Asking Volunteers!

Report on the *More than a Band-Aid* Project
The development of strategies to improve recruitment, retention, training and support of Volunteer Ambulance Officers

Undertaken by staff from the University Department of Rural Health, Tasmania, with close collaboration with Tasmanian Ambulance Service (TAS) and the Volunteer Ambulance Officer Association of Tasmania (VAOAT).

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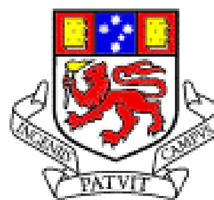

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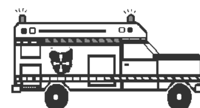
Volunteer Ambulance Officers Association of Tasmania

Asking Volunteers

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Executive Summary

The *More than a Band-Aid* Project was established to develop strategies to improve recruitment, retention, training and support to Volunteer Ambulance Officers (VAO) in Tasmania. The International Year of the Volunteer (IYV), 2001 provided an appropriate setting for this project which was funded by Emergency Management Australia, and undertaken by staff from the University Department of Rural Health, Tasmania, (UDRH) with close collaboration with Tasmanian Ambulance Service (TAS) and the Volunteer Ambulance Officer Association of Tasmania (VAOAT).

The issues considered by this project are important as rural populations suffer higher levels of chronic disease and injury rates and both Commonwealth and State Governments have highlighted the need to address these issues. VAO form an important first link in the emergency response capability, and provision of ambulance services for rural Australia.

Tasmania relies on approximately 400 VAO from a total of twenty-nine ambulance units, to provide this emergency health service in rural, remote and some urban areas. The Tasmanian Ambulance Service (TAS), is a state government organisation, and is the largest employer of VAO in Tasmania. St Johns Ambulance and Red Cross also support a smaller number of VAO units.

Recent research has begun to address the recommendations of the 1994 Senate Standing Committee Report on Disaster Management in Australia, which acknowledged the essential role of volunteers in emergency management and stressed the need to address volunteer issues. To date, lack of hard data and strategic planning have been identified as two important issues, which will impair Australia's ability to respond to future emergencies.

The *More than a Band-Aid* Project steps were:

- an extensive literature review;
- the design and implementation of a survey tool;
- survey data analysis;
- a series of small group workshops with VAO;
- the development of strategies, and
- concurrently a database was developed which could record VAO recruitment, retention, training and support needs.

The external environment affecting VAO formed the study background. Several key features were identified and discussed. The importance of emergency response capability for improving the health of rural populations was discussed. The decline in the number of volunteers available for emergency services due to social, economic and demographic changes within rural areas has threatened this capability. At the same time, governments throughout the world, including Australia, are passing many elements of social welfare and health care back to communities and the non-government organisations (NGO) sector. This sector has seen enormous growth in the last three decades. This has either caused or coincided with a changing status for volunteers and volunteers' groups who are now better organised and represented. Internationally, volunteer representatives are working towards developing partnerships with governments to nurture and protect the volunteer culture, which is seen as a core component of a vital civic society.

The VAO internal environment is affected by the volunteer group effectiveness and the organisational structure they operate within. The literature identified three important components of effective groups as strong motivations; some dedicated key members; and adequate resources, such as time. The literature review identified the major organisational issues affecting VAO recruitment, retention, training and support as:

- communication;
- recognition;
- motivations;
- appropriate training, and

- occupational health and safety (OH&S).

These formed the framework for the data collection.

The survey tool was designed to generate data on matters such as VAO length of service, age groups, gender, motivations, recruitment prompts and training attitudes. This data was needed to support the development of strategies, that if implemented, would strengthen the ambulance service's ability to recruit, retain, train and support VAO.

The sampling strategy was to survey the total population of VAO in Tasmania, estimated at 380 at the time of survey. A survey mail-out to all VAO by TAS, had an initial 38% return rate, which increased to 55% after follow-up, and clarification of the number of VAO. Data was analysed using the software 'Statistical Package for Social Sciences' (SPSS).

Ten small group workshops were held with VAO statewide, to further define issues affecting VAO and to explore strategies to improve recruitment, retention, training and support.

The research findings showed strong consensus about what is important to VAO. They show VAO lack adequate support, particularly those located in remote regions. Specifically, the VAO have identified that their priority needs are:

- training;
- access to effective communication systems;
- adequate uniforms that meet occupational health and safety requirements, and
- the back up of clinical debriefing and professional counselling services.

These are basic requirements of the job, but VAO feel service organisations can do more to provide support in these areas. The research shows that VAO are motivated both by the desire to help the community, and the desire to acquire VAO skills. The two motivations go hand-in-hand, as VAO need adequate training and organisational support to provide emergency ambulance services to rural communities.

The *More than a Band-Aid* Project has produced strategies to address the major needs of VAO in Tasmania. The strategies were developed around ten identified issues:

- VAO have a low profile within the Australian community and government.
- The role of VAO in provision of emergency services in rural and remote areas is not recognised in financial terms by government through the budget process.
- The more remote units are receiving very spasmodic training support despite having a greater need due to their isolation.
- Units with a Branch Station Officer (BSO), or other trainer attached often find training delivery rescheduled and trainer standards vary.
- Poor communication systems (including interpersonal, organisational and communication equipment) isolate VAO and limit the support they receive in clinical and administrative matters.
- Current VAO uniform issue is inadequate causing OH&S problems once the uniform is soiled.
- Many rural and social issues have lowered volunteer numbers, particularly in more remote areas.
- Word-of-mouth is the major form of recruitment amongst VAO but this can limit recruitment.
- Societal changes mean volunteers now expect reciprocity and organisational support in exchange for unpaid labour.
- The VAO strategies need to be implemented in a systematic and consistent way.

The *More than a Band-Aid* strategies represent a plan for the future improvement in VAO recruitment, retention, training and support. The strategies will lead to increased recognition, provision of appropriate organisational support and appropriate training, for VAO. The strategies are also a position statement, one that highlights the role of VAO within the rural health system and within the community. These strategies take the position that governments and communities must acknowledge their responsibilities to VAO.

Strategies for the future direction of organisations with Volunteer Ambulance Officers

Recognition

Issue 1

Volunteer Ambulance Officers have a low profile within the Australian community and government, which limits avenues of recognition and ultimately lowers the value of volunteers.

Outcome 1

The public profile of Volunteer Ambulance Officers will be raised, giving a positive image and a value to volunteer work.

Strategy 1.1

The Volunteer Ambulance Officer Association and Tasmanian Ambulance Service will increase the public profile of volunteers through the use of media and public recognition as detailed in a communications plan. Media releases, journalist briefings and human-interest stories will be encouraged at local, state and national levels to gain public support.

Strategy 1.2

Collaboration across the emergency services will target the inclusion of volunteers in national forums and conferences, volunteer issues on conference agendas, and participation in state forums, such as those organised by Volunteering Tasmania.

Strategy 1.3

Volunteer Week activities will be organised by the Tasmanian Ambulance Service to recognise the role of volunteers within the organisation. A budget allowance will be made for one major activity per annum such as a statewide training scenario.

Strategy 1.4

The Tasmanian Ambulance Service will develop a marketing strategy, which uses methods such as advertising, publicity (good), promotional activities, and personal selling. Develop a message ‘help save a life’ or such like. Attract attention (but not through failure) by such methods as training in public.

Strategy 1.5

Raise the profile of the Volunteer Ambulance unit in the community and create strong linkages and partnerships with local government and fund-raising groups. Provide community benefits such as prevention programs and submit items to community newsletters. Some units do this well; so networking can tap their expertise.

Issue 2

The role of the Volunteer Ambulance Officer in the provision of emergency services in rural and remote areas is not recognised in financial terms by government through the budget process.

Outcome 2

Financial recognition of the role of volunteers in emergency services will show in adequate government budget allocations.

Strategy 2.1

The value of Volunteer Ambulance Officer work within Tasmania needs to be measured in financial and social terms. The Volunteer Ambulance Officer Association has estimated $6 million of work is contributed to maintaining the health of Tasmanians, but the Department of Health and Human Services, Tasmanian Ambulance Service or the Volunteer Ambulance Officer Association will develop a more formal measure.

Strategy 2.2

Get on the political agenda by ensuring politicians are properly briefed with supportive and accurate data (i.e. financial estimate, Anti-Discrimination Legislation 1988, the international move towards pro-volunteer policies, the impending contract between the Tasmanian Government and Volunteering Tasmania).

Strategy 2.3

Create partnerships with politicians by developing political tools and being bipartisan—Tasmanian Ambulance volunteer representatives will participate in developing the partnership contract between Volunteering Tasmania and the Tasmanian State Government.

Strategy 2.4

The Tasmanian Ambulance Service will develop submissions, in collaboration with the Volunteer Ambulance Officer Association, as part of the State Health budget process.

Strategy 2.5

Tasmanian Ambulance Service budgets will include provision for volunteers and their requirements as a priority area.

Training

Issue 3

The more remote units without a Trainer attached (especially the island groups), are receiving very spasmodic training support from Tasmanian Ambulance Service, despite having a greater need due to their isolation.

Outcome 3

Remote Volunteer Ambulance Officer units will receive regular training support.

Strategy 3.1

Tasmanian Ambulance Service will guarantee a minimum of six visits per annum by a Qualified Trainer, or qualified Branch Station Officers to the remote, isolated units. The visits will occur every second month with the airfares and trainer's time paid for by Tasmanian Ambulance Service. Trainer visits will be scheduled to last long enough to provide several training sessions; clinical debriefing and signing of logbook items. To cover Volunteer Ambulance Officers own work commitments at least two days would be required.

Strategy 3.2

On alternate months from the trainer visit, remote units will have the ability to link with the specified trainer via videoconference prior to self-training.

Strategy 3.3

Training plans will be adhered to. Management will pursue methods to ensure there is adequate staff coverage to implement the remote units' training plans

Strategy 3.4

Remote units will be offered Level 1 and Level 2 modules. This will be on-site, or fully compensated for travel and time if required to leave island or local area.

Strategy 3.5

Pursue collaboration with other emergency and health services. This collaboration will consider sharing training resources and sessions in remote areas to strengthen community ties and limit costs.

Strategy 3.6

Pursue Research into new models of emergency service delivery in remote areas, such as utilisation of hospital nursing staff.

Strategy 3.7

The Tasmanian Ambulance Service will adequately assess the cost of providing training to remote units and include in budgets.

Strategy 3.8

The Minister will be informed of the real cost associated with remote Volunteer Ambulance Officer units and requested to fund ambulance services in remote areas adequately.

Issue 4

Units with a Trainer for volunteers attached have improved training provision but often find the Trainer is called out to an emergency when training has been planned and find training delivery standards vary, as does understanding of training requirements. This interferes with the training plan and makes reaccreditation difficult.

Outcome 4

Branch Station Officers and other trainers will be given the necessary support to provide regular and appropriate training to Volunteer Ambulance Officers.

Strategy 4.1

Consider the options that Branch Station Officers will have a four-hour overlap per fortnight/or month to ensure they are available to conduct training as per training plan.

Strategy 4.2

Branch Station Officers and other trainers, will be provided with expertise in training volunteers. Tasmanian Ambulance Service will provide this training or consider outsourcing. This training will ideally be provided before commencing training duties.

Strategy 4.3

Tasmanian Ambulance Service management structure will allocate responsibility for supporting those with training responsibilities to a suitable individual, such as the new Volunteer Ambulance Officer Trainer. This support will involve clearly outlining responsibilities in relation to volunteer training; ensuring Trainers have the skills and equipment to provide training, and monitoring Trainer performance.

Strategy 4.4

Each region will offer centralised modules on a regular and fixed date. Ideally each region would offer four Module 1 courses, two Module 2 courses and one Module 3 course per annum. The courses offered would be coordinated statewide so that in any year all modules are offered at least once. The courses would also be coordinated within regions so that within a two-year period each region would have offered all modules at least once. The Level 3 modules would be staggered throughout the year and focus more on self-learning packages.

Strategy 4.5

Tasmanian Ambulance Service budgets will reflect the cost of providing training expertise to volunteers.

Strategy 4.6

Volunteers will be encouraged to give regular performance feedback (annual) to Branch Station Officers and Trainers on training skills.

Communication

Issue 5

Poor communication systems (including interpersonal, organisational and communication equipment) isolate volunteers and limit the support they receive in clinical and administrative matters.

Outcome 5

Volunteers will feel supported by improved administrative communication systems and communication hardware.

Strategy 5.1

Tasmanian Ambulance Service will create regional volunteer supervisor positions, responsible solely for volunteers. This person will be the contact person for volunteers and will oversee training requirements, recruitment planning, reimbursement, recognition and other support. Meanwhile management structure will identify those responsible for volunteer management.

Strategy 5.2

Quarterly Volunteer Ambulance Officer coordinator and management meetings will be reinstated. These meetings provide an opportunity for the Volunteers Ambulance Officer coordinators to meet face-to-face with management and be brought up-to-date on events, provide feedback and discuss issues of concern at a unit and regional level.

Strategy 5.3

The Volunteers Ambulance Officer Association will work with volunteer units and Volunteering Tasmania to build networks locally with other volunteer organisations. The Volunteer Ambulance Officer units will be informed of the Tasmanian Rural Outreach Networking Project occurring until November 2001.

Strategy 5.4

The Ambulance Radio System Upgrade to improve rural emergency services radio, pager and telephone communications will be fully implemented by June 2002.

Strategy 5.5

Satellite phones may be appropriate in areas without effective radio or mobile phone reception. Areas where reception cannot be improved will be considered for provision of satellite phones. It will be exceptional circumstances that require volunteers to use phone boxes whilst on emergency calls.

Strategy 5.6

Telstra will be informed regularly of areas experiencing difficulty and no reception for mobile phones. Collaboration with Telstra will be encouraged as it attempts to improve rural reception.

Uniforms

Issue 6

Current Volunteer Ambulance Officer uniform issue is inadequate because they are inappropriate for women (54% of the Volunteer Ambulance Officers); they provide inadequate climatic protection; and only one uniform per Volunteer Ambulance Officer causes Occupational Health and Safety problems once the uniform is soiled.

Outcome 6

The Volunteer Ambulance Officer uniform will adequately identify, cover, and protect the volunteers, and whilst conforming to Occupational Health and Safety standards, will be comfortable.

Strategy 6.1

With reference to the ***Anti-Discrimination Act 1998,*** **Section 14,** direct discrimination is prohibited. Volunteer Ambulance Officers are covered by this legislation as they are considered to be employed, despite not receiving payment. The Minister needs to be aware of the obligations of Department of Health and Human Services under this legislation to provide Volunteer Ambulance Officers with adequate uniforms. The number of uniforms per Volunteer Ambulance Officer will be related to the hours of on-call and numbers of call-outs.

Strategy 6.2

A new uniform committee will reconvene and include female Volunteer Ambulance Officers. The female volunteers consider two-piece uniforms more appropriate. The uniform committee will also consider the issue of hats for summer (currently not provided) and more wet weather gear.

Strategy 6.3

Some provision of uniform and identification needs to be provided to observers. Volunteer Ambulance Officers may have observer status for as long as twelve months. The uniform committee will design a uniform that will adequately protect and identify Volunteer Ambulance Officer observers.

Recruitment

Issue 7

Many rural and social issues have lowered volunteer numbers, particularly in more remote areas. Low numbers of Volunteer Ambulance Officers increases stress and workload for current volunteers and lowers the capacity of Tasmanian Ambulance Service to provide emergency cover to rural areas.

Outcome 7

Volunteer Ambulance Officers recruitment strategies will ensure adequately trained volunteer numbers for the provision of ambulance services to rural, remote and semi-urban areas.

Strategy 7.1

Tasmanian Ambulance Service management and Branch Station Officers will increase their recruitment skills by completing the nationally accredited Level 4 course 'Coordination of Volunteers' (6518).

Strategy 7.2

Tasmanian Ambulance Service will develop a Volunteer Ambulance Officer recruitment strategic plan. This plan will document the preferred number of volunteers per unit, specify recruitment activities relevant to each unit, and indicators for increasing recruitment activity. In the long term the plan will use the information provided by the Volunteer Ambulance Officer database to understand recruitment motivations.

Strategy 7.3

A volunteer supervisor position with responsibilities for developing and coordinating the recruitment strategic plan, will be created.

Strategy 7.4

Branch Station Officers will be given the skills to interview and screen volunteers. Course 6518 (through Volunteering Tasmania) gives participants the skills to turn away unsuitable applicants.

Strategy 7.5

Recruitment of volunteer support personnel will be considered. This may then involve members of the community who are not able or willing to participate in Volunteer Ambulance Officer work, but who can assist with fund-raising and public relations type work and lower the responsibilities of those who are on-call.

Strategy 7.6

Centralised regional training will be provided at set dates (as previously described). These will be advertised, so that those interested in volunteering will know when training will be provided and current Volunteer Ambulance Officer can recommend suitable joining times.

Issue 8

Word-of-mouth is the major form of recruitment amongst Volunteer Ambulance Officers and this can limit recruitment in three ways. Dissatisfied volunteers will not recruit, minority groups continue to be under-represented as no outreach effort is made, and current members of close-knit groups may be afraid to recruit in case a new member disrupts the group dynamics.

Outcome 8

Word-of-mouth will be acknowledged as an important assisted recruitment strategy, but will not be relied on exclusively.

Strategy 8.1

Units with low numbers will be given manpower assistance to recruit and train new Volunteer Ambulance Officers.

Strategy 8.2

Recruitment strategies that encourage marginalised groups will be initiated.

Strategy 8.3

Attractive recruitment material will be developed that details the benefits of Volunteer Ambulance Officer work, the training requirements and dates of training, and the support provided. This material will be provided to volunteers to hand out at local functions and to members of the public who inquire about Volunteer Ambulance Officer work.

Incentives

Issue 9

Societal changes mean volunteers now expect reciprocity and organisational support in exchange for unpaid labour. However, governments and organisations are lagging behind in understanding the changing volunteer culture, causing poor retention and recruitment rates.

Outcome 9

Organisational support of volunteers will include understanding the motivations and needs of volunteers and responding appropriately.

Strategy 9.1

The Volunteer Ambulance Officer database will be used by Tasmanian Ambulance Service to monitor the motivations of volunteers and exit reasons. This body of information will inform recruitment strategies and management of volunteers.

Strategy 9.2

The findings from the *More than a Band-Aid* Survey will be used to understand Volunteer Ambulance Officer motivations. These highlight the importance of training to volunteers as part of the exchange relationship. Tasmanian Ambulance Service will understand the provision of adequate training is the major form of reciprocity.

Strategy 9.3

Tasmanian Ambulance Service management structure will include individuals (ideally a volunteer supervisor) who will **respond** to Volunteer Ambulance Officer concerns. A prompt system of reply to phone-calls and letters needs to be initiated.

Strategy 9.4

Volunteer reimbursement will be **encouraged** by the organisation as an important right of the volunteer. The current system needs to be reviewed as it is little used due to a combination of factors. These include a lack of knowledge of entitlements; a laborious and slow system of reimbursement; small claim amounts; and a lack of interest from Volunteer Ambulance Officer Association and management.

Strategy 9.5

Encourage community incentives such as the half-price meals at selected restaurants; discount vouchers, assistance to attend conferences. These incentives can be pursued by all levels of government, and by the Volunteer Ambulance Officer Association, and then need to be widely advertised amongst volunteers.

Strategy 9.6

Volunteer Ambulance Officer coordinators need direction and assistance with spending community donations. Face-to-face meetings with management can help provide direction as to the appropriate equipment to buy, and assistance with purchasing equipment. The Volunteer Ambulance Officer Association can ensure that Volunteer Ambulance Officer units are legally organised to handle funds.

Strategy 9.7

The University Department of Rural Health (UDRH), Tasmanian Ambulance Service and the Volunteer Ambulance Officer Association in general will facilitate continuing research into the issues affecting rural volunteers. This research needs to be disseminated nationally and internationally to other emergency services and ambulance authorities through publication, conferences and forums.

Strategy 9.8

The UDRH will actively pursue the dissemination and use of the Volunteer Ambulance Officer database to increase data available for national research activities.

Implementation

Issue 10

The Volunteer Ambulance Officer Strategies need to be implemented in a systematic and consistent way.

Outcome 10

The Volunteer Ambulance Officer Strategies will be implemented within the next three years.

Strategy 10.1

An implementation committee will be formed consisting of small working groups.

Strategy 10.2

The implementation committee will be assisted by a Steering Committee representing key stakeholders.

Strategy 10.3

Funding to assist the implementation will be sought from the Department of Health and Human Services and alternative sources.

Strategy 10.4

Tasmanian Ambulance Service will link the strategies to supervisors' performance criteria.

Introduction

The *More than a Band-Aid* Project was established to develop strategies to improve recruitment, retention, training and support to Volunteer Ambulance Officers (VAO) in Tasmania. The International Year of the Volunteer (IYV), 2001 provided an appropriate setting for this project.

This report explains the background to the development of the *More than a Band-Aid* Project. The recent increased awareness of rural and remote health differentials and issues, have coincided with an increased awareness of the importance of emergency service volunteers. Some research has considered issues for fire service volunteers, but less is known about VAO.

The *More than a Band-Aid* Project aimed to fill this gap by generating data on VAO. The project setting and methodology are explained and highlight the research validity.

The literature review looks at the important requirements of volunteer groups and the management of volunteer organisations. The literature on successful group functioning is reviewed, as is the current volunteer management, with a focus on recruitment, retention, training and support.

The current VAO survey findings describe the VAO profile, identify motivations, average hours worked, important support needs and opinion on training. The past VAO survey findings detail the contributing factors for VAO exit from ambulance service.

Findings from the small group workshops are discussed under the headings of: training, uniforms, communication systems, recruitment, retention, and respect and recognition.

The discussion relates the findings to the body of knowledge on volunteer issues, and describes a model of 'recruitment through retention' for the development of strategies.

Project Background

Rural Health

People living in regional, rural and remote areas account for 30% of Australia's population. Over three-quarters of these live outside large towns in scattered small towns and settlements (National Rural Health Policy Forum & National Rural Health Alliance 1999). Those living in rural and remote areas have poorer health than those living in metropolitan areas. 'Mortality and illness levels increase as the distance from metropolitan centers increases' (Australian Institute of Health & Welfare 2000 p. 223). Rural populations tend to have higher rates of health risk factors and death rates that 'show a graduated increase with increasing remoteness' (Australian Institute of Health & Welfare 2000, p. 225). Of particular note are the higher incidence of admission to hospital, and of death, related to injury, asthma, and suicide. The rate of avoidable deaths in rural areas is 40% greater than in urban areas (Bryant & Strasser 1999).

Demographic changes are also impacting on rural communities. Australia's health system is experiencing an ageing population, along with a government shift to community care and coordinated care, (Australian Institute of Health & Welfare 2000). Rural communities have seen closures of banks, schools and hospitals in the current climate of economic restructuring.

Commonwealth and state governments have developed priorities to address the health needs of rural populations. The Healthy Horizons (National Rural Health Policy Forum & National Rural Health Alliance 1999) identifies seven goals to address health needs of rural and remote populations, of which four are particularly relevant to this study:

- develop flexible and coordinated services;
- maintain a skilled and responsive health workforce;
- develop needs-based flexible funding arrangements for rural, regional and remote Australia, and
- achieve recognition of rural, regional and remote health as an important component of the Australian health system.

Emergency Service Volunteers

In many rural and remote towns there is total reliance on VAO for the initial medical response to emergencies whether they involve a single individual or a large multi-casualty disaster.

A number of states and territories have a significant reliance on VAO to respond to a range of incidents where people are injured including major emergencies and disasters imposed by natural and technological hazards. The jurisdictions that have the greatest reliance on volunteers are Western Australia, South Australia, Northern Territory and Tasmania, and to lesser extent, Queensland.

In Tasmania, the provision of ambulance services depends on the strength and commitment of its base of volunteer members to offer effective services, particularly in rural and remote areas. The provision of emergency ambulance services by VAO is a public good. However, even though the VAO provide their input for free, the training and support required by VAO means that the ambulance services provided by volunteers are not cost free.

Like other volunteer-based organisations emergency services are struggling to maintain the capacity and capability to service communities in need. Recruitment of new volunteers is difficult and there are problems retaining existing volunteers because of a variety of factors. Those such as the impact of socio-demographic changes have been identified (Reinholdt & Smith 1998) but internal factors such as training and support needs are little understood. Anecdotal evidence suggests that there are significant problems associated with volunteer ambulance provision including:

- high time requirements for training as VAO work requires a high level of training to cope with a wide range of medical emergencies;
- greater frequency of call-outs for emergencies than other emergency services reliant on volunteers;

- high likelihood of response to emergencies involving friends, relatives and neighbors, and
- long call-out times to transport injured patients to major regional base hospitals for definitive care.

Most volunteers are 'unmanaged', but those who are operating within a managed environment (i.e. through an organisation) are found mostly within non-government (non-profit) organisations. These have become a major economic force in recent years and have consequently borrowed management styles from the business world (Anheier 2000, p. 2). The John Hopkins Comparative Non-profit Sector Project found that in twenty-two industrialised countries the non-profit sector accounted for 5% of total paid employment, and in addition had '10.4 million full time employees as volunteers' (Anheier 2000, p. 3).

The increasing importance of the sector has focused attention on volunteer issues, such as management and representation. Internationally, volunteers are becoming more organised and working in partnership with governments. Tasmania has the Volunteer Ambulance Officers Association, formed in 1996, to represent all VAO at a political and organisational level. The Volunteer Ambulance Officers Association of Tasmania has established a web site and publishes a monthly newsletter to inform VAO of current happenings.

Volunteering Tasmania is the peak volunteering organisation in Tasmania. It provides promotion and advocacy for volunteers; education, training and consultancy on volunteer involvement, and information on volunteering options. It is currently working with the Tasmanian Government to develop a compact for partnership between the volunteering sector and the Government.

Volunteer Research

Tasmanian volunteer statistics, taken from the 1993 Australian Bureau of Statistics survey, show that 38% are between ages 30–44, 24% are between 45–59, 53% are female, 46% have completed a tertiary qualification, and 62% are employed (Volunteering Tasmania 2001).

In the 1990s there was increasing recognition of the value of volunteers in rural Australia in the provision of emergency services. At the same time, social and economic changes saw a decline in the number of volunteers within emergency service organisations (Fitch 1994; Morisey 1993; Reinholdt & Smith 1998). The 1994 Senate Standing Committee Report on Disaster Management in Australia acknowledged the essential role of volunteers in emergency management and stressed the need to address volunteer issues. This was followed by workshops aimed at understanding and addressing volunteer issues within emergency services in Australia (Arbon n.d).

The Denis Mileti Workshop highlighted the need for research into emergency service volunteers (EMA 1999). Capability assessment and the establishment of appropriate performance measures were two of the four research priorities identified. It was recognised at the workshop that emergency services managers suffer from the 'inability to provide the "hard data" on costs and benefits' (EMA 1999) and there is a danger of placing heavier demands on volunteers.

The lack of data on volunteers involved in emergency services limits the ability of organisations to understand basic trends and to plan strategically (Reinholdt & Smith 1998). Reinholdt highlighted the fact that despite the majority of Emergency Service Organisations claiming their databases were adequate most could not provide information on the male to female ratio, or the composition of volunteer membership over the last ten years (Reinholdt & Smith 1998). This type of information is essential if Emergency Services Managers are to plan strategically for the maintenance of capacity and capability into the future. Research and capacity building depend heavily on reliable and accessible data.

This poorly developed ability of emergency services, when combined with the expected drop in volunteering (EMA 1999) will seriously impair Australia's capacity for preparing and responding to emergencies. Research into Emergency Service Volunteers must be undertaken to enable the development of strategies that strengthen Emergency Services preparedness and response.

The More than a Band-Aid *Project Brief*

EMA funded a project that focused on volunteer issues in 1998, which was carried out by the Victorian Country Fire Authority (CFA) (Reinholdt & Smith 1998, p. 3). The project focused on identifying the external social, demographic and economic trends that affect volunteers and volunteer-based emergency services, and enhancing the volunteer culture and management methods within CFA. While much of the information from this project is useful and relevant to volunteer issues in emergency service provision, EMA funded the *More than a Band-Aid* Project in 2000 in the belief there are some significant gaps/questions about specific relevance to volunteer ambulance provision. Particularly, the *More than a Band-Aid* Project set out to ask VAO about the issues which were important to them, as CFA surveyed emergency service managers. This different perspective would provide comparative data with the CFA project.

Advisory Committee
The project involved a diverse group of stakeholders to provide guidance and advice through an Advisory Committee. The members represent the statewide views of their organisations, and disseminate information to appropriate people within their organisation. All major groups with involvement with Volunteer Ambulance Officers were invited to nominate a representative and the following organisations and groups were represented on the Advisory Committee:

- Project Management Team and Project Officer
- Tasmanian Ambulance Service
- Volunteer Ambulance Officers Association Executive Committee
- Non-VAO Association Volunteer Ambulance Officer
- Tasmanian Fire Service and State Emergency Services
- Department of Health and Human Services, Rural Health Unit
- Tasmanian General Practice Divisions (Rural Workforce Support)
- Victorian and South Australian Emergency Services.

Project Objectives

- To gain a clearer understanding of the factors that affect volunteer recruitment and retention.
- To devise strategies to recruit, retain, train and support VAO.
- To produce a database template to track VAO recruitment, retention, training and support needs
- To draw on the experiences of other volunteer organisations.
- To disseminate the findings of this project widely.
- To influence government policy.

The project activities were well defined before the project commenced:

- Information was to be gathered to inform the development of strategies.
- Present volunteers were to be surveyed to identify factors that would improve retention and effectiveness of their service.
- Past volunteers were to be surveyed regarding why they had left.
- The survey analysis would inform the development of strategies.
- Strategies would be validated through a series of small group workshops with Volunteer Ambulance Officers (VAO).
- Concurrently a database would be developed which could record VAO recruitment, retention, training and support needs.

Study Setting

Tasmania has a population of approximately 459 000 people (Australian Bureau of Statistics 1996). The population is serviced by a total of forty-five ambulance units, of which thirty-five are staffed by VAO, with twenty-four ambulance units that rely on VAO alone. VAO provide the initial medical response to whatever emergencies arise whether they are major or minor accidents, or medical crises of the local population.

When cases arise in rural and remote areas, a single emergency case may require six to eight hours of the VAO time to escort a patient to a major hospital, hand over, refuel and restock the vehicle and return home (Lennox 2000, p. 3). The VAOAT have estimated that Tasmanian VAO save the Tasmanian Government and community $6 000 000 per annum (Volunteer Ambulance Officers Association of Tasmania 2000). The VAOAT believes the VAO contribution to the provision of emergency services is undervalued and that VAO do not receive a fair share of the funding. A similar belief exists in New Zealand and the United States (Annison 1996, p. 4). Browne (2000, p. 28) reminds that volunteer services are not cost-free and the recruiting, training and support of volunteers requires considerable input of time and money.

The Tasmanian Ambulance Service (TAS) is a state government organisation and the largest provider of ambulance services in Tasmania. See Table 1.

Table 1: Volunteer Units within Tasmania's Ambulance Services

	Volunteer Units	Volunteers with Branch Station Officers	Paramedic Units
Tasmanian Ambulance Service	16	13	9
St Johns Ambulance Service	4		
Red Cross	1		
Total	**21**	**13**	**9**

Units with mixed staff operate a system where a paramedic works alongside volunteers. The paramedic is called a Branch Station Officer (BSO) and is responsible for the training needs of the volunteers within the unit, and often for other nearby volunteer-only units. TAS has also begun to provide training to most of the independent units to assist the provision of standardised services.

There are three units that are run by the Department of Health and Human Services which were outside the brief of this project, as their ambulance staff are paid a nominal amount for calls, effectively coming outside the definition of volunteer.

Anecdotal evidence suggests that TAS, like other volunteer-based organisations, is struggling to maintain the capacity and capability to adequately service rural communities. Recruitment of new volunteers is difficult and there are problems retaining existing volunteers. Quality training has been acknowledged as an incentive to volunteer recruitment and retention, but requires a major commitment of funds.

Other issues affecting volunteer training at TAS at the current time include, transferring an older method of training to a nationally accredited system, and the responsibility for the provision of training resting with each of the three regions (Mason 2000).

The various levels of training experienced by VAO groups within TAS are self-training, assessment, delivery of formal modules or other knowledge, reaccreditation and Automatic External Defibrillation (AED) accreditation (Mason 2000).

- Self-training occurs when volunteers assist volunteers, and groups may practise using equipment, or run through a scenario.
- Units require at least twelve training meetings per annum where they are formally assessed and their logbooks signed off in order to continue to meet registration requirements. These training sessions require certified trainers.
- Completion of modules to gain initial certification at Level 1, Level 2 and Level 3.

- Reaccreditation for the level gained, and Aided External Defibrillation. These training sessions require registered trainers.

TAS uses various methods to deliver VAO training (Mason 2000). These include:

- Branch Station Officers—training VAO is included in the job description;
- Ambulance Officers who volunteer their time—some units rely almost exclusively on this strategy.
- regionally organised courses;
- volunteer instructor—a new position for the North West Region, and
- Clinical Practice and Education Staff.

Recognised concerns within TAS are around training implementation. The three major issues generating confusion amongst VAO are requirements, operational concerns, and maintenance of training standards (Mason 2000).

Research Methods

Literature review

The project scope defined the review of the literature. In order to develop strategies, it is necessary to understand the internal and external environments affecting VAO. However, the project brief of addressing VAO recruitment, retention, training and support focused the study on the internal environment of volunteer group effectiveness and organisational management.

The following keywords were used for the literature review:

- volunteer/s, volunteering, volunteerism, ambulance officers, paramedic, collective action.
- ambulance, ambulance services, emergency medical services, emergency services, recruitment, retention, fire services.

The literature review considered current understanding of the necessary elements for effective volunteer groups. The majority of the literature that was specific to VAO was American based and non-academic in origin and purpose. Most was written around the management issues of how to retain and recruit volunteers. This information was useful in identifying the management best practices used elsewhere when managing volunteers, and for highlighting the issues that are particular to the VAO role.

Data collection

The brief of the project was to survey past and present Volunteer Ambulance Officers, but not paid staff of ambulance services. Since there have been acknowledged difficulties in contacting past volunteers in a similar survey of fire volunteers, and there were currently only seventy-five past volunteers on the database, it was decided that the most important aspect of the project was to survey the current volunteers and that this would form the major data collection. A smaller survey was run concurrently to gather some comparative data from past volunteers.

University of Tasmania Ethics Committee approval for the study was gained (Reference: H0005989).

Current VAO survey

The sampling strategy was to survey the total population of VAO in Tasmania. There was lack of clarity surrounding the number of volunteers, with original estimates of 450, but further checking found numbers of active volunteers were closer to 380.

The survey was developed with the advice of the Advisory Committee and piloted with a group of twelve volunteers. Small changes were made following the piloting.

TAS Ambulance had VAO on three separate databases based in TAS regional divisions and therefore surveys were dispersed to the three TAS administrative regions for mail-out (due to ethics considerations) with reply-paid envelopes.

To keep the project on schedule a short time frame for survey returns was given. Unfortunately, due to delays in dispersal the short time for survey returns appears to have lowered the return rate. However, an initial return rate of 38% was increased to 55% after follow-up requests to VAO coordinators and advertising in the VAOAT newsletter. The final return rate was considered satisfactory.

Past volunteer survey

A survey for past volunteers that was developed and used by Country Fire Authority Victoria (CFA) was considered generic enough to use for VAO. CFA management allowed the use of the survey instrument and as only minor wording changes were made the survey was not piloted.

A total of eighty past volunteers were mailed surveys, comprised of seventy-five former VAO on the north-west regional database and five former volunteers who made contact after seeing advertisements in the VAO Association newsletter. Twenty-three surveys (29%) were returned.

Small group workshops

Ten small group workshops were held around the state. In total, representatives from nineteen units were consulted. The groups were chosen on the basis of finding a representative mix of the types of units: remote, BSO unit, or BSO supervised unit. Several groups with low response rates to the survey were also targeted to include their views in the data collection, and to attempt to understand the reason for the low response rates.

The small group workshops had two functions. Firstly, to gather more qualitative data on the issues that are important to VAO and prioritise these. Secondly, to have input from the VAO into the strategies that are needed to ensure their viability into the future. This was a two-way process where strategy ideas were gathered, and then strategies suggested by the literature and other group workshops were fed back to participants. This action research provided a communication link between groups.

Analysis and synthesis of data

Data was entered into an Excel spreadsheet then imported into SPSS for analysis. Measures of central tendency used for scale data were mean, mode and median, with range, standard deviation, minimum and maximum measures also considered. This information allowed the data to be placed in ordinal categories for analysis of relationships.

Initial analysis of ordinal categories with five levels was done using all categories. However, this was amalgamated to three categories for testing relationships. Therefore, 'Not at all Important' and 'Not Important' became 'Not Important'. The middle figure '3' was taken as 'Neutral' and 'Important and 'Very Important' became 'Important'.

New variables were created by organising the data from towns into ordinal categories that indicated distance from ambulance services. Those units with a Branch Station Officer (BSO) and VAO mix were considered to be close to services. Units with a nearby BSO supervising them were considered to be moderately close to services, and those units without any of the above were considered to be remote.

Towns were also categorised into the regions in which they are situated, and given the category of North-west Region, Northern Region and Southern Region. This variable was used for cross tabulation information.

Data Validation

- Coding of qualitative comments was by two individuals, with 97% agreement, and consensus was reached for the remaining 3%.
- All Excel spreadsheet cells had entry criteria with an error alert, which decreased the potential for entry of incorrect data.
- A data entry audit/check of 10% of surveys (2000 data entries) found no data entry errors.

Questions asked of the data were:

- What is the profile of Tasmania's VAO?
- What motivated current VAO to join an ambulance service?
- What aspects of VAO work is most enjoyed?
- What things make involvement in VAO work difficult?
- How many hours on average do VAO spend training, on-call, doing administrative and on call-outs per month?
- How important are possibly or actual management support initiatives to VAO and have they occurred in the last twelve months?

- How important are support services to VAO?
- Do VAO usually experience good relationships with VAO, co-ordinators, BSO, other members of the ambulance service, members of the health services?
- How well does training fit the needs of the VAO?
- How well are units planning training?
- How many VAO use the electronic media for training?
- Why do VAO leave?

Literature Review

The literature review identified the factors that allow volunteer groups to function, and volunteer management issues. The definition of a volunteer could be problematic (Arbon n.d), but as general agreement in the literature identifies that volunteers act of their own free will, **without** pay, to contribute something to society, this was the definition used.

> Volunteering is the commitment of time and energy, for the benefit of society, local communities, individuals outside the immediate family, the environment or other causes. Voluntary activities are undertaken of a person's own free will, without payment, except for the reimbursement of out-of-pocket expenses (Volunteering Ireland 2001).

Organisations use volunteers, as by definition, they do not demand any payment for the work that they do. Volunteer involvement allows organisations to extend their limited budgets, or allows the provision of services in situations that would otherwise not be viable, but this should not necessarily be considered the motivation of volunteers.

Successful Volunteer Groups

A group is defined as 'the aggregate of all individuals who have a positive interest in some collective good' (Marwell & Oliver 1993, p. 18). Members of groups are involved in important dynamics and interactions that affect the functioning of the group as a whole. 'Interdependence, communication, organisations, and social processes are central to collective action' (Marwell & Oliver 1993, p. 52). Individuals acting in isolation will never adequately provide public goods, such as ambulance services.

Theories for collective action were reviewed to discover the important components of volunteer action. Group efficacy forms an important part of collective action theory and refers not just to the effectiveness of the group, but the feelings that arise from contributing to the effective group (Ko 1999). The review identified the core elements of a successful volunteer group as: *motivations*, *organisers* and *resources* (Marwell & Oliver 1993). These elements need to blend to allow the viable functioning of volunteer groups.

In any group there are those who are more committed than others, some are passionate, others half-hearted, but they take the role of *organiser*. Many volunteer groups survive because of the 'sheer will and perseverance' of a few key members (Fitch 1994, p. 41). These key members will act as coordinators who maintain the communication links between members of the group, and therefore ensure the continuing functioning of the less committed.

Research has highlighted the importance of the social networks and organisational resources of the most interested members of a group (organisers), to the health of the whole group (Marwell & Oliver 1993). Marwell and Oliver hypothesise that if these key members have a high level of motivation, ample *resources* of time, money and skills, and the social connections to act together, then the whole group will benefit. However, if these key members have limited resources and only moderate levels of motivation, the group will suffer (Marwell & Oliver 1993).

Motivations

Volunteer motivations have often been the basis of volunteer theory and research, and in emergency medical services it is felt that, if motivations can be understood, then organisations will be able to attract more recruits (Aitken 1999; Marwell & Oliver 1993; Olson 1965; Reinholdt & Smith 1998). Classification of motivations for emergency service volunteers are often based on Maslow's Hierarchy, but other views consider motivations within a public goods framework.

Maslow's Hierarchy of Need Theory represents individual needs in a hierarchical structure. The most powerful needs form the base, such as food and water. As these needs are met, other less powerful needs become effective motivators, such as the need for shelter, affection, self-esteem and self-actualisation (Kaplan & Sadock, p. 189). Maslow's theory is often used by volunteer managers, as it is

believed that volunteers are motivated by an element of personal gain and meeting personal needs (Swan 1991b, p. 47).

Mansur Olson's theory on collective action and the public good also supports this belief (Olson 1965). Prior to Olson's theory it was generally accepted that people would 'instinctively or naturally act on common interests' (Marwell & Oliver 1993, p. 5). However, Olson asserted, 'rational, self-interested individuals will not act to achieve their common or group interests' (Olson 1965, p. 2). To explain why individuals do contribute to the public good through collective action, Olson theorised that the individual was driven by incentives such as money, social status and social acceptance to act irrationally and contribute to a group that delivers a public good.

More recent literature (Bell 1999; Ko 1999; Phillips n.d) identifies that civic engagement is a strong motivator in volunteer activity. Civic engagement provides individuals with the sense that individual action is important. Individuals can identify as part of the broader community and work for the benefit of others. The individual in this case is motivated by the perceived efficacy of the group (that is the ability of the group to achieve its goals).

It seems probable that individuals have more than one reason for contributing their time and therefore it is unrealistic to look for a single theory or motivation. Elster (cited in Ko 1999) says, 'Cooperation occurs when and because different motivations reinforce each other.'

Instead, the more commonly described motivations for emergency service volunteers will be considered. They are: fulfilling personal needs, gaining social contact, material incentives, and serving the community (Aitken 1999; Marwell & Oliver 1993; Olson 1965; Swan 1991b).

Fulfilling a personal need: It is believed that volunteering can meet self-esteem needs by giving a sense of achievement, new skills, self-approval for doing the right thing and reputation. These needs-based motivations can be considered using Maslow's Hierarchy and are strongly identified in the volunteer management literature (Federal Emergency Management Agency 1995; Swan 1991b).

The need for social contact: Volunteering offers social contact by affiliation with a group, friendship, social meetings, and being part of a team. People who are motivated by the socialising element of volunteering are either likely to be those who enjoy other people's company, those with changing circumstances such as relocation, or changed family status, or those who wish to display social advancement (Pearce, cited in Reinholdt & Smith 1998, p. 33). Group participants give each other social reinforcement through their interaction (Marwell & Oliver 1993, p. 187). The Fire and Emergency Services Authority of Western Australia (FESA) survey in 1998 showed 13% of respondents joined for the social activities (Aitken 1999).

Material incentives can also influence the individual. Material incentives can include items such as training, free use of facilities, reimbursement, uniforms, and petrol allowances (Hudgings 1988; Swan 1988, 1991c). Many US organisations provide extensive incentive schemes to encourage recruitment and retention of volunteers (Federal Emergency Management Agency 1995, 1998).

Serving the community is strongly identified as a motivation by emergency service volunteers when surveyed (Aitken 1999; Underwood 1989). The Fire and Emergency Services Authority of Western Australia (FESA) survey in 1998 showed that 50% of volunteers stated they volunteered to help the community (Aitken 1999). Yet much of the literature ignores or refutes this altruistic idea, claiming that meeting psychological needs is the underlying reason (Federal Emergency Management Agency 1995; Swan 1991b). Recent writers on civic engagement give strong credence to the motivation of individuals seeing a need and believing they can make a difference (Bell 1999; Phillips n.d). The concept of efficacy as a motivation can also be seen to be a major reinforcement of motivation if volunteer groups are achieving goals successfully (Ko 1999).

Volunteer Management

Management of volunteer organisations has some distinctive elements and they are not well understood (Anheier 2000). There is little literature on the management of public sector organisations that employ volunteers.

Managers of volunteers need to understand and deliver the 'return' volunteers require for their services. The ideas of reciprocity and partnership are crucial to recruiting and retaining volunteers (Bell 1999) and these in turn require the provision of training and management support to volunteers (Halpin 1998; Howard 1999; Morisey 1993; Reinholdt & Smith 1998). Managers need clear policies and standards, national competencies for volunteer management and the appropriate organisational systems to steer volunteer organisations into the future (Bell 1999).

Larger volunteer groups operate as an organisation. It then becomes the responsibility of management to provide the communication and organiser functions of the larger group. The major roles of the emergency services in managing volunteers can be described as recruitment, retention, training and organisational support (Aitken 1999; Bernier 1995; Fitch 1994; Glatfelter 1999; Hudgings 1988; Swan 1988; Underwood 1989).

Support Services

Important support services identified by the literature are communication, reimbursement, emotional support, clear guidelines and adequate protection.

Good *communication* with volunteers is highlighted in the literature as very important, and some give it status as the most important management function (Howard 1999). Good communication will not be a top-down feeding of information, but true representation of volunteers in decision making using feedback mechanisms that include the volunteers and their interests in organisational planning and management (Aitken 1999; Federal Emergency Management Agency 1995). Organisations also need to be responsive to volunteer concerns and problems to give the volunteer sector the message that they are valued by the organisation (Aitken 1999; Bernier 1995; Howard 1999). This includes addressing simple administrative concerns as well as major complaints. This means having key contact staff for volunteers who will treat the volunteers with respect and dignity.

The most commonly offered *reimbursements* are phone call, travel costs, meals, injuries, postage, training, and uniforms. Further understanding needs to be gained of which are the most valued services and reimbursements, and what prevents VAO from accessing these.

Emergency service volunteers expect *emotional support* from their organisation and require services such as critical incident stress debriefing and counselling (Federal Emergency Management Agency 1995, 1998; Howard 1999; Swan 1991b).

Volunteers need *clear guidelines*, such as job descriptions, and standard operating procedures, to ensure high standards of care (Howard 1999; Swan 1991a). Volunteers also want supervision in the form of feedback on performance. Performance monitoring that is fair and consistent maintains confidence in the service and treats the volunteers as unpaid professionals. Volunteers are also concerned with having adequate protection (Arbon, n.d) including legislation and insurance, for compensation claims.

Recruitment

The most commonly used recruitment methods are public displays, unpaid publicity, print media, and word-of-mouth including family contacts (Federal Emergency Management Agency 1995, 1998; Hudgings 1988; Morisey 1993; Reinholdt & Smith 1998; Swan 1991d).

Management literature now also identifies the importance of having a recruitment plan (Federal Emergency Management Agency 1995, 1998). The plan will include clearly defining the volunteer's role, marketing the role, facilitating a quick response to individuals who express interest in volunteering, and ensuring prompt training and inclusion of volunteers who are signed up (Glatfelter 1999; Halpin 1998; Hudgings 1988; McDowell 1999; Morisey 1993).

Marwell and Oliver (1993) use a model to highlight the benefits of gathering data that can increase the selectivity of recruitment. The organiser gains a greater return by recruiting fewer individuals, if resources target those likely to make a greater contribution. Activities that recruit large numbers of volunteers, such as the mass media, must be used alongside activities that target those who are likely to have the most interest and resources (CyberVPM.com 2000; Marwell & Oliver 1993).

Organisations stress the value in recruiting support volunteer staff for emergency service volunteers (Brown 1993; Federal Emergency Management Agency 1995, 1998; Swan 1988). This attracts those who may not want the physical or emotional work involved with emergency services work, but could provide support in other ways. The time of other trained staff is then freed for the work they are trained to do.

Training

The literature identifies the importance of training volunteers promptly and appropriately (Federal Emergency Management Agency 1995, 1998; Howard 1999; Swan 1991e). Training needs to provide *new volunteers* with the skills to participate in ambulance services, and assist all volunteers to *maintain skill levels* (Hudgings 1988).

Providing appropriate training, equipment and support for VAO requires a substantial financial investment. New volunteers respond to an early induction and training that allow them to participate in activities (Federal Emergency Management Agency 1995, 1998; Halpin 1998). Training allows volunteers to maintain their skill levels, and gain qualifications, which add to both self-esteem and résumés (Swan 1991b) thereby providing a potentially strong motivation.

Volunteer time is a valuable resource and therefore volunteers deserve a well-presented and equipped training session, held at suitable times and locations (Howard 1999; Hudgings 1988; Swan 1991e). It is management’s role to ensure training is adequately resourced, presentation is appropriate and varied, and sessions are accessible (Federal Emergency Management Agency 1995).

Australia has moved towards utilising national competency standards for emergency service volunteers, which will increase the standards of training when applied universally (Howard 1999). Ensuring volunteers have reached a certain level of competency is seen by Aitken, as part of the ‘duty of care’ (Aitken 1999, p. 22). However, this will also increase the training and accreditation requirements, which some literature identifies as a deterrent to volunteers (Aitken 1999; Federal Emergency Management Agency 1995). It becomes even more important to provide interesting and varied training when training requirements increase.

Training can be an important incentive to emergency service volunteers as it ensures they are competent, and assists them to feel confident. Appropriate training provision may be a part of the organisation’s ‘duty of care’ to the volunteers and the public.

Retention

Retention of current volunteers benefits organisations by retaining expertise. ‘Recruitment would be a non-issue in many departments if they had good volunteer retention programs’ (Halpin 1998, p. 62). Whilst natural attrition is to be expected, many organisations in the United States are realising that retention is a major part of the solution to lower volunteer numbers (Connery 1990; Federal Emergency Management Agency 1995, 1998; Halpin 1998). Retention of new volunteers is also important, and prompt orientation programs and mentoring for the first year are successful strategies (Steiner 1997).

Management literature highlights the importance of ensuring that current volunteers are happy with their role to assist retention. Recognition, community engagement, incentives, and reimbursement are all considered retention strategies (Federal Emergency Management Agency 1995, 1998; Halpin 1998; Swan 1991c).

Management literature identifies that managers must ensure volunteers are appreciated and receive the *recognition* they deserve from within the organisation and the community (Federal Emergency Management Agency 1995, 1998; Garza 1991; Halpin 1998; Howard 1999; Swan 1991b, 1991c). Recognition can be a simple ‘thank you’, certificates of achievement, publicity, or even schemes such as ‘volunteer of the month’ and progressive awards. Recognising things such as the number of hours/years of service and outstanding patient care are all aimed at showing volunteers they are valued (Bernier 1995; Swan 1988). Recognition can reinforce a volunteer’s motivation and provide a return, by giving praise and a feeling of increased self-esteem (CyberVPM.com 2000; Swan 1991c).

The organisations image and involvement with the community can be discussed as *community engagement.* This can provide positive feedback to current volunteers and encourages recruitment

within the community (Aitken 1999). Whilst it is important that volunteers and their organisation have a good image within the community to assist recruitment (Browne 1993), it seems that it is also important that they have interaction with, and support from, their local community to improve retention. Aitken (1999, p. 21) identifies that volunteer fire brigades within Western Australia that have close links to, and a high profile within their local community, have fewer retention problems. Philips (n.d.) identifies that the sense of engagement with the community is an important motivator. It seems to be important that local communities have ownership of their local volunteer groups, and that networking and linkages occur with local municipalities and other groups.

In conclusion, the literature review uncovered the elements of successful volunteer groups and volunteer management, as they are currently understood. Volunteer motivation has been the focus of efforts to understand volunteering, and often within the framework provided by Maslow's Hierarchy. Key factors identified in volunteer management revolved around recruitment, retention, training, and support.

Survey Findings

Profile of Tasmania's Current Volunteer Ambulance Officers

What is the profile of the Tasmanian VAO Respondents?
There was little data on the characteristics of Tasmanian VAO apart from numbers by unit and a 54%/46% ratio of female to male volunteers. The survey showed that Tasmanian VAO match Tasmanian volunteers in general, in age and gender, though a higher percentage of VAO are employed, and a lower percentage have completed tertiary study than other volunteers.

- Fifty-four per cent or respondents were female and 46% were male.
- The age of respondents ranged from eighteen to sixty-plus years. Forty-three per cent of respondents were between 31–45 years of age, 32% between 46–60 years of age and 18% between 18–30 years. Only 7% were over 60 years of age.
- Seventy-five per cent of respondents were married or with a partner and 25% were single. Fifty-three per cent had dependent children and 39% had no dependents.
- The majority of VAO (44%) reported reaching an education level of primary or high school, with 24% attending HSC and 24% reporting Diploma, Degrees or postgraduate study.
- The majority of respondents were employed under categories of full-time, part-time, self-employed or casual employee. Sixteen per cent of respondents reported that they were not employed.
- Twenty-four per cent of respondents were employed in the health sector, whilst farming, tourism, mining and forestry each recorded less than 8% of respondents. Forty-six per cent were employed in 'other' industries. Further research could pinpoint which industries make up 'other'.
- The average length of time respondents had been members was 4.5 years with a minimum of 0.2 and a maximum of 39 years. All together 16% of respondents had been members for less than one year, 43% for 1–5 years, 30% for 5–10 years and 9% for over ten years. This may indicate the peak period of enthusiasm for participating as a VAO and the peak period for burnout.
- Most respondents were Level 2 VAO (68%) and 25% were Level 1. Five respondents indicated they were Level 3, but there are no confirmed Level 3 VAO yet, and this was taken to mean they were studying Level 3 modules. These respondents were included in the Level 2 category. Five per cent were 'in-training'.
- Seventy-four per cent were members of TAS, 33% were members of the VAO Association, 16% were members of Fire and/or SES and 16% were members of an Independent Ambulance Service.

Of interest was the higher percentage of older members in the more remote units, with 68% of VAO over 60 years of age from remote units compared to 23% in units with a BSO attached and 15% in units with a BSO nearby. This may either indicate that remote units are better able to attract older members, or that some other factor such as motivation, is different in remote units.

There were also a higher percentage of respondents who were not employed in the units with a BSO nearby (26%) and remote units (27%) compared to 4% at units with a BSO attached. This fits with the previous finding and suggests more retirees are VAO members in remote units.

Table 2: VAO level in relation to years as a VAO

VAO Level	Years as a VAO			
	0–1 yrs %	*1.1- 5 yrs* %	*5.1–10 yrs* %	*Over 10 yrs* %
In training	22	2	2	
Level 1	56	31	7	6
Level 2	22	67	91	94

Very few of the longer serving VAO have chosen to operate at Level 1. It seems that those who operate for longer than five years prefer to operate at a higher level.

Volunteer Ambulance Officer Motivations and Recruitment

What motivated current VAO to join an ambulance service?

Two questions addressed volunteer motivations. *Question 1* was designed to find out the personal motivations that lead individuals to volunteer by asking how important certain factors were in influencing them to be a Volunteer Ambulance Officer and listing well-recognised motivations. More than one response was allowed.

The top three motivations were: assisting the community, learning new skills, and gaining a sense of achievement. As can be seen in Table 3 these motivations rated highly compared to the other suggested motivations and provide insight into the blend of reasons for volunteering. Whilst assisting the community is an important motivation, volunteers acknowledge that they, in turn, receive a sense of achievement and new skills. This is important information for recruitment drives

Table 3: Percentage of respondents' ratings for motivations to become a VAO

	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 4: Respondents' reasons for joining an ambulance unit

	Important %
I am interested in the medical/ first-aid field	88
The unit needed more volunteers to continue	57
A representative of the organisation asked me to join	41
The local ambulance unit stood out in the community	35
The organisation advertised for volunteers	34
I had friends or family who were members	29
I had seen the VAO in action and it prompted me to join	23
Other	

Question 2 was designed to discover what prompted the volunteer to join an ambulance service (instead of a different volunteer organisation) by asking respondents why they joined an ambulance unit. Respondents had to rate the level of importance of recognised recruitment prompts. One response stood out, which was 'I am interested in the first-aid/medical field' with 88% of respondents rating this as important. This highlights that volunteer ambulance units are attractive to individuals with an interest in the type of work VAO do.

'Word-of-mouth' has been identified as an important recruitment strategy in the literature, and the data supported this with 29% of VAO joining because they had friends or family that were members and 41% because they had been asked by a representative of the organisation.

Fifty-seven per cent of respondents indicated that the unit needed more volunteers to continue and this was a prompt for joining a VAO unit. This need to maintain an active ambulance service was felt more in remote units ($p<0.1$) and by older respondents (29% of 18–30 year olds compared to 69% of those over 60). This highlights one of the added motivations felt by remote VAO, which is the desire to live in a community with adequate health services. Some of the 'other' comments reinforced this with statements such as 'so I would know what to do if anything happened to my children'. Whilst city dwellers assume that help is only a 'few minutes' away, rural dwellers cannot make such assumptions in an emergency.

Younger VAO have some different motivations, which need to be considered when recruiting if organisations wish to reach out to under-represented groups. Improving employment prospects was a more important motivation for those in the 18–30 age group, (66% compared to 33% of the total respondent population). Similarly excitement was more important for the younger age group with 47% of 18–30 year olds rating it as important and only 18–25% of the older age groups ($p<0.1$).

Retention

Question 3 asked volunteers to list three VAO activities they enjoy and *Question 4* asked for three other things about being a VAO that were enjoyed. Most respondents did not differentiate between the two questions and in future surveys *Question 4* would be omitted or rephrased. To counter this difficulty the questions were coded together and up to six responses were allowed, with a total of 790 responses. Responses were rated according to their percentage of the total responses and are shown in Table 5. The most enjoyed activities were coded under the headings:

- training skills and maintenance;
- helping people and the community;
- friendship and being part of a group;
- call-outs and on-road work, and
- social events.

Table 5: VAO activities enjoyed by respondents

The training skills and maintenance category, included training activities, acquiring new skills and activities that maintained skills. This was the most frequently mentioned enjoyable activity and reinforces the finding that learning medical and first-aid skills is a major motivation for the VAO.

The comments about helping people, also reinforces that assisting the community is a major motivation.

The listing of 'friendship and being part of

	Count	%
Training and skills maintenance	206	26
Helping people, patients	175	22
Friendship and 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 and sense of achievement	24	3
Case discussion and medical interest	23	3
Other	19	3
Adventure and challenge	18	2
Driving, work around the station	18	2
Coordinating operations and leadership	17	2
Getting qualifications and improving employment prospects	2	0
Total	**790**	**100**

What things make involvement in VAO work difficult?

Respondents were asked to list three things that make involvement in VAO activities difficult, **if any**. Three hundred and sixteen responses were put into ten categories for data analysis, including a category for 'no difficulties'. Categories were developed by combining knowledge from the literature search and from the range of responses. The categories are listed in Table 6.

Table 6: Factors that make involvement in VAO activities difficult

	Count	%
Time commitments	103	33
Inadequate provision of resources	91	29
Other	21	7
Poor relationships	26	8
Lack of organisational support	24	8
Isolation (lack of training, professional support)	17	5
Aggressive patients and distressing situations	14	4
Other restrictions of being on call	8	3
No difficulties	7	2
Lack of support and recognition	5	1
Total	**316**	**100**

Time commitments, and inadequate provision of resources were the most often cited difficulties making up 33% of responses. Time commitments included family, work and study commitments and were listed 103 times by the respondents. Sixty-two per cent of respondents citing time-commitments as a difficulty were female, compared to 37% of males. This probably reflects the added responsibilities in the home and care of children that women undertake.

Inadequate provision of resources included comments about equipment and money. Comments under this category were mentioned ninety-one times, which was 29% of responses. Both males and remote units were more likely to cite inadequate resources as a difficulty. Fifty-seven per cent of those who cited this as a difficulty were males compared to 41% who were females, and 50% came from remote units, compared to 30% from units with a BSO on site and 16% were from units supervised by a nearby BSO.

Remote regions also experience other difficulties more than other units. Difficulties tended to reflect the longer hours on-call or the limited back-up resources. For example, 57% of those citing aggressive patients and difficult situations as a problem were from remote regions. This probably reflects the lower level of services available in remote rural regions to deal with psychiatric patients, drug dependency, and family crisis situations generally. Ambulances may be called to such situations when it is perceived that there is no one else to call. Similarly, 87% of the comments classed under 'other difficulties of being on call' were from remote regions. These comments tended to reflect the long hours VAO spend on-call in remote units, interfering with the social and family life of VAO.

Hours of Volunteer Ambulance Officer work per month

Using averages of VAO estimates, the VAO commit a total of 92 hours per month to volunteer ambulance work. This includes training, being on-call, doing administrative work and call-outs (emergency work).

VAO spend an average of 72 hours on-call per month, which equals the average number of hours worked by Australian volunteers **per annum**. But even these figures hide the enormous commitment given by some as the hours on-call ranged from 0–744. Once categorised this showed that 37% of VAO spend between 0–50 hours per month on-call, 25% spend between 51–100 hours, 7% between 101–150 and 7% between 151–200. Twenty-four per cent spend over 200 hours per month on-call. It must be remembered of course that being on-call does not mean the VAO is called-out to an emergency, but this should not belittle the restrictions being on-call place on daily activities and the commitment it represents to 'drop everything' and be called out.

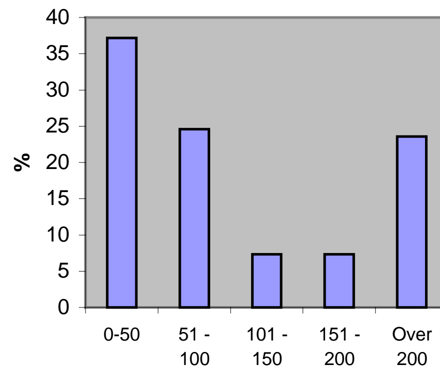

Figure 1: VAO estimated hours on-call per month

VAO who are on-call for over 200 hours per month are more likely to be from a remote unit, or one supervised by a nearby BSO. VAO from units with a BSO on site are more likely to work only 0–50 hours on-call per month ($p<0.1$). This can contribute to extra stress for remote VAO, with some commenting 'whenever there is a social function I am on-call'. Despite the large difference in hours on-call between units with different access to services, there were no significant differences between the average hours of call-out and hours of administration.

VAO spend an average of seven hours training per month, with a range of 0–40. Remote VAO commit longer hours to training than other units. Of those training from 0–6 hours 52% were from units with a BSO, whilst 58% of those training from 7–12 hours were from remote locations. The majority of respondents from units supervised by a nearby BSO trained on average from 0–6 hours also. This was statistically significant at the 1% level.

The actual average hours spent on call-out was thirteen per month. Hours of call-out per month also varied greatly with a minimum of zero and a maximum of 150 hours. Many respondents felt this was too difficult to estimate and 32% did not answer the question. The hours were organised into ordinal data of three categories. Up to ten hours of call-out was the average monthly for 62% of the question respondents, from 11–20 hours for 22% and greater than twenty hours for 16%.

Most VAO (51%) do zero hours of administrative work per month, with 37% doing between 1–5 hours work per month and 11% doing over six hours per month. This reflects the fact that most administrative work is done by the VAO coordinator.

Management Support

How important are management support initiatives to VAO?

Respondents were asked to indicate the importance to them of management support methods and to indicate if the support method had occurred in the last twelve months. The responses were rated according to the percentage of VAO respondents who indicated that a method was important. Matters relating to communication and flow of information were considered more important than management and public recognition through methods such as thank-you letters and letters of commendation. Events are rated according to their level of importance in Table 7.

Table 7: Importance of management support and occurrence in last twelve months

Whether an event has occurred in the last twelve months must be considered against the item it refers to, so that where a response of 45% indicating that a management contact person was

	Has Occurred	*Important*
	%	%
Importance of management contact person being available and supportive	45	84
Importance of receiving training certificate	53	75
Importance of public relations work within local area	31	70
Importance of social events organised by Volunteer Unit	37	68
Importance of receiving organisational information	28	67
Importance of having the opportunity to provide feedback to management	17	62
Importance of Management staff visiting unit	38	61

Table 8: Importance of support services to VAO

	Important %
Clinical feedbac	
Branch Station (	
Occupational H	
Critical incident	
Adequate unifor	
Counselling Ser	
Timely uniform	
Reimbursement costs	
Childcare	

Most support services were considered important, apart from childcare, but when rated, access to professional support services were rated highly. Clinical feedback on significant cases was considered an important service by 95% of respondents.

Less VAO from remote units felt that timely uniform delivery was important, though it was still considered important by 65%, compared to 83% in the other type units. Similarly they were less likely to consider adequate uniform amounts to be important, with 77% compared to 87% in the other unit types.

Only 51% respondents felt reimbursement of expenses was important. However, reimbursement of expenses was considered important by 79% of those not employed compared to 40% to 51% of those in forms of paid employment. Not surprisingly, people on low fixed incomes will be less able to absorb extra expenses, and it follows that improved reimbursement procedures could assist in the recruitment and retention of retirees, students and the unemployed.

Volunteer Ambulance Officer Relationships

VAO respondents indicated that they usually experience good relationships with other co-workers with responses ranging from 100–83%.

Table 9: Relationships with other Health Care Professionals

	Yes %
Do you usually experience good relationships with other VAO?	100
Do you usually experience good relationships with VAO coordinators?	99
Do you usually experience good relationships with BSO?	94
Do you usually experience good relationships with other members of the ambulance services?	90
Do you usually experience good relationships with members of the health services?	83

However, VAO from remote units experience more ‘poor relationships’ than other groups. When looking at the experience of relationships with other members of the health services, remote units represented 45% of those not experiencing good relationships, units with a BSO attached 29%, and units with a BSO nearby 26% ($p<0.5$). Interestingly, ‘other members of the health service’ was the only group that a significant number of respondents from units supervised by a nearby BSO (28%) did not usually experience good relationships.

Training

The training questions were broken into sections that address individual training needs, the training offered by units, and training delivery modes. High levels of satisfaction were expressed with the VAO training.

How well does training fit the needs of the VAO?

Table 10: Response to training statements about individual training needs

	Yes
	%
Training does not take too r	
Training programs are usua convenient time for me	
I usually spend less than 30 training location	
The current assessment met reflect my competencies	
I wish to upgrade to the nex	
The training offered through the unit is usually appropriate for my needs	75.4

Assessment methods and the training offered were felt by the majority of respondents to be appropriate. However, 34% of those in remote units did not find training appropriate for their needs, compared to 21% of those in units with a BSO and 13% of those with a BSO supervising from nearby.

The training question 'training takes too much of my time' was reverted to the positive for the purposes of ranking. Most respondents, therefore, felt that training did not take too much of their time and was usually run at a convenient time. Seventy-eight per cent of respondents spent less than thirty minutes to reach the training location. Whilst training programmes are run at convenient times for the majority of individuals, the younger respondents were more likely to disagree, with 27% of 18–30 year olds stating the training sessions were not run at convenient times and only 7% of the over 60 year olds.

Most VAO respondents (76.6%) wish to upgrade to the next level of training. A breakdown of this data showed increasing age led to less interest in upgrading qualifications so that whilst 87.5% of 18–30 year olds wished to upgrade qualifications, only 46% of those over 60 years of age wished to upgrade qualifications. This was not reflected in the category of 'years as a VAO' as 81% of those who had been VAO for more than ten years still wished to upgrade their qualifications, which was a similar figure to those who had been members for less than one year. Seventy-two per cent of Level Two VAO wished to upgrade to the next level.

How well are units planning training?

Table 11: Responses to training statements

	Yes
	%
Our volunteer unit usually functions well as a team	96
My unit has a training plan	77
My unit has offered a Level 1 module in the last six months	74
The skills maintenance program is well organised in my unit	73
Induction training is well organised in my unit	71
My unit has offered a Level 2 module in the last six months	63

Responses regarding the training offered through the units showed the majority of respondents were satisfied. Region One stood out with 40% of the respondents stating their unit did not have a training plan compared to levels of 14% in Region Two and 27% from Region Three (significant at the 1% level). Regional differences showed in all questions relating to unit planning and provision of training. Similarly, delivery of Level 1 and Level 2 modules showed regional differences, but these were not statistically significant. The main pattern to emerge from these differences was that Region Two stood out as having better unit planning and delivery of training.

Is training delivery appropriate?

Table 12: Training delivery satisfaction

	Yes %
Training sessions are interesting	92
Observing on city ambulances gives valuable case experience	91
Training sessions usually have all the necessary equipment	83
I am aware of the benefits of video and teleconferencing to complement face-to-face training	61
I have access to the Internet	54
I use the training information that is available on the Internet	17

The majority of respondents were satisfied with training delivery methods. Ninety-two per cent found training sessions interesting and 83% agreed that training sessions usually have all the necessary equipment. Ninety-one per cent felt that observing on city ambulances gave valuable experience. A trend showed of finding training less interesting depending on the number of years as a VAO so that 18% of those who had been VAO for ten years or more did not find training interesting compared to 3% of those who had been VAO for less than one year. This may indicate that after extended service training requirements change and different formats or material should be offered.

Though delivery of training from electronic methods was acknowledged, with 61% being aware of the benefits of video and teleconferencing and 54% having access to the Internet, only 18% of respondents used the training information available on the Internet. VAO aged between 31–45 years were more likely to have access to the Internet (51%) compared with 18–30 year olds (18%) and over 60 year olds (3%) ($p<0.1$).

VAO from units with a BSO attached also had more access to the Internet with 64% compared to the mean of 54%. This group also used the training materials available on the Internet more with 28% compared to the mean of 18%. Only 8.5% of VAO in remote units used the training information on the Internet ($p<0.1$).

Table 13: Internet use in relation to age

	Age Range				
	18–30 yrs	*31–45 yrs*	*46–60 yrs*	*Over 60 yrs*	
I use the training information that is available on the Internet					Total
No % within age range	77	77	91	80	82
Yes % within age range	23	23	9	20	18

Past Volunteers Survey: Why Do Volunteers Leave?

Were time demands a contributing factor in decision to leave TAS?

All respondents except one identified time constraints as a contributing factor for exiting TAS. Forty-eight per cent of respondents cited work demands, 39% cited family time demands, 30% cited personal time demands and 13% other time demands. The total of 130% shows that 30% cited more than one time demand as a contributing factor. Women identified time constraints more often than men in all categories.

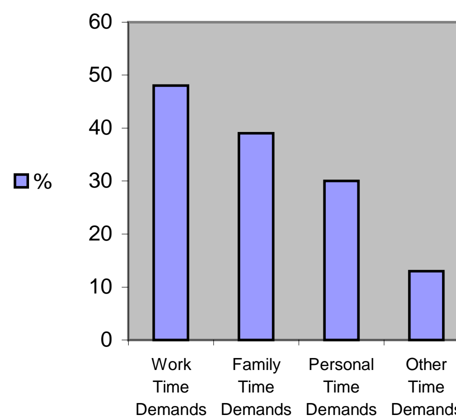

Figure 2: Time Demands contributing to VAO exit

Were specified volunteer unit issues a contributing factor in VAO exit decision?

Other volunteer unit issues that contributed to VAO exit were time demands of meeting and call-outs, personality conflict within the volunteer unit, lack of leadership opportunities, lack of recognition by the volunteer unit and 'other'. Time demands was identified by 26% of respondents, conflict by 22%, lack of recognition and leadership opportunities by 13% and other issues by 17%.

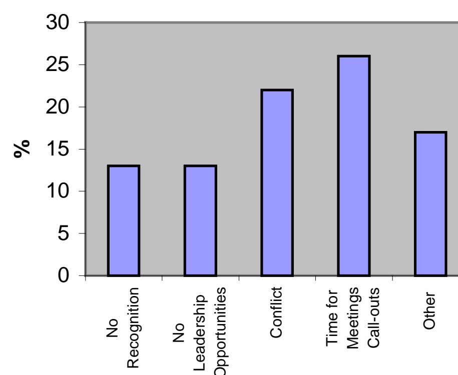

Figure 3: Volunteer Unit Issues as a factor in VAO exit

Was moving away from the unit area a contributing factor in VAO exit?

Moving away from the area was a contributing factor for 52% of the respondents, with some moving for more than one reason.

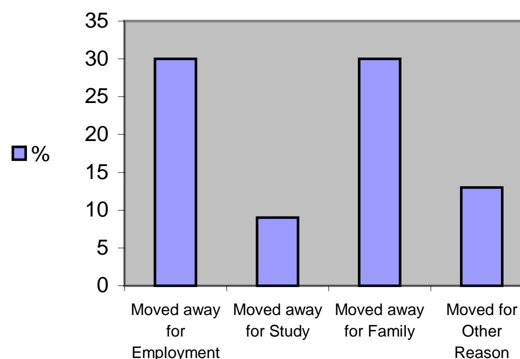

Figure 4: Moving Away as a contributing factor in VAO exit

Were communication difficulties a contributing factor in leaving TAS?
Thirty-nine per cent of respondents cited communication difficulties as a contributing factor to leaving TAS. Thirty per cent cited poor communication within the volunteer unit as a contributing factor, 22% cited poor communication between the volunteer unit and Regional Headquarters and 9% cited 'other' communication difficulties.

Other findings included:

- Fifty-five per cent of respondents were males and forty-five per cent were females.
- Despite the common belief that increased demands of the VAO role is impacting on retention this was not the respondents' experience. Only 5% felt that increasing paperwork was a factor in their exit from TAS and 15% felt that increasing 'professional demands' were a factor.
- Training requirements were more of an issue for respondents who exit TAS. Thirty-seven per cent of respondents found that increasing time demands of training were a factor, and 37% found that limited access to training was a contributing factor. A breakdown of the data showed these were not the same 37% of respondents as only 9% of respondents felt that both training time and access were a problem.
- Five respondents gave other reasons for leaving TAS. Of these two had negative comments regarding the training, one comment about lack of community support and one comment about relationships (sexual harassment).
- Only three individuals made recommendations for TAS regarding recruitment, reimbursement and training.
- Seventy-four per cent of respondents indicated they would consider rejoining TAS again. Twenty-two per cent did not respond to the question and 4% (one respondent) was a definite 'no'.

Small Group Workshops

Ten small group workshops were held around the state. In total, representatives from nineteen units were consulted. The groups were chosen on the basis of finding a representative mix of the types of units: remote, BSO unit, or BSO-supervised unit. Several groups with low response rates to the survey were also targeted to include their views in the data collection, and to attempt to understand the reason for the low response rates. All meetings, except one, were well attended. Depending on the location and size of the VAO units, all members were invited from some groups, and other meetings may have had approximately three members from each surrounding unit invited. Group sizes ranged from five to sixteen, with an average of twelve.

The small group workshops had two functions. Firstly, to gather more qualitative data on the issues that are important to VAO and prioritise these. Secondly, to have input from the VAO into the strategies that are needed to ensure their viability into the future. This was a two-way process where strategy ideas were gathered, and then strategies suggested by the literature and other group workshops were fed back to participants. This action research provided a communication link between groups.

The level of consensus was surprising even though remote groups expressed different priorities to BSO groups. The major issues centred around training, uniforms, communications, recruitment and respect.

Training

Problems with training were almost always problems of implementation. The new training system of three levels of accreditation was generally accepted and valued for the freedom it gave VAO to choose the level of responsibility they wished. The universal problem with training was inconsistent delivery. This problem varied from severe, in remote groups, to irritating in units with a BSO attached. The remote island groups were suffering the most with a severe fall off in the training delivered in the last two years. Only one professional training session had been given to King Island and Flinders Island groups in the last twelve months. These groups had training plans that had suffered from repeated last minute cancellations due to ‘staff shortages’. The message this sent to the units was understood to be ‘we don’t care’ and was very demoralising.

Units with a BSO attached had more consistent training, but these groups also suffered from last-minute cancellations if the BSO was called out to an emergency. This might happen for several training sessions in a row, causing difficulties for the BSO to cover the required training topics and sign off all the logbooks. This problem was greatest for BSO that covered three to four VAO units and consequently had many VAO to supervise. The VAO are busy people, and some may have travelled forty minutes to reach the training venue. Last-minute training cancellations was felt to lessen enthusiasm for attending training.

Another problem with training was the availability of the necessary modules to improve qualifications. There are a many VAO who wish to complete Level 2 qualifications, and this level of expertise is needed within the unit. There are also VAO who wish to complete Level 3 in order to gain national accreditation, though these are not yet available. The provision of these modules is very irregular in the North-west and Northern regions. The Southern region has initiated centralised training, which appears to work well as Southern VAO did not have long wait periods for module availability.

Uniforms

There were several important complaints about the provision of uniforms to VAO by all groups other than the remote island groups (‘we don’t care, we want training!’). The uniform concerns all focused on OH&S problems and included inadequate supply, inappropriate design, and not enough protection from the weather. The uniform concerns also distressed some VAO as they felt it indicated they had a lower value than permanent staff.

VAO are issued with one coverall each, after completing the induction module. This is perceived to be inadequate as many VAO had stories of bloodied or vomit-stained uniforms having to be worn until

reaching home, then put on wet from the washing machine to attend another call. The permanent staff do not need to do this and there was a strong feeling that VAO should not have to either.
VAO **units** are issued with only two sets of wet-weather gear. This presents several problems. Firstly, two sizes will not fit everyone, particularly disadvantaging the VAO who were outside average size range. Secondly, there were often more than two VAO on a call, as VAO observers will often make up a third person, or in a major incident extra VAO will attend. VAO also identified that they need to be issued with a hat that is part of the uniform, to provide adequate protection from the sun.

The uniform design was a major issue for the female VAO. A one-piece coverall made toileting stops difficult, potentially embarrassing and cold (these stops are often at night in the bush). Most women identified that a two-piece uniform was necessary.

One final consistent concern with the VAO uniform was that it did not easily identify the VAO status, and that there was no uniform for VAO observers. Some VAO did not want to be identified as volunteers to the general public, but would like to be easily identified by other emergency service personnel. VAO observers may assist with call-out for up to twelve months before receiving induction training, and tended to be given a spare uniform for OH&S reasons. At a major incident it was felt this created difficulty with other emergency workers who do not know the status of the VAO observer.

Communication systems

VAO have identified that in many rural areas of Tasmania radio communication systems do not work, and often mobile phones won't work either. This problem has been exacerbated by the change from analog to digital. This creates extra stress for VAO when trying to attend an emergency and need further directions, or are transporting a seriously ill patient and require further advice. VAO and paramedics have to use the public phone box system to contact the communication centre if there is no radio or mobile phone reception.

Other than hardware, the organisations appeared to have poor response and feedback systems to VAO concerns and issues. The VAO are not offered any opportunity to give performance appraisals of management, or regular feedback of any kind. TAS has grievance procedures in place, but many VAO were unaware of these and other policies and entitlements. Most VAO relied on the VAO coordinator or the BSO to communicate with regional headquarters.

Management response to communications varied and these individuals might meet with a prompt response or have a long and frustrating process to be given a reply. Lack of response, vague replies or contradictory replies were frequent complaints though others reported having no difficulty with contacting management. It was perceived by some that quick communication from management occurred only if there was a negative feedback or reprimand. The ability of individuals to visit the regional headquarters when delivering patients, seemed to improve their response times from management. This unfortunately reinforced the isolation of more remote groups.

Recruitment

Difficulties with recruitment varied, from units having no difficulty, to others being seriously at threat from lack of VAO. Several causes of recruitment difficulties were due to either socio-cultural issues or internal group dynamics. The major socio-cultural issues mentioned by the groups were lower rural populations; changing workplace practices; and lack of community interest. The workplace issues were largely attributed to decreasing flexibility for employers and employees due to the need for increased productivity. Small business owners were likely to be the only person running the business, meaning call-out time equalled lost income. Mining companies were initiating different rosters that brought individuals in for long shifts for short periods, such as four days of twelve-hour shifts. This leaves workers with no free time for training and call-out. Other firms were identified as working to contract time frames, which limited the flexibility of employers to allow employees time off for call-out and training.

The internal group dynamics are very important to the healthy function of the units and for this reason new recruits always represent a disturbance. Some units identified that they were afraid to take on new recruits in case they disturbed the group dynamics, and other units identified that the BSO, or

coordinator did not want new recruits, as they were happy with the status quo. It appeared that the change that new recruits inevitably cause represented a threat to some. Other units admitted to ignoring expressions of interest from particular community members as they were felt to be unsuitable. There was a common identified problem in the units, in that members lacked the knowledge and skills to deal effectively with unsuitable VAO candidates.

However, the majority of units identified the need for new recruits to lower the workload stress on current VAO. Some units made recruitment efforts at suitable intervals by increasing the word-of-mouth effort within the group or advertising within the local communities through flyers or local newspapers. The smallest groups had the least success with these methods.

It appeared that the more satisfied groups with a larger surrounding population could recruit easily through word-of-mouth. These groups were more likely to socialise together and have access to regular training.

The more remote groups were suffering badly with recruitment. These groups tended to be smaller, with membership dwindling. Some efforts were made to recruit using flyers and local newspapers, but often the VAO were too busy with their own commitments to develop and implement proper recruitment strategies. These groups tended to feel, that the other members of the community just weren't interested.

Retention

The workshop groups identified that there is a high turnover of recruits within the first few months (something the survey could not show) and suggested figures of 30–50% within the first year. There are no current statistics on this. This may be partly due to slow orientation procedures from TAS. It was felt that the recruits who 'knock on the door' were more likely to remain than those who joined after advertising efforts or the news coverage from a major incident.

Suggested reasons for short-stay recruits varied and showed little consensus. Unemployed people were perceived to be either uninterested in the commitment, or only waiting for a job before they left. Some individuals were intimidated by the training requirements, but others became sick of waiting for induction training. Some individuals were perceived to not fit into the group and left because of this.

In summary, the VAO identified that there was a high turnover within the first few months, but that reasons for leaving varied between individuals and were often unclear.

Respect and Recognition

Nearly all VAO identified that they didn't volunteer for the recognition and that there were more important things than thank-you letters and praise. However, underlying many of the issues already presented was the feeling of 'not being appreciated', and 'taken for granted'. Whilst respect and recognition are not strong motivators in themselves, lack of them affects retention. Individuals identified that whilst they don't look for recognition, lack of it can make them feel very negative when they feel down. These sentiments were expressed more strongly by longer serving members and it seems that lack of appreciation by the organisation and the community could tip the scales in an individual's decision to leave.

VAO identified specific incidents that they felt showed lack of respect and recognition, and whilst not all units suffered from all of these, many showed a common theme. These were things such as:

- lack of feedback opportunities;
- lack of management visits;
- limited recognition of years of service (or for that matter—hours);
- management staff not coming to annual Christmas dinners;
- unreturned phone calls;
- poor supplies of uniforms, and
- frequently cancelled training sessions.

The long-term effect of these incidents was cumulative and left VAO feeling unappreciated.

Discussion

A major result from the *More than a Band-Aid* Project was to identify VAO priorities and issues. The survey and small group workshop findings provided some baseline data about 'who are the VAO' and what do they require to feel supported in their work. The strongest motivations for VAO work were identified and existing problems with recruitment, training and support identified.

The VAO profile strongly matches that of Australian volunteers as per Australian Bureau of Statistics data. In areas of age, gender, marital status and employment status the VAO follow general Australian (and Tasmanian) trends.

Successful Volunteer Groups

Organiser

The literature review highlighted the importance of the group organiser in maintaining group effectiveness. Effective groups have a blend of organisers with adequate time and motivations. VAO groups may have two levels of 'organiser'; the unit coordinator plus the BSO. Units with a BSO attached have extra resources of time and skills to improve group efficacy.

The findings supported the importance of the role of the organiser for maintaining the group functions. Units with a BSO who fitted in with group dynamics were observed to have fewer complaints. Some units with very committed volunteer coordinators also were observed to have fewer complaints. The organiser has a critical role in networking and communicating to ensure group cohesiveness, and units with organisers with greater commitment and time did function well.

Resources

Volunteer groups need resources to function well. The VAO units gain resources of time and finances from the volunteers themselves and the organisation.

The individual volunteer mainly contributes his/her time. In modern society this is a valuable resource and should not be underestimated for the contribution it makes. The findings show that the VAO contribute, on average, ninety-two hours per month to volunteer ambulance work. Time demands were a large factor in the exit of VAO from TAS, with work, family and study all being contributing causes. VAO time contributions need to be valued highly.

VAO also contribute varying amounts of financial resources to the volunteer organisation with key members contributing more resources than the average group member. Books for training and uniform washing are all paid for by VAO, and many do not claim reimbursement entitlements for petrol and phone. Some individuals sacrifice income to perform VAO duties. More appropriate reimbursement and government tax rebates would assist those VAO who find the financial contribution difficult, and perhaps assist recruitment of other low-income earners. TAS may also be in breach of Anti-Discrimination laws by providing VAO with a lower level of reimbursement to paid staff.

Motivations

It seems that more than one motivation drives VAO to participate in ambulance services, but the two major motivations identified were assisting the community, and acquiring new skills. Whilst assisting the community can be looked at in the narrow sense of improving self-esteem and being part of a team, it is the broader sense of civic engagement that may reinforce motivations. Those members of cohesive groups with good community networks were observed to be more satisfied. It is the effectiveness of the group as a whole that provides important motivation for those remaining as VAO.

The other major motivation was acquiring new skills, and, when delivered appropriately, training acts as a strong reinforcement of motivations. The option of several levels of training caters well for the differing levels of this motivation. Unfortunately, poorly delivered training and a lack of Level 2 and Level 3 Modules affects those volunteers who have the greatest motivation to acquire skills and participate at a higher level. For those units not even receiving an adequate basic level of training, confidence and skills are threatened, volunteer satisfaction levels drop and a downward spiral may occur resulting in the demise of a unit.

Successful Volunteer Management

Support Services

The VAO have identified that it is the provision of professional support services that they most value after training. Clinical debriefing, OH&S protection (particularly uniforms), and Critical Incident Stress Management were identified as most important. These are important support services that maintain group efficiency and function, and require financial and personnel resources from the volunteer organisation.

The emergency service organisation is obliged by a 'duty of care' and Anti-Discrimination legislation to ensure volunteers are adequately provided with occupational health and safety information, and the necessary uniforms and equipment.

Case discussion often formed part of training sessions and was highly valued as a form of clinical debriefing. Units with a BSO attached were able to receive prompt formal and informal clinical feedback on cases. Units relying on a paramedic to provide training would often wait and discuss important cases at a training session with a paramedic present. This method was less prompt and reliable, but still highly valued as a support measure. More remote units, without regular visits from a paramedic, would often be left to phone hospital and/or headquarters after cases to find information about the patients and consequently was another area that isolated remote units. Clinical debriefing is valued as an educational tool, but more importantly as an emotional support to VAO that 'you did the right thing'.

Whilst Critical Incident Stress Management (CISM) was functioning well for larger incidents, small cases may be causing emotional stress to VAO as well. Several VAO were observed to suffer emotional stress from past cases, suggesting counselling service may be required outside the brief of CISM.

At the organisational level TAS, St John and Red Cross need to assist groups to feel part of the whole organisation by networking and maintaining communication. The findings show this is a function that is poorly performed by the organisations and not given the level of importance it requires. With good communication, smaller units are assisted to function well within the whole organisation and gain a greater feeling of effectiveness.

Interpersonal communications appear to function well at the local level. This relies largely on group cohesiveness and good group dynamics, which are largely assisted by a few core members. Communications between the VAO and the organisation, and other areas of the health service varied, but were generally poor. The problem was both with hardware and interpersonal communication systems.

Communication hardware problems are an issue for all the emergency services, and one being addressed under the Tasmanian Medical Emergency Services Plan. TAS is addressing problems with pagers and radios, and they will have new communication hardware by June 2001.

Interpersonal communication systems need to address several problems. VAO suffer poor response times from paid staff for most interpersonal communications and may be given inconsistent information. There are no systems for regular feedback from the VAO to the management regarding issues and performance of management. Face to face opportunities for communication between VAO and management are limited. These problems can isolate units and lower the feeling of involvement in a successful environment. When the importance of group efficacy is understood, this is a destabilising problem.

Training

The organisation must provide the training and support functions required to ensure rural areas have a responsive, trained ambulance service. Training, as discussed, was a strong motivator and one of the most enjoyed activities. Appropriate and timely training contributes to confidence, which provides a positive reinforcement to VAO. Training is an important requirement to maintain group effectiveness in the eyes of the VAO units.

The survey showed high levels of satisfaction with the training methods, but varying levels of satisfaction with training implementation. Remote groups are particularly suffering from lack of

professional training and yet their isolated circumstances should indicate they require extra support to provide suitable emergency services. The lack of training assistance gives groups a negative message about their value to their organisation, which seriously affects morale and can lead to a downward spiral leading to loss of members and increasing stress.

Recruitment
Word of mouth is the most common recruitment method used by VAO. The recruitment through retention model identifies that satisfied VAO will assist recruitment through 'word-of-mouth' and positive messages. The findings support this model as units with low numbers and unsupported VAO identified that they did not actively recruit because of the unit difficulties. The low morale and low efficacy do not provide enough reinforcement of VAO motivations to retain new recruits, and the units dwindle to a core of more dedicated VAO.

The age and location of volunteers was identified as an important variable affecting motivations, and this information may be used to recruit target populations.

As gaining new skill is an important motivation, it is important that the organisations do not recruit unless they are able to offer prompt induction training. When units are unable to offer this, it is a strong disincentive for 'word-of-mouth' recruiting.

On the other hand, groups that were well supported had larger group numbers and more positive morale. These groups continued to recruit by 'word of mouth'. Other recruitment methods were used at times with varying degrees of success, and support from the organisation in these efforts was considered necessary. Whether other non-VAO volunteers could fill this role would be a consideration.

Remote units also suffered from a smaller pool of possible volunteers, and were more likely to benefit from organisational support in recruitment and improving the image and morale of the units. By addressing issues of visibility and networking within local communities the groups can appear more successful and attractive to potential volunteers.

Research Validity

The research methodology used two methods of data collection, which increased its internal validity. A survey return rate of 55% was combined with group meetings with members from nineteen units. The group meetings allowed VAO to give feedback about the survey findings, to increase the validity.

This mixed-method uncovered one inconsistency between the survey, which showed high levels of satisfaction with the methods of training delivery, and the small group workshops, which showed varying levels of satisfaction. Some groups were clearly dissatisfied. One of the weaknesses that caused this inconsistency was the use of the generic term 'training' in the survey to cover a multitude of activities. Most groups meet fortnightly or monthly to 'train'. This can consist of 'self-training' where the groups may practise using the equipment or perhaps run through a scenario, or formal assessment for logbook signing. Also under the heading of training comes the attendance and passing of modules to gain initial certification and reaccreditation. Using the term 'training' to cover all these activities did not allow VAO to differentiate between the different training scenarios.

Question 8 may have some element of error, as between 6–20% of respondents did not answer. The percentage of missing responses varied depending on the question, which implies that respondents missed answering if they considered it was irrelevant or unimportant to them. This seems possible as only 6% missed answering the training certificate question.

The survey was also piloted in Victoria to check the external validity. Whilst most of this data is not yet available, preliminary results showed strong similarities in results. The findings on volunteer motivations and important management support services were especially comparable with the Tasmanian results.

Approach to volunteer recruitment, retention, training and support

The research has shown that VAO need some essential organisational support to function well. VAO work can be satisfying and rewarding as some groups showed, but volunteer management needs to address issues strategically.

The research findings have led to the development of a model for developing strategies for VAO recruitment, retention, training and support. The model shows the important connections between the ambulance organisation and effective volunteer groups. The organisation takes responsibility for the facilitation of community engagement, and the provision of training and support. These factors will improve group efficacy and reinforce volunteer motivations. If volunteers feel satisfied, high levels of volunteer retention are achieved. Satisfied volunteers operating within an effective group become the most important recruitment tool for ambulance organisations.

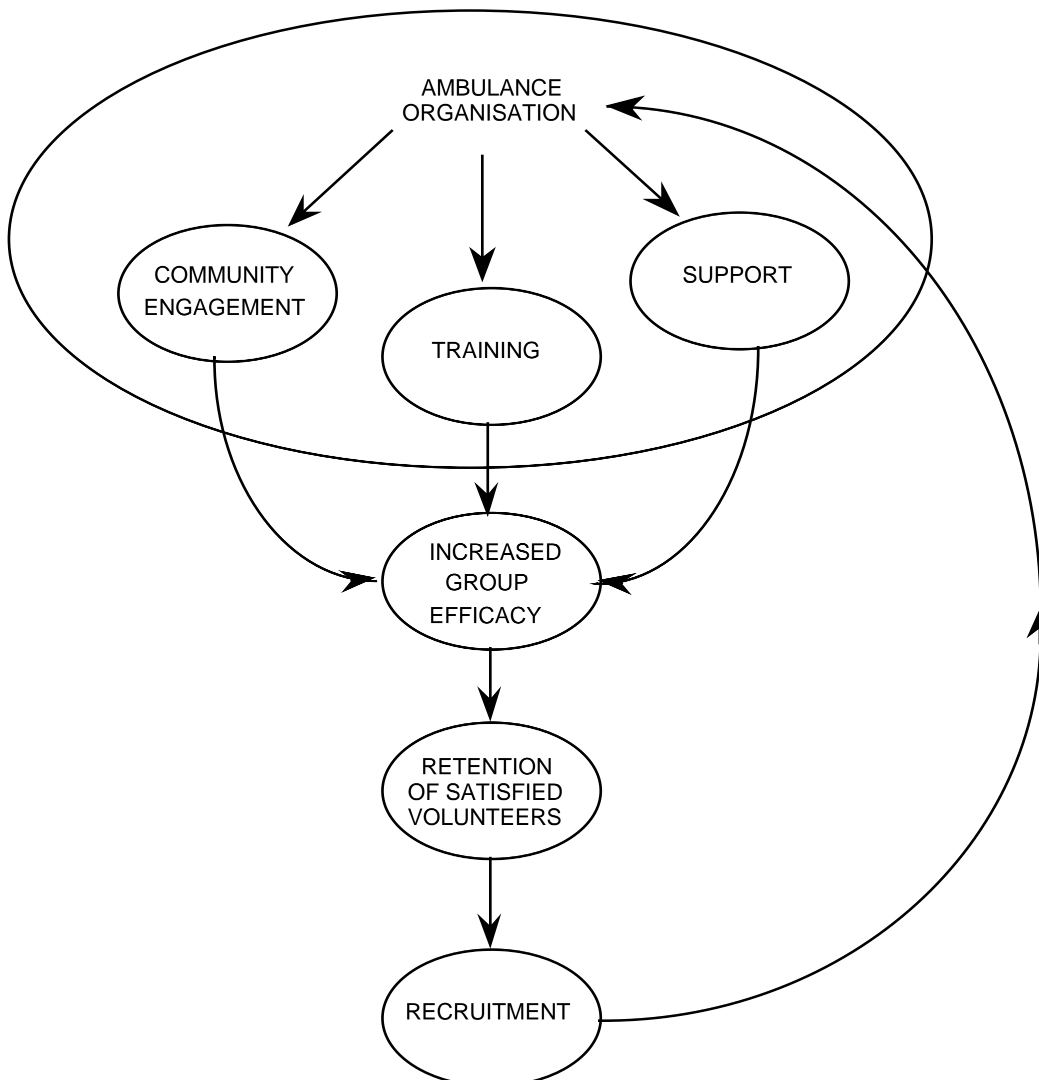

Figure 5: Model of Recruitment through Retention

Conclusion

The *More than a Band-Aid* Project was set up to develop strategies to address factors affecting VAO recruitment, retention, training and support. A declining volunteer culture and decreasing rural populations have created an urgent need amongst emergency services to properly address volunteer requirements. This trend is an international one and the available literature shows a high level of consensus about the problems and methods to address them. However, no studies within Australia have previously addressed VAO issues.

A survey instrument was designed and sent to the total Tasmanian VAO population of approximately 400. A 55% return rate established some basic data about the VAO, their profile and motivations. Ten small group workshops were held with VAO to further define issues affecting VAO and to explore strategies to improve recruitment, retention, training and support. There is a strong consensus about what those needs are from VAO, the VAO Association, and Tasmanian Ambulance Services. This fits with the volunteer paradigm as it is understood in the literature, and with the methods other volunteer organisations use to manage volunteers.

The findings from this study show an urgent need within Tasmania to adequately support VAO, particularly those located in remote regions. In particular, the VAO have identified that their priority needs are training, access to communication systems that work, adequate uniforms that meet occupational health and safety requirements, and the back-up of clinical debriefing and professional counselling services. These are basic requirements of the job, but VAO feel employers are slow to recognise their responsibilities towards ambulance volunteers.

Volunteer organisations within Australia, and internationally, are entering a stage of consolidation and cooperation. They are working with governments to develop partnerships that provide supportive environments that prevent exploitive practices within volunteer organisations. It is becoming clear that volunteers must have reciprocation if they are to continue giving freely of their time and labour. The exchange relationship hinges on providing volunteers with 'the things that motivate them'. In Tasmania, the *Anti-Discrimination Act 1998* mandates that VAO must not be discriminated against as, despite their unpaid status, they are still entitled to an employee status. This means that employers must provide them with adequate training, uniforms and organisational assistance to do the job.

The *More than a Band-Aid* survey clearly shows that VAO are motivated both by the desire to help the community, and the desire to acquire VAO skills. The two go together as VAO need adequate training and organisational support to provide emergency ambulance services to rural communities.

The Tasmanian Ambulance Service has developed a system of training that has the potential to meet the needs of VAO if it can be fully implemented. Under the present system the remote groups are receiving little qualified training and many other units rely on the goodwill of paramedics to train them in their off-duty time.

TAS has also developed and implemented a model that attaches a Branch Station Officer (BSO), who is a paramedic, to supervise several satellite units. The VAO find this system offers VAO units improved training and support. However, VAO identified that the BSOs have difficulty if unsupported by management.

There are other issues such as inadequate systems for recognition of service, training for management in volunteer issues, and limited interaction with other community organisations and health care providers. However, these issues of organisational culture were raised less often, but remain important and will need to be addressed in the near future as part of a comprehensive approach to improve VAO support.

The current VAO situation needs to be addressed, as limited support of VAO is affecting morale and therefore recruitment and retention. Smaller numbers in VAO units lead to increased workloads for the remaining members with the risk of burnout. It is already a problem, with some units acknowledging periods where the roster is not covered. Word-of-mouth is the major method of recruitment, and unhappy VAO are compromising recruitment.

There is a well-recognised menu of activities that can support volunteer groups at a more local level. VAO themselves can work within the community to increase their profile and recruitment. However, units that are suffering from limited support and low numbers have identified that they do not have the time to do ‘anything extra’. Increased support will increase recruitment numbers and this in turn should increase the extra level of community activity that VAO undertake.

The *More than a Band-Aid* Project has produced ten strategies to address the major needs of VAO in Tasmania. These strategies will need to be implemented if VAO are to continue to play an important role in providing emergency services in rural communities. The government and the community are urged to consider their commitment to providing ambulance services to rural Tasmania. If the will is there, then we now have a clear set of strategies to follow.

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Appendix 1

Comments from the back page of VAO surveys

- Establish a Freecall 1800 for questions
- Volunteer to paid staff promotion (career recruitment) as incentive to volunteer/train
- Scholarships for volunteers to become paid ambulance officers or study health science
- One week per year observing in the city
- Intensive training—training weekends
- Gift voucher for years of service
- Lack of driver training
- Statewide annual awards night
- There is inadequate funding for training from government through TAS
- Different standards of training in different units
- No 'driver education unit' offered or completed by volunteers despite being listed as VAO requirement
- Minister for Health promised new volunteer training position but this hasn't happened
- HQ training support inadequate
- BSO provides training very well under the circumstances
- Only one paramedic on duty on west coast
- Training not organised—paramedic sometimes called
- Correspondence courses would be good
- Advancement training scattered, difficult for full time
- Intensive training - weekend or camp? Employer offers one week leave, no pay for vol. Services
- Isolation means that AO/Paramedic trainers need accommodation
- Isolation means that attendance on city ambulances difficult
- Large turn over of volunteers as move away or, too much time on call
- Lack of volunteers, currently 6, and 2 work away from location
- Volunteers under pressure to remain on site due to lack of other vols.
- Isolation means it is hard to get paramedics available to train
- Lack of communication/interest means Level 2 course completed late 1999 but not assessed yet
- AO attitudes can be a difficulty - due to lack of experience volunteer skills not up to permanent staff standards
- AO understanding/support for volunteers in traumatic situations is lacking
- BSO not committed to training
- Unhappy with AO etc. opinions of volunteers
- Volunteer recruitment difficult with a declining population… stay for only 2–3 years, training drop out 80%
- Logbook inappropriate, experienced volunteers inactive because didn't complete
- Lack of consultation re: training times… no training over winter, which is a good time for farmer
- Spend training sessions doing management activities/log books
- Instead of logbooks, 3 weekends per year for refresher courses
- Due to isolation (thus lack of help/present concerns) need to utilise training sessions well, not so much 'trivia'
- Training quality poor
- Good support in most areas
- No clear answers to questions about future full-time TAS employment
- Hard to attend training due to family commitments
- Overtrained with skills they don't use (stress in maintaining those skills)
- Resuscitation and driving are the basic skills, if this was all that was required, it would reduce stress levels
- Training—no replacement for BSO if called away when training scheduled
- Insufficient reimbursement (travel, other expenses)
- Inadequate numbers of uniforms—one jumpsuit for 108 hour shift
- Reimbursement for expenses not important

- Inadequate numbers of uniforms—health hazard to volunteers through cross infection, 1 uniform 12 hours
- Volunteers from outside community of limited value for first response
- No canvassing for volunteers in local community
- Very little OH&S training
- Training in the form of paramedic's lectures was good
- Training at a larger station gives experience and raises confidence
- Hands on experience is scarce, learning is slow if case load low
- Intensive workshops and personal small group training for those interested
- Observation on city ambulances for remote volunteers a good idea
- Need more training in remote areas
- Need more TAS involvement in vehicle maintenance, running costs, training
- Volunteers not offered permanent positions before they're advertised
- Takes between 6 and 14 weeks for reimbursement
- No BSO at unit, have to rely on outside training
- Can't find training information on the net
- TAS training 100% better than that provided by TFS for volunteer fire service
- Lack of equipment
- VAO in different coloured overalls with tab saying Volunteer instead of VAO may reduce AO/VAO tensions
- VAO under financed in training, equipment, considering the amount of money they save the TAS/govt. each year
- No recognition of volunteers during volunteer week from TAS or the Tasmanian government
- No reimbursement for training or uniforms means no encouragement to remain a VAO
- Lack of driver training risks the lives of staff and public
- Shirts and pants for female VAO would make going to the loo easier
- Accumulation of small problems that don't stop VAO being able to perform leads to drop outs
- Lack of recognition from TAS and the government, no encouragement
- No suitable summer uniform, lack of uniforms altogether
- Some BSO unsupportive (maybe just disillusioned too)
- Volunteer retention doesn't seem like a high priority, feel dispensable, replaceable through lack of recognition
- Government employees continue to be paid if called out while at work while private employees don't
- Branch stations should have computers so don't have to pay for Internet time to access training information
- Lack of uniforms on shifts can/could lead to contamination
- Meal vouchers for people who stay in town to do shifts would cut down on personal expenses
- Should have dedicated trainers for each region
- Changes in trainer/BSO/coordinator leads to upset volunteers and volunteer loss
- Volunteers need more recognition for being the backbone of TAS
- More media publicity for AO/VAO; fire gets all the publicity
- Training inadequate
- Lack of training leads to lack of interest, skills/competence, sense of belonging, personal confidence, which reduces volunteer retention rates.

Appendix 2

Results from VAO small group workshops for units with a BSO attached

1. Which are the most important issues for VAO units with BSO support?

- Uniforms
  - One is not enough
  - Not appropriate for women because sizing/shape seems to be for men and toilet breaks difficult with coverall
  - Wet weather gear is inappropriate – too old, smelly, shared
  - Volunteer status should be identifiable within service but not to general public
  - Should have sun hat
- Training
  - New requirements for training accreditation make it hard for BSO and VAO to keep up with requirements.
  - Some people are happy to stay Level 1.
  - New recruits may wait too long for training – one waiting at moment for 12months and will not stay much longer if not offered.
  - Set workshops that run twice a year for Level 1 and 2 would solve this; also use it to reaccredit VAO.
  - Too many changes to modules – people are tired of it and BSO can't deliver training.
  - Changes affect recruitment because hard to tell when training offered.
  - BSO may not have skills for training
  - Need to ensure standardisation of BSO knowledge.
  - Log books are a good system
  - Training for mental health/psych situations needed.
  - Log Book – many don't have one
  - Hard for BSO to get through all re-accreditation with many VAO and other work.
- Recognition
  - Not necessary from public
  - Important to get from TAS
  - Would like recognition for 'being there', a 'job well done'.
  - TAS quick to criticise, but not appreciate.
- Relationships
  - Not treated as professionals
  - Service is not looking after volunteers
  - Some permanent staff have wrong/poor attitude to VAO and don't understand VAO and what they do. Some can be rude. Relief staff don't have same selection criteria as BSO.
  - Relief BSO can upset VAO and cause some to leave if treat them poorly.
  - Should get all permanents to experience the effects of isolation, long jobs and distance/time from acute care facilities.

- CISD
  - Reporting of those at incidents not happening correctly, not picking up all those present at major incidents. Responsibility of COMS and/or supervisor to pass on names.
- Reimbursement
  - Petrol reimbursement is too low to cover cost. Paid staff get a higher rate
  - Some volunteers didn't know about reimbursement available.
  - It is important that volunteers put in for reimbursement.
  - Meals are important but people don't put in for claims
  - If met halfway then don't get to major centre so nowhere to get meal.
  - Red Cross only gets $5 meal reimbursement.

- Tax incentives would be good as VAO buy textbooks etc, and permanent staff can claim such things.
  - If losing time off work and losing money, should be reimbursed.
  - Meal system can be difficult as may forget purse in hurry and have no access to petty cash, if after hours might be hungry.
  - Reimbursement is so small it is not important – tax breaks would be more important.
  - Money is not really the issue so much as recognition.
- Communications
  - Pagers are old and don't always work
  - Radio system is poor and needs updating.
- Equipment
  - Always get worst vehicle if have small caseload, but travelling long distances. If breakdown might be stuck miles away with no communication.
  - All equipment is 'old and has-been'.
- Recruitment
  - Some groups don't have a problem with recruitment and retention. Areas with a local hospital often have nursing staff as VAO, and health service students such as nursing, medicine may join in other areas to get experience.
  - New recruits unaware of different levels of training offered and that no need to go through all levels.
  - Community unaware that training is provided.
  - Some areas don't have enough volunteers and increasing call-outs
  - Some BSO don't want new recruits as happy with current group.
  - Less recruitment due to transient communities due to mining industry rosters, now 12 hour rosters, people not living in town
  - Most companies wont allow time off for call-out
  - Daytime cover difficult as VAO work daytime.

2. Which things work well?

- Training
  - New system of modules is an improvement of 75% on old system
  - New system allows gradual intro to responsibility
  - Delivery of training is good, but timing can be too short notice, postponements and cancellations if paramedic called out inconvenient.
  - Train the trainer has never been utilized.
- The opportunity for VAO to become permanent staff is an improvement.
- BSO having responsibility for other units works well if BSO is good.
- Clinical debriefing is satisfying
- A job well done is satisfying.

3. How does communication flow?

- Information in to VAO – very quick if there is a complaint, but other information is either very slow or non-existent – e.g. rarely see monthly newsletter. Left in pigeonhole.
- If have a complaint will phone BSO who contacts supervisor
- Very little communication
- No regular path for feedback

4. What would be your suggestions to address the needs of your unit and what resources are needed?

- Every Branch Station online then units – could use second hand computers, but unable to due to government policy.
- Official feedback mechanism for VAO regarding BSO, such as performance review—for relief staff after 1 month, for permanent BSO once per year.
- Grievance policy not followed—may need to educate VAO re policy, and request VAO Association back-up.
- Have VAO on selection committee for BSO.

- Have a pool of relief permanents that have undergone selection process (may need a state pool).
- Educate permanent staff regarding role of volunteer during induction.
- Management should understand that VAO don't complain lightly, therefore consider complaints seriously.
- Re-commence VAO coordinators groups for each region to meet face to face with management to address local VAO concerns. It seems that BSO are not considered valid spokesperson for VAO.
- COMS need educating re VAO role, and that sometimes need to go off call. Roster may not be covered.
- COMS are sending VAO out on own sometimes and not letting them know if they have a partner. This is a double standard, as wouldn't do it to permanent – unsafe. To address this should have same paging system as permanents – individual pagers and more reliable radio. Also educate VAO about using other emergency service staff.
- PR work for TAS and volunteers to raise profile in community and attract volunteers.
- Opinion was divided as to whether employers should help by releasing VAO. Some felt it could strain production process. Others felt it should be done at a Federal level where employers are forced to allow paid community service as with army reserve and jury.
- Government should reimburse people for lost wages incurred by doing a call-out.
- TAS should provide recognition for family and employer – acknowledge all those who support volunteers.
- Have training course over one weekend day and repeat next day so that those who are on roster can swap around.
- Uniform committee should develop a two-piece outfit.
- Permanent staff should always put name of volunteers on list to assist CISD and COMS.
- Have education about volunteers as part of permanent staff induction
- Training with drug pack – go through on training nights.
- Need new communication system, new repeaters or something.
- Have tried to encourage people to join just for driving but TAS didn't like it.
- Will hold an open day in town and demonstrate the ambulance and provide some information on training levels.
- Need to put a notice in town to inform people to phone 000 not contact VAO at home. Feeling that many people in town don't want to call ambulance.
- Develop some PR leaflets or something to assist recruitment.

5. What can be done to involve your local community more?

- Recruitment drive once or twice a year.
- Always more interest after a major incident.
- More PR work within area.
- VAO more proactive to get media attention – educate media that ambulance attend incidents
- PR video.
- Advertise
- After 15 years everyone should be eligible for National Medal
- Co-location and multiskilling

Appendix 3

Results from VAO small group workshops for remote units

1. Which are the most important issues in remote VAO units?

- Training
    - Don't get regular training if no BSO assigned to the unit – some groups have only had one formal training session in the last twelve months. Some paramedics have identified they are willing to travel to the islands to do training, but TAS wont pay the airfare.
    - Dependent on a paramedic, who must come in own time, may only get paramedic at irregular intervals. TAS have been short-staffed lately therefore not a lot of training.
    - Paramedic good for teaching practical skills and on-road skills, but may need professional trainer for theory.
    - May not have training plan as rely on who can do what when they arrive. If have training plan, it is difficult to follow due to cancellations and relying on skills of those who come to train.
    - Getting assessed is difficult – some VAO coordinator can do log books but only to Level 1 or 2, not able to do level 3.
    - Some areas have only had one formal training session in last twelve months.
    - If have VAO trainer position then should improve.
    - Some members are keen to do as much training as available, and would like to go on to Level 3 to gain national accreditation.
    - Are frustrated with courses that are started and not finished.
    - Driver training only involved being asked to drive an ambulance around town and being told they had passed. No other driver training since.
    - Offer centralized training that runs regularly and people are paid to go.
    - More training could be offered in winter to suit farming quiet times
    - Some VAO accreditation has expired due to lack of opportunity to fill out logbooks. Sometimes this might be one of few Level 2 VAO.
- Respect and communication
    - It can take months to get response to requests. Some coordinators regularly experience un-returned phone-calls, followed by un-returned letters. Some state 'we only get a response after I cc to the minister'. The feeling is that VAO are already too busy and don't need the aggravation of chasing a response to communication requests.
    - Regional offices seem to constantly 'pass the buck' regarding VAO problems so that no one ever takes responsibility.
    - Service is not looking after volunteers
    - Not treated as professionals
    - Have been to main centres in own time to gain experience on city ambulances, but felt ignored or rudely treated. People spoke of not being spoken to for a whole shift, another was told to go to bed and was not woken at all for call-out, and many said 'never again'.
- Community involvement
    - Communities should do more
    - TAS does not understand the importance of maintaining good community relationships in small communities. Sometimes unsupportive.
    - Raising money from the community is not supported by TAS as they don't give support regarding buying the equipment or gaining training.
- Debriefing
    - Debrief not offered, need to chase it
- CISD
    - Slow to visit island groups after incidents

- Recruitment
    - Small communities mean there are fewer people interested in volunteering services.
    - New recruits unaware of different levels of training offered and that no need to go through all levels.
    - Most companies wont allow time off for call-out
    - Daytime cover difficult as VAO work daytime.
    - Community may be unaware that training is provided
    - Some groups have activities within the community that makes them visible, others not.
- Reimbursement
    - Not a big issue, but should provide assistance to get to main centre and receive training or experience on ambulances.
    - Meals are not important as often nowhere to get food anyway
    - If met halfway then don't get to major center so nowhere to get meal.
    - Tax incentives would be great as VAO buy textbooks etc, and permanent staff can claim such things.
    - If losing time off work and losing money, should be reimbursed.
- Communication Systems
    - Pagers are old and don't always work
    - Radio system is poor and needs updating.
    - Satellite phones would be good.
- Equipment
    - Always get worst vehicle, as have small caseload, but traveling long distances. If breakdown might be stuck miles away with no communication.
    - All equipment is 'old and has been' unless bought by community.
    - Received donation of 6,000 dollars three years ago, but have had trouble spending it as must go through TAS. $4,000 now taken back and still trying to spend rest. Have been waiting for twelve months for ordered equipment, which is always promised. Afraid may lose rest of money.
- Uniforms
    - Not as big an issue for remote groups
    - One is not enough
    - Not appropriate for women because sizing/shape seems to be for men and toilet breaks difficult with coverall.
    - Wet weather gear is inappropriate – too old, smelly, shared
- Recognition
    - Not necessary from public
    - Important to get from TAS
    - Would like recognition for 'being there', a 'job well done'.
    - TAS quick to criticise, but not appreciate.

2. Which things work well?

- A job well done is satisfying, but otherwise many remote groups feel at crisis point.

3. How does communication flow?

- Information in to VAO – very quick if there is a complaint, but other information is either very slow or non-existent – e.g. rarely see monthly newsletter. Left in pigeonhole.
- Great difficulty in getting a response to communication initiated by VAO coordinators.
- Very little communication
- No regular path for feedback

4. What would be your suggestions to address the needs of your unit and what resources are needed?

- **We need training!!!**
- Training staff should come for at least two days so that they can sign log books and train people who work different times or get called out.
- Make sure that there is adequate staff so that training sessions are not always cancelled.
- Make sure there is someone at regional offices who is responsible for VAO issues.
- Develop an official feedback mechanism for VAO
- Grievance policy not followed – may need to educate VAO re policy, and request VAO Association back-up.
- Have a pool of relief permanents that have undergone selection process (may need a state pool).