

VOLUNTEER AMBOS VITAL

Recent research suggests that viable and effective volunteer ambulance systems are needed in areas where it is uneconomic or impractical to provide salaried staff.



'Volunteer ambulance models have sometimes been neglected on an assumption that volunteer numbers are falling and that salaried paramedics are filling the needs of all communities,' said La Trobe University's Professor of Rural and Regional Paramedicine and lead researcher, Professor Peter O'Meara.

'However, this is not necessarily the case and in some parts of Australia and New Zealand, the number of ambulance volunteers is actually increasing. In fact, this is consistent with an overall growth in the number of people volunteering across the not-for-profit sector more generally.'

According to Professor O'Meara, in 2004-2005 there were 8747 salaried staff and 5038 volunteers working in operational roles in the eight Australian ambulance services. By 2008-2009, this had grown to 10,909 salaried staff and 6396 volunteers, respectively.

'Voluntary response and delivery of emergency health services make important contributions to the health, safety and well-being of communities,' said Professor O'Meara.

'These contributions are especially valuable in sparsely populated regions and especially in response to unusual or extraordinary events where regular emergency health services are overwhelmed.'

'We are not saying that volunteers ought to be used as a cost saving strategy.'

'Ambulance services need to invest in adequate training. There must be careful planning for ongoing integration of volunteers into large and professionally led emergency services in order to optimise the allocation of human resources and expertise.'

Professor O'Meara and his fellow researchers, Vianne Tourle and John Rae – from the School of BioMedical Sciences at Charles Sturt University – conducted interviews with senior managers from seven ambulance services in Australia and New Zealand.

From these interviews they have produced an ideal model for integrating ambulance volunteers and professional first responders.

'We are putting forward a model that consists of four components: leadership; integrative processes; resource commitment; and relative autonomy,' Professor O'Meara said. 'If these approaches were replicated more widely, a viable and effective volunteer emergency health response system could be established in those areas where it is uneconomic or impractical to provide a salaried ambulance service staffed with professionally qualified paramedics.'

MORE INFORMATION

Further information on research opportunities in the La Trobe Rural Health School can be found at: latrobe.edu.au/health/about/schools/la-trobe-rural-health-school