

# Underrepresentation of women in critical care paramedicine: Experiences and perceptions from Aotearoa, New Zealand

R. FASHER <sup>1,2</sup>, V. TODD <sup>1,2</sup>, B. DICKER <sup>1,2</sup> and K. WEBSTER <sup>1</sup>

<sup>1</sup> Auckland University of Technology, Auckland, New Zealand

<sup>2</sup> Hato Hone St John, Auckland, New Zealand

## AIM

What are the experiences of women who have completed their critical care paramedic training in Aotearoa, New Zealand?

What do critical care paramedics perceive are the barriers and enablers for women becoming critical care paramedics in Aotearoa, New Zealand?

## INTRODUCTION

This study aims to investigate the experiences of women Critical Care Paramedics (CCPs) in Aotearoa, New Zealand, particularly focusing on career progression barriers.

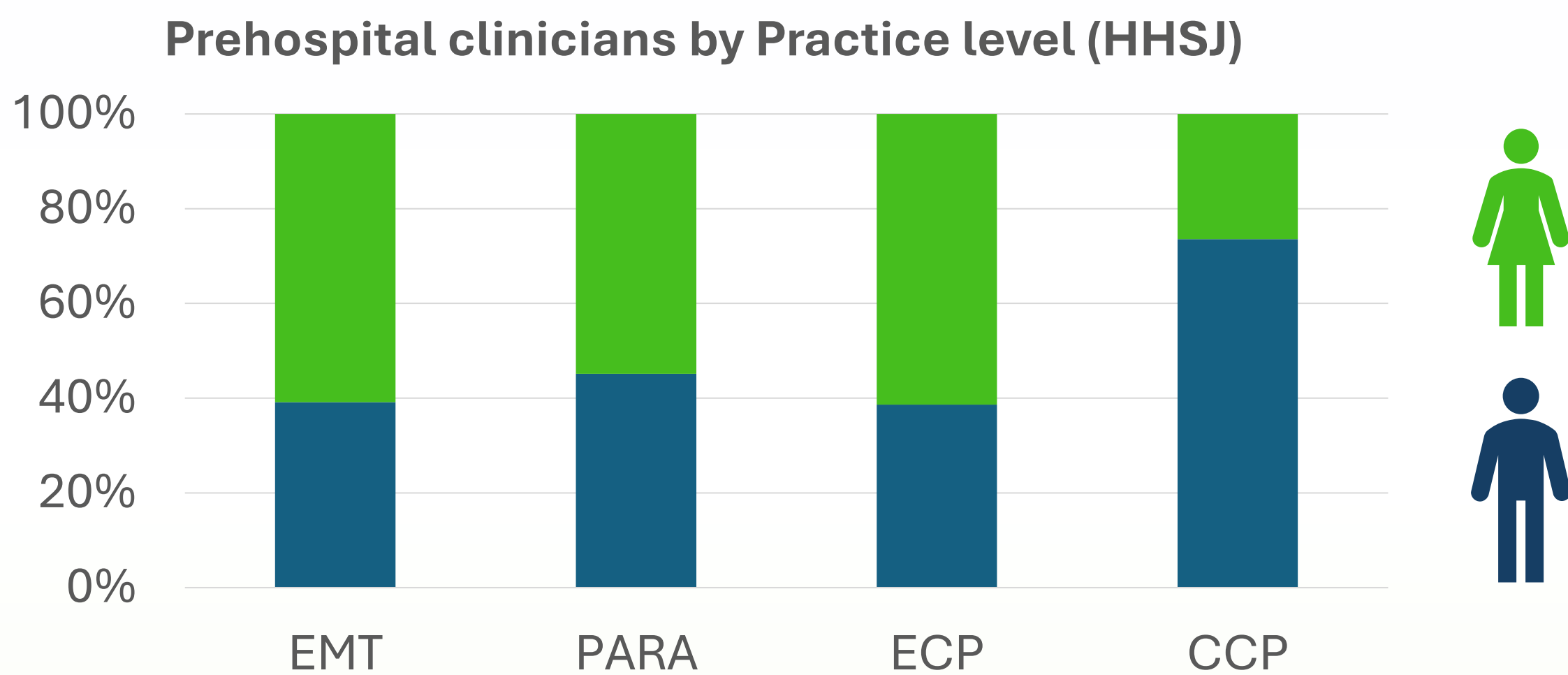
Previous research highlights the global under-representation of women in higher-level paramedic roles.

A qualitative approach will be used, utilising a qualitative online survey with open-ended questions. Recruitment will target all women CCPs, with data collected anonymously. The data will undergo qualitative content analysis.

The study seeks to shed light on gender-related challenges within the prehospital setting and may inform strategies for enhancing equity of opportunity for women paramedics.

## BACKGROUND

Prehospital clinicians in Aotearoa New Zealand include Emergency Medical Technicians (EMTs), Paramedics, Extended Care Paramedics (ECPs) and Critical Care Paramedics (CCPs). CCPs treat the highest acuity patients with a specialised scope of practice at an advanced care level. Paramedicine is a field which has traditionally been male dominated, however, there has been a gender shift<sup>1,2</sup>. In Hato Hone St John (the primary employer of registered paramedics in Aotearoa New Zealand), approximately 60% of operational staff identify as female. However, females comprise only 26% of those within the highly specialised role of CCP. The under-representation of women is problematic, because there is documented evidence of workplace diversity improving patient care<sup>3-5</sup>. A diverse healthcare workforce reduces health disparities, improves patient outcomes, and increases patient satisfaction<sup>6</sup>.



Internationally, there are increasing numbers of female paramedics, along with disproportionate under-representation of females in the higher level or specialist qualifications and operational management roles<sup>7-11</sup>. Even if women were equally trained, qualified, and experienced, they were still perceived as less competent and less deserving of promotion<sup>9</sup>. A Canadian study found women to be more likely to have university degrees but less likely to practice at an advanced paramedic level and are less likely to hold leadership roles compared to men<sup>10</sup>. Assertiveness and confidence are considered essential characteristics of CCPs but are often gender stereotyped, as masculine features and are regarded as negative for women to possess and can be seen as threatening to other colleagues<sup>11</sup>.

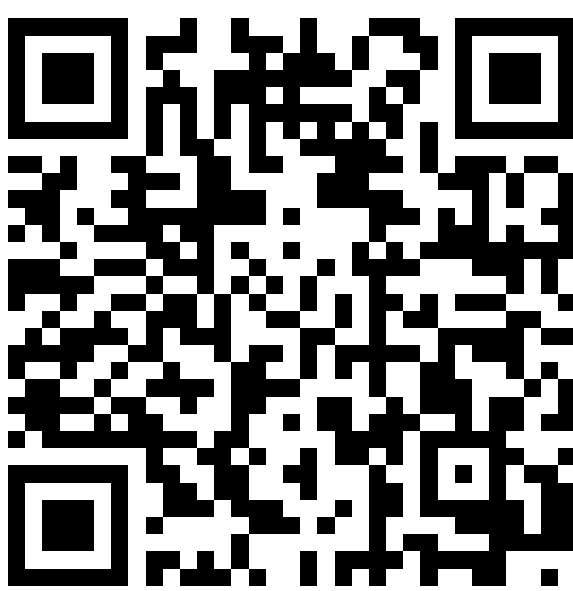
Several international studies have looked at female paramedics' demographics, recruitment, as well as barriers to progression into a leadership or management role<sup>8,12,13</sup>. However, only one United Kingdom-based study focused on female paramedics and the barriers for clinical progression through to critical care practice level<sup>11</sup>. There is currently no published research in this area conducted within the prehospital setting in Aotearoa New Zealand.

## METHOD

- Qualitative approach
- Online Qualtrics survey, with four open-ended questions.
- Questions explore women's experiences and perceptions with regard to upskilling and career progression, as well as the culture around gender stereotypes and opportunities available to women within the prehospital setting.
- The survey is being distributed via Hato Hone St John, Te Kaunihera Manapou Paramedic Council, Wellington Free Ambulance, Australasian College of Paramedicine, air ambulance helicopter providers and other social media sites.
- All women who are currently practicing at CCP level or have been a CCP (or equivalent) within the last 5 years are invited to participate.
- Content analysis will be utilised to identify patterns in the responses, which can then be compared to results from other studies. Content analysis will be performed using the NVivo software.

## STUDY STATUS

This study commenced recruitment in January 2025 and is ongoing. Scan the QR code to find out more:



The survey will close in May 2025 for analysis to begin.

## REFERENCES

- Kaunihera Manapou Paramedic Council. 2023.
- McCarthy S. The Council of Ambulance Authorities; 2021.
- Fine C, et al. *Social Issues and Policy Review*. 2020;14(1):36-72.
- Gomez L, et al. *Journal of the National Medical Association*. 2019;111(4):383-92.
- Rosenkranz K, et al. *Journal of Surgical Education*. 2021;78(4):1058-65.
- Coronado F, et al. *Journal of public health management and practice*. 2020;26(4):389-92.
- Hanna-Osborne S. 2019 <https://hdl.handle.net/2123/21516>.
- Hanna-Osborne S. *British Paramedic Journal*. 2022;7(2):1-7.
- Mason P, et al. *Canadian Paramedicine*. 2018 02/28; 41.
- Mausz J, et al. *Prehospital Emergency Care*. 2023:1-5.
- Ulrich A, et al. *Journal of Paramedic Practice*. 2023;15(6):228-37.
- Mason P. *Irish Journal of Paramedicine*. 2017;2(1).
- Wilson C, et al. *British Paramedic Journal*. 2022;6(4):1-2.

## CONTACT INFORMATION

Primary Researcher: Rainbow Fasher, [sxn2521@autuni.ac.nz](mailto:sxn2521@autuni.ac.nz)

Supervisor: Verity Todd, [verity.todd@aut.ac.nz](mailto:verity.todd@aut.ac.nz), (09) 921 9999 ext. 28875.