

Training can be a recruitment and retention tool for emergency service volunteers

University of Tasmania researchers argue that training may give incentives for recruitment and retention of Tasmania's emergency rural health workforce.

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This paper reports the training findings of a larger study of Tasmania's Volunteer Ambulance Officers, the first-line response to medical emergencies in rural and remote areas. They are a dwindling resource in an isolated state with a great need for such services due to its large rural population and numerous tourists. The project surveyed all Tasmanian Volunteer Ambulance Officers and then conducted 10 focus groups. We found that training is important to VAO. It is not a disincentive. If done well, training will be a strategic recruitment and retention tool and will help to stabilise Tasmania's emergency rural health workforce. This research has a wider application for emergency services as they undergo similar changes and pressures related to training volunteers.

Over the past two decades Australia has dismantled its trade barriers and successfully joined a globalised economy. But over the same period rural areas have entered a period of economic decline and rising unemployment with high social costs. Thus it is not surprising that rural Australia now finds it increasingly difficult to recruit and retain volunteer ambulance officers (VAO). In both the USA and Australia there is a worrisome fall in such emergency service workers (Morisey 1993, Fitch 1994, Reinholdt and Smith 1998) and the 1994 Senate Standing Committee Report on Disaster Management in Australia (EMA 1999) stressed that volunteers need to be encouraged and supported if response capability is to be maintained.

VAO are important not only for the provision of emergency services, but also health services in most rural and remote Australian towns, where there is total reliance on VAO for first-line response to medical emergencies. Those living in rural and remote areas have poorer health indicators than those living in metropolitan areas, but of particular note is the rate of avoidable deaths (particularly from injury, asthma, and suicide), which is 40% greater than in urban areas (Bryant and Strasser 1999). VAO form an important first link for rural areas in Tasmania, Western Australia, South Australia, Northern Territory, and Queensland. Unfortunately, lack of specific information about factors that boost recruitment and retention of rural ambulance officers makes it difficult to plan strategic solutions to the looming crisis (Hudgings 1988, Swan 1991, Federal Emergency Management Agency 1995, Halpin 1998, Reinholdt and Smith 1998, Aitken 1999). Tasmanian Ambulance Services, like other emergency services, have experienced growing difficulties with VAO recruitment and retention. It is important that Tasmania, with a high proportion of rural residents (41%), develop and maintain a skilled rural ambulance workforce.

A compounding factor is that Australian emergency services have recently initiated national competency standards for training volunteers, and the Tasmanian Ambulance Services have been quick to use this approach. The aim is to increase the standards of training to ensure organisations meet 'a duty of care' (Howard 1999), but the accompanying increase in training and accreditation requirements could be a deterrent to potential volunteers (Federal Emergency Management Agency 1998, Aitken 1999).

To address this rural health workforce problem in Tasmania we gathered statewide data from volunteer ambulance officers regarding recruitment, retention, training and support. This study was the research component of a larger project (*More than a Band-Aid*) financed by Emergency Management Australia to devise strategies to improve the situation (Fahey and Walker 2001). We surveyed all Tasmanian VAO, and then conducted ten focus groups yielding both quantitative and qualitative data. Here we report our findings on the substantial potential of training as a strategic recruitment and retention tool.



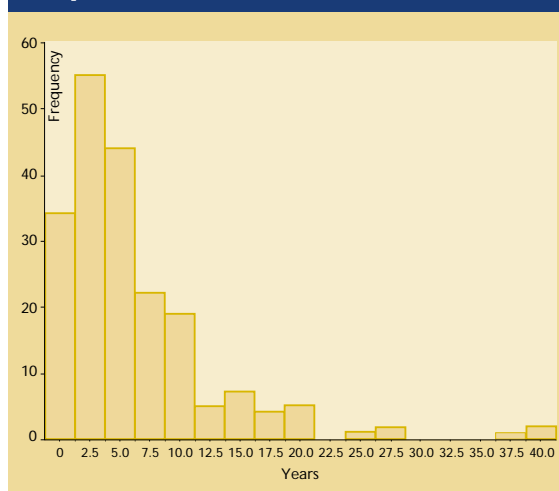
Training connects self-interested needs with altruistic urges to assist the community.

Methods

A questionnaire was developed with advice from an advisory committee of major stakeholders, and minor changes were made after piloting. We included items on VAO length of service, age groups, sex, motivations, recruitment prompts and training attitudes. The questionnaire was mailed to the entire population of VAO in Tasmania, estimated at 380 at the time of survey, with a 55% (206) response rate.

Then we chose 10 focus groups on the basis of a representative mix of VAO from different unit types (such as remote or semi-urban), including three groups formed among VAO geographic subsets with low response rates. Overall, representatives from nineteen ambulance units were consulted through the focus group component of the study and all were asked to define issues affecting VAO and to explore strategies to improve recruitment, retention, training and support.

Figure 1: Histogram of the years respondents had been VAO



After coding the open-ended items on the questionnaire we processed the data using SPSS software. Responses were analysed for frequency and compared according to age group, sex, geographical location and length of service. Ordinal categories with five levels were collapsed to three levels before testing relationships. Each focus group resulted in extensive field notes and the texts were analysed to identify common issues and themes.

Results

Tasmanian VAO closely resemble other Tasmanian and Australian volunteers (Australian Bureau of Statistics 2001) in age (most are 31–45 years old) and sex (54% female); however more Tasmanian VAO are employed (84% versus 44–58%), and fewer have completed tertiary study. Most respondents had been VAO for five years or less (Figure 1).

Assisting the community was rated as an important motivation by 94% of questionnaire respondents; 94% also acknowledged that they receive benefits by gaining new skills and over 50% reported various social benefits (Table 1). Many VAO activities were reported as enjoyable, especially training and skills maintenance, helping people and group friendships (Table 2). The major factors that made volunteering difficult were lack of time (33%) and inadequate provision of resources (29%).

Table 1: Respondents motivations for becoming Volunteer Ambulance Officers

	Important (%)
Assisting the Community	94
Learning New Skills	94
A Sense of Achievement	90
Being Part of a Group	58
Gaining Self-esteem	57
Meeting New People	55
Improving Employment Prospects	33
Other	10

Table 2: VAO activities reported as enjoyable

	Count*	%
Training & skills maintenance	206	26
Helping people, patients	175	22
Friendship & being member of a group	131	17
Call-outs, on road	68	9
Social events	50	6
Meeting members of the public as a VAO	39	5
Job satisfaction & sense of achievement	24	3
Case discussion & medical interest	23	3
Other	19	3
Adventure & challenge	18	2
Driving, work around the station	18	2
Coordinating operations & leadership 1	7	2
Getting qualifications – improving employment prospects	2	0
Total	790	100

*Count = no. of times activity was cited as enjoyable.

Most respondents (94.5%) felt that training did not take too much time and was usually run at a convenient hour (84.5%). Seventy-eight percent of respondents spent less than thirty minutes to reach the training location. Most

respondents (76.6%) wished to upgrade to the next skill level. Increasing age correlated with less interest in upgrading qualifications: 87.5% of 18–30 year olds wished to upgrade but only 46% of those over 60 years old had similar desires

The majority of respondents were satisfied with current training delivery methods. Ninety-two per cent found training sessions interesting and 83% agreed that training sessions usually have all the necessary equipment. Delivery of training by electronic methods was accepted, with 61% being aware of the benefits of video and teleconferencing and 54% having access to the Internet. But only 18% of respondents used the training information available on the Internet.

Focus group findings revealed a strong consensus about what is important to VAO. They felt a lack of adequate support, particularly those located in remote regions. Specifically, the VAO identified that one of their priority needs was training, universally complaining of inconsistent provision. This problem was described as most serious in remote groups, and irritating in units with a paramedic attached. The remote island groups had the least training over the last two years with only one professional training session delivered in the last twelve months, and many last minute cancellations due to 'staff shortages'.

Units with a paramedic attached had more consistent training, but these groups also suffered from last-minute cancellations if the paramedic was called out to an emergency. This might happen for several training sessions in a row, causing difficulties for the paramedic to cover the required training topics and sign off all the logbooks. Last-minute training cancellations were felt to lessen enthusiasm for attending training.

The irregular availability of the training modules necessary to improve qualifications was another identified problem. There were many VAO who wished to complete Level 1, 2, and 3 qualifications. The availability of these modules was felt to be very irregular in two of the regions, creating frustrations for VAO wishing to gain national accreditation. Significantly, a new recruit could only act as an observer until they had completed Level 1, and yet they had difficulty accessing the relevant modules. One recruit said "I've been waiting twelve months and I still can't do anything because I'm only an observer". Other VAO identified that some new members had left because they were tired of waiting for Level 1 training. In addition some groups admitted that they did not want to recruit new members if there was no training to offer them.

Overall, focus group participants indicated that poor training implementation made them lose confidence in their ability to respond appropriately to emergencies. Maintaining confidence emerged as a major reason for training with one respondent stating that "lack of training



Volunteer Ambulance Officers are unable to provide adequate emergency services to the community without new skills.

leads to lack of interest, lack of skills and competence, loss of a sense of belonging and personal confidence, which all reduces volunteer retention rates.”

Discussion

Our use of both quantitative and qualitative data collection methods provided information that was both wide and deep, an ‘enlivened’ account of volunteer concerns. Other advantages include triangulation of measurements for increased internal validity, and additional flexibility in sampling (Fahey and Walker 2001). The sampling method and geo-demographic attributes of our respondents suggest the data represent well the Tasmanian Volunteer Ambulance Officers. The similarity of our results on motivation and volunteer profiles to those noted in other studies (Australian Bureau of Statistics 1995, Aitken 1999) mean that these data enrich and support that body of knowledge, with implications for other volunteer emergency services. Overall we learned that adequate training is very important to VAO. It is unfortunate that many emergency service planners do not consider training a recruitment and retention tool, but more a means for services to ensure ‘duty of care’. When emergency services are looking to attract and retain volunteers training may be their greatest weapon.

Volunteer recruitment literature stresses the importance of understanding volunteer motivations and successful recruitment methods. Volunteer motivations are the focus of much debate, with the belief that volunteers operated largely from ‘self-interest’ being the dominant

paradigm for at least half of the 20th Century (Marwell and Oliver 1993). However, more recent opinion embraces the altruistic and civic engagement motivations for volunteering that are often cited by volunteers themselves (Bell 1999; Ko 1999). It is probable that most volunteers are motivated by both self-interest and altruism, acting to reinforce each other. This fits well with the evident desire for education: training connects self-interested ‘learning new skills’ with altruistic urges to ‘assist the community’. The new skills have little purpose or use in ambulance service unless they are used to ‘assist the community’, and VAO are unable to provide adequate emergency services to the community without new skills. These two motivations reinforce each other; our focus group data strongly support this view as participants feared being inadequate in emergency situations and desired training to ensure competency.

When individuals choose to volunteer they have many opportunities within the community to provide services. Most of our respondents identified an interest in medical care and first-aid as a major reason for joining an ambulance service instead of another volunteer service. So ambulance services now know that highlighting provision of appropriate training will be a recruitment tool, offering a window into the medical world for interested community members.

Once volunteers are recruited, ambulance services must retain them. Retention of current volunteers benefits organisations by retaining expertise. Many groups in the USA are realising that retention is a major part of the solution to falling volunteer numbers (Federal Emergency Management Agency 1995, 1998, Halpin 1998). Our data reveal that retention is a problem in Tasmania as most VAO remain for less than five years. Emergency services understand that retention means ensuring volunteers are happy with their role, and use incentives, recognition and reimbursement as strategies to ensure this. (Hudgings 1988, Swan 1988, 1991, Federal Emergency Management Agency 1995). But training is not mentioned in this context.

However, we found training should be considered not only as a recruitment tool, but also as a strong retention tool. Training and related activities were by far the most frequently stated activities enjoyed by respondents. Poor provision of training also formed a strong theme from the focus group data and the final open-ended comments section of the survey. If ‘keeping volunteers happy’ means providing them with activities they enjoy and avoiding things that upset them, then ambulance services can deploy a powerful retention tool by providing quality training.

Appropriate training should be high quality, flexible, timely, and meet set standards. Despite time commitments being listed as the major difficulty in involvement

in VAO activities, VAO were clearly willing to volunteer their time to attend training, as many respondents identified that training did not take too much of their time. When volunteers commit time to attend training they don't deserve inconsistency and irregularity. Providing appropriate training for VAO requires a substantial financial investment, and ambulance services may be wary of overtraining volunteers who may not stay within the ambulance service. Training, however, is a key incentive to emergency service volunteers as it ensures they are competent, and assists them to feel confident. Services should acknowledge that VAO are not a free service. The cost required to sustain the VAO workforce is timely, consistent, quality training. Such training has benefits that far outweigh the actual cost of not providing it – high staff turnovers, limited skills and dwindling emergency capacity. The question now becomes 'Can ambulance services afford not to provide adequate training for volunteers?' Our study indicates that the answer is 'no' – any savings arising from cutbacks or cancellations of VAO training would be illusory.

Conclusion

The role of VAO in health and emergency services is important because of the numbers reliant on this service, and the health profile of the rural population. The utility of training to VAO is an important finding as ambulance services are experiencing difficulties with recruiting and retaining volunteers. Tasmanian Ambulance Service appears to have developed a satisfactory training formula, with national standards and training plans, but is failing to deliver it regularly.

Emergency services must not be afraid that training standards are a deterrent to potential volunteers. It is clear that appropriate training will act as a powerful recruitment and retention tool for VAO if provided in a timely and suitable manner. Poorly delivered or constantly re-scheduled training is a disincentive to VAO and the same principles are likely to apply for other emergency service volunteers. All emergency services aiming to recruit and retain volunteers should investigate the flexibility, quality and timeliness of the training they deliver to ensure it reinforces the motivations of their workforce. Barriers to provision of such training need to be identified and removed.

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