

EMOTIONAL DISTRESS AMONG FRONTLINE RESEARCH STAFF IN LOW RESOURCE SETTINGS

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Emotional Distress

- Research of sensitive topics elicits narratives of trauma and transforms them into evidence
 - Violence
 - Discrimination
 - Childhood experiences
- Constantly encountering other people's trauma affects us
 - Emotional distress, secondary distress, secondary trauma, vicarious trauma



Ethical concerns

- Potential harm to “others”
 - When “the community” and research staff overlap
 - Access to resources
- Potential harm to data
 - Risk of burnout, high turnover
- Potential for coercion: Complex PI/staff relationship
 - Fear of losing current or future job
 - Difference in risks and benefits of research work



Study Aims

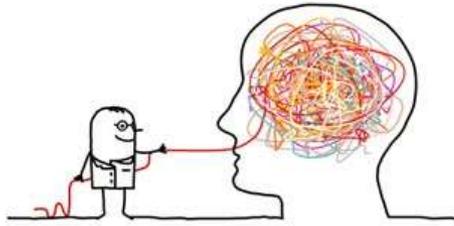
1. Understand experiences and process of emotional distress among frontline research staff in Eswatini
2. Describe personal strategies for resilience and coping among frontline staff
3. Using a social-ecological framework, describe barriers and facilitators to help-seeking among frontline staff
 - *PI/staff relationship*
 - *Access to mental health resources*
 - *Cultural schemas of self-care and mental health*



Methods

- Qualitative study (n=21)
- Informants were:
 - Men and women
 - > 18 years old
 - Qualitative interviewers, quantitative survey administrator, or transcriptionists
- Snowball sampling
 - Overseen by 2 Swazi researchers
 - Recruitment continued until saturation was reached





In Depth Interviews

- Interview domains:
 - Work history
 - Common local terms for experiences of emotional distress
 - Local mental health schemas
 - Experiences of distressing research encounters
 - Strategies for resilience and coping
 - Barriers and facilitators to help-seeking
- Interviews recorded, transcribed verbatim, and analyzed



Results

- *Role of structural factors*
 - High unemployment rates
 - Scarce mental health resources
 - Stigma of counseling
 - Endemic poverty and poor health



Results

- *Emotional labour as a skillset*
 - Ability to be open minded and empathetic to study participants
 - Additional risk from immersion in sensitive data



Results

- *Impact on staff's relationships*
 - Inability to discuss work due to need for confidentiality
 - Stigma associated with work
 - Ex. HIV and LGBT health
 - More time spent working than with loved ones



Results

- *Stressful nature of the work*
 - Workload
 - Short term contracts
 - Few opportunities for upward mobility
 - Inability to address mental health or workload concerns with supervisors



Recommendations

- Increased access to professional mental health services
- Opportunities for self care
- Team building time
- Institutionalized debriefing



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Thank you

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