Gender Mainstreaming Ambulance Medical Care
Emergency Service, Göteborg Region

A project carried out by:

Mats Kihlgren
Gunilla Edholm
<table>
<thead>
<tr>
<th>Register</th>
<th>page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender Mainstreaming Ambulance Medical Care</td>
<td>1</td>
</tr>
<tr>
<td>Background</td>
<td>3</td>
</tr>
<tr>
<td>Organisation</td>
<td>3</td>
</tr>
<tr>
<td>Objective/Vision</td>
<td>6</td>
</tr>
<tr>
<td>Description of Objectives</td>
<td>6</td>
</tr>
<tr>
<td>The Issues</td>
<td>7</td>
</tr>
<tr>
<td>Methodology/Purpose</td>
<td>7</td>
</tr>
<tr>
<td>Project team</td>
<td>8</td>
</tr>
<tr>
<td>Findings</td>
<td>8</td>
</tr>
<tr>
<td>Discussion</td>
<td>17</td>
</tr>
<tr>
<td>Conclusion</td>
<td>19</td>
</tr>
</tbody>
</table>
Ambulance Medical Care

A study carried out within the framework of Gender Mainstreaming in Ambulance Medical Care from a patient approach.

Background

Gender Equality
The Executive Committee has the overall responsibility for work with gender equality in municipal operations. The City Council has established that the gender perspective is to be incorporated into all operations. Each board or committee is responsible for working with issues of gender equality.

3R Method
The Swedish Association of Local Authorities has, in its project JämKom, developed a tool for analysing gender mainstreaming, the 3R Method. By answering questions under the headings, Representation, Resources and Realia, a municipal operation can be analysed from a gender perspective.

The 3R Method is a tool or a strategy in municipal work with gender equality. Gender mainstreaming means that the gender perspective is integrated into the ordinary work of the municipal operation.

Ambulance Medical Care
Ambulance medical care is defined as an operation in health and medical care that includes examination, care and treatment in connection with transportation by ambulance.

Organisation
Since 1900, ambulance medical care in Göteborg (Gothenburg) has been run by the Emergency Service, Göteborg Region. The catchment area is the municipality of Göteborg with a population of approximately 500,000. In 1999, a total of 46,495 calls of all categories were responded to. Of these, 41,201 were emergencies (priority 1: 19,904, priority 2: 11,374 and priority 3: 15,717). Both OLA ambulances together responded to 5,518 calls.

The ambulances are located at six ambulance or fire stations which are divided into two districts. Each district has a district supervisor with a budget for medics, operations, premises and investments.
Employees
Today there are several different categories of staff who serve in ambulance medical care. Their skills vary from a 7 week medic course to nurses who have specialised in emergency medical care. The number of medics is approximately 300.

The Ambulance Unit
The unit has the following fulltime positions; a unit supervisor, a co-ordinator nurse, a care developer, two clerks, and a physician with medical responsibility who has a halftime position.
These two districts and the ambulance unit work under the Emergency Service Department whose supervisor is to co-ordinate and develop the total operations for ambulance medical care and emergency services.
The Emergency Service is divided into four divisions; the Emergency, Human Resources, Engineering and Preventive divisions. The Chief Operating Officer has the overall responsibility for Emergency Service, and (s)he works under the direction of elected politicians, the Federation Direction. For a sketch of the organisation, see Appendix.

Emergency Service organisation

[Diagram of the Emergency Service organisation]
Översättning av termer i skissen ovan:
Förbundsdirektion: Federation Direction
Direktör: Chief Operating Officer
Bitr direktör: Deputy COO
Förebyggande avd: Prevention Division
Räddningsavdeln: Emergency Division
Tekniska avdel: Engineering Division
Personal avdel: Human Resources Division
Ekonomni avd: Financial Office
Kansliavdel: Administration

The Ambulance Unit in the Emergency Division
Organisationsskiss
Area of Operations
Ambulance medical care in the Emergency Service, Göteborg Region, as a supplier of ambulance medical care, is to:
- Run ambulance medical care in the municipality of Göteborg. This is done in accordance with a contract with Sahlgrenska University Hospital.
- Participate in and initiate research and development aimed at pre-hospital medical care.
- Actively participate in and support skill enhancement in pre-hospital medical care, above all, in upper secondary schools and institutions of higher learning.

Objective/Vision
Ambulance medical care, as a natural link in the chain of emergency medical care, is to be able to provide care which is deemed to be optimal based on the patient’s need:
- During all hours of the day
- To all patient categories
The organisation is to be developed in co-operation with different categories of patients/consumers, staff and by taking advantage of research findings in pre-hospital medical care.
Our vision, based on a holistic view of the chain of medical care, is that we are to be one of the leaders in pre-hospital medical care.

Ordering an Ambulance
Patients who need an ambulance in an emergency call SOS-alarm AB by dialling 112. The call is then routed to a centre for priority and dispatching. The patient is given a priority based on a scale of 1 – 3. Thereafter, the ambulance team that is closest and has the correct skills is called and dispatched to the patient.

Prio 1. Alarm Acute life-threatening illness or accident
Prio 2. Urgent Acute but not immediately life-threatening symptoms
Prio 3. Transport Acute call, reasonable waiting period is not deemed to affect the patient’s medical condition

Description of Objectives
- The Health and Medical Care Act 1982:763 Section 2
The objective of health and medical care is good health and care on equal terms to the entire population.

- Objective of ambulance medical care: To provide all patient categories with care which is deemed optimal based on the patient’s need.

The Emergency Service, in supplying service to ambulance medical care, makes no distinction between the sexes in terms of service.

The Issues
Pursuant to the Health and Medical Care Act, the description of the objectives for ambulance medical care, the Equality Plan for the Emergency Service Federation, a project was initiated within the ambulance unit of the Emergency Service in which the issue was:

Are there any differences related to gender within ambulance medical care, as concerns how different categories of patients are treated?

Some areas that we wanted to explore were:
- Patient data. Are there differences in making use of this when transporting a patient by ambulance, assessing and treating patients within different organisations which can be attributed to male/female? Are these findings representative of other medical care?
- Management: What is the percentage of women/men in the different decision making bodies?
- Resources: Are there differences in the distribution of resources as concerns the state of health attributed to male/female?

Methodology/Purpose
The project was based on the patient data in ambulance medical care and the 3R tools, Representation, Resources and Realia. These have been defined in the Gender Mainstreaming model and have been used as a foundation for our work.

The scope of the project was to survey and illuminate differences that can be attributed to male and female in each issue, above.

The purpose of this project is to initiate a discussion concerning ambulance medical care from the perspective of gender mainstreaming.

Organisation and Distribution of Responsibility

Ordered by
The Executive Committee of Emergency Service, Göteborg Region
Project team:
Mats Kihlgren, Unit supervisor ambulance medical care, project manager
Gunilla Edholm, Co-ordinating nurse

Feedback/Evaluation
The findings will be reported to
- The Steering Committee.
- The purchaser of ambulance medical care, Sahlgrenska University Hospital,
- The regional ambulance group: Those responsible for ambulance medical care in
the region.
- SOS-alarm AB, the company responsible for assessing priorities and dispatching
ambulance medical care.

Those who are responsible for these groups will be given the opportunity to present
their opinions and to participate in the continued work. Then, they can jointly draw
up a plan to follow-up ambulance medical care when the different issues have been
worked out.

Different types of systems for a follow-up of these issues are being drawn up. This
will make each issue a natural part of the operation so that it can easily be examined.

Findings
The distribution of women and men in the different decision making bodies.

**Emergency Service Federation**

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<td>Gårda</td>
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**Distribution of women/men according to population and visits to ER**
A compilation of the total number of inhabitants shows that there is a larger number
of women all total. This is particularly visible in the ages above 60 years. Despite
this, there are only marginal differences in the number of visits to the Emergency Room at Sahlgrenska University Hospital.
Population by age group and sex in Göteborg Dec. 31, 2000

Men Women years
Men Women
Ambulance Utilisation
The total number of ambulance dispatches were compiled from a gender perspective on ambulance medical care in the towns, Göteborg, Mölndal and Skaraborg. These organisations represent three different types of geography. Göteborg is an urban centre with a small percentage of patients on the outskirts of town. Mölndal is a small town, but otherwise comparable to Göteborg and is characterised by its vicinity to an urban centre. Skaraborg is made up of several small and medium large communities and a large rural section. Göteborg and Mölndal have a joint priority and dispatching centre located at the Gårda Fire Station. Skaraborg uses the SOS centre in the town of Falköping.

Ambulance Transports
Percentage of men/ women who have used the ambulance
Göteborg:
Men 45% Women 55%

![% Percentage of women/men Göteborg](image1)

Series Women Men

Mölndal:
Men 47% Women 53%

![% Percentage women/men Mölndal](image2)

Series Women Men

Skaraborg:
Men 51% Women 49%
Percentage of ambulance transports divided by priority and sex

Göteborg:
Men.  
Prio 1 life-threatening 38%  
Prio 2 urgent 32%  
Prio 3 transport 30%  
Prio 1 and 2 deemed urgent or life-threatening together account for 70% of the dispatches

Women  
Prio 1 life-threatening 28%  
Prio 2 urgent 36%  
Prio 3 transport 36%  
Prio 1 and 2 deemed urgent or life-threatening together account for 64% of the dispatches.
Mölndal

Men.
- Prio 1 life-threatening: 28%
- Prio 2 urgent: 20%
- Prio 3 transport: 52%

Prio 1 and 2 deemed urgent or life-threatening together account for 48% of the dispatches

Women
- Prio 1 life-threatening: 19%
- Prio 2 urgent: 24%
- Prio 3 transport: 57%

Prio 1 and 2 deemed urgent or life-threatening together account for 43% of the dispatches

Skaraborg

Men.
- Prio 1 life-threatening: 32%
- Prio 2 urgent: 34%
- Prio 3 transport: 26%

Prio 1 and 2 deemed urgent or life-threatening together account for 66% of the dispatches

Women
- Prio 1 life-threatening: 26%
- Prio 2 urgent: 44%
- Prio 3 transport: 30%

Prio 1 and 2 deemed urgent or life-threatening together account for 70% of the dispatches
What impressions do patients have of ambulance medical care in Göteborg?

A patient questionnaire was done in the year 2000 to find out what impression patients had of the way they were treated in general. The questionnaire was based on KUPP (Quality from the Patient’s Perspective). The questionnaire is, in contrast to most others, scientifically grounded and has been adapted to a large number of different care environments. Medical studies are regularly carried out on selected patient groups from the large group of patients of the ambulance medical care. In this project, a survey was made according to the KUPP method, in order to understand patients’ impressions of specific ambulance medical care in Göteborg. The target group was patients who had been given Priorities 1, 2 and 3.

The patient’s assessment of quality according to the KUPP index

Medical examinations
Man: 13,00  Woman: 12,50
Medical treatments
Man: 12,95  Woman: 12,19

Medical assessment
Man: 12,64  Woman: 12,43
Pain relief
Man: 11,97  Woman: 9,71

Treated positively
Man: 14,62  Woman: 15,39
Quick response
Man: 15,24  Woman: 14,23

Help/understanding
Man: 13,63  Woman: 13,23
Ambulance/arrival
Man: 9,64  Woman: 8,64

ER at Sahlgrenska University Hospital

To get an overall picture of the patients’ use of emergency medical care an equivalent follow-up during quarter 1 was done of the ER at Sahlgrenska/Östra/Mölndals Hospitals, and divided into percentage of women and men.

Sahlgrenska hospital
Men 7305
Women 6691
Summary of Findings

Management
Ambulance medical care in the region is generally run by men. At the Emergency Service ambulance unit, the situation is the opposite.

ER and the Utilisation of Ambulance Medical Care
Men and women show differences when it comes to seeking emergency care in certain areas. At the ERs within the Sahlgrenska University complex there were no major differences between women and men in the number of ER visits. Women in the urban centre Göteborg/Mölndal use the ambulance to a greater extent than women in Skaraborg.

Assessment/Treatment
SOS alarm gives women, in general, a lower priority regardless if they are in the urban centre Göteborg/Mölndal or in Skaraborg. The single greatest difference is in the urban centre where the difference between priority 1 men/women is that women are given this priority 10% less often than men.

Women generally feel that they receive assessment and treatment from the ambulance staff, in contrast to men, according to the patient questionnaire in Göteborg. According to the same questionnaire, women are more dissatisfied than men with the pain relief given in the ambulance.
**Discussion**
In this follow-up of ambulance medical care, we can see differences between male/female, on the whole, in all the areas studied.

**Description of Objectives**
In the Description of Objectives, above, all of the objectives are based on no differences between the sexes in terms of assessment, care and treatment. The findings of this study show that this is not the case. It shows that all organisations have reason to review the way they deal with issues of gender mainstreaming.

**Composition of Human Resources**
Ambulance medical care has historically been a man’s job. One explanation for this may be the historic relationship between emergency service, as well as the fact that the job is physically demanding. Some possible reasons for this may be the close co-operation with the rest of the medical care services, requirements for registered personnel, nurses to administer medication, as well as the development of transportation equipment which partly make things easier for personnel. Despite this, men are still over-represented in ambulance medical care. This is a possible explanation to the male dominance on all management levels. In the ambulance unit of the Emergency Service, the situation is the opposite. There, women are over-represented. This can be explained by the fact that the demanded skills do not come from within, but are recruited from medical care.

The following are proposals for several tangible measures with the purpose of further increasing female representation among ambulance medical care personnel:

- Review the test procedure. Are today’s load and lift tests relevant to the performance of the job?
- Different types of quotas:
  1. With equivalent merits women can be given priority when hiring.
  2. Ambulance medics/nurses can have be employed by the County Council (which is responsible for medical care in Sweden).

If these proposals are going to have any impact, it is important that the purchaser, the County Council, agrees to long-term objectives for female representation. An impact analysis must be drawn up by the purchasers and the suppliers together. Would it be possible to dismiss some of the requirements to the advantage of female recruitment? Can the contractor take responsibility for women who may need to be placed elsewhere due to musculo-skeletal injury, after all the job is, despite everything, physically demanding. It is important that the County Council gives staff job security and potential for alternative work tasks in such cases. If personnel and contractors know this, then it is our opinion that a significantly larger number of women could be given positions in ambulance medical care.

**Ambulance Utilisation**
The number of visits to the ER are approximately the same between men and women. Despite this, women are over-represented for using the ambulance to get to the hospital. It may be hard to find an explanation for this.

Some possible explanations:
There is a larger percentage of single women in this region. This may mean that an ambulance is the only alternative, if they cannot drive themselves to the hospital.

Women in the urban region are aware of society’s duties and place greater demands. Why doesn’t this apply to an equivalent group of men?

Women in the urban region have a fear which means that they don’t trust other forms of transport than ambulance.

Women are generally older, and thereby, their general state is worse.

To find answers to these questions, it may be appropriate to implement a new patient questionnaire and at the same time further analyse women’s general health conditions.

**Prioritising**

The company OS-alarm AB gives the priorities and assesses the care seeker by means of a telephone interview. When assessing incoming calls, the dispatcher uses a national index during the interview. This index has been drawn up by medical experts together with SOS-alarm AB. The results are a compilation from two different alarm centres, Göteborg and Falköping. The study shows that women are gnarly given a lower priority than men. This applies to both urban and rural regions.

The reasons for this can be among the following:
- The index that forms the basis of the interview and the prioritisation has been drawn up by medical experts. The composition of this group was overwhelmingly men and, thus, it is most likely that it is based on males values.
- Another known factor is that most studies and reference values are based on male values. Has this had an impact on the templates and the assessment criteria in the index, which is the foundation for the priority the patient is to have in continued treatment?
- Can men describe their symptoms more clearly than women?
- Do women minimise their symptoms?
- Are women’s symptoms taken less seriously?
- Do men call for an ambulance first when they are seriously ill? If so, this could be confirmed by the fact that the percentage of women who call for an ambulance is higher than men.

To illuminate the above, an equivalent study can be done at the ER. What happens with women/men who visit the ER? Are men’s symptoms more serious that those of women? Are the women older with a worse state of health? How do the men transport themselves to the hospital? Due to limitations on this study we have not done any further research into these issues, but can simply confirm that women, for some reason, are prioritised lower after the interview with SOS-alarm AB.

**Quality from the Patient’s Perspective, (KUPP)**
In the patient questionnaire that was sent to patients who had taken the ambulance, the results point to high care quality. However, there is a lower percentage of satisfied women. It is particularly interesting to examine the following criteria:

Examination/Treatment.
The grounds on which the patient is examined and treated are similar to the grounds for the index used in the interview by SOS-alarm. The same source of error may be the cause of possible wrong assessments in the prioritisation and can be attributed to the examination and treatment by ambulance personnel.
An additional factor can be that the majority of female patients are not given the opportunity to meet female ambulance medics. Would female medics have a better understanding of the female patients’ way of describing their symptoms.

Pain relief
This is a known fact even in in-patient care and can only be confirmed in ambulance medical care. There are major shortcomings in today’s medical care when it comes to providing female patients with their inalienable right to pain relief. Otherwise, this can be related to the ideas above.

Waiting for the ambulance.
This is a natural result of the lower prioritisation which SOS-alarm gives women, in general. Calls from female patients are not given a high priority. This means that other calls which SOS-alarm deems to be more "acute” have priority. This is reflected in the questionnaire in which women feel that they wait longer than men for an ambulance.

Treatment
Women are more satisfied than men with the way they are treated by the ambulance personnel. There may be many reasons for this. Their demands are not as high and they are satisfied with the help that comes. The male dominance in ambulance medical care implies, perhaps, a meeting between man and woman without prestige. To a certain extent, this can be confirmed by an equivalent study done in Stockholm. There, a male group was most dissatisfied with the way they were treated.

Conclusion
The description of objectives for the organisations referred to above, are all based on there not being any differences between the sexes as concerns assessment, care and treatment. We are looking forward to discussing the findings of our study with the organisations we have studied from a gender mainstreaming perspective.
This work is to be seen as the beginning of the illumination of ambulance medical care from a gender perspective. It is our hope and belief that this will add something positive to the operation and in the end, to the patients. By working with the 3R Method, we have been able to illuminate the distribution of Resources, Representation and Realia in ambulance medical care from a patient and gender perspective.
Our hope is that there will be in-depth studies in a number of the areas which we have touched upon and this will create the potential for a conscious and structured work method to forward work with gender mainstreaming in ambulance medical care.

Gunilla Edholm          Mats Kihlgren