Crisis at CrisisLink

Increasing the Retention Rate for Crisis Workers Answering a Suicide Crisis Line

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PRS | CrisisLink

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Executive Summary

For individuals in the throes of crisis, 24/7 call lines are lifebuoys. But what happens when the person on the other end of the line is suffering from trauma of their own? Or worse, what if there's nobody to answer the call? This project aims to explore turnover factors for paid crisis workers at PRS CrisisLink—a program of Psychiatric Rehabilitation Services, Inc. (PRS)—with the goal of making recommendations for increasing retention rates at crisis call centers.

PRS CrisisLink provides 24/7/365 hotline, textline, and chat services for immediate crisis intervention and suicide prevention in the Washington D.C. metropolitan area. After being awarded additional contracts to support to the National Suicide Prevention Lifeline (NSPL), PRS CrisisLink's daily call volume tripled. This new call volume placed additional burden on the center's crisis workers, which in turn has led to an increase in their turnover rate.

To examine the issue of retention at PRS CrisisLink, a review of the existing literature was conducted. This revealed multiple prominent constructs that felt pertinent to PRS CrisisLink's problem of practice, including: vicarious trauma, burnout, and job dissatisfaction. Ultimately, these constructs led us to a conceptual framework that synthesized each factor into a cohesive model. Stamm's (2010) Compassion Satisfaction-Compassion Fatigue Model (CS-CF) explores both the positive and the negative dimensions to an individual's *professional quality of life*. Stamm refers to these dimensions as *compassion satisfaction* (CS) and *compassion fatigue* (CF).

To examine our primary research question—*How can the retention rate be increased for PRS CrisisLink's paid crisis workers?*—we used Stamm's CS-CF model as the framework for

four key questions:

1. To what extent do PRS CrisisLink's crisis workers experience compassion satisfaction?
2. To what extent do PRS CrisisLink's crisis workers experience burnout and secondary traumatic stress?
3. To what extent can compassion satisfaction be maximized?
4. To what extent can burnout and secondary traumatic stress be minimized?

To explore answers to these questions, a mixed methods study was conducted. Stamm's CS-CF model includes an accompanying measure, the Professional Quality of Life Scale (ProQOL). The ProQOL was sent out to crisis workers to answer the first two questions, and qualitative interviews were conducted with current crisis workers to answer the third and fourth questions. After examining the data, we were able to answer the questions above with four key findings:

1. PRS CrisisLink's paid crisis workers experience moderately high compassion satisfaction.
2. PRS CrisisLink's paid crisis workers experience low burnout and moderately low secondary traumatic stress.
3. Feedback, culture, and environment are opportunities to maximize the compassion satisfaction of crisis workers.
4. Wellness, resilience, and reduced exposure to traumatic calls are opportunities to minimize burnout and secondary traumatic stress of crisis workers.

These findings were coalesced with with additional literature, and five recommendations emerged:

1. Share the "Crisis Worker Experience" and develop an engagement and peer support program.
2. Formally develop a Personal Development Plan (PDP), focusing on crisis worker professional progression .
3. Adopt a standardized feedback and coaching model.
4. Consider the use of alternative work schedules or altering employee roles to reduce the overall number of traumatic contacts within a given period.
5. Increase the number of volunteers to reduce the number of calls handled by each employee during the evening hours.

Introduction

Suicide is the tenth leading cause of death in the United States, with 14.5 per 100,000 people dying each year (Drapeau & McIntosh, 2020). Suicide is especially concerning in the younger populations, where suicide is the second leading cause of death in the United States.

The response to suicide is housed in behavioral and public health industries, either through healthcare delivery or upstream prevention approaches. Suicide crisis is complicated, as suicide itself is not a diagnosable condition (unlike depression or anxiety), nor is it always a direct result of a specific environmental circumstance. This complexity creates many challenges in determining how to assess and treat someone with suicide ideation. For the past 60–70 years, hotlines and crisis centers have been the front door for accessing resources. These crisis centers are tasked with answering life's most difficult calls: individuals experiencing personal crisis, trauma, and suicidal ideation who want to end their lives.

Crisis contacts (calls, chats, and texts) are answered by a patchworked network of crisis centers, some standalone and some routed through the National Suicide Prevention Lifeline (NSPL). The NSPL network includes 170+ individual call centers across the U.S.—each with their own budgets, resources, and standards (Draper, 2015). The NSPL network is not a federally-funded operation, and relies heavily on each center utilizing their own local funding. Until more recently, the NSPL was funded solely through the Substance Abuse and Mental Health Services Administration (SAMHSA), with limited infrastructure dollars and an annual stipend for centers of $1,500. Thus, crisis centers rely on local government dollars and philanthropic donations to fund their operation. After the 2008 recession, many crisis centers closed, creating a bigger burden on the remaining centers. PRS CrisisLink, our partner

organization, remained part of the NSPL network and became a backup center answering calls outside of their geographical location. Like the other centers who remained operational during this time, PRS CrisisLink did not see their budget increase year-to-year, and a reliance on volunteers was the only way to survive the drastic increase in contacts.

Perhaps not surprisingly given (i) the grave and immediate nature of the work and (ii) stagnant funding, many call centers—PRS CrisisLink included—struggle with high turnover rates. Our quality improvement project gathered insights into the experiences of crisis workers and supervisors through qualitative interviews as well as a quantitative survey. Through comparison of both qualitative and quantitative data, we provided five recommendations to support the continued success of PRS CrisisLink and its workforce in the months to come. Throughout this project, "crisis workers" are defined as paid employees and are not to be confused with volunteer paraprofessional crisis workers. While there are valuable insights to be gained and considered in improving volunteer retention rates, the demographics of the volunteer population trends older, with higher education, and financial resources supporting their ability to volunteer. The recruitment pool of paid and volunteer crisis workers is drastically different, not only in terms of motivation, but also due to socioeconomic circumstances, life experiences, and intrinsic motivations to support their community. Therefore, only paid crisis workers employed at PRS CrisisLink were included in the project.

Organization Context

Located in northern Virginia, PRS CrisisLink provides 24/7/365 hotline, textline, and chat services for immediate crisis intervention and suicide prevention. PRS CrisisLink operates under its parent organization, Psychiatric Rehabilitation Services (PRS) (PRS CrisisLink, n.d.).

PRS provides life changing and life-saving behavioral health services through an array of programs, which include: skills training, community support services, employment support services, psychosocial rehabilitation programs, and crisis intervention and de-escalation services (PRS, n.d.). PRS CrisisLink was initially a standalone, non-profit organization established in 1969; however, due to financial instability, PRS CrisisLink merged with PRS in 2014 (PRS CrisisLink, n.d.). PRS CrisisLink is a medium-sized crisis center and is a part of the 170+ centers answering the National Suicide Prevention Lifeline (NSPL). PRS CrisisLink answers calls for northern Virginia, and serves as the primary contact center for rural Virginia with a total population of 8.5 million (Census, 2019). Additional contracts were added in 2019, gaining PRS CrisisLink $500,000 as a national back-up center for the NSPL by answering rollover calls for other centers across the nation when they are unable to answer within sixty-seconds. PRS CrisisLink is accredited by the American Association of Suicidology and the International Council of Helplines to provide life-saving interventions to prevent suicide, de-escalate crisis, and connect community members to mental health resources (L. Mayer, personal communication, February 7, 2020).

Throughout PRS CrisisLink's 50 plus-year history, staffing consisted primarily of paraprofessional volunteer crisis workers who are trained through a rigorous process to provide the service, with only paid crisis workers working overnight. Over the past five years, PRS CrisisLink has shifted the blended staffing model (see Figure 1) towards having the majority of its support provided through paid crisis workers, with the paraprofessional volunteer crisis workers supplementing the staff on evenings and weekends. The supervisory structure includes a program director, operations manager, crisis worker support manager, lead trainer, and six full-time supervisory staff. These supervisors provide direct support to approximately 60 paid

crisis worker positions, including full-time and part-time employees, as well as between 70-90 volunteers who provide one three-hour shift per week (L. Mayer, personal communication, February 7, 2020). The crisis worker workforce consists of 77% current undergraduate or graduate employees who supplement their income with this role while also working

Figure 1
CrisisLink's blended staffing model
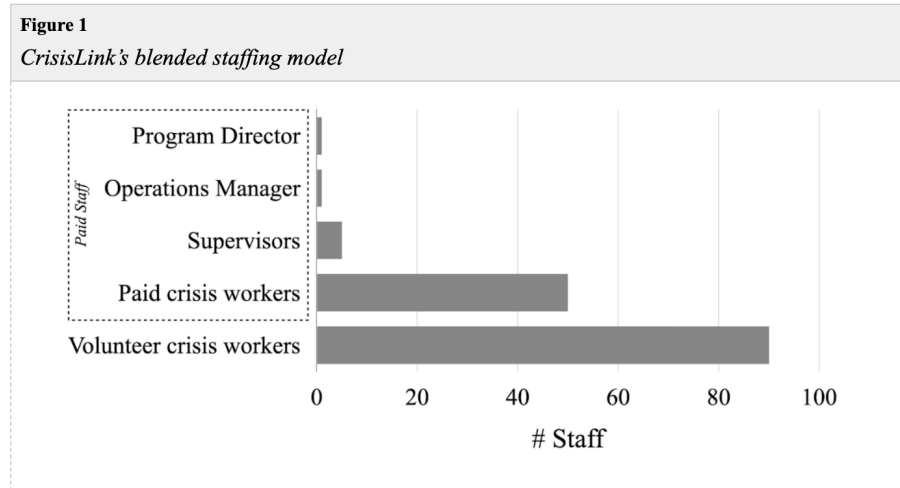
towards a career in helping, mental health, or human services. Over 60% of crisis workers are under the age of 30 and nearly 90% identify as women (L. Mayer, personal communication, March 14, 2021). Crisis workers are not required to have any specific degree and often enter the organization with little to no clinical experience. This is partially by design, as crisis workers are selected not for their experience, but for their competencies of empathy, flexible thought, commitment to learning, and personal experiences with mental health crisis, treatment or suicide (L. Mayer, personal communication, February 7, 2020). The hourly rate for crisis workers ranges from $16 to $19 per hour, and the majority of the workforce is part-time.

The PRS CrisisLink program adopted a public health model for suicide prevention that includes a multi-disciplinary approach. Crisis contact centers are an important part of the community safety net—available to anyone with access to a phone or internet, at any time of day. The multi-disciplinary approach includes a role for non-clinician crisis interventionists who are trained in evidence-based actions and models to support those at various stages of emotional or

suicidal crises (CDC, n.d.). PRS CrisisLink is contracted by local and state government to provide contact center services for community members and is advertised as part of the behavioral health safety net in the state of Virginia. PRS CrisisLink services are intended to support emotional crisis de-escalation to avoid the overuse of other limited services such as emergency mental health, mobile crisis, and already taxed emergency departments. If community members utilize these services proactively, the belief is that those individuals would need fewer intensive services and their crises will not lead to suicide death.

In 2019, PRS CrisisLink had an opportunity to increase their contract and grant funding by expanding their services from regional to nationwide, bringing in an additional $500,000 annually with growth potential. This was a promising opportunity, as PRS CrisisLink was not in a position financially to hire additional workers to improve their performance without these contracts. The appeal to PRS leadership was additional revenue for calls and chats answered above a certain threshold—at $10 per call or chat—which could be used towards additional resources to support the local service (L. Mayer, personal communication, March 14, 2021). PRS CrisisLink was awarded two contracts from the NSPL: one to provide backup support to the NSPL for national calls and a second to answer additional calls during the overnight hours.

These contracts increased the center's daily call volume from 130 calls per day to 450–500 calls per day, which has placed significant additional burden on the crisis workers. The chat contract requires a minimum of 86 chats answered per shift, meaning PRS CrisisLink's workers can only be assigned chats and not hotline calls (as workers cannot handle both at the same time). The growth of the program was significant with very little ramp-up time. Not only was there a tripling of call volume, but program staff was also strained by the need to train and on-board more crisis workers. Past practice has indicated that there is a six-week turnaround

period for producing a minimally qualified worker. Additionally, crisis workers were now answering calls nationally, which made it more cumbersome to navigate support services and referrals across the United States, in contrast to the local support services they are familiar with. During this transition period, turnover doubled and became a significant problem, straining supervisors and trainers alike (L. Mayer, personal communication, February 7, 2020).

The Crisis at CrisisLink

The problem of practice as defined by this project is PRS CrisisLink's challenge to maintain an adequate crisis worker staff to respond to increasing crisis contact volume (i.e., calls, texts, and chats). As demand grows for increased capacity to respond to those in crisis, retention of qualified and trained crisis staff is imperative.

Since being awarded the additional two NSPL contracts, PRS CrisisLink's turnover rate for paid employees has doubled, approaching nearly 30 percent per quarter (W. Gradison, personal communication, February 13, 2020). Exit interview and supervisor notes highlight key concerns; crisis workers are experiencing an increase in calls with severe and concrete thoughts of suicide and significant trauma, which leaves them feeling distressed, fatigued, and with little to no recovery time between contacts (L. Mayer, personal communication, February 7, 2020). Interestingly, PRS CrisisLink is not experiencing the same turnover rate with volunteer crisis workers. Currently, over 70 percent of volunteer crisis workers are achieving their commitment of providing 150 hours of service or one three-hour shift per week (W. Gradison, personal communication, February 13, 2020).

To understand the impact of more acute contacts from the national contracts, the program director describes the process of supporting clients in other areas of the U.S. as

resource-intensive, with little to no familiarity with each state's systems of care (L. Mayer, personal communication, February 7, 2020). Answering more calls alone is not as challenging as navigating the many disparate systems across the U.S. with little training, support, or infrastructure to do so. Crisis workers are required to activate emergency responses for any client who is at imminent risk for suicide, much like a 9-1-1 dispatcher would, except that no crisis center is allowed to possess the same tools for dispatch due to the Federal Communications Commission (FCC) regulations. Crisis workers do not have access to geolocation services, nor do they have the ability to mobilize emergency resources without collaboration and coordination with the local public safety answering point (PSAP). Essentially, the crisis worker's task during a life-threatening situation is to actively collaborate with the client to (i) try to gain location details to then (ii) contact the correct jurisdiction for dispatch support, all while (iii) maintaining crisis de-escalation with the client. Crisis workers are often in life-threatening situations with very few tools and little support from the client or the PSAP to protect the client's life from suicide. This is a stress that is often hard to define, where crisis workers are navigating 50 different state resources, the client's resistance, and oftentimes frightening circumstances.

Impact of Turnover

As crisis workers turnover for various reasons, a negative feedback loop is created; fewer workers are left to support the callers, so each must handle more contacts per shift, which leads to greater strain, and eventually turnover.

PRS CrisisLink's success depends on meeting specific contractual deliverables and performance metrics regarding: the number of calls offered and answered, the average speed to answer, the average wait time per call, and the documentation collected each month. If the center does not achieve these metrics, they become at a risk of losing their funding. PRS CrisisLink's

30 percent quarterly turnover rate is problematic for a number of reasons. First, it threatens the organization's ability to scale. If increased call volume is consistently met with increased turnover, then PRS CrisisLink will struggle to sustain their operational model, much less achieve their organizational vision of providing immediate crisis services to change lives and save lives (Kitchingman et al., 2018; Knight et al., 2011; PRS, n.d.). PRS CrisisLink is preparing to compete for additional Virginia contracts as the state expands the crisis system and builds a new model of regional crisis center hubs directing emergency mental health services. The performance metrics PRS CrisisLink is utilizing to measure their success are not only contractually obligated, but are also the standard required to be competitive in this evolving market. As the state of Virginia prepares to expand the crisis call center to meet the expected demands of 9-8-8 expansion, PRS CrisisLink must maintain a competitive edge (L. Mayer, personal communication, March 14, 2021). Secondly, high crisis worker turnover has grave societal consequences. Every crisis worker who burns out of their work means one less community resource for those contemplating self-harm. Understaffing also leads to slower response times, increasing the risk that a caller's suicidal ideation will progress into a suicide attempt. Finally, turnover has direct implications for crisis workers themselves. On top of potential income loss, the psychological effects that led to crisis workers' intention to leave could have longer term repercussions, including: depression, anxiety, and post-traumatic stress disorder symptoms (Aldrich & Cerel. 2020; Kitchingman et al., 2018; Vattøe et al., 2020). Currently at PRS CrisisLink, the average length of time a crisis worker is retained is approximately nine months. Not only is this turnover cost prohibitive, the process of recruitment and training has negative impacts on performance, as the program staff is removed from direct service to support on-the-job training of crisis workers.

Causes of the Problem

Answering a suicide crisis line is extremely difficult without the additional pressure to adhere to complex performance metrics. Crisis workers are faced with exposure to suicide on a minute-by-minute basis. They can also come face-to-face with trauma, interpersonal violence, serious mental illness, and often face life-threatening situations in any given shift. Crisis workers handle calls with clients experiencing symptoms of deteriorating mental health, including psychosis and disorganized thinking, and those with anger and verbally abusive behaviors. Calls with these clients are often combative and frustrating (L. Mayer, personal communication, February 7, 2020). Rapport-building through empathy is the primary vehicle for service delivery, which requires crisis workers to relate to their own feelings and experiences. By nature, utilizing empathy creates emotional vulnerability; there is a greater risk for burnout the longer the empathizer is unable to seek respite (Hansen et al., 2018). As the majority of the workforce at PRS CrisisLink are part-time, hourly workers, they do not accrue leave or benefits allowing for paid time off.

The staff at PRS CrisisLink are also living and working in one of the most expensive regions in the United States. Where the median household income is $65,000 or higher (Census.gov, 2019), hourly crisis workers may only make $13,000 to $15,000 per year working part-time, and many are students accruing student loan debt. In previous satisfaction surveys at the organization, rate of pay is consistently identified as one of the few areas of dissatisfaction across the company (W. Gradison, personal communication, February 13, 2020). This lower pay often leaves PRS CrisisLink as a stepping stone; students and less experienced workers use their PRS CrisisLink employment to develop skills before moving onto higher paying jobs or applying to competitive graduate programs that discourage them from maintaining employment (L.

Mayer, personal communication, February 7, 2020). For PRS CrisisLink, this is an expensive and time-intensive cycle of selecting, training, supporting and losing talented staff to better work and school conditions. PRS CrisisLink desires to retain workers for a minimum of 12 to 14 months to maximize their return on investment, understanding that the crisis worker position is an entry level role with expected growth and transfer of job skills into the clinical workforce (L. Mayer, personal communication, March 14, 2021).

PRS CrisisLink is a contract and grant funded program, which does not bode well for crisis worker promotional pathways. The supervisory positions are few and retention in these positions can last anywhere from two to five years, leaving crisis workers few pathways to more experience and greater pay and benefits. While PRS CrisisLink does promote from within, these opportunities are rare and most crisis workers remain stagnant in direct service for the entirety of their employment at the organization. Paths to other employment at PRS often require clinical education or licensure, making transfer to another program within the organization prohibitive and rare. Outside of initial and required annual training, PRS CrisisLink does not invest in additional training opportunities for staff or volunteers to compensate for the lack of promotional pathways. This has also been a consistent piece of feedback offered by PRS CrisisLink staff in previous surveys administered by PRS (W. Gradison, personal communication, February 13, 2020).

CrisisLink's Previous Attempts to Solve the Problem

PRS has utilized several strategies to improve recruitment and retention at CrisisLink. In the most recent grant application, the organization developed a new position, titled *Crisis Worker Support Manager*, who is tasked with developing and implementing retention activities to support the existing workforce (L. Mayer, personal communication, February 7, 2020). The

support manager is present The support manager is present from the beginning of onboarding to training completion and shift assignment. This position also supports weekly program communications sent to crisis workers and is often utilized for intervention when a supervisor alerts the team of a particularly difficult shift or interaction. This has been extremely beneficial to the human resource department, as the support manager position has bridged the communication gap to HR, allowing the organization to better anticipate crisis worker retention concerns and plan for backfill on particular shifts.

PRS CrisisLink has also invested in contact center consultants who have provided strategies to support crisis workers with the functional aspects of their work. The most recent consultation was provided by ICMI, a well-established contact center consultant and training company. The scope of ICMI's assessment was focused on the functional operations, training crisis workers technical skills, performance management through technology, and workforce management, such as scheduling, process improvement, and phone system needs. ICMI's assessment included reviewing documents such as data reports, training requirements, performance measures, as well as individual interviews and focus groups with PRS CrisisLink program staff. Recommendations included increasing the mandatory time between calls enforced by the phone system, purchasing headsets for every employee versus using the handset, incorporating call recording for feedback, and various smaller changes to the phone system to support workers more efficiently. The consultation process was conducted through February of 2019 and 89 percent of the recommendations have been implemented as of December 2020 (L. Mayer, personal communication, December 16, 2020).

Several adjustments to the supervision structure have also been tested and implemented by PRS CrisisLink. The Program Director recently changed the supervision model from

individual supervision of each employee to a dyadic supervision model. Bi-weekly, supervisors schedule two crisis workers per supervision for a total of 1.5 hours. The first 15 minutes of the meeting are reserved for one crisis worker's individual conversation, then dyadic supervision occurs for one full hour, and the last 15 minutes are spent in individual conversation with the other crisis worker. This saves each supervisor several hours a week and allows for more meaningful supervision of crisis workers, who can problem solve challenges together and provide each other feedback. Crisis workers have reported more positive experiences with facilitated supervision with peers to discuss challenging clients or technology issues, and the diverse experiences between all three group members has created greater gains in knowledge (L. Mayer, personal communication, December 16, 2020).

Crisis workers are an essential position within the organization. As an essential employee, supervisors can mandate workers report to a shift they were not previously scheduled for. In previous years, crisis workers would simply not report to a mandated shift as they expressed the mandating of a shift interfered with their other responsibilities. Incentive pay was introduced as a way to encourage collaboration and increase the likelihood of a shift being covered by an employee seeking additional pay. Without covering the shifts with mandated workers, those who were on the shift with a person out experience greater stress, as there are fewer personnel to handle calls and chats. Therefore, incentive pay not only supports the person receiving it, but also those who are co-working the shift. Reward pay has also been utilized for bi-weekly recognition bonuses. PRS CrisisLink implemented reward bonuses when crisis workers work more than ten percent of their scheduled hours and achieve a higher-than-average productivity rating (i.e., more than four calls per hour, or more than three chats per hour). These incentive payments range from $150 to $300 each pay period, with "Thank you" notes printed in

the comment section of the paystub. PRS CrisisLink added these payments in August 2019 and they remain part of the weekly performance assessment for crisis workers. Additionally, the program director can use her discretion to utilize morale payments to support crisis workers who are called in at the last minute to staff a shift not previously agreed, as shift differential does not exist at PRS. Though rarer, the program director can also provide a recognition bonus for situations in which a crisis worker supports another team member by working an extra shift or otherwise demonstrating above-the-call schedule flexibility. Recognition bonuses are used for crisis workers, managers, and supervisors (L. Mayer, personal communication, December 16, 2020).

Impact of COVID-19

Prior to the pandemic, PRS CrisisLink was only operating in-person in their Oakton, Virginia location. There were no telework options offered for normal operations, and cloud-based technology to move crisis workers to a telework status was only beginning to be implemented for snow or weather events on a temporary basis. PRS CrisisLink had a well-developed continuity of operations plan, and senior leadership had been considering the role of remote work at PRS CrisisLink, as recruitment for crisis workers in other areas of the country was appealing. However, despite this groundwork, there was little confidence that a wholly remote operation could be successful.

Confident or not, CrisisLink was forced to move the entire operation off-site within two business days as COVID-19 hit in March 2020. The PRS CrisisLink program staff recognized the need for more than mere technological solutions for their crisis workers, and sought additional solutions to help with the psychological effects crisis work exacts on its employees. Crisis workers struggled to adjust to the new work environment as they were now being asked to

bring crisis and suicide calls into their homes. PRS CrisisLink implemented a virtual call center using Zoom video conferencing software. All program staff and crisis workers log into this virtual meeting space for the entirety of their shift, where webcams allow supervisors to monitor for visual expressions of distress. Zoom also provides the ability to have breakout room debrief sessions after client contacts. Though initially resistant, crisis workers have become more engaged through Zoom over time, as demonstrated through their humorous virtual backgrounds, jokes of the day, and showing each other their pets and family members. Initial feedback has been positive with the program staff, crisis workers, and quality control of data (L. Mayer, personal communication, December 16, 2020).

Despite the challenge of crisis work in general, as well as those caused by the changes in work environment and employee interactions brought on by the COVID-19 pandemic, new opportunities presented themselves for recommendations and research. In order to better understand the factors leading to crisis worker turnover, an extensive review of the current literature was conducted.

Literature Review

Crisis work can be defined in many ways. According to the myriad interpretations of the role, "crisis workers" can include: licensed clinical professionals, first responders, social workers, and law enforcement. Common to these roles is the administration of crisis intervention, which can occur through a variety of channels, including: mobile crisis intervention teams, crisis stabilization services, and hotline and chatline services

Each state's formal and informal definitions shape where crisis hotline care is situated within the spectrum of behavioral health services. In some states, crisis intervention may only be

funded if a crisis worker is a licensed clinician, whereas other states do not require licensure. These variations in definition make it difficult to find commensurate literature for the staffing model PRS CrisisLink utilizes. For this reason, the literature review began by exploring common themes in crisis work and similar fields. In examining existing research on the topic of crisis center turnover, we first looked at stressors common to health services professionals— including social workers, clinicians, and crisis workers—before turning our attention to suicide prevention hotlines explicitly.

Turnover Factors for Health Services Professionals

Multiple studies have explored the impact of work stress for health services professionals and found significant stressors that influence individuals' intentions to leave their jobs and sometimes professions, the most prevalent of which are: (i) vicarious trauma, (ii) burnout, and (iii) job dissatisfaction (Barak et al., 2006; Bell et al., 2003; Kitchingman et al., 2018; Ting et al., 2011; Trippany et al., 2004).

Vicarious Trauma

Vicarious trauma has many synonyms in academic literature, including: compassion fatigue, secondary traumatic stress, secondary victimization, vicarious traumatization, and empathy-based stress (Figley, 1995; Kilpatrick et.al, 2013; Rauvla et al., 2019; Turgoose & Maddox, 2017). These terms are often used interchangeably but may have different meanings depending upon the speaker and receiver. Still, the central idea within each of these concepts is that there is an emotional response to repeatedly hearing traumatic stories. Many studies detail the emotional toll that is placed on those who work with traumatized patients. Listening and supporting individuals who have faced sexual and interpersonal violence, child abuse, institutional racism, and poverty is emotionally intense work. Daily crisis work requires a

significant amount of empathy and an absorption of emotion, especially in cases in which the worker has personal experience with the subject matter their client is discussing.

Vicarious trauma can have significant effects on an individual's personal and professional life. Protracted vicarious trauma may lead to behavior changes, interpersonal relationship challenges, change in personal values or beliefs, and poor job performance (Trippany et al., 2004). Symptoms of vicarious trauma include: nightmares, repeating images, fatigue, decreased motivation, irritability, and emotional drain (Figley, 1995; Kilpatrick et.al, 2013; Rauvla et al., 2019). While the symptoms appear isolated to the individual experiencing them, vicarious trauma can impact familial and social relationships over time (Devilly et al., 2009; Trippany et al., 2004). Vicarious trauma can be considered an occupational hazard, as employees who experience symptoms are not conducive to the high stress demands that are required as a clinician or helper. Many individuals who report vicarious trauma present clinically as if they are suffering from post-traumatic stress disorder (PTSD) and experience strain across personal and professional domains of their lives equally (Devilly et al., 2009; Trippany et al., 2004). If employees are experiencing these symptoms as a result of their work, it is imperative that we understand vicarious trauma as a workplace issue and ultimately a workplace hazard.

Burnout

Burnout can be a result of vicarious trauma and is often related to a combination of personal and professional challenges occurring over lengthy periods of time (Freudenberger 1986; Schaufeli et al., 2009). Other terms have been used to describe burnout, such as exhaustion reaction and vocational burnout. The foundational theorist Freudenberger (1986) defines burnout as a depletion of energies that comes about as a result of being overwhelmed and negatively affects a person's attitudes, behaviors, and physical and emotional wellbeing. Maslach and

Jackson (1981, as cited in Gabassi, 2002), describe burnout as a process that occurs over time and can be characterized as emotional exhaustion, depersonalization, and reduced personal accomplishment. Employees experiencing burnout have significant interpersonal and workplace issues, which can lead to poor performance or resignation (Freudenberger 1986; Bell et al., 2003; Bennett & Kelaher, 1993; Schaufeli et al., 2009; Trippany et al., 2004). Although burnout can be experienced in any profession, the health services profession is particularly at risk due to the nature of their job (Freudenberger 1986).

When considering the burnout phenomenon, it must be understood not as simply as emotional fatigue, as the burnout process occurs over time and becomes pervasive across all domains of a person's life. A person experiencing burnout may experience physical signs, such as sleep disturbances, chronic fatigue, psychosomatic complaints, and physical disturbances. Additionally, burnout can have emotional disturbances and negatively affect personal relationships, increased irritability and frustration, and a feeling of overwhelm (Freudenberger 1986).

Employees may attempt to resolve their fatigue by taking more time off from work and begin exploring other positions, believing their current job is the only problem (Andreychik, 2019; Jackson et al., 1986). This phenomenon exists in almost every profession where expectations exceed an employee's ability to maintain and cope; however, the unique risk in helping professions is that burnout produces low empathy—which is a job requirement to appropriately assess and mitigate suicide risk, co-regulate with client emotions, and successfully de-escalate individuals in crisis. However, when employees leave one job due to burnout and seek employment elsewhere within the same helping industry, they may discover that their issue of burnout did not resolve, but rather travels from organization to organization unmediated.

While employers often view burnout as an employee's personal issue, it is evident that burnout can be a result of exposure to trauma while on the job. A workforce experiencing high levels of burnout threatens an organization's long-term sustainability and creates a cost and efficiency issue across the entire helping industry. One organization's burned out employee who gains employment within a new organization may become that new organization's challenge (Andreychik, 2019).

Burnout has complexities beyond each individual's own personal risk factors and stressors. Empathy is the catalyst to creating situations of burnout as individuals connect with their own pain to understand the pain of others. The majority of the literature focuses on the dynamics of reflecting upon painful emotions such as depression, grief, anger, and trauma (Cuff et al., 2016). More recently, there has been greater exploration of the role of empathy of others' pain versus empathy for others' positive emotions. These have been coined as positive and negative empathy frameworks (Andreychik & Migiliaccio, 2015; Morelli et al., 2015). Negative empathy requires an individual to connect with, process, and reflect on their own painful experiences in order to connect with their client's pain; this can trigger old trauma or even create a sense of new trauma as details of trauma are shared (Gleichgerrcht & Decety, 2013; Omdahl & O'Connell, 1999; Williams, 1989).

Current research is exploring the role of positive empathy, and how the health professional's role in the sharing of client pride, joy, happiness, and satisfaction can have positive impacts on the brain and balancing negative empathy experiences (Morelli et al., 2015). Although the research in this area is fairly limited and thus associations are as of yet speculative, there is hope that positive empathy may be a mitigator of burnout (Beauvais et al., 2018).

Job Dissatisfaction

There are many factors that can lead to job dissatisfaction, such as organizational climate, benefits, quality of life, and job fulfillment (Barak et al., 2006; Capner & Caltabiano, 1993; Ducharme et al., 2007; and Knight et al., 2011). Many health professionals working with clients who exhibit suicidal behaviors experience vicarious trauma and long-term stress, which may contribute to job dissatisfaction and, ultimately, turnover (Barak et al., 2006; Ting et al., 2011; Trippany et al., 2004). The reality of working intensively with clients who try to end their lives violently and repetitively without a system of care established within the United States to support these needs can lead workers to feel defeated and hopeless (Ducharme et al., 2007). Health service professionals who feel unsupported, lack sufficient supervision, and lack coping strategies to maintain personal health often leave their position (Barak et al., 2006; Kitchingman et al., 2018).

One promising area of research examines the role of an individual's emotion regulation ability (ERA) as a predictor of reduced emotional flexibility leading to job dissatisfaction (Bowling et al., 2010; Cass et al., 2003). As organizations have begun to incorporate emotional intelligence into their competency frameworks for hiring, there is also a role for organizations to begin to assess a person's emotional regulation abilities as a protective factor for burnout (Côté, 2014). ERA is part of an individual's full emotional intelligence and can be assessed in four areas including emotion assimilation, emotional understanding, regulation, and emotional assimilation (Extremera, 2020; Mayer & Salovey, 1990). The findings here suggest job dissatisfaction or satisfaction is manipulatable through how employees experience their work emotionally (Extremera, 2020). This is an important consideration when infusing trauma, burnout and the perception of job satisfaction. If an individual is experiencing the effects of trauma which leads

them to experience symptoms of burnout, job dissatisfaction is a likely result (Bowling et al., 2010; Cass et al., 2003; Extremera, 2020)

Crisis Contact Centers and Burnout

As previously stated, Crisis contact centers are challenging to compare due to major differences in the type of professionals (i.e., clinical versus non-clinical) or paraprofessionals utilized to answer calls and texts. With contact centers also utilizing volunteer staffing models, comparison of alike centers is limited. Kitchingman et al. (2018) describes how negative empathic interactions can increase the risk of poor psychological outcomes. Symptoms of psychological distress outlined in the literature is similar to the experiences of those in other helping professions (Barak et al., 2006; Capner & Caltabiano, 1993; Ducharme et al., 2007; and Knight et al., 2011). This may be in part due to the number of hours, length of contacts and acuity of contacts being major influences on how much negative empathy an employee experiences. In Cyr and Dowrick's (1991) study, respondents from suicide hotlines chose personal factors, such as job satisfaction and appropriate responses to vicarious trauma (e.g. an understanding that clients cannot or do not always utilize the resources offered, nor will all clients benefit from their help), as preventing and managing their burnout. Expectation management about the role was cited as an important factor to mitigate negative empathy (e.g. not always being able to locate a caller at imminent risk for suicide due to the limitations of technology).

Organizations utilizing hybrid staffing models, including PRS CrisisLink, have additional burnout and satisfaction considerations when using volunteers. For many centers, volunteers can be a majority of the workforce due to budgeting constraints (L. Mayer, personal communication, February 7, 2020). Volunteers work fewer hours each week, but face the same trauma exposure,

emotional stressors, and potential risk for burnout (Vattøe et al., 2020). In this regard, PRS CrisisLink is somewhat unique when compared to other centers within the available research as volunteer retention is higher than employee retention. Several factors may be influencing the retention data, such as: number of calls managed each week, supervision experience, and the type of person who volunteers versus the type of person who is seeking employment. Mishara (2016) compared the effectiveness of suicide risk assessment, empathy and call quality across centers using both volunteer and paid staff. This research found that, not only do volunteers tend to have better call quality and empathic responses to callers, but that education in mental health related fields was not advantageous. This is significant, as empathy is not only a deterrent to burnout, but is demonstrated to increase contact quality. Burned out crisis workers tend to struggle with providing empathy consistently, which reduces service quality.

COVID-19 Crisis Center Impact

The American Association of Suicidology (AAS, 2020) surveyed crisis centers about the impact of the global COVID-19 pandemic. AAS reported a 44 percent increase in clinical acuity of crisis contacts and a decrease in the total number of staff available to respond to contacts (AAS, 2020). Crisis call centers are often smaller locations with open offices or cubicle environments challenging their ability to social distance. Additionally, crisis call centers rarely have the funding to change ventilation, purchase appropriate personal protective equipment, or make in-center operations safe during the pandemic (AAS, 2020). Nearly a year after the start of the pandemic, many centers are still using cloud-based technology to recruit, interview, train and support their crisis workers (L. Mayer, personal communication, December 16, 2020). These dynamics are important for consideration when examining the impacts of burnout and job dissatisfaction. Negative empathy is frequently cited throughout the literature as having a direct

impact on job satisfaction and ultimately, the sustainability of the operation. When crisis workers are experiencing the same stressors as their clients/patients, negative empathy will be in greater supply. The pandemic places a unique collective trauma and negative empathy burden on crisis workers.

Review Summary

The role of vicarious trauma, burnout, and job dissatisfaction are themes found across the helping profession. Each has lasting impacts on individuals, organizations, and the field of human services. Burnout occurs in response to many factors, several of which can be mitigated or—at the very least—reduced to support the wellbeing of the employee, leading to longer retention of skilled workers. As burnout does not resolve without intervention, the workforce has the potential of bouncing a burned out workforce between organizations and potentially losing workers within the field permanently. Not only does vicarious trauma present problems for the singular organization this project is focused on, but burnout can also become a pervasive problem limiting the number of qualified applicants and reducing recruitment efficacy.

Conceptual Framework

This project explores the issue of crisis worker turnover through the lens of Stamm's (2010) Compassion Satisfaction-Compassion Fatigue (CS-CF) framework, pictured below in Figure 2. This theoretical model seeks to understand one's professional quality of life, and is appropriate for PRS CrisisLink's specific problem of practice for two key reasons. First, Stamm's model is tailored to *helping* professions, a category under which crisis work can most certainly be placed. Secondly, Stamm's model explores not only the *negative* aspects of helping work, but also the *positive* reasons why helpers stay in their professions. "Reducing turnover"

and "increasing retention" are often two sides of the same coin. Still, there is an important tension present within helping professions: negative factors that drive us away from our work (what Stamm labels "Compassion Fatigue"), and positive factors that pull us deeper into our work (what Stamm labels "Compassion Satisfaction"). Stamm's model is unique in its ability to capture both sides of this push/pull dynamic.

Figure 2
CS-CF Model (Stamm, 2010)
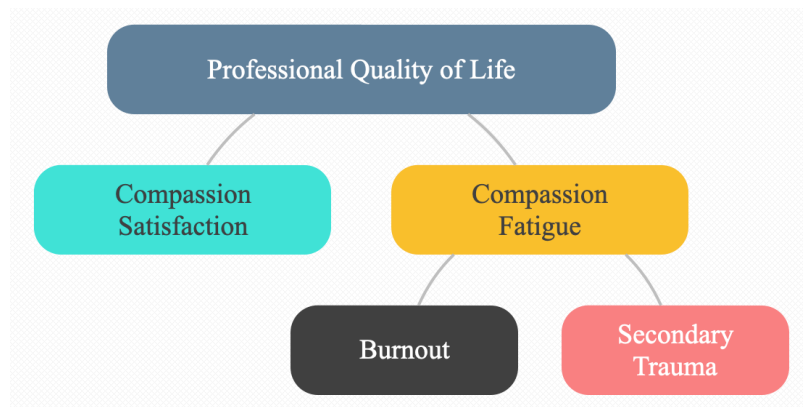
Stamm's framework coheres many of the constructs found in our literature review into a unified model containing three elements: (i) compassion satisfaction, (ii) burnout, and (iii) secondary trauma.

Compassion Satisfaction

Compassion satisfaction (CS) concerns the utility crisis workers derive from being able to do their work (Stamm, 2010). Crisis workers may feel positively about their ability to contribute to the greater good of society through their work with callers in crisis. The work may align with their identity or sense of professional "purpose." Helping others may feel like a way for crisis workers to "give back" to their communities. They may even experience positive

feelings towards their colleagues, or derive pleasure from their work setting. No matter the source of their pleasure, compassion satisfaction acts as a theoretical umbrella for the "good stuff" to be found within crisis work.

Compassion Fatigue

On the other side of the coin, *compassion fatigue* (CF) concerns the disutility crisis workers experience from their work (Stamm, 2010). Helping others exacts an emotional toll, and the term compassion fatigue can be used as a capture for all of the negative aspects of being a helper. Stamm's model accounts for nuance within the negative dimensions of helping work, separating compassion fatigue into its two elements, *burnout* and *secondary trauma*.

Burnout

Burnout is the first element of compassion fatigue. Burnout is a phenomenon that many people experience during the course of their professional careers, so most people have an intuitive sense of what it is. According to the research, burnout is often accompanied by a sense of hopelessness—which can affect one's ability to perform their job effectively. It gradually diminishes one's feeling of job satisfaction, until the worker believes that their effort no longer makes a difference and develops a sense that their work environment is unsupportive (Stamm, 2010).

Secondary Trauma

Secondary trauma, sometimes referred to as secondary traumatic stress (STS) or vicarious trauma (VT), is the second element of compassion fatigue. It is about a crisis worker's work-related, secondary exposure to extremely stressful events. The negative effects of STS may include fear, sleep difficulties, intrusive thoughts, or a reliving of one's traumatic experiences (Stamm, 2010).

Stamm's theoretical framework has been cited more than 1,500 times within the academic literature. It has been used extensively to explore burnout, employee mental health, and the effects of self-care on employees' professional quality of life. It has been used in studies across multiple contexts, including: nursing (Adriaenssens, De Gucht, & Maes, 2015; Kelly, Runge, & Spencer, 2015; Sacco, Ciurzynski, Harvey, & Ingersoll, 2015), mental health professions (Hensel, Ruiz, Finney, & Dewa, 2015; O'Connor, Neff, & Pitman, 2018; Ray, Wong, White, & Heaslip, 2013), and social work (Johnco, Salloum, Olson, & Edwards, 2014; Salloum, Kondrat, Johnco, & Olson, 2015; Wagaman, Geiger, Shockley, & Segal, 2015).

Closer to the scope of this project, Stamm's CS-CF model has been deployed in explorations into crisis work and suicide response. Plouffe (2015) examined the relationships of compassion satisfaction, burnout, and secondary traumatic stress to dissociation experiences in mobile crisis workers. Ting, Jacobson, and Sanders (2008) found that secondary traumatic stress was a predictor for negative coping within mental health social workers exposed to fatal and nonfatal client suicidal behaviors. Perhaps most importantly, Stamm herself notes the potentials for applications of the CS-CF framework to suicide prevention hotlines (Stamm, 2012).

This voluminous adoption of the CS-CF model—specifically as it relates to contexts adjacent to crisis work—made it a strong choice for use in this project. As the following sections detail, the CS-CF framework was instrumental in shaping the project's questions and methodology.

Questions

Above all else, this project seeks to answer the following question:

How can the retention rate be increased
for PRS CrisisLink's paid crisis workers?

However, in providing a lens for exploring PRS CrisisLink's problem of practice, Stamm's (2010) framework also adds specificity to the questions that need to be answered in order to address PRS CrisisLink's larger issue of retention. Specifically, the CS-CF model provides the means for exploring answers to these essential subquestions:

1. To what extent do PRS CrisisLink's crisis workers experience *compassion satisfaction*?

2. To what extent do PRS CrisisLink's crisis workers experience *burnout* and *secondary traumatic stres*s?

3. To what extent can compassion satisfaction be *maximized*?

4. To what extent can burnout and secondary traumatic stress be *minimized*?

Project Design

To investigate answers to these questions, a concurrent mixed methods study was conducted.

Quantitative Methods

Stamm (2010) created a scale—the Professional Quality of Life Scale—to accompany the CS-CF framework. Currently in its fifth iteration, the Professional Quality of Life Scale (ProQOL-5) consists of 30 Likert-style questions. The measure (which can be found in its

entirety in Appendix A) is itself composed of three smaller scales, with questions aimed at assessing the three constructs of one's professional quality of life: (i) compassion satisfaction, and the two dimensions of compassion fatigue, (ii) burnout and (iii) secondary traumatic stress. Thus, in the 30-question measure, ten questions measure CS, ten measure BO, and ten measure STS.

The current ProQOL has been administered more than 600 times in the literature (Stamm, 2016a), and many of these studies contributed their raw data to the ProQOL databank. This has allowed for normalization as well as evaluation of the scale's reliability. The inter-scale correlations show 2% shared variance (r=-.23, co-σ = 5%, n=1187) between CS and STS and 5% shared variance (r=.-.14, co-σ = 2%, n=1187) between CS and BO. The shared variance between the STS and BO subscales is 34% (r=.58, co-σ = 34%, 14 n=1187). While both STS and BO measure negative affect, they are clearly distinct—namely in that the STS scale addresses fear while the BO scale does not (Stamm, 2010).

Satisfied with the extensive use of the ProQOL-5 in similar studies, as well as it's inter-scale reliability, we deployed the ProQOL-5 to help us answer our first two subquestions:

1. To what extent do PRS CrisisLink's crisis workers experience *compassion satisfaction*? —*and*—

2. To what extent do PRS CrisisLink's crisis workers experience *burnout* and *secondary traumatic stress*?

Qualitative Methods

While the ProQOL-5 can help identify the extent to which PRS CrisisLink employees experience compassion satisfaction, burnout, and secondary traumatic stress, it is not a diagnostic test. And if it falls short of being able to label a crisis worker as "satisfied," "burned out," or "traumatized," it most certainly falls short of proffering suggestions for maximizing CS and minimizing CF. Thus, qualitative interviews were conducted to answer subquestions three and four:

3. To what extent can compassion satisfaction be *maximized*?

   —and—

4. To what extent can burnout and secondary traumatic stress be *minimized*?

These interviews consisted of sixteen questions, divided into three sections. The first section addressed the crisis workers' length of employment, experience, and typical work schedules. The second section contained questions regarding the crisis workers' motivations for joining PRS CrisisLink and factors that contribute to CS and CF. The third section asked crisis workers to identify strengths and weaknesses of PRS CrisisLink, and to articulate potential organizational improvements. The protocol for these interviews can be found in its entirety in Appendix B.

Sampling and Data Collection

Only paid crisis workers, their supervisors, and the program director were considered for both the quantitative and qualitative portions of the study, as depicted in Figure 4. Of the 28 total participants, 25 were crisis workers (i.e., phone and chat operators), and 3 were supervisory staff.

The crisis workers are paid on an hourly basis, while the supervisors receive salary

compensation. All but two worked at CrisisLink full-time. Additionally, each participant must

have successfully

completed PRS

CrisisLink's

training program,

and each must

have operated the

crisis line for a

minimum of 400

Figure 4

Sampling population within PRS CrisisLink's blended staffing model
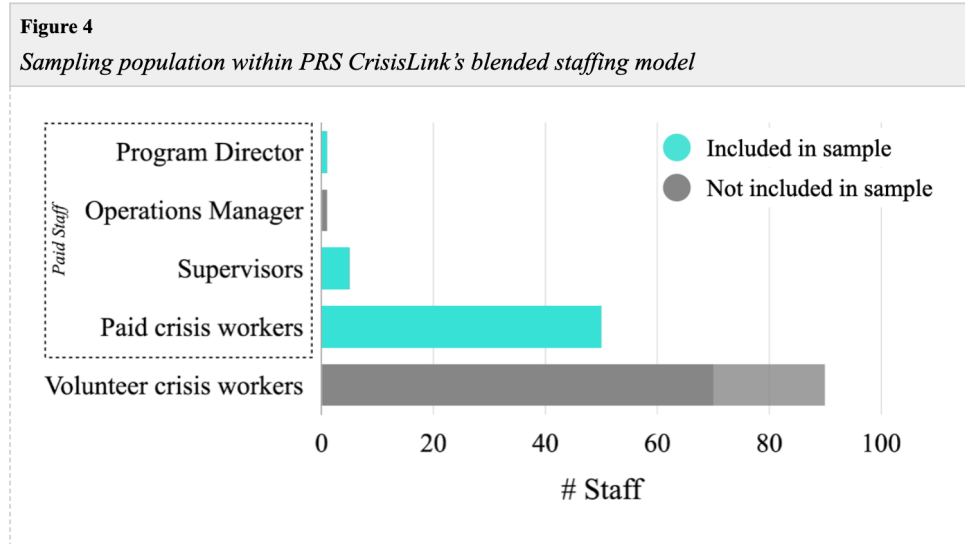
hours (or at least two months if full-time). These selection criteria were suggested through

personal conversation with the center's executive director, on the logic that sufficient onboarding

and experience within the organization would be needed to proffer meaningful suggestions for

organizational improvement. However, as these constraints limited the sampling population, no

demographic data was collected for subgroup analysis (since including questions of gender, race,

sexuality, and socioeconomic status may have caused responses to no longer be anonymized).

Length of employment ranged from two months to four years, with the average length of

employment being just over one year (12.8 months).

The ProQOL-5 scale was built into a digital survey using the Qualtrics experience

management platform. Two additional questions were added at the beginning of the survey, one

to confirm the crisis workers' consent to participate in the study, and another to measure how

long the crisis worker had been employed by the organization. The ProQOL-5 survey was

emailed to 34 crisis workers. Of the 34 crisis workers who were given the survey, 22 responded

to at least one question. However, of those 22 respondents, there were three who only consented or only responded to "How long have you worked for PRS CrisisLink?". As these participants did not answer any of the questions found on the ProQOL survey, their responses were omitted from the final data set. Another participant only answered the first question of the ProQOL survey ("I am happy"), but did not provide a response to any of the other 29 questions. Their response was also omitted. Additionally, one respondent did not affirm consent on the first question. Thus, 17 responses were analyzed in all, leading to a true response rate of 50 percent.

The qualitative interviews were conducted using Zoom video conferencing software. An invitation was emailed to 27 crisis workers to schedule an interview. Six agreed to participate, leading to a response rate of 22 percent. These interviews ranged from 8 minutes to 34 minutes in length, with the average interview lasting 22 minutes and 29 seconds. Each interview was recorded with the participants' consent.

Scoring and Data Analysis

In analyzing data from the ProQOL-5 survey, descriptive analyses were performed for the CS, BO, and STS scales. Additional analysis was conducted using the statistical programming language R, through which correlations were examined between each crisis worker's length of employment and their levels of CS, BO, and STS. As detailed in the ProQOL Manual (Stamm, 2010), scoring for the ProQOL-5 follows a three-step process:

1. Reverse items 1, 4, 15, 17, and 29 into 1r, 4r, 15r, 17r, and 29r, using (1=5), (2=4), (3=3), (4=2), and (5=1).

   These items constitute half of the burnout scale and thus measure negative aspects of crisis work. However, they are asked on the ProQOL-5 in their positive form, which is more intuitive for survey respondents.

2. Sum the items for each subscale.

      CS = ProQOL questions 3, 6, 12, 16, 18, 20, 22, 24, 27, 30

      BO = ProQOL questions 1r, 4r, 8, 10, 15r, 17r, 19, 21, 26, 29r

      STS = ProQOL questions 2, 5, 7, 9, 11, 13, 14, 23, 25, 28

3. Convert the raw score into a t-score.

      Raw score mean = 50

      Raw score standard deviation = 10

Using results from the assessment's databank, the ProQOL Manual (Stamm, 2010) also provides cut scores around the 25th and 75th percentiles. This provides for the categorization of a crisis worker's CS, BO, and STS levels as either "low," "moderate," or "high" according to the cut points provided in Table 1.

Table 1
ProQOL CS, BO, and STS cut points (Stamm, 2010)

22 or less = *Low*
Between 23 and 41 = *Moderate*
42 or more = *High*

After analyzing the quantitative data, thematic analysis was performed on the qualitative interviews. After each individual interview was conducted, the responses were recorded into a spreadsheet. As expected, few remarks from employees were so specific as to say "I am feeling burned out" or "I believe I am experiencing secondary traumatic stress." Therefore, it was sometimes necessary to translate participants' responses into language aligned to Stamm's (2010) CS-CF Model. Individual question prompts and sequences became less important than the

ideas conveyed in the responses themselves, so common ideas were grouped into themes, and the emerging themes were then grouped as contributing either to the crisis workers' sense of (i) compassion satisfaction or (ii) compassion fatigue.

The two lists in Appendix C situate dominant themes from crisis worker interviews within the CS-CF framework, along with simplified explanations for each label used. To chart the data, we made columns according to the thematic labels, re-watched the video recordings of each interview, and tallied each mention of a particular theme so that a bar graph could be created from the frequencies of each theme.

Findings

To converge towards an answer to our main research question, *How can the retention rate be increased for PRS CrisisLink's paid crisis workers?*, each of the necessary subquestions were answered in turn.

Subquestion 1: To what extent do PRS CrisisLink's crisis workers experience compassion satisfaction?

This first question was answered by the ProQOL's CS scale. As shown in Figure 5, the sample of crisis workers displayed a moderately high level of compassion satisfaction for their work ($M = 40.52$, $SD = 5.04$). Additionally, there was no correlation between a crisis worker's compassion satisfaction and their length of employment, $r(15) = .03$, $p = .92$.

Figure 5

ProQOL-5 Mean Scores by CS-CF Dimension
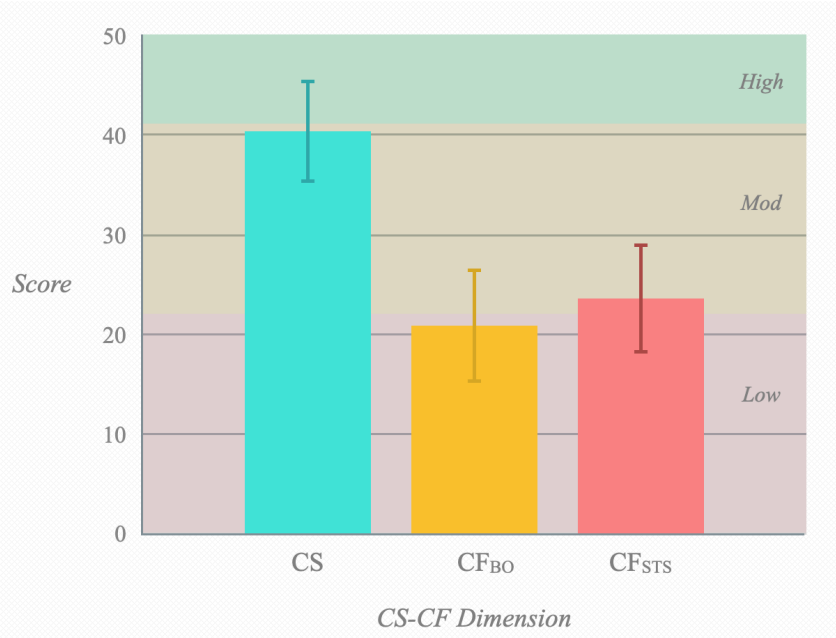
These data led to our first finding:

Finding #1

PRS CrisisLink's paid crisis workers experience
moderately high compassion satisfaction.

Subquestion 2: To what extent do PRS CrisisLink's crisis workers experience burnout and secondary traumatic stress?

This second question was answered by the ProQOL's BO and STS scales. The sample of crisis workers displayed a low level of burnout ($M = 21$, $SD = 5.58$), and a moderately low level of secondary traumatic stress ($M = 23.06$, $SD = 5.36$), both of which are illustrated above in

Figure 5. There was no correlation between a crisis worker's level of burnout and their length of employment, $r(15) = -.10$, $p = .69$, nor was there any relationship between a crisis worker's level of secondary traumatic stress and their length of employment, $r(15) = -.09$, $p = .74$. These data led to our second finding:

> **Finding #2**
>
> PRS CrisisLink's paid crisis workers experience low burnout and moderately low secondary traumatic stress.

Subquestion 3: To what extent can compassion satisfaction be maximized?

Our third question was answered through qualitative interviews with crisis workers. Using terminology found within the ProQOL-5 survey, the interview participants' responses were coded for phrases related to compassion satisfaction. The results were summed, and the self-identified factors contributing to crisis workers' CS can be found in Figure 6.

Figure 6

Count of factors related to compassion satisfaction
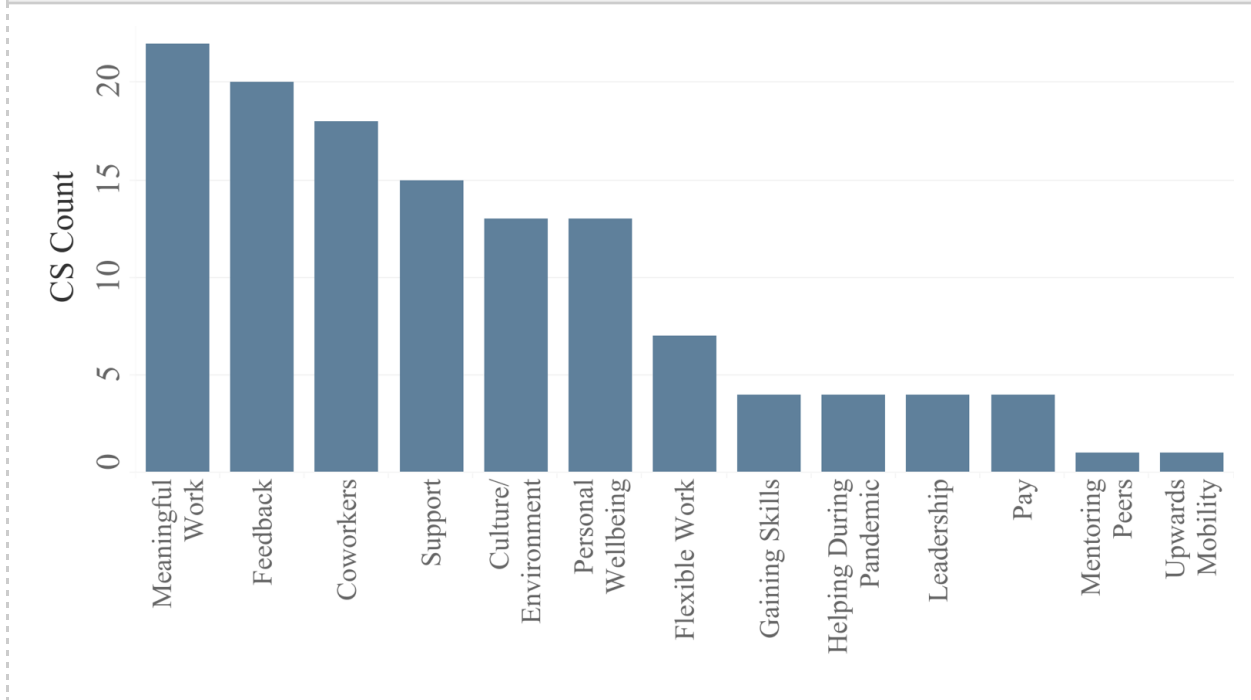
PRS CrisisLink has a significant advantage in the inherent meaningfulness of its work. More than any other factor, crisis workers mentioned that the impact they felt they were making in their broader community contributed to their sense of job satisfaction. One crisis worker's response seemed to encapsulate the shared sense amongst the crisis workers we interviewed that theirs is a particularly significant vocation:

> *"I think that PRS, but PRS CrisisLink especially, is doing incredibly valuable work. Not just in northern Virginia, but just in general...wanting to be a part of that is a reason for me to stay. Not just making an impact on individual callers, but, in general, the mental health landscape."*
>
> *-PRS/PRS CrisisLink Crisis Worker*

However, while the work is inherently meaningful, not every CS factor was so obvious. Many crisis workers expressed an appetite for more feedback, as summarized here:

> *"I would like more feedback from people who are either my peers or above me in some way. I don't get a ton of that, but when I do, I value it a lot. It gives me a sense of where I really am within the whole company...so I know what I need to work on.*
>
> *Anytime that I start feeling that I'm not doing a good job, it's because I haven't gotten feedback in awhile."*
>
> *-PRS/PRS CrisisLink Crisis Worker*

These data points led us to our third finding:

Finding #3
Feedback, culture, and environment are opportunities to maximize the compassion satisfaction of crisis workers.

Subquestion 4: To what extent can burnout and secondary traumatic stress be minimized?

Finally, the fourth question was also answered through our qualitative interviews. As with the positive aspects of CS, interviewee responses were aligned to terminology within the ProQOL-5 to count factors each participant felt contributed to their compassion fatigue. The results can be found below in Figure 7.

Figure 7

Count of factors related to compassion fatigue
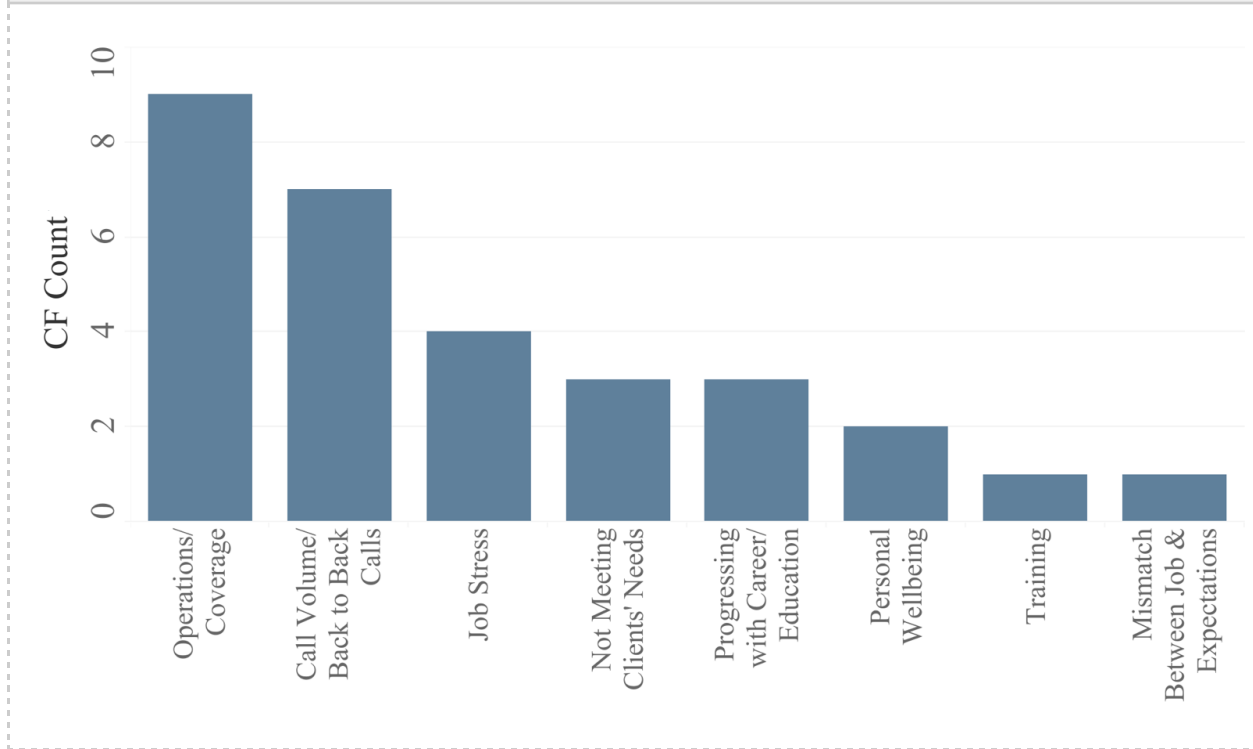
While there were noticeably fewer mentions of factors that contributed to our interviewees' senses of compassion fatigue, it was clear from our conversations that repeated exposure to traumatic calls was harming their wellbeing. This was put forth in varying ways, but one participant put it well:

> *"Being able to balance work and life, that's really hard in my role. It bleeds into my life a lot. Some of that's me and me being able to set that boundary. Some of it is just feeling like I have enough support that I can set things down for a minute and, like, be 'off'"*
>
> *-PRS/PRS CrisisLink Crisis Worker*

These data led to our final finding:

Finding #4
Wellness, resilience, and reduced exposure to traumatic calls are opportunities to minimize burnout and secondary traumatic stress of crisis workers.

Discussion of Findings

Given the organization's rising turnover, it may seem surprising to find that CrisisLink's crisis workers are experiencing high levels of compassion satisfaction and low levels of compassion fatigue. Reflecting on the current literature provides a path for interpreting these findings.

Finding 1 | High Compassion Satisfaction

Stamm notes that crisis line operators may have a personal history of trauma, and that these extremely stressful experiences may serve as a source for their motivation to help others—so as to help others not suffer as they once did (Stamm, 2012). Indeed, while past traumatic experiences were not surveyed on the ProQOL-5 Scale, our qualitative interviews and personal conversations bore this out. Many of PRS CrisisLink's crisis workers enter the profession having experienced crisis in their own lives, and they subsequently view their contributions to the organization as a gift to a much larger community, a community in which they consider themselves members. This motivation can be a particularly strong source of compassion satisfaction (Stamm, 2012), and every crisis worker interviewed referred to the meaningfulness of their work at some point in the interview. This finding was also congruent

with Plouffe's (2015) study, which found 80 percent of the mobile crisis workers he studied benefitting from average to above average CS.

Finding 2 | Low Burnout and Moderately Low Secondary Trauma

Our second findings were a bit more surprising, as results from the ProQOL-5 Scale indicated low levels of BO and moderately low levels of STS among crisis workers—results which feel counterintuitive to the reality of high turnover within the organization.

Burnout. Employment in helping work is a primary risk factor for burnout (Baird & Jenkins, 2003). Continuous, direct contact with clients has led to emotional exhaustion, dehumanization of clients, and a decline in the sense of personal accomplishment at work (Baird & Jenkins, 2003). Another risk factor is callers' expectations that the operator will "fix" things or otherwise provide therapeutic services (Stamm, 2012). As an organization, CrisisLink encounters all of these threats. Moreover, prolonged overexposure to these elements showed up as a shared concern in the qualitative data, as participants spoke often about the burden that an understaffed shift has on the community of crisis workers as a whole.

Staffing Challenges. CrisisLink has budget constraints and a long training process. When one crisis worker resigns, the program is impacted and faces a crisis of its own. Losing even one worker has had long-lasting impacts, which are felt until the program temporarily resourced and positions are no longer vacant. One resource paid crisis workers believe is underutilized is the organization's volunteer workforce. Crisis workers report the number of contacts managed per shift directly affects how they feel about their work and how fatigued they feel at the end of a shift. Each contact has corresponding documentation, lengthening the time spent on each interaction and shortening the time for respite between contacts. As resources can be limited, the volunteer workforce helps to distribute the contact volume and provide more time between

contacts for crisis workers to attend to their own emotional needs, employ coping strategies, and regroup with their supervisors and peers. One intervention mentioned during the interviews was to use volunteers as a "surge protector" against periods of volume.

With these factors working *against* crisis workers' BO, what's to make of PRS CrisisLink's strength in this area? Well, one consideration is selection bias. This project surveyed and interviewed only currently-employed crisis workers, all of whom had gone through the entire CrisisLink onboarding program, and whose average length of employment was 12.8 months. It is possible that the sample we surveyed had already demonstrated resilience against burnout. Another possible explanation could be job autonomy, which has been shown to reduce burnout (Baird & Jenkins, 2003). While the shift in crisis workers' working environments (from PRS offices to their own homes) may have presented challenges in terms of organizational culture and camaraderie, it almost certainly increased the crisis workers' autonomy.

Secondary Traumatic Stress. While past brushes with trauma may help contribute to a crisis worker's compassion satisfaction, firsthand traumatic stress can also make a crisis worker especially vulnerable to the negative effects of helping work (Stamm, 2012). Secondary exposure could pose a threat to triggering prior firsthand experiences—which we would expect to see reflected in high amounts of STS among CrisisLink's staff. However, this was not the case, as ProQOL-5 results indicated moderately low levels of STS for CrisisLink's employees.

Training has been found to lower levels of secondary traumatic stress (Goodman, 1997, as cited in Ting, Jacobson, & Sanders, 2008), so one possibility is that CrisisLink's employees are safeguarded against STS through extensive on-the-job training. However, this seems equally unlikely, as professional development was consistently called out as an opportunity for organizational growth:

Crisis Worker Professional Development. Throughout the qualitative interviews, workers shared their desires for professional growth. One impediment to CrisisLink providing on-the-clock professional development is its requirement to meet certain metric deliverables, such as the number of contacts answered per day. When the center is short-staffed, providing professional development is a luxury the organization literally cannot afford. During our qualitative interviews, crisis workers offered ideas such as monthly training sessions and development of their supervisory skills. CrisisLink's supervisors shared this desire for professional learning opportunities for their subordinates, but communicated a struggle to balance this desire with the demands of providing direct service. The program director also referenced the challenge of competing needs, especially during periods of high call volume, such as evenings and late nights, when there are many crisis workers and volunteers on the same shift.

If firsthand trauma and professional development are actually *risk factors* for STS, what is to account for the staff's relatively low levels of STS? As with burnout, selection bias may be one explanation. We only surveyed and interviewed current crisis workers, so their high-STS counterparts may have already left the organization. Similarly, the remaining crisis workers (the ones we interviewed) may possess protective factors that have allowed them to stay in the organization—for more than a year, on average—while guarding them against the effects of long-term exposure to secondary trauma.

Stamm offers one more alternative possibility: the center's technology. Unlike the few unique hotlines that use video conferencing software for their crisis contacts, CrisisLink's operators communicate with their clients through a single channel: either voice or text. This single medium of contact limits the amount of information conveyed and protects crisis workers from multisensory exposure to their callers' trauma (Stamm, 2012).

Finding 3 | Opportunities to Maximize CS

The interviewees provided multiple recommendations for improving their satisfaction in their role as crisis workers, but two stood out above the rest.

Feedback. Next to the inherent meaningfulness of crisis work, *feedback* was the second most common theme contributing to crisis workers' CS. Crisis workers and supervisors shared the need for feedback as critical to their development and satisfaction as a crisis worker. Crisis workers described how useful written feedback has been on their contact documentation, but overall, they experienced the in-the-moment feedback as the most beneficial. Crisis workers also emphasized the desire to engage with each other and the organization beyond their shift work. Some ideas offered included: happy hours, game nights, and social events. Many communicated an interest in virtual versions of these activities if the pandemic prevented in-person interactions. Workers explicitly mentioned care packages sent from the organization, which include self-care tools such as journals, candles, small fidget toys, gift cards, and coloring pages. The interviewees demonstrated a shared desire to feel as "cared for"—by each other and the organization. This feeling was represented in the *Coworkers* and *Support* themes that recurred throughout the interviews. Supervisors shared the need for these behaviors to continue, but stressed they often found little time to invest in these areas.

Crisis Worker Equity. One way crisis workers and supervisors alike felt valued is when their use of leave (both paid and unpaid time off) was respected and encouraged. Research has shown that continued exposure to traumatized individuals is a leading risk factor for vicarious traumatization (Baird & Jenkins, 2003). However, opportunities for respite are sometimes few and far between. Crisis centers never close, so holidays do not offer much by way of "time-off" for crisis workers. Instead, leave must be requested and scheduled ahead of time. Depending on

the status of the worker (i.e., full-time versus part-time), the employee may or may not be accruing paid time off. Employees who do accrue leave report not using it very often, because they know their absence may impact others negatively. Other crisis workers and supervisors use leave liberally when they want to. Workers who do not accrue leave are reported to be utilized in greater numbers for more challenging shifts such as holidays and weekends. Workers report this as an equity issue.

Finding 4 | Opportunities to Minimize BO and STS

Reducing exposure to traumatic calls and texts would have the double-edged benefit of boosting compassion satisfaction while reducing compassion fatigue. This was expressed in multiple ways, through the crisis worker's perceptions about inadequate *Operations,* poor *Shift Coverage* and difficult-to-manage *Call Volume* during shifts. But there was another finding that specifically addressed tools for coping with the *Stress* that is inseparable from crisis work.

The Crisis Worker Experience. Through the qualitative interview sessions, crisis workers and supervisors alike pointed to the power of hearing other crisis workers' experiences of their work. Many suggested testimonials be used in the recruitment phase of the employment lifecycle and a mentorship model be utilized post-training. Crisis workers are often recruited with no previous experience and thus no framework for what to expect, which can make the work more emotionally overwhelming initially.

In their initial training, employees learn the skills of: active and reflective listening, suicide safety assessment, referral, and many other special population facts and interventions—but what's *not* covered is what it feels like to experience the challenges day-to-day. There is no socialized normalization of crisis worker reactions and interactions with clients (which are oftentimes more stressful than expected). Testimonials and vignettes may

serve as an important primer for what new crisis workers may be exposed to and the ways in which more tenured and experienced workers cope and manage their stress. Once a crisis worker has completed training and has context for their role, engagement of the worker beyond training was an identified gap. Most crisis workers have limited contact with other workers beyond their immediate shift and supervisor which prevents sharing a diverse range of experiences. It was noted in several interviews that crisis workers may not need debriefing in the moment so much as they need thoughtful meaning-making or sharing of their experiences for consultation once the emotional reaction has subsided. Some workers also shared the importance of knowing what a normal response is to what they have been exposed to. This was reinforced by listening sessions with the program director who also conducts the bi-monthly process groups with crisis workers.

Recommendations

Based on the literature, as well as the qualitative interviews and quantitative survey results, there are three overarching recommendations for PRS CrisisLink to implement to increase retention of crisis workers. Also, in addressing feedback from the qualitative interviews and other data collection, we propose two additional recommendations for consideration.

Overarching Recommendations

1. Share the "Crisis Worker Experience" and develop an engagement and peer support program.

2. Formally develop a Personal Development Plan (PDP) focusing on crisis worker professional progression.

3. Adopt a standardized feedback and coaching model.

Additional Recommendations

4. Consider the use of alternative work schedules or changing/rotating roles for employees to reduce the overall number of contacts handled within standard periods.

5. Increase the number of volunteers to reduce the number of contacts taken by each employee during the evening hours.

Recommendation 1

Recommendation #1
Share the "Crisis Worker Experience" and develop an engagement and peer support program

Rationale

Throughout the interview process, supervisors and crisis workers alike expressed a need and desire to be more connected with another and with the organization. Employee engagement can be thought of a socialization or as a direct peer experience building camaraderie and well-being (Jones et al., 2016). While social events are a valuable part of offering opportunities for rapport building and connectedness, building peer support and social engagement can become a valuable retention and skill building function for an organization (McClure & Moore, 2021). The work at PRS can be stressful and finding ways to build connections between workers helps to develop a stronger psychological workplace climate in which support is being offered at both the peer and supervisory levels (Potoski & Callery, 2018). Benefits of developing a resourced model of peer support and employee engagement include a strengthened work climate in which institutional knowledge is valued and encouraged and maintained by a workforce in

which new employees have built-in mentorship (Williams & Bland, 2020). New employees learn from voices they can relate to: the employees currently experiencing what they are learning about in classroom training (Potoski & Callery, 2018). For supervisors, a peer group of at their own level in which they can both share and receive ideas about management from more seasoned supervisors can enhance motivation and improve performance (Williams & Bland, 2020).

Implementation

Building a program to include peer support and engagement is cumbersome, especially for a program in which time resources are so limited. A promising and free program out of the Oregon Healthy Workforce Center house within the Oregon Institute of Occupational Health Sciences offers a structured three-to-twelve month Community of Practice and Safety Support (COMPASS) (Olson et al., 2015). The COMPASS program has an evidence-based model to support total worker health practices (Oregon Healthy Workforce Center, 2021).

The time commitment for the workforce and the individual champion at PRS varies based on length of the program selected and the activities selected. Time commitment may range from 30 minutes to one hour per week for the organizational champion and the weekly commitment for supervisors and employees can be as frequent as weekly hour-long meetings, or bi-weekly sessions for an hour. The toolkit is downloadable and shareable with employees, and includes activities supporting employees in developing healthy habits for wellbeing, debriefing, and education. There are team effectiveness activities for each scheduled meeting as well that support communication, sharing best practices, and increasing the support for one another as a community of care. PRS will also receive access to online tools employees may utilize outside of meeting times as they work towards their own health and wellness goals.

In addition to the COMPASS structured program, we would also recommend CrisisLink continue their regularly scheduled crisis worker process groups in which the workforce can attend for emotional support and process their experiences in a less structured format. The balance of both the COMPASS program and a less structured approach provides a well-rounded and accessible support structure.

Inputs and Costs

The COMPASS program is materially free but does require one individual organizational champion to serve as the liaison and organizer of the intervention and meetings. We recommend the Crisis Worker Support Manager and Support Coordinator for these efforts. To start the COMPASS program at PRS, the organization would only need to complete a survey (https://app.smartsheet.com/b/form/b21e5614dfc64474bacd98217471376c) and schedule a 30-minute meeting with the Oregon team (https://calendly.com/ohwc/ohwc?month=2021-03).

Recommendation 2

Recommendation #2
Formally develop a Personal Development Plan (PDP) focusing on crisis worker professional progression

Rationale

Crisis workers discussed the need for additional professional development beyond their initial training. This was reinforced through conversations with supervisors and the program director as the current training plan only includes annual training for health and safety through Human Resources. Development plans offer organizations sustained opportunities for employees

to improve their skills and ultimately competence (Beausaert et al., 2011a; Lejeune et al., 2016). The initial training crisis workers receive provides a strong foundation of skills and knowledge; however, as crisis workers begin to handle more contacts there is a greater need for depth in knowledge on top of their foundational understanding. Self-directed PDP's support the crisis workers growth and autonomy at a pace the worker can choose, and when the worker is ready for additional learning. Using PDP's as a self-directed learning tool can also remove the relationship between training as a promotional tool instead of a growth tool which the literature suggests is necessary for a PDP to be effective (Beausaert et al., 2011a, 2011b; Lejeune et al., 2016).

Implementation

We recommend the development of curriculum in two primary areas: technique development and special population education. In the area of technique development courses should focus on tangible skills crisis workers can learn to utilize during contacts to de-escalate or support clients in the moment. In the area of special population education, a library of curriculum providing education about unique groups of people and the needs and challenges of working with these groups was requested by several workers.

There are cost-effective benefits to purchasing training and offering to crisis workers on a quarterly basis versus developing curriculum in-house. Some already developed and purchasable trainings are listed in Appendix D. We would recommend a slow roll out of PDP plans initially—offering all crisis workers ongoing training each quarter would be a good start to engage the workforce. Then, offerings could be expanded and employees could choose additional growth opportunities each quarter.

Inputs and Costs

This recommendation has costs associated which vary according to the program selected. We recommend developing an annual training budget for the next fiscal year to ensure resources are available to grow and maintain a library of online curriculum to be assigned within the PDPs. If CrisisLink wishes to implement this recommendation immediately, we recommend utilizing only free trainings this year.

CrisisLink has a *core trainer* position who can preview and evaluate the training courses outlined. This position could support the addition of targeted quarterly training and the development of PDPs with employees after the first three to six months of employment. The support manager may also have a role in this supporting the emotional and resilience-building training of employees.

Recommendation 3

Recommendation #3
Adopt a standardized feedback and coaching model

Rationale

Thematically, crisis workers shared their need for feedback on their technique, interaction with clients, and judgment. Experiences with feedback varied throughout the interview process as supervisors expressed a lack of congruence in how feedback is provided. Team effectiveness can be improved through coaching and standardization of a coaching model (Jones et al., 2016). Feedback and coaching are somewhat separate functions that CrisisLink does not currently recognize. Feedback is a process which can be a corrective experience with a behavior change

request, whereas coaching supports the overall growth of an employee from a non-supervisor (Jones et al., 2016; Weer et al., 2016). Educating supervisors on the separation of the functions can improve employee development and experiences with their own growth in a supportive and constructive way (Heslin et al., 2006).

Implementation

We reviewed the recommendations provided by ICMI for a standardized feedback model called SAFE (Summarize observed behaviors, Ask for input, Formulate a plan, Express thanks) as an initial model for supervisors to provide corrective but collaborative feedback. The SAFE model allows for employees to experience and anticipate this kind of feedback as part of their normal experience versus only when their performance declines. The SAFE model should be displayed in the virtual call center space to reinforce the process, and can be found at https://files.8x8.com/white-papers/33392_ICMI16_8x8_Toolkit.pdf.

The next phase of implementation we recommend is training to differentiate between supervision and coaching skills. This should be provided to all PRS CrisisLink supervisors and managers. To reinforce this separation between correction and coaching, we recommend offering crisis workers monthly coaching sessions with a supervisor who is not their direct supervisor.

Inputs and Costs

This recommendation may be best executed by the Program Director with the support of the Human Resources team. PRS has purchased access to Relias online coaching modules for all employees. We recommend tapping into this resource as part of the PDP plan for supervisors to expand their skill set. We recommend the program director select appropriate Relias courses for supervisors and assign the trainings over time. Engaging the Human Resources team may also reduce the workload of course selection and assignment.

Recommendation 4

> **Recommendation #4**
>
> Consider the use of alternative work schedules or changing/rotating roles for employees to reduce the overall number of contacts handled within standard periods

One strategy might include changing the role of a crisis worker from handling incoming contacts towards providing shift support to volunteers through technical assistance, debriefing, and reviewing contact records for accuracy. These are necessary functions occurring during a shift which burden supervisors, but if assigned to a crisis worker relieves them of incoming contact duty. Crisis workers may also use this opportunity to learn new skills and train into the supervisory role.

Recommendation 5

> **Recommendation #5**
>
> Increase the number of volunteers to reduce the number of contacts taken by each employee during the evening hours

CrisisLink has a rich history of utilizing volunteers to handle hotline calls. The evening hours have the greatest number of incoming contacts which often exceeds the capacity of employees. CrisisLink offers volunteer shifts for three hours a week. One strategy may be to increase the shift to four hours and concentrate volunteer recruitment during the hours of 6:00 p.m. to 12:00 a.m. By focusing recruitment only during these hours versus the entire day may

support faster growth of the volunteer population and reduce the contacts handled by employees during these hours.

Discussion and Conclusion

PRS CrisisLink has faced and continues to face big challenges as the landscape evolves to better support those facing life and suicide crisis. Our quality improvement project was intended to help PRS CrisisLink identify areas in which the organization can change to reduce the turnover rate and better support their return on investment when training crisis workers. Over the course of this project, we gained insight into the unique role of empathy and vicarious trauma, burnout, and the role of job dissatisfaction in the healthcare industry. We were able to observe firsthand the reasons why people excel in this field and what areas create grave risk for those serving on the front lines of behavioral health. In the end, we learned how vital crisis intervention services are and the needs of those providing this kind of unique care.

Limitations

The criteria for crisis workers surveyed and interviewed required the worker to have been provided service to clients a minimum of two months post training. This decision was made in consultation with the program director to attempt to ensure a sample of crisis workers who have adequate experience in the role and would be best positioned to offer meaningful insight into the ideas of compassion satisfaction and compassion fatigue. Additionally it is unlikely a novice crisis worker would experience burnout quickly, as the literature suggested burnout is a gradual process. After responses were collected and the sample size compared to the organizational chart, a considerable number of crisis workers were not able to be surveyed, reducing the sample size

and possibly not providing valuable data. This was an unintended outcome impacted greatly by the COVID-19 pandemic, which caused a major turnover of staff for various reasons (L. Mayer, personal communication, December 16, 2020). The population we would have had access to may have provided some greater insight into the factors impacting turnover for new employees which have been identified at greater risk for turnover. It would be unreasonable to not consider the significant changes the organization experienced due to COVID-19 and the operational changes which has impacted their ability to recruit and even the type of crisis worker recruited to work from home versus in a brick and mortar center.

Another limitation we faced was scheduling of the PRS CrisisLink team for interviews. Crisis workers were hesitant to schedule outside of their scheduled shift and supervisors were unable to shift the workforce around to accommodate the interview times. The data collection period occurred during a particularly understaffed period for PRS CrisisLink, which pressured the crisis workers to provide direct service for the entirety of their shift. In highsight, the scheduling barriers were steep and we were unable to overcome them in such a limited time, so the sample size was smaller than expected due to this barrier.

The qualitative interviews also presented a somewhat skewed perspective as the participants were not an accurate representation of the workforce at PRS CrisisLink. This project did not separate full-time and part-time workers or supervisors meaningfully to control for the differences in perspective and workload. Supervisors at PRS CrisisLink are direct service providers and they also have more time to train, debrief and work outside their role than a crisis worker does. Full and part-time employees are vastly different in levels of exposure to acute crisis contacts because of the number of hours worked each week. Additionally, there are major benefit differences between workers who have full time status such as paid leave, health

insurance, and contact with supervisory staff for training and support. With a sample size as small as our project, it is difficult to discern which variables must be considered to ascertain impact.

The volunteer workforce was also excluded for this project which may have been a substantial missed opportunity. As the literature review was expanded there were several studies which included volunteers in their sample, with similar findings around compassion satisfaction, burnout, and secondary traumatic stress. Volunteers work fewer hours, but may have different work histories, life experiences and motivations which can be helpful or protective of burnout (Vattøe et al., 2020). Another factor influencing the exclusion of volunteers was our conclusion that employee turnover was a more urgent challenge to the organization, as volunteers did not have the same concerning turnover rate. Again, this was decided before the COVID-19 crisis changed the operation of the center to a model which has seen volunteers take on a larger role. While these limitations exist, the findings were useful for conext and future considerations and will be useful for PRS CrisisLink to review.

Areas for Future Research

This project opened many opportunities for future research not only by PRS CrisisLink, but the crisis center industry. Positive and negative empathy research is newer and linked with neuropsychology in the literature. There seems to be some valuable ideas entering the conversation in regards to the role that positive empathy plays in mitigating the lasting impacts of vicarious trauma. In crisis work, which is almost always short-term, there is little opportunity for crisis workers to experience positive empathy without using peer or supervisory resources. One area we think might be valuable to research is the relationship and impact on positive empathy interventions between paid or volunteer workers. We would like to understand if

positive empathy interventions are value added for volunteers who work less and work for different motivations than an employee.

Through our research we found conflicting literature regarding the negative impacts of crisis work on volunteers versus paid employees. It was unclear if the literature available was suggesting volunteers experience all the same negative impacts of crisis work, or if they simply had less exposure. The role of motivation for choosing the volunteer work or employment role seems important as a protective factor in preventing burnout. Additionally, we would encourage a similar process of utilizing interviews and surveys to better understand the volunteer experience at PRS CrisisLink.

The COVID-19 pandemic brought significant operational changes at PRS CrisisLink where the staff moved entirely remote. Understanding how the workforce experiences remote work would be another important area of research to consider. Questions to consider include: What can be learned about the benefits of remote work in this industry? What is lost in the virtual environment? What needs are or are not being met by this new workforce? As PRS CrisisLink prepares for a longer-term, remote working environment, these would be important questions to explore to support their future support and retention goals.

Conclusion

Employees at PRS CrisisLink enjoy their work and find meaning and purpose with their roles. Supervisors enjoy those they supervise and have high expectations for the quality of work performed and desire more time to develop their employees. Our inquiries found many employees feel a deep connection to their peers and supervisors, and have a lot of hope for improvements in specific areas. For all the challenges and barriers discussed, there are many positive experiences coming from PRS CrisisLink. The strengths we observed were the

relationships employees had with one another and their supervisors and the immense meaning and value of the work itself. We observed crisis workers sharing in their excitement about our project as they provided thoughtful and considerate feedback about their experiences. It was clear there was a normalized culture of offering feedback about challenges and a desire for employees to participate in solutions.

Our major takeaways included recommendations to grow and expand on what PRS CrisisLink is really good at: training, feedback, and developing growth opportunities. Our recommendations focused on creative solutions to support the goals of PRS CrisisLink so the organization can answer as many calls, texts, and chats as possible while remaining focused on employee engagement, growth, and support. We believe PRS CrisisLink has the capacity to implement our recommendations meaningfully with minimal additional resources. By engaging employees in positive empathy experiences, negative empathy experiences can be mitigated and there is a greater opportunity for reduced risk of burnout and decreased turnover.

Crisis work is incredibly challenging and is typically not designed to be a long-term career choice. Many workers use the crisis worker experience as a stepping stone to a future career in helping work or ongoing education. However, by implementing these recommendations we expect a longer retention period and the reduction of early job termination due to burnout. If PRS CrisisLink can prevent the burnout of their workforce, they will increase their contribution to crisis work as a whole by demonstrating an operational model that protects helping professionals from burnout and secondary traumatic stress. We observed a lot of hope and excitement for the possibilities this project may lead to for PRS CrisisLink as they continue to grow and expand their services.

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Appendix A

ProQOL-5 Measure

Professional Quality of Life Scale (ProQOL)

Compassion Satisfaction and Compassion Fatigue
(ProQOL) Version 5 (2009)

When you *[help]* people you have direct contact with their lives. As you may have found, your compassion for those you *[help]* can affect you in positive and negative ways. Below are some questions about your experiences, both positive and negative, as a *[helper]*. Consider each of the following questions about you and your current work situation. Select the number that honestly reflects how frequently you experienced these things in the <u>last 30 days</u>.

1=Never	2=Rarely	3=Sometimes	4=Often	5=Very Often

_____ 1. I am happy.
_____ 2. I am preoccupied with more than one person I *[help]*.
_____ 3. I get satisfaction from being able to *[help]* people.
_____ 4. I feel connected to others.
_____ 5. I jump or am startled by unexpected sounds.
_____ 6. I feel invigorated after working with those I *[help]*.
_____ 7. I find it difficult to separate my personal life from my life as a *[helper]*.
_____ 8. I am not as productive at work because I am losing sleep over traumatic experiences of a person I *[help]*.
_____ 9. I think that I might have been affected by the traumatic stress of those I *[help]*.
_____ 10. I feel trapped by my job as a *[helper]*.
_____ 11. Because of my *[helping]*, I have felt "on edge" about various things.
_____ 12. I like my work as a *[helper]*.
_____ 13. I feel depressed because of the traumatic experiences of the people I *[help]*.
_____ 14. I feel as though I am experiencing the trauma of someone I have *[helped]*.
_____ 15. I have beliefs that sustain me.
_____ 16. I am pleased with how I am able to keep up with *[helping]* techniques and protocols.
_____ 17. I am the person I always wanted to be.
_____ 18. My work makes me feel satisfied.
_____ 19. I feel worn out because of my work as a *[helper]*.
_____ 20. I have happy thoughts and feelings about those I *[help]* and how I could help them.
_____ 21. I feel overwhelmed because my case [work] load seems endless.
_____ 22. I believe I can make a difference through my work.
_____ 23. I avoid certain activities or situations because they remind me of frightening experiences of the people I *[help]*.
_____ 24. I am proud of what I can do to *[help]*.
_____ 25. As a result of my *[helping]*, I have intrusive, frightening thoughts.
_____ 26. I feel "bogged down" by the system.
_____ 27. I have thoughts that I am a "success" as a *[helper]*.
_____ 28. I can't recall important parts of my work with trauma victims.
_____ 29. I am a very caring person.
_____ 30. I am happy that I chose to do this work.

Appendix B

Qualitative Interview Protocol for PRS CrisisLink Crisis Workers

Consent to record
Thank you for the generosity of your time today. This will be an interview about your experiences at PRS CrisisLink. We have 16 questions, and the interview should take about 45 minutes to complete.

With your permission, we would like to record this interview. Do you give your verbal consent for us to record?

<Wait for consent>

Thank you. As a secondary measure, we will ask for your verbal consent after the meeting has started recording.

Opening statement
Thank you again for your participation in this interview. As a confirmation, do you give your verbal consent for us to record this interview?

<Wait for consent>

"Thank you. This project aims to identify and define retention and turnover for PRS CrisisLink crisis workers and our capstone project will seek to answer the following question: How can the retention rate be increased for PRS CrisisLink's paid crisis workers?

The focus of this project is on understanding reasons crisis workers stay at PRS CrisisLink and what could be potential reasons for crisis worker turnover. To understand and prepare to research PRS CrisisLink's challenges and past successes, we will review the recruitment process, review the current training curriculum, review call data about types of calls and length of calls, and review any existing surveys, which will help provide a picture of the current state of PRS CrisisLink.

All of the qualitative and quantitative data will be aggregated to provide a framework to assist us in developing recommendations to increase crisis worker retention. In addition, through an extensive literature review and interviews, we will provide recommendations, as well as program evaluation measures for implementation.

Your participation is voluntary, and all of your responses will be kept anonymous and confidential. No identifying information will be collected or stored. You may decline to respond to any question you do not wish to answer. There are no penalties or consequences of any kind if you decide that you do not want to participate—and your employer will not have access to individual responses or identifiable information. All resulting data files will be stored on a

password-protected account accessible only to the study's researchers, Derek Rouch and Liz Barnes.

Section 1 prompt: "The first section of this interview aims to gain background information of each interviewee and to gain understanding of the operational impacts on each individual interviewee experiences"

1. How long have you been at PRS CrisisLink?
2. How many hours do you have on the hotline?
3. What is your normal shift schedule?

Section 2 prompt: "The next several questions focus on your motivations for wanting to join PRS CrisisLink and what are areas that bring job satisfaction"

4. What was your initial motivation to join PRS CrisisLink?
5. What factors cause you to enjoy your current job and work situation?
6. What are some reasons you stay at PRS CrisisLink?
7. How do you feel that your work makes a difference in the organization and the clients you serve?
8. How do you feel valued at work?
9. What helps you do your best work?
10. What elements of your job would you miss most if you left the organization?
11. What are any factors that keep you up at night or cause you to dread coming into work?
12. What are actions PRS CrisisLink can take to further recognize you as an employee?

Section 3 prompt: "The final section of questions will gather information about the potential reasons people may leave and stay at PRS CrisisLink"

13. How do you feel crisis workers are supported?
14. What do you think are potential reasons people may leave PRS CrisisLink?
15. What are areas that could be improved to help crisis workers stay at PRS CrisisLink?
16. If you were to build a retention program, what elements would it include?

Closing prompt
This concludes our interview. Thank you again for your honest feedback and participation.

Your responses will benefit future crisis workers as we examine the factors that contribute to retention. If you should have any questions about this research study, please feel free to contact Derek Rouch, Principal Investigator, at derek.rouch@vanderbilt.edu or our Faculty Advisor, Cynthia Nebel, at cynthia.nebel@vanderbilt.edu.

Appendix C

Explanation of Qualitative Themes

Themes Relating to Crisis Workers' Compassion Satisfaction	*(See Figure 6)*

- *Meaningful Work:* Responses grouped under this label communicated a shared feeling that crisis work contributes meaningfully to the world.

- *Feedback:* Responses grouped under this label communicated a positive feeling as a result of receiving feedback from peers and supervisors.

- *Coworkers:* Responses grouped under this label reported positive interpersonal relationships with coworkers.

- *Support:* Responses grouped under this label shared a feeling of support from their CrisisLink colleagues.

- *Culture/Environment:* Responses grouped under this label communicated a belief that PRS CrisisLink's work environment was welcoming and contributed to a positive work culture.

- *Personal Wellbeing:* Responses grouped under this label commented on increased satisfaction in their work related to their own personal wellbeing.

- *Flexible Work:* Responses grouped under this label shared an appreciation for the flexible work hours and conditions (i.e. office and virtual) offered by PRS CrisisLink.

- *Gaining Skills:* Responses grouped under this label shared a feeling of professional progress as a result of working with PRS CrisisLink.

- *Helping During Pandemic*: Responses grouped under this label shared an appreciation for flexible work hours and conditions (i.e. office and virtual).

- *Leadership:* Responses grouped under this label shared a belief that the leadership at PRS CrisisLink contributes positively to job satisfaction.

- *Pay:* Responses grouped under this label demonstrated satisfaction in their compensation at PRS CrisisLink.

- *Mentoring Peers:* Responses grouped under this label demonstrated satisfaction from the opportunity to mentor colleagues.

- *Upwards Mobility:* Responses grouped under this label felt satisfied with the opportunity to grow in their career as a result of their experiences at PRS CrisisLink

Themes Relating to Crisis Workers' Compassion Fatigue	*(See Figure 7)*

- *Operations/Coverage:* Responses grouped under this label expressed negative feelings towards PRS CrisisLink's staffing, shift scheduling, and/or poor shift coverage.

- *Call Volume/Back-to-Back Calls:* Responses grouped under this label expressed negative feelings towards the amount of call volume (e.g. experiencing too many back-to-back calls in a given shift), which provides overexposure to the traumatic experiences of the callers

- *Job Stress:* Responses grouped under this label expressed negative feelings towards the daily stresses of crisis work.

- *Not Meeting Client's Needs:* Responses grouped under this label expressed negative feelings of guilt about not being able to meet the felt needs of their clients.

- *Progressing With Career/Education:* Responses grouped under this label expressed a perception of stagnation in their career or educational growth that they feel is attributable to their work at CrisisLink.

- *Personal Wellbeing:* Responses grouped under this label expressed negative feelings towards their own personal wellness, including limited opportunities for self care.

- *Training:* Responses grouped under this label expressed feeling undertrained or otherwise professional unprepared to meet the challenges of the job.

- *Mismatch Between Job & Expectations:* Responses grouped under this label described a feeling that crisis work did not meet their initial expectations of the job.

Appendix D

Currently Available Crisis Training Programs

Nonviolent Crisis Intervention
https://www.crisisprevention.com/Our-Programs/Nonviolent-Crisis-Intervention

Enhancing Trauma Awareness
http://www.thesanctuaryinstitute.org/services/training-consultation/enhancing-trauma-awareness

LGBT Health Training & Certificate Program
https://healthlgbt.org/education-training/lgbthealthcert

Counseling on Access to Lethal Means
https://www.sprc.org/resources-programs/calm-counseling-access-lethal-means

Bringing Hope: Responding to Disclosures of Child Sexual Abuse
https://campus.nsvrc.org/enrol/index.php?id=71

Exploring Diversity and Cultural Humility: Sexual Assault Counselor Training
https://campus.nsvrc.org/enrol/index.php?id=136

Serving Survivors During COVID-19
http://www.nationalcenterdvtraumamh.org/trainingta/webinars-seminars/2020-webinars

Working at the Intersections of Domestic Violence, Mental Health, and Substance Use
http://www.nationalcenterdvtraumamh.org/trainingta/webinars-seminars/2019-2020-webinars

Trauma-Informed Responses to Emotional Distress and Crisis
http://www.nationalcenterdvtraumamh.org/trainingta/webinars-seminars/2016-webinar-series-trauma-informed-responses-to-emotional-distress-and-crisis

Virtual Trauma, Justice, and Ending Oppression
https://vsdvalliance.org/build-skills/register-for-a-training