
the

Humanitarian Leader

**Caring humanitarian leadership: Exploring practices
through real life experiences**

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Cover image: Local humanitarian leaders participate in the Crisis Leadership Program (CLP), run by the Centre for Humanitarian Leadership. As part of the program, participants reflect on how compassion and empathy shape leadership, practicing approaches that engage and enable others while considering power, influence, and diverse perspectives.

Abstract

This paper addresses the lack of research on humanitarian leadership, contributing to the field by examining it through the lens of caring leadership. Despite recent attempts, there remains no agreed-upon definition of humanitarian leadership, making this study's approach innovative. The work begins by reviewing existing literature and defining caring, caring leadership, and caring as an organisational value. It then presents findings from interviews with 11 humanitarian professionals about their experiences with humanitarian leadership. The research reveals that caring humanitarian leadership often depends on individual leaders' soft skills rather than formal organisational policies or intentional strategies. Humanitarian workers, frequently exposed to volatile and traumatic contexts, expect systematic caring leadership, and its absence may lead to disappointment and frustration. Ultimately, the study suggests that humanitarian organisations must renew their commitment to empowering leaders who prioritise care, integrating it as an essential value and skill within leadership and organisational practices.

Leadership relevance

While there is no widely agreed-upon definition of humanitarian leadership, its influence on humanitarian workers is acknowledged. Despite extensive research on caring in general leadership and organisational studies, little attention has been given to caring in humanitarian leadership. This article highlights the importance of integrating care as a core aspect of humanitarian leadership, emphasising its significance in high-stress environments and calling for further research and practical application in the field.

“While research on caring in management is in a nascent stage, inductive empirical research would be valuable to provide answers on how caring for employees manifests in various organisational contexts, [...], where empirical research on caring is still lacking.”¹

“Leadership entails caring, otherwise it is a boss.”²

Introduction

Over my 17-year career as a humanitarian worker, always in strategic management roles, I have witnessed and heard countless comments and frustrations about what makes a good leader. As Gabriel (2020, p.40) succinctly states, “Leaders, I argue, will always be judged by their followers against their ability to demonstrate that they care.”

While research on caring leadership exists across various fields, it is predominantly associated with the health sector (Carmeli et al., 2016). Few scholars have examined care as an organisational value (Poskiene et al., 2020) that should permeate all leadership contexts (Melwani, 2012). Although literature reviews exist (Arnold & Ross, 2023) and studies address leadership ethics (Brown and Trevino, 2006), the humanitarian sector remains underexplored. Despite ongoing debates about good humanitarian leadership, Phillips and Arabi (2024, p.4) note that “there is no consensus on an overarching definition of humanitarian leadership, and it remains unclear exactly what good humanitarian leadership actually looks like in practice.”

Recent years have seen humanitarian organisations prioritise duty of care, primarily in the narrow sense of staff well-being and psychological support (Meyer et al., 2018). However, care is rarely framed as a core organisational value shaping leadership styles.

This paper bridges academic discourse on caring leadership with real-world experiences in the humanitarian field. Through interviews with current and former humanitarian leaders, it examines how care is—or isn’t—integrated into humanitarian leadership practices. The findings challenge the sector to move beyond reactive support measures and embed care as a foundational principle of leadership, ensuring it informs decision-making, team dynamics, and organisational culture. The gap between theory and practice reveals both opportunities and systemic barriers to fostering truly caring leadership in high-pressure environments.

¹ Poskiene, E., Coudounaris, D.N., Kazalaukaite, R., (2020), p. 54.

² By a participant during the interview/data collection.

Caring: A literature review

The Collins Dictionary defines to “care about something” as the feeling that it is “important and [being] concerned about it,” while a caring person is described as “affectionate, helpful, and sympathetic.”

Care is undeniably central to human experience, shaping how individuals perceive themselves, their projects, relationships, and lives.

Care is undeniably central to human experience, shaping how individuals perceive themselves, their projects, relationships, and lives (Tomkins and Simpson, 2015). However, the literature on care in management reveals a persistent gap between theory and practice. While care is “increasingly advocated as an important part of management,” its practical application in business remains ambiguous (Arnold et al., 2023, p.617). Arnold notes that the “applicability of care as a moral principle and practice in a business has remained ambiguous,” (p.646) urging further research to bridge this divide. Gabriel (2020) echoes this sentiment, emphasising that leadership studies often overlook the ethics of care.

Numerous literature reviews argue that these qualities such as compassion, trust, humility and empathy should be integral to a manager’s skill set, reinforcing the idea that caring leadership is part of a broader transformative leadership framework. Transformative leadership, as defined by Caldwell et al. (2012, p.176), is “an ethically based leadership model that integrates a commitment to values and outcomes by optimising the long-term interests of stakeholders and society and honouring the moral duties owed by organisations to their stakeholders.” Caldwell (p.184) asserts that leaders who act virtuously and prioritise employee welfare achieve “improved organisational profitability, better quality, lower turnover, and higher customer satisfaction.” This suggests that while caring is a personal trait, organisations benefit when managers embody transformative leadership—rooted in care—for the well-being of their teams and overall performance.

An ethics of care, according to Gabriel (2020, p.40), “emphasises the interrelatedness of human beings and highlights the importance of attentiveness, empathy, responsiveness, and responsibility for others.” Caring leadership, therefore, can be interpreted in various ways. Social media often contrasts leaders with bosses, and Younger’s (2021, p.8) provocative claim that “every leader thinks they are a caring leader, but most fall short of demonstrating care consistently to their teams,”

fuels ongoing debate. Tomkins and Simpson (2015, p.1016) offer a philosophical perspective by linking Heidegger's concept of care to leadership. They describe Heideggerian caring leadership as a leader who "leaps in," taking responsibility, and "leaps ahead," creating opportunities for others. This dual role, responsibility and empowerment, forms the foundation of effective leadership, particularly transformative leadership. Simola et al. (2012) further demonstrate that care reasoning aligns more closely with transformative leadership than transactional leadership, reinforcing the idea that caring is not just a moral ideal but a practical driver of organisational success.

Caring is recognised as both a virtue (Arnold et al., 2023) and an intrinsic trait of effective leadership (Gravells, 2012). While one might conclude that caring leadership stems primarily from personality rather than professional skills, research underscores its deeper organisational impact. As Ndalamba et al. (2018) argue, leadership vision must cultivate an organisational culture aligned with an ethic of care. Younger (2021, p.8) further asserts that "embedding caring leadership into the organisation can transform every aspect of a company," reinforcing the idea that care in management is "an important value for business organisations" (Arnold et al., 2023, p.617). Perceived organisational support, as theorised by Kurtessis et al. (2017, p.1881), "plays a central role in the employee-organisation relationship," enhancing well-being and fostering positive attitudes toward the organisation. This dynamic is amplified when leaders—rather than peers—are viewed as a greater source of organisational support (Kurtessis et al. p. 1860). Thus, caring should transcend institutional duty-of-care policies, becoming an organisational value that actively promotes, hires, and evaluates leaders who prioritise their colleagues' welfare. Kurtessis (2017) provides theoretical foundation, while Poskiene (2020) links caring management directly to employee well-being. Studies by Carmeli, Jones, and Binyamin (2016, p.65) reveal that "when top managers exhibit genuine concern for each other's needs," it fosters adaptability and deeper organisational engagement among employees. This suggests that caring leadership is not just a personal trait but a strategic imperative for organisational success.

Methods: A qualitative approach

The scarcity of research on caring within humanitarian leadership presented a valuable opportunity to address this gap through a modest yet meaningful qualitative study. As Klenke (2016, p.149-150) notes, "qualitative interviewing is sensitive to and reflects the nature of the phenomenon under investigation." Semi-structured interviews, recognised as the most suitable method for qualitative research (Parker, 2005), were employed, despite their inherent challenges, such as complex data analysis and limited generalisability (Klenke, 2016). The interview questions were carefully designed to allow for

broader applicability of the findings while adhering to ethical standards.

Eleven participants were selected based on two key criteria: they had either current or recent (within two years) experience in the humanitarian field, and they had held leadership roles, exposing them to diverse leadership styles. Their humanitarian experience ranged from 5 to 24 years, with affiliations to the Red Cross/Red Crescent Movement or international NGOs. Some had worked as both national and international staff, while others had solely international experience. At the time of the interviews, most remained active in humanitarian work, while a few had transitioned to other roles (job searching, further studies, self-employment, or non-humanitarian sectors). Participants' ages spanned 34 to 62, with most in their 40s, often at a career or personal crossroads. They represented diverse genders and global regions, all holding university degrees, predominantly at the master's level, in fields such as human rights, journalism, development, business, or political science.

The following section synthesises their holistic definitions of caring and caring leadership, drawing from their firsthand experiences with both caring and non-caring humanitarian leaders. Their insights illuminate how these concepts manifest in practice, offering a nuanced understanding of leadership dynamics in humanitarian contexts.

Result 1: From theory to practice through life experiences of humanitarian workers

Caring

During the interviews, participants initially viewed care as an innate trait rather than a learned skill. However, as conversations unfolded, they acknowledged encountering leaders who demonstrated care as a deliberate, cultivated ability. Care was described as a psychological trait, one that cannot be imposed but requires stepping into others' perspectives to understand their needs. As one participant articulated, care "rhymes with a lot of inner qualities such as empathy, listening skills, tolerance, putting the human being as a priority, adapting oneself." While some dismiss care as redundant, others emphasised its societal value, fostering solidarity and fraternity. One participant noted, "Caring seems to be valued by a few people but appears redundant and futile to many others; I believe it gives values to our society, such as solidarity and fraternity, it is very important."

Participants agreed that caring involves attentiveness, openness to dialogue, and recognising employees' needs while adapting to their circumstances. They distinguished care from the organisational "duty of care," which feels impersonal and procedural. One respondent illustrated this with a metaphor: "People are a ball on a board. Either the board has no frame and the ball falls over, or the board

has a very strict frame, and the ball is led with a form of violence. Caring means having a flexible frame that leads people with softness and empowerment.”

What defined the participants’ perspective was their emphasis on care as an active, purposeful gesture. Beyond kindness or support, care empowers colleagues to perform better, fosters loyalty, and encourages growth and self-confidence. It involves mentoring, creating a healthy work environment, and addressing stress and complexity. Many participants, with humanitarian backgrounds in conflict zones, highlighted how their experiences shaped this view. A healthy work environment, they argued, requires fair task distribution to prevent burnout. One participant extended this idea, stating that true care includes hoping for colleagues’ happiness and demonstrating generosity. Ultimately, care is not just a professional duty but a deeply human commitment to others’ well-being and fulfillment. This perspective reflects a blend of empathy, empowerment, and a genuine desire to uplift those around them.

Caring leadership

A simple yet revealing statement: “a caring leader[ship] is someone who inspires you” and sets an example, captures what teams expect from their leadership. Except for one participant who initially saw leadership and caring as inherently antinomic, all others described their vision of caring leadership. Their perspectives formed a kind of “shopping list” of desirable traits, blending personal experiences with how they perceive themselves as caring leaders. While definitions of caring varied in *what* it entails and *why* it matters, the concept of *caring leadership* emphasised the *how*, its practical expression in a workplace. Consensus emerged around several key attributes: a caring leader sets a positive example, practices humility (including the ability to apologise and admit they don’t have all the answers), gives credit to their team, and maintains transparency and accountability. Self-awareness and availability are critical, as is the willingness to support team members beyond strict professional boundaries, within acceptable limits. This might mean considering personal circumstances when making decisions or facilitating work. One participant noted that caring leadership fosters a sense of equality, perhaps echoing horizontal rather than vertical management. Importantly, caring isn’t a one-off act; it’s a daily commitment. By consistently demonstrating care, leaders keep an open door, absorb team stress, and prevent unnecessary pressure. Their role extends to being facilitators, mentors, and, when appropriate, forgivers of mistakes. The lone dissenting voice argued that caring and leadership are fundamentally at odds, suggesting that most work environments, even in the humanitarian sector, prioritise business models focused on performance and results, leaving little room for genuine care. Another participant agreed, viewing some objectives as counterintuitive or even counterproductive to caring. Yet, a third contributor countered this, believing

that caring leadership actually *enables* teams to meet objectives, thus proving its compatibility with business-oriented organisations.

The panel did not see organisations enforcing duty of care policies as evidence of caring leadership. Such policies, often imposed by headquarters, can feel culturally misaligned or reduced to a checklist, lacking genuine care. Duty of care serves as an institutional tool, legally and morally binding, but doesn’t inherently require leaders to embody care. Inconsistencies, like policies that exclude externalised services, create inequities among colleagues in the same workspace. Cultural sensitivity is also crucial: in some contexts, caring leadership might be perceived as weak, undermining credibility. However, today, caring is increasingly recognised as a universal value, when applied professionally and fairly, it transcends cultural barriers. In the end, the participants’ views mingled around a powerful idea: “The more the environment and the leader are caring, the more one has the courage to work, the courage to keep going.” Duty of care policies are a step forward, but only when paired with authentic caring leadership. As one participant put it, such leadership “legitimises the leadership and the organisation.” The message is clear: care isn’t just a policy—it’s a practice that inspires resilience and trust.

“The more the environment and the leader are caring, the more one has the courage to work, the courage to keep going.”

Result 2: Caring humanitarian leadership—too rare, too overlooked in organisational settings

Interviewed people initially assumed that humanitarian leaders would naturally embody care, both for their teams and themselves. However, reality often fell short: many admitted that being a humanitarian leader doesn’t inherently equate to knowing *how* to care. The most striking revelation was that several participants, some with decades in the sector, struggled to recall encountering true caring leadership in humanitarian work. While a few had supervisors who offered emotional support, such as sharing frustrations, this rarely extended to improving working conditions, personal circumstances, or the broader environment.

Some were even more blunt, calling caring leadership in the sector “very rare” and expressing disappointment in its shift toward a “corporate business model” over a “human-centered” approach. Many described their experiences as marked by “ill-caring managers,” noting a paradox: “In the humanitarian world, as humanitarians,

we are expected to be human toward the people we help, however, humanitarian employers are just employers, nothing human there.” This reflects a broader sentiment that professionalisation and donor pressures have diluted the sector’s original caring ethos. Yet, most participants had encountered leaders who did genuinely care for their teams—even if some of those leaders only *performed* care without substance. When asked for examples, interviewees often contrasted positive and negative cases, using the latter to highlight the former’s absence.

The interviews also explored “non-caring” leadership—a distinct but problematic category. Unlike outright harmful leadership, non-caring leaders were described as self-absorbed, disengaged, or overly permissive (e.g., granting excessive freedom without boundaries). Some even evoked the stereotype of the ‘GI Joe/Cowboy humanitarian,’ acting heroically but without empathy. However, participants quickly noted that non-caring leadership often served as a gateway to *ill-caring* leadership, where neglect or indifference became actively harmful.

Tales of positive caring humanitarian leadership

When participants were asked to share positive examples of caring humanitarian leadership, many recalled moments from extreme, high-pressure situations. One respondent described the aftermath of a violent attack on a village. Their team was preparing to assess the emergency, with human remains still scattered around. Some team members had family affected by the attack, making the mission emotionally taxing. The respondent informed their supervisor, who took immediate action. The supervisor met individually with each affected colleague, offering support, checking on their families, and exploring ways the organisation could help. Later, a plenary meeting was held to show collective support, ensuring affected team members felt cared for. Participants in the interviews perceived these actions by their leaders as prioritising morale and reducing the mission’s emotional toll.

In another event recounted by a participant, involving a team collecting human remains in an urban area, they saw their local guide suddenly shot dead by a sniper in front of them. Shocked, the team aborted the mission and returned to base. The country director, not just the base manager, immediately joined them. That evening, the director gathered the team around a bonfire, encouraging them to express their fears. Some cried or screamed; the director listened, offered comfort, and hugged each colleague. According to the participant’s perception of the event, this act of genuine care provided profound relief, showcasing how leadership can bring comfort in traumatic situations.

Beyond times of crises, participants emphasised that caring leadership is also evident in daily interactions. One contributor recalled an early career mistake as a

junior manager. Instead of blame, their line manager acknowledged the error, assessed consequences, and took responsibility, taking ownership of the decision if questioned. The focus was on learning, not punishment, fostering a supportive environment that empowered the junior manager.

Another participant described being “bullied” by unsupportive higher-ups. Their direct supervisor acted as a shield, protecting them from toxic behaviour. This intervention reinforced the participant’s resilience and highlighted the role of immediate supervisors in mitigating harm.

A different example involved a country director with whom the participant often disagreed. Despite this, the director embodied “agreeing to disagree,” ensuring everyone’s opinions were heard and considered. This openness to dialogue, even during disagreements, was crucial for professional growth. The director’s willingness to engage with opposing views demonstrated inclusive leadership. Another instance of caring leadership occurred when a junior manager had to terminate a colleague’s contract for the first time. The supervisor provided guidance, helping the junior manager navigate this difficult decision. Such mentorship is vital, as it equips less experienced managers with the confidence to handle challenging situations.

One participant compared their experience to a private-sector leader who exemplified caring leadership: mentoring, empowering, and focusing on employee growth without favouritism. However, this “perfect manager” set such high standards that the participant struggled to find comparable leadership in the humanitarian sector. This observation highlights both the impact of exceptional leadership and the challenge of meeting such expectations in different contexts.

These stories illustrate that caring humanitarian leadership is not limited to crises. It is evident in everyday actions—shielding team members from blame, protecting them from toxicity, fostering open dialogue, and providing mentorship. True caring leadership is defined by empathy, accessibility, and a commitment to the well-being and growth of every team member. It nurtures resilient teams capable of facing both extraordinary and ordinary challenges with confidence. Leadership, at its best, is about nurturing people, not just managing tasks. These examples reveal that the caring leaders prioritise their team’s emotional and professional needs, creating an environment where individuals feel valued, supported and cared for.

Ill-caring humanitarian leadership

In interviews about leadership within humanitarian contexts, participants found it far easier to recall negative experiences with ill-caring leaders than positive ones. Many contributors admitted they had encountered few, if any, genuinely caring leaders throughout their

humanitarian careers. This imbalance highlights a troubling trend: ill-caring leadership is not only more memorable but also more pervasive in day-to-day operations.

One striking example involved a high-stress situation where a leader's actions bordered on malice. During a crisis requiring the repatriation of staff and their families, a headquarters (HQ) supervisor unexpectedly questioned whether the employee should cover their own flight costs—despite prior agreements. This back-and-forth, occurring as the employee managed both family logistics and remote team leadership, added unnecessary stress and workload. The employee, overwhelmed and demoralised, even considered resigning rather than returning to a volatile environment. Only when HQ realised the potential backlash—being scrutinised for abusive micromanagement—did they drop the issue.

Other instances revealed more mundane yet equally damaging behaviours. One humanitarian manager made a habit of standing at the office door each morning, publicly embarrassing employees for minor tardiness in a city notorious for chaotic traffic. This approach, beyond its lack of constructive value, ignored the well-being of a team already navigating daily stressors. The person interviewed underlined the deafening double standards in this situation: managers often lived near the office for convenience, while colleagues faced unpredictable commutes. Such actions, though trivial in appearance, reflected a deeper pattern of ill-caring leadership.

In another case, a newly hired employee, selected for their expertise, was deliberately undermined by their technical supervisor. The HQ colleague withheld critical project documents, provided minimal guidance, and consistently sabotaged their efforts. This behaviour not only delayed project success but also strained relationships with other team members, who relied solely on the technical supervisor's skewed narratives. The ill-caring leader's actions created a toxic environment, hindering collaboration and trust.

Participants also described leaders who were self-absorbed, credit-hoarding, and hyper-focused on personal career advancement. These individuals bent organisational rules to their advantage, complicating colleagues' work and prioritising their own image over team welfare. They rarely listened but demanded attention for non-professional grievances, further disrupting workflow. One respondent succinctly captured the sentiment: "A bad leader is abusive, undermines, bullies." Notably, one found that female leaders were more likely to provide the mentoring and support lacking in their male counterparts.

These accounts reveal a systemic issue: ill-caring leadership in humanitarian work is not only common but sometimes normalised. The consequences—burnout,

resignations, and project failures—underscore the urgent need for organisational cultures that prioritise empathy, transparency, and genuine support. Without addressing these patterns, the sector risks perpetuating environments where caring leadership remains the exception, not the rule.

Result 3: How to integrate a caring humanitarian leadership value in an organisation?

Participants viewed caring humanitarian leadership as either a rare personal trait or absent due to business constraints. While this theme extended beyond the study's original scope, interviews explored how organisations could foster such leadership at all levels. Despite its brevity, this section highlights participant-driven solutions, addressing frustrations and proposing actionable ways to embed caring leadership as a core organisational value.

Humanitarian employers' duty to select and foster qualified caring humanitarian leadership

Participants emphasised that employers bear the primary responsibility for fostering a caring work environment. This begins with hiring qualified managers who inherently value care, using a thoughtful recruitment process. Training, mentoring, and defining clear job roles—with caring as both a soft skill and measurable goal—are essential. To promote humanitarian leadership, 360° performance reviews should incorporate subordinate feedback, encouraging leaders to embrace humility and openness to criticism. Top leadership must lead by example, avoiding political appointments that lack ethical care for employees, and enforce zero tolerance for uncaring behaviour. The qualities participants defined as essential should be mandatory soft skills for humanitarian leaders, with employers actively nurturing these traits. One contributor argued that empowering managers from diverse and inclusive backgrounds, particularly women, would significantly enhance caring leadership. Ultimately, the message is pragmatic: leadership demands specific qualities, and not everyone is suited for it. Employers must prioritise ethical, empathetic leadership to create a truly caring workplace.

Humanitarian leadership must create a caring working environment

A humanitarian leader must ensure their door is always open for private conversations with colleagues, or at the very least, create consistent opportunities for dialogue. Plenary meetings should transcend mere information-sharing, they must become spaces where every voice is heard with genuine respect. A caring leader prioritises prevention, recognising early signs of tension and "defusing them, before they grow into a bombshell." As seen in many organisations, employers should provide access to psychological support, not just as a post-crisis measure, but as an ongoing resource.

Participants have emphasised the importance of leaders setting clear boundaries, respecting privacy, and promoting a healthy work-life balance, regardless of the team's operating environment. Leaders can also take practical steps, like organising team-building activities or informal gatherings, sharing a meal, a drink, or simply enjoying time together, to nurture a supportive and warm atmosphere. Even small gestures, such as displaying uplifting messages around the office, like a "keep smiling" sign, reinforce a culture of care and positivity among employees.

Institutionalised value vs. individual trait

Interviews revealed a shared belief: caring is fundamentally a personality trait, yet it must also be an institutional leadership requirement. While no simple answer exists, participants offered perspectives ranging from philosophical to pragmatic. Employers, they agreed, should prioritise hiring inherently caring individuals and further develop this trait through training.

A recurring theme was the duty of care, employers must provide training, but accountability is lacking. Performance reviews should enforce change, ensuring words translate into action. Too often, leaders attend training only to revert to old habits. Participants stressed the need for institutional checks and balances, empowering individuals to report concerns without fear.

One respondent framed the issue broadly: society itself must evolve. True caring leadership, they argued, requires a shift in the business model, only then can it become an embedded organisational value. The debate extends beyond individual leaders; it challenges systemic norms.

In essence, caring leadership demands both personal integrity and institutional commitment. Without accountability and societal change, even well-intentioned efforts risk falling short. The call is clear: organisations must align values with action, fostering environments where care is both expected and enforced.

The call is clear: organisations must align values with action, fostering environments where care is both expected and enforced.

Discussion and conclusion

The participants all agreed that caring humanitarian leadership is a must in a humanitarian setting. Given the difficult contexts in which humanitarian practitioners work, the very demanding and stressful goal to achieve impact for vulnerable people, and sometimes the traumatic events encountered, they unanimously established that

caring among co-workers and caring from the leadership should be a required skill from a manager. This somewhat answers a caveat identified by Arnold et al. (2023, p.618), who wished "for the management and ethics literatures on care to become less siloed and for each body of work to inform the other." Though most participants started the interview stating that caring is mostly a personality trait, and that having a caring leadership is sometimes a matter of luck, all concluded eventually that caring humanitarian leadership is a professional skill that should be part of organisational requirements. The research finds that organisational caring leadership, beyond the personal qualities of the manager, is a strong expectation of humanitarian workers, as it contributes greatly to the employees' well-being.

Echoing Caldwell (2012), who stated that it would not be easy for a manager to fulfill all required qualities, the participants did express very high standards for what humanitarian leadership should display as core professional ethics of care. It makes sense, as a large part of the literature has shown that perceived organisational support, via leadership, does favour engagement from a team. As Gabriel (2020, p.49) expresses clearly, "leaders who fail to demonstrate that they care for their followers, no matter what other qualities they possess, are unlikely to be viewed as moral leaders or command people's trust, affection and respect." An authentic leadership influences employees' trust (Wang and Hsieh, 2013), and caring does require authenticity. When participants expect humanitarian leadership to listen, delegate, share credit, it is authenticity they are looking for. When they ask of the leader to not be a know-it-all, to be self-aware, to accept disagreement, it is humility at its core that is hoped for effective organisational leadership, especially in humanitarian organisations (Wang, Hall et al, 2021). Tomkins (2020, p.26) even underlines that "an ethics of care highlights the paradoxical and often unreasonable and irreconcilable demands of leadership, and the ways in which the dynamics of leader/follower relations involve continual tension between justice and injustice for all of us in institutional life." It exposes the leader to his peers' and employees' judgement, sometimes objectively, sometimes based on fantasies (Gabriel, 2020). Consequently, relying only on personal traits or charisma (Sy et al. 2018) to ensure caring leadership is doomed to fail, and will induce frustration and grievance as reported by the data collected.

The study confirmed the initial hypothesis that caring humanitarian leadership is not only a natural trait, but also a skill expected from humanitarian leaders. It further demonstrated that organisational *caring and caring leadership* are relevant to research on the humanitarian sector. "Organisational values and policies should serve to promote and facilitate protection, compassion and trust" (Jachens, 2019, p.652), and one might add, caring. The results of the study showed a clear discrepancy between the measures put in place to maintain a duty of care,

and practice. Duty of care theoretically brings caring as an organisational duty, whereas participants pointed to the lack of caring in daily practice, and its absence as a concrete professional value. Research urges more humility (Wang, Hall et al. 2021) in humanitarian aid organisations, for organisational support for teams (Kurtessis et al, 2017), and simply put, for the recognition that there is a “need for a different leadership lens” (Pontefract, 2023, p.52), as it is not the position of authority that makes the leader, but the ability of the leader to nurture their people so they can be their best.

Although one can admit that caring remains “particularistic and situational,” (Poskiene et al., 2020, p.54), and that *caring leadership* is structurally impossible according to some participants to the study (“antinomic”), caring as an organisational value, from a perceived organisational support perspective, and for the well-being of the employees, remains a very strong prospect, especially in the humanitarian sector. In the end, this paper confirms what other scholars have also found quite recently: “the culture, business model and traditional workings of humanitarian organisations are not currently fit for purpose to enable and support effective humanitarian leadership” (Phillips and Arabi, 2024, p.38).

The field presents untapped opportunities to explore how leadership manifests in humanitarian contexts and to develop frameworks centred on care.

Current research, however, is constrained by limited sample sizes. A systematic, large-scale study involving thousands of humanitarian workers could uncover sector-specific leadership traits and help establish a unified definition. Additionally, future work could clarify whether humanitarian leadership fundamentally differs from leadership in other sectors. Validating the concept

of caring humanitarian leadership would reinforce the idea that organisations should align their internal practices, such as employee treatment, with their externally proclaimed values. To operationalise these insights, research can explore ways to define measurable indicators of effective, caring leadership. These metrics could then be embedded in job descriptions, training programs, organisational cultures, and workplace policies. By doing so, humanitarian organisations can ensure their leadership models reflect their missions, fostering environments where care is both a principle and a practice. This approach would not only strengthen organisational integrity but also enhance impact in crisis response.

Caring humanitarian leadership would reinforce the idea that organisations should align their internal practices, such as employee treatment, with their externally proclaimed values.

This paper highlights the critical need to advance research on caring humanitarian leadership, an area that remains understudied and poorly understood. Recent research by Phillips and Arabi (2024) shows how inconclusive the understanding of humanitarian leadership is, even less caring humanitarian leadership. This leaves an open field for other researchers to define new orientations regarding humanitarian leadership and help better define its broader nature and applications.

References

- Arnold, D. G.; Ross, R. L., (2023). Care in Management: A Review and Justification of an Organizational Value. *Business Ethics Quarterly*, Vol.33 (4), p.617-654
- Brown, M. E., & Treviño, L. K. (2006). Ethical leadership: A review and future directions. *Leadership Quarterly*, 17(6): 595-616.
- Caldwell, C., Dixon, R.D., Floyd, L., Chaudoin, J., Post, J. and Cheokas, G., (2012). Transformative leadership: achieving unprecedented excellence, *Journal of Business Ethics*, Vol. 109 No. 2, pp. 175-187.
- Carmeli, A., Jones, C. D., & Binyamin, G. (2016). The power of caring and generativity in building strategic adaptability. *Journal of Occupational and Organizational Psychology*, 89(1): 46-72.
- Collins Dictionary Online Website, Collins Online Dictionary | Definitions, Thesaurus and Translations.
- Gabriel, Y. (2020). The caring leader : an exploration of family archetypes, in Tomkins L., 2020, Paradox and power in caring leadership: critical and philosophical reflections. Northampton: Edward Elgar Publishing, , Chapter 3, p. 40-51.
- Gravells, J., (2012). Leaders who care - the chief executives' view of leadership in social enterprises: natural aptitude versus learning and development. *Human resource development international*, Vol.15 (2), p.227-238
- Jachens, L., (2019). Humanitarian Aid Workers' Mental Health and Duty of Care. *Europe's Journal of Psychology*, Vol. 15(4), 650-655
- Klenke, K., (2016). Qualitative Interviewing in Leadership Research, *Qualitative Research in the Study of Leadership*, Emerald Group Publishing Limited, Leeds, pp. 123-150.
- Kurtessis, J. N., Eisenberger, R., Ford, M. T., Buffardi, L. C., Stewart, K. A., & Adis, C. S. (2017). Perceived organizational support: A meta-analytic evaluation of organizational support theory. *Journal of Management*, 43(6): 1854-84.
- Melwani, S., Mueller, J. S., & Overbeck, J. R. (2012). Looking down: The influence of contempt and compassion on emergent leadership categorizations. *Journal of Applied Psychology*, 97(6): 1171-85.
- Ndalamba, K.K, Caldwell, C., Anderson, V.B, (2018). Leadership vision as a moral duty. *The Journal of management development*, Vol.37 (3), p.309-319
- Parker, I., (2005). Qualitative psychology - Introducing radical research. Thousand Oaks, CA: Sage.
- Phillips, J., Arabi, D., (2024). Humanitarian Leadership, a Literature Review. *International Rescue Committee*,
- Pontefract, D., (2024). Bloom; a new leadership caring. *Leader to leader*, Vol.2024 (111), p.47-52
- Poškienė, E., Coudounaris, D.N, Kazlauskaitė, R., (2020). The Relationship between Caring for Employees and the Well-being of the Organisation. *Organizacijų vadyba*, Vol.84 (84), p.45-60
- Roberts, R.E., (2020). Qualitative Interview Questions: Guidance for Novice Researchers The Qualitative Report Vol. 25 (9), pp. 3185-3203.
- Simola, S., Barling, J., & Turner, N., (2012). Transformational Leadership and Leaders' Mode of Care Reasoning. *Journal of business ethics*, Vol.108 (2), p.229-237
- Sy, T., Horton, C., & Riggio, R. (2018). Charismatic leadership: Eliciting and channeling follower emotions. *Leadership Quarterly*, 29(1): 58-69.
- Tomkins, L., (2020). Leadership, care and (in)justice. in Tomkins L., 2020, Paradox and power in caring leadership: critical and philosophical reflections, Northampton: Edward Elgar Publishing, Chapter 1, p. 16-26.
- Tomkins, L., Simpson, P., (2015). Caring Leadership: A Heideggerian Perspective. *Studies*, Vol. 36 (8) p.1013-1031.
- Wang, D.S., Hsieh, C. C. (2013). The effect of authentic leadership on employee trust and employee engagement. *Social Behavior and Personality: An International Journal*, 41(4): 613-24.
- Wang, D.C., Hall, M.E.L., Shannonhouse, L.R., Mize, M.C.B, Aten, J.D., Davis, E.B., Van Tongeren, DR., Annan, K., (2021). Why humility is vital to effective humanitarian aid leadership: a review of the literature. *Disasters*, Vol.45 (4), p.797-818.
- Younger, H. (2021). The Art of Caring Leadership. *Leader to Leader*: Vol. 2021, (102), p.8-13