

THE EFFECT OF EMPLOYEE WELL-BEING ON PRODUCTIVITY: EVIDENCE FROM A HUMANITARIAN ORGANIZATION IN ETHIOPIA

A Thesis submitted to Addis Ababa University, in partial fulfilment of the requirement for the Degree of Master of Business Administration

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June 2026

Addis Ababa, Ethiopia

STATEMENT OF DECLARATION

I declare that the research thesis entitled “The Effect of Employee Well-Being, Organizational Support, And Field-Related Stressors on Productivity: Evidence from the selected humanitarian organization in Ethiopia” is my original work and it hasn't been published or submitted for any kind of qualification elsewhere. All sources of material used for the work have been duly acknowledged.

Mulugojjam Denekew

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Date: _____

STATEMENT OF CERTIFICATION

This is to certify that, this project work “The Effect of Employee Well-Being on Productivity: Evidence from a humanitarian organization in Ethiopia” undertaken by Mulugojjam Denekew in partial fulfilment of the requirements for Master of business administration (MBA) at Addis Ababa University college of business and economics, is an original work and not submitted earlier for any degree either at this university or any other university.

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ACKNOWLEDGMENT

I would like to express my heartfelt gratitude to several individuals and organizations that supported me during my study. First and foremost, I wish to thank my supervisor, Hailemariam G. (PhD), for his invaluable guidance, encouragement, and constructive feedback throughout the research work.

My deepest gratitude also goes to the humanitarian organization in Addis Ababa staff and field office staff including international staff for the collaboration and continuous support and willingness in data collection process.

Thank you all for your contributions to this work.

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ABBREVIATIONS

CO	Country Office
COR	Conservation of Resources (theory)
CRS	Catholic Relief Services
CST	Contractual Service Type (e.g., CST 1)
Df	Degrees of freedom
EAP	Employee Assistance Programme
EW	Employee Well-being
FC	Farm Concern (appears in references, but full form not explicitly given)
FRS	Field-Related Stressors
G (G2, G3)	General Service (job level/grade)
HR	Human Resources
IBM SPSS	IBM Statistical Package for the Social Sciences
JD-R	Job Demands-Resources (model)
JIU	Joint Inspection Unit (United Nations)
KPI	Key Performance Indicator
L (L5)	Local (job level, e.g., L5 for driver/associate)
MW	Mental Well-being
N	Sample size / population count
NGO	Non-Governmental Organization
NO	National Officer (job level)
OA	Organizational Alignment (or similar; inferred from context “during and after the OA”)

OCB	Organizational Citizenship Behaviour
OS	Organizational Support
P	Productivity
P	Probability value (statistical significance)
P4	Professional staff grade (UN system)
PO	Productivity Outcome
PSW	Psychosocial Well-being
PW	Physical Well-being
R	Correlation coefficient / multiple correlation
R^2	Coefficient of determination
SC	Service Contract (e.g., SC-5, SC8)
SD	Standard Deviation
Sig.	Significance level
SNNPR	Southern Nations, Nationalities, and Peoples' Region (Ethiopia)
SPM	Sustainable Project Management
SPSS	Statistical Package for the Social Sciences
TMS	Top Management Support
UN	United Nations
UNHCR	United Nations High Commissioner for Refugees
UNV	United Nations Volunteers
VIF	Variance Inflation Factor
WHO	World Health Organization
WHO-5	World Health Organization Five Well-Being Index

Abstract

This study examined the relationship between employee well-being, organizational support systems, field-related stressors, and productivity outcomes in the humanitarian work. Using an explanatory and descriptive design with a mixed-methods approach, quantitative data were collected from 259 staff through structured questionnaires and complemented by semi-structured interviews with 15 participants. The findings show that employees generally report high levels of physical well-being and strong productivity outcomes, while mental and psychosocial well-being are relatively lower. Job insecurity was identified as a major concern, suggesting risks for long-term workforce stability. Results further indicate that employee well-being and organizational support have a positive effect on productivity, with physical well-being showing the strongest influence. In contrast, field-related stressors reduce productivity. Qualitative findings highlight that the quality of relationships with supervisors is the most important factor affecting employee well-being, and workplace flexibility was the most frequently requested improvement. The study concludes that employee well-being is a key driver of productivity in humanitarian contexts, but gaps between wellness policies and their implementation, along with job insecurity, pose risks to sustainable productivity. It recommends that the humanitarian organization in Ethiopia prioritize contract stability, workplace flexibility, supervisor training on psychological safety, and stronger implementation of wellness policies.

Keywords: Employee Well-being, productivity, humanitarian work, organizational support, field related stressors, psychological safety, contract insecurity

CHAPTER ONE

INTRODUCTION

1.1 Background of the Study

According to the World Health Organization (WHO, 2023), well-being is defined as a positive condition that individuals and societies experience. Like health, it is an important part of daily life and relies upon social, economic, and environmental factors. Well-being involves quality of life and the ability of individuals and societies to contribute to the world with some significance and purpose.

Employee well-being in the workplace involves physical, mental, and psychosocial conditions (Hibod, n.d). It has become a key priority for organizations, particularly in high-stress sectors such as humanitarian work. Factors such as job satisfaction, emotional balance, and life satisfaction have also been proven to go hand in hand with improved worker motivation and productivity (Isham et al., 2019). At the same time, productivity, defined as output per worker or hour worked, is not only influenced by technical factors but is also strongly linked to human capital, motivation, and working conditions (Jackson, 2019). More evidence shows that supporting employee well-being not only improves employees' quality of life but also enhances their performance. For example, Hafner et al. (2015) found that poor physical and mental health leads to reduced productivity.

Isham, Mair, and Jackson (2019) stated that workplace wellness can influence productivity in several ways. They explain that healthier employees often show reduced absenteeism and improved performance. On the other hand, high stress may result in burnout, reduced creativity, and disengagement. Furthermore, positive well-being strengthens motivation, social relationships, and resilience, which are essential for effective performance. However, the relationship between well-being and productivity is not one-way. Increased work pressure, job insecurity, and poor work-life balance can reduce employee well-being (Isham et al., 2019).

Around the world, organizations are realizing that employee well-being is directly tied to economic growth. Studies in Europe and Asia show that poor health and stress cost billions in lost productivity each year (Hafner et al., 2015). This shows that the issue is not only local but global. Yet, debates remain in the literature. Some researchers argue that wellness programs improve productivity, while others find mixed results. For example, O'Callaghan and Pantuliano (2023) reviewed 22 programs and found that only 7 showed clear productivity gains. This inconsistency shows that more evidence is needed, especially in humanitarian settings.

Global strategies such as the UN Mental Health and well-being Strategy confirm that psychological support improves motivation and performance, particularly in complex environments such as humanitarian settings (United Nations Joint Inspection Unit [JIU], 2023). Most studies on well-being and productivity come from corporate or public sectors. There is limited research on humanitarian organizations, where staff face unique challenges such as insecurity, trauma, and isolation. This gap makes the Ethiopian case important.

In humanitarian organizations, employees work in highly challenging conditions, including conflict zones, disaster areas, and regions affected by climate shocks. These conditions expose them to physical, emotional, and psychological stress, which can affect their performance and overall, well-being (UN, 2024). Ethiopia hosts one of the humanitarian organization's largest and most difficult operations, supporting large number of beneficiaries. Most of this work is done in remote and crisis-affected regions such as Somali, Afar, Oromia, and SNNPR, where conditions of operation are difficult and support services are limited (UN, 2024).

Ethiopia has one of the largest humanitarian operations in Africa, yet little is known about how stress, contract insecurity, and wellness policies affect staff productivity here. This study addresses that gap. Staff in these areas face many challenges such as heavy workloads, long working hours, separation from family and support systems, and insecure employment terms (UN, 2024). According to the Global Health Survey (2022), approximately 40 percent of personnel reported being adversely affected by stress. The survey identified key stressors such as long working hours, excessive workload, inadequate time for family or personal life, isolation, insecurity related to the renewal of contracts, and unclear job roles. Even though they face a lot of challenges, many humanitarian workers are resilient and are driven

by the purpose and results of their job. McFarlane (2003) observes that humanitarian workers may still find meaning and job satisfaction in difficult conditions.

While the humanitarian organization has wellness strategies and duty of care frameworks, reports show that implementation is uneven. Staff in remote duty stations often lack access to services, and awareness of mental health support is low. This mismatch between policy and practice is a key problem. To address these dynamics, the selected humanitarian organization has implemented Wellness Strategies aimed at enhancing employee health and safety and broadening availability of medical and psychological services. Expanding on this, the existing wellness strategy highlights improved access to healthcare, enhanced mental health support, a positive team environment, and the incorporation of well-being into organizational policies. Moreover, the selected humanitarian organization has created a Duty of Care Accountability Framework (2024), emphasizing its obligation to guarantee the physical and psychological safety of staff. Nonetheless, despite these endeavors, obstacles persist. Awareness of mental health services among staff remains low, and access to support is frequently inadequate, particularly in rural regions.

Employee well-being also connects to global goals like the Sustainable Development Goals (SDGs). Healthy, motivated staff are essential for delivering aid effectively and achieving targets such as zero hunger and good health (United Nations, 2023). Consequently, this research examines the connection between worker well-being and efficiency in the humanitarian operational setting of the selected humanitarian organization in Ethiopia. It assesses the impact of physical, mental, and psychosocial health on employee efficiency. The study also examines how organizational support systems, including the selected humanitarian organization's Wellness Strategy and Duty of Care Framework, affect productivity results. Moreover, it considers the impact of stress related to the field on productivity results. The research seeks to comprehend how these elements affect productivity and to offer actionable suggestions for enhancing employee well-being and organizational effectiveness.

1.2 Statement of the Problem

An ideal situation for an organization will see employee wellness as a strategic priority because appropriate policies and support mechanisms exist within an appropriate workplace culture. As stated by Rong (2024), employees will perform better when physical, mental, and psychosocial wellness is given sufficient attention. In turn, the outcome for the organization will be increased morale, reduced absenteeism, and improved organization performance and effectiveness (Pilbeam, 2011, as cited in Panetta, 2022). This need is especially important for humanitarian organizations such as the selected humanitarian organization (the selected humanitarian organization), where employees experience stress in high-stressed environments. Staff wellness is more crucial for an organization like the selected humanitarian organization that delivers assistance that is time-sensitive and in high-volume.

While it would be ideal for organizations to ensure that wellness policies and support mechanisms are adequate and accessible, this is clearly a challenge for many humanitarian organizations, including the selected humanitarian organization in Ethiopia. In practice, many humanitarian staff are faced with difficult working conditions, little or no psychosocial support, and high workloads. Previous studies in humanitarian contexts report high levels of stress driven by workload, job insecurity and work-life imbalance (Lielina, 2024). As stated by Lielina (2024) in the study in CRS Ethiopia, long working hours, inadequate time for family, being away from home, and lack of clarity about work priorities are also key stressors that affect staff well-being.

Organizational culture, such as leadership style, communication, and empowerment, also has a strong impact on well-being outcomes, but is underused in many humanitarian organizations (Lielina, 2024). Even with the organizational systems of the selected humanitarian organization's Duty of Care and the UN Mental Health Strategy (2024), there remain gaps in implementation, staff awareness, and access to services, especially for those working from remote duty stations.

Furthermore, even though well-being has received increasing attention, many organizations fail to implement wellness frameworks in a consistent and sustainable way. The gap between the ideal state of

staff care and the reality in organizations has consequences for both employees and organizational performance. Poor employee well-being contributes to burnout, absenteeism, low morale, and reduced productivity, which undermines the effectiveness of humanitarian operations (Rugulies et al., 2023). Recent surveys also show the magnitude of the problem. The Global Health Survey (2022) reported that about 40 percent of humanitarian staff were adversely affected by stress, with the highest levels in remote duty stations such as Somali and Afar (the selected humanitarian organization, 2024). This shows that the problem is widespread but unevenly distributed, with rural staff facing greater challenges. Rugulies et al. (2023) further found that poor well-being leads to repeated cycles of absenteeism and disengagement, which directly reduce productivity.

Although many literatures confirm a positive relationship between employee well-being and productivity (Ali & Hamakareem, 2023; Foo et al., 2021), research within the Ethiopian humanitarian context remains limited. Existing studies, such as those on CRS Ethiopia, emphasize the importance of organizational culture for staff outcomes but remain qualitative and focus mainly on aspects such as job satisfaction or turnover (Lielina, 2024), without adequately addressing burnout, stress, or psychosocial health. Similarly, Ayalew (2022) noted that many humanitarian organizations in Ethiopia lack systematic wellness systems, but did not examine their impact on productivity. This shows a methodological gap, as most studies are descriptive and do not use mixed methods to measure both well-being and productivity outcomes.

There is also a theoretical gap, since models such as the Job Demands–Resources (JD-R) and Conservation of Resources (COR) are rarely applied to humanitarian contexts in Ethiopia. The contextual gap is equally clear: most global studies are based on corporate or public sectors, leaving humanitarian organizations under-researched despite their unique challenges of insecurity, trauma, and isolation.

Therefore, there is a clear need for context-specific, evidence-based research to examine how employee well-being influences productivity in the selected humanitarian organization in Ethiopia. This study aims to address these gaps by examining the relationship between employee well-being, organizational support, and field-related stressors, and by providing practical and theoretical recommendations to improve staff well-being and organizational performance.

1.3 Objectives of the Study

1.3.1 General Objective

The general objective of this study is to examine the relationship between employee well-being, organizational support, and field-related stressors on productivity outcome in the operational humanitarian context of the selected humanitarian organization in Ethiopia.

1.3.2 Specific Objectives

- To examine the effect of physical well-being on employee productivity outcome within the selected humanitarian organization Ethiopia.
- To examine the effects of mental well-being on employee productivity within the selected humanitarian organization in Ethiopia.
- To examine the effects of psychosocial well-being on employee productivity within the selected humanitarian organization in Ethiopia.
- To examine the effects of organizational support systems on employee productivity within the selected humanitarian organization Ethiopia.
- To examine the effects field-related stressors on employee productivity within the selected humanitarian organization in Ethiopia.

1.4 Significance of the Study

This study is significant for multiple stakeholders. For the selected humanitarian organization in Ethiopia management, the findings provide evidence-based insights to improve staff well-being policies and enhance productivity, particularly in high-risk and remote duty stations. For humanitarian organizations and UN agencies, the study serves as a practical case, offering lessons that can be applied to similar operational environments. Policymakers and donors also benefit by understanding the importance of investing in employee well-being as a factor in effective humanitarian service delivery. Academically, the study contributes to the limited empirical literature on the relationship between employee well-being and productivity in humanitarian contexts, particularly in Ethiopia, and provides a foundation for future research.

1.5 Scope of the Study

This study examines the relationship between employee well-being and productivity within the context of humanitarian operations at the selected humanitarian organization in Ethiopia. It focuses on how physical, mental, and psychosocial well-being, organization support system and work-related stressors influence employee productivity.

The study is conducted within the selected humanitarian organization in Ethiopia, covering the Country Office (CO) in Addis Ababa and sub-offices or field offices. The study is conducted solely on the selected humanitarian organization in Ethiopia and did not include other UN agencies or humanitarian organizations operating in Ethiopia or other countries.

Data collection was primarily focused on the current operational context (2023–2025); however, there may be references to changes from the past five years (2020–2025) to facilitate comparisons regarding staff well-being and productivity.

A mixed-methods approach, qualitative and quantitative methods were used.

1.6 Limitations of the Study

This study is limited to the selected humanitarian organization in Ethiopia and does not include other humanitarian organizations or UN agencies. As a result, the findings may not be fully generalizable to different contexts. Productivity was measured mainly through self-reported data rather than objective indicators such as key performance metrics, which may introduce personal bias. In addition, the study did not account for wider socio-political and family factors that can influence well-being and performance. These limitations should be considered when interpreting the results, and they highlight the need for future research to use broader samples, objective measures, and more comprehensive variables.

1.7 Definition of Key Terms

Independent Variables:

- Physical Well-being (PW): Self-reported physical health, fitness, fatigue recovery
- Mental Well-being (MW): Emotional state, calmness, vigor, restful sleep, and daily interest.
- Psychosocial Well-being (PSW): Sense of belonging, peer support, trust, participation in decision making, and social connection.
- Organizational Support (OS): Perceived implementation of the selected humanitarian organization's Wellness Strategy and Duty of Care Framework, access to medical care, awareness of the strategies, accessibility, supervisor support, resources availability, communication, and fairness.
- Field-Related Stressors (FRS): includes operational contexts, particularly in field settings including workload, work-life balance, family separation, safety risks, resource constraints, and perceived job security.

Dependent Variable: Productivity Outcome (PO): it includes self-rated task performance, contextual performance, and behavioral indicators.

1.8 Organization of the Thesis

Chapter One: Introduction

This chapter presents the study's background, problem statement, objectives, significance, scope and limitations of the study

Chapter Two: Related Literature Review

This chapter reviews existing studies on staff well-being and productivity, with a focus on humanitarian organizations and challenging workplaces. It presents global perspectives on workplace well-being and outlined research regarding the connection between support systems for staff and their work performance. The chapter provides a theoretical and empirical foundation for understanding the relationship between well-being and productivity.

Chapter Three: Research Methodology

This chapter describes the methodology used for the study to show the effects of staff well-being on productivity at the selected humanitarian organization in Ethiopia. It describes the study population the research design, and the sampling techniques. It also describes the data collection methods (survey, and interviews). The chapter also explains how both quantitative and qualitative data were analyzed.

Chapter Four: Results and Discussion

This chapter analyses the findings of the study based on the research objectives. It examines how employee well-being, organizational support, and work-related stressors affect productivity. The chapter also identifies key patterns and trends and discusses the findings in relation to existing literature.

Chapter Five: Conclusion and Recommendations

This chapter summarize the main research findings, draw conclusion based on the findings then suggest possible recommendations

CHAPTER TWO
LITERATURE REVIEW

2.1 Introduction

This chapter contains a detailed review of related literature regarding the relationship between employee well-being, organizational support and field related stressors. It covers theoretical reviews of literature, empirical studies, conceptual framework and previous research gap

2.2 Theoretical Foundations

Two complementary theoretical frameworks provide the conceptual underpinning for this study. The Job Demands-Resources (JD-R) model, originally developed by Demerouti and Bakker and refined in recent scholarship (Bakker & Demerouti, 2023), suggests that workplace outcomes are determined by the balance between job demands and job resources. Job demands such as workload, emotional pressure and role ambiguity are primary causes of burnout and health impairment, whereas job resources including social support and performance feedback enhances work engagement and organizational commitment. In humanitarian contexts, Hernandez and Sanchez (2022) demonstrated that excessive job demands, particularly role overload and boundary ambiguity, significantly increase strain, while adequate resources enhance resilience and adaptive coping.

The Conservation of Resources (COR) theory, expressed by Hobfoll and extended by Chen and Westman (2021), argues that individuals are motivated to protect existing resources and acquire new ones; resource loss is psychologically more noticeable than resource gain and leads to stress and diminished functioning. For humanitarian workers, resources such as job security, peer support, access to healthcare and predictable work schedules are essential supports against the chronic stressors comes with field deployments (Mwangi & Otieno, 2024). A longitudinal study by Thompson and Lincoln (2023) of humanitarian staff in five conflict zones found that resource loss cycles, where one resource depletion leads to further losses. This declines in both well-being and productivity over a year.

These ideas together show that employee well-being includes physical, mental, and social health. It is influenced by the support workers get from their organization and the stress they face in the field.

This affects productivity through behavioral mediators such as absenteeism, presenteeism and turnover intentions.

Other theories also help explain the link between well-being and productivity. The Work/Family Border Theory (Clark, 2000; Abenet Legesse, 2020) says that stress can cross between work and personal life. For humanitarian staff, long deployments and family separation make this worse. The Spillover Theory also shows that emotions at work affect home life and vice versa.

Studies in ecological economics warn that chasing productivity without caring for staff well-being can harm workers in the long run (Isham, Mair & Jackson, 2019, 2021). These ideas add to JD-R and COR by showing that well-being is shaped not only by demands and resources but also by how work and personal life overlap.

Foo (2022) emphasized that workplace psychosocial stressors often outweigh trauma exposure in predicting burnout and distress among humanitarian workers. Importantly, a strong psychosocial safety climate buffered these effects, highlighting the organizational role in resilience.

2.3 Influence of Physical, Mental and Psychosocial Well-being on Productivity

2.3.1 Physical Well-being and productivity

Being in good health, avoiding illness, eating healthily, getting enough sleep, and having access to medical care are all components of physical well-being. It has been repeatedly associated with productivity at work in a variety of industries. After adjusting for demographic variables, a large-scale longitudinal study by Cheung, Wong, and Li (2023) that tracked 1,250 field workers in crisis zones across three continents discovered that self-reported physical health was the best predictor of daily task completion, accounting for about one-third of the variance in productivity scores. In a similar vein, Ogunyemi and Adebayo (2024) looked at 890 workers from fifteen NGOs in Nigeria. They discovered

that employees who received routine physical examinations were less likely to skip work and gave their job performance higher ratings than those who did not.

In mixed methods research of 450 assistance workers in sub-Saharan Africa, Al Hassan and Diallo (2025) showed that physical weariness was the most prevalent issue affecting performance within the humanitarian sector. On at least five working days in the previous month, more than 60% of respondents said that physical weariness decreased their productivity. Additionally, Kumar and Patel's (2024) review and meta-analysis of thirty-two research found that workplace health initiatives that promote physical well-being had a favorable return on investment, mostly through decreased presenteeism and absenteeism.

Nelson and Simmons (2022) explained how physical health affects productivity using a simple idea: when people feel physical pain or discomfort, it takes up their attention, reduces their energy, and makes tasks feel harder to complete. In humanitarian field settings, where the work is physically demanding and access to healthcare is limited, these challenges can be even stronger (Gonzalez & Fernandez, 2024).

Chang (2024) explained that "a healthy employee is the cornerstone of a thriving business." Isham et al. (2019) also found that poor health leads to absenteeism and presenteeism, costing organizations a lot of money. In humanitarian work, where staff face harsh conditions and limited healthcare, these problems are even stronger (Gonzalez & Fernandez, 2024).

Based on the reviewed literature, the following hypothesis is formulated:
H01: Physical well-being has no significant effect on productivity outcomes among the selected humanitarian organization in Ethiopia staff.

2.3.2 Mental Well-being and productivity

Emotional stability, effective stress management, resilience, and the absence of common mental health issues like depression or anxiety are all considered aspects of mental well-being. It is now a significant area of study in the workplace.

Van der Merwe, Botha, and Ferreira (2023) conducted a thorough meta-analysis that included sixty-seven studies with a sample size of more than 48,000 workers from a variety of industries. They discovered a connection between poor mental health and poorer job performance. Employees that suffer from emotional weariness, despair, or anxiety perform worse. In high-stress occupations like emergency response, medicine, and humanitarian work, this effect is much more pronounced.

35 humanitarian workers who have received mental health support were interviewed for a study by Richardson and Thomas (2024). They discovered that employees' behavior at work was impacted when they were experiencing mental difficulties. They struggled to focus, made bad choices, lost patience with coworkers, and shied away from challenging jobs. All of this reduced both individual and team performance.

On the other hand, a study by Johansson, Lundgren, and Nilsson (2022) showed that support can make a big difference. They provided a short program on mental health awareness and stress management to 200 NGO workers in conflict areas. After the program, workers reported being more engaged in their jobs and made fewer mistakes over three months. These improvements were still seen after six months.

Within the Ethiopian context, Habtu, Kumie, Selamu, Harada and Girma (2024) conducted a cross-sectional study of healthcare workers operating in humanitarian settings across four Ethiopian regions. They found that more than 40% of workers experienced moderate to severe anxiety. This was linked to lower job satisfaction and a higher likelihood of wanting to leave their jobs. However, the study did not directly measure how this affected productivity, which leaves an important gap that this study aims to fill.

The relationship between mental well-being and productivity is further complicated by bidirectional causality. Park and Lee (2023) used longitudinal panel data from nine hundred workers to demonstrate that poor mental health can reduce productivity, but also that productivity decline can worsen mental health.

The UNHCR Global Staff Well-being Survey (2016) showed that many staff were at risk of anxiety, depression, or PTSD, and this was linked to lower job satisfaction and performance. Habtu et al. (2024)

found similar results in Ethiopia. Isham et al. (2021) showed that positive emotions can raise productivity by 10%. Park & Lee (2023) also found that poor mental health reduces productivity, but falling productivity can make mental health worse.
Sparks, Faragher, and Cooper (2001) showed that job insecurity, long work hours, and poor managerial style significantly undermine employee well-being and productivity in modern workplaces. Similarly, Foo (2022) found that maladaptive coping styles, such as emotion-focused coping, mediate the link between stressors and burnout, reinforcing the importance of organizational-level interventions.

Despite extensive research, there is still limited evidence specifically linking mental well-being and productivity in humanitarian contexts in developing countries. Most empirical studies are conducted in corporate or healthcare settings, leaving a gap in understanding how these relationships operate under extreme working conditions. This study addresses this gap by providing empirical evidence from the selected humanitarian organization in Ethiopia.

Based on the reviewed literature, the following hypothesis is formulated:
H02: Mental well-being has no significant effect on productivity outcomes among the selected humanitarian organization in Ethiopia staff.

2.3.3 Psychosocial Well-being and productivity

Psychosocial well-being refers to the quality of interpersonal relationships at work, including trust, support from coworkers, sense of belonging, fairness and opportunities for participation. A large cross-sectional study of eighteen hundred employees across fifteen non-governmental organizations in West Africa by Mensah and Asare (2025) found that when organizations value and support employees' mental and emotional health, workers are more engaged and perform better. It also showed that organizations with strong supportive environments had lower staff turnover, compared to those with poor environments

In humanitarian operations, teamwork and support from colleagues appear to be particularly important in dealing with stress. Research by Patel, Sharma and Gupta (2024) with three hundred twenty humanitarian field workers in South Asia reported that workers who rated their team support as high were three times less likely to report productivity decline during emergency situations compared to those

with low team support. Similarly, a study by Chen, Liu, and Wang (2023) followed 450 NGO workers over six months and found that feeling a sense of belonging at work increased motivation and morale. This suggests that a positive social environment at work directly improves motivation.

The link between psychosocial well-being to productivity have been explored by Turner and Carter (2023), who found that workplace social support operates through two main ways: it reduces stress and builds confidence and problem-solving skills. Their study of 850 humanitarian workers showed that those who felt well supported were more satisfied with their jobs, more likely to stay, and had fewer days off due to stress-related illness.

Visser et al. (2016) found that autonomy and trust in management are very important for humanitarian staff. Autonomy helps when trust is high, but increases stress when trust is low. Turner & Carter (2023) showed that social support reduces stress and builds confidence, which improves performance.

Getachew (2024) demonstrated that leadership style, communication quality, and empowerment strongly influenced employee well-being at CRS Ethiopia, beyond formal wellness policies. Palmvik (2018), in a case study of Lutheran World Federation staff in Kakuma, found that participatory climates — marked by collaboration and appreciation — prevented psychosocial hazards and improved morale.

Based on the reviewed literature, the following hypothesis is formulated:
H03: Psychosocial well-being has no significant effect on productivity outcomes among the selected humanitarian organization in Ethiopia staff.

2.4 Contribution of the selected humanitarian organization's Wellness Strategy and Duty of Care Framework to Productivity

2.4.1 Duty of care in humanitarian organizations

Duty of care refers to the legal, ethical and moral responsibility of employers to protect the safety, health and well-being of their employees. In humanitarian contexts where personnel volunteer or work in conflict zones, disaster areas, disease outbreaks and other high risk environments duty of care has become a central policy and operational concern over the past decade. A conceptual analysis by

Stoddard, Czwarno and Harr (2024) argued that duty of care in aid organizations extends beyond physical safety. It also includes psychological support, fare access to medical services, proactive risk management and post incident service. They also suggest that organizations differ in how well they apply these practices. Some only meet basic requirements, while others fully integrate duty of care into how they operate, but most organizations are somewhere in the middle.

Empirical research by Turner and Carter (2023) surveyed eight hundred fifty humanitarian workers across twelve international agencies and found that perceived organizational duty of care was significantly correlated with job satisfaction and intention to stay. Moreover, workers who rated their agency's duty of care as excellent reported substantially fewer lost workdays due to stress related illness compared to those rating it as poor. The authors concluded that duty of care perceptions may be as important as salary or career growth in keeping the humanitarian sector.

However, a critical review by the Headington Institute (2025) found that many humanitarian organizations continue to treat staff care as secondary to programming goals. This leads in escalating burnout, high turnover, reduced effectiveness and more skilled workers leaving their jobs. The report identified a clear gap between organization policy and implementation, particularly in remote duty stations where access to services is limited. This gap is directly relevant to the present study, as the selected humanitarian organization in Ethiopia operates in many field offices in remote and high-risk areas.

2.4.2 UN System and the selected humanitarian organization Well-being frameworks

The United Nations system has developed a Workplace Mental Health and Well-being Strategy (United Nations, 2024), which establishes a comprehensive framework for promoting psychological health across all agencies and duty stations. The strategy advocates for psychosocial risk management (PSRM), a systematic method to identify, assess and reduce workplace stressors. It also requires that each UN entity develop measurable action plans with dedicated resources and accountability. The strategy also emphasizes the importance of addressing stigma and integrating well-being into leadership performance assessments.

The foundation was established by the selected humanitarian organization's Wellness Strategy 2020–2024, which prioritized employee health and safety, increased access to psychosocial and medical services, strengthened wellness structures, and established wellness committees at the national level (the selected humanitarian organization, 2021). Internal assessments of this approach revealed several successes, such as a rise in mental health awareness and an extension of the employee support program. Nevertheless, the assessment also identified difficulties, such as inconsistent execution among national offices and insufficient result data.

Building on this, a more comprehensive and research-based strategy is adopted in the new the selected humanitarian organization Wellness Strategy (2025–2030) (the selected humanitarian organization, 2025). It seeks to enhance mental health support, foster happy team environments, increase access to healthcare and telemedicine services, particularly in distant places, and include wellness into general organizational policies. It also establishes specific objectives, such lowering absenteeism due to stress and raising employee engagement at all duty stations.

2.4.3 Evidence of effectiveness of well-being frameworks

Although these frameworks show promise, there is still conflicting evidence of their consistent efficacy in humanitarian contexts. Only seven of the twenty-two assessments of staff well-being programs in aid organizations that O'Callaghan and Pantuliano (2023) looked at showed positive effects on objective productivity indicators. The most successful programs had several traits in common, including leadership backing, sufficient funding, integration into current management processes, cultural adaptability, and staff input and feedback mechanisms.

When properly implemented, UNHCR's Workplace Mental Health and Psychosocial well-being Strategy, which places a strong emphasis on peer support networks and psychosocial risk management, has been linked to lower absenteeism, increased productivity, and strengthened staff resilience (Freedman & Chase, 2024). The same authors did point out that these advantages were mostly observed in settings where managers were taught to support employees in a psychologically safe manner and specialized well-being officers were deployed.

However, research by Williams, Martinez, and Kipkorir (2024) discovered that well-being policies frequently existed but were not properly implemented in nations like South Sudan and the Democratic Republic of Congo. Employees complained about inconsistent and insufficient support. Many were under pressure to concentrate on the responsibilities of their jobs, and some were reluctant to seek help for fear of being perceived as weak or uncommitted. Confidentiality was another issue that worried them, particularly in small teams.

2.5 Impact of Organizational Support Systems on Staff Productivity

2.5.1 Medical access and health services

A crucial component of organizational support is access to medical care, especially in humanitarian circumstances when field workers could be far from medical facilities. Githinji and Mwangi's (2025) longitudinal study, which tracked 600 humanitarian workers in Ethiopia and Kenya over a two-year period, discovered that workers who had strong access to healthcare through their organization had fewer days when illness hindered their output. This was particularly true for common ailments that are widespread in agricultural settings, such as respiratory infections, gastrointestinal issues, and malaria.

Ayele, Tadesse, and Worku's (2023) research of eight NGOs working in the Somali and Oromia areas of Ethiopia revealed significant differences in medical access. While employees in more distant woredas frequently lacked formal medical support, those in regional cities had reasonable access to contracted clinics. They depended on underfunded local health posts. Workers in remote areas have poorer job satisfaction and more absenteeism as a result of this lack of access.

2.5.2 Employee assistance programme and counselling services

For workers dealing with personal or professional issues, Employee Assistance Programs (EAPs) offer private counselling and referral services. Donovan and Bliese's (2024) meta-analysis of 41 studies on the efficacy of EAPs in a variety of industries concluded that EAPs are beneficial. They can lessen the urge to quit a job, presenteeism (being at work but not being productive), and absenteeism (missing work). When EAPs are well-connected to other workplace assistance programs and employees are aware of the services, these benefits are amplified.

Donovan & Bliese (2024) found that EAPs reduce absenteeism and turnover. But Kimani & Otieno (2025) reported that many humanitarian staff do not use them because of stigma and confidentiality concerns. UNHCR (2016) also found that only half of staff at risk sought help.

However, a large number of professionals do not utilize EAP services in humanitarian circumstances. According to a study by Kimani and Otieno (2025), there are a number of reasons for this, such as a lack of knowledge, worries about confidentiality, cultural stigma surrounding mental health, a preference to speak with coworkers rather than experts, and challenges in obtaining services in rural locations. Only a small percentage of those in need of assistance used EAP services, but those who did said they were beneficial.

2.5.3 Supervisory support as organizational support

The degree to which workers believe their managers are concerned about their well-being and are willing to assist them is known as supervisory support. It is regarded as one of the most crucial types of organizational assistance.

Support from supervisors had a greater effect on job performance than formal wellness programs or even access to medical treatment, according to research by Moreira, Silva, and Costa (2024) of 900 workers across 20 humanitarian projects. Employees were less emotionally spent, more engaged, and had fewer days when they were at work but not entirely productive when they felt that their bosses supported them.

Jordan and Lawrence (2023) used a daily diary methodology with 150 humanitarian workers to investigate the factors underlying this effect. Employees worked better and felt less exhausted on days when managers offered emotional support, modified workloads, or just acknowledged stress. Negative behaviors, on the other hand, such as micromanagement, criticism, or disregarding stress, resulted in increased mental strain and decreased productivity.

According to a study by Patel and Kumar (2024) of peacekeeping mission personnel in the UN system, perceived supervisory support helps lessen the detrimental consequences of stress. Employees with supportive managers reported less psychological suffering, even under trying circumstances. According

to the study, companies should provide managers with training in stress management, emotional intelligence, and supportive leadership.

2.5.4 Organizational culture and wellness initiatives

The overall organizational culture plays a big role in how support systems are experienced and used by employees. Andersen and Jensen (2025) conduct a study in six humanitarian agencies and revealed that employees felt safe to speak openly about stress or ask for help had lower burnout and higher use of support services.

Andersen & Jensen (2025) found that open cultures reduced burnout. Getachew & Mekonnen (2024) showed that leadership openness and peer support norms in Ethiopian NGOs improved staff well-being beyond formal policies. This shows that culture matters as much as formal programs.

In Ethiopian NGO context, research by Getachew and Mekonnen (2024) found that organizational culture variables like leadership openness, communication quality and peer support norms had a major impact on staff well-being, beyond what formal policies could explain. This shows that it is not just about having policies, but also how they are practiced and experienced by staff in real situations.

Lielina Getachew (2024) further confirmed that supportive organizational culture at CRS Ethiopia — characterized by empathetic leadership and clear communication — enhanced employee well-being, while misalignment of values increased stress and dissatisfaction.

Based on the reviewed literature, the following hypothesis is formulated:
H04: Organizational support has no significant effect on productivity outcomes among the selected humanitarian organization in Ethiopia staff.

2.6 Work Related Stressors

Research conducted by Connorton, Perryman and Miller (2023) present findings from sixty-eight studies of humanitarian aid workers and conclude that the main stressors are heavy workloads, unclear roles, exposure to trauma, isolation, job insecurity, and lack of resources.

Regarding workload and work life balance, heavy workload is the most sources of stressor across humanitarian studies this is supported by Richardson and Thomas (2024), the researchers report that 75% of workers agreed workload was their main challenge, with many working 60 to 80 hours per week during emergencies.

Geographic isolation and family separation: Deployed humanitarian staff often spend months away from home, with limited communication options and no ability to return for family emergencies. Research by Aoyama and McFarlane (2024) found that isolation had an even greater effect on mental health than workload or safety concerns, especially for those with family responsibilities.
Being away from social support systems makes this stress even stronger.

Insecurity and safety concerns: Humanitarian workers face physical threats including armed conflict, criminal violence, road accidents and disease outbreaks. The year 2024 was the deadliest on record for humanitarian personnel, with more than three hundred eighty aid workers killed worldwide (International Humanitarian Assistance Monitor, 2025). Even routine field travel in Ethiopia involves risks related to road conditions, and conflict. Research by Stoddard, Czwarno and Harr (2024) found repeated exposure to such dangers can lead to stress-related problems, which reduce work performance and increase the desire to leave the job.

Contract insecurity and precarious employment: Many humanitarian staff work on short term contracts (six to twelve months) with uncertain renewal guarantee. This creates uncertainty about future employment, housing and family stability. A study by Mwangi and Otieno (2024) of six hundred national staff across fifteen humanitarian agencies in East Africa found that that job insecurity was linked to stress, emotional exhaustion, lower productivity, and a higher intention to leave. The study also found that national staff are more affected by this than international staff, who usually have more stable contracts.

Technology can also be a stressor. Isham et al. (2021) noted that ICT increases “technostress” by blurring work and home boundaries. Visser et al. (2016) showed that autonomy without trust worsens strain. UNHCR (2016) found that staff in high-risk duty stations had high burnout and secondary trauma.

Ecological economics studies (Isham et al., 2019) also argue that productivity growth strategies like downsizing and short contracts can harm well-being. Mwangi & Otieno (2024) found that national staff on short contracts had lower productivity and higher turnover intentions.

Based on the reviewed literature, the following hypothesis is formulated:
H05: Field-related stressor has no significant effect on productivity outcomes among the selected humanitarian organization in Ethiopia staff.

In summary, the literature suggests that employee well-being, organizational support, and field-related stressors may influence productivity. To test these relationships, five null hypotheses (Ho1–Ho5) are formulated and examined in this study.

2.7 Conceptual Framework

The conceptual framework for this study shows the relationship between employee well-being, organizational support, field-related stressors, and productivity in the humanitarian operational setting of the selected humanitarian organization in Ethiopia. In this framework, employee well-being, organizational support, and field-related stressors are the independent variables, while productivity is the dependent variable.

Employee well-being is treated as a multidimensional construct that includes physical well-being, mental well-being, and psychosocial well-being. Physical well-being refers to employees' health and ability to perform their tasks. Mental well-being includes emotional stability, stress management, and resilience. Psychosocial well-being focuses on relationships at work, sense of belonging, and social support.

Organizational support systems, such as wellness programs, supervisory support, and resource availability, are also considered independent variables. Field-related stressors, including workload, safety risks, family separation, and contract insecurity, are additional independent variables that can negatively affect staff outcomes.

All of these independent variables are hypothesized to influence the dependent variable, productivity. In the diagram, each box represents one variable, and each arrow represents a hypothesis (Ho1–Ho5) showing the expected relationship between the independent variables and productivity outcomes. For example, Ho1 tests the effect of physical well-being on productivity, while Ho5 tests the effect of field-related stressors on productivity.

This conceptual framework is adapted from the Job Demands–Resources (JD-R) model (Bakker & Demerouti, 2023) and the Conservation of Resources (COR) theory (Hobfoll, 2001), which explain how job demands and resources influence employee well-being and productivity. These theories explain how demands and resources affect employee well-being and performance. By applying them to the humanitarian context of the selected humanitarian organization in Ethiopia, the framework makes clear how different aspects of well-being and workplace conditions are expected to shape productivity outcomes.

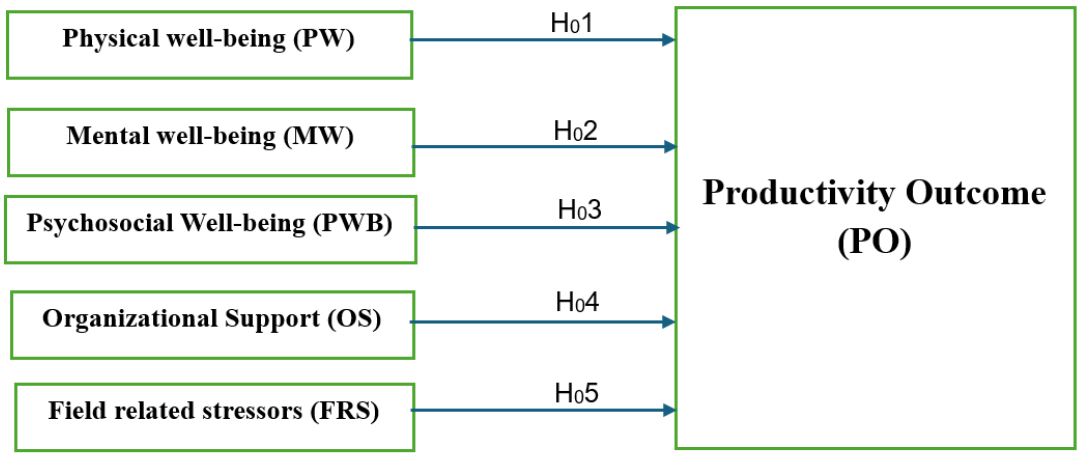


Figure 2.1: Conceptual Framework

2.8 Research Gap

The thorough analysis of literature indicates that employee well-being is positively linked to productivity in various settings; systems of organizational support and frameworks of duty of care can mitigate the adverse impacts of stressors, while behavioral mediators clarify substantial differences in the relationship between well-being and productivity.

Yet, significant disparities still exist. Initially, most of the current research has been carried out in stable, resource-abundant settings (corporate workplaces, healthcare systems in developed nations, educational environments). The humanitarian sector, marked by constant exposure to trauma, geographic isolation, job instability, and insufficient support systems, offers a distinctly different context that could influence or change the relationship between well-being and productivity. Studies specifically targeting humanitarian operations in sub-Saharan Africa are notably limited.

Moreover, while the selected humanitarian organization and other UN agencies have established extensive wellness strategies and duty of care frameworks, there has been minimal empirical research analyzing how these lead to observable improvements in staff well-being and productivity results. Internal advisory reports have identified recorded implementation gaps, yet there is a deficiency of systematic, peer-reviewed evidence connecting framework implementation to productivity. This study tackles this gap by concentrating on the selected humanitarian organization in Ethiopia, which is among the agency's largest and most intricate country operations

Additionally, studies pertaining to the Ethiopian humanitarian situation are notably scarce. Research conducted by Lielina (2024) investigated the organizational culture and employee well-being at CRS Ethiopia but was mainly qualitative, emphasizing cultural aspects rather than productivity results and excluded quantitative assessments. Ayalew (2022) observed that many humanitarian organizations in Ethiopia do not have structured wellness frameworks, resulting in significant deficiencies in mental health assistance and staff resilience. To date, no research has empirically investigated the connection between employee well-being and productivity at the selected humanitarian organization in Ethiopia utilizing a mixed methods approach.

Furthermore, most of the current research examines well-being or productivity separately, without considering organizational support and stress factors. This research tackles this void by including these factors that are especially pertinent in humanitarian settings where personnel might continue working while unwell because of mission pressures or exit the field altogether due to ongoing stress. This research will thus address a significant void by offering empirical data from the selected humanitarian organization in Ethiopia, (one of the largest humanitarian efforts in Ethiopia), to explore how well-being impacts productivity.

CHAPTER THREE
RESEARCH METHODOLOGY

3.1 Introduction

This chapter describes the research design, including the method, data sources, sampling techniques, instruments, and data analysis methods used to examine the relationship between employee well-being and productivity in the selected humanitarian organization in Ethiopia. The methodology was organized to capture quantitative trends and qualitative information that shows how well-being was experienced by employees across duty stations and how it affects productivity.

3.2 Research Approach

This study used a mixed-method research approach, combining quantitative and qualitative methods. Structured questionnaires were used to collect quantitative data from a large sample of staff, while semi-structured interviews provided qualitative insights. The use of both methods is justified because each has strengths that complement the other. Quantitative methods allow measurement of the magnitude and frequency of issues such as stress, well-being, and productivity across a broad group of employees. They provide statistical evidence that shows patterns and relationships between variables. Qualitative methods, on the other hand, capture the lived experiences of staff, giving depth to the numbers and explaining why certain patterns exist.

The mixed-methods approach also addresses methodological gaps in previous studies, which often relied only on qualitative descriptions of job satisfaction or turnover (Lielina, 2024). By combining both approaches, this study ensures stronger validity, richer analysis, and more practical recommendations. It allows the research to measure the scale of the problem while also understanding the human experiences behind the data, making the findings more reliable and useful for the selected humanitarian organization in Ethiopia and other humanitarian organizations.

3.3 Research Design

This research adopts both descriptive and explanatory research design methods. Descriptive design was used to assess the current situation, on the other hand explanatory research design is suitable for examining the causal relationships between employee well-being, organizational support and field related stressors (independent variable) and productivity outcome (dependent variable). Specifically, it seeks to determine how changes in employee well-being across physical, mental, and psychosocial dimensions), organizational support and field related stressors affect productivity outcomes.

3.4 Population and Sampling Procedures

The total population of the selected humanitarian organization in Ethiopia is 880 of which 780 national staff the country office and sub/field offices and 100 international staff.

3.5 Sample size

Using Yamane's (1965) formula for the quantitative survey a sample size of 275 was estimated

Where:

- n = sample size
- N = population size
- e = margin of error (typically 0.05)

Population N = 880 and e =0.05: e2 = (.05) 2 = .0025 = N (e2) = 880 x .0025 = 2.2

$$n = \frac{880}{1 + 880\,(0.05)\,2} = \frac{880}{1+2.2} = \frac{880}{3.2} = 275 \text{ (approximately)}$$

For qualitative analysis 15 purposively selected participants were selected including all duty stations and contact types.

3.6 Sampling technique

The study uses convenience non-probability sampling. The use of convenience and non-probability sampling in this study is justified by operational and contextual limitations. Humanitarian environments such as the selected humanitarian organization in Ethiopia involve dispersed staff across remote and high-risk areas, making probability sampling difficult to implement. In addition, accessibility constraints, security considerations, and voluntary participation requirements necessitated a flexible sampling approach. Thus, convenience sampling was appropriate to ensure representation across duty stations, contract types, and staff categories.

3.7 Sources of Data

This study uses only primary data. The data was collected through structured questionnaires and semi-structured interviews distributed to the selected humanitarian organization in Ethiopia staff.

3.8 Data collection

Before collecting the data, permission was obtained from the selected humanitarian organization in Ethiopia. Questionnaires were distributed electronically to all respondents using Google Form. The distributed questionaries were automatically collected. Finally, data from feedback and interview were also collected.

3.9 Validity and Reliability

The instrument for this study adapted from validated tools used in previous empirical studies (Birru, 2022; Ishimwe & Sanja, 2024; Ahmed et al., 2014) to ensure relevance and reliability. Validity refers to the extent to which a measurement instrument accurately captures the concept it is intended to measure. By adopting instruments from these prior studies each of which was carefully designed to measure the same constructs this study ensures that the data collected will meaningfully reflect the concepts under investigation.

The reliability of the measurement items was examined through a pilot study using Cronbach's alpha. Cronbach's alpha was calculated for each construct to assess internal consistency. An alpha value of 0.70 or higher is considered acceptable and indicates that the scale is reliable (Tavakol & Dennick, 2011).

Productivity in this study was measured using self-reported scales capturing task performance, contextual performance, and behavioral indicators. Such measures are widely accepted in organizational research where objective performance data are not accessible (Koopmans et al., 2014). However, reliance on self-reported data may introduce bias, and the absence of objective Key Performance Indicators (KPIs) is acknowledged as a limitation.

3.10 Data analysis

Row data were inserted in Excel 2016 for cleaning and screened for missing values and outliers then using latest version of IBM SPSS (Statistical Package for Social Science) software quantitative data analysis were analyzed. Descriptive statistical analysis was used including mean and SD (standard deviation) to summarize respondents' characteristics. Inferential statistics including correlation and multiple regression analysis were used to test the relationships between employee well-being, organizational support and field related stressors and productivity outcomes. Statistical significance was tested at the conventional level ($p < 0.05$).

Before conducting the primary analysis, the data were subjected to regression assumption tests, including checks for normality, multicollinearity and homoscedasticity. Multiple linear regression was applied to assess the direct effects of independent variables on productivity, formulated through the equation:

$$\beta 0 + \beta 1X1 + \beta 2X2 + \beta 3X3 + \beta 4X4 + \beta 4X5 + \varepsilon$$

Where

Y = Productivity (Dependent Variable)

β0 = Constant term (coefficient of intercept)

X1 = Physical Well-being (Independent Variable 1)

X2 = Mental Well-being (Independent Variable 2)

X3 = Psychosocial Well-being (Independent Variable 3)

X4 = Field related stressors (Independent variable 4)

X5 = Organizational support system (Independent Variable 5)

ε = Error term

In addition, a thematic analysis was performed on employees' feedback and interview for qualitative data to provide themes and patterns to address the questions.

3.11 Ethical Considerations

Ethical principles were guide all aspects of this study. The study obtained informed consent for voluntary participation, and participants was given full, clear, and reasonable information about the purpose of the study, the risks and benefits, and their right to withdraw at any time with no consequences. Participants were guaranteed anonymity and confidentiality, with responses unlinked to their identities, and when full anonymity is not possible, confidentiality and anonymity was maintained (interviews). Finally, all procedures were consistent with the selected humanitarian organization's ethical and data protection procedures and guidelines, ensuring that all data was managed in an ethical manner.

CHAPTER FOUR

DATA PRESENTATION, ANALYSIS AND INTERPRETATION

4.1 Introduction

This chapter presents data analysis and interpretation of data, which includes descriptive statistics, correlation analysis and multiple regression analysis and testing of the hypothesis.

4.2 Preliminary Data Analysis

4.2.1 Questionnaire return rate

A total of 275 questionnaires were distributed to the target population comprising all selected samples the result of distribution and response rate is presented in Table 4.1

Table 4.1: Questionnaire distribution and response rate

Distributed	Returned	Response Rate (%)
275	259	94.18

Source: Survey Data, 2026

According to Mugenda and Mugenda (2003), a response rate above 70% is considered very good for analysis and reporting, this indicates that the presented response rate was adequate for conducting the study.

4.2.2. Respondent demographic characteristics

The demographic characteristics of the respondents are summarized in Table 4.2

Table 4.2: Demographic characteristics of respondents

		Frequency	Percent	Cumulative Percent
Duty Station	Addis Abeba	165	63.7	63.7
	Gambella	3	1.2	64.9
	Mekelle	5	1.9	66.8
	Others	86	33.2	100.0
	Total	259	100.0	
Staff Category	International	25	9.7	9.7
	National	234	90.3	100.0
	Total	259	100.0	
Contract Type	Fixed term	143	55.2	55.2
	Contract	116	44.8	100.0
	Total	259	100.0	
Length of Service with the selected humanitarian organization	2 - 5 years	73	28.2	28.2
	5 - 10 years	51	19.7	47.9
	Less than 2 years	32	12.4	60.2
	More than 10 years	103	39.8	100.0
	Total	259	100.0	

Source: Survey Data, 2026

The demographic characteristics of the respondents are shown in table 4.2, most of the respondent duty station (63%) was from Addis Ababa, country office only 34% are from various field duty station (Gambella, Mekele and other sub-office). This distribution reflects both concentration of staff in the capital and the deliberate inclusion of field perspective.

In terms of staff categories 90.3% of the respondent were from the national staff while the remaining 9.7% were from international staff. This is proportionate to the selected humanitarian organization in Ethiopians overall staff composition. In related to contract type 55.2% were fixed term respondents while 44.8% is contract employee, 6.45% of the respondents' job level was categorized as General while the remaining 23.55% were Professional staffs, 39.8% of the respondents had more than 10 years of experience indicating a substantial pool of long-serving staff representing in depth knowledge and experience about the subject under study, only 12.4% of the respondents have less than two years of experience.

4.3 Reliability Analysis

To evaluate the internal consistency and reliability of the measurement scales used in this study, Cronbach's Alpha coefficients were calculated for each dimension. According to Hair et al. (2019), a Cronbach's Alpha value of 0.70 or higher is generally considered acceptable for social science research, while values above 0.80 indicate good reliability.

Table 4.3: Reliability coefficients for study variables

Dimension	Cronbach's Alpha	Interpretation
Physical Well-being	0.893	Good
Mental Well-being	0.903	Excellent
Psychosocial Well-being	0.903	Excellent
Organizational support systems	0.897	Good
Field related stressors	0.896	Good
Productivity Outcomes	0.903	Excellent

Source own survey, 2026

As shown in the above table the values range from 0.890 to 0.903, showing that the questionnaire items used under each construct are highly correlated with Cronbach's Alpha value greater than 0.70. The instrument used in the study is considered reliable and suitable for further statistical analysis.

4.4 Descriptive Statistics of Study Variables

4.4.1 Physical Well-being

Table 4.4: Descriptive statistics for physical well-being

	N	Mean	Std. Deviation
I am generally physically healthy and fit to perform my work duties	259	4.74	.646
I easily recover from physical fatigue after work	259	4.17	.865
I have access to adequate medical care when needed at my duty station.	259	4.47	.808
My physical health has consistently supported my work effectiveness	259	4.56	.710
Grand mean	259	4.49	

Source own survey, 2026

Descriptive statistics for physical well-being dimensions are presented below. All items were measured using a 5-point Likert scale (1 = strongly disagree, 5 = strongly agree). For interpretation, mean scores between 1.00–2.49 are considered low, 2.50–3.49 moderate, 3.50–4.49 high, and 4.50–5.00 very high.

The highest mean score of 4.74 falls in the very high agreement range, showing that staff strongly perceive themselves as physically healthy and fit to perform their duties. The lowest mean score of 4.17 falls in the high agreement range, indicating that while most staff recover from fatigue, some experience challenges. This item also had the highest standard deviation (0.865), suggesting greater variability among respondents — some recover easily, while others struggle considerably.

Access to medical care (mean = 4.47) and consistent support from physical health (mean = 4.56) both fall in the very high agreement range, showing strong positive perceptions. The overall grand mean of 4.49 is at the threshold of very high agreement, indicating that physical well-being is generally strong among staff. However, the variability in fatigue recovery highlights a potential area for targeted wellness interventions, such as workload management, rest policies, or recovery support programs.

4.4.2 Mental Well-being

Table 4.5: Descriptive statistics for mental well-being

Descriptive Statistics			
	N	Mean	Std. Deviation
I have felt cheerful and in good spirits	259	4.20	.718
I have felt calm and relaxed	259	3.99	.804
I have felt active and vigorous	259	4.18	.731
I woke up feeling fresh and rested	259	3.91	.904
My daily life has been filled with things that interest me	259	3.90	.840
Grand Mean	259	4.04	

Source own survey, 2026

All items were measured using a 5-point Likert scale (1 = strongly disagree, 5 = strongly agree). For interpretation, mean scores between 1.00–2.49 are low, 2.50–3.49 moderate, 3.50–4.49 high, and 4.50–5.00 very high.

The highest mean score of 4.20 falls in the high agreement range for the item "I have felt cheerful and in good spirits." This also had the lowest SD (0.718), showing consistent responses across staff. The lowest mean score of 3.90 falls in the high agreement range but at the lower end, for "My daily life has been filled with things that interest me." This suggests that while staff generally feel positive, daily engagement is weaker. The highest SD (0.904) was observed for "I woke up feeling fresh and rested," indicating variability in sleep quality among staff. The grand mean of 4.04 shows overall high agreement, meaning staff generally report good mental well-being, though restful sleep and daily engagement need more attention.

The grand mean value 4.04 implicates that mental well-being is above neutral. While staff generally feel cheerful and active, areas such as restful sleep, calmness and maintaining interest in daily life appear to need more attention.

4.4.3 Psychosocial well-being

Table 4.6: Descriptive statistics for psychosocial well-being

Descriptive Statistics			
	N	Mean	Std. Deviation
I feel a sense of belonging with my team	259	4.19	.881
I can rely on colleagues for practical and emotional support	259	3.85	.915
There is mutual trust and respect in my immediate team	259	4.17	.915
I have opportunities to participate in decision that affect my work	256	3.89	1.025
I feel socially connected in my current duty station	254	4.00	.984
Grand Mean	251	4.02	

Source own survey, 2026

Using the same interpretation rule, the highest mean score of 4.19 falls in the high agreement range for "I feel a sense of belonging with my team." This item also had the lowest SD (0.881), showing

consistent perceptions of belonging. The lowest mean score of 3.85 is still in the high agreement range but weaker, for "I can rely on colleagues for practical and emotional support." This indicates support exists but is less strongly felt. The highest SD (1.025) was recorded for "I have opportunities to participate in decisions that affect my work," showing large differences in staff experiences of participation. The grand mean of 4.02 reflects overall high agreement, meaning staff generally feel connected and supported, though decision-making participation varies widely.

4.4.4 Organizational support system

Table 4.7: Descriptive statistics for organizational support system

Descriptive Statistics			
	N	Mean	Std. Deviation
I am aware of the wellness and mental health services the selected humanitarian organization provides	259	4.33	.796
These wellness services are accessible and easy to use at my duty station	259	4.19	.787
My supervisor supports staff well-being in practice	254	4.08	.938
I believe the selected humanitarian organization is genuinely committed to staff care and well-being	259	4.08	.896
Grand Mean	254	4.17	

Source: Survey Data, 2026

All items were measured using a 5-point Likert scale (1 = strongly disagree, 5 = strongly agree). For interpretation, mean scores between 1.00–2.49 are low, 2.50–3.49 moderate, 3.50–4.49 high, and 4.50–5.00 very high.

The highest mean score of 4.33 falls in the very high agreement range for "I am aware of the wellness and mental health services the selected humanitarian organization provides." This was also the lowest SD (0.796), showing strong consistency in awareness. The lowest mean scores of 4.08 fall in the high agreement range for "My supervisor supports staff well-being in practice" and "I believe the selected humanitarian organization is genuinely committed to staff care and well-being." These are positive but slightly weaker than awareness and accessibility. The grand mean of 4.17 shows overall high agreement, meaning staff generally perceive organizational support positively, though supervisory and organizational commitment could be strengthened.

4.4.5 Field related stressors

Table 4.8: Descriptive statistics for field related stressors

Descriptive Statistics			
	N	Mean	Std. Deviation
My workload is manageable within my working hours	259	4.03	.916
I can maintain a sustainable work-life balance	259	3.98	.908
I feel safe and secure at my duty station	256	4.02	.933
I feel supported in managing the challenges of being separated from family	251	3.88	.847
I have the necessary resources to do my work effectively	259	4.25	.765
I feel secure in my contract and employment with the selected humanitarian organization	259	3.07	1.167
Grand Mean	248	3.87	

Source: Survey Data, 2026

All items were measured using a 5-point Likert scale (1 = strongly disagree, 5 = strongly agree). For interpretation, mean scores between 1.00–2.49 are low, 2.50–3.49 moderate, 3.50–4.49 high, and 4.50–5.00 very high.

The highest mean score of 4.25 falls in the very high agreement range for “I have the necessary resources to do my work effectively.” This also had the lowest SD (0.765), showing consistent agreement. The lowest mean score of 3.07 falls in the moderate agreement range for “I feel secure in my contract and employment with the selected humanitarian organization.” This item also had the highest SD (1.167), showing large variability — some staff feel secure, while many do not. The grand mean of 3.87 falls in the high agreement range, showing moderately positive perceptions of field conditions overall, but job security is a critical area of concern.

4.4.6 Productivity

Table 4.9: Descriptive statistics for productivity outcome

Descriptive Statistics			
	N	Mean	Std. Deviation
I consistently meet the key performance expectations for my role	254	4.64	.667
The quality of my work is high	254	4.54	.709
I help colleagues when they need assistance	259	4.72	.641
I volunteer to take an extra duty when required	259	4.57	.843
I am highly motivated to contribute to the selected humanitarian organization's mission	259	4.71	.657
I see myself working at the selected humanitarian organization in the near future	259	4.32	.949
Grand Mean	249	4.58	

Source: survey data, 2026

All items were measured using a 5-point Likert scale (1 = strongly disagree, 5 = strongly agree). For interpretation, mean scores between 1.00–2.49 are low, 2.50–3.49 moderate, 3.50–4.49 high, and 4.50–5.00 very high.

The highest mean score of 4.72 falls in the very high agreement range for the item “I help colleagues when they need assistance.” This also had the lowest SD (0.641), showing very consistent responses and reflecting strong teamwork and collaboration among staff. Similarly, “I am highly motivated to contribute to the selected humanitarian organization’s mission” scored 4.71 (very high agreement), confirming strong motivation and alignment with organizational goals.

The lowest mean score of 4.32 falls in the high agreement range for “I see myself working at the selected humanitarian organization in the foreseeable future.” Although positive, this is weaker compared to other productivity items, suggesting that long-term retention intentions are less strong. This item also had the highest SD (0.949), indicating variability in staff perceptions about future employment security.

Other items such as “I consistently meet performance expectations” (mean = 4.64), “The quality of my work is high” (mean = 4.54), and “I volunteer to take an extra duty when required” (mean = 4.57) all fall in the very high agreement range, showing strong perceptions of performance, quality, and willingness to contribute beyond assigned duties.

The grand mean of 4.58 falls in the very high agreement range, indicating that overall productivity is perceived as very strong among staff. This suggests that employees are highly motivated, collaborative, and consistently meet performance expectations. However, the relatively lower score and higher variability in retention intentions highlight an area that requires attention, particularly in terms of job security and long-term staff commitment.

4.5 Comparative Analysis by Duty Station and staff Category

To examine whether employee well-being and productivity differ across operational contexts, a comparative analysis was conducted based on duty station (Addis Ababa vs. field offices) and staff categories (national vs. international staff). Independent sample t-tests was conducted for each composite variable. Levene's test for equality of variances was applied, and equal variances were assumed where the p-value was greater than 0.05 ($p > 0.05$).

4.5.1 Comparison by duty station: Addis Ababa vs. Field office

The comparative analysis between staff stationed at the Addis Ababa Country office (N = 165) and those in the field offices including Gambella, Mekelle and other sub offices (N = 94), was conducted to assess differences in employee well-being, organizational support, field-related stressors and productivity across duty stations.

Table 4.10 Comparative of study variables by duty station

Variable	Duty Station	N	Mean	Std. Deviation	T	df	Sig. (2-tailed)
Physical Well-being	Addis Ababa	165	4.52	0.58	1.324	257	0.187
	Field Office	94	4.43	0.63			
Mental Well-being	Addis Ababa	165	4.08	0.62	1.476	257	0.141
	Field Office	94	3.97	0.59			
Psychosocial Well-being	Addis Ababa	165	4.06	0.71	1.201	257	0.231
	Field Office	94	3.95	0.68			
Organizational Support	Addis Ababa	165	4.21	0.65	1.674	257	0.095
	Field Office	94	4.10	0.70			
Field-Related Stressors	Addis Ababa	165	3.92	0.58	2.103	257	0.037*

	Field Office	94	3.78	0.63			
Productivity Outcome	Addis Ababa	165	4.61	0.51	1.398	257	0.163
	Field Office	94	4.52	0.55			

The analysis presented in above table shows that field-related stressors were reported to be significantly higher among staff based in Addis Ababa (M = 3.92, SD = 0.58) compared to those in the field offices (M = 3.78, SD = 0.63), t (257) = 2.103, p = 0.037. The finding from the above analysis showed staff working in head office experienced experience different types of stressors, such as bureaucratic pressures, commuting challenges, and coordination demands.

In contrast, field staff may normalize operational hardships as part of their work context. There are no statistically significant differences between duty stations in terms of physical well-being, mental well-being, psychosocial well-being, organizational support, or productivity outcomes (all $p > 0.05$). This indicates that, across duty stations staff well-being and productivity are similar, despite the differences in perceived stress levels.

4.5.2 Staff category comparison: National staff vs. International staff

The result from independent sample t-test, used to examine the difference in variables between international staff (N=25) and national staff (N=25).

Table 4.11: Comparison of study variables by staff category

Variable	Staff Category	N	Mean	Std. Deviation	t	df	Sig. (2-tailed)
Physical Well-being	National	234	4.49	0.60	-0.524	257	0.601
	International	25	4.56	0.55			
Mental Well-being	National	234	4.03	0.61	-0.891	257	0.374
	International	25	4.15	0.58			
Psychosocial Well-being	National	234	4.00	0.70	-1.245	257	0.214
	International	25	4.18	0.66			
Organizational Support	National	234	4.15	0.67	-1.102	257	0.272
	International	25	4.31	0.62			
Field-Related Stressors	National	234	3.86	0.60	-0.845	257	0.399
	International	25	3.96	0.58			
Productivity Outcome	National	234	4.57	0.52	-0.627	257	0.531
	International	25	4.64	0.49			

From the table there is no statistically significant differences were observed amongst international and national staff within the study variables ($p > 0.05$). This indicates both staff categories have similar perception of well-being and productivity. The descriptive statistics result revealed that international staff reported marginally higher scores across all well-being dimensions and productivity, but none reached statistical significance. However, the small international staff subsample ($n = 25$) limits statistical power to detect small-to-moderate differences

4.6 Correlation Analysis

Correlation analysis quantifies the strength and direction of linear relationships between variables, helping detect multicollinearity and inform model specification but does not imply causation (Schober & Vetter, 2023). This study computed Pearson correlations among study variables, using p-values to assess significance and guide subsequent multivariate analysis. The results of the correlation matrix are shown in table 4.13

Table 4.12: Correlation Matrix of Study Variables

Variables	Physical Well-being	Mental Well-being	Psychosocial Well-being	Organizational Support	Field-related Stressors	Productivity Outcome
Physical Well-being	1.000					
Mental Well-being	0.610**	1.000				
Psychosocial Well-being	0.647**	0.570**	1.000			
Organizational Support	0.630**	0.500**	0.756**	1.000		
Field-related Stressors	0.682**	0.472**	0.760**	0.682**	1.000	
Productivity Outcome	0.671**	0.597**	0.554**	0.493**	0.512**	1.000

Note: Correlation is significant at the 0.01 level (2-tailed).

Source: Survey Data, 2026

Interpretation

The correlation matrix shows positive and statistically significant relationships among all study variables ($p < 0.01$).

Physical well-being had a moderate positive correlation with productivity ($r = 0.671$), meaning healthier staff tend to report higher productivity.

Mental well-being also showed a moderate positive correlation with productivity ($r = 0.597$), suggesting that emotional stability and resilience are linked to better performance.

Psychosocial well-being correlated moderately with productivity ($r = 0.554$), highlighting the role of teamwork and social support.

Organizational support had a moderate positive relationship with productivity ($r = 0.493$), showing that wellness programs and supervisory support matter.

Field-related stressors correlated positively with productivity ($r = 0.512$). Interestingly, this suggests that even in stressful conditions, staff may remain productive, though variability is high.

Among the independent variables, psychosocial well-being and organizational support showed the strongest association ($r = 0.756$), while psychosocial well-being and field stressors also had a strong correlation ($r = 0.760$). This indicates that team dynamics and stress factors are closely linked.

Overall, the correlation results confirm that all study variables are positively and significantly related to productivity. These findings provide the statistical foundation for further testing through regression analysis, which examines the combined and individual effects of employee well-being, organizational support, and field-related stressors on productivity outcomes.

4.7 Regression Analysis

4.7.1 Testing of Regression Assumptions

Before conducting the regression analysis, several statistical assumptions were evaluated to ensure the validity of the results. These included linearity, homoscedasticity, normality of residuals, independence of errors, and absence of multicollinearity. The following tests and diagnostic procedures were performed using SPSS (Version 27).

Normality

Table 4.13: Normality test using shapiro-wilk

Tests of Normality						
	Kolmogorov-Smirnova			Shapiro-Wilk		
	Statistic	df	Sig.	Statistic	df	Sig.
Unstandardized Residual	.034	259	.200	.996	259	.782
a. Lilliefors Significance Correction						

Source own survey, 2026

Table 4.13 presents the results of two normality tests (Kolmogorov-Smirnov with Lilliefors correction and Shapiro-Wilk) applied to the unstandardized residuals from the regression model (n = 259). The p-values are greater than the common alpha level of 0.05, p = 0.782 for Shapiro-Wilk and p = 0.20 for Kolmogorov-Smirnova. These results show that the sample residuals are normally distributed, meaning that the assumption of normality for regression test has been satisfied.

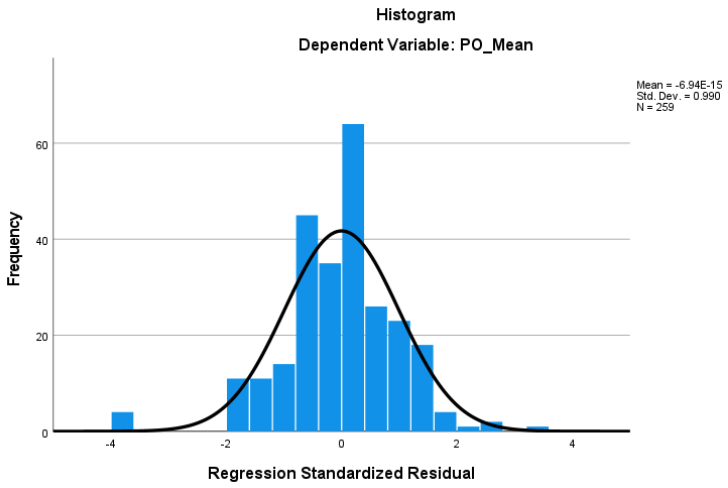


Figure 4.1: Normality test using histogram

As shown in the above figure, the histogram of the standardized regression residuals for the dependent variable (productivity outcome) suggests that the assumption of normality required for linear regression has been met. The data distribution closely aligns with the superimposed normal curve, exhibiting a symmetrical bell shape centered near zero (Mean = -6.94x10-15) with a standard deviation of close to one (SD = 0.99), which is a characteristic of a standard normal distribution (Field, 2018). These findings support the normality assumptions of linear regression, suggesting that the model's hypothesis tests, and confidence intervals are valid.

Linearity

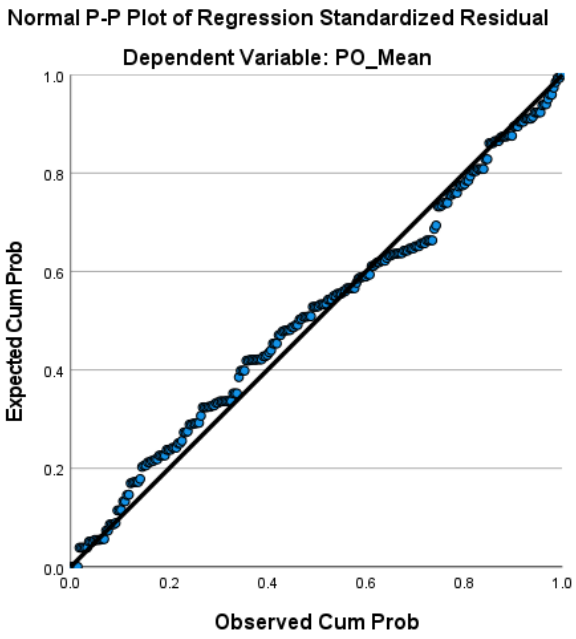


Figure 4.2: Normality test using P-P plot

The linearity of the model is supported by the Normal P-P Plot and the Interaction Graph. In the P-P plot, the residuals closely follow the diagonal line, indicating that the relationship between the variables is linear and the errors are normally distributed. Since there are no visible curves or non-linear patterns like a "U" shape in the residuals, the use of linear regression for the hypothesis testing is statistically justified.

Homoscedasticity

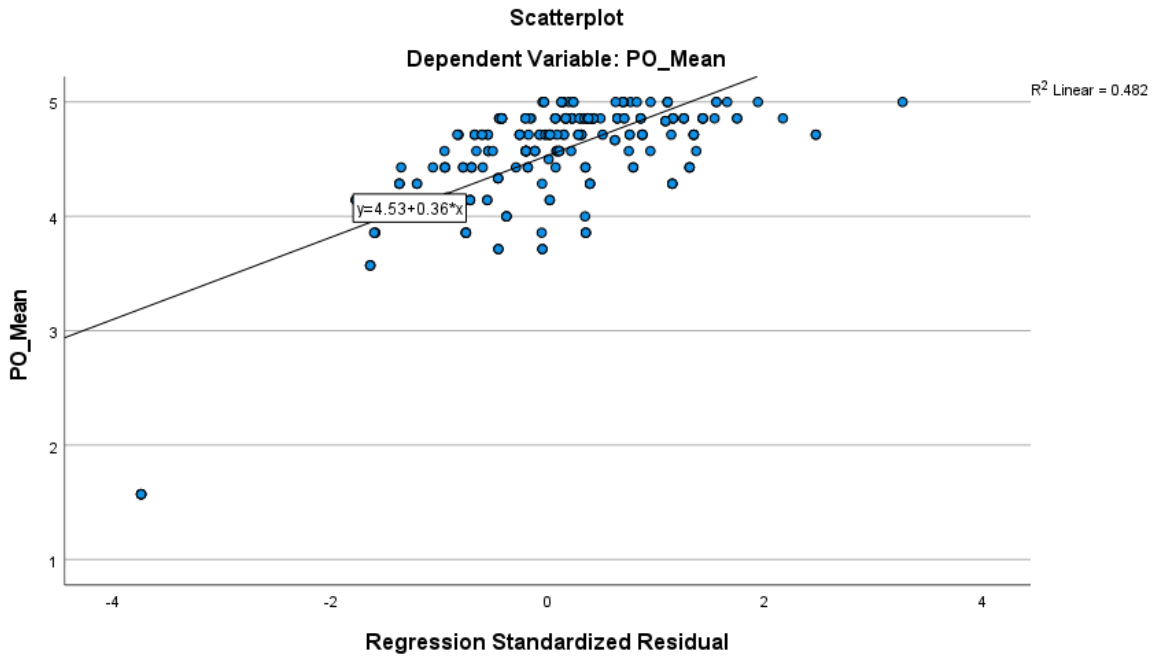


Figure 4.3: Test for homosodacity

The standardized residual scatterplot suggests that the assumption of homoscedasticity is satisfied. The residuals are randomly dispersed around the zero line, with no visible funnel or triangular shape. This indicates that the variance of the errors is constant across all levels of the independent variables. This supports the validity of the regression results and the reliability of the estimated coefficients and significance tests.

Multicollinearity

Table 4.14: Multicollinearity test

Model		Collinearity Statistics		
		Tolerance	VIF	Interpretation
1	(Constant)			
	PW	.389	2.571	Mild correlation; acceptable
	MW	.526	1.903	Low correlation; very safe
	OS	.389	2.574	Mild correlation; acceptable
	FRS	.236	3.379	moderate correlation, acceptable
	PSW	.214	4.772	Moderate-high, still acceptable

Source own survey, 2026

The collinearity test indicates that the degree of multicollinearity similarity amongst the predictor variable in the model tolerance value of less than 0.2 is considered as problematic. However, as can be seen from the test all of the variables, Physical well-being, mental well-being, psychosocial well-being, field related stress and organizational support have a tolerance of greater than 0.2. This suggested that none of the variables are highly dependent on the others.

On the other hand, the Variance Inflation Factor (VIF) values above 5 or 10 suggest severe multicollinearity. However, all VIF values are below the accepted cut-off value of 5. This indicates that multicollinearity is withing acceptable limits.

Checking the assumption model summary for regression analysis

Table 4.15: Model summary for regression analysis

Model Summaryb									
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Change Statistics				
					R Square Change	F Change	df1	df2	Sig. F Change
1	.720a	.518	.509	.359	.518	54.455	5	253	<.001
a. Predictors: (Constant), PSW, MW, PW, OS, FRS									
b. Dependent Variable: PO									

Source: Survey Data, 2026

The results of the multiple regression analysis, as shown in Table 4.15, shows a strong relationship between the independent variables: physical Well-being, mental Well-being, psychosocial Well-being, organizational support and Field related stressors and the dependent variable productivity outcome (R = 0.720). The coefficient of determination (R2 = 0.518) indicates that approximately 51.8% of the variation in productivity outcome is explained by the independent variables. The adjusted R2 which is high at 0.509, confirms that the model generalizes well (Pallant, 2020). Furthermore, the model is statistically significant, as evidenced by the F-test, $F(5, 253) = 54.455$, $p < .001$, meaning that the set of independent variables collectively predicts productivity outcome better than a model with no predictors.

4.7.2 ANOVA

Table 4.16: Anova table

ANOVAa						
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	34.912	5	6.982	54.455	<.000b
	Residual	32.441	253	.128		
	Total	67.353	258			
a. Dependent Variable: PO						
b. Predictors: (Constant), PSW, MW, PW, OS, FRS						

Source: Survey Data, 2026

The ANOVA results further confirm the overall significance of the multiple regression model: $F(5, 253) = 54.455$, $p < .001$. This indicates that the regression model provides a significantly better fit to the data compared to a null model.

The regression sums of squares (34.91) relative to the total sum of squares (67.35) supports the earlier R^2 finding it confirms a substantial proportion of variation in productivity is explained by the predictors. From the above findings the overall model is statistically significant and that at least one of the predictor variables significantly predicts the outcome variable (Pallant, 2020).

Coefficients

Table 4.17: Coefficients

Coefficientsa						
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	1.607	.180		8.904	.000
	PW	.378	.056	.431	6.714	.000
	MW	.212	.046	.263	4.570	.000
	OS	.065	.031	.092	2.097	.038
	FRS	-.087	.035	-.093	-2.486	.014
	PSW	.112	.056	.144	2.000	.047
a. Dependent Variable: PO						

Source: Survey Data, 2026

The result shown in table 4.17 how each factor affects productivity when all other factors are considered at the same time.

The strongest effect on productivity was measured by physical well-being (PW). Holding other variables constant, a one unit increase in physical well-being results a 0.378 increase in productivity. PW has a positive and significant effect ($B = 0.378$, $p < .001$; $\beta = 0.431$), this indicates when employees are physically healthier, their productivity increases.

Mental Well-being (MW) has a positive and highly significant effect on productivity ($B = 0.212$, $p < .001$; $\beta = 0.263$). This indicates employees who are mentally stable, less stressed emotionally, and psychologically healthy perform better at work. Good mental health supports higher productivity.

Compared to other predictors, psychosocial well-being (PSW) has a smaller but still meaningful positive effect on productivity ($B = 0.112$, $p = 0.047$; $\beta = 0.144$). This indicates that that having good relationships, social support, and a positive work environment helps employees perform better, even though its impact is not as strong as physical and mental health.

Organizational support (OS) ($B = 0.065$, $p = 0.038$; $\beta = 0.092$) has a small positive effect on productivity, one unit increase in organizational support will result only 0.065 increase in productivity. This indicates when the organization supports employees through policies, care, and wellness programs, it helps improve their performance, even if the effect is not very large. OS is significant at $p < .05$.

Field-related stress (FRS) shows a small negative relationship with productivity ($B = –0.087$, $p = 0.014$; $\beta = –0.093$). This indicates when employees experience higher levels of stress in their work environment, especially in the field, their productivity decreases. FRS is statistically significant.

All predictors (PW, MW, OS, FRS, PSW) are statistically significant at $\alpha = 0.05$. PW is the strongest positive driver of PO, while FRS is a small but significant negative predictor.

The regression results of this study are strongly supported by previous research, confirming that the predictors are significant drivers of productivity. Alemu (2025) found that Perceived Supervisor Support (PSS) has a significant positive influence on both Employee Engagement (EE) and Organizational

Citizenship Behaviour (OCB). Similarly, Dubale (2019), conducted at Save the Children International Ethiopia, found that moral motives have a significant positive effect on employee performance, directly supporting the significant coefficients for MW and PW. In addition, Abebaw Wonda (2024), focusing on the banking sector, found that individual initiative (a proxy for proactive personality, PW) has a positive and significant influence on employee performance.

Regression Model:

Based on the regression analysis the revised regression model equation has been adjusted as follows:

$$PO = 1.607 + 0.378(PW) + 0.212(MW) + 0.112(PSW) + 0.065(OS) - 0.087(FRS)$$

Where

PO: Productivity Outcome

PW: Physical Well-being

MW: Mental Well-being

PSW: Psychosocial Well-being

OS: Organizational support

FRS: Field Related Stressors

Productivity increases with improvements in well-being and organizational support.

Productivity decreases with increased field-related stressors.

All predictors contribute simultaneously

4.8 Testing of Hypotheses

Table 4.18: Summary of Hypothesis

Hypothesis	Statement	Result	Decision
H01	Physical Well-being has no significant effect on productivity outcome in the selected humanitarian organization in Ethiopia	Significant (p = .000) Positive (B = 0.378)	Reject H01
H02	Mental Well-being has no significant effect on productivity outcome in the selected humanitarian organization in Ethiopia	Significant (p = .000) Positive (B = 0.212)	Reject H02
H03	Psychosocial Well-being, has no significant effect on productivity outcome in the selected humanitarian organization in Ethiopia	Significant (p = .047) Positive (B = 0.112)	Reject H03
H04	Organizational support system has no significant effect on productivity outcome	Significant (p = .038) positive (B = 0.065)	Reject H04
H05	Field related stressors have no significant effect on productivity outcome	Significant (p = .014) negative (B = - 0.087)	Reject H05

Source: Survey Data, 2026

Interpretation of Hypotheses Testing

The results in Table 4.18 indicate that all predictor variables, physical Well-being, mental Well-being, psychosocial Well-being, organizational support, and field-related stressors, have a statistically significant effect on productivity outcome. This means that all null hypotheses are rejected.

Physical Well-being (H01) and mental Well-being (H02) show strong positive and highly significant effects on productivity, demonstrating that employee health and psychological stability are an important driver of performance. Psychosocial Well-being (H03) also has a positive and significant effect, although smaller, confirming that social relationships and work environment contribute to employee productivity. Organizational support (H04) has also positive and significant influence on productivity. In contrast, field-related stressors (H05) have a significant negative effect on productivity, indicating that higher stressors levels reduce employee performance.

Overall, the regression results confirm that both Well-being factors and organizational support enhance productivity, while stressors undermine it.

4.9 Qualitative Data Analysis and Findings

4.9.1 Thematic analysis of open-ended feedback

Question 1: Factors Affecting Well-Being at Work

For the qualitative data analysis, the study used open ended feedback questions to understand the determinants of employee well-being within the humanitarian context of the selected humanitarian organization in Ethiopia. Respondents were asked to identify the single most critical factor affecting their well-being at work.

The analysis revealed that respondents consistently identified that the relationships with immediate supervisors and team members are the most important determinants of their workplace well-being. The findings were supported by Edmondson's (1999) foundational work on psychological safety, which indicates that team climate directly influences learning and well-being.

The second prevailing item appeared to be job insecurity. Temporary contracts created ongoing stress and a lack of ability to make plans. According to Pevec (2022), job insecurity is a major determinant factor that has an impact on employee well-being. Other frequently mentioned factors included the need for flexible work arrangements to reduce commuting stress and improve work-life balance, a feeling of psychological safety to voice thoughts without fear, and recognition of individual contributions, which strengthened purpose and involvement.

Question 2: Most Valuable Resource for Coping and Productivity

For the thematic analysis of the second question, respondents identified that the most valuable support that helped staff cope with challenges and remain productive was strong team collaboration and peer support. Respondents gave credit to open communication, collective problem-solving, and emotional support from colleagues. Supportive leaders who provided clarity, timely guidance, and flexibility were the second most cited resource. These findings are consistent with Fox et al. (2021), which showed that relational and team-based interventions consistently improve worker well-being and productivity. Psychological safety was also highlighted as a fundamental resource. Staff emphasized that knowing one could raise concerns, ask questions, or make mistakes without judgment reduced stress and enabled sustained engagement. Additionally, staff acknowledged the value of wellness resources such as the staff

counsellor, clinic, wellness programmes, and online trainings as valuable. However, these were seen as secondary to relational supports. Autonomy and trust to manage one's own workload also appeared as a meaningful resource, which is consistent with the Job Demands-Resources model (Sonnentag et al., 2023).

Question 3: One Change to Most Improve Well-Being and Productivity

The feedback related to the question "what one change would most improve staff well-being and productivity in the selected humanitarian organization in Ethiopia" majority of the respondent agree that increasing workplace flexibility, specifically remote work options, or reduce commuting requirements. Many noted that the traffic that exists in Addis Abeba takes a significant amount of time and energy. They agree that the presence of flexible arrangement would reduce stress, support work-life balance, and maintain productivity. According to Fox et al. (2021), flexible work arrangement is the most effective organizational interventions for enhancing employee well-being. The second most requested change from the respondents revealed improved job security, including clearer contract terms, priority for internal staff in vacant positions, and stability beyond short-term renewals. This result is supported by Pevec (2022), he confessed that job security is a fundamental positive factor for employee well-being. Other suggestions included were balanced workload management, more transparent leadership communication, better onboarding processes, and expanded professional development opportunities such as recognized certifications and career growth pathways.

4.9.2 Thematic analysis of structured interview

To gain a deeper understanding of employee well-being and productivity at the selected humanitarian organization in Ethiopia, semi-structured interviews were conducted with fifteen (N = 15) staff members who were purposively selected. The participants represented a range of professional roles, and duty stations, including both the country office in Addis Ababa and various field offices. The data collected from these interviews were analyzed using a thematic approach, and the key findings are presented below.

Section I: Opening and Work Context

Regarding the work context, most of the respondents (N = 12) indicated that their roles and main responsibilities at the selected humanitarian organization in Ethiopia involve complex logistics, programme implementation, and emergency response coordination.

In relation to their current duty station, 12 respondents who were based at the Addis Ababa country office highlighted opportunities for professional development and corporate networking as key advantages. However, these benefits were balanced by challenges related to bureaucratic procedures.

The remaining 3 respondents, who were based in field offices, expressed strong satisfaction from directly supporting at-risk populations. Despite this, they also highlighted several operational challenges, including inadequate infrastructure, severe weather conditions, and communication barriers.

This finding is consistent with previous studies, which indicate that frontline humanitarian workers face distinct challenges, including job insecurity and harsh working conditions, which can directly affect their performance and well-being (ReliefWeb, 2024).

Section II: Physical Well-Being

Regarding physical Well-being, many participants (N = 9) reported experiencing physical fatigue related to their work within the three months prior to the interviews. The data from the interviewers shows that long travel distances to project sites, irregular working hours, and ergonomic challenges are common. In addition, several field workers (N = 6) provided specific examples of stress-related conditions, such as tension headaches, back pain, and gastrointestinal issues. This work is supported by qualitative studies in Ethiopia which show that musculoskeletal pain and fatigue are common in high-demand roles (Selamu et al., n.d.).

Section III: Mental Well-Being

The interview findings on mental Well-being show that the psychological demands of managing large-scale humanitarian programs often lead to emotional exhaustion.

Most of the respondents (N=11) reported experiencing periods of low mood, extreme fatigue, or poor concentration within the two weeks prior to the interviews. The qualitative responses also showed a clear pattern of emotional exhaustion. Staff frequently mentioned feeling exhausted after hours. Four of the participants agree that when their mental energy drops, their ability to think clearly slows down. As the result their ability to solve problems and prioritize tasks effectively during emergencies drops

directly. The result from this is supported by Zerihun et al., (2024) which confirmed that conflict affected Ethiopian regions report high levels of depression, burnout, and vicarious trauma.

Section IV: Psychosocial Well-Being

Result from the interview question related to how they are connected to team, what kinds of practical or emotional support they receive from colleagues and supervisors. All of the respondents (N=15) they experience a positive connection with their teammates. They confess that peer support through shared workloads, mutual encouragement, and shared coping strategies plays as a vital role in helping staff manage stress. While 8 of the respondents felt that they are isolated from the decision-making process, the remaining 7 respondents thought that their line managers showed them empathy and support. The lack of involvement may sometimes lead to feelings of disconnection and reduced engagement at work. The result is supported by Frontiers in Public Health (2025), which stated that peer support is one of the strongest predictors of positive mental health outcomes in humanitarian settings.

Section V: Organizational Support Systems

Related to the gap between the presence of formal well-being policies and how the respondent accessed it. 13 respondents were aware of the selected humanitarian organization's the wellness initiatives, on the other hand many of the field staff (N=9) report significant challenge in accessing them. There exists much easier access in Addis Ababa staff to counselling and medical resources. In contrast, field-station employees noted that these services are distant. Several respondents (N= 5) mentioned that while line managers verbally support well-being, the reality of heavy workloads makes it difficult to use options like flexible hours or recovery leave. This result is supported by Strohmeier, (2019) which states that the effectiveness of Well-being polices also depends on their practical accessibility.

Section VI: Field-Related Stressors

Concerning about field related to stress, respondents answered that structural issues are the main source of long-term workplace stress. It is found that 14 respondents said heavy workloads and 11 respondents report contract insecurity were identified as the two most significant stressors across the sample. Concerning workload, most of the respondents described working long makes it difficult to maintain a healthy work-life balance. In addition, the use of short-term contracts created continuous ongoing

concern regarding future income and job security. Related to field workers, these pressures are further intensified by long period away from family and concerns related to safety and security in their locations. This result is supported by PMC, (2024) which states that heavy workloads, contract insecurity, and family separation are common stress factions in the humanitarian sector. These factors are strongly associated with poor mental health and reduced effectiveness (PMC, 2024).

Section VII: Productivity Outcomes and Perceived Effects

The results show that there exist a direct, positive relationship between an employee's Well-being and their overall productivity, quality of work, and willingness to help others. All respondents (N= 15) agreed that the physical and mental Well-being directly affect productivity. Related to task performance, when Well-being is high, most employees report that they are able to process reports faster, making fewer errors, and approaching complex problems with creativity. Concerning organizational citizenship behavior, high Well-being reflects strong employee willingness to help colleagues or volunteer for extra duties. On the contrary, when staff feel burned out, they protect their limited energy by strictly limiting themselves to their core duties. When respondents compare themselves to other peers, most of them (N=11) felt they maintained an acceptable level of productivity. Overall, these findings support the well-established view in organizational psychology that employee Well-being is closely linked to productivity and performance (Kenawy, 2026).

Section VIII: Coping and Improvement Suggestions

All respondents were interviewed about the mechanism to cope up with the observed problem and what improvements they suggest. Staff recommended on structural changes rather than individual coping mechanisms. Most of the respondents agreed that required intervention is formal introduction of flexible working arrangements. These included implementing flexible working hours to allow for personal recovery, workload management by adjusting project deadlines to be more realistic and expanding staff sizes to match high-demand operations. They also suggested contractual reform by introducing longer-term contract options to reduce job insecurity. Preventative organizational strategies (flexibility, workload management) are often more effective than individual coping mechanisms for reducing occupational stress (Frontiers in Public Health, 2025).

CHAPTER FIVE
SUMMARY, CONCLUSION, AND RECOMMENDATION

5.1 Introduction

The study examined the relationship between employee well-being, organizational support, field related stressors and productivity within the operational context of the selected humanitarian organization in Ethiopia. The research used a mixed method design collecting both qualitative and quantitative data from 259 respondents. For quantitative data, structured questionnaires with 94.2% response rate were collected. In addition, qualitative data were collected through interview from 15 purposively selected staff members with 100% response rate.

5.2 Summary of Findings

This study examined the relationship between employee well-being, organizational support systems, field-related stressors, and productivity outcomes in the selected humanitarian organization in Ethiopia. The findings are drawn from both quantitative survey data and qualitative interviews, providing a comprehensive picture of staff experiences.

5.2.1 Quantitative Results

Descriptive statistics revealed that staff generally reported very high levels of physical well-being (grand mean = 4.49) and strong productivity outcomes (grand mean = 4.58). Mental well-being (grand mean = 4.04) and psychosocial well-being (grand mean = 4.02) were positive but relatively lower, indicating areas that require more organizational attention. Organizational support was rated highly (grand mean = 4.17), while field-related stressors scored lowest (grand mean = 3.87), with job security emerging as the weakest dimension (mean = 3.07).

Correlation analysis showed that all independent variables were positively and significantly related to productivity ($p < 0.01$). Physical well-being had the strongest correlation with productivity ($r = 0.671$), followed by mental well-being ($r = 0.597$), psychosocial well-being ($r = 0.554$), organizational support ($r = 0.493$), and field-related stressors ($r = 0.512$). Regression analysis confirmed that physical well-being was the most significant predictor of productivity, while organizational support and psychosocial

well-being also contributed positively. Field-related stressors showed a weaker but still significant effect.

5.2.2 Qualitative Results

Thematic analysis of interviews highlighted several contextual insights that complemented the quantitative findings. Staff consistently emphasized the importance of supervisor relationships and psychological safety as critical factors for well-being. Many respondents noted that while awareness of wellness services was high, implementation gaps remained, particularly in remote duty stations. Workplace flexibility emerged as the most frequently requested improvement, with staff linking flexible arrangements to better mental health and family balance. Job insecurity was repeatedly mentioned as a major concern, aligning with the quantitative finding that contract security scored lowest among all items.

5.2.3 Integrated Insights

By combining quantitative and qualitative evidence, the study shows that employee well-being is a key driver of productivity in the selected humanitarian organization in Ethiopia. Staff report strong physical health and motivation, but challenges remain in mental resilience, psychosocial support, and job security. Organizational support systems are valued, yet their effectiveness depends on consistent implementation and supervisor commitment. The integration of both data strands confirms that productivity is not only a matter of individual health but also shaped by organizational culture, leadership, and field conditions.

5.3 Conclusion

5.3.1 Theoretical Implications

This study provides empirical support for the Job Demands–Resources (JD-R) model (Bakker & Demerouti, 2023) within a humanitarian context. The well-being dimensions—physical, mental, and psychosocial—function as critical job resources that buffer the effects of job demands on performance. The negative and significant effect of field-related stressors on productivity (B = 0.087) supports the challenge–hindrance stressor framework (Cavanaugh et al., 2000). Moderate operational pressure can be motivating when adequate resources and support are available, but excessive stress reduces performance.

The Conservation of Resources (COR) theory (Chen & Westman, 2021) is particularly relevant in explaining the impact of job insecurity. The low job security score (mean = 3.07, SD = 1.167) suggests that resource loss concerns are active for staff on short-term contracts. According to COR theory, the threat of resource loss is psychologically more impactful than resource gain, leading to chronic stress that may reduce productivity even if short-term performance remains high.

Furthermore, the study shows that the relationship between well-being and productivity is consistent across national and international staff, as well as between Addis Ababa and field duty stations. This strengthens existing research by demonstrating that these relationships hold across different contexts. An unexpected finding was that Addis Ababa employees reported more field-related stress than field staff, challenging assumptions about stress distribution and revealing that different stress types (bureaucratic vs. operational) may dominate depending on duty station.

5.3.2 Practical Implications

Based on the findings, several practical implications are proposed for policymakers, the selected humanitarian organization in Ethiopia management, HR teams, and staff:

- Physical health: With the highest coefficient (B = 0.378), investment in fatigue recovery initiatives, rest protocols, ergonomic support, and healthcare access delivers direct productivity benefits. Recovery from fatigue (mean = 4.17) should be prioritized over general physical health (mean = 4.74), as it presents a clear opportunity to enhance staff productivity.
- Contract insecurity: The average score of 3.07 highlights serious concerns that could jeopardize long-term organizational efficiency. Despite high productivity, COR theory indicates that continued resource loss will result in burnout, turnover, and diminished performance. The relatively lower retention score (mean = 4.32) suggests that retention could be an early warning sign of this risk.

5.4 Recommendations

The following recommendations are proposed for the selected humanitarian organization in Ethiopia management, the Wellness Unit, HR teams, and policymakers. They are divided into practical recommendations (direct organizational actions) and theoretical recommendations (contributions to scholarship and future research).

Practical Recommendations

- Prioritize contract insecurity: Contract insecurity was identified as a major concern (mean = 3.07). the selected humanitarian organization in Ethiopia should enhance transparency in the contract renewal process, clearly communicate Organizational Alignment (OA) status, and prioritize filling vacant positions with internal staff before external recruitment. This will improve job stability and reduce dissatisfaction.
- Introduce workplace flexibility: Flexibility was the most frequently requested improvement. the selected humanitarian organization in Ethiopia should adopt flexible working arrangements, including adjustable hours and remote work opportunities, to help staff balance personal and professional obligations.
- Supervisor training on psychological safety: Interactions with supervisors were found to be the most influential factor for well-being. the selected humanitarian organization leadership should invest in training supervisors on psychological safety, stress recognition, and supportive communication. A confidential feedback system should also be established to report unhelpful conduct.
- Close the policy–execution gap: While wellness policies exist, qualitative findings revealed gaps in accessibility and implementation, especially in field offices. the selected humanitarian organization in Ethiopia should ensure equitable access to health services, expand telemedicine, and translate wellness policies into measurable action plans.
- Target fatigue recovery: Fatigue recovery scored lower (mean = 4.17) than general physical health. the selected humanitarian organization in Ethiopia should assess workload allocation, set achievable deadlines, implement rest policies after prolonged field assignments, and improve facilities (ergonomic furniture, relaxation areas, fitness spaces).
- Strengthen peer support networks: Peer support is a key resource for productivity. the selected humanitarian organization in Ethiopia should formalize peer networks, provide basic training

(e.g., psychological first aid), recognize collaboration in performance assessments, and protect time for team connection even during high-pressure periods.

Theoretical Recommendations

- Extend JD-R model: Future research should deepen the application of the Job Demands–Resources model in humanitarian contexts, examining how specific resources (e.g., supervisor support, wellness services) buffer high job demands in crisis settings.
- Challenge–hindrance stressor framework: The findings suggest that moderate stress can be motivating, but excessive stress reduces performance. Scholars should further test this framework in humanitarian organizations to distinguish between "challenge stressors" (manageable workload) and "hindrance stressors" (contract insecurity).
- Advance COR theory: The study highlights job insecurity as a critical resource loss. Future research should explore longitudinal impacts of contract insecurity on burnout, turnover, and productivity, extending COR theory in humanitarian employment contexts.
- Cross-context validation: The study found consistent relationships across Addis Ababa and field duty stations, but unexpected stress patterns in Addis Ababa. Researchers should validate these findings across different humanitarian agencies and countries to refine theoretical assumptions about stress distribution.

5.5 Suggestions for Future Research

Building on the findings and limitations of this study, several directions are proposed for future research:

- Adopt longitudinal designs: This study used a cross-sectional design, which limits the ability to examine changes over time. Future research should track the same staff longitudinally to capture how well-being and productivity evolve under prolonged exposure to humanitarian stressors.
- Incorporate objective performance indicators: Productivity was measured primarily through self-reported data, which may introduce bias. Future studies should integrate objective measures such as KPIs, supervisor evaluations, and administrative records on absenteeism and presenteeism.
- Conduct comparative studies across organizations: The findings are context-specific to the selected humanitarian organization in Ethiopia. Future research should examine multiple

humanitarian organizations (e.g., UNHCR, UNICEF, CRS, IRC) to test whether similar relationships hold across different operational contexts.

- Explore variations in stressors by duty station: An unexpected variation was observed between Addis Ababa and field offices, with headquarters staff reporting higher stress. Future studies should use qualitative methods to examine stressor characteristics (bureaucratic demands, travel difficulties, operational challenges, safety concerns) across different settings.
- Investigate stigma and cultural suitability of wellness services: Although wellness services such as counselling and EAPs are available, this study did not fully explore issues of stigma, confidentiality, and cultural appropriateness. Future research should examine these barriers, particularly among national staff and field employees.

  Theoretical Directions
- Extend JD-R model: Future studies should refine the Job Demands–Resources framework in humanitarian contexts, testing how specific resources (e.g., supervisor support, peer networks) buffer extreme demands.
- Advance COR theory: Given the strong evidence of job insecurity, longitudinal studies should explore how resource loss cycles affect burnout, turnover, and productivity, extending COR theory in fragile employment settings.
- Challenge–hindrance stressor framework: Future research should distinguish between challenge stressors (manageable workload, mission urgency) and hindrance stressors (contract insecurity, bureaucratic delays) to refine theoretical models of stress in humanitarian work.

This study contributes to the literature by extending the application of the Job Demands–Resources and Conservation of Resources theories to humanitarian contexts, particularly in Ethiopia. Unlike previous studies that focus on corporate or public sector settings, this research provides empirical evidence from a high-stress, resource-constrained environment. It also contributes methodologically by applying a mixed-method approach to capture both statistical relationships and lived experiences of staff.

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APPENDICES

I. Structured Electronic Survey

Introduction

Dear Colleague,

This research in titled with The Effect of Employee Well-Being, Organizational Support, And Field-Related Stressors on Productivity: Evidence from the selected humanitarian organization in Ethiopia is a critical part of my academic research project. Your genuine response will provide important evidence for the selected humanitarian organization in Ethiopia effectiveness. The survey only takes 15-20 min to give response. There is no right or wrong answers; we are solely interested in your honest opinions and experiences.

By proceeding, you indicate your informed consent to participate in this study.

Section A: Demographic Information

Please select the option that best describes you.

Duty Station: Addis Ababa Country Office
Field Office: Semera, Mekelle Jijiga Gambella
Other (please specify): _____
Staff Category: National Staff International Staff
Contract Type: Fixed-Term Service Contract Short Service
Job level or grade: _____
Length of Service with the selected humanitarian organization: Less than 2 years 2 - 5 years 5 - 10 years
More than 10 years

Section B: Physical well-being

Please indicate your level of agreement with the following statements about your work environment. (Scale: 1 = Strongly Disagree, 2 = Disagree, 3 = Neutral, 4 = Agree, 5 = Strongly Agree)

Statement	1	2	3	4	5
1. I am generally physically healthy and fit to perform my work					
2. I easily recover from physical fatigue after work					
3. I have access to adequate medical care when needed at my duty station.					
4. My physical health has consistently supported my work effectiveness over the last 3 months.					

Section C. Mental well-being

Using the scale below, what number best describes your well-being over the last two weeks? (WHO-5 Well-being Index: Please circle one: 5 - All of the time, 4 - Most of the time, 3 - More than half the time, 2 - Less than half the time, 1 - Some of the time, 0 - At no time)

Statement	1	2	3	4	5
I have felt cheerful and in good spirits.					
I have felt calm and relaxed.					
I have felt active and vigorous.					
I woke up feeling fresh and rested.					
My daily life has been filled with things that interest me.					

Section D: Psychosocial well-being

Please indicate your level of agreement with the following statements.

(Scale: 1 = Strongly Disagree, 2 = Disagree, 3 = Neutral, 4 = Agree, 5 = Strongly Agree)

Statement	1	2	3	4	5
I feel a sense of belonging with my team					
I can rely on colleagues for practical and emotional support					
There is mutual trust and respect in my immediate team.					
I have opportunities to participate in decision that affect my work					
I feel socially connected in my current duty station.					

Section E. Organizational support systems

Please indicate your level of agreement with the following statements.

(Scale: 1 = Strongly Disagree, 2 = Disagree, 3 = Neutral, 4 = Agree, 5 = Strongly Agree)

Statement	1	2	3	4	5
I am aware of the selected humanitarian organization's wellness policies and services					
the selected humanitarian organization's wellness services are easy to access at my duty station					
My supervisor supports staff well-being in practice					
The Country Office provides adequate resources for wellness programs					
Communications about wellness services are clear and timely					
Wellness services are equitable across duty stations					

Section F. Field related stressors

Please indicate your level of agreement with the following statements.

(Scale: 1 = Strongly Disagree, 2 = Disagree, 3 = Neutral, 4 = Agree, 5 = Strongly Agree)

Statement	1	2	3	4	5
My workload is manageable within my working hours					
I am able to maintain a sustainable work-life balance					
I feel safe and secure at my duty station					
I feel supported in managing the challenges of being separated from family					
I have the necessary resources to do my work effectively					
I feel secure in my contract and employment with the selected humanitarian organization					

Section G. Mediators and behavioral indicators

Please indicate your level of agreement with the following statements.

(Scale: 1 = Strongly Disagree, 2 = Disagree, 3 = Neutral, 4 = Agree, 5 = Strongly Agree)

Statement	1	2	3	4	5
My health and stress levels consistently allow me to be fully effective at work.					
I feel confident in my ability to manage work-related stress					
I am able to maintain my normal work pace.					
I have had good attendance at work over the past three months					

Section H: Productivity Outcomes

Please indicate your level of agreement with the following statements.

(Scale: 1 = Strongly Disagree, 2 = Disagree, 3 = Neutral, 4 = Agree, 5 = Strongly Agree)

Statement	1	2	3	4	5
H1. Task					
1. I consistently meet the key performance expectations for my role					
2. The quality of my work is high.					
H2. Contextual performance					
3. I help colleagues when they need assistance					
4.I volunteer to take an extra duty when required					
H3. Behavioral Indicators					
5. I am highly motivated to contribute to the selected humanitarian organization's mission					
6. I see myself working at the selected humanitarian organization in the foreseeable future.					

Section I: Open-Ended Feedback

1. What is the single most important factor that affects your well-being at work?
2. What is the most valuable resource or support (from the selected humanitarian organization or your team) that helps you cope with work challenges and remain productive?
3. What one change would most improve staff well-being and productivity in the selected humanitarian organization in Ethiopia?

Thank you for your valuable time and contribution to this important research.

II. Qualitative Data Collection Instrument

Semi-Structured Interview Guide

Introduction

This guide is designed for one-on-one, in-depth interviews with purposively selected staff. The purpose is to elicit rich, narrative data that explains the how and why behind the quantitative survey results. Interviews should be conducted in a private setting, recorded with permission, and are expected to last 30-45 minutes.

Introduction Script for Participant:

Good morning/afternoon. My name is Mulugojjam, and I am conducting research on employee well-being and productivity at the selected humanitarian organization in Ethiopia. Thank you for agreeing to speak with me. This interview will last about 30–45 minutes. Your answers are confidential, and your name will not appear in any report. Do I have your permission to audio-record this conversation?

Section I. Opening and work context

1. Please describe your role and main responsibilities at the selected humanitarian organization in Ethiopia.

   Mapping: contextual information for analysis and for sample description.
2. Tell me about your current duty station. What are the main rewards and challenges there?

Section II. Physical well-being

3. How would you describe your general physical health in relation to your work? Has physical fatigue or health problems affected your work in the last three months? Please give examples.

Section III. Mental well-being

4. Over the last two weeks how have you felt in terms of mood, energy, and rest? Can you describe any recent periods when you felt emotionally exhausted or unable to concentrate at work?

Section IV. Psychosocial well-being

5. How do you connect to your team? What kinds of practical or emotional support you receive from colleagues and supervisors?

Section V. Organizational support

6. What is your experience with the selected humanitarian organization's wellness policies and services? Are they easy to access and equitable across duty stations? Give examples of what works and what does not.

Section VI. Field-related stressors

7. In the context of workload, working long hour, safety concern, separation from family, resource shortages, and contract insecurity which operational or contextual factors create the most stress for you at work?

Section VII. Productivity outcomes and perceived effects

11. What ways do your health and well-being influence your capacity to fulfil performance standards and the Caliber of your work? Give instances where your effectiveness was enhanced or diminished by well-being.

12. In what ways does your well-being affect your readiness to assist coworkers or accept additional responsibilities? Provide instances.

13. How would you characterize your recent productivity in comparison to an average colleague at your duty station? What elements account for this degree?

Section VIII. Coping and improvement suggestions

12. What adjustments or resources would significantly enhance staff productivity and well-being at the selected humanitarian organization in Ethiopia? What modifications are most practical in your situation?
13. Is there anything significant regarding your experience that we haven't discussed?