	79
	Enthusiastic	1.82	.70	78

Satisfaction With Life	In most ways my life is close to ideal	5.17	.95	77
	The conditions of my life are excellent	5.35	1.16	77
	I am satisfied with my life	5.61	1.02	77
	So far, I have gotten the important things I want in life	5.29	1.13	77
	If I could live my life over, I would change almost nothing	4.51	1.50	77
Self-Actualisation	I believe that most people are essentially good and can be trusted	3.31	.58	72
	I feel free to be angry at those I love	2.94	.87	72
	It is always necessary that others approve of what I do	3.19	.76	72
	I don't accept my own weaknesses	2.91	.80	72
	I can like people without having to approve of them	3.19	.78	72
	I am loved because I give love	3.30	.74	72
	I fear failure	2.44	.92	72
	I avoid attempts to analyse and simplify complex domains	3.22	.84	72
	I do not feel ashamed of any of my emotions	3.03	.86	72
	I feel I must do what others expect me to do	2.96	.80	72
	It is better to be yourself than to be popular	3.38	.72	72
	I have no mission in life to which I feel especially dedicated	3.43	.78	72
	I can express my feelings even when they may result in undesirable consequences	3.06	.71	72
	I do not feel responsible to anybody	3.82	.48	72
	I am bothered by fears of being inadequate	3.00	.99	72
Vitality	I feel alive and vital	5.66	1.01	79
	Sometimes I feel so alive I just want to burst	4.42	1.26	79
	I have energy and spirit	5.72	.80	79
	I look forward to each new day	5.38	.98	79
	I nearly always feel alert and awake	4.99	1.30	79
	I feel energised	5.01	1.08	79

Burnout – Emotional Exhaustion	I feel emotionally drained from my work	3.07	1.66	68
	I feel used up at the end of the work day	3.78	1.95	68
	I feel fatigued when I get up in the morning and have to face another day on the job	2.68	1.50	68
	Working with people all day is really a strain for me	2.18	1.46	68
	I feel burned out from my work	2.32	1.26	68
	I feel frustrated by my job	2.71	1.51	68
	I feel I'm working too hard on my job	3.24	1.89	68
	Working with people directly puts too much stress on me	2.15	1.36	68
	I feel like I'm at the end of my rope	1.72	1.01	68
Burnout – Diminished Personal Accomplishment	I can easily understand how my recipients feel about things	2.21	1.32	68
	I deal very effectively with the problems of my recipients	2.34	1.14	68
	I feel I'm positively influencing other people's lives through my work	1.94	1.10	68
	I feel very energetic	1.72	.86	68
	I can easily create a relaxed atmosphere with my recipients	2.34	1.48	68
	I feel exhilarated after working closely with my recipients	2.60	1.52	68
	I have accomplished many worthwhile things in this job	1.99	1.09	68
	In my work, I deal with emotional problems very calmly	2.12	1.45	68
Burnout – Depersonalisation	I feel I treat some recipients as if they were impersonal 'objects'	1.75	1.24	68
	I've become more callous towards people since I took this job	2.00	1.40	68
	I worry that this job is hardening me emotionally	2.28	1.69	68
	I don't really care what happens to some recipients	1.47	.85	68
	I feel recipients blame me for some of their problems	2.37	1.55	68

Appendix I – Descriptive Statistics for Comparison Samples on All Variables of Interest

Table 12

Means and Standard Deviations of Comparison Samples for Introjected and Identified Motivation

Study	Sample	N	Introjected Motivation	Identified Motivation
Present Study (2008)	Humanitarian Health Workers	82	3.82 (1.72)	4.39 (1.60)
Blais, Briere, Lachance, Riddle, & Vallerand (1993)	Private and Public Sector Employees	787	3.70 (1.57)	5.15 (1.30)
Blais, Sabourin, Boucher, & Vallerand (1990)	Heterosexual Couples	126	2.60 (1.23)	4.20 (1.23)
Koestner, Losier, Vallerand, & Carducci (1996)	Psychology Students	288	3.15 (not given)	4.88 (not given)
Koestner, Losier, Vallerand, & Carducci (1996)	University Students	74	2.89 (not given)	5.11 (not given)
Wang, Khoo, Liu, & Divaharan (2008)	Singaporean Secondary School Students	155	3.72 (1.77)	4.75 (1.57)

Table 13

Means and Standard Deviations of Comparison Samples for the Pleasant, Engaged, and Meaningful Orientations to Happiness

Study	Sample	N	Pleasant	Engaged	Meaningful
Present Study (2008)	Humanitarian Health Workers	82	2.06 (0.68)	2.20 (0.46)	2.38 (0.58)
Gabriele (2008)	High School Students in America	206	3.43 (not given)	2.91 (not given)	3.16 (not given)
Peterson, Ruch, Beermann, Park & Seligman (2007)	US Adults responding on internet	12 439	3.11 (0.74)	3.13 (0.74)	3.58 (0.93)
Vella-Brodrick, Park, & Peterson (2009)	Australian Adults	332	3.13 (0.89)	2.89 (0.65)	3.21 (0.88)
Vella-Brodrick, Park, & Peterson (2009)	US Adults	12 622	3.14 (0.86)	3.11 (0.74)	3.58 (0.93)

Table 14

Means and Standard Deviations of Comparison Samples for Harmonious Passion and Obsessive Passion

Study	Sample	N	Harmonious Passion	Obsessive Passion
Present Study (2008)	Humanitarian Health Workers	82	5.23 (0.60)	3.13 (1.43)
Mageau, Vallerand, Rousseau, Ratelle, & Provencher (2005)	Adult Gamblers [lottery tickets]	220	1.90 (1.21)	2.54 (1.37)
Mageau, Vallerand, Rousseau, Ratelle, & Provencher (2005)	Adult Gamblers [casino activities]	334	2.64 (1.61)	3.34 (1.31)
Ratelle, Vallerand, Mageau, Rousseau, & Provencher (2004)	Adult Gamblers	412	3.21 (1.36)	2.53 (1.58)
Stenseng (2008)	Psychology Students	196	5.07 (1.12)	3.66 (1.42)
Wang, Khoo, Liu, & Divaharan (2008)	Singaporean Secondary School Students	155	4.91 (1.41)	3.80 (1.70)

Table 15

Means and Standard Deviations of Comparison Samples for Positive Affect and Negative Affect

Study	Sample	N	Positive Affect	Negative Affect
Present Study (2008)	Humanitarian Health Workers	82	2.87 (0.45)	0.77 (0.44)
Kammann & Flett (1983)	New Zealand Adults	112	2.38 (0.65)	0.93 (0.61)
Kammann & Flett (1983)	New Zealand Adults	112	2.50 (0.63)	0.99 (0.68)

Table 16

Means and Standard Deviations of Comparison Samples for Satisfaction with Life

Study	Sample	N	Life Satisfaction
Present Study (2008)	Humanitarian Health Workers	82	5.18 (0.88)
Meyer, Enstrom, Harstveit, Bowles, & Beevers (2007)	Fashion Models	56	4.63 (1.13)
Meyer, Enstrom, Harstveit, Bowles, & Beevers (2007)	Non-Models	53	4.91 (1.28)
Tremblay, Blanchard, Pelletier & Vallerand (2006)	Natural Disaster Victims	148	5.08 (1.15)

Table 17

Means and Standard Deviations of Comparison Samples for Self-Actualisation

Study	Sample	N	Self-Actualisation
Present Study (2008)	Humanitarian Health Workers	82	3.15 (0.31)
Meyer, Enstrom, Harstveit, Bowles, & Beevers (2007)	Fashion Models	56	4.77 (0.62)
Meyer, Enstrom, Harstveit, Bowles, & Beevers (2007)	Non-Models	53	4.97 (0.65)

Table 18

Means and Standard Deviations of Comparison Samples for Vitality

Study	Sample	N	Vitality
Present Study (2008)	Humanitarian Health Workers	82	4.45 (0.72)
Mageau, Vallerand, Rousseau, Ratelle, & Provencher (2005)	Adult Gamblers	271	5.32 (1.45)
Tremblay, Blanchard, Pelletier & Vallerand (2006)	Natural Disaster Victims	148	4.85 (1.02)
Wilson, Lonley, Muon, Rodgers & Murray (2006)	Women in Health Program	50	5.48 (0.85)

Table 19

Means and Standard Deviations of Comparison Samples for Burnout

Study	Sample	N	Emotional Exhaustion	Diminished Personal Accomplishment	Depersonalisation
Present Study (2008)	Humanitarian Health Workers	82	2.64 (1.09)	2.15 (0.81)	1.95 (1.02)
Leiter & Laschinger (2006)	Nurses	8597	2.51 (1.25)	4.67 (0.89)	1.26 (1.13)
Piedmont (1993)	Occupational Therapists	36	2.73 (0.79)	4.93 (0.64)	1.08 (0.72)
Rupert & Kent (2007)	Psychologists	595	1.97 (1.01)	5.20 (0.61)	0.96 (0.75)
Uskun, Osturk, Kisioglu, & Kirbiyik (2005)	Turkish Community Health Service Workers	307	1.36 (0.76)	2.70 (0.53)	0.74 (0.66)