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Stress among Humanitarian Deminers: the Role of Family Support, Work-to-Family Conflict and Factors Related to Mental Help-Seeking

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Abstract

After the Croatian War of Independence, Croatian humanitarian deminers were left to deal with the consequences of warfare -- minefields and explosives. Due to the harsh nature of their work (e.g. frequent separation from family; work-related fatalities), there is an apparent need to determine the factors contributing to the level of stress among humanitarian deminers. The aim of this research is to investigate the role of family support and work-to-family conflict in coping with stress, as well as factors related to the seeking of professional psychological help among members of this group. An online questionnaire containing the scales Perceived Stress, Perceived Stigma, Barriers to Care, subscales Social Support, Work-Family Conflict, and the question of probability of mental health help-seeking in time of need, was constructed. The final sample consisted of 58 humanitarian deminers, aged 21 to 55, employed in the Croatian Army and private demining companies. Correlation analysis showed a moderate positive correlation between subjective stress and work-to-family conflict, while the correlation between subjective stress and family support, as well as work-to-family conflict and family support, was not significant. Furthermore, it was shown that humanitarian deminers who perceive less stigma have a higher probability of mental health help-seeking. In addition, by conducting regression analysis, work-to-family conflict proved to be a significant predictor of subjective stress among humanitarian deminers. The results point to the need for reducing stigmatization of professional psychological help-seeking, and demonstrate the importance of strengthening family support for individuals who are in need of professional psychological help.

Keywords: humanitarian deminers, subjective stress, family support, work-to-family conflict, mental health help-seeking

Introduction

After the Croatian War of Independence, those parts of Croatia affected by combat were left to deal with severe consequences -- minefields and explosives (Mine Aid, 2016). Today, a large number of humanitarian deminers employed by private companies, as well as humanitarian deminers of the Croatian Army and those employed by the Ministry of the Interior, are currently engaged in the process of demining and cleansing war-affected areas (Mine Aid, 2016). Altogether there are 67 cities and municipalities in 7 counties still suffering from consequences of war (Mine Aid, 2016). A National Mine Action Program was launched in 2009 with the goal of finally clearing Croatia of land mines. Humanitarian demining includes demining activities, but also those related to security, reconstruction and integration of war-affected areas, ecology, and protection from natural disasters (Mine Aid, 2016). As a result of their work, many deminers are dealing with stress and loss of psychological and physical health without professional psychological support. They spend days away from their families, have to meet unrealistic quotas and are always in danger of work-related fatalities (Torkington, Larkins, & Gupta, 2011). In addition, frequent absences from home are often the cause of marital conflicts, whose effects on the mental health of humanitarian deminers are yet to be investigated (Sibbel, 2010). Considering that Croatia is one of 24 countries with the highest number of work-related deaths among humanitarian deminers, there is an evident need for support, assistance and protection of those who continue to work in this field (Mine Aid, 2016). So far, however, no studies have been conducted in Croatia to investigate potential barriers to care (e.g. reasons for avoiding professional help among humanitarian deminers), as well as possible protective factors for coping with stress.

Taking into account the working conditions of humanitarian deminers, it is highly likely that they are experiencing large amounts of stress every day (Sibbel, 2010). Apart from the obvious effect stress has on them, the demanding nature of their work also affect their relationship with their families. Although work and family play a crucial role in a person's identity (self-actualization, success, satisfaction, security, etc.), they can often be at odds with each other (Čudina-Obradović & Obradović, 2001). This phenomenon is known as a *work-family conflict* and its disruptive impact on family life is recognized by Selvarajan, Cloninger and Singh (2013). This conflict can grow in two directions, work-to-family and family-to-work. By increasing the perceived level of stress at work, the possibility of satisfying family needs and duties is reduced (Nart & Batur, 2014). Therefore, work stress is recognized as the most important factor for intensifying the strength of work-to-family conflict (Čudina-Obradović & Obradović, 2001). On the other hand, social support in the family is another important factor which helps reduce the intensity of conflicts, along with good organization of work, experienced autonomy and social support at work (Čudina-Obradović & Obradović, 2001). People with higher levels of family social support will experience less destructive impact of work on their family lives, meaning they will be more successful in dealing with everyday family expectations (Selvarajan, Cloninger, & Singh, 2013). According to Adams, King, and King (1996), family emotional support is of great importance to life satisfaction.

Studies where participants differed in age, occupation, and other sociodemographic characteristics have shown that social support has enormous positive effect on individual health (Kim, Britt, Klocko, Riviere, & Adler, 2011). Research conducted on retired US soldiers showed that those who perceived stronger social support suffered from depression and PTSD less and were more adapted when facing psychosocial difficulties (Pietrzak et al., 2010). Another study conducted on British military personnel deemed social support to be a protective factor in the development of PTSD (Iversen et al., 2008). Given these results, it is likely that the psychological well-being of people working high-risks jobs will worsen in case of inadequate social support.

Although societal attitudes towards people in need of psychological help are growing more and more approving, many people still pay much attention to "what society thinks" when considering seeking

professional psychological help (Angermeyer & Dietrich, 2006). By internalizing societal attitudes, many individuals develop negative attitudes towards seeking professional help, which directly influences their behaviour (Vogel, Wester, & Larson, 2007). American soldiers hardly ever seek professional psychological help if they harbor negative feelings towards therapy, but the question remains whether those negative attitudes stem from suspicion towards its effectiveness or preference for other types of aid, such as social support (Kim et al., 2011). Lindsey, Joe, and Nebbitt (2010) approached this problem by surveying African-American adolescents suffering from depression. With increasing social support, the link between individual attitudes towards seeking professional psychological help and depression increases in such a way that those with greater social support have been shown to have more negative attitudes. A possible explanation for this finding is the lessened need for professional psychological help when social support is present. Interviews with adolescents, on the other hand, revealed that the perception of social consequences for people seeking professional psychological help is the most important factor in forming attitudes towards it (Chandra & Minkovitz, 2006). These results clearly illustrate the importance of social support, especially when it comes to facilitating and encouraging people to seek professional help.

Barriers to care include anything that limits or prevents people from receiving adequate health care. There are many possible reasons why adults avoid seeking professional help. These include negative attitudes towards help-seeking in general, concerns about cost, transportation, inconvenience, confidentiality, while the actions of some are guided by confidence in their ability to handle the problem on their own or, in some cases, suspicions towards the efficiency of treatment. Similar concerns regarding these kinds of attitudes are that the care will be unavailable when needed, that they would be treated unkindly, or that they would not know where to go for help (Britt et. al, 2008). Considering that the majority of humanitarian deminers are male, it is unknown how gender affects people's willingness to seek help. There is a growing body of research in the United States that suggest that men are less likely to seek help from health professionals for problems like depression, substance abuse, physical disabilities and stressful life events than women. A prominent theme among men is that traditional masculine behaviour (e.g. inhibition of emotional expressiveness) keeps them from seeking help when experiencing psychological problems (Galdas, Cheater, & Marshall, 2005).

After the Croatian War of Independence, psychosocial assistance networks were established as a starting point for the National Program of Psychosocial Aid for War Victims, from which a pyramidal model of providing psychosocial help to victims during and after the war originated (Kozarić-Kovačić, Kocijan-Hercigonja, & Jambrošić, 2002). This data clearly shows the importance of psychosocial help in dealing with traumatic events. It is also important to emphasize the need to investigate possible war-related psychological and social factors affecting those who are still struggling in the aftermath of the war. It is important to explore the possible correlation between factors such as social support or work-to-family conflict to stress levels and to ascertain whether social support, perceived stigmatization and barriers to care play a role when humanitarian deminers are deciding whether to seek professional psychological help or not.

The aim of this research is to explore and determine the relations between the level of subjective stress, family support, work-to-family conflict, perceived stigma, barriers to care and probability of mental health help-seeking in times of need among humanitarian deminers in Croatia. This research tried to determine the role of work-to-family conflict, family support and variables related to mental help-seeking in the subjective stress perception of deminers.

In line with previous findings, we formulated the following hypothesis:

- (1) We expect subjective stress, family support and work-to-family conflict to be intercorrelated, in such a way that humanitarian deminers who experience less family support and more

- work-to-family conflict perceive more subjective stress.
- (2) We expect family support to be correlated with probability of mental health help-seeking.
 - (3) We expect that humanitarian deminers who perceive more barriers to care and stigma have less probability of mental health help-seeking.
 - (4) We expect family support, work-to-family conflict, barriers to care and stigma to be significant predictors of subjective stress among humanitarian deminers.

Material and methods

Participants

Participants ($N = 58$) were male humanitarian deminers between the ages of 21 and 55 ($M = 38.43$). At the time of data gathering, all the participants worked as deminers either in the Croatian Mine Action Center ($n = 9$) or in one of the private companies specializing in demining operations throughout Croatia ($n = 49$). The majority of the samples are married ($n = 41$), the rest being in a relationship ($n = 9$), single ($n = 5$) or divorced ($n = 3$).

Measures

The Perceived Stress Scale (Cohen, Kamarck, & Mermelstein, 1983) was used to measure the degree to which individuals experience different life situations as stressful. For the purpose of adapting the scale to the Croatian language, we employed the method of double translation. The scale consists of 10 statements pertaining to the feelings and thoughts the participant had had in the past month (e.g. In the last month, how often have you been upset because of something that happened unexpectedly?). The participants had to estimate how often they experienced such situations on a scale of 1 (*never*) to 5 (*very often*). The result is formed as the sum of all responses. Higher scores indicate a higher level of stress experienced in the last month. The reliability of the scale was $\alpha = .879$.

Family support was assessed by one of the subscales of the Scales of Perceived Social Support, constructed by Macdonald (1998) and later adapted for Croatian research (Ivanov, 2010). The subscale used for this study consists of 28 items (e.g. There is at least one family member who helps me cope with life's everyday problems). Participants estimated their level of agreement with individual statements on a scale of 1 (*strongly disagree*) to 5 (*strongly agree*). The results are formed as the sum of all responses, with higher results indicating better family support. The reliability of the scale was $\alpha = .96$.

The work-to-family conflict subscale from the Work and Family Conflict Scale (Netemeyer, Boles, & McMurrian, 1996) was used to examine the disruptive impact of work on the participants' family lives. We used a version of this scale adapted to Croatian (Šimunić, Proroković, & Ivanov, 2014). The subscale consists of 6 items (e.g. The amount of time my job takes up makes it difficult to fulfil family responsibilities), which participants evaluated on a seven-degree scale (1 = *strongly disagree*, 7 = *strongly agree*). The overall result is obtained by computing the average estimate on the corresponding items. The higher results reflect a greater degree of Work-to-Family conflict. The reliability of this subscale was $\alpha = .815$.

The scales Perceived Stigma and Barriers to Care for Psychological Problems (Britt et al., 2008) were used to assess the participants' perception of stigma and barriers for receiving psychological help. Both scales were translated and adapted to Croatian using the double translation method. The Perceived Stigma scale consisted of 6 items concerning the participants' belief about being stigmatized when seeking help from mental practitioners (e.g. My peers might treat me differently, I would be seen as weak), while the

Barriers to Care scale consisted of 5 items relating to the degree to which participants experienced difficulties getting the help they need (e.g. It is difficult to schedule an appointment, Getting treatment costs too much money). Participants rated each of these items on a scale of 1 to 5 (1 = *strongly disagree*, 5 = *strongly agree*). The overall results on both scales represent the average estimate of agreement with all particles. Higher results on the Perceived Stigma scale indicate a greater feeling of stigmatization, while higher results on the Barriers to Care scale indicate a greater perception of barriers to getting psychological help. The reliability coefficient for the Perceived Stigma scale was $\alpha = .901$ and $\alpha = .79$ for the Barriers to Care scale.

According to the theory of planned behavior (Ajzen, 1991), attitudes toward specific behavior can be used to predict behavioral intentions with a high degree of accuracy. In order to determine the probability of deciding to seek mental health help, we used the particle which asks: "If you had any personal or emotional problems, how likely is it that you would seek professional psychological assistance?". The participants responded on a seven-degree scale, with 1 indicating *very unlikely* and 7 *very likely*.

Procedure

An online questionnaire was conducted for the purpose of this study. Apart from the scales mentioned above, the questionnaire consisted of various socio-demographic questions assessing gender, age and general information regarding the participants' current work and relationship status. In the beginning of the questionnaire, participants were informed about the purpose of the study and were guaranteed anonymity. Our e-mail addresses were also listed in order to allow the participants to ask further questions if needed. The questionnaire was then posted in Facebook groups and sent via e-mail to various demining companies throughout Croatia. The duration of the questionnaire was about 20 minutes.

Results

Table 1 shows the descriptive data for all scales used in this survey. According to the average results on the Perceived Stress Scale, the participants reported medium-level stress one month prior to data collection. Average results on the family support scale suggest that the participants perceive a relatively high level of support from their families. On the work-to-family conflict scale, the average results of the sample is higher than the scale's medium value. Given the seven-degree range of the subscale, the results suggest a moderately high level of work-to-family conflict among humanitarian deminers. Furthermore, participants in this sample perceive medium-level stigma and barriers to care for psychological problems, with a tendency towards lower values on both scales. As for the probability of seeking professional psychological help in times of need, the responses indicate medium probability of mental health help-seeking.

Table 1. *Descriptive statistics of the variables related to the subjective stress among humanitarian deminers*

| | <i>M</i> | <i>SD</i> | Min | Max | Skewness | | Kurtosis | |
|--------------------------|----------|-----------|-------|--------|------------------|-------------------|------------------|-------------------|
| | | | | | <i>Statistic</i> | <i>Std. Error</i> | <i>Statistic</i> | <i>Std. Error</i> |
| Perceived Stress Scale | 2.329 | 0.832 | 1.20 | 4.50 | 0.744 | 0.314 | -0.332 | 0.618 |
| Family Support | 119.862 | 19.222 | 56.00 | 140.00 | -1.295 | 0.314 | 1.660 | 0.618 |
| Work-to- Family Conflict | 4.523 | 1.446 | 1.00 | 7.00 | -0.446 | 0.314 | -0.401 | 0.618 |

| | | | | | | | | |
|---|-------|-------|------|------|--------|-------|--------|-------|
| Perceived Stigma | 2.077 | 0.977 | 1.00 | 4.33 | 0.670 | 0.314 | -0.546 | 0.618 |
| Barriers to Care | 1.937 | 0.955 | 1.00 | 5.00 | 0.921 | 0.314 | 0.491 | 0.618 |
| Probability of mental health help-seeking | 4.210 | 2.150 | 1.00 | 7.00 | -0.190 | 0.314 | -1.351 | 0.618 |

Results of the correlation analysis shown in Table 2 indicate that greater levels of stress among humanitarian deminers are associated with greater levels of work-to-family conflict and stigma regarding mental health help-seeking. The perceived stress, however, is not connected to their perceived family support and barriers to care. Furthermore, the perceived family support did not correlate significantly with work-to-family conflict in this sample. It seems that family support and work-to-family conflict can both play a role in mental health help-seeking since there is a significant association between greater levels of family support and lower levels of work-to-family conflict with lower levels of stigma and barriers to care. As expected, the correlation analysis showed that stigma and barriers to care correlate negatively with mental health help-seeking.

Table 2. *Pearson correlation coefficients among the variables related to the subjective stress among humanitarian deminers*

| | 1. | 2. | 3. | 4. | 5. | 6. |
|--|----|-------|--------|---------|---------|---------|
| 1. Perceived Stress Scale | 1 | -.152 | .559** | .310* | .215 | -.168 |
| 2. Family Support | | 1 | -.190 | -.491** | -.523** | .417** |
| 3. Work-to-Family Conflict | | | 1 | .324* | .386** | -.250 |
| 4. Perceived Stigma | | | | 1 | .547** | -.316* |
| 5. Barriers to Care | | | | | 1 | -.342** |
| 6. Probability of mental health help-seeking | | | | | | 1 |

* $p < .05$; ** $p < .01$

To test whether family support, work-to-family conflict and variables regarding mental health help-seeking can predict levels of stress experienced by Croatian humanitarian deminers, we conducted a multiple linear regression (Table 3). This model turned out to be significant, with mentioned variables accounting for 27.3% of variance of subjective stress among humanitarian deminers. However, only work-to-family conflict turned out to have significant individual contributions to predicting subjective stress in this sample.

Table 3. *Regression analysis testing the individual contribution of variables in predicting subjective stress among humanitarian deminers*

| Predictors | Unstandardized Coefficients | | Standardized Coefficients | R | Adj. R ² |
|--------------------------|-----------------------------|------------|---------------------------|--------|---------------------|
| | b | Std. Error | β | | |
| Work-to-family conflict | 0.307 | 0.072 | .534** | .580** | .273** |
| Perceived family support | 0.000 | 0.006 | -.008 | | |

| | | | |
|----------------------------|--------|-------|-------|
| Perceived stigma | 0.157 | 0.122 | .184 |
| Barriers to care | -0.086 | 0.131 | -.099 |
| Mental health help-seeking | -0.003 | 0.049 | -.007 |

* $p < .05$; ** $p < .01$

Discussion

Since demining is a physically and psychologically specific and demanding job, the aim of this study was to explore the relations between the level of subjective stress, family support, work-to-family conflict, perceived stigma, barriers to care and probability of mental health help-seeking in the situation of need among Croatian humanitarian deminers.

This study has shown that the participants did not achieve high scores on the perceived stigma and barriers to care scales, though they did show only medium-level readiness to seek help if faced with mental health issues. One possible explanation for this finding could be inferred from the gender of the participants. According to Vogel (2016), it is possible that the restrictive ideals of traditional masculinity (e.g. strength and stoicism) contradict the emotional vulnerability and communication needed to access and fully engage in effective psychological treatment. The results of this show that work-to-family conflict is present among humanitarian deminers. A possible explanation for this may lie in the very nature of their work. Considering that they spend most of their career separated from their families due to constant fieldwork, which makes it harder for them to excel in their family roles, it is not surprising that the conflict between their work and family roles is high. An increase of the perceived stress level at work is connected to the reduced possibility of satisfying family needs and duties (Nart & Batur, 2014). The results of this study have shown that the distinctive and perilous nature of the work of humanitarian deminers, which includes dealing with high-stress situations on an everyday basis, can have a large impact on family life.

Another finding of this study has shown that high levels of stress are accompanied by higher levels of work-to-family conflict. Workers dealing with higher levels of stress experienced more severe consequences on their family relationships. Such results were expected since similar findings were also found in populations working less dangerous jobs (Nart & Batur, 2014). The expectation that a lower level of work-to-family conflict is connected to better family support (Selvarajan et al., 2013) was not confirmed by this research. It is possible that the deminers, due to the specific demands of their work, are less likely to control the negative interference of work and family relations despite the amount of family support they receive. This might indicate a need for providing workers with better methods of dealing with stress. Such results also go along with other findings about the relationships between work-to-family conflict and factors related to mental help-seeking presented in this study. The results show that those deminers whose family relationships were more affected by their work were more inclined to perceive stigmatization and deem psychological help more difficult to access. Such data suggests that high-risk jobs can disrupt the balance between work and family life and harm the personal integrity of individuals.

Furthermore, the correlation analysis did not confirm our hypothesis about the significant correlation between family support and perceived stress, which is not in line with previous research (Pietrzak et al., 2010). These results could be explained by comparing them to findings obtained from police officers, whose jobs also fall into the category of high-risk occupations. It is shown that police officers often use emotional detachment from their families as a strategy for coping with stress (Glavina & Vukosav, 2011). For this reason, it might be possible that humanitarian deminers employ the same stress-coping strategy, ultimately showing that family support does not play a role in perceiving work-related stress. On the other hand, as the

results of this study have shown, family support could have a role in the maintaining of personal psychological well-being. Humanitarian deminers who received more support from their families also perceived less stigma and barriers to care, which consequently leads to a higher possibility of mental health help-seeking (Clement et al., 2015).

So far, perceived stress was rarely associated with stigmatization for seeking professional psychological help. The reason for the statistically significant correlation between these two variables found in this study could be explained by the identity threat model of stigma by Mayer and O'Brien (2005). According to their model, people who consider themselves stigmatized for seeking professional psychological help estimate that such an act could endanger their social identity, which inevitably affects stress reaction. Based on this model, it can be concluded that, in case of perceived stigmatization, a person will be more stressed when the need for psychological assistance is greater. Another explanation for these results is the increased sensibility of individuals who need psychological help the most when it comes to stigmatization for seeking psychological help (Hoge et al., 2004).

As some findings have shown before (Britt et al., 2008), there are some distracting factors which prevent people from seeking necessary psychological support. This study has shown that, among humanitarian deminers, one such factor is perceived stigmatization. Those deminers who reported greater levels of stress had more internalized negative attitudes towards their own psychological problems. Considering that this way of thinking can directly affect behavior (Vogel et al., 2007), it is not surprising that those who perceived greater stigmatization were less willing to look for it. These findings point to a need for the destigmatization of psychological issues, both in the general population and among humanitarian deminers. Additionally, the role of masculine beliefs could affect the deminers' willingness to seek professional help. In fact, there is evidence that men not only consult mental health professionals less often than women but also that their methods of help-seeking are different. Möller-Leimkühler (2002) found that, although minor emotional symptoms increase the probability of consulting a general practitioner, physical symptoms were the determining factor for help-seeking by men. Corney (1990) also found that, in contrast to women, men are less likely to report psychosocial problems and distress as a reason for consulting.

Finally, as the regression analysis has shown, the only predictor of subjective stress among deminers was work-to-family conflict. For this reason, it is of great importance to both employers and psychologists who work with deminers to address this problem in practice.

The sample used in this research is necessarily purposive, which could also indicate greater motivation among the participants in contrast with those who were unwilling to take part in the study. It should be emphasized that, regarding their workplace, the participants of this research are not homogenous. Taking that into consideration, the participants employed by the Croatian Army could differ from those employed by private companies in their responses, especially when examining the level of perceived stress or work-to-family conflict. Therefore, we suggest that future studies examine whether there are any differences between the humanitarian deminers employed at various workplaces. It is possible that the gathered data could better describe the reality of their work and private lives. Furthermore, future research should investigate the nature of relationships between variables more closely using analyses other than correlation. It could also be beneficial to investigate whether there are any differences in seeking professional psychological help, perceived stigmatization and barriers to care between deminers who have already sought such assistance and those who have not. Since significant correlation between family support and the level of perceived stress was not found (except for that between family support and decision to seek psychological help, which was evident in this study), it would be useful to further study occasions in which family support is expressed and consider its relationship with stress-coping strategies. Contrary to expectations, there was no significant correlation between family support and work-to-family conflict and we deem it necessary to further investigate the reasons behind this outcome. Since there is a presumption of accumulated

stress among employees of similar professions (Atkinson, Guetz, & Wein, 2009), we suggest that research on retired humanitarian deminers be conducted, which could further explain the role of family support in that population.

In order to improve future research, there should be better cooperation between researchers, the Croatian Army and private demining organizations. In doing so, larger samples and more detailed information could be gathered, which could help in expanding research related to this issue. This research is only the beginning of scientific interest for this area of military psychology in Croatia, which also has direct practical implications. There is an obvious need for increasing the visibility of people dealing with high-risk jobs and for reducing the stigmatization and barriers they are facing while seeking professional psychological help.

Conclusion

This research has given insight into the perception of stress, family support, work-to-family conflict and factors related to mental health help-seeking among Croatian humanitarian deminers. The correlation analysis showed significant correlation between subjective stress and work-to-family conflict, while correlation between subjective stress and family support, as well as that between family support and work-to-family conflict, did not prove to be significant. Among the factors related to the seeking of professional psychological help, perceived stigma significantly correlated to subjective stress, while both perceived stigma and barriers to care correlated significantly with family support and work-to-family conflict and were recognized as distracting factors in seeking professional psychological help. Regression analysis has shown significant role of work-to-family conflict in predicting level of subjective stress, while family support, stigma, barriers to care and probability of mental health help-seeking did not turn out to be significant predictors of subjective stress among humanitarian deminers.

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