Title:

Motivation in Humanitarian Health Workers: A Self-Determination Theory perspective

Authors:

Natasha Tassell and Ross Flett

School of Psychology

Massey University

New Zealand

Address for Correspondence:

Natasha Tassell, PhD

School of Psychology

Private Bag 11222

Palmerston North

New Zealand

N.A.Tassell@massey.ac.nz

+64 6 3569099, extn 2056

Biographies:

Natasha Tassell is a lecturer with the School of Psychology at Massey University, New Zealand. Her research interests include cultural psychology and humanitarian psychology, and she has published in these areas.

Ross Flett is a senior lecturer in the School of Psychology at Massey University. His research interests are eclectic and include applied social psychology, health/mental health, and bicultural psychology.

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Abstract:

We were interested in why humanitarian health workers initially engage and remain in humanitarian work, often in the face of threats to safety and personal wellbeing. Semi-structured qualitative interviews assessed the consciously available reasons why individuals engaged in humanitarian health work. Interview data was unpacked through a thematic analysis. Using Self-Determination Theory as a guiding framework, data suggested introjected and identified motivations are applicable to this occupational domain. Introjected motivation is implicated in initial reasons to engage the work, while identified motivation is implicated in reasons to continue. Theoretical and practical implications are discussed.

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Humanitarian health workers are individuals engaged by humanitarian agencies to decrease the ill effects of humanitarian crises, and subsequently make a place to promote the physical, mental and social well-being of beneficiary communities. They are at the forefront of human survival in the aftermath of natural disasters or complex emergencies. Deriving from a variety of health disciplines (i.e., doctors, nurses, social workers, psychologists, nutritionists), their work is as diverse as their areas of expertise.

Humanitarian work represents the positive characteristics of humanity, with workers personifying altruism and compassion as they willingly risk their own well-being to assist less-able others. However, humanitarian health workers are exposed to traumatic and unpleasant conditions, and must mobilise psychological and emotional resources to effectively undertake their work, making it extremely labour and emotionally intensive.

Humanitarian health workers are now considered to be more at risk of death or injury during their deployments, than United Nations peacekeepers (Surman 2009). The increasingly dangerous nature of humanitarian settings means workers are likely to encounter hostilities, and risks to safety and life may inhibit the number of new workers choosing to engage in humanitarian assistance, or provide reasons for those already engaged to discontinue. There are some workers however, that will remain committed to the work, despite the risks. Why do these individuals choose to initially engage and continue with this occupation, even with knowledge their life and personal well-being may be in danger?

Encapsulating action, intention, and persistence towards a desired outcome (Ryan and Deci 2000), motivation energises and sustains behaviour over time (Steers, Mowday and Shapiro 2004). Previous studies have outlined the underlying mechanisms associated with how and what motivates workers in

various work settings (e.g., Deci et al. 2001; Gagne and Deci 2005; Ilardi, Leone, Kasser and Ryan 1993; Sheldon, Turban, Brown, Barrick and Judge 2003). Other studies have investigated motivation for prosocial and helping behaviours (e.g., Grant 2008; Ohly and Fritz 2007).

To our knowledge, no research has investigated the motivation to engage in humanitarian health work, which is an inherently prosocial occupation. While Self-Determination Theory has been used to assess motivation across a number of domains, including work (e.g., Vansteenkiste et al. 2007), prosocial activities (e.g., Gagné 2003), and volunteering (e.g., Millette and Gagné 2008), it has yet to be applied to the humanitarian domain. The purpose of the present study was to assess the conscious reasons motivating health workers engagement in humanitarian settings using Self-Determination Theory (SDT; Ryan and Deci 2000) as a guiding framework.

Self-Determination Theory and Humanitarian Health Workers
Self-Determination Theory (SDT) is a meta-theory describing human motivation. Central to the theory is the belief humans are inherently growth-oriented, and desire to be self-determined. Self-determination is contingent on the satisfaction of the three basic psychological needs of competence, relatedness, and autonomy. Competence reflects being 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 refers to 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 (Baard, Deci and Ryan 2004). Autonomy reflects the psychological need for personal volition and causality, regarding cognitions and actions.

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. Basic psychological needs are believed to be universal, irrespective of cultural context, socioeconomic circumstance, and personal disposition. The extent basic psychological needs are met influences the

motivation underlying specific behaviours (Deci and Ryan 2000; Deci and Vansteenkiste 2004).

SDT posits six types of motivation underlie behaviour: amotivation (lack of motivation), external (performing an action to obtain an external outcome), introjected (performing an action to obtain an internal outcome, such as self-esteem), identified (performing an action for its perceived value and importance), and intrinsic (performing an action for the pure enjoyment of doing so). Studies show need satisfaction in certain contexts (e.g., work) results in specific motivational outcomes. In terms of motivating and directing behaviour in general, prior and consistent need satisfaction becomes important (Deci and Ryan 2000).

The motivations are differentiated according to the extent factors regulating behavioural engagement are autonomous or controlled. Autonomy refers to volition and free choice, and is defined as "endorsing one's actions at the highest level of reflection" (Gagné and Deci 2005, p. 334). Control occurs when individuals feel pressured to behave, think, or feel in certain ways (Gagné and Deci 2005).

Autonomy and control are determined by internalisation, which occurs when externally regulated structures (e.g., social norms, values, attitudes, beliefs) are absorbed and become internally regulated (Gagné and Deci 2005). External structures are internalised if they facilitate a sense of determination over behaviour. This results in a greater sense of identification with and affiliation to specific activities and behaviours, and more autonomous forms of motivation. When externally regulated structures are not internalised into self-concept, they remain as approval and/or avoidance-based regulators of behaviour, resulting in more controlled motivations.

Not all of the motivations are as salient across all domains and behaviours (Koestner et al. 1996). We propose introjected and identified motivations are most relevant to humanitarian health work, so it is these motivations that will be focussed on and discussed in the following sections.

Introjected Motivation

A controlled type of motivation, 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 or feelings of worth, or the avoidance of negative reactions by others. We propose introjected motivation results when needs 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 on behaviour. It is the urge to satisfy needs that drives behaviour. 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".

Such statements also reflect the reasons people engage in humanitarian health work, which is worthwhile, allowing individuals to influence the well-being of others in direct and practical ways. This facilitates feelings of personal worthiness and value, which creates positive feelings of self-esteem. Health workers engage the work to enhance their sense of self-esteem and others positive perceptions of them, or to avoid feelings of guilt associated with living in better socio-economic and socio-cultural circumstances. Example statements emphasising these reasons include: "I do this work because it makes me feel good", "I do this work because I want to do something for myself" and "I do this work because I feel bad about living in a country where I don't have to deal with issues like having enough food to eat, water to drink, and shelter".

Research from culturally and socially diverse health worker populations suggests the former statement, reflecting the enhancement of feelings of worth and value, is associated with engagement in health work. A series of focus group discussions investigating the motivations of health workers employed in primary health care facilities, were conducted across three regions in Tanzania. Results indicated the need to feel valued and supported were the main motivating factors (Manongi, Marchant and Bygbjerg 2006).

An exploratory quantitative study in two North Vietnam provinces examined the 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 work, were ranked as the main (i.e., first and second, respectively, among five) motivators (Dieleman, Van Cuong, Vu Anh and Martineau 2003).

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.

Identified Motivation
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. We propose identified motivation occurs when 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 and Ryan 2000). A statement reflecting this type of motivation is: "I do this work because it is a valuable and worthwhile thing to do".

This statement also reflects why some health workers engage in humanitarian health work. It is labour-intensive, and involves deployment to unsafe situations, but also provides opportunity to impart practical, valuable, and lasting benefits to others. Exposure to danger may induce a sense of exhilaration or sensation-seeking for some workers, but it is unlikely to be a motivating factor for engaging in such work. Instead the importance and value placed on assisting other human beings to live more comfortably, must be a motivator. Statements reflecting this motivation for humanitarian health work include: "Being involved in this work is important because I know I am making a difference to the lives of others", and "Humanitarian work is a valuable occupation, because of the benefits it provides to others".

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 engagement in both countries included dedication/cooperation as a virtue, devotion, effort, and consultation (Franco, Bennett, Kanfer and Stubblebine 2004). While these studies were conducted

on health worker populations in non-humanitarian settings, they suggest specific values are involved in regulating engagement in health work settings.

SDT motivations, including introjected and identified motivations, explain participation in education, religion, politics, leisure, health, and interpersonal relations (Blais, Sabourin, Boucher and Vallerand 1990; Koestner et al. 1996; Ryan, Rigby and King 1993; Williams, McGregor, Sharp, Levesque, Kouides, Ryan, and Deci 2006). Our research will extend SDT by assessing these motivations in the domain of humanitarian health work. These motivations are ascertained by examining the extent values associated with certain activities have been internalised. Internalisation of values is determined by examining the consciously available reasons individuals identify for their engagement in activities (Koestner et al. 1996).

Semi-structured qualitative interviews and thematic analyses have been previously used in studies with humanitarian workers (e.g., Hunt 2008; Mathauer and Imhoff 2006; Mather 2008), as they provide a richness and depth to data that can be missed when opting for quantitative questionnaire methods. Given the rationale of Koestner et al (1996), which suggests internalisation is ascertained by evaluating consciously available reasons such as those that can be verbalised, we chose a semi-structured interview approach to data collection. Although there are quantitative scales of work motivation available, we felt a qualitative method would provide a more in-depth and rich account of the reasons why workers engaged in the work, which is potentially more useful for informing future research and recruitment strategies of organisations. We analysed the data using thematic analysis (Braun and Clarke 2006), to ascertain how well the consciously identified motivations map characteristics of introjected and identified motivations.

Methodology
Sample
Five humanitarian workers (4 female and 1 male), ranging in age from 28-73 years, participated in the study. All participants had been engaged in short-term humanitarian assistance within the past three years. Table 1 provides a

brief overview of participant demographics, including areas to which deployment had occurred within the past three years.

[INSERT TABLE ONE ABOUT HERE]

Procedure

Ethics approval was granted to conduct semi-structured interviews. Recruitment occurred via the acquaintanceship networks of the first author. A confirmation email to participants followed one week prior to tentative agreement regarding interview arrangements. Participants were provided with information sheets about the research, and completed consent forms. The interview schedule comprised open-ended questions regarding motivation for humanitarian health work, with follow-up questions to elicit more in-depth responses. All responses were recorded via dicta-phone, and transcribed verbatim into transcripts. Four interviews occurred in participant's homes, and lasted an average of 45 minutes. One participant was sent questions via email, and in turn responded through email.

Results

A theoretical thematic analysis, which is "a method of identifying, analysing, and reporting patterns (themes) within data" (Braun and Clarke 2006, p. 79), was employed. 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 progressed 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.

After initial analysis according to this process, two external raters viewed the final themes and supporting statements. Agreement was reached between the main researcher and the raters, thus establishing inter-rater reliability for the analyses undertaken and subsequent themes that emerged. Three main

themes of initial motivation for humanitarian health work, motivation for continuing humanitarian health work, and personal consequences of humanitarian health work transcended the entire data set. Within these themes, several sub-themes were identified.

Initial Motivation for Humanitarian Health Work: Initial motivation to engage humanitarian health work was underpinned by several sub-themes. Personal needs and wants were the main antecedents for stimulating thinking about engaging in such work. Several values guided decisions to actually engage including, having a sense of responsibility for, moral obligation to, and compassion towards others.

Participants reported personal needs and wants served as catalysts for thinking about engaging in humanitarian work (e.g., wanting to travel, relationship break-up, wanting to do something useful). However, the decision to actually engage was guided by specific values. Most commonly expressed was a sense of responsibility to others in need. 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)

Other values emphasised included 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). These were spoken about in relation to compassion and empathy, and 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…I can't bear that. (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. (Participant B)

Of interest, participants also indicated being aware of the dangers of engaging in such work, and four participants indicated they had experienced threats to their lives, on at least one of their deployments. However, all participants stated they were not deterred by threats to personal safety, and 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."

Conclusion: The sub-themes highlighting initial motivations for humanitarian health work appear to map closely onto introjected and identified motivations. Introjected motivation means behavioural engagement is regulated by

contingencies, such as self-esteem and feelings of worth. Some personal need, such as doing something for themselves, was identified as the catalyst for thinking about engaging in humanitarian work. This suggests while the activity served some external purpose (i.e., helping others), it needed to have 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 is implicated in initial thinking about involvement in humanitarian health work, identified motivation plays a part with regard to actually engaging in the work. Identified motivation occurs when behaviour is consciously valued and becomes internalised into self-concept. A number of values (i.e., sense of responsibility, justice, compassion) were highlighted as personally important to participants, and guided involvement in humanitarian settings. The emphasis placed on values suggests they formed a significant aspect of self-concept/identity, indicating they had been internalised and underpinned decisions to engage in humanitarian health work. In this sense, identified motivation guided actual engagement.

Participants also discussed being aware of the dangers of such work, having experienced threats to safety during one of their deployments, and also that despite this they would continue with such work. These findings support the observation humanitarian situations are becoming increasingly dangerous for workers. They also imply that even in the face of danger, some health workers are persistent in their humanitarian endeavours.

Motivation for Continuing Humanitarian Health Work: All participants had been engaged in humanitarian health work for more than one year, and deployed on a number of occasions. Participants discussed in-depth what motivated them to continue with the work. The main sub-theme emphasised was outcomes associated with the work, such as a sense of achievement, satisfaction, and engagement. All participants indicated receiving recognition by others for their work was not why they continued.

A primary outcome was the sub-theme of achievement, which was largely expressed as making a contribution and making a difference to others lives. A feeling of contributing to something larger than oneself was also commonly reported:

> I have done something now I guess I can feel like I have contributed. (Participant D)

> …there is a sense of pride and achievement…that you've actually helped to change their life. (Participant B)

Comments regarding 'making a contribution' to some humanitarian cause emphasised a sense of personal achievement, and were underpinned by the feeling of having alleviated others suffering. Comments focussing on 'making a difference' emphasised a sense of achievement for others, and were underpinned by the feeling of seeing others excel, grow, and develop:

> 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)

> …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 was a salient reason for continuing humanitarian health 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).

Both achievement and satisfaction drove participants to want to do 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 wanting to be 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 described as working at a different level or pace when in humanitarian settings:

> 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 humanitarian situations thinking about and implementing ways to contribute more. This indicates these workers persisted with their humanitarian endeavours, even outside of the humanitarian setting. Despite persisting within and outside humanitarian settings, some participants did not think they were doing as much as they could or ought to. Several indicated wanting to do more, but did not have the 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).

Participants also expressed not wanting recognition for the work they did, and denied praise from others was a reason to continue their involvement in humanitarian settings. Feelings of satisfaction and achievement were gained

from actually doing the work, rather than from recognition received from others:

> 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". (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)

Conclusion: The reasons cited for continued engagement in humanitarian health work appear to explicitly reflect both introjected and identified motivations, however on a more implicit level map largely onto identified motivation. Participants expressed feeling a sense of achievement and satisfaction from being involved in humanitarian endeavours. This was reflected in data extracts relating to 'making a contribution', which emphasised a sense of personal achievement, and some extracts relating to a sense of satisfaction, which involved feeling this way as a result of efforts inputted. These mapped well on to introjected motivation, which involves engaging in an activity due to self-enhancing contingencies, such as self-worth and esteem.

A more detailed analysis of the data reveals identified motivation may better explain why workers continued to be involved in humanitarian work. Identified motivation occurs when values associated with a certain activity are internalised into self-concept, and form a part of an individual's identity. Therefore, it was expected participants who had internalised certain values would make reference to these values, not in terms of being important to their own endeavours, but as being important and necessary for undertaking such work. It was also expected motivating reasons would be other-focussed, and reflect an emphasis on engaging the work for the sake of others, as opposed to the sake of themselves.

Data extracts relating to 'making a difference' and some related to a sense of satisfaction reflected this, as the emphasis was on joy and satisfaction at witnessing others achievements and watching others develop, grow, and excel, as opposed to the achievements and satisfaction of the self. Although these values may be perceived as reflecting introjected motivation, additional verbatim comments contained within the main data extracts suggest workers were driven to become more engaged when they saw their efforts helping others, and this extended to engaging activities outside the humanitarian context. 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. All participants expressed feeling more engaged in humanitarian settings, which was typically described as working at an energised level or pace. These factors indicate the idea of being a humanitarian and the values and behaviours reflecting that, had become embedded in self-identity, such that the interviewees felt a desire to be involved in and persist with their humanitarian efforts, outside of occupational commitments.

Recognition by others was not important to any 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. This congruence comes from the internalisation of certain humanitarian values and behaviours into one's identity. Combined, the interview data suggests continued engagement in humanitarian health work is driven by identified motivation.

Discussion
The purpose of this research was to investigate the motivations underlying health workers engagement in humanitarian work, and ascertain whether

these motivations mapped onto the introjected and identified motivations proposed by SDT. The findings indicate that introjected motivation appears to be implicated in initial reasons for becoming involved, which included wanting to satisfy personal needs and wants. Identified motivation is implicated in reasons to continue working in this occupational domain, and appears to be related to the internalisation of specific values such as responsibility for others, moral obligation, justice or equality, contributing, and achieving.

While aspects of the other motivation types may be perceived as directing individuals to engage in humanitarian health work, our analyses suggest they do not play a major role in initial or subsequent reasons. As previously mentioned, not all of the SDT motivation types are as salient in relation to different behaviours. Also, while for example, some workers might engage in humanitarian work to earn some money (extrinsic motivation) or because some tasks are deemed enjoyable (intrinsic motivation), the financial or pleasurable aspects associated with the work are not the primary motivating factors. Indeed, previous research suggests these intrinsic and extrinsic factors serve as de-motivators for health workers (e.g., Tzeng, 2002). Therefore, it is not surprising other SDT motivations that are more extrinsically or intrinsically focussed were not found in the analyses.

The findings extend SDT, by showing these motivations are applicable within the humanitarian area, and are in line with previous studies showing their relevance for explaining motivation in other life domains and types of work (e.g., Blais et al. 1990; Koestner et al. 1996; Millette and Gagné 2008; Ryan et al. 1993). They also concur with findings of previous research in a number of ways. Firstly, research on volunteer motivation has indicated the motivation to begin volunteering and the motivation to continue are often divergent (e.g., Cnaan and Goldberg-Glen 1991; Millette and Gagné 2008). Our research suggests this divergence is also apparent in humanitarian work, where the initial reason to engage in such work is motivated by a desire to fulfil personal pursuits, while subsequent reasons to continue with the work are motivated by specific other-focussed values.

What has not been investigated within the humanitarian domain, is why motivations change. The concept of need satisfaction and autonomy supportive environments may provide a feasible explanation. We propose workers who initially engage in humanitarian work for introjected reasons do so because the needs for competence and relatedness have not been previously or consistently satisfied. Humanitarian environments provide opportunity for these needs to be satisfied, as they allow individuals to feel a sense of competence and connectedness, through doing worthwhile endeavours with needy populations. This facilitates the satisfaction of the competence and relatedness needs. We also earlier proposed satisfaction of the competence and relatedness needs were characteristic of identified motivation. We speculate a reason why initial and subsequent motivations to engage in humanitarian work change is due to the psychological needs of competence and relatedness being satisfied, although this is a question for future research.

Secondly, previous research has assessed the values workers believe necessary to possess, when working in a variety of helping and health professions (e.g., Dieleman et al. 2003; Franco et al. 2004; Manongi et al. 2006; Mathauer and Imhoff 2006), which include dedication to others, responsibility, professional conscience, and a desire / devotion to help, among others. The present findings contribute to this literature by highlighting a number of values deemed important by health workers in humanitarian settings.

More specifically, the findings are indicative of the types of values internalised by individuals in helping professions who have an identified motivation. Koestner et al (1996) suggest internalisation can be ascertained by examining the consciously available reasons cited by individuals. Participants were able to identify the reasons they continued to be involved in humanitarian work, and these were made in reference to values, such as making a difference to other lives and contributing to something worthy. These reflected values that are other-focussed, and are in-line with findings from studies showing other-

oriented values and beliefs are important to possess when working in human service professions (e.g., Batson et al. 2003; Harton and Lyons 2003).

The findings also indicate introjected reasons, such as wanting to do something for oneself, motivated initial involvement in the work. This suggests the motivations underlying why participants initially and subsequently engaged in such work reflected differing value systems. Those with introjected motivations, while still concerned with helping others, were likely to have a core set of values that were predominantly self-focussed. Those with identified motivations were likely to have a core set of values that were other-focussed. Future quantitative research may better explicate these differences, and perhaps investigate whether value systems are related to the extent basic psychological needs have been satisfied or thwarted, and whether this in turn impacts motivation.

Participants reported they were aware of the dangers involved with humanitarian work, and had themselves felt threats to their own safety. All indicated this would not deter them from doing such work again. Several participants mentioned they spent time outside the humanitarian situation thinking about and implementing ways to contribute more. These findings support reports indicating workers are likely to encounter adversities while in humanitarian situations, and such situations are becoming increasingly dangerous (e.g., Stoddard et al. 2009).

They also suggest some humanitarian workers have a sense of persistence regarding their humanitarian endeavours. Previous SDT research indicates more autonomous forms of motivation are positively correlated with persistence (e.g., Deci and Ryan 2008a; Grant 2008; Pelletier, Fortier, Vallerand and Brière 2001). The present findings do not allow us to easily differentiate between those workers with introjected and those workers with identified motivations, so it is difficult to ascertain whether workers with identified motivation were more persistent in comparison to those with an introjected motivation. However, given previous findings, we speculate that this may have been the case.

Limitations

The sample size was small, and restricted to expatriate humanitarian workers. Some research indicates the experiences of expatriate and local workers differ (Lopes-Cardozo et al. 2005), so the motivations underlying engagement in humanitarian work may also be divergent. For example, local workers who are of the same ethnic, social, or cultural affiliation as the affected population may more closely identify with the victims of humanitarian crises. This may motivate them to engage in humanitarian crises as they more strongly feel the importance and value of helping others who are similar to them, thus reflecting a stronger tendency for identified motivation.

The conceptualisation of humanitarian health workers is broad and creates a heterogenous occupational group (i.e., comprised of a number of health professionals). The motivations of individuals from different occupational groups may differ as the conditions the job is undertaken in, rather than the job itself, could be most pertinent to motivational orientation. So the findings may not accurately reflect the motivations specific to various occupations. For example, nurses may be motivated to initially engage and continue in humanitarian work for different reasons and in different ways when compared to nutritionists or psychologists.

Following from the work of Mather (2008) and Hunt (2008), qualitative interviews were conducted as a means for obtaining more insightful information about the experiences of humanitarian workers. However, these were retrospective interviews conducted outside the humanitarian context, and may have been subject to inaccurate recall. Studies indicate inaccuracies in the recollection of traumatic events (e.g., Southwick, Morgan, Nicolaou and Charney 1997), and given humanitarian situations are inherently traumatic, inaccuracies in recollection of experiences is possible.

Future research may account for these limitations by collecting data through a mixture of approaches. Administering quantitative paper- and pencil questionnaire packages, conducting 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 potential inaccuracy that may occur, in workers retrospective recollection of their experiences. A multilingual approach will ensure workers of all nationalities and cultural backgrounds are able to participate, again removing any response bias. Obtaining data from both local and expatriate workers, and perhaps differentiating the experiences of workers from different occupational groups will allow for increased understanding and more generalisability of results, to various segments of the humanitarian health worker population.

Implications

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 (World Health Organisation 2006). 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. It would be useful for humanitarian organisations to understand the motivations for why people continue with such work, as these are the workers they would prefer to attract (Cnaan and Goldberg-Glen 1991). Understanding what motivates individuals to continue with humanitarian work would enable humanitarian organisations to develop recruitment programs targeting those more likely to continue, in addition to developing programs that continually foster motivation for humanitarian work.

Motivation has significant positive associations with a variety of psychological factors, including work satisfaction, psychological adjustment, and well-being

(e.g., Deci et al. 2001; Ilardi et al. 1993). Humanitarian settings are inherently adverse, exposing workers to a variety of traumatic and disturbing circumstances. The findings could be used to further investigate the relationship between motivation and psychological adjustment found in previous research, by examining whether certain types of motivation (i.e., introjected or identified) result in better psychological adjustment in humanitarian workers. Understanding the motivations underlying health workers engagement in humanitarian work provides a basis for examining why, when faced with similar or the same stressors, some workers remain relatively unaffected, while others suffer detriments to psychological well-being, including PTSD (Lopes-Cardozo et al. 2005) and fatigue (Tyson 2007).

Preliminary findings of a recent study suggest introjected motivation may be inversely related to burnout, while identified motivation may be positively related (Tassell 2010). This contrasts with results of previous SDT studies showing more autonomous motivations are negatively related to burnout and positively related to well-being indicators (e.g., Deci and Ryan 2008b; Ryan, Rigby and King 1993; Sheldon et al. 2004). Further examining these relationships could provide another explanatory dimension for the aetiology of burnout, in addition to the mental health implications associated with certain types of motivation. This knowledge may be useful for humanitarian organisations in terms of designing and implementing pre- and post-deployment training and psychological coping programs that have the aim of facilitating certain types of motivation in health workers who engage in these settings.

It would also provide another dimension to SDT research by assessing whether the SDT motivations exert different effects in settings that are primarily other-focussed. For example, identified motivation increases persistence (Deci and Ryan 2008a; Grant 2008; Pelletier et al. 2001), 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 may not be beneficial, as persisting with such work could adversely affect well-being in the long-term. The nature of the behaviour one is motivated toward affects the outcomes associated with the motivation, and investigating this further is a fruitful area for future research.

Conclusion

Given the important role of humanitarian workers, humanitarian organisations must recruit individuals who are proactively motivated to benefit others. They must also motivate their workers in ways that encourage them to remain in a profession where adversities are endemic and often out-weigh the tangible benefits of the work. Humanitarian health workers are at the forefront of ensuring other's health and well-being, in humanitarian crises, so humanitarian organisations must equally prioritise the needs of their workers. Self-Determination Theory provides a useful framework for assessing the motivations underlying workers engagement in humanitarian work, and predicting outcomes associated with doing such work. Applying the SDT motivations to the humanitarian domain provides a foundation from which humanitarian organisations can ensure their humanitarian endeavours are being reached, while also prioritising the motivational and well-being needs of their workers.

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