

Volunteers

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Volunteerism is a tradition that dates to colonial times. As the United States transformed from an agrarian to an industrial society, the concept of "neighbors helping neighbors" continued to flourish. However, as the nation became a more mobile, motorized society, cities and suburbs replaced family farms and villages. Volunteering for the local ambulance corps or rescue squad became a socially accepted way for individuals to continue the volunteerism tradition. As society moves toward the twenty-first century and into an advanced information-based environment, however, EMS volunteers are becoming an increasingly endangered species. In this chapter the strengths and weaknesses of volunteer organizations are reviewed, the special sensitivities needed for working with volunteers outlined, and the benefits of the continued involvement and development of volunteer squads emphasized.

A Changing Environment

Volunteer rescue squads make a significant contribution to health care in America. The heaviest concentration of independent volunteer ambulance corps (often referred to as rescue squads) is in the Northeast region of the country. However, EMS volunteers are found as part of volunteer fire departments in most parts of rural America. According to a study published by *Firehouse* magazine, 65% of the nation's EMS providers are volunteers, supplying EMS service to more than 30% of the population.³ Outside the Northeast, volunteers most frequently provide care to lower population density areas. These areas would otherwise be underserved; because of low call volumes, it would not be cost-effective to operate a career service. In recent years, many volunteer squads have been negatively impacted by changes in rural society. As rural areas

became more suburbanized with access to cable television and other "advancements," the lack of discretionary free time has drained the pool of available volunteers. The Congressional Office of Technical Assistance (OTA) in a comprehensive study of rural health care called the volunteer drain "one of the most salient problems confronting rural EMS systems."¹ According to the OTA report, many rural EMS programs lack specialized providers and resources, operate with inadequate transportation and communications equipment, and are not part of a regional EMS system.

The volunteer drain is not limited to the rural area. Urban and suburban areas have been hit especially hard. For example, in a 1990 study of America's largest cities, only three of the largest 200 cities reported EMS service being provided by volunteers. The state of Pennsylvania, which has long been an area in which EMS volunteerism flourished, reports major declines in recent years. Pennsylvania statistics indicate that 5 years ago volunteers represented 90% of those involved in EMS, but only 40% are involved today.² Squads are closing, using paid personnel, or being absorbed by either public or private ambulance services.

There are a number of reasons for that phenomenon. Volunteer agencies typically relied heavily on young, single members. That group is getting smaller. According to the U.S. Department of Labor's Bureau of Statistics there is a declining pool of 18-24 year olds. Members of that age group are moving into the entry level job market, and many must work two jobs. Many cannot afford to live in the communities in which they grew up. The cultural norms of the "twentysomething" generation also impact volunteer agencies. Popular literature has characterized that group as members of the "me generation." Fewer individuals see the value of volunteering. Similarly, potential volunteers who are "thirtysome-

thing" are often deeply enmeshed in careers. Many married volunteers are part of two career households. Children, the pressures of balancing two careers, and the availability of leisure activities reduce the time available for volunteering.

There are a number of additional reasons for declining EMS volunteerism. They include commuter lifestyles, concerns about Acquired Immune Deficiency Syndrome (AIDS), and training requirements. Several decades ago most workers lived in the community in which they worked. Employers permitted individuals to leave work, enabling an occasional ambulance call to be answered as part of the employer's civic responsibility. In our commuter society, this practice declined because often neither the employer nor employees have strong community ties. The fear of AIDS and other infectious diseases make some individuals reluctant to enter the health profession, and most likely this fear also negatively influences those who consider volunteering.

Increased training and continuing education requirements are the reasons most often cited as barriers to volunteerism in EMS, in recent studies conducted by Fitch & Associates. Being a volunteer has changed from a "club" atmosphere to one requiring a continuing commitment to competence. Twenty-five years ago, anyone could stop by the station and become a volunteer with an evening or two of training. Today, it requires at least 110 hours to become an Emergency Medical Technician-Ambulance (EMT-A) and depending on local requirements, 500 to 1000 hours of training to become a paramedic. With the evolution of paramedics as the minimum standard of care for urban and suburban areas, increasing training requirements have compounded the problem for volunteers. Not only is it harder to find volunteers, but they now must obtain and maintain a higher standard of training than was required in the past. The standard should not be lowered or exceptions granted for volunteers because competence is required; increased training opportunities and flexible scheduling are better options to reduce the perceived barriers.

Volunteer organizations throughout America are in transition. They must either meet expanding care expectations with fewer resources or categorically resist change, ultimately resulting in their organizational demise. Communities desiring to maintain volunteerism can work with squads to include them in progressive EMS systems without denigrating care. It takes time, energy and patience; however, the rewards for both the volunteers and the community can be great.

The city of Richmond, Virginia, is a good example of such an approach. Richmond embraced those local squads willing to make the commitments to

provide predictable, sophisticated prehospital care and to become an integral part of the system. Parts of Richmond had been served by volunteer rescue squads for more than 30 years; when the City undertook a complete redesign of its fragmented EMS system in 1989, special attention was paid to providing opportunities for volunteer participation. The city required that participating squads meet all citywide requirements established by the medical control board, including providing advanced medical service and responding to life-threatening emergencies within 8 minutes 90% of the time. Richmond is the only public utility model EMS system that has an active volunteer component.

The squads initially resisted change and exerted considerable political pressure to continue a tiered system. Once the medical community made it clear that level of care was not a negotiable item, the squads were given an ultimatum to comply with the standards or cease operations. To facilitate compliance, the city provided new medical equipment, advanced training, and daytime staffing during the transition period to facilitate the training process. The system has been functional since 1990.

Positive Factors

There are a number of common positive descriptors that can be associated with excellent volunteer ambulance services. They include a variety of attributes, some of which are discussed here.

Tenacity, Desire, and Confidence

Many volunteer services survive because of the sheer will and perseverance of key members. In any group there are those who are halfheartedly involved, those who are committed, and a few who are passionately committed. It is this latter core of individuals that have a true love for EMS. Their passion comes from a deep desire to serve. In the best volunteer agencies the passion and commitment are patient-centered rather than internally focused on the squad. Confidence is another common descriptor of successful squads.

Flexibility and Willingness to Experiment

The limited size of most volunteer services often makes them more flexible than either business or government. By their very nature, volunteer squads can often be more responsive than business or government in meeting the needs of a specific neighborhood or community. Volunteer organizations understand that there are many ways to attack a

problem, some of which may not be practical for other entities. The best volunteer services are on the cutting edge of care and technology issues and are always willing to experiment with equipment or procedures that may better serve patients. For example, Cypress Creek (volunteer) EMS in Houston was among the early groups to use monitor-defibrillator-external pacemaker systems and a computer-aided dispatch system. Forest View Volunteer Rescue Squad in Richmond, Virginia, was part of a multi-site epinephrine study. Numerous volunteer squads have been at the forefront of advancing prehospital care.

Access to Private Funds and Volunteer Labor

Volunteer ambulance services are positioned to receive funds from practically every philanthropic source, ranging from the largest institutional donor to individual neighbors. Local corporations and individuals like giving to volunteer rescue squads because they see the results at work in the community and they may need service at some point in the future. Volunteer labor, when effectively harnessed to meet the clinical, operational, and administrative needs of the squad, provides unique advantages because volunteers provide EMS service at a fraction of the cost of private and government operations.

Community Spirit

The very act of beginning a volunteer EMS group has the potential to develop a valuable community force not just for emergency health care but across the breadth of society. The Bedford-Stuyvesant Volunteer Ambulance Corps, located in an area of Brooklyn heavily populated by minorities, was recognized by President Bush in 1991 as part of the Points of Light program. The organization serves as a community educational and organizational focus, in addition to its EMS role. Another volunteer squad to receive the Points of Light award was Sun City Center (Florida) Emergency Squad number 1, which has no member younger than 57 years old and answers 6,000 calls each year. It provides van transfers for those who do not require an ambulance and a wheelchair exchange for the retirement community that it serves.

Challenges

There are also several common challenges faced by volunteer ambulance services. These challenges include the following and others.

Lack of Clarity About Goals and Purpose

Many volunteer ambulance services cannot articulate the reason they exist. Other than stock phrases such as "providing care to our community," when asked hard questions about local needs, program delivery, and community response, many squads reveal glaring holes in their organizational methodologies. Like many voluntary organizations, rescue squads often believe that their survival no matter how difficult or necessary is their purpose. The worst believe that it is their right to preserve their "club" no matter what the consequences for the patient or the community. Volunteer organizations may resist improvements in the local EMS system simply because it is not to their organizational benefit. In sum, squads must adequately meet patient needs before attempting to meet the needs of the rescuers.

Ineffective Leadership

Many volunteer services lack leaders with strong management skills. Some squad leaders shun the notion that they must be strong leaders by saying, "we're just volunteers." Leaders are elected. In many cases elections are based on popularity rather than competence. Management shortcomings in volunteer squads are often masked by sacrifice, avoidance, or ignorance of the problem. Many organizations appear to be in better shape than they actually are. Most members join a volunteer rescue squad to provide care not to get bogged down in administrative matters. Leading and managing a volunteer organization requires additional skills; and it is often difficult to attract and promote individuals prepared to provide the nurturing leadership necessary for long-term success.

Insufficient and Un dependable Financial Support

The fiscal life of volunteer ambulance services has been increasingly difficult in recent years. While the fund-raising techniques have become more sophisticated, the competition for donations has also increased. Squads often rely heavily on individual donors, and they are expending more effort raising funds than in the past. Most members do not enjoy asking for money. A common refrain is, "That's not the reason I joined; I want to save lives." As fiscal pressures increase, a number of squads have had to delay both equipment replacement and facility repairs; some have simply folded. The billing of consumers and insurance carriers remains a foreign concept for many squads. It is often equated with

becoming a private ambulance service rather than recovering the costs necessary for the squad's survival.

Public Invisibility

Most members of the public are oblivious to EMS, until they need help. The needs of the local volunteer rescue squad are not usually a high priority of the average citizen. Squads often fail to adequately state their needs for fiscal support, leadership resources, and line personnel. Even those who have been provided service by a volunteer ambulance squad quickly forget among the cacophony of other societal activities. In many areas, EMS is regarded as a jurisdictional responsibility; users may not recognize the degree of volunteerism involved in the specific area.

Working With Volunteers

Encouraging a volunteer agency to maximize its strengths and minimize its weaknesses to benefit its patients and its members is not an easy task. One organization that is working to accomplish those goals is Cypress Creek EMS. Cypress Creek uses both career and volunteer staff and operates five advanced level units in a 250-square-mile area that borders Houston. The following 10 ideas for working with volunteers were offered by Cypress Creek's former executive director, David Almaguer.

Focus on Need and Pride as Motivators

Volunteers are motivated by need and pride. The more the need to provide a service, the greater the desire from the volunteer. A person must be needed to perform work for free. The less the perceived need for the volunteer, the more incentive programs are necessary to keep up the membership. Although some organizations are looking at pension plans and merit systems for regularly riding members, the primary reason volunteers perform is pride in their job. Perks are good, but they are also an indication that volunteers are not getting satisfaction from their work and need more reinforcement. Need brings in the volunteers; pride and job satisfaction keep them.

Recognize the Time Required for Training

It is increasingly difficult for a volunteer to commit the time necessary for learning and practicing the level of medical expertise required. Most EMS organizations, especially those providing sophisticated prehospital care, require more training, certifications,

and continuing education than ever before. The more the medical capability expands, the more time commitments are necessary from the volunteer provider to obtain training and demonstrate proficiency.

Hold Volunteers to the Same Standards as Paid Personnel

Volunteers must be held to the same standards as paid personnel or the volunteer feels less professional. There cannot be two standards of care. Although it may be more difficult and require more time for a volunteer to maintain higher levels of training, by achieving those standards the volunteer feels as professional as any paid provider.

Limit Turnover

The reason a volunteer leaves an organization is usually a change in personal priorities such as children or a new job. Volunteers and paid personnel do not "burnout" in the same way. Paid individuals usually show stress and burnout symptoms that can be dealt with, whereas a volunteer may have no signs of burnout or problems before leaving the organization. Internal organizational politics, clashes of personalities, or loss of need and pride in the organization are other reasons volunteers leave. Internal strife is usually tied to either a lack of direction or weak leadership in the organization. People working together for a common goal are usually too busy attaining the goal to worry about power struggles.

Avoid Comparing Volunteers with Paid Personnel

Volunteers are very sensitive about being compared to paid professionals. They want to be treated and perform at the same or a higher level than paid personnel. Always using paid personnel as positive examples or using phrases such as "You're just a volunteer," should be avoided. Never refer to only the paid providers as "professionals."

Focus Competitive Energy on Personalized Service

The attitudes and approaches of volunteers to patients are often excellent. This is one area where competition between paid and volunteer personnel may be healthy. Paid personnel should be challenged to provide the same high levels of personalized service as the volunteers. The medical director should direct energy toward improving the level of personalized service given by both the volunteer and paid staff.

Educate Rather than Test for Competency

Volunteers have a natural desire to do their best. Instead of testing their abilities, as is common for paid personnel, educate! The volunteer needs support in attaining the goals that are set. If the goal is for volunteers to be proficient in Cardiac Pulmonary Resuscitation, train them on the procedures and allow them the opportunity to reach that goal. Make sure that the volunteers also accept it as their goal. If the volunteers buy into the goal, they will be working to accomplish their goal, not someone else's. Spend incentive dollars on education not perks like coffee cups, license plate holders, and beer blasts.

Facilitate Information Dissemination

Because volunteers do not work with the organization every day, they must have a clear and direct avenue to receive information and direct their concerns and questions. Clear-cut operations procedures are essential. The chain of command is very important; everyone must know who is responsible for correcting problems and effecting change. This clarity of authority also decreases the problem of getting the run-around about a problem. One person must have the responsibility and authority of leadership.

Provide Specific Goals

Volunteer organizations require a better mission statement than "to provide emergency medical care." They need direction toward obtainable goals. Once a major goal such as a new building or an award has been achieved the group may stagnate. Certification in a higher level of care is an example of a short-term goal for a member. There also needs to be clear and consistent long-term goals for the organization. This is particularly important since many volunteers are not exposed to the organization on a daily basis, and the leadership in many volunteer agencies can change with the popular vote of the membership. The organization should establish long-term goals that do not change with the whims of the new administration.

Put the Right Person in the Right Job

Good field providers are not necessarily good fundraisers. However, volunteers have the advantage of being experts in other fields of work that can be useful to the organization. Tap members for both medical and operational expertise. Volunteers are eager to help in areas they understand but shun areas that are unfamiliar such as asking for funds or discounts. It may be helpful to designate a group or an individual specifically for that difficult or unusual task.

Summary

Volunteerism in America is changing. To continue to be an effective force in EMS, volunteers need to embrace rather than resist enhanced levels of care and other advances in providing service. Special care must be taken by medical directors to recognize the strengths and limitations of volunteer squads. In many suburban and rural areas, volunteers are strategically located to work with the EMS system and the medical director to bridge geographic or organizational service gaps.

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