

UNIVERSITY OF TWENTE.

Facility of Behavioural, Management and Social sciences

Bachelor Thesis

*Quitting intentions of crisis line volunteers:
To which extent do they exist and how suitable are
distress and work engagement to explain them?*

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Abstract

Volunteer helpers are a required population, because they do address the need for non-professional social support. Despite needed, this form of help is often not sufficiently available, due to the high quitting rates of volunteers. This study does examine crisis line volunteers (CLV), a volunteer population, which does provide social support over distance, with regard to their intention to stay. Moreover, this study does examine distress and work engagement in this context, if former does interaction with intention to stay and if latter does moderate the relationship. CLV, working for a large support-providing organization in the Netherlands ($n = 541$), were sampled and this studies variables raised. Outcomes showed, that CLV are adequately minded, to continue their social support, concerning the long-term. Outcomes showed further, that distress was slightly enhanced and work engagement lowered, compared to other volunteer and the general population. The quitting tendencies was, therefore, not confirmed, but this study was not able to exclude, that quitting did happened in the first few weeks, after their debut. The claim, that providing social support does enhance the distress level, was confirmed partly, as its negative relationship with intention to stay, but work engagement did not moderate it. Recommendations for fallow-up studies are provided.

Introduction

The prevalence of mental illness is still very high, according to Wittchen et al. (2008), about one third of the population in Europe, does display psychopathological symptoms and is, therefore, not in possession of their full mental health. Significant parts of the society are caught inside difficult situations, marked by factual and mental constrains, and many of them are not able to escape their situations self-reliantly and, therefore, do require help from outside. This circumstance does make helpers necessary, people who are providing help and do address this people's help-seeking behaviour, in order to counteract this illness burden.

Such kind of social support is commonly conducted by people, who are familiar with problematic situations, beside professional helpers, also volunteers are entrusted in this endeavour, by enhancing the degree of quality of life and well-being of the help-seekers. Volunteers are especially popular among the detriment stakes of society, “who cannot or do not want to use formal care” (p. 1; Willems, Drossaert, & Vuijk, 2020). However, volunteers are often not reliable, concerning the maintenance of their social support provision. Volunteer helpers in general, are confronted with experienced or perceived outcomes, arising from their occupation, like the most help providers. This outcomes does influence their intention to stay,

concerning the next time period. Support is at first, connected to personal expenditures in terms of time, effort and often even the risks, that the helpers own mental well-being does decline (Newell & MacNail, 2010). Helping is, on the other hand, also connected with personal benefits, for instance the opportunity, to give something back to society or the gratification, to seeing fallow people recover from misery (Weinstein & Ryan, 2010). In contrast to professional helper, volunteers do usually not receive financial incentives, which have proven itself as effective reinforcer, to compensate for the constraints, associated with help provision (Tudor, 1998). Therefore, volunteers are often less satisfied with their outcomes, since the demands are outweighing the advantages, this does lead often to high quitting rates among volunteers in general (Vecina, Chacón, Sueiro & Barrón, 2012). Hence, help-seeking behaviour is often not addressed sufficiently, since helper are not sufficiently intended to stay and the need for social support, existing inside the society does prevail. This study does address this issue, the quitting tendency of volunteer helpers, by exploring a population, scarcely examined in this regard, concerning their quitting and its explanations.

Crisis line volunteers

Crisis line volunteers (CLV) are a volunteer population, which does provide social support over distance. This population is not only scarcely examined, concerning their quitting tendency and its explanations, it does also exhibit high degrees of utility for the current times, which does make this helping group especially interesting for scientific research. This form of help does address help-seeking behaviour, from all the places, where at least a mobile phone connection is presents, including the help seekers domestic environment. Lifestyle has become more domestic and the prevalence of anxiety disorder did rose and it is now the most common condition (Wittchen et al., 2008), which is associated with discomfort leaving their accustomed environment (Paterson, Reniers & Völlm, 2009). Moreover, this parts of the populations are at risk, to become isolated and lonely, because their anxiety does make them increasingly unable, to initiate and maintain social relationships (Lecrubier et al., 2000). Moreover, CLV do also benefit from the technological development on the field of telecommunication, which has grown over the last years. Beside telephone contact and internet-based media as email or chat, also video conferencing is increasing possible (Mallen & Vogel, 2005). Hence, CLV are a valuable subgroup, inside the healthcare system, since they are reachable, directly from their clients home and do benefits from technological development. Based on this advantages, it does make sense to address CLV inside this scientific study, because their outcomes do serve practical utility, by helping those helpers.

Aim of this study

Based on this outline, this study does seek to examined CLV, concerning their intention stay, respectively, if this helping group is also affected by this proposed quitting tendency among volunteers. How loyal are CLV and does their degree of intention to stay does cover the need for help, persisting inside the society? Moreover, this study does try to explain this intention.

Based on the outcomes of previous studies, help-providing behaviour was often associated with the decline of own mental health outcomes (Newell & MacNail, 2010). CLV are possibly more stressed then the general population and this enhanced degree of distress may impact on their intention to stay, negatively. This study does, therefore, review the degree of distress, experienced by CLV and its impact on their help-providing behaviour and does, therefore, indicate, if distress-reduction is needed, in order to lower the quitting rates of CLV.

Moreover, this study does also review a third construct, which has been named frequently in this context, work engagement (Vecina et al., 2012; Fourie, Rothmann & Van de Vijver, 2008). This construct is associated with several benefits for the bearer, as enhanced uptake and retention of volunteering (Vecina et al., 2012; Alfes, Shantz, & Bailey, 2016) but also reduced distress in general (Upadyaya, Vartiainen & Salmela-Aro, 2016) and, therefore, with both previously named measures. Being engaged during the provision of social support, does likely have beneficial effects of the distress-perception, that distress does not express itself and does, therefore, not lead to reduced intention to stay. Work engagement is, therefore, tested alongside with the latter two variables, concerning its mere degree and whether it does interact with the effects, that distress likely has on CLV's intention to stay. Knowing more about the moderating role of work engagement does foster the theoretical data base and does provide information, if this constructs is a suitable starting point, to reduce the quitting rates of CLV, by reducing the impact, that distress have on their intention to stay. Figure I does show a functional model, which does include this studies main variables and their connection.

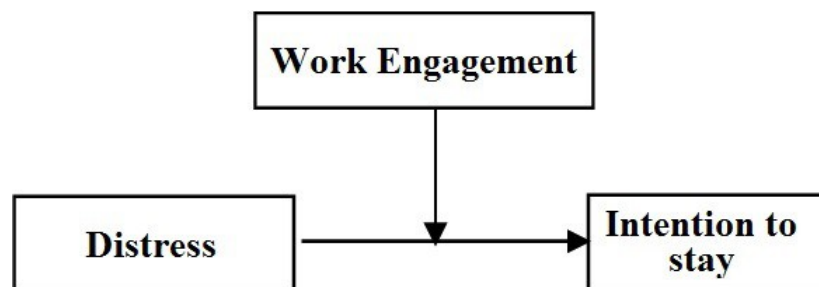


Figure I: Moderation model for distress, work engagement and intention to stay

Crisis line volunteers' intention to stay

Less is known about the intention to stay of CLV and, whether these volunteer helper do share the particularly high quitting rates with other volunteers, as outlined in the preface. Volunteers in general, are not contractually bound, "their 'work' is not an obligation and they can quit at will" (p. 2; Vecina et al., 2012). This circumstance does also apply to CLV and, therefore, this population is possibly also affected by high quitting. Volunteers in general, do also perceive their work often as a loose and casual activity, with little sense of duty, with regard to their organization as their help-seeking clients. Volunteers tend cease their help-provision, often without or on short notice, with disadvantageous consequences for the healthcare system. Their volatility can not be controlled, since solid instruments, to retain them, are not available, "financial incentives are not an option for trying to retain volunteers" (p. 14; Vecina et al. 2012). Previous studies on similar groups showed, that the work-related demands do often surpass the expected burden, prior to their start. Being confronted with these demands, does sometimes lead to doubt, concerning their decision to volunteer, since their expenditures are high and not met with compensation, which does incline them to quit. About 40% of a sample support hotline volunteers did not complete their initial period, because of to the helping-related demands (Lammers, 1991). Based on this outcomes, CLV are possibly also concerned by this presumed tendency and their intention to stay is, therefore, examined in more detail.

Research question 1: To which extent are CLV minded, to continue their support?

Crisis line volunteers' perceived distress

CLV are most of the times, contacted by people, who do have mental illness or at least mental impairment and are, therefore, by challenging interaction partners. Being confronted with the suffering of those people, ranging from issues from diminished physical health, life issues in general and psychopathological conditions, as instance anxiety disorder (Wittchen et al. 2008), does not always leave the helper untouched. Kulik (2006) confirmed, that such interaction do often impact on the helpers own mental health, by evoking frustration, helplessness or even depression. CLV are occasionally also contacted by callers, who are inducing potentially stressful circumstances deliberately, for instance by frequent (Pirkis et al., 2016) or sexual abusive calls (Baird, Bossett, & Smith, 1994). This circumstance does add to the common burden and does put the helper at risk, to experience enhanced mental illness him- or herself. CLV are possibly more prone to the impact stressors, due to their occupation.

Distress in general is a state, which is associated with negative affect, characterized by

symptoms as "worry, irritability, tension, listlessness, poor concentration, sleeping problems and demoralisation" (p. 2; Terluim, 2006). People with high distress, do experience reduce quality of life and have to compensate for this detriment, by additional coping effort. Less is know, to which degree CLV do experience distress and, therefore, their values are reviewed.

But, on the other hand, volunteer work does also entail some relieving effects, people who are engaged as volunteers do often experience lower distress, compared to non-volunteers (Thoits, & Hewitt, 2001). Moreover, providing social support has been verified as coping mechanism and, therefore, with distress reduction (Raposa, Law, & Ansell, 2016). Based on these contradictory evidences, CLV's degree of distress are empirically examined.

Research question 2.1: To which degree do CLV experience distress?

Effect of distress on crisis line volunteers' intention to stay

Past studies did propose contradictory claims about the effect, that distress has on the intention to stay of volunteers. Distress might lead to emotional exhaustion in general, increased turn over rates and consequently, higher quitting (Scanlan & Still, 2019). CLV with higher degrees of distress are most likely more inclined to quit their occupation in the next time, based on their distress-burden. This assumption is supported by studies, which concerned the burnout syndrome, a very similar condition. Fourie et al. (2008) examined the association between burnout, a very similar construct, and intention to stay, inside a volunteer sample and detected, that elevated levels of work-related demands were associated with exhaustion and burnout and consequently lowered intention to stay. Also Kulik (2006) came to similar results, volunteers with high degrees of distress are less inclined to provide support.

But distress does, on the other hand, not only influence the intention to stay of CLV negatively. Distress might also incline the volunteer to enhance their support. Cristea et al. (2014) concluded, that volunteers are sometimes even motivated by stress, if its caused by difficulties of the other person: "Personal distress probably fosters helpful behaviour from an observer in order to relieve his or her own discomfort in the face of another's plight" (p. 2). It is, therefore, not excluded, that distress in general, especially from external sources, does increase the intention to stay rates of CLV. That distress, in general, does facilitate coping behaviour, has been verified by past studies on volunteers (Rapose et al., 2016). CLV in unease may benefit from the experience, to see other people in less optimal situation and also if they do recover, due to the social support, provided by them. Based on these findings, the interaction between distress and intention to stay is quit equivocal and therefore, examined.

Research question 2.2: To which extent are distress and intention to stay associated?

Crisis line volunteers' work engagement

Work engagement in general, is a measure, which does concern the attitude, that an employee has towards his or her working role and the work-related demands. Work engagement itself, has been pioneered by Kahn (1990), who described it as the "harnessing of organization members' selves to their work roles; in engagement, people employ and express themselves physically, cognitively, and emotionally during role performances" (p. 3). For this study, the concept of work engagement, created by Schaufeli, Salanova, González-Romá, & Bakker (2002) was used, due to its comprehensiveness and high degree of validation. It does measure work engagement on three facets. Firstly, it entail the notion *vigor*, which is characterized by high degrees of resilience against distractions and the willingness, to invest more effort, if difficulties occur. Secondly, it does entail dedication, characterized by strong identification with the working role and a sense of significance, concerning the objective of the work. Thirdly, its does also entail the notion of *absorption*, which does describe the degree, to which employees is captured by their work, high degrees as associated with the state of flow, characterized by faster time perception and difficulties, to detach oneself from the working procedure (adapted from Schaufeli et al., 2002). This notions do most likely also benefit CLV.

On the one hand, it is hypnotized, that the absent of financial compensation or payment, does act on the work engagement values of CLV disadvantageously. Money has been proven as powerful reinforcer by previous studies, enhancing the effort that helpers are putting into their work (Tudor, 1998). Since CLV do not receive a financial compensation, it is likely, that these helpers do not feel obligated to be engaged and dedicate themselves to the need of their callers seriously. This might decrease their work engagement. On the other hand, some studies provided evidence, that volunteers in general, are sometimes more engaged then payed worker. Vecina et al. (2012) detected high degrees of WE inside their sample of social volunteers, Fourie et al. (2008) for their sample of lay trauma counsellors, both were not payed. Volunteer work is always self-selected and only helpers how are engaged, concerning their occupation, are staying active. If this notions is true for CLV, is reviewed by this study.

Research question 3.1: To which extent do CLV experience work engagement?

Moderating role of work engagement

Nothing is known about the degree, to which work engagement does moderate the relationship between distress and intention to stay, among CLV. Based on the outcomes of

previous studies, it is likely, that work engagement does have a buffering effect on distress, in other words, that work engagement does make distress less efficacious, in terms of quitting.

Work engagement is associated with positive personal and occupational outcomes. Vecina et al. (2012) concluded, that work engagement does lead to "high levels of intention to stay, strong organisational commitment and high satisfaction with the activity performed" (p. 3) inside their sample of social volunteers. Engaged volunteers are not only more satisfied with their vocation, they do also tend to experience higher degree of happiness and social worth in general (Alfes, Shantz, & Baile, 2016). These outcomes does make their volunteer work more enjoyable, which might, in turn, reduce the impact, that distress has on their intention to stay. On the other hand, low work engagement-values are associated with discomfort, depression and burnout (Upadyaya et al., 2016), which does, in turn, increase the susceptibility to negative affects and distress is experienced more distinctly and does, possibly, reduce the intention to stay rates. Based on this assumptions, the role of work engagement is reviewed, if it does buffer the effect of distress on CLV helping intentions.

Research question 3.2: To which degree does work engagement moderate the relationship, between distress and intention to stay, among CLV?

Preliminary summary

In conclusion, this study does seek to examine CLV with regard to the quitting tendency, common among volunteer helpers, concerning to their own mental health and occupational engagement. This empirical investigation is, therefore, guided by the parent research question: *"To which extent are CLV affected by quitting intentions, to which extent are they experiencing distress, does this variable interact with their intention to stay and to which extent does work engagement moderate the relationship of distress and intention to stay?"*

Methods

Research design

A cross sectional survey design was used.

Population

The data was collected from CLV, working for a large support-providing organization, located in the Netherlands (n=541). Helpers, working for this organization, were mostly volunteers, who received a brief training and a mentoring phase, in which they were supported by an experienced volunteer, prior to their first contacts. The organization itself, is not focused on a

specific target-group, every kind of difficulties are addressed. It does offer phone contact around the clock and email as also chat contact, during the day. About 350.000 such interaction are conducted annually. The organization does not grant financial incentives to retain their workforce. Used means, to alleviate the clients difficulties, are the provision of non-judgmental, attentive listening, psychological approaches are not applied by the subjects.

The characteristics of the participants are presented in Table I. The majority of the sample were female (71.4%), the remaining ones male. The participants ages ranged from 22 till 87 ($M = 63,1$; $SD = 10.66$). Only 11 % of the sample were below 50, 23 % were above 70. Therefore, this study does concern a female-biased sample, with a rather elderly supporters.

Table 1. Means, standard derivations and ranges for the demographic variables (n = 541)

Gender	n	%	Age			
			Mean	SD*	Minimum	Maximum
Male	154	28.5	64.71	10.60	22	87
Female	387	71.5	62.46	10.63	22	87
Total	541	100	63.10	10.66	22	87

* Standard derivation

Instruments

Work engagement was evaluated with the Utrecht Work Engagement Scale, with 9-item (UWES-9; Schaufeli et al., 2002). This scales does measure this construct on the three dimensions, vigor, dedications and absorption, with 3 items each. Items are presented as work-related statements, alongside with 7 options, to be selected by the participants, ascending from 0 ("*never*") till 6 ("*always*", respectively "*every day*"). Example statements from the scale are provided: "At my work, I feel bursting with energy" (vigor), "My job inspires me" (dedication) and "I get carried away when I'm working" (absorption). The UWES-9 is scored by adding the results from the 9 items and dividing them through their sum, resulting in a score between 0 and 6. Authors reported sufficient psychometric properties, concerning the internal consistency ($\alpha = .75$ till $.91$) and the test-retest reliability ($.64$ till $.73$; Schaufeli & Bakker, 2004). The internal consistency for this study was $.91$ for the whole scale and $.87$ (vigor), $.86$ (dedication) and $.76$ (absorption) for the facets. Reliability estimated above $.7$ are considered as sufficient for research (Nunnally & Bernstein, 1994).

Intention to stay was evaluated with a single item, directly asking the participant about the likelihood to leave, within one year from completion date on. The participant could select one from 5 possible answers, ranging from 1 ("*very unlikely*") to 5 ("*very likely*"). Based on its

simplicity, validity of this items is assumed.

Distress was evaluated with 16 items of the Four-Dimensional Symptom Questionnaire, measuring distress (4DSQ - distress subscale; Terluin, 1996). This subscale does measure the construct on a single dimension. The items are framed as words or short sentences, which all complete sentences as "during the past week, did you suffer from...". Participants are provided with 5 options, from which they could choose. ascending from 0 ("*no*") till 5 ("*very often*" or "*constantly*"). Example items from the scale are "...feeling down or depressed", "...worry" and "disturbed sleep". The 4DSQ - distress subscale is scored, by adding the items scores, the selection of option 3-5 does lead to same value of 2, resulting in a subscale score between 0 and 32. Authors reported sufficient psychometric properties, concerning the internal consistency ($\alpha = .84$ till $.94$) and the test-retest reliability ($.89$ till $.94$; Terluin et al., 2006). The internal consistence in this study was $.88$ and, therefore, sufficiently high.

Procedure

The data was collected alongside with an emerging study of the supervisors (Ph.D. Willems and Dr. Drossaert) and allowed to be used in this study. The participants were sampled via volunteer response sampling, to them was promised the participation in raffle, in which they could win one of 20 vouchers worth 20€, as an incentive to participate. Participants received as link to the test battery, starting with an information sheet comprising a gross description of this studies parent study, advert about the handling of the data and the announcement, that vouchers are raffled. The informed consent was presented to the participants, including information about the voluntary nature of the survey and the contact data of the researcher. Therefore, ethical soundness is given. Afterwards, the participant was confronted with initial questions about their demographics properties. Then, a test battery was provided, including the single item of this study, asking for intention to stay of the CLV, the UWES-9 and the 4DSQ - distress subscale. The questionnaire ended with a final sheet, in which the participant could enter his or her email address, if he or she was willing to receive the study results and to participate in the raffle. Data was after that subjected to statistical procedures in the further.

Data analysis

The raw data was scored according to the tests manuals and screened for outlines. SPSS (SSPS Inc., 2018) was used for the data analysis. Two participants were erased due to their outlined, demographical scores. Data was screened, concerning its fit with the assumptions of the applied test. Outcomes of the Kolmogorov-Smirnov test for goodness of fit (Massey,

1951) and Levene's test the equality of variance (Schultz, 1985) were sufficient. Other assumptions were evaluated visually by using graphical outputs (Cassion & Farmer, 2014; Schobert, Boer, & Schwarte, 2018). For the moderation, the PROCESS macro was used (Hayes, 2015). Applied statistical procedures are provided, with the corresponding outcome.

Results

Studies main variables and the most important statistics for this study are given in Table 2.

Table 2. Studies descriptive statistics, their internal consistencies and Pearson correlations

Variable	Mean	SD	α .	1.	2.
1. Intention To Stay	4.06	.85	-	-	
2. Distress	6.28	5.51	.88	-.095**	-
3. Work engagement	3.99	.96	.91	.445*	-.104**
4. Vigor	3.87	1.05	.87	.412*	-.192*
5. Dedication	4.56	1.01	.86	.424*	-.037
6. Absorption	3.54	1.2	.76	.349*	-.051

* Significant at $p < .01$ (two-sided)

** Significant at $p < .05$ (two-sided)

Outcomes for intention to stay

Beside the basic statistical procedure to the obtain the descriptive statistics, the frequencies for intention to stay in total and concerning the gender groups, were computed alongside, to provide a more comprehensive impression of the sample. Outcomes are provided in Table 3.

Table 3. Frequencies for intention to stay of crisis line volunteers and for the gender groups

Intention to stay	Total		Male		Female	
	Absolute (n)	Relative (%)	Absolute (n)	Relative (%)	Absolute (n)	Relative (%)
Very Likely	11	2	3	1.9	8	2.1
Likely	10	1.8	5	3.2	5	1.3
Moderate	84	15.5	18	11.7	66	17.1
Unlikely	269	49.7	75	48.7	194	50.1
Very Unlikely	167	30.9	53	34.4	114	29.5

Outcomes for distress

Beside the basic statistical procedure to obtain the descriptive statistics, a one-way ANOVA was conducted, to compare the distress-value for each level of intention to stay. Outcomes showed, that statistical significant is not given, $F(4, 436) = 2.487$, $p = .043$. Pairwise comparison, by means of Tukey's honestly significant procedure, was applied and outcomes showed, that none of the pairs differed significantly from each other. Additionally, a Spearman's rank-order correlation was applied, concerning the correlation between intention to stay and distress. Results indicated, that a significant negative correlation between both constructs does exist, $r_s = -.099$, $p = .021$. Moreover, two groups were created, according to the normative categories of the test (Terluin, 1996), ranging from 0 till 10 ($n = 445$) and above 10 ($n = 96$), to provide an overview about its normative valence. The outcomes are provided in Table 4, alongside with the basic statistics for distress, for each level of intention to stay.

Table 4. Descriptive statistics of distress, for each intention to stay-level, normative groups

Intention to stay	Mean	SD	Low (%)	Moderate / high (%)
Very likely	5.09	6.50	90.9	9.1
Likely	9.10	7.52	70.0	30
Moderate	7.29	5.74	76.2	23.8
Unlikely	6.42	6.65	81.8	12.2
Very Unlikely	5.46	4.83	86.2	13.8

Outcomes for work engagement

Beside the basic statistical procedure to obtain the descriptive and inferential statistic, work engagement was examined as moderator for the relationship between distress and intention to stay, by conducting a hierarchical multiple regression analysis. Distress and work engagement were entered in a regression analysis in the first step. These variables accounted for a significant amount of variance for intention to stay, $R^2 = .2$, $F(2, 538) = 67.242$, $p < .001$. To reduce the risk of multicollinearity with the interaction term, the variables were centred and an interaction term between work engagement and distress was created (Aiken & West, 1991). The interaction term was added to the regression model in the second step, but it did not account for a significant change of the variance for intention to stay, $\Delta R^2 = < .001$, $\Delta F(1, 537) = .092$, $p = .762$. Table 5 does provide the outcome for work engagement and its facets, concerning this moderation-testing procedure alongside with unstandardised simple slopes for the moderator work engagement on its mean level and on -2 as +2 standard derivations.

Table 5. Variance changes and unstandardised slopes for the work engagement and its facets

Moderator	ΔR^2^*	$\Delta F (1, 537)$	p	Unstandardised regression slopes		
				- 2 SD	Mean	+ 2 SD
Work engagement	>.001	.09	.762	-.003	.001	.005
Vigor	.001	.72	.398	.009	.0017	.028
Dedication	.001	.36	.547	-.02	-.026	-.032
Absorbtion	.001	.55	.457	-.007	.002	.012

* Changes of the variance, by adding the corresponding interaction variables

Discussion

The present study does consider CLV, concerning their quitting behaviour, the role of distress in this context and whether work engagement does moderate the relations between distress and intention to stay. It does, therewith, contribute to the existing literature by providing evidences about this valuable helping group, largely unexamined in the regard, in order to support this helping sector and its merits. The research questions are recalled and addressed.

Research question 1: To which extent are CLV minded, to continue their support?

Outcomes of the data analysis showed, that CLV in general, are minded to maintain their help, for the time span of one year, indicated by their specification on the intention to stay item. About 31% stated, that they saw it as very unlikely to quit their support, which does provide clear evidence against the quitting tendency, which has been assumed previously. This outcomes is, however, not matchless, since some studies did report comparable values for their sample. Haivas, Hofmans & Pepermans (2013) for instance, reported a value of 1.81 (SD = 1.24) for their sample of volunteer helpers, representing their intention to quit, while using a scale, ranging from 1 till 7. This value is lower, compared to CLV, but still relatively high. Authors explained their findings with the degree of choice, that volunteers do have. If a volunteer is convinced, he or she does develop self-determination concerning the volunteer activity and does base their volunteer behaviour on own volutation, leading to volunteer engagement and consequently higher intention to stay (Haivas et al., 2013). But, before self-determination is developed sufficiently, volunteers are still insecure, concerning their occupation, while facing initial difficulties and, therefore, especially vulnerable to quitting.

Based on this assumption, the first few week seem to be a critical period. Only after the volunteer has become familiar with the work-related demands and did develop a sense of significance concerning their vocation, self-determination does rise to a sufficient amount and quitting does become less likely. In conclusion, this study was not able to confirm the

quitting rates among CLV, since most of them do hold long-term intentions concerning the provision of help or the help-seeking behaviour. But it did not control for initial quitting, based on this studies outcome and evidence from the literature, quitting does possibility happened in the first few weeks, when getting confronted with the work-related demands.

Research question 2.1: To which degree do CLV experience distress?

Outcomes showed, that CLV in general, are just marginally stressed, indicated by their value of 6.28, on the provided test. About 82.3 % of the scores, are considered as low, in terms of normative data, ranging until 10, about 14.6% are considered as moderately high and the remaining 3.1 % as very high (Terluin, Terluin, Prince, Van Marwijk, 2008). This outcomes does suggest, that CLV are not particularly stressed or do have sufficient coping resources, since the majority of CLV does experience low or usual degree of distress. The claim, that their the confrontation with impaired person do increases their distress significantly, did not stayed true definitely, but their values did, however, exceed those of the general population.

Terluin, Smits, Brouwers and De Vet (2016) reported a mean-score of distress of 5.6 (SD = 6.4) for the Dutch general population and, therefore, a slightly lower ones, then CLV did obtain. This does contradicts the assumption, that working as volunteer in general, does lead to distress reduction for CLV, the claim that "voluntary association membership contributes to decreased psychological distress" (p. 5, Thoits & Hewitt, 2001) does not stayed true for this studies population. This studies finding does possible arise from the natural of their work, being confronted with impaired persons does most likely have at least some effects of their own mental health, however not strong as previously assumed, or more stressed people are becoming CLV. In conclusion, the degree of distress, experienced by CLV, is marginally but slightly enhanced, which does most likely arise from the nature of their occupation or the unique characteristics of those helpers, not been verified by this study fully.

Research question 2.2: To which extent are distress and intention to stay associated?

Unfortunately, this studies outcomes were not able to dissolve the presumed ambiguity, whether distress does enhance or diminish the intention to stay-rates of CLV. Mean scores for distress differed not significantly among the levels of intention to stay, the correlation between distress and intention to stay turned out to be negative, but barely above the significance level. Correlations below .1 are considered as "low" for psychological purpose (Dancey & Reidy, 2004) and do, therefore, not provide clear evidence for one of the propose claims. Distress does not impact on the intention to stay decisively, also high distress scores are compatible

with volunteer work in general, it do not enhance the quitting rate significantly. The negative coefficient, does possibly confirm the previous assumptions, that distress in general does lead to enhanced quitting rates (Kulik, 2006) but to a low degree of the correlation, which does not exclude the presumed claim, that volunteering does also include stress-coping elements. It is, therefore, also likely, that some volunteers tend to use their occupation to cope with distress, which did arise from external sources, outside of their volunteering. Recent studies did support this claim, that the provision of social support, does have beneficial effects on the distress-value, which does make volunteer work rather to a coping mechanism, then a stressor, with out this notion, the correlation would, most likely, turn out much higher then obtained.

A study by Kitchingman, Caputi, Woodward, Wilson & Wilson (2018) examined volunteers from a telephone crisis support service provider and concluded, that psychological distress did fall, after completing a shift. Based on this studies outcomes, distress does most likely have ambiguous effects on the intention to stay levels of volunteers. It does on the one hand lower the intention to stay, based on its general disadvantageousness but it does most likely also entail coping notion, since the interaction is turned out to be low. In conclusion, distress is associated with reduced intention to stay but it does remain an ambiguous construct, not sorely detrimental for volunteers, as previously assumed. Distress does most likely, also entail coping notions, which do make the provision of social support to a relieving activity, associated with positive experiences and therefore, also enhanced intention to stay.

Research question 3.1: To which extent do CLV experience work engagement?

Outcomes indicated as well, that CLV in general are not particularly engaged, which did contraindicate the previous assumptions. Their value of 3.99 does fall into the normative range of average, also the obtained sub-scores are merely locatable in this range (Schaufeli & Bakker, 2004). Nevertheless, 28.4% of the sample did scored high or very high, in terms of the norm, indicating that at least some parts of this population are highly engaged. Although their scores were still above those of the normative sample ($m = 3.74$, $SD = 1.17$), they stayed behind those of previous studies, concerning volunteers. The sample of Vecina, Chacón, Marzana & Marta (2013), which did include social and environmental volunteers, scored very high scores, in terms of the norm, and, therefore, above 5.51. These outcomes are not an exception, also other studies reported extraordinary values for social support providing volunteers (Fourie et. al., 2007). So, CLV are less engagement, compared to peer volunteers.

This difference in scores does possibly arise from their unique form of helping.

Trauma counsellors of the comparative study by Fourie et al. (2008) for instance, were contacted by their clients face-to-face and up to four occasions. This circumstance might impacted on those volunteers, they may experience the "nature of stimuli, which confront them, as more comprehensible, manageable and meaningful which may have had an impact on burnout and work engagement levels" (p. 11). Being confronted with the help-seeking client over distance, does possibly diminishes the authenticity of the contact, its meaningful and, therefore, possibly also work engagement, explaining CLV's scores. Moreover, previous studies confirmed also, that the experience, to see own contributions turn into fruitful results, tend to increase the work engagement-score (Taufek, Zulkifle & Sharif, 2016). Being confronted with the client only once and over distance, does lead to the consequence, that certain gains are not made, which does possibly explain, why the value of work engagement did stay comparably low, among CLV. In conclusion, CLV are experiencing higher work engagement, compared to the average population, but stayed behind volunteer from other sectors. Dampening factors, arising from their unique work-features are most likely presents and were suggested but this study was, however, not able to make more tangible predictions.

Research question 3.2: To which degree does work engagement moderate the relationship between distress and intention to stay, among CLV?

Concerning the second part of the third research question, previous assumptions about the property of work engagement, to serve as moderator for the relationship between distress and intention to stay, turned out unsatisfactory. The same turned out to be true for its facets, which did also not moderate the relationship independently. Work engagement does, therefore, not entail a buffering effect against the detriments of distress, meaning that also high degrees of work engagement do leave the impact of distress on intention to stay largely unaffected. Work engagement itself did, however, correlate with intention to stay moderately, but not through the proposed path, by buffering against distress, it does most likely provide a mere counterweight against distress' negative affects, associated with volunteer work. The enhancement of work engagement would possibly enhance intention to stay, but not through the proposed path, by buffering the effect of distress, which does contradict the initial claims.

Previous assumption, that work engagement does make distress forgotten, due to its ability to enhance the satisfaction with work, volunteers degrees of happiness and their social worth (Alfes et al., 2016) did not stayed true. Neither, that its negative notions, as discomfort, depression and burnout (Upadyaya et al., 2016), do increase the effect, that distress has on intention to stay, also very low degrees of work engagement do not decrease the effect from

distress on intention to stay. In conclusion, the degree to which work engagement does buffer against the effects of distress is low till non-existing, intention to stay did not benefit from it.

Conclusive summary

Based on this studies outcomes, the initial assumption, that CLV are affected by the quitting tendency, common among volunteer helpers, was not confirmed. This samples participants and most likely also the population of CLV does express sufficient degree of intention to stay and, therefore, long-term intention, to keep on providing their social support. This outcomes does also implicate, that the need for distant support, is addressed sufficiently in the examined region, by this part of the healthcare system and people who do wish this support are sufficiently served. The initial claim, that intervention into this helping sector are possibly needed, turned out to be wrong, since active CLV are sufficiently engaged. CLV do most likely benefit from other forms of compensation, since money is not granted. Evidence stood out, which does implicate, that volunteer work does fulfill a coping function, working with detrimented fallow humans, does possibly relief the volunteer from own their burden. Distress is possibly caused by the unique features of their work or more stressed people are becoming CLV, not specified in more detail, by this studies scope. CLV are more engaged, then the working population, which does confirm previous claims about volunteer, but their scored stayed behind other volunteer population. Their unique kind of work does most likely entail elements, which do buffer the degree of work engagement but these element do, however, not enhance the effect of Distress on intention to stay, since work engagement did not moderate it. In conclusion, CLV are seem to grow in importance, based on the constant improvement of communication technologies, and so far, their growth is not endangered by enhanced quitting.

Recommendations

Several question, not been examined by means of this study, stood out. *First*, this studies CLV stated extraordinary values for intention to stay, but it stayed unrevealed, which percentage of the pretender did actually became a CLV and how many did quit. Fallow-up studies might concern this studies claim, that the quitting tendency among CLV does manifest itself in this first few weeks and might, therefore, examine the ratio, to which pretender turn into CLV. *Second*, fallow-up studies might examine the stake of distress, which is caused by providing support. This study did suggest, that CLV do experience distress especially from external sources and do rather draw relief from their occupation as helper. In more concrete terms, whether the reduction of distress does have enhancing or decreasing effects on their intention to stay. *Third*, fallow-up studies might examined the causes, why their work engagement-

values stayed behind those of other volunteer helpers, by examining the effect of distant work in general or the frequency of contact and whether it does diminish work engagement rates.

Limitations

This study has also some limitation. *First*, a sampling bias might take place, volunteers with high degrees of distress, low degrees of work engagement and intention to stay are most likely less represented in this study. The obtained values for this constructs, are most likely lower, respectively higher then stated and the external validity is reduced. *Secondly*, certain demographics groups were overrepresented, especially female and older volunteers. This studies outcomes are, therefore, valid for this segments and should be used with cautions, for other ones. Young people, in terms of the common sense, were factual not part of this study and results for this segment might be biased by age. *Thirdly*, methods variance might be presents, since older people are less familiar with online assessment tools. *Lastly*, this study was conducted with cross sectional data, which does not allow conclusions concerning causality. Especially the impact from work engagement on intention to stay might not be causal and should be approached with caution, due to probable, intervening variables.

References

- Aiken, L. S., & West, S. G. (1991). Multiple regression: Testing and interpreting interactions. Thousand Oaks, CA: Sage.
- Alfes, K., Shantz, A., & Bailey, C. (2016). Enhancing volunteer engagement to achieve desirable outcomes: what can non-profit employers do? *Voluntas: International Journal of Voluntary and Nonprofit Organizations*, vol. 27(2), 595-617. doi: 10.1007/s11266-015-9601-3
- 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. doi: 10.1007/BF02188875
- Casson, R. J., & Farmer, L. D. (2014). Understanding and checking the assumptions of linear regression: a primer for medical researchers. *Clinical & experimental ophthalmology*, 42(6), 590-596. doi: 10.1111/ceo.12358
- Cristea, I. A., Legge, E., Prosperi, M., Guazzelli, M., David, D., & Gentili, C. (2014). Moderating effects of empathic concern and personal distress on the emotional reactions of disaster volunteers. *Disasters*, 38(4), 740-52. doi:

- Dancey, C. P., & Reidy, J. (2007). *Statistics without maths for psychology*. London, UK: Pearson education.
- Fourie, L., Rothmann, S., & Van de Vijver, F. J. (2008). A model of work wellness for non-professional counsellors in South Africa. *Stress and Health: Journal of the International Society for the Investigation of Stress*, 24(1), 35-47. doi: 10.1002/smi.1163
- Haivas, S., Hofmans, J., & Pepermans, R. (2013). Volunteer engagement and intention to quit from a self-determination theory perspective. *Journal of Applied Social Psychology*, 43(9), 1869-80. doi: 10.1111/jasp.12149
- Hayes, A. F. (2015). An index and test of linear moderated mediation. *Multivariate behavioral research*, 50(1), 1-22. doi: 10.1080/00273171.2014.962683
- Kahn, W. A. (1990). Psychological conditions of personal engagement and disengagement at work. *Academy of management journal*, 33(4), 692-724. doi: 10.2307/256287
- Kitchingman, Caputi, Woodward, Wilson & Wilson (2018) The impact of their role on telephone crisis support workers' psychological wellbeing and functioning: Quantitative findings from a mixed methods investigation. *PLoS ONE* 13(12), e0207645. doi: 10.1371/journal.pone.0207645
- Kulik, L. (2006). Burnout among volunteers in the social services: The impact of gender and employment status. *Journal of community psychology*, 34(5), 541-61. doi: 10.1002/jcop.20114
- Lammers, J. C. (1991). Attitudes, motives, and demographic predictors of volunteer commitment and service duration. *Journal of Social Service Research*, 14(3-4), 125-40. doi: 10.1300/J079v14n03_07
- Lecrubier, Y., Wittchen, H. U., Faravelli, C., Bobes, J., Patel, A., & Knapp, M. (2000). *A European perspective on social anxiety disorder*. *European Psychiatry*, 15(1), 5-16. doi: 10.1016/s0924-9338(00)00216-9
- Mallen, M. J., & Vogel, D. L. (2005). Introduction to the major contribution: Counseling psychology and online counseling. *The Counseling Psychologist*, 33(6), 761-75. doi: 10.1177/0011000005278623

- Massey Jr, F. J. (1951). The Kolmogorov-Smirnov test for goodness of fit. *Journal of the American statistical Association*, 46(253), 68-78. doi: 10.1007/978-0-387-32833-1_214
- Newell, J. M., & MacNeil, G. A. (2010). Professional burnout, vicarious trauma, secondary traumatic stress, and compassion fatigue. *Best Practices in Mental Health*, 6(2), 57-68. doi: 10.1007/s41542-019-00045-1
- Nunnally, J. C., & Bernstein, I. H. (1994). Psychometric theory. New York, NY: McGraw-Hill.
- Paterson, H., Reniers, R., & Völlm, B. (2009). Personality types and mental health experiences of those who volunteer for helplines. *British Journal of Guidance & Counselling*, 37(4), 459-71. doi: 10.1080/03069880903161419
- Pirkis, J., Middleton, A., Basilios, B., Harris, M., Spittal, M. J., Fedczyn, I., Chondros, & Gunn, J. (2016). Frequent callers to telephone helplines: new evidence and a new service model. *International journal of mental health systems*, 10(1), 1-19. doi: 10.1186/s13033-016-0076-4
- Raposa, E. B., Laws, H. B., & Ansell, E. B. (2016). Prosocial behavior mitigates the negative effects of stress in everyday life. *Clinical Psychological Science*, 4(4), 691-8. doi: 10.1177/2167702615611073
- Scanlan, J. N., & Still, M. (2019). Relationships between burnout, turnover intention, job satisfaction, job demands and job resources for mental health personnel in an Australian mental health service. *BMC health services research*, 19(1), 62. doi: 10.1186/s12913-018-3841-z
- Schaufeli W. & Bakker, A (2004, December). Utrecht Work Engagement Scale, Preliminary Manual. Retrived on the 24th from July from https://www.wilmarschaufeli.nl/publications/Schaufeli/Test%20Manuals/Test_manual_UWES_English.pdf
- Schaufeli, W. B., Salanova, M., González-Romá, V. & Bakker, A. B. (2002). The measurement of engagement and burnout: A two sample confirmatory factor analytic approach. *Journal of Happiness Studies*, 3(1), 71-92. doi: 10.1023/A:1015630930326

- Schober, P., Boer, C., & Schwarte, L. A. (2018). Correlation coefficients: appropriate use and interpretation. *Anesthesia & Analgesia*, 126(5), 1763-1768. doi: 10.1213/ANE.0000000000002864
- Schultz, B. B. (1985). Levene's test for relative variation. *Systematic Zoology*, 34(4), 449-56. doi: 10.1093/sysbio/34.4.449
- SPSS Inc. (2018). SPSS statistics 25 for Windows. Chicago, IL: IBM.
- Taufek, F. H., Zulkifle, Z. B., & Sharif, M. Z. (2016). Sustainability in Employment: Reward System and Work Engagement. *Procedia Economics and Finance*, 35, 699-704. doi: 10.1016/S2212-5671(16)00087-3
- Terluin, B. (1996). De vierdimensionale klachtenlijst (4DKL). Een vragenlijst voor het meten van distress, depressie, angst en somatisatie [The Four-Dimensional Symptom Questionnaire (4DSQ). A questionnaire to measure distress, depression, anxiety, and somatization]. *Huisarts en wetenschap* 39(12), 538-47. Retrived from on the 24th of July from <http://www.emgo.nl/files/1565>
- Terluin, B., van Marwijk, H. W., Adèr, H. J., de Vet, H. C., Penninx, B. W., Hermens, M. L., van Boeijen, C. A., van Balkom, A. J., van der Klink, J. J., & Stalman, W. A. (2006). The Four-Dimensional Symptom Questionnaire (4DSQ): a validation study of a multidimensional self-report questionnaire to assess distress, depression, anxiety and somatization. *BMC psychiatry*, 6(1), 34. doi: 10.1186/1471-244X-6-34
- Thoits, PA., & Hewitt, LN. (2001). Volunteer work and well-being. *Journal of Health and Social Behavior*, 42(2), 115–31. doi: 10.2307/3090173
- Tudor, K. (1998). Value for money?: issues of fees in counselling and psychotherapy. *British Journal of Guidance and Counselling*, 26(4), 477-93. doi: 10.1080/03069889800760411
- Terluin, B., Terluin, M., Prince, K., & van Marwijk, H. (2008). De Vierdimensionale Klachtenlijst (4DKL) spoort psychische problemen op. [The Four-Dimensional Symptom Questionnaire (4DSQ) detects psychological problems]. *Huisarts en wetenschap*, 51(5), 251-5. doi: 10.1007/BF03086756
- Terluin, B., Smits, N., Brouwers, E. P., & de Vet, H. C. (2016). The four-dimensional

- symptom questionnaire (4DSQ) in the general population: scale structure, reliability, measurement invariance and normative data: a cross-sectional survey. *Health and quality of life outcomes*, 14(1), 130. doi: 10.1186/s12955-016-0533-4
- Upadyaya, K., Vartiainen, M., & Salmela-Aro, K. (2016). From job demands and resources to work engagement, burnout, life satisfaction, depressive symptoms, and occupational health. *Burnout research*, 3(4), 101-8. doi: 10.1016/j.burn.2016.10.001
- Vecina, M. L., Chacón, F., Sueiro, M., & Barrón, A. (2012). Volunteer engagement: Does engagement predict the degree of satisfaction among new volunteers and the commitment of those who have been active longer? *Applied Psychology*, 61(1), 130-148. doi: 10.1111/j.1464-0597.2011.00460.x
- Vecina, M. L., Chacón, F., Marzana, D., & Marta, E. (2013). Volunteer engagement and organizational commitment in nonprofit organizations: What makes volunteers remain within organizations and feel happy? *Journal of Community Psychology*, 41(3), 291-302. doi: 10.1002/jcop.21530
- Weinstein, N., & Ryan, R. M. (2010). When helping helps: autonomous motivation for prosocial behavior and its influence on well-being for the helper and recipient. *Journal of personality and social psychology*, 98(2), 222. doi: 10.1037/a0016984
- Willems, R., Drossaert, C., & Vuijk, P. (2020). Impact of crisis line volunteering on mental wellbeing and the associated factors: a systematic review. *International journal of environmental research and public health*, 17(5), 1641. doi: 10.3390/ijerph17051641
- Wittchen, H. U., Jacobi, F., Rehm, J., Gustavsson, A., Svensson, M., Jönsson, Olesen, J., Allgulander, C., Alonso, J., Faravelli, C., Fratiglioni, L., Jennum, P., Lieb, R., Maercker, A., Van Os, J., Preisig, M., Salvador-Carulla, L., Simon, R., Steinhausen, HC (2011). The size and burden of mental disorders and other disorders of the brain in Europe 2010. *European neuropsychopharmacology*, 21(9), 655-79. doi: 10.1016/j.euroneuro.2011.07.018.