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# Let's Make This Our "Thing". Leveling the Playing Field for a Brighter Future in Paramedicine

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# LET'S MAKE THIS OUR "THING": LEVELING THE PLAYING FIELD FOR A BRIGHTER FUTURE IN PARAMEDICINE

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## Introduction

The majority of paramedic services internationally are multifaceted with frontline paramedics, specialty teams, supervisors, educators, quality assurance, and senior management. Across these services, women have been found to be underrepresented in paramedicine in Canada, and the estimated number of women that hold leadership positions is less than 5 per cent.<sup>(1)</sup> Since the data in this area is lacking in paramedicine, we must draw parallels from research performed in academic medicine, business, and the technology industries to gain insight into the ways that gender bias impacts career progression for women.

## Leadership

In the past, paramedicine has been dominated by males which logically resulted in the majority of leaders being male. However, the gender distribution within the profession is slowly beginning to balance. In Australia, 60 per cent of students graduating from paramedic degrees are women. While this trend is not reflected in the workforce demographics as of yet, in coming years this could easily occur. As of 2017, 39.9 per cent of the paramedic workforce were female. <sup>(2)</sup> This number has grown from 32 per cent in the workforce in 2011, up from 26 per cent in 2006.<sup>(3)</sup>

Women remain disproportionately underrepresented at leadership levels across all facets of the profession – education, governance, and operational management. Therefore, when it comes to making decisions that affect our profession, women's voices are not heard equally. Women are excellent paramedics and capable leaders; why are these two not occurring together? Do the opportunities exist but the achievement does not come to fruition? We all need to look at settings where these questions have been asked, and initiatives have been launched to address and overcome the issues.

Australia has recognized these issues of

inequality in leadership. Strategies have been implemented to support and encourage women and to ensure the development and identification of female leaders. The Queensland Government put forward a strategy titled "50/50: On equal footing" aimed to address gender equity in the workplace. This strategy reports that despite significant efforts over many years to establish a level playing field, challenges still continue across Australia.<sup>(4)</sup> In 2015, the Australian Capital Territory Government published "The Women in Emergency Services Strategy" (WIES). WIES seeks to identify areas where efforts need to be focused and to have initiatives implemented to attract, recruit, retain, and develop women in the emergency services.<sup>(5)</sup> It seems that Canada is still behind in tackling gender inequality issues especially in the paramedicine and emergency services. To date, these issues have not been formally addressed and we ask why not, and what can we do about it?

## Acknowledge success

Professional advancement generally depends on people believing that an employee is contributing to good results. Men can comfortably claim credit for what they do as long as they don't veer into arrogance.<sup>(6)</sup> For women, taking credit can come at social and professional cost. A woman who explains why she is qualified or mentions previous successes in a job interview can lower her chances of getting hired.<sup>(7)</sup>

Success and likeability remain positively correlated for men and negatively correlated for women.<sup>(8)</sup> In a study evaluating the relationship between success and likeability, Cooper states "high achieving women experience social backlash because their very success and specifically the behaviours that created that success violates our expectations about how women are supposed to behave."<sup>(8)</sup> Women perpetuate this bias as well and often women's negative views of female co-workers are seen as an objective assessment therefore legitimizing this gender bias.<sup>(9)</sup>

In a profession that attracts "A-type" personalities, it seems counter-intuitive that these types of dichotomies exist for female paramedics who act as clinical and operational leaders every day. However in everyday interactions, gender biases still play a large role in how female paramedics are perceived and treated by colleagues, management, patients and hospital staff.

Furthermore, it has been demonstrated that women have lower self-perceptions of their own performance when compared to men.<sup>(10)</sup> This results in lower perceived competency and reluctance to apply for promotions. Women's perceived competency evaluations are lower than their actual performance; therefore, are women assessing themselves as under-qualified for senior positions that are competition based? Even if women believe that they deserve a promotion, they are often more reluctant to apply for it, believing that good performance will naturally lead to rewards. <sup>(11)</sup> A previous US study showed that gender did appear to have a negative influence on objective career success (women achieve less success objectively), but this was unrelated to subjective career success (women stated they were satisfied with their success).<sup>(12)</sup>

## Acknowledge unconscious bias

The transparent act of speaking candidly about behavioural patterns makes the subconscious conscious. Often, those who believe they are the least biased are often the least self-aware (men and women alike).<sup>(13)</sup> This subject in itself presents a paradox, forcing us to acknowledge differences while trying to achieve the goal of being treated the same. A very common response when achievements by females are celebrated is the subversive tactic of "Why do we constantly need to make this about male versus female?"

The reason it needs to be pointed out is because a lot of our gender bias is often subconscious. "We need to talk, and listen, and debate, and refute, and instruct, and learn, and evolve". <sup>(8, p188)</sup> Acknowledging inequality is not the



equivalent to the enforcement of said inequality. Women and men are often trained to the same standard, are equally qualified, equally capable, equally experienced, and then treated differently. Women have had to overcome tremendous barriers in the traditionally male-dominated emergency services with discrimination and gender specific violence sadly still continuing to this day.

Paramedicine in Australia has been able to harness the experiences of women in other male dominated workforces, such as the Australian Defence Force and policing, due to the higher proportion of women in these fields. Steps have been undertaken to discuss gender diversity further in the emergency services and this has positioned people to acknowledge the inequality in our field. These strategies are only in their infancy but the gender inequality has at least been identified and acknowledged. Efforts can now start to close these gaps.

## Promote mentorship & sponsorship

Mentorship and sponsorship have been shown to improve both personal and career development in mentees. Mentoring and sponsoring relationships often form between individuals who have common interests or when the junior member reminds the more senior member of themselves.(14) Since there are a larger number of men at the top of every industry, this results in men gravitating towards sponsoring younger men. It is often not possible for junior women to get enough support since there are already fewer women in leadership positions.

If we have a desire to progress the profession or to have opportunities that exist outside of the traditional career progression that has existed, then we must have programs in place to promote equal career opportunities and progression. Unless men in senior leadership and positions of influence jump in too, appropriate mentorship and sponsorship for junior women will remain stagnant. One successful example of this from the business world is the 'Go Sponsor Her' initiative, whereby men in leadership roles declare their support and demonstrate active involvement in the career development of junior women, within and outside their organisations.(15)

## Conclusion

We recognize our privilege in being in a position to speak to gender issues in our profession, while also recognizing the sacrifices and hard work of the women who have paved the road for us.

*"We can no longer pretend that biases do not exist, nor can we talk around them."*(8, p158) Given that the majority of managers in the

field are men, we need them to feel comfortable addressing issues of gender bias directly with both women and men. We need to encourage men to take up this issue both in conversation and in action. We also need to acknowledge the men who do this – championing women in the profession has the potential to lead to personal and professional issues for these men.


*"So men – let's get involved now – and not in a patronizing manner that marginalizes this as some altruistic act on behalf of our mothers, wives and daughters – but on behalf of ourselves, our companies, and the future of our country."*(16)

The field of paramedicine in Canada has a long way to go in identifying barriers that exist for women and changing the climate in our workplaces. There are many different ways to create change in the climate for women in this profession. Some of those strategies involve comprehensive formal initiatives and actions. Others involve the ongoing honest, genuine, productive everyday conversations that already occur with colleagues and acquaintances.

*"I had been at the company for two and a half years and given countless speeches on rebuilding marketing around the social graph and exactly ONE speech on gender. Someone else asked me "so is this your thing now?" – "I made this my "thing" because we need to disrupt the status quo. Staying quiet and fitting in may have been all the first generations of women [...] could do; in some cases, it might still be the safest path. But this strategy is not paying off for women as a group. We need to speak out, identify the barriers that are holding women back, and find solutions"* (8, p147)

Historically women have typically led debates about gender equity; however, a successful approach to gender equity also recognises those men who play a critical role in supporting women and leading change. So let's make this our "thing" for the betterment of paramedicine.

**Disclaimer:** The views and opinions expressed in this article are those of the authors and do not necessarily reflect the official policy or position of any employer or organisation.

**Keywords:** *paramedic, gender, equality, women, profession.* 

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