Telephone Helplines: Volunteering from a Male and Female Perspective

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Abstract

CONTEXT: Helplines for people suffering with depression provide confidential telephone listening services for many in Ireland and are operated by volunteers. It was the aim of this research project to explore the experiences, perceptions and motivations of volunteers who operate such helplines in order to determine if there is a noticeable difference along gender lines. METHOD: Qualitative research was carried out using personal interviews to elicit information from six volunteers in an attempt to understand their motivations for volunteering and their perceptions of its benefits to themselves and the callers. RESULTS: Data was analysed using thematic analysis and NVivo8 software. It emerged that male and female participants had many similar perceptions of their volunteering experience such as believing it was a positive experience which benefits the volunteers and callers. Yet there were a number of areas where there was a stark difference between male and female replies such as motivation to volunteer and likelihood to make use of carer system.
Introduction

Helplines for people suffering with depression provide confidential telephone listening services for many people around the world and are often operated by volunteers. It is the aim of this research project to explore the experiences, perceptions and motivations of volunteers who operate such helplines in order to determine if there is a noticeable difference along gender lines.

Volunteering is an important activity at an individual, community, national and at a social level (Giddens, 2006). Research has been undertaken into all aspects of volunteering including how volunteering contributes to the economy (Ironmonger, 2000); the act of volunteering, (Wilson, 2000; Karniol, Grosz & Shorr, 2003) the motivations (Clary et al., 1998; Fletcher & Major, 2004; Martinez & McMullin, 2004) and benefits, both to the volunteer and others (Wilson & Musick, 2003). Volunteering is “a conscious choice to lend help to others and not just a one-time short term response to a single plea for help” (Burns, Reid, Toncar, Anderson & Wells, 2008, p101). It involves people giving their time freely to perform activities which will benefit other people or causes (Wilson, 2000).

Introduction to the Literature on Volunteering

This introductory section will review existing literature and research. First, it will examine the act of volunteering in general. It will discuss the importance to society and the individual of volunteering and the types of volunteering work people may be drawn to. It will then move on to explore gender differences in volunteering. While there is very little difference in the numbers of males and females volunteering, there is a difference in the types
of volunteering work they engage in (Gienow, 2009; Rotolo & Wilson, 2007). Socialisation of gender may play a part in the type of occupations pursued by both males and females as children are taught how society expects them to behave (Hill, 2002; McHale, Kim, Whiteman & Crouter, 2004). Thereafter, motivations to volunteer will be addressed; together with theories surrounding individuals’ decisions to volunteer and the benefits of volunteering to volunteers.

Depression will then be explored, both generally and from an Irish perspective, together with the increase in suicide rates in Ireland. Finally, the role of helplines in today’s society will be investigated as it has been found that the importance of telephone helplines has increased over the last 40 years, with depressed individuals reported to call many different types of helplines, not just those specifically catering for depression (Fakhoury, 2002: Potenza et al. 2001).

**Volunteering**

Volunteering is usually understood to be an unpaid form of altruistic behaviour, the aim of which is to help others (Musick & Wilson, 2008). A sociological definition of volunteering has emerged in recent times based on the fact that the volunteer is engaging in a chosen leisure activity (Stebbins, 2009). However, while volunteers are often admired for giving up their free time, there is a tendency for some in society to undervalue or devalue voluntary work because it is given freely (Musick & Wilson, 2008).

In Ireland the 2002 National Economic and Social Forum found that 17% of adults questioned were engaged in voluntary activities (Houses of the Oireachtas Joint Committee on Arts, Sports, Tourism, Community, Rural and Gaeltacht Affairs [“HOJC”], 2005) although
it is thought there was a decline of approximately 430,000 in the 10 years between 1992 and 2002, with figures down to 496,000. As a way of tackling unemployment, the UK government is investing in volunteering as a route back to employment (Institute for Volunteering Research, 2009). There is a belief amongst many unemployed volunteers that they will be more employable as a result of their volunteering activities (Wilson & Musick, 1999b, 2003). Research carried out in the UK found that 88% of the unemployed respondents who took part in the survey believed that their volunteering would help them get a job (Hirst, 2001).

Many organisations rely heavily on volunteers as “77% of organisations stated they could not operate without the support of volunteers” (Volunteer Development Agency, 2007, p11). The report, *Volunteers and Volunteering in Ireland* (2005) puts the value of volunteering to the Irish Economy in 2002 between €204,393,974 and €485,035,268. The lower figure uses the minimum wage at that time to compute the value of volunteering whereas the higher figure relates to the corresponding average industrial wage. This is a very imprecise exercise as it is unclear how many volunteers there are in Ireland. A factor which must also be considered is whether or not volunteers put as much effort into their volunteering work as their normal work and so a paid worker might get through more work than a volunteer. (HOJC, 2005).

Education has been shown to be a factor in the decision to volunteer and also in the type of volunteering jobs obtained. White collar volunteers are more likely to be involved with organisation, counselling and teaching compared with blue collar volunteers, who are more likely to do maintenance work. (Gienow, 2009). People who are educated to a higher
level are also more likely to continue volunteering as they are more aware of ongoing social needs (Wilson & Musick, 1999a).

Two theories related to how people choose what volunteer work to do are Contrast Theory and Spillover Theory. The first, Contrast Theory, posits that people choose different work to that which they would normally do for monetary reward (Rotolo & Wilson, 2007). Spillover Theory, on the other hand, focuses on the fact that people often choose to do similar work to that which they normally do for monetary reward. The findings of this research supported Spillover Theory (Rotolo & Wilson, 2007).

An individual’s confidence in his own skills, might be factor in his decision whether to pick similar or different volunteering activities as research has shown that those who are more willing to carry out challenging tasks have been found to have a higher perceived level of self-efficacy (Lindenmeier, 2008; Bandura, 1994). In contrast, people tend to avoid tasks they find threatening “due to expected negative consequences, including the expectation that they will experience fear” (Kirsch, 1982 p133). In many cases, it is not the volunteer who chooses the type of work they will do, but it is determined by the voluntary organisation as efficient use of human capital is put into practice (Rotolo & Wilson, 2007).

**Gender Differences in Volunteering**

There is some disparity in the research on whether volunteering attracts more male or female volunteers with some studies finding that women are more likely to volunteer than men (Hodgkinson & Weitzman, 1996; Wilson, 2000), but other studies finding that there was little, if any, difference in numbers volunteering based on gender (Van Emmerik, Jawaher & Stone, 2004; Rotolo & Wilson, 2006). In Ireland, the 2006 Census found that a total of
192,752 people indicated that they volunteer for social or charitable work. 113,055 of these were women, compared with 79,697 men. As can be seen, these figures support the research studies which have shown that women do volunteer more than men (CSO, 2007).

Similarly to paid work, segregation often exists amongst volunteers along gender lines. Research shows that in volunteering, men are more likely to do typically ‘male’ work such as building, maintenance and repairs (Gienow, 2009) whereas women are more likely to do typical ‘female’ work such as preparing and delivering food and clothing (Rotolo & Wilson, 2007). As previously mentioned, this might be attributable to Spillover Theory; with people preferring to do similar work to their non-volunteering activities as they are comfortable in their ability to perform such work.

Research carried out by Karniol, Grosz and Schorr (2003) shows that volunteering is a feature related more strongly to one’s adoption of the ethic of care rather than gender. However, as part of the same study, females and people who scored highly in femininity as operationalised in this study, were found to be more caring than males and people with high masculinity as operationalised in this study. It is more likely that females will volunteer as they are socialised to be feminine (Karniol, Grosz & Schorr, 2003). “Men and women are drawn to different kinds of volunteer work because they have been socialised into different ideas about what it means to care for, and about, others” (Musick & Wilson, 2008, p181). Gender socialisation influences the roles and attitudes parents pass on to their children (Hill 2002; McHale, Kim, Whiteman & Crouter 2004). While parents often promote equality, the reality is often that there are definite gender roles within the family, with parents having sex-stereotyped expectations of their children (Kelly et Al, 1982). “Growing up, our society tells
boys they need to stand on their own, go forth and do things and get paid well for it – men shouldn’t have a nurturing side” (Gienow, 2009, p21).

Social Role theory purports that there are different roles in society undertaken by men and women. Therefore, depending on their gender, individuals learn different skills and appropriate social behaviour and this, in turn, might influence the type of occupations they pursue (Guadagno & Cialdini, 2007). Wilson and Musick (1999a) suggest that the reason for gender differences in volunteering might be “the sex role definition… women do volunteer work because it is part of the role of being a mother” (Wilson & Musick, 1999a p262). The stereotypical volunteer is a middle class, middle-aged woman (Davis Smith, 1998; Wardell, Lishman & Whalley, 2000) and there may be a conception that volunteering is ‘women’s work’ especially amongst older men (Gienow, 2009). Men’s caregiving complements that of the females in their family. Their wives and daughters encourage men to become involved with volunteering (Gerstel & Gallagher, 2001). However, spousal influence on volunteering is unequal with greater numbers of wives influencing their spouses (Rotolo & Wilson, 2006).

Volunteers are more likely to succeed in the labour market than those who do not volunteer. In a longitudinal study, Wilson and Musick (2003) found that volunteering was very valuable to women in terms of its impact on their paid employment. In carrying out research over an 18 year period, they found that, of the women working in 1991, those who had volunteered in 1973 had better jobs and “more sustained volunteering brings more rewards” (Wilson & Musick, 2003, p445).
Motives for Volunteering

There are a number of theories in relation to why people give up their time to volunteering; these are related to function, values, role-identity, personality and well-being (Thoits & Hewitt, 2001). Although it may be said that these can ultimately be broken down into two main motivations; altruism and self-interestedness (Stebbins, 2009).

From a functional perspective Clary et al. (1998) found that volunteering meets certain functions for the volunteer. They developed a Volunteer Function Inventory, made up of six possible motivations for individuals to volunteer; Values (to express altruistic or humanitarian values); Understanding (to obtain learning experiences or exercise knowledge or skills); Social (influenced by relationships); Career (to gain work-related benefits or experience); Protective (to reduce guilt or negative feelings and to address personal issues); and Enhancement (for personal growth and self-esteem). They found that individuals may volunteer for different reasons, or for a number of reasons and that their motivations may change over time. They also found that people are drawn to volunteering when appeals for volunteers are directed towards these motivations (Clary et al., 1998).

Although further research did not support differences in the motivations of career and social, gender difference was found in motivations of values, esteem, understanding and protective with females scoring higher than males (Fletcher & Major, 2004, Burns et al, 2008). Both males and females rated the importance of motivations in the same order as follows: value, understanding, career, and esteem, with females expressing stronger motivations than their male counterparts (Burns et al, 2008).
A second theory related to motivation to volunteer is Role Identity Theory which posits that individuals’ identities emerge from social interactions and the expectations of others. As others associate a certain role with an individual, in this case volunteering, the more the individual is motivated to maintain this role identity which, in turn, motivates future behaviour (Thoits & Hewitt, 2001; Finkelstein & Brannick, 2007).

Another theory is one related to values and attitudes which is concerned with the positive relationship between values and attitudes and volunteerism (Janoski, Musick & Wilson, 1998; Thoits & Hewitt, 2001). While certain values were associated with likelihood to volunteer, this research was found to be limited in that other factors could have been more strongly associated with volunteering. The fourth theory focuses on personality which initially motivates voluntary behaviour and ultimately impacts on length of service. Research found that time spent volunteering and length of service were related to traits associated with a prosocial personality, such as helpfulness (Penner & Finkelstein, 1998).

Altruistic behaviour has long been the subject matter of investigation (Batson, 1987). Wilson (1978) proposes that there exists two forms of altruism; hard-core and soft-core. Hard-core altruism is usually behaviour reserved for family or tribal units and is performed with no hope of reward or return. Soft-core altruism, on the other hand, is carried out with expectations of reciprocation and, therefore, is ultimately a selfish act.

Charitable acts do not only benefit individuals in receipt of those deeds, but also the person performing the action (Kenrick, Cialidini & Baumann, 1981). Volunteering has been shown to provide physical and mental health benefits to volunteers (Wilson & Musick, 1999b; Moen, Dempster-McClain & Williams 1992). Wuthnow (1991) found that rewards such as
positive feelings about oneself for doing something to benefit others and acting in accordance with internal values can be gained. Volunteering is believed to provide an increase in human and social capital. While human capital usually refers to formal education, skills acquired through volunteering can add to an individual’s human capital. Social capital is increased through the social contacts one acquires while volunteering. Volunteers have been shown to have more social contacts than non-volunteers irrespective of socioeconomic and employment status and level of education (Wilson & Musick, 2003).

Martinez and McMullin (2004) found that efficacy was the most important factor in a person’s decision to volunteer. “A strong sense of efficacy enhances human accomplishment and personal well-being in many ways. People with high assurance in their capabilities approach difficult tasks as challenges to be mastered rather than as threats to be avoided.” (Bandura, 1994, p71). When people decide not to become more involved with volunteering, research has shown that the most common reason given is competing work commitments (Volunteer Development Agency, 2007; Martinez & McMullin, 2004) and was also a reason why an individual would reduce the amount of hours they commit to volunteering (Wilson & Musick, 1999a). The Volunteer Development Agency (2007) report suggests that almost three quarters of volunteers questioned obtain satisfaction from seeing the results of their work, with enjoyment scoring high on the scale of what is important to volunteers.

Individuals are often influenced by whether or not a family member is involved in voluntary work (Sundeen & Raskoff, 1994; Rosenthal, Feiring & Lewis, 1998). Approximately 48% of all formal volunteers had family members who volunteered compared with just 6% of non-volunteers (The Volunteer Development Agency, 2007). Many schools have programmes in place and encourage students to get involved with voluntary work in
their community which benefits both the individual and the community at present and in the future. Children who volunteer in school are more likely to volunteer as adults (Astin 1993; Damico, Damico & Conway, 1998). However, it is suggested that no matter how highly motivated a person is, unless they are asked to volunteer, they are unlikely to do so (Musick & Wilson, 2008).

The 2005 Report, *Volunteers and Volunteering in Ireland*, states that it is often the case that people using a voluntary service benefit uniquely when the volunteer has more in common with them than a professional (HOJC, 2005). A volunteer would have more empathy for those with whom they have something in common, for instance an understanding of depression through first or second-hand knowledge.

Volunteers whose roles and motivations are positively matched are more likely to enjoy, be satisfied and, therefore, continue to volunteer (Clary et al., 1998; Clary & Snyder, 1999). A study carried out by Wolfe, Nordstrom and Williams (1998) on the effect of enhancement of self-efficacy and turnover rates of telemarketers shows that when self-efficacy was enhanced in new recruits, it was found to reduce employee turnover although inconsistently with prior research, it was found to have had no effect on performance.

Research shows that volunteers’ decisions to continue volunteering also include the importance of the social relationships they have built up within the organisation and if they believe the job they are performing is worthwhile. Individuals are also less likely to discontinue volunteering if they feel supported by the staff of the organisation and they receive further training (Hidalgo & Moreno, 2009).
Depression

Depression is a neurotic or psychotic disorder which results in mood alteration, negative self-image, desire to escape or die, and the depressed person may see changes to their eating and sleeping habits, their libido and activity level (Beck & Alford, 2009). A strong link has been shown to exist between unemployment and episodes of depression and anxiety, with unemployed individuals being more likely to receive medication from their GP (Comino, Harris, Silove, Manicavasagar & Harris, 2000). Research shows that only GPs with formal postgraduate mental health qualifications feel comfortable diagnosing and treating suicidal patients, while rural GPs are more likely to prescribe anti-depressants than urban GPs. The same study recorded that male GPs were less likely to believe they could be of any help to patients suffering with depression (Richards, Ryan, McCabe, Groom & Hickie, 2004).

One of the recommendations of Suicide in Ireland, A National Study (2001) was that men should be encouraged to discuss problems more readily and the media should be used to promote this. It saw the role of GPs as vital in the prevention of suicide as it found that there was a high rate of contact between suicidal individual and their GP prior to the incident, with females being more likely to seek help from their doctor before a suicide attempt. The fact that people who sought help from their GP went ahead to attempt or complete suicide highlights the fact that there was a discrepancy between the level of help or support they needed or expected at this time of crisis in their lives and what they actually received or felt they received (Departments of Public Health on Behalf of the Chief Executive Officers of the Health Boards, 2001).

Suicide can seem like an acceptable solution to individuals suffering with depression (De Ande & Smith, 1993) as those at risk of suicide tend to inaccurately measure “the
magnitude and insolubility of problems” in their lives (Beck, Rush, Shaw, & Emery, 1979, p222). The reported increase in suicides, particularly amongst males has prompted research into the incidence of suicide in Ireland. The study, Suicide in Ireland, A National Study (2001), found that 40% of suicides occurred in males aged 30 years and under, with approximately five times more men dying from suicide than women. This research shows that the foremost cause of death in young men aged between 15 and 34 years is suicide and it found that “mental health disorders, especially depression, remain the highest risk factor for suicide” (Departments of Public Health on Behalf of the Chief Executive Officers of the Health Boards, 2001, p7).

**Helpline Volunteering**

The particular type of volunteering being investigated in the current research study is that of the telephone helpline volunteer. Helplines have been in existence since the 1950s and 1960s and it is thought that the Samaritans’ London-based helpline was amongst the first of such telephone counselling services (Coman, Burrows & Evans, 2001) and have increased in number in recent years (McCord & Packwood, 1973). Helplines generally focus on one area of expertise and have trained individuals available to answer calls from those in need of information or support (Ingrim et al, 2008), for example the Cancer Helpline, the National Autism Helpline, Childline, Teenline, Parentline and Bodywhys. Whether the helplines are manned by lay people or professional counsellors, they are important to the individuals who access them, some of whom may be in crisis (King, Nurcombe, Bickman, Hides & Reid, 2003). Callers often like to use telephone helplines as their anonymity is protected so therefore they can be more open and are free to end the call at any time (McCord & Packwood, 1973).
The work of a helpline volunteer involves skills such as an ability to actively listen whilst remaining objective and impartial (Millman, Strike, Van Soest, Rosen & Schmidt, 1998). Volunteers must rely on their listening abilities because of the lack of non-verbal communication (Coman, Burrows & Evans, 2001). The caller needs to feel complete confidence in the confidentiality of the call and the professionalism of the volunteer (Franks & Medforth, 2005). “The primary or most significant communicative behaviour of telephone crisis workers is listening, while empathy allows the listener to understand the internal frame of reference of the caller” (Gray, Nida & Coonfield, 1976, p200) and in this regard, it can be understood why it would attract women as research has shown that women are often drawn to caring and nurturing roles (Rotolo & Wilson, 2007).

While the numbers of men volunteering in general is 1,678,127 (CSO, 2006), figures show that in terms of volunteering on helplines, men lag far behind their female counterparts. Recent figures obtained from the Samaritans show that in 2008 they had 67.7% female volunteers compared with 30.5% males while Aware reported that of a total of 95 volunteers, just 18 were male. Some callers find it easier to relate to someone of the same gender and similar age group, depending on the nature and content of the call (Franks & Medforth, 2005).

Although helplines such as Samaritans and Aware are non-directive in their approach, they provide support to people who are going through difficulties in their lives or are experiencing feelings of depression or loss (McKeon & Corcoran, 1999; Samaritans, 2009). Speaking to someone on a helpline can be particularly beneficial and research shows that counselling can have a “positive impact on both the general mental state and the suicidality of the young people who called for help” (King et al., 2003). Callers are often calmer with less
confused thoughts than they had been before making the call (Ingram et al., 2008) although they remain at risk and vulnerable (King et al., 2003).

Callers to helplines who are suffering from depression are reported to account for approximately 50% - 80% of calls to helplines offering a range of services, not just depression, with the majority of those being female callers (Fakhoury, 2002; Potenza et al. 2001). Figures obtained from the Samaritans showed a steady increase in calls between 1984 and 2001, thereafter figures remained relatively constant with an increasing trend re-appearing in 2007. They report that in 2008 the Irish branch received 146,935 distressed calls with 27,830 indicating suicidal feelings, 5,355 planning suicide and 1,033 in the act of suicide. Previous research showed that adult and teenage females were twice as likely to call a helpline than males (Ingram et al. 2008). Yet, of the calls made to the Irish Samaritans in 2008, almost half of those came from males (Samaritans, 2009) showing that Irish males are as likely to seek support and/or information as their female counterparts.

**Conclusion of Literature Reviewed**

As volunteering is such an important activity at an individual, community, national and at a social level (Giddens, 2006) much research has been undertaken into all aspects of it (Wilson, 2000; Clary et al., 1998; Fletcher & Major, 2004; Martinez & McMullin, 2004; Wilson & Musick, 2003).

Musick and Wilson (2008) discussed how volunteering is perceived in wider society. Rotolo and Wilson (2007) investigated two theories associated with the type of work volunteers choose to perform; whether they choose similar work to that for which they are
remunerated or alternative work; their findings supported Spillover Theory which states that volunteers tend to choose the type of work they do elsewhere for monetary reward.

Rotolo and Wilson (2007) discussed the different types of work male and female volunteers are involved in, with females drawn to caring and nurturing roles and males opting for maintenance and practical roles. Musick and Wilson (2008) suggested that socialisation of gender may play a part in the type of occupations pursued by both males and females as children are taught how society expects them to behave. Thoits and Hewitt (2001) discussed the different theories surrounding motivation to volunteer which related to function, values, role-identity, personal and well-being. Although Stebbins (2009) argued that these can ultimately be broken down into two main motivations; altruism and self-interestedness. With many voluntary organisations now run along the lines of a corporate business, it is suggested that voluntary organisations who match the volunteers’ motivations with appropriate opportunities would be likely to have a low turnover in their labour force (Clary et al, 1998).

Beck and Alford (2009) discussed the symptoms of depression; some of which are negative self-image, the desire to escape or die, changes to eating and sleeping habits, libido and activity level. De Ande and Smith discussed how a depressed individual might come to the conclusion that suicide can seem like an acceptable solution to their problems.

Millman et al. (1998) set out the skills and characteristics required of a telephone helpline volunteer. Ingram et al. discussed the benefit to callers of ringing a helpline. From the literature review, it is clear that young males are at greatest risk of suicide yet can be seen that males and females are equally likely to phone a helpline in times of crisis.
**Aims of the Present Study**

While much quantitative research has been done on volunteering, it was hoped that by using a qualitative approach, this study would produce rich data which would help to examine the particular activity that is helpline volunteering both from a male and female perspective.

It was hoped to gain an understanding into what initially interested these people in giving up their time to volunteer for the helpline and later, having completed the initial agreed time commitment, what were their motivations to continue volunteering.
Methodology

Method

The aim of this research was to investigate the perspectives and experiences of male and female telephone helpline volunteers in order to understand what initially interested them in volunteering for the helpline and why they continue to volunteer. By interviewing an equal number of male and female volunteers who work on a national helpline, participants were encouraged to explore their thoughts and feelings associated with the experience of volunteering.

Apparatus

For this research a digital Dictaphone was used with the participants’ consent. The model used was Philips Digital Pocket Memo and interviews were later transcribed. NVivo8 software was subsequently used to manage and analyse the data. In order to understand participants’ motivation for volunteering, a motivation sheet (See Appendix 4) was prepared based on the Volunteer Functions Inventory developed by Clary et al. (1998).

Participants

The sample chosen was six people who volunteer on a national helpline. An equal number of male and female volunteers were chosen in order to compare their reasons for becoming involved with this particular organisation and their experiences since undertaking the role of helpline volunteer. For confidentiality reasons the six participants in this study will be referred to as P1, P2, P3, P4, P5 and P6.
The participants ranged in age from mid-20s to mid-50s. All participants had completed secondary education. Two of the participants had Masters’ level of education while a further two are currently undergraduates. Of the remaining two participants, one has a diploma. Two participants are married with children while the remaining four are single. This general information was obtained with the use of a demographic sheet (see Appendix.1).

Ethical Considerations

Prior to commencement of this research project, the proposal was submitted and passed by an Ethics Committee. The participants were assured of complete confidentiality and advised that if they were uncomfortable discussing any issues that arose, they could stop the interview at any point or indicate that they wanted to skip certain questions. Consent forms (see Appendix 2) were provided which guaranteed participants’ anonymity and which enabled them to give permission for use of the information obtained from the interviews in the subsequent research report. Participants were informed that the interviews would be recorded for transcription purposes only and would be destroyed thereafter.

Design

As the aim of this research was to gain an insight into the perspectives and experiences of helpline volunteers, qualitative research was the most appropriate as it enables the researcher to extract in-depth data from interviews. The method of qualitative research used was Thematic Analysis.
**Procedure**

Interviews were carried out on a one on one basis. Participants were provided with the topic for discussion and given a very brief outline of the research being carried out. The interview consisted of 18 basic questions, and sub-questions, which were asked of each participant (See Appendix 3). In some cases, when necessary, further questions were asked as the participants explored thoughts which emerged naturally from the initial questions. Participants were encouraged to explore these thoughts and were not confined to the questions prepared before the interviews.
Results

This section will deal with the results which emerged from the study. Upon coding and thematic analysis of the interviews, a number of themes emerged. These will be highlighted separately in this section.

The themes which emerged from the data were:-

- Volunteering on a helpline is a positive experience;
- The need to raise awareness of depression in men;
- Importance of the support of the organisation;
- Challenges faced by volunteers;
- Skills and characteristics desirable in helpline volunteers; and
- Motivation of individuals to begin volunteering and continue volunteering

Volunteering – A Positive Experience

All participants reported that, overall, volunteering on the helpline was a positive experience. It was described as “worthwhile”, “enlightening” and “rewarding” by both male and female participants throughout the interviews.

“Volunteering is probably the single most worthwhile thing that anyone can do because it makes you aware of who you are in relation to other people.”

(P4)
While initial motivation for some of the participants may have been to help others, as will be discussed later, everyone interviewed felt that it is not only the callers who benefit from the service as the helpliner also benefits from the experience.

“It’s a nice symbiotic relationship where you can help yourself while helping others.” (P4)

Benefits mentioned range from gaining work-related experience to greater understanding of depression and human relationships, to volunteers’ increased feelings of altruism and self-efficacy. Although the benefits most discussed were the volunteers’ feeling of fulfilment and of having done something worthwhile, which was beneficial to others.

“Benefits from volunteering are as broad as the reasons to volunteer.”

(P6)

Although volunteers deal with difficult calls on a regular basis, many of the participants explained that their perception of the value of their work, and the fact that they are doing something which could make a difference to callers’ lives, outweigh any individual concerns.

“By the end of the call you can hear a lightness in their voice and the feeling that you get that actually I did help that person, being here, that person feels better.” (P6)
Most participants felt that they had grown as individuals because of their volunteering experience, both as a result of the skills they learned, and as existing characteristics were further developed. Many of these skills, such as active listening and empathy, are useful and transferable into other areas of the volunteers’ lives. Half of those interviewed (two female and one male) also mentioned that they feel they have gained a deeper understanding of depression and its effects on those who suffer with it and their family and friends.

“I think I have gained like definite skills in regards to listening and understanding and you know just being more (pause) realising there’s people out there with so many problems.” (P2)

An equal number of male and female participants felt that the calls and the callers contributed to their own personal growth. Each caller, in relaying their story, is inviting the helpliner to share their journey for a short time. By connecting with the caller, the volunteer is opening themselves up to new experiences.

“All the different types of people who call in enhance who you are.” (P4)

Further, it was suggested by the same male and female participants that by listening to callers sharing their worries, problems and fears, volunteers are helped to put their own lives into perspective.
“It keeps me humble. You know I’m having a terrible day and the world is against me you know, and it’s all wrong and then you listen to pure pain, then you listen to someone who’s literally at the end of their tether.” (P4)

Another benefit of volunteering mentioned by more female participants than male was the opportunity to make friends with other volunteers from different backgrounds and age groups; all of whom share a common desire to help others. While the experience of volunteering can be quite a solitary one, there are opportunities for volunteers to meet at refresher days, helpline meetings, lectures and social events.

“I was lucky enough to make some really nice friends... if you needed to swap slots or anything like that, it wasn’t a huge challenge.” (P1)

**Raise awareness that men suffer with depression and helplines need more men**

The theme which emerged next was that awareness needs to be raised that men suffer from depression as much as women but are less likely to talk to friends and family about issues and concerns.

“I think we probably need more guys who have suffered to talk about it like they’re talking about sports almost, which is awful but that seems to be the only way that maybe we can get it out there.” (P1)
The majority of participants raised the issue of stigma surrounding mental health. While there have been advertising campaigns to raise public awareness, not enough has been done as people are still ashamed to say they are feeling depressed.

“The women are deemed to be suffering with depression more but that’s because we talk about it yet the men are more prone to suicide which means it must be deeper and longer lasting.” (P1)

One male participant pointed out that helplines can be a very useful resource as he believed that men lack the same support networks as women. Where women have friends, sisters and mothers to talk to, men may be constrained by a societal perception that they are more comfortable with superficial chat than discussing deeper, emotional issues.

“I think men are in much greater need for a support network than women...sometimes it’s easier as a guy to talk to a complete stranger and this is why the helplines are so important.” (P4)

While some callers find it easier to open up easier and communicate, it was recognised by most participants that the silences during a phone call are often as significant as anything that is said. More male than female participants stressed the importance for volunteers not to be intimidated by the silences and to allow the caller to take the space and time to find the words to express how they feel.

“It’s very, very important to tell people when a man rings in onto the helpline that it’s what he doesn’t say, sometimes is just much more
important than what he does, you know, and the way that he says it can be much more important.” (P4)

In discussing the current trend in Ireland of more males committing suicide than females, one male participant suggested that even in their suicide attempts, females are often more open to communication.

“Men are a bit crap at communication so yes its probably a cry for help but they do it in the most ham-fisted way so they’re making a point or they’re opening channels for communication but it’s too late.” (P4)

None of the participants said they had a problem speaking to someone of the same or opposite sex, however, it was believed that some callers might have a preference.

“Young men who are in the bracket of risk for depression and suicide you know would, aren’t they more likely to talk to another young man on the other end of the phone, or certainly relatively young, 30 or 40 rather than maybe you know a middle aged woman who comes across, even in speech, they can’t help themselves, they come across as their mother.” (P4)

The main benefit to callers of a telephone helpline, as perceived by this group of volunteers, was that they have access to a non-judgmental, listening ear. Callers can say as much or as little as they want or feel able to. It was acknowledged by all participants of this study that everyone needs someone to talk to and it is not good to keep things in.
“You’ve finally got it out there or whatever and you feel a little bit lighter or easier about it, that’s not to say that the gravity of the problem has changed.” (P6)

All participants felt that while speaking to someone can sometimes put things into perspective, callers must ultimately take ownership of the problems and worries in their lives. As a non-directive service, it is not the responsibility of helpline volunteers to provide solutions, instead they allow callers to discuss possible options available to them and their feelings surrounding those choices.

“I think talking things out is really beneficial as long as the other person can listen and not try to solve the problem for you because generally its your problem and you need to find out the solution for yourself but I think by talking things out, it definitely helps.” (P5)

When asked what they thought could be done to attract more male helpline volunteers the majority of participants suggested advertising campaigns aimed specifically at men.

“Targeting places perhaps they spend time in like maybe, I don’t know, gyms or sports clubs or you know places that, that are men-orientated.” (P5)

They believed that organisations would receive positive replies if it was put to men that there is a need for more male volunteers and that the organisation would be a better place with their contribution.
“Perhaps they can raise awareness of that kind of thing that men can suffer mental occurrences and that organisations such as ours can only operate with volunteers. I bet if an advert went out for a week on the 6 o’clock news “[This Helpline] needs men, male volunteers”, I bet you they’d have more than they’d know what to do with.” (P6)

Support of the Organisation

Equal numbers of male and female participants mentioned that they felt supported and that they were a vital cog in the wheel of an organisation which provides necessary services to vulnerable individuals. While there have been recent changes at the top levels of the organisation, there is an expectation that volunteers will continue to be supported.

“the support has to be there and if the support isn’t there then, then nobody will volunteer so that’s, that’s what the organisation has to do. It has to set up a nice, support to look after us.” (P4)

As mentioned previously, further training is available with lectures and refresher days. More female participants than males felt they would like further training in order to be able to help more people. The remainder of participants felt happy with the knowledge and skills already in their possession.

“it makes it simpler when its non-directive and you’re not there to solve anyone’s problems, its just listening and I think that’s the basics of the
principles and idea behind it and you don’t really need a whole lot of extra theoretical training to do that.” (P3)

It was suggested by one participant that refresher training should be obligatory for all volunteers in order to keep up to date with current research and treatments for depression and, importantly, so that volunteers do not become complacent.

“I think there should be in place refreshers, I mean obligatory almost, you know and rotated. So people are taken off the line and then put back and mixed.” (P4)

The organisation promotes self-care and encourages volunteers to make use of the carer system. Carers are volunteers who have agreed to take calls from other volunteers in need of someone to share their experience. As it is a confidential helpline, volunteers are discouraged from speaking about calls except with another volunteer or the Helpline Manager, but are actively encouraged to call carers.

While all participants recognised that it is not good to keep thinking about a particular call once the slot has ended, none of the male participants of this study had ever called a carer. Only one of the female participants had called a carer after a particularly difficult call.

“That was after my first experience with somebody who said they were committing suicide and... I went home, had a good think and then I called the next day.” (P1)
One male participant was contacted directly by the Helpline Manager following a difficult call. While initially unaware that he had been affected by the call, he was surprised by the outpouring of emotion which occurred in his reply to the Helpline Manager and conceded that he had benefited from the contact.

“It opened the floodgates and it was, it would’ve filled two foolscap pages of what I had to type about this just one particular phonecall, no I didn’t feel the need to call a carer but seemingly I had some emotion and thought about it and and I have to say after having done that, felt great.” (P6)

Some of the participants actively engage in self-care, for example by meeting up with friends after their slot, trying to relax and unwind after a slot or, in effect, grounding themselves whereas one male participant believes that it is unnecessary to consciously practice self-care.

“Below the level of consciousness whatever I’m doing is working that I don’t come away negatively effected... so I haven’t had to consciously implement strategies or whatever so its not in my mind really.” (P3)

Both male and female participants stressed the importance of anticipating any potential issues which might affect their performance on the helpline such as illness, stress or depression.
“Recognising in advance of a situation which could possibly make you feel less than 100%. ” (P1)

It was suggested by a number of male and female participants that in order to be there for others, the helpline volunteer must look after his or her own general and mental health.

“Self-care in this regard would be I’d take myself off the line because you’re doing yourself no favours.” (P4)

**Challenges Faced By Volunteers**

The most common challenges faced by volunteers are time and commitment. They had concerns about meeting the commitment required of volunteers. They spoke of fears that they would be stretching themselves trying to meet work, personal, volunteering and social commitments.

“Finding the time and commitment is a whole load of other things like being bothered, being awake, being together, being able to cope with it actually.” (P1)

One male participant stressed the importance of being mindful to preserve his own sanity. A volunteer’s first responsibility is to their own mental health as this means they are better prepared to man their slot and provide the support that callers may need.
“You have to be there with the person, in the moment, listening to the story aware of the facts they’re telling you... but don’t get drawn to the point where you either, your empathy takes their side completely 100% or you start getting affected by it.” (P4)

One male volunteer thought that one of the greatest challenges for the helpline and its volunteers is the issue of volunteers manning regular slots as there is a very real possibility that callers might become dependent on one particular volunteer.

“Regular slots mean that you get regular callers who look for you at a regular time... and that’s bad for the caller becoming dependent on a specific person.” P6

He went on to highlight the effect of such regular calls on volunteers.

“It’s bad for the helpliner cos you can come on a shift and every shift you do you’re speaking to the same two or three people and you’ve (pause) you sometimes wonder if this whole €2m a year operation is there to service these same three people.” (P6)

All but one of the male participants told of how nervous they were before they began taking calls.
“Well, I was quite anxious because like you’re feeling “what will I say” like someone will say or tell me something that’s really horrific and that’s going through a lot of suffering and you’re thinking how will you ever kind of say anything to make them feel better because, well maybe it’s kind of caught up in thinking that you have to make them feel better and (pause) you just (pause) what else, like when you realise when its kind of really is brought home to you that you’re not there to fix people, you don’t have that responsibility.” (P3)

**Skills and Characteristics**

The main skills, viewed by all participants as most important, are listening and empathy. Callers are ringing to speak to someone, perhaps because in other areas of their lives the people around them, for whatever reason, do not listen to them without judgment or the need to give advice. The participants of this study, through their training, stated that listening was a skill which some felt they had before they joined the helpline and others felt they needed help in developing.

“Just being prepared, being a person in the company of another through the phone like that you’re genuinely being empathic and its about being genuine and not being artificial or contrived in any way and just being another person and listening and being with that person as in their pain and suffering.” (P3)

Other skills or characteristics mentioned to a lesser extent were commitment, ability to cope with it, being a skilled negotiator. A number of participants mentioned that having some
experience of depression is beneficial in understanding how the callers are feeling. This could be personal experience or through family or friends.

“you know having walked the line, if you can kind of walk alongside them.” (P1)

While some participants believed they had a number of the required skills before joining the helpline, those skills were enhanced by the training they received.

“I would say maybe a caring nature, I'd say maybe understanding and then I think the others have all developed since.” (P2)

Before beginning on the helpline some participants were afraid that they would not be good enough or that they would say the wrong thing to a vulnerable person. There was a feeling that the work being carried out is so important to the lives of others, the opportunity of being a volunteer on the helpline is a privilege. Most participants feel it is an honour to have strangers placing enough trust in them to share their most intimate thoughts and fears.

Motivation

Motivations for volunteering vary and are very personal to each individual volunteer. It may be the case that some people volunteer for just one main reason while some volunteer for a number of reasons. It is also possible that an individual’s initial reason for volunteering differs to their motivation for continuing to volunteer.
“Whatever the reason that you found yourself at a helpline and you’re on the line, there was initial motivation.” (P4)

Participants were asked to fill out a motivation sheet (see Appendix 4 attached). This was based on the Volunteer Function Inventory developed by Clary et al. (1998) which proposes that there are six main personal motivations to volunteer. These motivations were: Values (to express altruistic or humanitarian values); Understanding (to obtain learning experiences or exercise knowledge or skills); Social (influenced by relationships); Career (to gain work-related benefits or experience); Protective (to reduce guilt or negative feelings and to address personal issues); and Enhancement (for personal growth and self-esteem). Participants were asked to rate each one on a scale of 1 to 5 in order of relevance to their decision to volunteer on the helpline, with 1 being lowest and 5 scoring highest.

The non-statistical qualitative data results are set out in the table below. The participants are named as Male 1, 2 3 and Female 1, 2, 3 in this instance only as gender is particularly relevant.

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As can be seen, all females rated Values and Understanding as most important with Career and Protective of self being least important. Males, on the other hand, rated Career as being the most important.

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“I’m volunteering to give me experience in the kind of sector in the field I’m looking to get in, experience, cv, worth material that kind of thing but then at the same time, you know to be able to help out, you know all that, all that kind of thing.” (P6)
Discussion

The aim of this research was to establish if there is a difference between the experiences and perceptions of male and female helpline volunteers. This section will examine the findings of this study as set out in the Results section. It will highlight the differences and similarities between the results of this study and that of previous research.

This study found that the experience of males and females was not similar in all aspects of their volunteering. For example, all participants found telephone helpline volunteering to be a rewarding and positive experience. Both males and females found it to be beneficial to callers and volunteers alike. Both genders also stressed the need to raise awareness of depression in men and highlighted the fact that men do not communicate as well as women, which may be a factor in the high rate of suicide amongst young men.

However, the area where male and female participants differed most was in their motivations to commence volunteering, with males rating career as the most important motivator and females rating it as least important. Another area of difference was that although feeling supported by the organisation was important to the majority of participants, none of the males had felt the need to call a carer, with some stating that they could never envisage that they might use the service. These and other results will be discussed in detail below.

The strongest theme running through all interviews was that participants found volunteering to be a positive experience which was worthwhile and beneficial to them. According to Kenrick, Cialdini and Baumann (1981), both those in receipt of charitable deeds, and those performing those deeds, are likely to be beneficiaries of such acts and so the
findings of this present study support this statement, as all participants mentioned benefits to themselves and to the callers of the helpline service. Both genders also agreed with what they perceived to be the benefits of volunteering to volunteers. Some participants felt they had achieved a deeper understanding of depression; personal growth; or acquisition of personal perspective. These benefits are consistent with previous research on volunteering which has been shown to provide benefits to volunteers (Wilson & Musick, 1999b, 2003; Moen, Dempster-McClain, Williams 1992). Wuthnow (1991) also believes that rewards, such as positive feelings about oneself for doing something to benefit others and acting in accordance with internal values, can be gained and this claim was supported, although an equal number of male and female participants voiced the need to remain humble and not to feel too smug or self-satisfied.

Most female participants mentioned the opportunity to make new friends as being a benefit of volunteering. In contrast, this was mentioned by none of the male participants and so it might be assumed this would not be a motivating factor for male volunteers. However, in the Volunteer Motivation Form two of the three male participants highly rated the social aspect of volunteering. This anomaly may mean that while the opportunity of making friends is an important factor in a man’s motivation to volunteer, it is not seen by men as a benefit of volunteering. This might suggest that social capital is of greater importance to women than men.

One of the most common themes running through all interviews was the fact that men suffer from depression as much as women, yet are less likely to talk about it with friends or family, or to seek help. The majority of participants, although more male than female, believe that gender socialisation influences how men are expected to act in society, supporting the
findings of Karniol, Grosz and Schorr (2003) and Gienow (2009), which in turn may be a factor in the inability of some men to discuss problems and issues in their private lives. It was suggested by a number of participants that a reason why men are at greater risk of suicide is because they lack the same support networks as women, with society dictating that they do not talk about emotional issues with friends. Male participants, in particular, stressed the importance of silences during calls and of allowing male callers the time and space to find a way of expressing themselves and sharing their worries and fears. This consistent with the findings of Coman, Burrows and Evans (2001) that helpline workers must rely on their listening skills to compensate for the lack of non-verbal communication.

All participants voiced the opinion that it is vital for people speak to others when they have a problem. Not talking about problems may cause them to become magnified and for the individual to lose perspective. Participants explained that even voicing a concern can enable an individual to view it more objectively. It would appear that this corresponds with the findings of Beck, Rush, Shaw and Emery (1979), with those at risk of suicide losing perspective and being unable to accurately measure the problems in their lives, making suicide seem like an acceptable solution (De Ande & Smith, 1993).

Although there is a carer facility available to all volunteers, this study found that the majority of female participants had called a carer whereas none of the male volunteers had made use of the service. While all participants recognised that it is not good to continue thinking about a particular call once the slot has ended, the female participants seemed to be more open to calling a carer in the future, if they ever felt the need arise. Most male participants could not envisage themselves ever needing to call a carer. As can be seen later in this section, all participants recognise that men are less likely to open up and communicate
with others and perhaps this is a factor in these male participants’ reluctance to contact a carer. One male participant mentioned that he would be more likely to do so if the carer system was anonymous, in the same way as the telephone helpline is anonymous.

Although the stereotypical volunteer is a middle class, middle-aged woman (Davis Smith, 1998; Wardell, Lishman & Whalley, 2000), an equal number of male and female volunteers were interviewed for this study. It was acknowledged by all participants that, overall, there is a greater number of female volunteers than males working on the helpline. All volunteers commented on the fact that they had no preference as to whether they spoke to someone of the same or opposite sex. However, in support of the findings of Franks and Medworth (2005), some participants suggested that certain callers may have a preference over the gender of volunteer they speak to. It was suggested that having an equal number of male and female volunteers would ensure that callers have a better chance of speaking to someone of a particular gender, if that is their preference.

An equal number of male and female participants stressed the importance of organisations communicating to men their need for more male volunteers. By appealing directly to men, it would be hoped to encourage them to join the organisation. When asked how they thought more males could be encouraged to volunteer on the helpline, most participants responded that men should be targeted in advertising campaigns and through their own domains, for example in sports clubs and gyms. This idea is supported by research on motivation which suggests that no matter how highly motivated a person is, unless they are asked to volunteer, they are unlikely to do so (Musick & Wilson, 2008). As evidenced in research carried out by Clary et al. (1998) individuals can be motivated to begin volunteering if the advertising messages meet their functional motivation.
Male and female participants discussed the importance of feeling supported by the organisation in equal numbers. Both male and female participants stressed the importance of anticipating any potential issues which might affect their performance on the helpline such as illness, stress or depression. It was suggested by a number of male and female participants that in order to help others, the helpline volunteer must look after his or her own general and mental health and, in this regard, participants appreciated the support of the organisation, and in particular, the former Helpline Manager. This finding corresponds with previous research carried out by Hidalgo and Moreno (2009) which shows that volunteers are less likely to leave an organisation which they feel supports them, where they receive further training and where they have built up good social relationships with staff and members.

However, the area of further training was one where male and female participants disagreed in their answers. More female than male participants welcomed the further training provided by the organisation. These participants felt that further training would deepen their understanding of depression and possible contributing factors such as alcohol; anxiety; bi-polar disorder. The remainder of participants felt happy with the knowledge and skills already in their possession. This supports research which found that volunteering increases human capital in terms of the skills acquired (Wilson & Musick, 2003) and this, in turn, may have a positive impact on volunteers’ self-efficacy (Bandura, 1994).

Although research has shown that self-efficacy is related to Spillover Theory (Rotolo & Wilson, 2007), meaning that an individual’s confidence in his own abilities might be a factor in his decision to choose similar or dissimilar work, none of the participants were engaged in similar work to that which they carry out in their capacity as volunteers. In this
respect, this research supports Contrast Theory and not Spillover Theory, however, although the majority of participants said that the type of work they are engaged in had no impact on their decision to volunteer, most participants deal with the public on a regular basis which might mean that they are comfortable with their interpersonal skills.

While a number of participants felt nervous at the prospect of beginning to work on the helpline, all found that their training and/or subsequent experience increased their feelings of self-efficacy and confidence in their abilities. This finding is consistent with research carried out by Wolfe, Nordstrom and Williams (1998) on the effect of enhancement of self-efficacy and turnover rates of telemarketers. In that study, enhancement of self-efficacy was found to prolong length of service of employees.

Participants named time and commitment as the greatest challenges faced by volunteers. Formal volunteering requires commitment in order for the helpline to be manned at all times during its opening hours. Participants had concerns about meeting the commitment required of volunteers while managing or juggling other aspects of their lives. They spoke of fears that they would be putting pressure on themselves trying to meet work, personal, volunteering and social commitments. This fear of taking on too much corresponds with research which shows that people make a decision to reduce the hours or not become more involved in volunteering because of competing work commitments (Volunteer Development Agency, 2007; Martinez & McMullin, 2004; Wilson & Musick, 1999a). The organisation to which these participants belong, asks for volunteers to carry out one three hour slot approximately three times per month for a year, upon completion of training. The length of service given by most participants had exceeded this timeline, by many years in
some instances, which shows their level of commitment and it would seem that their needs are being met by the experience and the organisation.

In support of previous research (Millman et al., 1998; Gray, Nida & Coonfield, 1976) active listening and empathic skills were discussed as being the most important skills of a telephone helpline volunteer. While some of the participants believed that they had natural empathy and an ability to listen before joining the helpline, the majority of participants felt that the skills they now associate with helpline volunteering have been learned or developed through the training received upon joining the helpline and in continued participation on the helpline.

Only one male participant mentioned that callers must be able to feel completely confident in the volunteer’s ability to deal with the call. Signs of nervousness or hesitation on the part of the volunteer, might result in termination of the call. This supports the findings of Franks and Medforth (2005) that the caller needs to feel complete confidence in the confidentiality of the call and the professionalism of the volunteer.

Most participants mentioned some experience of depression as being a skill which would be desirable in a volunteer helpline worker and following on from that, all participants, apart from one, had some direct or indirect experience with depression. This supports the 2005 HOJC Report which posits that a volunteer who has more in common with the person being served might have more empathy and understanding of their position than a professional. Individuals suffering from depression may feel their needs are not met by their GP as research has shown that many GPs do not feel comfortable diagnosing depressed and suicidal patients (Richards et al., 2004).
In investigating participants’ motivations for volunteering, each participant was asked to rate a number of possible motivations on the Volunteer Motivation Form (See Appendix 4), which is based on the Volunteer Functions Inventory developed by Clary et al. (1998). By rating the list of motivations in the Volunteer Motivation Form, rather than ranking them in order of importance, it was acknowledged that participants may have a number of motives for volunteering. As can be seen from the results section, all volunteers had more than one reason for initially volunteering and, it was often the case that it was a combination of both altruistic and self-interestedness which motivates the volunteer.

Fletcher and Major (2004) found no gender differences in motives for volunteering. However, as can be seen from the results section, this study did not support their finding as there was a gender difference in motivation, with females rating Values and Understanding higher than Career and males rating Career as most important. In applying Stebbins’ (2009) motivations, it could be stated that females volunteer for altruistic reasons whereas males do so for more self-interested reasons.

The fact that all three male participants either are or were students of psychology whereas only one female participant studied psychology could be seen as significant in their decision to volunteer with a telephone helpline. Two of the male participants felt that they would like to pursue careers in counselling and their experience working on the helpline would facilitate this. The idea that volunteering gives the individual skills and experience which might be beneficial to him in his future career is supported by research carried out by Wilson and Musick (2000, 2003) and Hirst (2001) in which both unemployed volunteers and
unemployed respondents stated that they believed they would be more employable as a result of their volunteering and it assist them in securing employment.

**Limitations**

This study was limited in relation to sample size. While interviews were carried out with six participants, it would benefit future research to use a greater sample size which would improve the results being analysed and discussed.

**Future Research**

In order to understand why more males do not volunteer on telephone helplines and therefore to enable organisations to attract them, it will be necessary to further investigate the motivations of volunteers and non-volunteers. Future research might address this issue because, as some callers might be more inclined to open up to a volunteer of one gender rather than the other, it would seem important to have a proportional gender representation reflected in the volunteers.

Further research might be done on the entire volunteer population of this or a similar organisation to establish if career as motivator is as important for males as appears to be the case in the present research.

**Conclusion**

It was the aim of this research project to explore the experiences, perceptions and motivations of volunteers who operate telephone helplines in order to determine if there is a noticeable difference along gender lines. The results of this study show that, overall, men and
women have similar experiences and perceptions of their roles as telephone helpline volunteers. They believe they are providing a valuable service to those in need of a listening ear and feel that by providing this service, they too are benefiting from the experience.

However, in some areas the answers between genders varied noticeably for example, the initial motivation for volunteering was found to be different with males volunteering in order to further their career by developing relevant skills whereas females’ initial motivator was more likely to be more altruistic. In order for organisations to attract new volunteers, they need to make appeals directly to the prospective volunteers, bearing in mind that people have functional needs which must be met. So that organisations retain the volunteers they already have, it is vital that they continue to support their volunteers, as volunteers who feel their needs are being met are more likely to continue volunteering.
References


Departments of Public Health on Behalf of the Chief Executive Officers of the Health Boards (2001). *Suicide in Ireland, A National Study 2001.*


Appendix 1

Demographic sheet

<table>
<thead>
<tr>
<th>Gender</th>
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<tbody>
<tr>
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<td>PhD</td>
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<th>What is the highest level of education your parents completed?</th>
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<td>--------</td>
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<td>Children</td>
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<td>Employment</td>
<td>Are you currently:-</td>
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Appendix 2

Informed Consent Form

Final Year Research Project

Dublin Business School requires that all persons who participate in research studies give their written consent to do so. Please read the following and sign it if you agree with what it says.

I freely and voluntarily consent to be a participant in the research project on the topic of telephone helpline volunteering to be conducted by Edel Wallace as researcher, who is an undergraduate student in the School of Arts at Dublin Business School. The broad goal of this research study is to explore the motivations and perceptions of telephone helpline volunteers. Specifically, I have been asked to attend an interview, which should take no longer than 45 minutes to complete.

I have been told that my responses will be kept strictly confidential. I also understand that if at any time during the interview I feel unable or unwilling to continue, I am free to leave. That is, my participation in this study is completely voluntary, and I may withdraw from it at any time without negative consequences. In addition, should I not wish to answer any particular question or questions, I am free to decline. My name will not be linked with the research materials, and I will not be identified or identifiable in any report subsequently produced by the researcher.

This study shall be carried out in accordance with The Sociological Association of Ireland’s (SAI’s) Ethical Guidelines. This is an undertaking to maintain the highest levels of competence in the research process, and to be honest and fair in all conduct throughout the research project.

I have been given the opportunity to ask questions regarding the interview, and my questions have been answered to my satisfaction. I have been informed that if I have any general or ethical questions about this project, I should feel free to contact Dr James Brunton, Research Supervisor by telephone at 4177500 or by email at james.brunton@dbs.ie.

I have read and understand the above and consent to participate in this study. My signature is not a waiver of any legal rights. Furthermore, I understand that I will be able to keep a copy of the informed consent form for my records.

____________________________ _____________________
Participant’s Signature  Date

I have explained and defined in detail the research procedure in which the respondent has consented to participate. Furthermore, I will retain one copy of the informed consent form for my records.

____________________________ _____________________
Researcher’s Signature  Date
Appendix 3

Questions

1. Can you tell me a little bit about yourself generally.
   (a) For example, your background, education and how do you spend your free time?
   (b) What hobbies or leisure pursuits have you got?

2. If you’re working at the moment, what is your occupation?
   (a) Tell me a little bit about that.
   (b) On average, how many hours a week do you work?
   (c) Usually, what time do you finish work?
   (d) Most days how do you feel at the end of your working day?
   (e) How far do you have to travel each day to work?
   (f) [If you’re not working – is that through choice or not? How are you finding that?]

3. What was it that made you think about volunteering?

4. I’d like you to tell me, if you can, how you came to be involved with this organisation?
   (a) How long have you been volunteering here?

5. What are the challenges that you think face a helpline volunteer?

6. Did you have concerns about becoming a volunteer?

7. Overall, how have you found your experience volunteering?
   (a) Have you ever felt the need to call a carer?
   (b) What is your understanding of self-care?
   (c) Do you practise self-care?

8. Motivation Question – see Appendix 4

9. What characteristics or skills do you think are necessary for a helpline volunteer?
   (a) Which of those skills would you have said you had before you began volunteering?
   (b) Which of those skills do you think you learned or obtained during your training or since you joined this organisation?
   (c) How did you feel going on the helpline at the end of your training?
   (d) Did you feel your training adequately prepared you?
   (e) Do you feel you have an adequate understanding of depression?
   (f) Is there anything you would like to receive further training on?
10. Would you say that the type of work you are/were involved in had any impact on your decision to volunteer on the helpline?
   (a) Do you use any of the same skills during your day job as you do during your volunteering?

11. Have you been involved in volunteering with any other organisations before or since this one?
   (a) What was involved with that?
   (b) Why did you leave?

12. Did either of your parents ever volunteer? Or a partner?

13. Did you ever do any voluntary work while at school?
   (a) if yes, what kind?
   (b) Did you like it?
   (c) Is there another type that you might have preferred?

14. Who do you think would be likely to benefit from volunteering and what do you imagine those benefits would be?

15. Generally do you find it easier to speak to someone of the same sex or the opposite sex?

16. I’m going to read out a well known saying, I’d like you to give me your thoughts on it: A problem shared is a problem halved?

17. What do you think can be done to attract more people, in particular men, to volunteer on a helpline?

18. Is there anything else you’d like to talk to me about in relation to volunteering from your perspective?
Appendix 4

Personal Motivations for Volunteering

On a scale of 1 – 5 (with 1 being the lowest and 5 being the highest), how do each of the following effect your motivation to volunteer. Please circle the appropriate number.

Table 2: Volunteer Motivation Form

<table>
<thead>
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<th>Category</th>
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<th>2</th>
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<td>Career (career related benefits)</td>
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<tr>
<td>Esteem (how volunteering makes me feel)</td>
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<td>Social (my relationships with others)</td>
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<tr>
<td>Protective of self (e.g. reduce guilt over feeling more lucky than others)</td>
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<tr>
<td>Understanding (new learning experiences, knowledge, skills and abilities)</td>
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<tr>
<td>Values (caring for others)</td>
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</table>