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Understanding What Motivates Volunteer Firefighters

By Brad Davison

It will come as no surprise to members and chiefs of combination fire departments that the faltering volunteer firefighter system is one of the largest and most daunting issues in the fire service today.

According to a 2017 study I conducted as part of my Master's Degree from American Military University, chiefs reported that volunteer firefighter recruitment and retention was the second biggest issue for their combination fire departments.

The number of volunteer firefighters has rapidly decline over the past several decades. Many fire service veterans blame this decline on the changes to the volunteer firefighter system over the last 30 years, including the increase in training requirements, time demands, and call volume. There's truth to this beyond the tales of seasoned firefighters — statistics from the National Fire Protection Agency (NFPA) show the magnitude of this escalating problem.

A DECLINE IN VOLUNTEER FIREFIGHTERS

In the last three decades, the number of volunteer firefighters has fallen by 12 percent, according to the NFPA. While this may not seem like a disastrous figure at first glance, consider that the number of calls for service has increased by roughly 240 percent. To handle this increased call volume, the number of career firefighters has increased by 43 percent, but departments are still struggling to keep up with demands of service.

In the past, gaps in manpower were filled with volunteer firefighters who joined — and often remained for years — within the ranks. However, the findings from my research found that 60 percent of chiefs now have major problems recruiting and retaining volunteer firefighters. Of those chiefs, 78 percent reported that is was either the first, second or third most influential problem they faced.

Volunteer and paid-on-call (POC) firefighters have always been the foundation of the American fire service. These firefighters still comprise 70 percent of the fire-fighting force and protect 50 percent of the population. The NFPA estimates that in 2011 alone, the donated time and labor of volunteer firefighters saved American taxpayers \$139.8 billion. That equates to roughly 1 percent of the nation's Gross Domestic Product. (GDP).

WHAT MOTIVATES AND DISCOURAGES VOLUNTEERS

Since recruiting and retaining volunteer firefighters has posed a considerable challenge to the fire service over the past several decades, a significant amount of trade and scholarly research has focused on this topic. Researchers and fire service leaders have worked tirelessly to better understand what's causing the decline and to craft solutions to recruit more volunteers.

One of the major initiatives has been to identify what motivates someone to become a volunteer firefighter. It's been found that they are largely motivated by:

Serving Their Community — Volunteer firefighters are seeking a meaningful and practical way to serve their neighbors. Their service includes not only responding to emergency calls, but participating in community-oriented events such as chili-dinner fundraisers, public education events at schools and more. These are people who thrive on engaging with the community and putting their training to valuable use. A proven way to burn-out a volunteer is with insignificant or infrequent service opportunities

Emotional Fulfillment — Studies are proving that volunteer firefighters are not motivated by money. The emotional feelings of value and worth are the only return that most volunteers desire. Volunteers at successful volunteer organizations report that they would continue to perform their duties without pay simply because they love what they do. Making volunteer firefighters question their community worth is an effective way to remove the love for what they do.

Camaraderie Within The Firehouse — Firefighters have historically been gripped by the sense of community and camaraderie around the firehouse. This network of support, education and enjoyment, often referred to as the brotherhood, is rarely experienced in other professions.. Fire departments with an absent, negative, or cliquy sense of community make it difficult and unenjoyable for volunteers to join. This is especially true in combination departments that occasionally foster divides between career and volunteer firefighters.

Although there may be some overlap, the motivations of volunteer firefighters may differ from those of career firefighters. Realizing how to appeal directly to volunteers has proven to be a considerable challenge for many fire service leaders. A sustainable and realistic solution has yet to be identified. Continued attention and research on volunteer firefighter retention and recruitment is therefore critical to the system's survival.

Brad Davison is an engineer/paramedic in Indianola, Iowa. In the fall of 2017, Brad completed his Master's degree in Public Administration, with a concentration in Emergency Management from American Military University. Beginning his career as a POC firefighter, Brad has a passion for combination fire departments.



First Responder Crisis Support Helpline

1-844-550-HERO (4376)

24 hours a day, 7 days a week

This national helpline provides access to confidential support, resources and referrals any time day or night by phone for first responders and their families.

REDUCE CARCINOGEN EXPOSURE

These are some simple actions that all volunteer fire departments and firefighters can take to reduce exposures to carcinogens (a substance that is capable of causing cancer), thereby decreasing the chances of developing cancer in the future.

Reduce The Exposure To Smoke

- Wear SCBA during incidents and overhaul
- Whenever possible work behind the nozzle spray when extinguishing fires
- Work to remove exhaust from apparatuses at the fire scene
- Do not store turnout gear in vehicles or sleeping areas

Reduce The Exposure To Your Skin

- Perform gross decontamination at the scene
- Shower ASAP
- Use a wet wipe to remove soot from the skin ASAP at the fire scene
- Ensure that your turnout gear is properly laundered after exposures

Healthy Lifestyle Changes

- Stop using tobacco products
- Eat plenty of fruits and vegetables
- Limit processed meats
- Maintain a healthy weight and be physically active
- Use sunscreen and cover areas exposed to the sun
- Get regular medical care

***DID YOU KNOW
THAT CANCER IS
THE SECOND
LEADING CAUSE
OF DEATH AMONG
FIREFIGHTERS?***

RESPONSE TO SUICIDAL PEOPLE AND DEATHS BY SUICIDE

By Chris G. Caulkins, MPH, MA, ABD
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In every EMS class, the concept of scene safety has been drilled into our brains. In fact, not ensuring scene safety in any practical exercise or exam, is an automatic fail. Fire officers are cautioned that they are to ensure their crews respond with appropriate precautions against violent people.* EMS curriculum cautions us to assess our environment for “suicide patients who may become homicidal”*. As a result, our protocols and standard operating procedures generally require us to stage at a “location close to, but not at, the scene of an emergency to allow law enforcement personnel to go to the actual scene, ensure safety at the scene, and then summon the ambulance (or fire apparatus) onto the scene”*.

Is staging for every call that involves suicidal ideation, attempt, or death warranted? There are times to stage for safety, but are there times where it may be detrimental to the patient or psychologically damaging to firefighters? Unnecessary staging may result in the perpetuation of stigma that ultimately colors our perceptions about receiving help for our own psychological maladies. In one system, researchers determined that staging delays patient care an average of 4.5 minutes*, which is especially concerning given that reduced time to treatment is positively associated with saving lives*.

Mental Health and Suicide

The suicidology community has generally accepted that mental illness is a contributing factor in many suicide deaths*. The top four illnesses factoring into suicide are Major Depressive Disorder, Borderline Personality Disorder, Nicotine Dependence, and Posttraumatic Stress Disorder (PTSD)*. Firefighters are not immune to mental health issues and are at risk themselves. The general population has a PTSD rate of 8-9% and firefighters somewhere between 7-37%. Additionally, the general population has a suicide ideation rate of 5.6-13.4%*, while Minnesota firefighters have an astonishing rate of 20.9% with 9.5% of those firefighters having a suicide plan*.

It is important for those who respond to suicidal behavior to be comfortable talking about suicide and use appropriate verbiage. The term suicidality is often used as an umbrella term for ideation, attempts and deaths. However, each of these terms have unique meaning and should be spoken about separately*. A suicide attempt is characterized by non-fatal self-directed behavior with the intent to die. A suicide attempt does not have to result in injury, a common misunderstanding. Suicide is when a self-inflicted death has occurred.

There are also words that are shied away from in the field of suicidology. Use of the word “committed” implies that suicide is a moral problem or a crime. Referring to a suicide as “failed,” “successful,” or “completed” may reinforce the negative idea that one is inept that they cannot even kill themselves, that a death is a successful achievement, or that they have been successful.*.

Suicide and Violence Toward Others

At a recent EMS conference attended by one of authors, a keynote address was given on response to mass shootings. The speaker, failing to distinguish between suicide and murder-suicide, continually reinforced the notion that those who kill themselves often kill others. While it is true that the majority of mass shooters kill themselves*, it is important to understand that murder-suicide occurs in only 2% of suicide deaths and mass-murder-suicide is even less frequent*. In fact, one’s chance of being a victim of a murder-suicide is less than 0.001%*. Murder may be on the front page of the newspaper and highlighted on the local news, but less than 16,000 Americans were murdered in 2015 compared to over 44,000 Americans who died by suicide in the same year*. If people who die by suicide regularly murder others before killing

themselves, one would expect the number of murders to far exceed suicides, but that is not the case.

A fire department is three times more likely to have a firefighter die by suicide than in a line-of-duty death*. Our search of the Minnesota state death records revealed that over 50 fire departments in Minnesota have lost a firefighter by suicide since 1994. Police officers are three times more likely to die by suicide than to be killed by a person encountered on a scene*. An even more disturbing and uncomfortable statistic is that the number of murder-suicides carried out by police officers exceeds those enacted by the general population*. Although they are rare events, it is important to understand that murder-suicide has more in common with suicide than homicide*.

Psychological Fallout of Delayed Care

A delay in patient care may be the difference between life and death. This is true not only in a hospital setting, but also in emergency response setting. Responding to suicidal patients with respect and dignity can enhance rapport between the responder and the patient, increase the quality of assessment, and decrease the risk for future suicidal behaviors*. In instances of staging delays, the intensity of the suicidal ideation may increase, along with the likelihood of an attempt. This may result in undo stress for the patient.

Aside from the psychological fallout that may occur for patients, responders may also be impacted by this delay in care. Suicide-related calls may be some of the most challenging and emotionally draining responses. While we wait to be cleared into the scene, the patient’s condition may worsen and/or result in death. This can saddle us with feelings of helplessness, guilt, and put us in the unenviable position of delivering a death notification.

Conclusion

Scene safety is important, for both the responder and the patient. Just as scene safety precautions can be beneficial to all parties involved, being overly cautious can be detrimental. Firefighters with knowledge of safe and appropriate skills for responding to mental health and suicide related calls can help to keep both the responders and their patient safe and well.

Ironically, we should be more concerned about death by our own hand than being killed by someone else. Still, we hesitate to approach a scene involving self-harm, even when a weapon is not present. Why are we less cautious when we treat accidental overdoses compared to an overdose with the intent to die? The authors believe the answer is stigma originating from mistaken beliefs about suicide.

While it is certainly prudent to prepare for and train on how to respond to a patient who is violent, it is important to keep in perspective that people with a mental health condition are more likely to be the victim of a violent crime rather than the perpetrator*. We would be foolish not to prepare for such an event, but it is rare for a patient with suicidal ideation to also be homicidal*. Sadly, this stigma is too often applied to our fellow firefighters who struggle with mental health and suicidality. We should treat ourselves like our patients and we should treat our patients with understanding, compassion and respect. Suicide is treatable and preventable. Let’s keep ourselves safe while tempering our responses by assessing each scene individually in a logical and stigma-free way.

Please note an editorial decision to remove citations and references has been made. Please contact Chris for a copy of this article with citations and references intact. All statements referenced are followed by a superscripted asterisk. Chris has 25 years of EMS experience, 15 years of firefighting, 21 years in EMS and fire education, and over 13 years in suicidology. He is the executive director of the Strub Caulkins Center for Suicide Research (SCCSR) Chris may be contacted at c.caulkins@suicideresearch.org.

The Volunteer Firefighter Alliance

is a national non-profit organization dedicated to assisting
Volunteer Fire Departments
and **Volunteer Firefighters.**



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- **Free membership with 10k LODD Policy:** You can sign up at www.freelodd.com
- **Free recruitment public service announcement:** Your department can sign up at www.nvfrc.org
- **Free firefighter cancer prevention resources:** www.firefightercanceralliance.org

For more ways that the Volunteer Firefighter Alliance can assist your department please visit us at www.supportvfa.org

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