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Experiences, perceptions and resources in the face of the COVID-19 epidemic among French Red Cross volunteers

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Abstract

The COVID-19 pandemic has had a definite and documented psychosocial impact on healthcare workers. And while association volunteers have also joined forces in providing a front-line response to the emergency, little data is available to show how the health crisis has affected their mental health and well-being. This study set out to describe the perceived stress factors faced by volunteers, along with their individual and collective coping mechanisms.

The survey was conducted between June and December 2020 among volunteers from the French Red Cross (FRC) in the Provence-Alpes-Côte d’Azur (PACA) region of France and French Guiana. It involved semi-structured individual interviews by telephone or Skype, along with a thematic analysis to identify key themes and sub-themes.

The sample group included a total of 21 volunteers: 11 in the PACA region and 10 in French Guiana. It focused on three tiers of perceived stress factors: individual, organisational and national. Stress factors in the first (individual) tier related to the “seniors” age group, the presence of comorbidities, and marital status. At the organisational level, workload, level of responsibility, prevention measures, unprecedented operations, and a top-down style of management were all factors that unsettled volunteers. On a broader scale, the shortage of equipment needed to provide sufficient prevention, the complexity of contract tracing, and contradictory guidelines were all reported as potential stressors. These psychosocial stress factors combined with ethical dilemmas to produce harmful psychological repercussions. Nonetheless, FRC volunteers were able to develop coping mechanisms that focused on their feelings, on preventing or reducing stress, and on collective support.

FRC volunteers were forced to adapt their approach during the initial months of the public health crisis. They faced a number of stress factors in their family and social settings, as well as within the humanitarian organisation, which sparked value conflicts. Yet they also employed an array of coping mechanisms and their collective commitment gave them an opportunity to socialise and instilled a sense of purpose.

Keywords: COVID-19, volunteers, humanitarian, psychosocial risks, stress, coping mechanism.

Résumé

La pandémie de COVID-19 a eu un retentissement psychosocial certain et documenté sur les soignants. Les bénévoles associatifs se sont également mobilisés dans l’urgence sur le terrain, mais peu d’études rendent compte de l’impact de leur engagement durant cette crise sanitaire. L’objectif de cette étude était de décrire les facteurs de stress perçus auxquels ont dû faire face les bénévoles ainsi que leurs mécanismes de coping individuels et collectifs.

L’étude a été menée de juin à décembre 2020 sur les bénévoles de la Croix-Rouge française (CRf) dans les régions Provence-Alpes-Côte d’Azur et de la Guyane. Des interviews individuels semi-structurés ont été réalisés par téléphone ou skype. Une analyse thématique a été réalisée permettant d’identifier les principaux thèmes et sous thèmes.

Un total de 21 bénévoles a été inclus dans l’étude, dont 11 en région PACA et 10 en Guyane. Les facteurs de stress perçus portaient sur 3 niveaux. On retrouvait à un premier niveau individuel, la catégorie d’âge de « séniors », la présence de comorbidités et le statut marital comme facteur de stress. Au niveau organisationnel, la charge de travail, le niveau de responsabilités, les mesures de protection, des modalités d’intervention opérationnelles inédites ou encore un style de management descendant représentaient des facteurs ayant déstabilisé les bénévoles. À une échelle plus globale, le manque de ressources en matériel de prévention, la complexité de la surveillance des cas contacts et les recommandations parfois ressenties comme contradictoires ont été rapportés. Ces stress psychosociaux étaient associés à des dilemmes éthiques, l’ensemble entrainait des conséquences psychologiques néfastes. Les bénévoles ont été cependant en mesure de développer une série de mécanismes de *coping* centré sur leurs émotions, sur la prévention ou la réduction des stress et sur le soutien collectif.

Les bénévoles de la CRf ont dû s’adapter au décours de l’urgence sanitaire et sociale lors des premiers mois de la crise. Ils ont fait face à une série de stress dans leur environnement familial, social et au sein de l’organisation humanitaire mettant en tension certaines de leurs valeurs. Pour autant, ils ont déployé de nombreux mécanismes de résilience et l’investissement collectif a été pourvoyeur de socialisation et de sens.

Mots-clés : COVID-19, bénévoles, humanitaire, risques psychosociaux, stress, mécanisme de coping.

Experiences, perceptions and resources in the face of the COVID-19 epidemic among French Red Cross volunteers

Introduction

The COVID-19 pandemic and its exceptional scope exacerbated the social, health and economic vulnerabilities of those most at risk *(26e rapport sur l’état du mal-logement en France 2021, n.d.; OXFAM, n.d.)*. In this context, actors in the field of solidarity and humanitarian aid faced considerable challenges, including a surge and shift in demand for healthcare, as well as the need to protect both their teams and those benefiting from their services. COVID-19 brought upheaval in everything from structural organisation, on-the-ground operations and even the overall approach to care.

The epidemic took a significant toll on medical and social actors, who faced a higher risk of contamination and psychosocial stress, leading to a greater incidence of infection, as well as anxiety, insomnia and depression *(CDC COVID-19 Response Team, 2020; Lapolla et al., 2021; Pappa et al., 2020)*. While the spotlight swiftly fell on the psychological implications for healthcare workers, the same was not true for volunteers, even though they suffer a higher prevalence of mental health problems in times of crisis *(Thormar et al., 2010).* Previous Ebola outbreaks have shown that is it not only “front-line” healthcare workers who face potential psychological distress but also the entire community involved in humanitarian aid *(Van Bortel et al., 2016)*. Consequently, the International Federation of Red Cross and Red Crescent Societies and the World Health Organization recommend support and care for very broad groups of responders confronted with often undetected and therefore undocumented distress factors *(International Federation of Red Cross and Red Crescent Societies, n.d.; World Health Organization, n.d.).*

The epidemiological dynamics and health repercussions of the epidemic vary between different geographic regions. Population characteristics (age, level of precarity, ethnicity, migration), local and regional incidence rates, the spread of any variants, and individual lockdown and prevention measures all create public health challenges, resulting in responses specific to each region. Marseille is the second most populous city in France, and has one of the country's highest percentages of people living below the poverty line *(Dumont, 2011)*. In this already challenging context, lockdowns and the recent economic crisis significantly increased the number of people facing economic insecurity *(Confinement : Des Conséquences Économiques Inégales Selon Les Ménages - Insee Première - 1822, n.d.; Ultra-précarité en région PACA, l’avertissement du collectif ALERTE PACA, 2020).*To tackle this situation, the institutions and non-governmental organisations (NGOs) working to address public health risks and social insecurity significantly stepped up their aid, yet were still unable to meet the full range of needs *(Ultra-précarité en région PACA, l’avertissement du collectif ALERTE PACA, 2020)*. French Guiana, a French overseas department neighbouring Brazil in the Amazon, presents healthcare challenges typical of the “Global South” *(Mosnier, 2017).* However, French Guiana showed lower incidences than its neighbours, and its epidemic peaks were out of sync with those of mainland France *(Nacher et al., 2021).* While the

challenges in terms of care organisations, NGO responses and volunteer involvement in urban areas and in Western countries are relatively well documented, this is not the case in tropical zones. A “North-South” comparison in the context of a pandemic may reveal similarities or differences in adaptation and resilience among actors on the ground in each region.

This study aims to analyse the psychosocial experience of Red Cross volunteers in the Provence-Alpes-Côte d'Azur region of mainland France and in French Guiana. It seeks to highlight potential coping mechanisms and innovative approaches on an individual, collective, community and institutional level during the first six months of the SARS-CoV-2 pandemic.

Methodology

Research focused on a prospective, qualitative, multicentric study involving French Red Cross volunteers in French Guiana and the Provence-Alpes-Côte d'Azur (PACA) region.

Participants

Volunteers were recruited using a “snowball sampling” method with the help of the presidents of the delegations for PACA and French Guiana. The sample group also included employees responsible for recruiting, training and managing volunteers.

Data collection

Data was collected remotely through semi-structured individual interviews via videoconference or telephone between June and December 2020. The process focused on the following themes: 1) intensity and complexity of work in the context of an epidemic; 2) emotional demands; 3) attitudes towards health risks at work, and suitability of preventive measures and testing; 4) interpersonal relations within the team, coping strategies, and other situational factors as previously defined by Lazarus et al. *(Lazarus & Folkman, 1984).*

Data analysis

Semantic processing was performed manually by (re)transcribing interviews, enabling a raw analysis of ideas, words, and their meaning according to the themes addressed. The table used to interpret results is based on an ecological model for psychosocial well-being adapted from Bronfenbrenner's ecological model *(1979, 2001)* to suit the field of community mental health *(Saïas, 2011),* along with an analysis of psychosocial risks among health workers *(Hennein R, Lowe S, 2020).* In this model, participants belong to different “systems” and interact on several different levels (personal, interpersonal, organisational, community and political), which we identified in the analysis.

Ethics

All respondents gave their consent to take part in the survey. The study was approved by the ethics committee at Aix-Marseille University *(no. 2020-10-09-011)* and the anonymous data collection process was reported to the French data protection authority (CNIL) in accordance with best practices nationwide.

Findings

The study included a total of 21 individuals working with the French Red Cross (FRC): 11 in the Provence-Alpes-Côte d'Azur (PACA) region and 10 in French Guiana *(Table 1).*

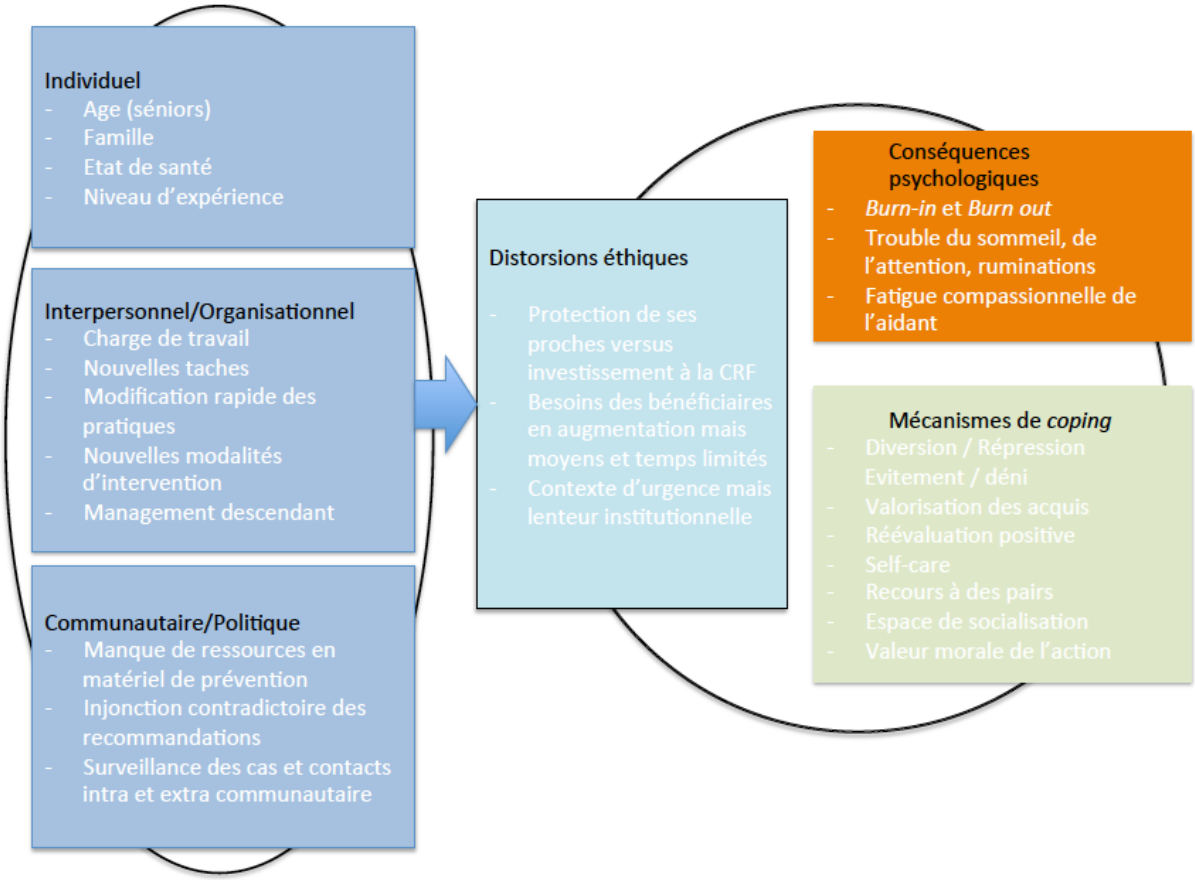
Table 1. *Main characteristics of study participants*

Participants	Age	Gender	No. of years' experience as a volunteer	FRC delegation	Position within the FRC
Participant 1	63	M	45	PACA	Vice-president of PACA Marseille branch
Participant 2	22	F	8		Head of “CRf Chez Vous” programme
Participant 3	37	M	13		Head of PACA outreach teams
Participant 4	37	M	16		Nurse & Instructor
Participant 5	67	M	4		Regional director for emergency response & first aid
Participant 6	38	M	21		Regional social action representative
Participant 7	73	F	6		Director for Marseille regional branch & social action
Participant 8	48	F	13		PACA COVID coordinator
Participant 9	70	M	3		Head of operational unit & instructor
Participant 10	55	F	7		Volunteer staffing officer
Participant 11	64	F	2		“Allô, comment ça va ?” programme coordinator
Participant 12	64	F	18		Head of Marseille outreach teams
Participant 13	45	M	16	French Guiana	Head of French Guiana delegation
Participant 14	26	F	1.1		Volunteer coordinator
Participant 15	33	F	0.3		Refugee and COVID emergency response coordinator
Participant 16	26	F	9		Head of volunteer mobilisation
Participant 17	41	M	8		Head of emergency response sector
Participant 18	34	M	0.3		Healthcare mediator and translator for COVID programme
Participant 19	33	F	1		Head of COVID programme
Participant 20	58	F	5		Refugee and COVID emergency response coordinator

M: male F: female DTM: Marseille regional branch

The study identified several key themes related to psychosocial stress on three levels: an individual, interpersonal/organisational, and a broader community scale *(Figure 1).* These psychosocial stress factors led to ethical distortions with harmful psychological repercussions. However, they also revealed coping mechanisms among FRC volunteers specific to the pandemic environment *(Figure 1).*

Figure 1. *Key perceived psychosocial risk factors and their impact on well-being, along with coping mechanisms used by French Red Cross volunteers during the COVID crisis in the Provence-Alpes-Côte d'Azur region and French Guiana.*



Individual - Age (seniors) - Family - State of health - Level of experience		**Psychological Consequences** - Burn-in and Burn-out - Trouble sleeping, concentrating and clearing the mind - Compassion fatigue among caregivers
Interpersonal/Organisational - Workload - New tasks - Rapid modification of practices - New methods of intervention - Top-down management	**Ethical Distortions** - Protecting family and friends vs commitment to FRC - Increasing demand but limited time and resources - Crisis situation vs institutional lethargy	
Community/Political - Lack of protective equipment - Contradictory guidelines - Surveillance of cases and contacts within and outside the community		**Coping Mechanisms** - Diversion/Repression - Avoidance/denial - Drawing on experience - Positive reevaluation - Self-care - Peer support - Socialisation space - Moral value of action

Perceived psychosocial risk factors

A number of specific psychosocial risk factors associated with the crisis were identified among the volunteers. On an individual level, age was a crucial factor. Seniors – who represent a significant portion of FRC volunteers – were asked to withdraw from frontline operations as a preventive measure. Most seniors were clearly upset by this recommendation, given that volunteering with the FRC also provides a space for social interaction and personal validation.

> “Seniors took it hard. They were willing to take risks themselves, but were also quietly worried about their family and friends. You know, they devote their lives to the FRC! They put their commitment to volunteering before their own physical health. It's more important to them than you might think. They really suffered from the social isolation and the moral obligation to take a back seat during the crisis.” (Social Action volunteer, Marseille)

The family situation of the volunteers also led to significant psychosocial stressors. For many volunteers, involvement in FRC emergency response activities impacted their personal life, especially during the first lockdown. This tension between a person's private life and their work as a FRC volunteer appears to have been perceived as a psychosocial risk to a lesser degree among those who were single or widowed.

> “My personal situation changed. My partner went back to France, which meant I had more time to get involved. Otherwise, it can be complicated because the FRC takes up a lot of time! And that’s something your partner has to accept!” (Head of emergency response team, French Guiana)

> “I'm fully committed to the FRC because I also live alone. It's a round-the-clock job because I have time on my hands and I don't see it as a source of strain.” (Volunteer Monitoring Officer, PACA)

On an interpersonal and organisational level, excess workload was a key stress factor. Most respondents complained of some form of somatisation (such as fatigue, back pain, headaches, gastrointestinal disorders or trouble sleeping) and at times admitted to experiencing mood swings (including irritation, anger and withdrawal) due to the unprecedented demands of the job during the first phase of the COVID-19 crisis.

> “It's been a full-time job for months. I've been exhausted since Carry-le-Rouet, where we had to look after 350 expats, and now we have the consequences of the lockdown in Marseille.” (COVID Coordinator, Marseille)

In addition to demanding an unparalleled commitment on the part of most volunteers, the crisis required new tasks and types of volunteer work such as food distribution in French Guiana and the PACA region through the *Croix-Rouge Chez Vous* (or *Red Cross on Your Doorstep*) programme, along with unprecedented constraints.

> “- Please list at least three external factors liable to adversely affect your well-being or cause some form of emotional distress.”

> “- We first had to quickly adapt to new tools, like a new Excel file for orders. Then, we had to get used to new software right when we were coming out of the lockdown. We had internal communication problems: some people didn't pass on information. People quit because they were exhausted. We ended up dealing with email backlogs when we were supposed to be sending out orders.” (Programme Coordinator, Marseille)

In addition to the increased scope of their work, volunteers had to swiftly tailor their approach to the urgency of the situation, to adapt to the people they were helping and the local environment.

> “Aside from the fact that it was stressful to see local people in such distress, we also witnessed risky behaviour among volunteers. In the Camopi bush, for example, they were sharing gourds when drinking Kachiri, an alcoholic beverage made from cassava. That definitely wasn’t COVID-friendly! But cultural factors aside, they simply did not have enough training and had not understood the necessary precautions before going out into the field. That's what happens when you skimp on resources!” (Volunteer Coordinator, COVID Emergency Response, French Guiana).

In addition to the different types of frontline work, the crisis highlighted the need to develop different ways of collaborating effectively with new partners. Some volunteers in Marseille lamented a form of organisational centrism, which was not reported in French Guiana.

> “It's hard to change people’s mindsets. There was no coordination, even though the Marseille area demands a wide-ranging, complex social response.” (Volunteer at the Marseille regional branch)

The directive style of management associated with top-down communication was seen as another factor detrimental to well-being. The values commonly appreciated in corporate culture or state institutions – such as performance, stamina, courage, resilience to stress when faced with a high workload, and not letting down colleagues or superiors – also permeate the FRC culture, according to some survey respondents.

> “I bypassed the presidents (the 70-year-old veterans) and some of them took it badly. They have an authoritarian management style and they were frustrated because new leaders emerged.” (Team Leader, Marseille)

The crisis disrupted human resource management methods, from both a relational and technical standpoint, in everything from the process of recruiting volunteers to managing their schedules.

> “At the FRC, there's a tendency to think that if people [volunteers] are struggling with their mission, they can just leave and we'll always find more volunteers, or cannon fodder, so to speak.” (Former Social Action Coordinator)

On a broader scale, the shortage of resources (including staff, hand sanitiser and masks), the lack of clarity in the government's health directives at the start of the COVID-19 crisis (e.g. quarantine directives for isolated individuals and homeless people) and a changing risk analysis (“One day it's really dangerous; the next, it's not!” complained a volunteer from the COVID-19 emergency response teams in French Guiana) had a significant impact on the psychosocial well-being of volunteers, regardless of their level of responsibility. This led to conflicting orders, which caused very different behaviours, ranging from strict compliance with preventive measures to disregard for such practices. A lack of trust and a sense of anger towards the FRC organisation and the public authorities emerged during the first weeks of the epidemic.

> “This crisis thrust people into an unusual situation and left volunteers at a standstill because they were asked to do work on the ground but were given conflicting instructions. For example, we had to go to Cayenne airport to guide passengers, but we didn't have any masks. This made the volunteers uneasy, since we had been asked not to wear masks because the police did not have them!” (Emergency Response Coordinator, Cayenne, French Guiana)

> “You could tell from the emails and phone calls that volunteers were disoriented and sometimes really annoyed! They were told, ‘You are using too many masks, too much sanitiser, too many gloves, but make sure you protect yourselves!’ Then they were told to ‘stop using that stuff all together’. People really didn't appreciate the conflicting messages.” (Former Social Action Volunteer, Marseille)

Finally, the unprecedented context of epidemiological surveillance in which the FRC was involved gave rise to new social dynamics and roles liable to create tension. Anyone could be both a ‘contact case’ and responsible for ‘surveillance’, and volunteers were involved in finding and tracking contact cases or people with symptoms, sometimes even within their own communities.

Ethical dilemmas linked to volunteering

Study participants acknowledged fear of stigma and guilt associated with the risk of infecting family and friends as potential sources of stress. The lack of information at the start of the pandemic was a key factor fuelling fear or anxiety among respondents with a high-risk individual in their family or work environment.

> “Delivery personnel and logistics staff were more exposed to the risk of contamination and resulting accusations from their family. They were anxious about being carriers, you know, and they were worried about being scorned by their relatives! They were asking for masks and didn’t know what to do... We even had masks stolen, probably because people were under pressure at home, but (silence) it’s like nobody could talk about it, like it was taboo!” (Volunteer, Team Leader, Marseille).

The crisis quickly exacerbated insecurity among a large part of the population, leading to a substantial increase in the number and scale of needs with respect to FRC volunteers. Operationally, volunteers expressed frustration about the lack of resources needed to ensure quality emergency responses. This was compounded by sluggish bureaucracy and the methods used to recruit staff and volunteers during the health crisis.

> “We're improvising, not providing an orderly humanitarian response. We need to have the means to meet our goals, from the issue of hiring to modelling the actual operations. It makes me worry about the ethical side of things, and it keeps me up at night!” (Nurse in a COVID programme, French Guiana)

This cognitive dissonance between an institutional emergency paradigm and disorderly, sub-standard operations generated “an unpleasant state of tension”. Causes included duties that conflicted with volunteers’ moral convictions, and approaches contrary to their beliefs, thoughts or practices (their “frame of reference”). Volunteers experienced an ethical conflict, for example, in dealing with triage issues related to the distribution of food aid to supposedly “vulnerable” households with no consideration of potentially cumulative vulnerability factors such as age, family, social, legal, medical, and of course, economic situations. Respondents said the absence of operating guidelines or clearly established, objective criteria to determine priority individuals or groups when providing shelter and food parcels created an unprecedented level of stress. This was reported, for instance, in French Guiana, where the amount of food provided was sometimes seen as insufficient to meet the needs of all families or isolated migrants housed in the Cayenne Emergency Shelter.

> “Not being able to distribute food to people in the facilities for migrants was a real source of stress. On top of that, we had to sort and separate adult men from minors and women, without knowing their stories or the ties we were severing by doing so.” (Volunteer, Emergency Response for Refugees and COVID-19, Dengue and Leptospirosis, French Guiana)

Impact of volunteers' work on their psychosocial well-being

Implementing effective new responses to emergency situations can sometimes be a source of stress, especially when there is a need for recognition from colleagues or superiors. This can induce a phenomenon dubbed “burn-in” (referring to the early signs of burnout), which survey respondents admitted was a risk encountered during the COVID-19 crisis. This was particularly evident in cases of “presenteeism”, i.e. the practice of being present at work for longer than required, leading to a state of overexertion. This often constitutes the first phase of job-related exhaustion and precedes the final stage, “burnout”.

> “I used to work late into the evening in front of my computer, at the FRC office. Then, when I got home, I talked about work with my boyfriend, who is also a FRC volunteer. I don't know if that's good or bad. It's true I never switched off, not even on weekends, because my friends are at the FRC too.

> They advised me to take a break.” (Volunteer overseeing community life, French Guiana)

In response to the question “Which volunteer ‘risk groups’ do you think are most likely to be psychologically affected?”, an emotional programme coordinator in the PACA region was quite frank:

> “It was hardest for the young people and seniors: they were very unhappy and frustrated. They felt sidelined, and there were conflicts. In addition to these two groups, those in Social Action were really messed up. The outreach teams had to adapt. Food aid was overwhelmed: the amount of people needing that aid jumped by more than 200%. We had to find food and concrete solutions! Marseille was particularly overworked. A lot of people suffered because it was chaos. Everyone was really tired! While emergency responders are equipped to face somewhat harsh situations, Social Action volunteers are less prepared. They were not trained and were not used to dealing with such distress. And they still have it tough because they are doing their utmost to reopen and adapt programmes to COVID considerations.”

Issues related to excess workloads and burn-in were compounded by pre-existing situations of extreme precarity or the deterioration of living conditions, access to rights and healthcare, and psychosocial distress, which were all factors causing psychosocial stress among volunteers due to prolonged contact with people in dire straits. Compassion fatigue (vicarious trauma or vicarious syndrome) often went hand in hand with a feeling of helplessness experienced in relations with others when providing assistance.

> “When it came to dealing with undocumented individuals, there was a lack of psychosocial support for both the individuals and the teams. Various rights have still not been extended in French Guiana, which has exacerbated the phenomenon of discontinuity in healthcare, with nearly one in two insured individuals in the country entitled to healthcare for people who are destitute. Volunteers felt powerless to meet the vital needs of these people.” (Volunteer Coordinator in French Guiana).

There was a higher risk among undocumented volunteers who were “themselves in a situation of great social and economic precarity, and sometimes without access to rights”, explained a head of COVID-19 operations and an emergency response coordinator at a local office in Cayenne.

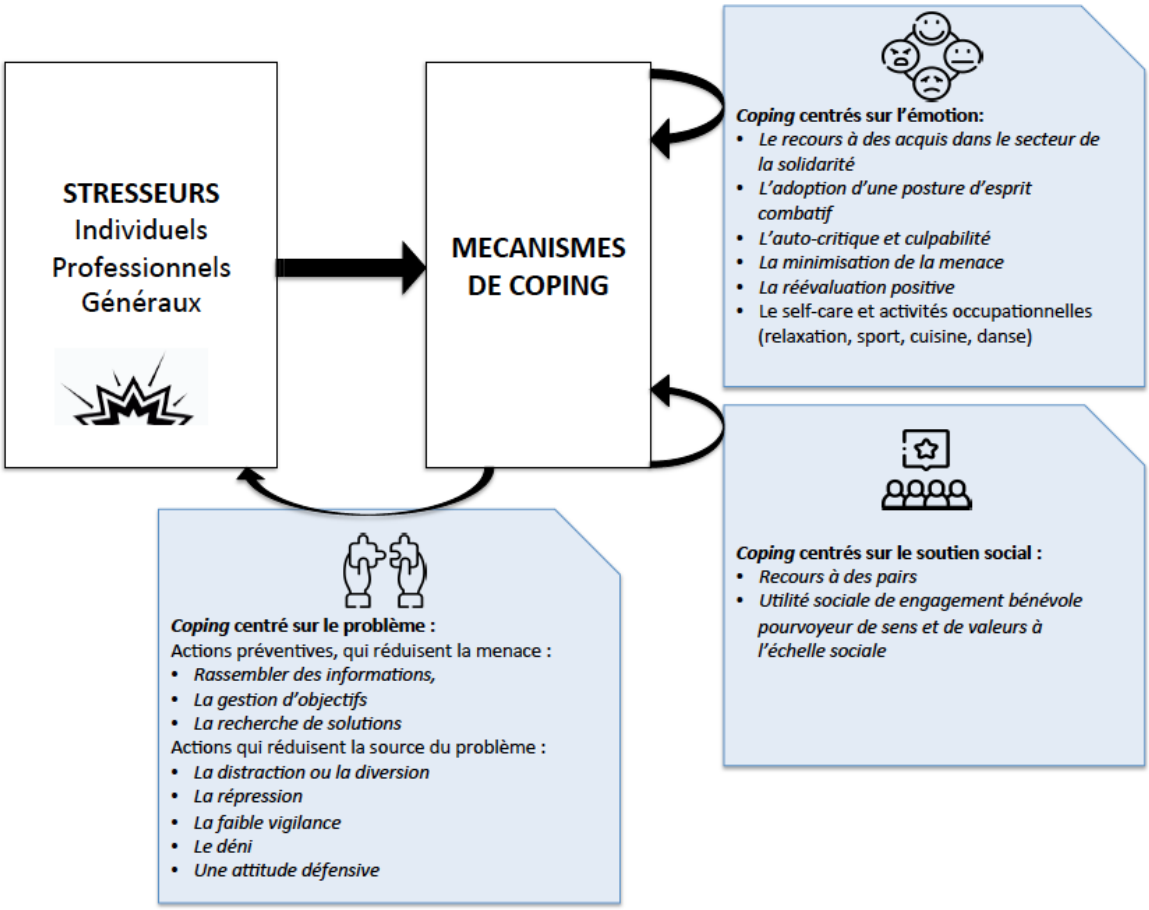
In the Marseille region, where the pandemic left low-income households suddenly facing social and economic vulnerability, teams of volunteers were not prepared to deal with the social crisis caused by so many people abruptly facing insecurity.

> “It affected those most at risk and, by extension, the Social Action teams, who were unprepared.” (Local Team Leader, Marseille)

Individual and collective coping mechanisms

The coping strategies mentioned by participants were split into three broad categories: problem-centric coping, emotion-centric coping, and the search for social support *(Figure 2).*

Figure 2. *Key coping mechanisms implemented by Red Cross volunteers in the PACA region and French Guiana during the COVID-19 pandemic.*



<table>
<tr><td>STRESSORS

Individual
Professional
General</td><td>COPING MECHANISMS</td><td>Emotion-centric:

- Drawing on experience in the solidarity sector
- Adopting a combative mindset
- Self-criticism and guilt
- Minimising the threat
- Positive reassessment
- Self-care and occupational activities (relaxation, sports, cooking, dance)</td></tr>
<tr><td colspan="2">Problem-centric:

Preventive actions that mitigate the threat:
- Gathering information
- Goal management
- Searching for solutions

Actions that mitigate the source of the problem:
- Distraction or diversion
- Repression
- Low vigilance
- Denial
- Defensive attitude</td><td>Search for social support:

- Peer support
- Social utility of volunteer engagement providing sense and values on a societal scale</td></tr>
</table>

Participants used various coping mechanisms in response to stressors. They developed one or more strategies both individually and collectively. Adaptation strategies aimed at mitigating causes of stress included distraction techniques (action-oriented behaviour).

> “In the evening, I would walk or sometimes run home along the beach. I didn't do that before (laughs). It helped me to get rid of the stress caused by long days in front of the computer.” (Volunteer Coordinator, French Guiana)

Participants also reported having to “repress” certain emotions to maintain a sense of (self-)control and hide their feelings.

> “I don't feel comfortable with the idea of complaining when others are suffering more than me. I have to hide the sadness from people who have less than us and are still soldiering on.” (Volunteer, Refugee Emergency Response, Food Distribution and Charity Shop, French Guiana)

Relaxing the rules also gave people a sense of control in dealing with sources of stress, particularly in complying with preventive measures.

> “Personally, in terms of the stress linked to the risk of contracting COVID, I have to say I didn’t always take the recommended precautions, although in hindsight I don't think that was really responsible. It's just that following

> the guidelines to the letter was really stressful.” (Volunteer Coordinator, French Guiana)

Volunteers used disengagement and avoidance behaviours to escape stressors, allowing themselves temporary respite.

> “I had to leave a Zoom meeting once because it was just too much. I couldn’t take it anymore. It was about reopening food distribution points and one volunteer was just so fixated on the details. I had to give myself a little space.” (Local Team Leader, Marseille).

For others, the solution was to resign or take a break from the FRC.

> “I preferred to leave.” (Volunteer in a Social Action Programme, Marseille)

Respondents also reported denial mechanisms and defensive attitudes.

> “I preferred not to think about the worst: seeing people in coffins and pits, like in Italy or the United States or… You know what I mean." (COVID-19 Coordinator, French Guiana)
>
> “When people attacked or blamed me, I did the same because I felt hurt, embarrassed, or angry.” (Volunteer Programme Coordinator, Marseille)

Emotion-focused coping mechanisms were clear, and involved adopting a combative spirit, i.e. a sense of determination enabling them to rise above adversity and move forward regardless.

> “It’s really frustrating to witness such misery; you feel powerless. If you’re outside the system, homeless, without anything, you really suffer! And you feel stuck in French Guiana. You can’t open a bank account, you have nothing to live on, you work and have nothing, but you have to fight; and there is love there, the desire to do our utmost to help, body and soul.” (Community Mediator, COVID Refugee Emergency Response, French Guiana)

Respondents also described more “negative” coping mechanisms, including guilt and self-criticism. Most of the time, they were reversible and did not last long. Factors determining guilt and self-criticism were mostly dispositional (involving individual cognitive and conative characteristics: fatigue, overwork, beliefs, value system) and situational (depending on the nature of the problem, its controllability and similar issues).

> “I shouldn’t have reacted like that. I lost control. But I apologised and explained.” (Vector Control and Packing Coordinator, French Guiana)

Volunteers also minimised the threat in their approach to risk management.

> “Yes, I was stressed about being infected and infecting others, because the virus is still circulating and killing people here in French Guiana, but we deal

> with it because, with the FRC and MDM, we have to be exposed to these risks. We know we might catch it, but we keep going. We have no choice.” (Volunteer Multilingual Mediator, COVID Emergency Response, French Guiana)

A lot of respondents were positive about their experience as a volunteer, in response to potential emotional or affective disorders.

> “This ordeal made me stronger.” (Volunteer Multilingual Mediator, COVID Emergency Response, French Guiana)

The most commonly mentioned ways of taking time out to recover and reduce stress (self-care) included taking on different duties as a volunteer, talking about concerns with a spouse or partner, doing sports, watching TV and going out with friends.

> “I had trouble concentrating. I normally read a lot, but I couldn’t do that anymore. So I did little DIY projects... and Zumba.” (COVID Coordinator, Marseille)

Volunteers with prior experience in the solidarity sector were able to draw on that experience to better understand the risks of emotional exhaustion and use relevant coping strategies more quickly.

> “I have 20 years of experience in first aid, as well as training in first aid and experience managing a local team, not to mention the baptism of fire with COVID expats in Carry-le-Rouet. All of which meant I ended up adapting to high-stress situations!” (COVID Emergency Response Coordinator, PACA region)

> “I’ve been with the FRC for 20 years. I joined as a first aider when I was 16, then did it as a job before becoming a volunteer again. For the past six years, I've been assigned to different local teams. I have a management position, running the first-aid side of things and I head a local team. I have a real affinity for governance, starting projects, and providing new services. Quite the opposite of first aid, really, which is very structured and rigid… Dealing with organisational problems and human resources is stressful. 60% of senior volunteers were sidelined, so we had to manage without them. I managed to avoid getting overwhelmed physically or emotionally, probably because of my background.” (Social Action Volunteer, PACA)

Volunteers also developed collective coping mechanisms, which primarily involved counting on a close circle of peers.

> “We don’t have a psychologist, but we do have a doctor for the firefighters, the volunteer naval firefighters. I’ve known him since I was a kid and I’ll go and see him if I need to – or a nurse if I'm dealing with any psychological issues. There’s also the Director of Operations, who is a former doctor. He’s

> not a psychologist, but I trust him. We have plenty of experienced people and we don’t need a shrink. Volunteers provide psychological support themselves without realising it. For example, my parents aren’t professionals but they have a knack for psychology.” (Volunteer COVID Programme Coordinator, Marseille)

There was often a pre-existing close connection with the person or people whom volunteers turned to for help. This may be due to a mentoring relationship or bond of friendship established between these “caregiver caregivers” and those seeking help, or just someone willing to listen – which may explain why, when asked, volunteers said they did not use psychologists from the FRC operations centre (helpline or Skype talk groups). Go-to listeners included “the doctor”, “the nurse”, “peers” and “senior colleagues” (“people with experience” who had been with the FRC for several years).

Volunteering during the crisis provided a means of socialising in the context of lockdown and isolation.

> “We call each other if we feel like one of us is not doing so well… We are a great team; we can count on one other. We have very strong social ties.” (Coordinator for *La CRF Chez Vous* programme, Marseille).

Volunteers’ actions were also purpose-driven and in keeping with their people-centric value system.

> “It did me good to throw myself into being a volunteer 150% because I was unemployed before the lockdown and I couldn't find meaning in my daily life, in work! People come to the FRC for a reason. The Haitian and Brazilian populations feel that joining the FRC can help them with administrative procedures. But it's mostly about meeting other volunteers and creating social connections. It lets them flourish, gain knowledge and find their place, in a group or... like in a company.” (Emergency Response Coordinator, French Guiana).

Discussion

This qualitative study provides initial insight into the psychosocial stress factors, their consequences, and the coping mechanisms used by French Red Cross volunteers at the beginning of the COVID-19 pandemic. The findings show that it is not so much the level of exposure to risk factors that determines the perceived level of stress, but rather a set of interacting determinants (personal, familial, social, organisational and environmental) that lead volunteers to perceive their activity as “risky” from both a physical and psychosocial standpoint.

People face numerous sources of stress in the course of volunteering. Previous studies have shown that these high levels of stress can lead to anxiety or depression in the short and medium term *(Lai et al., 2020; Lee et al., 2007).* Risk factors for mental-health complications previously identified among healthcare workers include being a woman, being

on the front line dealing with patients infected with SARS-CoV2, and having an intermediate professional title *(Lai et al., 2020).* Our study reveals specific individual risk factors related to new organisations in the management of public health risks and/or emergency humanitarian aid within the institution, with unpredictable psychosocial repercussions. For example, excluding seniors (who represented the majority of front-line volunteers before the crisis) from the field was a huge blow. While collective measures to protect those most at risk were a cornerstone of public health policies, the consequences of isolating seniors are still poorly documented *(Piccoli et al., 2020).*

Our study highlights the importance of social ties as an inherent part of volunteering. From a psychodynamic perspective, volunteering in a context of such adversity had a positive impact on (improving or preserving) health while also providing a sense of purpose and identity *(Clot, 2010).* Our findings show the importance of this socialisation and the clinical role of volunteer action in maintaining good health (including mental health) when there is a feeling of being able to act, take initiative, and be creative in the face of constraints. As Dr Didier Fassin has made clear, using one's skills to serve others and participating in “a community of concerns” are key social dynamics in the context of a “new moral economy” producing shared values *(Fassin, 2020)*. Volunteering also meets a need for collective action ensuring recognition, but also protection thanks to “chosen social ties” (affinities between friends and peers within associations and communities) when dealing with epidemic-related stress *(Paugam, 2008).* In the face of uncertainty, the disintegration of social ties and separation from a work community (due to homeworking or partial unemployment, for example), the act of volunteering allowed people to be part of a collective endeavour in which shared responsibility amid globalised disorder played an integral part. Some authors have even referred to a process of humanitarian socialisation *(Parizot, 2007).* Volunteers see FRC colleagues as a “family” whose members share the same values. These values – such as charity, compassion, clemency and respect for human life – also include the principles of unity, universality, and volunteerism, which Jean Pictet described as “organic” within the FRC (Pictet, 1979).

Volunteers had to cope with a substantial increase in precarity among the people they were helping. While at the same time dealing with the risk of infection, FRC volunteers were required to deploy and adapt their aid as quickly as possible and take into account an array of different needs, such as housing, food aid and access to water *(“Locked down Outside”: Perception of Hazard and Health Resources in COVID-19 Epidemic Context among Homeless People, n.d.)*. All of this unfolded in a crisis setting, sometimes with unchanged resources, as volunteers also sought to safeguard their own situation or that of their family. The stress factors highlighted in our study are multifaceted and potentially cumulative. Any attempt to prevent these problems should focus on individual, organisational and global factors. Some authors commenting on the crisis have underscored the importance of clear recommendations from organisations, easy access to testing and care for the families of those active in the field, and a need to adapt initiatives to the risk of infection as part of a series of measures designed to relieve the anxiety of aid providers *(Adams & Walls, 2020; Parsons Leigh et al., 2021).* The psychosocial impact of the epidemic on healthcare workers has been well documented and has clarified the need to screen and address mental-health issues *(A Multinational, Multicentre Study on the Psychological Outcomes and Associated Physical Symptoms amongst Healthcare Workers during COVID-19 Outbreak - PubMed, n.d.;*

Du et al., 2020; Firew et al., 2020). As a result, the World Health Organization (WHO) and the International Federation of Red Cross and Red Crescent Societies (IFRC) have published a series of guidelines for those active in the field *(Corona/COVID-19 – Psychosocial Support IFRC, n.d.; Organization, 2020).* Participants in our study conveyed the importance of an established connection to their potential “helper or listener” within the organisation. This underscores the need to train as many people as possible (and not only biomedical specialists or psychologists) in psychological first aid *(World Health Organization, 2012),* to ensure hands-on support for as many volunteers as possible. But beyond first aid, the response to the Ebola epidemic also taught us that ensuring leadership and a support framework for those who provide assistance increases their ability to respond and offer support to those who need it most *(Kamara et al., 2017).*

Our study covered two different regions but revealed very similar results among volunteers. Various publications focusing on healthcare workers in different countries have shown similar effects in terms of the impact on mental health (burnout and anxiety) despite differences in epidemic dynamics, cultures and organisations providing healthcare and social support *(A Multinational, Multicentre Study on the Psychological Outcomes and Associated Physical Symptoms amongst Healthcare Workers during COVID-19 Outbreak - PubMed, n.d.; Du et al., 2020; Firew et al., 2020).*

There are several limitations to our study. First, our results are only representative of FRC volunteers in French Guiana and the PACA region of France. The volunteer organisation, its management, and the value representations of the FRC are specific to this context, and studies on different types of structures may reveal additional findings. Second, our cross-sectional study was carried out in the first phase of the epidemic (at the end of the first wave) and does not account for long-term psychosocial implications. Third, stigma associated with psychosocial and/or psychological disorders, and the fear of being discredited in their actions may have led the volunteers we surveyed to understate their level of distress.

Conclusion

The pandemic took a significant psychological toll on FRC volunteers, including those in charge of logistics and administrative tasks. The challenges of a prolonged response to COVID-19 demand consideration of the mental health of volunteers by limiting stress factors and strengthening their coping mechanisms. Transparent and thoughtful communication within teams and on the part of the organisation can help foster a sense of control and trust to temper uncertainty. Ensuring that volunteers are supported both as members of the FRC and as individuals, and that they are sufficiently rested and able to meet their immediate personal needs (such as family care) can also help mitigate the impact of the crisis. Frequent information and feedback sessions with local supervisors and the FRC community at large, along with clear, concise, and measured communication could help teams stay safe when volunteering. In this respect, multi-level supervision (for individuals and groups) can support coping strategies and create opportunities for mutual learning and sharing. Finally, volunteering remains and represents above all a space for socialisation that provides purpose and value, thus representing a certain individual and collective resource for volunteers.

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