

RESEARCH ARTICLE

PREVALENCE AND PREDICTORS OF BURNOUT AMONG NATIONAL HUMANITARIAN AID WORKERS, ADEN/YEMEN

Athmar S. Moqbel^{1, *}, and Amal S. Basaddik²¹ Dept. of Community Medicine and Public Health, Faculty of Medicine and Health Sciences, University of Aden, Aden, Yemen² Dept. of Behavioral Sciences, Faculty of Medicine and Health Sciences, University of Aden, Aden, Yemen*Corresponding author: Athmar S. Moqbel; E-mail: athmar.sami100@gmail.com; Phone: 781014004

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Abstract

Burnout is a global public health problem of great concern that can develop among all types of professions. It's a significant psychosocial hazards outcome. This research aimed to identify the relation between workplace psychosocial hazards and burnout among national humanitarian aid workers in Aden governorate/Yemen. A cross-sectional study was conducted from June-August 2024 in 32 UN, International, National and Local organizations in Aden/Yemen. A convenience sample of 315 national humanitarian aid workers participated. A self-administrated questionnaire adapted from Copenhagen Psychosocial Questionnaire III and Copenhagen Burnout Inventory was distributed to collect data. Data were checked, and entered to SPSS-23 for analysis. The overall prevalence of burnout was 36.5%, prevalence of personal burnout constitutes 53.4%, work-related burnout 39.6% and 33.6% for beneficiaries-related burnout. According to the binary logistic regression, those who experienced high work-life conflict demonstrated significantly higher personal (AOR = 4.047; 95% CI: 2.247–7.290), work-related (AOR = 2.811; 95% CI: 1.520–5.198), and beneficiaries-related burnout (AOR = 2.455; 95% CI: 1.365–4.413). Quantitative demands were associated with increased likelihood of personal (AOR = 2.120; 95% CI: 1.108–4.054) and work-related burnout (AOR = 2.087; 95% CI: 1.036–4.207). Low vertical trust heightened risks of personal burnout (AOR = 2.222; 95% CI: 1.108–4.457), and beneficiaries-related (AOR = 2.129; 95% CI: 1.155–3.928). Emotional demands increased personal (AOR = 2.622; 95% CI: 1.372–5.010) and work-related burnout (AOR = 2.513; 95% CI: 1.290–4.896). Job insecurity and role conflict elevated risk of work-related burnout (AOR = 2.078; 95% CI: 1.127–3.832), (AOR = 1.952; 95% CI: 1.041–3.661) respectively. Low organizational justice and low possibilities for development increased risk of work-related burnout (AOR = 2.173; 95% CI: 1.080–4.374), (AOR = 2.146; 95% CI: 1.104–4.172) respectively. Burnout is a major problem among national humanitarian aid workers in Aden-Yemen. Aid environment encompasses psychosocial hazards associated with burnout. These underscored the importance of reviewing organizations' policies regarding mental health, and providing psychological support for national aid workers.

Keywords: Aid Workers, National Humanitarian aid workers, Psychosocial Hazards, Burnout, Aden Governorate, Yemen.

Introduction:

Occupational health aims to safeguard the physical, mental, and social well-being of workers by minimizing workplace hazards and implementing protective policies[1]. Beyond traditional risks, evolving work environments have introduced psychosocial hazards (PSHs)— such as excessive workloads, inadequate

organizational support, and poor interpersonal dynamics—that threaten employee health [2, 3]. Recently, the ICD11 defined burnout as a syndrome resulting from chronic work-related stress, with symptoms characterized by "feelings of energy depletion or exhaustion, increased mental distance from one's job, or feelings of negativism or cynicism related to one's job, and reduced professional efficacy [4].

In a study looking at relation between psychosocial stressors and burnout in national humanitarian aid workers in Bangladesh, 12.7%, and 8.2% screened positive for emotional exhaustion ($EE \geq 27$), and depersonalization ($DP \geq 13$), respectively. The studied model showed distinct pathways from workplace stressors to burnout, meaning that workplace stressors had a stronger association with psychological outcomes [5]. Another study among aid workers conducted in the South Sudan, 24% of all survey participants fulfilled the criteria for high burnout on the emotional exhaustion sub-scale, and 19% on the depersonalization sub-scale [6]. In Yemen, over 150 organizations operate under the United nations' 2024 response plan [7], yet international staff often manage operations remotely, leaving local workers to navigate hazardous conditions [8]. This context exacerbates PSHs, as employees contend with resource shortages, insecurity, and overwhelming demands without adequate support [9, 10].

This study investigates PSHs as a determinant of burnout among Yemeni aid workers, aiming to inform policies that enhance workforce resilience. Addressing these challenges is critical to sustaining humanitarian efforts and safeguarding those central to crisis response. This study ambitions to shed light on the PSHs and burnout states that NHAWs are experiencing among their organizational work in Yemen. No doubt, the development of a healthy and engaged workforce through evidence-based organizational policies and practices, will smooth the fulfillment of the humanitarian mandate.

Material and Methodology

An organizational-based analytic cross-sectional design was used for this study. It was conducted from June to August-2024 in 32 United Nations, international, national, and local non-governmental organizations in Aden governorate, Yemen.

Sampling

Convenience sampling was used. The study population comprised all NHAWs who consented to participate during the study period. Thirty-two organizations were targeted, and 315 questionnaires were completed.

▪ Inclusion and exclusion criteria:

The inclusion criteria were paid aid workers in the targeted organizations who consented to participate, while exclusion criteria were expatriates' staff, daily workers or volunteers.

Ethical Consideration:

Ethical approval to conduct this study was obtained from the research ethical committee (REC) at the faculty of medicine at the University of Aden with code: REC-150-

2023. Verbal and written informed consent to participate was obtained from all NHAWs who agreed to participate in the study before participation. Also, an Official authorization and documentation were secured from the Ministry of Public Health and Population (MOPHP), enabling access to NHAWs. Ensuring adherence to ethical standards of participation, all measures to protect privacy and confidentiality were considered in that neither names of NHAWs, nor names of the organizations mentioned and recorded during data collection.

Data collection

Data Instruments:

The data collection tool was a self-administrated anonymous questionnaire that entailed three sections. The first section was designed to study the socio-demographic and occupational characteristics of the NHAWs as following: (age group, gender, marital status, educational level, job position, type of organization, income, years as NHAWs, duty citation, history of mental health). The second section was adapted from the middle version of Copenhagen Psychosocial Questionnaire third edition (COPSOQ III), and includes 65 items to assess 10 dimensions regarding PSHs in participants. The COPSOQ III was validated and used in many countries worldwide [11-13].

The third section was adapted from Copenhagen Burnout Inventory (CBI) to measure the burnout among participants. The questionnaire was validated in Arabic world specifically in Lebanon, and it was used in many Arabic countries [14-16]. It consisted of 19-items measuring burnout in three subscales: personal-related (six items), work-related (seven items), and client or beneficiaries-related burnout (six items). All items had five response categories in a Likert scale, ranging either from "to a very low degree" to "to a very high degree" or from "never" to "always". Each scale ranges from 0 to 100 points, with high scores indicating higher levels of burnout [17]. A mean score of 50 was used as the cut-off for the presence of burnout for each subscale based on previously validated studies and scores of 50 to 74 were considered moderate, 75-99 were high, and a score of 100 is considered severe burnout [18, 19].

Pretesting the Questionnaire:

Content validity was established for by three experts from faculty of medicine and health sciences, who revised the study tools for clarity, relevance, applicability, and comprehensiveness. Then minor modifications were applied according to their opinions. The questionnaire was tested on 25 participants, in order to test the validity and clarity of the scale items as well as to estimate the time needed to finish the questionnaire. Necessary modifications were done, and those

participants were excluded from the sample. Cronbach alpha was tested for both questionnaires and indicated reliable scales: personal burnout $\alpha=0.914$, work-related burnout $\alpha=0.799$, and beneficiaries-related burnout $\alpha = 0.943$, and $\alpha =0.757$ for COPSQ III. The questionnaires were distributed to participants through facilitators at each organization.

Statistical Analysis

Data were checked then entered and analyzed in the Statistical Package for Social Sciences software version 23 (SPSS Incorporation, Chicago, IL, USA). The descriptive statistics (means, standard deviations) were used to measure quantitative variables. Numbers and percentages for qualitative variables. Chi-square test is used to find the relation between PSHs with burnout subdimensions, then binary logistic regression was used to identify PSHs predictors of burnout. All the variable that were significant in the bivariate analysis with a *P* value less than 0.05 were entered to the binary logistic regression. The adjusted measure of association between PSHs and burnout subdimensions were expressed as odd ratio (OR) with 95% confidence interval (CI).

Results

Univariate analysis

Socio-demographic characteristics of national humanitarian aid workers

A total of 315 NAWs participated in the study, out of these 44.8% were male, with a mean age of 35.7 ± 7.61 . The majority of the participants 60.6% were in the age group of 30-39 years. More than half of the participants were married 55.5%. Most of the participants 70.8% are holding the bachelor's degree. Regarding their current position in the organization 39.4% were technical program staff. The participants had varying years of experiences, 48.9% are of 1-5 years of experience. Concerning the type of the organization most of the NHAW are employed at local/national NGO 42.9%, Finally, most of the participants answered No to the mental health history in 85.4%.

Prevalence and severity of burnout among national humanitarian aid workers

The overall prevalence among participants was 36.5%. It was found that the prevalence of personal burnout was 53.4%. out of these 36.2% were classified as moderate, 15.6% as high and 1.6% as sever personal burnout. In regard to the work-related burnout prevalence, it was 39.6% among the study participants. Out of these, 33.3% were classified as moderate, 6.0% as high and 0.3% as sever work-related burnout. The prevalence of client-

related burnout was 33.6%, with 26.3% were classified as moderate, 7.0% as high and 0.3% as sever client-related burnout.

Table 1: Socio-demographic characteristics of national humanitarian aid workers (n= 315)

Characteristics	No.	%
Age group (years)		
<30	61	19.4
30-39	191	60.6
40-49	43	13.7
≥50	20	6.3
Mean (±SD)	35.7 (7.61)	
Gender		
Male	141	44.8
Female	174	55.2
Marital Status		
Single	107	34.0
Married	175	55.5
Divorced	24	7.6
Widow	9	2.9
Educational Level		
Secondary school	19	6.0
Diploma	28	8.9
Bachelor degree	223	70.8
Higher education	45	14.3
Job Position		
Coordinator/Manager	45	14.3
Technical program staff	124	39.4
Administrative staff	58	18.4
Other	88	27.9
Type of Organization		
UN	32	10.2
INGO	124	39.4
National/Local NGO	135	42.9
Independent Organizations	24	7.5
Income		
Enough with saving	140	44.4
Enough only	115	36.5
Not enough with loans	60	19.1
Years as a NHAW		
< 1 Year	27	8.6
1-5 Years	154	48.9
> 5 Years	134	42.5
Duty Station		
Field work	130	41.3
Office	185	58.7
History of Mental Health		
Yes	46	14.6
No	269	85.4

Table 2: Prevalence and severity of overall burnout among national humanitarian aid workers (n= 315)

Measure and Variables	Overall Burnout Prevalence n (%)
Mean (SD)	43.07 (±18.82)
Prevalence (≥50)	115 (36.5)
Level/category	
No/Low	63.8%
Moderate	31.7%
High	4.4%

Table 3: Prevalence and severity of burnout subdimension among national humanitarian aid workers (n= 315)

Measure and Variables	Personal burnout scale n (%)	Work-related burnout scale n (%)	Beneficiaries-Related burnout scale n (%)
Mean (SD)	50.45 (±22.18)	42.98 (±19.30)	35.78 (±24.83)
Prevalence (≥50)	168 (53.4)	125 (39.6)	106 (33.6)
Level/category			
No/Low	147 (46.6)	190 (60.3)	209 (66.4)
Moderate	114 (36.2)	105 (33.3)	83 (26.3)
High	49 (15.6)	19 (6.0)	22 (7.0)
Severe	5 (1.6)	1 (.3)	1 (.3)

Table 4: Predictors of burnout sub-dimensions among national humanitarian aid workers

Predictor		P value	AOR	95% CI
Personal Burnout				
Work life Conflict	High Low*	<0.001	4.047 1	2.247-7.290
Emotional Demands	High Low*	0.004	2.622 1	1.372-5.010
Vertical Trust	High* Low	0.025	1 2.222	1.108-4.457
Quantitative Demands	High Low*	0.023	2.120 1	1.108-4.054
Work-Related Burnout				
Work-Life conflict	High Low*	0.001	2.811 1	1.520-5.198
Emotional Demands	High Low*	0.007	2.513 1	1.290-4.896
Organizational Justice	High* Low	0.030	1 2.173	1.080-4.374
Possibilities for Development	High* Low	0.024	1 2.146	1.104-4.172
Quantitative Demands	High Low*	0.040	2.087 1	1.036-4.207
Job Insecurity	High Low*	0.019	2.078 1	1.127-3.832
Role Conflicts	High Low*	0.037	1.952 1	1.041-3.661
Beneficiaries-Related Burnout				
Work-Life Conflict	High Low*	0.003	2.455 1	1.365-4.413
Vertical trust	High* Low	0.016	1 2.129	1.155-3.928

*Reference category, AOR: Adjusted Odds Ratio, CI: confidence interval

Binary logistic regression analysis

Predictors of burnout sub-dimensions among national humanitarian aid workers

Table 4 demonstrates the logistic regression included all variables retained significant predictive power. In regard to personal burnout high work-life conflict is significantly associated to increase the risk of personal burnout by 4 folds (AOR=4.047; 95% CI=2.247-7.290). Also, high emotional demands are increasing the risk of personal burnout by three folds (AOR=2.622; 95% CI: 1.372-5.010). Moreover, low vertical trust that elevate the risk of personal burnout in 2 folds (AOR= 2.222.; 95% CI: 1.108-4.457). Along with high quantitative demands that elevated the risk by two folds (AOR=2.120; 95% CI: 1.108-4.054).

The risk of work-related burnout is more likely to increase in nearly three folds with high work-life conflict (AOR=2.811; 95% CI: 1.520-5.198). In addition, high emotional demands are increasing the likelihood of work-related burnout two and half folds (AOR=2.513; 95% CI: 1.290-4.896). Furthermore, high quantitative demands are increasing the risk in about two folds (AOR=2.087; 95% CI: 1.036-4.207). Similarly, high job insecurity elevating the risk by two folds (AOR=2.078; 95% CI: 1.127-3.832). Moreover, high role conflict among NHAWs are significantly associated with nearly two folds of elevated risk of work-related burnout (AOR=1.952; 95% CI: 1.041-3.661). Also, low possibilities for development is elevating the risk for work-related burnout in two folds (AOR= 2.146; 95% CI: 1.104 - 4.172). finally, low organizational justice is

observed as risk factor for work-related burnout also by two folds (AOR=2.173; 95% CI= 1.080-4.374).

The risk of beneficiaries-related burnout is increased nearly two and half folds with high work-life conflict (AOR=2.455; 95% CI=1.365-4.413). Meanwhile, beneficiaries-related burnout is increasing with lower levels of vertical trust by two folds (AOR= 2.129, 95% CI=1.155-3.928).

Discussion:

This organizational-based study is the first of its kind to explore prevalence, severity and levels of PSHs and burnout among 315 national HAWs working in 32 organizations in Aden Governorate, Yemen. The overall prevalence of burnout among participants was 36.5%, higher than what was found in a systematic review study indicated that approximately 25.61% of HAWs experienced burnout [20]. This could be explained by the context of humanitarian aid in Yemen that characterized by several challenges: For example, the political insecurity as even in Aden, where conditions are relatively more stable after the reclamation of control by the international recognized government, participants still faced security threats to the aid operations by different militias and an increasingly armed populous [21, 22]. Another challenge, it is the aid sector in Yemen in being donor-dependent to the utmost degree, donor-driven projects often come with strict timelines and rigid performance indicators. Aid workers may feel overwhelmed by the pressure to meet unrealistic goals in a short period, leading to stress and exhaustion [23]. In Yemen, where addressing systemic issues necessitates long-term interventions, the emphasis on short-term metrics can create a sense of futility and moral injury among workers [24, 25].

Another vital challenge is the funding gap that could be described as paralyzing in case of Yemen, leading to closure of many projects accompanied by understaffing. This increases the insecurity of working conditions and mental health strain among aid workers, especially during Yemen economic downturn [9, 10, 26]. Alongside, many added features of the organizations that upsurge pressure and frustration of their staff and contribute to psychological distress, including excessive workload or long working hours, inability to achieve goals or make decisions, bureaucracy, lack of recognition of efforts or successes from management, job or economic insecurity and inadequate mental health addressing [27-29].

The study showed that, personal burnout emerged as the highest dimension 53.4%, followed by work-related burnout 39.6% and client-related burnout 33.6%. Comparatively, studies specifically targeting aid workers in different contexts have reported varying prevalence rates of burnout, often lower than those observed in this

study. For instance, studies in Gulu and Kampala in Uganda [30, 31], Bangladesh [5], South Sudan [32], Darfur [33], and in Jordan [34]. This difference could be explained by the use of different study designs, sampling methods, inclusion and exclusion criteria and different instruments used in assessing burnout.

Considering the levels of burnout, the current study showed that only 4.4% experienced a high level of burnout, 31.7% experienced an moderate level of burnout, and 63.8% low level of burnout, comparative to a study conducted in Jordan among NAWs [34], where only 4% of participants experienced a high level of burnout, 57% experienced an average level of burnout, and 39% experienced a low level of burnout. The remarkable results, however, was that in this context of high stress, only 4.4% of the participants reported high burnout and most of the participants reported No/Low levels of burnout. This suggests that despite intense work and chaotic environments a majority of workers find ways to identify accomplishments, stay connected to others in their work, and rejuvenate. Team relationships, friendships, and positive organizational support may contribute to the resilience for these workers [35]. Furthermore, the low scores may reflect the stigma in the Middle East regarding mental illness [34, 36]. Beyond financial considerations, aid work aligns with Weberian notions of value-rational action, functioning as a moral imperative rather than a conventional career. Aid workers may fear the loss of their work mental illness may rob them of the opportunities that define their life and engagement in a profession they love [27].

In this study the found the following PSHs statistically significant predictors of burnout subscales: (work life conflict, quantitative demands, emotional demands, role conflicts, job insecurity, possibilities for Development, organizational Justice, vertical trust).

Work-life conflict as a predictor of burnout highlights a pronounced positive influence on all burnout subscales, the current study findings are aligned with studies in humanitarian context [37, 38]. Current trends and changes in the workplace have altered the way many employees -including HAWs- complete the duties and tasks of their role and may contribute to work life conflict. Technological advances and organizational policies such as email, smartphones, internet access, video conferencing platforms and work from home policies allow for work to be completed at any time and from any geographical location. These changes in the workplace may diminish psychological and physical boundaries between work and life and increase the potential for work-life conflict and its related negative outcomes [39]. Another studies justified that work-life conflict could be explained by a limitation on an individual's physical and mental capabilities which is highly subjective; meaning that the conflicting demands of work and life turn into antagonism situation where

dedication to one area typically comes at the expense of the other. This subjectivity often generates negative outcomes like occupational stress and burnout. [40, 41]. Other study stated that nation's challenges are the major causes for the work-life conflict phenomenon; culture of corruption, high unemployment ratios, poverty, inflation, patriarchy are some problems identified as exacerbating work-life conflict [42] .

Quantitative demands were significantly positively associated with personal, and work-related burnout this result is in align with several studies [30, 37] . This relationship is apparent because a long-term, excessive, and ongoing workload indicates workers are overworked and lack the time necessary to complete their tasks, it is a significant cause of their inability to handle their job demands [43] consequently leading to exhaustion, which is the foundation of burnout [44]. Quantitative demands are one of the main jobs demands that was evident in the process of originating high exhaustion. Even slightly elevated, but prolonged, exhaustion can lead to increased experiences of cynicism and reduced professional efficacy [37, 45].

Considering emotional demands, it's identified as one predictor for personal and work-related burnout, this finding can be explained by the fact that one of the main traits of burnout syndrome is emotional depletion or drain. This syndrome is more likely to occur in jobs including aid work that require a lot of emotional labor that exhaust employees' emotional and mental resources [46-48]. As the systemic inefficiencies and restrictive donor conditions inherently contribute to environments conducive to emotional strain [23]. According to job-demands resource (JDR) model, emotional demands are critical types of job demand, as prolonged exposure to high emotional demands without adequate resources depletes employees' emotional energy, leading to burnout. It emphasizes that burnout arises when chronic emotional demands overwhelm an individual's capacity to cope, particularly when resources are insufficient to buffer stress or facilitate adaptive emotional labor. This imbalance perpetuates a cycle where exhaustion impairs performance, further intensifying demands and deepening burnout [49].

The study findings detected a positive significant relation between role conflict and work-related burnout, the evidence accords with established studies [50, 51]. Role conflict can create confusion and contribute to employee burnout. It is thus argued that when employees face unclear or ambiguous roles within their work environment, they are more likely to experience higher levels of emotional exhaustion which is a critical dimension of burnout. the lack of clarity regarding job expectations, responsibilities, and objectives can contribute to employees' feelings of exhaustion [52-54].

A positive significant relation was found between job insecurity and work-related burnout similar to previous studies [55, 56]. the result is supporting the concept of "survivor syndrome" which has been used to describe the reactions and behaviors of employees who have still-employed but anticipated potential job loss after having undergone a redundancy, downsizing or privatization programmed. This may lead to stress, anger, low morale, decreased commitment, reduced loyalty, inefficiency and burnout [57]. In Yemen, the remarkable reduced international fund in 2020 [9], followed by cut off US aid to Yemen in 2025 [58] is expected to have devastating effects on job security for Yemeni NHAWs, who already operate in one of the most fragile and high-risk environments globally [59]. Furthermore, within 2025, an estimated 19.5 million people across Yemen need humanitarian assistance and protection services – 1.3 million people more than last year, and the majority of t humanitarian programs reliant on external funding [60], the abrupt withdrawal of financial support would likely result in mass layoffs, contract terminations, and the collapse of local NGOs, leaving thousands of aid workers unemployed [58]. Yemeni aid workers as any other humanitarians, who form the backbone of the humanitarian response, are particularly vulnerable due to their reliance on short-term contracts tied to project-specific funding [23].

This sudden loss of income would exacerbate existing economic hardships, as many workers struggle to support their families amid hyperinflation and currency devaluation [61].The suspension of funding not only undermines the livelihoods of these workers but also weakens the overall humanitarian response, as experienced staff are forced to leave the sector, eroding institutional knowledge and capacity [62]. This decision would leave Yemeni aid workers in a state of profound insecurity, with far-reaching consequences for both their well-being and the communities they serve.

Conclusion and recommendation

From the findings of this study, we can conclude that:

- Burnout is a significant burdened among NHAWs in Aden, with prevalence of personal burnout. However, no to low level of burnout was the dominant level of severity for total burnout.
- The main predictor of all burnout subdimensions was work-life conflict. Moreover, predictors of personal burnout included emotional demands, vertical trust and quantitative demands. Concerning work-related burnout, the predictors were emotional demands, low organizational justice, low possibilities for development, quantitative demands, job insecurity and role conflicts. Lastly, vertical trust presented as a beneficiaries-related burnout.

- It's recommended that qualitative studies are necessary.
- Raising the importance of reviewing organizations' regulatory policies, enhancing the importance of mental health and providing effective psychological support.

Strengths and Limitations

1. The present study is the first of its kind in studying PSHs and its role in burnout among Yemeni NHAWs by using two valid scales COPSQ III and CBI. Those scales were used cross culturally that increases the validity of the study.
2. Study scales were not validated to Yemeni society, also lacking of Yemeni population's reference data.
3. Convenience sampling limited generalization.
4. Institutional and methodological barriers: access to representative samples of NHAWs were limited.

References:

- [1] M. Rotaru and L.-I. Cioca, *Occupational health and safety*. Bentham Science Publishers, 2024.
- [2] N. Magnavita and F. J. A. S. Chirico, "New and emerging risk factors in occupational health," vol. 10, ed: MDPI, 2020, p. 8906.
- [3] F. J. J. o. o. h. Chirico, "The forgotten realm of the new and emerging psychosocial risk factors," vol. 59, no. 5, pp. 433-435, 2017.
- [4] W. ICD, "for Mortality and Morbidity Statistics: 2022," ed.
- [5] C. Y. S. Foo, A. K. Tay, Y. Yang, and H. Verdelli, "Psychosocial model of burnout among humanitarian aid workers in Bangladesh: role of workplace stressors and emotion coping," *Confl Health*, vol. 17, no. 1, p. 17, Apr 3 2023.
- [6] H. Strohmeier, W. F. Scholte, and A. J. P. o. Ager, "Factors associated with common mental health problems of humanitarian workers in South Sudan," vol. 13, no. 10, p. e0205333, 2018.
- [7] H. A. Munasar, "The Influence of Public Opinion on the Reputation of Humanitarian Organizations and the Security Perceptions of Aid Workers in Yemen," ed, 2024.
- [8] A. Stoddard, A. Harmer, and K. Haver, *Providing aid in insecure environments: trends in policy and operations*. Overseas Development Institute London, 2006.
- [9] H. Cooper, "Funding the Humanitarian Response in Yemen: Are donors doing their fair share?," 2020.
- [10] M. Elayah and R. J. W. D. P. Al-Mansori, "Yemen's humanitarian collaboration during conflict: UN and local NGOs in focus," vol. 34, p. 100585, 2024.
- [11] N. Osman, R. Bedwani, G. Shehata, M. Emam, and M. J. M. Amgad, "Validation of the Arabic version of the Copenhagen psychosocial questionnaire II (A-COPSOQ II) among Workers in oil and gas Industrial Sector," vol. 2, no. 6, 2021.
- [12] C. Şahan, H. Baydur, Y. J. A. o. e. Demiral, and o. health, "A novel version of Copenhagen Psychosocial Questionnaire-3: Turkish validation study," vol. 74, no. 6, pp. 297-309, 2019.
- [13] M. M. Abd El-Maksoud, Y. M. Elmasri, and H. A. Ahmed, "Workplace Psychosocial Factors and Mental Health among a Sample of Expatriates and the Country's Nationals Who Working at King Khalid University, Saudi Arabia."
- [14] D. Youssef, L. Abou-Abbas, J. J. J. o. P. P. Youssef, and Practice, "Feeling the burn in the era of COVID-19: cross-cultural adaptation and validation of the Arabic version of the Copenhagen Burnout Inventory among community pharmacists," vol. 15, no. 1, p. 21, 2022.
- [15] F. Abuzeyad, L. Bashmi, P. Das, A. Ansari, S. Hsu, and G. J. S. J. E. M. Qasim, "Burnout and stress among emergency physicians in the Kingdom of Bahrain," vol. 2, no. 3, pp. 234-43, 2021.
- [16] N. Alqahtani, B. Albadareen, and A. J. m. Mohammad-Mahmood, "The Burnout Syndrome among Dietitians in Arar, Saudi Arabia," p. 2024.01.30.24301842, 2024.
- [17] M. Borritz and T. J. D. N. F. f. A. Kristensen, "Copenhagen Burnout Inventory (English version) used in the PUMA study," pp. 523-541, 2004.
- [18] B. Ratnakaran, A. Prabhakaran, and V. J. J. o. p. m. Karunakaran, "Prevalence of burnout and its correlates among residents in a tertiary medical center in Kerala, India: A cross-sectional study," vol. 62, no. 3, pp. 157-161, 2016.
- [19] D. Creedy, M. Sidebotham, J. Gamble, J. Pallant, J. J. B. p. Fenwick, and childbirth, "Prevalence of burnout, depression, anxiety and stress in Australian midwives: a cross-sectional survey," vol. 17, pp. 1-8, 2017.
- [20] L. Cameron, M. McCauley, N. van den Broek, and H. McCauley, "The occurrence of and factors associated with mental ill-health amongst humanitarian aid workers: A systematic review and meta-analysis," *PLoS One*, vol. 19, no. 5, p. e0292107, 2024.

- [21] S. Elnakib *et al.*, "Providing care under extreme adversity: the impact of the Yemen conflict on the personal and professional lives of health workers," vol. 272, p. 113751, 2021.
- [22] J. Sowers and E. J. I. A. Weinthal, "Humanitarian challenges and the targeting of civilian infrastructure in the Yemen war," vol. 97, no. 1, pp. 157-177, 2021.
- [23] I.-A. S. C. J. U. I.-A. S. C. H. F. T. Team, "Donor Conditions and Their Implications for Humanitarian Response," pp. 8-14, 2016.
- [24] N. Qirbi, S. A. J. H. p. Ismail, and planning, "Health system functionality in a low-income country in the midst of conflict: the case of Yemen," vol. 32, no. 6, pp. 911-922, 2017.
- [25] F. Dureab, T. Hussain, R. Sheikh, N. Al-Dheeb, S. Al-Awlaqi, and A. J. F. i. P. H. Jahn, "Forms of health system fragmentation during conflict: the case of Yemen," vol. 9, p. 659980, 2021.
- [26] H. Alqatabry, C. J. J. o. P. Butcher, and Development, "Humanitarian Aid in yemen: Collaboration or Co-optation?," vol. 15, no. 2, pp. 250-255, 2020.
- [27] R. I. Macpherson, F. M. J. P. Burkle, and d. medicine, "Humanitarian aid workers: The forgotten first responders," vol. 36, no. 1, pp. 111-114, 2021.
- [28] R. Asgary and K. J. B. o. Lawrence, "Characteristics, determinants and perspectives of experienced medical humanitarians: a qualitative approach," vol. 4, no. 12, p. e006460, 2014.
- [29] T. K. Young, K. I. Pakenham, and M. F. J. J. o. I. H. A. Norwood, "Thematic analysis of aid workers' stressors and coping strategies: work, psychological, lifestyle and social dimensions," vol. 3, no. 1, pp. 1-16, 2018.
- [30] A. Ager, E. Pasha, G. Yu, T. Duke, C. Eriksson, and B. L. Cardozo, "Stress, mental health, and burnout in national humanitarian aid workers in Gulu, northern Uganda," *J Trauma Stress*, vol. 25, no. 6, pp. 713-20, Dec 2012.
- [31] "<Burnout Kampala.pdf>."
- [32] H. Strohmeier, W. F. Scholte, and A. Ager, "Factors associated with common mental health problems of humanitarian workers in South Sudan," *PLoS One*, vol. 13, no. 10, p. e0205333, 2018.
- [33] S. A. Musa, A. A. J. S. B. Hamid, and P. a. i. journal, "Psychological problems among aid workers operating in Darfur," vol. 36, no. 3, pp. 407-416, 2008.
- [34] C. Plakas, "Burnout, compassion fatigue, and secondary traumatic stress among humanitarian aid workers in Jordan," ed: Preprints, 2018.
- [35] C. B. Eriksson *et al.*, "Social support, organisational support, and religious support in relation to burnout in expatriate humanitarian aid workers," vol. 12, no. 7, pp. 671-686, 2009.
- [36] I. S. Alhomoud and A. A. Alrasheedy, "Prevalence and factors associated with burnout among community pharmacists in Saudi Arabia: Findings and implications," in *Healthcare*, 2024, vol. 12, no. 18, p. 1834: MDPI.
- [37] L. Jachens, J. Houdmont, and R. J. D. Thomas, "Work-related stress in a humanitarian context: a qualitative investigation," vol. 42, no. 4, pp. 619-634, 2018.
- [38] N. J. J. o. P. Van Duzer and Development, "Work-Life Intersections in Peacebuilding, Development, and Humanitarian Aid," vol. 16, no. 3, pp. 336-351, 2021.
- [39] B. Shields, C. J. J. o. t. N. I. f. C. E. Chen, and Counselling, "Examining the relationship between work-life conflict and burnout," vol. 47, no. 1, pp. 67-76, 2021.
- [40] M. Roche, J. M. J. J. o. S. Haar, and B. R. i. Business, "Work-family interface predicting needs satisfaction: The benefits for senior management," vol. 1, no. 1, pp. 12-23, 2010.
- [41] E. A. J. A. a. S. Ulabor, "Work-Life Balance in the Nigerian Polytechnic Education Sector: Evidence from Employees' Perspectives of Coping with the Role Conflicts in Federal Polytechnics Ede Osun State," 2016.
- [42] B. Akanji, C. Mordi, and S. Ojo, "Reviewing Gaps in Work-Life Research and Prospecting Conceptual Advancement," 2015.
- [43] M. Ziaei, H. YARMOHAMMADI, M. Moradi, and M. J. I. j. o. o. h. Khandan, "Level of workload and its relationship with job burnout among administrative staff," vol. 7, no. 2, pp. 53-60, 2015.
- [44] B. Lopes Cardozo *et al.*, "Factors affecting mental health of local staff working in the Vanni region, Sri Lanka," vol. 5, no. 6, p. 581, 2013.
- [45] I. Portoghese, M. Galletta, R. C. Coppola, G. Finco, M. J. S. Campagna, and h. a. work, "Burnout and workload among health care workers: the moderating role of job control," vol. 5, no. 3, pp. 152-157, 2014.
- [46] S. Roth, *The paradoxes of aid work: Passionate professionals*. Taylor & Francis, 2015.

- [47] A. Kariou, P. Koutsimani, A. Montgomery, O. J. I. j. o. e. r. Lainidi, and p. health, "Emotional labor and burnout among teachers: A systematic review," vol. 18, no. 23, p. 12760, 2021.
- [48] A. Aiello and A. J. T. T. Tesi, Psychometrics, Methodology in Applied Psychology, "Emotional job demands within helping professions: psychometric properties of a version of the Emotional Job Demands scale," vol. 24, no. 2, 2017.
- [49] A. B. Bakker, E. Demerouti, and M. C. J. J. o. o. h. p. Euwema, "Job resources buffer the impact of job demands on burnout," vol. 10, no. 2, p. 170, 2005.
- [50] J. R. Mwakyusa, E. W. J. C. B. Mcharo, and Management, "Role ambiguity and role conflict effects on employees' emotional exhaustion in healthcare services in Tanzania," vol. 11, no. 1, p. 2326237, 2024.
- [51] H. I. Park and S. K. J. T. C. D. Q. Nam, "From role conflict to job burnout: A mediation model moderated by mindfulness," vol. 68, no. 2, pp. 129-144, 2020.
- [52] T. H. T. Bui *et al.*, "Reassessing the most popularly suggested measurement models and measurement invariance of the Maslach Burnout Inventory–human service survey among Vietnamese healthcare professionals," vol. 10, no. 1, pp. 104-120, 2022.
- [53] S. Edú-Valsania, A. Laguía, J. A. J. I. j. o. e. r. Moriano, and p. health, "Burnout: A review of theory and measurement," vol. 19, no. 3, p. 1780, 2022.
- [54] M. Ventura, M. Salanova, and S. J. T. J. o. p. Llorens, "Professional self-efficacy as a predictor of burnout and engagement: The role of challenge and hindrance demands," vol. 149, no. 3, pp. 277-302, 2015.
- [55] M. Aybas, S. Elmas, G. J. E. J. o. B. Dünder, and Management, "Job insecurity and burnout: The moderating role of employability," vol. 7, no. 9, pp. 195-203, 2015.
- [56] V. Blom, A. Richter, L. Hallsten, P. J. E. Svedberg, and I. Democracy, "The associations between job insecurity, depressive symptoms and burnout: The role of performance-based self-esteem," vol. 39, no. 1, pp. 48-63, 2018.
- [57] J. Bosman, S. Rothmann, and J. J. S. J. o. i. P. Buitendach, "Job insecurity, burnout and work engagement: The impact of positive and negative effectivity," vol. 31, no. 4, pp. 48-56, 2005.
- [58] T. Byrnes, "The Unraveling of US Humanitarian Assistance: Implications for the Global Aid System and Strategies for Adaptation."
- [59] B. Carter, A. Al-Absi, and P. Harvey, "Sustaining Yemeni Capacities for Social Assistance: Lessons from a Decade of War," 2024.
- [60] U. N. O. f. t. C. o. H. Affairs, "Yemen Humanitarian Needs and Response Plan 2025," OCHA, Webpage, Document ANUARY 2025 2025, Available: <https://humanitarianaction.info/plan/1262>.
- [61] A. G. Al-Aghbari, R. A. Nugroho, and D. T. Kartono, "The Problems of Development and Economic Security in Yemen," in *Proceedings of Sunan Ampel International Conference of Political and Social Sciences*, 2024, vol. 2, pp. 268-282.
- [62] B. Carter and P. Harvey, "A Literature Review on Social Assistance and Capacity in Yemen," 2023.

معدلات الانتشار والعوامل المتنبئة بالاحتراق الوظيفي لدى العاملين الوطنيين في الإغاثة الإنسانية
عدن-اليمنأثمار سامي عبد الرزاق مقل^{1*}، و أمال صديق سالم باصديق²¹ قسم طب المجتمع والصحة العامة، كلية الطب والعلوم الصحية، جامعة عدن، عدن، اليمن.² قسم العلوم السلوكية، كلية الطب والعلوم الصحية، جامعة عدن، عدن، اليمن.* الباحث الممثل: أثمار سامي عبد الرزاق مقل؛ البريد الإلكتروني: athmar.sami100@gmail.com؛ جوال: 781014004

استلم في: 30 ابريل 2025 / قبل في: 04 مايو 2025 / نشر في 30 يونيو 2025

المُلخَص

الاحتراق الوظيفي ظاهرة صحية عالمية مثيرة للقلق، لا تفرق بين مهنة وأخرى. تُصنّف هذه المشكلة كواحدة من أخطر الآثار الناجمة عن الضغوط النفسية والاجتماعية في بيئات العمل، حيث تؤدي إلى تبعات سلبية متنوعة تطلّ صحة الأفراد وسلوكياتهم وحتى كفاءة المؤسسات. هدفت هذه الدراسة للتعرف على العلاقة بين المخاطر النفسية والاجتماعية في بيئة العمل والاحتراق الوظيفي بين أوساط عمال الإغاثة الوطنيين في محافظة عدن/ اليمن. اعتمد البحث على منهجية مقطعية تحليلية شملت منظمات أممية، دولية وطنية ومحلية في محافظة عدن خلال الفترة من يونيو إلى أغسطس 2024. شارك في الدراسة 315 عاملاً تم اختيارهم عن طريق العينة المتاحة، تم جمع بياناتهم عبر استبيان مأخوذ من أداتي (استبيان كوبنهاغن للمخاطر النفسية والاجتماعية) و(مقياس كوبنهاغن للاحتراق)، ثم جُمعت البيانات وتم تحليلها إحصائياً باستخدام برنامج SPSS-23. كشفت النتائج أن 36.5% من المشاركين يعانون من درجات متفاوتة من الاحتراق الوظيفي، حيث تصدر الاحتراق الشخصي القائمة بنسبة 53.4% يليه الاحتراق المرتبط بالعمل 39.6% ثم الاحتراق الناجم عن التعامل مع المستفيدين 33.6% وفقاً للاندثار اللوجستي الثنائي، العاملين الذين يعانون من صراع الحياة والعمل أكثر عرضة للاحتراق الشخصي بأربعة أضعاف (AOR = 4.047; 95% CI: 2.247–7.290)، الاحتراق المرتبط بالعمل (AOR = 2.811; 95% CI: 1.520–5.198) أو بالاحتراق المتعلق بالمستفيدين (AOR = 2.120; 95% CI: 1.365–4.413). كما أسهمت المطالب الكمية –مثل كثرة المهام– في رفع الاحتراق الشخصي (AOR = 2.120; 95% CI: 1.365–4.413) والمتعلق بالعمل (AOR = 2.087; 95% CI: 1.036–4.207). بينما تفاقمت المخاطر مع انخفاض الثقة بين العاملين والإدارة في الاحتراق الشخصي (AOR = 2.222; 95% CI: 1.108–4.457)، والمرتبطة بالعمل بمقدار (AOR = 2.129; 95% CI: 1.155–3.928)، ومع التعرض لمتطلبات عاطفية مجهدّة تفاقم الاحتراق الشخصي (AOR = 2.622; 95% CI: 1.372–5.010)، والوظيفي (AOR = 2.513; 95% CI: 1.290–4.896). ومن العوامل المرتبطة بزيادة خطورة الاحتراق المتعلق بالعمل، انعدام الأمن الوظيفي (AOR = 2.078; 95% CI: 1.127–3.832)، إضافة إلى تضارب الأدوار أو المهام (AOR = 1.952; 95% CI: 1.041–3.661). كما أن انخفاض فرص التطور وانخفاض العدالة التنظيمية أحدثا ارتفاع خطورة الاحتراق المتعلق بالعمل إلى (AOR = 2.146; 95% CI: 1.080–4.374)، (AOR = 2.173; 95% CI: 1.104–4.172) على التوالي. توصلت الدراسة إلى أن الاحتراق بأنواعه (النفسية، المرتبط بالعمل، المرتبط بالمستفيدين) يعتبر مشكلة رئيسية بين أوساط عمال الإغاثة الوطنيين العاملين في المنظمات الأممية، العالمية، الوطنية أو المحلية في محافظة عدن/اليمن. وبحسب الدراسة بيئة العمل في الإنساني في محافظة عدن تنطوي على عوامل نفسية واجتماعية اسفرت عن هذا الاحتراق. كما أكدت النتائج على أهمية مراجعة السياسات التنظيمية للمنظمات، وتعزيز أهمية الصحة النفسية، وتوفير آليات دعم نفسية فعالة لعمال الإغاثة الوطنيين الذين يلعبون دوراً محورياً في دعم الوضع الإنساني للمجتمع في عدن- اليمن.

الكلمات المفتاحية: العاملين الوطنيين في المجال الإنساني، العوامل النفسية والاجتماعية، الاحتراق، محافظة عدن، اليمن.

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