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MASTER'S THESIS

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**Stress and Coping Resources in Crisis Intervention Helpline
Professionals: A Grounded Theory Approach**

**Zdroje zvládnání stresu u krizových interventů telefonních linek:
zakotvená teorie**

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Declaration

I hereby declare that the present master's thesis was composed by myself and that the work contained herein is my own. I also confirm that I have only used the specified resources. The present thesis has not been submitted to another university for the award of an academic degree in this form.

Prague 08. 04. 2023

Prohlášení

Prohlašuji, že jsem diplomovou práci vypracovala samostatně, že jsem řádně citovala všechny použité prameny a literaturu a že práce nebyla využita v rámci jiného vysokoškolského studia či k získání jiného nebo stejného titulu.

V Praze dne 08. 04. 2023

A handwritten signature in black ink, appearing to read 'K. Hlaváčková'.

Abstract

This master's thesis focuses on experiences of occupational stress in professionals employed at crisis intervention helplines. The aim of the thesis is to develop a theoretical model of coping resources used by crisis interventionists to cope with occupational stress.

The theoretical part of the thesis describes key definitions and theories of occupational stress, drawing on occupational health psychology literature. Specific stressors that endanger workers' occupational health in helping professions, particularly in crisis interventions, are identified. Next, the thesis defines the concept of coping and describes specific personal, social, and other resources that can be used to cope with work-related stress. The theoretical part is concluded with an overview of recent empirical studies focusing on coping resources in counseling and crisis intervention.

The empirical part of the thesis uses qualitative design, and specifically a grounded theory approach, to develop a theoretical model of coping resources used by crisis interventionists to cope with occupational stress. The theoretical model aims to identify the main occupational stressors, coping resources, intervening conditions, and effects of coping in a selected sample of professionals employed at crisis intervention helplines in the Czech Republic. The data were collected using 14 semi-structured interviews and analyzed using a grounded theory approach. The findings highlighted different stress-management coping strategies, including both short-term and long-term approaches. The research additionally revealed the importance of social support, such as seeking professional help or venting to friends, but also establishing clear boundaries between work and personal life and promoting self-awareness as essential stress management strategies. These findings shed light on successful stress management practices and may help guide interventions to improve workers' well-being.

Keywords: crisis intervention helpline, occupational stress, stress management, psychological capital, personal resources, social resources, grounded theory

Abstrakt

Tato diplomová práce se zaměřuje na prožívání profesního stresu u profesionálů zaměstnaných na telefonických krizových linkách. Cílem práce je vytvořit teoretický model zdrojů zvládání, které krizoví intervenenti využívají ke zvládání profesního stresu.

Teoretická část práce popisuje klíčové definice a teorie profesního stresu, v kontextu současné psychologie pracovního zdraví. Jsou identifikovány konkrétní stresory, které ohrožují zdraví při práci u zaměstnanců v pomáhajících profesích, a to zejména u krizových interventů. Práce dále popisuje koncept zvládání stresu a diskutuje konkrétní osobní, sociální a jiné zdroje, které lze využít ke zvládání stresu spojeného s prací. Teoretickou část uzavírá přehled nejnovějších empirických studií zaměřených právě na zdroje zvládání v poradenství a krizové intervenci.

Empirická část práce využívá kvalitativní design, konkrétně přístup zakotvené teorie, k vytvoření teoretického modelu zdrojů zvládání, které krizoví intervenenti využívají ke zvládání pracovního stresu. Cílem teoretického modelu je identifikovat hlavní profesní stresory, zdroje zvládání, intervenující podmínky a účinky zvládání u vybraného vzorku profesionálů zaměstnaných na linkách pomoci v krizi v České republice. Data byla shromážděna pomocí 14 polostrukturovaných rozhovorů a analyzována pomocí přístupu zakotvené teorie. Zjištění poukázala na různé strategie zvládání stresu, včetně krátkodobých a dlouhodobých přístupů. Výzkum dále odhalil význam sociální podpory, jako je vyhledání odborné pomoci nebo svěřování se přátelům, ale také stanovení jasných hranic mezi pracovním a osobním životem a posilování sebevědomění jako základních strategií zvládání stresu. Tato zjištění vrhají světlo na úspěšné postupy zvládání stresu a mohou pomoci při intervencích zaměřených na zlepšení životní pohody zdravotnických pracovníků.

Klíčová slova: telefonická krizová intervence, profesní stres, zvládání stresu, psychologický kapitál, osobnostní zdroje, sociální zdroje, zakotvená teorie

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I. Introduction

Occupational stress is a worldwide phenomenon with serious health and economic repercussions in developed and developing countries (ILO, 2016). As a result, the World Health Organization (WHO) recognizes the significance of mental health promotion and prevention in the workplace, which leads to a greater focus on employees' psychological health (WHO, 2022). Furthermore, several studies in various occupations have been developed over the last forty years, emphasizing the importance of occupational stress research (Zedeck et al., 2011).

This thesis focuses on helping professions, specifically on crisis intervention helpline professionals, because due to the nature of the work and the specific stressors that healthcare workers in helping professions¹ face, such as exposure to death and dying, dealing with patients' emotional distress, and long working hours, healthcare-related professions are known to be associated with high levels of stress (Dollard et al., 2003; Merllié & Paoli, 2001). These stressors can negatively impact healthcare employees' well-being, resulting in stress-related health problems, burnout, and high rates of staff turnover (ibid).

The detrimental effects of workplace stress are well documented in scientific research, including a variety of health problems such as cardiovascular diseases, mental disorders, and personality disorders (Aldridge, 1970; Cunningham & Black, 2021; Felton & Cole, 1963; Nixon et al., 2011; Ptáček et al., 2017; Ritchie & Roser, 2020). Stress-related health issues have a substantial effect not only on employees' quality of life but also have economic consequences in the form of absenteeism and decreased productivity (Iskamto, 2021; McVicar, 2003).

Thus, conducting occupational stress research and developing effective coping mechanisms for employees in high-stress professions, such as crisis intervention helpline workers, is critical. This is especially important given the unique stressors that helpline crisis intervention professionals experience, such as the absence of nonverbal communication, limited control over the clients who call, and the urgency of calls with limited options to offer assistance (Coman et al., 2001).

This research is also pertinent given my earlier research on psychological self-sufficiency, which emphasized the importance of resilience and self-efficacy which was

¹ Such professions may be divided into two categories: direct person-related (e. g. nurses, counselors, social workers, teachers) and indirect person-related jobs which can be represented by employment in retail (Mills, 1986). This thesis will focus on direct person-related jobs, specifically crisis intervention helpline professionals.

relevant in stressor prevention as well. As a result, this thesis aims to contribute to the existing body of knowledge on occupational stress by examining the sources of stress and coping resources that foster the overall well-being of crisis intervention helpline workers. The findings of this research can help to shape the development of effective stress management interventions, eventually improving the overall well-being of these professionals.

A qualitative research approach, specifically the Grounded Theory, was chosen to understand the source of stressors and to identify personal resources that are seen as helpful in coping with occupational stress of Czech crisis intervention helpline professionals. The research aims to provide answers to questions such as what the main sources of stress for these professionals are, how they deal with stress, and what personal, social, and other resources they find most helpful in managing work-related stress.

To my best knowledge, the focus on stress and coping resources in the Czech Republic has been mostly directed into the environment of educational institutions (e. g. Plevova et al., 2019; Rod'anová & Lacinová, 2015; Smetáčková et al., 2017). However, there is a rising number of theses that direct their attention to other areas as well which indicates that the necessity to focus on other professional areas is growing. This research is being conducted at an unprecedented time, when modern European society is dealing with multiple crises, including climate change, the rapidly spreading COVID-19 pandemic, uncertainty and fear caused by Russia's invasion of Ukraine (Abbasi, 2022; Beyeler & Salas, 2022), and an economic crisis caused by the war. Therefore, it could offer valuable knowledge about stress coping strategies for employees who work in a stressful work environment, which may be helpful in the face of any future unanticipated hardships.

The theoretical part is divided into three sections. The first section focuses on the topic of occupational stress, its causes, and its effects on employees' well-being while focusing also on crisis intervention helpline workers about stress management. Furthermore, I discuss research conducted on occupational stress in the Czech Republic and look at possible relationships with social and geopolitical factors. Next, an overview of the different theories and models of occupational stress, including the Demand Control Support Model, Burn-out Theory, Effort-Reward Imbalance Model, Cognitive Phenomenological Theory, Cognitive Behavioral Model of Occupational Stress, and the Demand-Induced Strain Compensation Mechanisms in Job Stress Model can be found in the second section. The third and final section

examines work stress and coping, including stress management techniques, and personal variables that may affect coping with stress.

The empirical part of this thesis defines the research questions, and the theoretical context is explained. This section is then followed by a description of the research technique and sample selection. Furthermore, to draw a conclusion from conducted interviews with the crisis intervention helpline workers, the process of open, axial coding, and selective coding is explained. While conducting the research, ethical issues were also considered. A discussion of the results, a comparison to previous research, and a summary of the study's key contributions and implications can be found after the empirical part. The study concludes with a summary of the key results and suggestions for further investigation into occupational stress and crisis intervention helpline professionals.

The 7th edition of the APA publication manual was selected as the referencing style (APA, 2022).

Theoretical Framework

1. Occupational Stress²

Occupational stress, generally defined as a gradual process in which an individual's cognitive appraisal of workplace stressors leads to adverse health outcomes and serious behavioral consequences (Kahn & Byosiene, 1992), is a widely recognized global issue with significant health and economic consequences in both developed and developing countries (ILO, 2016; Kawakami, 2000). Specifically, the US National Institute of Occupational Safety and Health (1999) defines occupational stress as “harmful physical and emotional responses that arise when the requirements of the job do not meet the talents, resources, or demands of the worker.”

That means that occupational stress is an undesirable aspect of a workplace which can have serious effects on employees' well-being, and cause health-related impairments in workers worldwide but also negative impact on organizations themselves (Wang et al., 2017). Therefore, costs of occupational stress, albeit difficult to quantify, can be significant on the social, organizational, and personal levels (Winefield et al., 2003). Hence, the World Health Organization (WHO) has recognized the significance of mental health prevention and awareness in the workplace, which has caused businesses, scientific resources, and business educators and practitioners to pay more attention to employees' psychological well-being (Wang et al., 2017).

However, researchers have made an effort to pinpoint the elements connected to occupational stress. For instance, Kahn et al. (1992) suggest that occupational stress may be brought on by a “toxic” work atmosphere that is marked by poor management of workplace control, high work demands, lack of information or the improper dissemination of it (Murtaza et al., 2015), intense pressure (Colligan et al., 2006), and constrained options for decision-making (Kuper et al., 2003). Moreover, the absence of a psychological safety atmosphere (PSC), which indicates management's efforts to create an environment that protects and promotes employees' mental health and well-being, is one of significant causes of occupational stress as well (Dollard & Bakker, 2010; Idris & Dollard, 2014).

² It is common to use the terms occupational stress, job stress, and work stress interchangeably.

Furthermore, an extensive amount of studies on occupational stress have been carried out in a variety of professions over the past few decades (Griffin & Clarke, 2011), such as community healthcare workers (Ding et al., 2014), police officers (Ragesh et al., 2017), teachers (Shen et al., 2014), correctional officers (Lee et al., 2019), manufacturing workers (Wang et al., 2017), and firefighters (Malek et al., 2010) in different parts of the world. Nevertheless, despite these studies, there is still a need for additional research in order to better comprehend, explain, prevent, and intervene with occupational stress (Winefield et al., 2003).

1.1 Stress as a Physiological Process

It's essential to be aware of the physiological processes underlying the stress response in order to comprehend how stress affects an employee's health and well-being. Persistent physiological arousal can cause health issues if the stressor persists without recuperation (APA, 2023; Winefield et al., 2003). For instance, the General Adaptation Syndrome (GAS), described by Selye in 1956, explains the physiological response to stress, with the alarm stage preparing the organism to fight or flee the stressor. It is followed by enabling reactions like increased blood pressure, breathing quickly, and heart rate. According to Selye (1956), after prolonged exposure to a stressor, individuals reach a point of resistance, which is followed by an exhaustion stage, where biological harm or even death may occur.

According to various studies and sources (APA, 2023; Dienstbier, 1989; Mariotti, 2015), the stress response has two arousal pathways: the SNS-adrenal-medullary pathway, which is frequently evoked in occupational stress situations requiring effort, and the pituitary-adrenal-cortical arousal system, which involves the release of glucocorticoids (e. g. cortisol) into the blood. Individuals who cope well with work-related stressors have low baseline arousal. When confronted with a demanding challenge, their swift and intense SNS-adrenal medullary arousal returns to baseline levels quickly after the task ends (Walinga, 2010). Because this arousal can satisfy the need and is perceived as fulfilling the demand, the arousal of the pituitary-adrenal-cortical system may be avoided (Mariotti, 2015; Winefield et al., 2003).

Mariotti (2015) and Winefield et al. (2003) imply that employees who experience difficulties meeting requirements because of poor job control or a discrepancy between their coping skills and the demands of the job frequently display a distinct pattern of arousal. They frequently exhibit higher baseline arousal levels in both arousal systems, a delayed return to baseline, and a reduced demand-induced surge in the SNS-adrenal-medullary system. Due to

the long half-life of cortisol, this pattern is unfortunately frequently accompanied by prolonged pituitary-adrenal-cortical arousal that continues even with the stressor disappearing.

In conclusion, chronic neuroendocrine and cardiovascular over-arousal induced by persistent stress is known to cause cardiovascular deterioration and chronic neuroendocrine over-arousal, which can result in both physical and mental health issues (Mariotti, 2015; Schaubroeck & Ganster, 1993). To avoid adverse health effects, it is essential for individuals as well as organizations to address these causes of stress.

1.2 Stress and Strain³

The concepts of stress and strain are well-defined in the literature though their exact definitions may differ based on the theoretical perspective. The emphasis of this thesis is on psychosocial stressors, which are described as job design, organization, and management, and social and environmental elements that may result in psychological, social, or physical harm (Cox et al., 2000). Physical and psychosocial stressors may interact with one another and have an adverse effect on one's physical and mental well-being (Cox et al., 2002; Fischer et al., 2019; Nakao, 2010; Stansfeld & Candy, 2006). As Winefield et al. (2003) describe, stress can be classified into two groups:

- 1) **Chronic stress:** stress, or strain that entails ongoing exposure, conditions, or reactions. An example of a typical occupational chronic stressor is an ongoing amount of workload the worker needs to deal with (Winefield et al., 2003).
- 2) **Acute stress:** stress involving brief exposure, situations, or reactions. A violent incident is an example of an acute stressor that can result in an either acute or chronic response, such as post-traumatic stress disorder (Winefield et al., 2003).

1.3 Occupational Stress and its Causes

As mentioned above, occupational stress can be acute or eventually chronic, and it can take many different shapes. One instance of a possible stressor for workers is social interactions with coworkers, managers, and clients. As a result of the interpersonal variables, occupational stress tends to be higher in caring professions (Joshi et al., 2022; Rees & Cooper, 1992; Rodgers, 1998). According to Bamber (2006), healthcare organizations also occasionally put

³ Strain is a term used to describe the results of ongoing stresses.

mentally immature or troubled individuals in managerial positions, which can lead to bullying and harassment of healthcare professionals (Hoel et al., 2001).

The nature of work stressors can be quite diverse, though, and the source(s) of stress may be different for every employee. Burman and Goswami (2018) offer an overview of the major work stressors:

- 1) Job insecurity
- 2) Long working hours
- 3) Low income
- 4) Inadequate resources to complete the allotted task
- 5) Workload (over- and underloads)
- 6) Role conflict (conflicting job demands, multiple supervisors)
- 7) Poor physical environment (noise, air quality, etc.)
- 8) Unsound organizational policies and practices
- 9) Role ambiguity (lack of clarity about responsibilities, and expectations)
- 10) Poor individual beliefs and values
- 11) Unsupportive spouse/family
- 12) Poor peer relations
- 13) Job dissatisfaction and poor performance

1.4 Impact of Occupational Stress

As previously stated, stress reactions are also referred to as “strain”. According to Demerouti and Bakker (2002) and Sauter et al. (1990), although these responses may only be temporary, short-term strains can have long-term consequences, such as burnout. The psychological repercussions of work-related stress can include difficulties with cognitive functions, anxiety, and inability to concentrate well. According to Cox et al. (2002), job stress can also result in physiological changes like elevated blood pressure as well as behavioral changes like smoking and drinking.

Impact on Physiological Health

Stress may very well be linked to emotional distress and may have a significant impact on one's well-being, but it does not always result in the occurrence of a psychological or physical problem (Cox et al., 2000; Monteiro et al. 2016). Nevertheless, negative health consequences can arise from acute traumatic experiences or consistent undesirable working conditions (Cox et al., 2000), and that can lead to a reduced ability to handle stress due to health problems which can make you more sensitive to it (ibid).

Multiple systems can be impacted by stress responses, which can cause a range of symptoms, including heart and respiratory issues (e.g., Karasek & Theorell, 2000; Burman & Goswami, 2018; Mariotti, 2015), asthma, digestive problems, and muscular pains. (Cox et al., 2000; Huerta-Franco et al., 2013). Trembling, sweating, perspiration, headaches, and restless sleep are a few additional bodily signs that can appear (Bamber, 2006; Torelli et al., 2008).

Impact on Psychological Strain

Psychological strain can have cognitive and psychological effects, such as affective disorders, anger, difficulty concentrating, job dissatisfaction, burnout, and poor judgment (DiGiacomo & Adamson, 2001; Mark & Smith, 2012; Mensah & Amponsah-Tawiah, 2016), anger and irritability (Burman & Goswami, 2018; Dollard et al., 2001; Kendall et al., 2000; Mohammad, 2014; Wang et al., 2017). Additionally, it may result in feelings of isolation a short temper, unhappiness, irritability, and a lack of dedication and motivation (Bamber, 2006; Burman & Goswami, 2018). According to Suleman et al. (2018), stress has a negative correlation with psychological well-being and over time may result in burnout, mental disease, and suicide (Kendall et al., 2000).

Impact on Behavior

Occupational stress-related behavioral changes include increased alcohol and drug use, decreased work performance, increased absenteeism or sick leave, industrial accidents, staff turnover, decreased attention to healthy eating, and neglect of responsibilities (Burman & Goswami, 2018; Kar & Mishra, 2016; Park et al., 2020; Yousaf et al., 2020). Additionally, interpersonal relations can be impacted by occupational stress which can result in disengagement, marital issues, and strained relationships⁴ (Bamber, 2006; Rabenu et al., 2017;

⁴ For example, women face the possibility of marital problems when it comes to having an occupational status or income that matches or even exceeds that of their male spouse. Sekaran (1986) states that some women attempt

Sauter et al., 1990). Also, PTSD may also be brought on by acute stressful events (Cahill & Pontoski, 2005).

1.5 Specifics of Crisis Intervention Helpline

Kitchingman et al. (2018) stress the significance of helpline crisis intervention which includes easily accessible support without the need for referral. Helpline crisis support services are efficient at providing immediate help for rapid intervention, particularly for those who are in a severe life situation that they cannot handle well or even contemplating suicide (ibid). Crisis helplines provide an alternative for individuals who would not otherwise receive or seek other types of assistance (for instance because of lack of finances) during a crisis and fill gaps in other community services (Leach & Christensen, 2006).

The function of an intervention helpline professional in the Czech Republic is defined by Act No. 108/2006 Coll. on Social Services. This Act specifies the duties of employees who provide crisis intervention, social counseling, and social rehabilitation. Workers may be clergy, doctors, psychologists, psychiatrists, special educators, or therapists from a variety of experiences, but they need a higher education, nevertheless. To provide crisis intervention services, workers must have basic administration and documentation skills, as well as knowledge of the law, first aid, victimology, mediation, effective decision-making, and evaluation (Zákony pro lidi, n.d.). Workers must also have soft skills like active listening, empathy, stress management, self-reflection, and an awareness of their own limits and resources (Vykopalová, 2007).

The helpline workers follow the crisis helpline approach which focuses on the immediate problem and only wants relevant and concrete facts. The client's anonymity is guaranteed, and the contact is non-binding and can be terminated at any moment (Hanuš & Hellebrandová, 2006). The length of contact is determined by the requirements of the caller and has no fixed boundaries (Vodáčková, 2002).

not to appear “too successful” and may even turn down promotions to avoid such confrontations. However, a study from the year 2016 reports that wives' relative earnings were positively associated with the probability of divorce among couples married in the late 1960s' and 1970s', especially for wives who out-earned their husbands, but this was no longer the case for couples married in the 1990s' (Schwartz et al., 2016). Yet a study from the year 2019 reports that husbands who (unknowingly) married a future “breadwinner” experience higher psychological distress (Syrda, 2019).

1.5.1 Crisis Intervention Helpline Professionals and Stress

Professionals at crisis intervention helplines may experience increased distress as a result of dealing with callers who frequently have serious mental health problems, describe adverse life events, or are contemplating suicide (Gould et al., 2007; Kalafat et al., 2007; Mishara et al., 2007). Thus, according to Kitchingman et al. (2017), it is crucial to comprehend how the work of crisis intervention helpline professionals affects their own well-being as well as the well-being of their clients. Furthermore, it is important to pay attention to crisis telephone helpline professionals who may experience elevated distress and impairment symptoms because research on helper distress and impairment has until now primarily concentrated on workers that provide face-to-face support.

Studies show that employees who worked with more trauma cases also experienced more avoidance, hyperarousal, and intrusion symptoms (Dunkley & Whelan, 2006). Likewise, employees who had personally encountered trauma displayed noticeably higher levels of avoidance, hyperarousal, and intrusions (Furlonger & Taylor, 2013). These pressures could make crisis intervention helpline workers more susceptible to occupational hazards and degrade their performance (Kitchingman et al., 2017).

In another research, 95 % of the participants kept working despite feeling exhausted, and 54 % of the sample reported being burnout (Cyr & Dowrick, 1991). Moreover, the likelihood that a crisis intervention helpline employee would have psychological disorders was higher (McClure et al., 1973). However, Paterson et al. (2009) discovered no significant distinction between crisis intervention helpline professionals and a control group. Notably, only one of these studies included a control group and the participants included were crisis intervention helpline professionals from various areas. There were also no randomized controlled trials among these studies.

Additionally, empathy has an impact on the mental health of professionals working on crisis intervention helplines (O'Sullivan et al., 2011; Roche & Ogden, 2017). Higher personal accomplishments are the result of lower empathy concern, while greater depersonalization is the result of lower empathy fantasy. According to another study, 77 % of the participants showed signs of compassion fatigue (O'Sullivan et al., 2011). Compassion fatigue can lead to reduced empathy for clients, cynicism at work, loss of joy, depression, and other stress-related illnesses (Figley, 1995; Mathieu, 2007; O'Sullivan et al., 2011).

While empathic listening and containing the distress of the client are essential skills, the lack of nonverbal cues and the failure to monitor changes in the client can also be stressful factors (Kitchingman et al., 2017). Furthermore, help-negation (Daronkamas et al., 1994; Deutsch, 1985; Guy, 2000; Guy et al., 1989), functional impairment (Mahoney, 1997; Thoreson et al., 1989), and providing suboptimal treatment to patients (APA, 2010; Sherman & Thelen, 1998; West & Shanafelt, 2007) can be the aftermath of the workers experiencing psychological distress that comes from the challenging calls. Additionally, high rates of employee turnover and resignation increase the workers' workload which is a source of stress as well. The staff members of crisis intervention helplines might also be less informed and likely have less access to ongoing professional development and supervision than, for example, psychologists (Baird & Jenkins, 2003).

1.6 Stress and the Geopolitical and Social Circumstances in 2020-2022

The Impact of COVID-19, War, and the Environmental Crisis

Recently, there has been an emphasis on assessing the effects of the COVID-19 outbreak on workers. Specifically, healthcare workers have reported psychological distress but often do not seek help (Feinstein et al., 2020). Many have experienced fatigue, sleep deprivation, and trauma from witnessing death and the struggles of families who cannot be with their dying loved ones. Some workers have coped by detaching themselves, while others have turned to substance abuse or suicidal thoughts or actions (ibid).

Numerous studies examined how the COVID-19 pandemic has affected both healthcare and non-healthcare employees' mental health. Shi et al. (2022) discovered that anxiety and depression affected more than 50 % of primary healthcare workers, and that this was strongly correlated with work stress linked to COVID-19. According to Deguchi et al. (2022), contact with COVID-19 patients, varying workloads, employment future ambiguity, and lack of social support all contributed to depressive symptoms in Japanese non-healthcare workers. Furthermore, during the pandemic, Xiaoming et al. (2020) found that among hospital employees, high levels of depression, somatic symptoms, and suicidal and self-harm ideation were linked with a number of independent factors, including being female, single, coming from a lower socioeconomic background, and having a poor self-rated health condition.

The pandemic took its toll on a great number of healthcare workers, however; also, the Russian invasion that has endangered a great number of Ukrainian lives has had a stressful impact, especially since this war began during the COVID-19 pandemic. The combined effect of the COVID-19 pandemic and Russia's invasion of Ukraine caused an increase in mental health illnesses such as anxiety, PTSD, depression, decreased mental healthcare-seeking behavior, substance use disorders, and disruptive behavioral and impulsive disorders (Chaaya et al., 2022). According to reports from early June 2022 (Ditko, 2022), roughly 70 000 Ukrainian war immigrants found refuge in the Czech Republic. Thus, Czech society does, to a certain degree, deal with the impact of the Ukrainian-Russian war as well. The research report from Focus (2022) has found that 28 % of Czech participants fear that Russia will attack the Czech Republic and 39 % of them believe that Russia will attack other countries as well.

Despite evidence suggesting that the perception of threat from war is likely to be connected with higher levels of psychological distress, stress research reveals that these stressors are likely to affect mental health indirectly⁵ (Pearlin & Bierman, 2013).

With that in mind, the global inflation rate, which was already above goal in the majority of advanced economies that target inflation, has been fueled by the war in Ukraine. Global inflation had reached over 6 percent in February 2022, its greatest level since 2008, amid a swift recovery in economic activity following the depths of the pandemic-induced global recession in Q2 2020 (Guénette et al., 2022). In almost all advanced economies, inflation is now significantly higher than the desired level. The rise in energy and food prices brought on by Russia's invasion of Ukraine has propelled inflation even more (ibid).

Another significant stressor that may influence employees around the world indirectly is the environmental crisis. Environmental change's stress and trauma-related effects have been investigated from a variety of perspectives. For instance, as the number and severity of global environmental problems increase, so do the number of health repercussions on individuals. For a long time, studies focused on the effects on physical health, but in the last ten years, the subject of environmental concerns' mental health implications has garnered more attention. Climate change has received special attention due to the magnitude and breadth of its consequences, as well as its interconnection with various other environmental issues (Berry et al. 2018; Clayton et al. 2017).

⁵ Such as decline in psychological resources (Avison & Cairney, 2003).

One way these indirect consequences on one's mental health can manifest themselves is through a decline in psychological resources, particularly mastery (Avison & Cairney 2003). This viewpoint is essential to ambient stress research because longitudinal studies reveal that decreases in mastery explain the association between ambient stress and increases in depression (Bierman, 2009). As a result, mastery is likely to act as a buffer between the perception of threat and psychological suffering. That is also one of the reasons that one cannot ignore the stressful geopolitical and social impacts since it lessens one's ability to cope with a burdening stressor which impacts one can eventually also transfer into the workplace.

Long-term crisis situations such as pandemics or wars depend on protecting healthcare workers, but recent studies have shown that healthcare systems may not effectively support staff during such crises (Godlee, 2020; Remuzzi & Remuzzi, 2020). Further research is needed to study the long-term impacts of such crises on healthcare staff and to identify mediating and buffering factors.

Clinical psychologists and psychiatrists can play an important role in providing therapies to healthcare staff who may experience psychological distress, including potential psychopathological outcomes such as Adjustment Disorder, Acute Stress Disorder, Post-Traumatic Stress Disorder, Major Depressive Disorder, Generalized Anxiety Disorder, and Substance-Related Disorders. Understanding the mental health risks faced by healthcare personnel and finding ways to mitigate negative consequences is crucial (Muller et al., 2020; Petrie et al., 2018;).

1.7 Occupational Stress in the Czech Republic

In the Czech Republic, information on the relationship between occupational stress and its impact on mental health is very limited. For example, according to Grafton Recruitment Press Release (2021), 70 % of Czechs face stress at work. From their employee survey on work stress to a large extent, the experienced stress is also linked to feelings of insecurity brought on by the COVID-19 pandemic whereas previously the most common reasons for work stress were overload, inadequate work processes, strained relationships with colleagues or supervisors and the level of client satisfaction, nowadays, many people feel stress from uncertainty about future developments and fears about their jobs. Employer responsiveness to the needs of their people plays a relatively large role in this area.

Another study conducted before the COVID-19 pandemic by Ptáček et al. (2017) focused on researching stress among employees in the Czech Republic and found that the biggest burden for the respondents is the contact with clients/customers/patients (63%), followed by salary (62%) or excessive time commitment and excessive workload demands (55 %) which is consistent with the Grafton's findings mentioned above.

The Grafton Recruitment's survey (2021) reported that 56 % of Czech employees claimed that the most important thing for their own well-being is when their employer allows them to adjust their working hours, take care of private matters during working hours or take a holiday when they need it. The research has directly shown that employees who feel their employer's helpfulness are more satisfied, less likely to be stressed at work, and more loyal.

Hora and Suchanec's research (2015) looked at stress in engineering and information technology workers. The study discovered high levels of stress and work pressure in the companies studied, with stressors such as hard work, a lack of time for given tasks, and overtime all adding to the stress. Furthermore, occupational stress was linked to negative psychological effects such as irritability, sadness, and depression, as well as the view that work is not conducive to family life.

Several studies in the Czech Republic have found that occupational stress is common among primary and secondary school teachers. The major stressors mentioned by primary school teachers in a survey were job dissatisfaction, problems with students, and the psychological strain of teaching (Židková & Martínková, 2003). Similarly, a survey of secondary school teachers discovered that 65 % of them had experienced severe stress as a result of their students' behavioral issues (Kohoutek & Řehulka, 2011). According to Ptáček et al. (2018), 53.2% of teachers are impacted by long-term stress, which leads to burnout, while only 16% are unaffected. Burnout is linked to an absence of work-life balance, insufficient rest and sleep, and higher levels of depression, with up to 15.2% of teachers suffering from moderate to severe depression. Furthermore, a study of faculty members at public universities found that work-family conflict was the strongest predictor of burnout, which was mediated by the positive impact of quantitative demands on burnout (Zábrodská et al., 2018).

Finally, Ptáček et al. (2019) compared burnout rates among teachers and doctors and discovered that physicians had significantly higher levels of burnout symptoms, especially among male physicians with depressive symptoms. According to the research, burnout varies by profession, with female teachers experiencing more burnout than male teachers, while male

physicians experienced more burnout than female physicians. In general, more females in both occupations were within the Czech population norm.

2. Theories and Models of Occupational Stress

Theoretical models of occupational stress include factors that are psychosocially linked to the workplace and may have detrimental pathophysiological effects. These models take into account elements like job expectations, skill discretion, independence, and control (Hemingway & Marmot, 1999). The majority of modern stress theories, according to Cox et al. (2000), are psychological and see job stress as a negative psychological state with a dynamic relationship between the individual and the work environment. Though their foci may differ, the content of the various work-related stress theories is often complementary and overlaps in many ways, making it difficult to construct a clear taxonomy of them.

In some theoretical models, the relationship between occupational stress and factors like job strain (Karasek, 1979), social support (Karasek et al., 1998), or effort-reward imbalance (Siegrist, 1996) is also discussed. Among others are for instance organizational restrictions, interpersonal conflict, role conflict, role ambiguity (Nixon et al., 2011), work instability, and other dimensions of precariousness, such as disempowerment (Benach et al., 2014; Bohle et al., 2004; Burgard et al., 2009; Garcia-Rojas et al., 2015), unfair financial compensation (Falk et al., 2011), and harassment and violence (Kortum et al., 2011). Demand Control Support model applications, for example, commonly include psychosocial variables (Bakker & Demerouti, 2007).

2.1 Demand Control Support Model (DCSM)

In occupational health psychology, the Demand Control Support Model (DCSM) is a well-known framework for examining the connection between employment characteristics and worker well-being. According to the model, structural or organizational aspects of the workplace, rather than individual or societal factors, are what predominantly contribute to work stress (Karasek et al., 1981). According to Karasek (1979), strain is a result of the interaction between environmental stressors and work demands, especially the degree of decision-making freedom (control) that the worker has when faced with those demands. Nonetheless, the DCSM suggests that certain environmental factors contribute to stress in a similar way for all employees, but it doesn't completely ignore personal factors. (Karasek, 1989; Karasek & Theorell, 1990).

Decision authority and skill discretion are the two parts of decision latitude⁶, according to Karasek (1985). In terms of the consequences for mental health, some researchers contend that decision authority is more important than skill discretion (Mausner-Dorsch & Eaton, 2000). Importantly, though, examining the level of demands put on workers and their perception of control over how to meet those demands should help to better understand the effects of work roles on the workers' mental health. Crawford et al. (2010) continued to broaden the term job demand by distinguishing between hindering and challenging job demands. Job demands that are challenging may encourage personal development in employees, whereas demands that are burdensome may impede personal growth and are seen as restrictions or barriers.

High workload expectations and limited decision-making freedom can contribute to strain and stress, which can result in an undesirable psychological state. These positions, which include assemblers, machine-paced workers, waiters, and service-based cooks, were classified as "high-strain" jobs by Karasek (1979). Executives and professionals, however, are not classified as being under high strain because they frequently have chances to use control to reduce high demand (Karasek & Theorell, 2000). The model also acknowledges that passive jobs, which have low demands and little latitude, can lead to work dissatisfaction and learned helplessness (Kawakami et al., 1992). On the other hand, demanding jobs with lots of room to meet those demands are active jobs that are personally fulfilling, have low stress, and produce high work satisfaction (Kawakami et al., 1992). Lastly, the definition of "low-strain jobs" is a combination of low workload and high latitude.

Dollard et al. (2003) found that active coping was more common in active jobs than in passive jobs, indicating that workers in passive roles with limited control are less likely to take on new challenges. Demerouti et al. (2001) discovered that high levels of expectations among 381 active insurance business workers led to increased motivation but also higher health impairment. The study suggested that increasing control did not lower expectations and that neither too few nor too many demands were beneficial for workers.

The DCSM also suggests two processes: the process of motivation and the process of health impairment. The model contends that in order to lessen the negative effects of work-related demands on psychological health, these demands combine with decision latitude. High-stress occupations cause biologically innate arousal, which becomes a harmful, unused residual

⁶ "The working individual's potential control over their tasks and his conduct during the working day" (Karasek, 1979, pp. 289-290).

strain because a lack of decision latitude limits the person's ability to respond optimally to the working environment. That leads to the central and autonomic nervous systems being affected by psychosocial stresses, and unresolved stress can result in anxiety, depression, psychosomatic issues, or cardiovascular disease (Beckie, 2012; Karasek & Theorell, 1990).

It's interesting that Karasek's hypothesis aligns with a biological explanation of depression that ties it to learned helplessness (Abramson et al., 1978). Additionally, according to Demerouti et al. (2001), the DCSM paradigm includes burnout⁷ as a primary pathologic health indicator. High job demands increase the likelihood of burnout and result in undesired outcomes such as health complaints or intent to leave, whereas job resources (e.g., autonomy) serve as a motivator, drive work engagement, and foster favorable organizational outcomes such as performance or organizational commitment.

A meta-analytic assessment found that the DCSM is a suitable theoretical basis for assessing employee well-being in a variety of organizations (Lesner et al., 2019). However, further research is required to determine the connections between job characteristics and worker well-being as well as the different impacts of difficult and taxing job requirements on job engagement.

The debate over whether control mitigates the effects of demands in the workplace or whether occupational demands have cumulative effects on mental health goes beyond scholarly discussion. If there is buffering, giving workers a lot of power should lessen the impact of a company raising its expectations on them (Häusser et al., 2010). Nevertheless, the DCSM theory has empirical support. Theorell and Karasek (1996) claim that the active-passive aspect of the paradigm has received insufficient attention in research and needs to be given more consideration (e.g., Karasek, 1981; Karasek & Theorell, 2000).

Conservation of resources (COR) as a base for to DCSM Model

Hobfoll's COR (1989; Halbesleben et al., 2014) theory highlights the importance of resources as items that people value and that contribute to positive affective states, lower levels of strain, and higher work engagement. Workers are motivated to obtain, retain, and protect

⁷ Burnout is most commonly operationalized as exhaustion - the energetic component of burnout. Exhaustion is defined by Demerouti et al. (2003) as the result of prolonged exposure to certain job demands such as acute physical, affective, and cognitive strain.

their resources, including objects (motorcycle, cottage, etc.), significant relationships, and personal characteristics such as self-confidence. Chronic stressors, for instance, can lead to burnout or depression resulting from chronic resource depletion, including personal energetic resources that are mentioned above. People who lack these resources are more susceptible to stressors, and resource loss is more harmful to them than resource gain (e.g.: Schonfeld & Chang, 2017; Tversky & Kahneman, 1974).

2.2 Burn-out theory

In the last 25 years, the burnout theory has received a lot of attention (Cunningham & Black, 2021). According to Maslach and Jackson (1981), burnout is a serious, three-dimensional condition characterized by decreased personal achievement, emotional exhaustion, and depersonalization. Similar symptoms are described by other researchers, including persistent mental and physical exhaustion, alienation from one's job, feelings of inefficacy, and/or cynicism (e.g., Demerouti et al., 2001; Oddie & Ousley, 2007). According to current theories, burnout can happen in a variety of job settings and is particularly significant for people who frequently interact with people, such as healthcare professionals and counselors (Ahola et al., 2006; Demerouti et al., 2001; Maslach & Leiter, 2016).

Therefore, since worker burnout is the most widely researched and discussed negative psychological condition, workplace health psychologists tend to focus on it. Research has also revealed that organizational environments like role conflict and role overload are linked to burnout (Maslach et al., 2001; Morse et al., 2012; Thompson & Rose, 2011). Generally speaking, occupational traits have a stronger correlation with burnout than personal or biographical variables (Maslach & Schaufeli, 1993). Thus, social and situational causes of job-related stress, as opposed to personality variables, have been identified as the primary factors that lead to burnout (Maslach & Jackson, 1981), and an employee's loss of autonomy and dissatisfaction in a stressful work setting may further contribute to the onset of burnout (Burisch, 1993).

The job-person fit is a further element that may affect burnout (Rajper & Ghurmo, 2020). Researchers examined how individuals' expectations for their jobs, their ambitions, their feelings, and their opinions matched with the job. They found that burnout plays a crucial mediating role in the relationship between improved job-person fit and favorable outcomes like commitment, satisfaction, performance, and job longevity (Maslach, 1998). Maslach et al.

(1997) recognized six areas where job-person fit mismatches can develop, contributing to increased fatigue, cynicism, and burnout. These areas include:

- 1) A lack of control happens when workers have little control over the task they accomplish, either due to rigorous policies and strict monitoring or because of chaotic employment conditions.
- 2) Inadequate reward refers to a lack of acceptable rewards for the labor that individuals undertake.
- 3) Community breakdown occurs when employees lose a sense of good connection with others in the workplace, frequently as a result of a conflict.
- 4) In the workplace, there is an absence of fairness when there is a lack of a system of justice and fair procedures that sustain mutual respect.
- 5) Value conflict occurs when there is a mismatch between job requirements and people's principles (Maslach, 1998).

Maslach (1998) suggests that the six-mismatch paradigm may be particularly useful for creating interventions. Soderfeldt et al. (1995) argue that burnout research may be flawed because it basically reframes or renames a phenomenon that other occupational groups share, despite the abundance of empirical evidence linking work-related pressures with burnout.

Additionally, Bianchi et al. (2018) criticize Maslach and her colleagues for not explicitly incorporating dysphoria in their formal definition of burnout and for neglecting evidence from neuroscience, behavioral psychology, and psychiatry that suggests depressive symptoms are basic responses to unresolvable stress—the hypothesized source of burnout. Furthermore, because the burnout construct was not originally theory-driven, clinically anchored, or influenced by the aforementioned disciplines, burnout research may have overlooked these findings.

Interestingly, researchers started to notice engagement as an opposite phenomenon marked by vigor, devotion, and absorption as their knowledge of burnout increased (Schaufeli et al., 2002). Noteworthy, burnout and engagement, while connected, are not simply opposite extremes of the same continuum, and employees can be both engaged and burned out at the same time (Schaufeli et al., 2008; Timms et al., 2012). The emphasis on opposing burnout states, such as engagement, which is characterized by high energy, deep involvement, and a feeling of efficacy, has helped burnout theory advance to more optimistic conceptualizations (Maslach, 1998; Leiter & Maslach, 2016). There is evidence that the balance of resources to

work-related demands in workplace settings significantly influences both engagement and burnout. According to the DCSM, burnout is caused by high demands and a lack of resources, whereas engagement is more probable when there are enough resources to meet the demands of the job (Alarcon, 2011; Christian et al., 2011; Demerouti et al., 2001; Lee & Ashforth, 1996).

To summarize, burnout is a severe and persistent condition that is not simply caused by a difficult day at work. It has been recognized as a significant work-related issue by the international classification of diseases (ICD-11), and efforts are being made to create evidence-based guidelines for mental well-being in the workplace. This complements existing initiatives aimed at improving mental health in the workplace (WHO, 2019).

2.3 Effort–Reward Imbalance Model (ERI Model)

The effort-reward imbalance model, created by Siegrist in 1996, provides an explanation for why people continue to work in occupations where there is a persistent disparity between effort and reward. Employees in low-paying jobs with few material benefits incur high costs when quitting their jobs because they have few choices for finding better-paying employment. However, due to the low degree of status control, they are at risk of having negative health effects as a result (Sinclair et al., 2013). This model centers on the interaction between environmental constraints or threats and personal coping mechanisms, and it is commonly used to explain work-related stress (Siegrist, 1996). While perceived reward—or lack thereof—indicates how meeting a requirement would affect resource gain or loss—perceived effort is linked to imposed work-related expectations (Cunningham & Black, 2021).

The ERI model points out the social context of a job and distinguishes between intrinsic and extrinsic work-related efforts. The ERI model, compared to the DMCS model, also places a strong emphasis on personal coping mechanisms like excessive striving for acceptance or self-esteem as well as rewards like money and social control. For workers with high job expectations but little pay, strain can happen when there is an imbalance of efforts and rewards (Siegrist et al., 2004; Siegrist, 1996; Sinclair et al., 2013).

Also, the ERI model incorporates intrinsic efforts, which are the driving force behind work-related commitment and may act as a buffer against the disparity between demands and rewards. People who are highly committed to their jobs are more likely to work harder than is necessary in order to reap the benefits of their labor (Siegrist et al., 2004). Over-commitment is a personal factor that increases the chance of illness and burnout (Dollard et al., 2003). For

instance, extremely committed teachers are more susceptible to burnout (ibid). According to Siegrist's theory, even if the discrepancy is not given explicit consideration, a disparity between effort and reward at work, especially if it occurs frequently, can have detrimental emotional effects (Hobfoll, 2001; Siegrist et al., 2004; Siegrist, 1996).

Compared to the Karasek models, the ERI model has received less longitudinal research. However, the ERI model has received a lot of interest in Europe and is consistently supported by evidence. Studies have shown that a workplace effort-reward imbalance causes a number of detrimental health effects, including gastrointestinal issues, mental illnesses, and poor subjective health, as well as forecasts the development of new cases of coronary heart disease (Siegrist, 2002). In experiments carried out in different nations, the ERI model also seems to be able to identify stress among Japanese workers (Kawakami & Tsutumi, 2000). Research projects in Belgium (Godin et al., 2005), Finland (Kivimäki et al., 2007), and the UK all served to confirm the model (Head et al., 2004; Kuper et al., 2002; Stansfeld et al., 1999).

2.4 The Demand-Induced Strain Compensation Mechanisms in Job Stress Model (DISC)

De Jonge and Dormann (2003) developed the DISC Model as a method for analyzing job stress. It is based on the DCSM and ERI models and seeks to separate different foci while uniting common concepts. The DISC Model predicts compensatory mechanisms for counteracting negative psychological states and helpful reinforcement of behavioral habits. It describes how factors related to employment can set off compensatory psychological processes to balance work demands (Vancouver, 2000).

So far, the five preliminary concepts of the DISC Model are (1) the multidimensionality of concepts, (2) the triple match principle, (3) the compensation principle, (4) the balance principle, and (5) the hierarchical principle (de Jonge & Dormann, 2003).

The DISC model's first principle stresses the multidimensionality of concepts related to job demands, employment resources, and other strains associated with the workplace. It acknowledges the potential cognitive, emotional, and behavioral components of work requirements and resources. For instance, time constraints may necessitate intense concentration (cognitive), instill dread of a superior (emotional), or necessitate risky actions. (behavioral). (de Jonge & Dormann, 2003).

The second DISC model principle is the triple match principle. It implies that work demands should be corresponding with job resources, and job resources should be in accordance with negative health outcomes (de Jonge & Dormann, 2003). The cause-effect relationships between these cross-domain interactions have not yet been clearly established by researchers, though (e.g., de Jonge & Dormann, 2006; Lavoie-Tremblay et al., 2014; van de Ven & Vlerick, 2012).

The compensation principle states that job demands and resources from similar areas have the greatest potential to cancel each other out. The negative effect of job demands (such as a challenging customer who has an emotional impact on the worker) can be canceled out by a matching job resource (a coworker with whom we have an enjoyable discussion), which can result in improved health and well-being (de Jonge & Dormann, 2003).

The fourth DISC model concept is the balance principle. It emphasizes that using job resources excessively can lead to their depletion, creating stress and preventing learning and development. A well-balanced combination of particular high work demands and their corresponding opponents (i.e., matching job resources) is necessary to promote active learning and progress (de Jonge & Dormann, 2003).

Finally, the DISC model's hierarchical principal postulates that emotions are crucial to how stress is processed. They are essential for stress processing and can be triggered by cognitive, behavioral, and emotional demands (de Jonge & Dormann, 2003).

To summarize, using depleted work resources can have negative effects, according to the DISC Model, and emotional demands and resources seem to be more crucial for overall health and well-being than cognitive demands and resources (de Jonge & Dormann, 2003). Studies have confirmed the model's theoretical principles, emphasizing the value of appropriate job resources and recovery from work in reducing the negative impacts of high work demands on employee health, well-being, and productivity (e.g., Daniels & De Jonge, 2010; de Jonge & Dormann, 2006; Sonnentag et al., 2010; Sonnentag & Geurts, 2009; Van de Ven, 2011).

2.4.1 The Demand-Induced Strain Compensation Recovery Model (DISC-R)

Since recovery from work is important in coping with job strain, it has been integrated as an additional explanatory variable in the DISC Model, resulting in the Demand-Induced Strain Compensation Recovery (DISC-R) Model (de Jonge et al., 2012; de Jonge et al., 2014). The DISC-R Model understands recovery from work as a type of detachment that can be operationalized as a paradigmatic healing experience and a potent mechanism in the stressor-strain process (e. g. Sonnentag & Fritz, 2007; 2015; Sonnentag & Geurts, 2009). The DISC-R Model depicts detachment from work as a complementary strategy to buffer negative impacts from job demands, alongside employment resources, based on previous theories regarding the function of recovery from work in the job stress process (Sonnentag & Geurts, 2009).

In order to manage workplace stress, the DISC-R Model incorporates recovery from work as a new variable (de Jonge et al., 2012; de Jonge et al., 2014). Detachment from work is described as a complementary tactic to workplace resources to reduce the negative effects of job demands (e. g. Sonnentag & Fritz, 2007; Sonnentag & Geurts, 2009). To refuel workers' internal resources after work, the DISC-R Model separates emotional, cognitive, and physical detachment from work (de Jonge et al., 2012; 2014). A person's perception of being detached from their work environment, including their cognitive, emotional, and physical absence from it, is referred to as detachment from work (Etzion et al., 1998). By establishing emotional separation from work, putting work-related thoughts away, and physically distancing themselves from work, employees can refuel their internal emotional, cognitive, and physical resources after work (de Jonge et al., 2012, 2014).

Finally, the DISC-R Model identifies two types of matching effects: compensation (stress-buffering) and balancing (activation-enhancing). The compensation principle helps prevent negative work-related consequences by matching demands, resources, and detachment. On the other hand, the balancing principle aims to promote positive work-related outcomes by matching employees with tasks that fit their skills and abilities. These principles are based on previous studies by de Jonge and Dormann (2003, 2006) and de Jonge et al. (2014).

2.5 Cognitive Phenomenological Theory (CPT)

A transactional theory called the CPT of stress, which is applied to research on workplace stress characterizes stress as a person-environment interaction that exceeds resources and jeopardizes well-being (Dollard et al., 2003; Lazarus & Folkman, 1984). To explain further, stress appraisal is required for a threat to occur, as an evaluation of the situation needs to indicate harm (Lazarus, 1966). In order to mediate the relationship between stressor and strain, the CPT emphasizes the significance of interpreting and assessing a stimulus as a threat, evaluating coping mechanisms, and coping through emotion-focused or problem-focused strategies (Lazarus, 1991).

When a problem is solved, coping comes to an end, but if it doesn't, tension is created that has long-term negative effects on health and well-being. This is in accordance with the CPT of stress, which highlights the significance of the cognitive appraisal of a circumstance, coping resources, and coping strategies like emotion-focused or problem-focused. This transactional theory emphasizes how crucial it is to recognize and assess a stimulus as a danger and how coping functions as a mediator between the stressor and strain (Lazarus & Folkman, 1984).

In conclusion, the cognitive model emphasizes how individuals interpret events. Although it offers useful information about people's cognitive processes, there are some drawbacks when applied to studies on work stress (e. g. Harris, 1991). Since various people may perceive the same aspects of the work environment as stressful, the theory cannot pinpoint exactly what those aspects are (Baker, 1985).

2.6 Cybernetic Theory of Stress, Coping, and Well-Being

Based on cybernetic theory, which is concerned with humans' ability to self-regulate their behavior, Edwards (1992) created a holistic theory of stress, coping, and well-being (Carver & Scheier, 1982). According to the cybernetic theory of stress (Cummings & Cooper, 1979; Edwards, 1992), people try to avoid stressful situations and exert influence over their surroundings in order to reduce stress. The “discrepancy-enhancing process” is what is meant by this “distancing” (Carver, 2006). The “discrepancy-reducing mechanism” is a coping strategy in which people observe and regulate the effects of a threatening stimulus. It works to bring actual and intended states closer together when a stimulus is evaluated negatively, turning it into an "anti-goal" (Carver, 2006; Cummings & Cooper, 1979). The main ideas of Edward's

cybernetic theory of stress are embodied by this negative feedback loop, which assists people in reducing the distance from an undesirable state and increasing the distance from a new wanted state.

In conclusion, the negative feedback loop contends that coping with stress and maintaining well-being are interrelated concepts. Differential environmental inputs and internal standards cause stress, which is harmful to the well-being and causes coping mechanisms to be activated to deal with the differences. By dealing with stress directly or by changing its causes and moderators, the coping strategy seeks to enhance well-being. This ongoing process demonstrates how people assess their surroundings, adapt to them, and reduce stress in order to support well-being (Edwards, 1998).

2.7 Cognitive Behavioral Model of Occupational Stress (CBM)

The CBM places a strong emphasis on the contribution of cognitive processes and behavioral coping mechanisms to the emergence of occupational stress. Each employee contributes unique personal qualities and needs to the position, which interacts with the demands of the position (Bamber, 2006). If an employee's personality matches the requirements of their employment and their workplace environment accommodates their needs, they should have good mental health, effective coping mechanisms, low levels of stress, and a sense of fulfillment at work (ibid).

Furthermore, the CBM also proposes that cognitive processes mediate the relationship between stressful situations and emotional discomfort. Early childhood experiences shape an individual's pre-existing cognitive settings, or schemata, which dictate how they perceive and react to stressful circumstances (Bamber, 2006). When these schemata are healthy, the person is more likely to have good mental health, effective coping mechanisms, low-stress levels, and job fulfillment. Conversely, unhealthy and maladaptive schemata can result in erroneous thinking, emotional suffering, and unhelpful behavior (ibid).

According to the CBM Model, someone is more likely to experience occupational stress if they lack the personal characteristics or coping mechanisms necessary to handle the demands of their employment or if their needs aren't being met by their current position (Bamber, 2006). It's important to note that two people performing the same job may have different perspectives on it. The employer should aim for a strong person-environment fit to reduce occupational

stress. Finally, the work, the person, or both may be to blame for occupational stress (Bamber, 2006; French & Caplan, 1982; Yang et al., 2008).

3. Occupational Stress and Coping

Since the 1980s, coping has become a more popular term to describe people's capacity to manage stress (Stoica & Buicu, 2010). Anti-stress measures are quite demanding, but they provide significant rewards that can be quantified financially and detected as well in the improvement of staff morale (Dollard et al., 2003). Programs to avoid and manage work-related stress can be made accessible by organizations, with an emphasis on prevention rather than treatment (Stoica & Buicu, 2010).

Preventing stress can begin with selecting candidates during recruitment who can handle stress levels typical for the job. Training programs should also be provided to help employees acquire stress management skills and knowledge to handle job demands. Lastly, organizations should have clear communication processes to avoid ambiguity (Stoica & Buicu, 2010).

Van der Klink et al.'s (2001) meta-analysis of 48 experimental studies concluded that stress management interventions can be effective, but high-quality evidence for their efficacy is challenging to obtain due to several factors such as a lack of longitudinal studies, reliance on self-report data, and multifactorial sources of work stress. For instance, though, relaxation had a minor effect size, while cognitive-behavioral therapies and multi-modal interventions had a moderate effect. Organizational-oriented interventions, on the other hand, had no effect (Dollard et al., 2003).

It is important to keep in mind though that even though the organization's participation in the worker's stress reduction is rather critical, it is also necessary that the individuals themselves mobilize their energy and implement certain steps to buffer and/or lessen their stress levels. In the workplace, it is thought to be beneficial to have a set of (healthy) coping behaviors such as political skill⁸, for example (Ferris et al., 2005).

3.1 Individual stress management strategies

Coping refers to the strategies used by individuals to manage the negative emotions and inner conflict caused by stressors. These strategies can involve decreasing or avoiding a perceived threat, loss, and/or harm, or alleviating the accompanying suffering (Carver & Connor-Smith, 2010; Skinner et al., 2003). Coping strategies can be voluntary and depend on

⁸ Political skill is regarded to be a coping resource. This skill refers to the ability to understand coworkers and managers which can help to achieve future ambitions, may they be of a personal nature or organizational. (Ferris et al., 2005). Political skill was found to buffer the impact of job stressors like burnout (Meurs et al., 2010) and/or excessive workload and role conflict on strains such as anxiety (Perrewé et al., 2005).

the person's environment and situation, but they can also be automatic and stable (Carver & Connor-Smith, 2010; Skinner et al., 2003). Most authors classify coping strategies into problem- and emotion-focused strategies, but researchers have also used other classification methods such as approach- or avoidant coping (Holahan et al., 2007; Holahan & Moos, 2003; Lazarus & Folkman, 1984).

Emotion-focused coping is concerned with emotional responses to demands, whereas problem-focused coping includes taking immediate action to eliminate or lessen the intensity of a stressor (Braboy Jackson & Saunders, 2006). According to Parker and Sheinin (2020), problem-focused coping techniques include active coping, the suppression of competing activities, restraint coping, planning, and seeking the help of social support. On the other hand, positive reinterpretation, denial, acceptance, turning to religion, and looking for emotional social support are examples of emotional-focused coping. Other the two types of coping mechanisms are adaptive and nonadaptive, with the latter being more successful in the short-term but less so in the long term (Schonfeld, 2001).

A few studies have examined coping mechanisms in particular contexts. According to one research, academics at six Chinese institutions preferred using psychological capital⁹ and other emotionally focused coping mechanisms to deal with stress (Shen et al., 2014). However, in the vast majority of studies, academicians primarily employed adaptive coping strategies (Darabi et al., 2017). Similar to the findings of Darabi et al. (2017), different research on university professors in India discovered that positive cognitive evaluation was employed (Priyadarshini et al., 2015). Another study found that anxiety and depression were found to be continuously and independently modulated by the effects of work stress linked to COVID-19 through social support and resilience (Shi et al., 2022).

According to a study on crisis helpline volunteers, they used a range of adaptive coping mechanisms, such as keeping in mind the advantages of volunteering, setting reasonable goals, maintaining their own limits, and venting to coworkers (Cyr & Dowrick, 1991; Mishara & Giroux, 1993; Pollock et al., 2012). The participants listed magical thinking¹⁰, an inability to identify and describe their own negative feelings, relying on callers' positive feedback, self-blame, worrying, ignoring the issue, and not reaching out for support or professional help as

⁹ The four pillars of psychological capital are: self-efficacy, optimism, hope, resilience.

¹⁰ Wishing upon the situation would get better miraculously (Willems, 2020).

nonadaptive coping mechanisms (Cyr & Dowrick, 1991; Dunkley & Whelan, 2006; Kitchingman et al., 2016; Mishara & Giroux, 1993).

Although most studies focus on adaptive coping methods, only a few studies have examined nonadaptive coping strategies. One such study by Ruisoto et al. (2017) found that at a private institution in Spain, 82 % of academics consumed alcohol and 13.1 % had problematic alcohol use, with male academics being more likely to consume alcohol. Wiegel et al. (2016) discovered in four German universities that academics used CE drugs to manage work stress, although the prevalence of CE drug use was very low. Lastly, Roche and Ogden (2017) reported that there is a positive association between higher levels of emotional exhaustion and the use of avoidant coping strategies.

Furthermore, academics in Saudi Arabia, Brazil, and India tend to rely on transference tactics such as exercise, participation in activities, and social connections to cope with stress (Fadel et al., 2019; Iqbal & Kokash, 2011; Priyadarshini et al., 2015). Also, social support from family and friends was found to be a helpful resource for healthcare workers during the COVID-19 pandemic (Cai et al., 2020; Louie et al., 2020). Coping and self-care strategies emerged as an important theme in Sun et al.'s (2020) investigation of nurses' psychological experiences in treating COVID-19 patients. Most nurses used psychological protection measures and sought social support, and many made lifestyle changes, but less than half sought outside knowledge to change their thinking processes.

According to Cao et al. (2020), reporting themes from the news or social media was beneficial for coping, although the number of people who used news or social media was not specified. Nurses who treated COVID-19 patients used both active and passive psychological protection measures, sought social support, and made lifestyle changes, but only a minority sought outside knowledge to change their thinking processes (Sun et al., 2020).

Researchers investigated the efficacy of problem- and emotion-focused coping strategies for occupational stress. Because of the impersonal organizational environment, Pearlin and Schooler (1978) postulated that coping strategies are more effective in close interpersonal situations than within a company, which Schonfeld (2001) supported in their (methodologically flawed) cross-sectional research. Furthermore, Rodríguez-Rey et al. (2018) discovered that coping strategies can predict 20–37 % of the variance in burnout dimensions and PTSD, with emotion-focused coping resulting in greater levels of burnout and PTSD. Furthermore, Furlonger and Taylor (2013) discovered that avoidance coping caused more belief

disruptions than problem-focused coping or social support and that active (problem-focused) coping methods outperformed emotion-focused strategies such as rumination and thinking avoidance (Colville et al., 2014; Colville et al., 2017).

It would seem that when workers are stressed, they prefer to use both problem- and emotion-focused coping strategies (Decker & Borgen, 1993; Folkman & Lazarus, 1980; McCrae, 1984; Neighbors et al., 1983). Nevertheless, the effectiveness of problem-focused coping is thought to be higher than the effectiveness of emotion-focused coping as the former strategy aims to resolve the problem that creates stress, leading to a significant change, while the latter does not contribute to creating a solution, which may worsen the situation in the long run (Alonso-Tapia et al., 2016). However, active problem-solving strategies are more common and successful in situations that appear controllable, whereas emotion-focused coping is more likely to surface in situations that appear uncontrollable.

Workplace coping efficacy research has produced inconclusive findings (González-Morales et al., 2010). While some studies have discovered that problem-focused coping can result in a substantial reduction in stress levels, others have discovered that coping efforts aimed at work-related problems are either ineffective or can exacerbate the problems (Menaghan & Merves, 1984). Longitudinal research has found that coping has no effect on burnout, depressive symptoms, or sickness absence (González-Morales et al., 2010; Schonfeld, 2001; Schreuder et al., 2011). However, some research has shown that a combination of problem-focused coping and emotion-focused coping can predict lower strain levels. Also, it may depend on the given situation, for instance, during the COVID-19 pandemic, social support was perceived as the most protective factor associated with a lower risk of mental health disorders in healthcare workers (Liu et al., 2020; Ni et al., 2020; Xiao et al., 2020a, b).

Individual coping has been shown in longitudinal studies to have little long-term effect on stress, but it is still essential to research. Coping, personal control, social support, mastery¹¹, and psychological capital¹² can all help to reduce stress's negative impacts (Pearlin & Bierman, 2013; Schonfeld, 2001; Schieman & Meersman, 2004). This moderation and mediation procedure is known as structural amplification (Ross & Mirowsky, 2006). Finally, among

¹¹ Mastery is a human response to difficult or stressful circumstances in which competency, control, and dominion have been gained over the experience of stress (Younger, 1991).

¹² Psychological capital is a positive situation for personal development with the features of self-reliance while dealing with the challenges (self-efficacy), positive expectations for the future success (optimism), being full of determination (hope), and accomplishment in spite of obstacles (resilience) (Çavuş & Kapusuz, 2015).

psychologists, self-care¹³ is the most effective method to prevent stress and burnout (Rupert & Dorociak, 2019). Life balance, cognitive awareness, and daily balance are especially essential for the personal and professional functioning of psychologists.

Also, working in healthcare can be a source of occupational stress due to interpersonal conflicts, which require highly developed interpersonal skills such as assertiveness, complex social judgments, active listening, offering help, attributing motives, delivering bad news, predicting behavior, and managing confrontations, particularly when working with difficult employees and/or clients (Edelmann, 1993; Fontana, 1994; Lowman, 1997). Inadequate proficiency in these skills can turn the nature of the work and its interpersonal demands into a significant stressor.

More research is required to investigate the efficacy of coping and other methods in dealing with occupational stress. Individual coping strategies can be beneficial (Shimazu & Schaufeli, 2007), but it is essential to consider the organizational, social, and economic variables that can limit their effectiveness. The quality of research done during the pandemic has been poor, and high-quality research should be included in pandemic preparedness planning (Muller et al., 2020). Curriculum changes in educational systems are also required to better teach professionals how to manage occupational stress (Winefield et al., 2003). Finally, job redesign, sufficient employee rewards, and better social support are required to prevent or mitigate the negative effects of work stress. As assured by the EU Framework Directive and Article 152 of the Treaty of Amsterdam, occupational, psychosocial, chemical, and physical environments should be tailored to workers' needs, strengths, and basic standards (Winefield et al., 2003).

Also, several studies have found that healthcare workers are uninterested in obtaining professional psychological services, possibly because of the stigma connected with seeking mental health care and the belief in self-reliance (Shanafelt et al., 2020). For example, Cao et al. (2020) discovered that 5 % of respondents would not seek professional assistance, while Guo et al. (2020) discovered that only 14 % of respondents selected psychological counseling as a way to deal with psychological suffering. However, Kang et al. (2020) found a slight increase in interest in professional resources, with 40 % of respondents choosing to seek care

¹³ Self-care, in general, entails engaging in behaviors or activities that enhance health and well-being—in other words, doing things to make oneself feel better physically and emotionally (Rupert & Dorociak, 2019).

from psychologists or psychiatrists. The favored psychological resource options were related to the degree of psychological discomfort.

3.2 Individual factors and coping

Individual experiences and developmental histories, according to evidence, can also influence the severity of a person's stress reaction (Holsboer et al., 2010; Puglisi-Allegra et al., 2015). Coping in a given stress domain is often consistent over time, and individuals have habitual coping patterns, with coping predicting adjustment as well as personality (Connor-Smith & Flachsbart, 2007; Gil et al. 1997; Holahan & Moos, 2003; Murberg et al. 2002). Overall, coping behaviors are determined by a complex interplay of genetic and environmental factors, such as early childhood trauma, genetic vulnerability, and contextual influences, all of which can influence the formation of habitual coping patterns and, as a result, affect mental health outcomes (Jang et al. 2007).

Personality and coping are related, according to Jurczak et al. (2019), but coping is not merely a reflection of personality in difficult situations. Personality traits were found to be substantially related to task-oriented or emotion-oriented coping. While some personality traits are genetically determined, the research found no direct impact of hereditary factors on coping strategy choice, though.

Personality influences coping strategies in various ways, such as stressor type and frequency, as well as pre-coping assessments (Vollrath, 2001). To summarize the main five personality factors in the relation to stress, conscientiousness is associated with reduced stress exposure, while neuroticism is linked to interpersonal stress and negative assessments of coping resources (e.g. Grant & Langan-Fox, 2007; Gunthert et al., 1999; Lee-Baggley et al., 2005; Penley & Tomaka, 2002; Vollrath, 2001). Openness, conscientiousness, and extraversion are associated with viewing events as challenges and having positive evaluations of coping resources, whereas agreeableness is linked to lower interpersonal conflict and lower social stress (Asendorpf, 1998). Coping efforts may also be influenced by expectations of potential consequences (Carver et al., 2009).

The temperament-based approach, avoidance, and attentional regulatory systems are believed to underlie responses to stress, with high neuroticism combined with low conscientiousness predicting high-stress exposure and threat assessments, while low neuroticism combined with high extraversion or high conscientiousness predicts low-stress

exposure and threat appraisals (Grant & Langan-Fox, 2007; Vollrath & Torgersen, 2000). In meta-analyses, extraversion, conscientiousness, openness, and optimism are associated with higher levels of adaptive (engagement) coping, while neuroticism is associated with higher levels of nonadaptive (disengagement) coping. Additionally, optimism, conscientiousness, and agreeableness are linked to lower levels of nonadaptive (disengagement) coping (Carver & Connor-Smith, 2010).

Age is also an important factor in understanding the relationship between personality and coping mechanisms. Studies have found that personality-coping relationships tend to be stronger in younger samples than in older samples, particularly in the areas of problem-solving and cognitive restructuring (Skinner & Zimmer-Gembeck, 2007). There are several possible explanations for this finding. First, temperament may have a stronger influence on coping responses in children than in adults, who are likely better at matching coping tactics to situational demands. Second, age-related decreases in neuroticism and improvements in agreeableness and conscientiousness may lead to less distress and consequently reduced coping variability in older persons (McCrae et al., 2000; Roberts & Del Vecchio, 2000). Finally, the fact that most of the moderation occurred in problem-solving and cognitive restructuring suggests that individuals gain more competence in these adversity responses as they age, leading to less individual variation (Skinner & Zimmer-Gembeck, 2007).

It is also necessary to examine the impact of stressor type and intensity on the relationship between personality and coping. In high-stress samples (e.g., cancer, chronic pain, divorce), personality and coping are more strongly associated than in low-stress samples (Connor-Smith & Flachsbart, 2007). Chronic stressors, such as poverty or serious illness, can limit coping flexibility more than low-grade stressors, and people may respond to stressors that require a clear, defined response, such as meeting a work deadline, with fewer differences. As a consequence, high-intensity or prolonged stressors may be stronger indicators of personality-coping relationships (Gomez et al., 1999; Holahan & Moos, 2003; Murberg et al., 2002).

In conclusion, early life experiences, including beliefs, attitudes, and coping strategies, but also age may shape how people perceive and deal with work stresses, influenced by unhealthy core schemata and maladaptive coping strategies learned from negative early life experiences. Learned behaviors and aspirations may also be influenced by socioeconomic class and societal norms. Furthermore, characteristics such as education, job expertise, and skills may

have an influence on an individual's ability to cope in the workplace (Machlowitz 1980, Bamber, 2006).

II. Empirical Research

4. Theoretical Context and Research Questions

This thesis aims to provide a deeper insight into the perspectives of Czech crisis intervention helpline workers concerning their experiences of job stress and their use of coping resources. The theoretical framework presented above offers a complex overview of theoretical models relevant to understanding, explaining, and describing the ways in which individuals can endure and handle stressful situations. It also describes different types of coping and other relevant attributes that may have an impact on how employees cope with stress. It was important for this research to reveal a variety of aspects that may determine an employee's ability to use a given set of sources to cope with stress which can be then used as a rich source of data for further exploration. Thus, this thesis will utilize the classic Grounded Theory methodology by Strauss and Corbin (1998).

In order to explore how Czech crisis intervention helpline workers experience and cope with stress, three main research questions were asked:

- 1) What are the main sources of job stress as perceived by crisis helpline interventionists?
- 2) What coping strategies do crisis helpline interventionists use to manage work stress and how they perceive the effectivity of these strategies?
- 3) What personal, social, and other resources do crisis helpline interventionists perceive as the most effective in coping with job stress?

The first research question is to elicit individuals' subjective perceptions on the major sources of stress they face at work, which can impair their productivity, well-being, and overall health. The second research question focuses on the personal approaches and sources interventionists use to deal with stressors they may encounter during their work shifts, and it attempts to understand how successfully these coping mechanisms are believed to function. Finally, the final study question investigates participants' perspectives on the most effective coping methods or strategies based on their own personal experiences.

5. Research Methodology

In order to obtain a complex understanding of crisis interventionists' experiences of job stress and coping strategies, a grounded theory design was used. Grounded theory (Corbin & Strauss, 2015) is a qualitative research design that identifies emerging patterns in data gathered during the investigation process. The researcher constructs theoretical explanations of the examined phenomena based on general patterns discovered in the data, thereby generating new insights into the participants' experiences. The subsequent theory is founded on the gathered data, and data collection and analysis are ongoing processes (Corbin & Strauss, 2015). Interviews, observations, and resources such as internet posts, diaries, and historical records can all be used to collect qualitative data. Interviews are a distinct and effective way of eliciting rich and complex information from participants. Semi-structured interviews are especially beneficial in the setting of grounded theory because they aid in the development of codes and categories (Cavana et al., 2001; Creswell, 2007; Lincoln & Denzin, 2005).

Consistent with the grounded theory recommendation, semi-structured interviews were selected as the data collection method for this thesis, as they are effective in obtaining detailed information about participants' experiences. Additionally, to obtain different viewpoints, crisis intervention helpline employees with diverse backgrounds and levels of seniority were interviewed. Specifically, a total of 14 interviews were conducted by the author of the thesis. The interviews were conducted online to ensure that all participants had equal conditions and to avoid logistical challenges due to geographic location differences.

Consistent with the grounded theory methodological practices (see Corbin & Strauss, 2015), the interview data obtained were analyzed using a process called "constant comparisons". This procedure involved breaking down the data into smaller parts, comparing them for similarities and differences, and categorizing them based on their conceptual headings. The data was then organized into themes or categories based on their dimensions and features, with a "core category" serving as the structure of the theory (Corbin & Strauss, 2015).

6. Research Sample

Fourteen participants (11 = F, 3 = M, average age: 34.3) participated in semi-structured interviews. All the participants were employees in organizations that provided the service of a crisis intervention helpline. The participants were employed at 7 different helplines. Several of the participants worked on a specified helpline that specialized on a narrowly specified group of clients, including seniors, children and adolescents, victims of crime and domestic violence, employees in general, medical staff, and people with eating disorders. Four of the participants were recruited rec with an e-mail invitation that was sent to 13 crisis helpline organizations. The other ten participants were recruited by contacting employees from a crisis intervention helpline on LinkedIn with a direct research invitation. Table 1 summarizes the main demographic characteristics of the research sample.

Table 1

Participants

Participant	Age	Sex	Education	Length of employment
P1	41+	M	DiS ¹⁴	0–2 years
P2	20–25	M	Bachelor	0–2 years
P3	26–40	M	Bachelor	0–2 years
P4	26–40	F	Masters	5+ years
P5	20–25	F	Bachelor	0–2 years
P6	20–25	F	Bachelor	0–2 years
P7	20–25	F	Bachelor	0–2 years
P8	20–25	F	Bachelor	0–2 years
P9	20–25	F	Masters	0–2 years
P10	20–25	F	Bachelor	2–5 years
P11	26–40	F	Masters	0–2 years
P12	41+	F	DiS	5+ years
P13	41+	F	Masters	2–5 years
P14	20–25	F	Bachelor	0–2 years

¹⁴ Certified specialist that is received after graduating from higher vocational school.

7. Data Analysis and Categorization

7.1 Open Coding

Open coding is the first stage in the data analysis process in which the researcher identifies and organizes codes or concepts from the data based on their dimensions and properties. According to Strauss and Corbin (1998), properties are the features or characteristics of a category that provide connections and relationships between concepts. Creswell (2007) defined properties as traits that are shared by all ideas or concepts in a category. The aim of open coding is to create categories that summarize the perspectives of participants on stressors and coping mechanisms, eventually leading to the development of a core category.

Table 2

Example of the open coding process.

Category	Code	Participant's statement
Causal condition: stressor in the workplace	High workload	There are certainly times when there have been more of those calls, and as far as the economic crisis goes, we've definitely dealt with a lot more calls in terms of some of the financial distress and stuff, and that's where it's been challenging, but more in general when it came to the knowledge about it. I don't really feel the crisis that much on myself.
Intervening condition: global crises	The topic of global crisis	
Causal condition: stressor in the workplace	High workload	
Intervening condition: global crises	The topic of global crisis	
Causal condition: Stressor from the calls (personal dispositions)	Insufficient knowledge/experience	
	Inability to empathize	

7.1.1 Stressors

The categories that describe the types of stressors are further discussed below. Firstly, the types of stressors the employees face are mentioned. We may separate them into stressors that arise from the workplace itself and stressors that originate from the calls the interventionists receive on the helpline.

Table 3

Summary of codes for stressors.

Stressors (causal conditions)	Organization-related	High workload	high number of calls
		Organizational shortcomings	internal communication, technological problems, red tape
	Helpline calls-related	Type of call	severity and urgency of topic
		Type of client	misusing the helpline ¹⁵ , difficult clients ¹⁶ , clients for whom the helpline is not intended
		Personal dispositions	prone to anxiety, having different attitudes and values than the client, having an unresolved personal topic that resonates with what the client brings up, and being able to set a proper level of empathy.
		Call structure-related insecurities	not having personal contact with the client, no feedback after the call, insecurities about how to structuralize the call, and not knowing what call awaits the participants

One of the most mentioned stressors that the participants had to face during their shifts was the subjectively perceived severity of the topic that the client brought to the helpline. The participants reported feelings of stress, tension, and a sense of bodily activation. The type of severity slightly differed between the participants; however, the severity was mostly strongly intertwined with a sense of urgency that the participants felt during that call. The urgency could have stemmed for example from a possibility of the client getting critically hurt or perhaps having a time-limited window to support the client throughout the call. See examples below:

¹⁵ Repeatedly calling clients, clients who treat the helpline as therapy/friend.

¹⁶ For example, unstable clients with whom it is predicamental to find a solution to their problem.

(P10) *“The person may be in some very bad mental state, or in a life-threatening situation, or planning it somehow, or just thinking about it, so the process is just tough. Those are kind of the most significant stressors because there's very little time, or the time is there, but the person has to react right away and doesn't have that space to think about it, and I see that as a difficult call.”*

(P8) *“But generally suicidal clients, just suicidal, or when they're heavy topics and again acute. That it might be rape or some kind of assault. So, when there are strong themes and urgent and require some immediate resolution.”*

(P7) *“When it's a story that's kind of story-heavy [...] that's probably the most common stressor for me. [...] Those are the conversations where probably the most challenging... about a death of a child, where it's just a topic that well... that just has that connotation of kind of heavier and there, especially when it's someone who's had a child die not a while ago, that it's not quite something that was months ago, but it's been a few days... that's just challenging.”*

(P2) *“These situations are generally stressful, where I really feel the excitement and the activation. It's calls like, he's a suicidal client. I've had a lady call in and she's probably already eaten some medication...”*

(P5) *“She was then like hyperventilating for quite a long time on the phone until it was like it was coming to the point where you could tell that she didn't have the oxygen. I couldn't help her; she couldn't help herself and it seemed quite drastic.”*

(P1) *“So it would definitely be some suicidal calls, acute threats to the client's life, medical, and possibly acute domestic violence calls. I'm sensing a transference of the crisis at that point.”*

It was also stated in a few cases that the severity of the call's theme was perceived as more of a distressing situation at the beginning of their professional start in the workplace when compared to the state the participants are currently. The participants attributed this change to their experience and the education they gained over time; therefore, knew how to deal with such calls, and they did not experience it as a significant stressor anymore, as can be seen in the following extract:

(P6) *“The suicide calls were very stressful for me in the beginning, but not so much now that I’ve been there for a while.”*

(P9) *“[The stressors]’ve changed a lot. When I first started, I was shaken up and stressed out. You [...] you don’t believe you can pull it off properly because anything can come up. So, I was stressed out all through those shifts. The central rang and I was just scared. I was kind of under attack, the calls were pouring in at me, it was not me going toward them. The first few weeks were probably the worst, but then it settled down during the first few months.”*

(P1) *“In the beginning, there was stress from lack of experience and lack of information. Or maybe there was some great demand that I needed to be aware of. That maybe it’s more important to know something else [...] so nowadays, with the experience, it’s not stressful anymore.”*

More participants who worked on a more specific helpline (e.g. victims of crime, a helpline for seniors, COVID-19 related helpline) expressed their insecurity when it came to having enough knowledge even after they worked on the helpline for some time already. The participants talked about the complexity of some situations that require great professionalism and expertise in the given field, especially if the regulations and/or laws change¹⁷.

(P11) *“Here specifically with this helpline... it’s not just crisis intervention, but it’s also about having to give some information that’s relevant to the topic and it’s also stressful for me to be able to guide them appropriately and also give them the information quickly, maybe even find it quickly.”*

(P6) *“There are certainly times when there have been more of those calls, and as far as the economic crisis goes, we’ve definitely dealt with a lot more calls in terms of some of the financial distress and stuff, and that’s where it’s been challenging, but more in general when it came to the knowledge about it [...] and often it’s advice, generally how to secure benefits, allowances [...] I just need to know all this stuff and that can be challenging, yes.”*

Other stressors that may arise from the call are the clients themselves. The participants mostly talked about clients that misuse the helpline in various ways, may it be consciously or

¹⁷ For example, during the COVID-19 pandemic, the information was changing so quickly, it was hard to be always well and correctly informed as a crisis line interventionist.

unconsciously. Usually, the participants perceived it as distressing when their helpline focused on a specific group of clients (e.g., seniors, children, etc.) and they received calls from people who did not fit such criteria of the specific helpline. It could be either people that called on purpose to make fun of the participants, clients that seemed to lie about who they were (e.g., about their age, problems, etc.), and/or clients that used the helpline to vent their anger on the participants. See the statements below as an example:

(P3) *“Those clients basically go there to yell at me [...] Well... the minute they're in there yelling at me and calling me names and telling me to ***¹⁸ and stuff, I still find that kind of challenging.”*

(P13) *“I remember one very stressful call for me when I didn't really know if the person really needed my help, or if they were abusing it and masking it well, and I didn't feel comfortable with that at all.”*

(P6) *“They were unable to reach any other organization, for example, the sanitary station, or the doctors, so in that telephone system, they kind of fell through to us. But we couldn't help them in that respect and that was a bit challenging. We're here for psychological first aid.”*

Furthermore, the participants mentioned clients that disregarded the “purpose” of the helpline and used it as therapy sessions or perhaps even just “talking to a friend”. With that, the participants mentioned repeatedly calling clients being an issue both for the whole organization and stressful for the individuals on the helpline.

(P10) *“More often, however, I get a call from a long-term client who is a bit irritating with his expectations from the line, some confuse the line with a friend.”*

(P6) *“What is very specific for us is that there is a huge number of repeatedly calling clients and I think this is a big stressor in itself because these people are to some extent crossing the limit of the helpline, which is based on the principle of crisis intervention and people require repeated contact and at the same time there is no resolution of the situation, which is what the crisis intervention is simply set up for.”*

¹⁸ Swear word.

(P5) *“It was just about stating that unfortunately, that's the way it is and that, of course, the line is available for some follow-up calls, but that it can't substitute for that psychotherapeutic care.”*

Lastly, the participants talked about unstable clients that were harder to work with and thus more stressful. To specify, they talked about clients whose emotional state was so unstable that they could not reach a conclusion or any decision with them and they tend to get into a non-ending cycle that leads to no solution. Therefore, it is harder to structure the call, connect with the client and create a relationship that may help reach a conclusion. Examples of statements are below:

(P11) *“So that was the most challenging situation. It was hard to get her to cooperate. [...] The client's out of your reach at that point because she's not responding to anything. [...] Even though she wants to be on the call with you... but her emotional state doesn't allow her to respond to what you're saying. [...] But as she was in that acute emotional state, she was completely unresponsive even to the instruction to go outside.”*

(P4) *“It's more like they're always complaining about something or someone, and you can't come up with a way to relieve the situation or resolve the situation. They just take it out on you like that and they blab it, and they blab it, and it doesn't work, and they don't get any relief. [...] They are people who have some kind of psychiatric diagnosis, and the crisis intervention is aimed at getting those people to vent and then those emotions come down and relieve them and those people tend to keep spinning around in the same thing and there's not the calming down and the relief that you're trying to achieve.”*

(P10) *“Just that first impression of that call, that first info may sound like it's going to be challenging, and then when you get through that mapping, finding out if it's really threatening right now, that puts more of a pressure on you, what it's going to be.”*

Another important theme that emerged often when it came to stressful situations on the helpline was the participants' own dispositions and how they might affect the call. One of the personal traits such as being prone to anxiety was mentioned to affect the participant's perception of stress. Their uncertainty and self-doubt might make them insecure about how they do their job and the work itself may seem like a bigger challenge to them. See examples below:

(P3) *“The stressor is the uncertainty, the self-doubt.”*

(P7) *“I think I could be less anxious when it comes to this position.”*

(P2) *“And what's stressing me out? In that aspect? That I'm self-conscious, and that's when it's quiet on my shift and the phone rings. I feel like I'm being watched... which I am not... but like they're listening with one ear... but in reality, they're not judging me.”*

(P6) *“For me, authority figures are always stressful in some way. Because I perceive that they have a little bit of leverage to somehow evaluate and see how I'm actually doing the work. And I'm critical of myself in that way and it can make me a bit anxious.”*

Another theme that was often discussed was the discrepancy between personal attitudes and the attitudes of the client during calls. The participants stated that dealing with someone who has diametrically different opinions and life values than the participant causes them to feel more strain and discomfort because they cannot really defend their own views but must be present for the client to provide the intervention they require at that moment. Consider the following examples:

(P4) *“She brought up a topic and I personally had a different view on it than her. At the same time, she was actually... she was criticizing something that I'm doing in my life or is important to me personally in some way. So, for me to actually... to give support in a moment where I don't actually completely empathize with her...”*

(P10) *“So the moment when there was something like how these people deserve it and stuff, very pro-Russian... it was very unpleasant [...] but it just does some work on you, you just don't want to listen to that, and you have to keep the dignity of the call and you can't tell them to *** and that was tough [...] but in general the ethical stuff is more demanding, it really has an impact on you, personal values, you know. Somehow, I can't stop caring about that value or attitude and you know you have to be neutral and keep that in the conversation like that.”*

(P2) *“For me, it was like I guess thematically challenging when people were calling saying that they didn't get vaccinated and then someone died and they were calling with these compunctions, it actually kind of went against my personal beliefs when it comes to the topic of vaccination. It was hard for me to endure that, I guess.”*

(P12) *“There's just, and this really happened to me once when it was somebody who believed a lot of misinformation and things like that, when we were very much on*

opposite ends of the spectrum in terms of opinion, it was more challenging not to get into some kind of persuasion of that client and just put the factual information in there... and then just nursing her emotional state and other things. So that's where it's challenging.”

Furthermore, having to discuss an unresolved personal topic was quite troublesome for the participants because they believed they could be affected by that topic way too much and perhaps provide an unsatisfactory performance on the line since their own experiences could have had an impact on how they led the call.

(P4) *“What sometimes happens to me... when it relates to my personal topic... and it somehow connects... some theme that comes back to me both on the helpline and in my private practice... then it usually resonates with some theme of mine.”*

(P3) *“For me, the most challenging ones are the ones that I... either touch on a topic of mine or a related category [...] themes that I personally don't have processed enough yet.”*

(P13) *“And the [COVID-19 related] calls were more challenging for me because it was actually a crisis for me as well, it was like a crisis for everybody and I was kind of like personally touched by the subject whether it was the COVID or then the war [Russia's military aggression against Ukraine] and so on so, it was challenging for me.”*

With that, the theme of empathy came also across, and the participants pondered about it variously. In a few cases, they complained about not being able to empathize enough with the client, or perhaps to understand and accept the emotions and struggles the client is going through.

(P1) *“I don't feel emotionally comfortable in [the calls] where I can't empathize with the client. [...] It's just sometimes so obvious what is happening and they... are so lost.”*

(P6) *“For me, it's a tension, the realization that the [client] can't work with [the problem]. [...] And I'll say it again... I don't feel sorry for him...”*

On the other hand, the participants also felt discomfort when they felt way too much empathetic toward the client, for example when the client's emotions transferred to them.

(P5) *“I'm very much like... an empathetic person and... I'll admit it, I guess... I don't know... if I've ever found a mechanism to completely filter [the excessive empathy] out, I don't think I can. But it doesn't make me feel good.”*

(P4) *“The hardest calls for me are when the helplessness is transferred to me. [...] The empathy is too much sometimes.”*

Moreover, the participants thematized their organizational skills, and time management is sometimes an issue when it comes to handling stress. For example, the participants have multiple roles they have to engage in, and it might be difficult to balance everything properly out. See the statements below:

(P4) *“My perpetual stressor is that I have multiple roles... So, it's more like how to put it all together. So, just how to logistically put it all in there...”*

(P2) *“I'm more stressed by the administration, paradoxically. It's a small thing when you sit down to do it, but to plan a year in advance for the education... when you've already applied, maybe it's not on my priority list, even though I know the education is important. But I go to that job, and they want me to do the training, but I know it's important... So, I'm stressed.”*

(P10) *“I have another job on the side, so it's sometimes harder to juggle. So then maybe the time just isn't there if I schedule it poorly. So, that's annoying.”*

The respondents did also mention quite a lot of practical matters that caused them to feel stressed or experience strain when it came to the helpline. They stated feeling tense from having no personal contact with the client, especially when the situation seemed to be dire.

(P14) *“The hard part for me is when I can't connect with the client... the relationship between us. The phone contact is limited, isn't it... you don't see him, you don't know what's going on, you just kind of get a rough idea of what he's going through.”*

(P1) *“It's definitely harder because I can't see his face, his facial expressions, or his non-verbal communication. Face to face, he's got that nonverbal communication and I've got his environment and the details of him that aren't in the phone.”*

(P13) *“Because it's over the phone so in some ways... it's also like... it can be stressful.”*

The lack of personal contact is not the only source of strain, though. Another matter that may be connected with not talking to the person face-to-face was not receiving any feedback after an urgent call because the client, for example, simply hangs up on the participants without an explanation.

(P3) *“You don't really have feedback. Rarely with the urgent ones... that it was successful... [...] that's a big stressor for me. [...] Daily bread, you don't know how they'll end, you don't know how they'll continue, you don't know what happens when they hang up.”*

(P5) *“Moreover, we talked for I don't know... about ten minutes and he hung up on me. And I didn't really know what was going on. I have no follow-up, I have no closure, I just don't know. It's always like that. But here [suicidal call] it was very...very... stressful.”*

(P14) *“So then I find it hard that I'm not sure if I could... If it helped them then.”*

A few participants talked about the methodology of the intervention itself and about being concerned about how to structuralize the call properly since there are always multiple “scenarios” that can happen depending on what route the participants take. See examples below:

(P3) *“Then during the call, often that call goes on with them in a lot of different ways, what to focus on in those... there's like dozens, hundreds of those options. Now, at the same time, I realize it's really important what path I take, so that can be a bit pressing.”*

(P10) *“Just that first impression of that call, that first info may sound like it's going to be challenging, and then when you get through that mapping, finding out if it's really threatening right now, that puts more of a pressure on you, what it's going to be.”*

Among other stressors was the worry that they may not have any solution for the client or that the client may have an unclear demand that they cannot fulfill. The stressor here seemed to be the idea of not doing their job properly or not being able to reach the solution the client wants. Consider the statements below:

(P6) *“Often there are some suicidal calls or some sort of calls that I find frustrating, that seem to have no way out, that there's actually no help there. So, like it's very stressful. [...] So... and it didn't go anywhere for a whole hour and a half. So, these are terrible calls for me. [...] Yeah... that I don't see any work behind it.”*

(P3) *“So there are some [calls] that are hard to grasp. In some ways, I actually like suicide, acutely suicidal, [topic of] self-harm is actually an easier call for me than when it's bad at home, but I don't really know what to do with it.”*

(P12) *“But that the call gets to some dead end... that the client maybe pushes for a solution that's not available or it's some hopeless situation, a difficult situation where maybe there are solutions, but the client doesn't want to pursue them.”*

Also, they discussed stress that arose from the unawareness of what type of client will get through to them. The uncertainty that originates from not knowing what may be ahead of them caused a few participants to feel stressed as well.

(P13) *“With every phone call, the stressor is actually like, what's it going to be in quotes like, who's calling with what and so on, that you never really like know completely in advance what it's going to be, so I guess it's kind of stressful that you can't prepare for it, that you just have to really like act very quickly with a cool head.”*

(P5) *“When I'm on the central station and I don't know the subject of the call yet [...] But actually, on that central station, it's quite a stressful situation just not knowing what the client is calling with and needing to find out if there's something acute, possibly even referring them to emergency services.”*

Furthermore, the participants talked about stressors that they face in the workplace itself.¹⁹ The majority did not seem to be extremely stressed by the environment they work in, but a few topics did emerge. The most mentioned stressor was workload which noticeably spiked up during the COVID-19 pandemic, for example, and it was something they could not influence.

(P4) *“Or at the moment when there's increasing numbers of callers - a lot of people in the pandemic... it was terrible, terrible stress, but it was more the quantity.”*

¹⁹ A few of them were also matters laced with events they could not anticipate, and it may add to the stressors and intervene then with their stress-coping abilities. The mostly referred theme was the global COVID-19 pandemic that caused a great increase in workload. Among other topics was the Russian military aggression in Ukraine and the energetic crisis. These topics had the ability to cause discomfort in the participants, because they themselves did not have the topic resolved within themselves, for example. One can see these major events have the tendency to occur in further statements.

(P1) *“When that line started in 2020, there was a lot of... it was still there. One hundred percent [stress]. [...] In the toughest, busiest times, we worked some 2–3-hour shifts. It couldn't have lasted any longer. And the calls in those 3 hours were sometimes a lot. So, it was kind of... like a treadmill.”*

(P2) *“Well, during COVID we served several times the number of consultants we normally have to be able to even be able to process it, but we couldn't, it just couldn't be prosecuted. You put a call down and another one came in; I've never seen such a rush on the helpline in my life.”*

(P7) *“As far as the economic crisis is concerned, we've definitely been dealing with a lot more calls in terms of some financial distress and stuff, and that's where it's been challenging,”*

The participants also talked about matters that they cannot always anticipate and may intervene with their stress-coping abilities. Mostly referred theme was the global COVID-19 pandemic that caused a great increase in workload. Among other themes were the Russian military aggression in Ukraine and the energetic crisis. These topics had the ability to cause discomfort in the participants, for example, because they themselves did not have the topic resolved within themselves.

Lastly, a source of stress was the organization within the workplace, especially when it came to internal communication, technological issues, and/or red tape, for example. For a better understanding, see the examples below:

(P1) *“It's more likely some technical issues with the communication running on some communication threads, now it's not working or it's changing, or the "new fix" isn't working. But it's more like technical stuff.”*

(P11) *“I need to keep track of things and as our line is big and there are high expectations placed on us and there's a lot to keep track of, so it bothers me that it can't be tracked on one single platform, there's just a lot of documents and systems where there's an awful lot of things to keep track of.”*

(P13) *“And in the beginning, there were maybe even more stressors in the sense of whether the process would work technically, because we had some technical problems*

early on when the line was being set up, in the sense of if I really connect, will it work, will the client be able to call me well, will we connect and so on.”

The participants talked about circumstances that they have the tendency of noticing when they are feeling under stress or when they are already trying to cope with it. The participants mentioned environmental matters and personal mindsets that may impede or support their process of stress management. Just the fact that they are, for example, in a supportive and open work environment, is supposedly sometimes quite sufficient for them to feel comfortable enough to express their worries and it gives them space to deal with the stress adequately. That means that even the environment itself, as in how it looks; if they feel at ease in such a place; if there is a possibility to get small treats or beverages but of course, the atmosphere in the team, in general, is one of the elemental parts that builds the supportive environment.

(P7) “We've got a box of chocolates in there, a shower... [The management] really tries to make it nice here for us.”

(P4) “I think with the team... that's going to happen in some sort of meeting or supervision... so there's room for that tension to be worked out there as well... We have that room for it and everyone is so supportive.”

(P7) “And there's support in there to look for that balance in those services in general, nobody's pushing us, get another shift because we are lacking staff.”

However, what could be an unexpected stressor is a close relationship with a superior which may actually end up stressing out the participant since they start to care a lot about the superior:

(P7) “She's got a terrible... she's headed for burnout syndrome in my opinion because she doesn't keep any boundaries. Or no boundaries at all... but the way she's supportive, she'd cut herself for that line. I think it's hard to hold those boundaries for yourself. And I worry about her [...] misunderstandings that probably stress me out, too, because the relationship is important to me because it's close.”

(P4) “I am little worried about her... she's got a lot going on... our manager is involved in a lot of things like... various governmental... I don't really understand... what's going to be in what law, what's going to happen with the crisis... so if... if that could be the

stressor... that could be... just through the closeness... when I perceive that it's too much for her... so through that."

In a few instances, though, the participants also mentioned situations that did not create an ideal environment such as organizational issues and poor leadership that created, even more, matters to be worried about or even stressed out about.

(P8) *"No, it was such an authoritarian attitude, so that did not help [the stress management] [...] And the second issue, which is closely related to this, is that we actually have quite frequent changes of line managers on that line. This is where... it's sort of happened that we've been without a line manager for half a year or $\frac{3}{4}$ of a year. So it has an impact on the cohesion of the team and the professionalism [...] Instead of giving us that calm environment, they stress us out just by the fact that there is often a lack of clarity about what is being asked of us, or we have to deal with the operational type of things that maybe we shouldn't have to deal with [...] Rather, it was that [the boss] brought in some ideas that were counterproductive and difficult to work with."*

(P6) *"The only thing that stresses me out so much from management is the money, which is not a lot there, so that's a stress factor. I don't think there's anything they can do about it, so..."*

(P1) *"Well, *laughs* when he's making changes, in my opinion, that are not for the better. You know, the most stressful situations are the ones that there's something that the team can't control and neither can the leader of that team. Something that's decided above us somewhere in that organization and then it creates a feeling in that team that the leadership doesn't understand that, that it's like a regulation that would probably work in a different type of service, but for us in this operation, that we're doing crisis intervention, it doesn't quite align with what we're doing."*

(P13) *"So she's just like a little bit more like I don't know if she's a stickler, but she really wants everything to be like really good, sure, all done, so sometimes like I feel like she stresses us out on like not really important things. [...]"*

On the other hand, the management may also not provide adequate surroundings for the helpline employees. The fact that they work in an open space could potentially become a stressor since one is always with other colleagues in the room, but on the other hand, working

from home is also not always ideal since it disrupts the boundaries one set for their personal and professional life.

(P5) *“But overall, it's kind of more annoying, maybe even stressful sometimes, that sometimes I'm on a more difficult call, other colleagues are also on a call, and there's more noise around [...] I find I can't fully concentrate on my call.”*

(P13) *“For example, I never know if my neighbor's dog will bark when a client is calling. Or that the environment [home office] doesn't offer many boundaries because the line works non-stop.”*

(P6) *“I would say that the stressors are perhaps the premises we work in. Because there's not a lot of rooms, but at the same time, there are always some sessions in the afternoons. So, we are actually sharing the room with a doctor, we rotate once a week, she's got that room rented and she does acupuncture there. So sometimes we might have her come in there in the middle of a call and it's not quite like good like that. On a crisis call... It's kind of a stressor.”*

Among other things that were talked about was the adequate level of freedom the participants' experience at the workplace. The participants mostly felt a sufficient level of freedom that made the environment more suitable for dealing with their stressors:

(P1) *“Yes... we have great freedom. At mid-month we report the services we are able to fill, we are also listed there as substitutes. But that's kinda it.”*

(P5) *“I feel like I've got quite a bit of control, it's all on me. How I choose to do it... but at the same time, there are some, let's say, regulations, or classic protocols... that just have to be done, as agreed with the management. But within that call, but if it's not some topic where maybe there's danger to that client, I feel like I have a lot of leeway. I can handle it any way I want, and that's what I like about the job.”*

There were a few instances that indicated that sometimes, “too much freedom” doesn't always bring advantages and some boundaries and/or rules are necessary.

(P13) *“I think [the freedom] is just a lot and maybe too much for me. Freedom in that way that I can choose a month in advance what shift or write down the requirements for those shifts. So, when I work from home, I can do whatever I want, so that freedom is like huge there. I think that's like a big advantage and disadvantage of the job.”*

Another matter that was connected to the workplace and its leadership was the level of fairness the participants felt. The majority perceived their workplace as just and believed it contributed to the possibility to speak up:

(P2) *“They are totally fair. So sometimes on those calls... they might have a different opinion on something and I always try to discuss it with them, not in a rude way, but I try to say this is my opinion and I think this is why and that's why and they'll like beat me to it, but that's like good for me... but the fact that they can take my opinion too, that they don't take it as me talking back, but I'll say it constructively and [they say] hey yeah, but there's another reason and you missed it and I've gotten so much better because of it. That's what I really like, that I can express myself there and when I do it with respect, that respect will be reciprocated.”*

The participants also talked about some degree of self-sufficiency (directed both intrapersonally and interpersonally) that is useful to have when there are dealing with stressful situations. Many times, their own ability to recognize when to ask for help was mentioned:

(P9) *“But therein lies the fact that I am able to ask for that help.”*

(P11) *“Then the ability to ask for help, in places where I know I'll get it.”*

(P13) *“Um, to be able to ask for the other's help so you're not on your own.”*

(P7) *“And the fact that I am able to ask for help when I've had too much, so I know that I can do that.”*

But also, simply being able to find resources and strategies within themselves:

(P9) *“I'm turning... In that respect, I'm self-reliant, I'm trying to function in the long term so that I don't just get derailed. Having a good sleep schedule, exercising... such basic systems installed so that one has the resources within oneself. So, I can help myself.”*

(P10) *“I've learned to look for it a lot in myself, in my competencies that I know I have, but sometimes I need to become aware of them.”*

(P11) *“I'm very independent of my surroundings in that sense and always have been... I can deal with my own things by myself quite well.”*

7.1.2 Coping strategies

Not only did the participants talk about the struggles they may face as crisis intervention helpline employees, but they also discussed how they tackle stressful situations and how they manage to deal with the stressors. In what follows, the analysis of participants' coping strategies is presented. The identified categories are summarized in Table 4.

Table 4

Summary of the codes for coping strategies

Coping strategies	Personal and professional development	having realistic expectations, planning and organizing, keeping a work and life balance, self-care, education
	Recovery and resilience techniques	working with the body and breath, emotional detachment/distancing, recharging their resources, writing their feelings and thoughts down
	Personal and social resources	social support, self-awareness and self-regulation ²⁰ , recreational activities

The initial stressor was their lack of knowledge and skill that would help them to feel more confident on the helpline was mostly eradicated by education and experience:

(P2) *“I used to have issues asking about their emotions, putting up boundaries, maybe I felt bad for ending the call and now I don't... I got that training and education, so I've been able to figure it out in that time and now I'm more okay with it.”*

(P10) *“Education plays a big part in this, knowing that I have the resources in theory. I've been through what I needed to go through.”*

(P11) *“But at the same time, I have something to fall back on, we are trained enough [...] But as you get more experienced, you can afford more in the call, but never at the expense of the client.”*

²⁰ With this strategy is also the ability of **naming/labeling a problem** tightly connected.

One of the most prominent strategies, though, was definitely being able to self-reflect on one's thoughts and feelings which goes hand in hand with subsequently acting on them and self-regulating one's behavior.

(P4) *“What I'm trying to... in general with these calls, to even like be aware of it. That there's something going on in that call. [...] To realize that at that moment I am powerless, that it is probably not my powerlessness but the powerlessness of my client. [...] And sometimes I can feel it lingering... look, this is coming back to you, this is coming back more often, so what is it... why is it here... [...] But more like how to regulate it... so maybe more insight... self-regulation of these established patterns.”*

(P10) *“I've learned to look for [resources] a lot within myself, in my competencies that I know I have, but sometimes I need to become aware of them. A lot of the big mechanism for me is pure awareness of what it's doing to me. The self-reflection I have towards it, that's for sure. And the... the openness to it, being willing to acknowledge something. The ability to work with myself and that reflection, which is what pushes me tremendously and that ability to accept feedback and work on it.”*

(P9) *“Having a good sleep schedule, exercising... such basic systems in set up so that one has the resources within oneself. So, I can help myself. [...] I get to the point where I'm like done when I don't follow those regimens, when I skip that workout and stuff... that's when I'm screwed because I don't regulate myself.”*

With that, the participants were able work with realistic expectations that also seemed to lower their stress levels:

(P13) *“To also be able to tell myself that it's not always going to be perfect, that sometimes I can just really screw it up, I'm sorry. And it may not always be like it's gonna work out.”*

The awareness and self-reflection perhaps also support the ability to name or label the problem the participants are facing both on the helpline with a client or when they are experiencing strain themselves. Being able to name the feeling, thought or just being able to describe what is happening seems to be one of the first steps that help the participants recognize what is the issue and act accordingly:

(P14) *“When we don't really find that common ground as a solution, I think it's usually some kind of venting [from the client], so I try to... when we don't find [the solution], I try to label or describe it in my head...”*

(P5) *“I'm really upset about this call, so I'm verbalizing it, the ability to verbalize what I'm experiencing.”*

(P2) *“When the call is getting out of my hands, I try to authentically name it somehow, like now I don't understand you, I feel you are helpless, and I try to work with the client to at least name it. Now you're really helpless, and that's fine. [...] When a person is authentic, they have no problem describing the things.”*

The participants were not only aware of their thoughts and feelings but also of the body and its needs. They talked about how it helps to “listen” to the need of the body and work with that. The participants listed for example working with their breath, their body itself, or even just the importance of liquid intake.

(P4) *“Maybe to work with my breath [...] Probably some just awareness of interconnectedness with the body. [...] Then I work a lot with the body. It really helps me to find a different body position... the change... to anchor myself a lot... to lean onto something...”*

(P14) *“I use what I usually advise these clients, breathing exercises or something. That's what I try to apply to everyday life.”*

(P1) *“It's the body that chooses. I'm gonna let it flow so the body can really have its say. I'm gonna saturate the body's needs because the psyche obviously responds to the body [...] I had something to drink. [...] Have some water.”*

(P8) *“Drink, somehow replenish that energy.”*

(P7) *“If I feel it's still coming at me in some way, I'll just shake it off, jump it out.”*

Creating boundaries between one's personal and work life was also quite frequently mentioned. That usually followed after recognizing that not distancing from work caused the participants to feel more upset and/or daunting thoughts.

(P7) *“I have to say, these are the [topics of crisis, war, and COVID] I can detach myself from well. Because it's often about politics, and quite often it does not have a solution.”*

[...] I found just that way that just even the... that we had the option of home office, but basically, I was still going to the office, that closing the door [behind the workday] has a lot of meaning too. [...] And I did... I crossed the line, which I shouldn't have done... I checked the news later if it really happened, I shouldn't have done that because it got too real. I shattered myself."

(P9) "I guess it's also... like the knowledge that you have to rest so you can get back out there and do the job well again like it's like man well you just served your shift and it's done for the day. [...] I guess separating the job from my life. Like even in this, trying not to think about it, trying to do something else, I try very hard to keep those boundaries of that work."

(P3) "Because [the emotional impact of the calls] is affecting me... But at the same time, I'm taking it in small sips... so I'd tell myself, I can't do it right now, so I'm not going to work for two weeks because I'm a freelancer and I can afford it financially, I have other income. So, I'm doing pretty well overall, but it's because I'm not overwhelming myself. [...] Quite possibly the biggest difference that I really appreciate from the previous job is that here it's the helpline, kind of clearly delineated. [...]. So, it's not that kind of chronic stress, but it's a series of if you will acute stresses that is clearly bounded by working hours."

However, sometimes distancing themselves meant also during the shift itself when they recognized that reached their limit and needed some time off to be able to handle a stressful call, for example, thus they avoided being overwhelmed by accepting another call right away.

(P5) "I took a 10-minute break, I think, where I turned off the phone and didn't take any calls."

(P4) "We've got some way to disconnect the line for a while, so we don't get another call."

Moreover, the participants mentioned that emotional detachment was also a way how to professionally deal with stressful calls that for example were uncomfortable and it was the participants' way how to keep the call neutral without feeling unwanted tension.

(P8) "There's a certain amount of detachment that somehow has to do with that professionalism, that yes, I'm with the client, but it's just that when I finish the call and

it's not some kind of escalated situation, I feel like I've done what I can do and there's not much I can do about it. Some kind of detachment definitely works there."

Or rather focusing on the client's emotions than on their own:

(P4) *"And I think like the most thing that helps me in [having different opinion] in these types of calls then is to walk away from the content. More like focusing on the client's emotions and working with that. Because that's where I think I can actually connect with the client. Maybe I believe her that I don't know... that she's uncomfortable or scared of it... or that it's upsetting her etc. And I am better at imagining that."*

Planning and organizing in advance were also talked about in the sense of being a good preventive measure that helped the participants avoid stressful situations.

(P4) *"Some kind of planning, and gradually just scaling it down... because as I just don't have an 8-to-16 job, and I don't want to have one, so it's just... how many shifts I'm going to take, how much time here, how many clients I'm going to accept or not pick up in my private practice, and so on..."*

(P6) *"And sometimes I'm overwhelmed by [the work], but again, I'm pretty good at organizing the work and just getting everything done so that I don't have to drag it out into the next few days, so this has worked pretty well for me so far. Work organization."*

Knowing what mostly works for the participants, they indulge in activities that seem to have a positive impact on their coping with the strain and tension they may feel after a stressful day. Generally, they talked about the importance of self-care which may have a preventive character in the matter of coping with stress.

(P11) *"Relaxation, self-care, unwinding. So, this also makes sure that a lot of those stressful situations don't arise at all or only to a small extent."*

(P8) *"And yes, there are just, as we talked about, there are some really tough calls where I still need to just, like, take care of myself."*

(P2) *"Probably be more psycho-hygienic. I should maybe... I don't know, I've already addressed this with a colleague when we talked about the importance of self-care."*

(P13) *"Some kind of psycho-hygiene or something like that, like take care of yourself."*

With the topic of self-care, a lot of participants mentioned practicing meditation or mindfulness:

(P2) *“I try to be there consciously immediately after I leave [work]. I'm trying to enjoy the walk home; I like the aesthetic of Prague at night. So, I try to be there and be mindful.”*

(P13) *“When I'm really stressed, I do some kind of meditation, mindfulness.”*

(P7) *“On the other hand, go back to some meditation and more to yourself.”*

Taking care of oneself also just meant recharging one's batteries with simple pleasures such as food, watching TV, or just sleeping. Small distractions²¹ were also mentioned as a method of making it possible to “turn off” and gather their energy back to be able to work on the problem once again (P1) *“Let it rest and come back to it and process it.”*

(P13) *“But I need somewhere to recharge, to get that energy back. [...] to recharge, but in the sense of like relaxing, so I'm not going somewhere like more... I don't know somewhere like working out or doing something like being active at all, thinking about something, but more like that rest. A lot of times it's about like not working with the head anymore, yeah.”*

(P4) *“So then exactly from some coffee [...] A hot shower in the evening for sure [...] I'll have some good food [...] have my headphones, music.”*

(P2) *“I have the unproductive ones... I have Netflix, for example, or I'm on social media more than I should be, and it's those things that are comfortable in the moment but not productive in the long run.”*

(P11) *“Have a good breakfast, read something nice. [...] And then it helps if I have a really good conversation with someone. There's a depth to it, and there's a lot of understanding that happens when you meet the right person [...] To create something, I like graphics I like to create and with that, I clear my head.”*

Doing sports was also a method how to lower their stress:

²¹ In this case it does not always mean something negative, but an activity that one enjoys and distracts from the stressor itself, it does not solve the stressor directly. It helps to get the energy back, though, to deal with the strain later, for instance.

(P4) *“Sport is great for [managing stress].”*

(P14) *“Or I like yoga a lot [...] maybe I'll go swimming.”*

(P3) *“Sometimes I run, I run back from work. To get it physically out of me. Swimming...”*

(P8) *“You know, I find sports in general really helpful. So, I like to go somewhere... The gym or go climbing.”*

What appeared quite often were activities that seemed quite simple in their nature; however, were redeemed as remarkably effective. Spending time alone and being in nature were two often mentioned topics that were tightly intertwined together, and they both work as a preventive and reactive measures to experiencing stress. Being outside seems to have a soothing impact on the participants.

(P11) *“I have to have time to myself, and I have to be alone sometimes. [...] A combination of that, taking time for myself and ideally in a way that I don't have other distractions influencing me at that moment.”*

(P8) *“I need space for myself... it's not that it has to be a minute or five minutes... just if it's a really tough call, that time spent by myself alone... That's like a basic... protective measure.”*

(P1) *“I'm going out for some air; I'm just going for a walk. [...] Nature is perfect for that.”*

(P13) *“Keep some time to yourself. [...] And so, like, I usually need solitude or seclusion.”*

(P4) *“When I leave work, I walk part of the way, I walk. Sometimes when I'm working at my office or at home or something, I like the balcony... the air. Then hiking for example.”*

Even though some participants emphasized the importance of having some time to themselves, they also consider as a basic necessity to have proper social support, either in the form of colleagues and/or friends and family. They mostly talked about “venting” and “getting the steam out”.

(P4) *“And then like some quiet space with my husband... Physical contact, either with him or with the kids... [...] Yeah, I think that... I think that... certainly that when we are leaving the shift... so during that handover... there's some of that collegial support. [...] It's really that kind of sharing.”*

(P6) *“Look, I think here, on those really tough calls where you're worried about the client, really, that they will get hurt or [...] I think it really helps the most to share that with someone on the team. Even within the... either within the handover when it's at the end of the shift or with the intervisor as well. Or with the manager. So, I think that's... that like helps me like pretty much without a doubt. [...]*

Nevertheless, social support was important also when it comes from a professional that can offer the participant understanding and/or solutions.

(P10) *“And sharing, the mechanism that really helps... mostly the professional sharing, the people on the outside have this fascination for it, so you don't get what you need, so the professional sharing that really helps.”*

(P3) *“Debrief. Uh... the helpline ends every shift with a debrief, I can ask for a pre-debrief, I mean the interviewer, that's an experienced psychologist who's been on the helpline for about 10 years, so you can go into a special room with him, and you can, you can just get psychological support there. You can cry there, you can swear there, you can get understanding there. So that's what I had after that call.”*

(P11) *“And go to therapy, which I started not because of work but because of what was going on in my personal life, but it still helps with work stuff, too.”*

It turns out that writing down what happened after a stressful call is also a way how to deal with accumulated tension. As a crisis intervention helpline employee, one has the responsibility to write a report of what happened during the call once the participants finish it, thus every participant does this automatically after every call. It is important to note, that this strategy was used primarily as a reaction to a stressful call that helped the participants to conclude it but overall, it can be understood as a type of self-reflection.

(P6) *“I think of [the report] more as an obligation. But like... it helps me in that when I have a call, I try to write it down right afterward when I have time and I don't have*

another call, so you know, to make a fat line behind [the call] and just that's the figurative end of the call for me."

(P5) *"We always write the call down in [the report], so if I write it down that way, that gives me closure and I feel like I can continue working."*

(P2) *"If I don't share it with anyone on the team, it's actually pretty good that you kind of write yourself out of it. I think of it as... it gets it out of you, [the report] helps me, I think of it as being concluded, in that computer, and I block it out mentally."*

Lastly, the participants talked about matters that they cannot always anticipate and may intervene with their stress-coping abilities. Mostly referred to was the global COVID-19 pandemic that caused a great increase in workload. Among other themes were the Russian military aggression in Ukraine and the energetic crisis.

(P4) *"Ironically, in the most acute crisis... I was on such autopilot... so now we need to help... now we need to finish figuring out how those seniors are going to get that medication and that shopping. So, it's only at some point that the workload started to diminish... so I think that's where I felt... yeah so now you need to put some mechanisms in there too... and they aren't exactly available either. And I think [the stress response] was delayed."*

The participants also talked about getting feedback from clients and/or other colleagues or superiors which is, for example, not anticipated but intervenes with their ability to cope with the stressor. For instance, if a client unexpectedly leaves positive feedback on the participant's work, the participant, then, feels relieved:

(P1) *"He wanted to thank me that even during those ten minutes we had somehow agreed on something and it got into his head, and he would not jump anymore. I was very relieved and actually... to find out that the job was probably well done."*

(P11) *"When a client writes, for example, after what you just said or wrote, I feel much better, I've never heard that from anyone. So basically, feedback on the work."*

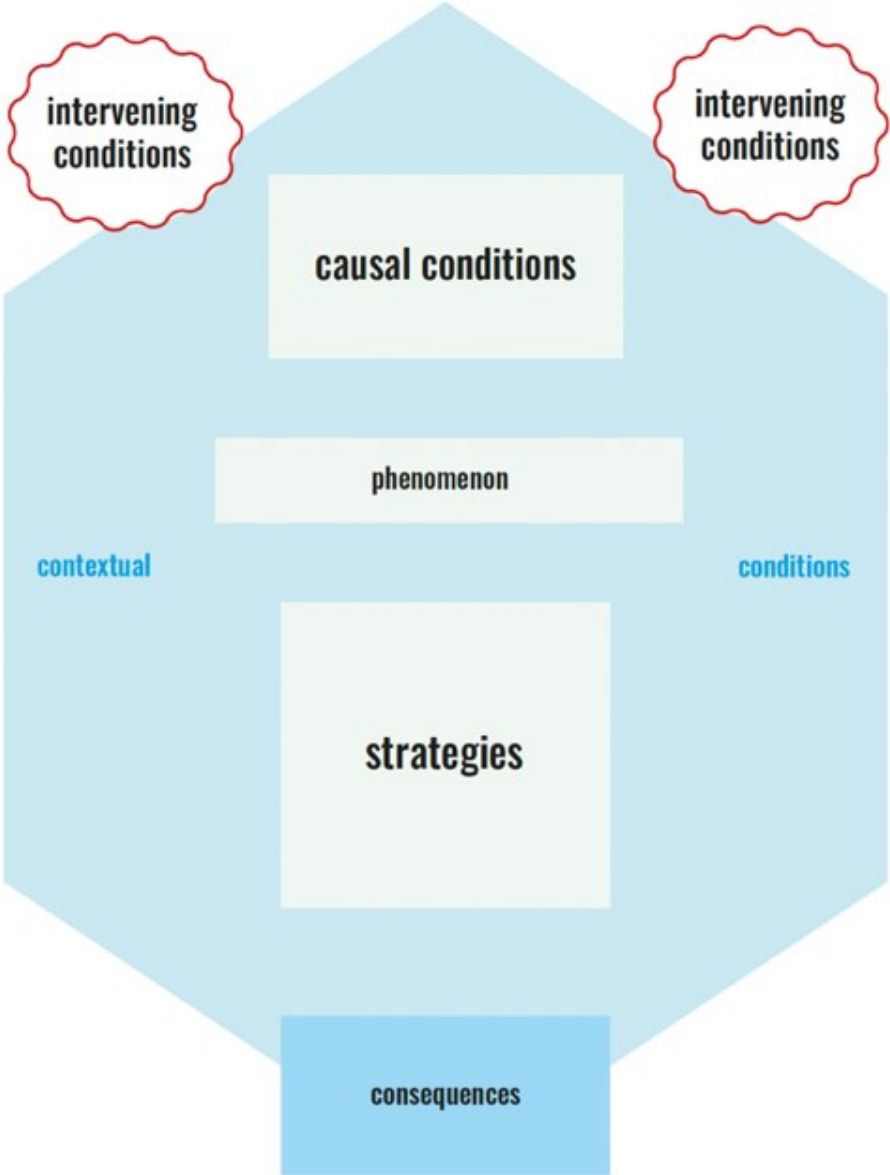
7.2 Paradigmatic model

Strauss and Corbin (1998) stated that axial coding aims to identify connections and relationships among categories derived from open coding. However, Chamraz (2014) warns

that this approach can potentially limit the researcher's perspective by imposing a predetermined framework on the data. To avoid this, the researcher should remain aware of this potential limitation during analysis. The axial coding process includes the following important elements. Firstly, see the example of the Paradigmatic model below:

Figure 1

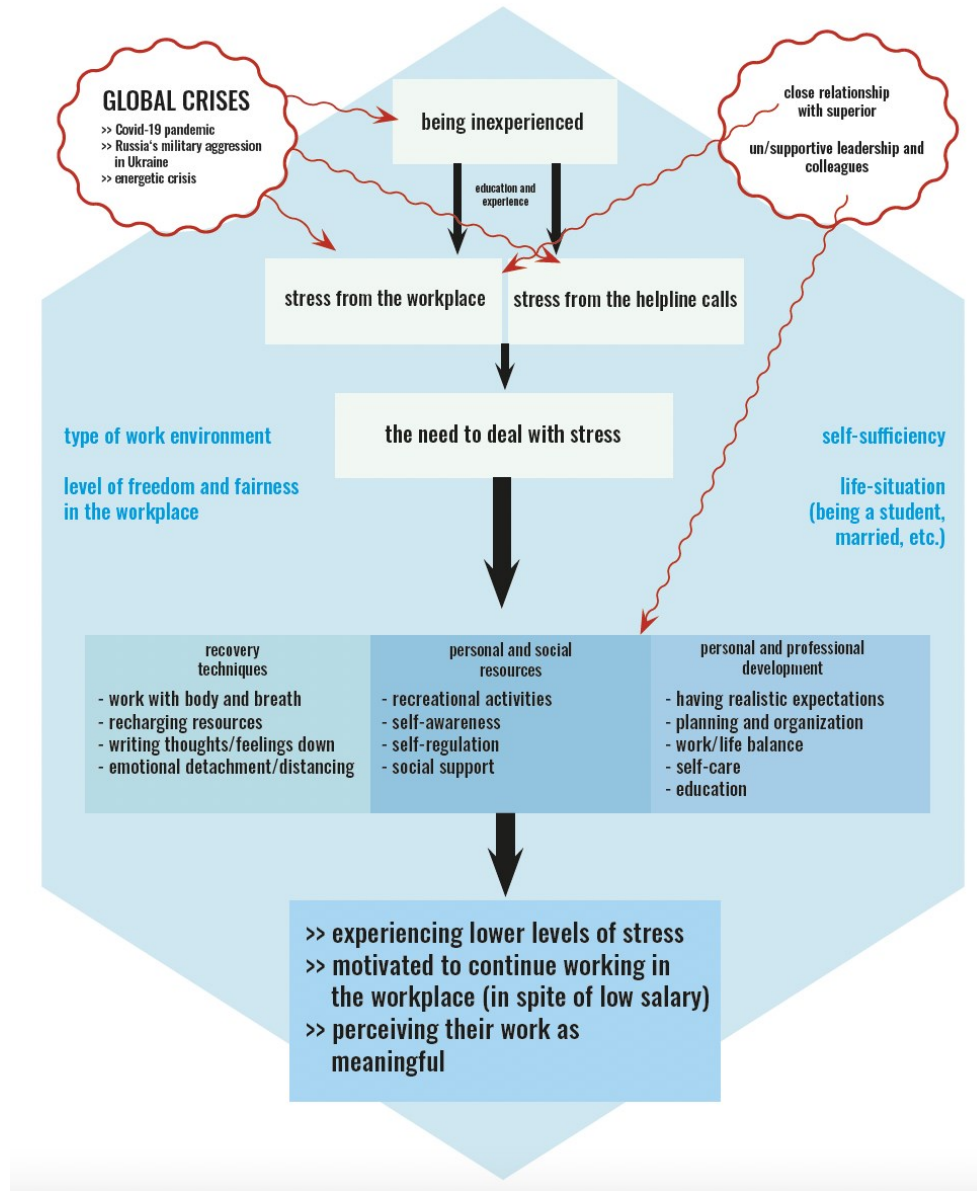
Example of the Paradigmatic model



The final Paradigmatic model that summarizes the findings can be found below:

Figure 2

Final model



The causal conditions are the circumstances that have an effect on the core phenomenon. Causal conditions define a phenomenon in terms of the incidents or occurrences that cause it to appear or grow (Amar & Haag, 2017; Vollstedt & Rezat, 2019). In the case of the participants, the causal conditions were the stressors they have to face in the workplace. The participants talked about being inexperienced as stressful for them but the impact they felt from that was lessened and sometimes even eliminated by education and experience. Afterward, they seemed to be impacted by other kinds of stressors that derived from either the workplace itself

or from the calls they conducted as helpline crisis interventionists. Among the stressors that arose from the workplace itself were the amount of workload they had to endure and organizational complications that originated from, for instance, ineffective internal systems and/or technical issues which causes them strain. There is a bigger variety of stressors when it comes to those that arose from the calls themselves. They can be separated into four categories that consist of certain codes. The first sub-category is the kind of call the participants get; the most stressful type was with a severe topic and sense of urgency. The second sub-category was the type of clients that called, under which one may find the clients that misused the helpline²², difficult clients²³, and clients for whom the helpline is not intended. The third sub-category was personal variables that may eventually become a stressor on the call, it comprises being prone to anxiety, having different attitudes and values than the client, having an unresolved personal topic that resonates with what the client brings up, and lastly being able to set a proper level of empathy. The fourth sub-category contains technicalities that cause the participants stress, among which are not having personal contact with the client, no feedback after the call, insecurities about how to structuralize the call, and not knowing what call awaits the participants. All of these stressors seem to build tension and strain within the participants which creates the need to manage them and that pushes them to find appropriate ways how to deal with them. With that, it is appropriate to describe the Phenomenon which always appears in a particular context or under certain conditions. The main concept or thought, event, or occurrence on which a group of activities or teamwork is directed, or to which the group of movements is linked (Amar & Haag, 2017; Vollstedt & Rezat, 2019), in this case, it would be the desire to lower the stress levels.

Contextual conditions are the particular sets of characteristics that surround the phenomenon. Simultaneously, the context characterizes the unique circumstances under which action/interaction strategies are implemented to overcome, manage, or respond to a specific occurrence (Vollstedt & Rezat, 2019). Simply said, they describe the circumstances surrounding the phenomenon the researcher focuses on (Amar & Haag, 2017). In this instance, the participants talked about the degree of self-sufficiency they come into these stressful situations, but also what cannot be forgotten is their individual life situation which may form the context of managing the stressors. For instance, a student who is juggling multiple responsibilities recognizes the need for having preventive measures set so they won't

²² Repeatedly calling clients, clients who treat the helpline as therapy/friend.

²³ For example, unstable clients with whom it is predicamental to find a solution to their problem.

experience high levels of stress. Furthermore, the type of work environment (e.g.: adequate space to work in), and the degree of freedom and fairness the participants encounter at the workplace are also circumstances in which they implement their stress-coping strategies.

Strategies or in other words actions that are executed to achieve, manage, or react to a phenomenon under a specific set of conditions. The phenomenon is the focus of strategies. Whether the research topic is about people, groups, or collectives, there is always action or interaction (a strategy) directed toward the phenomenon, whether to react to it, handle or overcome it, or perform it (Amar & Haag, 2017; Vollstedt & Rezat, 2019). The participants mentioned a great number of strategies they use to handle stress, but they can be sorted out into (1) short-term strategies that have more of a reactive nature and can be considered as techniques to recover from a stressful situation. The participants use these strategies as an attempt to deal with an ongoing stressful situation or one that has already occurred. Among them are working with the body and breath, emotional detachment and/or distancing, and recharging their resources. Furthermore, in the case of writing their feelings and thoughts down²⁴ may seek a type of acceptance of the damage the stressful situation has done. (2) Personal and professional development that falls into strategies that are more long-term in their nature are another sub-category that has occurred, they have more of a preventive character where the participants proactively make an effort to develop general resistance resources that result in less strain in the future (reducing the severity of the impact of potential distress) and overall reduced risk of stressful events. These strategies include having realistic expectations, planning and organizing in advance, keeping a work and life balance, devoting their time to self-caring practices, and lastly, the participants invest their time into education in the sense that they start a positive course of action to accumulate general resources that facilitate advancement toward stressful situations and personal growth. The last sub-category contains strategies both that are used as a preventive measure and also as a reactive tendency to stress that the participants experienced. These (3) personal and social resources comprise social support (both venting to friends, family, and colleagues, but also professional support such as counseling) self-awareness and self-regulation²⁵, and recreational activities such as doing sports, being outside or just spending time by themselves.

²⁴ In this thesis, this strategy is put under short-term, because the participants said they use it mostly as a reactive measure, however writing the thoughts and feelings down falls under the general strategy: self-awareness.

²⁵ With this strategy is also the ability of **naming/labeling a problem** tightly connected.

The broad and general conditions that affect strategies are referred to as intervening conditions. Space and time, societal matters, career, technological status, history, and individual biography are examples of these (Vollstedt & Rezat, 2019). One of the most frequently mentioned intervening condition were the global crises (e.g.: the COVID-19 pandemic) that added to the participant's stressor, for example in the form of workload or a higher demand on their knowledge and education. Among other matters that were a possible cause of unexpected stress was a close relationship with a superior which sort of transferred their stress and worries onto the participants. To specify, just the fact that they were so close with the superior, caused strain when they had to deal with difficult organizational matters and the participants perceived it as a threat to their friendly relationship with the superior. Lastly, un/supportive leadership and colleagues were also a factor that entered into their stress management strategies, either in the form of appreciated help or on the other hand, as an unnecessary source of tension.

Lastly, consequences refer to the outcomes and results of strategies and intervening conditions. They may not always be expected or intentional, and the consequences of an action or interaction can be either current or hypothetical. Moreover, consequences can vary in their frame of reference as they may be the result of an action at one point in time and become part of the causal conditions for another event in the future (Vollstedt & Rezat, 2019). What is the most significant consequence of the participants' strategies was lowering their levels of stress, but also staying motivated to continue working in the workplace, despite receiving a low salary²⁶, and even though the work may be stressful at times, the participants recognize their work as something meaningful²⁷ (not only for their own growth but also for the society as a whole).

²⁶ P3: „Financially... Expensive hobby. Now it's gotten a little better with the new year, at the same time, in terms of the amount of effort, so I imagine it would... not... hmm... I don't think it pays well.”; P13: “It's like little money [...] and I definitely wouldn't be able to pay rent only with that, no way.”

²⁷ This outcome is mostly affected by their ability to self-reflect on themselves and the education and experience they acquired.

7.3 Selective coding and the Main Findings

Selective coding is an essential stage in the development of grounded theory as it enables the creation of a theory that is based on data rather than preconceived notions or assumptions. This process is similar to axial coding, but it operates at a higher level of abstraction. To develop a coherent and understandable grounded theory, several steps must be taken during the data analysis process. These include describing the scope of the investigation, contextualizing categories using the paradigmatic model, reviewing and organizing memos, and assessing the scheme's internal consistency and logical coherence. The method of the Grounded Theory developed by Strauss and Corbin (1998) emphasizes the importance of these steps in creating a reliable theoretical framework based on data. To accomplish this, categories are thought of in relation to the core category that connects to all other categories established through axial coding (Strauss & Corbin, 1998). The researcher can then use the core category to address the research question by understanding the primary phenomenon of the study.

To summarize the key points that are significant in the process, one must be mindful of the fact that the participants discussed quite a complex topic of enduring stressful situations in the workplace and how they handle it to ensure their stable mental health to be able to keep working and doing other matters that deem important for them. In the workplace, they are faced with a great variety of stressors that span from the workplace itself to the specifics of the work they are responsible for, which entails providing crisis intervention on a helpline to clients in need. Many factors seem to have an impact on the participants' perception of stressors. Global crises, but also other matters that are related to the workplace, such as a close relationship with a superior or having an un/supportive leadership and team can unexpectedly meddle into participants' stress management process. Nevertheless, all the participants aim to lessen their stress with a set of strategies that can be sorted into recovery techniques, personal and social resources, and personal and professional development. The aim of these strategies is to either prevent an overwhelming state of stress or just to react to a stressful situation in a way that lets the participants recharge and prepares them for the next challenge. The type of workplace (workplace appearance, perceived level of freedom, and fairness practiced in the workplace), one's life circumstances, and the level of self-sufficiency are the contexts in which these strategies are used. As for the consequences, the steps they take within this process seem to lead to a reduction in perceived stress, maintain them motivated to continue working at the workplace and leave them with an impression that they are involved in something meaningful.

Thus, the need to manage incoming stress (in other words, the phenomenon), would be the core category of this coding process.

8. Ethical Considerations

Ensuring that the nonmaleficence principle was followed was a top priority in this research (Weiss et al., 2011). In order to respect participants' rights, full disclosure of the study's purpose and all activities was provided (Ferjenčik, 2000). Participants provided consent for their conversations to be recorded, transcribed, and reviewed, and were offered a debriefing and access to the master's thesis after the research's completion.

Google Meets was used for the interviews, which were recorded with a Dictaphone and then converted into a Word document before the recordings were erased. The Word document, saved as a pdf file, was used for qualitative data analysis. To preserve anonymity, only a limited amount of demographic information was collected (age, sex, education, length of employment), and participants were identified by a unique participant number.

The researcher respected the participants' confidentiality and did not include any information they did not want to be shared or used as a source of information. Every participant willingly participated in the study for this thesis.

III. Discussion

This research sought to learn more about the primary sources of work stress experienced by crisis helpline interventionists, the coping mechanisms they employ to deal with it, and the resources they believe to be most useful. The findings of this thesis offer insightful information about stressors and their management by Czech crisis intervention helpline employees. The results imply that they have to face a great number of stressors, however; have an even wider arsenal of coping mechanisms that keep their stress levels low. The topic of stress management and the complex process that comes along with it has been reflected already in various studies, thus there is a great amount of literature with which the results can be compared.

The next paragraphs address each of the research questions raised by this thesis and offer an interpretation of the results, also in light of earlier studies. Each section starts with a summary of the most important results in relation to the research question, followed by a discussion of the ramifications and rationales for these results. To contextualize and broaden the present findings, comparisons are made when appropriate to pertinent studies in the field.

(1) What are the main sources of work stress for crisis helpline interventionists?

As already discussed in the process of axial coding, it would seem that the participants face stressors in the workplace in the form of workload. This is consistent with earlier studies conducted in the Czech Republic by Ptáček et al. (2017) and Grafton Recruitment Press Release (2021), which discovered that a great amount of workload was a major source of workplace stress for employees. The ERI model (Siegrist, 1996) also explains why employees are more likely to feel stressed out when there is a perceived disparity between the form, degree, and/or value of the reward they are getting in exchange for their work. Despite the participants' low salaries, they did not seem discouraged, as the imbalance, in this case, was more related to their lack of time to distance themselves from the stressor and/or “recharge their energy”. However, the participants were using their resources excessively, which is consistent with the balance principle outlined by de Jonge & Dormann (2003). This principle contends that excessive use of resources may lead to their depletion and cause strain, which would obstruct learning and development. According to studies by Sonnentag et al. (2010) and Sonnentag & Geurts (2009), recovery from work plays a significant role in reducing the potential negative effects of high job demands on employee health, well-being, and performance. These results also correspond with Burman & Goswami's (2018) classifications of stressors experienced by crisis

interventionists, which include workload and low income, although, in this instance, the low income did not seem to be a major problem.

The second stressor that arises from the workplace is organizational complications that, for example, add unnecessary worries or responsibilities in the form of technical issues they need to handle or perhaps just complicated systems that seem to become eventually also a challenge. The CBM could offer an explanation that would focus on how people's responses to and/or interpretations of situations influence how distressed they feel. Participants' general stress levels may increase as a result of how stressful they find it to enter the required information into various systems (Bamber, 2006). The participants experienced stress can also be explained by the ERI paradigm or DCSM. Participants who are already stressed out from working on the helpline might view additional administrative work as draining their energy and not having the resources to manage it, which would raise their stress levels (Siegrist, 1996; Karasek et al., 1981).

The stressors that arose from the helpline itself were more diverse and can be broken down into 4 sub-categories. The first subcategory is concerned with the type of call received by participants, with calls involving serious subjects and a feeling of urgency being the most stressful. It is quite common that crisis intervention helpline professionals listen to their clients describe distressing life events, and graphic descriptions of their adverse experiences and their consequences and they may deal with a great number of cases that may be challenging when it comes to the seriousness of the topic of the call (e.g.: Gould et al., 2007; Kalafat et al., 2007; Mishara et al., 2007).

The second sub-category pertains to the type of clients who call, including those who misuse the helpline, difficult clients, and those who are not the intended audience. This finding may align with Ptáček et al. (2017), who found that contact with clients/customers/patients was one of the biggest burdens for the responders. According to Bamber (2006), people in managerial roles who are seen as “troublesome” can also make employees stressed out. One may see a parallel there since the clients the helpline staff interacts with are frequently in distress. According to the participants in this research, it seems beneficial when the organizations take into account the types of clients that employees deal with, and in most cases, the superiors give them the necessary support to deal with stressful circumstances that the calls cause.

The third sub-category deals with personal factors that could cause stress during the call, such as anxiety. Researchers contend that low conscientiousness and high neuroticism predict high-stress exposure and threat appraisals (Grant & Langan-Fox 2007; Vollrath & Torgersen, 2000), which may help to explain why anxiety is a stressor for some participants during helpline conversations.

The second personal factor is having different attitudes and values from the client. Interestingly, the COR theory (Halbesleben et al., 2014; Hobfoll, 1989) postulates that workers spend resources to safeguard and obtain additional resources. As a result, it can be stressful for the participant to be in contact with a client's attitudes and beliefs that are different from their own. They may be challenging their belief system, one of their valuable resources. Moreover, Maslach (1998) proposes that value conflict arises when there is a mismatch between people's principles and the demands of their jobs, which can be analogous to the client sort of "attacking" the participant's attitudes and values. Lastly, the contradicting attitudes of clients may be viewed as a stressor by participants, according to Lazarus' (1991) CPT, which explains that people's perception and evaluation of a stimulus mediate the relationship between stressor and strain.

Having unresolved personal issues that are relevant to the client's circumstance and having a specific level of capacity to successfully express empathy are the other two stressors the participants face. It was found that empathy is a factor influencing the mental health of crisis intervention helpline workers (O'Sullivan et al., 2011; Roche & Ogden, 2017). For instance, lower levels of empathy concern resulted in higher levels of personal achievement but greater depersonalization. However, if the participants are unable to depersonalize or distance themselves from the topic because they have experienced a similar event, it may lead to higher levels of strain (Cummings & Cooper, 1979; Edwards, 1992). Thus, to guarantee employee well-being and lower stress levels, organizations should also take into account personal factors like the one above.

Finally, the fourth sub-category deals with technicalities causing concern to the participants, like the lack of personal interaction with the client, the lack of feedback following the call, the uncertainty of how to organize the call, and not knowing what kind of call to anticipate. In this case, one may recall Karasek (1989) who believes that when the demands are high and the worker lacks control, in this case over the structure of the call, it may induce higher levels of stress. The topic of lacking control is also discussed in the burnout theory (Maslach & Leiter, 1997) as one of the causes that may lead to stressful situations and later on to burnout.

Another factor that is emphasized in the burnout theory is the individual's stress experience that originates from complex social interactions and relationships (Maslach; 1998). The ERI model, on the other hand, tries to explain stressful events as an imbalance of effort and reward, which in these cases may explain the subjective strain from calls that do not give the workers the "reward" of a "successfully" completed call, even though they devoted a lot of effort into them (Cunningham & Black, 2021). And lastly, other findings are consistent with the fact that the stressor is also the lack of personal contact. According to Kitchingman et al. (2017), crisis intervention helpline professionals are stressed also because of the inability to anticipate or control the nature of calls received a lack of nonverbal communication cues and the difficulty of tracking changes in the caller due to the limited and brief nature of crisis helpline contact.

It is important to include the global crises that seem to have accumulated at the time this research was conducted. The participants mentioned that many stressors did arise in the aftermath of, for example, the COVID-19 pandemic, the war in Ukraine, and the energetic crisis that came along with it. The participants did not suffer any serious mental health problems during the pandemic, however; they experienced a great amount of workload which aligns also with Deguchi et al. (2022) findings. Also, some of the participants did worry about the Russian military aggression in Ukraine and did cause them psychological distress²⁸ in the sense that if they received a call from a caller that also worried about the war, the participants were afraid that they wouldn't be able to distance themselves from the matter emotionally enough to get the job done properly.

- (1) What coping strategies do crisis helpline interventionists use to manage work stress and what is the perceived effect of these strategies?

While the stressors faced by the participants are diverse, the tactics they use to cope with them are even more varied, falling into three main categories. Mostly, the participants engage in preventive measures that help them when they need to tackle stressful situations at the workplace. These strategies have more of a long-term effect and seem to be stabilizing since it enables personal and professional growth. Among those are the following: self-care, education, planning and organization, work/life balance, and having realistic expectations.

²⁸ According to Pearlin & Bierman (2013), the perception of a war threat is likely to be associated with greater levels of psychological distress. These stressors are likely to have an indirect impact on mental health.

According to Rupert and Dorociak (2019), self-care is the most effective preventive approach for reducing stress and mitigating the development of negative consequences like burnout. The participants placed importance on self-care as a preventative measure to avoid stress, which is consistent with their research.

When it comes to planning and organization, one may recall Parker and Sheinin (2020) who suggest that active coping in the form of planning is a problem-focused coping strategy and according to Colville et al. (2014; 2017) problem-focused active coping strategies work more effectively than emotion-focused.

The use of different adaptive coping mechanisms, such as setting reasonable and realistic expectations and preserving one's own boundaries, was also reported by Cyr and Dowrick (1991). This is consistent with the findings of this thesis that participants prioritize establishing boundaries and having realistic expectations. The majority of participants are from Generation Z and they seem to differ from other generations (besides the Millennials) because they highly prioritize work-life balance due to a misalignment with organizational principles (Formica & Sfodera, 2022). The valued priorities among these generations are employment-life balance, meaningful employment, and chances for professional development. Therefore, lower levels of employee engagement, satisfaction, and retention may be the outcome of a lack of alignment with these principles (ibid). Comparing the coping mechanisms used by different age cohorts and evaluating whether their upbringing and cultural context within a particular period in history may have influenced their approach to managing stress is a potentially compelling option for further research.

However, it is not always possible to avert the impact of stressful situations, and the participants end up pursuing different strategies that are more reactive in nature such as working with their body and breath, recharging their resources by “simple pleasures” (e.g.: food, coffee, watching TV), and lastly trying to detach emotionally from something that seems to be creating tension.

In this case, the work with the body may be a distinctive reactive and restorative strategy that could be categorized as a specific type of self-care. For example, Fincham et al. (2023) who focused on the impact of breathwork suggested that breathwork may be useful for reducing stress and enhancing mental health. Furthermore, Both Karasek's (1981) DCSM and ERI model (Siegrist, 1996) can explain why the participants need to engage in enjoyable and relaxing activities to replenish their energy reserves. When it comes to emotional detachment, the DISC-

R model sees detachment from work as a tactic that minimizes the negative effects of employment demands (Geurts & Sonnentag, 2006). Also, according to the cybernetic theory of stress (Cummings & Cooper, 1979; Edwards, 1992), people attempt to avoid stressful stimuli and exert control over their surroundings to lessen the severity of such stimuli. People attempt to put more distance between themselves and an unfavorable condition when confronted with it, a strategy similar to detaching from calls that are hard to process emotionally.

The participants also talked about strategies that compose of personal and social resources which are used as a preventive measure but sometimes also as a reactive one. One of them was recreational activities such as doing sports, being outside, and/or being alone. These strategies can be seen as the need to recharge the depleted resources which can be again compared with Karasek's or ERI model (Siegrist, 1996). Further strategies were: being self-aware and having the ability to self-regulate and receiving social support. This is consistent with prior research that emphasizes the value of social support and individual control in stress management. (Pearlin & Bierman, 2013; Schieman & Meersman, 2004). Moreover, occupational stress and psychological well-being among health workers may be mediated by psychological capital, according to Johari & Omar's (2019) research. In contrast to Kang et al. (2020) who discovered that only 40 % of respondents preferred to get professional support or resources from psychologists or psychiatrists, the participants in this study emphasized how they appreciate professional help. That was, however, also because the organizations they work at offered it to them, and the participants were aware that they benefit from the professional support.

Interestingly, the participants also stated that they did not engage in any unhealthy coping mechanisms, such as self-blame or alcohol intake. They argued that they know how they "tick" and know what works for them so they can continue functioning well. These strategies are the ones that they deliberately work on and cultivate because they indeed feel that their effect is merely positive. None of the participants mention the crisis of global warming as it doesn't seem to trouble the clients that use the service of crisis intervention helpline. One potential avenue of research could be examining whether populations without higher education are more likely than populations with higher education to use non-adaptive coping strategies.

Finally, it's important to note that every participant acknowledged the importance of the organization they work for and the level of support they receive. That aligns with the burn-out theory that claims that burn-out can be caused by a lack of control, an insufficient reward, a

breakdown of the community, a lack of justice, and a conflict of values (Maslach, 1998). The participants noted that they did not receive sufficient financial compensation for their work, but they nonetheless felt that they had enough freedom, justice, and community support which seemed to be enough to balance out the low financial reward. According to this thesis' findings, the participants obtained sufficient training and education from their workplace, which facilitated them in managing their stress. Training programs should assist employees in adapting to workplace demands and stress-coping techniques, and organizations should foster an environment that encourages employees to use their skills and autonomy while maintaining workload balance (Stoica & Buicu, 2010). Overall, these findings point to the importance of organizational support in reducing employee stress and avoiding burnout and the need to focus on this matter in future research.

(2) What personal, social, and other resources do crisis helpline interventionists regard as the most effective?

When asked what resources the participants consider to be the most useful, they argued that what works for them is the complexity of these interconnected strategies. If they stopped implementing one of these strategies, it would already come across as more difficult to confront the stressors. They claimed that it is important to have a mechanism that is functional and when these strategies were all applied, they seemed to reach the desired goal, lessening their levels of stress.

Only a few participants, when considering the effectiveness of individual strategies, stated that what they really cannot go without was social support, self-awareness, and having clear boundaries between their professional and personal life.

Although this research has shed an interesting light on the subject at hand, there are a number of limitations that should be taken into consideration. First off, this research's sample size was smaller than what would be ideal, which might limit how broadly the results can be generalized for a broader population. Additionally, the study's convenience sample of people connected to a small number of organizations may have limited its relevance to other situations or kinds of organizations. Furthermore, the research relied on the subjective opinions of participants, which could be biased or contain inaccuracies. Also, the research was carried out over a short amount of time, which might make it harder to draw conclusions about the long-term effects of the variables (e.g.: the impact of global crises). One should be also aware of the possibility of social desirability bias which could have resulted into the participants mentioning

more the usage of adaptive coping mechanisms and they could have been less likely to talk about the use of non-adaptive coping mechanisms.

Among the potential limitations on the part of the researcher could have been the following. First, the study design, data gathering, and analysis may have been impacted by the researcher's own biases and presumptions. For instance, the choice of measures and how the findings were interpreted may have been influenced by the researcher's preconceived notions about the most effective coping mechanisms. Furthermore, because this was a qualitative study using Grounded Theory, there is a chance that the researcher's interpretation of the data may have been affected by their own assumptions or theoretical views during the analysis stage. Moreover, the quality and accuracy of the data collected and analyzed may have been impacted by the researcher's degree of expertise in qualitative research methods and data analysis.

According to the thesis' results, it seems that the participants value the development of their complex coping mechanisms, with social support, self-awareness, and distinct boundaries between their personal and professional lives being the most crucial ones. These results suggest that for workers to feel satisfied at their workplace, it is necessary for them to recognize what works for them and receive sufficient support from their workplace to develop their methods and seek professional assistance (e.g.: a psychologist) while at work to be able to separate their personal life from their professional life. Especially, if they had a hard and stressful day at work. With a larger sample size, future studies should compare how successful these coping strategies are in supportive versus unsupportive work environments. Unexpectedly, this research shed a light on the significance of organizations and their effects on employees' ability to control their stress and general well-being. Future research should definitely focus on this area and help to find adequate ways how to treat the workers well enough, so they can avoid dealing with high levels of stress (even in unanticipated situations such as a global crisis) and prevent burn-out while maintaining their well-being intact.

IV. Conclusion

In conclusion, this research has shed important light on the coping mechanisms crisis intervention helpline professionals employ in the face of stress. The results indicated that people use a variety of coping strategies to manage stress, including short-term and long-term strategies. The study also emphasized the value of social support which also includes professional help, keeping boundaries between work and private life, and the ability to be self-aware. These results may have significant ramifications for individuals in general, but surely also for healthcare professionals, and whole organizations because the findings imply that how the workplace treats the employee may have an impact on their ability to manage stressful situations.

Future research could examine the efficacy of coping mechanisms that were found in this research in various work settings and the effects of organizations on stress management and the overall well-being of their employees. The small sample size and possible biases in the data collection and analysis are just two examples of the research's limitations. However, the knowledge gained from this research adds significantly to the body of knowledge on healthcare professionals' stress management.

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Appendix I.

Demographic form in Czech

DEMOGRAFICKÉ ÚDAJE

(Příloha k informovanému souhlasu)

Datum konání rozhovoru:

Participant/ka (pseudonym):

Rozhovor realizuje:

Pohlaví:

- Žena
- Muž
- Jiné _____

Věk: _____

Rodinný stav (lze označit více možností):

- Svobodný
- V manželském svazku
- Rozveden/ovdovělý/á
- Péče o dítě (0-18)
- Péče o dítě starší 18 let
- Péče o jinou osobu

Vzdělání:

- Vysokoškolské
- Středoškolské

Kvalifikace (výcviky, kurzy)

Prosím, specifikujte jaké:

Vedoucí pozice:

- Ne
 - Ano. Prosím, specifikujte úroveň vedení
-
-

Délka působení na pracovišti

(roky/měsíce): _____

Pracovní smlouva:

- Na dobu určitou
- Na dobu neurčitou

Výše úvazku: _____

V krátkosti uveďte důvod, proč jste si vybral/a pracovat na krizové telefonní lince:

- Nechci uvádět

Pokud chcete důvod/y uvést, prosím, specifikujte:

Appendix II.

Informed consent in Czech

INFORMOVANÝ SOUHLAS pro účast ve výzkumu

Název: Zdroje zvládnání stresu u krizových interventů telefonních linek: zakotvená teorie

Škola: Karlova Univerzita, Filozofická fakulta

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Vážená kolegyně, vážený kolego,

byl/a jste pozván/a k účasti na výzkumu, který se koná v rámci diplomové práce „Zdroje zvládnání stresu u krizových interventů telefonních linek“. Vaše účast v tomto výzkumu je zcela **dobrovolná**. Svou účast můžete odmítnout nebo ji kdykoliv v průběhu přerušit, aniž byste za to byl/a nějakým způsobem penalizován/a.

Níže najdete hlavní informace o diplomové práci. Přečtěte si, prosím, pečlivě tyto informace a rozhodněte se na jejich základě, zda se chcete výzkumu účastnit. Pokud máte ohledně výzkumu jakékoliv nejasnosti či dotazy, neváhejte se s nimi obrátit na řešitelku projektu.

Jaké jsou cíle výzkumu?

Cílem tohoto výzkumu je blíže porozumět a identifikovat hlavní profesní stresory, zdroje jejich zvládnání, intervenující podmínky a účinky zvládnání u vybraného vzorku profesionálů zaměstnaných na linkách pomoci v krizi v České republice. Data budou shromážděna pomocí polostrukturovaných rozhovorů a analyzována pomocí přístupu zakotvené teorie. Očekává se, že výsledky přispějí k lepšímu pochopení profesního stresu u poradenských profesí v českém kontextu a přispějí k efektivnějšímu zvládnání stresu v tomto profesním sektoru.

Kdo se účastní výzkumu?

Tohoto výzkumu se účastní přibližně 15-20 krizových interventů telefonních linek.

Jak dlouho bude trvat Vaše účast ve výzkumu?

Vaše účast ve výzkumu zahrnuje **1 rozhovor** v rozsahu **cca 45-60 minut**. Délku rozhovoru přizpůsobíme Vaším časovým možnostem.

Co bude následovat, pokud se výzkumu rozhodnete zúčastnit?

Pokud se rozhodnete výzkumu účastnit, řešitelka výzkumu s Vámi povede rozhovor týkající se Vašich zkušeností se zvládnáním stresu na pracovišti. V průběhu rozhovoru Vám bude klást **otázky týkající se následujících okruhů:**

- Popis Vaší současné pozice a dosavadní vzdělání v této oblasti
- Popis charakteristik Vašeho současného pracovního prostředí: a) které z nich jsou pro vás stresující a proč, b) které považujete za nejvíce problematické, které nejméně
- Popis Vašeho dosavadního zacházení s těmito stresory
- Popis způsobů vedení (leadership) na Vašem pracovišti, které míří či by mělo mířit k zmírnění dopadů stresujících situací

Abych mohla přesně zaznamenat Vaše výroky, ráda bych rozhovor nahrála na diktafon. Nahrávka bude sloužit pouze k přepisu (transkripci) rozhovoru do textové podoby a bude okamžitě po přepisu trvale vymazána. Přepis rozhovoru bude důkladně anonymizován, tj.

z přepisu rozhovoru budou odstraněny všechny informace, které by mohly identifikovat Vás nebo Vaše pracoviště. Nahrávání na diktafon můžete odmítnout, to jak nahrávání celého rozhovoru, tak jeho úseků. V takovém případě si osoba realizující rozhovor bude dělat pouze písemné poznámky.

Vyznačte prosím svou volbu týkající se nahrávání rozhovoru:

_____ **Souhlasím** s nahráváním rozhovoru na diktafon.

_____ **Nesouhlasím** s nahráváním rozhovoru na diktafon.

Jak budou mnou poskytnuté informace chráněny?

Všechny Vaše odpovědi v rozhovoru jsou **přísně důvěrné**. Aby byla ochrana Vašich dat co nejvyšší, provedeme následující opatření:

- Ve výzkumu nebudeme zaznamenávat žádné informace, které by mohly vést k identifikaci Vás nebo Vašeho pracoviště, jako jsou Vaše jméno, název pracoviště, datum narození, adresa, nebo jiné identifikační údaje. Rozhovor s Vámi bude zaznamenán pouze pod **pseudonymem**, takže Vaše jméno ani název Vašeho pracoviště se v žádném záznamu neobjeví.
- Ve výzkumu budeme zaznamenávat pouze **základní demografické údaje**, které nemohou vést k Vaší identifikaci: pohlaví, věk, vědní disciplína a obecný popis Vašeho pracoviště (bez jeho konkrétního názvu).
- Při rozhovoru budete vyzváni, abyste neidentifikovali své pracoviště, ani osoby na něm působící. Pokud omylem nějaký identifikační údaj v rozhovoru uvedete, tento údaj nebude přepsán do textové podoby a bude spolu s nahrávkou vymazán.
- Přepis nahrávky bude důkladně **anonymizován**, tj. veškeré případné identifikační údaje budou vymazány. Po přepisu bude nahrávka trvale vymazána. Analýzu dat budeme provádět již pouze na anonymizovaných prepisech, ze kterých nebude možné Vás nebo Vaše pracoviště identifikovat.
- Je samozřejmostí, že Vaše jméno ani název Vašeho pracoviště se neobjeví v žádném publikačním výstupu.

Máte další otázky týkající se výzkumu?

V průběhu celého výzkumu máte právo se ptát a dostat odpověď na jakékoliv otázky týkající se výzkumu (s výjimkou otázek, které by ohrožily anonymitu ostatních účastníků). Pokud budete mít jakékoliv dotazy, obraťte se s nimi, prosím, na řešitelku projektu.

Souhlas s účastí ve výzkumu:

Prohlašuji, že jsem přečetl/a všechny výše uvedené informace o výzkumu. Na základě poskytnutých informací dobrovolně souhlasím se svou účastí v tomto výzkumu.

Podpis účastníka/účastnice výzkumu

Datum

Podpis řešitelky předkládajícího informovaný souhlas

Datum

Jméno řešitelky předkládajícího informovaný souhlas

Acronyms and Abbreviations

APA	American Psychological Association
GAS	General Adaptation Syndrome
DCSM	Demand Control Support Model
COR	Conservation of Resources
ERI	Effort–Reward Imbalance
DISC	The Demand-Induced Strain Compensation
DISC-R	The Demand-Induced Strain Compensation Recovery
CPT	Cognitive Phenomenological Theory
CBM	Cognitive Behavioral Model
PSC	Psychological Safety Atmosphere
WHO	World Health Organization