

Abstract

Volunteers are a valuable resource for any organization that relies on them. Keeping them happy and engaged and making their life easier should therefore be a big priority, especially when they are at risk of stopping. This study focuses on stopped volunteers of the organization Sensoor, their emotional experiences, and the reasons that lead to this decision to drop out. Eight participants took part in an in-depth interview to explain which factors might have played a role in this. It was assessed which positive and negative experiences the participants encounter and further, which factors of (1) the help request, (2) the caller, (3) the organization and (4) the volunteer are making their work more difficult. Also, the factors of the volunteer and the organization that either hindered or reinforced healthy coping behavior were examined, to find a connection to the decision to quit. The results show that the main reasons to quit were that participants experience a lot of negativity that seems to pile up over time in combination with the time-consuming factor of the work. The work has a very positive side where it was seen as enriching and joyful but was also seen as negative when the volunteers were confronted with sadness and irritation. The negative emotions and a lack of self-care hint at compassion fatigue and put the volunteers of Sensoor at risk of developing it. The most troublesome factors that make conversations difficult were identified as psychological problems on side of the caller, negativity and no connection between client and volunteer, but also no contact to other volunteers and self-criticism. These factors were also found to have a connection to the emergence of negative feelings in the volunteer and unhealthy coping behavior. Further, the volunteers seem to cope well with unpleasant incidents, but fail to compensate for an overall negative experience. Sensoor is advised to put more emphasis on the positive factors of the work, which can help with the constant negativity and satisfies the need for positivity in the participants life.

Abstract

Vrijwilligers zijn heel kostbaar voor ieder organisatie die op hun steun vertrouwd. Hen blij en betrokken te houden en hun leven gemakkelijker te maken, moet daarom een prioriteit zijn, vooral als ze risico lopen met het werk te stoppen. Deze studie richt zich op gestopte vrijwilligers van e organisatie Sensoor, hun emotionele ervaringen en de reden die hebben geleid tot de beslissing om ui te stappen. Acht deelnemers hebben deelgenomen aan interviews om erachter te komen welke factoren hierbij een mogelijk rol hebben gespeeld. Het wordt bepaald welke positieve en negatieve ervaringen de deelnemers tegenkwamen en verder, welke factoren van (1) het hulpverzoek, (2) de beller, (3) de organisatie en (4) de vrijwilliger hun werk moeilijker maken. Ook werden de factoren van de vrijwilliger en de organisatie die het gezonde coping-gedrag bellemeren of bevorderen bestudeerd om een verband te vinden met de beslissing om te stoppen. De resultaten laten zien dat de meest voorkomende reden de negativiteit was die de deelnemers ervaren, die toeneemt met de tijd in combinatie met de tijdrovende factor van het werk. Het werk heeft ook een positieve kant, waar het werd gezien als verrijkend en vreugdevol, maar ook als negatief werd ervaren als wanneer de vrijwilligers werden geconfronteerd met verdriet en irritatie. De negatieve emoties en een gebrek aan zelfzorg wijzen op compassiemoeheid en stellen de vrijwilligers van Sensoor bloot aan het risico om het te ontwikkelen. De meest lastige factoren die gespreken moeilijk maken werden geïdentificeerd als psychologische problemen aan de kant van de beller, negativiteit en geen verband tussen cliënt een vrijwilliger, maar ook geen contact met andere vrijwilligers en zelfkritiek. Deze factoren bleken ook verband te houden met het ontstaan van negatieve gevoelens bij de vrijwilliger en ongezond coping-gedrag. Verder lijken de vrijwilligers goed om te gaan met onaangename incidenten, maar falen ze om voor een algehele negatieve ervaringen te compenseren. Sensoor wordt geadviseerd om meer nadruk te leggen op de positieve factoren van het werk, die kunne helpen bij de constante negativiteit en voldoen aan de behoefte aan meer positiviteit in het leven van de deelnemers.

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1. Introduction

1.1 Sensoor

Each and every person must face some troubles, problems or sorrows in their lifetime. Some of these obstacles are hard to overcome by oneself. It is common to consult a professional therapist for help, but not everyone wants or needs to do that. Some people are afraid of judgement or do not want to wait for a meeting. Others may just want someone to listen to them, rather than someone who will analyze them. It could also be a delicate matter, that they do not want to discuss with friends or family. This is where the organization of Sensoor comes in to play.

Sensoor is a Dutch organization specialized in helping people with problems by offering a listening ear. People from all over the Netherlands can call on any day of the year, at any time they need and find someone willing to listen to whatever is troubling them. The idea is to reduce the pain and worries of the callers on a person to person basis. The conversations are completely anonymous and confidential, which can encourage people to talk about their problems in a very open and direct fashion. About one thousand volunteers put their heart and effort in the vision to give genuine attention to the people in need (Sensoor, n.d.). All volunteers are trained by professionals who have an educational background in social sciences. It is mandatory to follow a basic training and have a period of supervision by one of the professionals (Sensoor, n.d.). This is to ensure the volunteers are reaching the basic expectations and standards of the agency.

1.2 Why are they quitting?

One problem crisis line agencies are facing is the drop out of volunteers.

Unfortunately, Cyr and Dowrick (1991) found that 79 percent of volunteers leave their agency after about a year. They found that there are certain factors like the lack of contact to other volunteers, not sharing troublesome experiences or the inability to evaluate their success contribute to burnout and stress. It might be that sometimes the pressure or dissatisfaction becomes too high and volunteers decide to quit. Jamison (2003) also found that about 40% of crisis line volunteers did not finish the initial commitment period. It is neither in the interest of the volunteer nor the organization to have high dropout rates, since the basic training of a volunteer costs time and energy. Jamison (2003) also found two factors which had an influence on volunteer turnover. The first one is the training a volunteer receives. Training

and orientation is expected by volunteers and if not done properly or even left out completely, dissatisfaction is higher as well as the dropout rate. It is further suggested that continued training and team building exercises could improve the satisfaction with the organization and reduce dropout. The second factor that is important is challenging assignments. Expectancies for a job often include personal growth, development of new skills or acquirement of more responsibilities (Jamison, 2003). The idea here is to not let volunteers work in routines all the time, but vary their schedules and also reward them with responsibility. To what extent certain factors are influencing the decision to quit is not known yet and the general field of quitting volunteers is not very explored. The organizations are relying on the help of volunteers, which makes them very valuable to them. Uncovering the reasons that contribute to the decision to quit is therefore necessary, so crisis line organizations can adjust their efforts to keep their volunteers as long and happy as possible.

1.3 Positive and negative experiences at work

Once working, the volunteers are confronted with a wide variety of different people, problems and emotions. Sensoor (n.d.) offers the volunteers an "intense, but enriching and meaningful" experience. This implies that positive as well as negative experiences are part of the work. The website states further that the work can be quite demanding and a calm head is useful. The most commonly discussed problems via phone include loneliness, depression and related problems, as well as relationship problems (Sensoor, n.d.). Chat and mail topics that occur more often are relationship problems, handling of death, sadness and identity, eating disorders and auto-mutilation. These topics can evoke many different emotions in the volunteer. Which actually occur more frequently is not well studied yet.

As a systematic literature review by Kitchingman, Wilson, Caputi, Wilson and Woodward (2017) showed, psychological problems can have a connection with working as a crisis line volunteer. The confrontation with the troublesome events of their clients is suggested to have a negative influence on the mental well-being of the supporter. This includes vicarious traumatization, burnout, distress and even psychiatric disorders (Kitchingman et al., 2017). Vicarious traumatization here is a caretaker's reaction to the disturbing events their clients are presenting to them (McCann and Pearlman, 1990). An example would be that a caretaker is confronted with a traumatizing event of a client, such as assault or violence, and is experiencing a similar but lesser form of the trauma experienced by the client. Even medical professionals with long years of training and experience can be

affected by what is more commonly known as compassion fatigue (Sprang, Clark & Whitt-Woosley, 2007).

1.4 Compassion fatigue

Compassion fatigue is a phenomenon that is often seen in workers in a caregiving or nursing function, like therapists or nurses for example. Compassion fatigue is described as the secondary impact of emotional distress on the caregiver (Figley, 2002). The most often occurring symptoms with compassion fatigue include emotional numbness, psychological distress, regressing social functioning and even physiological problems (Sprang, Clark & Whitt-Woosley, 2007). It is alarming that compassion fatigue basically shares the same properties as post-traumatic stress disorder (PTSD) (Figley, 2002). Being affected by these symptoms poses a threat to one's ability to behave accurately in the caregiver function. A stated necessity to perform well in a caregiver position is to be able to feel and show compassion with the patient. Figley (2002) also states that the therapeutic relation and the success of it, is connected to the compassion and trust between caregiver and client. According to the Cambridge dictionary "compassion" is defined as "a strong feeling of sympathy and sadness for the suffering or bad luck of others and a wish to help them" (Cambridge Dictionary, 2017). Through consecutive exposure to pain of others this ability can be impaired or numbed. Hence by definition, the caregivers compassion is to a certain degree linked to their desire to help. If lacking compassion, the caregivers might not be able to work to their full potential.

Not only the quality of the service provided by the caregiver is potentially lowered, but also the caregivers own well-being is threatened. Figley (2002) states that individuals occupied in a caregiver position can experience burnout related to the emotional investment with their clients. Hooper et al. (2010) showed, for example, that the work as an emergency nurse is draining so much energy that the majority of them end up suffering under burnout and compassion fatigue. Sprang, Clark and Whitt-Woosley (2007) showed in a large study that about 13 percent of the assessed population of medical professionals has a high risk for compassion fatigue and burnout. Another study about child protective workers showed that about 50 percent of the studied individuals showed high levels of compassion fatigue, but their risk of burnout was lower (Conrad & Kellar-Guenther, 2006). The sheer amount of affected health care professionals is alarming. Cyr and Dowrick (1991) found this effect for crisis line volunteers. They found that more than half of all interviewed volunteers have felt burned out in their career and 97 percent indirectly stated to have encountered some forms or

symptoms of burnout. These numbers are particularly high when compared to the previously named social workers. For some reason burnout in crisis line volunteers seems to be exceptionally high. Compassion fatigue is often related to burnout, but it is unclear how strongly it appears in crisis line volunteers. Burnout as well as compassion fatigue are serious issues, they might have to do with volunteers reconsidering working, because it negatively influences their life.

Since the crisis line volunteers seem to be especially vulnerable, it is indispensable to gain an understanding of what kind of emotional impact they must deal with. The work is pressuring and demanding, which might be a contributing factor to their fatigue. But is fairly unknown on what spectrum emotions can occur while working as a crisis line volunteer. Feelings may arise during a conversation but could also come back later and get stuck in one's head. Arising emotions can make a conversation difficult, but might also have an impact on the private life of the caregiver.

1.5 Factors that make a conversation difficult

To understand where these emotions might come from, the factors that can make work difficult need to be assessed. First of all, the volunteers are helping people who are often in distress and are exposed to their suffering. The help request can be a factor that might disturb the volunteer. Sprang, Clark and Whitt-Woosley (2007) found that contact with traumatized clients with strong mental problems can affect the care taker negatively. But not only the help request can be problematic, also the callers themselves can show problematic behavior. There are people who abuse the service of crisis intervention centers to engage in sexual conversations with the volunteers or act very aggressive in that direction (Leising, 1985). Also, drunk people or people who want to commit suicide can be among the callers (Sawyer & Jameton, 1979). The help request and the caller can therefore make a conversation difficult. The organization is also important, because they provide support and guidance to their volunteers, which can help with difficult experiences (Sprang, Calark & Whitt-Woosley, 2007). If these factors are missing, the organization can also make work harder for the volunteers. Lastly, also the volunteers themselves can be responsible for difficulties. Personality and behavior of volunteers can take part in making a conversation difficult, because it determines how they react to certain experiences and how well they treat themselves (Bakker, Van Der Zee, Lewig and Dollard, 2006). In total, there seem to be four factors that might make work more difficult for the volunteers, which are the help request, the caller, the organization and the volunteers themselves.

1.6 Factors that reinforce or hinder coping

Further it is important to gain an understanding of the coping styles and methods volunteers use to face the emotional distress at work. Being faced with many of the previously named problems, different styles of coping are evoked. Everyone can deal with a situation differently, but there are certain styles that are more common than others. Some of these are healthy while others are not.

There are effective ways to cope with arising problems like understanding the pain, seek conversations, find time to rest, find activities beside your work or seeking professional help (Showalter, 2010). Anyone may have a more accurate idea of what might be helpful to them personally, but these are some examples of coping activities that can help reduce stress. Examples of bad coping would be to ignore the problem and to not share one's experiences, blame others, neglection of one's own needs or to work harder (Showalter, 2010). Creating an understanding of how volunteers on crisis lines react and cope with the situations that disturb them can shine light on what helps them and what does not. The concept of self-compassion is also related to coping mechanics, since it essentially describes an individual's ability to be touched by one's own suffering and neither avoiding nor disconnecting from it (Neff, 2003). The general idea of self-compassion includes three components. First component is selfkindness, the emphasis on a kind and understanding feeling towards one's own feelings, shortcomings or failures (Neff, 2003). As the second component common humanity is named and describes that one should not examine experiences as confined or detached from a larger human experience but see the bigger picture. Mistakes and suffering are part of the human experience as much as healing and joy and should be treated as a whole, rather than isolated. Lastly, mindfulness is accentuated, the ability to be conscious of painful thoughts or experience, but rather keep a balanced distance than over-identifying with them (Neff, 2003). Neff (2003) describes that if self-compassion is present, it should be able to counter negative coping methods and allow for healthy emotional regulation. This means, that if an individual with good emotional regulation faces a distressing situation, it should be able to identify the emotions (mindfulness) and is further able to control their level of intensity and duration. This empowers emotional assessment and management in a given situation and beyond that. In the given context, an understanding should be created on how the volunteer treats him/her self with regard to difficult situations, emotional distress or mistakes made. Are they reflecting on it and can criticize themselves? Are they treating themselves fairly and friendly? Is it okay to share experiences with colleagues? Is there a healthy balance between compassion for others and oneself? Answering these questions can give insight in their compassion for oneself and

how they handle troublesome events. The factors of the volunteer themselves that either hinder or reinforce healthy coping behavior, are not examined yet. Hence, is a close investigation of these factors required to help volunteers embrace the reinforcing one's and avoid the hindering.

Beside the volunteer, also the organization itself can either hinder or facilitate healthy coping behavior. In a literature study, Jamison (2003) found that about 40% of volunteers felt dissatisfied with how they were managed. Cyr and Dowrick (1991) also found that organizational elements can have significant influence on the feeling of burnout and negatively affect coping behavior. Short relationships with peers, lack of contact with other volunteers or no options to discuss one's concerns formed the top three reasons volunteers felt burned out (Cyr & Dowrick ,1991). Sharing one's thoughts and feelings is one of the previously named factors that help manage difficult emotions. If these are undermined by the organizational deficits, volunteers will find it harder to handle stress at work. The factors of the organization that can hinder or reinforce healthy coping behavior are rather unassessed. Furthermore, the factors that influence specifically crisis line volunteers are not studied well.

1.7 This study

The service crisis line volunteers are providing is incredibly valuable to the people they help and society as a whole. Them dropping out is not only a loss for the organization, but also for the community. A study by van Vlierberghe (2017) already started the exploration of the experiences, problems and coping factors in a very similar fashion to this one. It handled similar variables and is the basis for this study. Her study was done in focus groups and with still active volunteers. This study will assess the differences between the active ones and those that already quit. It will also control for biases the participants in the still active group might have had towards the discussed topics. Four research questions can be formulated from the introduction.

Research Question 1

What are the reasons the volunteer started and stopped working at Sensoor?

Research Question 2

Which positive and negative experiences do the crisis line volunteers experience during their work?

Research Question 3

What factors, related to (1.) the help requests, (2) the caller, (3) the organization, or (4) the volunteers themselves, can make work difficult at times?

Research Question 4

How are factors of (1) the volunteers themselves and (2) the organization reinforcing or hindering the management of emotions?

2. Method

2.1 Design

This qualitative study was undertaken with volunteers of the organization Sensoor who already quit the program. A Semi-structured interview protocol was designed on the basis of the focus group interviews of van Vlierberghe (2017). Due to the exploratory nature of this study, this design was favored over others. The main research approach to the topic is phenomenological since the core interest lies in the individual experiences and reactions within the given context. Considering that perspective is the most valuable information and the topic is to be explored, individual interviews were favored over any other method, due to the necessity to gather as much information as possible.

2.2 Participants

The participants were all selected by criterion sampling and where chosen from the population of stopped volunteers from the organization Sensoor. Criterion sampling was used to ensure participants meet the required qualities that are necessary to answer the questions. These criteria are that the participant must have worked as a crisis line volunteer at Sensoor and that they must have stopped with it. In total, eight former volunteers were willing to participate in this study. All of them were women. The age spanned between 26 and 72 with an average of 56,5 years. The years as volunteer span between one year and a month up to seven and a half years, with an average of 3,8 years.

2.3 Materials

The main tool used to collect the necessary data was a semi-structured interview schedule. It is in Dutch, since all interviewees were expected to speak and understand Dutch. The interview is based on the focus group interviews used in the previous research by van Vlierberghe (2017). The interview schema is split into five different sections, each concerned with a different set of questions related to an overarching topic. In table 1 the topics and some example questions are depicted.

 Table 1

 Interview schedule, the topics and example questions

Topic	Example Questions
1.) What is the reason the respondent started and	What were the reasons you started working at Sensoor?
stopped working at Sensoor?	What was the reason that you stopped working at Sensoor?
2.) What positive and negative emotions did the	What emotions were you experiencing during your work?
suffering of the clients loosen in the respondent?	
3.) What factors of (1.) the help requests, (2) the	Are there traits of a help request you find difficult?
caller, (3) the organization, or (4) the volunteers	Do you recognize traits or behaviors from yourself that can make a conversation
themselves can make a conversation sometimes	difficult?
difficult or drastic?	
4.) Which factors of (1) the volunteers themselves	What kind of thoughts or behavior does help while in a conversation or right after?
and (2) the organization can benefit or hinder coping	Are there also thoughts and behavior that do not help in a conversation?
with difficult conversations?	
5.) Questions related to self-compassion and	How are you dealing with possible criticism towards yourself?
compassion fatigue	Is it possible to care for yourself after a difficult conversation?

To control for possible reminiscence of reasons that might also influenced the decision to quit, in the end of the interview it is asked if the discussed topics had influence on the interviewees decision to stop the volunteer work at Sensoor. The topics are all related to the research questions. Topic one is related to the first research question. Topic two and five are related to the second research question. Topic three is related to the third research question and topic four is related to the fourth research question.

2.4 Procedure

Candidates that met the criteria were sent an invitation letter. The letter contained information about the research project itself, why it is conducted and what goals are connected to the project. It also gave information about the procedure and contained a consent form for the participant to fill in, if they decided to participate. The complete letter can be seen in Appendix 6. All participants who agreed on an interview were then contacted directly and either a personal or a skype/telephone meeting was scheduled. Due to the distances between researcher and participants, most interviews were conducted via skype or telephone. All

interviews were in Dutch and interviews usually took between 45 minutes and one hour. For the most part the interview scheme was followed, with slight variations depending on the interviewees narrative structure. The interviews were audio recorded with the consent of the participant and transcribed verbatim.

2.5 Analysis

For processing the data "atlas.ti" was used. With this program all interviews were coded. Four different coding schemes, each applying to one or more of the research question, were designed. The first three, (1) positive and negative experiences, (2) factors that can make a conversation difficult and (3) factors that help and hinder coping with emotions, were deducted based on the interview schemes by van Vlierberghe (2017). It was checked if new codes would apply to the interviews, but this was not the case, which means no additional codes were designed. The last two (4) reasons to start and (5) reasons to quit, were inductively designed while examining the data. The first coding scheme includes codes about what kind of emotions the volunteers experienced on a spectrum of positive to negative. The second category of codes has to do with the factors that can make a conversation difficult, namely the help requests, the client, the volunteer and the organization. Thirdly, there are the codes for coping behavior, which are sub-divided into the codes for benefiting and hindering factors of the organization as well as the benefiting and hindering factors of the volunteer. Lastly, the reasons to stop the volunteer work had several sub-codes. These are problems with the organization, private problems of the volunteer, problem with the work itself and problems with emotions. For a complete list of the codes see the tables in the results section and the schemes can be found in the appendix 1 to 5.

A code was used if a sentence was either fitting the description of the code or contained resembling keywords. This also means that multiple codes can be used to mark one quotation if that quotation contained information of more than one code. The frequency of each code and the frequency between participants were the two main factors to determine the relevance of certain factors. To correct for potential bias, the analysis was supervised by two researchers.

3. Results

3.1 The reasons to start and stop with the volunteer work

3.1.1 Reasons to start working at Sensoor

In table 2 the reasons why the participants decided to start their volunteer work are listed. Most commonly named was the desire to help. The participant wanted to contribute to the community or help people that are suffering. Furthermore, they often saw it as an opportunity for personal development by enhancing their communication or social skills. It was specifically mentioned that Sensoor seemed to provide a lot of training that might be helpful in this regard. Some participants also saw this as an educational opportunity to for professional development, which was mentioned in conjunction with an education in social sciences. In this and the coming tables translated quotes are being used. For the original quotes see appendix 7.

Table 2Reasons to start the volunteer work at Sensoor

Categories	Number of Occurrences (N=13)	Number of Participants (N=8)	Example Quotes
Desire to help	6	5	Well yes, the desire to do something for others
Personal development	4	4	And yes, I also wanted to practice my conversation skills and also just come into contact with problems.
Professional development	2	2	I graduated in psychology and I was looking for work and that was not so easy to find and then I thought, in the meantime I'm going to do something else where I have conversations with people that have problems.
Sensoor advertisement	1	1	[] until I passed a Sensoor advertisement at a given moment

3.1.2 Reasons to stop working at Sensoor

The reasons to stop are listed in table 3. Most frequently mentioned was that participants felt that the work could be a burden. Participants remarked that the work costs a lot of energy and the negativity encountered at work did have an impact on their everyday life. Some of the volunteers felt that the work put pressure or stress on them that they could not put aside after work. They found it hard to relax or noticed that they were quicker in noticing the negative rather than the positive. Interviewee 1 stated, "Maybe I am a little pessimistic, so that I see the negative things faster than positive ones". This form of pessimism was seen as a result from the contact with a lot of sadness and sorrow at work, which eventually led to the decision to quit. Secondly, people indicated that they stopped because the work was seen as time

consuming. The participants had the need for more free time or time for friends and family. It is also related to other work, since many of the participants also had other work to do, which combined with the work at Sensoor, left too little time for other things. The third category, also commonly named, were factors related to work itself. Participants said that there were certain aspects like the callers themselves and their behavior or that the work felt saturating because of repetition in the topics clients are discussing. At some point they felt that a point was reached that they did not see a beneficial reason or motivation to continue. One participant stated, "sitting and listening, no form of dialogue, but monologue and that bothering me more and more". Factors related to the organization were mentioned several times, but most of the volunteers stated that they were very satisfied with how the organization was functioning. What bothered them, were the night shifts due to their exhausting nature. But interviewees also mention that they did not like working from home. It was mentioned several times that the contact with colleagues was pleasurable and supporting, but if the participant is unable to attend the organization's facility at any time, this was considered problematic. It was explicitly stated that this contact with colleagues was a very important and helpful to perform and feel well while working.

Table 3Reasons to stop with the volunteer work at Sensoor

Categories	Number of Occurrences (N=61)	Number of participants (N=8)	Example Quotes
Work is burden/Negative influence on life - pessimism - feeling more negative - high cost of energy	21	7	At one point I noticed that it made my world view somewhat sadder. Sitting and listening, no form of dialogue, but monologue and that bothering me more and more.
Time consuming/no time for other things - no time for family/friends - conflict with other work	15	6	I work four days a week and then you just have little spare time left.
Factors related to the work - saturation - certain callers/behavior	13	5	then you got people on the phone, of which I could tell the story in advance because I had them so regularly on the phone, []
Factors related to the organization - night shifts - working from home	12	5	Yes, that was the limit for me, especially the night shifts, I did not like them

3.2 The emotional impact

3.2.1 The positive experiences

The participants mentioned various positive emotions they experienced while working at

Sensoor. The positive experiences are summarized in table 4. The most often occurring

positive experience is enrichment/educational of the volunteer. This can mean that they either learned something new during a training session, got feedback from their colleagues or made a mistake and took that knowledge in the next session. More than half of the volunteers also recalled to experience Joy, humor or laughter and also had a sensation of satisfaction, when they felt they could be there for the client and have an impact. Compassion and understanding was also mentioned by half of the participants, which means that the volunteers felt positive about the closeness to their clients. Less often mentioned positive factors were intimacy/closeness/involvement, recognizability, feeling touched and gratitude.

Admiration/respect was a code that was used by van Vlierberghe (2017) that was not named by the participants in this study.

 Table 4

 Positive experiences the volunteer experiences while working

Categories	# of Occurrences (N=55)	# of Participants (N=8)	Example Quotes
enrichment/educational	16	6	I think the most important thing I learned is indeed to set boundaries. To be there for myself and at the same time for the caller.
Joy/humor/laughter	11	6	[] occasionally it happened that someone said, "I have been with my grandchildren today and I enjoyed that so much, I would like to share with someone.
Satisfaction	7	5	And it is also nice to notice that just being there and listen, that can also mean a lot. And, yes, that makes it more pleasant for me.
Compassion/Understanding	13	4	[] but always show a lot of compassion, sympathize with the caller. The most important thing is that the caller is put into power to solve their problems themselves.
Intimacy/closeness/involvement	2	2	Yes, it was a liberation for him to be able to talk about it. That was the most beautiful conversation I ever had.
Recognizability	2	2	It is just that I had a lot on my mind, so it took a lot of effort to make conversation and listen.
Touched	3	1	There are also conversations that moved me I will say.
Gratitude	1	1	It was really about joy and gratitude []
Admiration/Respect	0	0	

^{*} When a code appeared zero times it is because the code was used in the previous research but did not appear in this one.

3.2.2 The negative experiences

The volunteers also reported negative experiences or emotions resulting from their work at Sensoor, visible in table 5. The two most occurring experiences were irritation, sadness and insecurity. Irritation mostly occurred in pointless conversations, like telephone sex calls or drunken caller, but also when callers showed negativity. Sadness was mostly experienced when clients had to deal with serious problems and the volunteer felt sad about their situation or what happened to them. Insecurity has to do with the volunteers feeling of control over the conversation and what is discussed. Sometimes they were not sure on how to react to certain topics or behavior and felt an unpleasant notion of anxious uncertainty about what to do. It also occurred in conjunction with the doubt if one's abilities where sufficient to help and had also to do with the uncertainty if the volunteers work was helping, since there is no way to know how a client's problems turn out. Even though it was experienced by more than half of the participants, they said that this is not a very frequently occurring emotion. The feeling of abuse was also strongly mentioned especially in this context of the sex callers or drunken calls. Powerlessness and frustration were also named and both often had to do with clients ignoring or not accepting the volunteer or advice. Interviewee 1 states for example, "Sometimes you had people that lived in their own world and would not listen to what you were saying, [...] so that sometimes I got irritated by that." Powerlessness also appeared together with anonymity and the inability to help with certain problems. Frustration had more connection with angry or negative clients and also with pointless conversations. Tiredness was named as frequently appearing in night shifts. Anger, Shame/self-criticism/guilt, Stress and disbelief were not experienced as frequently. Confrontation/recognizability and misjudgment were not found in this study. Even though more negative feelings were found, seven out of eight participants stated that the overall experience of working as a crisis line volunteer was very pleasant, positive and enriching.

Table 5Negative experiences the volunteer experiences while working

Categories	# of Occurrences (N=85)	# of Participants (N=8)	Example Quotes
Irritation/Reluctance	15	6	[] at a given moment even resistance. The people who call in a victim role and just want to complain. I found that hard to deal with.
Sadness	15	6	I think, when I really feel compassion for someone, then these emotions emerge and will linger.
Insecurity	9	6	[] you get this training, how you have to listen, so in the beginning I was like "am I doing it right?".
Abused	6	5	And what I thought were tough conversations, that were the sex phone callers. That some people start a conversation with you with these intentions, and yes that gives you the feeling that you are being abused.
Powerlessness	11	4	There are people for whom you can never do it right.
Tiredness	5	4	Yes, I think that indeed tiredness did play a big role, yes.
Frustration	10	3	Sometimes you just finished a half an hour conversation and you get called again immediately.
Anger	6	3	Yeah, that made me a little angry. I am sitting here in my free time, with my best intentions to help others. And yes, you should not take advantage of that. Well, I always found that difficult. I'm pretty perfectionistic
Shame/Self- criticism/Guilt	4	3	wen, I always found that difficult. Thi pretty perfectionistic
Stress	3	2	Yes, I noticed afterwards that I had more headaches, but yes it was also during that period that the pressure was slowly getting higher, that more and more people were calling.
Disbelief	1	1	That you think "this is not real, [] and shocking, let me put it this way."
	0		
Confrontation/Recogni zability	0		
Misjudgment			

^{*} When a code appeared zero times it is because the code was used in the previous research but did not appear in this one.

3.3 Factors that can make a conversation difficult

Participants mentioned several factors that can make a conversation difficult. These are (1) factors of the help request, (2) factors of the caller, (3) factors of the organization or (4) factors of the volunteer. All factors will be discussed below.

3.3.1 Factors of the help request

The factors related to the help request itself, are shown in table 6. The most troublesome were psychological problems. This includes conversations over suicide and serious mental problems. They were experienced as unsettling and difficult to handle, because they were

mostly very specific and demanded a special set of skills. They are also connected to the feeling of insecurity, because participants often felt anxious about how to handle these more difficult conversations. Pointless conversations were also received as problematic. This predominantly includes telephone sex calls and drunken calls. Interviewee 4 said "of course there were also men that at a certain moment found it very nice to engage in a sexual conversation". They were essentially abusing the crisis line for another purpose which was experienced as very irritating and hard to deal with. The participants pointed out that they felt abused and felt that working with these people is reducing their joy in their work. Noticeable is also that the topic was barely considered a problem and the volunteers felt comfortable talking about anything as long as it was in the frame of Sensoor. Barely mentioned were doubts over the truth of what was told.

Table 6Factors of the help request that can make a conversation difficult

Categories	Number of Occurrence s (N=34)	Number of Participants (N=8)	Example Quotes
Psychological problems - suicide - serious mental issues	13	7	[] and I sometimes found it difficult, that I thought I can do this or may I do this. That was a bit of a search, yes.
Pointless Conversations - sex callers - drunken callers	14	5	[] of course, there were also men who at a given moment found it very nice to have a sexual conversation with you.
The topic - e.g. loneliness - e.g. relationship problems	3	3	You have people who live in a very small world and who have very few people around them. And they are very demanding during a conversation.
Doubt over truth	4	2	Yes, in that time this seems to have happened more often. I mean fake conversations.

3.3.2 Factors of the caller

Characteristics of the caller could also be perceived as problematic (see table 7). The first problematic experience regarding a caller was that no contact could be established. This means that the volunteer was unable to build a connection due to the caller's behavior. This includes anger, clients who will do a monologue but do not want to engage in dialogue or are unable to take criticism or reflect. The inability to establish a connection between volunteer and client is also strongly found in the negativity of the caller. The volunteers found it hard to work with clients that would just complain, not see their own part in a problem, put

themselves in a victim role or are very judgmental. Both the previously named characteristics were particularly common under frequent callers, which is why they were also considered problematic and frustrating. There were also callers, especially those who showed anger, that were criticizing the volunteer or the organization and making them responsible for their own misery. They were trying out the volunteer and these incidents caused reluctance and irritation in the volunteer. The codes high expectations, unintelligibility and hard to follow were found less frequent. That the caller did other things was not found in this study at all.

Table 7Factors of the caller that can make a conversation difficult

Categories	Number of Occurrences (N=55)	Number of Participants (N=8)	Example Quotes
No contact	14	7	If I try very carefully, a little bit, right? She did not want to hear that she herself had a stake in it, she also had no self-insight. And I find that difficult.
Negativity	13	7	You encounter these people anyway, where you never do it right.
Frequent Callers	10	5	And that's fine once. But if I get them on the phone again and hear the same stories again, I can do very little with that.
Trying out volunteer	7	5	Yes, some people could also, were good in some kind of sucking up to you []
High expectations	4	3	Yes, if they really started to ask for my opinion, or asked me questions. That did not happen too often, but I find that difficult.
unintelligible	4	3	And there are also callers who speak very indistinguishable, very indistinguishable. I also found that difficult, because you can't continue
hard to follow	3	3	asking "what did you say?". Yes, that was quite difficult, too.
Caller does other things	0	0	

^{*} When a code appeared zero times it is because the code was used in the previous research but did not appear in this one.

3.3.3 Factors of the organization

There were also factors of the organization that could make work difficult, apparent in table 8. What bothered the volunteers the most, was working without contact to other volunteers. This mostly had to with working shifts from home, which reduced contact with colleagues to training sessions and mandatory meetings. This reduced their joy received from work, Interviewee 5 said "I indeed had the need to have colleagues around me." But it also made them more reserved in what they are willing to share with other volunteers. For example, Interviewee 2 stated "when you had intervision here, just unknown people. Then I can't easily talk about something that I found to be difficult". The other problem was mostly seen in the

night shifts. They were seen as a burden, because the conversations in the night were often difficult and emotionally rough, but also tiring and exhausting. Other than these two factors the organization was pictured very positive and supportive. Distractions and technical difficulties were not named often. That the organization shows too little trust in their volunteers and that chat stops abruptly (derived from Vlierberghe, 2017) was not found in this study.

Table 8Factors of the organization that can make a conversation difficult

Categories	Number of Occurrences (N=22)	Number of Participants (N=8)	Example Quotes
No contact with other volunteers	13	4	Yes, but I did not know the group there, nor the people personally, because I did not work there anymore. For me it's a hindrance to talk over something personal with people I do not know.
Shifts	6	3	Yes, and I didn't want that anymore. Especially not at night. At some point that was working me up.
Distraction	2	1	Yes, I had it once that I was on the phone and they did not realize that I was in that room and the staff and other people in the corridor were enthusiastically talking to each other.
Technical difficulties	1	1	someone suddenly stops the conversation. This can be a fault in the system,
no trust in volunteer	0	0	[]
chat stops abruptly	0	0	

^{*} When a code appeared zero times it is because the code was used in the previous research but did not appear in this one.

3.3.4 Factors of the volunteer

The volunteers themselves could also show certain characteristics or behaviors that could have an unfavorable effect on the work experience, shown in table 9. Self-criticism was the most occurring factor and was notably connected to feelings of guilt and not being able to live up to one's own standards. Tiredness was strongly connected to night shifts, but also appeared when working for a longer period of time. Besides the feeling of exhaustion, participants also stated that tiredness negatively affected their performance to actively listen and be there for the client. It could also happen that the volunteer was not able to feel a connection between the caller and themselves. This was occurring mostly when the volunteer felt exhausted, but it also happened that there was a feeling of annoyance or boredom. Recognizability, not sticking to own limits, too much in the helping role or distraction did not pose big problems for the participants. That they could not stick to their own taboos was not mentioned by the participants.

Table 9Factors of the volunteer that can make a conversation difficult

Categories	Number of Occurrences (N=32)	Number of Participants (N=8)	Example Quotes
Self-criticism	11	5	[] but I am generally strict with me. I rather see what I do wrong than what I do well.
Tiredness	10	5	Yes, I think tiredness has the biggest influences, yes.
No connection	6	4	If I am not comfortable myself, then I do not have so much patience, then I cannot listen as well.
Recognizability	3	2	Yes, if for example a conversation is about something personal, it may distract me in the next conversation.
Not sticking to own limits	2	2	Yes, the only thing I can think of that perhaps did not help was that I immediately started the next conversation.
Too much in the helping role	6	1	[] I want to be there for as many people as possible and that was a bit my perfectionism. Because that's why I was not there
Distraction	4	1	at all for myself, [] That's why I never did my shifts at home, always at the department, because I simply get distracted by other things at home.
Own taboo	0	0	nome.

^{*} When a code appeared zero times it is because the code was used in the previous research but did not appear in this one.

3.4 Reinforcing and hindering factors of healthy coping behavior

3.4.1 The reinforcing factors related to the volunteer

The reinforcing factors of the volunteer were so effective in their ability to help the volunteer cope, that three of them were named by every participant. Sharing one's experiences was considered one of the most helpful ways to get rid of negative emotions. As previously mentioned, the support given by the organization makes this possible and effective and it is compromised when working from home. The participants consensus is that sharing one's experiences prevents that negative emotions, like sadness, anger or frustration stayed in the volunteer's head. Interviewee 8 said about this, "Look, if I could not do that, if that did not happen, maybe I would have had the sleepless nights". Further, it provides the possibility to have closure after a difficult conversation. Recognizing that oneself is under emotional pressure and working in an environment that can cause these kinds of problems was also seen as an important insight to manage emotional turmoil. Self-care included taking breaks even though people were waiting in the line, doing oneself something good like making tea, taking a short walk or writing a report after a conversation. These activities helped to clear the head and sort things out for oneself. Especially the reports were seen as a means to settle a conversation that was troublesome and to reflect on what was said and done. When

encountering pointless conversations or people with aggression or negativity, showing one's limits proved to be effective to shield oneself from emotional burden or straight abuse and discrimination. A lot of the volunteers also already had some form of experience or education in a caretaking profession which made coping for emotions easier for them.

3.4.2 Hindering factors related to the volunteer

The volunteer can also be supportive to herself, but might as well show behavior that is hindering the handling of difficult emotions. The obstructing and reinforcing factors of the volunteer are visible in table 10. One big factor of caring and feeling for oneself is self-compassion. If self-compassion is missing, it becomes hard to deal with problematic feelings that are ignored or repressed. No self-compassion was problematic when the suffering of others made the volunteer less perceptible for one's own suffering. It was also strongly connected to the lack of self-care. Participants who felt less self-compassionate also engaged in less self-care. This can mean that they forgot to treat themselves sometimes, take breaks and invested more energy in the clients. There was a feeling of obliged compassion for the other and the notion that the time spent working was strictly reserved for the clients, reducing actions to make the participant feel better. On the other hand, was there no problem with not sticking to one's limits. The participants made clear that the training is very good in learning to set one's own limitations and to always make clear to the client in which way the conversation is to be headed. The codes boredom, behavior/characteristics volunteer and little experience were not mentioned often.

Table 10Reinforcing and hindering related to the volunteer

Categories	Number of Occurrences (N=173)	Number of Participants (N=8)	Example Quotes	
Reinforcing factors	of the volunt	eer of healthy	coping behavior	
Share experiences	37	8	In the building there were two rooms next to each other, you could easily visit each other if there were enough lines open in the country	
Self-care/Self-compassion	33	8	[] I thought that this would be the biggest pitfall, that I could not let go easily, the emotions, but I found out that I can let go very easily.	
Finish shift /conversation	17	8	Yes, in any case, you have to reflect on one shift and write a report on it, []	
Showing limits	17	6	That you simply have that limit, so that it is not an option, then I can let go more easily.	
Competence	14	5	Well, I had an education in social sciences and I work in a psychiatry, so I'm just used to, that's just part of it.	
Reflection	11	5	And I could think about that Well, did I do it right?	
Hindering factors of	the volunteer	of healthy co	oping behavior	
No self-compassion	24	7	I think uhhh, if I sympathize very much with someone, or felt with them, then such an emotion can linger.	
No self-care	10	4	Yes, the only thing I can think of that perhaps did not help was that I immediately started the next conversation.	
Boredom	3	2	And the most emotion I experienced was boredom.	
Behavior/Characteristics Volunteer	5	1	[] then there is someone, very afraid, that they won't even go out on the street	
Not sticking to limits	1	1	It was true that in the beginning, I was often quite a friendly person, sometimes too friendly and callers crossed my line.	
little experience	1	1	I had trouble keeping a grip on that conversation, that was in the beginning, []	

3.4.3 Reinforcing factors related to the organization

In table 11 it is also strikingly visible that there are much more reinforcing factors were named than obstructing ones. The participants always underlined that the care for volunteers was exceptionally good and this is also visible in the frequency this code emerged. Every single participant was convinced that care for volunteers and the training were outstanding. The care was also connected to the atmosphere, which was considered very friendly, pleasant and open for help. But the most helpful factor was the fact that the volunteers, at all time, felt like they could share their experiences and seek guidance and support from their fellow colleagues or supervisors. Every emotional problem was taken seriously and the participants explicitly stated that this was one of the best opportunities to find support. Interviewee 2

states about this "Yes, I think that is awesome, how the organization is supports you and treats you thoughtfully, very professional". The training sessions received the same kind of praise as the care for volunteers. The training sessions helped them to prepare for all sorts of conversations and also taught them set their limits and how to react to certain behaviors. They were considered to be the reason why the volunteers were able to handle most situations professionally and where also stated to be educational even beyond the work of Sensoor.

3.4.4 Hindering factors related to the organization

In table 11 the obstructing and reinforcing factors of the organization are visible. Most often named were factors related to shifts. This mostly refers to a problem with the night shifts. They were experienced very unpleasantly and the tiredness and exhaustion that was often connected with it were seen as a hindrance to be there for the client. A quite frequently named problem was related to the workplace, which often meant working from home. While it is seen as convenient, it brings the problem of isolation from colleagues. The volunteers who work from home are sharing less of their experiences, which does not help them process their negative experiences. They still sent mails to their supervisors but felt that a personal more intimate relationship with colleagues was more relieving and helped them handle their emotions better. Interviewee 3 says about this "You send him a mail, but that feels less personal". Anonymity was also seen as problematic, because of the concern for the client. Some of the volunteers felt the need to know what happened to certain individuals after the conversation. This hindered them to have closure about the conversation and what they were told. This happens especially after more difficult conversations. In especially difficult conversations, for example about suicide, the sensation of powerlessness is also very present, because there is no way to intervene.

Table 11Reinforcing and hindering related to the organization

Categories	Number of Occurrences (N=89)	Number of Participants (N=8)	Example Quotes
Reinforcing	factors of the o	organization	
Care for volunteers	22	8	And if you had a problem with something, you could always contact your trainers.
Training is good	21	8	I learned a lot and got a lot out of it. Because you get a lot of training and education and coaching.
Atmosphere	12	6	Yes, I think it is a nice location and I think it is a very nice and pleasant atmosphere.
Anonymity	6	4	I know it very well. That is perhaps also a reason why I chose for Sensoor, because due to the anonymity, the chance is much smaller. You basically have someone on the phone once and the moment that call ends, the contact ends and then you can't do anything about it anymore.
Other	3	3	Well, I think the duration of the service, that it is only a few hours, that makes it overseeable, because afterwards you can do something else again.
Hindering fa	ctors of the org	ganization	gg.
Shift	7	5	[] that you were obliged to do night shifts, that was pretty hard for me.
Workplace	11	4	On the one hand you could take calls from home, but that also made it very different in terms of atmosphere, energy, yes, I am very sensitive to energy, the energy in your house.
Anonymity	7	3	Yes, I think that with that extreme example, of that man who wanted to harm his girlfriend and her children, [] I wanted to call the police. But we were anonymous, so that's not possible.

4. Discussion

4.1 Main Findings

This study focused on crisis line volunteers that stopped with their work, where other studies mostly focused on still active volunteers. The findings of this study suggest that there is a connection between stopping volunteer work at a crisis line and negative emotional experiences at work. Paradoxically, the participants stated that they dealt with most difficulties quite well, but are also indicating that a negative influence on their life was a prominent reason to stop. The results suggest that the negative feelings piling up over time are creating a feeling of pessimism, and not that individual negative incidents are a threat to the volunteer's well-being. The findings also indicate that coping with these emotions happened on that incident level, rather than the overarching negative experience, which might explain why negativity was as present. Van Vlierberghe (2017) found similar problems with negativity in participants. Also, the kind of support and the way of coping is almost identical. Interestingly, the overall results of what kind of emotions volunteers experience, where these come from and how they managed them, is very close to the findings in this study. There does not seem to be a big discrepancy between the two populations, yet the participants in this study decided to stop. Still, the mentioned reasons to stop were not necessarily appearing separated from one another. It was often a combination of multiple reasons, like time consumption and the negativity experienced, that ultimately led to the decision to quit.

4.2 What are the reasons the volunteer started and stopped working at Sensoor?

The participants engaged in the crisis line volunteer work because they felt the genuine desire to help people, but also saw a chance for personal and professional development. Unger (1991) could also find that altruistic motives are a prominent reason to begin volunteering. Bussel and Forbes (2002) could also show that volunteers motivation may come from altruism but could also confirm that skills development is a common reason to volunteer. For Sensoor, it is advised to promote the training sessions even more and advertise the experience and development that can be made at the organization, since it seems to be a contributing factor to start.

The results indicate that the question of why the participants quit is related to the negative emotions and to the factors that hinder emotional management. The results suggest that a lot of contact with negativity like irritation, reluctance and sadness had a big influence on the volunteer's well-being. They felt more pessimistic, had a higher perception of the negative and felt a strong desire to have more positivity in their life, which also gave the

incentive to quit. In a study with crisis intervention workers similar negative feelings were found. Volunteers felt exhausted, helplessness, irritability and occupation with the trauma they were confronted with at work (Bolnik and Brock, 2005). Yanay and Yanay (2008) could also connect the emotional demand to the reason to stop. Since the participants felt overwhelmed by negativity, Sensoor should put strong emphasis on the positive aspects of the work. There are already sessions in place where negative experiences can be discussed. To have similar meetings with an emphasis on the positive and impactful experiences could improve moral.

Further, a lot of the reasons to quit had to do with the time-consuming aspect of the work, with special mentioning of the night shifts. McCann and Pearlman (1990) found that it is very healthy to have a balance between the personal life and the work one is exercising, also mentioning limited weekend or evening work. For the participants this balance might have been missing, or they just felt that they needed to spend more time with friends and family, which the volunteer work was hindering. Sensoor could reconsider the length of night shifts. It might be a big step for Sensoor, but they could also consider abandoning the night shifts all together. Also working from home could hurt the balance, so making that an option should also be reevaluated. For further research it is suggested find out about other crisis line volunteers from different agencies and their reasons to stop. It could be used for comparison and to find more often occurring themes or similarities in the reasons to stop, because right now the overview of these reasons is very limited and assumptions should only be based on a broader view of the topic.

4.3 Which positive and negative experiences do the crisis line volunteers experience during their work?

Both negative and positive emotions were present among the participants. The most often occurring negative emotions like irritation, sadness or powerlessness can be signs or symptoms of burnout or secondary trauma (Collins & Long, 2003). These feelings can emerge from single disturbing conversations, but the emotional management on this level seems to function well. A possible explanation for the experienced negativity is, that not the individual conversation poses a threat to one's well-being, but the overall experience and multiple difficult conversations. It seems that the negativity stacks over multiple conversations and over the course of multiple days, weeks and so on. Pines and Maslach (1978) also found that the longer mental health care professionals work with patients, the more dissatisfied they were with their work and the less successful they felt. Where exactly this negativity comes from

cannot be narrowed down to just a few factors, it depends strongly on what troubles the individual participant the most.

Nevertheless, these emotions and the fact that they are present longitudinal, points at a possible connection between the feelings of negativism and some symptoms of compassion fatigue (Craig & Sprang, 2009). In this case they seem to be targeted at the caregiver's ability to feel compassion for oneself, rather than the client. A higher sensibility for negativity, making other people's problems one's own and forgetting to take care for one's own emotional problems are typical signs of emotional numbness (Sprang, Clark & Whitt-Woosley, 2007). The participants mentioned that if something was stuck in their head or when they experienced a strong compassion for the suffering of others, this often meant that they were less able to perform well in their caregiver role and had trouble putting their own feelings aside. That feelings of compassion fatigue can reduce work performance reoccurs also in other health professionals and can lead to making poor decision making (Collins & Long, 2003). The only factor that related to compassion fatigue towards the client, were frequent callers or callers who shared certain repeating attributes. It was mentioned that they found it more difficult to really feel compassion for them after a certain amount of time. This risk for compassion fatigue was also mentioned in the research of van Vlierberghe (2017) and shows that still active and dropped out volunteer's experience were prone to compassion fatigue. As advice for Sensoor it should be considered to promote self-care and the emphasis on more positive experiences could help here too. They could also invest more energy in showing gratitude and enable the volunteers to feel even more satisfaction about their work. Yanay and Yanay (2008) found that compassion satisfaction can reduce symptoms of compassion fatigue.

Negative emotions aside, the participants also experienced a lot of positive emotions and mentioned multiple times that helping the clients gave them joy, satisfaction and found the experience enriching. So, despite the experienced negativity multiple participants stated that they would work there again, and that the overall experience was positive for them. These positive emotions were also found in the study of van Vlierberghe (2017). It can be said that still active and stopped volunteers experience positive and negative emotions on a very similar spectrum. For further research it would be interesting to find an explanation for the positive experience Sensoor generated, but why at the same time it is accompanied by so many negative emotions that seem to have bothered the volunteers a lot.

4.4 What factors, related to (1.) the help requests, (2) the caller, (3) the organization, or (4) the volunteers themselves, can make work difficult at times?

The results show that each category had factors which can make a conversation or work difficult and that there is a strong relation to the other research questions. The help request had factors like psychological problems and pointless conversations and the caller as well had factors like no contact or negativity of the caller that were connected to the negative feelings that arose during the work. These factors were making it very hard to remain calm and not get emotionally involved. Hunter and Schofield (2006) could also find that even trained counselors experience clients with serious mental problems as difficult to handle. The factors of the organization were less present but were making work more difficult on a level of coping. No contact with other volunteers made it harder to share one's experiences and get relief from negative emotions. The same is true for the problem with night shifts or working from home, which also limited contact to other volunteers. The volunteer's factors were also related to coping, because self-criticism and tiredness were negatively influencing their ability to objectively assess how to handle their emotions. Van Vlierberghe (2017) also found very similar factors present in the active volunteers, except for the factors of the volunteers themselves, which seemed to have had more problems with work motivation. That there is a connection between the factors that make work difficult, the negative feelings, as well as problems with coping, should give the incentive to not view these factors as isolated problems, but to act on the connection. For Sensoor this means to give specific support to the most common factors and work on the problematics that comes along with them. An example would be to train the volunteers on the psychological problems they might encounter in callers and how to handle the irritation this might cause. That would help reduce the problematic factor alongside the negative emotional or management component.

4.5 How are factors of (1) the volunteers themselves and (2) the organization reinforcing or hindering the management of emotions?

The volunteers engaged in a lot of healthy coping behavior, what is unexpected is that it does not seem to be reflected by the amount of negativity that bothered them. The participants emphasized on multiple occasions that they did share their experiences, felt compassion for themselves and overall felt that they did not suffer too much from most conversations. Nevertheless, the burden was very high and even mentioned as a reason to stop. A study by Dunkley and Whelan (2006) could also find that productive coping behavior like sharing with a colleague or friend is one of the most frequently used behaviors. Interestingly, they could

not find a negative correlation between coping by sharing and a reduction in negative feelings, in this case vicarious trauma. The present study cannot confirm that the coping methods by the participants did not work as intended, but they were lacking the right support or coping method to deal with the negativity. A reason for this might be that the self-care efforts mentioned are more directed at isolated incidents and not at the overall negativity, which might have diminished the positive effects.

Adding to this are the more often occurring hindering factors, like lower selfcompassion and self-care. The results suggest that at least two of the three previously named components of self-compassion by Neff (2003) might have been compromised. Common humanity describes that one should not view negative experiences as separated incidents, but as part of the greater experience. If coping and support was rather present on an incident level as suggested, the aspect of low common humanity could have had an effect on one's feeling of self-compassion (Neff, 2003). The same might be true for mindfulness, which puts emphasis on a balanced distance to the events. The results show that compassion sometimes was very vivid for the participants, which might have weakened the required balance. Compassion here really means feeling what the client feels, which means that distance to the feelings is more difficult. Empathy on the other hand is more understanding the feelings and imagining how it might be, but it keeps a distance to the feelings of the other (Chandler, 2015). With showing empathy rather than compassion, it might be possible to gain a more distanced, balanced perspective that is still fully functional in regard to helping individuals with strong emotions. Sensoor could adopt this approach to help their volunteers to not get too emotionally involved. They could include an education about empathy and how to utilize it rather than compassion.

Also the organization played a hindering and a reinforcing role in the coping behavior of the volunteer. The factors that made work the most difficult were night shifts and working from home, which both reduced options to cope and care for oneself. Hunter and Schofield (2006) could find that when it comes to self-care, the most frequently adapted coping style was finding this balance between personal and professional life. It was named as one of the best tools to maintain emotional stability and being able to have a healthy perspective on the events at work. A disturbed balance might have negatively affected the amount of time people can invest in treating themselves. Sensoor could reconsider the length of night shifts. It might be a big step for Sensoor, but they could also consider abandoning the night shifts all together. Also working from home does hurt the balance, so making that an option should also be reevaluated. What could also be interesting is finding out about other crisis line volunteers

from different agencies and their reasons to stop. It could be used for comparison and to find more often occurring themes or similarities in reasons to stop.

Besides the problem with the shifts, the organization itself and their support for the volunteers were described as outstanding, with full consensus of the participants. The quality of the training and the aid after difficult conversations were seen as most relevant for coping adequately and handling emotions. Hunter and Schofield (2006) found that the most efficient support an organization can provide to a counsellor is supervision, including debriefing after stressful situations and giving advice. This is exactly what was praised by the participants and was named to have played a big role in their coping efforts. Van Vlierberghe (2017) also found that the still active volunteers appreciate the educational experience and praised the training session. So, keep it up, Sensoor!

4.6 Strength and limitations of the study

This is one of the first studies that could give insight in the reasons why volunteers decide to quit the volunteer work at crisis lines. With very carefully and in detail executed interviews it could shed light on the enlightening and burdening aspects of a deeply caring endeavor. There are some limitations to this study. With just eight participants willing to share their experiences, the participant pool is not very representative for the whole of crisis line volunteers. Generalizing the findings should therefore happen with caution. With more participants a more accurate picture could have been painted. Regarding the analysis, a full co-occurrence test was not possible due to the limited data. So, the assessment of which codes frequently appeared alongside another is partly underdeveloped. With more participants a full co-occurrence analysis would have given better indication which codes were appearing more frequently together, and their relationship would have been more obvious. This would have allowed a deeper and more rigorous framework. There is also the possibility of certain biases. First, there might be a response bias, but also a bias due to the fact that the volunteers in this research already quit. This might have altered their view or opinion on certain topics. Further, for some of the volunteers some time already had passed after they left, which might have weakened their memory. Also, the fact that all interviews were conducted via phone/skype could have influenced the responses.

4.7 Conclusion

It can be concluded that the reasons for stopping are related to the negative impact on the participants life and the inconveniences related to the shifts. The results point towards ineffective coping behavior on the scale of the whole experience, rather than incidents. This in interplay with the problems the shifts can pose, like less possibilities to cope effectively, slimmer options to care for oneself and less time for friends and family, make it even harder to find a balance between work and private. Compassion fatigue seems to appear mostly limited to the participants self-care efforts, which undermines them and can also spread negatively to the general work performance. The literature with still active volunteers shows that they have similar problems like those who stopped. This means that also those volunteers might be at risk to drop out.

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Appendix

Appendix 1: Code scheme "positive and negative experiences"

Categorie	Codes	Subcodes
Positieve	Compassie/medeleven/begrip	
invloeden		
	Vreugde/humor/lachen	
	Bewondering/respect	
	Verrijking/leerzaam	
	Herkenbaarheid	
	Voldoening/tevredenheid	Zingeving; eigen actie; effect actie
	Intimiteit/nabijheid/betrokkenheid	
	Dankbaarheid	Anders in het leven staan; verrijking; eigen gunstigere omstandigheden
	Ontroerd/geraakt	
Negatieve invloeden	Machteloosheid	Beller neemt niets aan van vrijwilliger; Niets kunnen doen; Niets mogen doen; Beleid maatschappij
	Frustratie	Beller neemt niets aan, ja-maar beller; Negativiteit/slachtofferrol; Niet lukken gesprek
	Irritatie/Ergernis/Tegenzin/Ongeduld	Klagen, zeuren, zwart-wit denken, niet luisteren; vrijwilligers bekritiseren, Sensoor bekritiseren, beschuldigen, choqueren, manipuleren; Passiviteit, slachtofferrol, Langdradigheid; Zinloze gesprekken, dronken beller'seksbellers, veelbellers, nepgesprekken; lets anders doen tijdens gesprek
	Boosheid	Om datgene wat de beller gedaan heeft; Om datgene wat beller aangedaan is; Kinderen in het geding
	Verdriet/geraakt	Leed beller; suïcide; suïcidedreigijng; overlijden beller
	Misbruikt/Gebruikt	Door oordelende, discriminerende verhalen; klaagmuur; kliko; seksbeller
	Miskenning	
	Confrontatie/herkenning	
	Schaamte/Zelfkritiek/Schuld	
	Schrik	Suïcidedreiging; Bizarre verhalen (seks met moeder, misbruiker); Boosheid beller
	Onzekerheid	Over vaardigheden; over afloop
	Ongeloof/Wantrouwen	Waarheid verhaal beller
	Vermoeidheid	Spraakwaterval; Overtroeven; Zelfde verhalen; Veelbellers
	Spanning/Stress	

Appendix 2: Code scheme "Factors that can make a conversation difficult"

Categorie	Code	Sub-codes		
Hulpvraag	Onderwerp	Dierenmishandeling, slapen en opstaan, triggerpoints		
	Psychische problematiek	Suïcide, machteloosheid beller, zware gesprekken 's nachts, Depressieve chatters		
	Twijfel over waarheid			
	Zinloze gesprekken	Testgesprekken, koffiepraatje, Seksbellers, Dronken bellers, Silent call		
Hulpvrager	Beller doet andere dingen			
	Geen contact	Boze beller, dronken beller, psychische/psychiatrische problematiek, er niet tussen kunnen komen, zwijgen		
	Herbellers			
	Hoge verwachtingen	Oplossing willen, opstellen als vriend, probleem bij vrijwilliger leggen, uitspraak ontlokken		
	Lastig te volgen	Begaafdheid beller, traagheid beller		
	Negativiteit	Klagen/zeuren/zuigen, dominantie, Ja-maar, ongenuanceerdheid beller, oordelende beller, slachtofferrol		
	Onverstaanbaar	Afasie, dialect, dronken beller, mompelen, spraakgebrek, stotteren, zacht praten		
	Vrijwilliger uitproberen	Kritiek op Sensoor/vrijwilliger, Manipulatie, naar privé vragen, schelden/discrimineren		
Organisatie/ omgeving	Afleiding	Achtergrondgeluiden, te stil		
	Chatdienst stopt te vroeg			
	Diensten	Dienst te lang, chatdienst te kort, geen nachtdienst kunnen doen		
	Geen contact collega's			
	Geen vertrouwen in vrijwilliger			
	Technische storing	Geen telefoontjes binnenkrijgen, telefoon en chat valt uit		

Vrijwilliger	Eigen taboe	Bv seks/abortus		
	Geen grenzen bewaken	Vlak voor einde dienst telefoon/chat aannemen, teveel van jezelf		
		prijs geven		
	Geen klik	Aandacht er niet bij kunnen houden, niet in kunnen leven.		
	Teveel de helpende rol	Problemen op willen lossen, anonimiteit willen verbreken		
	Herkenbaarheid	Eigen pijn, problemen komen te dichtbij, zelfde meegemaakt als		
		beller		
	Afleiding	Nieuwgierigheid wat er in kantoor gebeurt		
	Vermoeidheid			
	Zelfkritiek	Kritiek op zichzelf, streng zijn voor zichzelf		

Appendix 3: Code Scheme "Factors that help and hinder coping with emotions"

Bevorderende factoren Zelfzorg/zelfcompassie		Iets doen na gesprek (naar buiten, iets drinken), Afleiding		
vrijwilliger		tijdens gesprek (koffie zetten, krant lezen), Afstand in		
		luisteren, Telefoon uit, positieve gesprekken onthouden, iets		
		leuks doen na zware dienst, op tijd op vakantie gaan		
	Gesprek/dienst beëindigen	Verslag maken, reis naar huis, pauze nemen, rituelen		
		(opruimen, even in stilte zitten)		
	Ervaringen delen	Met collega's, intervisie, trainer, familie, achterwacht		
	Grens aangeven	Gesprek beëindigen, waarschuwen, grenzen mogelijkheden		
		aangeven, niet laten opjagen		
	Competenties	(Levens-) ervaring, herkenbaarheid, zelfvertrouwen, (zelf-)		
		kennis		
	Reflecteren	Relativeren, zelfreflectie, nuanceren		
Belemmerende factoren	Geen zelfcompassie	Over gesprek blijven denken, zelfkritiek		
vrijwilliger	Geen grenzen aangeven	Te lang doorgaan met gesprek, op laatste moment		
		telefoon/chat aannemen, laten opjagen, dubbele nachtdienst		
	Geen zelfzorg	Telefoon niet uitzetten, geen pauze nemen, geen contact		
		zoeken		
	Weinig ervaring			
Bevorderende factoren	Training is goed	Goede kwaliteit trainingen, mentordiensten, intervisie, goede		
organisatie		trainers		
	Sfeer	Veilige/betrouwbare/open sfeer, fijne/attente/prettige		
		organisatie, informele activiteiten en collegialiteit		
	Zorg voor vrijwilligers	Nazorg, bereikbaarheid trainer/achterwacht, ondersteuning		
	Anonimiteit	Helpt bij loslaten en aftand houden		
	Overig	Diensten lang genoeg, restrictie aantal keren bellen		
Belemmerende factoren organisatie	Werkplek	Geen contact met collega's door thuiswerken (zelf of college)		
	Dienst	Diensten te lang, nachtdiensten niet fijn		
	Anonimiteit	Niet kunnen ingrijpen bij gevaar		

Appendix 4: Code scheme "Reasons to start"

Behoefte om te helpen	lets goeds willen doen, er voor andere mensen zijn, aan de maatschappij bijdragen
Persoonlijke ontwikkeling	Eigen (luister)vaardigheden verbeteren, omgang met mensen oefenen
Beroepsmatige ontwikkeling	De participant volgt een sociale opleiding en wil de vaardigheden in dit gebied oefenen
Sensoor advertentie	De participant heeft een advertentie gezien en besloten mee te doen

Appendix 5: Code scheme "Reasons to quit"

Tijdrovend/geen tijd voor			
andere dingen	Te weinig tijd voor de gezin of vrienden		
	Kost te veel tijd, te weinig tijd voor andere dingen		
	Er was te weinig vrije tijd, behoefte aan meer vrije tijd		
Werk is	De afwezigheid van leuke ervaringen		
belasting/Negatieve invloed	Te veel last van inspanning, werk is vermoeiend, kost veel		
op leven	energie		

	Werk maakt leven zwaarder, negativiteit op werk heeft invloed op dagelijks leven
	Ervaring van verdriet, negativiteit en vervelend ervaringen. Last van psychische klachten.
Probleem met betrekking tot de organisatie	Bezuinigingen, trainingen zijn belasting
Factoren met betrekking tot diensten	De aantal diensten zijn te hoog, nachtdiensten zijn belasting, diensten zijn vermoeiend
	Bepaalde eigenschappen van de hulpvrager die de werk vervelend maken. Seksbellers, dronken of stoned mensen, mensen die geen dialoog willen voeren
Andere werk	Werk bij Sensoor interfereert met andere werk

Appendix 6: Invitation letter







Informatie deelname aan interview.

Geachte heer/mevrouw,

U ontvangt deze brief omdat u vrijwilliger bent geweest bij de organisatie Sensoor Nederland. Voor een wetenschappelijk onderzoek naar compassiemoeheid, veerkracht en welbevinden onder vrijwilligers bij Sensoor Nederland, zijn we op zoek naar mensen die als vrijwilliger bij Sensoor hebben gewerkt en mee willen werken aan een interview. In deze brief kunt u algemene informatie vinden over het doel en de achtergrond van het onderzoek. Tevens kunt u lezen wat deelnemen aan dit onderzoek precies inhoudt en wat er met uw gegevens wordt gedaan. Indien u na het lezen van deze brief besluit dat u wilt deelnemen aan het onderzoek, vragen we van u om een toestemmingsformulier in te vullen.

Wie ben ik?

Ik, Renate Willems ben promovenda en hogeschooldocent aan Hogeschool Rotterdam. Ik doe onderzoek naar compassiemoeheid, veerkracht en welbevinden onder vrijwilligers bij Sensoor Nederland. Dr. Patricia Vuijk, lector bij Kenniscentrum Zorginnovatie van Hogeschool Rotterdam is eindverantwoordelijk voor dit onderzoek. Indien u naar aanleiding van dit onderzoek vragen of zorgen heeft, kunt u contact met haar opnemen via p.vuijk@hr.nl.

Doel van het onderzoek

We leven in een participatiesamenleving, waarbij de overheid uitgaat van de eigen kracht en zelfredzaamheid van burgers. Omdat niet iedereen zich altijd op eigen kracht kan redden, is er soms hulp nodig. Vrijwilligers van Sensoor Nederland en Rotterdam-Rijnmond zijn belangrijk omdat zij een luisterend oor bieden aan anderen die dat nodig hebben. Toen u als vrijwilliger bij Sensoor werkte, kwam u in aanraking met het lijden van hulpvragers tijdens uw werk. Dit kan leiden tot compassiemoeheid, verminderde veerkracht en uiteindelijk verminderd welbevinden. Wij gaan op zoek naar een manier waarop we vrijwilligers kunnen ondersteunen bij hun werk. Daarvoor hebben we uw hulp nodig.

Het doel van dit onderzoek is om in kaart te brengen welke emoties de confrontatie met lijden van hulpvragers bij vrijwilligers van Sensoor heeft opgeroepen en hoe zij hiermee om zijn gegaan. Wij willen graag weten of er factoren zijn die helpen met het op een goede manier omgaan met emoties, of zijn er factoren die dit juist belemmeren? Wij denken dat gestopte vrijwilligers hier goede informatie over kunnen geven.

In een interview zullen we vragen naar de emoties die u heeft ervaren toen u geconfronteerd werd met het lijden van de ander. Dit kunnen positieve en negatieve emoties zijn. Ook zullen we vragen naar de manier waarop u om bent gegaan met deze emoties en de gevolgen die deze emoties voor u gehad hebben.

Wat houdt meedoen voor u in?

Het interview zal 45-60 minuten duren. Alles wat tijdens het interview besproken wordt, zal anoniem en vertrouwelijk worden behandeld door de onderzoekers.

Wat wordt er met de gegevens gedaan?

De gegevens die voortkomen uit het interview zal, nadat ze zijn uitgewerkt en geanalyseerd, gebruikt gaan worden voor een artikel in een wetenschappelijk tijdschrift. De gegevens zullen uiteraard volledig vertrouwelijk worden verwerkt: dat wil zeggen dat er in de het artikel nergens uw naam wordt genoemd, of informatie waardoor kan worden achterhaald wie wat heeft gezegd (er worden meerdere deelnemers geïnterviewd). Als u daar prijs op stelt krijgt u na afloop van het onderzoek een samenvatting van de belangrijkste resultaten.

Hoe kan ik me aanmelden voor dit onderzoek?

Indien u, na het lezen van deze brief nog vragen heeft, dan kunt u deze stellen aan Renate Willems <u>r.c.w.j.willems@hr.nl</u>. Als u besluit dat u wil deelnemen aan het onderzoek, kunt u het bijgevoegde formulier invullen en ondertekenen.

Toestemmingverklaringformulier (informed consent)

Titel onderzoek: Uitdagingen en veerkracht van vrijwillige hulpverleners **Verantwoordelijke onderzoeker:** R.C.W.J. Willems.

In te vullen door de deelnemer

Ik verklaar op een voor mij duidelijke wijze te zijn ingelicht over de aard, methode en doel van het onderzoek. Ik weet dat de gegevens en resultaten van het onderzoek alleen anoniem en vertrouwelijk aan derden bekend gemaakt zullen worden. Mijn vragen zijn naar tevredenheid beantwoord.

Ik weet dat een geluidsopname van het interview gemaakt wordt en dat deze 15 jaar bewaard blijft op een beveiligde harde schrijf met wachtwoord. Alleen de genoemde onderzoekers en het begeleidingsteam van het promotie onderzoek hebben toegang tot deze gegevens.

Ik begrijp dat de audio opname wordt uitgeschreven en dat de persoonlijke gegevens hierbij volledig geanonimiseerd zullen worden.

Ik begrijp dat audiomateriaal of bewerking daarvan uitsluitend voor analyse en wetenschappelijke presentaties zal worden gebruikt.

• Ik stem geheel vrijwillig in met deelname aan dit onderzoek. Ik weet dat ik op elk

moment mag stoppen meNaam deelnemer:	et dit onderzoek, zonder daarvoor een reden op te g	geven.
Emailadres:		
Datum:	Handtekening	deelnemer

In te vullen door de uitvoerende onderzoekers

Ik heb een mondelinge en schriftelijke toelichting gegeven op het onderzoek. Ik zal resterende vragen over het onderzoek naar vermogen beantwoorden. De deelnemer zal van een eventuele voortijdige beëindiging van deelname aan dit onderzoek geen nadelige gevolgen ondervinden.

Naam onderzo	oeker:		

Datum:	Handtekening onderzoeker:

Appendix 7: Original Quotes and translation

Table	Original Quote	English Quote
1p	Nou volgens mij het belangrijkste wat ik heb geleerd is	I think the most important thing I learned is
	inderdaad, om grenzen te kunnen stellen. Dus bij mezelf te zijn	indeed to set boundaries. To be there for
	en tegelijkertijd bij de beller.	myself and at the same time for the caller.
1p	maar altijd veel compassie te tonen, meeleven met de beller. Het	[] but always show a lot of compassion,
•	belangrijkste is dat de beller in zijn kracht komt om zelf de	sympathize with the caller. The most
	problemen op te lossen.	important thing is that the caller is put into
	proteiner of te lossen.	power to solve their problems themselves.
1n	of af en toe gebeurde het ook dat iemand stelde zo van, ik ben	[] occasionally it happened that someone
1p		
	vandaag bij mijn kleinkinderen geweest en dat heb ik zo genoten,	said, "I have been with my grandchildren
	dat wil ik graag even delen met iemand	today and I enjoyed that so much, I would like
		to share with someone.
1p	En het is ook leuk om te merken dat het alleen maar even er zijn	And it is also nice to notice that just being
	en te luisteren, dat je dan soms ook heel veel kan betekenen. En,	there and listen, that can also mean a lot. And,
	ja, dat maakt het voor mij wel prettiger	yes, that makes it more pleasant for me.
1p	Er zijn ook gesprekken geweest die me ontroerden zal ik maar	There are also conversations that moved me I
_	zeggen.	will say.
1p	Het is gewoon als ik zelf heel veel aan mijn hoofd had, dan	It is just that I had a lot on my mind, so it took
*	kostte het gewoon moeite om aandachtig te luisteren en een	a lot of effort to make conversation and listen.
	praatje te maken. Dat ging mij ook echt tegen staan	- January and Hoteli
1p	Ja, en het was voor hem een hele bevrijding om daarover te	Yes, it was a liberation for him to be able to
1Р	kunnen spreken. Dat vond ik het mooiste gesprek dat ik daar ooit	talk about it. That was the most beautiful
	meegemaakt heb	conversation I ever had.
1		
1p	Ja nou, dat is echt zo van blijdschap en dankbaarheid om het niet al te wollig te maken	It was really about joy and gratitude []
1n	op een gegeven moment zelf weerstand. De mensen die bellen	Lat a given moment even registance. The
111		[] at a given moment even resistance. The
	vanuit een slachtofferrol en alleen maar willen klagen. Dat vond	people who call in a victim role and just want
	ik moeilijk om mee om te gaan.	to complain. I found that hard to deal with.
1n	Ik denk uhhh, als ik dan heel erg meeleef met iemand, of	I think, when I really feel compassion for
111		
	meevoelde, dan komt zo'n emotie en blijft nog wel even hangen	someone, then these emotions emerge and will
		linger.
1n	Je hebt sowieso mensen waarbij je het nooit goed kan doen	There are people for whom you can never do it
111	se neot sowieso mensen waaron je net noon goed kan doen	right.
1n	Soms gebeurde het ook dat je zo'n gesprek na een half uur	Sometimes you just finished a half an hour
	afgerond had en dat je prompt weer gebeld werd.	conversation and you get called again
	argorona nad on dat je prompt weer gebeld werd.	immediately.
1n	want is britist zo'n training, oak allamed has is most britisher.	
1n	want je krijgt zo'n training, ook allemaal hoe je moet luisteren,	[] you get this training, how you have to
	dus in het begin had ik nog wel zoiets van doe ik het goed? Dus	listen, so in the beginning I was like "am I
1	dat was meer zo van spannend, doe ik het wel goed?	doing it right?".
1n	Ja, dat maakt me wel een beetje boos. Ik zit hier gewoon in mijn	Yeah, that made me a little angry. I am sitting
	vrije tijd, met mijn beste intenties om anderen te helpen En ja,	here in my free time, with my best intentions
	dat uh, daar moet je geen misbruik van maken.	to help others. And yes, you should not take
		advantage of that.
1n	En wat ik wel lastige gesprekken vond, waren de seks	And what I thought were tough conversations,
	telefoontjes. Dat mensen een gesprek met je aangaan met andere	that were the sex phone callers. That some
	bedoelingen en ja, dat geeft je toch wel het gevoel dat je gebruikt	people start a conversation with you with these
	wordt.	intentions, and yes that gives you the feeling
		that you are being abused.
1n	Ja, ik denk dat inderdaad vermoeidheid het meeste gespeld heeft,	Yes, I think that indeed tiredness did play a
	ja.	big role, yes.
1n	Nou, voor mezelf vind ik dat altijd wel lastig. Ik ben nogal	Well, I always found that difficult. I'm pretty
	perfectionistisch,	perfectionistic
1n	Ja dat ik meer hoofdpijn had merkte ik daarna, maar ja het was	Yes, I noticed afterwards that I had more
	ook in die periode dat langzaam zeg maar de druk steeds hoger	headaches, but yes it was also during that
	werd, dat steeds meer mensen gingen bellen	period that the pressure was slowly getting
	mera, dat steeds mensen gingen benen	period that the pressure was slowly getting

		higher, that more and more people were calling.
1n	Dat je denkt "dit is niet echt, dit is echt heel erg er doorheen, en shockeren, laat ik het zo zeggen.	That you think "this is not real, [] and shocking, let me put it this way."
Reden te beginnen	Nou ja, de behoefte om iets voor anderen te doen	Well yes, the desire to do something for others
Reden te beginnen	En ja dat ik ook mijn gespreksvaardigheden wat kan oefenen en ook ja gewoon in aanraking kom met problematiek.	And yes, I also wanted to practice my conversation skills and also just come into contact with problems.
Reden te beginnen	ik was afgestudeerd psychologie en ik was zoek naar werk en dat was niet zo makkelijk om te vinden en toen dacht ik, dan ga in de tussentijd ga ik iets anders doen waarbij ik gesprekken heb met mensen met problemen	I graduated in psychology and I was looking for work and that was not so easy to find and then I thought, in the meantime I'm going to do something else where I have conversations with people that have problems.
Reden te beginnen	tot dat ik dan op een gegeven moment een Sensoor advertentie voorbijkwam	until I passed a Sensoor advertisement at a given moment
Stoppen	op een gegeven moment merkte ik dat het mijn wereldbeeld war zwaarder maakte.	at one point I noticed that it made my world view somewhat sadder
stoppen	nou zitten en luisteren, geen enkele vorm van dialoog, maar monoloog en dat ging me steeds meer storen	sitting and listening, no form of dialogue, but monologue and that bothering me more and more
stoppen	dan kreeg je mensen aan de telefoon, waarvan ik van tevoren het verhaal al kon vertellen omdat ik die zo regelmatig aan de telefoon kreeg.	then you got people on the phone, of which I could tell the story in advance because I had them so regularly on the phone, []
Stoppen	ik werk vier dagen in de week en dan hou je gewoon weinig vrije tijd over.	I work four days a week and then you just have little spare time left.
stoppen	Ja was voor mij de grens, vooral bij de nachtdiensten, dat vond ik heel erg pittig,	Yes, that was the limit for me, especially the night shifts, I did not like them
Help request	er waren natuurlijk ook mannen die dan op een gegeven moment het heel lekker vonden om via seks met je in gesprek te raken	of course there were also men who at a given moment found it very nice to have a sexual conversation with you
Help request	en dat vond ik soms wel lastig, dat ik dacht van kan ik dit wel doen of mag ik dit wel doen. Dat was wel een beetje zoeken ja.	and I sometimes found it difficult, that I thought I can do this or may I do this. That was a bit of a search, yes.
Help request	Ja, in die tijd schijnt dit vaker voorgekomen te zijn. Fake gespreken bedoel ik.	Yes, in that time this seems to have happened more often. I mean fake conversations
Help request	Je hebt mensen die in een heel klein wereldje zitten en die heel weinig mensen om zich heen hebben. En die ja, eisen je dan helemaal op tijdens een gesprek.	You have people who live in a very small world and who have very few people around them. And they are very demanding during a conversation.
Caller	Als ik dan heel voorzichtig probeer, een klein beetje van nou, hé? Dat wilde ze helemaal niet horen dat ze er zelf een aandeel in heeft, die had ook nul zelfinzicht. En dat vind ik dan lastig.	If I try very carefully, a little bit, right? She did not want to hear that she herself had a stake in it, she also had no self-insight. And I find that difficult.
Caller	Je hebt sowieso mensen waarbij je het nooit goed kan doen	You encounter these people anyway, where you never do it right.
Caller	En dat is dan één keer prima. Maar als ik diegene dan nog een keer aan de telefoon krijg en weer dezelfde verhalen hoor, daar kan ik dan heel weinig mee.	And that's fine once. But if I get them on the phone again and hear the same stories again, I can do very little with that.
Caller	ja sommige mensen konden ook wel, waren er goed in een soort van slijmen, heel erg op je, proberen op je hand te komen ofzo	yes some people could also, were good in some kind of sucking up to you []
Caller	Ja, als ze echt meer concreet om mijn mening gingen vragen, of dingen aan mij gingen vragen. Dat gebeurde niet zo vaak, maar dat vind ik ook lastig	Yes, if they really started to ask for my opinion, or asked me questions. That did not happen too often, but I find that difficult
Caller	En daar zijn ook wel bellers die heel erg onduidelijk praten, heel onduidelijk. Dat vond ik ook lastig, want je kan niet aan het vragen blijven van "wat zegt u?". Ja, dat was ook best lastig, hoor.	And there are also callers who speak very indistinguishable, very indistinguishable. I also found that difficult, because you can't continue asking "what did you say?". Yes, that was quite difficult, too.
Organisation	Ja ook wel, alleen ik kende de groep daar niet, die mensen niet persoonlijk, omdat ik daar ook niet meer samen werkte. Voor mij is dat een drempel als mensen niet echt persoonlijk om dan wel iets persoonlijks te vertellen.	Yes, but I did not know the group there, nor the people personally, because I did not work there anymore. For me it's a hindrance to talk over something personal with people I do not know.
Organisation	Ja, en dat wilde ik ook niet meer. Vooral niet meer s 'nachts. Dat ging me op een gegeven moment heel erg tegen werken.	Yes, and I didn't want that anymore. Especially not at night. At some point that was working me up.
Organisation	Ja, ik heb wel eens gehad dat ik op locatie zat te bellen en dat ze niet door hadden dat ik op dat kamertje zat en dat er dan personeel en andere mensen op de gang liepen en enthousiast roepen naar elkaar enzo	Yes, I had it once that I was on the phone and they did not realize that I was in that room and the staff and other people in the corridor were enthusiastically talking to each other.
Organisation	, iemand breekt het gesprek af. Dat kan aan een storing liggen in	someone suddenly stops the conversation. This

Volunteer	maar het is meer algemeen dat ik streng ben voor mezelf. Ik zie veel vaker van wat ik fout doe, dan wat ik goed doe.	[] but I am generally strict with me. I rather see what I do wrong than what I do well.
Volunteer	Ja, ik denk dat inderdaad vermoeidheid het meeste gespeld heeft,	Yes, I think tiredness has the biggest
Volunteer	ja. Als ik zelf niet lekker in mezelf zit, dan heb ik niet zo veel geduld, dan kan ik niet zo goed luisteren.	influences, yes. If I am not comfortable myself, then I do not have so much patience, then I cannot listen as well.
Volunteer	ja, als een gesprek bijvoorbeeld iets persoonlijk raakt dan kan ik ook wel eens een beetje afgeleid zijn bij het volgende gesprek.	Yes, if for example a conversation is about something personal, it may distract me in the next conversation.
Volunteer	Daarom deed ik mijn beldiensten nooit thuis, altijd op locatie omdat ik thuis gewoon sneller afgeleid raak door andere dingen.	That's why I never did my shifts at home, always at the department, because I simply get distracted by other things at home.
Volunteer	ik wil met zo veel mogelijk mensen zijn en dat was dan ook een beetje mijn perfectionisme. Want daardoor was ik er helemaal niet voor mezelf,	[] I want to be there for as many people as possible and that was a bit my perfectionism. Because that's why I was not there at all for myself, []
Volunteer	Daarom deed ik mijn beldiensten nooit thuis, altijd op locatie omdat ik thuis gewoon sneller afgeleid raak door andere dingen	That's why I never did my shifts at home, always at the department, because I simply get distracted by other things at home.
Hindering factors	Ik denk uhhh, als ik dan heel erg meeleef met iemand, of meevoelde, dan komt zo'n emotie en blijft nog wel even hangen	I think uhhh, if I sympathize very much with someone, or felt with them, then such an emotion can linger.
Hindering factors	Ja, het enige wat ik kan bedenken wat misschien niet hielp was dat ik meteen het volgende gesprek aanging.	Yes, the only thing I can think of that perhaps did not help was that I immediately started the next conversation.
Hindering factors	En de meeste emotie die ik had was verveling.	And the most emotion I had was boredom.
Hindering factors	dan komt er weer iemand van weet ik veel, met angst achter de voordeur, dat ze niet op straat durven te komen	then there is someone, very afraid, that they wont even go out on the street.
Hindering factors	Het was wel zo dat in het begin, was ik vaak van mezelf nogal een vriendelijke mens, soms te vriendelijk en gingen bellers over mijn grens heen.	It was true that in the beginning, I was often quite a friendly person, sometimes too friendly and callers crossed my line.
Hindering factors	Had ik moeite om de grip op dat gesprek te houden, dat was in het begin,[]	I had trouble keeping a grip on that conversation, that was in the beginning, []
Reinforcing factors	In het gebouw waren, twee kamers naast elkaar, kon je elkaar wel makkelijk even opzoeken terwijl in het land genoeg lijnen open stonden zodat andere bellers toch aan het telefoon	In the building there were two rooms next to each other, you could easily visit each other if there were enough lines open in the country
Reinforcing factors	Ik dacht dat dit juist het grootste valkuil zou zijn, dat ik het niet makkelijk kon loslaten, de emoties, maar ik ben erachter gekomen dat ik het wel heel makkelijk kan loslaten	I thought that this would be the biggest pitfall, that I could not let go easily, the emotions, but I found out that I can let go very easily.
Reinforcing factors	Ja, sowieso moet je van elke dienst één gesprek moet je even aanvinken en even een verslagje van schrijven, dus dan pakt hij die nou juist wel eens of zo.	Yes, in any case, you have to reflect on one shift and write a report on it, []
Reinforcing factors	Dat je gewoon duidelijk die grens hebt van dat is gewoon geen optie, dan kan ik het ook makkelijker loslaten.	That you simply have that limit, so that it is not an option, then I can let go more more easily.
Reinforcing factors	Nou, ik heb natuurlijk gewoon een sociale opleiding gedaan en ik werk in de psychiatrie, dus ik ben gewoon gewend om, dat hoort er gewoon bij.	Well, I had an education in social sciences and I work in a psychiatry, so I'm just used to, that's just part of it.
Reinforcing factors	En dan kon ik daar wel eens even over nadenken van nou, heb ik dat wel goed aangepakt ofzo	And I could think about that Well, did I do it right?
Hindering organsiatie	dat je verplicht nachtdiensten moest doen, dat is voor mij gewoon best wel zwaar.	that you were obliged to do night shifts, that's pretty hard for me.
Hindering organsiatie	Dat had enerzijds het gemak dat je vanuit huis kon bellen, maar dat maakte het ook heel anders qua atmosfeer, qua energie, ja ik ben heel gevoelig voor energie, de energie in je huis.	On the one hand you could take calls from home, but that also made it very different in terms of atmosphere, energy, yes I am very sensitive to energy, the energy in your house.
Hindering organsiatie	Ja ik denk dat met dat extreme voorbeeld, van die man die zijn vriendin en haar kinderen iets aan wilde doen, ja toen kwam ik wel daar wilde ik het liefste de politie even bellen. Ja, we zijn dus anoniem, dus dat kan niet.	Yes, I think that with that extreme example, of that man who wanted to harm his girlfriend and her children,[] I wanted to call the police. Yes, we were anonymous, so that is not possible.
Reininforcing	En als je ergens tegenaan loopt, kan je altijd bij je trainers terecht.	And if you had a problem with something, you could always contact your trainers.
organisatie		
	Ik heb er wel veel van geleerd, en veel aan gehad. Omdat je wel heel veel training en scholing krijgt en coaching.	I learned a lot, and got a lot out of it. Because you get a lot of training and education and coaching.
organisatie Reininforcing	Ik heb er wel veel van geleerd, en veel aan gehad. Omdat je wel	you get a lot of training and education and

	telefoon en op het moment dat het gesprek is beëindigd, is het contact beëindigd en dan kun je ook niets meer.	You basically have someone on the phone once and at the moment that call ends, the contact ends and then you can't do anything about it anymore.
Reininforcing organisatie	Nou, ik denk sowieso de duur van de dienst, dat het maar een paar uurtjes is, dat maakt het ook iets overzichtelijker, want dan kan je daarna weer wat anders gaan doen.	Well, I think the duration of the service, that it is only a few hours, that makes it overseeable, because afterwards you can do something else again.