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## Supporting transmission at work in humanitarian context: how the local management help the collective skills development?

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### *Context*

Working on the humanitarian field includes a lot of constraints associated, on the one hand, to the intervention contexts (political instability, climatic or sanitary disaster) and, on the other hand, to the NGO organization (fewer resources, organizational and human management issues ; Rochat et al., 2010; Welling et al., 2010). The evolving nature of intervention groups, with various times of presence in the field, various statuses and professions, different nationalities, and cultures, generate significant complexity, especially for the management. Indeed, all these constraints have a direct impact on the management of teams, the inclusion of all, the development of workers but also create a loss of meaning at work or even the loss of a collective memory could contribute to maintain expertise in the team and the field (Dickmann & Cerdin, 2018; Joxe, 2019). Despite these difficulties, it has been shown that working in a highly constrained environment can be a source of development for workers (Amalberti, 1996; Bonnardel, 2006; Villemain & Lémonie, 2014), through sufficient autonomy to adapt themselves to specific constraints of the field. In this sense, the collective and the dynamics of transmission contribute to the rise of skill and the maintenance of collective knowledge, whether through the construction of social links or the commitment of workers (Argote & Ingram, 2000; Delay & Huyez-Levrat, 2006). The collective, by creating a common identity (Cru, 2016) must contribute to the operationalization in the field of prescriptions. In that context, local management is an important key to support the work collective and its development (Cru, 2016 ; Hannah, et al., 2009).

### *Objectives*

The aim of this presentation is to understand the role of the local management in the settling up of an transmission dynamics within intercultural work collectives, and their influence on the rise in skill, health, and inclusion of workers in humanitarian settings.

### *Methods*

Anchor in the Activity Analysis (Daniellou, 2015), this qualitative study is influenced by anthropotechnology (Geslin, 2017) and ergology (Di Ruza & Schwartz, 2021). This study is built in four phases: (1) individual interviews with the NGO headquarters in West Africa (WA); (2) Individuals interviews, observations and a participative photographic project with workers in an intervention project in other countries of the WA; (3) Individual interviews and observations in the NGO headquarters; (4) Individual self-confrontation interviews with the participants of the photographic project.

### *Main Results*

In this section, the preliminary results and some interpretations are presented. First of all, the methodological frame help to investigate several levels of the organization and the articulation between them (HeadQuarter – Project Intervention Management – Collective of Work –

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Workers). In the field, different populations of workers coexist, depending on their profession (medical job, administration job, logistical job) and status (local staff, expatriate). Local staff doesn't have the same responsibilities and tasks than the expatriates. They bring situational expertise and are in the hands of the project, the expatriates bring a professional expertise and manage the project. This segmentation can be difficult to live, especially for the local staff who are less recognized by the NGO. Different levels of the collective had been identified. First of all, a project collective is existing, they work on the same field and have the same goal. More specifically, an important segmentation is present between medical collective and logistical collective. This can be explained by the difference of the nature of the work but also with the difference in the treatment (salaries and benefits, career evolution possibilities, recognition from the hierarchy). Medical staff are more graduate, and their work is more visible and valorized by the NGO. Regarding the management, one of the most salient results concerns the dependence and the submission of the workers on the prescription and the manager injunctions. The manager is seen as a paternal figure in the field and a disparity in the way he manages the workers. In parallel of the paternal figure, the management is very permissive and give a lot of autonomy in how workers can manage their work. Indeed, the fact that the most part of the managers are expatriates and the most part of the workers are local staff create an imbalance in the relation and some difficulties to each other to understand the reality from the other. Furthermore, managers have a lot of reporting to do to accountability to the headquarters. It seems that a lot of constraints come from headquarters and financial backers and have a direct impact in the management and work conditions on the field. Managers are then in a paradoxical situation and try to respond to the injunctions from the NGO and « tolerate » some collective regulation like polyvalence on the workplace, auto-formation or presence on the site outside working hours.

### *Conclusion*

To conclude, transmission in the humanitarian field is central to assure medical interventions. Four groups were characterized by their statutes (national staff and expatriates) and by their jobs (medical and logistical). Each part brings a crucial expertise on the field to achieve the project's goals but also maintain workers on the field and preserve their health. Management play a central role in the field organization and embodies a paternal figure which can be explained by the culture of the country of intervention, the work organization or the seniority of the local manager. Furthermore, the paradox posture of this population between injunctions from the headquarters and needs from the field, push them to find different ways to satisfy everyone.

### **Keywords**

Collective of work – Transmission – Humanitarian – Health - Management

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