

Tenacity During Turmoil: Exploring Readiness and Capacity to Withstand Reactive Trauma

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Abstract: Humanitarian practitioners, such as crisis clinicians, emergency medical personnel, disaster response and aid workers, and social workers, face extraordinary stressors in their work, including exposure to trauma, long hours, limited resources, and unsafe conditions. The humanitarian workforce is at a critical juncture with high attrition and practitioners experiencing considerable mental distress from trauma exposure. Given this context, we discuss the prevalence and outcomes of mental health challenges for humanitarian practitioners in the field as well as protective factors. We then introduce our Tenacity During Turmoil (TDT) conceptual model regarding trauma in the workforce. Through this model, we hypothesize that tenacity is the essential determinant of occupational and mental wellbeing for humanitarian practitioners. We conclude with recommendations for addressing the imperative for organizations to examine their role in fostering the development and enhancement of tenacity among their employees.

Keywords: Tenacity, Resilience, Workforce, Humanitarian, Crisis, Retention.

INTRODUCTION

The urgency of addressing humanitarian and crisis response workforce resilience and tenacity is particularly acute in the United States, where an estimated 415,100 humanitarian professionals are employed, with numbers expected to rise as crises intensify (Sokanu Interactive Inc., 2025). Federal and state systems are also under increasing financial and operational pressure. For example, the Federal Emergency Management Agency (FEMA) has fallen below major disaster cost thresholds since 2023 (Painter, 2025), and enacted reductions in spending programs such as food assistance, health care, and childcare subsidies affect vulnerable populations who rely on them.

These domestic challenges exist within a broader global context: approximately 570,000 aid workers served an estimated 300 million people worldwide in 2017 (Egger & Schopper, 2022). Yet humanitarian funding remains insufficient, with a \$25 billion gap in 2024 between United Nations appeals and actual contributions (IRC, 2025). Together, these pressures underscore the critical need to better understand the prevalence of mental health challenges for humanitarian practitioners worldwide. Perhaps equally or more important is a need to better understand the factors that not only protect workers from the potential adverse effects of their exposure to trauma but also those factors that help them to flourish in the field. This knowledge can inform the development of effective pre-

field training and systems of support that strengthen practitioners' tenacity once they are engaged in the work.

In this article, we examine the prevalence and outcomes of mental health challenges for humanitarian practitioners in the field and protective factors to help mitigate these risks. We propose our Tenacity During Turmoil conceptual model and address the imperative for organizations to examine their role in fostering the development and enhancement of tenacity during turmoil among their employees.

THE ISSUE

Humanitarian practitioners, such as crisis clinicians, emergency medical personnel, disaster response and aid workers, and social workers face extraordinary stressors in their work, including exposure to trauma, long hours, limited resources, and unsafe conditions. Rates of post-traumatic stress disorder (PTSD) among humanitarian aid and relief workers, emergency nurses and physicians, social workers, and other helping professions reach 42%, and depression up to 68%; far above global averages (Connorton *et al.*, 2012; Ghodsi *et al.*, 2019; Heymann *et al.*, 2024; Huang *et al.*, 2024; Maddock, 2024; Saade *et al.*, 2022; Schincariol *et al.*, 2024). Beyond the toll on individuals, burnout and attrition weaken organizations and undermine crisis response, and impact the mental and physical wellbeing of service recipients (Ballout, 2025; Brabson *et al.*, 2020; Hallet *et al.*, 2024).

Workforce recruitment and retention are difficult across disciplines. The additional stressful factors facing the humanitarian workforce can make

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recruitment and retention even more complex. A US national survey of 1,000 nonprofit organizations across all 50 states revealed that over 50% of the organizations noted that stress and burnout were barriers to recruiting and retaining nonprofit staff (National Council of Nonprofit, 2023). Further, Korff *et al.* (2015) found that in their Médecins Sans Frontières (MSF) Holland study of nearly 2,000 field staff, only 40% reenlisted for another deployment assignment.

Secondary traumatic stress (STS) and vicarious trauma have been examined across many disciplines. Humanitarian practitioners are often directly exposed to trauma or indirectly exposed to the trauma of others which can result in higher rates of STS or vicarious trauma than other professions (Foo *et al.*, 2023; Lee, Gottfried, & Bride, 2018; Wines, Hyatt-Burkhart, & Coppock, 2019; Quitangon & Evces, 2015). In research with psychiatrists, studies have found the burnout rate in North American psychiatrists to be as high as 78%, Japanese psychiatrists to experience depression symptoms at a rate of 34% and Indian psychiatrists reporting signs of burnout at a rate of 46% (Kar, Shankar, & Singh, 2022). Likewise, among social workers, high levels of vicarious trauma were found to be similar to that of other humanitarian professions (Aguiar-Fernandez *et al.*, 2022; Lev, Zychlinski & Kagan, 2022). Humanitarian practitioners face struggles including long hours, intense emotions, safety of themselves and/or their clients, staff shortages and more. Exposure to high stress, trauma or conflict can also lead to burnout, compassion fatigue, moral injury, or vicarious/secondary trauma. This work can also produce positive outcomes, including resilience, grit, tenacity, and compassion satisfaction. While many workers may experience adverse outcomes, others continue to thrive in their work.

Although extensive research has been conducted to assess the negative impacts of trauma exposure on practitioners, little is known about employees who remain productive and successful within the high demands and stress of humanitarian and crisis work. The concept of resilience has been explored with regard to many client populations. Resilience is often defined as the ability to return to previous functioning levels after experiencing a potentially traumatic event (Young, Pakenham, Chapman & Edwards, 2022). Vicarious resilience goes further to acknowledge that one not only ‘bounces back’ but draws strength and personal growth from bearing witness to the resilience of the service beneficiary (AlOtaibi, 2024). These definitions, however, limit resilience to an outcome and

do not consider both the pre-trauma exposure and subsequent and continuous state of self-reflection, personality, intrapersonal skills and active steps taken for personal or professional growth that contribute to the development of resilience.

While the term resilience could be used for humanitarian practitioners, it may lack the active work and energy put forward by these individuals to remain invested in the work. Terms like grit or tenacity may be more fitting. Duckworth (2007) coined the term grit to define positive personal characteristics that can be learned and enhanced through experiences, guidance and application. Grit involves the skills to focus on a task and move forward towards completion of long-term goals even when obstacles or potential failure arise (Singh & Chukkali, 2020; Duckworth, Peterson, Matthews & Kelly, 2007). Grit has been frequently studied in regard to specific achievements such as academic success and athletics (Lee, Reasoner & Lee, 2023; Martin *et al.*, 2025). Tenacity has been defined as a personal characteristic that reflects perseverance and sustained commitment to tasks and goal directed energy (Duckworth *et al.*, 2007). While the commitment and drive to achieve goals can be part of humanitarian work, other factors may be important for workers to remain engaged in the work. We are proposing to extend Duckworth's definition of tenacity to move beyond the goal directed energy and tasks whereby a person can remain steadfast in their humanitarian ideals even in the face of setbacks, without losing sight of the big picture. In essence, both intrinsic and extrinsic motivation play a pivotal role in sustaining tenacity.

Determinants of Tenacity: Motivational Factors, Adverse Impact, and Protective Dimensions

Motivational Factors

The motivation to pursue a humanitarian career can be driven by multiple forces, including the desire to help others or make a difference in their community or somewhere else in the world. Exploring this motivation is essential for considering both the intrinsic characteristics and extrinsic drivers that serve and sustain the practitioners' dedication over time. Intrinsic characteristics include factors such as satisfaction with a job done well, personal or professional growth, and a sense of purpose, while extrinsic drivers include, for example, work environment, autonomy, receiving a financial reward, promotions, and praise from colleague or boss (Lukyanchenko, 2021; Rackauskiene, Kasnauskiene, & Virbalienė, 2013). Most practitioners,

however, are drawn to their careers as a calling based on their values and prosocial motives; a desire and commitment to help and enhance the wellbeing of others (Connorton *et al.*, 2012; Dickmann & Cerdin, 2018; Hassan, Shazhzad & Waqar, 2020; Salem, Van Quaquebeke & Besiou, 2022; Skeoch, Stevens & Taylor, 2017). This would indicate that intrinsic motivation plays a significant role in humanitarian practitioners' success.

Adverse Impact

Much research has focused on the impact stress, trauma and crises can have on practitioners including the prevalence of burnout, depression, anxiety, substance use disorders, vicarious trauma, or secondary post-traumatic stress (Kanno & Giddings, 2017; Lee, Gottfried & Bride, 2018). Despite a commonly shared value of altruism as a motivating factor among humanitarian practitioners, Lukyanchenko and others (Gaboury & Kimber, 2023; Leung, Schmidt & Mushquash, 2023) also highlight dissatisfaction with relationships and previous personal experiences with trauma as a draw to humanitarian practice. Practitioners may be drawn to the opportunity to help prevent dysfunctional relationships or to mitigate pain caused by dangerous or toxic experiences.

Young *et al.* (2022) highlight Lopez Cardoza *et al.*'s well known study (2012) that signified a progressive increase of anxiety and depression levels for the practitioner over the course of humanitarian deployment, suggesting that these mental health issues are a result of the work. However, if some humanitarian practitioners are attracted to the field as a way of healing their own experience of relationship dissatisfaction, the question remains as to whether these practitioners are predisposed to adverse effects of bearing witness to trauma based on the extent to which they have resolved their personal experiences that have led them to the humanitarian field. Research distinguishing between those practitioners predisposed to depression and anxiety and those whose baseline does not include the propensity for mental health challenges is limited.

Psychological and Protective Dimensions

For practitioners working in the humanitarian and crisis response fields, several factors guard against reactive traumatic stress, which includes STS, vicarious trauma, depression, anxiety and PTSD. These include both individual psychological factors and structural or organizational conditions.

Young *et al.* (2022) discuss the concept of complete mental health, reflecting both elevated wellbeing and reduced psychological distress. They examine psychological flexibility, meaning, and resilience among aid workers as predictors of mental wellbeing. Further, adaptability is also identified as a key personal protective factor in preventing mental health issues, such as depression, anxiety and Post-Traumatic Stress Disorder for humanitarian practitioners (Salem, Van Quaquebeke & Besiou, 2022; Young *et al.*, 2022). These characteristics enable the practitioner to consistently act within one's values despite adversity and the thoughts, feelings, and emotions that come with bearing witness to the trauma.

Moreover, psychological resilience, personal sense of control and autonomy, self-reflection, higher levels of social support, religiosity and spirituality, and feelings of satisfaction derived from caring for others also play a significant role in protecting humanitarian practitioners from poor mental health and may even foster emotional wellbeing (Altinoğlu-Dikmeer *et al.*, 2025; Najmabadi, Agénor & Tendulkar, 2024; Salem, Van Quaquebeke & Besiou, 2022; Spányik *et al.*, 2023; Young & Pakenham, 2021).

Building on these psychological dimensions, numerous factors contribute to workplace engagement and success. Among the protective factors, altruism, creativity, personal schema, and empathy each play a critical role. For example, altruistic motivation (the desire and satisfaction of being involved in work that can transform others' lives) also serves as a protective factor throughout a practitioner's career. It aligns with the satisfaction derived from caring for others, further shielding practitioners from the adverse effects of bearing witness to trauma narratives and experiences. This complements Young & Pakenham's findings that religiosity and spirituality also play a significant role in reducing emotional exhaustion while contributing to enhanced personal fulfillment and wellbeing (2021).

Likewise, creativity can be defined as a personal ability to generate new and beneficial ideas, explanations, and innovations, and to approach uncertainty or novel challenges in unique ways (Runco & Benetto, 2019). From the perspectives of humanistic and positive psychology, creativity has been positively associated with psychological wellbeing (Acar *et al.*, 2021). A work setting that supports and enhances creativity can convey to workers that they have the ability to make changes while also serving to enhance their self-efficacy. Further, such an environment can

also foster a stronger sense of purpose (Baumeister & Vohns 2002; Tavares, 2018). Creativity in the workplace, therefore, serves as a benefit that can lead to staff retention and success.

In addition to creativity, professional schema also shapes how individuals understand and navigate professional challenges. Schemas are described as cognitive frameworks that allow people to organize and interpret information and experiences. Individuals may develop schemas related to who they are, roles they engage in and experiences they encounter (Dang, Sharma, & Shekhawat, 2019). For humanitarian practitioners, they may develop a professional schema that includes the importance of helping others, making a difference, respecting other cultures, and fostering human dignity. This schema may provide a structure to withstand the tension and challenges of humanitarian work. If an organization's mission upholds these values, it may support the practitioner's professional schema and foster sustainability in their work. If the organization challenges the worker's professional schema, worker retention could be decreased as the connections between the practitioner and the organization values have been depleted.

While professional schema guides how practitioners interpret experiences, empathy also serves as an essential protective factor. Empathy is the ability to understand the outlook and feelings of others. There are two components of empathy: cognitive and emotional empathy. It is not a fixed trait; it is relational and strongly connected to social contexts (Sutton & Paddon Rhoades, 2022). Empathy has been researched in many helping and caring professions and found to be a valuable element in the clinical therapeutic processes. Some studies have found that workers with high levels of empathy have lower rates of burnout (Anderson & Gilin, 2025). Less research has been done to explore the role empathy has in humanitarian practitioner success and long-term work engagement.

Organizational Dimensions

Organizational Protective Factors

While recognizing the role that intrapersonal characteristics and skills play in workplace success, it is also critical to note that individuals do not work in isolation. The culture of an organization can offer both protective and risk factors for employees. The workplace can foster an environment that promotes employee satisfaction, growth, and tenacity during

turmoil. Organizations reduce adverse impacts on workers by maintaining adequate staffing levels, offering flexible work schedules, ensuring realistic workloads, and providing resources and training (Razai, Kooner & Majeed, 2023).

Organizational protective factors can also include clear organizational communication, job context, working conditions, and demographics. Organizations need to have clear communication with their workers, including, although not limited to, performance objectives, outlining and implementing processes and protocols, available resources, and supervision. Young & Pakenham (2021) found that higher income, past psychosocial training, and long-term work all served as protective factors for aid workers' mental health, as did, perhaps, the clear expectation that workers will be exposed to trauma in the workplace such that they anticipated and expected such stressors. When organizations incorporate these protective factors, they can bolster practitioner wellbeing and support worker retention.

Organizational Risk Factors

Adam *et al.*'s meta-analysis of 123 articles examining burnout and stress management found that most organization-offered resources targeted the individual (2023). Resources for the practitioner included services such as stress management, employee assistance program services, counseling or training on self-care. While these services may be beneficial, they place the responsibility solely on the individual worker.

Further, the organizational culture may also present a risk factor. For instance, an organization centered on public image, focused on financial priorities without considering employee wellbeing or transparency, or characterized by authoritarian communication and leadership styles can foster a negative organizational culture. Additionally, practitioners who work in isolation, or who are members of multidisciplinary teams where they are the sole representatives of their discipline, may experience distress if not adequately supported. Inconsistent social connections among practitioners, due to different deployments, staff attrition and similar factors, further complicate the workplace environment and contribute to a lack of social support. Moreover, such an unhealthy culture can hamper practitioners' autonomy and creativity. This climate can then perpetuate a maladaptive work environment that may lead to burnout and other adverse effects for the

practitioner and their beneficiaries, as well as workforce attrition for the organization.

We propose the Tenacity During Turmoil (TDT) Model to better understand humanitarian practitioners and their work in complex organizations. Such a model provides a framework for understanding and analyzing the complex phenomena of mental wellbeing among practitioners and the turmoil that can exist in humanitarian work.

TENACITY DURING TURMOIL

Addressing the synergistic interaction of organizational and intrapersonal factors to support and foster practitioner wellbeing is critical to workforce retention and flourishing. Humanitarian practitioners have unique experiences in the field that further require novel skills which combine and enhance protective factors and competencies to foster long term success and effectiveness in difficult environments. Moreover, crisis and humanitarian work may draw and retain individuals in the field because the work that they do supports and enhances their tenacity. Many of these practitioners' characteristics can be discussed within our conceptual model of Tenacity During Turmoil (TDT). While the research on resilience, grit, post-traumatic growth and tenacity have revolutionized the way stress and adversities are understood, we propose that there be a more process-oriented than outcome-oriented model to explore the capacities of humanitarian workers.

The TDT Model

It was not until the late 1990s and early 2000s that constructs such as resiliency (Werner & Smith, 1992), strengths (Saleebey, 1992), and capabilities (Sen, 1994) entered mainstream academic discussions. Prior to that, social progress was measured primarily through economic indicators without taking into account emotional satisfaction or mental wellbeing. It was, in fact, not until the early 2000s that the combination of economics and wellbeing came into play with regard to social progress. For example, in 2008, world renowned economists were tasked to reexamine the indicator of economic performance, specifically the Gross Domestic Product (GDP), and social progress. Further, they were charged with identifying the assessment limitations and particularly to examine the discrepancy between the statistical measures of development and the citizens' perceptions of that same development. This led to the Report by the Commission on the

Measurement of Economic Performance and Social Progress (Stiglitz, Sen & Fitoussi, 2009) and eventually the Office of Economic Co-operation and Development (OECD)'s Framework for Measuring Well-Being and Progress. Among some of its dimensions, the Framework also began examining the intersection of mental health with economic, social and environmental outcomes (2011).

Concurrently, Seligman's PERMA Model (2011) revolutionized the psychology field to shift scientific inquiry in the field of positive psychology to studying happiness and wellbeing. He identified five domains which comprise the PERMA Model: Positive emotions, Engagement, Relationships, Meaning, and Accomplishment. These constructs, however, continue to focus on the intrapersonal aspects of wellbeing. Despite this, both paradigms, which shifted thinking from deficit and pathology toward human wellbeing, together lay the groundwork for considering tenacity as a determinant of occupational and mental wellbeing. This is particularly relevant for humanitarian practitioners, whose work is highly stressful, emotionally intensive, physically draining, and continually changing.

Being able to remain productive, effective and healthy is something that some practitioners are able to do over the course of years. Such individuals, according to Duckworth's definition (2007) have tenacity as exemplified by their perseverance and commitment to their goals. However, humanitarian practice is not always successful, the work may not be achieved within the practitioner's time frame, or the practice may only partially fulfill the overall mission of the work. Individuals need to be able to navigate the frustrations that may come with unfinished tasks, unmet goals, or the need to adapt when goals change. This may require both cognitive and emotional skills to accept the outcome, make adjustments and be able to move forward within their work. While perseverance may be a vital aspect of grit and tenacity, other factors could be involved in their overall professional success.

Altruism, the desire and satisfaction of being involved in work that can transform others' lives, autonomy while remaining part of a larger organization or mission, intrinsic motivation, creativity, compassion and empathy may play roles in practitioners' ability to be tenacious in their work. Humanitarian practice may draw individuals to the work and sustain their engagement over time because the work itself supports them and potentially enhances personal characteristics

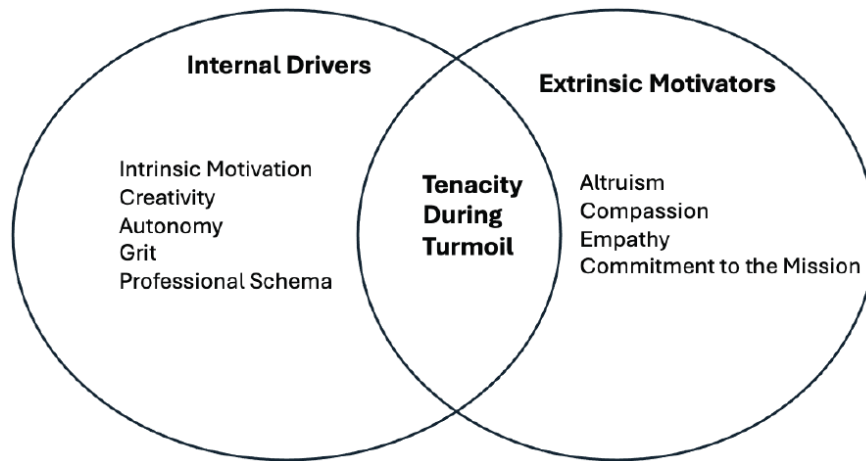


Figure 1: Tenacity During Turmoil (TDT) Conceptual Model.

that can be conceptualized collectively as Tenacity During Turmoil (TDT). We propose a conceptual model (see Figure 1) that humanitarian practitioners who remain engaged and effective in their work overtime demonstrate TDT. Within this model, internal drivers such as intrinsic motivation, creativity, autonomy, grit, and one's professional schema combine with their extrinsic motivators and relational orientation, including their sense of altruism, compassion, empathy and commitment to the mission to foster tenacity in the face of trauma and adversity. Moreover, we concur with others that resilient (and we argue, tenacious) practitioners not only experience their own emotional and professional wellbeing, but also reciprocally contribute to organizational resilience (Wang *et al.* 2022; Wut, Lee & Xu, 2022). Further, structural adjustments and policies can also foster employee wellbeing (Mullens & Laurijssen, 2024).

We posit that there is a complex interplay between multiple intrapersonal factors that support an individual's ability to remain engaged and successful in stressful humanitarian work. The presence of these intrapersonal characteristics and their dynamic interplay over time is emphasized as a process, rather than exclusively as an outcome, within the conceptual model. TDT includes the characteristics of intrinsic motivation, creativity, autonomy, grit, professional schema, altruism, compassion, empathy, and commitment to the mission. Research has shown that these characteristics influence workplace success. However, these aspects are usually studied independently, rather than together or as part of an interrelated system. Therefore, TDT helps deepen understanding of the complexities involved in being a long-term, productive, and engaged humanitarian practitioner.

We hypothesize that tenacity serves at the intersection of intrinsic drivers and extrinsic motivators to foster humanitarian practitioners' emotional wellbeing. By exploring the different components of TDT, a better understanding of the success of long-term humanitarian practitioners can emerge. This knowledge could provide a framework for training and supporting humanitarian practitioners on both an individual and organizational level.

Policy Implications and Innovation Potential

The TDT model provides an innovative framework through which organizations, governments, and other humanitarian agencies can embed tenacity within workforce policy and guide both policy development and revision. One way to support this goal is to design crisis response and management policies that allow practitioners greater autonomy, including involvement in decision-making, creativity, and compassion during field operations. Similarly, TDT can be used as a guiding framework for creating or adjusting workforce sustainability programs. For example, building agency support systems that include career development pathways, supervision, peer mentorship, and workload management (Foo *et al.*, 2023; Morris *et al.*, 2023; Richards & Shrayer, 2024) can strengthen internal drivers and reinforce extrinsic motivators, further fostering tenacity and, accordingly, workforce retention.

Just as TDT can have significant policy implications, we also view this model as the initial step in developing important wellbeing indices. For instance, TDT could serve as a conceptual basis for developing a measure of workforce tenacity. It could also evaluate the organizational structures that support and foster wellbeing among the humanitarian workforce. Further,

these tools can prove highly useful in supporting training design, implementation strategies, and monitoring and evaluation.

Practical Implications

There are several ways that organizations, governments and agencies can utilize the TDT model to further enhance humanitarian practitioners' wellbeing. First, tenacious attributes can be incorporated into recruitment practices (e.g., as preferred qualifications mentioned in position postings). Likewise, the model can also assist with determining necessary onboarding strategies and activities for new humanitarian employees. In addition, organizations may be able to use the model to examine their structures, resources and culture that would promote TDT. Wellbeing metrics can be integrated into staff evaluations and data can then inform professional development opportunities to help strengthen and support employees' tenacity. Lastly, the TDT policy implications mentioned above can lead to sustainable humanitarian engagement. Through demonstrated organizational commitment to reinforce the internal drivers and extrinsic motivators, humanitarian practitioners will encounter fewer structural barriers, will be better prepared to navigate those that remain, and experience an enhanced capacity to thrive.

DISCUSSION

Workforce retention in the humanitarian and crisis fields is at a critical juncture characterized by high attrition and practitioners experiencing considerable mental distress from trauma exposure. While some literature focuses on the individual traits that contribute to practitioner wellbeing, characteristics that contribute to practitioners' flourishing in response to the work is inadequately explored. We propose the TDT conceptual model as a starting point for further exploration of how intrinsic and extrinsic factors contribute to building humanitarian practitioners' tenacity. However, we present this with caution as we believe that TDT must not only incorporate the individual practitioners' characteristics, but that there must also be a shift of the responsibility for tenacity from being primarily that of the practitioner to a shared responsibility with the organization and the culture it asserts.

Moreover, there are limited studies exploring the interplay between the practitioner and the organization. Therefore, it is imperative to examine how

organizations can take responsibility for supporting and strengthening its workers' tenacity, shifting the conversation from problems to possibilities. By doing so, organizations not only promote practitioner wellbeing but also enhance organizational effectiveness and long-term sustainability. Likewise, understanding whether and how organizations consider workers' tenacity during recruitment, hiring, and ongoing professional development represents an important line of inquiry. Further research should also assess organizational capacity and resources to foster workforce tenacity, an essential step toward rebuilding and retaining the humanitarian workforce.

CONCLUSION

In the effort to reduce workforce attrition and address the mental wellbeing of humanitarian practitioners, research must better ascertain what causes humanitarian workers to thrive in their practice so that it is possible to build systems of support to foster, support and enhance tenacity in organizations' workforce. While there are several assessment tools that investigate worker resiliency and post-traumatic growth (for some examples, see Bartone, 2007 for information about the Dispositional Resilience Scale (DRS-15) and Cann *et al.*, 2010 for the Posttraumatic Growth Inventory - Short Form (PTGI-SF), the literature is remiss at examining tenacity as a critical driver of practitioner flourishing. Evaluating the TDT conceptual model as a springboard for developing a training program, along with creating tools to help organizations assess their intention, capacity, and needs for supporting and strengthening their humanitarian staff's tenacity are the next steps for supporting and enhancing mental wellbeing and workforce longevity across the humanitarian workforce.

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