Compassion Satisfaction in Crisis Line Volunteers: Determinants of Compassion Satisfaction and its Protective Impact on the Experience of Secondary Traumatic Stress and General Well-Being

Melvin Aulkemeyer

08.06.2020

Master's Thesis

University of Twente

BMS Faculty

Department of Psychology, Health & Technology

Supervisors:

Dr. Stans Drossaert

Renate Willems, PhD Candidate

Abstract

Background

Crisis line volunteers encounter traumatic stories and other stressors, endangering their mental health. However, by helping callers, they may accumulate compassion satisfaction which may explain why they continue volunteering.

Aims

The present study investigated how much compassion satisfaction crisis line volunteers experience and what its determinants are. Moreover, the protective role of compassion satisfaction for crisis line volunteers' mental health was examined. The outcomes of this study will inform interventions for improving crisis line volunteers' mental health and their experience as volunteer helpers.

Methods

563 crisis line volunteers completed a cross-sectional survey. The following variables were measured: Demographics, work-related factors, compassion satisfaction, secondary traumatic stress, mental well-being, job resources (relationships with colleagues, autonomy, training, supervision), and intention to stay. Correlations and multiple regression analyses were used to examine associations of compassion satisfaction with its determinants and potential benefits.

Results

Crisis line volunteers had moderate levels of compassion satisfaction (M = 40.9), low levels of secondary traumatic stress (M = 16.4), rather high levels of mental well-being (M = 3.7), and strong intentions to stay. Higher levels of compassion satisfaction were predicted by better relationships with colleagues, better training, and a higher quality of supervision (R^2 = .132). Moreover, higher levels of compassion satisfaction were significantly associated with less secondary traumatic stress (r = -.14), higher mental well-being (r = .44), and stronger intentions to stay (r_s = .40).

Conclusion

Compassion satisfaction was identified as a central resource for crisis line volunteers. Future interventions may increase crisis line volunteers' level of compassion satisfaction by targeting job resources. This may eventually lead to mental health benefits. Mediation analyses are needed to elucidate how job resources may increase compassion satisfaction. Moreover, experimental and longitudinal studies are required to examine if experiencing more compassion satisfaction causally leads to improved mental health.

Introduction

Crisis Line Volunteering

Crisis line services, via telephone, chat, or email provide a unique opportunity for people who need psychological or emotional help. They are immediately accessible, allow callers to remain anonymous and feel secure, and have a disinhibiting effect (Haas, Benedict, & Kobos, 1996; Reese, Conoley, & Brossart, 2006). Internationally, next to professional workers, there are over 20.000 carefully selected and trained crisis line volunteers (IFOTES, 2020a). Crisis lines have shown to be effective in attenuating crises and improving the mental health of suicidal and nonsuicidal callers (Gould, Kalafat, Munfakh, & Kleinman, 2007; Kalafat, Gould, Munfakh, & Kleinman, 2007). Well-trained crisis line volunteers can be as effective as professional telephone counselors in aiding callers during crises (O'Donnell & George, 1977).

Crisis line volunteers are exposed to various stressors. They have to cope with highly personal, distressing, and traumatizing stories. Meanwhile, they have to show a welcoming attitude, irrespective of the behavior of callers, receive no monetary compensation, and have to treat their conversations as highly confidential (IFOTES, 2020a). They encounter diverse topics like suicide, aggression, violence, isolation, anxiety, and traumatic events while having to stay empathic and non-judgmental (IFOTES, 2020b). Other stressors are sexually abusive callers and frequent callers who consume the time of the volunteers (Baird, Bossett, & Smith, 1994; Matek, 1980; Pirkis et al., 2016). Meanwhile, they never find out the long-term outcomes of their help and often do not get any recognition for their achievements, leading to a desire to leave their work (Abualrub & Al-Zaru, 2008; Cyr & Dowrick, 1991; Sundram, Corattur, Dong, & Zhong, 2018). Some callers even attempt to commit suicide during a call, making crisis line volunteers feel helpless, as they cannot intervene (Vattøe, DeMarinis, Haug, Lien, & Danbolt, 2019). However, as many people continue to work as a crisis line volunteer, it may be a fulfilling and gratifying experience, despite such stressors. In contrast to previous research which mainly focused on stressors, this study will thus take a more positive approach and focus on the positive aspects of helping others as a crisis line volunteer.

Compassion Satisfaction

One factor responsible for feeling gratification may be compassion satisfaction (CS). According to Stamm (2010), CS denotes the positive affect and feelings someone has when successfully helping others with one's work (e.g. satisfaction, vigor, pride), combined with an appreciation of one's coworkers and workplace. She explains that people with high CS want to

continue their work and are convinced that their work leads to meaningful changes. Crisis line volunteers may be motivated to gain CS, to feel like they made a positive and meaningful difference in a client's life. This may be their main reason for doing their volunteer work. While there is no research about the levels of CS in crisis line volunteers, they may be at risk for low levels of it. Volunteer caregivers had lower levels of CS than professional therapists, perhaps because they were less able to establish healthy emotional boundaries in contact with clients (Avieli, Ben-David, & Levy, 2016; Wilson & Lindy, 1994). It is vital to clarify the prevalence of CS, as it would reveal if crisis line volunteers are at risk of low levels of it or feel satisfied with their work as a helper despite the stressors they encounter. This would point out if interventions are needed that focus on increasing CS in crisis line agencies that employ volunteers. Besides, previous studies often did not focus on CS directly or had small sample sizes. The present study will elucidate the determinants and beneficial outcomes of CS for crisis line volunteers to identify ways how CS may be used to improve their experience at work.

Demographics' and Work-Related Factors' Association With Compassion Satisfaction

Demographics and work-related factors may be determinants of CS. For example, crisis line volunteers may use their professional and life experience to flexibly handle difficult situations at work which may result in feelings of success and satisfaction (Harr, Brice, Riley, & Moore, 2014). In line with this, there were positive relationships between CS and age and work experience in domestic violence service providers and behavioral health providers (Kulkarni, Bell, Hartman, & Herman-Smith, 2013; Sprang, Clark, & Whitt-Woosley, 2007). Research about other demographics and work-related factors' relation with CS, especially for volunteers, is largely missing. Yet, it is important to identify relevant factors to detect volunteers at risk of low levels of CS and identify the ideal work conditions. Thus, the present study measured various demographics and work-related factors: Gender, age, previous training as caregiver, organization, work experience, hours per week, and work location.

Job Resources' Association With Compassion Satisfaction

Job resources may be a target for the aforementioned interventions to increase CS. They are those conditions at work that facilitate personal growth, aid in coping with difficult situations, and help to reach work goals (Bakker, Demerouti, de Boer, & Schaufeli, 2003). According to conservation of resources theory, people have an intrinsic motivation to gain and defend their resources (Hobfoll, 1989; Hobfoll, 2002). Furthermore, they have to use and invest resources to gain new resources (Hobfoll & Shirom, 2001). This suggests that crisis line

volunteers may invest their existing resources to gain more CS in the long run (Bakker & Demerouti, 2007; Hobfoll & Shirom, 2001). For example, crisis line volunteers may talk with supervisors about their emotional burden to cope with difficult clients and improve the quality of their help, making them feel satisfied and successful about their performance.

There is some evidence for job resources' beneficial effects in other populations. For example, more supervision and supportiveness of management positively predicted CS in trauma therapists and child exploitation investigators (Brady, 2016; Sodeke-Gregson, Holttum, & Billings, 2013). A positive association was found between work autonomy and CS in social workers (Bae et al., 2019). Salloum, Kondrat, Johnco, and Olson (2015) found out that trauma-specific training, seeking supervision, and teamwork were associated with more CS in child welfare workers. Lastly, trauma nurses with better relationships with colleagues and stronger support systems reported higher levels of CS (Hinderer et al., 2014). In this sense, relationships with colleagues, autonomy, training, and supervision may also lead to higher levels of CS in crisis line volunteers, as implied by qualitative research on job satisfaction (Sundram et al., 2018). However, qualitative and quantitative research on the relation between job resources and crisis line volunteers' level of CS is missing. Yet, it is important to examine this since CS goes beyond merely being satisfied with one's job and includes the unique feelings of crisis line volunteers resulting from their contribution as a helper (Stamm, 2010). Especially for volunteers, the aforementioned job resources may be vital, as they felt underappreciated and abandoned by their agencies (Sundram et al., 2018; Yanay & Yanay, 2008).

Crisis Line Volunteers' Endangered Mental Health

In addition to finding determinants of CS, it is vital to find out if CS can be harnessed to improve crisis line volunteers' mental health, as they may be vulnerable to several mental health problems. Due to their empathic emotional involvement with clients, they may suffer from compassion fatigue (CF; Cyr & Dowrick, 1991; Dunkley & Whelan, 2006; Figley, 2002; Stamm, 2012). CF, often called the cost of caring, is the negative complement of CS and refers to feelings of depression, anxiety, burnout, and pain, resulting from work with emotionally suffering persons (Figley, 1995; Stamm, 2010). One facet of CF is secondary traumatic stress (STS) which results from "work-related, secondary exposure to people who have experienced extremely or traumatically stressful events" (Stamm, 2010, p. 13). People who experience STS are preoccupied with the trauma of other people which follows them into their personal life, making them feel trapped and leading to fear, sleep problems, and intrusions (Stamm, 2010).

Crisis line volunteers may suffer from STS. The literature suggests that they have symptoms of STS, comparable to those of psychotherapists, and are at risk of reduced mental well-being (Johnson et al., 2017; Kitchingman, Wilson, Caputi, Wilson, & Woodward, 2018; Linley & Joseph, 2007; O'Sullivan & Whelan, 2011). Thus, their anonymity and rather short-lived contacts with callers may not protect them from trauma (Ghahramanlou & Brodbeck, 2000, as cited in O'Sullivan & Whelan, 2011). Not only is STS detrimental for the volunteers involved, but it may also impair the quality of their work when helping others (Kitchingman, Wilson, Caputi, Wilson, & Woodward, 2017; Kitchingman et al., 2018; Salyers et al., 2016). Yet, only few, often methodologically poor studies examined the mental health of crisis line volunteers (Kitchingman et al., 2018). Clarifying the prevalence of STS would reveal how many volunteers need interventions to improve their mental health and possibly their performance.

Potential Benefits of Compassion Satisfaction for Crisis Line Volunteers

Besides clarifying the prevalence of STS, it is important to have insight into factors that protect against it. CS may fulfill this role. Many authors, working with diverse samples, proposed that CS may help to counteract the development of CF and STS (Chan, Chan, Chuang, Ng, & Neo, 2015; Conrad & Kellar-Guenther, 2006; Cummings, Singer, Hisaka, & Benuto, 2018; Hinderer et al., 2014). However, this protective effect was not yet investigated for crisis line volunteers but there is some indirect evidence for it. Volunteers who feel like they are contributing to a better society by helping others, thus showing signs of CS, may get closer to their ideal self (Mishara & Giroux, 1993; Stamm, 2010). Being closer to one's ideal self was associated with less STS in crisis line volunteers (Warner, 2011). Perhaps moving towards one's ideal self and gaining CS restore one's positive assumptions about the world which were destroyed by trauma (Canfield, 2005; Janoff-Bulman, 1992). Next to a protective effect, there may be a buffering effect of CS, but only one study examined this. Samios, Abel, and Rodzik (2013) found that CS buffered the negative impact of STS on therapists' anxiety levels. The authors propose that CS may be a resource, related to the positive reframing of negative situations, which protects therapists from the trauma they encounter. Harr (2013) emphasizes that STS and CS can coexist and suggests that CS provides individuals with purpose and meaning in the presence of stressors. Similarly, it was found that meaning making buffers the negative effect of STS on people's mental well-being (Hope, 2006). Thus, experiencing CS may attenuate the negative impact of STS on crisis line volunteers' mental well-being.

Experiencing much CS may also have direct spillover effects on crisis line volunteers' overall mental well-being. Spillover occurs when the conditions at work influence another

domain of life (Lambert, 1990). Previous research on crisis line volunteers mainly focused on work stressors and their negative impact and mental well-being was usually defined as an absence of negative characteristics. Yet, investigating the presence of positive characteristics is vital for a complete understanding of crisis line volunteers' mental health (Wood & Tarrier, 2010). Volunteering is only a small part of volunteers' lives but the satisfaction of helping others has great potential to positively influence other domains of life. Accordingly, work enjoyment, organization-based self-esteem, and job satisfaction were found to be positively associated with different facets of mental well-being like happiness, positive affect, life satisfaction, eudaimonic well-being and interpersonal relationships (Bowling, Eschleman, & Wang, 2010; Pierce, Gardner, & Crowley, 2015; Sanz-Vergel & Rodríguez-Muñoz, 2013). These work-related constructs are similar to CS. Exploring the relationship of CS with crisis line volunteers' mental well-being and its protecting and buffering effect against STS points out if interventions targeted to increase their mental health by promoting CS are beneficial.

Another benefit of high levels of CS of crisis line volunteers may be lower volunteer turnover rates. While there is almost no research about the strength of crisis line volunteers' intention to stay in their agency and its relation to CS, there is some research about other volunteers and closely related constructs. Hellman and House (2006) found out that volunteers working in rape crisis centers and operating rape crisis lines who were satisfied with their job were more likely to stay and experienced higher affective commitment. Furthermore, volunteers with a stronger desire to help others are more inclined to continue their work (Fuertes & Jiménez, 2000). Besides, Jakimowicz, Perry, and Lewis (2018) propose to increase CS in nurses to support their retention. Mental health resources are scarce and used inefficiently (Saxena, Thornicroft, Knapp, & Whiteford, 2007). Using volunteers, instead of professional counselors, allows professionals to attend to other problems for which their specialized skills are more needed. For crisis line agencies, lower turnover rates can also prevent employee burnout and financial losses from the recruitment and coaching of new trainees and increase the proficiency of counseling of the crisis line workers (Cyr & Dowrick, 1991). Lastly, although never empirically tested, an intention to stay is part of the definition of CS (Stamm, 2010). The present study will thus clarify crisis line volunteers' intention to stay and its relation to CS.

This Research

In sum, previous research identified that crisis line volunteers may suffer from impaired mental health (Kitchingman et al., 2018). CS is an underexplored concept that may be vital for crisis line volunteers as a resource that can be harnessed to improve their mental health and

satisfaction with their work as a helper. Contrasting previous studies that mainly focused on stressors and their negative impact, this study takes a positive approach and elucidates how CS can be increased in crisis line volunteers and what benefits it may have for their well-being. This will help to inform interventions for increasing crisis line volunteers' mental health.

Research Questions

Based on the literature review, the following research questions were established:

1. *What is the level of CS of crisis line volunteers and how high is their level of STS, mental well-being, and intention to stay?*
2. *Are demographics and work-related factors (age, gender, previous training as caregiver, organization, work experience, hours per week, work location) associated with crisis line volunteers' level of CS?*
3. *Are job resources (relationships with colleagues, autonomy, training, supervision) associated with crisis line volunteers' level of CS?*
4. *Is CS associated with crisis line volunteers' level of STS, mental well-being, and intention to stay?*
5. *Does CS buffer the impact of STS on crisis line volunteers' mental well-being?*

Methods

Design

A quantitative cross-sectional design was used. All participants completed an online survey, within the Lime Survey online platform, between November and December 2019. This study was part of and used data of a larger PhD research project conducted by Renate Willems.

Participants and Procedure

Ethical approval was obtained from the Ethical Board of the Faculty of Behavioural and Management studies at the University of Twente (no: 190943). To be included in the study, participants had to do executive work at a crisis line (e.g. answering phone calls, e-mails, and having chat conversations) and speak Dutch. The participants came from three different organizations that were contacted in November 2019 to distribute the link to the survey among the crisis line workers. Participants from 'The Listen Line' (n = 543) do not apply therapeutic interventions to clients but mainly listen to clients' problems while staying non-judgmental, empathic, caring, and respectful (De Luisterlijn, n.d.). Participants from '113 Suicide

Prevention' (n = 39) are trained to help clients to cope with suicidality and increase their self-reliance (113 Zelfmoordpreventie, n.d.). Participants from 'MIND Korrelatie' (n = 11) help people with psychological problems online or via telephone by giving practical tips, advice, personal feedback, and references to regular care (MIND Korrelatie, n.d.). Overall, 593 out of 1435 participants filled out the full survey (response rate: 41.3%) but only the data of volunteer workers were used for the present study, leaving 563 participants.

Participants chose their own time and place to fill in the survey. After clicking the link, they were given an explanation of the survey and the goals of the study. Before participants gave their informed consent, they were informed of their rights as a participant concerning anonymity, use, and storage of their data and their right to terminate the survey at any time. They were informed that completing the survey takes about 30 minutes. They were also given the contact details of the researcher who conducted the present study and collected the data, in case of further questions. Then, participants filled out the questionnaires. At the end of the survey, they were thanked for their participation and could take part in a raffle to win one of 20 gift vouchers of 20€. After two and four weeks, participants got a reminder to fill in the survey.

Instruments

The present study measured the demographics, work-related factors, CS and STS, mental well-being, intention to stay, and job resources of crisis line volunteers. A detailed overview is given below. The items were administered in Dutch, but English translations are shown here for example items.

Demographics and work-related factors. The participating crisis line volunteers were asked for their gender, age (in years), and if they completed a training related to caregiving (e.g. nursing, psychology, social work, or medicine). Furthermore, they indicated for which of the three sampled organizations (Listen line, 113 Suicide Prevention or MIND Korrelatie) they work, how long they already worked as a crisis line volunteer (work experience), how many hours per week they work on average on answering telephone calls and chat messages, and if and how often they work from home (work location).

Compassion satisfaction and secondary traumatic stress. CS and STS were measured with two subscales of the well-validated Professional Quality of Life Scale 5 (ProQOL; Stamm, 2010). Both subscales consist of ten items that are scored on a five-point scale ranging from 1 (*never*) to 5 (*very often*). Since no Dutch version was available, the

questionnaires were translated by three independent translators who reached a consensus together. To ensure adequate translation, a native speaker then translated the questionnaires back. For the CS subscale, participants were asked to what extent they experienced CS during the last 30 days concerning ten statements (e.g. “I get satisfaction from being able to help people.”). For the STS subscale, participants were asked to what extent they experienced stress due to confronting the suffering of clients during the last 30 days concerning ten statements (e.g. “I feel as though I am experiencing the trauma of someone I have helped.”). A total score was calculated for each subscale by summing the scores of the respective items. Higher scores indicated higher levels of CS and STS, respectively. The reliability of the CS subscale was good in the present study ($\alpha = 0.89$). The reliability of the STS subscale was acceptable ($\alpha = 0.71$). It could have been improved by deleting one item. Yet, this was not done to ensure comparability with future studies that use the ProQOL.

Mental well-being. The mental well-being of crisis line volunteers was measured with the Mental Health Continuum-Short Form which consists of 14 items (MHC-SF; Lamers, Westerhof, Bohlmeijer, ten Klooster, & Keyes, 2011). It can be divided into the three subscales emotional well-being (three items), psychological well-being (six items), and social well-being (five items). A data collection error was made because one of the answer options of the MHC-SF was not given to participants. Thus, participants were asked how often they felt various signs of mental well-being during the last month on a five-point scale (1 = *never*, 5 = *every day*). For example, they were asked how often they felt “interested in life” (emotional well-being), “confident to think or express your own ideas and opinions” (psychological well-being), and “that people are basically good” (social well-being). A total score was computed for the total scale and subscales by averaging the corresponding items. Higher scores represented higher levels of mental well-being. There is good evidence for the three-factor structure, reliability, and validity of the MHC-SF in the Dutch population (Lamers et al., 2011). The total scale showed good reliability in the current study ($\alpha = 0.88$). Cronbach’s alpha for the three subscales emotional, social, and psychological well-being was 0.76, 0.70, and 0.83, respectively.

Intention to stay. Crisis line volunteers’ intention to stay was measured with one item (i.e., “How likely is it that you will leave the telephone crisis line within one year?”). The five answer options were “*very likely*”, “*likely*”, “*maybe*”, “*unlikely*” and “*very unlikely*”.

Job resources. The following job resources were measured for the present study: Relationships with colleagues, autonomy, training, and supervision.

Relationships with colleagues. The relationship with colleagues of crisis line volunteers was measured with the subscale "relationships with colleagues" of the Vragenlijst Beleving en Beoordeling van de Arbeid (VBBA), consisting of nine items (van Veldhoven, Meijman, Broersen, & Fortuin, 2002). Questions asked about the atmosphere at work, possibilities to receive help from colleagues and the presence of conflicts (e.g. "Do you have conflicts with your colleagues?") on a four-point scale (0 = *never*, 3 = *always*). Six items were reverse scored. Higher scores indicated worse relationships with colleagues. The total score was standardized to fall between 0 and 100, as recommended in the VBBA manual, by dividing the obtained score by the maximum score and multiplying the outcome with 100 (van Veldhoven et al., 2002). The reliability of the scale in the current study was acceptable ($\alpha = 0.73$).

Autonomy. Autonomy was measured with a self-developed scale, consisting of six items. The questions asked about possibilities to work from home, to determine when to work, and to influence the process of conversations with clients (e.g. "determine the duration of a conversation themselves") on a five-point scale (1 = *very low possibilities*, 5 = *very high possibilities*). Higher scores represented more possibilities for autonomy. The scale showed poor reliability in the current study ($\alpha = 0.58$). Thus, items 1 and 3 were removed to improve the reliability ($\alpha = 0.64$). The remaining four items were averaged to calculate a total autonomy score. A factor analysis using principal axis factoring revealed that the four items moderately loaded on one factor which explained 48.73 % of the variance.

Training. Training was measured with a self-developed scale, consisting of five items. Questions asked about the length, content, and fit of the training (e.g. "During the training, I have learned enough skills to be able to do the work.") on a five-point scale (1 = *totally disagree*, 5 = *totally agree*). A total training score was calculated by averaging the items. Higher scores indicated that crisis line volunteers perceived the quality of their training to be higher. A factor analysis using principal axis factoring indicated that the items strongly load on one factor which explained 68.22 % of the variance. The scale showed good reliability in this study ($\alpha = 0.88$).

Supervision. Supervision was measured with a self-developed scale which consists of four items. Questions asked about the feedback, respect, emotional support and help that crisis

line volunteers receive by their supervisors (e.g. "The supervisor/coach/mentor encourages me to take care of myself.") on a five-point scale (1 = *totally disagree*, 5 = *totally agree*). A total supervision score was calculated by averaging the items. Higher scores represented a higher quality of supervision. A factor analysis using principal axis factoring revealed that the items strongly loaded on one factor which explained 66.94 % of the variance. The reliability of the scale was good in the current study ($\alpha = 0.83$).

Data Analysis

IBM SPSS Statistics version 26 was used for all analyses. Descriptive analyses were done to examine means, standard deviations, ranges, and frequencies of the demographics and work-related factors. One participant who indicated an age of one was excluded from all analyses which included the variable age. To examine the level of CS, STS, mental well-being, and the strength of crisis line volunteers' intention to stay, descriptives and frequencies were calculated. The CS and STS scores were compared to comparative scores in the ProQOL manual (Stamm, 2010). The CS scores were further compared to scores of nurses, psychotherapists, and suicide prevention crisis line staff with a one-sample t-test. (Henson, 2018; Martin-Cuellar, Lardier, & Atencio, 2019; Neville & Cole, 2013). No comparative scores for crisis line volunteers were available.

To examine if demographics and work-related factors are associated with crisis line volunteers' level of CS, analyses of variance (ANOVA), Spearman's rank correlations, and Pearson correlations were used, depending on if the demographic or work-related factor was measured at a nominal, ordinal, or continuous level. To find out if job resources (relationships with colleagues, autonomy, training, supervision) are associated with crisis line volunteers' level of CS, a multiple linear regression analysis with the job resources as predictors of CS was conducted. The overall model statistics and significance of the individual predictors were examined. The regression assumptions were checked by examining P-P plots, the Durbin-Watson statistic, variance inflation factors, and scatterplots of residuals versus predicted values. A value with a Cook's distance of higher than $4/n$, where n is the total number of observations, was considered an outlier (Altman & Krzywinski, 2016; Bollen & Jackman, 1985).

To examine if CS is associated with crisis line volunteers' level of STS, mental well-being, and intention to stay, Pearson and Spearman's rank correlation analyses were conducted. To investigate if CS buffers the impact of STS on mental well-being, a multiple regression analysis using the PROCESS macro was conducted (Hayes, 2018). A regression model with STS as independent variable, CS as moderator, and mental well-being as dependent variable

was tested. After examining the main effects of STS and CS, their interaction term was added to the model to determine if it significantly explains additional variance. The predictors were mean centered to facilitate the interpretation of the regression coefficients (Shieh, 2011). Some analyses were conducted with and without outliers to see if the results differ.

Results

Description of the Study Group

The exact distribution of demographics and work-related factors is displayed in Table 1. The age of participants ranged from 20 to 87 with most participants being rather old. The majority of the sample was female. Some participants were trained in some form of caregiving. Most participants had less than one year or between one and three years of experience as a crisis line volunteer and volunteered between four and six hours per week. Some participants worked only from home, some only on site and some changed their work location.

Table 1

Descriptives and Frequencies of Demographics and Work-Related Factors (N = 563)

Variables	*n*	%	*M (SD)*	Range
Age			62.6 (11.2)	20 - 87
Gender				
Male	162	28.8		
Female	400	71.0		
Other	1	0.2		
Organization				
Listen Line	543	96.4		
113 Suicide Prevention	14	2.5		
MIND Korrelatie	6	1.1		
Previous training as caregiver				
Yes	208	36.9		
No	355	63.1		
Work experience as crisis line volunteer				
Less than 1 year	115	20.4		
1-3 years	197	35.0		
3-6 years	91	16.2		
6-10 years	61	10.8		
More than 10 years	99	17.6		
Hours per week				
Less than 4 hours	102	18.1		
4-6 hours	413	73.4		
6-8 hours	35	6.2		
8-10 hours	9	1.6		
More than 10 hours	4	0.7		
Location				
Always on site	147	26.1		
Usually on site, sometimes at home	93	16.5		
Sometimes on site, sometimes at home	55	9.8		
Usually at home, sometimes on site	126	22.4		
Always at home	142	25.2		

Crisis Line Volunteers' Level of Compassion Satisfaction, Secondary Traumatic Stress, Mental Well-Being and Their Intention to Stay

Table 2 displays the level of CS of the crisis line volunteers and comparisons with the cutoff scores found in Stamm (2010) and the mean scores of the comparison samples. The average level of CS was moderately high, bordering on high. No participant had a low level of CS. No significant differences were found between the levels of CS of crisis line volunteers in the current study and that of reference groups of nurses, psychotherapists, and suicide prevention crisis line staff. Overall, this indicates that crisis line volunteers perceived their work as satisfactory.

Table 2

Compassion Satisfaction (CS) Levels of Crisis Line Volunteers and Comparison Groups

	Current study				Comparison studies		
Variable	Low score (10-22)	Moderate score (23-41)	High score (42-50)	Crisis line volunteers (N = 563)	Nurses[a] (N = 214)	Psycho-therapists[b] (N = 113)	Suicide prevention crisis hotline staff[c] (N = 162)
	n (%)	*n* (%)	*n* (%)	*M* (*SD*)	*M*	*M*	*M*
CS score (10-50)	0 (0)	342 (60.7)	221 (39.3)	40.9 (4.8)	40.2[d]	40.8[d]	41.2[d]

[a]Neville & Cole (2013). [b]Martin-Cuellar et al. (2019). [c]Henson (2018).

[d]Significance of difference ($p < .001$) with the mean of the current study tested with a one-sample t-test. No significant differences were found.

Table 3 displays descriptives and frequencies concerning the level of STS, mental well-being, and intention to stay of the crisis line volunteers. Based on the cutoff scores in Stamm (2010), most crisis line volunteers experienced low levels of STS and only a fraction of the sample had elevated STS levels. Crisis line volunteers further had rather high levels of overall, emotional, and psychological well-being. In contrast, the levels of social well-being were more moderate. Moreover, most crisis line volunteers indicated that it was unlikely or very unlikely that they would leave their crisis line organization within the next year. Thus, overall, crisis line volunteers did not experience much STS, had a rather high level of mental well-being and a strong intention to stay.

Table 3

Descriptives of Secondary Traumatic Stress (STS), Mental Well-Being, and Intention to Stay of Crisis Line Volunteers (N = 563)

Variables	*M*	*SD*	*n*	%
STS (10-50)	16.4	3.8		
Low score (10-22)			531	94.3
Moderate score (23-41)			31	5.5
High score (42-50)			1	0.2
Mental well-being (1-5)	3.7	0.6		
Emotional well-being (1-5)	4.0	0.6		
Social well-being (1-5)	3.3	0.7		
Psychological well-being (1-5)	3.8	0.7		
Intention to leave				
Very likely			13	2.3
Likely			11	2.0
Maybe			87	15.5
Unlikely			279	49.6
Very unlikely			173	30.7

Association of Demographics and Work-Related Factors With Compassion Satisfaction

As seen in Table 4, crisis line volunteers' level of CS did not significantly differ depending on their gender, the organization for which they work, or whether they were previously trained in some kind of caregiving. Furthermore, there was no significant association between crisis line volunteers' level of CS and their work experience and work location. Age was also not significantly associated with crisis line volunteers' level of CS, $r(560) = -.05$, $p = .198$. However, crisis line volunteers who worked more hours per week tended to have higher levels of CS. Overall, except for the number of hours worked per week, there was no association between demographics and work-related factors and crisis line volunteers' level of CS.

Table 4

Mean Scores and Standard Deviations on Compassion Satisfaction by Demographics and Work-Related Factors (N = 563)

Variables	Compassion satisfaction *M (SD)*
Gender[a]	
Male	40.9 (4.7)
Female	40.9 (4.8)
	$F(1, 560) = .00$, $p = .981$
Organization[a]	
Listen Line	40.8 (4.8)
113 Suicide Prevention	43.1 (4.1)
MIND Korrelatie	42.5 (3.9)
	$F(2, 560) = 2.02$, $p = .133$
Previous training as caregiver[a]	
No	40.8 (4.8)
Yes	40.9 (4.8)
	$F(1, 561) = .10$, $p = .759$
Work Experience as crisis line volunteer[b]	
Less than 1 year	40.4 (5.1)
1-3 years	41.1 (5.3)
3-6 years	41.0 (4.2)
6-10 years	41.2 (4.1)
More than 10 years	40.7 (4.3)
	$r_s(561) = .02$, $p = .698$
Hours per week[b]	
Less than 4 hours	39.9 (4.9)
4-6 hours	40.9 (4.7)
6-8 hours	43.1 (4.7)
8-10 hours	40.0 (5.1)
More than 10 hours	43.5 (5.8)
	$r_s(561) = .11$, $p = .007$
Work location[b]	
Always on site	40.6 (4.5)
Usually on site, sometimes at home	41.0 (4.7)
Sometimes on site, sometimes at home	41.3 (4.4)
Usually at home, sometimes on site	40.8 (5.1)
Always at home	40.9 (5.0)
	$r_s(561) = .01$, $p = .831$

[a]Association with CS tested with ANOVA. [b]Association with CS tested with Spearman's rank correlation.

Job Resources as Predictors of Compassion Satisfaction

Table 5 shows to what extent job resources predict crisis line volunteers' level of CS. Overall, the combination of variables significantly predicted CS and accounted for 13.2% of the variance. Better relationships with colleagues, better training, and a higher quality of supervision significantly predicted higher levels of CS of crisis line volunteers. Crisis line volunteers' CS levels were not associated with their possibilities to work autonomously. Thus, the model suggests that crisis line volunteers who had better relationships with colleagues, received better training, and got a higher quality of supervision tended to experience higher levels of CS.

Table 5

Multiple Linear Regression Analysis of Job Resources Predicting Compassion Satisfaction (N = 563)

Predictors	β	*t*	*p*
Constant	-	15.91	< .001
Relationships with colleagues	-.18	-4.11	< .001
Autonomy	.02	.40	.689
Training	.11	2.31	.021
Supervision	.18	3.87	< .001

R^2 = .132

R^2adj. = .125

$F(4, 558) = 21.13$, $p < .001$

Note. When excluding 29 outliers, $R^2 = .185$, $F(4, 529) = 29.95$, $p < .001$. The significance of the predictors did not change.

Association of Compassion Satisfaction With Secondary Traumatic Stress, Mental Well-Being and Intention to Stay

Table 6 shows the extent to which CS was associated with crisis line volunteers' level of STS, mental well-being, and intention to stay. As expected, higher levels of CS were significantly associated with lower levels of STS and higher levels of overall, emotional, social, and psychological well-being. Moreover, higher levels of CS were significantly associated with a stronger intention to stay. The association between CS and STS was rather weak while the association of CS with mental well-being and intention to stay was moderately strong. Overall, crisis line volunteers with higher levels of CS tended to report a better mental health and were more likely to keep working within their crisis line organization.

Table 6

Associations of Compassion Satisfaction (CS) With Secondary Traumatic Stress (STS), Mental Well-Being and Intention to Stay (N = 563)

Variable	STS[a]	Mental well-being[a]	Emotional well-being[a]	Social well-being[a]	Psychological well-being[a]	Intention to stay[b]
CS	-.14*	.44**	.30**	.38**	.43**	.40**

[a]Association with CS tested with Pearson correlation. [b]Association with CS tested with Spearman's rank correlation.

*p < .01. **p < .001.

Compassion Satisfaction as a Buffer for Secondary Traumatic Stress

Table 7 displays to what extent CS buffers the negative impact of STS on mental well-being. Together, CS, STS, and their interaction significantly predicted the level of mental well-being of crisis line volunteers and explained 20.6% of the variance. The interaction term individually could not significantly add to the predictive power of the regression model, indicating no evidence for a moderating effect of CS on the relation between STS and mental well-being. Crisis line volunteers with lower levels of STS and higher levels of CS reported higher levels of mental well-being. However, CS did not buffer the negative impact of STS on the mental well-being of crisis line volunteers.

Table 7

Moderation Analysis (N = 563) of Secondary Traumatic Stress (Independent Variable), Compassion Satisfaction (Moderator) and Mental Well-being (Dependent Variable)

					95% confidence interval for *B*	
Variables	*B*	*SE*	*t*	*p*	Lower bound	Upper bound
Constant	3.69	.02	168.95	< .001	3.65	3.73
STS	-.02	.01	-2.87	.004	-.03	-.01
CS	.05	.00	11.19	< .001	.04	.06
STS x CS	.00	.00	-1.28	.200	.00	.00

Note. STS = Secondary traumatic stress, CS = Compassion satisfaction. Total model: R^2 = .206, $F(3, 559) = 48.43$, $p < .001$; Interaction: R^2 change = .002, $F(1, 559) = 1.65$, $p = .200$. When excluding 32 outliers: R^2 = .268, $F(3, 527) = 64.25$, $p < .001$; R^2 change = .000, $F(1, 527) = .00$, $p = .975$.

Discussion

Theoretical Reflection and Implications

The present study revealed that crisis line volunteers had moderate levels of CS, comparable to other study groups. This suggests that helping others has potential to elicit a moderate to high amount of CS in many work environments and when working with various target groups. It also contradicts the notion that volunteers have lower levels of CS than professionals, implying that crisis line volunteers may well be able to establish healthy emotional boundaries (Avieli et al., 2016; Wilson & Lindy, 1994). Most volunteers included in this study do not apply interventions and crisis line volunteers generally do not have ongoing contact with callers (Coman, Burrows, & Evans, 2001). Their relationships with callers may thus be less emotionally intense, making it easier to establish emotional boundaries. Low levels of STS were found, suggesting that STS may not be as problematic as the literature implies (O'Sullivan & Whelan, 2011). Alternatively, the STS levels may have been so low because the crisis line volunteers of this study do not spend much time on calls, thus having a better work balance and facing fewer traumatizing stories (Cornille & Meyers, 1999; Mishara & Giroux, 1993; Yassen, 1995). It may also be that the Listen Line, where most participants work, is contacted by people with problems of rather low severity. Crisis line volunteers had rather high levels of mental well-being. As the sample was rather old, this aligns with research that suggests that volunteering can increase and protect older adults' well-being and purpose in life, perhaps by providing them an additional identity (i.e. the identity of a helper; Greenfield & Marks, 2004; Morrow-Howell, Hinterlong, Rozario, & Tang, 2003). Lastly, crisis line volunteers had strong intentions to stay, in line with the only other study who examined this (Hellman & House, 2006). Thus, crisis line agencies may not lose much money from finding new trainees and crisis line volunteers may get enough experience to get proficient in counseling (Cyr & Dowrick, 1991). Overall, the results suggest that there is no urgent need for interventions to increase crisis line volunteers' mental health and their satisfaction with their work as a helper.

Except for the number of hours that crisis line volunteers work per week, none of the demographics or work-related factors was associated with their level of CS. This contradicts previous research for other study groups in which a higher age and more work experience were positively associated with CS (Kulkarni et al., 2013; Sprang et al., 2007). It suggests that crisis line volunteers do not find strategies over time that allow them to thrive at work, contrary to what Kulkarni et al. (2013) proposed for their study group. Perhaps the standardly provided initial training of new crisis line volunteers at the Listen Line, followed by a period during

which they work next to an experienced crisis line worker, already sufficiently equips them with strategies to thrive amidst their demanding work over the years (De Luisterlijn, n.d.). It seems like crisis line volunteers' level of CS does not depend on processes that happen over longer periods. Instead, working more hours per week was associated with higher levels of CS. Perhaps crisis line volunteers who work more hours per week have more opportunities to fulfill their motive of helping others and thus feel more CS (Finkelstein, 2008). Crisis line organizations should hence give their volunteer workers the option to spend more time at work. As no causal claims can be made, it may alternatively be that crisis line volunteers who are more satisfied with their work as a helper invest more of their time in helping others (Davis, Hall, & Meyer, 2003; Finkelstein, 2008). In any case, the findings suggest that no demographics or work-related factors put crisis line volunteers at risk of low levels of CS.

Crisis line volunteers who had better relationships with colleagues, received better training, and got a higher quality of supervision tended to experience higher levels of CS. These findings are in line with previous research which linked those job resources with higher levels of CS in diverse study populations (Brady, 2016; Hinderer et al., 2014; Salloum et al., 2015; Sodeke-Gregson et al., 2013). The well-validated job demands-resources model further supports a causal flow from job resources to CS since it predicts that job resources promote one's motivation, commitment, optimism, and performance at work (Bakker & Demerouti, 2007). While the present findings seem to support the conservation of resources theory, this cannot be said for sure, as the present study did not elucidate the mechanisms by which job resources may increase CS (Hobfoll, 1989). Future experimental research should investigate these mechanisms with mediation analyses. Autonomy was not positively associated with CS, contradicting previous findings in social workers (Bae et al., 2019). Yet, the findings agree with research of Boezeman and Ellemers (2009). They found that satisfying autonomy needs was most predictive for paid workers' job satisfaction while satisfying relatedness needs was most important for volunteers. The authors explain that volunteers inherently experience autonomy, as their work is not mandatory, thus making a fulfillment of autonomy needs not as important. Overall, job resources like relationships with colleagues, training, and supervision provide concrete targets for interventions to increase crisis line volunteers' level of CS and ultimately, their general mental health.

Compassion satisfaction was negatively associated with crisis line volunteers' level of STS. This aligns with previous findings in diverse study groups (Baugerud, Vangbæk, & Melinder, 2017; Hinderer et al., 2014; Ray, Wong, White, & Heaslip, 2013) although there are exceptions (e.g. Samios et al., 2013) and associations were rather weak. Future research may

investigate if CS protects against STS by restoring the positive assumptions about oneself and the world which were destroyed by trauma (Janoff-Bulman, 1992). The present study also found a positive association between CS and different facets of mental well-being. This aligns with previous research that linked constructs like job satisfaction, work enjoyment, and organization based self-esteem with higher levels on diverse facets of mental well-being (Bowling et al., 2010; Pierce et al., 2015; Sanz-Vergel & Rodríguez-Muñoz, 2013). It suggests that the satisfaction one has with one's work in general may fulfill a similar role to the satisfaction one has with one's role as a helper. Future research should clarify if crisis line volunteers' level of CS can better predict their mental well-being than their overall job satisfaction and to what extent they are different constructs. Interventions could then focus on the construct which has stronger links to crisis line volunteers' mental well-being. Lastly, it was found that crisis line volunteers with higher levels of CS were more likely to stay in their organization, in line with previous research on other study groups and related constructs (Fuertes & Jiménez, 2000; Hellman & House, 2006). Overall, CS seems to be a central resource for crisis line volunteers. Increasing CS with interventions may provide at-risk crisis line volunteers with several benefits for their mental health, even beyond the work context. See Stamm (2012) for possible interventions to increase CS in crisis line volunteers.

Higher levels of CS did not buffer the negative impact of STS on crisis line volunteers' level of mental well-being. This partly agrees with previous findings of Samios et al. (2013) who found such a buffering effect on therapist's anxiety levels, but not on their depression levels. The authors did not give an explanation for these conflicting results. However, CS is merely a positive affect or feeling (Stamm, 2010). Thus, Samios et al. (2013) suggested that posttraumatic growth (PTG), a more profound and transformative process, may better protect caregivers' mental health from the adverse effects of STS. PTG refers to positive transformative changes as a result of struggling with major life crises (Tedeschi & Calhoun, 2004). PTG buffered the negative impact of STS on therapists' levels of anxiety, depression, and facets of mental well-being (Samios, Rodzik, & Abel, 2012). However, the therapists had higher STS levels than the crisis line volunteers in the present study (Samios et al., 2012). Therefore, crisis line volunteers' work may not be traumatic enough for PTG to occur. Future research should thus investigate if PTG helps crisis line volunteers to cope with STS. Samios et al. (2013) further propose to examine the interactive effects of CS and PTG. Future research on crisis line volunteers should also measure anxiety to check if CS is particularly suitable for buffering the effect of STS on anxiety. This could elucidate if the nature of the study population or the specific measure of well-being used determines the presence of a buffering effect of CS on STS.

Strengths and Limitations

This is the first study that comprehensively examined the role of CS for crisis line volunteers. Its large sample size and the broad array of variables measured made it possible to draw statistically valid conclusions about CS and its interrelationships with demographics, work-related factors, job resources, and potential benefits. In contrast to previous research which mainly focused on work stressors, the present study adopted a rather positive framework and elucidated what makes crisis line volunteers enjoy their work as a helper. This concurs with calls for research to focus on both positive and negative aspects of functioning to improve the prognosis and treatment of disorder (Wood & Tarrier, 2010). Yet, the cross-sectional nature of this study limits conclusions about causality. Thus, experimental and longitudinal studies are needed to examine if having more CS causally leads to improved mental health in crisis line volunteers and if the benefits of higher levels of CS are robust over time. A limitation of the present study is that it neglected a vulnerable subgroup of crisis line volunteers, namely new trainees. Many new recruits drop out immediately after their training, or shortly after, because they feel sufficiently fulfilled with their work already (Yanay & Yanay, 2008). This suggests that CS may play a different role for such trainees which is a fruitful avenue for future research. Similarly, it cannot be ruled out that mostly the volunteers participated in this study who were satisfied with their work as a helper. This could lead to an overestimation of their CS levels and intention to stay. It also was not checked if participants with a strong intention to stay actually volunteered at least one more year. Most participants did not have much experience as a crisis line volunteer, implying that perhaps intentions to stay change rather quickly.

Conclusion

Despite the many stressors which crisis line volunteers face, they were quite satisfied with their work as a helper and had good mental health. This suggests that future interventions should mostly be applied to crisis line volunteers who are at risk of low levels of CS and mental well-being, instead of to the whole organization. CS was identified to play a central role for the mental well-being of crisis line volunteers. Future interventions may focus on job resources like relationships with colleagues, training, and supervision to increase crisis line volunteers' level of CS and ultimately, their mental well-being and desire to keep working in their organization. However, mediation analyses are needed to explore the underlying mechanisms of how job resources may improve CS and future research should first clarify if CS causally leads to the potential beneficial outcomes found in this study.

References

Abualrub, R. F., & Al-Zaru, I. M. (2008). Job stress, recognition, job performance and intention to stay at work among Jordanian hospital nurses. *Journal of Nursing Management*, *16*(3), 227–236. https://doi.org/10.1111/j.1365-2834.2007.00810.x

Altman, N., & Krzywinski, M. (2016). Analyzing outliers: Influential or nuisance? *Nature Methods*, *13*(4), 281–282. Retrieved from http://fortinlab.bio.uci.edu/FortinLab/Teaching_files/Stats/POS_Analyzing_outliers_-_influential_or_nuisance.pdf

Avieli, H., Ben-David, S., & Levy, I. (2016). Predicting professional quality of life among professional and volunteer caregivers. *Psychological Trauma: Theory, Research, Practice, and Policy*, *8*(1), 80–87. https://doi.org/10.1037/tra0000066

Bae, J., Jennings, P. F., Hardeman, C. P., Kim, E., Lee, M., Littleton, T., & Saasa, S. (2019). Compassion satisfaction among social work practitioners: The role of work–life balance. *Journal of Social Service Research*. Advance online publication. https://doi.org/10.1080/01488376.2019.1566195

Baird, B. N., Bossett, S. B., & Smith, B. J. (1994). A new technique for handling sexually abusive calls to telephone crisis lines. *Community Mental Health Journal*, *30*(1), 55–60. https://doi.org/10.1007/bf02188875

Bakker, A. B., & Demerouti, E. (2007). The job demands-resources model: State of the art. *Journal of Managerial Psychology*, *22*(3), 309–328. https://doi.org/10.1108/02683940710733115

Bakker, A. B., Demerouti, E., de Boer, E., & Schaufeli, W. B. (2003). Job demands and job resources as predictors of absence duration and frequency. *Journal of Vocational Behavior*, *62*(2), 341–356. https://doi.org/10.1016/s0001-8791(02)00030-1

Baugerud, G. A., Vangbæk, S., & Melinder, A. (2017). Secondary traumatic stress, burnout and compassion satisfaction among Norwegian child protection workers: Protective and risk factors. *The British Journal Of Social Work*, *48*(1), 215–235. https://doi.org/10.1093/bjsw/bcx002

Boezeman, E. J., & Ellemers, N. (2009). Intrinsic need satisfaction and the job attitudes of volunteers versus employees working in a charitable volunteer organization. *Journal of Occupational and Organizational Psychology*, *82*(4), 897–914. https://doi.org/10.1348/096317908x383742

Bollen, K. A., & Jackman, R. W. (1985). Regression diagnostics: An expository treatment of outliers and influential cases. *Sociological Methods & Research*, *13*(4), 510–542. https://doi.org/10.1177/0049124185013004004

Bowling, N. A., Eschleman, K. J., & Wang, Q. (2010). A meta-analytic examination of the relationship between job satisfaction and subjective well-being. *Journal of Occupational and Organizational Psychology*, *83*(4), 915–934. https://doi.org/10.1348/096317909x478557

Brady, P. Q. (2016). Crimes against caring: Exploring the risk of secondary traumatic stress, burnout, and compassion satisfaction among child exploitation investigators. *Journal of Police and Criminal Psychology*, *32*(4), 305–318. https://doi.org/10.1007/s11896-016-9223-8

Canfield, J. (2005). Secondary traumatization, burnout, and vicarious traumatization: A review of the literature as it relates to therapists who treat trauma. *Smith College Studies in Social Work*, *75*(2), 81–101. https://doi.org/10.1300/j497v75n02_06

Chan, A. O. M., Chan, Y. H., Chuang, K. P., Ng, J. S. C., & Neo, P. S. H. (2015). Addressing physician quality of life: Understanding the relationship between burnout, work engagement, compassion fatigue and satisfaction. *Journal of Hospital Administration*, *4*(6), 46–55. https://doi.org/10.5430/jha.v4n6p46

Coman, G. J., Burrows, G. D., & Evans, B. J. (2001). Telephone counselling in Australia: Applications and considerations for use. *British Journal of Guidance and Counselling*, *29*(2), 247–258. https://doi.org/10.1080/03069880020047166

Conrad, D., & Kellar-Guenther, Y. (2006). Compassion fatigue, burnout, and compassion satisfaction among Colorado child protection workers. *Child Abuse & Neglect*, *30*(10), 1071–1080. https://doi.org/10.1016/j.chiabu.2006.03.009

Cornille, T. A., & Meyers, T. W. (1999). Secondary traumatic stress among child protective service workers: Prevalence, severity and predictive factors. *Traumatology*, *5*(1). https://doi.org/10.1177/153476569900500105

Cummings, C., Singer, J., Hisaka, R., & Benuto, L. T. (2018). Compassion satisfaction to combat work-related burnout, vicarious trauma, and secondary traumatic stress. *Journal of Interpersonal Violence*. Advance online publication. https://doi.org/10.1177/0886260518799502

Cyr, C., & Dowrick, P. W. (1991). Burnout in crisisline volunteers. *Administration and Policy in Mental Health and Mental Health Services Research*, *18*(5), 343–354. https://doi.org/10.1007/BF00707000

Davis, M. H., Hall, J. A., & Meyer, M. (2003). The first year: Influences on the satisfaction, involvement, and persistence of new community volunteers. *Personality and Social Psychology Bulletin*, *29*(2), 248–260. https://doi.org/10.1177/0146167202239050

Dunkley, J., & Whelan, T. A. (2006). Vicarious traumatisation in telephone counsellors: Internal and external influences. *British Journal of Guidance & Counselling*, *34*(4), 451–469. https://doi.org/10.1080/03069880600942574

113 Zelfmoordpreventie. (n.d.). Over ons | 113 Zelfmoordpreventie. Retrieved May 26, 2020, from https://www.113.nl/over-ons

Figley, C. R. (1995). Compassion fatigue as secondary traumatic stress disorder. In C. R. Figley (Ed.), *Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized* (pp. 1–20). New York, NY: Routledge.

Figley, C. R. (2002). Compassion fatigue: Psychotherapists' chronic lack of self care. *Journal of Clinical Psychology*, *58*(11), 1433–1441. https://doi.org/10.1002/jclp.10090

Finkelstein, M. A. (2008). Volunteer satisfaction and volunteer action: A functional approach. *Social Behavior and Personality*, *36*(1), 9–18. https://doi.org/10.2224/sbp.2008.36.1.9

Fuertes, F. C., & Jiménez, L. V. (2000). Motivation and burnout in volunteerism. *Psychology in Spain*, *4*(1), 75–81. Retrieved from http://www.psychologyinspain.com/content/reprints/2000/7.pdf

Gould, M. S., Kalafat, J., Munfakh, J. L. H., & Kleinman, M. (2007). An evaluation of crisis hotline outcomes part 2: Suicidal callers. *Suicide and Life-Threatening Behavior*, *37*(3), 338–352. https://doi.org/10.1521/suli.2007.37.3.338

Greenfield, E. A., & Marks, N. F. (2004). Formal volunteering as a protective factor for older adults' psychological well-being. *The Journals of Gerontology: Series B*, *59*(5), 258–264. https://doi.org/10.1093/geronb/59.5.s258

Haas, L. J., Benedict, J. G., & Kobos, J. C. (1996). Psychotherapy by telephone: Risks and benefits for psychologists and consumers. *Professional Psychology: Research and Practice*, *27*(2), 154–160. https://doi.org/10.1037/0735-7028.27.2.154

Harr, C. (2013). Promoting workplace health by diminishing the negative impact of compassion fatigue and increasing compassion satisfaction. *Social Work & Christianity*, *40*(1), 71–88. Retrieved from https://publication.babcock.edu.ng/asset/docs/publications/PUHE/9349/2715.pdf#page=73

Harr, C. R., Brice, T. S., Riley, K., & Moore, B. (2014). The impact of compassion fatigue and compassion satisfaction on social work students. *Journal of the Society for Social Work and Research*, *5*(2), 233–251. https://doi.org/10.1086/676518

Hayes, A. F. (2018). *Introduction to mediation, moderation, and conditional process analysis: A regression-based approach* (2nd ed.). New York, NY: Guilford Press.

Hellman, C. M., & House, D. (2006). Volunteers serving victims of sexual assault. *The Journal of Social Psychology*, *146*(1), 117–123. https://doi.org/10.3200/socp.146.1.117-123

Henson, C. T. (2018). *The role of self-care as it pertains to compassion satisfaction, burnout, and secondary traumatic stress among suicide prevention crisis hotline staff* (Doctoral dissertation). Retrieved from https://digitalcommons.wku.edu/diss/150

Hinderer, K. A., VonRueden, K. T., Friedmann, E., McQuillan, K. A., Gilmore, R., Kramer, B., & Murray, M. (2014). Burnout, compassion fatigue, compassion satisfaction, and secondary traumatic stress in trauma nurses. *Journal of Trauma Nursing*, *21*(4), 160–169. https://doi.org/10.1097/jtn.0000000000000055

Hobfoll, S. E. (1989). Conservation of resources: A new attempt at conceptualizing stress. *The American Psychologist*, *44*(3), 513–524. https://doi.org/10.1037//0003-066x.44.3.513

Hobfoll, S. E. (2002). Social and psychological resources and adaptation. *Review of General Psychology*, *6*(4), 307–324. https://doi.org/10.1037/1089-2680.6.4.307

Hobfoll, S. E., & Shirom, A. (2001). Conservation of resources theory: Applications to stress and management in the workplace. In R. T. Golembiewski (Ed.), *Handbook of organizational behavior* (2nd ed., pp. 57–80). New York, NY: Routledge.

Hope, N. L. (2006). *When caring hurts: The significance of personal meaning for well-being in the presence of secondary traumatic stress* (Master's thesis, Trinity Western University, Langley, Canada). Retrieved from https://www.twu.ca/sites/default/files/hopenadine.pdf

IFOTES. (2020a). About | IFOTES. Retrieved February 23, 2020, from https://www.ifotes.org/en/about

IFOTES. (2020b). Emotional support | IFOTES. Retrieved February 23, 2020, from https://www.ifotes.org/en/emotional-support

Jakimowicz, S., Perry, L., & Lewis, J. (2018). Compassion satisfaction and fatigue: A cross-sectional survey of Australian intensive care nurses. *Australian Critical Care*, *31*(6), 396–405. https://doi.org/10.1016/j.aucc.2017.10.003

Janoff-Bulman, R. (1992). *Shattered assumptions: Towards a new psychology of trauma*. New York, NY: The Free Press.

Johnson, J., Hall, L. H., Berzins, K., Baker, J., Melling, K., & Thompson, C. (2017). Mental healthcare staff well-being and burnout: A narrative review of trends, causes,

implications, and recommendations for future interventions. *International Journal of Mental Health Nursing*, *27*(1), 20–32. https://doi.org/10.1111/inm.12416

Kalafat, J., Gould, M. S., Munfakh, J. L. H., & Kleinman, M. (2007). An evaluation of crisis hotline outcomes part 1: Nonsuicidal crisis callers. *Suicide and Life-Threatening Behavior*, *37*(3), 322–337. https://doi.org/10.1521/suli.2007.37.3.322

Kitchingman, T. A., Wilson, C. J., Caputi, P., Wilson, I., & Woodward, A. (2017). Testing a model of functional impairment in telephone crisis support workers. *Crisis: The Journal of Crisis Intervention and Suicide Prevention*, *38*(6), 403–412. https://doi.org/10.1027/0227-5910/a000435

Kitchingman, T. A., Wilson, C. J., Caputi, P., Wilson, I., & Woodward, A. (2018). Telephone crisis support workers' psychological distress and impairment: A systematic review. *Crisis*, *39*(1), 13–26. https://doi.org/10.1027/0227-5910/a000454

Kulkarni, S., Bell, H., Hartman, J. L., & Herman-Smith, R. L. (2013). Exploring individual and organizational factors contributing to compassion satisfaction, secondary traumatic stress, and burnout in domestic violence service providers. *Journal of the Society for Social Work and Research*, *4*(2), 114–130. https://doi.org/10.5243/jsswr.2013.8

Lambert, S. J. (1990). Processes linking work and family: A critical review and research agenda. *Human Relations*, *43*(3), 239–257. https://doi.org/10.1177/001872679004300303

Lamers, S. M. A., Westerhof, G. J., Bohlmeijer, E. T., ten Klooster, P. M., & Keyes, C. L. M. (2011). Evaluating the psychometric properties of the Mental Health Continuum-Short Form (MHC-SF). *Journal of Clinical Psychology*, *67*(1), 99–110. https://doi.org/10.1002/jclp.20741

Linley, P. A., & Joseph, S. (2007). Therapy work and therapists' positive and negative well–being. *Journal of Social and Clinical Psychology*, *26*(3), 385–403. https://doi.org/10.1521/jscp.2007.26.3.385

De Luisterlijn. (n.d.). De organisatie. Retrieved May 26, 2020, from https://www.deluisterlijn.nl/over-de-luisterlijn/de-organisatie.html#visie

Martin-Cuellar, A., Lardier, D. T., Jr., & Atencio, D. J. (2019). Therapist mindfulness and subjective vitality: The role of psychological wellbeing and compassion satisfaction. *Journal of Mental Health*. Advance online publication. https://doi.org/10.1080/09638237.2019.1644491

Matek, O. (1980). Teaching volunteers of a crisis phone service to respond therapeutically to callers with sex problems. *Journal of Sex Education and Therapy*, *6*(2), 24–28. https://doi.org/10.1080/01614576.1980.11074672

MIND Korrelatie. (n.d.). Over MIND Korrelatie. Retrieved May 26, 2020, from https://mindkorrelatie.nl/over-korrelatie/over-mind-korrelatie

Mishara, B. L., & Giroux, G. (1993). The relationship between coping strategies and perceived stress in telephone intervention volunteers at a suicide prevention center. *Suicide and Life-Threatening Behavior, 23*(3), 221-229. https://doi.org/10.1111/j.1943-278X.1993.tb00181.x

Morrow-Howell, N., Hinterlong, J., Rozario, P. A., & Tang, F. (2003). Effects of volunteering on the well-being of older adults. *The Journals of Gerontology: Series B*, *58*(3), 137–145. https://doi.org/10.1093/geronb/58.3.s137

Neville, K., & Cole, D. A. (2013). The relationships among health promotion behaviors, compassion fatigue, burnout, and compassion satisfaction in nurses practicing in a community medical center. *JONA: The Journal of Nursing Administration*, *43*(6), 348–354. https://doi.org/10.1097/nna.0b013e3182942c23

O'Donnell, J. M., & George, K. (1977). The use of volunteers in a community mental health center emergency and reception service: A comparative study of professional and lay telephone counseling. *Community Mental Health Journal*, *13*(1), 3–12. https://doi.org/10.1007/bf01419910

O'Sullivan, J., & Whelan, T. A. (2011). Adversarial growth in telephone counsellors: Psychological and environmental influences. *British Journal of Guidance & Counselling*, *39*(4), 307–323. https://doi.org/10.1080/03069885.2011.567326

Pierce, J. L., Gardner, D. G., & Crowley, C. (2015). Organization-based self-esteem and well-being: Empirical examination of a spillover effect. *European Journal of Work and Organizational Psychology*, *25*(2), 181–199. https://doi.org/10.1080/1359432x.2015.1028377

Pirkis, J., Middleton, A., Bassilios, B., Harris, M., Spittal, M. J., Fedszyn, I., … Gunn, J. (2016). Frequent callers to telephone helplines: New evidence and a new service model. *International Journal of Mental Health Systems*, *10*(1), 1–9. https://doi.org/10.1186/s13033-016-0076-4

Ray, S. L., Wong, C., White, D., & Heaslip, K. (2013). Compassion satisfaction, compassion fatigue, work life conditions, and burnout among frontline mental health care

professionals. *Traumatology*, *19*(4), 255–267. https://doi.org/10.1177/1534765612471144

Reese, R. J., Conoley, C. W., & Brossart, D. F. (2006). The attractiveness of telephone counseling: An empirical investigation of client perceptions. *Journal of Counseling & Development*, *84*(1), 54–60. https://doi.org/10.1002/j.1556-6678.2006.tb00379.x

Salloum, A., Kondrat, D. C., Johnco, C., & Olson, K. R. (2015). The role of self-care on compassion satisfaction, burnout and secondary trauma among child welfare workers. *Children and Youth Services Review*, *49*, 54–61. https://doi.org/10.1016/j.childyouth.2014.12.023

Salyers, M. P., Bonfils, K. A., Luther, L., Firmin, R. L., White, D. A., Adams, E. L., & Rollins, A. L. (2016). The relationship between professional burnout and quality and safety in healthcare: A meta-analysis. *Journal of General Internal Medicine*, *32*(4), 475–482. https://doi.org/10.1007/s11606-016-3886-9

Samios, C., Abel, L. M., & Rodzik, A. K. (2013). The protective role of compassion satisfaction for therapists who work with sexual violence survivors: An application of the broaden-and-build theory of positive emotions. *Anxiety, Stress & Coping*, *26*(6), 610–623. https://doi.org/10.1080/10615806.2013.784278

Samios, C., Rodzik, A. K., & Abel, L. M. (2012). Secondary traumatic stress and adjustment in therapists who work with sexual violence survivors: The moderating role of posttraumatic growth. *British Journal of Guidance & Counselling*, *40*(4), 341–356. https://doi.org/10.1080/03069885.2012.691463

Sanz-Vergel, A. I., & Rodríguez-Muñoz, A. (2013). The spillover and crossover of daily work enjoyment and well-being: A diary study among working couples. *Journal of Work and Organizational Psychology*, *29*(3), 179–185. https://doi.org/10.5093/tr2013a24

Saxena, S., Thornicroft, G., Knapp, M., & Whiteford, H. (2007). Resources for mental health: Scarcity, inequity, and inefficiency. *The Lancet*, *370*, 878–889. https://doi.org/10.1016/s0140-6736(07)61239-2

Shieh, G. (2011). Clarifying the role of mean centring in multicollinearity of interaction effects. *British Journal of Mathematical and Statistical Psychology*, *64*(3), 462–477. https://doi.org/10.1111/j.2044-8317.2010.02002.x

Sodeke-Gregson, E. A., Holttum, S., & Billings, J. (2013). Compassion satisfaction, burnout, and secondary traumatic stress in UK therapists who work with adult trauma clients.

European Journal of Psychotraumatology, *4*(1), 1–10. https://doi.org/10.3402/ejpt.v4i0.21869

Sprang, G., Clark, J. J., & Whitt-Woosley, A. (2007). Compassion fatigue, compassion satisfaction, and burnout: Factors impacting a professional's quality of life. *Journal of Loss and Trauma: International Perspectives on Stress & Coping*, *12*(3), 259–280. https://doi.org/10.1080/15325020701238093

Stamm, B. H. (2010). *The concise ProQOL manual* (2nd ed.). Pocatello, ID: ProQOL.org.

Stamm, B. H. (2012). *Helping the helpers: Compassion satisfaction and compassion fatigue in self-care, management, and policy* [PDF file]. Pocatello, ID: Idaho State University. Retrieved from https://bit.ly/2Xd3NOf

Sundram, F., Corattur, T., Dong, C., & Zhong, K. (2018). Motivations, expectations and experiences in being a mental health helplines volunteer. *International Journal of Environmental Research and Public Health*, *15*(10), 1–13. https://doi.org/10.3390/ijerph15102123

Tedeschi, R. G., & Calhoun, L. G. (2004). Posttraumatic growth: Conceptual foundations and empirical evidence. *Psychological Inquiry*, *15*(1), 1–18. https://doi.org/10.1207/s15327965pli1501_01

van Veldhoven, M., Meijman, T. F., Broersen, J. P. J., & Fortuin, R. J. (2002). *Handleiding VBBA* (2nd ed.). Amsterdam, The Netherlands: SKB Vragenlijst Services.

Vattøe, I. E., DeMarinis, V., Haug, S. H. K., Lien, L., & Danbolt, L. J. (2019). Emotional stressors among volunteers operating a diaconal suicide-prevention crisis line in Norway: A qualitative study. *British Journal of Guidance & Counselling*. Advance online publication. https://doi.org/10.1080/03069885.2019.1646409

Warner, C. G. (2011). *The possibility of over the phone traumatisation: A repertory grid study investigating secondary traumatic stress in Samaritan crisis line volunteers* (Doctoral thesis, University of Hertfordshire, Hatfield, England). Retrieved from https://uhra.herts.ac.uk/bitstream/handle/2299/6401/Claire%20Warner%20-%20final%20D ClinPsy%20research%20thesis.pdf?sequence=1&isAllowed=y

Wilson, J. P., & Lindy, J. D. (1994). Empathic strain and countertransference. In J. P. Wilson & J. D. Lindy (Eds.), Countertransference in the treatment of PTSD (pp. 5–30). New York, NY: Guilford Press.

Wood, A. M., & Tarrier, N. (2010). Positive clinical psychology: A new vision and strategy for integrated research and practice. *Clinical Psychology Review*, *30*(7), 819–829. https://doi.org/10.1016/j.cpr.2010.06.003

Yanay, G. V., & Yanay, N. (2008). The decline of motivation?: From commitment to dropping out of volunteering. *Nonprofit Management and Leadership*, *19*(1), 65–78. https://doi.org/10.1002/nml.205

Yassen, J. (1995). Preventing secondary traumatic stress disorder. In C. R. Figley (Ed.), *Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized* (pp. 178–208). New York, NY: Routledge.