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EFFECTS OF EMOTIONAL DISTRESS ON JOB PERFORMANCE AMONG HUMANITARIAN WORKERS IN SOUTHWEST UGANDA

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ABSTRACT

This research examined the impact of emotional distress on job performance while integrating mental health support, stress management programs, and employee wellness interventions to improve emotional resilience and maintain job performance. This research focused on the effects of emotional distress on job performance among humanitarian workers in the Southwestern region of Uganda. A total of 263 participants were engaged in the study, selected through purposive and convenience sampling methods from humanitarian organizations operating within the area. Data were gathered via a structured questionnaire employing a five-point Likert scale, and analyzed utilizing descriptive statistics (frequencies, percentages, means, and standard deviations) alongside regression analysis to ascertain the strength and significance of the association between emotional distress and job performance. The descriptive outcomes indicated elevated levels of emotional distress, with 68.8% of respondents expressing strong agreement regarding the experience of work-related sadness. (M = 4.107, SD = 1.484), a notable 68.4% of respondents indicated a recurrent sense of anxiety concerning the safety and welfare of individuals under their care (M = 4.148, SD = 1.432), while 59.3% reported feelings of being overwhelmed by the demands of their daily professional responsibilities (M = 4.061, SD = 1.358), and 60.5% articulated experiences of emotional exhaustion attributable to their occupational roles (M = 3.965, SD = 1.447). The results of the regression analysis revealed a statistically significant inverse correlation between emotional distress and job performance ($p < 0.05$), suggesting that elevated levels of emotional distress correlate with diminished job performance among humanitarian practitioners. Qualitative feedback obtained from key informants at the United Nations High Commissioner for Refugees (UNHCR) and other orgnisations like World Food Program (WFP) elucidated emotional adversities, including compassion fatigue, secondary trauma, stress arising from substantial workloads, and the psychological impact of continuous exposure to human suffering. The results highlighted the pressing necessity for humanitarian organizations to incorporate mental health assistance, stress regulation initiatives, and employee well-being strategies to bolster emotional fortitude and maintain job efficacy in high-pressure humanitarian settings.

Keywords: Emotional distress, Job performance, Humanitarian workers Education, Ethics, Evaluating Quality Assurance, Examination Administration, Socio-Economic Development

INTRODUCTION

Humanitarian endeavors are intrinsically characterized by emotional demands, frequently necessitating personnel to function within high-stress environments, interact with populations exposed to trauma, and address crises amidst limited resources and stringent deadlines. Such circumstances render humanitarian workers particularly susceptible to emotional distress, which may manifest as anxiety, sadness, emotional exhaustion, and feelings of being overwhelmed (McFarlane & Bryant, 2020). Although the principal aim of humanitarian initiatives is to assist vulnerable populations, the psychological well-being of the personnel themselves is frequently neglected, resulting in adverse repercussions for both the employees and the caliber of services they provide.

Emotional distress can be defined as a condition of mental suffering typically signified by manifestations of depression, anxiety, and burnout, often precipitated by prolonged exposure to stressors without sufficient coping strategies or organizational backing (WHO, 2022). Within the realm of humanitarian work, this distress is often exacerbated by secondary trauma, commonly referred to as vicarious trauma, as workers perpetually encounter and respond to the traumatic experiences of displaced or affected populations (Figley, 2017; Cardozo et al., 2019). Over time, this may erode their psychological resilience and directly influence their job performance, commitment, and overall productivity (Shah et al., 2021).

Job performance in humanitarian contexts serves as a pivotal indicator of the extent to which workers fulfill their obligations under arduous circumstances. Nevertheless, when emotional wellbeing is undermined, humanitarian workers may find it challenging to sustain professional efficacy, culminating in diminished efficiency, compassion fatigue, and, in extreme instances, staff attrition (Ager et al., 2021; Miller & Rasmussen, 2017). In Uganda, particularly in the southwestern region where refugee settlements and displacement crises are prevalent, humanitarian personnel contend with overwhelming workloads, restricted resources, and continuous exposure to human suffering (UNHCR, 2023).

Despite the increasing recognition of mental health requirements in crisis response frameworks, there exists a paucity of empirical research conducted in low-income nations such as Uganda, aimed at investigating the influence of emotional distress on the job performance of humanitarian workers. Consequently, this study aspires to address that deficiency by scrutinizing the degree of emotional distress among humanitarian workers in Southwestern Uganda and evaluating its implications for their job performance. The study endeavors to delineate the prevalence and characteristics of emotional distress experienced by humanitarian workers, assess the correlation between emotional distress and job performance, and propose strategies to alleviate emotional distress and enhance worker well-being within humanitarian frameworks.

Methodology

The research adopted both descriptive and correlational approaches at a quantitative level to determine the influence of emotional distress on Southwestern Uganda humanitarian workers' job performance. The descriptive research element let researchers measure how often emotional distress appeared and its essential features and correlational research examined the statistical link between emotional distress and job performance. The target area of study covered Southwestern Uganda where multiple refugee settlements exist and different humanitarian organizations work.

The present study included frontline humanitarian workers across the United Nations High Commissioner for Refugees (UNHCR), Uganda Red Cross society and their implementing partner organizations as the target population. This research selected 263 participants from different sectors using purposive and stratified sampling as their recruitment strategy. The researchers employed stratified sampling to attain organizational and role coverage as well as utilizing purposive sampling methods for humanitarian workers according to their likelihood of experiencing stress through population contact. Alongside the survey participants the research involved five (5) key informants who came from senior positions at UNHCR and URCS and were chosen purposively for their detailed interview process. Researchers utilized two research instruments where emotional distress and job performance evaluation rated on a five point Likert scale through a self-administered questionnaire. Workers in the humanitarian field reported their sadness, anxiety, emotional exhaustion and stress levels via the obtained survey evaluation. An interview guide aimed at structured results was employed to obtain qualitative insights from humanitarian sector Figured professionals and leaders. People involved in interviews shared their personal experiences of emotional distress alongside the ways their organizations support them and what they used to cope with their feelings. The information collection involved two steps where 263 participants received questionnaires through assistance from trained research staff. The research adopted both descriptive and correlational approaches at a quantitative level to determine the influence of emotional distress on Southwestern Uganda humanitarian workers' job performance. The descriptive research element let researchers measure how often emotional distress appeared and its essential features and correlational research examined the statistical link between emotional distress and job performance. The target area of study covered Southwestern

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Results

Descriptive Statistics on Emotional Distress among Humanitarian Workers

Statement	Strongly agree	Agree	Not sure	Disagree	Strongly Disagree	Mean	St. dev
I experience feelings of sadness related to my work	181(68.8)	21(8.0%)	0(0.0%)	30(11.45%)	31(11.8%)	4.107	1.484
I am often anxious about the safety and well- being of those I help	180(68.4%)	26(9.9%)	0(0.0%)	30(11.4%)	27(10.3%)	4.148	1.432
I find myselfoverwhelmed by the demands of my daily work	156(59.3%)	45(17.1%)	0(0.0%)	46(17.5%)	16(6.1%)	4.061	1.358
I feel emotionally drained and exhausted by work	159(60.5)	29(11.0%)	0(0.0%)	57(21.7)	18(6.8%)	3.965	1.447
I feel stressed and overwhelmed	159(60.5)	31(11.8%)	0(0.0%)	43(16.3%)	30(11.4%)	3.9351	1.153

Source: Primary Data (2024)

A large majority of 202 participants (68.8%) strongly supported and 8.0% endorsed the finding that work-related sadness often affects them. The results demonstrated that a total of 30 respondents (11.4 percent) together with 31 respondents (11.8 percent) strongly disagreed with this statement showing different feelings from the majority of survey participants. Multiple humanitarian workers experience job-related sadness according to the results because they work in demanding settings which contribute to poor job satisfaction levels and reduced organizational productivity. To address emotional distress and boost overall job satisfaction humanitarian organizations should establish specific interventions which include employee support initiatives and

workplace counseling with mental health services. A substantial number of 56 participants

(21.2%) displayed agreement while 30 respondents (11.4%) disagreed along with 26 individuals (9.9%) who strongly disagreed with this specific statement. The majority of humanitarian workers feel regularly anxious about the safety of those they help based on the responses and data analysis. These results demonstrate how caregiving activities together with service delivery within humanitarian work generate increased mental exhaustion for staff members. Workplace stress management training combined with mental health support programs and employee counseling services should be established by organizations to protect staff mental well-being. Work-related stress is well acknowledged by 156 staff members who completely support this concept with 45 more workers who agree with these findings. All survey participants expressed clear opinions about workload demands on the given item where neutrality was not recorded. Only half of responders (46 out of 263 or 17.5%) displayed agreement yet 16 participants (6.1%) strongly disagreed with the statement. The study demonstrates that humanitarian staff experience significant stress from their roles along with excessive pressure from their workloads since the mean score stands at 4.061 and standard deviation registers at 1.358. Organizations require measures such as wellness programs and time management education and employee support to manage workload effectively and decrease stress among staff. Survey participants indicated their disagreement with this statement through 57 cases (21.7%) and their strong disagreement through 18 more cases (6.8%). The rest of participants either stood neutral or did not respond to this question.

The study findings demonstrate that emotional fatigue affects humanitarian workers at high rates because the measurement results show emotional exhaustion as a critical issue in this field. Such emotional distress produces negative consequences that negatively affect personal motivation levels and workplace performance output along with psychological wellbeing. Employers should establish enduring mental health assistance protocols as well as stress alleviation plans together with active wellness programs that focus on employee welfare. Work stress and feelings of being overwhelmed remain major issues for staff according to 60.5% of respondents who strongly agreed while 11.8% also agreed. The survey showed that 43 workers (16.3%) disagreed at the same time 30 workers (11.4%) strongly disagreed while no respondent stayed neutral about the issue. The stress situation among workers becomes clear from the 3.935 mean score combined with a 1.153 standard deviation even though people have varying stress levels individually. The solution to this issue needs stress management programs combined with accessible mental health resources and effective strategies for workload balance to achieve success. A leader at UNHCR shared their personal qualitative account about handling emotional challenges in their position while overseeing humanitarian staff in Southwestern Uganda.

Leadership activities that combine team demands with population welfare

responsibilities present substantial emotional challenges because of reduced budget and urgent choice making processes. The combination of unpredictable humanitarian work conditions and exposure to trauma duties creates additional pressure. Such challenges stress the role emotionally yet transform the experience into a profound influence.

Discussions

Results from this investigation show that humanitarian employees in Southwestern Uganda deal with serious mental and emotional pressures. A large number of participants documented enduring sadness together with anxiety and work exhaustion as well as excessive work-related stress. Vicarious trauma and compassion fatigue separate human service factors which affect caring professionals and high-stress humanitarian staff as reported by Bride (2007) and Figley (2002).

Among the survey participants who agreed to work-related sadness the most report experiencing it 68.8% while 8.0% stated a lower but still positive agreement. Workers experience these emotions because they need to repeatedly observe others undergoing suffering combined with stressful work conditions as well as limited support. Statistical evidence demonstrating high numbers of people experiencing this sentiment comes from the mean score of 4.107. Many experts indicate that repeated contact with traumatic events without proper support networks may cause vicarious trauma to both emotional well-being and professional effectiveness while causing interpersonal problems (Stamm 2010).The results also show that **68.4% strongly agreed** and **10.3% agreed** with experiencing anxiety over the safety and well-being of those they help. This finding emphasizes the emotional investment and responsibility that humanitarian workers carry, often blurring the lines between professional duties and personal concern. The **mean of 4.148** confirms the heightened state of worry. Similar findings have been reported in studies by Baird & Kracen (2006), which indicate that humanitarian staff frequently struggle with anticipatory anxiety regarding the well-being of clients, especially in crisis-prone contexts.

Workload stress was another major theme, with **59.3% strongly agreeing** and **17.1% agreeing** that they felt overwhelmed by daily tasks. The absence of neutrality in responses indicates a strong consensus on workload challenges. The **mean score of 4.061** supports the notion that excessive responsibilities are a primary source of distress. Literature confirms that prolonged workload stress without proper coping mechanisms or institutional support can contribute to burnout and reduce the quality of service delivery (Maslach, Schaufeli, & Leiter, 2001).Emotional exhaustion emerged as a prevalent concern, with **60.5% strongly agreeing** and **11.0% agreeing** to feeling emotionally drained. This aligns with the classic definition of burnout characterized by emotional depletion, depersonalization, and reduced personal accomplishment (Maslach et al., 2001). The **mean of 3.965** and SD of 1.447 indicate significant emotional strain within the workforce. These findings echo similar patterns in humanitarian contexts, where emotional labor is a core component of professional responsibilities (McFarlane,

2010).Survey results demonstrate how stress and being overwhelmed affected 72.3% of participants at strong levels which supports the systemic nature of occupational stress. The mean of 3.935 with a relatively low standard deviation (1.153) underscores the widespread nature of this experience across the sample. The research outcomes match findings from Lopes Cardozo et al. (2012) that documented extensive stress-related disorders present among humanitarian personnel stationed in conflict and disaster regions.

The UNHCR key informant added qualitative weight to quantitative data results through stories that revealed both decision-pressure and fatigue and showed how leadership at the ground level carries high emotional burden. Through their real-world experiences these fieldworkers reveal the complete picture of how work-related issues unite with emotional pressures in the midst of operational environments (Shanafelt et al., 2009).

The collected data demonstrates the critical demand for full psychosocial support measures involving mental health assistance together with stress management techniques as well as workplace policies that benefit staff mental health. Vicarious trauma and burnout can be counteracted through operational strategies which combine regular mental counseling together with workload assessments as well as peer support programs and team activities known as organizational debriefing sessions (Newell & MacNeil, 2010).

Conclusions

Survey results demonstrate how stress and being overwhelmed affected 72.3% of participants at strong levels which supports the systemic nature of occupational stress. The mean of 3.935 with a relatively low standard deviation (1.153) underscores the widespread nature of this experience across the sample. The research outcomes match findings from Lopes Cardozo et al. (2012) that documented extensive stress-related disorders present among humanitarian personnel stationed in conflict and disaster regions.

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Recommendations

1) Local Governments must include mental health into district health plans to support humanitarian worker participation in community mental health outreach and awareness programs as well as implement policies

and safety standards for humanitarian organizations.

2) National and Community-Based Organizations need to create workplace wellness policies that focus on mental health by providing stress management education and peer-support networks as well as working with mental health professionals for easy-access counseling services and psychological first aid.
3) International NGOs need to establish mental health care benchmark standards for humanitarian situations as well as distribute these benchmarks to their national implementing partners and fund Employee Assistance Programs (EAPs) and wellness initiatives through operational budgets.
4) Academic institutions together with research bodies must conduct more studies about vicarious trauma along with stress and burnout effects on humanitarian relief workers to develop groundwork-based response strategies. These organizations should deliver training programs about humanitarian mental health as well as trauma counseling techniques along with self-care methods for workers.
5) Urgent policy changes apply for Mental Health programming as basic project requirement from Development Partners and Donor Agencies along with their backing for sustained mental health systems development through collaborations between philanthropic entities and governmental actors.
6) Mental Health Professionals together with Institutions need to build capacity for humanitarian staff regarding trauma-informed care and emotional regulation techniques as well as resilience development while creating formal referral systems to special mental healthcare facilities for workers displaying major psychological issues.
7) Humanitarian Coordination Bodies need to integrate mental health and psychosocial support throughout every sector that includes protection services, health services and livelihood sectors and maintain open communication among professionals delivering staff welfare and humanitarian mental health support.

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