

RURAL EMS INITIATIVE



UND SCHOOL OF MEDICINE & HEALTH SCIENCES · THE NATION'S LEADER IN RURAL HEALTH

UNIVERSITY OF NORTH DAKOTA · SCHOOL OF MEDICINE & HEALTH SCIENCES · P.O. Box 9037
GRAND FORKS, ND 58202-9037 · PHONE: (701) 777-3848 · FAX: (701) 777-2389

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FACT SHEET

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Recruitment and Retention Issues Among North Dakota EMS Personnel

Rural EMS is highly dependent upon volunteer personnel. Few small communities have a paid, professionally staffed EMS service. Most of the state's volunteer personnel work full-time in non-health related positions within the community. Some employers are not supportive of employees taking time from work to be involved in emergency care provision or training. Volunteer EMS providers donate their personal time to prehospital care provision and are usually expected to be available 24 hours a day, and on weekends and holidays. Some of the main reasons why local residents agree to participate in local EMS include the crucial medical need within the community and the town pride in their autonomy and independence.

Previous studies have documented problems pertaining to EMS personnel issues. In 1996, the UND Center for Rural Health conducted a survey of EMS personnel attending a state EMS conference in Grand Forks, ND. Results indicated respondents felt the most pressing problems for North Dakota EMS were retention of personnel (61% of respondents), recruitment of new personnel (58%), getting time off from one's non-EMS job (26%), lack of community acknowledgment/recognition (24%), and inadequate medical direction (15%).

A 1994 study was conducted on rural EMS involved a national survey of state EMS office directors. Respondents were asked to identify rural EMS problems, solutions and policy options in their respective state. Findings indicated that the three most commonly-cited problems were staffing, training, and finance. In rural North Dakota, the study revealed that staffing and training were the most prominent EMS problems (UND Center for Rural Health, 1994).

The recruitment and retention of health professionals, regardless of the type, to rural areas are particular problems. Numerous studies have documented the nature of these problems among various health providers, including physicians, nurses, physician assistants, nurse practitioners, psychologists, social workers, lab technicians, physical therapists and occupational therapists. The literature indicates a number of contributing factors to these recruitment/retention problems, including lower pay/benefits, outdated facilities/equipment, long hours, lack of collegial

interaction/support, unfavorable scope of practice, poor access to specialty care, and poor access to social amenities.

To learn more about EMS recruitment and retention problems, questionnaires were mailed to 5,870 EMS personnel in North Dakota. The group consisted of all persons who are ND-registered as a first responder, ambulance attendant, driver, emergency care technician, EMT-Basic, EMT-Intermediate or EMT-Paramedic. Of the 5,870 sent, 2,003 (38.9%) returned a completed survey. Surveys were not received for 12.2% of the individuals due to inactive EMS status or incorrect address.

Personnel Recruitment

TABLE 1. Seriousness of Your Squad's Recruitment/Retention Problems



Seriousness of Recruitment Problem

Close to two-thirds (63.2%) of respondents said that recruiting individuals to EMS was a serious problem in their local area (TABLE 1). When results were broken down

TABLE 2. Main Barriers to Recruit Local People Into EMS



by geographic location, it was not surprising to find that rural-based EMS personnel (69.7%) felt the problem was much worse than those in urban areas (39.1%). Respondents indicated that the most substantial barriers to recruitment (TABLE 2) were the time commitment (77.2%), training requirements (71.8%), lack of interest in EMS (40.4%), stress (38.7%), and inadequate pay (38.7%).

Reasons for Joining EMS

EMS personnel were asked for the main reasons why they joined local EMS. The most significant factors were satisfaction in helping others (86.9%), community need (78.0%), interest in EMS (72.6%), interest in trauma care (59.9%), and challenge of providing EMS care (52.2%).

Getting Time Off

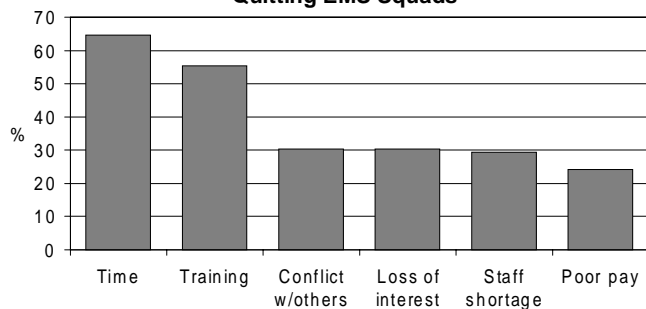
Previous studies have indicated that obtaining time off from work is a problem for some EMS providers. It has been found to be a barrier to both recruitment and retention. Through this survey, we sought to determine the extent of this problem among North Dakota EMS personnel. Results indicated that of those that said EMS was not their primary occupation, 72.7% said that getting or taking time off from their main job for EMS duties was at least somewhat of a problem. One-quarter (25.6%) indicated it was a serious problem. Respondents felt the main reasons for this problem stemmed from schedule/shift work (31.6%), loss of personal income (16.6%), lack of support from employer (7.4%), lack of support from employees (3%) and other reasons (20.7%).

EMS Personnel Retention

Seriousness of Retention Problem

When respondents were asked about retention of local EMS personnel, they indicated it was less of a problem than recruitment of new individuals (TABLE 1). About one-third (32.2%) said retention was a significant problem in their area. Again, a larger percentage of rural-based personnel rated the problem as serious, compared to urban-based EMS providers (35.7% vs. 29.2%). Respondents were asked for their opinion regarding the reasons why squad members

TABLE 3. Significant Factors Behind Persons Quitting EMS Squads

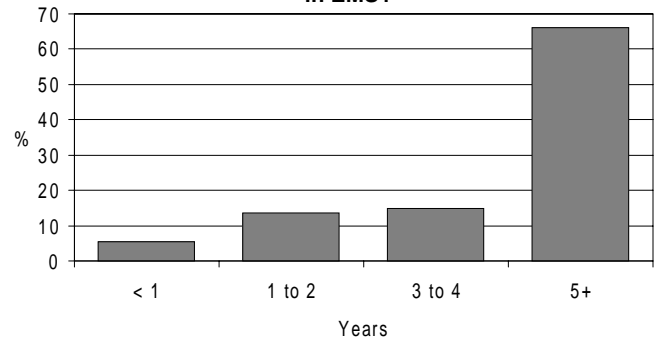


have quit their EMS duties in the past 2-3 years. Their most common responses regarding major factors toward quitting (TABLE 3) were time commitment (64.5%), training requirements (55.4%), personality conflict with EMS personnel (30.5%), loss of interest (30.2%), and shortage of backup EMS personnel (29.3%).

Future Plans for Their EMS Role

EMS personnel were asked how long they plan to remain involved in local EMS (TABLE 4). About two-

TABLE 4. How Long Do You Plan to Remain in EMS?

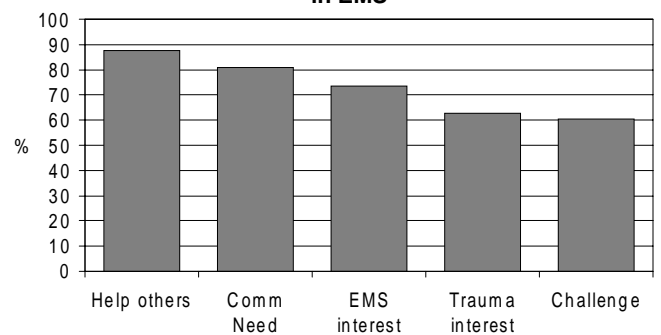


thirds (66%) said they would likely stay five years or more. Approximately 15% indicated they would stay another 3-4 years, 14% said they would remain 1-2 more years, and 6% stated that would likely leave EMS within a year.

Reasons Behind Their Decision

Among those who plan to stay in EMS for more than five years (TABLE 5), the strongest forces for keeping them

TABLE 5. Main Forces Behind Decision to Stay in EMS



were satisfaction in helping others (87.6%), community need (80.8%), interest in EMS (73.4%), interest in trauma care (62.6%), and the challenge of EMS work (60.2%). These factors mirror those that prompted the individuals to join local EMS in the first place. Those who said they will leave EMS in less than five years were driven by the time commitment (47.0%), training requirements (43.5%), shortage of backup personnel (33.9%), inadequate compensation (22.6%), and stress (21.5%).