Occurrence and Intensity of Caller-related Stressors and their Impact on the Mental Wellbeing of Crisis Line Workers - A correlational Study

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Abstract

Background: Crisis line services have been proven to be effective in helping people in distress. However, crisis line workers are exposed to a variety of stressful situations during their shifts. This can negatively impact their mental well-being. **Aim**: The current study aims to identify the situations experienced as most stressful, possible personal background factors that could be associated with the experienced stressfulness and the effect of these stressful situations on CLWs' mental well-being. **Methods:** The study was a correlational study including 593 participants. Participants were asked to indicate how frequently and intense they experience caller-related stressors. The Mental Health Continuum Short-Form was applied to measure participants' mental well-being. **Results:** The results showed that crisis line workers experience callers having psychiatric problems, being confused, and agitated, and caller planning to commit suicide as most stressful. Having psychiatric problems was thereby also reported most frequently whereby plans to commit suicide was found to be most intensively stressful. Participants showed an overall good mental well-being (M=52), with caller-related stress being slightly associated with the total mental well-being scale (r=-.18**) and all three subscales. Additionally, caller-related stress was found to be weakly but significantly associated with personal background variables [gender (r=.17**), age (r=-.35**), working hours (r=.19**]. **Conclusion:** This study found the situations of callers/chatters suffering from having psychiatric problems, feeling agitated and confused, and planning to commit suicide to be remarkably stressful for crisis line workers. Caller-related stress was weakly but significantly associated with age, gender, and working hours but not with prior education and working years. The mental well-being of participants was good and associated with caller-related stress. Interventions should be specifically tailored to the most stressful situations and topics such as sexual intentions, as women experience this situation to be more stressful than men.

Keywords: crisis line work, stressors, mental well-being

Introduction

Work on the crisis line is mostly done by volunteers and serves to help people in need. Crisis line workers (CLW) provide immediate and confidential assistance to people seeking psychological support via email, telephone, or chat (Székely, Hal, Tóth & Adam, 2015). These services fill the gap that arises in formal care or provide an opportunity for people who do not have access to or do not wish to take advantage of formal care (Kitchingman, Caputi, Woodward, Wilson & Wilson, 2018) due to e.g. fear of stigmatization (Möller-Leimkühler, 2004). More than 21.000 trained volunteers in Europe assist callers and chatters with light to severe problems day and night (Willems, Drossaert, Vuijk & Bohlmeijer, 2020). Each year, they answer over 130.000 chat and e-mail conversations and over five million telephone calls (Székely et al., 2015). Research shows that just contact with a crisis management employee can, for example, reduce the caller's suicidal thoughts, and increase the callers' psychological state (Gould, Kalafat, Hassimunfakh & Kleinman, 2007). Thus, crisis line work can effectively reduce psychological complaints and even help to prevent suicidal attempts.

Crisis line work

Working as CLW can be hard and challenging. Crisis line services attract people with a variety of problems – e.g. loneliness, insomnia, suicidal thoughts, and abuse experiences (Székely et al., 2015; Reese, Conoley & Brossart, 2006) that require great mental flexibility and empathic engagement (Reese et al., 2006). However, being mentally highly flexible and showing constant emphatical engagement with those in distress can lead CLWs to experience elevated symptoms of psychological distress. Thereby, research focused exclusively on the impact of frequent empathic engagement for registered professionals whereby non-professional roles were highly overlooked (Johnson, Hall, Berzins, Baker, Melling & Thompson, 2018; Halcomb, Smyth & McInnes, 2018). Research by Decety & Lamm (2006) supports this

in revealing that showing empathy towards others who are in great despair can lead to increased problems due to a bottom-up process in the human neuronal system. In other terms: When someone is exposed to auditory or visual problems, the mirror neuron system is activated, and the exposed person may experience elevated symptoms. In connection with the work on the crisis line, hearing the symptoms of the caller can lead to experiencing similar problems and can thus, increase own psychological distress (Kitchingman et al., 2018). Thus, crisis line work can be challenging due to constant empathic engagement and mental flexibility.

Mental well-being

Psychological distress affects crisis line workers' mental well-being. According to O'Connor (2001), psychological distress can lead to functional impairment which is associated with well-being (Cummings, 2002). Well-being is thereby, according to the World Health Organization (August, 2014), defined as " a state of well-being in which every individual realizes his or her potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community" (p.1). Hence, a deterioration in well-being can lead CLW to provide sub-optimal care, which can lead to higher drop-out rates and "emotional regulation difficulties, personal symptoms of psychological stress and low intentions to seek help" (Kitchingman et al., 2018, p.2). Thus, experiencing psychological distress during work can lead to a decline in the mental well-being of the crisis line workers.

Stressors

Crisis line workers are exposed to a variety of unique stressors. Pirkis et al. (2016) found that one unique stressful situation for CLW is the exposure to uncontrollable types of contacts like the frequent caller (who calls several times a day) or sexual abusive caller (who calls for sexual gratification) (Baird, Bosset & Smith, 1994; Matek, 1980). Another unique

stressor, found in a study by Kitchingman et al. (2018), is the inability of employees to neither observe non-verbal behavior nor follow the emotional development of the caller. Stressors used in the current study elaborate on caller-related stressors from previous research by Willems et al. (2020). Caller-related stressors relate thereby to specific situations or characteristics of the caller/chatter that may reduce the CLWs' mental well-being.

However, since studies on these factors are usually qualitative or have only examined one or a few of these factors in each case, there is a lack of knowledge in literature about which of the potential stressors occur most frequently and which of them are perceived as particularly stressful for crisis line workers.

Aim and Research Questions of the Study

This large-scale quantitative study aims to investigate which of the stressful situations are perceived most frequently and are particularly stressful by crisis line workers. The following research questions arise:

1. What types of caller-related stressors occur most frequently, and which are most intensively perceived as stressful by the crisis line workers?

Furthermore, research has found that various personal factors may increase the risk of helpers experiencing stress. These factors include e.g. a younger age (Roche & Odgen, 2017), female sex (Kitchingman et al., 2018), and experience in a helping role (Kitchingman, Wilson, Caputi, Wilson & Woodward, 2017; Mishara & Giroux, 1993). Moreover, Cozolino (2014) found that hours spent talking with a caller is associated with stress perceived. Although studies have addressed personal risk factors, no previous studies have linked these factors to the intensity and frequency of caller-related stress perceived during certain situations. Therefore, the question arises:

2. Are personal background variables (age, gender, professional training, working hours, years of working for the institution) associated with caller-related stress?

Mental well-being and the factors affecting it are only scarcely researched concerning crisis line work. Mental well-being can be divided into three sublevels, called emotional well-being, social well-being, and psychological well-being (Keyes, Wissing, Potgieter, Temane, Krueger & van Rooy, 2008). Research among professional health care workers thereby revealed that helping can lead to negative effects such as anxiety and depression (Antonopoulou, Killian & Forrester, 2017; Elsayed, Hasan & Musleh, 2017) and symptoms of burn-out (Dickinson & Wright, 2008; Gómez-Urquiza, De la Fuente-Solana & Ablendín-García, 2017). Still, research lacks to examine potential factors influencing crisis line workers 'mental well-being. Yet insight into these factors is important to tailor interventions for the prevention of a decline in mental well-being effectively. The third question arises:

3. To what extent are caller-related stressors experienced by crisis line workers related to their mental well-being (emotional, social, and psychological well-being)?

Methods

Design

The recent study was a quantitative online-based survey, conducted from the end of November until the end of December 2019 by a Ph.D.-student at the University of Twente. Ethical approval for the study was obtained by the Ethical Board of the Faculty of Behavioural and Management studies from the University of Twente (no: 190943).

Participants and Procedure

The only inclusion criterion was that respondents did executive work at a telephone helpline. Workers of three different Dutch crisis line organizations, namely "The Listen line" (N=543), "133 suicide prevention" (N=39), and "MIND Korrelation" (N=11) received a link to different questionnaires in November 2019. By clicking on the link, the content of the survey was explained to the respondents. Then, informed consent was required to start the survey. After giving their consent, the respondent could fill in all questionnaires. If the

participants did not respond, they then received a reminder e-mail after two and after four weeks. At the end of December 2019, the survey was closed. A total sample of 1435 crisis-line worker was contacted, of which 593 workers responded.

Instruments

Caller-related stressors questionnaire. Occurrence and intensity of caller-related stress perceived by CLW were measured by the caller-related stressors questionnaire (Willems et al., 2020) which was based upon literature and focus group interviews with former CLW's. The caller-related stressors questionnaire of the study was created by using the program "Lime survey" (Engard, 2009). It consists of sixteen items about stressful situations a CLW could encounter during their work (Appendix A). Each stressful situation requires two subscales, one measuring the frequency and one measuring the intensity of caller-related stress. Participants were first asked to indicate on a 5-point-Likert-scale (0=never, 4=always) how frequently exposed they are to various situations (e.g. that the caller tells a story that is probably not true) (see Appendix A). On the second scale, they were asked to indicate on a 5-point scale (1=not at all stressful, 5=very stressful) how stressful they experience these situations. Moreover, a total scale of caller-related stress, based on the product of intensity and frequency, was calculated for each item. The total scale showed good reliability (α= .88).

Short form of the Mental Health Continuum (MHC-SF). The MHC-SF is a scale used to measure mental well-being. It is available in different languages and is evaluated psychometrically. Each of the fourteen items can be answered on a 5-point Likert scale (0=never to 5=every day). The total score can range from 0 to 70 points, with a higher score indicating a higher level of mental well-being. The entire questionnaire contains three different dimensions of well-being, namely emotional well-being (EWB) (3 items), social well-being (SWB) (5 items), and psychological well-being (PWB) (6 items) (Keyes et al., 2008). The sum score for the total and the subscales were computed. Cronbach's alpha was

found to be acceptable (MHC-SF (total): α=.81, EWB: α= .76, SWB: α= .70, PWB: α= .83).

Data analysis

IBM SPSS Statistics 26.0 was used to analyze the data. Descriptive statistics were obtained, including the mean and standard deviations of each item on the caller-related stressors questionnaire and MHC-SF.

To answer the first research question ("What types of caller-related stressors occur most frequently, and which are most intensively perceived as stressful by the crisis line workers?") mean values and standard deviations, as well as the response frequencies of the subscale's "frequency" and "intensity", were calculated and compared. The product of both, intensity and frequency, were calculated and mean and standard deviations were computed to see which situations are overall perceived as most stressful.

To answer the second research question, "Are personal background variables (age, gender, professional training, working hours, years of working for the institution) associated with caller-related stress?", a Pearson correlation was calculated between total caller-related stress with each personal background variable. Moreover, correlations between each personal background variable and each stressful situation were computed.

Next, the research question "To what extent are stressful situations experienced by crisis line workers related to their mental well-being (emotional, social, and psychological well-being)?" was answered. First, descriptive statistics such as mean, standard deviations, and minimum and maximum were assessed for the overall MHC-SF scale as well as for the three subscales (EWB, SWB, PWB) to see the level of well-being experienced by the CLW. Furthermore, a Pearson correlation was calculated between the overall MHC-SF and total caller-related stress. Moreover, correlations between the three subscales of the MHC-SF (EWB, SWB, PWB) and the stressful situations were computed.

Results

Description of the study group

Table 1 displays the group statistics. It becomes clear that most of the sample was female and worked as a volunteer. The age of the participants ranged from 18 to 87 years, with an average age of 61. Moreover, most of the sample had no prior professional training and worked in the institution for approximately one to three years. Thereby, most of the sample worked between 4 to 6 hours a week for "The Listen line".

Table 1. *Sample by gender, age, and work-related background information (N=593)*

Characteristic		n	%	Mean	SD
Gender	Male	166	28		
	Female	426	72		
Age		593		60.9	13.2
Volunteer / Paid	Volunteer	563	95		
	Paid	30	5		
Organization	"The Listen line"	543	92		
	"113 suicide prevention"	39	6		
	"MIND Korrelation"	11	2		
Professional training	Yes	234	40		
	No	359	60		
Working years	Lesser than 1 year	134	23		
	1-3 years	204	34		
	3-6 years	93	15		
	6-10 years	63	11		
	More than 10 years	99	17		
Working hours/week	Lesser than 4	104	18		
	Between 4-6	414	70		
	Between 6-8	35	6		
	Between 8-10	9	1		
	More than 10	31	5		

Exploring which type of situations are perceived as most stressful based on its frequency and intensity

Table 2 reveals the descriptive statistics of each item of the caller-related stressor's questionnaire, as well as the product score (frequency x intensity) and the belonging answer

frequencies. Based on the frequencies, the situation of the caller having psychiatric problems, being confused, agitated, or gloomy was by far occurring most frequently. Other situations experienced often occurring were "Can't interfere, speech waterfall", "Complaining and whining", and "Problem with volunteer placement, passive, victim role". Situations experienced least frequently were "Plan is to assault someone (human or animal) ", "Children or animal victim", and "Working on other things (caller/chatter)".

Based on the intensity of caller-related stress in those situations, the situation "Plans to end his/her life" was perceived as being the most stressful one. Other situations also experienced as highly stressful were "Manipulates, scolds, discriminates, chocks, judges or seeks quarrel", "Children or animal victim", and "Plan is to assault someone (human or animal)". Situations experienced least stressful were "Physical complaints, actually psychological problems", "Bizarre story, probably not true", and "Frequent caller".

Taken into account the mean and standard deviations of each item, the highest overall perceived caller-related stress, based on the product and intensity, was found for the items "Psychiatric problems, [being] confused, agitated or gloomy" and "Plans to end his/her life". This indicates that these situations were found to be overall most stressful. Situations found as overall least stressful were "Plan is to assault someone (human or animal)" "Physical complaints, actually psychological problem" and "Working on other things (chatter/caller)".

Looking closer at the standard deviations of the items, the items "Can't interfere, speech waterfall", "Children or animals victims" and "Sexual intentions with the conversation" showed the greatest variation in answers, indicating that the opinion on the stressfulness of these items was most widely spread. On the other side, the items "physical complaints, actually psychological problems" and "Bizarre story, probably not true" showed the least variation in answer, showing that the participants had a similar opinion about the level of caller-related stress.

10

Table 2. *Descriptive statistics for items of the caller/chatter scale from the caller-related stressors questionnaire(N=593), sorted by mean of product*

Item	Frequency							Intensity of stress							Product (frequency x intensity)	
	Mean	SD	Answering frequency (%)					Mean	SD	Answering frequency (%)					Mean	SD
			0^a	1^a	2^a	3^a	4^a			1^b	2^b	3^b	4^b	5^b		
Psychiatric problems, confused, agitated or gloomy	2.4	0.9	0	14	43	31	13	1.9	0.9	36	43	16	4	1	4.3	1.3
Plans to end his/her life	1.3	0.8	5	71	15	5	5	2.8	1.1	12	32	28	21	7	4.1	1.3
Can't interfere, speech waterfall	1.9	0.8	0	33	49	14	3	1.9	0.9	43	35	16	5	1	3.7	1.4
Complaining and whining	1.9	0.8	1	34	45	16	4	1.8	0.9	43	40	13	4	1	3.7	1.3
Manipulates, scolds, discriminates, shocks, judges or seeks quarrel	1.1	0.5	4	82	13	2	0	2.5	1.1	18	38	22	18	4	3.7	1.3
Problem with volunteer placement, passive, victim role	1.7	0.8	2	46	40	10	3	1.9	0.9	36	45	12	5	2	3.6	1.3
Don't listen, think black and white	1.6	0.8	1	53	34	10	2	2.0	0.9	35	43	17	5	1	3.6	1.3
Frequent caller	1.8	0.8	2	38	44	12	3	1.5	0.8	61	27	10	3	0	3.3	1.2
Children or animals victim	0.8	0.7	30	60	8	1	0	2.4	1.2	29	31	21	16	4	3.2	1.4
Sexual intentions with the conversation	1.1	0.6	8	73	17	2	0	2.0	1.1	45	31	12	10	3	3.1	1.4
Life-threatening or serious physical illness	1.2	0.6	4	73	20	3	0	1.8	0.9	41	39	15	5	1	3.1	1.1
Under the influence of alcohol or drugs, words don't come out right	1.2	0.6	5	76	16	3	0	1.7	0.9	52	34	10	3	2	2.9	1.1
Bizarre story, probably not true	1.3	0.6	2	69	26	4	0	1.5	0.7	59	35	5	2	0	2.8	.9
Working on other things (caller, chatter)	1.0	0.6	15	73	11	1	0	1.8	0.9	48	35	11	5	1	2.7	1.2
Physical complaints, actually psychological problems	1.4	0.7	5	57	32	5	1	1.3	0.6	74	21	4	0	0	2.7	0.1
Plan is to assault someone (human or animal)	0.3	0.5	72	27	1	0	0	2.3	1.4	47	13	15	17	8	2.6	1.6
Caller-related stress (total)															**53.0**	**12.2**

Notes. Answer options: 0^a= Never, 1^a=sometimes, 2^a= regularly, 3^a=Often, 4^a=Very often; 1^b=Not at all stressful, 2^b=a bit stressful, 3^b=slightly stressful, 4^b=stressful, 5^b=very stressful

Overall, having psychiatric problems, being confused, agitated, or gloomy was experienced most frequently and the situation that the caller/chatter plans to commit suicide was experienced as most stressful. Both situations were also found to be most stressful when it comes to the combination of intensity and frequency.

Association between personal background variables and caller-related stressors

Table 3 reveals that the total level of caller-related stress experienced was associated with age, gender, and working hours, whereby no association was found between having prior professional training, working years, and caller-related stress.

By looking closer at the association between age and caller-related stress, one can observe that age was weakly but significantly associated with the situations "Problem with volunteer placement, passive, victim role", "Don't listen, think black and white", and "Frequent caller". Thus, problems with volunteer placement, being passive, in the victim role, not listening, thinking black and white and calling frequently were associated with participants' age.

Considering the gender of the participant, a weak but significant association was found between gender and the item "Sexual intentions with the conversation". Thereby, women tended to experience this situation as more difficult than men. Thus, the situation of the caller having sexual intentions was found to be associated with gender.

Considering the working hours, time spent on the phone with caller was weakly but significantly associated with caller-related stress. Thereby, the situations "Problems with volunteer placement, passive, victim role", "Don't listen, thinks black or white", "Plans to end his/her life", "Frequent caller" and "Under the influence of alcohol or drugs, word's come out right" were associated with caller-related stress. Thus, these situations are weakly but significantly associated with the hours working for the institution and caller-related stress.

Table 3. *Pearson Correlation for personal background variables with caller-related stress (N=593)*

Item	Age	Gender[a]	Professional training[b]	Working years	Working hours/day
Psychiatric problems, confused, agitated or gloomy	-.25**	.08	.04	-.05	.10
Plans to end his/her life	-.26**	.16**	-.06	-.03	.18**
Can't interfere, speech waterfall	-.24**	.03	-.03	-.14**	.15**
Complaining and whining	-.24**	.03	-.02	-.05	.17**
Manipulates, scolds, discriminates, shocks, judges or seeks quarrel	-.23**	.16**	-.06	-.04	.11**
Problem with volunteer placement, passive, victim role	-.34**	.09	-.08	-.10	.23**
Don't listen, think black and white	-.32**	.06	-.06	-.04	.19**
Frequent caller	-.30**	.11**	-.03	-.02	.18**
Children or animals victim	-.20**	.12**	-.07	.04	.07
Sexual intentions with the conversation	-.17**	.39**	-.06	-.04	-.07
Life-threatening or serious physical illness	-.09	-.07	.05	.01	.16**
Under the influence of alcohol or drugs, words don't come out right	-.13**	.05	-.05	-.05	.18**
Bizarre story, probably not true	-.20**	.10	-.03	-.02	.05
Working on other things (caller, chatter)	-.06	.10	-.01	.05	.04
Physical complaints, actually psychological problems	-.01	-.01	.03	-.01	.02
Plan is to assault someone (human or animal)	-.24**	.17**	-.02	-.05	.08
Caller-related Stress (total)	-.35**	.17**	-.06	-.06	.19**

Note. ** indicates p < .01, [a]coded 0=man, 1=woman; [b]coded 1=yes, 2=no

Impact of stressful situations on the crisis line workers' mental health

Table 4 reveals that participants reached a good overall level of mental well-being. Looking at the three individual scales, participants scored highly on the Emotional- and Psychological Well-being scale and above average on the Social Well-being scale. Thus, participants reported overall good mental well-being.

In order to explore if there is an association between mental well-being and the

stressful situations, a correlation matrix using a Pearson correlation was computed (Table 5). The total scale of the MHC-SF, as well as all of its subscales, were found to be correlated with the total scale of caller-related stress.

Total MHC-SF & Social Well-being. The total scale of the MHC-SF and the subscale social well-being were weakly but significantly associated with the situations of the caller "complaining and whining", having a "problem with volunteer placement, [is] passive [or in the] victim role", and the caller not listening and thinking black or white.

Emotional Well-being. The subscale emotional well-being was weakly but significantly associated with the situations of the caller "complaining and whining", caller approaching frequently, and when the caller is "under the influence of alcohol or drugs, words don't come out right".

Psychological Well-being. The subscale psychological well-being was weakly but significantly associated with the situations of the caller talking like a waterfall and being unable to interfere, of the caller being manipulating, scolding, discriminating, shocking, judging or seeking quarrel, caller that is "under the influence of alcohol or drugs, words don't come out right" and has a "problem with the volunteer placement, [is] passive [or in the] victim role".

Table 4. *Descriptive statistics of the MHC-SF (N=593)*

	Min.	Max.	Mean	SD
MHC-SF [0-70]	26	70	51.7	8.0
EWB [0-15]	3	15	12.0	1.9
SWB [0-25]	7	25	16.6	3.4
PBW [0-30]	10	30	23.1	3.9

Table 5. *Pearson correlations for mental wellbeing with caller-related stress (N=593)*

Items	Mental well-being			
	EWB	SWB	PWB	Total
Psychiatric problems, confused, agitated or gloomy	-.08	-.07	-.08	-.09
Plans to end his/her life	-.06	-.08*	-.09	-.10
Can't interfere, speech waterfall	-.13**	-.11	-.13**	-.14**
Complaining and whining	-.16**	-.16**	-.13	-.17**
Manipulates, scolds, discriminates, shocks, judges or seeks quarrel	-.07	-.08	-.13**	-.11**
Problem with volunteer placement, passive, victim role	-.13**	-.16**	-.12**	-.16**
Don't listen, think black and white	-.17	-.17**	-.11**	-.17**
Frequent caller	-.15**	-.12**	-.09	-.13**
Children or animals victim	-.09	-.05	-.07	-.08
Sexual intentions with the conversation	-.06	-.01	-.04	-.04
Life-threatening or serious physical illness	-.08	-.09	-.11**	-.11**
Under the influence of alcohol or drugs, words don't come out right	-.14**	-.10	-.12**	-.14**
Bizarre story, probably not true	-.08	-.05	-.08	-.08
Working on other things (caller, chatter)	-.13**	-.10	-.11**	-.12**
Physical complaints, actually psychological problems	-.09	-.03	-.04	-.06
Plan is to assault someone (human or animal)	-0.7	-.05	-.10	-.09
Caller-related Stress (total)	-.17**	-.15**	-.16**	-.18**

Discussion

Crisis line workers are confronted with an increasing rate of help seekers who suffer from a variety of mental health problems. However, little is known about which specific situations are experienced as highly stressful by crisis line workers based on the frequency and intensity of caller-related stress experienced in these certain situations. Additionally, little is known about the association of personal background variables and the perceived intensity of caller-related stress. Moreover, the impact of the exposure to stressful situations on the mental well-being of the crisis line worker is highly overlooked. The current study aimed to identify the situations experienced as most stressful, possible personal background factors that could be associated with how stressful situations are experienced and the impact of these stressful situations on helpers' mental well-being.

Stressful situations

Frequency. Participants in this study were asked to indicate how often they experience certain situations. Based on this frequency of certain situations, participants indicated that callers having a psychiatric problem, are confused, or agitated is perceived to be the most stressful situation. Since callers mostly call helplines because they have psychiatric problems (Turkington et al., 2020) it does not seem surprising that this situation occurs most frequently. Moreover, stigmatization of people suffering from psychological problems is still a big issue in society (Möller-Leimkühler, 2004) and leads to people avoiding formal care. Stigmatization thereby has a significant negative impact on the self-esteem of people with a mental disorder (Rizwan & Ahmad, 2015; Orkibi, Bar & Eliakim, 2014). Thus, prior findings that crisis line hotlines are mainly approached by people facing psychiatric problems, being confused, or agitated was supported and seems reasonable due to e.g. fear of stigmatization in formal care.

Another situation experienced quite often is the inability to interfere callers talking like a waterfall. The results also indicated that there is a big range in perceived stressfulness for this situation, indicating that helpers experiencing this situation as differently stressful. On the one hand, Coveney, Pollock, Armstrong & Moore (2011) found that callers approaching a crisis line mainly feel depressed, very distressed, lonely, sad, and in despair. It is assumed that callers want to get rid of all these negative feelings. It therefore sounds reasonable that they talk like a waterfall. Supportively, Hesse (2018) found that crisis line workers of the organization "Sensoor" were bothered by participants who talked in a monologue instead of a dialogue, which supports the findings of the current study. Moreover, due to fear of e.g. stigmatization or being unable to attend formal care, there is sometimes a long history of pain that could finally be released. This then could lead the caller to try telling everything they have on their minds. Thus, caller talking like a waterfall, and being hard to interfere was

found stressful in previous research and was supported in the current study.

Another situation frequently experienced is callers having trouble with volunteer placement, are passive, or in the victim role. This could be explained by the phenomenon of learned helplessness (Abramson & Seligman, 1978) which states that people become unable to control or change their situation, despite there would be opportunities for change, due to repeatedly experiencing the stressful event. Therefore, it sounds reasonable that caller becoming passive or rely on crisis line worker to solve their problems, approach the crisis line frequently. However, this is crossing the professional boundaries of a helper who is supposed to merely assist the client in solving the problem (Buhari, 2013). These results should be considered when planning future interventions. Especially professional boundaries should be addressed to inform the helper to not take on the problem of the caller but instead assist the caller with finding his/her own solution.

Situations experienced less frequently are callers working on other things. Supportively, Hesse (2018) states that, during their shifts, none of his participants identified callers working on other things. The fact that crisis line workers hardly experience this seems reasonable as the caller is not forced to call the hotline. It can be assumed that callers approach the line because of intrinsic motivation to get rid of their problems. Thus, the finding that callers are not busy with other things during their calls was supported by this study.

In other less frequently experienced situations, the caller plans to assault someone or is telling a story about a child or an animal victim. On the one hand, this could be explained by the fact that these are illegal actions and the caller could fear the legal consequences (e.g. that the CLW tracks the number). On the other hand, crisis lines are mostly contacted by the victims of assault or abuse (Coveney et al., 2011) and less by the perpetrators. Future research is needed to explore why abusers or assaulters are not often contacting the hotline.

This could be important as it may prevent people from harming others.

Intensity. Looking at the intensity of caller-related stress experienced during certain situations, participants indicated that caller/ chatter planning to commit suicide was experienced as most stressful. As someone planning to end his/her life can be highly challenging and stressful, showing empathic engagement could lead to experiencing similar symptoms as the caller and thus, increase the level of stress experienced (Reese et al., 2006). Moreover, being unable to neither observe non-verbal behavior nor the emotional development of the caller (Kitchingman et al., 2018), e.g. by the caller hanging up, can be highly distressing. Additionally, dealing with a caller planning to commit suicide can be unsettling and difficult to handle due to the situation being specific and the fact that it requires a certain set of skills (Hesse, 2018). Participants in the study of Hesse (2018) also indicated that they are feeling insecure and being anxious about how to handle the situation. These results support prior findings of callers planning to commit suicide being highly stressful. Future research should investigate which special skills are needed to help the caller and should also focus on aftercare for the CLW, as they often experience anxiousness and insecurities.

Callers trying to manipulate, scolds, discriminates, shocks, judges or seeks quarrel was found to be another distressing situation. This was also supported by Pollock, Moore, Coveney & Armstrong (2013) who found manipulative calls to be highly distressing. It even led volunteers to quit their jobs. Moreover, Hesse (2018) noticed participants feeling powerlessness and frustration over ignorant clients that did not take their advice. Additionally, callers showing anger and criticizing the volunteer lead to feelings of reluctance and irritation. Thus, this study supports prior findings of the caller being manipulative, scold, discriminating, shocking, judging, or seeking quarrel to be highly stressful.

Children and animal victims and plan to assault someone were found to be highly

stressful. As mentioned before, these situations are rarely occurring in crisis line work which could explain why these situations, if occurring, are experienced highly stressful by CLWs. Moreover, Pollock et al. (2013) support this stating that calls referring to abuse lead to frustration and a higher level of stress. In this case, due to the exposure of a third person, the situation might be highly distressing given the uncertainty of the outcome of the situation (Hesse, 2018). Additionally, the philosophy of non-intervention, which claims that volunteers have no therapeutic function (Willems et al., 2020), could be perceived as stressful by CLW because they solely must listen to their stories but cannot therapeutically help them. Yanay and Yanay (2008) even found that this could be a reason to stop working as CLW. Thus, caller planning to assault someone or telling a story about a children/animal victim was experienced highly stressful by CLWs. Future interventions should take these themes into account to provide the CLW with guidance on how to handle these situations professionally. This also may prevent CLWs from dropping out of the organization.

What seemed surprising is the fact that frequent callers were found to be experienced as least stressful by CLWs. While previous research by Pirkis et al. (2016) found that frequent callers make up to 60% of calls which can be highly distressing as they mostly suffer from severe mental health problems. Moreover, Hesse (2018) reports that participants experienced frequent callers as irritating. The results of the current study contradictorily found frequent callers to be least stressful. This could be explained by the fact that frequent callers are rarely approaching the hotline in the current study and thus, are experienced as least stressful compared to other distressing situations. However, future research should investigate why frequent callers being highly distressing could not be supported in the current study.

Another situation found to be least stressful was that the caller is telling a bizarre story that is probably not true. This could be explained by findings of Hesse (2018), who found that the truthfulness of stories was seldom questioned by CLWs. Thus, due to seldomly

questioning the truthfulness of the stories, caller-related stress is experienced less intense.

Callers having physical complaints that are actually psychological problems was experienced as less stressful by CLW. Contradictorily, Sundram, Corratur, Donmg & Zhong (2018) found that CLW needed more time to clarify what the exact problem is when they were reported as physical instead of psychological complaints. As Cozolino (2014) found that hours spent talking with a caller is associated with stress, one would expect this situation to be experienced as stressful. Explanations for this discrepancy between prior research and current findings could be that this situation occurs less frequently and does not harm someone. Moreover, the person disclosing their physical complaints assumes them to be physical nature (Mai, 2004) and is not maliciously trying to fool the CLW. Thus, callers who believe their psychological complaints being physical ones do not seem to be stressful due to the caller not having malicious intentions towards the CLW.

Total caller-related stress. Combining the frequency of the situation occurring and the intensity of caller-related stress experienced in these situations, both, having psychiatric problems and planning to commit suicide were found to be the overall most stressful situations for participants in this study. Supportively, Turkington et al. (2020) found suicide attempts to be one of the most common reasons to call the helpline as well as having psychiatric problems as mental disorders. As psychiatric problems can be varying, mental flexibility as well as constant empathic engagement is required from the worker (Reese et al., 2006). Thereby, listening to the problems of the caller could lead the CLW to experience elevated symptoms of distress. Moreover, Hesse (2018) found the situation of suicidal plans to be highly challenging and demanding a complex set of skills. Thus, previous findings of suicidal plans and caller having psychiatric problems being highly stressful was supported in the current study.

Situations found to be overall least stressful are callers planning to assault someone, callers having physical complaints that are psychological ones, as well as callers working on other things. The fact that planning to assault someone and working on other things were found least frequently occurring and callers having physical complaints being experienced as least stressful, could explain why these situations were also found to be least stressful on the overall caller-related stress level.

Personal background variables

Looking at the impact of personal background variables on how stressful certain situations are experienced, it was found that age, gender, and working hours were weakly but significantly associated with how stressful situations are experienced. No association was found between prior education and working years with caller-related stress.

Age. Going in-depth into this subject, results indicate that older participants experience less caller-related stress than younger ones. Younger participants found the situations of callers that do not listen and thinking black or white, calling frequently and having a problem with the helper role to be slightly more stressful than older participants. Supportively, Roche et al. (2017) found a younger age to be a risk factor for experiencing distress. Looking at the average age of the sample of the current study, most of the participants of the sample were older with an average age of 62. Thus, this study supports previous findings of a younger age being a risk factor for experiencing distress.

Gender. Women experienced more caller-related stress than men do. This is supported by Kitchingman et al. (2018) who found that women experience a higher level of psychological distress than men do. More specifically, the situation of being exposed to calls of sexual intentions was found to be most strongly associated with caller-related stress experienced. This was also supported by Pollock et al. (2013) who found that sexually inappropriate calls can lead to stress and frustration. Thereby, women found these kinds of

situations to be way more stressful than men. This finding is supported by Pogrebin (2004) who also states that women are contacted sexually more frequently than men and can moreover, experience feelings of blame due to victimization. So far, training developed for professionals to deal with sexual behaviors (Omgaan Met Agressie En (Dreiging van) Geweld Binnen de Ggz | RINO Groep Utrecht, 2018; Hulpverlening.nl, 2016) are not evaluated. Therefore, future research should either evaluate the already existing interventions or should establish new interventions with a special focus on women.

Working hours. This study found that if working hours increase, the caller-related stress experienced during the shift seems to slightly increases. More specifically, caller-related stress experienced in the situations of the caller having a problem with the volunteer role, the caller not listen and talking like a waterfall, frequent caller, caller having suicidal plans, and caller under the influence of alcohol were found to increase when working hours increased. Research by Cozolino (2014) found that hours spent talking with a caller is associated with higher levels of stress. Supportively, Pines & Maslach (1978) found that dissatisfaction with work and less success experienced increased by the time mental health care professionals spent with the patient. The fact that participants of the current study work on average four to six hours a week could explain why caller-related stress is just slightly associated with working hours. Thus, working more hours per shift slightly increased the caller-related stress experienced by CLWs.

Surprisingly, prior professional training and years working for the institution were not found to be associated with caller-related stress. Contradictory, research by O`Sullivan et al. (2011) and Hector et al. (2009) found that years of experience was associated with experiencing less stress. These contradictory findings could be explained by the fact that workers in the current study were mainly working for the crisis line between one to three years or lesser than one year. Therefore, it sounds reasonable that years working for the

institution was not significantly associated with caller-related stress. Moreover, expertise is not solely based on professional training but can also be based on life experience. As the sample was 62 years on average, life experience could compensate for having no professional training and could thus, lead to experience less caller-related stress. This was supported by Rønnestad & Skovolt (2003) who found that interpersonal experiences in personal life are an important factor in the professional development of counselors and therapists. Thus, having an older sample with life experience, that works mainly for the institution for between one to three years, could explain why working hours and professional training was not found to be associated with caller-related stress. Still, it would be interesting to investigate whether life experience predominates professional training as this could be important for the recruitment process.

Caller-related stress and mental well-being

The results indicate that if caller-related stress increases, the mental well-being of the CLW slightly decreases. More specifically, the more the CLW is exposed to the situations of the caller complaining and whining, having a problem with the volunteer placement, is passive or is in the victim role, being drunk or under the influence of drugs and not listening, and thinking black or white, the more slightly the mental well-being of the CLW decreases. Contradictorily, the mental well-being of participants of this study was found to be above average which confirms a good overall mental well-being. Taking into account the before mentioned stressors faced by crisis line workers, this first aspect seems surprising. Considering the low number of working hours per week (4-6 hours/week), participants could benefit from a good work-life balance which could lead to good mental well-being. Moreover, Willems et al. (2020) found that volunteers, working for a crisis line, experience satisfaction, and gratification from their work. Thereby, other-oriented, and self-oriented motivation plays a significant role whereby other-oriented motivation is positively correlated with satisfaction

25

and intentions to stay (Stukas, Hoye, Nicholson, Brown & Aisbett, 2014). Self-oriented motivation thereby prevents burnout and overburdening (Höing, Bogaerts & Vogelvang, 2014). As the current study did not consider the positive and buffering effects of working in a crisis line, future research should take these factors into account.

Even though there were some situations found to decrease the mental well-being of the participant, still the overall well-being of the sample was found to be good. Future research should further investigate which positive effects can compensate for the stressful situations experienced.

Strengths & Limitations

There are several strengths to this study. First, this study is an important addition to previous research because it gives insight into the combination of frequency and intensity of caller-related stress experienced by crisis line workers and its implication on their mental well-being. Secondly, this is, to current knowledge, the first study investigating how personal factors impact participants' level of caller-related stress perceived in certain situations. Finally, the sample includes over 500 participants from three different organizations which make the sample highly representative.

Still, there are a few limitations to this study that may limit the generalizability of the results. Firstly, the questionnaires were filled in at just one point of time, thus longitudinal data about changes in caller-related stress are missing. Secondly, the positive effects of crisis line work were not considered in the current study but could serve as a buffering effect on caller-related stress. Lastly, the current study was conducted in the Netherlands. It would be interesting to see if the results of the current study could be replicated in other countries.

Recommendations for practice and future research

Firstly, future research is needed to explore why abusers or assaulters are rarely contacting the hotline. This could be important because it may prevent people from harming

others by identifying abuser/assaulter prematurely. Future interventions should also take the situation of callers revealing abuse or assault into focus. Thereby, special guidance should be given to handling these situations professionally. This could also help prevent dropouts of crisis line workers.

Secondly, future research should investigate which special skills are needed to help CLWs to deal with suicidality and should also focus on the aftercare for the CLW, as they often experience anxiousness and insecurities. Identified skills should then be implemented into future interventions.

Thirdly, future research should investigate why frequent callers being highly distressing could not be supported in the current study. Contradictorily, frequent callers were found to be not distressing in the current study. As many interventions tackle the problem of frequent callers, it would be interesting to determine to what extent these seem to be problematic. This could prevent CLW from receiving unneeded training and could help to focus training on more stressful scenarios.

Fourthly, it would be interesting to investigate if life experience predominates professional training, considering its importance for the recruitment process. If research would find life experience to predominate prior professional training, recruiters for crisis lines should pay special attention to this fact for recruiting future employees.

Fifthly, there are already existing interventions tackling the topics of sexually motivated callers, but these are, so far, not evaluated. Future research should either evaluate given interventions or establish new ones specifically tailored for female employees of crisis lines.

Future interventions should tackle the topic of professional boundaries. These e.g. state that the helper is just assisting the client in finding a solution and does not take over the problem. Becoming clear of the professional boundaries thereby could be an important point

27

in reducing perceived caller-related stress by CLW as they have clear limits set.

Conclusion

This study found two situations to be remarkably stressful: Callers/Chatters having "Psychiatric problems, [feeling] confused, agitated or gloomy" and "planning to end his/her life". Factors influencing the caller-related stress perceived were age, gender and working hours whereby prior education and working years had no impact on the caller-related stress perceived. Also, the overall mental well-being of participants was good and found to be slightly but significantly associated with caller-related stress. However, more comprehensive research replicating the findings of this study is necessary. Interventions should be specifically designed for guidance on how to deal with caller/chatter suffering from having psychiatric problems or planning to commit suicide as well as on women when it comes to suicidal intentions of the caller/chatter.

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Appendix A

Stressoren vragenlijst telefonische hulpdienst – kenmerken beller/chatter [STRBC]												
Toelichting:	Hieronder ziet u situaties waar u tijdens uw werk bij de telefonische hulpdienst mee te maken zou kunnen hebben. Onder elke stelling ziet u twee vragen staan. U kunt het vakje dat op u van toepassing is aankruisen. Deze vragen gaan over de kenmerken van de beller of chatter Bij de vraag: 'Hoe vaak heeft u met deze situatie te maken?' betekenen de cijfers: (1) Nooit; (2) Soms; (3) Regelmatig; (4) Vaak; (5) Heel vaak. Bij de vraag: 'Ervaart u deze situatie als stressvol?' betekenen de cijfers: (1) Helemaal niet stressvol; (2) Een beetje stressvol (3) Enigszins stressvol; (4) Stress; (5) Zeer stressvol											
1	Een beller of chatter vertelt een bizar verhaal, dat waarschijnlijk niet waar is											
	Hoe vaak heeft u met deze situatie te maken?	1	2	3	4	5	Ervaart u deze situatie als stressvol?	1	2	3	4	5
2	Een beller of chatter vertelt een verhaal waarin kinderen of dieren slachtoffer zijn											
	Hoe vaak heeft u met deze situatie te maken?	1	2	3	4	5	Ervaart u deze situatie als stressvol?	1	2	3	4	5
3	Een beller of chatter vertelt dat hij/zij van plan is om iemand (mens of dier) te gaan mishandelen.											
	Hoe vaak heeft u met deze situatie te maken?	1	2	3	4	5	Ervaart u deze situatie als stressvol?	1	2	3	4	5
4	Een beller of chatter vertelt zóveel, dat u er niet tussen kunt komen, er is sprake van een spraakwaterval											
	Hoe vaak heeft u met deze situatie te maken?	1	2	3	4	5	Ervaart u deze situatie als stressvol?	1	2	3	4	5
5	Een beller of chatter belt of chat meerdere keren met precies hetzelfde verhaal											
	Hoe vaak heeft u	1	2	3	4	5	Ervaart u deze	1	2	3	4	5

Stressoren vragenlijst telefonische hulpdienst – kenmerken beller/chatter [STRBC]											
Toelichting:	Hieronder ziet u situaties waar u tijdens uw werk bij de telefonische hulpdienst mee te maken zou kunnen hebben. Onder elke stelling ziet u twee vragen staan. U kunt het vakje dat op u van toepassing is aankruisen. Deze vragen gaan over de kenmerken van de beller of chatter. Bij de vraag: 'Hoe vaak heeft u met deze situatie te maken?' betekenen de cijfers: (1) Nooit; (2) Soms; (3) Regelmatig; (4) Vaak; (5) Heel vaak. Bij de vraag: 'Ervaart u deze situatie als stressvol?' betekenen de cijfers: (1) Helemaal niet stressvol; (2) Een beetje stressvol (3) Enigszins stressvol; (4) Stress; (5) Zeer stressvol										
	met deze situatie te maken?						situatie als stressvol?					
6	Een beller of chatter heeft psychiatrische problematiek en is daardoor verward, geagiteerd of juist heel somber										
	Hoe vaak heeft u met deze situatie te maken?	1	2	3	4	5	Ervaart u deze situatie als stressvol?	1	2	3	4	5
7	Een beller of chatter is tijdens het gesprek met andere dingen bezig (zoals afwassen, gesprek voeren met iemand anders), terwijl u zich concentreert op het gesprek										
	Hoe vaak heeft u met deze situatie te maken?	1	2	3	4	5	Ervaart u deze situatie als stressvol?	1	2	3	4	5
8	Een beller of chatter manipuleert, scheldt, discrimineert, shockeert, oordeelt of zoekt ruzie										
	Hoe vaak heeft u met deze situatie te maken?	1	2	3	4	5	Ervaart u deze situatie als stressvol?	1	2	3	4	5
9	Een beller of chatter heeft seksuele bedoelingen met het gesprek										
	Hoe vaak heeft u met deze situatie te maken?	1	2	3	4	5	Ervaart u deze situatie als stressvol?	1	2	3	4	5

Stressoren vragenlijst telefonische hulpdienst – kenmerken beller/chatter [STRBC]												

Stressoren vragenlijst telefonische hulpdienst – kenmerken beller/chatter [STRBC]

| Toelichting: | Hieronder ziet u situaties waar u tijdens uw werk bij de telefonische hulpdienst mee te maken zou kunnen hebben. Onder elke stelling ziet u twee vragen staan. U kunt het vakje dat op u van toepassing is aankruisen. Deze vragen gaan over de kenmerken van de beller of chatter. Bij de vraag: 'Hoe vaak heeft u met deze situatie te maken?' betekenen de cijfers: (1) Nooit; (2) Soms; (3) Regelmatig; (4) Vaak; (5) Heel vaak. Bij de vraag: 'Ervaart u deze situatie als stressvol?' betekenen de cijfers: (1) Helemaal niet stressvol; (2) Een beetje stressvol (3) Enigszins stressvol; (4) Stress; (5) Zeer stressvol |

10	Een beller of chatter uit lichamelijke problemen, terwijl er eigenlijk sprake is van psychische problemen										
	Hoe vaak heeft u met deze situatie te maken?	1	2	3	4	5	Ervaart u deze situatie als stressvol?	1	2	3	4	5

11	Een beller of chatter klaagt en zeurt.										
	Hoe vaak heeft u met deze situatie te maken?	1	2	3	4	5	Ervaart u deze situatie als stressvol?	1	2	3	4	5

12	Een beller of chatter luistert niet of denkt zwart-wit.

13	Een beller of chatter legt zijn/haar probleem volledig bij u (de vrijwilliger), de beller is passief of zit in een slachtofferrol
	Hoe vaak heeft u met deze situatie te maken?	1	2	3	4	5	Ervaart u deze situatie als stressvol?	1	2	3	4	5

14	Een beller of chatter heeft een levensbedreigende of ernstige lichamelijke ziekte
	Hoe vaak heeft u met deze situatie te maken?	1	2	3	4	5	Ervaart u deze situatie als stressvol?	1	2	3	4	5

15	Een beller of chatter is onder invloed van alcohol of drugs en komt daardoor niet goed uit zijn/haar woorden

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	Hoe vaak heeft u met deze situatie te maken?	1	2	3	4	5	Ervaart u deze situatie als stressvol?	1	2	3	4	5
16	De beller of chatter heeft plannen om zijn/haar leven te beëindigen											
	Hoe vaak heeft u met deze situatie te maken?	1	2	3	4	5	Ervaart u deze situatie als stressvol?	1	2	3	4	5