

EXECUTIVE SUMMARY

BPA Analytics (BPA) was commissioned to develop, administer, and analyse the Discrimination, Bullying, Sexual Harassment and Harassment (DBSH) Survey on behalf of The Royal Australian & New Zealand College of Obstetricians and Gynaecologists (RANZCOG).

The purpose of the survey was to investigate the prevalence, extent and nature of DBSH within the Australian and New Zealand context experienced by College members.

The survey instrument was designed by BPA in consultation with RANZCOG's Chief Executive Officer, Vase Jovanoska, Carly Moorfield (RANZCOG Training Support Liaison) and Clare Wells (RANZCOG Wellbeing Coordinator). The foundation of the survey questions came from a number of sources:

- RANZCOG's 2016 Member Survey into Bullying and Sexual Harassment – conducted by RANZCOG at the time
- The Royal Australian College of Surgeons – 2015 Survey into DBSH. Questions were used with permission from Dr John Biviano, CEO of the College.
- BPA Analytics questions (qualitative and quantitative) that focus specifically on DBSH

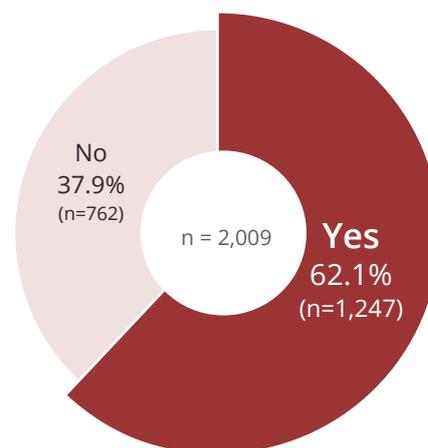
2,105 members took the time to respond to the survey out of a total of 6,605 surveys administered.

This represents a **32%** response rate. When limited to RANZCOG Trainees and Fellows, this response rate rises to 45.3%.

At the request of RANZCOG the prevalence questions were conditioned to DBSH experienced by a professional colleague not from patients and did not include a time span (for example in the last 5 years).

62.1% (1,247 respondents) answered 'yes' they have been subjected to DBSH in the workplace by a professional colleague. The numbers speak for themselves in the report and reveal this is a significant historical problem.

Have you ever been subjected to DBSH?



In terms of member's Status with the College:

- **71.5%** or 196 RANZCOG Trainees have been subject to any one of the four DBSH behaviours.
- **73.5%** or 314 Fellows <10 years have been subject to any one of the four DBSH behaviours.
- **58.6%** or 364 Fellows >10 years have been subject to any one of the four DBSH behaviours.

The behaviour of highest prevalence is Bullying at **44%** from 889 responding members, of which only 6.6% agree the behaviour has been resolved to their satisfaction. **69.6%** answered 'none of the Bullying instances have been resolved'.

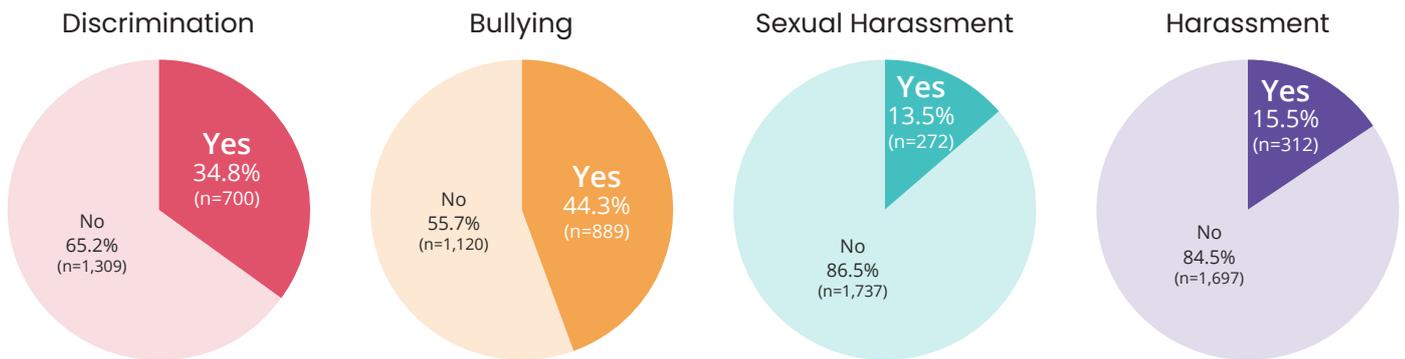
Summary of Facts

Prevalence Survey into Discrimination, Bullying, Sexual Harassment and Harassment



The Prevalence rating for the three other unreasonable behaviours in 2021 are:

- **34.8%** for Discrimination
- **13.5%** for Sexual Harassment
- **15.5%** for Harassment



A low percentage answering 'yes' is a good outcome as the question is a reverse value question.

In addition to RANZCOG, BPA has conducted similar DBSH Prevalence Surveys in four other Medical Colleges:

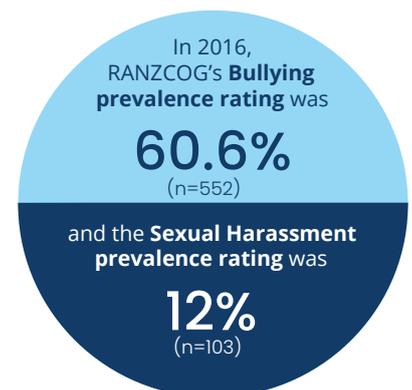
- Royal Australian College of Surgeons – 2015
- Royal Australian and New Zealand College of Ophthalmologists – 2015 and a condensed Pulse version survey in 2018
- Australasian College of Dermatologists - 2016
- Australasian College of Emergency Medicine (ACEM) – 2017

As a third party Benchmarker, BPA has been able to produce Specialty norms and Medical College norms to enable RANZCOG to compare their results. It provides a sense of perspective.

When RANZCOG's Prevalence Statistics for DBSH were compared against the norms from all specialties within these colleges (a dataset of 8,420 respondents), RANZCOG's results benchmark:

- Average for Harassment at 15.5% - the norm is 17%
- Low for DBSH at 62.1% - the norm is 51%
- Low for Bullying at 44.3% - the norm is 38%
- Very low for Discrimination at 34.8% - the norm is 23%
- Very low for Sexual Harassment at 13.5% - the norm is 9%

Where possible, in this Summary document, BPA has compared metrics with RANZCOG's 2016 Survey results. Whilst it is not a direct 'apples with apples' comparison as questions were asked in slightly different context, it does appear that the prevalence of Bullying may have slightly improved over the past 5 years. The prevalence for Sexual Harassment remains relatively the same.



In addition to the metrics already mentioned in these opening words, a summary of key findings from this survey are ...

- 64.4% of respondents identify as a woman. This increases to 86.4% for Trainees and 73.7% for Fellows <10 years.
- 60.2% of respondents' primary workplace is a public hospital (Metropolitan or Regional).
- 58% of respondents were born in Australia or New Zealand, 20% were born in another English speaking country and 22% were born in a Non-English speaking country.
- 26% of respondents obtained their primary medical degree in a country other than Australia or New Zealand.
- 17.3% did the majority of their O&G specialist training in a country other than Australia and New Zealand.
- FRANZCOG Trainees purport the highest prevalence of Bullying and Sexual Harassment when compared against other membership groups.
- The 35-44 year age group has the highest prevalence rating for DBSH at 70.9%.
- Women have significantly higher prevalence ratings for DBSH at 70.2% than men at 47.5% and almost 6 times the Sexual Harassment rating at 19.3% versus 3.4%.
- In terms of recency of experiencing DBSH, the dominant timeframe from the respondents is more than 5 years, however up to 380 respondents have experienced DBSH in the last 6 months.
- 2-5 times is the predominant number of times respondents have experienced DBSH throughout their career.
- Gender discrimination is the #1 form of discrimination selected by respondents at 59%, followed by Race at 30.9%.
- *Sexually explicit or offensive jokes, inappropriate physical contact and unwelcome sexual flirtations* are the top 3 forms of Sexual Harassment.
- Respondents identify the primary perpetrator of any of the four DBSH behaviours as being a Senior O&G Consultant.
- The gender of the perpetrator does vary slightly between the form of DBSH. 87.9% identify a male for Sexual Harassment, and 44% for the other behaviours. 35.7% identify Females as perpetrators of bullying behaviours.
- The Operating Theatre is the predominant setting where any 4 of the DBSH behaviours occur, followed by wards.
- More than 40% of respondents have never reported DBSH. This increases to almost 75% for Sexual Harassment.
- For those who do take action on any of the behaviours most discuss it with a peer, their family, friends or personal network, or bring it to the attention of the supervisor/manager.
- Overwhelmingly, almost 70% of respondents answered 'none of the instances have been resolved to their satisfaction'.
- The effect on future career options is the number #1 barrier to taking action.
- 50.2% of respondents have been bystanders and observed a colleague experience DBSH and over 60% didn't report the behaviour.
- Over 600 respondents provided a (narrative) reason as to why they wouldn't report as a bystander. These reasons were coded by BPA, the top 5 being Power imbalance, Fear, Retaliation, Not my place, Impact on career.

- Only 26% agree that Hospital Executive deal effectively with people who display DBSH.
- Going forward, 53.6% would advise a colleague who has been subjected to DBSH to file a formal complaint.
- In the last 5 years 43.2% have attended training on how to deal with DBSH in the workplace.
- 61.4% believe they are equipped with the skills to effectively respond to DBSH if they were subjected to it.
- The awareness of the 10 initiatives that RANZCOG has put in place to address DBSH ranged from 47% to 81%. Awareness with the Code of Conduct ranks first.
- Over 300 respondents provided suggestions for other ways in which RANZCOG could better support their members.

Finally, 913 respondents provided by way of narrative response a Message to the RANZCOG Board and BDH Advisory Working Group.

The messages are powerful.

Whilst BPA doesn't code messages, some of the themes that are presented in this narrative include:

- Congratulatory themes – many thank RANZCOG for taking on this serious issue and keep at it!
- The impact of reporting DBSH on a respondent's career – many respondents unpack why they wouldn't report DBSH - in their words it is 'career limiting' or 'career suicide'.
- The awareness of the initiatives RANZCOG are doing have been enhanced through the survey as some members were not aware of them.
- The conundrum between what is RANZCOG's responsibility versus the hospital's responsibility when dealing with DBSH.
- The survey 'triggered' some respondents, events are still very raw in their mind.
- The reputation and culture of RANZCOG is not positive in some eyes.
- The words 'stamp it out' and deal with the perpetrators are used frequently.
- Women and their careers, the mistreatment of female trainees pursuing pregnancy comes up.
- How Fellows perceive that Trainees can't take on feedback, or Fellows won't give feedback because they may be dubbed a perpetrator of DBSH.
- How Trainees perceive that Fellows can't deliver the feedback constructively.

What follows is a Summary of the Facts from the 2,105 RANZCOG members who took the time to complete this survey, many of whom have taken a very brave and courageous position by telling their story.

Thank you for the opportunity to conduct this significant and meaningful research.



Jacqui Parle
Owner/Director
BPA Analytics