REPORT

FROM INSTITUTIONAL CONTACT TO PSYCHOLOGICAL *RESILIENCE*

THE EXPERIENCE OF EMPLOYEE SUPPORT AMONG IHH SEARCH AND RESCUE VOLUNTEERS

Prepared by
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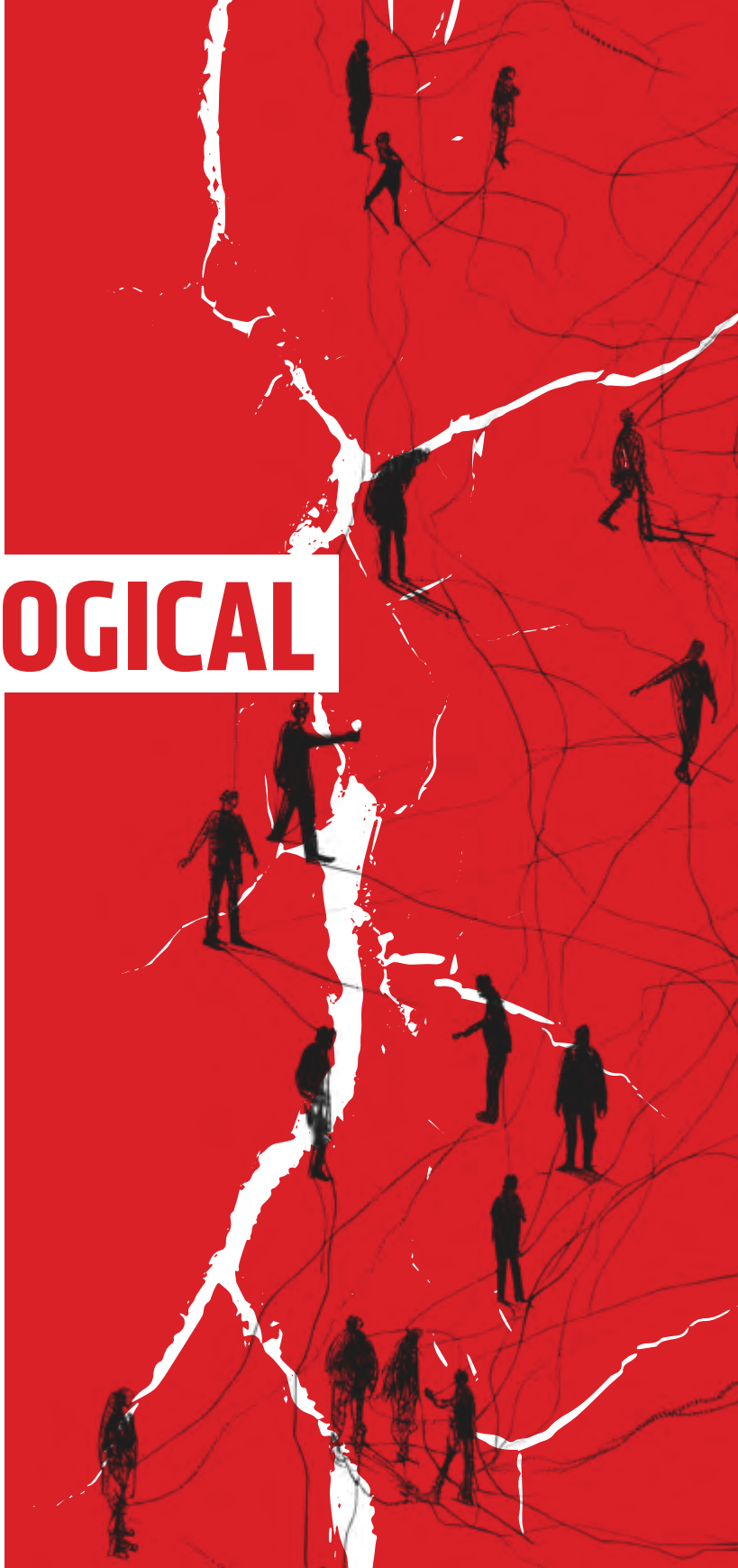

IHH
DISASTER MANAGEMENT

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INTRODUCTION

This report aims to explore, through a qualitative research approach, the field experiences of IHH search and rescue volunteers who took part in the response to the 6 February 2023 earthquakes, as well as the significance that post-deployment employee support practices hold for these volunteers. The interviews reveal that the disaster site is not merely an operational environment; it is also a space in which psychological exposure is experienced as a complex and multi-layered reality.

The findings indicate that volunteering is often constructed not simply as an activity, but as a moral and spiritual responsibility, as well as a way of giving meaning to life. Psychological resilience, in turn, does not emerge from a single source; rather, it is sustained through the combined influence of multiple factors, including team solidarity, family support, and spiritual meaning-making. Moreover, the interviews suggest that institutional contact following operations—such as being reached out to, remembered, and acknowledged—helps make the experience more manageable for volunteers by fostering a sense of not being left alone, thereby strengthening trust and belonging.

Within the scope of this study, we would like to extend our sincere appreciation to the eight search and rescue volunteers who contributed to the process by sharing their perspectives. Their openness in recounting their experiences has enabled a deeper understanding of what was lived on the ground on behalf of our entire organization.

We also express our gratitude to all members of the IHH search and rescue organization who served in the field during the 6 February earthquakes and in other disasters. We honor their dedication, solidarity, and unwavering commitment to safeguarding human life, and we respectfully acknowledge once again the efforts of each volunteer who has served on the front lines.

The psychological trauma caused by disasters affects not only those directly exposed to the event but also the professional aid workers who intervene in disaster situations. Observations from past disasters have shown that humanitarian workers deployed to disaster zones may exhibit psychological symptoms similar to those experienced by individuals directly affected by the event.

The Concept of Disaster and Its Psychological Impacts

A disaster is defined as an event—arising from natural, technological, or human causes—that leads to physical, economic, and social losses for a segment or the entirety of a society, disrupts or halts the normal course of daily life, and exceeds the coping capacity of the affected community. In this sense, a disaster is not merely the occurrence of an event itself, but rather the consequences it produces. In proportion to its magnitude, a disaster can profoundly alter the psychological well-being, social life, living conditions, places of residence, and economic structures of those who experience it.

Beyond causing damage to economic assets such as homes, vehicles, and workplaces, disasters pose a serious threat to the lives and bodily integrity of individuals and their loved ones. As a result, they can lead to the erosion of fundamental feelings of safety and control.

Ultimately, these multifaceted losses and the broader social transformation they trigger demonstrate that attention must be devoted not only to the moment of the disaster itself but also to the management of the post-disaster period—at least as much as to the initial response. Guided by this understanding, disaster cycle models are employed to mitigate the destructive effects of disasters. The primary stages of this cycle consist of risk and damage reduction (mitigation), preparedness, response, and recovery.

Within this framework, disaster response operations typically involve numerous aid personnel drawn from different disciplines.

The psychological trauma caused by disasters affects not only those directly exposed to the event but also the professional aid workers who intervene in disaster situations. Observations from past disasters have shown that humanitarian workers deployed to disaster zones may exhibit psychological symptoms similar to those experienced by individuals directly affected by the event. Among disaster response personnel, secondary trauma, vicarious traumatization, and symptoms associated with post-traumatic stress are frequently observed. In addition, other psychological conditions may emerge either as comorbidities or as independent disorders, including anxiety, depression, and substance or alcohol dependence. The indirect psychological impact experienced by workers—such as disaster response personnel—who are exposed to traumatic events through their professional duties is referred to as secondary trauma.

OVERVIEW OF THE 6 FEBRUARY EARTHQUAKES

On 6 February 2023, two major earthquakes struck at 04:17 and 13:24, with epicenters in the Pazarcık and Elbistan districts of Kahramanmaraş province. Measuring 7.7 and 7.6 in magnitude, respectively, the first earthquake occurred at a depth of 8.6 kilometers, while the second occurred at a depth of 7 kilometers. In seismological literature, earthquakes occurring at such depths are classified as "shallow earthquakes." Due to their proximity to the Earth's surface, these two events caused extensive destruction across a very wide geographical area. These earthquakes, which struck the southern region of our country and affected 11 provinces, resulted—according to official figures—in the deaths of more than 50,000 people. The

provinces impacted included Adana, Adıyaman, Diyarbakır, Elazığ, Gaziantep, Hatay, Kahramanmaraş, Kilis, Malatya, Osmaniye, and Şanlıurfa. When evaluated in terms of magnitude, intensity, and the breadth of the affected area, these earthquakes led to a scale of destruction and loss of life unprecedented in recent history in our country. Following the earthquakes, extensive efforts were mobilized to provide urgently needed services in the affected region. By March 2023, a total of 271,060 personnel and volunteers had been deployed in the field, including 35,250 search and rescue personnel, as well as staff from public institutions, civil society organizations, international search and rescue teams, and volunteers.

Beyond the extensive material and emotional devastation inflicted upon the affected region, the 6 February earthquakes also constitute a significant case in terms of the psychological impact on those involved in the response, particularly search and rescue teams and humanitarian aid personnel. Much of the search and rescue work carried out in the immediate aftermath of the earthquakes was conducted under extremely challenging conditions. Footage shared through media outlets, along with interviews conducted with search and rescue personnel and volunteers, clearly demonstrates that the disaster response process involved numerous difficulties, both physically and psychologically.

> *For search and rescue personnel and volunteers, particularly in urban search and rescue operations, the successful rescue of individuals trapped within debris can be a profoundly rewarding and fulfilling experience.*

THE ROLE OF SEARCH AND RESCUE PERSONNEL AND THEIR PSYCHOSOCIAL BURDENS

The Concept of Search and Rescue and Role Definition

In the *Glossary of Disaster Management Terms with Explanations* published by the Disaster and Emergency Management Authority (AFAD), the term "search" is defined as the set of activities carried out in any disaster or emergency situation to determine the location of individuals who have experienced or been affected by the disaster. The term "search and rescue," on the other hand, refers to the efforts undertaken to locate, reach, and rescue individuals who are in distress due to a disaster, conducted by trained and properly equipped official or private teams. Personnel involved in carrying out this entire process are referred to as search and rescue personnel.

Search and rescue operations constitute an urgent intervention that must be implemented immediately in disaster situations in order to minimize loss of life. Because of this priority, the rapid organization and deployment of search and rescue personnel or

volunteers—along with the equipment and materials required for their operations—for each collapsed structure is one of the fundamental prerequisites of effective disaster management. For search and rescue personnel and volunteers, particularly in urban search and rescue operations, the successful rescue of individuals trapped within debris can be a profoundly rewarding and fulfilling experience.

Psychosocial Risks and Traumatic Exposure

In disaster zones, search and rescue personnel and volunteers are frequently confronted with highly distressing scenes and experiences. Encounters with injured or deceased adults, elderly individuals, and children; exposure to the odors emanating from lifeless bodies; the sight of collapsed and heavily damaged buildings; unsuccessful rescue attempts; and direct exposure to the anxiety, helplessness, anger, and other intense emotions of disaster-affected individuals all constitute significant psychosocial risk factors. Such conditions may increase the likelihood of psychological health problems among search and rescue personnel, including symptoms associated with post-traumatic stress disorder (PTSD).

When the sources of stress faced by search and rescue personnel and volunteers are taken into account, it becomes evident that this group may exhibit stress reactions similar to those experienced by individuals who have been directly exposed to traumatic events. In the literature, these reactions are commonly described as secondary traumatic stress or vicarious traumatization. Individuals affected in this way may encounter difficulties across multiple domains of life, including psychological well-being, physical health, behavioral functioning, social relationships, and family dynamics.

The stressors encountered by disaster response personnel can affect not only the individual but also pose a risk of negatively influencing the members of the team with whom they work. Consequently, intense stress may disrupt the balance and cohesion required for

effective teamwork. In the end, functional impairments and losses arising from high levels of stress can diminish the efficiency of disaster response operations, which fundamentally depend on coordinated team-based efforts.

Post-Disaster Reactions of Aid Workers

Psychological Reactions

Individuals who have participated in disaster response operations may experience a range of psychological reactions, including:

- Depressive emotions
- Temporary shock
- Fear
- Anger
- Guilt
- Shame
- Feelings of helplessness and hopelessness
- Difficulty focusing attention or maintaining concentration
- Intrusive or unwanted recollections of distressing memories
- Insomnia and sleep disturbances
- Panic attacks
- Outbursts of anger
- Emotional or psychological exhaustion
- A perceived loss of life purpose

Physical Reactions

Individuals who have participated in disaster response operations may experience a range of physical reactions, including:

- Cardiovascular conditions (such as palpitations, irregular heartbeat and arrhythmia, chest pain, and hypertension)
- Ulcers
- Migraine
- Gastritis, ulcers, nausea, and other gastrointestinal disorders
- Fatigue, bodily pain, and physical discomfort

Behavioral Reactions

In behavioral terms, individuals involved in disaster response activities may exhibit:

- An increased tendency to use addictive substances
- Changes in appetite, including increased or decreased food intake
- A decline in work motivation

Social and Familial Reactions

Among individuals who have participated in disaster operations, the following social and family-related reactions may also be observed:

- Social isolation
- Difficulties in marital relationships
- Feelings of inefficacy or uselessness in the workplace
- Absenteeism or avoidance of work
- Alienation and loss of motivation

In addition to these responses, accidents that occur during disaster response operations may lead to search and rescue personnel or volunteers becoming incapacitated or permanently disabled, which can further intensify psychological distress and exacerbate the reactions described above.

> *As of 2025, the IHH Disaster Management Department comprises more than 4,000 trained volunteers working in key operational areas including search and rescue, psychosocial support, and medical rescue. Within the institutional structure of IHH, there is also a Disaster Management Commission, established with reference to the Türkiye Disaster Response Plan, which guides the organization's disaster preparedness and response framework.*

IHH DISASTER MANAGEMENT AND SEARCH AND RESCUE ACTIVITIES

IHH Disaster Management

The foundation of the Disaster Management Department of the IHH Humanitarian Relief Foundation was laid in 2009 with the establishment of the Emergency Relief and Search and Rescue Unit, created to ensure that search and rescue and emergency assistance operations could be carried out in a more effective and professional manner.

In 2020, the IHH Disaster Management Department was formally established in order to respond more effectively to disasters and emergencies through an integrated disaster management approach, while also implementing activities such as risk reduction and preparedness. As of 2025, the IHH Disaster Management Department comprises more than 4,000 trained volunteers working in key operational areas including search and rescue, psychosocial support, and medical rescue. Within the institutional structure of IHH, there is also a Disaster Management Commission, established

with reference to the Türkiye Disaster Response Plan (Türkiye Afet Müdahale Planı), which guides the organization's disaster preparedness and response framework.

The working groups under the IHH Disaster Management Commission are organized as follows:

- Search and Rescue Working Group
- Nutrition and In-Kind Aid Working Group
- Training Working Group
- Communication Working Group
- NGO and Volunteer Management Working Group
- Psychosocial Support Working Group
- Operations Management Working Group
- Telecommunications Working Group
- International Cooperation Working Group
- Logistics and Warehouse Management Working Group
- Information Management Working Group
- Shelter Working Group
- Health Working Group
- Damage and Loss Assessment Working Group
- Procurement and Financial Affairs Working Group

IHH Search and Rescue Field Experience: 6 February Kahramanmaraş Earthquakes

Between 6 and 23 February 2023, the IHH search and rescue teams, operating under the IHH Disaster Management Department, conducted search and rescue operations across eight of the eleven provinces affected by the earthquakes. These provinces included Adana, Adıyaman, Diyarbakır, Gaziantep, Hatay, Kahramanmaraş, Malatya, and Şanlıurfa.

During the 17-day operation, IHH search and rescue teams collaborated with a total of 2,156 personnel across these eight provinces. From 485 collapsed structures, they successfully rescued 841 individuals alive and recovered 2,437 deceased individuals.

The intensity of this operational tempo, combined with indirect exposure to traumatic experiences, can lead to a range of psychological disorders among disaster workers, including post-traumatic stress disorder (PTSD), anxiety disorders, eating disorders, and depression. Beyond these psychological impacts, the demanding work environment can also adversely affect family relationships and professional life. In this context, psychosocial interventions play a critical role in strengthening the psychological resilience of disaster workers. Consequently, employee-focused psychosocial support programs emerge as an essential resource to maintain both the operational effectiveness and psychological well-being of search and rescue personnel during and after disaster response operations.

TABLE 1. SEARCH AND RESCUE OPERATİONS: 6 FEBRUARY KAHRAMANMARAŞ EARTHQUAKES

Province	Collapsed Structures	Rescued Alive	Deceased Recovered	Total Individuals
Adana	3	20	80	100
Adıyaman	80	77	226	303
Diyarbakır	10	13	42	55
Gaziantep	92	190	468	658
Hatay	141	275	903	1,178
Kahramanmaraş	113	205	546	751
Malatya	40	39	111	150
Şanlıurfa	60	22	61	83
Total	**485**	**841**	**2,437**	**3,278**

EMPLOYEE SUPPORT

The term "employee support" refers to psychosocial interventions targeted at personnel serving as aid workers during disasters. These interventions include the provision of practical information, training sessions, brochures, or digital guides that can be applied in the field; the facilitation of meetings, peer-support sessions, and sharing circles to provide psychological relief and foster mutual support among aid workers; the organization of psychotherapy or counseling processes; and the implementation of measures to mitigate factors in the field that may negatively impact personnel well-being. Overall, employee support aims to enhance psychological resilience, promote well-being, and sustain operational effectiveness among disaster response personnel.

Psychological First Aid

Volunteers and personnel engaged in disaster response and other emergency operations are inevitably affected, to varying degrees,

by the adverse events they encounter. Some individuals report that participating in such work and helping others contributes to their personal growth and maturity, allowing them to perceive life from different perspectives. Others, however, experience heightened stress and pressure. Research has shown that these individuals may exhibit reactions similar to those of people directly exposed to traumatic events. Notably, such adverse effects are less pronounced among experienced personnel or those who have been adequately trained for disaster response.

Within the scope of employee support interventions, psychological first aid (PFA) serves as a psychosocial tool designed to assist individuals who have been directly or indirectly affected by disasters or other critical situations. PFA helps these individuals express their thoughts, feelings, and experiences, and provides guidance in making sense of these emotions.

The primary objective of psychological first aid is to help affected individuals regain a sense of safety and stability following exposure to distressing events. In doing so, PFA also aims to strengthen self-esteem and perceived social competence, while fostering and reinforcing social support networks, which are critical for both psychological recovery and long-term resilience.

The Importance of Psychological First Aid for Search and Rescue Personnel

- **Immediate intervention:** Psychological first aid (PFA) administered shortly after exposure to a traumatic event helps alleviate acute stress reactions and reduces the risk that these reactions will develop into post-traumatic stress disorder (PTSD) over time.
- **Supportive work environment:** PFA provides a sense of safety and support in the field, enabling personnel to maintain operational functionality under challenging conditions.

- **Protection against secondary trauma:** By enhancing the psychosocial resilience of disaster-affected personnel, PFA helps protect individuals from risks such as secondary traumatic stress and burnout.
- **Strengthening collective bonds:** PFA fosters social cohesion and solidarity, contributing to stronger organizational and team cohesion within the disaster response context.

Post-Trauma Employee Support Interventions

Search and rescue personnel and volunteers responding to disasters are inherently exposed to traumatic experiences due to the nature of the events, placing them at significant psychological risk. Consequently, employee support programs implemented during or after disaster response operations play a critical role in supporting the well-being of personnel and helping to prevent long-term mental health issues. These interventions are essential for maintaining both the psychological resilience and operational effectiveness of disaster response teams.

Debriefing and Defusing Interventions

Following disaster and emergency response operations, mental health professionals conduct debriefing and defusing sessions, which are semi-structured psychosocial interventions designed to help search and rescue personnel and volunteers process and make sense of the traumatic experiences they have encountered. These interventions support the regulation of emotional stress and contribute to strengthening the social and team-based support available to personnel. Both debriefing and defusing are recognized as protective and preventive components of psychosocial support, serving to maintain the psychological resilience and overall well-being of personnel exposed to trauma.

Defusing is a brief crisis intervention conducted as soon as possible after a traumatic event (i.e., during the acute phase), typically with teams who have worked together (e.g., search and rescue personnel). It is implemented immediately following the conclusion of the incident and involves a group-based process of reflecting on the event, as well as exchanging and obtaining information among those exposed to the trauma. Through defusing, search and rescue personnel are able to make sense of their acute reactions arising from intense field conditions, while the early identification and regulation of stress and psychological symptoms support their capacity to continue their duties in a healthier manner. Although it bears some resemblance to psychoeducation in technical terms, defusing is less structured and can be defined as an urgent psychosocial intervention applied during the acute phase. Typically lasting between 20 and 60 minutes, defusing is delivered to groups exposed to the traumatic event.

Debriefing, on the other hand, is a more structured psychosocial support intervention implemented after the acute phase under the guidance of a mental health professional. It is designed for trauma survivors (e.g., those affected by disasters, accidents, assaults, war, torture, domestic violence, fires, etc.) as well as for aid personnel operating in traumatic contexts. Debriefing is generally conducted within 24 to 72 hours and takes the form of a facilitated group intervention. During these sessions, participants are encouraged to articulate the cognitive, emotional, and physiological impacts of the event. The primary aim is to normalize reactions, enhance awareness of stress responses, and regulate and reconstruct disrupted meaning-making processes through information-sharing and collective reflection. In particular, debriefing can help alleviate the burden of secondary traumatic stress and strengthen team cohesion by reinforcing the perception that one is "not alone" in the aftermath of intense traumatic exposure

> *During the response to the 6 February earthquakes, search and rescue personnel were exposed to intense work schedules, traumatic experiences, psychological pressure, and physical and environmental challenges, placing them at significant psychological risk.*

THE ROLE OF THIS RESEARCH IN THE CONTEXT OF EMPLOYEE SUPPORT

During the response to the 6 February earthquakes, search and rescue personnel were exposed to intense work schedules, traumatic experiences, psychological pressure, and physical and environmental challenges, placing them at significant psychological risk. In this context, employee support interventions—including early interventions such as psychological first aid, informational materials (SMS, brochures, etc.), psychoeducational sessions aimed at understanding psychological symptoms, peer-sharing activities, and institutional care components—were implemented to help personnel maintain their well-being while ensuring that they could continue to function effectively and efficiently in operational tasks.

The literature indicates that disaster workers may exhibit acute stress reactions, secondary trauma, post-traumatic stress disorder, and burnout symptoms, underscoring the critical importance of early psychosocial support and monitoring mechanisms by mental health professionals during and after disaster response.

From this perspective, the IHH Psychosocial Support Coordination Unit, under the IHH Disaster Management Department, implemented a structured "Employee Support" psychosocial intervention program for search and rescue personnel and volunteers actively engaged in the field after the 6 February earthquakes. This program was planned for short-, medium-, and long-term implementation and carried out in three phases.

The primary objectives of the employee support program were to recognize the efforts and psychosocial burdens of personnel, support their psychological well-being, evaluate their current mental state, provide guidance in collaboration with a mental health professional, refer personnel to professional channels if needed, monitor their condition, and provide psychological interventions in the event of adverse outcomes.

In the short term, the IHH Psychosocial Support Coordination Unit sent personalized acknowledgment and awareness messages to 5,224 personnel deployed in the disaster zone, aimed at boosting morale and awareness of potential traumatic responses. Additionally, two psychologists were assigned to support staff living in the affected areas, helping to enhance their psychological well-being and resilience. These psychologists conducted 237 individual assessments to evaluate the psychological support needs of personnel.

In the medium term, structured interviews were planned and conducted through volunteer psychologists, beginning with search and rescue volunteers. During these sessions, psychologists thanked personnel for their efforts, provided brief

psychoeducational discussions on psychological well-being, and informed participants about access to free psychotherapy services within 1–1.5 months if needed. In this phase, 81 volunteer mental health professionals interacted with 1,443 search and rescue personnel.

Another component of the employee support program included online sessions designed to support the spiritual well-being of search and rescue volunteers. Additionally, team-specific psychoeducational sessions were conducted for team leaders, covering acute stress reactions, post-traumatic stress disorder, and normal versus abnormal responses, providing guidance on managing team dynamics in the field and recognizing early signs of psychological risk among team members.

In the long term, the IHH Psychosocial Support Coordination Unit established a pool of 75 volunteer mental health professionals to provide free therapy services for volunteers and their families who reported a need for ongoing psychological support.

The employee support program conducted by the IHH Psychosocial Support Coordination Unit under the Disaster Management Department can be characterized through institutional-level services, direct contact, psychoeducational interventions, and referral mechanisms for psychotherapy.

This report not only documents "what was done at the institutional level" but also seeks to illustrate how these interventions were experienced by search and rescue volunteers, how they were perceived and integrated into the volunteer process, and the impact they had on the volunteers' experiences and meaning-making.

METHODOLOGY

This study employed a qualitative approach to examine how the "employee support" interventions implemented by the IHH Disaster Management Department following the 6 February earthquakes were perceived by search and rescue volunteers. As part of the study, semi-structured interviews were conducted with eight search and rescue volunteers who had participated in the employee support initiatives. The interviews were digitally recorded and subsequently transcribed for analysis. The data were read repeatedly, and meaning units were identified to develop thematic categories. These themes were structured to highlight both commonalities and differences in participant experiences. Participant identities were anonymized, and all quotations were reported using de-identified codes. During the analysis, the study also explored the meanings that search and rescue personnel and volunteers attributed to the concept of "employee support", as well as the practical impact of the interventions in the field. Insights from participant experiences were used to identify aspects of the program that were effective, as well as areas that could be further developed.

Significance of the Study

This research is significant in that it generates participant-centered qualitative insights into how employee support interventions are experienced by volunteer-based search and rescue teams responding to disasters. The study sheds light on how institutional support components—including direct contact, psychoeducation, spiritual support, and access to therapy—implemented by the IHH Psychosocial Support Coordination Unit following the 6 February earthquakes were perceived and interpreted by volunteers.

In this regard, the findings have the potential to inform the de-

velopment of institutional support strategies within the IHH Disaster Management Department, contributing to the design of more sustainable, accessible, and field-responsive intervention programs for future disaster response operations.

FINDINGS

Table 2 illustrates the volunteer experience, prior field exposure, and temporal flow of the employee support interventions for the eight search and rescue volunteers who comprised the study sample. Participants were deployed across various earthquake-affected provinces—Hatay, Gaziantep, Kahramanmaraş, Adıyaman, and Malatya—with field assignments ranging from 4 to 13 days.

The volunteers' length of service varied between 5 and 14 years, and their previous disaster experience was heterogeneous. While some participants were involved exclusively in the 6 February earthquakes, others had multiple disaster experiences, including floods, fires, and other earthquake responses. This diversity allows for a comparative evaluation of how employee support interventions are perceived and experienced across different levels of volunteer experience and operational contexts.

TABLE 2. PARTICIPANT INFORMATION AND EMPLOYEE SUPPORT INTERVENTION TIMELINE

Participant	Length of Volunteer Service	Previous Disaster Experience	Deployment Location During the 6 February Kahramanmaraş Earthquakes	Duration of Deployment	Initial Contact in Employee Support Intervention (SMS)
K1	6 Years	**2023:** 6 February Kahramanmaraş Earthquakes	Hatay	8 Days	24.02.2023
K2	12 Years	**2023:** 6 February Kahramanmaraş Earthquakes	Gaziantep	4 Days	24.02.2023
K3	7 Years	**2020:** Giresun Flood Disaster **2020:** İzmir Earthquake **2023:** 6 February Kahramanmaraş Earthquakes	Kahramanmaraş	10 Days	24.02.2023
K4	8 Years	**2018:** Kartal Building Collapse **2019:** Düzce Flood Disaster **2020:** Giresun Flood Disaster **2020:** Elazığ Earthquake **2020:** İzmir Earthquake **2023:** 6 February Kahramanmaraş Earthquakes	Gaziantep	8 Days	02.03.2023

	Date of Initial Contact by Mental Health Professionals (Semi-Structured Interview)	Date of Last Contact with Mental Health Professional	Field Notes on Employee Support Intervention
	28.02.2023	31.12.2025	One participant reported being deeply affected by a person they were unable to rescue alive from the rubble during search and rescue operations. They stated that for the first three days after returning from the disaster site, the image of that individual repeatedly surfaced in their mind.
	25.02.2023	28.12.2025	They reported not experiencing any issues.
	25.02.2023	20.11.2025	They reported having previously experienced the Yalova Earthquake, stated that they are psychologically resilient, and indicated that they did not require any support.
	26.02.2023	08.11.2025	They reported experiencing some difficulties during the first three days after returning from the disaster site and stated that they were negatively affected by social media.

TABLE 2. PARTICIPANT INFORMATION AND EMPLOYEE SUPPORT INTERVENTION TIMELINE

Participant	Length of Volunteer Service	Previous Disaster Experience	Deployment Location During the 6 February Kahramanmaraş Earthquakes	Duration of Deployment	Initial Contact in Employee Support Intervention (SMS)	
K5	7 Years	**2020:** İzmir Earthquake **2023:** 6 February Kahramanmaraş Earthquakes	Gaziantep	8 Days	24.02.2023	
K6	14 Years	**2011:** Van Earthquake **2020:** Van Başkale Earthquake **2020:** Elazığ Earthquake **2021:** Van Başkale Flood Disaster **2021:** Kastamonu Flood Disaster **2023:** 6 February Kahramanmaraş Earthquakes	Adıyaman	11 Days	24.02.2023	
K7	9 Years	**2023:** 6 February Kahramanmaraş Earthquakes	Hatay	10 Days	24.02.2023	
K8	5 Years	**2021:** Rize Flood **2021:** Antalya-Muğla Fires **2023:** 6 February Kahramanmaraş Earthquakes	Malatya	13 Days	, 24.02.2023	

	Date of Initial Contact by Mental Health Professionals (Semi-Structured Interview)	Date of Last Contact with Mental Health Professional	Field Notes on Employee Support Intervention
	26.02.2023	08.11.2025	They reported experiencing distressing sensations during the first week after returning from the disaster site, including feeling as if they were still trapped under the rubble and occasionally imagining themselves beneath it. They stated that the interview was helpful and that they no longer experience any difficulties.
	28.02.2023	02.01.2026	They stated that they are doing well and, although there were things that affected them psychologically, they have now recovered and regained stability.
	27.02.2023	01.01.2026	They reported that their overall condition is good, but that certain images occasionally come to mind. They stated that if this intensifies, they would contact a psychologist working in the Disaster Management Department.
	27.02.2023	26.12.2025	They stated that, compared to the initial period, they are experiencing some stress symptoms. They also mentioned that if these symptoms do not decrease, they would contact a psychologist working in the Disaster Management Department.

Examining the course of the intervention, it is observed that immediately following the operation, the majority of search and rescue personnel were first contacted via personalized SMS, after which psychologists engaged with participants through semi-structured interviews. The dates in Table 2 indicate that these initial contacts were initiated early, placing the intervention primarily in the acute phase. However, when the interview dates are considered alongside the dates when contact concluded, it becomes evident that most interactions were completed within a short timeframe rather than extended monitoring, suggesting that in this sample, employee support was structured mainly along an early contact–assessment–referral axis.

In conclusion, Table 2 demonstrates both the diversity of the sample in terms of operational location, field duration, and prior disaster experience and the fact that the employee support interventions were launched shortly after the operation and conducted over a relatively limited period. This provides a contextual background that allows the interpretation of the findings to simultaneously consider shared patterns of experience, participants' varying needs, and levels of impact.

1. The Meaning Attributed to Volunteering and Motivation

"Volunteering is not merely a choice; it is a moral/spiritual responsibility and a way of making sense of life." Interviews with participants indicate that search and rescue volunteering is not viewed simply as a time-limited activity, but rather gradually becomes a value-driven stance that guides one's life. Volunteers often express this stance through a desire to do good, to help others, and to be useful, while at the same time, this orientation serves as a resource for generating personal meaning. Some

participants frame this meaning in explicitly existential terms: *"You realize how empty the world can be; at least you can say, 'I'm glad I helped this person…'"* (K4). Such statements suggest that volunteering is not solely an outward act of aid but also a domain in which individuals reinterpret their own lives along a void–meaning continuum.

At the core of this meaning-making is the tangible objective of the disaster field: the act of saving lives, which constitutes a powerful source of motivation. Interviews show that volunteers emphasize humanitarian and ethical goals rather than technical or operational language: *"If we can save a life, what joy that is for us…"* (K6). This illustrates that volunteering is experienced less as a task to be completed and more as a responsibility that redefines one's relationship with oneself and the world. Similarly, some participants describe volunteering as a spontaneously arising moral obligation: *"You fall into a moral void… and you keep trying to do it continuously…"* (K7). This statement reflects both a sense of continuity and an inner compulsion.

For many participants, motivation is clearly distinct from material reward; volunteering is closely tied to spiritual fulfillment and faith. K8 states, *"I never wanted anything materially; the spiritual feeling is much more important for us."* This distinction is reinforced when the same participant adds, *"You become more motivated… we act in line with our beliefs,"* highlighting that motivation is strengthened not only by personal values but also by a shared cultural and faith-based framework.

Institutional belonging and trust in the organization are also critical to sustaining volunteer engagement. Participants describe volunteering under the IHH umbrella not merely as joining a team but as participating in a corporate space aligned with their own values. K5 notes, *"For the people we serve, it's an organization I embrace very much,"* demonstrating that organizational affiliation is experienced as ethical and emotional

alignment, not just structural membership. References to the team further reinforce this sense of alignment: working within a team produces a collective "we" that enhances resilience under challenging conditions (K1, K2, K3). Volunteering thus evolves from an individual intention into a strengthened identity embedded within institutional and team frameworks.

The significance of volunteering is also tested and redefined in participants' social environments. Family and community reactions are not always supportive. Some accounts illustrate this tension: *"My spouse didn't support me; they didn't attach much meaning to it…"* (K8). Another participant reflects: *"Our spouses are not like the women of the Sahaba… Many people around me doing this work have experienced and continue to experience family problems. I experienced it too. When we received the first news of February 6, I immediately began preparing, but my wife said, 'It's so far away; by the time it reaches you, others will have gone. Don't go.'"* (K3). Despite such challenges, participants continue volunteering, indicating that motivation stems more from internal reasons and value commitment than from external approval. In this sense, volunteering becomes more than a role in participants' lives; it evolves into an axis of enduring m*eaning and direction, providing a sustained sense of purpose.*

2. Traces of Traumatic Exposure Carried Home (Psychological and Physical Effects)

The earthquake field, according to participants, is not just an operational site but a threshold where senses, body, and meaning-making are simultaneously challenged. The sounds, sights, and smells of the rubble create an atmosphere that disrupts the flow of time and suspends everyday logic. Within this environment, participants are motivated by the urge to be useful and

save lives, yet they confront a harsh reality that stretches human endurance. K8 succinctly captures this sensory overflow: "When I came out of the rubble, I could still smell it. Even at the place I stayed, the smell came back..." (K8). Here, the smell is more than a sensory input; it permeates every space and anchors memory, illustrating that exposure is not an experience that ends when the event concludes but a continuing phenomenon that lingers in body and mind.

This continuity persists not only at the sensory level but also emotionally and mentally. Some participants reported that even after returning from the disaster area, their minds could not return to normal rhythms, with recurring thoughts dominating nights. K5 expressed this directly through dreams: "After returning here, I kept dreaming about the earthquake." The dreams are not mere nightmares but signs that the experience remains unresolved in the mind, which continues to process the event. In this sense, the earthquake field is not a past task but an experience that repeatedly enters the mind and seeps into daily life.

Another notable aspect is participants' internalization of a constant readiness. K7 described sleep-related experiences, showing how the acute alertness developed in the field transfers to everyday life: "Just as I was about to fall asleep, I heard a voice: 'Brother, they're calling you back for duty.'" This highlights not only the arrival of a new task but also the participant's mind remaining on alert even when attempting to rest, demonstrating that the disaster experience generates a persistent vigilance and ongoing readiness mindset.

The impact of these traces also extends to family and close relationships, creating new layers of meaning. K4 notes: "When I returned, my children and spouse hugged me differently..." This reflects not just longing but the disruption the disaster experience brings to family interactions. The intensified embrace can be linked to both the family's heightened awareness of risk

and the participant's more concrete experience of life's fragility. Such accounts indicate that the disaster reshapes participants' value systems, prompting a re-evaluation of intimacy, security, home, and belonging.

A further notable point is the effect of institutional contact, which fosters feelings of being seen and valued among volunteers. Some participants perceive psychosocial support not merely as a technical intervention but as a humanized response. K6 recounts: "After the February 6 earthquake, a psychologist from the foundation's center called me. I really appreciated that..." and "They called and asked; I thought they value us..." This kind of support does more than make one feel good; it reminds volunteers they are not alone and that the institution stands by them, providing a relational balancing mechanism against the isolation and weight of exposure.

In summary, this theme illustrates the dual significance of the search and rescue experience for participants. On one hand, there are the heavy sensory and emotional traces of fieldwork (smells, dreams, alertness, intrusion into home life, etc.). On the other, there are relational and institutional supports—altered family closeness, recognition by the organization—that help manage these burdens. As participants note: "Even if the disaster field ends, it never completely ends for the mind and body." Nevertheless, interviews suggest that support and solidarity provide a form of closure, making the load more bearable or shareable.

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3. The Impact of Institutional Contact on Search and Rescue Volunteers: Being Remembered, Seen, and the Construction of Trust

Narratives from search and rescue volunteers returning from high-intensity disaster zones such as earthquake responses reveal that employee support practices are perceived not merely as psychological interventions but within a broader framework of meaning—as acts of recognition, remembrance, and institutional care. This theme becomes particularly salient at the intersection where post-mission internal burdens meet institutional contact. While volunteers often remain task-focused during field operations, upon returning, as the body and mind begin to decompress, experiences tend to resurface with a delayed intensity. It is precisely within this delayed processing phase that a phone call, a message, or even a brief follow-up interaction significantly reinforces the feeling of not being left alone. Participants' reflections indicate that employee support practices are not perceived simply as structured psychological services but rather as a symbolic

language of care, signaling that the institution sees, monitors, and values their efforts. In this sense, what proves impactful is not only the content of the intervention (calls, consultations, referrals) but the act of contact itself. Being reached out to, remembered, and subtly reassured that the burden is shareable emerge as key experiential elements. One participant expressed this sentiment directly: "Being called, being remembered—it is truly meaningful in this process." (K7). Another noted: "Beyond the support itself, I felt honored to be called; it pleased me. I felt proud on behalf of my foundation." (K3).

For some, the unexpected nature of the contact amplifies its emotional impact. One participant emphasized that such outreach was not anticipated during the process but gained significance retrospectively: "One day, I was suddenly called..." (K1). The same participant further highlighted that even a simple institutional message carried emotional weight: "Then a message came as well—'May God bless you, we have never forgotten you'..." (K1).

These expressions demonstrate that support transcends technical service delivery and becomes a mechanism for recognition and validation of effort. For many participants, institutional contact serves as a threshold that strengthens trust. As one volunteer articulated: "Being called and asked how I was, whether I was okay or had any problems, increased my trust in my institution." (K5). Here, the act of calling functions not merely as a routine check-in but as a symbolic gesture that repositions the institution in the volunteer's mind—as an entity that not only mobilizes them for action but also acknowledges and shares their post-mission burden. The same participant added: "The psychologist's call is very beneficial." (K5), underscoring both the emotional and practical dimensions of this engagement.

The trust-building effect of such contact is further reinforced by its unexpected timing. Volunteers interpret being contacted after the operational intensity has subsided as a sign that the institution

continues to maintain a relationship with them beyond the field. One participant described this vividly: "One day, I was suddenly called. On the other end of the phone was a psychologist..." (K1). Another highlighted how such outreach resonated within the team dynamic: "It meant a lot to me that my teammates were also called... We knew some of them needed support. Some would wake up at night and go outside, almost sleepwalking... After the psychologist's call, we felt there was no need to seek another doctor." (K4). This illustrates that employee support generates not only individual relief but also a collective sense of recognition and cohesion, extending into team dynamics. For some participants, this sense of trust and belonging is articulated in more explicitly institutional terms. One volunteer framed it as having institutional backing: "It felt like a kind of security—as if someone had my back." (K6). In the same account, the meaning of the call extended beyond the simple question of "Are you okay?" to the intention behind it: "The psychologist's call made me feel the institution's concern for me; it was very different from before—it truly affected me." (K6). Thus, not only the contact itself but also the institutional will enabling that contact produces a distinct layer of meaning.

On the other hand, some participants offered a more temporal perspective, emphasizing that the need for support becomes more apparent not during fieldwork but after returning from the field. This approach highlights the importance of continuity and follow-up, rather than one-time interventions, in employee support practices. As one participant noted: "After the disaster, I was called about a month later. We had a conversation that included some psychological support. When there is no follow-up, one starts to wonder, 'What are they doing?'" (K7). This reflects how, even in the absence of direct contact, the volunteer continues to mentally engage with the institution, while actual contact alleviates uncertainty and reinforces the feeling of being remembered. The same participant's remark—"Being under the umbrella of a strong NGO, being remembered..." (K7)—captures the most fundamental

institutional meaning of employee support. Similarly, another participant emphasized the importance of support being provided at an institutional level: "Thankfully, our Disaster Management provided psychological support here..." (K8). This statement indicates that the institution is perceived not only as an operational actor but also as one that assumes human and psychosocial responsibility. The same participant further highlighted the widespread nature of this need, suggesting that employee support practices extend beyond individual benefit and represent the institution's capacity to safeguard and sustain its human resources.

For some participants, employee support practices functioned as a normalizing threshold toward seeking professional help. One participant explained that this barrier was overcome after being contacted by psychologists and asked questions such as "How are you psychologically? Are you doing well?", which then made it easier to pursue professional support if needed (K8). Similarly, another participant described the interaction as "a phone conversation with psychologists, a kind of psychological interview..." (K5), emphasizing that the contact was not merely a casual check-in but rather provided a structured framework for making sense of their experiences. In these accounts, the emphasis on interview or assessment reflects an expectation of professional seriousness—an approach that acknowledges the weight of what has been lived through without trivializing it. In this sense, support is valued not as simple reassurance, but as a professional engagement that recognizes and legitimizes the gravity of the experience.

One of the most salient aspects of employee support practices in participants' experiences is the sense of being appreciated. A participant clearly articulated the morale-boosting effect of personalized messages of acknowledgment: "That message meant 'you are appreciated; you can continue to demonstrate your efforts...'" (K1). Such expressions suggest that employee support does not

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necessarily engage directly with the psychological burden of the field; rather, it first regulates the individual through recognition of their effort and contribution. In other words, support sometimes begins not with verbal processing, but with seeing the person, acknowledging their labor, and affirming their dedication. For search and rescue volunteers, such approaches generate a strong signal that the institution does not perceive them merely as a functional workforce, but as individuals whose emotional well-being is also valued and monitored.

In conclusion, within this theme, employee support is most commonly associated with the following shared meanings: being seen, being remembered, not being left alone, trusting the institution, and feeling a sense of belonging. In this respect, support functions not only as a tool for reducing psychological symptoms but also as a relational and institutional resource that fosters the feeling of "being part of this structure" and makes the overall experience more bearable and sustainable.

4. Factors Influencing Psychological Resilience

Interviews with participants reveal that disaster settings are not merely arenas of physical struggle but also contexts in which emotional burdens are carried, and where multiple sources of support are activated to cope with these burdens. Across most accounts, these sources converge along four main axes: team cohesion and solidarity, family relationships, spirituality and meaning-making, and institutional recognition. Together, these dimensions function as an integrated internal and external support system, enabling participants both to maintain functionality in the field and to reintegrate their experiences into everyday life after returning.

For many participants, field experience entails carrying what is often difficult to articulate. In this regard, the team is described not merely as operational partners but as a shared "space of understanding" where emotional burdens can be distributed. As K8 states: "The friends there helped us feel relieved..." This relief sometimes emerges through direct communication, and at other times simply through being in the presence of others who have lived through the same experience. K7's metaphor of "burden" further illustrates the psychological function of team solidarity: "How is the burden on one's shoulders lifted? If you are told 'we are in this together,' the burden becomes lighter..." Here, support is framed less as a technical intervention and more as a relational experience of togetherness, where shared burden becomes more manageable.

However, resilience is not solely an intra-team matter. For most participants, family serves both as a protective buffer and, at times, a source of tension. Family consent emerges as a critical threshold for the sustainability of volunteering. One participant emphasized that for such work to be "sustainable," the home environment must be supportive; otherwise, the volunteer may

experience psychological strain: "If you can continue this work, your home must uplift you... Who is your greatest supporter? May God bless my wife..." (K1). Here, consent is not merely a domestic agreement but a moral and emotional foundation that legitimizes the burden carried in the field. The same participant reframed this as an ethical hierarchy, stating: "If your spouse is not content with you... yet you seek God's approval... I think you are responsible to your home first." (K1). In some cases, alignment within the family enhances sustainability. As K6 noted: "My spouse is also part of the foundation, so there are no major difficulties." This alignment can even become encouraging: "When I didn't go, my spouse would get upset and tell me to go..." (K6). Conversely, for others, the domestic sphere produces more complex emotional tensions. K8 expressed this poignantly: "In the earthquake, people lost their spouses, yet I left mine and went... I felt a sense of guilt." This highlights how volunteering is not only negotiated in the field but also within the home, where individuals simultaneously carry the emotional weight of helping others while leaving their loved ones behind.

Another notable aspect within the family dimension is the selective sharing of experiences. Some participants consciously choose not to fully disclose their field experiences at home, prioritizing the preservation of family balance. K7 reflects this approach: "I don't tell my children anything, but I try to show certain things through my behavior." Here, disaster experience is conveyed not through narrative but through embodied conduct and everyday attitudes, suggesting that some participants process and transmit their experiences through action, silence, and disposition rather than words.

The third axis of resilience is spirituality, which frequently emerges as a framework that renders experiences more bearable. Importantly, spirituality is not merely a source of comfort but provides a sense of direction and meaning in the face of uncertainty. K7's emphasis on "acceptance" reflects this orientation: "A posture of surrender...

one never knows how death will come…" K8 similarly connects meaning-making to divine approval: "If we can do something for the sake of God, there is no one happier than us." In these accounts, spirituality does not eliminate hardship; rather, it situates suffering within a meaningful framework, thereby enhancing the individual's capacity to endure it.

The dimension most directly related to the study's focus is institutional recognition and psychosocial contact, which foster a sense of being seen. One participant described being contacted by a psychologist on behalf of the institution after the earthquake as something that "pleased me" (K6), explaining this not in terms of personal need but in relation to "other affected colleagues." The inclusivity of this outreach was particularly emphasized: "All colleagues were called—not just team leaders but also team members…" (K6). These interactions were described as making a significant contribution to readjusting to social life.

A striking example of trauma extending into home life further illustrates this impact: "When I recovered the body of a child the same age as my own, I couldn't pick up my child for two months…" (K6). Speaking with a psychologist, however, enabled the participant to express and release emotions, thereby shortening the duration of distress.

Overall, these findings suggest that employee support practices serve a preventive and regulatory function, helping to organize the residual impact of field experiences, enhance psychological resilience, and support overall well-being. The experience itself is not erased; rather, it becomes more bearable and manageable.

When considered holistically, this theme demonstrates that resilience is not derived from a single source. The team fosters the sense that "I am understood"; the family sustains the balance of "continuing life at home"; spirituality enables "making sense of what has happened"; and institutional support reinforces "I am

valued and not alone." When these four axes operate together, disaster experience transforms from merely a difficult task into a meaningful and integrated part of one's life and identity.

5. Expectations Regarding the Sustainability and Development of Employee Support

Interviews with participants indicate that employee support practices should not be framed as a one-time gesture of goodwill, but rather as an integral and enduring component of disaster management. While the immediate aftermath of disasters involves intense physical strain, participants emphasize that the long-term impact is primarily psychological and emotional, and therefore support should not be confined to the acute phase alone. In this context, the feeling of being remembered and followed up emerges as a core function of institutional support. As one participant noted: "I didn't expect such a call, but after receiving it, I felt happy..." (K5). This suggests that, regardless of its specific content, the mere act of institutional recognition can itself have a restorative effect.

Participants further underline that the effectiveness of support depends not only on how much is provided, but also on how it is delivered and over what duration. Several accounts highlight the need for more continuous and accessible support mechanisms. For instance, periodic engagement and more structured gatherings are suggested: "At certain intervals—say, every two months—there could be face-to-face sessions..." (K6). Here, the expectation extends beyond psychological support to include psychoeducation, normalization, and the strengthening of team cohesion. Although the value of phone or online contact is acknowledged, some participants stress the importance of face-to-face interaction as a more impactful form of engagement (K5). This emphasis suggests that,

following intense field experiences, the need to feel "not alone" may go beyond hearing a voice and require direct, interpersonal sharing and presence.

Another notable aspect of this theme is that participants do not perceive support merely as a service provided by the institution, but rather as a process to be co-developed in collaboration with it. While some statements acknowledge the value of what has been implemented so far, they also leave room for further development: "What have we done insufficiently so far, and what could we have done better?" (K7). Such expressions indicate that employee support is not understood as a completed or fixed practice, but as a dynamic and evolving mechanism that can be refined through feedback. Accordingly, not only the existence of support, but also its co-design and transformation into a sustainable system—defining who it reaches, when, at what intensity, and through which channels—emerges as a key need shaping the participant experience.

6. Spiritual Meaning-Making (Faith Framework)

The interviews reveal that the intense exposure experienced in disaster settings (death, helplessness, inability to reach everyone, uncertainty, etc.) does not merely generate stress or fatigue among participants, but is also reconstituted within a spiritual framework of meaning. Participants frequently describe their efforts in the field not merely as "doing good work" but through a lens of worship and service: expressions such as "for the sake of Allah," "prayers," and "may Allah be pleased with you" point both to the source of motivation and to the psychological bearability of their experiences.

In several accounts, moments of critical stress are interpreted in relation to the limitations of individual control. Participants, having done all they could, relinquish the outcome to divine will or fate, thereby regulating self-blame and alleviating feelings of helplessness. In this sense, the spiritual framework functions as a coping resource, transforming traumatic material from senseless devastation into a narratively manageable experience. Some participants explicitly noted that, amidst intense emotional burden, their primary need was recognition and prayers: "All I want is that Allah be pleased... for them to pray is enough..." (K1, K2, K3).

Spiritual meaning-making is not only a source of motivation but also a language through which loss and suffering are contextualized. For instance, one participant framed acceptance of events through "Allah's decree": "Everything comes from Allah; He gives and takes..." (K4). Another interpreted observed destruction in the field through the lens of non-rebellion and gratitude: "As a Muslim, my perspective is this—do not rebel... I say alhamdulillah..." (K5). Such expressions provide an emotional balancing function, allowing participants to engage with the raw realities of disaster without denying them.

In some interviews, the spiritual framework situates the individual within a broader life narrative, enhancing both self-worth and the sense that their efforts are not in vain: "These are stories we can tell Allah after we die..." (K6). Likewise, the organizational connection often acquires meaning through acts of goodness and prayers, framing their work not merely as operational tasks but as "laying foundational stones" in enduring acts of beneficence: "May Allah be pleased! These are the stones we lay for the foundations of goodness..." (K7).

A particularly tangible intersection of spiritual language occurs where the need for recognition and visibility aligns with expressions of gratitude. The phrase "may Allah be pleased with you" serves not only as a thank-you but as a powerful symbol affirming that

one's efforts are seen, acknowledged, and validated: "Just saying 'may Allah be pleased with you' is enough..." (K8). This underscores that, for participants, the impact of support programs (thanks, calls, contact, etc.) is not merely psychological but human and spiritual, providing acknowledgment within the context of benevolence.

In sum, this theme illustrates how traumatic exposure is rendered meaningful within participants' worldviews, and how faith operates as a cultural resource that simultaneously motivates and regulates emotional well-being.

CONCLUSION AND EVALUATION

The interviews conducted within the scope of this study indicate that the experience of responding to the February 6 earthquakes was perceived by participants not merely as a challenging field assignment, but as a multidimensional experience interwoven with identity, belonging, values, relationality, and meaning. When read as a whole, the participants' narratives reveal that the harsh conditions encountered in the disaster zone—including high uncertainty, intense operational pace, exposure to death, inability to reach everyone, and loss of control—produced both psychological and social effects on the volunteers. In response, the participants developed a range of individual and collective coping and meaning-making strategies to manage these impacts.

Among the primary findings of the study, the most salient common ground is that disaster response was not perceived by participants

as merely a technical or operational volunteer activity; rather, for them, it carried the meaning of an ethical and spiritual responsibility, a form of service, and a contribution to the good. This framework of meaning, while not entirely removing the burden imposed by traumatic exposure, functions as a meta-narrative that renders the experience psychologically bearable and transportable.

Participants often describe the core motivation that sustains them amid the adversity they face in terms of values, faith, a sense of moral duty, and the feeling of being useful. In this way, the traumatic material is transformed from a senseless destruction into an experience that occupies a meaningful place within their personal narrative.

Another key finding of the study is that the psychological impact of search, rescue, and relief operations extends far beyond mere fatigue. Following such activities, some participants exhibited heightened arousal, emotional fluctuations, intrusive recollections, feelings of anger or helplessness, and disruptions in sleep patterns. Participants often continued their work by normalizing or suppressing these reactions, yet a portion of the psychological burden became more apparent once the mission concluded and daily life resumed. This highlights that the post-disaster period should be approached not only as an opportunity for operational debriefing but also as a crucial phase for psychological recovery and readjustment.

The theme of organizational belonging and trust emerged as another significant finding in the study. It was observed that much of psychological resilience is built not solely on individual strength but through team relationships, a sense of trust, and organizational belonging. For participants, not being alone—feeling understood both in the field and afterward, and being able to connect with like-minded individuals—enabled the sharing of burdens and challenges. In this context, the role of the organization and team leadership becomes critically important: well-functioning coordi-

nation, transparent communication, and institutional safeguarding act as a buffer that mitigates the impact of stressors in the field.

The significance of employee support programs for those engaged in search and rescue operations was understood less as a technical service and more as a means of being seen and remembered. From the participants' perspective, the impact of such programs is derived not merely from content—such as psychoeducation, guidance, or counseling—but primarily from contact, acknowledgment, expressions of gratitude, and visibility. This finding suggests that support programs often depend as much, if not more, on the quality of human interaction as on psychological techniques. Even brief and seemingly simple communications—being called, asked how one is doing, or receiving thanks—can generate a powerful response for some participants, concretely conveying the organization's message that the individual is not alone.

When considered together, the themes highlight two key organizational learning areas. The first concerns how the realities of the field—operating under speed and uncertainty—constrain processes such as communication, role clarity, coordination, and logistics. The second concerns the psychological impact of disasters on participants, which creates a need not only for immediate crisis intervention but also for post-crisis monitoring, support, and normalization. The tension between these two areas continually brings to the fore the balance between operational objectives and human-centered sustainability: "reaching the field" is as integral to the response as protecting the individual.

In a significant portion of participants, spiritual expressions such as "for the sake of Allah," prayer, and divine decree/fate functioned not only as motivation but also as a means of emotional regulation. This suggests that designing support mechanisms without acknowledging cultural and spiritual resources may be incomplete; conversely, integrating these resources respectfully and inclusively into support programs can positively enhance outcomes.

This thematic cohesion makes the experience of personnel and volunteers in disaster response visible along three key dimensions:

- Traumatic exposure is real, and its psychological effects persist not only during field operations but also after returning from the field.
- Resilience is relational, not solitary. Teams, trust, and institutional contact provide a protective framework for psychological resilience.
- Support begins with recognition rather than service. Participants often interpret psychological support primarily through being seen and remembered; technical interventions become more effective within this foundational layer.

In summary, the employee support program, as reflected in interviews with participants, emerges not merely as a goodwill gesture but as a concrete expression of the institution's responsibility toward disaster response personnel, fostering both belonging and trust. Its strongest asset lies in its capacity to establish contact and render personnel visible, while the aspect needing enhancement—based on participant narratives—is the strengthening of a sustainable support approach that accounts for the fluctuating nature of psychological effects over time.

The concrete findings of this study can be summarized as follows:

- Post-response support can be structured around a phased follow-up logic rather than a single contact point.
- Practical and actionable frameworks that enable team leaders to recognize psychological risk indicators in the field can be made sustainable.
- Acknowledgment and feedback mechanisms can be regularly and reasonably maintained to meet participants' need to be seen and recognized.

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