

Background

Although the market of 'adventure tourism' is growing rapidly, access to 'wilderness' and adventure remains inequal, dominated by 'Whiteness' and hegemonic masculine culture.

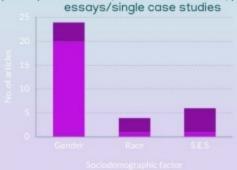
For non-dominant identities, recognition for achievement and representation in leadership roles doesn't necessarily follow increased participation.

Despite increasing regulation, the term 'expedition doctor' remains nebulous and lacks clear demographic data.

Design

A scoping review
Using PRISMA-SCr checklist and Joanna Briggs'
framework
Databases: WebOfScience, Taylor & Francis
Online
English language

Exclusion: adventure therapy or school education; participant focused; no full-text access; personal



Literature Review only Primary Evidence

Unlikely leaders?

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Objectives

Determine evidence base exploring how gender, race or socio-economic background affects one's likelihood of becoming an expedition leader.

Explore whether outdoor-leaders who do not reflect the traditional white, male image feel their experience is affected by their gender, race or socio-economic background or their participants' and peers' assumptions about their background

Uncover which strategies are effective in fostering equity in the expedition leadership field.

Outdoor-leaders. Access to outdoorleadership roles 'characteristics': non-white, female, lower socio-Experience of acting economic status as an outdoor-leader intervention comparison Perceived differences in access and experiences? male, white, upper social Does data to evidence this? class outdoorleaders Have any inclusion strategies

Recommendations

Demands a greater body of evidence.

been reviewed for efficacy?

Future research should examine intersectionality.

Organisations should document and examine their sociodemographic data.

Organisations must initiate, analyse and review inclusivity strategies.

Keywords:
inclusivity,
social justice,
expedition medicine,
outdoor-leadership,
equity

Results

28 articles examined.

Single article specific to 'wilderness 'medicine'

Heterogenous evidence base, dominated by conceptual analysis and participation studies.

100% of articles evidence inequality and suggest white, male dominance.

No existing evidence aims to demonstrate whether inclusion policy is effective

Gender the most studied.

Conclusion

Diverse groups are not equitably represented in outdoor leadership roles

'Leadership' is experienced differently by those who represent the 'privileged' ideal and those who do not.

Institutions prioritise and preserve the traditional, dominant identity.

Awareness of and desire to improve inequality may explain small evidence base, publication bias

Wilderness medicine groups can use evidence from 'outdoor leaders' to design their own policy.

'Expedition Doctors' must formalise the concept and collect diversity data now to facilitate early adoption of effective strategy