



Paramedicine Career Choice Factsheet

Background

This study forms part of a wider project between Health Education England and the University of Winchester exploring Allied Health Professions (AHP) career choices.

An online questionnaire was disseminated to current AHP students in England (undergraduate and postgraduate) for four weeks between February and March 2021. The aim was to explore and understand key motivations, sources of influence and barriers to choosing their specific profession.

The information and findings from the questionnaire will be shared via profession specific factsheets to help shape targeted careers information and guidance. This factsheet focuses on paramedicine as a career of choice.

Paramedicine student population in England

There are currently approximately 8075 active students on paramedicine courses in England.

Survey sample

- 255 paramedicine students completed the questionnaire.
- 61.4% of participants were female and 37.8% were male.
- This finding contrasted with national statistics from NHS England, who found that females comprised 44% of the number of qualified paramedics working for the NHS in England in August 2021 with 56% male (NHS Digital, 2021). However, our findings are in line with the current trajectory of gender ratio within the paramedicine student population in England.

Ethnicity

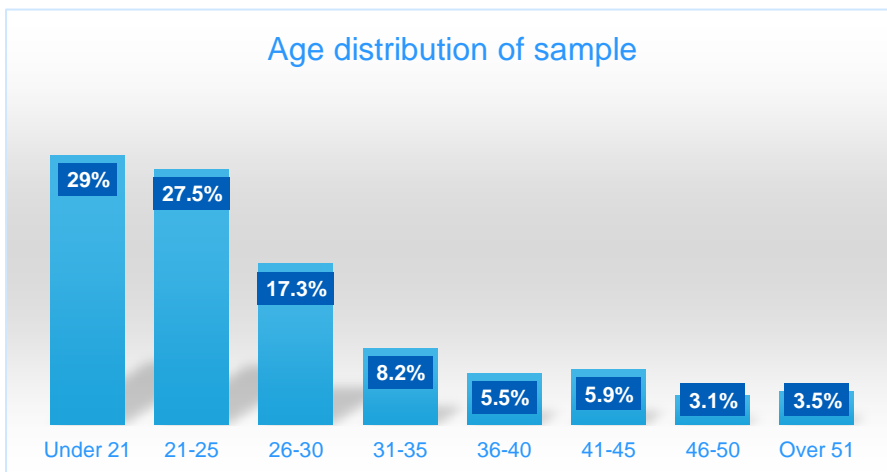
Ethnicity	Percentage of sample
White background	94.9%
Mixed or multiple ethnic background	2.4%
Asian background	1.6%
Black, African and Caribbean background	0.4%
Other	0.4%
Arab background	0.4%

The findings from our sample (shown in the table above) are similar to those from NHS England, who found that individuals from a white background comprised 94% of the number of qualified paramedics working for the NHS in England in August 2021 (NHS Digital, 2021).

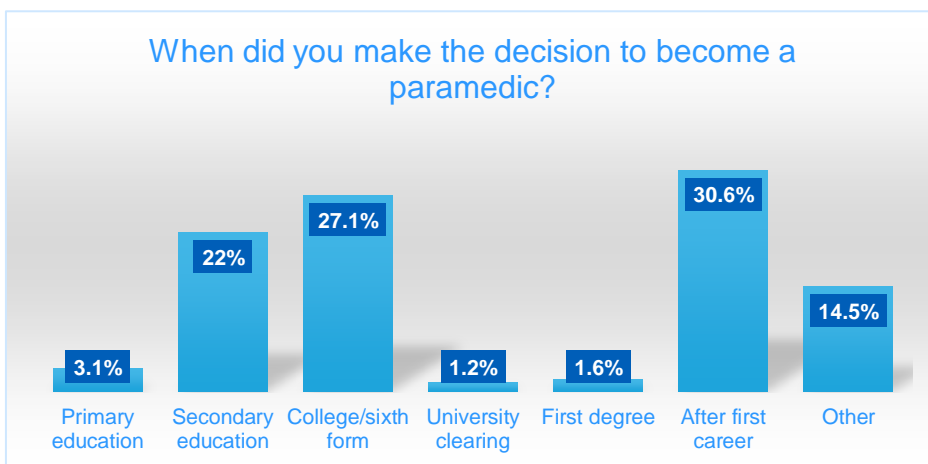
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Age and stage at which participants made the decision to become a paramedic

- In our sample, 56.5% of students were under 25.
- Only 12.5% of the sample were over 40 years of age.



- 52.2% of the sample had chosen paramedicine during their school education. But there was a large percentage of the sample (45.1%) who chose to become paramedics after their first career or at other stages, for example after a number of careers.

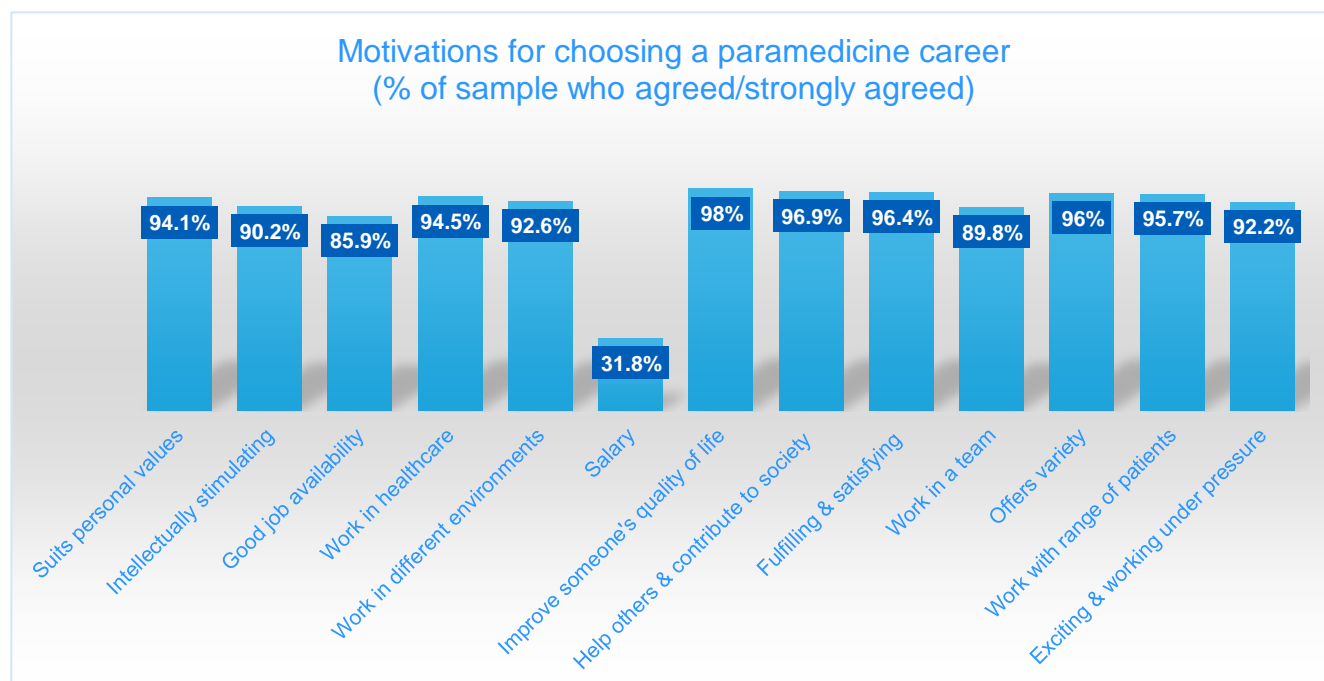


Motivations

Participants were asked to what extent different motivations impacted their paramedicine career choice.

- Choosing a career 'where I can use my skills to improve the quality of life for a patient/service user' was the most popular motivation for choosing paramedicine (98% of the sample agreed/strongly agreed with this statement).
- The most commonly cited motivations are shown in the graph below on page 3.
- Across the 35 motivations in the questionnaire, only nine had less than 50% agreeing/strongly agreeing with the importance of the motivation.

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- Altruistic reasons such as 'where I can use my skills to improve the quality of life for a patient/service user' (98%), 'to help others and contribute to society' (96.9%) and choosing a career which is 'fulfilling and satisfying' (96.4%) were the most popular motivations for choosing paramedicine.
- However, motivations based on the variety associated with the job were also important: choosing a job which 'offers variety' (96%), allows for 'working with a range of patients' (95.7%) and 'working in different environments' (92.6%) all scored highly.
- The perception of the nature of the job was also important for a large percentage of the sample. Choosing a career which was 'intellectually stimulating' (90.2%) was an important motivation. Additionally, choosing a career which was 'exciting and involves working under pressure' (92.2%), the perception is commonly associated with paramedicine, also scored highly among participants.
- Participants were asked about the influence of the opportunity to work in the public and private sector. The public sector scored markedly higher: 70.2% to 24%. It was interesting that working in healthcare (94.5%) and working in the NHS (86.3%) scored noticeably higher than the motivation to work in the public sector more generally.

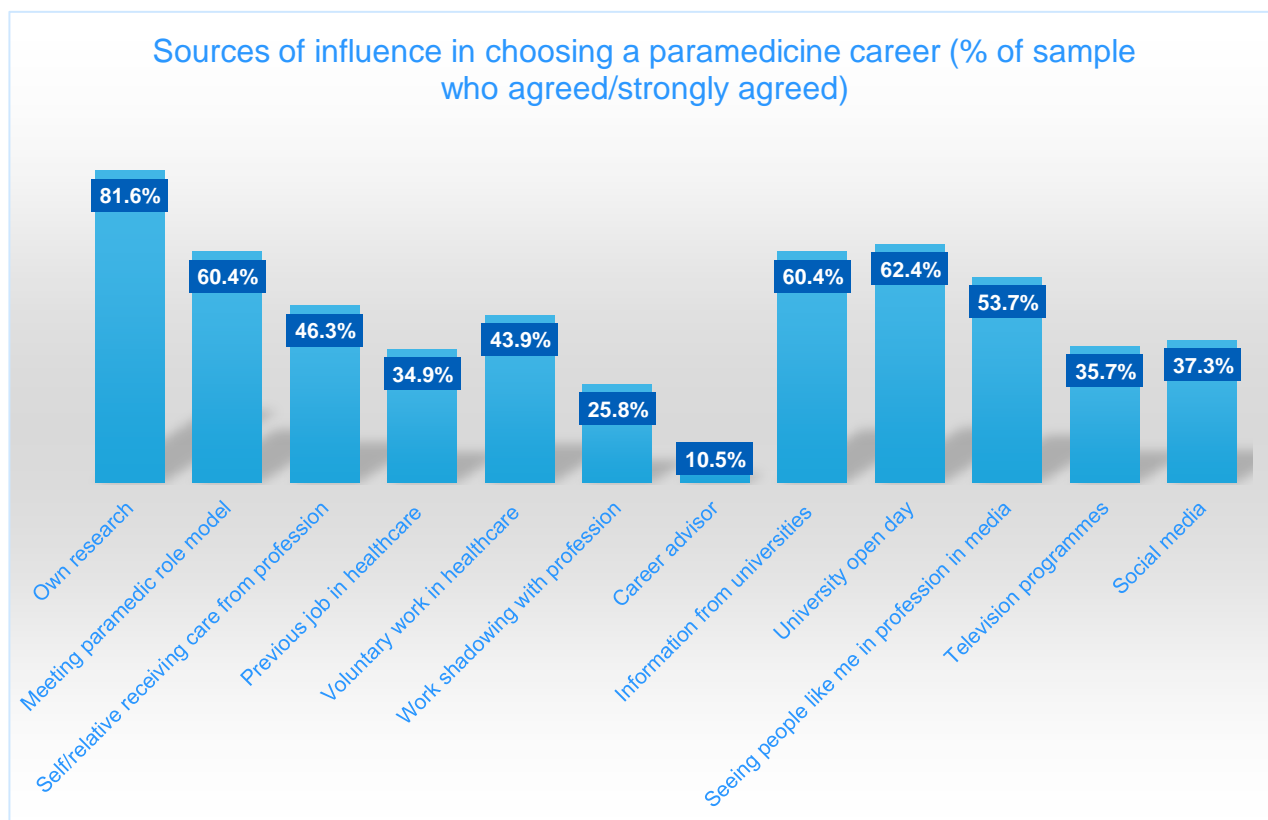
Sources of Influence

Participants were asked about the sources that influenced their career choice.

- The most influential factor was 'conducting my own research' (81.6% of the sample agreed/strongly agreed).
- Selected sources of influence are shown in the graph below on page 4.
- All personal sources scored higher than educational sources. With the exception of university related sources, which scored relatively highly, media sources were more influential than marketing sources.

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- The impact of meeting paramedics through personal interactions such as 'My own experience of being a patient/a relative receiving care from the profession' (46.3%) and 'Meeting someone in the profession who was a really good role model for me' (60.4%), emphasises the influence these encounters have on individuals choosing a paramedicine career. It also highlights the opportunity for paramedics to act as career ambassadors when meeting patients but also in their daily life.
- The low percentage (10.5%) being influenced by career advisors is a concern. This finding is noticeable in that 52.2% of the sample chose to become a paramedic at college/sixth form suggesting reliance on external sources.
- Exposure to the profession through working in a healthcare setting acted as sources of influence to varying degrees for the sample. 'Voluntary work in healthcare settings' was influential for 43.9% of the sample. In contrast, work shadowing specifically with paramedics was a source of influence for only 25.8% of the sample. It was noticeable that 'my previous job in healthcare' (34.9%) was an important source of influence in choosing paramedicine.
- 37.3% had been influenced by social media. Interestingly this was higher than the influence of television programmes (35.7%) or television adverts (12.6%). This suggests a possible shift in the influence of different forms of media in promoting the profession. However, it is important to note that individuals are still influenced by seeing the paramedic profession represented on television programmes. Seeing the profession represented in the media more generally was influential for over half of the sample (53.7%).

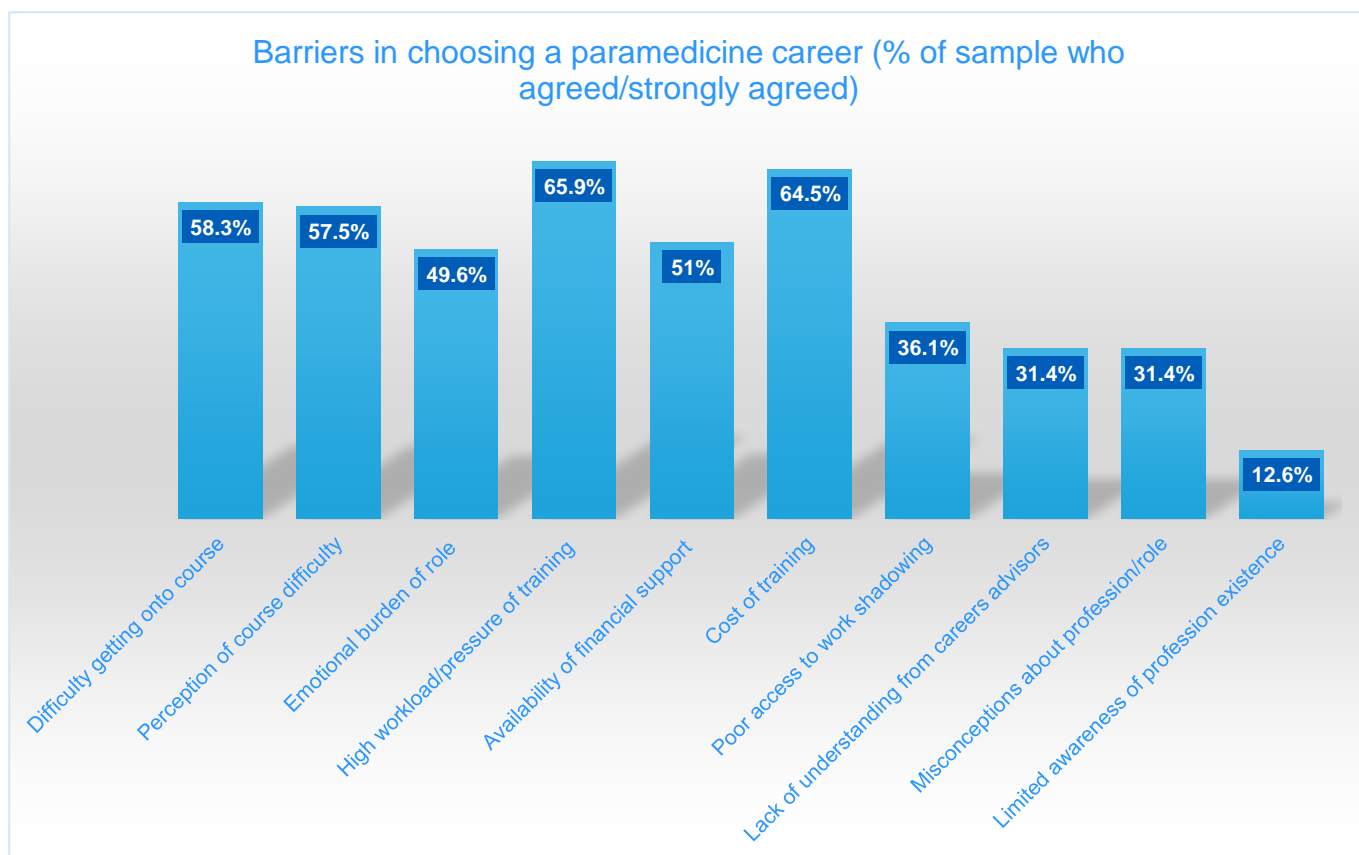


Barriers to entering paramedicine

Participants were asked how their career choice had been affected by potential barriers to entering a paramedicine career. The participants recognised barriers and overcame them to still choose paramedicine.

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- The most influential barrier was 'High workload and pressure of training' (65.9% of the sample agreed/strongly agreed with this statement).
- Most common barriers are shown in the graph below on page 5.
- The majority of barriers was not chosen by a large number of respondents, only five out of the 23 barriers were chosen by 50% or above of the sample.
- Financial barriers to choosing paramedicine were recognised by over half the sample. 64.5% of the sample agreed/strongly agreed that 'Cost of training whilst undertaking the course (e.g. costs of placements)' was a barrier and 'Funding the course and availability of financial support' was recognised by 51% of the sample as being a barrier. This suggests that communication surrounding financial support available for paramedicine students needs to be strengthened. This is made more important with the finding that in our sample, 30.6% were choosing paramedicine as a second career, however funding for paramedicine as a second undergraduate degree is not available.
- Knowledge of the profession was not seen as a barrier (only 12.6% agreed/strongly agreed). However, understanding what being a paramedic involves was seen as a (relatively) more significant barrier: 31.4% agreed/strongly agreed with both a 'lack of understanding from career advisors' and 'misconceptions about the profession/role' as a barrier to choosing the profession. Additionally, 'poor access to work shadowing' was seen as a barrier by 36.1% of the sample. This is an unsurprising finding owing to the difficulties in enabling observer shifts from an ambulance service perspective with limited available seats on ambulances, Disclosure and Barring Service (DBS) clearance needed and insurance for a high-risk environment.



Additional findings

Participants were asked what they thought the public perception was of paramedicine. The question was answered by 49% of respondents. Public perception of the paramedic profession was on the whole seen to be positive. The profession was seen to be respected, especially as a lifesaving service and as a difficult but rewarding job. Respect for the profession was seen to have increased during the Covid-19 pandemic. Participants suggested the image of paramedics as 'heroes saving lives'. However, participants frequently highlighted two public perceptions of what being a paramedic involves. The first perception is that paramedics are just ambulance drivers. Associated with this view is the idea that paramedics are not trained health professionals, nor require a degree to qualify. Participants suggested that this view means a lack of appreciation for how clinically capable paramedics are and the range of skills they possess.

The second public perception of paramedicine is that the role only involves 'rushing around on blue lights busy saving lives' responding to emergencies such as car crashes or cardiac arrests. This misconception about the profession was seen to be due to 'vastly skewed' and glamorised media portrayals. The participants emphasised that the majority of their work is not lifesaving emergencies and therefore the perception of paramedicine is 'out of line with the way people use the service'. One participant described the day-to-day reality of the job as 'more social care than Casualty'. It was suggested that the public see the profession as 'all adrenaline and excitement' when in reality the role is about communication and building trust with service users. Participants suggested that the role of television programmes in promoting the profession had affected perceptions positively and negatively. Programmes had undoubtedly raised the profile of paramedics, but participants questioned the portrayal of the reality of the role. It was felt that more recent television programmes such as 'Ambulance' were helping to explain the role more effectively.

Key findings

- **Our sample was relatively evenly split between individuals choosing paramedicine during their education and choosing it at other life stages.**
- **Altruistic reasons were the key motivations for choosing paramedicine.**
- **Personal sources of influences were the most impactful sources. Educational sources were the least.**
- **'High workload and pressure of training' was the most influential barrier to choosing paramedicine. Financial barriers were also important barriers.**
- **Public perception of the profession was seen to be positive. However, the role was seen in two restricted ways: paramedics as ambulance drivers or responders only attending lifesaving emergencies.**

Recommendations

- Altruistic reasons were overwhelmingly the most influential motivations for choosing paramedicine. Therefore when promoting the profession, **the altruistic aspects of the profession should be emphasised.** However, it is **also important to highlight other motivations, the variety of the profession and that it is seen as intellectually stimulating,** to ensure the profession is not seen as only responding to lifesaving emergencies.

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- Over half of our sample chose paramedicine during their time at school/college. However, the impact of educational sources was noticeably low. Awareness of the profession is not a barrier however prospective students need to have a clear understanding of the paramedic role and not rely on media portrayals. It is therefore important to utilise **sources of influence at school/college, such as career advisors, to promote the profession accurately to ensure clear expectations of the role.**
- The relationship between the media and the paramedic profession cannot be ignored. Whilst the portrayal of the profession in television programmes cannot be controlled, there was a perception that a more realistic portrayal of the role is being shown in television programmes such as 'Ambulance'. Social media was seen as greater source of influence than television programmes in choosing the profession. **Therefore social media could be utilised to promote the profession but also the reality of what the role involves, for example working across all health sectors.**
- Two key barriers to choosing paramedicine included the 'high workload and pressure of training' and the 'emotional burden of the role'. It may therefore be beneficial **when marketing the profession to emphasise a supportive environment when undertaking training. For example, there is standard preceptorship across Trusts and additional health and wellbeing support is now offered to qualified paramedics by employers.**
- Undertaking work experience with the profession provides an important platform to learn about paramedicine. The impact of work experience was relatively low in our sample. This is likely due to restrictions for accessing paramedicine work experience for individuals under 17. Therefore **alternative approaches to help prospective paramedic students at school/college gain an accurate understanding of the profession should be adopted.**
- Our sample comprised 94.9% participants from a white background. Prospective students from minority ethnic groups, may not see themselves represented in the existing workforce and therefore not choose the profession. Paramedicine in England has been identified as an underrepresented profession. Work has been undertaken by HEE to promote ethnic diversity in paramedicine (HEE, undated) and increasing diversity within the College of Paramedics and the paramedic profession as a whole has been included in the College of Paramedics' 2019/24 Strategy (College of Paramedics, 2019). Our findings suggest that **there needs to be further exploration as to how to improve diversity in the paramedic profession and action taken accordingly to encourage all individuals to choose the profession. For example, through outreach work in primary, secondary schools, colleges and in local communities.**
- The gender ratio in our sample is in line with current trends at universities in England which are showing a shift towards recruiting more females. **It may therefore be beneficial, at this early stage, to explore this shift and ensure longer term that the gender split is representative of the population served.**

Acknowledgements

This factsheet was produced by Dr Lucy Wallis from the University of Winchester utilising the data responses from the Motivations for choosing an Allied Health Profession career questionnaire 2020. Lucy was assisted by Dr Rachel Locke, Sarah Todd, Professor Beverley Harden and Carrie Biddle. For more details, please contact Dr Rachel Locke:

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