

Volunteer ambulance officers find a voice

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ABSTRACT

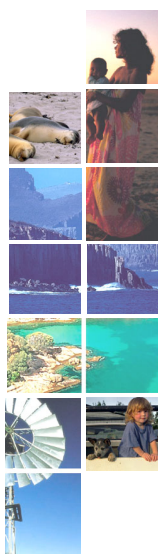
Ambulance services are experiencing difficulties associated with providing a volunteer service, with a rapid turnover of volunteer ambulance officers (VAOs) and, at times, inadequate roster cover. The research project *Stand Up and Be Counted* was carried out in 2001 and 2002. It asked VAOs about the issues that were important to them in order to provide ambulance services with information on the motivations and support needs of VAOs, the demographics of the VAO population and factors impacting on recruitment and retention at an organisational level. Over 2,500 VAOs were surveyed in Western Australia, South Australia, Victoria, Tasmania, Queensland, Northern Territory, and New Zealand. The overall return rate was 38%.

In this paper, a summary of the findings from the study is presented and reconsidered through a social capital framework. A significant value shared by many VAOs was “assisting the community”. Ambulance services should be encouraged to strengthen social capital by supporting community engagement. Ambulance services can assist VAOs to build stronger vertical networks within their organisation by improving communication systems so that volunteers can find a voice, be heard within their organisations, and be recognised by their communities for their role.

The findings also showed that both clinical support systems that assist VAOs to provide an effective service, and effective communication systems are highly valued by volunteers. Ambulance services must provide VAOs with clinical support and a work culture that encourages the development of social capital both within their organisations and in communities, if they wish to retain this valuable service into the future.

INTRODUCTION

Volunteer ambulance officers have long played a vital, albeit taken for granted role in regional and rural areas of Australia and New Zealand. VAOs mostly work with other VAOs and their training requirements vary according to the jurisdiction, requiring the equivalent of twelve months full-time training or a minimum of sixty hours. As ambulance services, like other emergency services, have experienced growing difficulties in maintaining volunteer numbers, they have been forced to consider supporting strategies for recruitment and retention of volunteers. Unfortunately, lack of specific information about factors that boost recruitment and retention of rural ambulance officers makes it difficult to plan strategically to sustain the volunteer workforce. (Hudgings 1988, Swan 1991, Federal Emergency Management Agency 1995, Reinholdt and Smith 1998, Aitken 1999). VAOs provide an important first-line response to medical emergencies in rural areas of Tasmania, Western Australia, South Australia, Northern Territory, and Queensland. VAOs have an important role as the



rate of avoidable deaths (particularly from injury, asthma, and suicide), is 40% greater in rural areas compared to urban areas (Bryant and Strasser 1999).

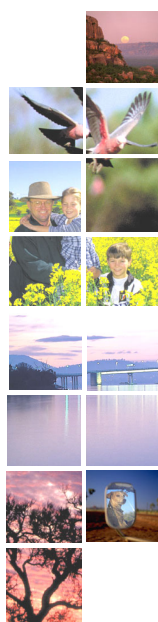
Economists believe volunteers will always be underprovided as a “rational man” would obviously “free ride” and let others do the work (Collier 1998). While the “rational man” theory is not accepted by all (Putnam 1996, Stretton, 1994), and other explanations can be found, it seems that VAOs may be underprovided in many rural areas. To address this rural health workforce problem in Australia and New Zealand we gathered data from VAOs in Australia and New Zealand in relation to recruitment, retention, training and support. This study was the research component of a larger project, *Stand Up and Be Counted*, financed by Emergency Management Australia, to devise strategies to improve the situation (Fahey and Walker 2002). We have recently reviewed our findings using a social capital framework and this paper presents our preliminary analysis. Particularly, we discuss our findings on the importance of **communication** in sustaining VAO services.

SOCIAL CAPITAL

Theories of social capital originated in the ideas of Pierre Bourdieu (1970) and James Coleman (1988), emphasising the importance of social ties and shared norms in societal well-being and economic efficiency. Robert Putnam expanded this notion in *Making Democracies Work* (1993) and in *Bowling Alone* (2000) by linking ideas of social capital to the importance of civic associations and voluntary organisations for political participation and effective governance. For Putnam (1996), social capital is “features of social life – networks, norms and trust – that enables participants to act together more effectively to pursue shared objectives”. In Australia, Eva Cox generated considerable discussion of social capital through the 1995 Boyer Lectures.

While there is strong agreement on key factors relating to social capital, there is room for more work on its definition and measurement. However, a core concept in many definitions is that social capital affects how people work together. For our purposes we use Coleman’s definition of social capital as “the ability of people to work together for common purposes in groups and organisations” (cited in Paldam, 1999 :4). The level of social capital depends on the networks, norms and trust that facilitate co-operation for mutual benefits, and therefore these should be considered as a “resource to collective action” (Stone and Hughes 2002 :2). Groups that share common values are more likely to trust others in their group, which is a direct result of being able to feel confident of the likely response of other members in any situation. This in turn facilitates co-operation. One of the important norms to note is the level of trust individuals have in formal institutions’ “fairness of rules, official procedures, dispute resolution and resource allocation” (Stone and Hughes 2002 :4).

Networks are the structures within which the social relations involving norms and trust operate and consequently they are an important concept in social capital. Networks are described in various ways in the literature. Baum (1999) talks of “thick and thin or embedded and autonomous networks” but networks that link grassroots to government are described as either horizontal or vertical (Latham cited in Alston 2002 :96). One of the core differences in the use of a social capital framework for analysis is whether associations are viewed at the local or informal level, such as used by Putnam, or a broader view that encompasses hierarchical associations and formal



structures such as government (Grootaert 1998 :4). Vertical associations are “characterized by hierarchical relationships and unequal power distribution” (Grootaert 1998 :3). Volunteers are considered an important indicator of social capital (Putnam 1996), as they represent a highly organised level of co-operation to provide mutual benefits. Our analysis suggests that VAOs fall within a social capital framework of both horizontal and vertical networks. The impact of this social capital environment has not been studied empirically.

RESEARCH METHODS

A questionnaire was developed with advice from an advisory committee of major stakeholders, and minor changes were made after piloting in Tasmania. We included items on VAO length of service, age groups, sex, motivations, recruitment prompts and training attitudes. The questionnaire was mailed to the entire population of VAOs in Tasmania, estimated at 380 at the time of survey, with a 55% (206) response rate. A year later a random sample of 2,200 VAOs from Western Australia, Queensland, Victoria, Northern Territory, South Australia and New Zealand’s North and South islands were surveyed, with a response rate of 38%.

After coding the open-ended items on the questionnaire we processed the data using SPSS software. Responses were analysed for frequency and compared according to age group, sex, geographical location and length of service. Open-ended question responses were analysed to identify common issues and themes.

RESEARCH RESULTS

VAOs closely resemble other Australian volunteers (Australian Bureau of Statistics 2001) in age and sex (55% female); however more VAOs are employed (84% *versus* 44–58%), and fewer have completed tertiary study. VAOs are largely a rural phenomenon, with 64% of respondents living in towns with populations of less than 5,000, and only 6% living in towns with populations larger than 100,000. Most respondents had been VAOs for five years or less (Figure 1), with retention rates declining after two and a half years. Only 32% of respondents said their unit always had adequate roster cover.

“Assisting the community” was rated as an important motivation by 93% of questionnaire respondents; 87% also acknowledged that they receive benefits by gaining new skills and a sense of achievement, and over 50% reported various social benefits. For 80%, an interest in the medical and first aid field was of above average importance in attracting them to the ambulance service instead of other volunteer roles and the station needing more volunteers to continue was of above average importance to 54%. Many VAO activities were reported as enjoyable, especially training (30%), helping people (18%), call-outs (12%), and friendship and being a member of a group (11%). The major factors that made volunteering difficult were lack of time (38%) and poor relationships (11%).

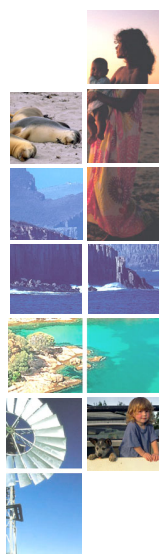
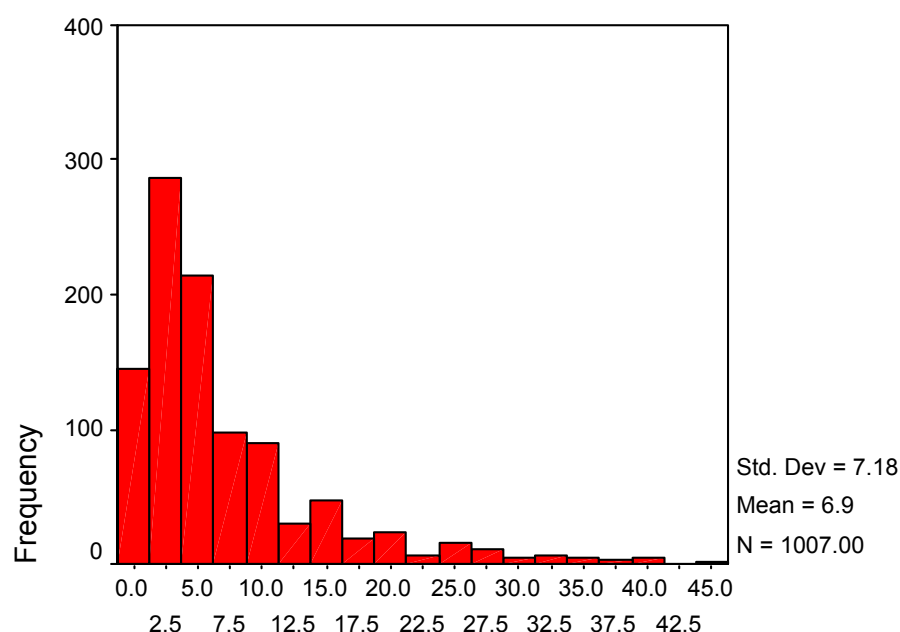


Figure 1 Histogram of the years respondents had been VAOs



VAOs contribute a median of 1,344 hours per annum compared against the ABS figure for general volunteers of 75 hours (ABS 4441.0 p.5). The economic worth of this contribution, depending on the valuation method used, is between \$29–90 million in Australia.

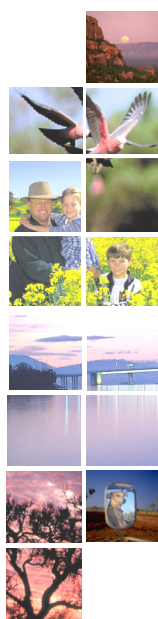
More than half of respondents rated as very important the following support services: adequate equipment (85%), training (79%), paramedic assistance (59%), clinical feedback on significant cases (58%), and adequate uniforms (55%).

The survey asked respondents to rate the level of importance of volunteer recognition methods and forms of organisational communication. More than half of respondents thought it was of above average importance (a combination of very important and above average importance) to have a management contact person who is available and supportive (79%), to receive feedback from management (62.4%), to receive training certificates (60%), to receive organisational information (59%), to have public relations work within the local area (56%) and for management to visit the unit (51%). Respondents felt it was less important to have social events organised, to receive national medals and thank you letters.

Preliminary re-analysis

Our re-analysis of the comments data, using a social capital framework, provided some unifying themes for issues that were not captured by the quantitative data. These issues were:

- difficult relationships
- poor organisational communication
- the importance of connections with the local community.



The re-analysis revealed that the issue of **difficult relationships** could also be understood in light of an organisational culture that did not have shared values and norms between volunteers and salaried staff, and, in fact, had a divisive culture. Comments supporting the notion of lack of shared values, included:

Help remove the “them and us (paid staff)” culture, which exists in the organisation.

There tends to be a them and us — with paid officers being arrogant and unappreciative of our efforts. I am considering leaving the service.

After three years our station manager does not know my name.

Poor or limited communication was a major issue. Many comments centred on VAOs wanting management to communicate with VAOs more frequently and to have two-way communication. Communication needs centred on requests for more personal management styles, the need for performance management for salaried and supervisory staff, and a plea for management to understand VAOs’ perspectives. For some VAOs, the survey was their first opportunity to provide an opinion, and many were interested in feedback from the survey. The re-analysis revealed that poor communication could be understood to weaken vertical networks and prevent the sharing of knowledge between the field and central office. Comments that typify the notion of poor vertical networks included:

More management involvement and feedback by personal interaction, not managers by memo.

Survey should include question: do volunteers feel they “have a say”, are thoughts and ideas considered at the station?

As a volunteer station we often do not get up to date/latest info until well after “paid” stations. Sometimes feel that we are not as “important” as “paid staff” — on the outer.

LISTEN to and ACT on issues/concerns/suggestions.

Comments from VAOs highlighted the importance of **connections with the local community** and reinforced the motivational data. The results of the re-analysis suggested that VAOs wish to maintain the vertical networks that grow and strengthen social capital. Comments that highlight the importance of vertical connections with the local community included:

Need to raise awareness of ambulance service in country towns — low profile unless personally needed — profile necessary for recruitment.

Proud to be in Ambulance Service. Live in small community, satisfaction helping others in need.

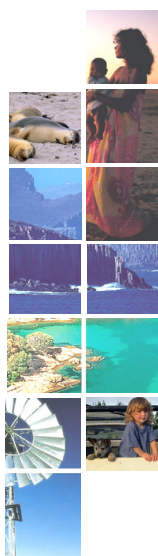
Live 20km from station, but enjoy sense of being part of small town.

VAOs’ comments also highlighted some of the important benefits that strong social capital infers.

I have observed that the biggest single factor in maintaining skills and sense of purpose and achievement is to have supportive/available line managers.

Local knowledge is a great asset and should be listened to more.

Good to see that you are interested in helping us to help others.



DISCUSSION

The *Stand Up and Be Counted* project provided ambulance services with timely information about ambulance volunteers' motivations and support needs. Ongoing, systematic collection of this information will provide management with greater insight into matters of importance to VAOs from a VAO perspective. In addition, our re-analysis of the data through a social capital framework has revealed findings that highlight how lack of shared values and poor networks can weaken the ambulance services' ability to retain and support their volunteers.

Shared values, norms and trust

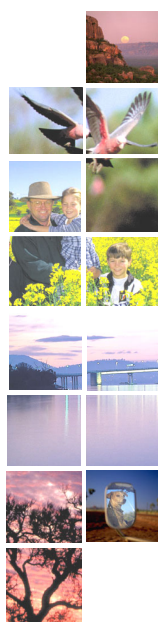
VAOs show strong shared values and norms in their identification of important motivations, mainly civic participation combined with an interest in things medical, and providing good ambulance services to their communities. VAO shared norms also included valuing resources such as training, equipment and support services, as these maintain group efficacy and function. Both quantitative and qualitative data suggested that VAOs have strong shared values, norms and trust and, at the local level, most operate well as a group.

However comments around poor relationships and divisive norms also highlighted how organisational cultural factors impact on the VAO experience. It appears that however infrequently VAOs experienced rudeness or slights from salaried staff, the resulting affront left a strong negative impression. For VAOs who operate in a local environment of strong shared values of altruism and co-operation, contact with other parts of the ambulance organisation, may be made difficult by absence of these core values. Some VAOs also believed that resource allocation was inequitable, and that organisation procedures were unequal and these could be expected to impact on their trust in ambulance organisations. The resulting mistrust and mis-communication could be expected to either damage or prevent the building of social capital and vertical networks.

Vertical networks

The high turnover of VAOs and the identified gaps in roster cover showed that ambulance services do have recruitment and retention difficulties. Retention is influenced by the volunteers' experience within the organisation, and this experience will be defined by the structures and norms, which typify the organisational culture. Whether or not the structures and norms support the development of social capital, the maintenance of vertical networks could have a strong impact on the feelings of trust and reciprocity experienced by VAOs.

Communication methods that would maintain, or strengthen vertical networks between the ambulance organisation and local VAO groups were rated as important by the majority of VAOs. Volunteer management literature stresses that good communication is an important form of recognition. Recognition is discussed in terms of saying "thank you", certificates of achievement, publicity, or even schemes such as "volunteer of the month" and progressive awards (Swan 1988, Bernier 1995, Federal Emergency Management Agency 1995, 1998). However, our research identified that these are less important to VAOs than having access to supportive management, and organisational processes that allow VAOs to provide input into management



decisions, in effect to “have a voice”. Good communication systems that include VAOs into the information and decision-making loop may be important, not so much as recognition, but to facilitate stronger vertical networks. These, in turn, increase the level of social capital within the organisation. “Interdependence, communication, organisations, and social processes are central to collective action” (Marwell and Oliver 1993 :52) and individuals acting in isolation will never adequately provide public goods, such as ambulance services. This is why vertical networks are important, because they link volunteer groups to the larger organisation and the community. Rural volunteer units may be at greater risk of poor vertical organisational networks, due to poor telecommunications technology, lack of face-to-face opportunities, and other tyrannies of distance. In compensation, though, they may have stronger horizontal networks within the group.

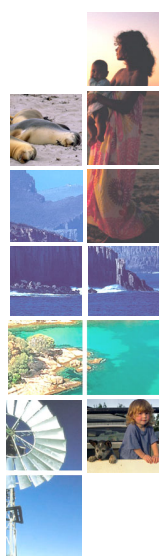
Networks with communities

Vertical integration should include networks between the local community and the ambulance organisation. One of the themes identified in this study was the importance of community support to VAO groups. Local communities that have linkages with their local volunteer groups and councils will have their motivations reinforced and the social capital within the community that produced the volunteer unit will be strengthened. The major motivation identified by VAOs was “assisting the community”, and this motivation underlies many of their expressed needs for training, equipment and clinical support. Community engagement allows individuals to identify as part of the broader community and work for the benefit of others (Bell 1999). It provides individuals with the sense that participating in collective action is important.

It is important that volunteers and their organisation have interaction with, and support from their local community in order to strengthen social capital. Aitken (1999, p. 21) identified volunteer fire brigades within Western Australia that have close links to, and a high profile within their local community, have fewer retention problems. While it seems probable that local VAO groups have initial strong links with local communities, if group membership remains unchanged over a long period, these links may be broken as the internal group links strengthen. These groups may then need assistance from the ambulance organisation to rebuild community links to reinforce motivations and recruitment.

CONCLUSION

Social capital requires vertical and horizontal connections and the qualitative data from the comments suggested that local VAO units have strong horizontal networks. However, their comments and survey responses indicated that they would like stronger vertical networks with ambulance organisations and communities, so that communication can flow and trust can grow. When considered within a social capital framework our data suggested that network integration, at both horizontal and vertical levels, is important for VAOs. By combining the motivations and support needs of VAOs it appears that ambulance services should develop innovative methods of strengthening vertical networks. Many of the communication, motivation and relationship comments were related to either the benefits or difficulties of VAO vertical networks. Many of the difficulties associated with vertical networks appear to



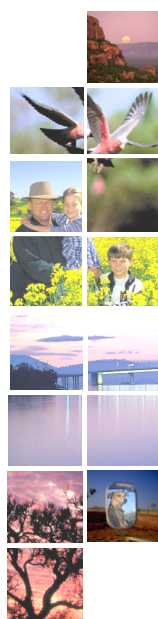
stem from poor organisational methods of communication. Motivation will be reinforced by the ability of the group to link effectively with the community, and with the ambulance service hierarchy to access social capital support.

The role of VAOs in health and emergency services is important because of the numbers reliant on this service, and the health profile of the rural population. Ambulance services need to ensure that their volunteer management processes deliver practical support such as training and clinical support, but deliver them in a way that strengthens the horizontal and vertical networks necessary for ongoing volunteer satisfaction. It is important for ambulance services to understand and reinforce volunteer motivations in order to create a reciprocal relationship with VAOs that will assist retention. As VAOs identified that “assisting the community” is a major motivation, ambulance services should facilitate a sense of connection with the local community, and avoid centralised policies that inhibit this.

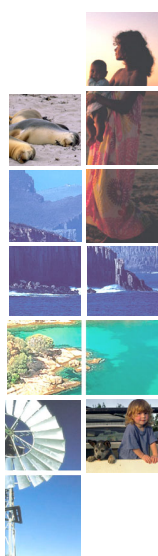
The sampling method and geo-demographic attributes of our respondents suggested that the data represent Australian volunteer ambulance officers well. The similarity of our results on motivation and volunteer profiles to those noted in other studies (Aitken 1999, Australian Bureau of Statistics 2001) and between regional groups within the study, mean that these data enrich and support that body of knowledge, with implications for other volunteer emergency services. It may be that the importance of vertical networks to VAOs are relevant to other rural health service providers, who suffer the same difficulties of remoteness, and working between small communities and larger distant organisations.

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PRESENTERS

Judi Walker is the inaugural Professor of Rural Health at the University of Tasmania and Director of its University Department of Rural Health. She is also Deputy Dean of the Faculty of Health Science. Professor Walker is recognised nationally and internationally for scholarship and related academic activities in rural health, primary health care and innovative approaches to health professional education, particularly the application of information and communications technology to improve access to and quality of health and education services for targeted groups. Professor Walker is Chair of the newly formed national Australian Rural Health Education Network and Deputy Chair of the Tasmania Together Progress Board. As founding Director of the UDRH, Tasmania she has developed a team of over 50 staff and associates with a strong track record in online curriculum development and delivery and community capacity building.

