Not 'out and proud': LGBTQIA+ paramedic student invisibility in the off-campus clinical setting

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Work-integrated learning experiences of LGBTQIA+ students are rarely considered, with no specific consideration of paramedic students in this context. Students' perceptions of WIL and the challenges associated with navigating the off-campus clinical setting have highlighted the need for a sense of belongingness, safety and security, and a healthy self-concept. The present study piloted a 37-question online survey with participants from six paramedic programs from metropolitan and regional Australian universities in 2021. Semi-structured interviews were conducted with 12 participants from three universities, with participants selected from both metropolitan and regional universities. A mixed method approach was used to guide the data collection and analysis. Data were interpreted to suggest that paramedic students are unlikely to be open about their gender identity and/or sexual orientation with WIL staff for fear of discrimination. Study limitations and directions for future research are also discussed.

Keywords: LGBTQIA+, paramedic students, work-integrated learning, student perceptions, equity

Work-integrated learning (WIL) plays a crucial role in paramedic education, both in acquiring paramedic skills and the forming of professional identity (L. Ross et al., 2015; Wongtongkam & Brewster, 2017), with paramedic students undertaking workplace-based work integrated learning in ambulance services, and increasingly, in community and allied health clinical settings. Levett-Jones and Reid-Searl (2022) suggest that students' progress in WIL can only occur after their needs for safety and security, belongingness, healthy self-concept, and learning have been met. A sense of belongingness is a crucial precursor to successful completion of WIL, although Levett-Jones and Lathlean (2009) suggest that feelings of alienation instead of belongingness at times characterize students' experience of clinical placement. Curtis et al. (2007) reported students' experiencing feelings of rejection, being ignored, devalued, and feeling invisible, whilst Sengstock (2009) found undergraduate nursing students experienced anxiety as they attempted to determine where they fitted within the broader profession. Whilst all paramedic students experience a mix of emotions, expectations, and apprehension in relation to WIL, the anticipation of those who identify as lesbian, gay, bisexual, transgender, queer, intersex and asexual (LGBTQIA+) is potentially exacerbated by issues related to sexual orientation and/or gender identity (Messinger, 2004). Young people who identify as LGBTQIA+ are exposed to additional emotional and psychological stress compared to their cis-gender and heterosexual peers because of having to manage a stigmatized identity, heterosexism, victimization, harassment, and discrimination (Acevedo-Polakovich et al., 2013; Higgins et al., 2021; Price-Feeney et al., 2020; Rogers, 2017; Rosenkrantz et al., 2017). Whilst researchers have started to investigate manifestations of heterosexism in the health (Davy et al., 2015), nursing (Gray et al., 1996), and medical curriculum (Nama et al., 2017; Yang, 2021), there has been little empirical research published in relation to the experiences of LGBTQIA+ students undertaking WIL, and no empirical research published in relation to how LGBTQIA+ paramedic students experience WIL. Whilst the larger study that informs this paper was focused on paramedic students' perceptions of LGBTQIA+ discrimination in their curriculum, there was some consideration of WIL. This paper pays particular

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attention to the 'openness' of LGBTQIA+ paramedic students to WIL staff both on and off campus, and to the experiences of heterosexism reported by paramedic students whilst undertaking WIL.

BACKGROUND

Intersectionality, a term coined by feminist scholar Kimberlé Crenshaw (1989), describes a conceptual approach that states that social identities such as sexual orientation, gender identity, and student status "interact to form qualitatively different meanings and experiences" from those that could be reasonably explained by a single identity (Warner, 2008, p. 454). Warner (2008, p. 455) argued that intersectionality requires identity to be understood within a "social structural context", with these identities being shaped by environments that support, discourage, or maintain them (Stewart & McDermott, 2004). Multiple environmental contexts inform the experiences of LGBTQIA+ paramedic students; whilst this is recognized in this study, the focus reported in this paper is the experience that LGBTQIA+ paramedic students have concerning WIL. The effects of the educational environment and the impact that this has on LGBTQIA+ students has been reported previously (Dentato et al., 2014; Glazzard et al., 2020; Lapinski & Sexton, 2014; Risdon et al., 2000; Tinoco-Giraldo et al., 2021). Intersectionality allows for a consideration of how individuals negotiate identity shifts in various environments, allowing for an understanding of how an individual negotiates these shifts in identity throughout their educational experience (Diamond & Butterworth, 2008). Through the application of an intersectional lens, it is possible for educators to identify the ways in which students negotiate the WIL setting, allowing for an exploration of the barriers and facilitators to healthy identity integration. Together, this contributes to the creation and development of professional identity (Crampton & Afzali, 2021).

Personal and professional satisfaction is inextricably linked to the robustness of an individual's professional identity as a healthcare worker and is foundational to successful practice in the health professions (Collins, 1993; Cook et al., 2003; Cowin et al., 2013; Monrouxe, 2010). Professional identity incorporates the shared knowledge, skills, values, beliefs, and attitudes specific to a professional group (Goltz & Smith, 2014; Hercelinskyj et al., 2014; Worthington et al., 2013). Developing and maintaining a strong professional identity is crucial to fully accepting and performing the responsibilities associated with a professional role, such as that of a paramedic (Crossley & Vivekananda-Schmidt, 2009). Benner et al. (2009) suggested that forming a strong professional identity early in a student's study allows for a more successful transition to professional practice, motivating and instilling confidence in the beginning health professional. WIL associated with higher education nursing programs has been shown to occur in an environment of anxiety as students attempt to determine where they fit within the profession and, to an extent, the host workplace (Sengstock, 2009). Sengstock (2009) argued that determining 'fit' within the profession is a core element of developing professional identity and a sense of belonging to the profession that the student seeks to enter upon completion of entry to profession study.

Negative experiences related to identifying as LGBTQIA+ or gender non-conforming are associated with an increased risk of mental health concerns in LGBTQIA+ students (Gnan et al., 2019). Oswalt and Wyatt (2011) reported that LGB students, along with students who were questioning identity, or sexual orientation, were at a higher risk of mental health concerns than cis-gender heterosexual students. The risk of mental health concerns was found to be even higher in students who identified as bisexual, compared to lesbian, gay and cis-gender heterosexual (Oswalt & Wyatt, 2011). Oswalt and Wyatt (2011) also found that the impact of mental health concerns on academic performance was higher in lesbian, gay, bisexual, and questioning students compared to cis-gender heterosexual peers.

If LGBTQIA+ students choose to disclose their identity or sexual orientation during WIL, they may encounter various challenges and potential consequences. One consequence is the possibility of focusing on hiding their identity rather than fully engaging with the learning opportunities provided by the placement. This diversion of attention and energy towards concealment can hinder their overall learning experience and professional development (Eckstein, 2022). Holman et al., (2021) suggested that disclosure of sexual or gender diversity has generally been understood as a positive step, effectively enabling authenticity, and reducing the stress associated with concealment. However, disclosure of a LGBTQIA+ identity may result in increased prejudice, discrimination, hostility, and violence (Holman et al., 2021; Messinger et al., 2020; Pasek et al., 2017).

Sengstock and Curtis (2023) highlighted the challenges of a professional culture in which hypermasculinity is accepted as the norm. Non-conformity to this norm can lead to gender policing and potential sanctions, creating an additional layer of difficulty for LGBTQIA+ students who choose to be open about their identity. This can create a hostile or unwelcoming environment, affecting their sense of safety, and belonging at work (McFarlane et al., 2023). Within the hypermasculine culture of paramedicine, LGBTQIA+ paramedics often face challenges and resort to adopting a masculine work persona to be accepted, concealing their true identities (Sengstock & Curtis, 2023). This struggle for survival within the profession's culture is particularly notable for LGBTQIA+ paramedics, as Sengstock and Curtis (2023) found that lesbians who exhibit more masculine traits tend to be welcomed and experience less harassment based on their gender identity or sexual orientation.

However, despite some research conducted with employed paramedics, there remains a significant gap in the literature regarding the experiences of LGBTQIA+ paramedic students and how they navigate the hypermasculine culture of ambulance services during WIL. This dearth of research calls attention to the need for comprehensive studies that specifically address the unique challenges faced by LGBTQIA+ paramedic students in this context. Whilst both workplaces and universities may have policies in place to ensure student safety on campus and during WIL, there is often limited consideration for the distinct challenges experienced by LGBTQIA+ students within paramedicine. Various legislative instruments also require workplaces and universities to consider student safety in the WIL environment.

This research is taking one step toward addressing this gap with a focus on how students experience the hypermasculine culture of paramedicine. The work is guided by the research questions: How do LGBTQIA+ paramedic students negotiate the hypermasculine culture and navigate the WIL environment, and how do these experiences shape their professional identity development? By investigating these questions, it becomes possible to shed light on the experiences of LGBTQIA+ paramedic students, inform the development of inclusive policies and agreements, and ultimately create a more supportive and inclusive environment for their education and professional growth.

METHODS

Recruitment and data collection for this research occurred from July to September 2021. Data presented in this paper was part of a larger research study, which utilized an exploratory sequential mixed methods approach (Tashakkori et al., 2021) to explore paramedic students' perceptions of LGBTQIA+ discrimination in their curriculum. Five questions in the online survey were designed to elicit information about the participants' experience of WIL and the results from these questions are the focus of this study in respect of the quantitative phase of the study. The semi-structured interviews also elicited participants' experiences in relation to their experience of heterosexism in the WIL setting as

part of a broader discussion about how they experienced heterosexism in the curriculum. Regarding the qualitative phase of the research project, this study reports on the participants' experience of heterosexism in the off-campus clinical setting whilst undertaking clinical placement in an ambulance setting. There was no requirement for participants to be undertaking a WIL program at the time of participation in the study.

Participants in this study were all undergraduate, entry-to-profession paramedic students, enrolled at either a metropolitan (n = 4) or regional (n = 2) Australian university offering paramedicine. Following ethics approval from the Charles Sturt University Human Research Ethics Committee (H21069), undergraduate paramedic students were recruited from all years of study at the participating institutions. Invitations to participate in an online survey were emailed and announced on the respective institution's paramedic course page. To be eligible to participate in the quantitative phase of the study, students had to be enrolled in an entry to profession, undergraduate paramedic program at the participating institution at the time of completing the survey. There was no requirement to identify as being gender or sexually diverse to participate in the quantitative phase of the study. Recruitment to the second phase of the research was conducted via a final question in the online survey asking if the participant was interested in participating in a semi-structured interview, participants who answered yes, were then asked to provide their contact details at the completion of the survey, immediately prior to submission of the survey. Participants who identified as LGBTQIA+ in the survey and provided their contact details were considered eligible to participate in a semi-structured interview. The survey responses were filtered to identify eligible participants for the semi-structured interviews. Engaging a professional staff member from outside the faculty to manage the survey on behalf of the researchers ensured participants could not be matched with their responses to the survey, thus further protecting confidentiality and anonymity of the participants and the survey results.

Semi-structured interviews were conducted with 12 participants from three of the participating universities, with participants selected from both metropolitan and regional institutions. All 12 participants in the semi-structured interviews self-identified as LGBTQIA+ in the quantitative phase of the study. Self-identifying as LGBTQIA+ was a requirement for inclusion in the semi-structured interviews. Male and female identifying participants were recruited, with the sample drawn from across the age groups represented in the study. Interviews averaging 45 minutes each were conducted over video conferencing software (Zoom) and were audio recorded and transcribed verbatim. Questions were developed by determining the areas of understanding the researchers wished to explore in more depth, following a review of the responses to the quantitative phase of the research. Intersectionality informed the development of the questions for the semi-structured interviews, with the questions also considering the individual participant's positionality. Whilst the survey responses indicated that heterosexism existed in the curriculum, the researchers wanted to add depth and elaborate on these findings. The open-ended questions asked how the participants had experienced heterosexism in the curriculum and explored how this manifested in the on campus clinical setting. Questions such as "How have you experienced heterosexism in the off campus clinical setting?" were asked to elicit the experiences of participants in relation to the WIL setting. Applying an intersectional lens to the conversation in response to each of the interview questions allowed for an understanding of how the micro, macro, and meso environment impacted on the participant's experience of heterosexism in their learning environment.

The quantitative research presented here employed descriptive statistical analysis to depict the basic features of the study's data and highlight potential relationships between variables. The qualitative research phase employed an exploratory approach to identify the key characteristics of the

phenomenon being investigated (Charmaz, 2006, 2008). The phenomenon of interest being investigated in this research was how paramedic students experienced heterosexism in their learning environment, which includes the off-campus clinical setting whilst engaged in. Thematic analysis of the qualitative data was informed by the use of grounded theory methods with open coding being used to analyze the data line by line (Corbin & Strauss, 2015), generating a range of codes surrounding the WIL experiences of participants. Axial coding was then employed to determine the overarching themes associated with the subthemes identified by open coding (Charmaz, 2014). An overarching intersectional lens was applied to the thematic analysis of the data, allowing for a focus on the interplay of constructs including gender and sexual identity, to understand the impact of heteronormative approaches on the participants. The themes that emerged in relation to the WIL aspect of the study are presented in the next section.

RESULTS

The survey results from the six institutions that participated in the study are presented below. Gender distribution of survey participants, with participants being more likely to identify as female (68.3%), compared to male (26.9%), non-binary (1.8%) or those who used a different term (1.3%) (Table 1). The ratio of female to male participants is skewed slightly higher than the average percentage of female paramedic students enrolled in undergraduate paramedic programs in Australia. However, the number of male participants is somewhat lower than the average number of male students enrolled. This phenomenon was observed across five of the six sites, with the remaining having a gender balance in response to this question.

TABLE 1: Gender distribution of respondents.

Gender identity	**No. of participants**	**% of participants**
Male	61	26.9
Female	155	68.3
Non-binary	4	1.8
Other term	3	1.3

The age distribution of the participants in the quantitative phase, showing 71.9% of respondents were aged 18 to 26, with 28.1% of respondents aged over 30 years (Table 2). The number of participants identifying as lesbian or gay (Table 3) is consistent with most participants being aged in the 18 – 24-year age group and is representative of the broader population (Wilson et al., 2020).

TABLE 2: Age distribution of respondents.

Age (Years)	**No. of participants**	**% of participants**
18-20	75	31.9
21-23	60	25.5
24-26	34	14.5
27-29	21	8.9
30-34	17	7.2
35-39	12	5.1
40-44	10	4.3
45-49	3	1.3
50+	3	1.3

Sexual orientation of the survey participants, with most participants identifying as heterosexual (57.3%), followed by bisexual (19.2%), lesbian (7.5%) and gay (5.4%) (Table 3). Smaller numbers of participants identified as queer (3.3%), pansexual (2.9%), asexual (2.1%), whilst 2.1 % reported their sexual orientation as 'other'. Wilson et al. (2020) found amongst those aged 18 - 24 years identifying as belonging to a sexual minority, the percentages reach as high as 7.5% for females and 5.4% for males. The number of participants identifying as bisexual is larger than the number of participants identifying as lesbian, or gay combined. However, given that the gender distribution of the participants is skewed towards female identifying participants, and Wilson et al. (2020) suggests that for females the bisexual percentages are higher than those for lesbian, and that males are more likely to identify as gay than bisexual, the percentage of bisexual participants appears consistent.

TABLE 3: Sexual orientation of respondents.

Sexual Orientation	**No. of participants**	**% of participants**
Heterosexual	137	57.3
Bisexual	46	19.2
Lesbian	18	7.5
Gay	13	5.4
Pansexual	7	2.9
Queer	8	3.3
Asexual	5	2.1
Other	5	2.1

The survey sought to determine which staff paramedic students were 'open' to in relation to sexual orientation and gender identity. Participants used Likert scales to rate staff from academia, university WIL, clinical facilitators, paramedics at placement sites, and allied health. Slightly more than half of the respondents were open about their sexuality or gender identity to some (29.4%) or all (25.9%) of the paramedic academic staff, whilst 43.5% indicated they were not open about their sexuality or gender identity to paramedic academic staff. Respondents were less likely to be open to WIL staff, with 56% indicating that they were not open about their sexuality or gender identity to any of the university WIL staff. In contrast, 14.1% of respondents were open to some, and 39.5% were open to all the university WIL staff. Almost half (44.7%) of respondents reported not be open about their sexual orientation or gender identity to paramedic clinical facilitators in the off campus clinical setting, with 44.7% also indicating they were not open to other paramedics in the off campus clinical setting. A similar number (43.5%) reported that they were not open to allied health staff (nurses and doctors) in the off campus clinical setting. Interestingly, slightly more participants reported an openness about their sexual orientation and gender identity to some paramedics (21.2%) at the WIL site, compared to some paramedic clinical facilitators (18.8%). Only 22.4% of respondents reported that they were open to all paramedic clinical facilitators in the WIL context, whilst 20% reported being open to all other paramedics at the site, with 20% of respondents being open to all allied health staff whilst undertaking WIL activities.

Paramedic students reported why they were not open about their sexual orientation or gender identity (Table 4). This question asked respondents to select all the choices that applied, resulting in many respondents selecting multiple responses to this question. Almost half (40.9%) of the respondents reported that they were not open about their sexual orientation or gender identity as it was no one else's business. Fears for personal safety (9.1%) and the impact on graduate employment opportunities (12.5%) were raised. Discrimination was a concern for 35.2% of respondents, with 17% indicating that

they had personal experience of discrimination because of their LGBTQIA+ identity. Concerns about being stereotyped (21.6%) continue for LGBTQIA+ paramedic students despite the societal changes and increased acceptance of LGBTQIA+ people in recent years.

TABLE 4: Reasons for not being open about sexuality and gender identity.

Reason	**No. of participants**	**% of participants**
Personal belief it is no one else's business	36	40.9
Concern about being stereotyped	19	21.6
Other paramedic student opinions	17	21.6
Concern about discrimination	16	21.6
Prior personal experience: discrimination and/or harassment	15	17
Prior experience of others: discrimination and/or harassment	13	14.8
Impact on employment opportunities	11	12.5

The source of discrimination experienced by paramedic students in the WIL setting was explored (Table 5). To allow for a distinction between paramedics in the on campus clinical setting and the off campus clinical setting, in the question which asked participants about the source of heterosexism, the response options clearly distinguished between paramedic tutors, paramedics at clinical placement sites, and clinical facilitators at clinical placement sites. The source of heterosexism in the on-campus setting was overwhelmingly from paramedic students in the same year of study as the respondent (72.7%), whilst 18.2% report the source as being paramedic students in other years of the program. Paramedics (27.3%) were overwhelmingly identified as the source of heterosexism in the off-campus clinical setting.

TABLE 5: Sources of heterosexism.

Source	**No. of participants**	**% of participants**
Paramedic students	10	90.9
Paramedics at clinical placement sites	3	27.3
Paramedic tutors	1	9.1
Clinical facilitators	1	9.1
Nurses	1	9.1
Doctors	1	9.1

The study utilized a survey tool that allowed participants to respond freely to several questions with qualitative responses. Several participants used the open-ended survey questions to identify that there was a level of discomfort in relation to LGBTQIA+ people. One participant explained that derogatory terms such as "bum buddy", "gay weirdo" and "dirty dyke" were often used in reference to people who did not fit the norm. This same participant went on to explain that sexuality was often used to make light of a person's situation, or to make excuses for their issues. Additionally, semi-structured interviews were conducted with 12 participants after the quantitative data collection phase. Semi-structured interviews were conducted with participants whose sex at birth was assigned as male or female and who self-identified as gay, bisexual, lesbian, or transgender. Interview participants ranged in age from 19 to 50 years of age, with the majority of participants being in the 21 to 29 year age group. All interview participants had completed at least one WIL experience in an ambulance service. This

paper's findings include the qualitative data collected from the survey and the semi-structured interviews.

One recurring theme that emerged from the interviews, and to a certain extent from the open-ended survey questions, was invisibility. Invisibility tended to present in one of two ways, most participants who self-identified as LGBTQIA+ suggested that their sexual orientation or gender identity was something that did not come up in conversation. The second way invisibility emerged from the data was in the form of what could best be described as 'targeted invisibility', a concept that the researchers identified in qualitative responses that suggested that LGBTQIA+ participants were strategically remaining invisible and selecting when and what they may disclose. 'Targeted invisibility' emerged from free text responses to why participants were not fully 'open' about their gender or sexual diversity at university, with 15 participant's responses (19%) fitting the theme.

During the survey, participants from both metropolitan and regional universities shared their perspectives on how they disclose their sexual orientation. One participant from a metropolitan university mentioned that they do not actively announce their sexual orientation, but they do not conceal it either. "I don't go out telling everyone I am gay, but I don't hide it either. If it falls within the conversation or if I happen to talk about my boyfriend, I have no issues with that." They are comfortable discussing it if it naturally arises in conversation. Another participant from the same university mentioned that they have not had the opportunity to talk about their sexual orientation because it has not come up in conversation. They do not feel the need to bring it up unprompted.

Meanwhile, a female participant from a regional university, who identifies as bisexual, added another dimension to sexual orientation as something that does not come up in conversation when they indicated that "because more people know that I am married to a man then know my sexuality … it is just easier to let them assume I am heterosexual." Similarly, another survey participant from one of the metropolitan universities stated, "I have no need to discuss it, as a married woman, it's not something that I'm asked about …" Despite indicating that he was fully open about his sexuality and gender expression, a survey participant in a metropolitan university indicated that "… unless it is brought up or it will contribute to the conversation, I tend not to bring it up …"

Participant DC96, enrolled in a regional university, suggested that he "… had never jammed it in anybody's face … and then just run with the façade of being heterosexual." Participant EW36 reported that in the off campus clinical setting, paramedics younger than 30 years old tended to be more relaxed in relation to gender identity and sexuality, whilst the older paramedics tended to be more heteronormative and less likely to take gender identity and sexuality into account.

Heteronormative assumption emerged as a theme in relation to clinical placement experiences with Participant DD20, a participant from one of the regional universities participating in the study stating that:

> There has definitely been a heteronormative assumption that I'm straight and cis gender. There was certainly an assumption talking about partners in that I would be heteronormative. I certainly felt that I had to break that, by making it quite obvious that I am same sex attracted. "*Oh no, I am same-sex attracted*." (emphasis added)

It was also apparent from the qualitative data analysis that at least some paramedics in the off campus clinical setting were perpetuating a heteronormative culture, even in respect of patient care. This is highlighted by a participant recounting their experience of paramedics discussing a male patient who

was wearing a dress, high heels, and a wig, with the paramedics stating "Did you see that guy in a dress? What was he thinking wearing that?"

DISCUSSION

In the caring professions, paramedicine is unusual in that paramedics were traditionally male, with paramedicine as a profession, firmly rooted in a military foundation (Sengstock & Curtis, 2023). The influence of this militaristic culture, and in particular the hegemonic masculinity that accompanies the professional culture continues to present challenges to LGBTQIA+ paramedics and paramedic students (Sengstock & Curtis, 2023). The discussion below is organized around four themes: barriers to out and proud; sources of heterosexism and discrimination; development of professional self-identity; and creating welcoming organizations.

Barriers to Out and Proud

The survey results revealed a positive and trusting relationship between paramedic students and their academic staff, with just over half of the participants feeling comfortable discussing their sexual orientation and gender identity with their paramedic academic staff. This comfort can be attributed to the frequent interactions that paramedic students have with their academic staff during lectures, tutorials, and practical classes. However, when it came to university WIL staff, participants were less likely to disclose this information, possibly due to remote learning during the COVID-19 pandemic or limited interactions with WIL staff.

In exploring the being out and proud experiences of LGBTQIA+ participants, the qualitative data reveals a variation in their willingness to be open about their sexual orientation or gender identity. While participants expressed pride in their identities, many felt the need to conceal their LGBTQIA+ status in certain contexts, highlighting a discrepancy between their internal sense of self and the external environment. The topic of sexual orientation or gender identity did not naturally arise in conversations, indicating a lack of inclusivity and missed opportunities for open dialogue. This silence around LGBTQIA+ identities can lead to a sense of invisibility and a perception that their identities are not acknowledged or valued in these settings.

During off-campus clinical placements, paramedic students face various barriers to being open and proud about their LGBTQIA+ identities. Concerns about being stereotyped, influenced by the hegemonic masculinity present in paramedic professional culture, were expressed by participants. Personal experiences of discrimination and harassment, as well as witnessing others facing such treatment, also led some participants to choose to remain invisible in terms of their sexuality and gender identity during placements. Participants believed that revealing their sexual orientation or gender identity could impact their future employability in the profession, despite legislative provisions against discrimination. Personal safety was also a concern for several participants, which is troubling considering the profession's ethical obligation to provide care to diverse populations.

One participant from a metropolitan university shared their experience on clinical placement in a large regional city, where they noticed that the paramedics at the station were younger and openly accepting of sexual and gender diversity. This observation reflects an evolving social landscape that recognizes and embraces diversity, potentially influencing the relationships between LGBTQIA+ paramedic students and staff members in educational and professional settings. The participant felt a sense of inclusivity and welcomed into a more accepting environment.

Some participants mentioned that they chose not to disclose their sexual orientation or gender identity due to concerns about potential negative reactions or judgment. This highlights the importance of creating safe and inclusive spaces where individuals can freely express their authentic selves without fear of discrimination or stigma. However, there were also participants who displayed confidence and assertiveness in correcting assumptions made by clinical facilitators or paramedics about their sexual orientation or gender identity, demonstrating self-advocacy and a desire to challenge stereotypes and misconceptions.

Messinger et al. (2020) found participants discussed managing disclosure in several ways, including choosing to disclose, managing not being able to disclose, and managing reactions to disclosure, like the participants in this study. It was apparent in this study that participants were selectively disclosing sexual and gender diversity, assessing anticipated consequences, and acting accordingly (Rengers et al., 2021; Wessel, 2017). Beagan et al. (2022) recognized selective disclosure as a highly skillful coping strategy, used to limit the consequences of planned, or inadvertent, disclosure in the WIL setting.

Participants expressed concern about being stereotyped, a valid concern given the influence that hegemonic masculinity has on paramedic professional culture (Sengstock & Curtis, 2023). Personal experience of discrimination and harassment also led to some participants choosing to be invisible in respect of their sexuality and gender identity whilst on placement. Follmer et al. (2020), Holman et al. (2021), and Mara et al. (2021) argued that individual safety is a significant factor in being out and proud, with a need to balance personal safety with the potential contribution to social change. Williams et al. (2009, p. 37) highlights that acceptability in professional spaces is much based on invisibility, that is, being "just like everyone else." Participants indicated that having witnessed others' experience discrimination and harassment as a result of their sexual orientation or gender identity also posed a barrier to LGBTQIA+ identifying participants being out and proud in the WIL setting. This is supported by Wessel (2017) who highlights the role of allies (individuals who support and advocate for LGBTQIA+ individuals) and the allied organization (organizations which support and advocate for LGBTQIA+ individuals), whilst Vaccaro and Koob (2019) recognize the extent that hierarchical power relations in a workplace will factor into concealment/disclosure decision-making. Despite the legislative provisions that prevent discrimination in employment on the grounds of sexual orientation and gender identity, participants considered that revealing their sexual orientation or gender identity would impact on their future employability in the profession. Bizzeth and Beagan (2023) suggests that this fear is particularly important for students and those early in their career. Personal safety was also identified as a concern by several participants, especially given the caring nature of the profession and the ethical requirement to provide paramedic care to diverse populations in accordance with the provisions of the Australian Health Professions Registration Authority Code of Conduct – Principle 3 (2022). These concerns can in part be addressed through training for WIL facilitators, and also through improved preparation and support for students prior to commencing WIL.

Sources of Heterosexism and Discrimination

Participants reported other paramedics as being the most common source of heterosexism that they were exposed to during the WIL setting. Given the cultural norms of the profession indicated by Boyle (2001, 2002) and Sengstock and Curtis (2023), this is not surprising. The pervasive nature of the heteronormativity that is perpetuated by paramedic culture was evident in the discussion with a gay-identifying male participant in his early to mid-twenties when he recounted an experience from clinical placement. A male patient, who was wearing female attire on arrival, was to become the target of jokes about his perceived sexual orientation and gender identity between the paramedic attending the scene.

The participant highlighted the inappropriateness of the paramedic's behavior, stating that he was then not prepared to be open about his sexual orientation and gender identity. Another participant from the same university and likely undertaking placement at another site, recounted an experience of how the treatment they received in the off-campus clinical setting changed once the paramedic clinical facilitator realized that she was dating a woman. Clearly, these behaviors are unacceptable for registered health care professions (Australian Health Practitioner Regulation Agency (2022) and contribute further to the perceived need for self-identifying LGBTQIA+ paramedic students to remain closeted and invisible in the off-campus clinical setting. Principle 3.1(b) of the shared code of conduct that includes paramedics requires respect for diverse gender identities and sexualities, including among team members (Australian Health Practitioner Regulation Agency, 2022).

Development of Professional Self-Identity

Developing professional self-identity is indeed a critical aspect of undertaking clinical placement in the off-campus clinical setting. Mylrea et al. (2017) and Thistlewaite et al. (2016) emphasized the importance of professional self-identity formation for healthcare students, highlighting its influence on their overall learning experience and transition to professional practice. Within this context, the experiences of LGBTQIA+ paramedic students in relation to their sexual orientation and gender identity become particularly relevant.

The studies conducted by Astle et al. (2022) and M. H. Ross et al. (2022) shed light on the significance of disclosure decisions for LGBTQIA+ individuals in educational and professional settings. Both found that the decision to disclose one's sexual orientation or gender identity is multifaceted and influenced by various factors, including concerns about potential discrimination, professional ramifications, and personal safety. This aligns with the experiences shared by participants in this study, who expressed the need to remain guarded and cautious about accidental disclosure during WIL.

Moreover, research by Juster et al. (2013) highlights the positive impact of self-acceptance and affirmation of sexual orientation and gender identity on the well-being and mental health of LGBTQIA+ individuals. In the context of paramedic students engaged in WIL, acknowledging, and embracing their sexual orientation and gender identity can contribute to their overall sense of belonging, reduce mental health concerns, and foster a healthier professional identity development.

It is important to recognize that the normalization of hegemonic masculinity within the paramedic culture may pose challenges for LGBTQIA+ paramedic students. The study by Sengstock and Curtis (2023) mentioned earlier provides valuable insights into the hypermasculine culture of paramedicine and its impact on LGBTQIA+ individuals. By acknowledging and understanding these dynamics, paramedic education programs and clinical placement settings can better support LGBTQIA+ paramedic students in navigating the complexities of their identity development within this professional context.

The decision to disclose or conceal one's sexual orientation or gender identity is a personal choice for LGBTQIA+ paramedic students. However, Mylrea et al. (2017), Astle et al. (2022), and M. H. Ross et al. (2022) emphasized the potential adverse effects of nondisclosure on their learning experience, mental health, and overall professional identity development. By fostering an inclusive and accepting environment that encourages self-acceptance and open discussions, paramedic education programs and clinical placement settings can create a supportive space for LGBTQIA+ paramedic students to thrive and develop a strong and authentic professional identity.

Creating Welcoming Organizations

Creating inclusive physical spaces within the WIL organization is crucial to better reflect diverse gender and sexual identities. Soule (2017) emphasizes the importance of physical environments in promoting inclusivity and belonging for LGBTQIA+ individuals. This includes considerations such as gender-neutral restrooms, signage that reflects diverse gender identities, and the provision of safe spaces where students can express their authentic selves without fear of discrimination or prejudice. These physical adaptations can help foster a sense of acceptance and support for LGBTQIA+ paramedic students in their WIL experiences.

Belonging, as mentioned earlier, plays a key role in the success of students in WIL. Creating an environment that encourages belonging for LGBTQIA+ individuals require intentional efforts. Research by El-Amin (2022) suggests that promoting inclusive practices, such as education and awareness programs, cultural competency training, and the establishment of support networks or affinity groups, can foster a sense of belonging and acceptance within organizations. These strategies can be applied in the WIL setting to create an inclusive environment where LGBTQIA+ paramedic students feel valued, respected, and supported in their professional development.

In order to encourage belonging and inclusivity, policies and culture shifts may be necessary. The study by Bridges et al. (2020) highlights the impact of perceptions and stereotypes about gender and sexuality on equitable employment, training, and promotion opportunities. Implementing policies that explicitly address diversity and inclusion, including sexual orientation and gender identity, can provide a foundation for fostering a welcoming environment for LGBTQIA+ individuals in the paramedic profession. Additionally, promoting cultural shifts that value diversity and recognize the benefits of diverse perspectives and experiences can contribute to a more inclusive and accepting organizational culture.

Recognizing intersectionality, as discussed by Chaplin et al. (2019) and Etengoff (2020), is crucial for developing resilience in paramedics and the profession as a whole. Understanding the complex interactions between individual identity and the micro- and macro-environments can lead to the development of strategies and practices that support diverse identities and experiences. This support can contribute to the resilience of paramedics and the profession in providing equitable and high-quality care to all patients.

CONCLUSION

This article has explored the experiences of LGBTQIA+ paramedic students in the context of WIL and the challenges they face within the hypermasculine culture of paramedicine. It is evident that these students often feel compelled to conceal their sexual orientation or gender identity, adopting a masculine work persona to be accepted and navigate their placements successfully. The limited research in this area highlights the need for further investigation into the experiences of LGBTQIA+ paramedic students during WIL, particularly in relation to their professional identity development.

The analysis has shed light on the importance of creating inclusive and safe environments for LGBTQIA+ paramedic students. While universities and organization providing WIL activities may have policies in place to ensure student safety and well-being, there is often a lack of consideration for the unique challenges faced by LGBTQIA+ individuals in paramedicine, with the policies not matching the individual's experience. This includes the lack of attention to physical spaces that reflect diverse gender and sexual identities, as well as the need for policies and cultural shifts within organizations to

address heterosexism and discrimination. Policies, in both universities and WIL settings, which may not be fit for purpose may result in organizations not fully exercising their duty of care to ensure a safe and healthy workplace. Failing to ensure a safe and healthy workplace for WIL activities can lead to reputational damage and legal action for failing to provide a safe and healthy workplace.

To address these issues, it is crucial to acknowledge the significance of belonging and support for LGBTQIA+ paramedic students in WIL. This can be achieved through the implementation of inclusive policies, cultural competency training, and the creation of safe spaces that foster open dialogue and acceptance. By recognizing intersectionality and the complex interactions between individual identity and the micro and macro environments, the paramedic profession can develop resilience and promote equitable and high-quality care for diverse populations.

Incorporating insights from relevant literature, such as the importance of intersectional approaches to vulnerability reduction and resilience-building, as well as the significance of unpacking intersectionality in cultural competency, strengthens the foundation for supporting LGBTQIA+ paramedic students. Future research should further explore the experiences of LGBTQIA+ individuals in WIL, addressing gaps in the literature and informing strategies to create inclusive and supportive environments.

It is, therefore, imperative that universities, WIL organizations, and the paramedic profession actively work towards fostering inclusivity, embracing diversity, and recognizing the benefits of diverse perspectives. By doing so, it can create an environment where LGBTQIA+ paramedic students can thrive, develop their professional identities authentically, and contribute to the provision of compassionate and equitable care for all patients.

LIMITATIONS AND FUTURE RESEARCH

The varying response rates across participating universities limit the generalizability of the findings to other institutions. Additionally, the data collection occurred during remote learning within a COVID-19 context, which may have influenced the interactions between students and WIL staff. Furthermore, the study only represents the student perspective, and future research should incorporate the viewpoints of host organizations and academic institutions.

Future research opportunities include exploring the experiences of LGBTQIA+ paramedic students in face-to-face WIL contexts and extending the investigation to other healthcare disciplines. It is also important to investigate the perspectives of WIL staff to ensure inclusivity. Such research can enhance our understanding and improve WIL programs to meet the needs of a diverse student body and dynamic health workforce.

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About the Journal

The International Journal of Work-Integrated Learning (IJWIL) publishes double-blind peer-reviewed original research and topical issues related to Work-Integrated Learning (WIL). IJWIL first published in 2000 under the name of Asia-Pacific Journal of Cooperative Education (APJCE).

In this Journal, WIL is defined as:

> *An educational approach involving three parties – the student, educational institution, and an external stakeholder – consisting of authentic work-focused experiences as an intentional component of the curriculum. Students learn through active engagement in purposeful work tasks, which enable the integration of theory with meaningful practice that is relevant to the students' discipline of study and/or professional development* (Zegwaard et al., 2023, p. 38*).

Examples of practice include off-campus workplace immersion activities such as work placements, internships, practicum, service learning, and cooperative education (co-op), and on-campus activities such as work-related projects/competitions, entrepreneurships, student-led enterprise, student consultancies, etc. WIL is related to, and overlaps with, the fields of experiential learning, work-based learning, and vocational education and training.

The Journal's aim is to enable specialists working in WIL to disseminate research findings and share knowledge to the benefit of institutions, students, WIL practitioners, curricular designers, and researchers. The Journal encourages quality research and explorative critical discussion that leads to the advancement of quality practices, development of further understanding of WIL, and promote further research.

The Journal is financially supported by the Work-Integrated Learning New Zealand (WILNZ; www.wilnz.nz), and the University of Waikato, New Zealand, and receives periodic sponsorship from the Australian Collaborative Education Network (ACEN), University of Waterloo, and the World Association of Cooperative Education (WACE).

Types of Manuscripts Sought by the Journal

Types of manuscripts sought by IJWIL is of two forms: 1) *research publications* describing research into aspects of work-integrated learning and, 2) *topical discussion* articles that review relevant literature and provide critical explorative discussion around a topical issue. The journal will, on occasions, consider good practice submissions.

Research publications should contain; an introduction that describes relevant literature and sets the context of the inquiry. A detailed description and justification for the methodology employed. A description of the research findings - tabulated as appropriate, a discussion of the importance of the findings including their significance to current established literature, implications for practitioners and researchers, whilst remaining mindful of the limitations of the data, and a conclusion preferably including suggestions for further research.

Topical discussion articles should contain a clear statement of the topic or issue under discussion, reference to relevant literature, critical and scholarly discussion on the importance of the issues, critical insights to how to advance the issue further, and implications for other researchers and practitioners.

Good practice and program description papers. On occasions, the Journal seeks manuscripts describing a practice of WIL as an example of good practice, however, only if it presents a particularly unique or innovative practice or was situated in an unusual context. There must be a clear contribution of new knowledge to the established literature. Manuscripts describing what is essentially 'typical', 'common' or 'known' practices will be encouraged to rewrite the focus of the manuscript to a significant educational issue or will be encouraged to publish their work via another avenue that seeks such content.

By negotiation with the Editor-in-Chief, the Journal also accepts a small number of *Book Reviews* of relevant and recently published books.

* Zegwaard, K. E., Pretti, T. J., Rowe, A. D., & Ferns, S. J. (2023). Defining work-integrated learning. In K. E. Zegwaard & T. J. Pretti (Eds.), *The Routledge international handbook of work-integrated learning* (3rd ed., pp. 29-48). Routledge.

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