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Understanding the Factors Affecting Engagement and Retention of 20-30 Year Old Telephone Crisis Supporters at Lifeline in Sydney

Submitted By:

Jennifer Walter

Thesis submitted in fulfilment of the requirements for the Degree of **Master of Philosophy**

In the

School of Arts and Sciences University of Notre Dame Australia, Sydney.

February 2016

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ABBREVIATIONS

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LL	Lifeline
LLH2H	Lifeline Harbour to Hawkesbury
LLNB	Lifeline Northern Beaches
TCS	Telephone Crisis Supporter
CSWT	Crisis Supporter Workplace Training
IPA	Interpretative Phenomenological Analysis
ASIST	Applied Suicide Intervention Skills Training
ISS	In-shift-supervisor

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ORIGINALITY STATEMENT

I, Jennifer Walter hereby declare that this submission is my own work and that, to the best of my knowledge and belief, it contains no material previously published or written by another person nor material which to a substantial extent has been accepted for the award of any other degree or diploma at Notre Dame University Australia or any other educational institution, except where due acknowledgment is made in the thesis.

Any contribution made to the research by colleagues with whom I have worked at Notre Dame University or elsewhere during my candidature is fully acknowledged. I also declare that the intellectual content of this thesis is the product of my own work, except to the extent that assistance from others in the project's design and conception or in style, presentation and linguistic expression is acknowledged.

Signed :

Jennifer Walter

Dated: 11 March 2016

ABSTRACT

"We make a living by what we get, but we make a life by what we give" (Winston Churchill).

Every year, millions of people volunteer their time to help others in various ways. This study focuses on 20 to 30 year old telephone crisis supporters (TCS) at Lifeline in Sydney. This cohort represents a large proportion of Lifeline TCS trainees, but has also been shown to be the group least likely to commit to extended periods of volunteering. The aim of this study was to provide 20 to 30 year old TCS volunteers a voice within Lifeline to gain an understanding into the factors that would improve engagement and retention. An embedded case study was used to explore volunteering as a passage through stages brought about by changes over time and experience. Data was gathered from document analysis and individual interviews. Data was analysed using interpretative phenomenological analysis (IPA) to provide an in-depth understanding of the motivations, meaning and value of TCS volunteering for 20 to 30 year old TCS and how these factors affect engagement and retention. Findings confirm that volunteering is a staged process where expectations and motivations change. Renewal is required at each stage of volunteering to realign expectations and motivations. Findings highlight the complexity of motivations to volunteer as a TCS and how the fulfilment of motivations and expectations impact retention. The primary motives to remain engaged are continued learning, growth, connection, and value. Recommendations are made to Lifeline on how to better engage and retain 20 to 30 year old TCS volunteers to ensure the future of the Lifeline and the 24 hour telephone crisis service.

CHAPTER 1 INTRODUCTION

1.1 Introduction

In Australia, more than 65,000 people attempt to take their own lives every year. Current statistics indicate on average 7 people die by suicide per day (Suicide Prevention Australia, 2014; Australian Bureau of Statistics, 2012). The number of non-fatal suicidal behaviours is 40 to 100 times higher than actual suicides (Australian Bureau of Statistics, 2012; Hunter Institute Of Mental Health, 2015).

Sadly it is highly likely the majority of people will be touched by suicide in some way during their lifetime, just as the researcher has been, which made this research personal. Suicide has far-reaching effects because every suicide causes ripples of grief throughout an entire community, affecting at least 20 people. The aim of this research is to support the goal of creating a suicide-free Australia. Suicide is a community mental health problem and can be prevented.

The last and most effective line of defence against suicide is connecting to crisis line support. Crisis lines are effective because technology makes them readily available, easy to access and cost effective due to the use of volunteers. Lifeline is one of these crisis lines. Australians associate Lifeline with suicide prevention and the provision of support services. Lifeline has been in operation since 1965 with the 13 11 14 crisis number and the support it offered in relation to many traumatic and mental health-related topics in the media. Lifeline recently launched a petition on www.change.org calling for more government funding, asserting that it is becoming harder to ensure staffing of the lines with trained volunteers. Lifeline requires 11,000 volunteers to answer 1,000 calls per day. Despite this over 140,000 calls made to Lifeline went unanswered with callers hanging up due to extended wait times. There is therefore need for further telephone crisis supporters in order to reduce wait times and to answer more calls (Hayden, 2015). Lifeline, like many other crisis lines, is itself in crisis and trying to adapt by reducing hours, moving to a paid staff model for certain shifts and striving to engage and retain high quality volunteers. Funding and changes to the crisis line models are topics worthy of research, but beyond the scope of this study.

The motivation for this study is founded in the desire to ensure there are sufficient volunteers to staff these crisis lines and safeguard this key service. To achieve this objective it is imperative to understand, engage and retain sufficient volunteers, many of whom are within the 20 to 30 year age group. Previous research has neglected to understand the factors affecting engagement and retention of this specific cohort. This study addresses this gap in knowledge. The hope is to facilitate conversations and encourage a symbiotic working relationship between Lifeline and 20-30 year old telephone crisis supporter volunteers to improve engagement and retention. The primary objective of this study is to ensure that when we, or our loved ones are in crisis there is a trained and experienced telephone crisis supporter to help keep us safe.

Chapter two comprises a review of the relevant literature to position this study within current context and literature of telephone crisis volunteers. The metaanalysis looks at non-profit organisations, telephone crisis lines and Lifeline specifically. General volunteering theories, as well as specific telephone crisis counseling volunteering are also explored. A specific focus on the literature surrounding the process of volunteering as a telephone crisis supporter is provided.

Chapter three addresses the research methodology and design. Exploring and justifying the choices of a constructivist paradigm; a theoretical approach that positions volunteering as a staged process; a single embedded case study approach; mixed methods of data collection; and the use of Interpretative Phenomenological Analysis for data analysis. Chapter four reports the findings of the study. The findings are specific to the different stages of volunteering, application, trainee, active volunteer including renewal, and withdrawal are stated.

Chapter five provides extensive discussion and conclusion on the major findings of: motivations change over time; expectations are challenged by reality; connection and belonging are vital to retention rather than social gains; the importance of perceived values added.

In Chapter six a conclusion is provided, as well as recommendations to Lifeline on how to better engage and retain 20-30 year old telephone crisis supporters at Lifeline. Directions for future research are included.

CHAPTER 2 LITERATURE REVIEW

2.1 Introduction

This literature review focuses on the research question: Understanding the factors leading to engagement and retention of 20 to 30 year old telephone crisis supporter volunteers at Lifeline. In order to ensure ethical and meaningful research, the context and theory relating to the subject were examined and distilled in relation to researcher learning and experience. This study is situated within the meta-context of not-for-profit organisations, and specifically within a crisis helpline, namely Lifeline. Lifeline like many not-for-profit organisations has financial constraints and therefore utilises large numbers of volunteers to provide community services. Volunteering is defined and various theories explored. Factors affecting volunteer engagement, retention and withdrawal are examined. Different approaches to studying and understanding volunteering from a process perspective are provided. The process begins when volunteers enter the organization and ends at withdrawal. The longevity of community services such as Lifeline is dependent on volunteers continuing to donate their time and energy to support Australian communities in crisis. This research aims to build on existing knowledge of this often-neglected area to ensure the continuation of volunteer telephone crisis support.

2.2 Not For Profit Organisations

This study is situated within the meta-context of not-for-profit organisations. Ninety percent of organisations supporting and assisting individuals, families and communities are not-for-profit. Due to financial constraints not-for-profit organisations utilise large numbers of volunteers to provide valuable community services. The cohort of 20 to 30 year old telephone crisis supporter volunteers at Lifeline are directly impacted by this status and lack of funding. The not-for-profit sector, also known as the Third or community sector, consists of non-commercial

and non -governmental organisations. Donations, fund raising, and some government funding largely support these organisations. The not-for profit institutions support civil society in fields such as community, health and education services. In 2010 in Australia this sector comprised and accounted for 600,000 organisations, many of which had religious affiliations (Australian Government Productivity Commission, 2010). Not-for-profit organisations are a fundamental part of Australian society and have been linked to strong political democracy and economic prosperity (Putnam, 1993). Economic analysis suggests that the not-for-profit sector is crucial to the functioning of society. However it remains an undervalued, under-resourced and under-researched sector of society and of the economy. This is clearly the experience of crisis lines in Australia, including Lifeline that struggles to gain sufficient funding, resources and volunteers to answer all crisis calls (ANZ Third Sector Research, 2011; Worsely, 2014; Lifeline, 2012)). The longevity of the not-for-profit sector including Lifeline is dependent on volunteers continuing to donate their time and energy to provide social support to Australian communities. This research aims to add knowledge of this often neglected area to ensure not-for-profit organisations such as Lifeline continue to provide much needed services.

2.3 Helplines

The current study is situated within a specific helpline, Lifeline. An overview of the history and emergence of helplines will provide context and highlight the reasons for the emergence of helplines and why they continue to provide a vital service today. Helplines emerged worldwide in the 1960's due to an increased awareness of suicide and crisis. The emergence of technology at this time allowed telephones to be used to reach those in crisis for interim support and referral. The use of trained community volunteers allowed for effective crisis services to the community at low cost (McGee, 1974; Pil, 2013). Lifeline began in Sydney in March 1963 when at shortly after 5pm someone dialed through in response to an announcement that said, "help is as close as the telephone. You don't have to be alone. Someone who cares is available 24 hours a day". The person on call reached for the receiver and said quietly "This is Lifeline, can I help you?" (Lifeline, 2012). So began a telephone counselling service

that has steadily grown and continues to spread around the world. Helplines have become a vital element of suicide prevention. They are effective because they provide accessible, convenient, and confidential support to people in crisis. This includes interventions to those at risk of suicide. Today helplines require volunteers to undergo extensive training, meet selection criteria, and commit to ongoing shifts before manning the crisis line. Several studies have documented the efficacy of crisis lines (Kalafat, 2007; Mishara, 2007; Gould, 2007; Lifeline 2013). Benefits to callers include a reduction of the crisis state or suicidality during the call and after the call. As well as an improvement in crisis management by the development of action plans and referrals supplied by TCS.

Many crisis lines struggle with staffing issues, funding and low morale. Lifeline requires 11,000 volunteers to maintain their 24-hour community services (Lifeline, 2010). Crisis lines are struggling to stay viable with many services reducing hours of service; moving to the paid staff model; hiring some paid staff to undertake weekend and night shifts, and provide support and supervision, while still striving to engage and retain sufficient volunteers (Pratt, 2001).

The shortage of TCS volunteers is reflected at Lifeline with the introduction of a blended approach of paid staff as well as volunteers staffing the phones. In addition to the traditional volunteer telephone crisis supporter (TCS), the majority of overnight, weekend shifts, and in-shift supervisors are now paid positions. A paid team of telephone crisis supporters today staffs the Rape Crisis Centre, Adult Survivors of Child Abuse and Kids Helpline. Their current mandate is that counselling and support on a crisis line requires a psychology degree or similar (NSW Rape Crisis Centre, 2012; ASCA, 2014; Kids Helpline, 2013). However, many crisis lines, including Lifeline struggle for funding and are unable to support a full complement of paid telephone staff, putting the provision of these community services at risk.

The literature clearly indicates an evolution of community crisis lines and the on going vital role of volunteers in provision of crisis support. The financial implications of fundraising and government grants are imperative to maintain these vital services and ensure the longevity of crisis lines. However a full financial and economic analysis are beyond the scope of this study. The current study will focus on today's crisis to engage and retain sufficient volunteers within the emergent workforce of 20 to 30 year olds to adequately staff the crisis lines. An adequate number of trained volunteers will ensure the survival of this vital community resource, the volunteer staffed crisis line.

2.3.1 Lifeline Telephone Crisis Line

This study focuses on a specific help line, Lifeline. Lifeline is part of an international network and has centres in nineteen countries. All Lifeline Centers adopt the same standards but some countries use different names. In Canada the service is called Telecare; in Japan, Inochi no Denwa (meaning "life phone"); and Contact in the United States of America (Lifeline, 2010). In Australia, Lifeline provides a unique community service, a national confidential telephone crisis support service at 13 11 14. This service is available twenty-four hours per day and requires the commitment of approximately 11,000 volunteers (Lifeline, 2010). Anyone experienncing personal crisis, or thinking about suicide, can contact Lifeline. Trained volunteers are ready to listen, provide both support and referrals in a non-judgmental and non-directive way. Around 1,400 calls are answered every day. Ancillary services include: crisis support chat; service finder; national cannabis hotline and information; welfare services; face-to-face counselling; gambling counselling; financial counselling; community visitors scheme; support and psycho-educational groups; the suicide crisis support program, and the care ring program (Lifeline, 2012).

This research is situated in Lifeline, a not-for-profit organisation that comprises a group of volunteers and paid staff organised for the purpose of aiding individuals in crisis and at risk of suicide. Although the organisational structure and funding of Lifeline has a significant impact on volunteer engagement, experience and retention, this area is beyond the scope of this study. This study will focus on 20 to 30 year old volunteer telephone crisis supporters, and includes how the organisation impacts their experience, engagement and retention.

2.3.2 Volunteers

The term volunteer can mean different things to different people, it is therefore important to explore the evolution, literature and meaning of the term volunteer as used in this study. The term volunteer was initially used in the 1790s, to describe citizens called into the military service in times of emergency. In Hebrew, volunteer means to "willingly give". The term volunteer is also culturally sensitive and not always clear. The Russian vocabulary has no word for volunteer, while in India volunteering is called social work. Basic definitions describe volunteers as those who help others with no expectation of monetary rewards and volunteering as an activity to improve the well being of others (Mowen, 2005). More comprehensive definitions, however, describe volunteerism as voluntary, ongoing, planned, helping of strangers, no monetary reward or compensation, planned action and typically occurs within an organization (Clary et al., 1998; Sturmer, 2009; Penner, 2002). There are however personal benefits for volunteers including altruistic, professional and personal growth (Clary E. M., 1986; Volunteering Australia, 2014; Wilson J., 2000).

The term volunteer is used in this study to depict 20 to 30 year old telephone crisis supporter volunteer at Lifeline. This group commit to train, acquire skills and donate four hours every fortnight for at least one year to support those in crisis who call Lifeline in Australia.

2.4 Australian Volunteers

The current study is situated within the specific context of Australian volunteers. In 2010 it was estimated that six million people, or 36% of the population over eighteen years, volunteered their time and skills to community organisations (Volunteering Australia, 2015). Volunteering rates differ according to age and gender; women are 4% more likely to volunteer than men. People in their middle ages, 35-54 are more likely to volunteer. Parents of dependent children are more likely to volunteer than the childless. The volunteer rates are 41% outside capital cities and 34% in capital cities (Volunteering Australia, 2014; Wilson, 1998; The Centre for Volunteering, 2010). The above statistics provide a valuable perspective to general

volunteering in Australia. However there is a clear gap in the literature, specific research into the 20 to 30 year cohort and telephone crisis line volunteers. It is clear further research is required to understand the dilemmas of engagement and retention of volunteers faced by Lifeline, which is where this study is focused.

2.5 Volunteer Gender

Previous research indicates there are gender differences in the rate and motives to volunteer (Gerstel, 2000; Marx, 2000; Cnaan, 1993; Clary, 1998). According to the Australian Bureau of Statistics (2013) 38% of women aged 18 years and over volunteered compared to 34% of men. Lifeline Melbourne specific statistics (Hood, 2004) suggests a significantly greater percentage of females (73%) than males (27%) volunteer within the organization. Previous studies have not provided age specific data for volunteers, therefore the current study will provide additional insights into the rates of volunteering by gender for 20 to 30 year old TCS.

2.6 Volunteer Ages

Age is another important demographic divide in volunteering (Black, 1999; Gillespie, 2015; Hood, 2004; Snyder, 2009). In Australia, national volunteering peaks around the age of 35 to 44 years (Australian Bureau of Statistics, 2013), however Lifeline telephone crisis supporter trends appeared skewed with higher participation rates in the 20 to 30 cohort (Hood, 2004). Differences between Lifeline volunteers and national trends are also significant at the other end of the age spectrum. National trends indicate a balance of volunteer numbers between the under 25 year category and the over 65 year category. However, Lifeline attracts very few volunteers aged over 60 years, with a marked negative association between age and volunteer participation. The current study will therefore focus on the age cohort with the highest participation rate, telephone crisis supporter volunteers aged 20 to 30 years.

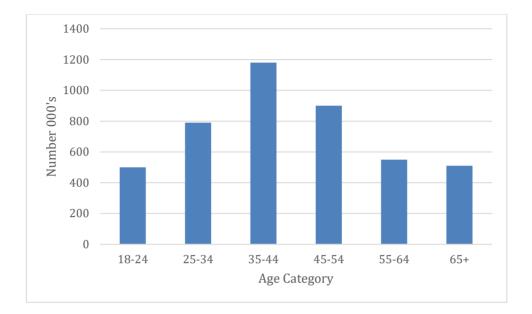


Figure 2.1. Age Demographic for National Volunteers

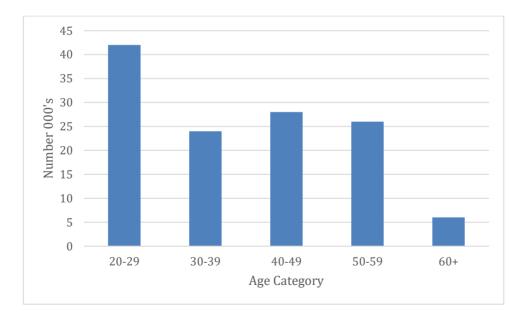


Figure 2.2. Age Demographic for Lifeline Volunteers.

2.7 Attributes of Crisis-line Volunteers

The current research focuses on a specific volunteer, the telephone crisis supporter volunteer. Crisis-line volunteers have similar personality traits to individuals in other helping professions. Research indicates theses traits are: empathy, which is important for helping professions; respect, which greatly improve outcomes; and agreeableness, which includes traits like compassion; cooperation; consideration; honesty; trust and helping (Reynolds, 2001). Paterson's 2009 study suggested telephone counsellors displayed more selfactualising behavior; had greater capacity for relationships, were more understanding; displayed warmth; self-control and high levels of altruism. The ability to ascertain common inherent personality traits of TCS volunteers would assist Lifeline to engage people suited to telephone counseling.

2.8 Theories of Volunteering

The different vantage points and perspectives on volunteers and volunteering are explored for foundational awareness and to inform a theoretical framework for this study. The following approaches are included: economic; sociological, psychological and political.

The economic perspective sees volunteering as a paradox because volunteers defy the logical motivation of material gains. Attempts to explain this irrational behaviour focus on various private and public benefits (Ironmonger, 2000). Private benefits include training and new skills; increasing human capital; the personal joy of helping, and of supporting public services. According to the Australian Bureau of Statistics (2010), the public or monetary contribution of 5.2 million Australian volunteers was equivalent to 713 million hours of work, valued at \$14,6 billion. Economists are interested in the supply and demand of volunteers, and the indirect costs involved. The costs to organisations include recruitment, training, management; support; and materials to name a few (Hustinx, 2010; Soupourmas, 2002; Handy, 2004). In contrast, the sociological perspective suggests that evaluating volunteering in monetary terms detracts from the intrinsic value and impact on communities, causes and on the volunteers themselves. Viewing the high level of social cohesion and well being as the main contributions of volunteering (United Nations Volunteers, 2011). The sociological perspective stems from classic questions on social order, solidarity, social integration and the bonds that integrate societies (Durkheim, 1893). Volunteering is considered a fundamental expression of community belonging, group identity and contributes to social integration (Bekkers, 2004). The act of volunteering gives expression to values such as altruism, compassion, generosity, and social interaction (Lockstone-Binney, 2010). The sociological perspective of volunteering offers benefits that are hard to quantify (Hustinx, 2010).

The psychological perspective explores the nature of helping and prosocial behaviour in volunteering. Focusing on the personality traits such as agreeableness and extraversion of people who give their time and skills for no apparent material or social incentives (Hustinx, 2010; Clary, 1999). Bronfenbrenner (1960) found what mattered most were skills, resources and the willingness to serve, thereby challenging the psychological approach.

Political scientists see volunteering as an expression of core societal principals and an indicator of the functioning of a healthy society (Putnam, 2000). A healthy democratic society includes freedom, equality, and structure to maintain the rights of all citizens (Simpson, 1992). Volunteering as an essential requisite for a functional society and democracy. Volunteer-led organisations provide a voice for citizens and a means to counter the power of governments and large organisations. Organised volunteering builds leadership skills, encourages people to claim their rights and to take action to protect their communities. Volunteering can be seen as either complementing or substituting government programs. The use of volunteers can enable the government to reduce funding to essential services, including mental health and crisis support. Helplines in Australia are such a case, staffed by volunteers, under-resourced and under-funded., resulting in wait times of up to an hour, and approximately 140,000 calls unanswered in 2014 (Hayden, 2015). Organisations such as Lifeline have launched petitions calling for further government funding to address these problems (Worsely, 2014).

The theories cited above approach volunteering as a one-dimensional construct and fail to capture the intrinsic complexity and diversity within the field. Volunteering is a multi-dimensional construct that encompasses an intersection between personal traits, social, political, community, family, and organisational practices and policies. This researcher therefore concurs with DiMaggio's (1995) argument that good theory emerges as a hybrid by combining various approaches and acknowledges that the various theories on volunteering, many of which were written in the previous century. However these theories both directly and indirectly impact the researcher and this study. This research updates the epistemology of this field for the new century by providing the distinct perspective of volunteer TCSs aged 20-30 years of age. In order to achieve this outcome, a post-modern, social constructivist paradigm was added to the inherent theoretical knowledge on volunteering to allow for an understanding and interpretation of how the organisation, society, and volunteering interact on the 20 to 30 year old volunteer TCS at Lifeline.

2.9 Factors Affecting Volunteer Engagement

Understanding why people volunteer is integral to this study into engagement and retention of 20 to 30 year old telephone crisis supporters at Lifeline. Every year millions of people around the world devote time, energy and skills to helping others in a voluntary capacity. The idea that people make personal sacrifices for strangers has continued to intrigue and motivate researchers of social behaviour to provide understanding and theory (Piliavin, 1990; Clary E. et al., 1998).

2.9.1 Social Capital

Social scientists agree that civic undertakings such as volunteering require significant social capital. Social capital exists in the relationships amongst people and

encourages people to work together for shared objectives (Putnam, 1995). Volunteers have more social capital than non-volunteers, having extensive social networks, friends, family and membership to secondary organisations particularly churches (Wilson, 2000; Hustinx, 2010; Wilson, 1998). Volunteering can also be used to acquire social capital, building trust and social networks. However, research indicates that social capital is a more reliable predictor of volunteering when combined with human capital and socioeconmic standing (McPherson, 1996; Wilson, 2000). These findings are relevant to the 21-29 year-old volunteers, who are at a stage of building social, human and economic capital. They could therefore struggle to donate their time and talents where there are no skill or economic rewards.

2.9.2 Volunteer Motivation

For centuries philosophers and researchers have tried to understand why people donate time to help others. Motivation appears to be the central issue. The majority of research into motivation has focused on work related motivations (Lidner, 1998; Huppatz, 2010). However there are essential differences for volunteer motivation, the primary distinction being that volunteers are unpaid and therefore are not motivated by monetary rewards. The motives for volunteering are complex and multi-faceted, therefore existing literature and theories on volunteer motives are explored to inform the current study. The uni-dimensional model of motivation suggests volunteer motives arise from a single category of motivation. Cnaan and Goldberg-Glen (1991) surveyed 285 volunteers from 40 not-for-profit organisations, their findings support the theory that volunteers are motivated by a single category which includes a number of motives. The uni-dimesional model of motivation is one of the least utilized models.

In contrast, two-dimensional models differentiate between two different categories of volunteer motives. One possible categorisation is egoistic or altruistic motives

(Frisch & Gerard, 1981; Batson, 2008). Egoistic motives relate to personal tangible rewards such as career or skills related benefits (Widjaja, 2010). In contrast altruistic motives are the emotional or empathic response, whereby the benefit of another is the ultimate goal. There are some that question whether the welfare of another can be the entire motive or whether there is always a personal benefit (Batson, 2008). Psychology studies posit a two-dimensional model of motivation that differentiates between intrinsic and extrinsic motives (Forgeard, 2013). Otis (2005) defines intrinsic motives as engaging in activities for inherent reasons, self-satisfaction or benefits. Extrinsic motives emerge from engaging in activities to gain external affirmations and validation. Additional categories can be added to create a three or four-dimensional model of motivation. Possible categories include egoistic, altruistic, material and social, performance, mastery motives (Korpershoek, 2015).

Multi-dimensional models of motivation differentiate and include multiple categories of motives. Clary et al (1998) applied the functional theory to create a multidimensional model for motivation. A central aspect of the functional theory is that different people will engage and perform activities for different psychological functions, and people can have a number of different psychological functions for a single activity (Clary et al., 1998). Therefore not all volunteers have the same motivation and a single volunteer can have multiple psychological motivations. The functional approach suggests retention of volunteers depends on the person-situation fit. Volunteers will engage and sustain activities as long as it continues to fulfill their own motivations (Clary et al., 1998; Clary & Snyder, 1999). Common psychological and social functions were used to create the Volunteer Function Inventory (VFI). The VFI uses a scale to determine values for six functions served by volunteering. The six psychological and social functions are: values, understanding, enhancement, career, social, and protective (Clary & Snyder, 1999).

The values function enables individuals to express fundamental values of altruism and humanitarian concerns. Examples of the values function are 'the difference I make to the community' and "I feel compassion for those in need" (Clary et al., 1998, p 1520).A second function that could be served by volunteering is an understanding function. Understanding involves the opportunity to learn new skills and to use knowledge and abilities. Volunteers motivated by the understanding function may also seek to explore their strengths, how to deal with a variety of people, or gain new perspectives (Clary, 1998). According to the social function people volunteer to increase social interactions, strengthen relationships and gain the approval of others. Examples of social motivations are: " my friends volunteer" (Clary, 1998, p 1520). The career function to volunteer relates to the desire to gain career related experience and improve employment prospects. "Volunteering helps me explore different career options" is an example of a career function motivation (Clary, 1998, p 1520). The protective function serves to reduce the guilt of being more fortunate than others or to address personal problems. " No matter how bad I feel, volunteering helps me forget about it" is an example of the protective function motivation (Clary, 1998, p 1520). The final function, enhancement increases positive affect by providing a means for self-development, growth, and self importance. The VFI contains items such as " volunteering increases my self-esteem' to measure enhancement motivation (Clary, 1998, p 1520).

The multi-dimensional model of volunteering appears to best conceptualize the combination of emotional, social and cognitive process that initiates, guides and maintains goal-orientated behaviours. A number of authors report the motivations of values, understanding and enhancement as most significant (Allison, 2002; Batson, 1991; Clary et al, 1998; Hood, 2004; Planalp, 2009; Wijaja, 2010). The VFI will be used to inform categories of motivation, however open-ended questions will be used to elicit an in-depth understanding of volunteer motivation in this study. It is important to understand motivations specific to telephone counselling as they provide an important key to understanding how to engage and retain volunteers, specially given the growing trend for short-term volunteering (Aguirre, 2013; Jones, 2014). It is clear that further research into crisis line motivations is required, particularly younger volunteers whose length of engagement is the shortest (Bennett 2011).

While many studies focus on older volunteer motivations (Okun, 1998; Warburton, 2007Wilson, 2012), there is a paucity of research into the motivations of younger generations. Black (1999) found little variation in motivation across differing ages. Okun (2003) however, posits that career and gaining understanding are the dominant motivations for younger volunteers, and social motivation is more significant for

older volunteers. It appears that there are possible differences in motivations across ages. This study aims to address this gap in knowledge, specifically focusing on 20 to 30 year old TCS volunteers.

The functional approach will be used as a framework for the current study to determine the motives for 20 to 30 year old telephone crisis supporter (TCS) to volunteer. The functional approach to motivation suggests not all 20-30 year old telephone crisis supporters (TCS) will volunteer for the same reasons. A single TCS can also simultaneously have a number of different reasons for volunteering (Clary, 1998). This study aims to go beyond the motive of "wanting to help others". Rather seeking in-depth knowledge and understanding of multiple motives for volunteering, and whether motives change.

2.9.3 Religion

Religious groups have founded many non-profit community organisations, in Australia, this applies to Lifeline, the Saint Vincent de Paul Society, the Salvation Army, and Youth Off The Streets (Lifeline, 2012). Many religions encourage individuals to provide caring for the needy without remuneration. Although some authors view religion as a reason to volunteer, there are studies that dispute this finding (Cnaan, 1993). Although Lifeline is founded on Christian principles, it does not overtly advocate these as a means to attract like-minded individuals. Previous research has provided no evidence to support the proposition that religious beliefs affect engagement and retention of TCS (Hood, 2004; Bennett, 2011).

2.9.4 Training

Research indicates that sufficient training and support for volunteer roles are important facets for engagement and retention of volunteers (Hidalgo, 2009; Skoglund, 2006; Jones, 2014). All Lifeline TCS volunteers are required to complete Lifeline specific training before volunteering on the crisis line. The Lifeline Crisis Supporter Workplace Training (CSWT) is an accredited course that is used nationally to train TCS for their role on the crisis line at the cost of approximately \$600. Some Lifeline centres have a policy that trainees who withdraw before the end of the probation period pay a further fee, however this is seldom implemented (Lifeline 2003). The training comprises three phases. Phase one includes face-to-face training and e-learning over a minimum of fifty-five hours. Topics covered include: applied suicide intervention skills training (Livingworks, 2011); self-awareness; the Lifeline strengths-based model; micro-skills; caller profiles; managing callers; practical application, and assessment. Phase two comprises orientation and shift observation, followed by at least 16 hours of supervised time on the phone and two hours of supervision. Phase three is a probation year, comprising 92 hours on the phones and continuing development models. Once these competencies are achieved trainees become accredited Lifeline TCSs. Ongoing annual accreditation requirements are 92 hours on the phone; individual supervision every six months; group supervision every four months, and a minimum of eight hours continuing learning per annum.

Previous research (Hood, 2004) into Lifeline TCS experiences reported professional development, altruistic and personal reasons as the dominant motives for undertaking the Lifeline training. The participants generally reported a high level of satisfaction with the training. Some participants expressed disappointment in the lack of consistency in the skills of leaders and trainers within the training program and felt this limited their training opportunities. Participants with prior counseling knowledge and experience expressed frustration at the 'one size fits all approach" to trainees. Much has changed in the last decade since Hood's study, it is therefore pertinent to explore how training affects engagement and retention of 20 to 30 year old TCS at Lifeline.

2.10 Volunteer Retention

Lifeline, like many not-for-profit organisations, has large training expenses and would therefore like to increase retention of trained volunteers. Retaining volunteers also ensures continuity and helps maintain high levels of service (Farmer, 1999). Bennett (2011) posits that a two-year period is a reasonable time for TCS volunteers to remain with the organisation to maximise the costs and benefits of the training provided. Previous research (Bennett, 2011) indicates that the majority of 20 to 30 year old TCS withdraw after one year. Ensuring volunteers sign a formal contract of commitment is one approach to increase retention (Haski-Leventhal, 2008). Currently, Lifeline encourages telephone crisis supporters to commit for a two-year period, however there is no binding contract. The primary agreement is therefore psychological or tacit. A psychological contract deals with the unwritten beliefs held by the individual and the organisation about the relationship and expectations between them (O'Donohue, 2009; Smith, 2003; Starnes, 2007; Volunteering Australia, 2015). Thereby creating potential for misunderstandings and varying expectations between Lifeline and TCS volunteers. The current study therefore intends to provide insights into the expectations regarding length of commitment by 20 to 30 year old TCS at Lifeline.

The volunteerism literature makes a distinction between motives to volunteer and motives for continued volunteering (Cnaan & Goldberg-Glen, 1991; Willems, 2012). People continue to volunteer due to enjoyment from the volunteering experience and because they value the benefits they receive sufficiently to maintain and extend them (Galindo-Kuhn, 2001, Gazley, 2012). It is therefore important to evaluate satisfaction to improve retention rates. The dimensions used to evaluate satisfaction in paid work are not applicable in the context of volunteering (Fekete, 2014). Galindo-Kuhn (2001) developed "The volunteer satisfaction Index" that posits four dimensions for volunteer satisfaction: organizational support; participation efficacy; empowerment; and group participation. Organizational support comes from performance feedback, clear goals and objectives. Participation efficacy comes from using personal skills effectively and to witness the difference volunteering makes to other peoples lives. A sense of empowerment in the volunteering role is an important dimension of satisfaction. Volunteers choose to donate leisure time, therefore resent can arise if there is a sense that the organisation or others are wasting their time. Group integration, the social relationships volunteers develop within an organisation is also a significant predictor of retention. Bennett (2010) highlights the importance of group integration, connection and social factors for TCS volunteers at Lifeline.

The current study aims to use the VSI to go beyond the general concept of volunteer satisfaction, to identify different sources of satisfaction and dissatisfaction. Pinpointing issues so that strategies can be implemented to enhance the experiences of their volunteers before dissatisfaction leads to withdrawals.

2.11 Volunteer Withdrawal

Motivations for withdrawal are different to the initial motivations to volunteer. Volunteer turnover is ten times that of paid staff at not-for-profit organisations (Willems, 2012). The failure to retain volunteers impacts on the quality of service provided and costs of recruiting and training new volunteers. Retaining volunteers is essential to ensure the continuation and quality of crisis-line services. Lifeline Annual Report (2012) reported an annual turnover rate of 31% for volunteers, similar statistics are reported in other not-for-profit organizations (Eisner, 2009). Bennett (2011) Lifeline research, found that 50% of resignations within the first two years are from the 20-29 year old cohort. This is in contrast to the desired two-year retention rate. The most frequently cited reason for withdrawal is increased external commitments made it too difficult to maintain Lifeline commitments. These include a new stage of life, changes in family circumstances, work or study changes or relocation (Bennett,2011; Hood, 2004). However negative experiences can also lead early TCS withdrawal.

2.11.1 Burnout

Volunteer retention is largely dependent on volunteer experience, perceived importance of their contribution and perceived support from the organisation. However, support and recognition may not be enough when volunteers are faced with negative experiences and burnout. Burnout was first described by Freudenberger (1975) to illustrate what happens when a caregiver becomes increasingly inoperative. Burnout progressively reduces functionality and can take different forms: reduced empathy, increased resignation, irritability, or heightened anger. As burnout worsens the effects become more serious. Individuals may become paranoid, self-medicate with legal or illegal substances, and resign. Research into burnout in community services indicates that burnout occurs as a result of being over-involved, over-worked and over-exposed to human suffering, leaving volunteers feeling fatigued, helpless, hopeless, empty, cynical and lacking empathy (Acker, 2003; Ben-Porat, 2015; Haski-Leventhal, 2008). Hood (2004) provided a rare insight into crisis-line burnout. Dealing with suicidal callers, or those experiencing domestic violence or sexual assault can cause high levels of stress for the TCS. Burnout is accentuated for crisis-line volunteers because contact is confined to the telephone, engagement are one-off so there is a lack of resolution. Burnout was found to directly contribute to low morale, lack of productivity and eventually the withdrawal of crisis-line volunteers. When faced with burnout, volunteers can voice their dissatisfaction, seek support or withdraw. The ability for volunteers to voice their concerns to limit negative experiences should be encouraged (Garner, 2011). Crisis lines hope to minimise burnout by education, supervision, peer and social support.

2.11.2 Unwelcome Callers

One of the challenges for TCS on crisis lines is dealing with 'unwelcome callers'. "Unwelcome callers are defined as unsolicited communications that by virtue of their content, frequency or timing are offensive or tend to menace and harass the recipient" (Pirkis, 2015). At Lifeline unwelcome callers include angry and abusive callers, frequent callers, or sex callers. Angry callers express their anger with an intensity that makes it difficult to connect with them or engage in problem solving. Abusive callers abuse, malign or victimize telephone crisis supporters (TCS), these callers primarily focus on their own opinion and are unwilling to explore solutions. Sexually abusive calls are those that engage a TCS as unwilling partner in the quest for self orientated sexual pleasures. Many TCS find these calls degrading, humiliating and extremely stressful (Hood, 2004).

Crisis lines are intended as one-off interventions or for limited time support (Kalafat, 2007), yet some people make numerous or repeat calls to the crisis line over a

specific period. Spittal et al (2015) analysed 411,725 calls over an eighteen-month period at Lifeline to gain an understanding of these frequent callers. He defined frequent callers as those that made more than 0.667 calls per day (4.7 calls in 7 days; 20 calls in 30 days). The findings identified a number of factors that could predict frequent callers: male or transgender; never married; probability increased with age until 64 years, suicidality; self harm; mental health issues; crime; child protection and domestic violence issues. Frequent callers represented 3% of all callers but 60% of all calls taken at Lifeline. Frequent or repeat callers were the most common cause of dissatisfaction by TCS at Lifeline, Melbourne (Hood, 2004). Many TCS felt used by these callers, or frustration by their own inability to adequately assist these callers. Frequent callers threaten TCS wellbeing, increase rates of burnout and monopolise the TCS time and energies. Unwelcome callers also impact access to crisis lines for genuine help seekers. Unwelcome callers are a major cause of TCS withdrawal and therefore present a challenge for crisis-lines. Pirkis (2015) studied frequent callers at Lifeline and developed a service model to respond to their needs. The findings highlighted the need to offer frequent callers an integrated service where they are provided with specific times to call and speak with a dedicated and specially trained TCS. If Lifeline is able to implement these findings it will be be groundbreaking for crisis lines worldwide.

The current study will focus on the impact these unwelcome callers have on retention of the 20 to 30 year old cohort TCS at Lifeline.

2.11.3 Organisational Factors

The functional approach also suggests retention of volunteers depends on the personorganisation fit (Galingo-Kuhn, 2001, Liao-Troth, 2005) . The retention of volunteers is also relative to the value an organization attributes to their volunteers. Retention rates decrease when staff members fail to engage with volunteers, when volunteers lack a sense of belonging, support, value and respect from the organisation (Boezeman, 2008; Volunteering Australia, 2015). Feeling a sense of pride in the contribution the organization makes to society increases retention (Jones, 2014). This study will explore whether there is more Lifeline can do in terms of connection, support and organisational structure that could increase retention of 20 to 30 year old TCS at Lifeline.

2.12 Stages of Volunteering

Knowledge and approaches to volunteering have evolved over the past few decades. One approach to study and understand volunteering is to approach from a process perspective. The process begins when volunteers enter the organization and ends at withdrawal.

Haski-Leventhal (2008) developed a model that views the process of volunteering as five phases or transitions. Namely: the nominee phase, new volunteer phase, established volunteer phase, and renewal or exit phases. The different stages are brought about by time spent in a volunteering role and the emotional changes that ensue. The "nominee stage" begins when a candidate requests to become a volunteer and is an anticipatory or attraction stage. Motivations here are predominantly altruistic, egoistic, social, as well as combinations of various motivations. Many nominees have unrealistic fantasies of helping and making a meaningful difference. This stage includes much ambiguity regarding the organisation, the role and clients.

The "new volunteer" stage includes the selection and training processes. Many volunteers are surprised to discover organisations have selection criteria and do not automatically accept all prospects. Training can be either formal, on the job or a blended approach. At this stage many volunteer organisations require a contract, either formal or psychological of commitment to increase retention. Many volunteers compare their initial volunteering experience to being thrown in at the deep-end, causing emotional strain, frustration and sadness. Emotional involvement stage usually occurs after four to eight months. Volunteers feel skilled, effective and emotionally involved, with most having experienced a meaningful helping event. This stage is a time of enthusiasm, high commitment, sober realism, satisfaction and meaningfulness.

The "established volunteer" stage occurs after approximately one year. Volunteers are experienced and volunteering becomes a part of life. Volunteers can experience burnout, fatigue, and become aware of the variety of costs associated with volunteering. Burnout and boredom may occur as volunteers are faced with turbulent emotions and become aware of the limitations in resources, time and that not everyone can be saved. At this stage levels of commitment can be low.

The "Renewal or exit" is the final stage. Renewal occurs in paid employment midcareer. Volunteers can find renewal through new roles, self-reflection, or time off. If renewal does not occur, volunteers withdraw citing various reasons. Withdrawal can be a time of sadness and relief.

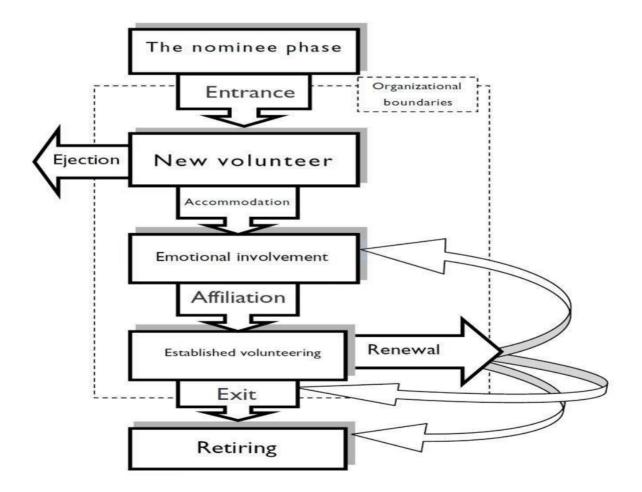


Figure 2.3 The Volunteer Stages and Transitions Model (Haski-Leventhal 2008, p.74)

Omoto and Snyder (2002) explore the life cycle of volunteers from a different perspective, namely as an interaction between the organisation, the volunteer and the social system. They divide the cycle into three stages: antecedents; the volunteer experience; and the consequences of volunteering. The antecedent stage focuses on motivations to volunteer, with much attention on factors that promote or deter continuing volunteering. In contrast, the consequences stage focuses on attitudes, knowledge and behaviours that result in perceived effectiveness and relate to longevity of service. The concept of volunteering as a complex interaction between individual, organisation and social forces is compelling. Lifeline impacts the volunteer process through: being a not-for-profit organization, organisational financial constraints, a strong mission to support people in crisis and suicide-safe communities, religious foundations; an organisation structure emerging from the 1960s, interactions between volunteers and staff, and more. According to Omoto and Snyder (2002), those who will participate in the current study will bring with them numerous inherent factors, such as being positioned within Australian society and culture; from predominantly middle-class communities of Northern Sydney; and belonging to the 20 to 30 year old cohort. However, to adequately research these complex interactions is beyond the scope of this research.

This research will focus on the volunteer process and factors that affect engagement and retention. To effectively acquire these insights, a four-phase staged model adapted from Haski-Leventhal (2008) will be applied to the volunteering process. The stages to be used are: application; trainee; active volunteer; and renewal or withdrawal. The application stage begins when applicant TCS contact Lifeline and begin the initial enquiries. Thereafter candidates are interviewed to ascertain their suitability as a TCS at Lifeline. This initial interview aims to explore motivations as well as inherent and acquired skills of candidates to be effective TCS. Candidates are screened for a helping disposition including empathy, nurturing, social responsibility, ability to be non-judgemental, cultural sensitivity and awareness. Emotional intelligence is viewed as a good indicator of ability to become an effective TCS. The link between a caring disposition and extended service as a volunteer is however unclear, rather motivations are used in this study as more reliable indicators of sustained volunteering (Omoto, 1995). The training stage occurs after intake interviews, when successful candidates begin their training to become accredited TCS. For many TCS volunteers the training course is their introduction to the Lifeline organization and volunteering as a TCS. These early events have been shown to affect outcomes in later stages of the volunteering process (Omoto, 1995). Once all levels of training have been completed trainees become accredited Lifeline TCSs.

TCS's become accredited, active volunteers after completion of the training stage. Ongoing annual accreditation requirements are 92 hours on the phone, equating to one four hour shift every fortnight; individual supervision every six months; group supervision every four months; and a minimum eight hours continuing learning per annum. Volunteers are experienced and volunteering becomes a part of life. Progressing from trainee to active volunteer TCS period can be a time of adjustment between the expectations of being a telephone crisis supporter, being on the phones and saving lives and the reality of what is entailed in dealing with various types and presentations of people on the crisis lines.

Renewal occurs at every stage of the volunteer process, therefore will be addressed in each of the volunteer stages. A common time for renewal is when volunteers experience burnout, fatigue and become aware of the variety of cost associated with volunteering. To retain TCS's and aid renewal it is imperative to monitor volunteer satisfaction. At all stages of volunteering, if renewal does not occur resignation will result..

Exit is the stage when TCS withdraw from the organization. Exit can occur at any stage of the process for a number of reasons. Commonly mentioned reasons for exit are: burnout; goals have been attained; change in personal circumstances (Hood, 2004; Bennett, 2011).

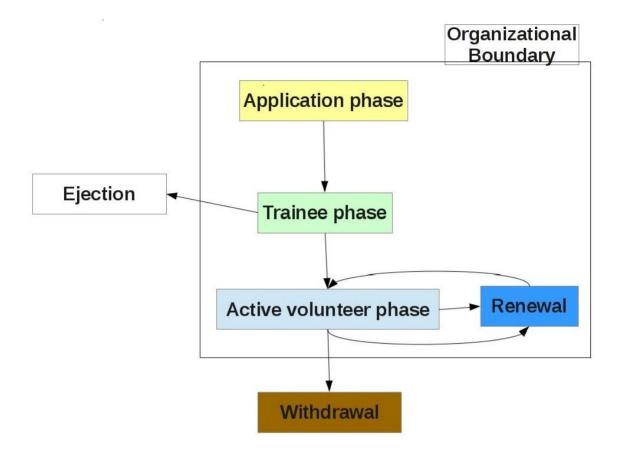


Figure 2.4 Volunteer Stages and Transitions Model Adapted for Lifeline TCS Volunteering.

2.13 Lifeline Volunteer Research

Volunteers are integral to Lifeline and all not-for-profit organisations, both nationally and internationally. To maintain these key services to society, it is imperative to understand, engage and retain volunteers. Previous Lifeline specific research includes Bennett's (2011) research into the retention of TCSs at Lifeline Harbour to Hawkesbury (LLH2H). The research explored how long TCSs stay and their reasons for leaving. The findings highlight that 24% of trainee TCSs do not advance to the phones after training and that 50% of resignations within two years are from the group aged 20-29 years. The group aged 20-24 years account for almost one third of all resignations at Lifeline. Bennett (2011) concluded that the high resignation rate of 20-29 year-olds requires further exploration into support requirements. Suggestions made included regular support groups; group buddy systems and exit interviews to inform LLH2H of issues requiring attention. Bennett's (2011) research has highlighted a clear gap in the knowledge and understanding of volunteers at Lifeline, the 20-29 year old Gen Y volunteers. Gen Y will be the leaders, workforce and volunteers of the future and therefore require understanding and consideration.

Bennett (2014) conducted a survey of all volunteers at Lifeline Harbour to Hawkesbury to develop and document policies and procedures required to build and maintain an effective workforce of volunteer staff at Lifeline Harbour to Hawkesbury (LLH2H). The sample included 211 volunteers from diverse departments throughout LLH2H, 100 of the participants were telephone crisis supporters (TCS). Seven of the participants were aged between 18 and 30 years. Topics covered included selection and recruitment, orientation, training, professional development, performance feedback, rewards and recognition, and risk management. The results indicated the primary reasons participants volunteer as a TCS are: to give back to the community; use their skills; and personal growth. The majority of respondents felt well supported as volunteers and felt volunteering at LLH2H was well organised. This paper aims to further Bennet's research and address the gap in the body of knowledge of 20 to 30 year old volunteers generally and of Lifeline TCS volunteers specifically.

Rock (2006) researched the satisfaction levels amongst volunteers at Lifeline Northern Beaches, Sydney. Volunteers surveyed performed various roles from seven divisions: TCS; face to face counselling; office administration; "Op shop" sales; warehousing, and home visiting. Rock noted a higher than average overall response rate of 80% to her survey. She attributed this to volunteers wanting to give feedback and have a voice within the organisation. The results indicated an "overall good satisfaction level" (Rock, 2006, p. 7). Volunteers voiced their feelings of a lack of appreciation and recognition. My research is more specific, focusing on 20 to 30 year old TCS to specifically pinpoint the issues affecting engagement and retention for this cohort. Like Rock (2006), I aim to give voice to volunteers and allow management an opportunity to hear and address their needs.

Hood (2004) a qualitative evaluation of the experiences and key attrition issues of Lifeline Melbourne telephone counselors. Data was gathered from approximately 230 participants via interviews, focus groups and a postal questionnaire for the study. The study concluded that the retention of volunteers is dependent on an organization satisfying the needs and motives of individuals to volunteer their time. At Lifeline these motivators covered personal, altruistic and professional aspects. Lifeline was seen to offer personal growth opportunities that were highly valued by volunteers. The altruistic motive was fulfilled by the perception of making a difference in the lives of callers. For many volunteers this was challenged by the experience of frequent callers, resulting in compassion fatigue. The professional development aspect was a dominant a driver for volunteering at Lifeline. Mostly due to the value placed on the Lifeline TCS training by individuals moving into counseling based professions. This cohort inevitably withdraws from Lifeline once they have gained the skills they seek. Retention was therefore seen as dependent on providing opportunities for professional development within the organisation beyond basic training. The dominant themes threatening retention included the level of commitment required, the lack of flexibility, the sense of not being valued as volunteers, and the need for a sense of belonging.

Previous Lifeline research created the motivation for this paper to focus on 20 to 30 year old TCS at Lifeline. The above findings will be used as a foundation and for comparison of current findings.

2.14 Conclusion:

Hartley (1994) argues that when no theoretical framework is used, the researcher can be at risk of gathering basic information and providing description without meaning. To position this research within a solid theoretical framework the literature relating to engagement and retention of telephone crisis supporter volunteers was explored. The theoretical framework of "the volunteering stages and transitions model' was adapted to telephone crisis supporter volunteering at Lifeline for use in this study (Haski-Leventhal, 2008). The following stages will be used: application, trainee, active volunteer including renewal, and withdrawal. Throughout the various volunteer stages motivation and satisfaction will be explored to determine the factors affecting engagement and retention of 20 to 30 year old TCS at Lifeline. Motivation will be viewed from a functional, multi-dimensional approach (Clary, 1998). Volunteer satisfaction will be evaluated from the viewpoint of the volunteer satisfaction index (Galinda-Kuhn, 2001). It is anticipated that these frameworks will provide the necessary structure to effectively study the factors affecting engagement and retention of 20 to 30 year old telephone crisis supporters to benefit the organisation, the TCS and the clients who use the crisis servic

CHAPTER 3 RESEARCH DESIGN AND METHODOLOGY

3.1 Introduction

This chapter details the overall research design and process, describing and justifying each phase. An interpretivist paradigm was selected as the best option to gain an understanding of 20 to 30 year old telephone crisis supporter (TCS) experience of volunteering. The case study methodology informed subsequent choices about population, sample, data collection and data analysis. A second complementary methodology of participant researcher was included to position the researcher as 'a passionate participant' using her insider knowledge and experience of TCS volunteering at Lifeline. The case study methodology facilitated data collection and in-depth data analysis. Interpretative phenomenological analysis was used to analyse documents and individual interviews to understand meanings and position 20 to 30 year old volunteers in their TCS volunteering experience to aid their engagement and retention. Issues of trustworthiness, ethics and limitations of the study are also considered.

3.2 Research Paradigm

The paradigm in which a study is conducted influences the way knowledge is studied and interpreted. It also difines the intent, motivation and expectations of the research undertaken (Mertens, 2005). Therefore, the initial step was to decide the paradigm or set of beliefs that would guide the study and how the phenomenon of volunteering as a 20 to 30 year old TCS is understood. The social sciences can employ either a positivist or an interpretive perspective or paradigm on research. The positivist paradigm or 'scientific method' is based on the philosophical ideas of Descarte, Aristotle and Comte (Angen, 2000; Mertens, 2005). Basic positivist assumptions include a realist ontology where there is an objective reality and a representational epistomology where there is an objective reality that can be objectively observed and described. The positivist paradigm is often criticised due to a lack of regard for the subjective states of individuals. It regards human behaviour as passive, controlled and determined by eternal environments (Angen, 2000; Creswell, 2013; Denzin, 2003).

The interpretist paradigm was developed as a critique of positivism in social science because it attempts to understand "the world of experience" (Cohen, 2011, p. 36). Interpretivism is "associated with the philosophical position of idealism, and is used approaches, including social constructionism, group together diverse to phenomenology and hermeneutics: approaches that reject the objectivist view that meaning resides within the world independently of consciousness" (Collins, 2010, p. 38). Interpretivist assumptions include a relativist ontology which perceives reality as intersubjective and based on meanings and understandings that develop socially and experientially and a subjectivist epistomology that assumes there is no separation between the individual and their knowledge, therefore there is a clear link between the researcher and the research subject (Angen, 2000; Glaser B. S., 1967; Collins, 2010; Solomon, 2007). The main differences between the positivist and interpretivist paradigms are summarised in Table 3.1.

Assumptions	Positivist Approach	Interpretivist Approach	
Nature of Reality	Objective, tangible, single	Socially Constructed, multiple	
Goal of Research	Prediction, explanation	Understanding	
		Time-Bound	
Knowledge Generated	Time and value free Context-Independent	Context dependent	
		Multiple, simultaneous shaping events	
View of Causality	Existence of real causes		
		Interactive, cooperative with researcher being part of	
Research Relationship	Separation between researcher and subject	phenomenon under study	
	-	What some people think and do, what	
		kinds of problems they are confronted with and	
Desired Information	How many people think and do a specific action or have a specific problem	how they deal with them	

 Table 3.1
 Positivist versus Interpretivist Paradigms

The current study employed an interpretevist, phenomenological paradigm allowing for multiple truths and meanings rather than a single truth or meaning (Creswell, 2013). Interpretivist phenomenology takes the view that people ascribe meaning to life situations and make judgments (Pietkiewicz, 2014). It is the subjective meaning of the experiences of volunteering as a 20 to 30 year old telephone crisis supporter that is the topic for interpretation in this study.

The goal of this study is therefore to gain understandings of participant views that are often socially or contextually created. This study seeks to identify and describe factors affecting 20 to 30 year old TCS volunteer engagement with and retention in volunteering and then trying to understanding them. The assumption is made that things might not be as they first appear because meanings are varied and multiple. Therefore, in-depth inquiry was a far greater priority compared with coverage (Stark, 2005; Yin, 2012; Denzin, 2003).

3.3 Methodology: Case Study

Case study research is a useful methodology for understanding complex and bounded issues and can extend experience or add strength to what is already known through previous research. Case studies emphasize detailed contextual analysis of a limited number of events or conditions and their relationships. Researchers, particularly social scientists make use of this qualitative research method to examine contemporary real-life situation (Mertens, 2005; Stark, 2005). Yin (2009) defines case study research as an empirical inquiry that investigates a contemporary phenomenon within its real-life context; when the distinction between phenomenon and context are not clearly evident; and in which multiple sources of data collection and data analysis are used to strengthen trustworthiness of the research (Yin, 2009, p. 18).

Case studies are employed for three reasons:

• Exploratory case studies seek to explore connections and links that are complex with no single outcome.

- Descriptive case studies seek to describe interventions or phenomena.
- Explanatory case studies seek to explain possible links in real-life interventions that are too complex for survey or experimental strategies (Yin, 2009).

This case study intended to explore and explain the complex motivations and connections between engagement, retention and withdrawal for 20 to 30 year old telephone crisis supporters. To illuminate why this cohort engage, are retained, or withdraw from TCS volunteering at Lifeline.

The case study form of empirical inquiry emerged as the most appropriate methodology to explore the factors affecting engagement and retention of 20 to 30 year old telephone crisis supporters at Lifeline because it permits the study of contemporary and complex phenomenon in real life situations (Rosenberg, 2007). Case study permits the extension of knowledge and the addition of strength to previous research findings. Case study is suitable for studying phenomena where the boundaries between phenomenon and context are not clearly defined. Also exploring the "how and why of phenomena from a holistic perspective and providing the ability to cope with many variables of interest (Hartley, 1994). Case study allows for the exploration of decisions, progress and final results of contemporary life events. The use of theory and conceptual categories is encouraged. Authentic findings do not require control or manipulation of behaviour by the researcher. Rather, data is obtained from multiple sources of evidence, such as documents, interviews, questionnaires and observation. The data from various vantage points are used to triangulate the data to provide in-depth, robust and extensive descriptions (Sarantakos, 2005; Yin, 2009).

This particular study employed a case study methodology for the following reasons:

• It explored the real life phenomenon of volunteering within the context of Lifeline.

• The phenomenon of 20 to 30 year old TCS volunteering is situated within a complex and interconnected context of Lifeline, the entire cohort of TCS volunteers and generalist volunteering.

• A holistic and in-depth view into the process of volunteering from engagement to withdrawal was sought.

• The 'why' of engagement and retention were explored from the viewpoint of 20 to 30 year old TCS, with the intention of discovering why decisions are made during the process of volunteering and the 'why' there are different outcomes.

- Two different sources of evidence, documents and interviews were used to provide in-depth triangulated data.
- The intention of this study was to add to the theory of volunteering through specific insights into the 20 to 30 year old TCS volunteer experience.

According to Yin (2009), case studies can be differentiated as single, multiple, holistic or embedded depending on their structure, as depicted in Figure 3.1. The matrix illustrates that all types of case studies occur in context, the dotted line highlighting the lack of definition between case study and context. The four types of designs for case studies are:

- Single case design with a single unit of analysis (holistic).
- Single case design with multiple units of analysis (embedded).
- Multiple case design with a single unit of analysis for each case (holistic); and
- Multiple case design with multiple units of analysis for each case (embedded).

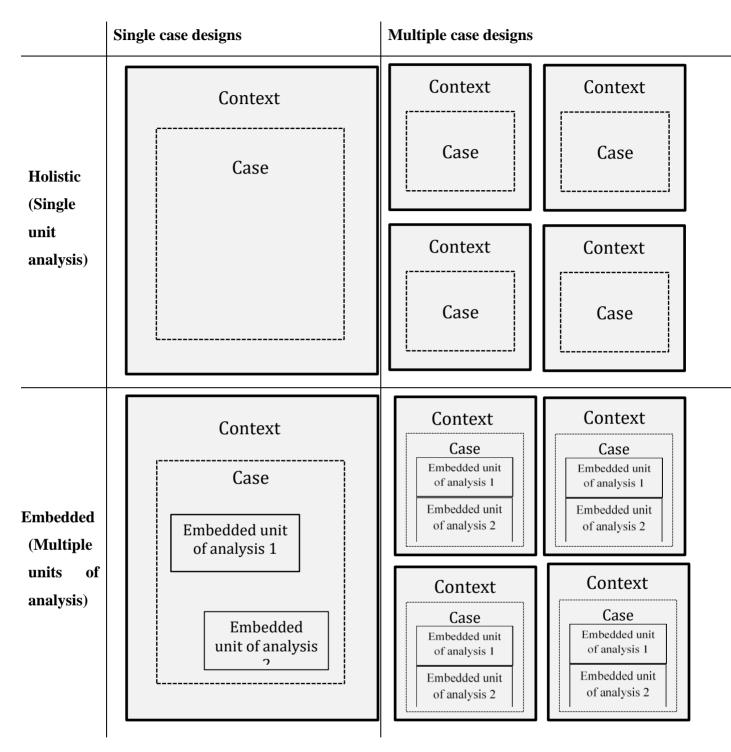


Figure 3.1 Basic types of designs for case studies (Yin, 2009, p. 46)

A single case study can be used to confirm, challenge or extend a theory. This case study seeks to explore volunteering as a TCS is a staged process where changes occur over time and experience. A single case can be representative of the wider population, in this case study, TCS's aged 20 to 30 years at Lifeline Northern Beaches (LLNB) and Lifeline Harbour to Hawkesbury (LLH2H) are representative of 20 to 30year old TCS volunteering in other Lifeline centers. Therefore, this study is able to provide insights about the factors affecting engagement and retention and may contribute to associated theory. Consequently, the data from the two centres was not differentiated, and formed a single bounded case. Twenty to 30 year old TCS volunteers at Lifeline NB and Lifeline H2H constitute such a single bounded case.

The theory underpinning this study was that volunteering is a staged process occurring over time and with experience. The three stages of volunteering are as applicant, trainee, active volunteer including renewal and withdrawal. Each stage provided different perspectives on TCS volunteering using different data to provide different insights. Consequently, each stage was effectively a different unit of analysis within the case study and contributed to understandings of how conditions change over time, and reflected the differences and factors impacting engagement and retention.

Research studies investigating a process over time can either be longitudinal or cross sectional. Longitudinal studies observe the same individuals repeatedly over a period of time and can extend over years or decades and are commonly used in psychology and sociology, where they allow researchers to study changes over time. The drawbacks of longitudinal studies are extended periods of data collection; increased costs; and waiting years for results. Cross-sectional research is where data is gathered from participants at a single point or over a short time period. The data is typically collected from multiple groups or types of people in cross-sectional research. The advantages of cross-sectional research are that a number of factors or groups can be explored at one time, as well as data and results being obtained within a short timeframe (Babbie, 2010; Creswell.; Sarantakos, 2005). A cross sectional approach was employed for the current study, interrogating different groups of 20 to 30 year old TCS at different stages of the TCS volunteering experience to reproduce and gain insights into experiences throughout the lifespan of a 20 to 30 year old TCS volunteer in a limited time frame. The time span for this process differs from a few months to decades across TCS. Therefore, a cross-sectional approach was employed which allowed for rich in-depth data to be gathered at every stage of volunteering within a short timeframe of six months.

Essentially, the methodology employed for this study was a single, embedded, cross sectional case study to understand factors affecting engagement and retention of 20 to 30 year old telephone counselors at Lifeline.

3.4 Participant Research

Organisations can be viewed as societies with particular customs and pratices. There are two different approaches to organisational research: 'inquiry from the outside' or 'inquiry from the inside'. In the former, the researcher is detached from the organisation, in the latter the researcher has personal involvement in the organisation and research process (Evererd, 2001). 'Inquiry from the outside' can be gained from questionnaires, documents or by a neutral researcher. In 'inquiry from the inside' or participant research the researcher is a part of the phenomena under study and is holistically immersed within the organisation. The strength of participant research benefits from the interconnectedness between researcher and participant and aims for a 'power with' rather than a 'power over' approach, democratising the knowledge produced (Bell, 2011; Shaw, 2008).

A major criticism of participant research is the potential lack of objectivity, as the researcher is not independent, but a participant bringing personal perspectives, bias, experiences and social position (Browne, 2006; Creswell, 2013). However, as McRobbie (1982) states no research can be undertaken or understood in a vacuum. Therefore, an understanding of the setting and phenomenon being explored can be beneficial. The researcher's experience can provide deeper insights and understandings of participant experiences not otherwise easily accessed. Transparency regarding all influences is recommended to maintain integrity and trustworthiness of findings. To maintain a balanced perspective and ensure participant perspectives are authentically represented, it is imperative the researcher reflect on how experiences and perspectives affect research data and analyses, to limit biasing effects and ensure participant voice and views are provided (Denzin

2003; Fade, 2004). Options for reflective practice include: introspection; supervision and journal writing (Browne, 2006; Mishler, 1991).

This researcher applied to be a TCS at Lifeline Northern Beaches in 2009. Completed the Lifeline training, transitioned onto the crisis line, and was an active telephone crisis supporter for five years, and was subsequently employed to coordinate on-going phone support services. Due to the intimate involvement and passion this researcher has for Lifeline, suicide prevention and the efficacy of telephone counselling, participant researcher or 'passionate participant' became a complementary methodological framework for this study. The position of 'passionate participant' situates the researcher as an integral component of the co-construction of meaning throughout this study (Mills, 2007). To not acknowledge this reality would be to deny a critical aspect of the study context. Consequently, the researcher is able to provide insights into crisis counselling and Lifeline not accessible to an outsider researcher. Reflective practice and bracketing (Dunn, 2011; Loughran, 2002) limited researcher bias and allowed for in-depth understanding of TCS experiences and meanings, thereby adding value to rather than detracting from the study.

3.5 Research Design

A research design, according to Yin (2009) is the logical sequence that links empirical data to a study's initial research question and ultimately to its conclusion. In naturalistic inquiry, such as this study of telephone counsellors, it is simply not possible for investigators to undertake a classic scientific experimental design, in which the researcher manipulates an independent variable to see its effect on one or more other dependent variables. Rather, a non-experimental design has to be employed in which the researcher analyses variables or concepts of interest without undertaking any manipulations or interventions (Creswell, 2008). Since this study dealt with the 'normal' or 'natural' research settings of telephone counselling and the individualities and biases of the people from whom data were obtained, a study design was developed to capture the experiences of people in their specific contexts and to promote understandings of their actions set within their own social reality (Cohen, 2011). Figure 3.2 summarises the research design for this study.

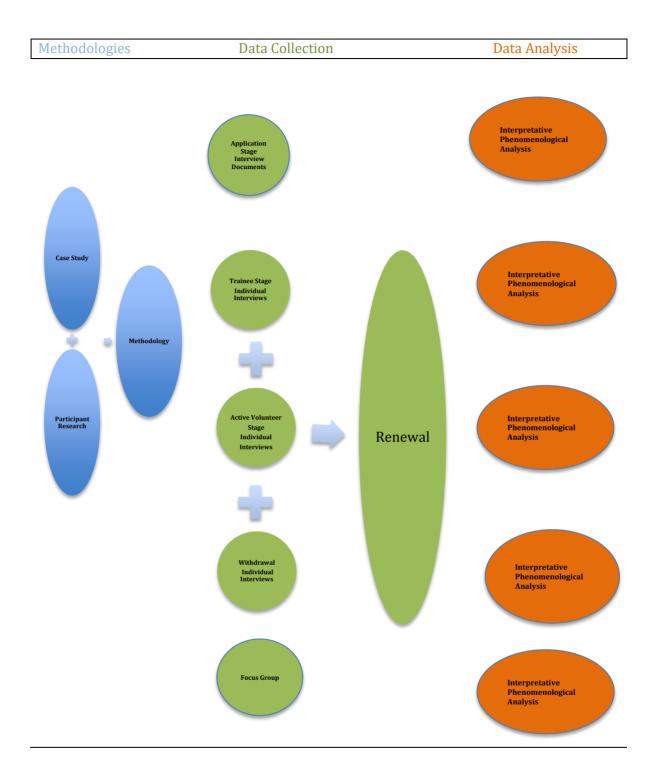


Figure 3.2 Research design for study into Factors affecting engagement and retention of 20 to 30 year old telephone crisis supporters at Lifeline.

3.6 Population and sample selection

According to the Australian Bureau of Statistics (2012) the population of volunteers in Australia is approximately 6.1 million people. This includes both formal volunteering at not-for profit organisation, as well as informal volunteering such as sport coaching, supporting a neighbour or participating in annual or one-off events such as fetes and collections. Lifeline Australia engages the help of 11,000 volunteers to maintain their community services, fifty percent of these are telephone crisis supporters (Lifeline, 2012). Whilst national volunteering peaks around the ages of 35 to 44 years, Lifeline TCS volunteering is skewed toward higher participation rates in the under 30 years cohort. The Lifeline base is also skewed toward human services or general professional occupations. Over 90% of TCS report tertiary level qualifications, particularly psychology, which is the professional qualification most closely linked with Lifeline volunteer participation. This is in line with national trends where the nature of volunteer work is typically closely aligned with paid occupational skills (Hood, 2004). Previous research indicates that although volunteer TCS aged 20 to 30 years form a significant portion of TCS engaged, they are the most at risk of premature withdrawal (Bennett, 2011). The predominant profile of TCS volunteers at Lifeline is female; less than 30 years of age; attained or working towards postgraduate qualification in human services such as psychology (Hood, 2004).

The sample for this study is Telephone Crisis Supporters aged 20 to 30 years at Lifeline Northern Beaches (LLNB) and Lifeline Harbour to Hawkesbury (LLH2H). A third Lifeline centre within Sydney was approached, but they were unwilling to participate and did not provide a reason.

The total number of registered TCS volunteers at LLNB is 205, 34 (16.5%) of whom are aged between 20 to 30 years. There are 152 active volunteers engaged in regular crisis line shifts, of these 26 are aged 20 to 30 years. There are currently 25 trainees undergoing the training course, 8 of these are aged 20 to 30 years. The Lifeline H2H numbers reflect similar proportions. Participants therefore come from a limited group

and made accessing and engaging with sufficient participants challenging. Convenience and purposeful sampling was used for one on one interviews, working with TCS managers to correlate age and experience of participants (Morse, 2010). TCS managers sent e-mails to TCS volunteers inviting them to participate in the study. This was undertaken in a way that ensured no pressure was placed on volunteers to participate. TCS's interested in participating were asked to respond directly to the researcher, therefore managers were unaware of which TCS participated in the research which ensured anonymity. The initial e-mails requesting participants were sent to nine TCSs at LLNB and elicited one response, this TCS was unavailable for interview for the following three months. The best response rate was two participants from fifteen e-mail invitations, representing a 13% response rate. To increase participation rate without exerting pressure on volunteers to participate, the option of a telephone interview was introduced to reduce the time and effort required by participants. It also utilise electronic communication, which is a favoured means of communication by 20 to 30 year olds. As a result, the response rate increased to approximately 35%. Initially, it appeared gathering withdrawal stage data would be the biggest challenge, because many volunteers do not formally withdraw but ceased taking shifts and simply disappeared from the organisation. However, past volunteers were contacted via e-mail and the response rate and willingness to discuss their time at Lifeline was remarkably high at 50%. The final sample size used for each of the interview groups was between five and seven participants and twenty for the intake document analysis. This was in keeping with sample sizes suggested for use with Interpretative Phenomenological Analysis (IPA). Over 70% of participants were currently studying psychology or counselling. This may have impacted their willingness to engage with this study because they may have undertaken their own university research projects.

3.7 Data Collection

Data collection is the process of systematically gathering and measuring information on phenomena of interest in order to answer a stated research question. Qualitative data collection involves direct interaction with individuals either one on one or in a group setting. Data collection methods commonly used by case studies are: observation; interviews; and focus groups.

Participant observation is one type of data collection method widely used in qualitative research. Whilst its origins can be traced back to cultural anthropology and ethnography it has become an important research tool in many fields of sociology. It is a social research technique that involves the direct observation of phenomena in their natural setting. The aim is to gain a close and intimate familiarity with a particular community and learn at first-hand about their practices through intensive involvement over an extended period of time. The current study sought answers regarding the 'how and why', and the meaning and value attributed to the TCS volunteering experience for 20 to 30 year olds. Consequently, observation was not suitable for data collection (Babbie, 2010; Creswell, 2013; Cohen, 2011).

There are a variety of forms of interviews including: individual; face-to-face; telephone interviews; and group interviews. Interviews can be structured, semistructure or unstructured (Hollway, 1997; Minichiello, 1995). Interviews are one of the most important sources of evidence for case studies (Yin, 2009). Structured interviews follow a predetermined list of questions with minimal allowance for variation or extended discussion. The advantage is that structured interviews are relatively quick and easy to administer. The disadvantage is a lack of depth to the data gathered (Gill, 2008). Conversely, unstructured interviews do not have any predetermined questions or structure, often starting with an opening question and allowing for the participant to lead the discussion. Unstructured interviews are timeconsuming and complex for both researcher and participant. They are mainly used where significant depth of data is required or very little is known about the subject. Semi-structured interviews consist of a limited number of open ended, generative questions to build rapport, provide flexibility, and encourage detailed, rich narratives of personal experiences, and provide novel in-depth data (Gill, 2008; Hollway, 1997; Minichiello, 1995). The questions posed should be clear, unambiguous and open to change to allow participants to talk about topics and issues that are important, but may not have previously been thought of as pertinent by the researcher. On the debit side, semi-structured interviews cover novel data areas and make analyses difficult

Interviews can either be conducted individually or as a focus group. A focus group is a form of qualitative research in which a group of people is asked about their perceptions, opinions, beliefs, and attitudes towards a product, concept, or idea. The main difference between a group interview and a focus group is within a focus group researcher questions act as a stimulus for participant interactions. Participants respond and interact with one another and so generate the direction of the conversation. The research deliberately takes a more passive role (Yin, 2009). Compared to individual interviews, focus groups can provide an alternate perspective due to the interaction and brainstorming of ideas between participants. In focus groups the researcher should encourage group interaction by being non-judgmental, not being an expert on the topic and not controlling the exchanges. The researcher should however ensure the safety of all group members (Sarantakos, 1998). Focus groups are useful for portraying combined or social perspectives, but not for providing reliable data on sensitive issues or where participants have strong feelings (Babbie, 2010; Creswell, 2013; Krueger, 2000; Minichiello, 1995). The interaction of the group and alternative perspective allows findings to be triangulated with other data forms and increases the accuracy and validity of data. The number of participants can vary from 4 to 20 depending on the topic. Focus groups can last for 1 to 2 hours. This study intended to use focus groups of 20 to 30 year old TCS for data collection to elicit in-depth discussion on the group perspective of TCS volunteering. Numerous e-mail invitations were sent to TCS seeking participants for a focus group. A number of days, times and opportunities were offered. The response rate was dissapointing, on only one occassion one TCS responded. It was therefore not possible to hold a focus group. Possible reasons for this lack of engagement is that this format does not appeal to 20 to 30 year old TCS or that the additional time commitment required on top of volunteering time made the process prohibitive for time poor TCS.

The questions asked in interviews can either be open-ended questions or closed questions. Open-ended questions do not have predetermined or implied answers but

allow participants to express personal experiences and views, as well as 'how and why' answers in their own words (Meyer, 2001). These questions are therefore ideal for collecting in-depth data. Conversely, in closed-ended or structured questions the interviewer provides a limited number of response categories from which the respondent makes a selection. These questions are also useful for collecting quantitative data (Sarantakos, 2005; Beebe, 2007; Hollway, 1997).

Semi-structures individual interviews were used to collect data from the trainee: active volunteer; and from volunteers at the withdrawal stage. The interview process was collaborative and emphasised the participant as an expert (Curtis, 2011). The flexible approach of semi-structured interviews using open-ended questions was aligned with the exploratory approach of this study and provided the required flexibility to gain an insider perspective on TCS volunteering. Lists of possible questions for interviews are provided in appendices 4 to 6. In-depth exploration of memories, explanations, descriptions, problems and aspirations of volunteers were explored. To improve the reliability and validity of the data and to reduce the potential for bias, the researcher conducted all interviews (Cohen et al., 2011). Telephone counsellors with the relevant age bracket were e-mailed by the telephone crisis supporter managers at Lifeline Harbour to Hawkesbury and Lifeline Northern Beaches. Initially interviews were conducted face to face at the Lifeline Centre where the participant currently volunteered. Interview times were tailored to fit with volunteer shifts to reduce the time commitment required. Interviews were conducted in a counselling room adjacent to the telephone-counselling centre. Due to the poor response rates telephone interviews were offered as an alternative. Initial contact with the researcher was made via e-mail and a suitable interview time arranged. This option was preferable for 20-30 year old participants due to their flexibility and reduced time required. The format and approach to interviews remained constant for face to face and telephone interviews. The duration of the interviews varied among participants. Some interviews were very brief and lasted barely 10 minutes. Other participants were keen to share their experiences and talked for much longer with a few interviews lasting up to 50 minutes. A digital recording was used to capture the interviews to provide an uninterrupted accurate account of participants' actual conversation and sequence, as well as pauses, in-breaths, and

musings. The data were transcribed verbatim and any non-verbal observations noted for later analysis (Sarantakos, 2005; Beebe, 2007). A list of possible questions used for each stage is available in Appendix 1.

Document analysis in qualitative research is when the researcher interprets documents to give voice and meaning to a specific research question. Document analysis can be used to triangulate, augment and corroborate evidence from other sources (Bowen, 2009; Patton, 2005; Yin, 2009). Analyzing documents incorporates coding content into themes in a similar way to how focus group or interview transcripts are analysed. Due to the lack of access to 20-30 year old TCS volunteers at Lifeline, intake documents were analysed for the application stage of this study. Lifeline trainee managers at LLH2H and LLNB supplied intake documents for 20 applicants. These documents included information regarding motivations, strengths and goals for volunteering. To protect participant privacy all identifying data were removed. The strengths and weaknesses of the data collection methods used are listed in Table 3.2.

Source of Evidence	Strengths	Weaknesses • Retrievability • can be challenging • Biased selectivity • Reporting bias • Access can be withheld		
Documentation	Stable can be viewed repeatedly Unobtrusive- not created as part of case study Exact- contains specific details Broad coverage- long span of time, events and setting			
Interviews	Targeted on the topic Insightful – provides perceived causal inferences and explanations	 Bias due to poorly articulated questions Response bias 		
	Generates data quicklyCost efficient	• Reflexivity – interviewee gives what interviewer wants to hear		
Focus Groups	Immediate clarificationof issues and responsesGroup interaction	 Participants might not express their true opinion Some participants may dominate 		
	• creates rich data	• Difficulty recording data if participants talk simultaneously		
		Discussion can go offtopic		

Table 3.2Sources of Evidence: Strengths and Weaknesses

Data collection methods employed in this study included: document analysis of intake interviews of applicant TCS; semi-structured interviews of trainee TCS; active volunteers; and on exit from Lifeline.

3.8 Data Analysis

Interpretative phenomenological analysis was used to analyse the interview data. The following section explains why this choice was made in preference to other means of data analysis such as thematic analysis.

3.8.1 Interpretative Phenomenological Analysis

Interpretative phenomenological analysis (IPA) is an experiential qualitative research approach developed by Jonathon Smith, in the early 1990's to establish qualitative research in psychology. IPA draws on the key concepts of phenomenology, hermeneutics and idiography (Smith, 2013; Pietkiewicz, 2014). Phenomenology is the study of phenomena, the appearance of things, how they appear in our experience or the meanings things have in our experience. Phenomenology studies conscious experience from a subjective point of view (Smith, 2013). Phenomenology provides a source of how to examine and comprehend lived experiences and what matters to individuals. It is useful for research as it offers ideas on how to explore and comprehend lived experiences (Mawson, 2011). The four major phenomenological philosophers influencing IPA were Husserl, Heidegger, Merleau-Ponty and Sartre. Their work situates the individual within a world of objects, relationships, language, culture, projects and concerns (Heidegger, 1962; Smith, 2009). Moving research away from descriptive comments towards the interpretative, personal and interrelated to the world and others. How IPA research endeavours to understand the relationships of individuals in the world is interpretative and focuses on the meanings attributed to their actions and relationships (Smith, 2009; Smith, 2013).

Hermeneutic philosophy is concerned with the interpretation of understanding, including both the visible and hidden interpretation (Bernstein, 1983; Bleicher, 1980; Gadamer, 1989). The hermeneutic theorists, Heidegger, Gadamer and Schleiermacher all offered important hermeneutic insights incorporated in IPA (Smith, 2009). An important aspect is the hermeneutic circle states that no observation or description is free from the effects of the experiences, pre-

suppositions, and biases of the interpreter. Heidegger posits that understanding is not a conscious endeavour, but an inherent characteristic of humanity because the world is tacitly knowable and understandable. Following hermeneutic theory, IPA examines how a phenomenon appears, the researcher is then involved in making sense of this appearance by numerous readings of the text with an awareness of possible bias to elicit intuitive interpretation (Allen, 1995; Ramberg, 2014; Smith, 2009).

The third influence on IPA is idiography, the focus on the particular. This is in contrast to nomothetic research that focuses on groups or populations. IPA focuses on the particular at two levels. Firstly, commitment is to the particular in terms of detail and depth of analysis. Secondly, commitment is to understanding a particular experiential phenomenon (event, process or relationship) from the perspective of particular individuals, in a particular context. IPA uses small, purposely selected and carefully situated samples. Ideography does not sacrifice generalisations, but offers a different approach to establishing generalisations, concentrating on detailed analyse of small cases before moving to generalise claims (Harre, 1979; Smith, 2009).

IPA combines phenomenology, hermeneutics and ideography to explore experience from a participant viewpoint. However, IPA goes beyond these philosophies by deliberate inclusion of researcher interpretation and knowledge (Smith , 2009). IPA deliberately interprets the 'lived experience' of participants. It does not stop at the description of participant experience.

IPA aims to 'give voice' to the principle claims and concerns of participants, as well as to make sense and offer interpretation of the data that is grounded in personal accounts, but uses theory to extend beyond the personal (Shinebourne, 2011; Grenz, 1996; Larkin 2012). In order to 'give voice' to the individual a dynamic process is used to focus on meaning and process rather than events and causes (MacNeela, 2014). Personal experience including cultural, social and personal effects is the focus rather than a universal truth. The IPA process posits that people seek to make sense and create meaning of their experiences and their responses will reflect this process. Similarly, researchers do not access experience directly from participant responses, but through a process of inter-subjective meaning making. The participants make sense of their world and in turn the researcher makes sense of the participant subjective sense of their world (Smith, 2003; Smith 1999). The researcher therefore takes an active role within the interpretation processes, and maintains a commitment to grounding interpretation in the participant views (Shinebourne, 2011). The primary focus is trying to understand the participant viewpoint, to take their side. Smith (2003) describe semi-structured interviews as the best data collection method for IPA.

It is recognised that within qualitative research, there is no single definitive approach. There is also no single definitive approach to employing IPA. IPA can be used to provide the entire framework for research (Larkin, 2006; Smith, 2009). Alternatively IPA can also be used as a tool to inform phenomenological analysis of interview data (Eatough, 2008; Fox, 2011) This study used an interpretative phenomenological analysis approach to analyse documents and interviews to answer the research question and to understanding the factors leading to engagement and retention of 20 to 30 year old telephone crisis supporter (TCS) volunteers at Lifeline. IPA was not used in a 'holistic' sense. It was not used as a methodological basis for the whole study. It was limited to being employed as a framework for analysis because of its analytical power in the data analysis.

The following points rationalise the use of IPA as an appropriate tool of analysis for this study:

- Larkin (2006) recommends IPA as the preferred analytic tool over thematic analysis when the research question is focused on the experiences and perceptions of individuals.
- IPA is recommended for small sample groups to limit the amount of data for analysis because the analysis of large data sets may result in the loss of "potentially subtle inflections of meaning" (Biggerstaff 2008). Small sample groups of six or seven participants were used for each stage of TCS volunteering in this study.
- IPA is ideal when there is a degree of homogeneity within the sample group. The sample for this study was homogeneous because all were volunteer telephone crisis supporters in Northern Sydney, within the 20 to 30 year age group.

• Due to the ideographic focus, IPA is ideal to 'give voice' to individual participants perceptions and experiences (Larkin, 2006). In this study IPA was used to 'give voice' to 20 to 30 year old TCS in order to understand their experiences and perceptions and how these affect engagement and retention at Lifeline.

• IPA aims to gain an insider perspective, and positions the researcher as an integral part of the hermeneutic circle. Therefore, the researcher's knowledge and involvement as a TCS at Lifeline was not a bias to be eliminated, but rather an asset for making sense and providing insider insights.

• In thematic analysis themes are developed across the data set. In contrast, IPA has a dual focus: the unique characteristics of individual participants and the patterns of meaning amongst the group. Giving voice to both the individual and group was an important aspect of this study. In each stage of volunteering small sample groups were used. This is the norm for an idiographic method such as IPA, as the analysis of large data sets may result in the loss of potentially subtle inflections of meaning (Biggerstaff, 2008; Smith, 2003; Reid et al., 2005).

To analyse the data for this study, documents and interview transcripts were analysed in groups according to the volunteering stage using the IPA analytic process detailed by Smith and Flowers (2009, p. 79-80). IPA was used to individually and sequentially analyse applicant intake documents; trainee interviews; active volunteer interviews; and withdrawal interviews. In keeping with the hermeneutic circle, the initial phase was to become acquainted with and immersed in the data. Thereafter, initial notes or observations were recorded in the margin to create initial codes. Initial reactions and interpretation of the data were considered in the light of possible biases and preconceptions. This approach endeavored to ensure taking the participant's side, presenting individual and group perspectives, and allowing the data to dominate. According to IPA theory there were no predetermined themes. The researcher as an active participant made judgements and selected themes. Reflection and clarification regarding possible bias and presuppositions were explored with a supervisor and were vital to ensuring integrity of this process. Themes captured the essence and intuited meanings of the research topic were sought rather than how many times an item was repeated or the space allocated. In keeping with IPA analysis a number of initial or sub-ordinate themes were created. The themes included self-orientated motivations, other orientated motivations, on-going motivations, training, transitions, challenges, renewal, self-care, support, social, and intended length of stay. The data and analysis gathered from the various data sources were combined, cross referenced and triangulated to create a holistic narrative combining multiple dimensions, variables and categories to create a complete image, understanding and interpretation of the meanings, perceptions, and elements affecting engagement and retention of Gen Y 20 to 30 year old telephone crisis supporters at Lifeline. Findings were presented in the form of narrative, metaphor and a table outlining findings.

3.9 Trustworthiness

Trustworthiness is important because it allows researchers to evaluate the worth of a study (Krefting, 1991; Guba, 1985). Qualitative research employs different parameters to those typically applied in quantitative research, as indicated by the table 3.3 below.

Criterion	Qualitative Approach	Quantitativ e Approach		
Truth Value	Credibility	Internal validity		
Applicability	Transferability	External validity		
Consistency	Dependability	Reliability		
Neutrality	Confirmability	Objectivity		

 Table 3.3 Comparison of Criteria by Research Approach

According to Guba (1981), trustworthiness in qualitative research is established using four criteria; namely, credibility, transferability, dependability and confirmability. Credibility is confidence in the 'truth' of the findings while transferability is showing that findings have applicability in other contexts. Dependability includes showing that the findings are consistent and can be repeated. Confirmability requires a degree of neutrality or the extent to which the findings of a study are shaped by the respondents and not researcher bias, motivation, or interest.

All care was taken to maximise all criteria of trustworthiness at every stage of this study. Credibility was ensured due to the authority of the researcher in the field. The researcher has personal experience, training and formal study in the field of telephone crisis supporter volunteering, counselling and social research. Coherence of the research approach and framework was established. The interview questions and researcher technique were trialled and possible bias addressed. Semi-structured interviews provided space for participants to give voice to their personal experience. The use of interpretative phenomenological analysis was congruent with the aim of exploring the value and meaning of TCS volunteering and the impact on engagement and retention. Data was triangulated across the telephone crisis supporter volunteering stages. Reflexivity including supervision and self-reflection maximised credibility. Supervision and peer feedback was included at every stage of the study.

Transferability was established through the use of a valid sample of 20 to 30 year old telephone crisis supporters at Lifeline. Dense description of the findings with use of participant quotes avoided misinterpretation and ensured transferability. Dependability was ensured by the use of dense description of the qualitative research methods and framework and the data analysis approach employed. An expert panel was used to assess data analyses, themes and conclusions to avoid researcher bias. Confirmability was established providing the final narration to respondents to confirm trustworthiness of findings. Active reflective practice by the researcher at each stage of the research process also ensured confirmability.

3.10 Ethical Considerations

Ethics is concerned with norms for conduct that distinguish between acceptable and unacceptable behavior (Resnik, 2011). Maintaining ethics throughout the entire research process from design through to findings and reporting is vital (Babbie, 2010). Social scientists do not have an automatic right to conduct research involving others. They are obliged to assure and maintain trust, dignity and privacy of participants (Oakes, 2002). Research involving humans should strive to minimise risk and harm and maximise benefits (Shamoo, 2009). Privacy, dignity and safety of participants should be protected, and research only undertaken to contribute to knowledge (Israel, 2006). Organisational and professional standards should be maintained throughout (Israel, 2006). All research findings should be valid and true.

Human Research Ethics Committees (HREC) play a central role in Australia as they provide ethical oversight of research involving humans. HRECs review all research proposals involving human participants to ensure they are ethically acceptable and in accordance with relevant standards and guidelines. Approval for this study was received from the Human Research Ethics Committee at The University of Notre Dame Australia Sydney (Appendix 1). Thereafter, consent was obtained from Lifeline Northern Beaches, Lifeline Harbour to Hawkesbury to undertake the study (Appendices 2 &3). Participants in the study were made aware of their rights at every stage through participant information documents (Appendix 7) and informed consent (Appendix 8). The participant information document and informed consent were supplied to all face to face participants at the time of the interview, and their rights were discussed. Participants for telephone interviews were e-mailed both these documents prior to interview. Verbal consent was also obtained from all participants. The physical, social and psychological welfare of all participants was respected and ensured by participant freedom to withdraw or decline to answer or engage at any stage. Participant psychological wellbeing was ensured by the provision of supervisor support and debrief or external counselling. Participation was voluntary and confidential, and the lack of names and identifying data protected participant identity. The final text was made available to participants via e-mail for review and validation.

3.11 Limitations

According to Stake (2010), case studies are not based on statistical inference. Quite the contrary, the intepretation and inference is situated within the framework of the paradigm and theories used. Validity and generalisability are therefore not based on populations but on specific context and processes (Meyer, 2001). In case studies, depth and range are prioritised over numbers of participants. Small sample size allows for in-depth understanding and knowledge. However, small sample sizes limit the opportunity to draw generalisations and make general policy recommendations based on findings. The assumption is therefore made that these findings will be useful to inform conceptual generalisation and applicable in similar settings. However, it is a limitation of this study that generalisations cannot be more universal.

The notion that researcher personal prejudices and interests might influence interpretation of scientific evidence dates back to the early philosopher Francis Bacon (Lord, 1979). Personal bias is amplified in participant research where the personal perspectives, bias, social position, eduaction and experiences of the researcher can impact objectivity throughout the study (Browne, 2006; Creswell, 2013, Lord, 1979). Researcher personal beliefs and values are reflected not only in the choice of methodology and interpretation of findings, but also in the choice of research topic (Mehra, 2002). In this study these choices include the organization, telephone crisis supporters and a specific age group. The choice to use a single organization in Australia, limits the relevance of findings for other crisis lines. The use of two centers in Northern Sydney with similar socio-economic standing adds further limitations to the findings. A specific cohort of 20 to 30 year old telephone crisis supporter participants further limits the findings as this age group is at a specific stage in life. They usually are undertaking tertiary education, establishing a career, time poor, and many have financial constraints.

The telephone crisis supporters and the phenomenon of volunteering are more than a collection of measurable facts. The process includes complexity, diversity and uniqueness that are interpreted through the researcher's framework. The researcher organises the details of the interview, attributes meaning, and decides either consciously or unconsciously what is important to be included in the findings and what is not relevant (Brown, 1996, p. 16). Therefore, the framework and bias of the

researcher can affect interpretations and findings. Consequently, they are also limitations of this study.

Researcher bias can be addressed by consultation with an expert panel in the hope that group collaboration will reduce bias. The efficacy of this approach depends on the strength of the individual bias, the prevalence of bias across group members, and the level of commitment to recognizing and correcting bias. There is a possibility of group bias amplifying the limitations (Podsakoff, 2012, Tindale,1996). There is also the belief by many qualitative researchers that bias and subjectivity are inevitable and valuable (Mehra, 2002) as researcher personal and subjective views can effectively be used to construct meaningful and in-depth knowledge.

Any study is conducted over a certain interval of time and is therefore a snapshot dependent on conditions occurring during that time. In exploring a phenomenon such as telephone crisis volunteering, the focus is over a short period and depicts meaning, value and knowledge of the phenomenon in that time (Greener, 2011). Consequently, the findings of this study reflect the attitudes and understandings of 20 to 30 year old telephone crisis supporters during the time the study was conducted.

3.12 Summary

This chapter has outlined and justified the methodology used for this study. The chapter outline has included the research design, the theoretical basis of the research methodology, the methodological approach, data collection, data analysis, trustworthiness in terms of credibility, transferability, dependability and

confirmability as well as ethics. The research design used case study as the dominant methodology in the context of participant researcher. Data were collected using oneon-one interviews, focus group interviews and by reviewing documents. All interview data and documents were analysed using interpretative phenomenological analysis. Chapter 4 analyses all data and reports the study findings.

CHAPTER 4 RESEARCH FINDINGS

4.1 Introduction

Data was gathered to explore all the stages of TCS volunteering with the use of mixed research methods. Initially stage of research was a qualitative questionnaire to provide an overview of the telephone crisis supporter experience for the 20 to 30 year old cohort. Thereafter nominee interview documents relating to motivations were analysed, the final stage was in-depth interviews with trainees, active volunteers, and TCS's post withdrawal.

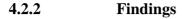
Table 4.1 Summary of research findings

Theme	Applicant	Tr	ainee	Active Volunteer	Renewal	Withdrawal
		Training Course	Supervised Shifts			
				@		
Primary Motivation	Altruistic	Self-orientated	Self-orientated	Altruistic and self- orientated	Self-oriented	Self-oriented
Emotion	Anticipation	Excitement	Anxiety	Challenged by reality	Belonging	Disillusion
Value	Valuable contribution	Valuable contribution	Valuable contribution	Feeling of value versus feeling of being taken for granted	Balancing value with challenges	Doubting value
Expectations/ Reality	Expectations of helping and saving lives	Acquiring the skills necessary to help and save lives	Reality of anxiety and pressures	Reality of not everyone can be saved or crisis resolved and life can be extremely messy	Finding meaning and value amongst reality	Disappointment Or Satisfaction due to attainment of goals
Organisational Integration	Becoming a member of a well renowned organisation	Integration into training group	Integration to Shift Supervisors group	Integration into TCS and Lifeline community	Maintaining integration	Breakdown of connection
Connection	Connecting and engaging	Connection and Support to Training Team	Connection and Support to Training Team	Time of integrating and connecting to wider Lifeline community	Sense of belonging to the Lifeline Community	Isolation
Support	Engagement	Supportive nurturing environment	Supportive nurturing environment	Support available when requested	Support accessed frequently	Feeling unsupported

4.2 Application Stage of Volunteering

4.2.1 Introduction

The application stage of TCS volunteering is defined as the period of initial contact with Lifeline, formal application and interview process to ascertain their suitability as a TCS at Lifeline. The initial interview aims to explore motivations as well as inherent and acquired skills to be an effective TCS. During intake interviews candidates are screened for a helping disposition including empathy, nurturing, socially responsibility, ability to be non-judgement and cultural sensitivity and awareness. These factors have been linked to attributes to become an effective TCS. The link between a caring disposition and extended service as a volunteer is however unclear, rather motivations are seen as more reliable indicators of sustained volunteering (Omoto, 1995). Therefore the portion of the interview data relating to motivations was accessed from Lifeline Northern Beaches and Lifeline Harbour to Hawkesbury for analysis. Confidentiality of participants was ensured by the removal of all identifying data from documents supplied. Data from 20 nominees aged 20 to 30 years who had successfully applied to participate in a Lifeline Training course during 2013 or 2014 were analysed. Results were categorised according to self orientated motivations and other orientated motivations. Other-orientated motivations relate to altruistic motivations such as serving others and caring for the community, whilst self-oriented motivations are categorised by egoistic motivations that serve a benefit to the self. Some researchers believe that it is not the humanitarian desires to do good for others or concern for communities that keep volunteers involved, but rather the self oriented or even selfish functions that predict sustained service (Omoto, 1995). This motivational distinction is made for analysis despite my belief that motivations are multi-layered and inter-related. As well as the concept that in helping others, volunteers receive personal benefits (Cialdini, 1991)



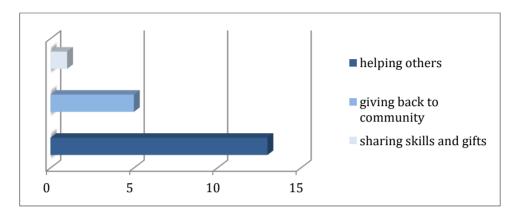


Figure 4.1. Other-orientated Motivations

The other-oriented or altruistic motivations shared by nominees were: 13 sharing gifts and skills with other; five give back to community; one sharing gifts and talents. Helping and caring for others is the predominant reason stated by TCS nominees, this is in keeping with the Lifeline (2010) statistics which state that two out of three volunteers state their reason for volunteering as contributing to the community and helping others.

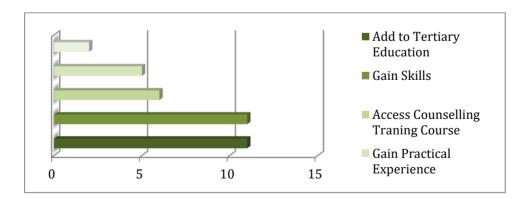


Figure 4.2. Self-orientated Motivations/ Professional development

Nominees cited the following self-oriented motivations for wanting to volunteer as a TCS at Lifeline: 11 add to tertiary education; 11 gain skills; six access counselling training course; five gain practical experience; two career advancement. These motivations reflect the number of nominees studied and currently studying psychology or counselling and would like to gain skills, knowledge and practical experience from volunteering as a TCS. These motivations create expectations that could be fulfilled by volunteering as a TCS. Further research would ascertain whether these goals are adequately achieved within the predominant volunteering period of one year.

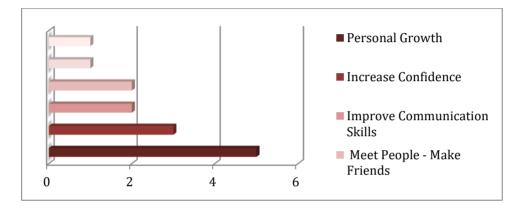


Figure 4.3. Self-orientated Motivations/ Personal Development

Nominees stated the following motivations that were categorised as personal development: personal growth five; increase confidence three; improve communication skills two; meet people make friends two; sense of accomplishment one; increase life satisfaction one. These motivations create expectations that could be realised as a TCS volunteer. Volunteers with these motivations have achieved their goals after one year or would there be personal development benefits in being a TCS for longer.

4.2.3 Summary of Findings

The findings from application data of 20-30 year old TCS's is that primary motivations are to help others, gain skills; support tertiary education; and personal growth. Socialising and making friends is definitely not a reason for volunteering as a TCS.

4.3 Training Stage Interviews

4.3.1 Introduction

After intake interviews, successful candidates begin their training to become accredited TCS's. For many TCS volunteers the training course is their introduction to The Lifeline organization and volunteering as a TCS, these early events have been shown to affect outcomes in later stages of the volunteering process (Omoto, 1995). The training stage signals the beginning of acquiring skills and knowledge to become an effective TCS. At this stage if motivations and expectations are not met 20-30 year old TCS's do not become engaged, connected and will not be retained. Historically there has been a small drop out during the training course, however this number increases directly after the course.

To gain an understanding of factors affecting engagement and retention during this stage of the TCS volunteering process, face to face or telephone interviews were conducted with 5 participants, 4 females and 1 male; ages ranged from 20 to 26 with a mean of 23 years. 4/5 participants (80%) were currently studying psychology, counseling or wanting to get into an Honors or Masters University program. The dominance of females is an accurate reflection of gender bias in the CSWT, as well as the very prominent bias towards students of humanities. Time and experience at Lifeline for these trainees ranged from having completed the training to those on probation.

4.3.2 Findings

Volunteers are retained for longer when they have a sense of pride and shared values with the stated mission and values of the organization (Jones, 2014). The primary motivations for choosing to volunteer at Lifeline mentioned by participants reflected shared values and included participants that had researched various charities and liked the mission of Lifeline Australia, which aims to provide services that promote living

and well being within reach of everyone that is available 24 hours a day, everyday. Lifeline's mission includes suicide prevention and working towards a suicide free Australia. Some participants were primarily interested in the training and opportunity for telephone counseling, whilst others felt very aligned with the Christian foundation of Lifeline. Participants involved in tertiary education engaged because a university lecturer had recommended the training. Other participants were attracted to supporting people in crisis. The reasons for choosing to engage as a volunteer with Lifeline are personal and varied.

"Looked through a massive list of charities and came across Lifeline, looked into it and thought ... this is great";

"I began researching the organization, loved it's history; loved it's roots";

"My faith is every important to me and as Lifeline aligns itself with my faith, that is definitely a motivating source

Previous research has indicated that adequate training and early experiences within an organisation are significant factors in maximising engagement and retention of volunteers (Wilson, 2012). It is therefore vital that trainees have a positive experience. Hood (2004) found participants had a mixed response to the quality of the training they received. However in 2011 Lifeline introduced the Crisis Supporter Workplace Training (CSWT) is an accredited course that is used nationally to train TCS for their role on the crisis line. Providing standarised training to all TCS volunteers. The CSWT is highly regarded and recommended by educators and professionals within caring professions, as a result the perceived value of the training is a strong motivator for many TCS engagement. Trainees therefore begin their CSWT with high expectations and anticipation. Although altruistic motivations were mentioned they appear at this stage to be secondary to the self-oriented motivations of acquiring skills for admission to post-graduate study and career advancement at this stage.

"my lecturer suggested it would be good experience";

" you have got to get experience to put you ahead because once you get out of uni, you're not going to get a job without any experience"; " will help me get into Masters program".

Other self-orientated motivations mentioned were: "personal growth" and " to step out of my comfort zone" an "personal experience with suicide".

Wanting to discern whether they were really suited to a career in psychology or counseling motivated a few participants. Their TCS experiences affirmed some and dissuaded others from this career choice. One participant changed career path completely from law to psychology.

" to see if this is the direction I want to go" "I'm not 100% sure what to expect of counseling"

Due to the high profile and strong reputation of the CSWT trainees presented with high expectations. In terms of gaining skills, knowledge and personal growth, all felt the training delivered on expectations.

One participant stated: "I felt pretty confident coming out of my training that I was as prepared as I could be at that point"

All participants reflected on the connection, belonging, safety and social aspects of their training and mentor groups and the unique learning environment.

"I was with the same group week after week, that was a beautiful instance of community"

Participants mentioned the value and challenge of the applied suicide intervention training (ASIST) and the value it gave in providing tools required to talk openly about suicide and initiate interventions (Livingworks, 2001). Both the content and the personal disclosure involved were extremely challenging for participants. The majority of participants felt that ASIST taking place on the first weekend of the training exacerbated the stress and pressures.

"I found that (ASIST Training) really tough ... like we were thrown into the deep end...., I don't know if having it at the end would be any better. At least it is kind of this is what we are up for and then it kind of got better" "ASIST was so hard I felt sick, in front of everyone you had to tell your experience of suicide. But then at the same time when everyone knew your story, people would check up on me. That's why I think it is important to share your story, but maybe another way.... I'm just not sure"

The feedback on counseling role plays where various scenarios are practiced within the training mentor groups varied: some participants felt the role plays were unrealistic and staged, the person role playing the caller being too keen, helpful and supportive. Additionally participants mentioned the all role plays unrealistically ending with resolution or a positive outcome. Participants also found the role plays helpful to become less solution focused;

"group work was initially overwhelming, but afterwards was very supportive and allowed for useful and meaningful feedback because they all knew me"

After the intensive skills training, the second phase of training begins. Initially trainees observe an experienced TCS on shift, thereafter they do 16 hours of supervised calls and 2 hours of supervision. This can be a significant step for trainees, where expectations are challenged by reality. This is a time of leaving the security of the training and mentor groups, a time of engaging with the wider Lifeline community and creating additional connections points.

" initially it feels like your first day at school and you don't know anyone..."

The initial shifts on the crisis line can also be a time of anxiety and facing the unknown.

"just before a call, its like, I have no idea what I am going to get right now and that is scary"

The expectation of trainees is that the majority of calls will be intense crisis calls and suicide related. The reality of the diversity and nature of calls can be challenging. The quotes below highlight trainee perceptions:

"we haven't had one serious call, most of them are just lonely people calling...":

" its not as hard as the role plays";

"the suicide calls are the calls that give trainees the most anxiety.."; "I was surprised at the stuff people were calling about It was a real eye-opener I think I'll get a lot out of this"

On reflection participants indicated that training was a time of adjustment between expectations that included giving advice and solving callers' problems, to the reality of supporting people in crisis with a person centered and strength based approach.

"Thought it was an advice line... learnt early in the training it is not"

Participants also reflected on how the training changed them as individuals, their personal interaction styles, and worldview. Below are some of the quotes highlighting these findings:

" it made me realize how hard it would be for some people...., so politically it's shifted me a bit"; "I didn't think I would learn so much in terms of how to practically speak to people, not just in terms of speaking on the phones but also in everyday interactions"

Although many Lifeline centers require trainees to sign a contract committing to at least 1 years of service, the majority of participants were unaware of this expectation. There was a great range of expected service periods mentioned by trainees interviewed, some having not considered this question and having no idea of their period of commitment. A couple of participants contemplated leaving post training, concurring with Bennett's (2011) findings that 24% of trainee TCS do not advance to the phones after training.

"Probably till the end of the 92 hours, but I don't think they would enforce that if I wanted to leave before that"

Whilst other trainees suggested the existence of a psychological contract that encourages extended service

"they would want us to stay as long as possible"

"Yes, it's my assumption that they do the training, kind of invest in you so that you do stick with it. You don't just do a year or 6 months....."

Participants also connected their period of volunteering to the time required to fulfill their initial motivations of gaining necessary skills and personal growth. There appears to be the assumption that learning and growth cease post training, however being an effective TCS provides ongoing opportunities for growth. These findings are highlighted by the following quotes below:

"Depends on me feeling like I am still challenged and growing....";

"Might like to volunteer somewhere else to get a different experience"

4.3.3 Summary of Findings

A sense of shared values between 20-30 year old TCS's and Lifeline promotes engagement and retention. Motivations expressed at this stage centred on gaining skills, tertiary education requirements; and personal growth. Altruistic motivations although still present at the training stage, had become a secondary consideration. The introductory and training stage of volunteering is vital for retention. The 20-30 year old TCS's rated the CSWT highly and felt well prepared for their TCS role, as well as feeling connected; supported; and a sense of belonging within their training cohort. Expectations of adding value via saving lives and suicide interventions begin to be challenged with the start of crisis line observations and supervised shifts.

4.4 Active Volunteer and Renewal Stage Interview

4.4.1 Introduction

TCS's become accredited after completion of the training stage. Ongoing annual accreditation requirements are 92 hours on the phone, equating to one four hour shift every fortnight; individual supervision every six months; group supervision

every four months; and a minimum eight hours continuing learning per annum. Volunteers are experienced and volunteering becomes part of everyday life. The active volunteer stage can be a time of re-evaluation, balancing expectations with the reality of being a TCS. At this stage experiences can either promote or deter retention. During the active volunteer stage there was reflection back to initial motivations and goals, and evaluation of whether these goals have been achieved or were likely to be achieved within the TCS framework at Lifeline can also impact retention.

Face to Face or telephone interviews were conducted with 7 participants, 3 females and 4 male; ages ranged from 21 to 25 with a mean of 23.2 years. All participants had completed their initial training course and probationary shifts. Time and experience at Lifeline ranged from 1 to 3 years, with a mean of 16.1 months. An outlier, who has remained at Lifeline for 3 years, markedly affected the mean; the mode for length of service was 1 year.

4.4.2 Findings

The majority of participants stated their initial motivations as emerging from the desire to acquire career gains, counselling skills and experience, and personal growth. But when asked what motivates helped them stay engaged and motivated, all participants mentioned altruistic motivations. Giving back to the community and helping others were the most frequently mentioned on-going motivations. The continuation of learning and growth, although still relevant, had become a secondary motivation. The active volunteer stage is also a time of reflecting back to initial motivations and goals, and evaluating whether these have been achieved or are likely to be achieved within the TCS framework at Lifeline.

The feeling of making a valuable contribution, as well as being valued by both callers and Lifeline fulfilled the altruistic motivations. The feeling of value came about when being thanked and complimented by callers and was seen to sustain commitment and engagement for quite some time. " I don't do it for thanks, but it is nice to hear people say you've done quite a good job, even if it is 1 caller out of 100, you think okay this is why I do it";

The feeling of value and growth is succinctly stated by this quote:

" some shifts are sunflower moments, when your heart opens like a sunflower. When callers are really appreciative and thankful that you have been there."

The feeling of making a difference to callers is highlighted by:

"you may even hear, actually you are the first person I have spoken to that listened, and as a newbie that is really nice to hear".

Altruistic motivations create expectations of being able to talk to everyone, save everyone, and make a difference to people's lives. This is challenged by reality when TCS face the reality that the caller always remains in control of their life and not everyone wants to or can be saved.

Lifeline like many volunteer organisations aims to demonstrate appreciation by newsletters, e-mails, acknowledgement cards, and volunteer recognition and appreciation events. The 20 to 30 year old participants felt the support and acknowledgement of people they worked with on the phones was far more significant and important than organizational acknowledgement or support.

"Those notices and letters from the top are important, but I love the personalized feedback that comes from supervisors'; "I really love the feedback from supervisors when they are listening in to a call and they affirm my ability to stay calm, and my skills and reflections".

For some TCS's it is a sense of belonging via a shared mission such as one participant who stated:

"I wanted a community that understood suicide"

Acknowledgement and appreciation by staff and supervisors is seen to have a significant impact on retention. The in-shift- supervisor is the face of the organization for TCS has a significant impact on integration and retention. Their ability to

welcome, engage and value TCS is one of the primary means of feedback for TCS. A shared purpose and sense of belonging amongst TCS also affects retention. On some shifts TCS are alone, this statement reflects participant feelings:

"doing the shifts you do there is a lack of engagement..... you are not face to face with your fellow volunteers, like volunteering selling books and stuff".

One some shifts there appears to be a sense of community, connection and purpose. This is particularly so on the late night shifts that are frequented by younger TCS. This is created in part by having an in-shift –supervisor on duty, but significantly by the TCS themselves.

"comrade is quite important for me. I like enjoying the places and the people that I work with"; there is a sense of community for the people on the overnight shifts, you get to know the people on those shifts and there is a sense of a shared purpose"

There is much written in the literature about the value of connection and belonging for volunteers and how this is achieved through social interaction. However socialisation is also documented to have greater significance for older volunteers (Clary, 1986; Clary E, 1999; Hidlago, 2009). To achieve this connection the Lifeline branches organize various volunteer functions throughout the year, at many of these functions the average age is fifty plus. The majority of participants mentioned they had never attended a Lifeline function. The primary reason being participants were satisfied with their social lives and not looking to improve this aspect of their lives through volunteering:

"I have a lot of friends, so social does not affect me".

Some TCS's had remained in contact with their training mentor group either via Facebook or an occasional catch-up. The majority valued the opportunity to connect socially at group supervision and professional development sessions. It appears this cohort are well connected and have adequate other social opportunities, they are also time poor. Therefore their social preference is to combine their social time at Lifeline with other Lifeline commitments as this quote indicates "the group supervision and development training are social times, I have do have relationships, but I don't socialise with anyone outside of the Lifeline community time".

One participant felt that volunteering as a TCS not only provided opportunity to connect to the Lifeline community, but also:

" to the wider Australian population".

This included connecting with people from very different circumstances and experiences.

A common theme of renewal of motivations and engagement is the fulfillment of the expectations of making a meaningful and valued difference to callers as stated by this participant:

"you may even hear, actually you are the first person I have spoken to that listened, and as a newbie that is really nice to hear".

The variety and differing nature of calls and callers can help to promote TCS renewal. However there are some commonly mentioned types of calls that challenge expectations and increase the cost of caring to the extent they can threaten retention. Commonly mentioned challenging calls were: mental health issues, including hallucinations and psychosis; domestic violence calls that participants felt challenged and ill-equipped to manage; calls where callers talk incessantly, allowing little space for TCS input; calls requiring containment; frequent callers; child abuse calls; and grief around the death of a child. Many participants were challenged when callers commented about their lack of experience or young age. The feelings of incompetence and feeling unable to assist callers contributes to burnout and resignations.

Although Lifeline answers many mental health calls, this topic is not covered in the CSWT, but offered as an additional 2-day training offered at a later date. Dealing with these calls effectively can therefore be very challenging for TCS. The importance of these calls is highlighted by Clark's (1997) findings that state based on psychological autopsies half of those who suicided had never seen a health professional, and 95%

would have been diagnosed with a mental disorder in the weeks prior to death. Clark concludes that crisis line volunteers are in strategic position to screen for depression, substance abuse, or schizophrenia and encourage callers to seek professional assistance, thereby reducing suicides. It appears that additional training could reduce TCS feeling of stress and helpessness with mental health calls that contibutes to withdrawal and ensure the best support and assistance for mental health callers.

Frequent callers are one of the most frequently mentioned challenges for participants

"repeat callers that call a number of times throughout a shift". "times I have been frustrated is when I think I have callers who have been like, no I have to end this call now, and they are, why, I'm just going to call back straight away anyway..".

Lifeline categorises callers as "frequent" when an excess of 0.7 calls are made per day or 4.7 calls per week. A recent study by Spittal (2015) of callers to Lifeline over an eighteen month period, found that frequent callers represented 3% of all callers, but 60% of all calls. Frequent callers therefore consume considerable time, effort and energy from all TCS. The paucity of research into how to effectively respond to frequent callers leaves the TCS at a loss. A worrying finding is that the suicidality of frequent callers may be as high as episodic callers (Spittal, 2015). TCS' training is designed for one off crisis interventions, these repeated calls where often the same issues are discussed in a circular fashion, going from beginning to beginning and callers appear unwilling to take steps towards changing their circumastances or accepting referrals are extremely challenging. These calls leave the TCS feeling hopeless, helpless, frustrated, trapped and angry. As this participant says

" sometimes you can't get a word in edgeways, and its really difficult to contain (the call), but it's just a skill I think you've got to learn" :

"they would call up with a specific issue and you could not say you had spoken to them before".

Another challenge presented by fequent callers is that due to their repeated and numerous calls, these callers have extensive experience of crisis calls and evaluate, judge and provide feedback to the TCS on their crisis counselling skills. One participant received this feedback form a caller:

"I can tell you are obviously new at this...".

This type of feedback can be challenging and destabilizing for new and younger TCS. Lifeline is well aware of the frequent caller dilemma and seeking solutions to best serve callers needs and safeguard TCS. Currently however these calls challenge TCS expectations of contributing and providing value with one participant questioning

"am I making a difference, am I doing any good".

The feedback clearly indicates that frequent callers are a significant contributor to frustration and withdrawal for 20 to 30 year old TCS.

Unwelcome calls can also be of a sexual or abusive nature. Participants mentioned these calls as both challenging and upsetting:

"... they're taking advantage of you and the service ... ".

The sexual calls appeared the most difficult to deal with and had greater negative impact. Calls of a sexual nature can be genuine crisis calls where the callers genuinely intends to discuss sexual concerns and gain information or referral. These callers do not generally go into graphic details about their sexual activities. The unwanted call, by contrast aims to gain sexual gratification from the interaction with a female TCS. There are the overt sexual calls where the caller's language is overtly and obscenely sexual or the caller that admits to masturbating during the call. However the most challenging call was where the caller is initially engaging, but over the course of the call becomes more focused on sexual gratification. Often the TCS only becomes aware of the sexual gratification objective at the end of the call. The lack of clariification of whether it was a genune sexual issue caller adds to TCS feelings of being exploited, inadequacy and anger. Sex calls have a significant impact on retention as highlighted by this quote:

"sex calls, we were told they would happen, but never given a clue on how to recognise them. So unfortunately for me it was way too late in the call before I realised what was going on – it was a turning point where I thought, I don't know if I can keep doing this. I am giving my time to help people and they are taking advantage" Domestic violence and child abuse calls also present challenges to TCS. Domestic violence is briefly discussed in the CSWT, however this is a complex issue and TCS are required to complete this as additional on-line within their first year. Child abuse is also an area that is not addressed in its entirety during training. However although TCS are called to deal with this is a complex issue there is no formal training at present.

Although all participants engaged as TCS to support the Lifeline mission of suicide prevention, suicide calls can still cause significant anxiety and stress. All participants felt they were well prepared by the ASIST training and well supported to cope with suicide calls and interventions. However, the uncertainty of not knowing if the next callers would be suicidal added significantly to the general stresses of being on shift, as indicated by:

"I am immediately on edge when they say they are suicidal, but with the ASIST model, I know I have the structure there to help".

Participants also mentioned the lack of closure adds to the challenge and leads to increased stress and pressure for TCS as highlighted by these quotes:

"the not knowing if they are OK"

"I brought home the suicide callers, as it was quite shocking and quite a stressful situation".

Paradoxically, although suicide calls add considerable stress there is a definite sense of value by helping, saving lives, and accomplishment, thereby fulfilling expectations and supporting retention.

Challenging calls add significantly to the cost of caring and can lead to burnout and withdrawal. All workers involved in helping others by empathic involvement in crisis issues can experience burnout. Common symptoms of burnout include: emotional exhaustion; cynicism; detachment; and a sense of ineffectiveness and lack of accomplishment (Devilly, 2009; Haski-Leventhal, 2008). Burnout, fatigue, boredom and a realization that it is not possible to engage or save all callers are some of the costs of caring experienced by volunteer TCS. Research has found that burnout is

more prevalent in younger helping professionals than in those aged 30 years and over (Devilly, 2009). The following statements highlight these effects on 20 to 30 year old TCS:

"when I first started I felt like I was taking the calls to bed with me after my shift. But I have come to a deeper understanding of what my role is at Lifeline";

"Cheese grater shifts, where you have been yelled at or a sex caller"; "the inability to help or make any change";

"one particular caller, a few bits and pieces resonated strongly with me".

Organisational support is a significant contributor to volunteer satisfaction, preventing burnout or compassion fatigue, and aiding retention. It is particularly important to create an emotionally supportive and respectful environment where volunteers TCS feel supported in processing their feelings and experiences. Lifeline aims to fulfill this requirement by offering individual and group supervision to TCS. TCS are required to engage in individual supervision every six months; group supervision every four months; and a minimum eight hours continued learning per annum. Supervision aims to provide a safe and reflective environment where TCS's can process their responses to callers and explore additional counseling perspectives and skills. Participants felt group supervision was helpful in terms of learning and support and also

" a good time to catch up with your training cohort or people that I usually see on my overnight shift".

Support and debrief are available during and after shifts from in-shift -supervisors that are available on the majority shifts. Early debrief is vital to reduce the effect of stressful calls; facilitate growth; increase confidence in their skills and knowledge so as to sustain volunteering.

"I'm lucky to have an ISS sitting next to me or a couple of seats down. They are generally good at picking up whether a call is a tough call, so they're generally there straight away to talk and debrief" "one particular caller, a few bits and pieces resonated strongly with me.. I spoke to the ISS, I remember getting home and thinking, I can't stop thinking about it, I called the ISS as he suggested and just kind of went through it".

Kinzel (2000) suggests that TCS that feel reluctant to access support are more likely to withdraw from volunteering. Previous research highlights the significance of volunteers identifying with a single supervisor and the impact it has on their learning and overall experience of the organization (Hood, 2004). TCS on shifts without an ISS expressed feeling less supported as indicated by:

"I feel a bit less supported when the supervisor is not in the building, you are less likely to give them a call to chat about things you might otherwise chat to someone about";

"I was doing the 6am-10am shift and the ISS was not around, so there was a bit of a barrier. It was harder to look over your shoulder for reassurance"

Supervisors on shift have the opportunity to foster a sense of connection and belonging, as well as emphasis the positive attributes of being a TCS and validate commitment and contribution of volunteers. In-shift-supervisors also provide individual supervision to TCS by monitoring a crisis call and providing specific feedback that provides the opportunity for learning, support, connection and validation.

Self-care has been shown to prevent burnout and facilitate retention. Awareness regarding the importance of self-care varied amongst participants. Although self-care and burnout are mentioned in CSWT, some participants expected that if they had the motivation and charism for crisis work, they would not experience the costs of caring. This attitude correlates with the exceptionally enthusiastic TCS who commit to additional shifts early in their TCS volunteer process and experiences burnout and withdrawal within a short time. Some self-care strategies mentioned included yoga and meditation, exercise, accessing support and debrief, having a few whiskeys; and baking. Coping strategies can enhance or detract from the inherent stress of being a TCS on a crisis line. Mindfulness based activities have been shown to reduce stress,

whilst escape, avoidance or detachment have been correlated with burnout (Figley, 1995). These statements reflect common strategies used by participants:

"separate things out and not take it home with you as much.."; "Call ISS to chat"; "take time off when it all gets too much".

Previous research has highlighted the connection between advancement, acquiring new skills and retention. Possible options for role extension within Lifeline mentioned by participants were to become a mentor on the training program, or training to become an in-shift-supervisor.

' having an opportunity to progress to be someone that provides training, supervision and support"

One possible role extension is for TCS's to work on the late-night paid shifts. Paid shifts were introduced by Lifeline in 2011 to some centers increase capacity to respond to calls on the overnight shifts from 12am to 6 am. These shifts have high rate of calls from at-risk population groups and volunteers are reluctant to do these shifts. As a result the call answer rate had fallen below acceptable levels, until the introduction of paid shifts. Participants mentioned how getting paid eased the financial pressures when studying and enabled them to prioritise and extend their time commitment to Lifeline. As indicated by:

"it does help to allow me to do shifts because I have to pay bills and rent and it means I can spend ore time at Lifeline"

"the paid shifts are probably a factor of whether I will be able to stay at Lifeline or not".

Another comment highlights the ability to combine passion with financial reality:

"I am able to get a job here that I love and I get paid for it, that I am good at, that fills a need in society". An important aspect of the paid over-night shifts is the additional camaraderie with the same group of people on shift every week, as well as the additional in-shift-support provided. As one participant succinctly said:

"Overnight you have ten people on the phones and 2 ISS and everyone is really supportive of one another. I call it a bit of sacred space".

Although participants mentioned role extensions, there are currently no 20 to 30 year olds at LLNB or LLH2H in the mentoring or in-shift-supervisor roles. I did however interview one in-shift supervisor, who began his association with Lifeline when he was 28 years old. His initial motivation to join Lifeline was to engage in a volunteering role that he believed he would enjoy and be good at. He later studied counseling and in his early thirties extended his Lifeline roles, initially mentoring on the CSWT and later becoming an ISS. What began as a volunteering opportunity had become a part of his career and income. These role extensions had enabled him to continue his engagement with Lifeline for 6 years, well beyond the 1-year average of volunteers within his age group.

These findings clearly indicate that although there are many challenges and much needs to be done to support TCS, there are those with a passion and connection who continue to volunteer as TCS's. However continued opportunities for growth and acquiring skills will increase the retention rate in this age group.

4.4.3 Summary of Findings

Accreditation and becoming an active 20-30 year old TCS volunteer can be a time of re-evaluation where expectations are challenged. Motivations are re-evaluated at different stages of TCS volunteering. TCS with strong altruistic motivations are best able to make the transition to active volunteer and be retained. The reality that many calls are challenging and not everyone can be saved is confronting for 20-30 year old TCS. The costs of caring becomes apparent in the active volunteer stage and can lead to burnout and withdrawal if adequate support and debrief are not provided. Feeling valued and connected by at least one Supervisor or member of staff can counter the

cost of caring. Role extension can aid retention by providing opportunity for growth and acquiring additional skills and growth.

4.5 Withdrawal or Renewal Interviews

4.5.1 Introduction

Renewal or withdrawal is the final stage of volunteering. If volunteer engagement and motivations are not renewed throughout the TCS volunteer process, withdrawal will occur. It is therefore imperative for Lifeline to provide processes for renewal. Inevitably TCS volunteers will encounter challenges, if these are not discussed and processed, they will lead to withdrawal. Volunteers can experience burnout and fatigue and become aware of the variety of costs associated with volunteering. Burnout and boredom may occur as volunteers are faced with turbulent emotions and become aware of the limitations in resources, time, and that not everyone can be saved. At this stage of volunteering levels of commitment can be low. To retain TCS and aid renewal it is imperative to monitor volunteer satisfaction. Galindo-Kuhn (2001) developed "The volunteer satisfaction Index" that posits four dimensions for volunteer satisfaction: organisational support; participation efficacy; empowerment; and group integration. Evaluation of these factors can assist organisations to address issues before they escalate and create problems and resignations. Feedback and developmental interviews can provide the structure and opportunity for this feedback. At this stage if renewal does not occur resignation is common.

4.5.2 Findings

In paid employment people formally resign and leave on an arranged date. This is not always the case in volunteering. Some TCS cancel a shift, don't sign up for another shift or disappear without any formal withdrawal. Although exit questionnaires exist, there is seldom the opportunity to complete them. The interviews for this paper were therefore an invaluable opportunity to connect with past TCS and to hear about their experiences and acquire feedback. Some participants reflected back on goals that had been achieved and expectations met, for others failed expectations had lead to frustration; resentment and even life and career changes. Renewal and revisiting of goals, motivations and expectations is required to sustain both employees and volunteers, if this does not occur withdrawal occurs.

Just as motivations to engage and volunteer as a 20-30 year old TCS are complex and multi-layered, so too are reasons and motivations to withdraw. Motivations to withdraw can be correlated to initial motivations and expectations. Once initial expectations and goals are achieved, unless there are renewed goals and motivations withdrawal will occur. Withdrawal can also occur as a result of a failure to meet expectations.

Commonly cited reasons for withdrawing are: changes in time and location; skills and experience sought had been attained; age related issues; lack of value and meaning. Changed commitments altered the time available and a reduction in priority to volunteer was a commonly mentioned reason for withdrawal. Many 20 to 30 year old TCS are time poor due to pressures from both work and study. The time commitment required by Lifeline is a four-hour shift every fortnight, 3 hours of group supervision and 8 hours of continued education per year can be arduos. Lifeline offers flexibility around how and when shifts are done, however annual requirements must be met. The link between time constraints and the need for flexibility is illustrated by this quote:

"I didn't want to leave, but I have work full time and study full time. So I needed flexibility to one shift a month and they (Lifeline) couldn't be that flexible".

"I would have preferred a shorter, maybe 3 hour shift."

Changes in location such as relocating to another area, city or country also led to withdrawal. TCS's wanting to switch to another Lifeline centers had mixed results. One TCS's found it relocation was:

"much more difficult than I imagined",

Difficulty in relocation can lead to withdrawal. In contrast, another TCS was supported and aided by management from both centers and successfully made the transition to volunteer at another Lifeline branch. In these cases it is clear that support and encouragement from Lifeline staff can aid retention. Although Lifeline is a national organization, the branches run independently. The differences between branches in levels of support and approaches to the rostering of shifts can create challenges for relocating TCS.

Eighty percent of participants interviewed post withdrawal were psychology or counseling students. Initial motivations focused on self-oriented gains around skills, professional development and growth as these quotes indicate:

"to develop counseling skills, become a better listener, and have a better understanding of people"; "to get adequate experience to get into a psych masters program"; provide experience for being a psychologist"

" to understand mental health".

The average commitment period was 12 months, at which time participants felt they had acquired the skills they sought, their motivations and expectations had been met and therefore the motivation to volunteer as a TCS no longer existed. The trainers and staff at Lifeline feel that TCS learning is ongoing and state that the majority candidates become experienced and proficient TCS's at around 1 year. Lifeline aims to have sufficient experienced and proficient TCS to maintain the response standard and rate. Bennett (2011) posits that a 2 year service period would ensure Lifeline was able to recoup the costs of training, which is only paid in part by participants. Discussions around length of service varied from:

" that was never discussed or insinuated"

"I am sure they (Lifeline) would be looking for a bit more, but I am sure they are used to the high turnover of volunteers";

"I imagine Lifeline's expectations would be for me to stay for 2-3 years".

There appeared to be no clarity around Lifeline's expectations or requirements in spite of signing commitment forms.

A few TCS found that working on a crisis line did not fulfill expectations or personally suit them. Stress and anxiety, dealing with uncertainty and conflict made the TCS experience uncomfortable for some participants. Also mentioned was the need to add value and meaningful help, this could be challenged by the inability to provide solutions for all callers, the lack of follow-up and proven resolution. As indicated by this quote:

" some calls were very difficult and you were never sure if you had made a difference".

A couple of TCS mentioned how they felt their age and lack of life experience had caused a feeling of incompetence when compared to older TCS. This perception made the TCS experience more challenging as depicted by this quote:

"everyone was older, people around me were finding it easier and enjoying it. I never got any real sense of satisfaction".

The feelings of helplessness and lack of appreciation felt by some TCS was exacerbated when they were not acknowledged or thanked by either callers or anyone within Lifeline for their time and effort in helping others.

"Some days I felt like I hadn't achieved anything and felt totally invisible"

The majority of TCS felt connected to their training group, but once training ceased,

" you never see them again".

Age differences can make it more challenging to integrate and create further connection points within the wider Lifeline community. Although some TCS felt a sense of belonging and community, others did not. One TCS said:

" the only time I ever had any social interaction or spoke to people regularly was on the training course". Another TCS posited that Lifeline's greatest weakness is the inability to build teamwork, and another stated:

'there was no teambuilding, especially for someone my own age. Getting the 20-30 year olds together is what is going to make them want to come back";

"it is not like other volunteering jobs, there is no social aspect to it".

Feeling connected, and valued by the organization improves retention, however this is not achieved for all TCS as indicated by this statement:

" sometimes we would spend 4 hours having not spoken to anyone but the callers, not even the supervisor...... it just feels like they didn't even know you were there"; " a few times I walked out the door having not spoken to anyone".

A lack of connection can make it more difficult for less confidant TCS's to access support and debrief, as succinctly expressed by this TCS:

"even one on one there are always people about and it is hard to talk about how the calls are affecting you personally".

Some participants found it even more challenging to share in group supervision, where new and inexperienced TCS are in the same group with older and more experienced TCS.

4.5.3 Summary of Findings

Reasons for withdrawal by 20-30 year old TCS's are complex and often correlate to motivations to volunteer as a TCS. When initial motivations and goals have been met, TCS will withdraw if new motivations and goals are not instated. Initial motivations and expectations that are challenged by a different reality will also lead to withdrawal. All 20-30 year old TCS face challenges and time constraints, however those that have experienced the benefits of caring such as feelings of making a valuable contribution or saving a life will remain engaged. Feeling connected, valued and belonging within the Lifeline organisation can also counter the cost of caring and burnout. Support is

vital for providing safety and protection from burnout. TCS that are able to will seek support and remain engaged.

CHAPTER 5 DISCUSSION

5.1 Introduction

The findings documented in chapter 4 are discussed in relation to engagement and retention. Recommendations are made on possible approaches to improve engagement and retention of 20 to 30 year old telephone crisis supporters at Lifeline.

5.2 Discussion

The following major research findings for factors that affect engagement and retention of 20-30year old TCS at Lifeline are outlined and discussed:

1. Volunteering is a staged process for 20-30 year old TCS that is dependent on time and experience

- 2. Expectations impact engagement and retention.
- 3. Inherent factors impact outcomes and retention
- 4. Motivations change over time TCS that are able to renew or revisit their motivations are more likely to be retained

5. Connection and value are vital at every stage of the volunteer process – combined with support to alleviate the costs of caring including burnout

- 6. Support
- 7. Potential for continued growth and role extension or advancement
- 8. Psychological contract

5.2.1 Telephone Crisis Supporter Volunteering is a Staged Process

To explore the TCS volunteering process and the factors affecting engagement and retention of 20-30 year old TCS's at Lifeline, a framework that views volunteering as a process that takes place over time and experience was applied. This paper concurs with Haski-Leventhal (2008) that volunteering is a staged process, all volunteer TCS

go through the stages from nomination, trainee, active volunteer and withdrawal. However, as with all phenomena of human behaviour, this process includes extensive variables that impact every the stage of TCS volunteering. The variables encountered include: personality; inherent and gained abilities; personal history; motivations; expectations; ability; time commitment, and final outcome. Each individual therefore interacts uniquely with the volunteering process. Focusing on maximising the factors under Lifeline's control is the focus of this discussion.

5.2.2 Expectations

On application 20-30 year old TCS present with preconceived expectations, these predominantly involve adding value to self, community and organisation. However, many TCS find reality challenges these expectations. Expectations begin prior to application and continue throughout all stages of the 20-30 year old TCS volunteer process.

- Prior to the application stage, Lifeline's reputation of providing suicide intervention and crisis support creates expectations around the type of calls being received on the crisis line and the impact of saving lives and adding value to the community. The confronting reality is that not everyone wants to or can be saved.
- 20-30 year old TCS also expect the majority of calls to be suicide related. The reality is that many calls are from the elderly, mentally ill or marginalised and can be less intensely crisis focused than expected. This expectation can inform TCS response to the lonely isolated geriatric as not a crisis related call and TCS can feel they are not adding value. These calls, as well as frequent and unwelcome callers can challenge TCS perceptions of making a contribution and adding value.
- Tertiary education facilities urge students to undertake the Lifeline training course (CSWT) to gain invaluable counselling skills and practical experience. The CWST is well regarded throughout the industry and with many psychology and counselling students. The expectation is therefore created that 20-30 year old applicants can acquire valuable skills and training, at minimal cost.
- An additional expectation is that acquiring training and skills can be achieved within a 12-month period, the average length of service of 20-30 year old TCS's.

Reality is that the time required to become a proficient TCS varies across individuals and learning continues throughout the TCS process.

- There is also the expectation that all applicants will be accepted and transition successfully onto the crisis line. The reality is this does not always occur, some applicants are not accepted for the CWST and come trainees do not progress onto the crisis lines.
- There is also the expectation that all trainees will manage and enjoy being a TCS, this is not always a reality. Although many 20-30 year old TCS thrive on the crisis line experience, some are overwhelmed and anxious and receive no enjoyment or fulfilment. The TCS that have the attributes and skills to successfully transition onto the crisis line appeared to feel they would not experience the cost of caring or burnout. Current findings indicate that many TCS experience compassion fatigue and burnout, and the effects can be extremely challenging and can lead to withdrawal.

This research has found that throughout the TCS process expectations are challenged by reality, when this occurs, 20-30year old TCS either adjust their expectations or withdraw. Therefore to increase retention discussions around expectations could be included in the application interview, as well as periodic renewal of expectations. If expectations are not met or adjusted then 20-30 year old TCS will continue to exit prematurely.

5.2.3 Inherent Factors of Telephone Crisis Supporter

Retention begins with the engagement of appropriate candidates. Applicant TCS present with inherent factors that affect the TCS volunteering process, much like seeds being either perennial or deciduous. Previous research indicates that traits required for working in helping profession such as a TCS are: empathy; respect; agreeableness; cooperation; consideration; honesty; trust; and helping (Patterson, 2009). Lifeline trainers conduct intake interviews to determine the suitability and fit of candidates. Interviewers aim to get a good sense of candidates helping traits as well as: motivations; resilience, problem solving; personal experiences; multi-cultural

acceptance and lack of judgement. Although all nominee candidates present with the expectation of being accepted, completing the training and being an effective TCS, the reality is not always so. This paper indicates that the candidates lacking resilience, life-experience, or problem solving abilities will be extremely challenged as a TCS. Interviewers aim to subjectively determine these factors on application, and it appears that much of the time this is successful. A possible solution would be to standardise and improve on the interview process, to ensure that Lifeline is engaging and training the best possible candidates?

5.2.4 Motivations

Previous research posits that people most often volunteer for inter-related altruistic and self-oriented motivations and volunteers can be effective regardless of their motivations (Clary,1998; Cnaan, 1991; Alison, 2002; Batson, 1991). Researchers also concur that it is important to understand motivations in order to attract and retain volunteers, this research concurs with these previous findings (Barz, 2001; Aguirre, 2013; Cnaan, 2010). This paper has explored motivations across the 20-30 year old TCS process and concludes that motivations affect every stage of the volunteer process for 20-30 year old TCS; motivations change over time and experience; and TCS volunteers with a combination of both altruistic and self-oriented motives are most likely to remain engaged.

On application, TCS candidates present to Lifeline with specific and individual motivations. The motivations on application are primarily altruistic, to help others and give back to the community. Self-orientated motivations, such as to gain skills and practical experience are secondary. When talking to 20-30 year old TCS during their training, their primary stated motivations were to gain skills, experience and knowledge for career and study progression. Altruistic motivations were secondary at this stage of TCS volunteering. In the active volunteer stage all 20-30 year old TCS's expressed strong altruistic motivations: helping others, contributing to the community, and making a difference. It appears that once the TCS had acquired skills and growth, a reconnection with altruistic motivations was required for retention. The TCS who

were able to combine strong altruistic motivations with personal gains were best able to make the transition to sustained involvement. The 20-30 year old TCS participants that had withdrawn from TCS volunteering had either fulfilled their initial motivations or were disappointed because expectations had not been met. To encourage TCS retention, Lifeline may want to stress the reciprocity of helping, the ways in which volunteers personally benefit from their service rather then purely focussing on how their efforts benefit others (Winerman 2006).

Many participants volunteered as a TCS at Lifeline because their university or college had suggested this as an effective approach to gain counselling skills. The 20-30 year old TCS who are primarily motivated by gaining skills, knowledge for career advancement and resume building were least likely to engage long term. However if these TCS are able to adjust, revisit or renew their motivations to include more altruistic motivations, they were more likely to be retained. Therefore to sustain TCS volunteers in the face of growing short term volunteering, it is imperative to periodically revisit and renew motivations that include personal benefit and altruistic motives.

5.2.5 Connection and Value

Social interaction is well documented as a reason to volunteer, although opinions differ as to whether this is valid across all age groups (Okun, 2003; Clary 1986; Clary 1999; Hidlago, 2009). This paper found that across all stages of TCS volunteering, 20-30 year old TCS's have sufficient social connections, and are not seeking social opportunities from their volunteering. By contrast, 20-30 year old TCS do need to feel valued, a sense of belonging and connection to the organisation, and their co-workers. The 20-30 year old cohort is time poor, so the creation of connection and value needs to arise from within their current volunteering commitments and not require further time. If the feelings of connection and value are not maintained throughout the volunteer process withdrawal will occur.

Connection and integration is particularly high during the training stage, when trainees meet with the same group weekly and connect within a small mentor group. The transition onto the crisis line and doing regular shifts is a time when 20-30 year old TCS are required to integrate and connect to the wider organisation. Making this transition is not always easy for all 20-30 year old TCS, some are challenged by the difference in age and life experience, others are shy, less outgoing or lacking confidence. Opportunities for connection occur when TCS regularly do the same shift with a friend or with the same group TCS. The in-shift-supervisors are the organisational front for TCS and have the opportunity and responsibility to connect and value all TCS on shift, particularly those transitioning onto the crisis line. TCS that feel invisible and undervalued will withdraw prematurely. Individual supervision provides an ideal time to connect and validate TCS contribution and value. Group supervision and professional development evenings not only provide on-going learning and growth but also provide opportunities for socialising and connection with staff and peers. To keep TCS aged 20-30 years engaged for more than 1 year, a sense of connection, belonging, and feeling valued must be nurtured.

5.2.6 Support

Support is required to engage and retain 20-30 year old TCS volunteers at Lifeline to ensure challenges and obstacles do not lead to premature withdrawal. During TCS training trainers and mentors provide support for trainees to ensure adequate care and support is received. When TCS transition to taking shifts on the crisis line, support is provided by in-shift-supervisors (ISS) via debrief, individual supervision, as well as by group supervision. Access to ISS varies across different centres and different shifts. ISS can either be located within the call centre, within the branch or via telephone. Although support is always available, 20-30 year old TCS that are less confident or outgoing can be reluctant to seek support when they are not in direct contact, or are not acquainted or comfortable with the ISS. It is apparent that to enable 20-30 year old TCS to gain adequate support a comfortable and safe relationship is required with at least one supervisor and privacy to discuss personal challenges.

5.2.7 Continued Growth

A common theme motivating 20-30 year old TCS is to acquire personal and professional skills and growth. Growth can be achieved through continued engagement as a TCS, supervision and professional development evenings. Additionally growth can also be achieved through role extensions such as mentoring a training group on the CSWT or becoming an ISS.

Lifeline introduced some paid late night and overnight shifts in 2011. Participants felt that doing paid shifts allowed them to do what they love and get paid for it. Thereby promoting longer-term integration and commitment. 20-30 year old TCS engaged in paid shifts felt their time and financial pressures were reduced. They also felt a great sense of connection, belonging and value because these shifts attract a younger cohort, which commune every week to do their shift, and also form a close relationship and connected to the ISS. This paper indicates that providing late night paid shifts, benefits both Lifeline and 20-30 year old TCS. The response rate of calls answered late at night is increased, older TCS are retained longer due to the diminished pressure to do late and overnight shifts, and 20-30 year old TCS are retained due to a reduction in financial and time pressures.

5.2.8 Psychological contracts

Prior to engagement, TCS are interviewed at Lifeline and a minimum commitment period of one year is discussed and at some centres a contract is signed. However many of the 20-30 year old TCS participants had no idea of a contract or expectation. Those that were aware of an expectation felt Lifeline would never enforce a contract if they chose to leave prematurely. By contrast, Bennett (2011) posits that a two-year period is a reasonable time for TCS volunteers to remain with the organization to maximise the costs and benefits of the training provided.

There appear to be two differing contracts in existence: the signed 1-year contract; and a psychological contract that provides total flexibility. Neither contract is consistent with the aim of retaining 20-30 year old TCS for up to 2 years. To retain 20-30 year old TCS for longer periods, this expectation needs to be explicitly conveyed.

5.2.9 Summary of Discussion

Volunteering for 20-30 year old TCS is a staged process over time and experience. Retention begins with the engagement of candidates with the necessary traits for helping professions; a combination of altruistic and self-oriented motivations; and realistic expectations. Motivations and expectations change over time and need to be revisited periodically during the volunteer TCS process to allow for regeneration and renewal. An important factor for retaining 20-30 year old TCS is to ensure they feel connected and valued by staff and the organisation, without the requirement of further time commitments. To extend the period of volunteering to more than one year, a clear contract of expectations needs to be in place from the time of applications and engagement.

CHAPTER 6 CONCLUSION, RECOMMENDATIONS & DIRECTIONS FOR FUTURE RESEARCH

6.1 CONCLUSION

20 to 30 year old telephone crisis supporters are like plants. They present on application to Lifeline with inherent characteristics that will affect outcomes. The Lifeline environment also plays a significant part in TCS flourishing and establishing roots within the organisation. Feeling connected and valued is vital for retention. It is clear that TCS require care and support at every stage and transition of their volunteer journey.

6.2 **RECOMMENDATIONS**

6.2.1 Introduction

20-30 year old year old volunteer TCS's are an integral part of the Lifeline team, therefore due care and consideration should be given to engaging suitable candidates and ensuring retention by encouraging on-going motivations, connection and support.

6.2.2 Personality Testing

Retention begins with engaging candidates with the personality traits most suited to favourable outcomes. Psychometric testing is the most reliable approach to testing personality fit for an organisation. At the least interview structures could be standardised across the Lifeline centres.

6.2.3 Motivations

Candidates with a mixture of both altruistic and self-oriented motivations are retained for longer than candidates with a single motivation. Candidates could therefore be encouraged to renew motivations by exploring and expressing a multitude of motivations during supervision.

6.2.4 Expectations

Expectations impact engagement and retention therefore at every stage of the TCS process discussions and realignment with reality is required from application stage, active volunteer stage and as a part of periodic renewal.

6.2.5 Commitment Contract

There is ambiguity and confusion regarding contracts and expectations of engagement. A contract or commitment form that clearly outlines Lifelines expectations could be discussed and signed on application. Universities encourage students to volunteer at Lifeline as TCS to gain practical skills and experience. Approaching universities to discuss the expectations of commitment from Lifeline in terms of time commitment could alleviate confusion.

6.2.6 Applied Suicide Intervention Training

The ASIST intervention training is at the beginning of the CSWT, 20-30 year old TCS felt they would be less confronted and find the training more accessible if this was at a later in the course.

6.2.7 Renewal

The findings of this paper concur with Skoglund (2006) who succinctly states " to retain volunteers, we always have to work on motivations". Motivations are not static but change over time, therefore to retain 20-30 year old TCS's it is necessary to periodically discuss, re-evaluate and renew motivations, expectations and goals. A discussion about ongoing motivation and goals could be included as a standard aspect of supervision.

6.2.8 Growth and Skills

Growth and skills are strong motivations for 20-30 year old TCS. Highlighting the process of on going learning on the crisis line, providing access to ongoing learning and role extension will help retain TCS. Discussing on-going goals and needs at supervision and how these can be met at Lifeline could encourage this process.

6.2.9 Connection

Connection is vital at every stage of the volunteer process, including a connection with one specific support person. Once 20-30 year old TCS's begin telephone shifts on the crisis line, it is vital that the in-shift-supervisors connect and acknowledge all TCS on shift, so that TCS do not feel invisible, but feel valued, connected and encouraged to access support.

6.2.10 Follow-up

A sense of value and connection would also be achieved by an e-mail or phone message to follow-up on 20-30 year old TCS that have missed or not signed up for shifts over the past few months.

6.2.11 Exit Questionnaire or Interview

Follow-up on 20-30 year old TCS would also allow for formal exit questionnaire or interview to be completed to determine reasons for withdrawal. This feedback would allow Lifeline to continually review their performance and make necessary adjustments to encourage retention.

6.3 DIRECTIONS FOR FUTURE RESEARCH

The current study examined 20 to 30 year old telephone crisis volunteers at two locations in northern Sydney, Australia, within the specific context of Lifeline. Future research could be used to address the limitations of the current study and as an opportunity for iterative research to improve retention of crisis line volunteers.

Options to address the limitations of the current study would include focusing on different context such as locations, cultures and age groups. Initially this would include undertaking a study utilizing the same conceptual framework in additional centers within Australia. This would include smaller centers with different socio-economic standing within Australia. Thereafter the conceptual framework could be extended to a study of how alternative countries and cultures using crisis line volunteers are approaching the 20 to 30 year old volunteer engagement and retention issues. Countries that could be included in this study are New Zealand, Canada, South Africa, America and England. The current study was age specific, focusing entirely on 20 to 30 year old telephone crisis volunteers, and this limitation could be addressed by using the current conceptual framework to explore a cross-section of all volunteer age groups to determine the engagement and retention factors.

Iterative directions for future research would include a longitudinal study focusing specifically on 20 to 30 year old telephone crisis volunteers currently studying psychology or similar, where the primary motivation is to gain professional skills and experience. The aim of this study would be to ascertain the ability to transition to a healthcare practitioner and whether the Lifeline experience assists these volunteers to

become better clinicians and holistic professionals. Hopefully this would provide further clarification of the cost and benefits for volunteer student health care professionals at Lifeline, and help to provide parameters for a win-win relationship resulting in an increase in engagement and retention of these individuals.

Statistics indicate the rising incidence of suicide in the 18 to 24 year cohort in Australia (Australian Bureau of Statistics, 2012). One could therefore deduce that having crisis line volunteers within the same generation as the person at risk, where their experiences, values and language are similar would be beneficial. However it is also possible that some younger crisis callers might prefer the life experience and approach provided by older crisis line volunteers. Therefore a cross-sectional study into crisis line volunteers across the different age groups focusing on levels of impact and efficacy would be beneficial to ensuring the needs of those at risk were adequately addressed.

Frequent callers are one of the primary reasons for crisis line volunteer attrition. Future research could determine the demographics of frequent callers, including comorbidity and cross-cultural issues. Once a greater understanding into the factors which compel frequent callers has been determined, research could focus on evaluating various approaches to best address their needs and reduce the overuse and dependency on Lifeline. These insights would hopefully increase the efficacy of the crisis service offered by Lifeline to frequent callers, reducing waiting times on the crisis line, as well as increasing the retention of crisis line volunteers

REFERENCES

Acker, F. M. (2004). Volunteer recruitment and retention issues: A review of the *literature*. Melbourne: La Trobe University.

Adults surviving child abuse. (2015). *Adults surviving child abuse*. Retrieved August 22, 2015 from www.asca.org.au

Aguirre, R. B. (2013). Why do they do it? A qualitative meta-synthesis of crisis volunteers' motivations. *Social work research*, *37* (4), 327-471.

Allen, N. M. (2000). Construct validation in organizationa; behavior research: The case of organizational commitment. In R. H. Goffin, *Problems and solutions in human assessment* (pp. 285-314). Norwell: Kluwer.

Allison, L. O. (2002). Assessing volunteer motives: A compasison of an open-ended probe and Likert rating scales. *Journal of community and applied social psychology*, 243-255.

Angen, M. (2000). Evaluating interpretative inquiry: Reviewing the validity debate and opening the dialogue. *Qualitative health research*, 378-395.

ANZ Third Sector Research. (2011). *What is the Third Sector*. Retrieved March 26, 2014 from ANZ Third Sector Research: http://www.anztsr.org.au/pdf/2011%20anztsr%20brochure.pdf

Lifeline (2010). *Lifeline/ Volunteer*. Retrieved May 15, 2014 from Lifeline Australia: www.lifeline.org.au

Australian Bureau of Statistics. (2012). Retrieved August 15, 2015 from www.ausstats.abs.gov.au

Australian Government productivity commission. (2010, February 11). *Contribution of the not for profit sector*. From Australian Government productivity commission: www.pc.gov.au/projects/study/not-for-profit/report.

Babbie, E. (2010). The practice of social research. Australia: Wadsworth.

Barz, M. (2001). *Assessing suicide hotline volunteers' empathy and motivations*. Ph.D., Florida.

Batson, C. A., et al. (2008). Pre-social motivation. In J. G. Shah, *Handbook of motivation science* (pp. 135-142). London: Guildford.

Batson, C.A. (1991). *The altruism question: Towards a social-psychological answer*. London: Psychology Press.

Beebe, S. (2007). *Interpersonal communication: Relating to others*. New York: Allyn and Bacon.

Bekkers, R. (2004). *Giving and volunteering in the Netherlands: Sociological and psychological perspectives.* Utrecht: Utrecht University.

Bell, K. (2011). Participants' motivations and co-construction of the qualitative research process. *Qualitative social work*, *12* (4), 523-539.

Bennett, A. (2011). *Retention of telephone counsellors at LLH2H*. Lifeline Harbour to Hawkesbury, Sydney.

Bennett, A. (2014). *The Lifeline Harbour to Hawkesbury volunteer project*. Sydney: Lifeline.

Ben-Porat, A. (2015). Burnout among trauma social workers: Whatt makes the difference? *International conference on changing world and social research*. Vienna.

Berk, L. (2010). Development through the lifespan. New York: Pearson.

Bernstein, S. (1983). *Beyond objectivism and realitivism: Science, hermeneutics and praxis*. Pennsylvania: University of Pennsyvlania.

Biggerstaff, D.L., Thompson, A.R. (2008). interpretative phenomenological analysis (IPA): A qualitative methodology of choice for healthcare research.*Qualiataive research in psychology*, *9*, 173-183

Black, T. (1999). Doing qauntitative research in the social sciences. London: Sage.

Bleicher, J. (1980). *Contemporary hermeneutics: Hermeneutics as method, philosophy and critique*. New York: Routledge & Kegan.

Boezeman, E. E. (2008). Pride and respect in volunteers' organizational commitment. *European journal fo social psychology*, *38* (1), 159-172.

Bowen, G. (2009). Document analysis as a qualitative research method. *Qualitative research*, 9 (2), 27-40.

Bretano, F. (1995). *Psychology from an empirical standpoint*. (A. T. Rancurello, Trans.) London: Routledge.

Brofenbrenner, U. (1960). Personality and participation: The case of vanishing variables. *Social issues*, *16* (4), 54-63.

Brown, J. R. (1996). *The I in science: Training to utilize subjectivity in research*. . Oslo: Scandinavian University Press.

Browne, J. (2006). Reflexiivity in research process: Psychoanalytic observations. *International journal of social research methodology*, *9*, 181-197.

Cialdini, R. (1991). Altruism or egoism? That is (still) the question. *Psychological inquiry*, 2, 124-134.

Clark, D. (1997). Training volunteers. Crisis, 98-102.

Clary, E. M. (1986). Socialization and situational influences on sustained altruism. *Child Development*, *57*, 1358-1369.

Clary, E. G. (1998). Understanding and assessing the motivations of volunteers: A functional approach. *Journal of personality and social psychology*, 74 (6), 1516-1530.

Clary, E.G., Snyder, M. (1999). The motivation to volunteer :theoretical and practical considerations. *Journal of current directions in psychological science*, 8 (5).

Cnaan, R.E. (1993). Industrial statistics out of control? *Statistics and science*, 8 (4), 378-37 Cnaan, R. E., Goldberg-Glen, D. (1991). Measuring motivation to volunteer in human services. *Journal of behavioural science*, 27(3), 269-284.

Cnaan, R.E., Amrofell, L.M. (1994). Mapping volunteer activity. *Non-profit and voluntary sector quarterly*, 23,(4) 335-350

Cohen, L. M. (2011). Research methods in education. London: Routledge.

Collins, H. (2010). *Creative research: The theory and practice of research for the creative industries.* La Vergne: Ingram.

Creswell, J. (2013). Qualitative inquiry and research design. London: Sage.

Curtis, B., Curtis, C. (2011) Social research: A practical introduction. London: Sage

Cyr, C. (1991). Burnout in crisis volunteers. *Journal of administration and policy in mental health*, *18*, *(5)*, 343-354

Denecker, J. J. (2008). Towards a theoretical framework linking generational memories to attitudes and behaviors. *Human resource management review, 18*, 180-187.

Denzin, N. (2003). The landscape of qualitative research. London: Sage.

Devilly, G. W. (2009). Vicarious trauma, secondary traumatic stress or simply burnout? Effects of trauma therapy on mental health professionals. *Australian and New Zealand Journal of psychiatry*, 43, 373-385.

DiMaggio. (1995). Comments on "What theory is not?". *Administrative quarterly*, 40(3), 391-397.

Dunn, I. M. (2011). Assessing reflective thinking and approaches to learning. *Allied health*, *40*(3), 128-136.

Durkheim, E. (1893). De la division du travail social. Paris: Alcan.

Eatough, V. S. (2008). Woman, anger and aggression: An interpretative phenomenological analysis. *Interpersonal violence*, *23*(12), 1767-1799.

Eisenberg, N., et al. (1999). Consistency and development of prosocial dispositions: A longitudinal study. *Faculty publications, Department of psychology*. Paper 103. Eisner, D. G. (2009). *Stanford social innovative review*. Retrieved August 16, 2015, from Stanford social innovative review: www.ssir.org/articles/entry/the_new_volunteer_workforce

Evered, R. R.-L. (2001). Alternative persectives in organisational science: Inquiry from the inside and inquiry from the outside. *Management review*, *6*(3), 385-395.

Fade, S. (2004). Using interpretative phenomenological analysis for public health nutrition. *Proceedings of the nitrition society*, 647-653.

Farmer, S. (1999). Volunteer participation and withdrawal: A psychological contract perspective on the role of expectations and organisational support. *Non-profit management and leadership*, *9*(4), 349-367.

Fekete, M., Rozenbery, I. (2014). The practical model of employee performance evaluation. *Journal of management*, *141-149*.

Figley, C. (1995). *Coping with secondary stress disorder in those who treat the traumatised*. New York: Brunner Mazel.

Forgeard, M. M. (2013). The two dimensions of motivation and a reciprocal model of the creative process. *Review of general psychology*, *17*(3), 255-266.

Fox, A. L. (2011). The personal meaning of eating disorder symptoms: An interpretative phenomenological analysis. *Health psychology*, *16*(1), 116-125.

Frisch, M. G. (1981). Natural helping systems: A survey of Red Cross volunteers. *American journal of community psychology*, *9*(5), 567-579.

Freudenberger, H.J. (1974). Staff burnout. Social science, 30, 159-165.

Gadamer, H. (1989). Truth and method. London: Crossroad.

Galindo-Kuhn, R. (2001). The volunteer satisfaction index: Contruct, definition, measurement, development and validation. *Social science research*, *28*, 45-68.

Garner, J. G. (2011). Volunteering an opinion: Organisaional voice and volunteer retention in non-profit organisations. *Non-profit and voluntary sector quarterly*, 40(5), 813-828.

Gazley, B. (2012). Predicting volunteer's future intentions in professional associations:
A test of the Penner Model. *Non-profit and voluntary sector quarterly*, 42(6), 1245-1267.

Gergen, K. (1996). " Is diagnosis a disaster?" A constructionist trialogue. *Handbook of relational diagnosis and dysfunctional family patterns*, 101-156.

Gerstel, N. (2000). The third shift: Gender and care work outside the home. *Qualitative sociology*, *23*, 467-483.

Gill, P. S. (2008). Methods of data collection in qualitative research: Interviews and focus groups. *British dental*, 204, 291-295.

Gillespie, D.F., king, I.A., (2015) Demographic understanding of volunteerism. *Sociology and social welfare, 12, (4), 798-816.*

Goldhart, J. H. (2005). Ethnography. In B. L. Somekh, *Research methods in social sciences* (pp. 16-23). London: Sage.

Gould, M. K. (2007). An evaluation of crisis hotline outcomes: Part 11, Suicidal callers. *Suicide and Life threatening behavior*, *37*(3), 338-352.

Gray, D. (2009). Doing research in the real world. London: Sage.

Greener, I. (2011). *Designing social research: A guide for the bewildered*. London: Sage.

Grenz, S. (1996). A primer on postmodernism. Grand Rapids: Eerdmans.

Glaser, B. (1967). The discovery of grounded theory. New York: Aldine.

Guba, E. (1981). Criteria for assessing trustworthiness in naturalistic inquiry. *Educatioal resources information centre annual review paper*, *29*, 75-91.

Handy, F. S. (2004). Valueing Volunteers: An economic evaluation of the net benefits of hospital volunteers. *Non-profit voluntary sector quarterly*, *33* (1), 28-54.

Harre, H. (1979). Social being: A theory of social psychology. Oxford: Blackwell.

Hartely, J. (1994). Case studies in organisational research. In C. S. Cassel, *Qualitative methods in organisational research: A practical guide* (pp. 209-229). London: Sage.

Haski-Leventhal, D. (2008). The volunteer stages and transitions model: Organisational socialization of volunteers. *Human relations*, *61* (1), 67-201.

Hayden, J. (2015, May 11). *Lifeline H2H*. Retrieved September 27, 2015 from Lifeline H2H: www.lifelineh2h.org.au/2015/05/11/lifeline-australia-ceo-jane-hayden-says-thank-you-volunteers

Heidegger, M. (1962). *Being and time*. (J. R. Macquarrie, Trans.) New York: Harper & Row.

Hidalgo, M. M. (2009). Organisational socialisation of volunteers: The effect of their intention to remain. *Community psychology*, *37* (5), 594-601.

Hollway, W. (1997). Eliciting narratives through in-depth interview. *Qualitative inquiry*, *3*, 53-65.

Hood, B. S. (2004). A qualitative evaluation of the experience of Lifeline Melbourne telephone counsellors: Key issues in attrition. Victoria University, School of psychology.

Hunter Institute Of Mental Health. (2015, March 31). *Mindframe Media Information*. Retrieved August 18, 2015 from http://www.mindframe-media.info/formedia/reporting-suicide/facts-and-stats

Huppatz, K. (2010). Class and career choice motivations, aspirations, identity, and mobility for women in paid caring work. *Sociology*, *46* (2), 115-132.

Hustinx, L. C. (2010). Navigating theories of volunteering: A hybrid map for a compex phenomena. *Theory of social behaviour*, 40 (4), 410-434.

Ironmonger, D. (2000). Measuring volunteering in economic terms. *Volunteers and volunteering*, 56-72.

Israel, M. H. (2006). Research ethics for social scientists. London: Sage.

Jaffe, J. S. (1984). From burnout to balance. Ohio: McGraw Hill.

Jones, L. (2014). *Griefline project*. Melbourne: Australian college of applied psychology.

Kalafat, J. G. (2007). An evaluation of crisis helpline outcomes part 1: Non-suicidal crisis callers. *Suicide and life threatening behavior*, *37* (3), 322-337.

Kids Helpline. (2015). *Kids Helpline*. Retrieved August 22, 2015 from www.kidshelpline.com.au.

Kinzel, A. N. (2000). Education and debriefing: Strategies for preventing crisis in crisis-line volunteers. *Crisis*, *21* (3), 126-134.

Korpershoek, H. X. (2015). Testing the multidimensionality of the inventory of school motivation in a Dutch student sample. *Applied measurement*, *16* (1), 41-59.

Krefting, L. (1991). Rigor in qualitative research: The assessment of trustworthiness. *American journal of occupational therapy*, *43* (3), 214-222.

Krueger, R. A. (2000). *Focus groups: A Practical Guide for Applied Research*. Thousand Oaks: Sage.

Larkin, M. T. (2006). Interpretative phenomenological analysis. In A. H. Thompson, *Qualitative research methods in mental health and psychotherapy: A guide for students and practitioners* (pp. 99-116). Oxford: Wilet.

Larkin, M. W. (2006). Giving voice and making sense in interpretative phenomenological analysis. *Qualitative research in psychology*, *3*, 102-120.

Liao-Troth, M. (2005). Are they here for the long haul? The effects of functional motives and personality factors on the psychological contracts of volunteers. *Non-profit and voluntary sector quarterly*, *34* (4), 510-530.

Lidner, J.R. (1998) Understanding employee motivation. Journal of Extension, 3,1-8.

Lifeline Australia. (2013). *CS workplace training: Pre-enrolment information*. Lifeline.

Lifeline. (2012). *Facts and information*. Retrieved March 23, 2014 from Lifeline: www.lifeline.org.au

Lifeline. (2010). *Lifeline*. Retrieved May 12, 2014 from Lifeline/volunteer: www.lifeline.org.au

Lifeline research foundation. (2013). *Summary of research and evaluation of crisis helplines*.

Lincoln, Y. G. (1985). Naturalistic inquiry. Newbury Park: Sage.

Livingworks. (2011). *Applied suicide intervention skills training*. Retrieved May 28, 2014 from Livingworks: www.livingworks.com.au-training-programs.

Lockstone-Binney, L. H. (2010). Volunteers and volunteering in leisure. *Leisure studies*, 29 (4), 435-455.

Lord C.G., et al. (1979). Biased assimiliation and attitude polarization: The effects of prior theories on subsequently considered evidence. *Journal Personality and Social Psycholology*, *37*, 2098-2109.

Loughran, J. (2002). Effective reflective practice in search of meaning in learning and teaching. *Teacher education*, 66, 261-271.

MacNeela, P. G.(2014). Process and positive development: An interpretative phenomenological analysis. *Adolescent research*, *29* (3), 407-436.

Marx, J. D. (2000). Women and Human Services Giving. . Social Work, 45, 27-38.

Mawson, A. (2011). Voice hearing within the context of hearers social worlds: An interpretative phenomenological analysis. *Psychology and psychotherapy: Theory, research and practice*, 84, 256-272.

McGee, R. (1974). *Crisis intervention in the community*. Baltimore: University Park press.

McPherson, J. (1996). Diversity and change in voluntary groups. *American sociological review*, *61*, 179-202.

McRobbie, A. (1982). The politics of feminist research: Between talk, text and action. *Feminist review*, *12*, 46-57.

Mehra, B. (2002, March). *Bias in qualitative research: Voices from an on-line classroom*. Retrieved December 9, 2015 from The qualitative report: www.nova.edu/ssss/QR/QR7-1/mehra.html

Mertens, D. (2005). *Research methoods in education and psychology: Integrating diversity with quantitative and qualitative research approaches.* Thousand Oaks: Sage.

Meyer, C. (2001). A case in case study methodology. Field methods, 13 (4), 329-352.

Mills, J. C. (2007). Grounded theory: a methodological spiral from positivist to postmodernism. *Advanced nursing*, 58 (1), 72-79.

Minichiello, V. (1995). *In-depth interviewing*. *Principles, techniques, analysis*. Sydney: Longman.

Mishara, B. D. (1992). The effectiveness of telephone interventions by suicide prevention centres. *Canada's Mental Health* , 24-29.

Mishler, E. (1991). *Research interviewing: Context and narrative*. Cambridge: Harvard University Press.

Mowen, J. S. (2005). Volunteer behavior: A heirarchial model approach for investigating it's straits amd functional antecendents. *Consumer psychology*, *15* (2), 170-182.

NSW Rape Crisis Centre. (2015). *Rape and domestic violence services Australia*. Retrieved August 22, 2015 from NSW Rape Crisis Centre: www.nswrapecrisis.com.au

O, Donohue, W. (2007). Research into the psychological contract: Two Australian perspectives. *Human resource development international*, *10* (3), 301-318.

Oaks, J. (2002). Risks and wrongs in social science research. *Evaluation Reeview*, 26 (5), 443-479.

Okun, M. B. (1998). Motivation to volunteer by older adults: A test of competing measurement models. *Psychology and aging*, *13* (4), 608-621.

Okun, M. S. (2003). Age and motives for volunteering: testing hypothesis derived from sociomotional selectivity theory. *Psychology of aging*, *18* (2), 231-239.

Omoto, A. (1995). Sustained helping without obligation: Longevity of service and perceived attitude change among AIDS volunteers. *Personality and Social Psychology*, *68* (4), 671-686.

Omoto, A., Snyder, S. (2002). Considerations of community: The context and process of volunteerism. *The American behavioral scientist*, *45*, 846-867.

Otis, N. G. (2005). Latent motivational change in an academic setting: A three year longitudinal study. *Education psychology*, *2*, 170-183.

Paterson, H. R. (2009). Personality types and mental health experience of those who volunteer for helplines. *British journal of guidance and counselling*, *4*, 459-471.

Patton, M. (2005). Qualitative research. London: John Wiley and Sons.

Penner, L.A. (2002). Dispositional and organisational influences on sustained volunteerism: An interactionict perspective. *Social Issues*, *58* (*3*), *447-467*

Pietkiewicz, I. S. (2014). A practical guide to using interpretative phenomenological analysis in qaulitative research psychology. *Psychological*, 20 (1), 7-14.

Pil, L. P. (2013). Cost effectiveness of helpliness for suicide prevention. *Telemed telecare*, *19* (5), 273-281.

Piliavin, J. C. (1990). Altruism: A review of recent theory and research. *Annual review* of sociology, 16, 27-65.

Pirkis, J. et al. (2015). *Frequent callers to Lifeline*. Melbourne: University of Melbourne.

Planalp, S. T. (2009). Motivations of hospice volunteers. *Hospice and palliative medicine*, 26 (3), 188-192.

Podsakoff, P.M., MacKenzie, S.B., Podsakoff, N.P. (2012). Sources of method bias in social science research and recommendations on how to control it. *Annual review of psychology*, *63*. 539-569.

Pratt, M. (2001). *The future of volunteers in crisis hotline work*. Pittsburgh: University of Pittsburgh.

Putnam, R. (1995). Bowling alone: America's declining social capital. *Democracy*, 6, 65-78.

Ramberg, B. G. (2014). *Hermeneutics*. Retrieved November 11, 2015 from The Stanfors encyclopedia of philosophy: www.//plato.stnford.edu/archives/win2014/hermeneutics

Reid, K., Flowers, P., Larkin, M. (2005). Exploring lived experience. *Psychologist*, 18(1), 22-23.

Resnik, D. (2011). *National institute of environmental health sciences*. Retrieved November 20, 2015 from What is ethics in research and why is it important?: www.niehs.nih.gov/research/resources/bioethics

Reynolds, W.J., Scott, B. (2001). Empathy: A crucial component of a helping relationship. *Psychiatric and mental health nursing*, *6* (5), 363-370.

Rock, L. (2006). Satisfaction levels of volunteers at Lifeline Northern Beaches Inc -Survey Research. Lifeline Northern Beaches. Sydney: Lifeline. Rosenberg, J. Y. (2007). Schematic representation of case study research designs. *JAN research methodology*, 222-229.

Sarantakos, S. (2005). Social research. Sydney: Palgrave MacMillan.

Shamoo, A. R. (2009). *Responsible conduct of research*. New York: Oxford University.

Shaw, I. (2008). Ethics and the practice of qualitative research. *Qualitative social work*, 7 (4), 400-414.

Shinebourne, P. (2011). The theoretical underpinnings of interpretative phenomenological analysis. *Existential analysis*, 22, 16-31.

Silverman, D. (2001). Interpreting qualitative data. London: Sage.

Simpson, E. (1992). Liberty, democracy and community. *Public affairs quarterly*, 6 (3), 327-346.

Skoglund, A. (2006). Do not forget about your volunteers. *Health and social work*, *31* (3), 217-220.

Smith, D. (2013). *Phenomenology*. Retrieved November 11, 2015 from The Stanford Encyclopedia of Philosophy : http://plato.stanford.edu/archives/win2013/entries/phenomenology/>.

Smith, J. A. (2009). *Interpretative phenological analysis: Theory, research, practice*. London: Sage.

Smith, J. A. (2003). Qualitative psychology: A practical guide to research methods. InJ. Smith, *Interpretative phenomenological analysis: Theories and methods* (pp. 51-80). London: Sage.

Smith, J.A., Jarmin, M., Osborn, M. (1999). Doing interpretative phenomenological analysis. In M. Murray. *Qualitative health psychology. London: Sage*

Snyder, M. O. (2009). Who gets invloved and why? The psychology of volunteerism. *Youth empowerment and volunteerism: Principles, policies and practices*, 1-26.

Solomon, M. (2007). Buying, having and being. London: Pearson Prentice Hall.

Soupourmas, F. I. (2002). Giving time: The economic and social value of volunteering in Victoria. *Department of human services*, 30-35.

Spittal, M. e. (2015). Frequent callers to crisis helplines: Who are they and why do they call. *Australian and New Zealand journal of psychiatry*, 49 (1), 54-64.

Spittal, M. E. (2015). Frequent Callers to Crisis Helplines: Who Are They and Why Do They Call. *Australian & New Zealand Journal of Psychiatry*, 49 (1), 54-64.

Stake, R. (2010). Qualitative research: Studying how things work. London: Guilford.

Stark, S. T. (2005). Case study. In B. L. Somekh, *Research methods in social science* (pp. 33-40). London: Sage.

Starnes, B. (2007). An analysis of psychological contracts in volunteerism and the effect of contract breach on volunteer contributions to the organisation. *International journal of volunteer administration*, 24 (3), 31-41.

Sturmer, S., Snyder, M. (2009). *The psychology of prosocial behavior*. London: Wiley- Blackwell.

Suicide Prevention Australia. (2014). *Suicide Prevention Australia*. Retrieved October 12, 2015 from Suicide Prevention Australia: www.//suicidepreventionaust.org/wp-content/uploads/2014/12/SPA-2014-annual-review-pdf.

The centre for volunteering. (2010). *Annual report*. Retrieved July 15, 2015 from The centre for volunteering: www.volunteering.com.au

Tindale, R. S. (1996). Shared representation and asymmetric social influence in small groups. In E. D. Witte, *Understanding group behavior: Consensual action in small groups* (pp. 88-103). Hillsdale: Erlbaum.

United Nations Volunteers. (2011). *State of the world volunteerism report 2011*. Retrieved December 13, 2015 from Taking the measure of volunteering: www.unv.org/swvr2011

Volunteering Australia. (2015, April 16). *Key Statistics About Australian Volunteering*. Retrieved December 11, 2015 from Volunteering Australia: http://www.volunteeringaustralia.org/wp-content/uploads/VA-Key-statistics-about-Australian-volunteering-16-April-20151.pdf

Volunteering Australia. (2014). *Volunteering Australia*. Retrieved March 2, 2014 from Volunteering Australia: www.volunteeringaustralia.org

Warbuton, J. S. (2007). Factors affecting volunteering mong older rural and city dwelling adults in Australia. *Educational gerontology*, *33* (1), 23-43.

Widjaja, E. (2010). *Motivation behind volunteerism*. Claremont Kenna College. CMC senior thesis.

Willems, J. (2012). Volunteer decisions (not) to leave: Reasons to quit versus functional motives to stay. *Human relations*, 883-900.

Wilson, A. (2012). Supporting family volunteers to increase retention and recruitment. *Public health* , 1-6.

Wilson, J. M. (1998). The contribution of social resources to volunteering. *Social science quarterly*, *79*, 799-814.

Wilson, J. (2000). Volunteering. Annual review of sociology, 26, 215-240.

Winerman, L. (2006). Helping other, helping ourselves. *Monitor on psychology*, *37* (11), 38-41.

Worsely, R. (2014, April 24). *Helplines Need Money to Save Young Lives*. From Sydney Morning Herald: www.smh.com.au/comment/help-lines-need-money-to-save-young-lives

Yin, R. (2012). *Applications of case study research*. Los Angeles: Sage.Yin, R. (2009). *Case study research: Design and methods*. Londin: Sage.

APPENDICES

Appendix 1 - removed for privacy reasons

Appendix 2 - removed for privacy reasons

Appendix 3 - removed for privacy reasons

Appendix 4 Interview Questions

Interview Questions – Training

- 1. How long have you been in training / how is it going / any feedback?
- 2. What was you initial motivation for joining Lifeline as a TCS?
- 3. Does anyone else in your family do volunteer work?
- 4. Have you been touched by suicide?
- 5. Why did you specifically choose Lifeline?
- 6. Do you know people or have friends at Lifeline?
- 7. What are you hopes and aspirations within Lifeline?
- 8. Do you feel the training will/ has adequately prepare you for being on the phones?
- 9. Was being on the phones what you expected?
- 10. Length of time volunteering:
 - a. What do you think is a reasonable time to volunteer at LL?
 - b. What do you think Lifeline's expectations are regarding duration of volunteering?
 - c. How long do you imagine you would continue to be a TCS?

Appendix 5

Interview Questions - Active Volunteers and Renewal

- 1. How long have you been an accredited TCS?
- 2. How do you feel about it?
- 3. What keeps you going?
- 4. What is challenging?
- 5. Do you feel like an integral part of the organisation?
- 6. Are you aspirations as a TCS being met by Lifeline?
- 7. Did your motivations and reasons for being at LL change over time?
- 8. What types of calls are challenging for you?
- 9. What types of calls require support is this sufficient or could it be improved?
- 10. How do you care for yourself after a tough call or shift?
- 11. Is the ongoing training relevant and helpful?

12. Do you have any form of social connection with other volunteers and staff at LL?13. What keeps you going and motivated to continue to volunteer?

- 14. How long do you think you will continue to volunteer as a TCS at Lifeline?
 - a) Has this changed over your time at Lifeline?
 - b) What do you think Lifeline's expectations are regarding length of time volunteering?
- 15. What circumstances would cause you to withdraw from Lifeline?

Appendix 6

Interview Questions – Volunteers after Exit

- 1. What caused you to leave Lifeline
- 2. What initially attracted you to volunteer as a TCS at Lifeline?
- 3. Did your reason for volunteering change during your time on the phones?
- 4. Was this goal fulfilled by telephone counselling at Lifeline?
- 5. Please provide feedback on these various aspects of your experience at Lifeline:
 - a) Training Program
 - b) Progressing onto the telephones
 - c) Support provided to you during and after shifts
 - d) Dealing with challenging calls
- 6. What could Lifeline do better to support TCS's
- 7. Did you retain any friendships from your time at Lifeline?
- 8. Does anyone else in your family do volunteer work?
- 9. How long did you expect to volunteer at Lifeline?
- 10. How long did you volunteer at Lifeline?
- 11. Describe how you dealt with and cared for yourself after tough calls, such as suicidal, sex or abusive calls on the phones?
- 12. Is there anything Lifeline could have done differently to impact your decision to no longer volunteer?
- 13. Is there anything else you would like to provide regarding your experience at Lifeline?

Appendix 7 - removed for privacy reasons

Appendix 8 – removed for privacy reasons