

DISCRIMINATION IN EMERGENCY RESPONSE OPERATIONS



GAIN Study 2025

70%
experienced discrimination*

Who is most affected?

Gender: Woman
Age: Younger individuals
Visual appearance: Hight, expected strength

Most common forms

- Bias / prejudice
- Microaggressions
- Gender-based devaluation

Project: **GAIN**
Anti-Discrimination and Empowerment (XR) Training for Medical First Responders

Participants: 167 medical firstresponders from DE/AT/CH
9 years job experience on average
55% in paid jobs (vs. voluntary work)
63 % male

Why it is often not addressed?

- Patient well-being comes first
- Time pressure
- Avoidance of escalation
- Lack of reporting structures
- Fear of conflict
- Fear of reputation (“difficult”, “too sensitive”)
- Low consequences for complaints

Discrimination is part of the daily job

Discrimination by **external** actors (patients, relatives, bystanders, others) occurs **more frequently**, but **internal** discrimination (colleagues, supervisors) has a **stronger impact**.

Impact

48%
have already considered leaving their job

Discrimination correlates with:

- Lower job satisfaction
- Lower organisational commitment
- Higher intention to leave

50%
want practical, scenario-based training

“What is needed is structural support and targeted preparation.”

43%
wish for external supervision / coaching

27%
wish for internal equality officers / contact persons

Team & organisation is key

Positive factors:

- Team support
- Positive diversity climate

Strong variation across organisations

Many participants experience:

- Lack of support
- Hierarchical pressure
- Conservative structures

GAIN XR Training

3-4 scenarios planned:

- What is discrimination?
- How does it feel?
- How can I act as a bystander (allyship)?
- How can affected persons respond (empowerment)?

Embedded in a broader curriculum (group discussions, reflection, etc.)



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Please note that the sample was partially recruited by explicitly inviting individuals who had experienced or witnessed discrimination at work.