2023 Check-In Survey

DISCRIMINATION, BULLYING, AND HARASSMENT

SUMMARY OF FACTS

RESEARCH COMMISSIONED BY

The Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) into Discrimination, Bullying, and Harassment (DBH)

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EXECUTIVE SUMMARY

In August 2021, on behalf of The Royal Australian & New Zealand College of Obstetricians and Gynaecologists (RANZCOG) BPA Analytics (BPA) administered the first Discrimination, Bullying, Sexual Harassment and Harassment (DBSH) Survey to 6,605 RANZCOG members.

In 2023, BPA was again commissioned to design, administer and analyse a cut-down version of the original survey, called a Check-In Survey, on behalf of the College.

For tracking and trending purposes, the survey instrument included some of the questions asked on the 2021 RANZCOG Survey, along with newly crafted questions to test the impact of RANZCOG's initiatives in the area of DBH.

The objectives of the Check-In Survey was to evaluate and identify ...

- if the prevalence of DBSH experienced by members has decreased over the past 2 years (since the first survey was conducted);
- for members who may have experienced DBSH behaviours, did they achieve a resolution;
- where DBSH behaviour is occurring (location/facility) ;
- the role of the perpetrators of any behaviours ;
- if people are prepared to report such behaviours;
- the Health Services where the respondents are practising and/or training;
- the extent to which these Health Services are competent and effective at preventing DBSH behaviour; listening to complaints, and promptly actioning complaints about DBSH behaviours;
- if RANZCOGs initiatives introduced as a result of the 2021 survey have got traction.

1,004 members took the time to respond to the survey out of a total of 5,890 surveys administered.

This represents a **17%** response rate. Despite the fact the survey was condensed and less complex, the response rate was lower than the 2021 survey which was 32%.

When restricted to FRANZCOG Trainees and Fellows, the 2023 response rate increases to **26.2%** (was 45.3% in 2021).

The prevalence questions were conditioned to DBSH behaviours experienced by a professional colleague (not from patients), in the **past 2 years**. This is to be noted, as the first survey had no time span on when a respondent experienced any form of DBSH behaviour.

Based on this sample of members who responded to the survey, there has been significant improvement in the reduction of DBSH in 3 out of 4 behaviours. The only behaviour that hasn't changed (statistically) is Harassment.

41% (n=994 respondents) answered 'yes' they have been subjected to DBSH in the workplace by a professional colleague. This equates to 407 members.

In 2021 this metric was 62% (n=2,009). This is a decrease in the Prevalence rating of -20.8% and a statistically significant improvement.

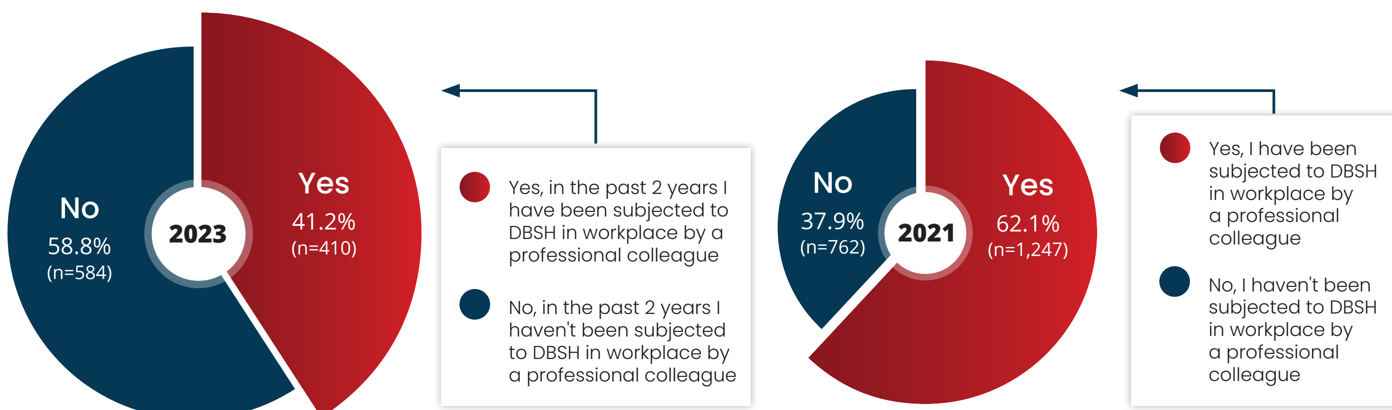

Figure 1: In the past 2 years, I have subjected to DBSH in workplace by a professional colleague

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Respondents were then asked to evaluate each specific DBSH behaviour.

The question was posed as: *In the past 2 years have you been subjected to any of the following behaviours in the workplace by a professional colleague?*

The rating scale was Yes or No.

The Prevalence statistic for each of the 4 DBSH behaviours in 2023 compared against 2021 is illustrated in the graphs below.

The reduction in the percentage of respondents answering Yes is a positive outcome given it is a reverse value question. It means less respondents have been subjected to any of the unreasonable behaviours.

The Prevalence rating for each of the 4 unreasonable behaviours in 2023 is:

- **24%** for Discrimination – was 35%, a reduction of -11.0% (statistically significant)
- **32%** for Bullying – was 44%, a reduction of -12.3% (statistically significant)
- **3%** for Sexual Harassment – was 14%, a reduction of -10.6% (statistically significant)
- **17%** for Harassment – was 16%, an increase of +1.3% (not statistically significant).

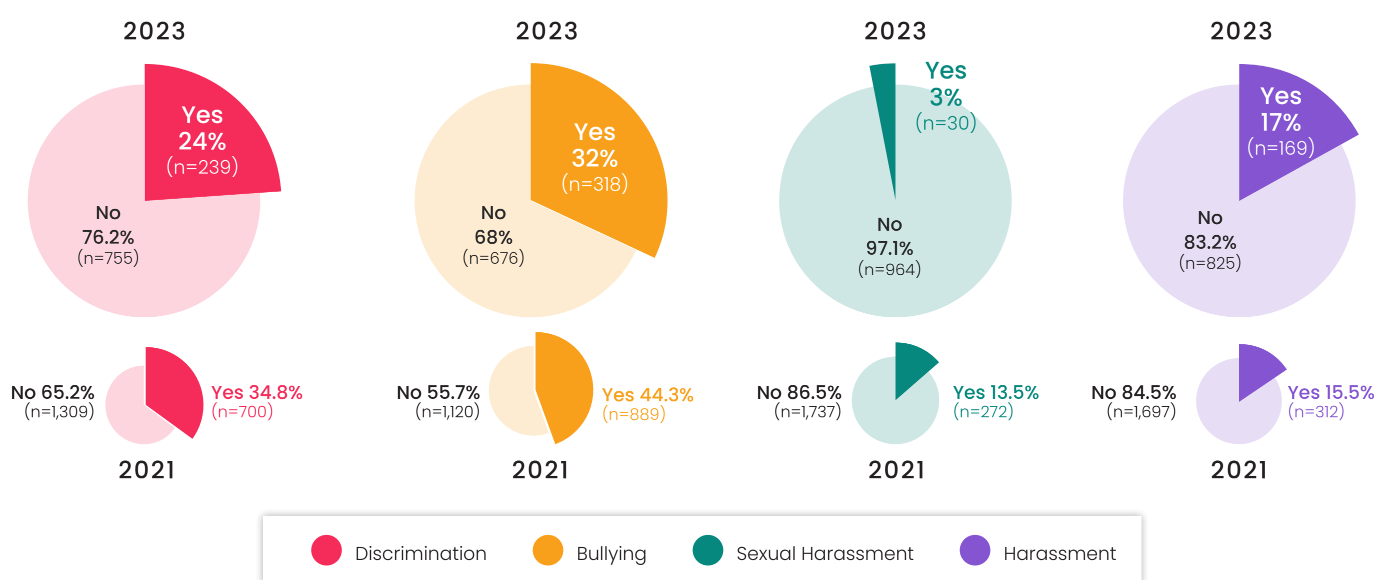


Figure 2: The Prevalence statistic for each of the 4 DBSH behaviours in 2023 and 2021

When these Prevalence Ratings were benchmarked against other Medical Colleges where BPA has conducted the DBSH survey , the outcome is very positive. All 5 questions benchmark Average or higher.

"In the past 2 years, I have been subjected to DBSH in the workplace by a professional Colleague … "	RANZCOGs rating in 2023 (n=994) (a low percentage is a positive outcome)	BPA's norm/average for Medical Colleges (a low percentage is a positive outcome)	Benchmarking outcome for RANZCOG A top decile rating is the best possible outcome
DBSH (overall)	41%	50%	High (Top Quartile)
Discrimination	24%	23%	Average
Bullying	32%	37%	Above Average
Sexual Harassment	3%	8%	Top Decile
Harassment	17%	17%	Average

Table 1: Benchmarking Perspective

RANZCOG's low rating of 3% for Sexual Harassment almost set the benchmark (ie the best score) observed in Medical Colleges. RANZCOG's result to two decimal points is 2.92% and the benchmark is 2.58%.

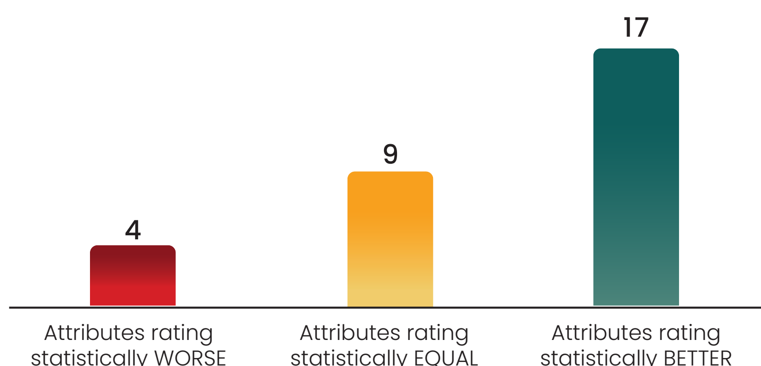
In addition to the lowering of the Prevalence Rates, some of the findings from this survey are as follows.

Across a number of demographics the representation of respondents (by percentage) is very similar to the 2021 survey, some of which include:

- 65.3% of respondents identify as a woman/female, in 2021 this was 64.4%;
- 34.2% of respondents identify as man/male, in 2021 this was 35.4%;
- the age profile of responding FRANZCOG Trainees is 65.9 <34 years; in 2021 this was 66.5%;
- 57.6% of respondents were born in Australia or New Zealand, in 2021 this was 57.8%.
- 68.2% of respondents' primary workplace is a Public Hospital (Metropolitan or Regional) – in 2021 this was 60.2%

Where comparisons could be made between the 2021 Survey and the 2023 Survey, for 30 quantitative questions:

- 17 rated statistically better
- 9 didn't change – they rated Equal or the same as the last survey
- 4 rated statistically worse. Three of these questions were about the personal impact of Discrimination.



- Significant reductions in the Prevalence rating for DBSH (overall) were observed for the Membership Status of FRANZCOG Trainee, Diplomate and Fellows both <10 years and >10 years;
- In addition, reductions in the Prevalence rating for DBSH (overall) by 20% or more were observed for 3-5 year Trainees; those who identify as Women/Female; those who identify as Māori and those who work in a Private Hospital or Private Practice;
- Hurtful or humiliating comments are the highest form of Gender Discrimination and increased in frequency by 10% this survey when compared to the 2021 survey;
- Whilst Sexual Harassment reduced to a low of 3% having experienced the behaviour, sexually explicit or offensive jokes remains the number #1 form of behaviour experienced;
- Harassment is the behaviour that respondents are most likely to report with 50.7% answering yes followed by Bullying at 43% answering yes. The numbers reduce for Discrimination with only a third reporting the behaviour and significantly reduce to only 21.4% reporting Sexual Harassment (for those who experienced the behaviour);
- Fear – defined by BPA as *fear, intimidation, or being too scared to complain or act* is the top thematic/coding category for why respondents wouldn't report Discrimination or Sexual Harassment;
- Resolution rates remain low. When asked if the behaviour has been resolved to your satisfaction – 3% answer yes for Discrimination; 8% answer yes for Bullying; 6% answer yes for Harassment. The percentage increases to 26% for Sexual Harassment.
- Over 860 respondents evaluated the effectiveness of the Health Service where they train/work, at preventing, listening and actioning to DBSH complaints. 40-43% agree the Health service does it well. Up to 20.6% rated their Health Service as having a poor track record in actioning complaints;
- The action that rates as #1 by respondents as being most needed to prevent DBSH in the workplace continues to be *Greater Leadership by Executives, Directors and Supervisors.*

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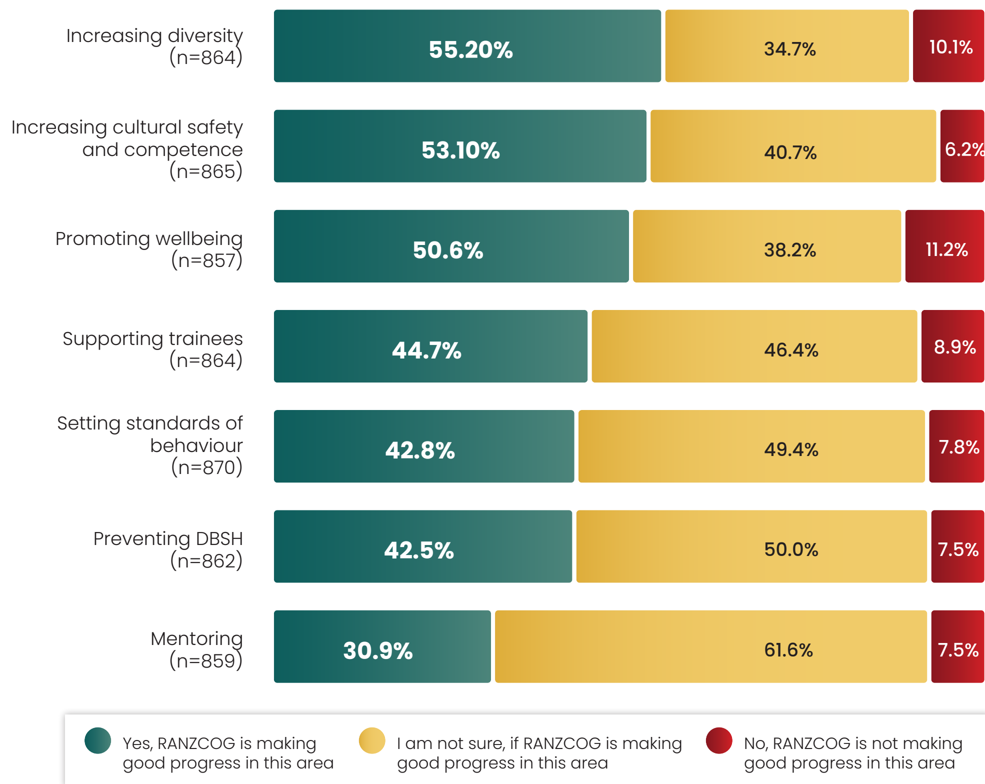
When respondents evaluated the 7 initiatives RANZCOG has introduced as a result of the 2021 survey, the initiative that rated with the highest level of agreement that RANZCOG is making good progress was 'Increasing Diversity'



Just over two thirds of respondents (67.6%) agree that RANZCOG's efforts are 'About Right' in promoting respectful workplaces.

Finally, 404 respondents provided by way of narrative response, a Message to the RANZCOG Board. They were asked to reflect on the issues they canvassed on the survey when framing their message.

As with the 2021 survey, the messages are powerful, and mostly constructive.

Many respondents encourage RANZCOG to keep up the good work!

Some tell RANZCOG to 'balance' or 'it's a Health Service issue'.

There are many different thoughts and opinions on the issue, all of which contribute to the robust discussion when managing unreasonable behaviours.

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

Jacqui Parle

Owner/Director
BPA Analytics

SURVEY PROCESS AND UPTAKE

The survey was designed and administered by BPA Analytics, optimised for a mobile phone. The feedback from RANZCOG was that mobile optimisation was a must to enable the process of survey completion to be as efficient as possible for Trainees.

The survey census period commenced on Tuesday 22nd August and was initially due to close on Sunday 10th September, but was kept open until Sunday 17th September, in order to achieve the best possible response rate. BPA officially closed the survey at 9am on Monday 18th September.

The first email mail-out by BPA was to 5,946 members. Each member received their own unique link to their personal survey. The first mail-out was accompanied by an SMS message to each member which also contained their unique link to the survey, for ease of access.

Reminder emails from BPA were sent on three occasions: at the end of the first, second and third week of the survey census and the Friday prior to the survey close-off.   The reminders were only sent to members who had not opened their survey, or who had opened it but not completed it. At the request of RANZCOG, BPA only conducted text messaging on one occasion (at the outset of the survey go-live). The third reminder was targeted, only sent to Fellows and FRANZCOG Trainees, who had either not opened their survey or who had not finalised their response.

Over the course of the one month survey census period, 54 members opted out of the survey they selected the Ethical Option 'I do not wish to participate in this survey. Please unsubscribe me from any future communications about the survey' and were removed from the survey process by BPA. No reminder emails or SMS messages were sent to these members.

2 additional members were removed due to bounced emails where no alternative email address or mobile phone number were available.

After adjustments for out of offices and opt outs the final number of members surveyed was 5,890.

1004 members responded, a response rate of 17%. Despite the lower response rate the data volumes from this Check-In survey are very significant.

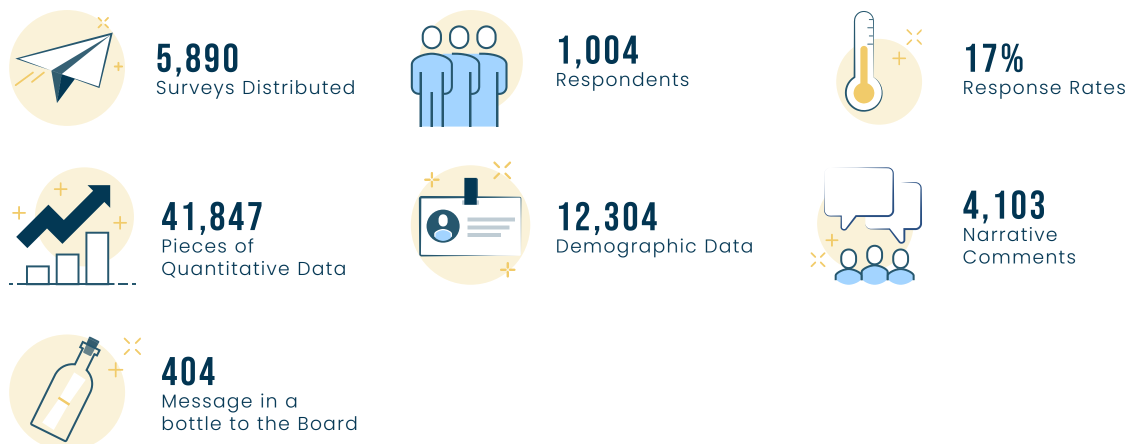


Figure 3: Data Volumes for the 2023 RANZCOG DBSH Survey

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SURVEY PROCESS AND UPTAKE

The breakdown of the respondents by membership status is outlined below in Table 2.

The status of each member was hard-wired by the RANZCOG Survey Coordinator and provided to BPA through the Structural mapping process.

Across the board, regardless of membership status the response rate was lower than the 2021 survey.

Membership Status	No. of surveys administered	No. of respondents	Response Rate in 2023	Response Rate in 2021
Diplomate	2,039	118	6.0%	18.0%
DRANZCOG Trainee	626	42	7.0%	19.0%
Educational Affiliate	31	< 10		
Fellow	2,426	669	28.0%	47.0%
FRANZCOG Trainee	768	168	22.0%	41.0%
Total	**5,890**	**1,004**		

Table 2: Response Rates for the 2023 RANZCOG DBSH Survey by Membership Status

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DEMOGRAPHICS

Q1. STATUS WITH THE COLLEGE

Respondents were asked:

Q1: 'What best describes your status with the College?'

Respondents were invited to answer a set of 9 demographic questions.

Whilst RANZCOG provided BPA with each participant's membership status from their database, which BPA was able to use to provide RANZCOG with hourly updates on the response rates during the survey census period by membership status on a live dashboard feed, members were also asked to self-disclose their status by way of a demographic question. Additional information was drawn from this question such as years in the training program, subspecialities, and SIMG Pathway assessment comparability.

As demonstrated in the chart below, in terms of membership category with RANZCOG, the representation of the total respondent pool in this 2023 survey compared with the 2021 survey is as follows:

- Fellows >10 years represent 35.7%; in 2021 they represented 30.7%;
- Fellows <10 years represent 21.4%; in 2021 they represented 21.4%;
- FRANZCOG Trainees represent 16.8%; in 2021 they represented 13.7%;
- Diplomates represent 10.7%; in 2021 they represented 19.3%;
- DRANZCOG Trainees represent 5%; in 2021 they represented 6.5%;
- SIMG Pathway represent 0.5%; in 2021 they represented 1.9%;
- Other represents 0.2%; in 2021 they represented 0.6%;

When compared with the 2021 survey, using the measure of the percentage representation of the total pool of respondents ...

- Fellows >10 years have a higher representation in 2023;
- Fellows <10 years have the same representation;
- FRANZCOG Trainees have a slightly higher representation;
- Diplomates have a lower representation.

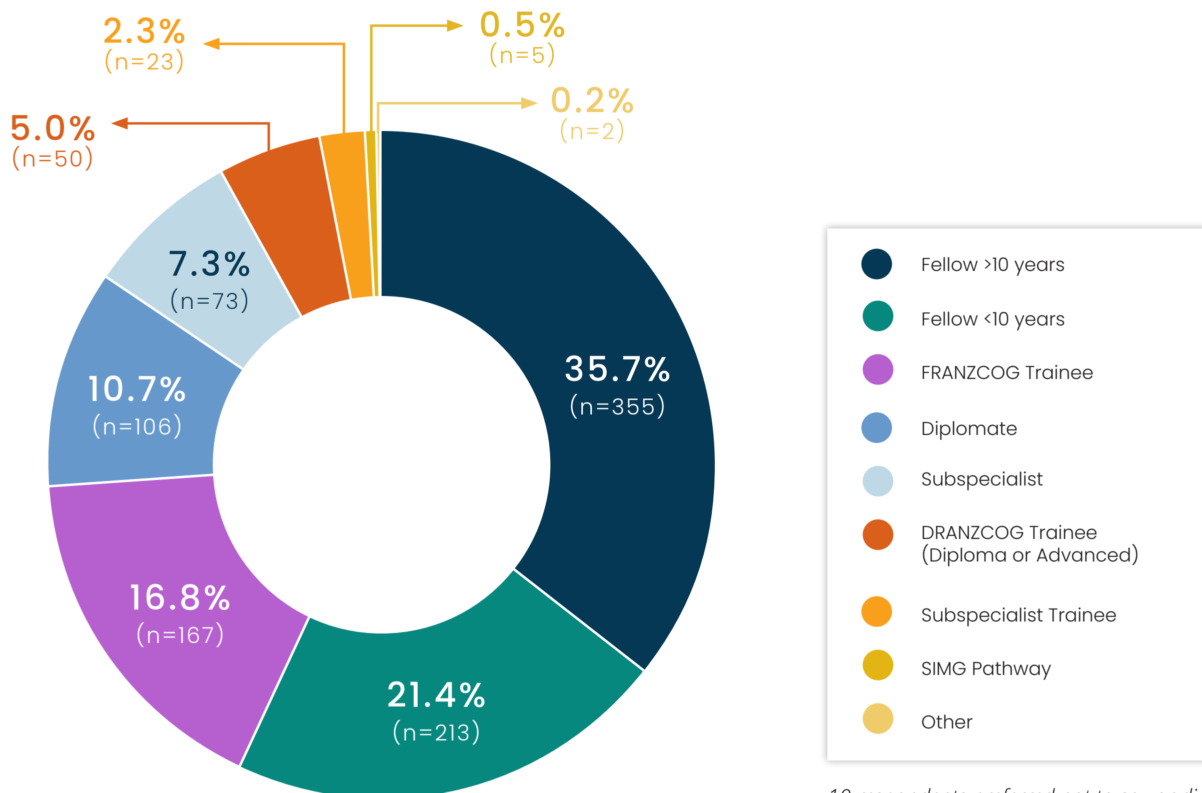

Figure 4: What best describes your status with the College?

10 respondents preferred not to say or did not answer this demographic.

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DEMOGRAPHICS

Q1. STATUS WITH THE COLLEGE

Of the 167 respondents who self-disclosed their status as a **FRANZCOG Trainee**, they were also asked to nominate the number of years they have been in the training program.

BPA grouped and clustered years nominated by way of free text response, the outcome of which is illustrated in the table below. As is evident in the data, 3-5 years in training is still the cohort with the most trainees when compared with the 2021 data set.

FRANZCOG Trainee years in the training program	No. of respondents in 2023	Percentage represented in 2023	Percentage represented in 2021
< 1 year	36	21.4%	2.5% [7]
1 - 2 years	19	11.4%	28.6% [79]
3 - 5 years	80	47.9%	47.5% [131]
6 - 10 years	29	17.4%	21.0% [58]
> 10 years	< 10		
Total	**167**		

Table 3: FRANZCOG Trainee - years in the training program

In this year's survey, Subspecialist Trainees were asked to nominate their subspecialty. This was not asked in 2021.

CMFM represents more than a third of the subspecialties.

Subspecialty	No. of respondents	Percentage represented
CGO	18	22.2%
CMFM	29	35.8%
COGU	< 10	9.9%
CREI	19	23.5%
CU	< 10	
Total	**81**	

Table 4: What is your subspecialty?

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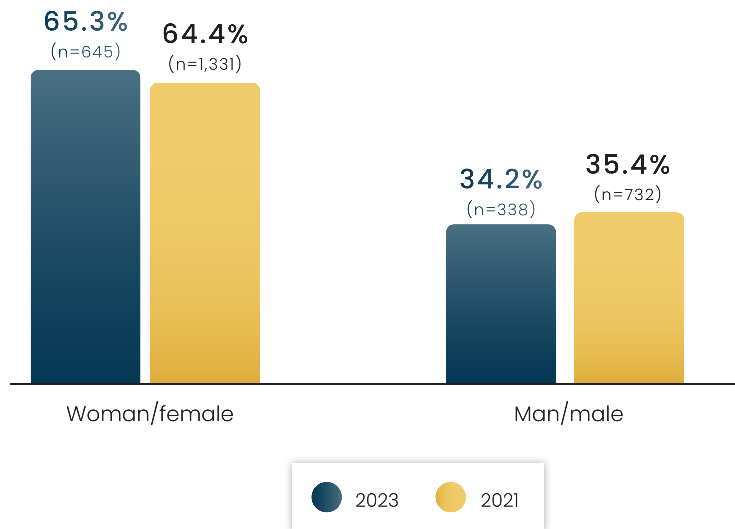
Respondents were asked:

Q2: 'What best describes your gender identity?'

Respondents were asked to nominate their gender identity.

In 2023, in addition to Woman or female, Man or male, the selection was expanded to include Intersex, Transgender, Non-Binary, A-Gender and Gender Fluid, albeit the number of respondents who selected any of these options was < 10.

The proportion represented in this respondent pool of woman/female to man/male is very similar to the outcomes from the 2021 survey.



In 2023, 16 respondents preferred not to say or did not answer this demographic.

Figure 5: What best describes your gender identity?

FRANZCOG Trainees are represented by Woman/female and very similar to the 2021 profile.

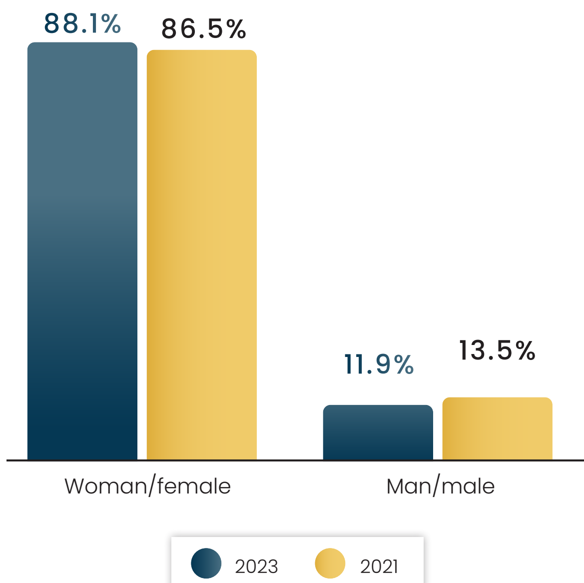


Figure 6: Gender Identity of FRANZCOG Trainees

Whereas with the status of Fellow, the proportion of Woman to Man changes substantially, as illustrated in the graph below.

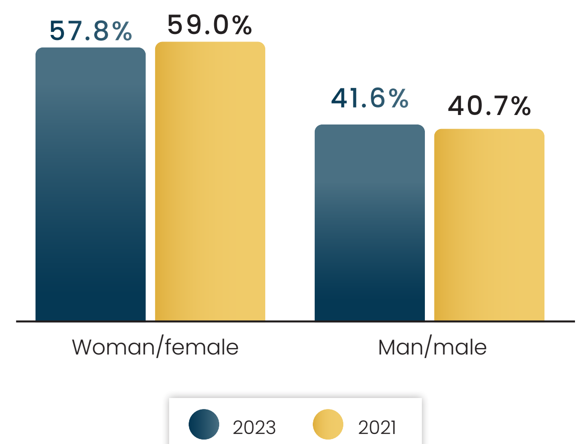


Figure 7: Gender Identity of Fellow

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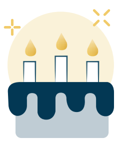

DEMOGRAPHICS

Q3. RESPONDENT AGE PROFILE

Respondents were asked:

Q3: 'What is your age?'

The age profile of respondents in 2023 is similarly represented across both years of surveys. There are no huge differences, only very slight changes observed in <34 years and 55-64 years.

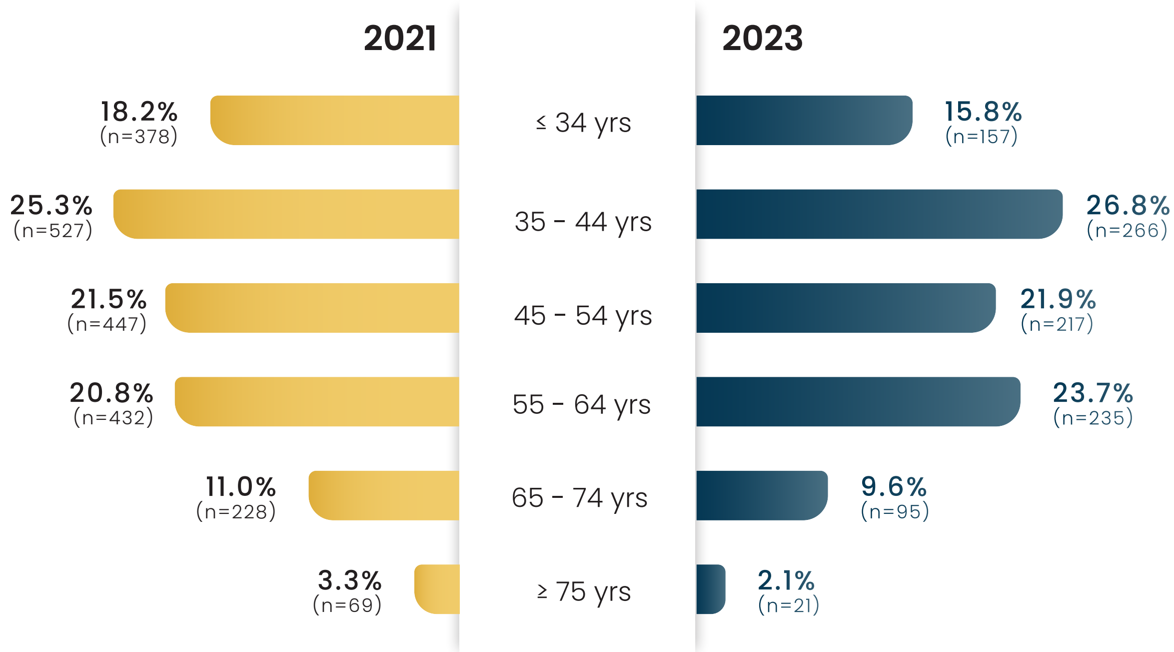

Figure 8: Age profile of respondents

In 2023, 13 respondents preferred not to say or did not answer this demographic.

The age profile of Trainees in 2023 is very similar to the 2021 survey with 97.6% of respondents aged <44 years.

In contrast, the age profile of Fellows is illustrated below, with a greater representation in the 55 years and above categories in 2023.

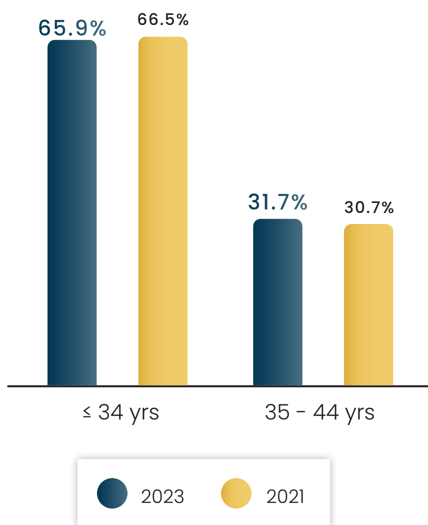

Figure 9: Age profile of FRANZCOG Trainees

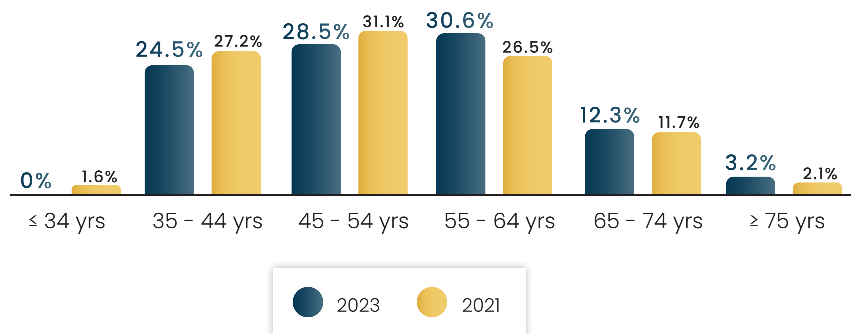

Figure 10: Age profile of Fellows

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DEMOGRAPHICS

Q4. ORIGIN OF PRIMARY MEDICAL DEGREE

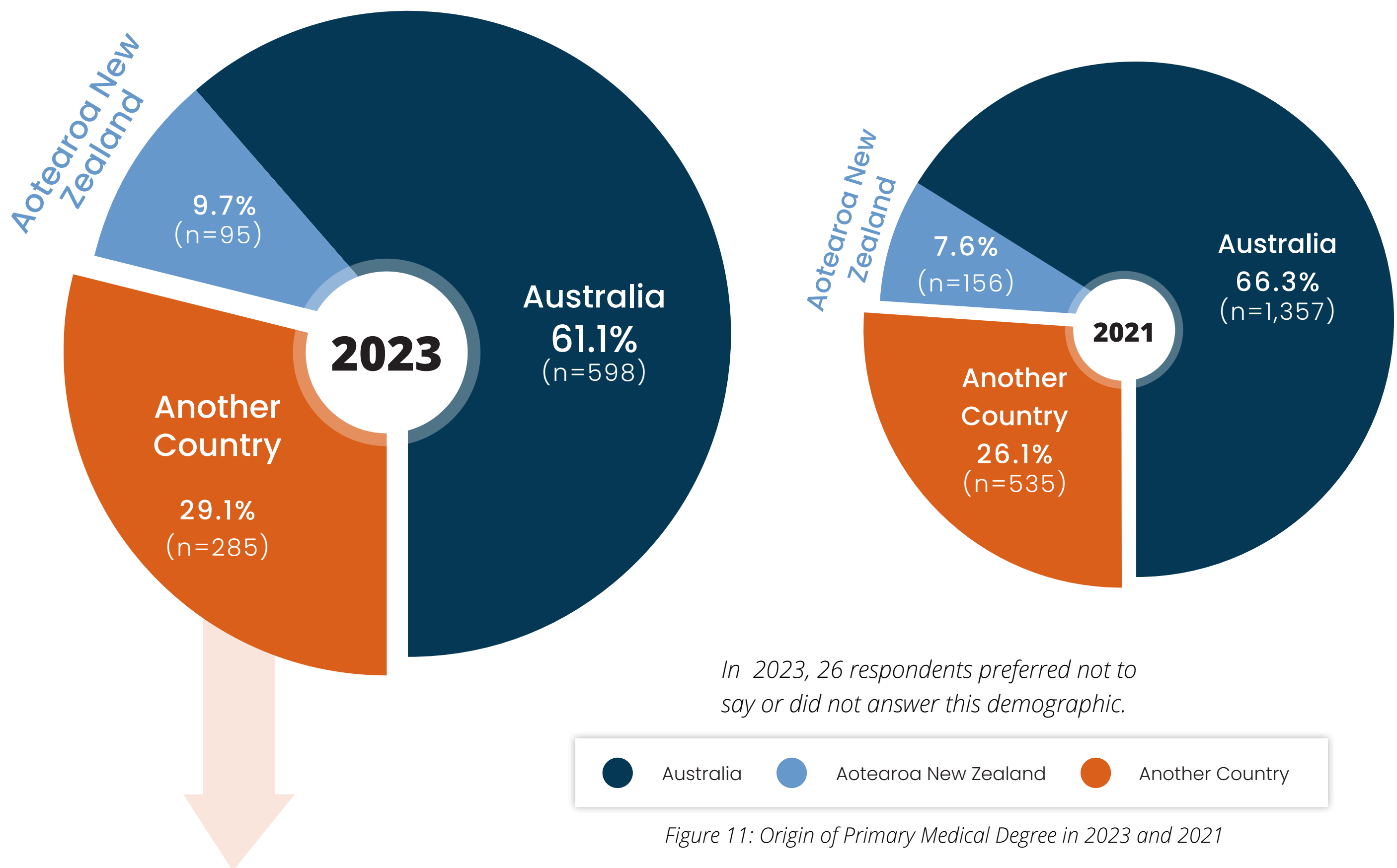
Respondents were asked:

Q4: 'Where did you obtain your primary medical degree?'

61.1% of respondents obtained their primary medical degree in Australia, and a further 9.7% in New Zealand.

Where respondents selected 'another country', they were given the opportunity to specify where their primary degree was obtained.

Of the **285** members who selected 'another country', 205 supplied a name. The **top 5 countries**, with 10 or more mentions, are represented in the table below.



In 2023, 26 respondents preferred not to say or did not answer this demographic.

Figure 11: Origin of Primary Medical Degree in 2023 and 2021

Country	No. of respondents in 2023	No. of respondents in 2021
UK (includes England, Scotland,Northern Ireland)	59	105
India	44	74
South Africa	19	
USA	11	14
Sri Lanka	11	27

Table 5: Another Country where primary medical degree was obtained (where specified)

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DEMOGRAPHICS

Q5. ORIGIN OF SPECIALIST TRAINING

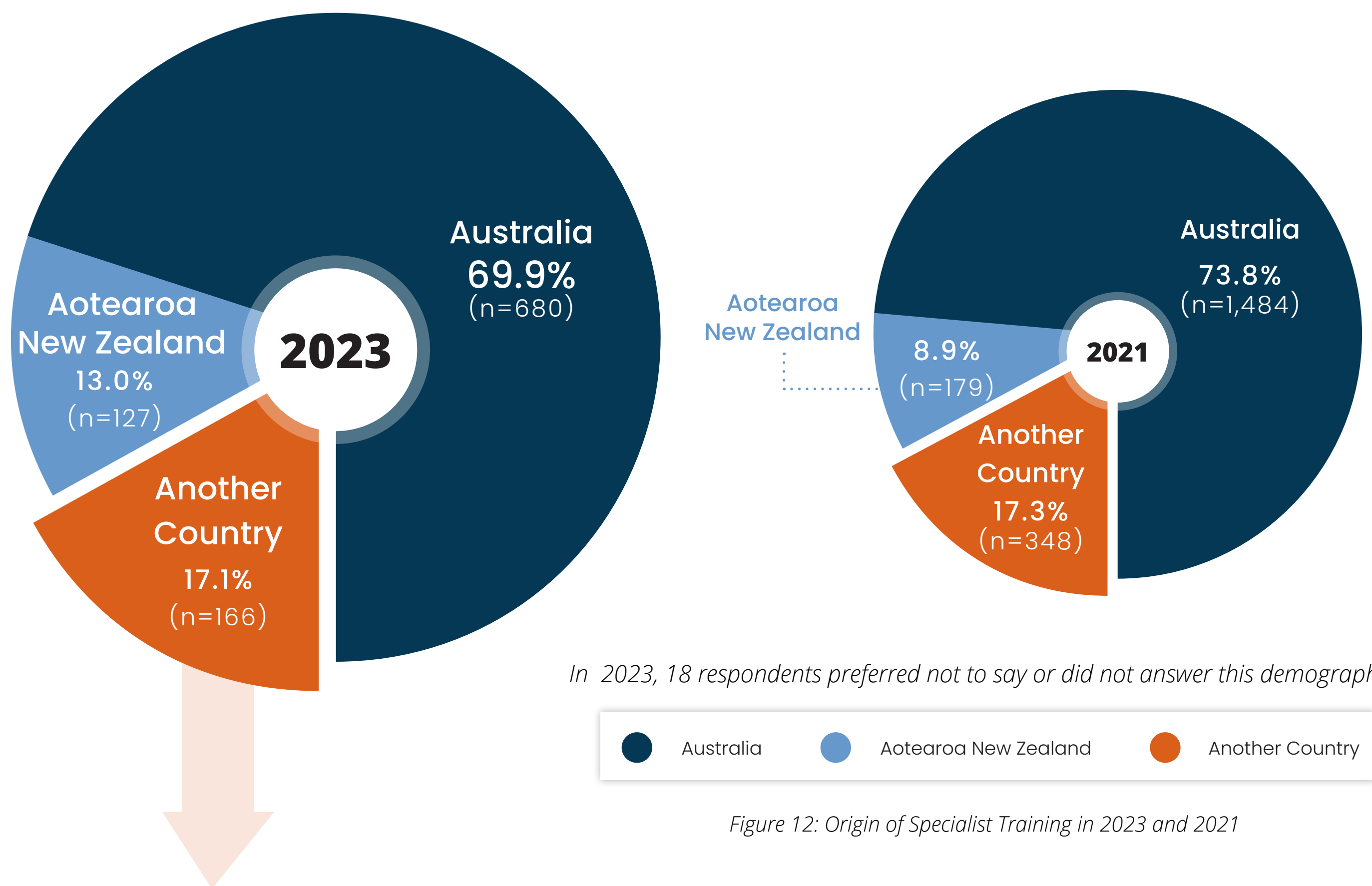
Respondents were asked:

Q5: 'In which country did you undertake the majority of your O&G specialist training?'

69.9% of respondents to this survey did the majority of their O&G specialist training in Australia.

Where respondents selected 'another country', they were given the opportunity to specify where their specialist training was completed.

Of the **166** members who selected 'another country', 128 supplied a name. **The top 4 countries**, with 10 or more mentions, are represented in the table below. If a respondent named two countries, then both are included in the count.



In 2023, 18 respondents preferred not to say or did not answer this demographic.

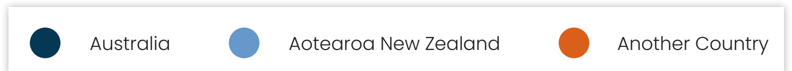


Figure 12: Origin of Specialist Training in 2023 and 2021

Country	No. of respondents in 2023	No. of respondents in 2021
UK (includes England, Scotland,Northern Ireland)	61	144
India	22	32
South Africa	14	27
USA	11	17

Table 6: Another Country where a majority of specialist training was completed

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DEMOGRAPHICS

Q6. PRIMARY WORKPLACE

Respondents were asked:

Q6: 'What is your primary workplace?'

68.8% of respondents to the 2023 survey **work in a metropolitan public hospital or a regional/rural public hospital.** In constant, in 2021 this figure was 60.2%

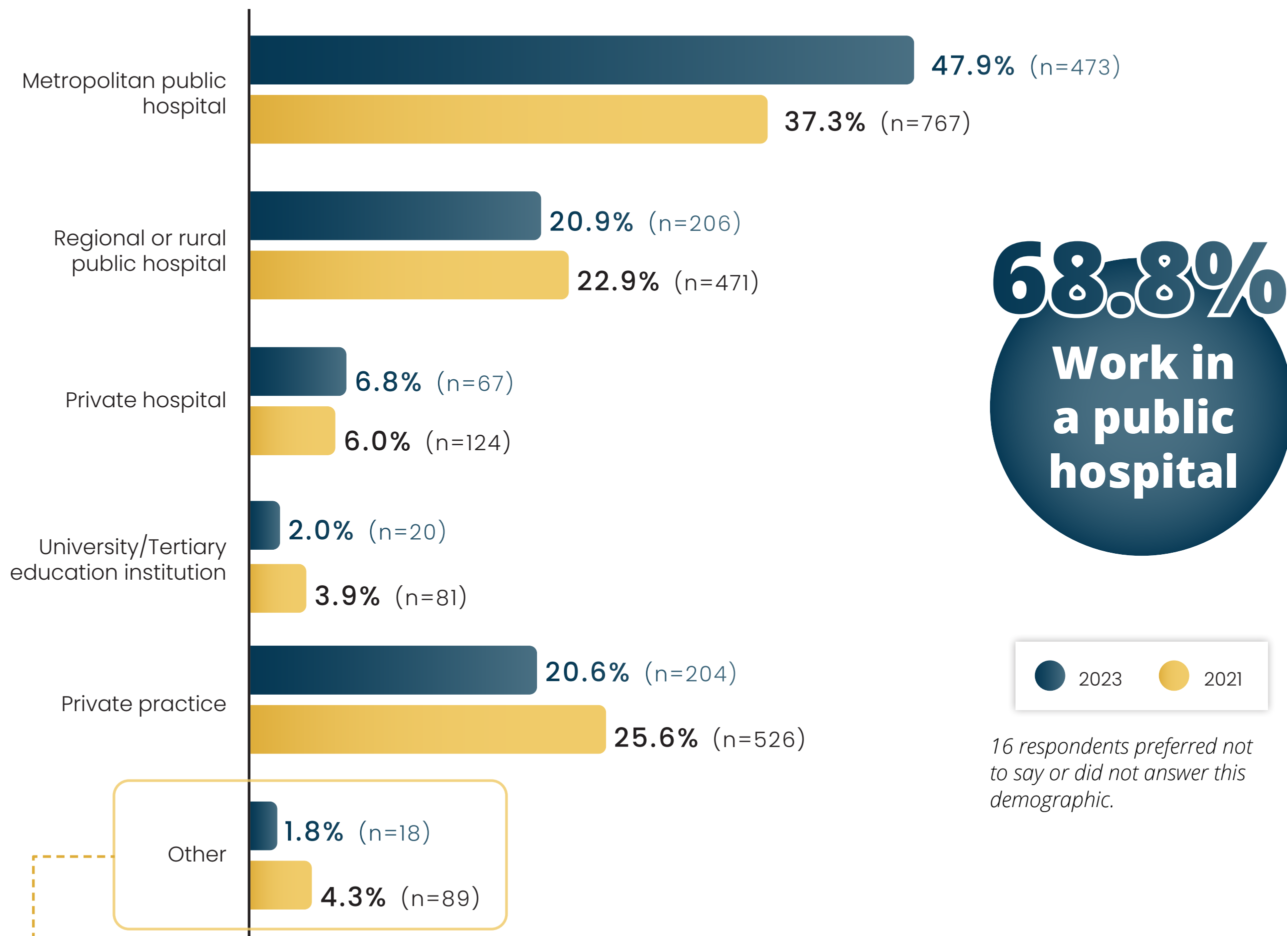

Figure 13: Primary Workplace

Where respondents selected 'other' they were given the opportunity to specify their primary workplace.

Some of the workplaces include:

- General Practice
- Aboriginal medical service
- Rural General Practice
- Ministry of Health
- Community Health Service
- Retired - Occasional locum

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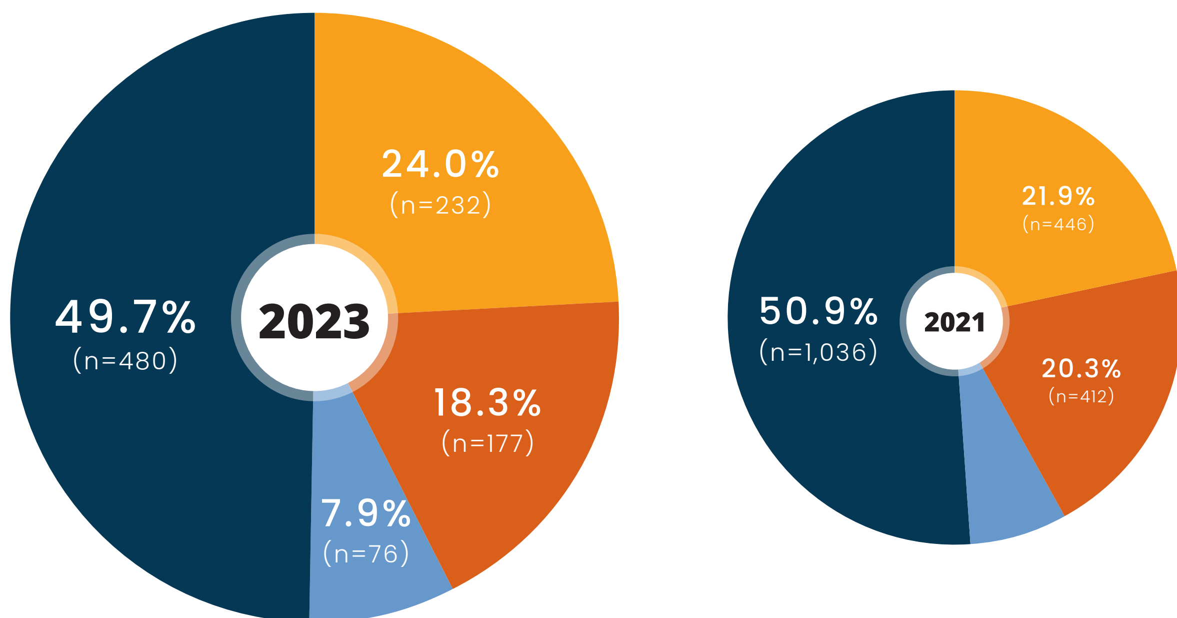
DEMOGRAPHICS

Q7. COUNTRY OF BIRTH

Respondents were asked:

Q7: 'What country were you born in?'

The percentages were very similar to the 2021 survey where 57.8% were born in Australia/New Zealand, and 42.2% born in overseas. In 2023, **57.6%** of respondents were **born in Australia or New Zealand,** and **42.3%** were **born overseas.**



39 respondents preferred not to say or did not answer this demographic.

Australia | Aotearoa New Zealand | Another English speaking country | A non-English speaking country

Figure 14: Country of birth in 2023 and 2021

Where respondents selected 'another English speaking country' or 'another Non-English speaking country', they were given the opportunity to specify their country of birth.

For the 24.0% who identified as being born in **another Non-English speaking country**, the **top 3** countries (> 10) provided by the respondents in the narrative comments are outlined in the table below:

Non-English speaking country	No. of respondents in 2023	No. of respondents in 2021
India	46	81
Sri Lanka	13	26
Malaysia	11	19

Table 7: Another Non-English speaking country of birth (where specified)

For the 18.3% who identified as being born in **another English speaking country**, the **top 3** countries (> 10) provided by the respondents in the narrative comments are outlined in the table below:

English speaking country	No. of respondents in 2023	No. of respondents in 2021
UK (includes England, Scotland,Netherlands)	60	129
South Africa	18	74
USA	16	24

Table 8: Another English speaking country of birth (where specified)

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DEMOGRAPHICS
Q8. CULTURAL HERITAGE

Respondents were asked:

Q8: 'Do you identify as being of Aboriginal and/or Torres Strait Islander descent?'

Six (6) respondents identify as being of **Aboriginal and/or Torres Strait Islander** descent. This represents **0.6%** of the total respondents and very similar representation to the 2021 survey.

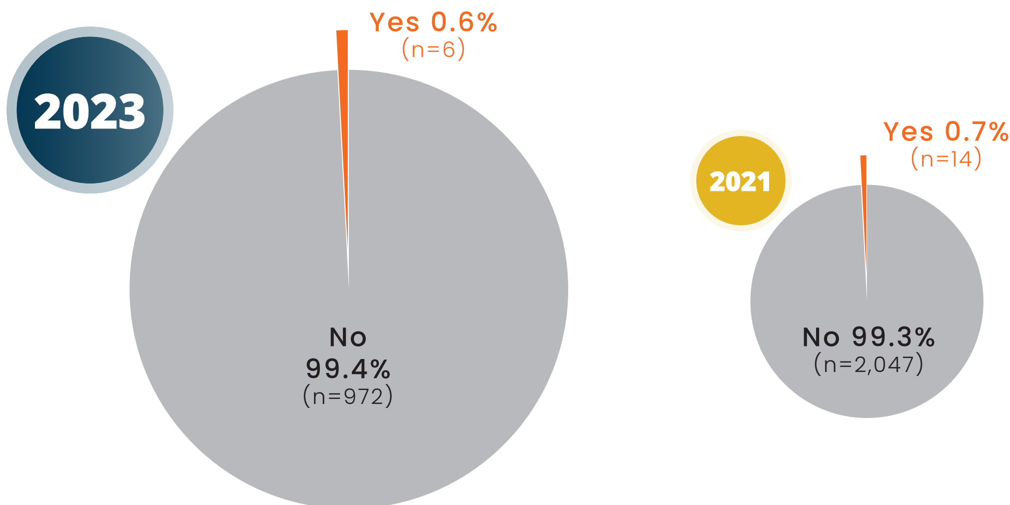

Figure 15: Respondents who identify as being of Aboriginal or Torres Strait Islander descent

Respondents were asked:

Q8: 'Do you identify as Māori?'

Twelve (12) respondents identify as **Māori.** This represents **1.2%** and as a proportion of this respondent pool it is double the representation when compared with the 2021 survey population.

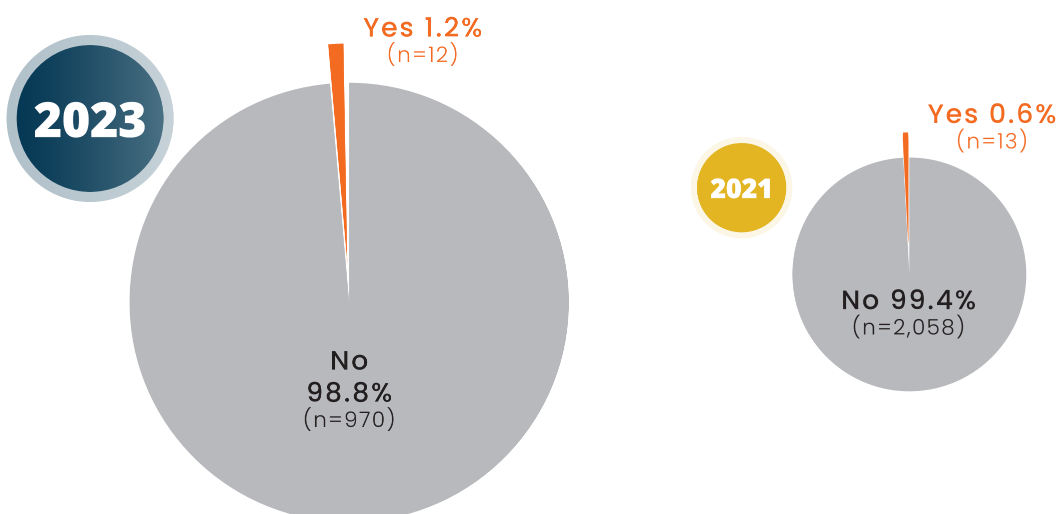

Figure 16: Respondents who identify as Māori

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DEMOGRAPHICS

Q10. COMPLETED PREVIOUS SURVEY

Respondents were asked:

Q10: Did you complete the RANZCOG 2021 Discrimination, Bullying and Harassment Prevalence Survey?

Just over a third **(34.4%), 344** members, answered 'yes' they **completed the 2021 DBSH Survey**.

1 in 5 didn't and 42.9% were 'not sure'.

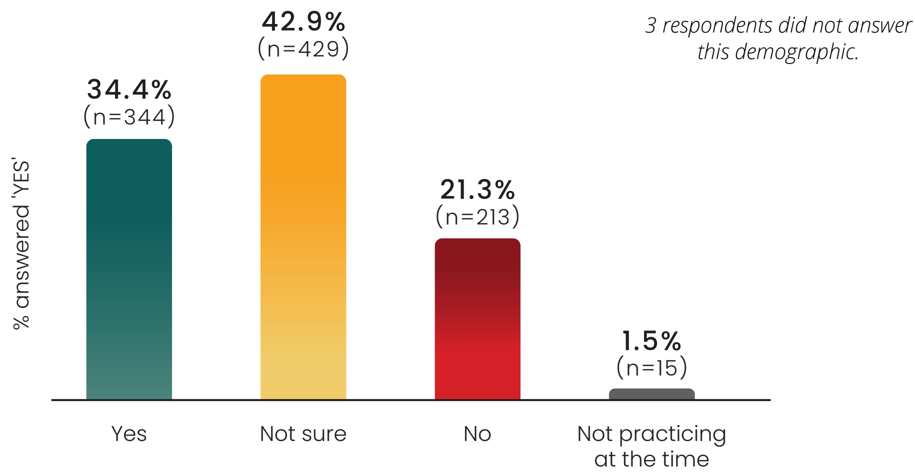

Figure 17: Completion of 2021 DBSH Survey

For a sense of the take-up of the last survey by member status, illustrated in the table below is the answer to Q10 by Fellows and FRANZCOG Trainees.

Membership Status	% answered 'Yes'	% answered 'Not Sure'	% answered 'No'
Fellows (n=668)	37.9% [253]	43.7% [292]	18.1% [121]
FRANZCOG Trainees (n=167)	37.1% [62]	37.7% [63]	22.8% [38]

Table 9: Percentage of completion for 2021 DBSH Survey by Fellows and FRANZCOG Trainees

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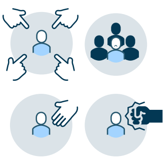

PREVALENCE OF DISCRIMINATION, BULLYING, SEXUAL HARASSMENT OR HARASSMENT (DBSH)

Respondents were asked:

Q11: In the past 2 years have you been subjected to Discrimination, Bullying, Sexual Harassment, or Harassment in the workplace by a professional colleague?

994 members answered the question.

41% answered Yes, which equates to 407 people having **experienced a form of DBSH in the past 2 years**.

For a sense of comparison, this question rated 62.1% in 2021 and was asked as 'have you ever experienced DBSH?'.

Whilst not a direct comparison, from a trending perspective, it does demonstrate that the prevalence has decreased based on the respondents who took-up the 2023 survey. A drop of -20.8% and a statistically significant reduction.

Three of the 4 behaviours rated (statistically) significantly lower when compared with the 2021 outcomes ...

- **Discrimination at 24%** is down by -11% answering yes
- **Bullying at 32%** is down by -12.3% answering yes
- **Sexual Harassment at 3%** is down by -10.6% answering yes
- **Harassment at 17%** answering Yes, increased by +1.3%.

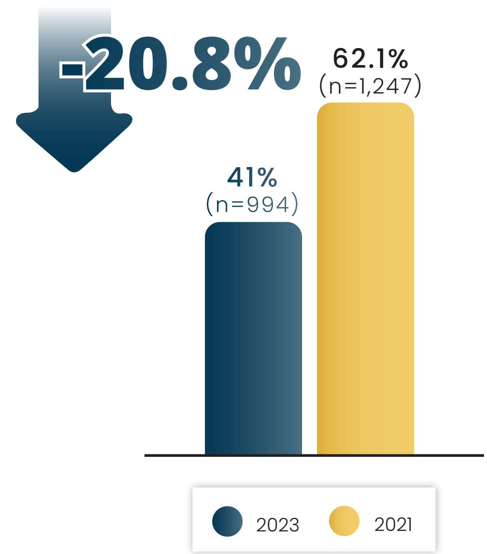

Figure 18: Percentage of people who have been subjected to DBSH in workplace by professional colleague

Unreasonable behaviour (by a professional colleague)	No. of respondents	No. of respondents who answered 'Yes' in RANZCOG in 2023	% answered YES in 2023	% answered YES in 2021	Difference
DBSH	994	408	41.0%	62.1%	↓ -20.8%
Discrimination	994	239	24.0%	35.0%	↓ -11.0%
Bullying	994	318	32.0%	44.0%	↓ -12.3%
Sexual Harassment	994	30	3.0%	14.0%	↓ -10.6%
Harassment	994	169	17.0%	16.0%	↑ +1.3%

Table 10: In the past 2 years, have you been subjected to DBSH in the workplace by a professional colleague?

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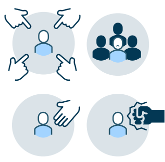

PREVALENCE OF DISCRIMINATION, BULLYING, SEXUAL HARASSMENT OR HARASSMENT (DBSH)

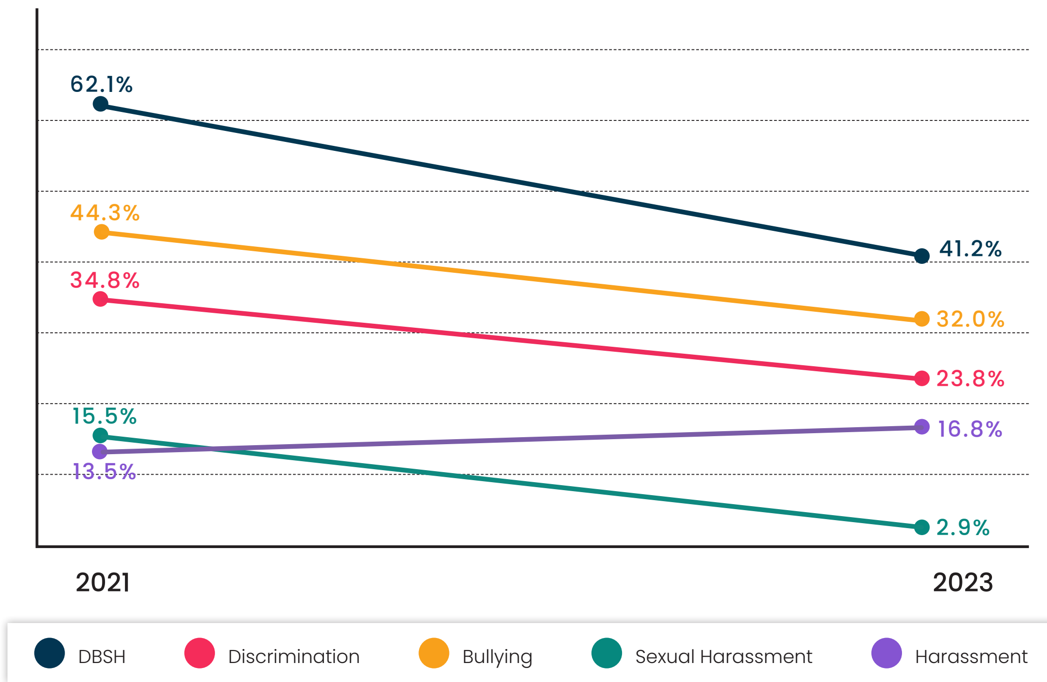

Figure 19: Run chart of DBSH in 2023 and 2021

For a sense of perspective, BPA has benchmarked RANZCOG's Prevalence ratings with other Medical Colleges where these questions have been asked.

A low score is a positive outcome, and the benchmarking is reversed to reflect this.

A rating that benchmarks in the VH category (Very High/Top Decile) is a very positive outcome

As is evidenced in the BPA Scorecard below, RANZCOG's results in 2023 all benchmark Average to Very High, no result is below average in 2023. The questions benchmark...

- in the top decile for Sexual Harassment @ 3%
- in the top quartile for DBSH @ 41%
- Above Average for Bullying @ 32%
- on the norm/average for Discrimination @ 24% and for Harassment @17%

Your BPA Benchmarking Scorecard

The Royal Australian and New Zealand College of Obstetricians and Gynaecologists

(*) = There is a 95% probability of correctly identifying this difference as statistically significant.
"Equal" = There is not enough difference to be statistically significant (for this number of responses).

Respondent Norms come from all respondents in a Partner Group, not just those eligible for setting Partner Norms.

Below the Norm | Near the Norm | Above the Norm

Compared with the Benchmarks and Norms for ...

		Your Ratings ... from this most recent survey (where n>=5)		... compared with the last survey's ratings (where n>=5) (if available)		Medical Colleges	Norm	Top Decile
	(n=)	% Yes or Agrees (rounded)	% No or Dis- Agrees	Last Survey Rating (rounded)	% Change + Year + Stat Significance (*)	VL L -A A A+ H VH	Respond- ents	3 yr Norm Ptnr Worst to Best
Q11 & Q12: DBSH Prevalence of Experience								
Q11 & Q12: DBSH Prevalence Rates								
In the past 2 years, I have been subjected to Discrimination, Bullying, Sexual Harassment or Harassment (DBSH) in the workplace by a professional colleague.	994	**41%**	58.8%	62%	**-20.8%** Sep 2021 Better *	H	**50%** 9,419	**38%** 62% 63% - 29%
In the past 2 years, I have been subjected to Discrimination in the workplace by a professional colleague.	994	**24%**	76.2%	35%	**-11.0%** Sep 2021 Better *	A	**23%** 9,419	**16%** 35% 35% - 11%
In the past 2 years, I have been subjected to Bullying in the workplace by a professional colleague.	994	**32%**	68.0%	44%	**-12.3%** Sep 2021 Better *	A+	**37%** 9,419	**27%** 44% 49% - 22%
In the past 2 years, I have been subjected to Sexual Harassment in the workplace by a professional colleague.	994	**3%**	97.1%	14%	**-10.6%** Sep 2021 Better *	VH	**8%** 9,419	**4%** 14% 14% - 3%
In the past 2 years, I have been subjected to Harassment in the workplace by a professional colleague.	994	**17%**	83.2%	16%	**1.3%** Sep 2021 Equal	A	**17%** 9,419	**9%** 16% 37% - 5%

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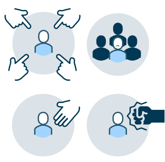
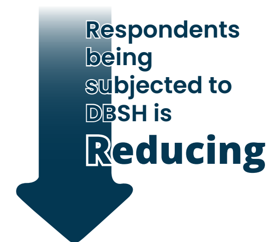


PREVALENCE OF UNREASONABLE BEHAVIOURS BY MEMBERSHIP STATUS

Respondents being subjected to DBSH is reducing, particularly in four of the six membership cohorts.



When respondents were asked if they have been subjected to DBSH in the workplace by a professional colleague, the Prevalence rating has reduced significantly for Fellows, Trainees and Diplomates.

The table below outlines the status of the respondents who answered 'yes' to having been subject to any one of the 4 DBSH behaviours and trends the changes in ratings between 2021 and 2023.

The SIMG Pathway cohort, albeit very small with only 5 respondents, did increase by 8.95%, but this was not a statistically significant increase.

The figures in the table below are based on the self-disclosed membership status.

Each quantitative question was tested for statistical significance using a t-test at the 95% Confidence Interval (CI). Each question was reported as either statistically better, worse, or equal (ie having no significant difference). A p-value of <0.05 means the difference is significant; p-values are rounded to 2 decimal places and a p-value of 0.00 indicates it is <0.005.

Table 11: In the past 2 years I have been subjected to DBSH in the workplace by a professional colleague.

Membership Status	No. of respondents	% answered YES in 2023	% answered YES in 2021	Difference	p-value	Statistical Significance
DRANZCOG Trainee (Diploma or Advanced)	49	57.1%	61% (n=129)	↓ -4.10%	0.31	E Equal
FRANZCOG Trainee	166	51.8%	72% (n=274)	↓ -19.73%	0.00	B Better
Subspecialist Trainee	23	43.5%				
Subspecialist	72	40.3%				
Diplomate	105	36.2%	54% (n=379)	↓ -18.16%	0.00	B Better
SIMG Pathway	< 10					
Fellow < 10 years	209	45.9%	74% (n=427)	↓ -27.60%	0.00	B Better
Fellow > 10 years	353	31.2%	59% (n=621)	↓ -27.45%	0.00	B Better

Some stand out improvements by demographic are outlined in the table below.

Demographic	2023 Rating	2021 Rating	Change
Years in the training program 3 - 5 yrs	51.9% (n=79)	75% (n=126)	↓ -23.5%
Gender: Women/Female	45.6% (n=638)	70% (n=1,256)	↓ -24.6%
Age: 35 - 44 years	49% (n=263)	71% (n=498)	↓ -21.83%
Identity as Māori	50% (n=10)	92% (n=13)	↓ -42.31%
Primary Workplace: Metropolitan public hospital	45.6% (n=469)	66% (n=730)	↓ -19.99%

Table 12: Stand out improvements by demographic

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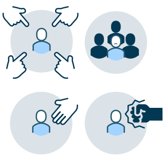

PREVALENCE RATING BY MEMBERSHIP STATUS

The tables below (and on the following page) reveal the improvements (or otherwise) in **Prevalence ratings for respondents having experienced any of the four DBSH behaviours.**

Respondents were asked:

In the past 2 years, I have been subjected to Discrimination in the workplace by a professional colleague.

In 2023, FRANZCOG Trainees, Diplomates, and Fellows each have lower Prevalence ratings for Discrimination which were all statistically significant lower scores.

Membership Status	% Yes in 2023	% Yes in 2021	Difference	p-value	Statistical Significance
DRANZCOG Trainee (n=49) *(Diploma or Advanced)*	34.7%	33% (n=129)	↑ + 1.36%	0.44	E Equal
FRANZCOG Trainee (n=166)	22.9%	36% (n=274)	↓ -13.60%	0.00	B Better
Subspecialist Trainee (n=23)	39.1%				
Subspecialist (n=72)	16.7%				
Diplomate (n=105)	17.1%	27% (n=379)	↓ -10.03%	0.01	B Better
SIMG Pathway (n<10)					
Fellow < 10 years (n=209)	30.6%	45% (n=427)	↓ -14.58%	0.00	B Better
Fellow > 10 years (n=353)	19.5%	34% (n=621)	↓ -14.43%	0.00	B Better

*Table 13: In the past 2 years, I have been subject to **Discrimination** in the workplace? (Yes/No question)*

Respondents were asked:

In the past 2 years, I have been subjected to Bullying in the workplace by a professional colleague.

FRANZCOG Trainees and Fellows have lower Prevalence ratings for Bullying which were all statistically significant lower scores. DRANZCOG Trainees' rating increased by +9.73%, albeit not statistically significant.

Membership Status	% Yes in 2023	% Yes in 2021	Difference	p-value	Statistical Significance
DRANZCOG Trainee (n=49) *(Diploma or Advanced)*	46.9%	37% (n=129)	↑ + 9.73%	0.12	E Equal
FRANZCOG Trainee (n=166)	45.2%	56% (n=274)	↓ -10.66%	0.02	B Better
Subspecialist Trainee (n=23)	26.1%				
Subspecialist (n=72)	33.3%				
Diplomate (n=105)	34.3%	38% (n=379)	↓ -3.97%	0.23	E Equal
SIMG Pathway (n<10)					
Fellow < 10 years (n=209)	33.5%	53% (n=427)	↓ -19.67%	0.00	B Better
Fellow > 10 years (n=353)	21.2%	42% (n=621)	↓ -20.46%	0.00	B Better

*Table 14: In the past 2 years, I have been subject to **Bullying** in the workplace? (Yes/No question)*

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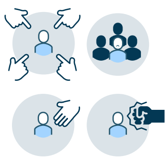

PREVALENCE OF UNREASONABLE BEHAVIOURS BY MEMBERSHIP STATUS

Respondents were asked:

In the past 2 years, I have been subjected to Sexual Harassment in the workplace by a professional colleague.

The Prevalence rating for Sexual Harassment reduced across all membership cohorts with the exception of the DRANZCOG Trainees – a small increase of +1.47%.

Membership Status	% Yes in 2023	% Yes in 2021	Difference	p-value	Statistical Significance
DRANZCOG Trainee (n=49) *(Diploma or Advanced)*	6.1%	5% (n=129)	+ 1.47%	0.36	E Equal
FRANZCOG Trainee (n=166)	4.8%	20% (n=274)	-15.25%	0.00	B Better
Subspecialist Trainee (n=23)	0.0%				
Subspecialist (n=72)	0.0%				
Diplomate (n=105)	3.8%	11% (n=379)	-7.27%	0.00	B Better
SIMG Pathway (n<10)					
Fellow < 10 years (n=209)	4.8%	15% (n=427)	-10.67%	0.00	B Better
Fellow > 10 years (n=353)	0.8%	14% (n=621)	-13.16%	0.00	B Better

Table 15: In the past 2 years, I have been subject to ***Sexual Harassment*** *in the workplace? (Yes/No question)*

Respondents were asked:

In the past 2 years, I have been subjected to Harassment in the workplace by a professional colleague.

The Prevalence rating for Harassment, in the main, stayed the same across the membership cohorts with the exception of:

- Fellows >10 years – it reduced by -4.23% which tested statistically better.
- DRANZCOG Trainees – it increased by +14.41% - hence a statistically significant 'worse' rating, as a higher score is not the outcome you want to achieve

Membership Status	% Yes in 2023	% Yes in 2021	Difference	p-value	Statistical Significance
DRANZCOG Trainee (n=49) *(Diploma or Advanced)*	24.5%	10% (n=129)	+ 14.41%	0.02	W Worse
FRANZCOG Trainee (n=166)	11.4%	16% (n=274)	-4.98%	0.07	E Equal
Subspecialist Trainee (n=23)	17.4%				
Subspecialist (n=72)	18.1%				
Diplomate (n=105)	12.4%	11% (n=379)	+ 1.30%	0.36	E Equal
SIMG Pathway (n<10)					
Fellow < 10 years (n=209)	19.6%	15% (n=427)	+4.86%	0.07	E Equal
Fellow > 10 years (n=353)	15.6%	20% (n=621)	-4.23%	0.05	B Better

Table 16: In the past 2 years, I have been subject to ***Harassment*** *in the workplace? (Yes/No question)*

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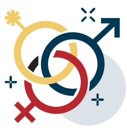

PREVALENCE RATING BY GENDER

Whilst respondents who identify as a woman or female still have a higher prevalence rating for having experienced DBSH than those who identify as a man or male, in both genders the rating reduced in 2023 when compared with the 2021 results.

Gender	Total No. of respondents	Prevalence Statistic in 2023 % who answer YES I have been subject to DBSH	Prevalence Statistic in 2021 % who answer YES I have been subject to DBSH	Difference
Woman/Female	638	45.6%	70% (n=1,256)	-24.61% B Better
Man/Male	336	32.7%	47% (n=716)	-14.75% B Better

Table 17: Prevalence by gender

A drill-down into the specific type of behaviour experienced, and trending with the 2021 results reveals:

- women (or females) have experienced significant reductions in the prevalence ratings for Discrimination, Bullying and Sexual Harassment; the highest decrease was -15.9% for Sexual Harassment;
- men (or male) also have lower ratings for the same three behaviours but not at the same level of decrease; the highest decrease was -9.99% for Bullying
- for women (or females) the prevalence rating for harassment reduced marginally by -0.41% however for men (males) it increased by +3.75%

Gender	Discrimination	Bullying	Sexual Harassment	Harassment
Woman/Female	24.9% [n=159]	36.2% [n=231]	3.4% [n=22]	15.8% [n=101]
Man/Male	21.4% [n=72]	23.8% [n=80]	< 10	17.9% [n=60]

Table 18: Prevalence by gender and specific type of behaviour

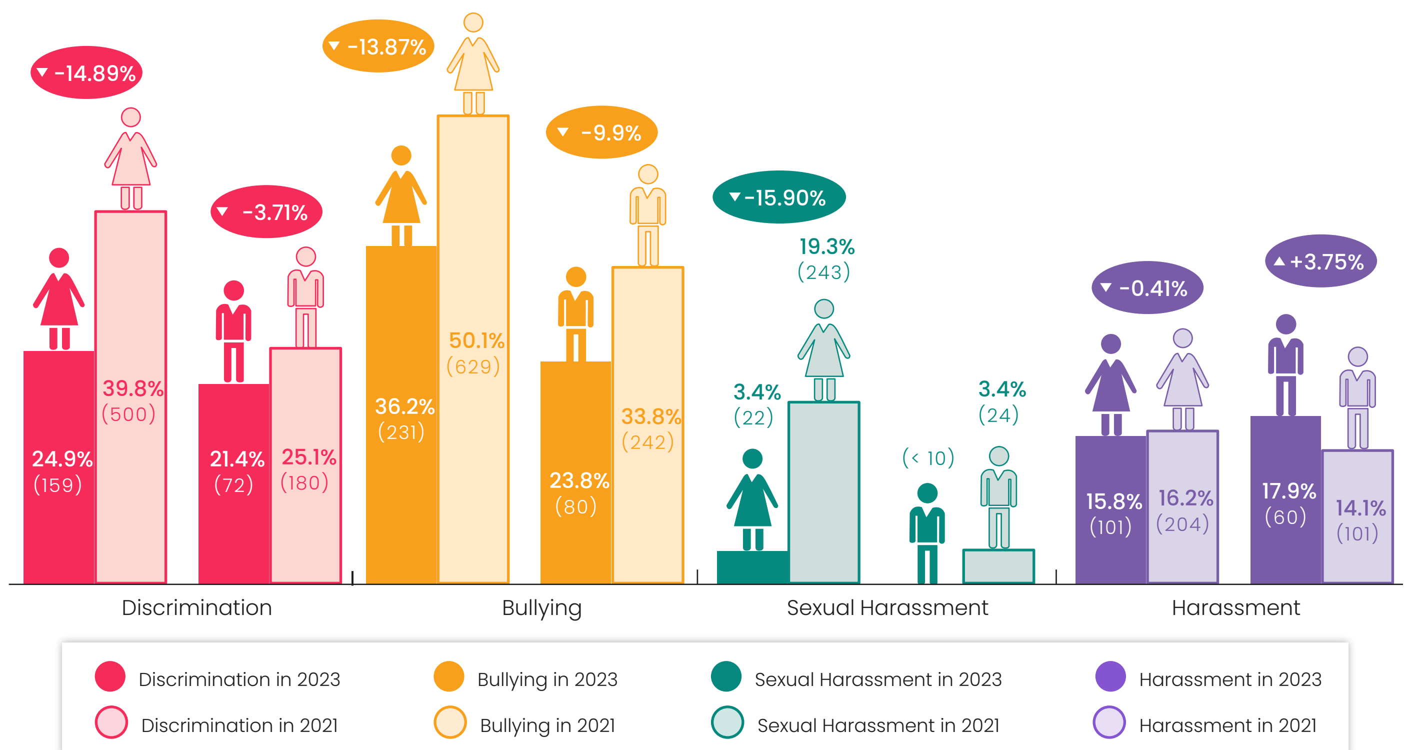

Figure 20: Prevalence by gender and specific type of behaviour

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LOCATION WHERE THE BEHAVIOUR WAS EXPERIENCED

Respondents were asked:

Q13: Where did the behaviour occur?

Respondents were asked about the **type of clinical facility where the behaviour occurred.** This was not asked in the 2021 survey.

Overwhelmingly for each of the 4 behaviours, they occurred in a Public hospital, as illustrated in the graph below.

Respondents were asked to provide the name of the Public or Private hospital where the behaviours took place if they felt comfortable in doing so.

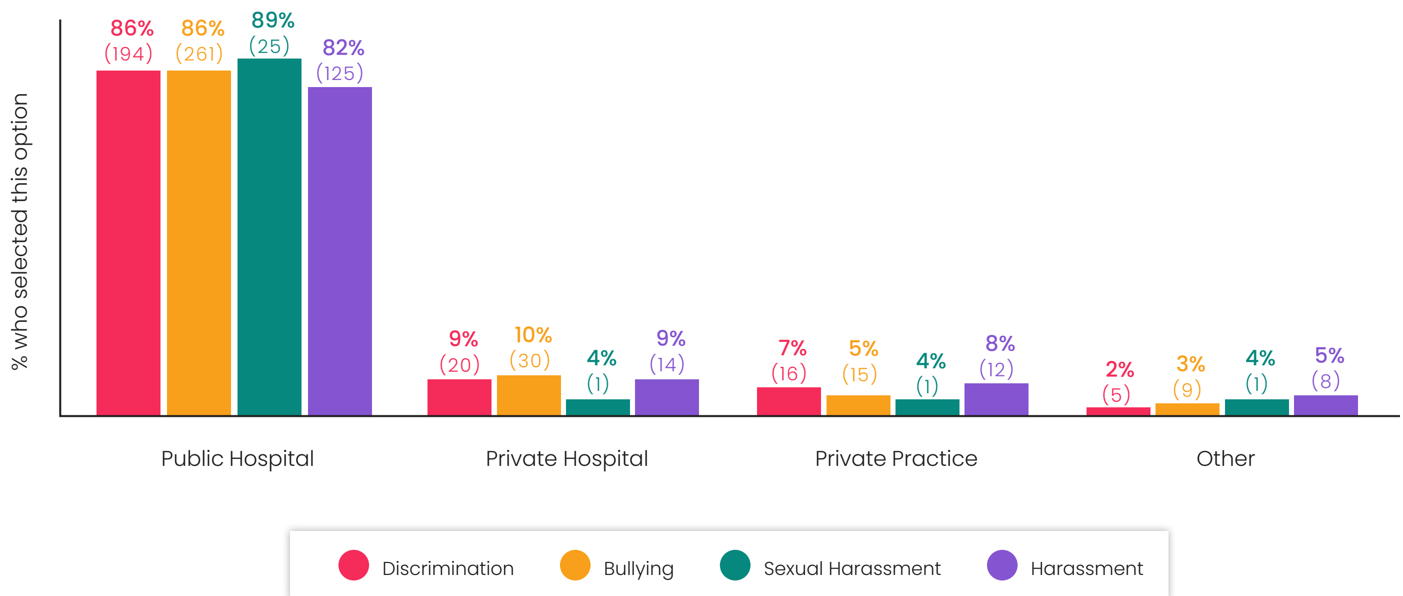

Figure 21: Where did the behaviour occur?

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LOCATION WHERE THE BEHAVIOUR WAS EXPERIENCED

Respondents were asked:

Q13: Where did the behaviour occur?

Respondents were then asked to identify (by tick a box selection) specifically where the behaviour took place within the organisation. They could tick as many as applied to them.

The areas that tended to receive the higher frequency of selection areas across all 4 behaviours were:

- the Operating theatre – some of the highest selections
- the Birth Suite
- the Outpatient clinic
- on the wards

Table 19: Workplace Area

Workplace Area	Discrimination		Bullying		Sexual Harassment		Harassment	
	2023	2021	2023	2021	2023	2021	2023	2021
Operating theatre	39% [n=86]	47%	37% (n=111)	49%	39% (n=11)	57%	27% (n=41)	41%
Outpatient clinic	20% [n=44]	31%	22% (n=66)	30%	25% (n=7)	30%	20% (n=30)	34%
In the birth suite	30% [n=66]	43%	37% (n=111)	46%	25% (n=7)	25%	25% (n=38)	39%
On the wards	23% [n=51]	41%	24% (n=72)	43%	21% (n=6)	44%	20% (n=30)	43%
During handover	23% [n=51]		27% (n=81)		4% (n=1)		19% (n=29)	
During teaching/training sessions	13% (n=29)	30%	15% (n=45)	24%	4% (n=1)	28%	11% (n=17)	24%
In private practice	9% (n=20)	8%	7% (n=21)	8%	7% (n=2)	8%	11% (n=17)	9%
Other	43% (n=95)	34%	38% (n=114)	24%	18% (n=5)	24%	48% (n=72)	32%

Respondents were given the option to tick 'other' and to provide a narrative response about the location where the behaviour occurred. Many responses were provided, some of which are outlined below.

Discrimination:
- Administration
- Consultants' meetings.
- Corridor
- Departmental meetings
- Office space
- Unit Registrar meeting
- Debriefs

Bullying:
- Coffee room
- Emergency Department
- Administrative offices
- Dealings with Hospital Executive
- Via emails
- Meetings with senior medical staff
- Line Managers office
- Phone conversations
- Text messages
- Head of Departments office

Sexual Harassment:
- Emergency
- At a Conference
- Texting out of hours

Harassment:
- Administration
- Consultant's meeting
- Emails widely shared
- Over the phone after hours
- Meetings
- University
- Unwelcome text messages
- Telephone
- Team meetings

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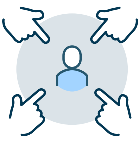


SPECIFICALLY CONCERNING DISCRIMINATION

Respondents were asked:

Q14: Specifically concerning this behaviour …

> ***Discrimination***
> *Have you experienced any of these behaviours, which you believe were because of your gender (in the past 2 years)?*

For the respondents who experienced Discrimination, they were then presented with a list of 7 discriminatory behaviours they may have experienced because of their **gender**. The question included a timeframe of the past 2 years.

The outcome is illustrated in the graph below.

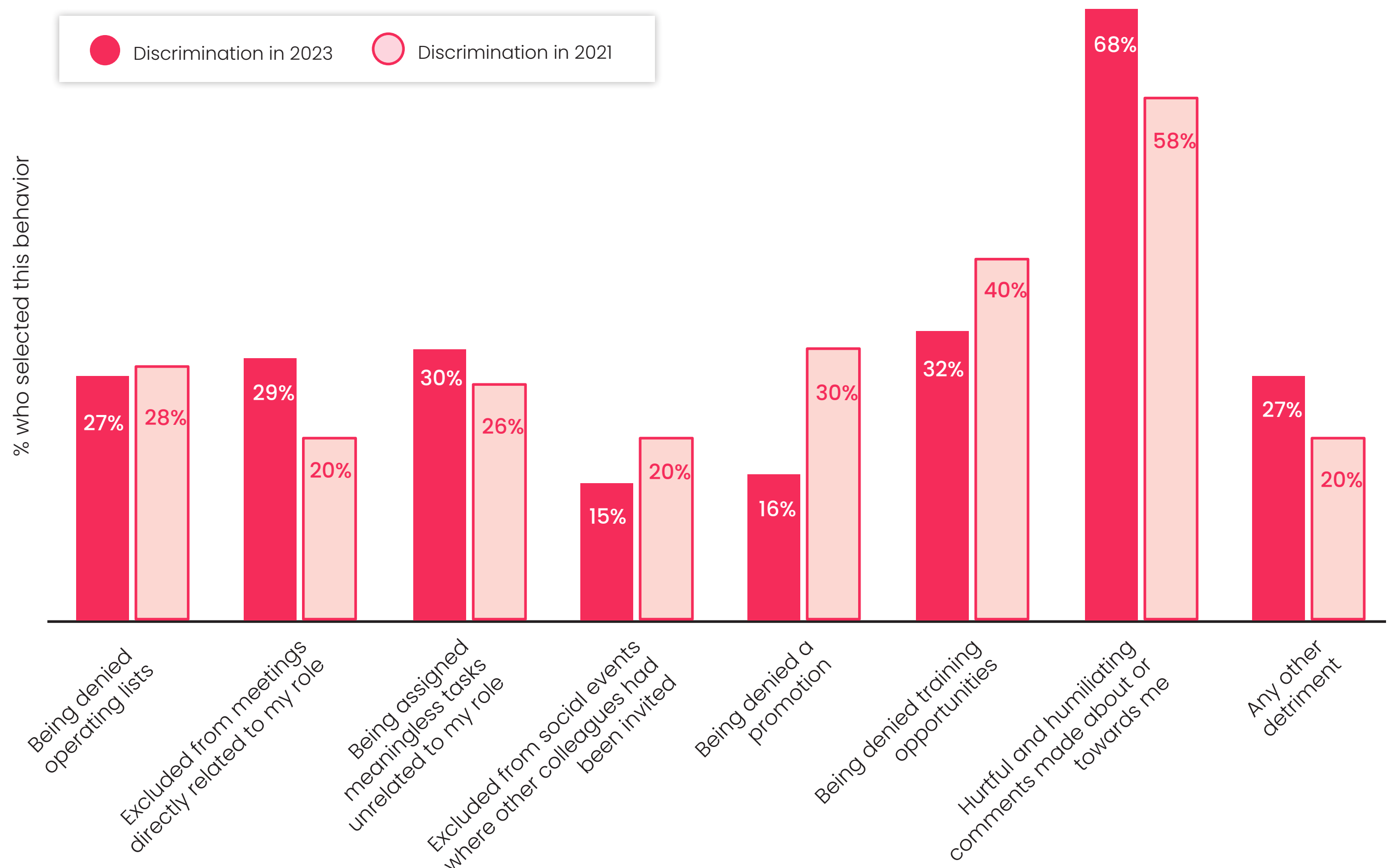


Figure 22: Have you experienced any of these behaviours, which you believe were because of your gender (in the past 2 years)?

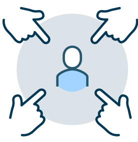
Three discriminatory behaviours reduced in their frequency in 2023, meaning less respondents selected this option in 2023 when compared with the 2021 survey. These were statistically significant lower ratings.

As a result of this Discrimination, I experienced …

- Being excluded from social events where other colleagues had been invited – 15% in 2023; was 20% (-5.7%;)
- Being denied a promotion – 16% in 2023; was 30% (-14.2%;)
- Being denied training opportunities – 32% in 2023; was 40% (-8.2%).

Three behaviours rated statistically worse (increased frequency) the most significant being about hurtful and humiliating comments. As a result of this Discrimination, I experienced …

- Exclusion from meetings directly related to my role - 29% in 2023; was 20% increased by +8.7%;
- Hurtful and humiliating comments made about or towards me - 68% in 2023; was 58% increased by +10.5%;
- Any other detriment - 27% in 2023; was 20% increased by +6.8%;



SPECIFICALLY CONCERNING DISCRIMINATION

Respondents were asked:

Q14: Specifically concerning this behaviour ...

Discrimination
Have you experienced any of these behaviours, which you believe were because of your gender (in the past 2 years)?

Some of the **'other detriments'** listed by respondents included:

" Having scope of practice limited despite qualifications and experience."

"Being punished and excluded following whistleblowing an event which was investigated, substantiated and managed appropriately."

"Berated in front of patient by occasional midwifery staff."

"Denied work due to being male."

"Having clinical judgement about a patient undermined by male colleagues (who also ignored the female O&Gs who were looking after the patient the two preceding days). Then being ignored in the operating theatre by one when delivering said patient."

"Theatre nurses made a complaint letter about me unfairly and it would be no problem if I was a white male with no accent while speaking in English."

"Unreasonable complaints with no evidence. Made to attend a video meeting while on call with penalty if called away. Ageist comments leading to punitive actions."

"Public disclosure of my pregnancy at a public registrar meeting (I was early in pregnancy and had wished it to be confidential). Public pressure about my maternity leave dates."

"Training opportunities lost due to pregnancy or perceived pregnancy."

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SPECIFICALLY CONCERNING SEXUAL HARASSMENT

Respondents were asked:

Q14: Specifically concerning this behaviour ...

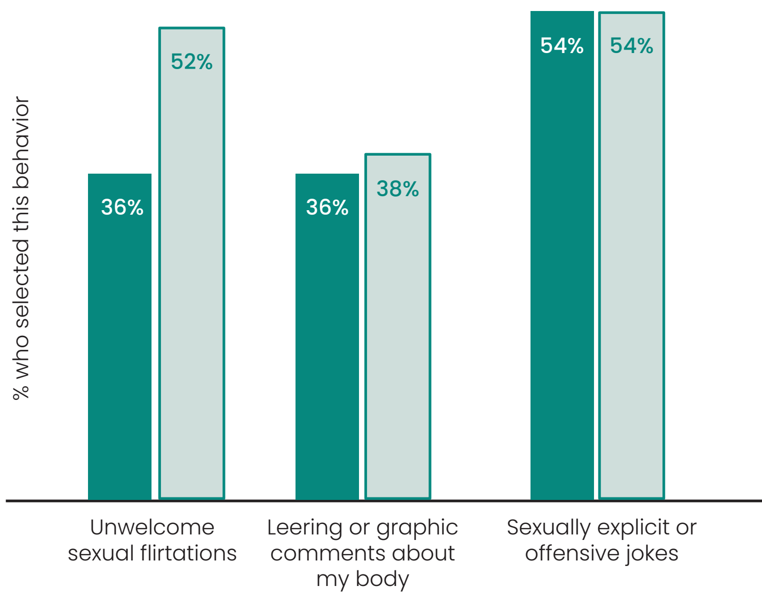
Sexual Harassment
Were you the recipient of any of these behaviours in the workplace (in the past 2 years)?

For the 28 respondents who experienced Sexual Harassment, they were then presented with a list of 11 behaviours they may have experienced. As with the previous question, this question also included a time frame of the past 2 years.

The most significant behaviour experienced by more than half the respondents is *sexually explicit or offensive jokes.*

This frequency of selection, at 54%, remained unchanged since the last survey.

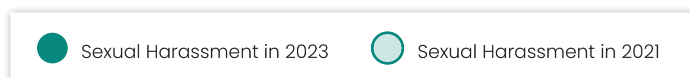
There were a number of behaviours with <10 respondents in 2023, therefore no trending comparison is included in the graph below.



In 2023, the behaviours with <10 respondents were:

- Inappropriate physical contact
- Persistent requests for dates
- Demands for sexual favours
- Display of sexually suggestive photos, videos, emails, or text messages
- Questions or insinuations about my sexual or private life
- I was sexually assaulted
- Other

Figure 23: Were you the recipient of any of these behaviours in the workplace?



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Respondents were asked:

Q15: Which of the following persons have displayed this behaviour against you?

Respondents were provided with a list of 12 positions/roles as to potential persons who displayed the DBSH behaviour against them.

As with the 2021 survey, Senior O&G Consultants rate with the highest frequency as the primary perpetrators of any of the 4 DBSH behaviours.

There were improvements (a reduction) in the ratings for respondents selecting Senior O&G Consultants as the person who displayed the behaviour in 3 of the 4 behaviours, specifically …

- Discrimination - 61% agree – was 73% in 2021, a decrease of -11.9%
- Bullying – 56% agree – was 63% in 2021, a decrease of -7.5%
- Harassment – 51% agree – was 63% in 2021, a decrease of -11.6%

However, Sexual Harassment remained unchanged at 57%.

Below is the full list of roles of the perpetrators and the percentage frequency of the role nominated by the respondents.

Respondents could select more than one option as perpetrators.

In each of the 4 behaviours the legend of **L (lower), E (equal) or H (higher)** appears.

This is the test for statistical significance as to whether the frequency with which respondents selected this option is statistically lower, equal to or higher than the 2021 survey. The L or H means there is a 95% probability of correctly identifying this difference as statistically significant. "Equal" means there is not enough difference to be statistically significant (for this number of responses).

There are 2 instances of 'higher' changes and in both cases the perpetrator is Medical Administration Staff (including medical or nursing administrations) for the behaviours of Bullying and Harassment.

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SCOPE OF THE BEHAVIOUR

ROLE OF THE PERPETRATOR

2023 FIGURES

Person who displayed this behaviour	Discrimination (n= 217)	Bullying (n=301)	Sexual Harassment (n=28)	Harassment (n=151)
Senior O&G Consultant	61% (132) L	56% (169) L	57% (16) E	51% (77) L
Junior O&G Consultant	28% (61) E	25% (75) E	< 10	23% (35) E
Other Medical Consultant	14% (30) L	10% (30) L	< 10	11% (17) E
O&G Trainee	16% (35) L	12% (36) L	< 10	11% (17) E
Other Trainee	< 10	< 10	< 10	< 10
Junior Medical Officer	< 10	< 10	< 10	< 10
Nursing Staff	12% (26) L	6% (18) L	< 10	9% (14) E
Midwifery Staff	24% (52) E	22% (66) E	< 10	15% (23) E
Allied Health Professional	< 10	< 10	< 10	< 10
Medical Administration Staff *(includes medical or nursing admin)*	21% (46) E	20% (60) H	< 10	21% (32) H
Hospital Administration Staff	15% (33) E	12% (36) E	< 10	13% (20) E
Other	6% (13) E	4% (12) L	< 10	< 10

Table 20: In 2023, which of the following persons displayed this behaviour against you?

2021 FIGURES

Person who displayed this behaviour	Discrimination (n= 633)	Bullying (n=844)	2016 Survey (n=505)	Sexual Harassment (n=256)	2016 Survey (n=99)	Harassment (n=283)
Senior O&G Consultant	73.1% (463)	63.3% (534)	69.5%	57.4% (147)	76.8%	62.5% (177)
Junior O&G Consultant	28.9% (183)	26.9% (227)	27.7%	15.2% (39)	17.2%	20.8% (59)
Other Medical Consultant	19.7% (125)	16.7% (141)	9.9%	28.9% (74)	7.1%	14.5% (41)
O&G Trainee	21.5% (136)	18.7% (158)	12.1%	10.9% (28)	7.1%	12.4% (35)
Other Trainee	5.1% (32)	4.7% (40)		8.6% (22)		4.2% (12)
Junior Medical Officer	3.9% (25)	1.9% (16)		6.3% (16)		< 10
Nursing Staff	16.9% (107)	10.9% (92)	5.9%	< 10	0%	8.1% (23)
Midwifery Staff	27.5% (174)	20.4% (172)	28.1%	4.3% (11)	3.0%	15.9% (45)
Allied Health Professional	2.4% (15)	1.2% (10)		< 10		< 10
Medical Administration Staff *(includes medical or nursing admin)*	21.8% (138)	13.6% (115)	18.2%	< 10	2.0%	11.7% (33)
Hospital Administration Staff	18.5% (117)	10.1% (85)		< 10		7.8% (22)
Other	6.3% (40)	6.6% (56)	7.5%	8.2% (21)	5.0%	6.7% (19)

Table 21: In 2021, (or RANZCOG's 2016 survey) which of the following persons displayed this behaviour against you?

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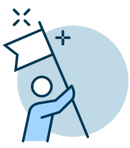

TAKING ACTION

Respondents were asked:

Q16: Did you report the behaviour/incident?

In 2023, respondents were asked if they reported the behaviour/incident.

As illustrated in the pie charts below, the behaviour most likely to be reported is Harassment.

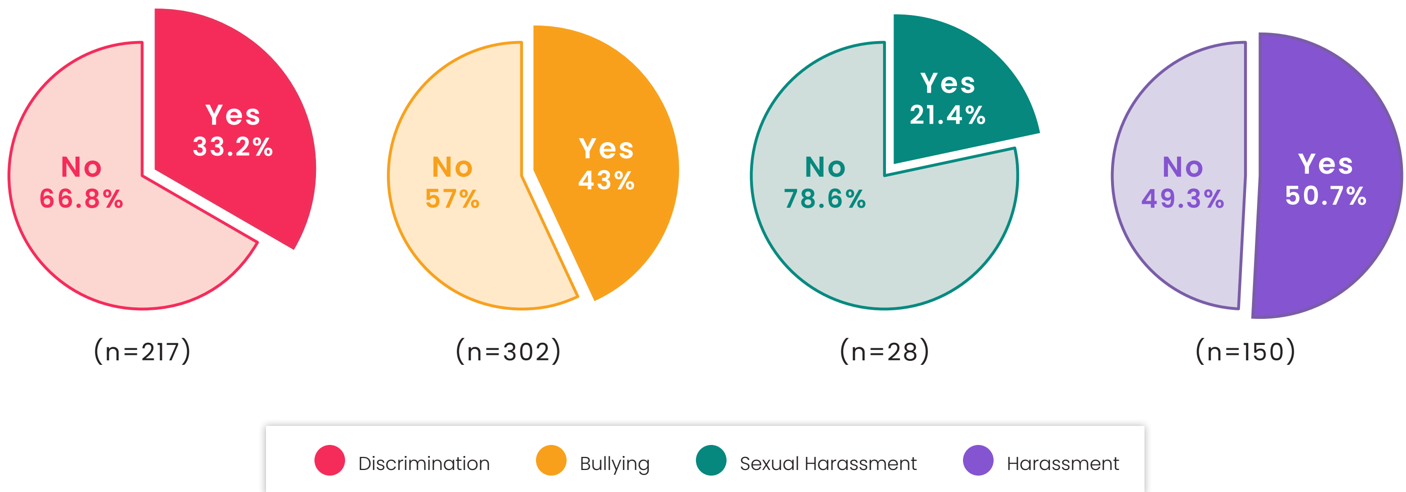

Figure 24: Did you report the behaviour/incident?

When the demographic options were cross-matched against the question 'did you report the behaviour' the outcomes reveal:

- Fellows>10 years have the highest reporting rates over any other status.
- Trainees with <1 year in training have the lowest reporting rates for Discrimination and Bullying than any other year cohort. The 6-10 years have the highest reporting rates.
- Women have lower rates than men for reporting Discrimination, Sexual Harassment and Harassment but a higher rate for Bullying.
- The younger age cohort (<34 years) has a lower reporting rate across all 4 behaviours in comparison to the older age cohort (65-74).
- Members working in Metropolitan Public Hospitals have the lowest reporting rates when compared with their peers in Private Hospitals/Practices or Regional or Rural Public Hospitals.
- Members working in Victoria Health Services have the highest reporting rates for DBSH.

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TAKING ACTION

Respondents were asked:

Q16: Did you report the behaviour/incident?

Demographic	Discrimination	Bullying	Sexual Harassment	Harassment
Status with the College				
DRANZCOG Trainee (Diploma or Advanced)	26.7% [15]	45% [20]		70.0% [10]
FRANZCOG Trainee	27% [37]	34.2% [73]	12.5% [8]	38.9% [18]
Subspecialist Trainee	11.1% [9]	33.3% [6]		
Subspecialist	16.7% [12]	29.2% [24]		18.2% [11]
Diplomate	14.3% [8]	47.1% [34]		58.3% [12]
Fellow (mapped cohort)	38.2% [144]	45.6% [169]	23.1% [13]	51.0% [104]
Fellow < 10 years	33.9% [59]	49.2% [65]	10.0% [10]	50.0% [36]
Fellow > 10 years	51.6% [62]	51.4% [72]		57.7% [52]
Years in the Training Program				
< 1 year	14.3% [7]	15.8% [19]		
1 - 2 years	< 5 respondents	66.7% [6]		
3 - 5 years	16.7% [18]	30.6% [36]	20.0% [5]	30.0% [10]
6 - 10 years	54.5% [11]	54.5% [11]		
Gender Identity				
Woman/Female	31.3% [144]	44.3% [221]	19.0% [21]	49.4% [89]
Man/Male	36.8% [68]	39.5% [76]	28.6% [7]	53.6% [56]
Age				
34 years or under	12.5% [32]	33.8% [65]	28.6% [7]	38.1% [21]
65 - 74 years	58.3% [12]	53.8% [63]		83.3% [6]
Primary Workplace				
Metropolitan Public Hospital	23.4% [124]	36.1% [155]	20.0% [20]	42.0% [69]
Regional or Rural Public Hospital	55.0% [40]	60.3% [68]		74.3% [35]
Private Hospital	53.8% [13]	50.0% [18]		44.4% [9]
Private Practice	42.9% [29]	4.1% [39]		50.0% [26]

Table 22: Percentage frequency of reporting the behaviour/incident

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TAKING ACTION

Respondents were asked:

Q16: Did you report the behaviour/incident?

Demographic	Discrimination	Bullying	Sexual Harassment	Harassment
Campus where most of practice/training is conducted				
Private	50.0% [40]	54.5% [55]	20.0% [5]	55.9% [34]
Public	30.5% [164]	43.1% [22]	21.7% [23]	50.0% [112]
State/Territory/Country where practice/training is conducted				
QLD	31.0% [29]	48.9 [47]	60.0% [5]	53.6% [28]
NSW	34.8% [46]	43.3% [60]		60.0% [30]
VIC	44.2% [43]	57.4% [54]		67.9% [28]
SA	33.3% [12]	52.0% [25]		50.0% [8]
WA	28.0% [25]	33.3% [33]	12.5% [8]	50.0% [14]
NZ	28.1% [32]	34.9% [43]	14.3% [7]	21.4% [28]
NT	<5 respondents	85.7% [7]		
Did you complete the RANZCOG 2021 DBSH Prevalence Survey?				
Yes	35.3% [85]	54.5% [112]	25.0% [12]	55.4% [56]
No	26.9% [52]	37.8% [74]		36.1% [36]

Table 22: Percentage frequency of reporting the behaviour/incident

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WHY NOT REPORT DISCRIMINATION?

Respondents were asked:

Q17: If no, why didn't you report the behaviour/incident?

Where possible the responses provided were coded using BPA's Linguistic Analysis. This was able to be done for Discrimination and Bullying, but not Harassment due to a smaller pool of narrative comments and thus less coding concepts.

Reasons for not Reporting Discrimination

The top 10 coding themes from **103** comments provided are illustrated below. Please note that a comment may trigger more then one concept, hence why the percentages will not tally to 100%.

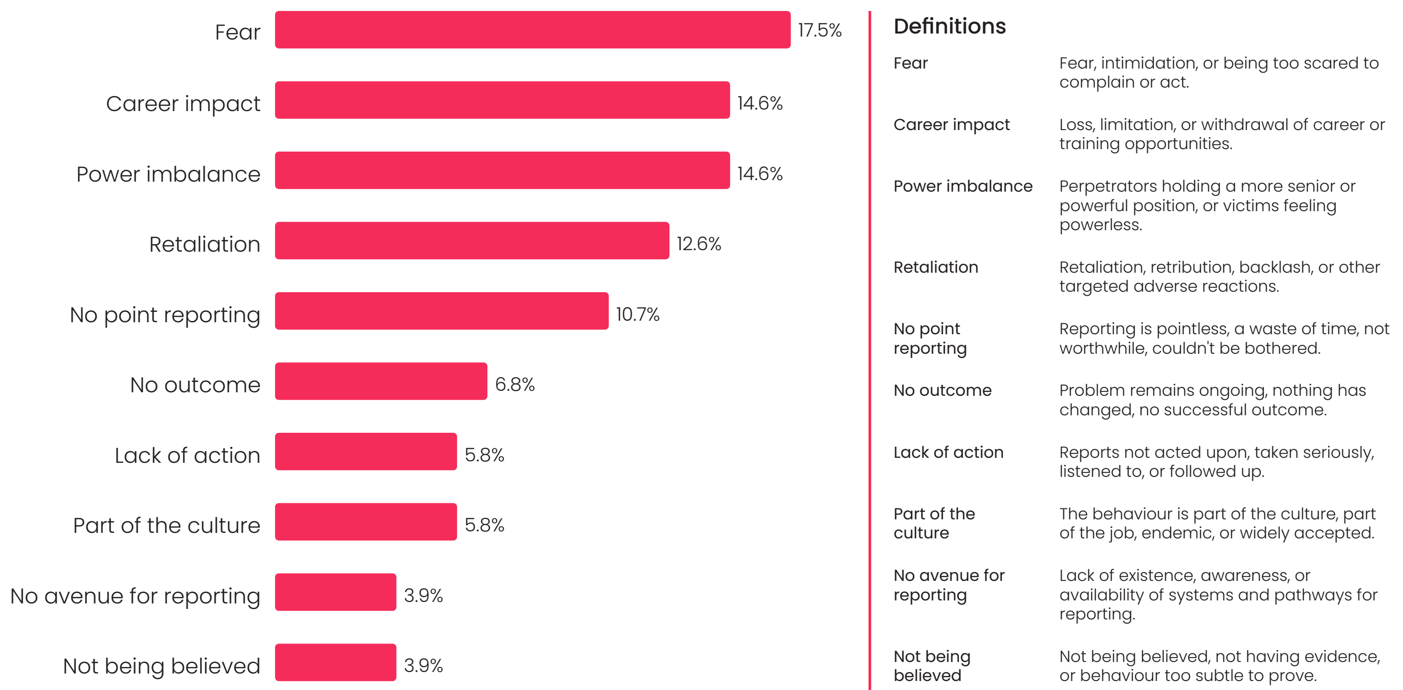
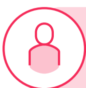


Figure 25: Reasons for not Reporting Discrimination

Some of the respondents narrative that underpin the Discrimination coding categories ...



" Career suicide."

"It would have affected my institutional ranking for FRANZCOG training applications."

"Retribution."

"Risk to career."

"Fear of reprisal and punishment impact on future training."

"Fear of further discrimination and not being able to complete my training."

"Accepted behaviour."

"As a trainee, you are quite vulnerable. Especially when you come from a non-English speaking background. The fear you could lose your training (and future) and lose your job and livelihood."

"Did not know whom to discuss with?"

"Didn't feel complaint would be respected."

"Each incident somewhat mild - the recurrence is what is quite annoying."

"It will just make the situation worse."

'"Fear of retaliation. Wanting to de-escalate and extricate myself from the situation. Embarrassed."

"Not comfortable to do so. Afraid of consequences."

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WHY NOT REPORT BULLYING?

Respondents were asked:

Q17: If no, why didn't you report the behaviour/incident?

Reasons for not Reporting Bullying

The top 10 coding themes from **119** comments provided are illustrated below. Whilst very similar to the coding categories for not reporting Discrimination there are some slight differences such as *Making it worse, Poor Leadership and Third Party Involvement.*

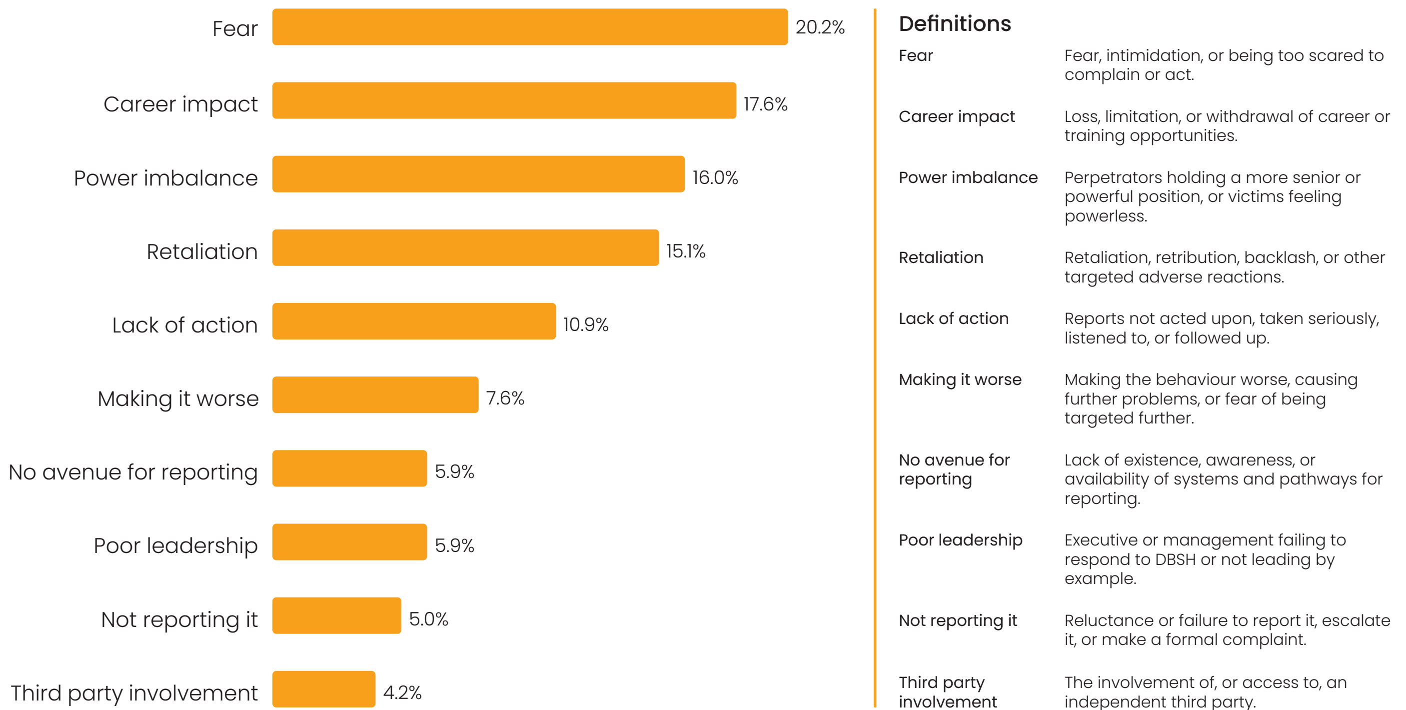

Figure 26: Reasons for not Reporting Bullying

Some of the respondents narrative that underpin the Discrimination coding categories ...

"Lack of action within the department historically to stop this type of conduct."

"I didn't feel safe to report it."

"Advised not to by someone more senior."

"Because there was no point. This behaviour is endemic in my hospital and there is no interest in challenging it."

"Colleague (director), fear of reprisal and of reporting not being confidential."

"Fear that admitting privileges will be revoked."

"He was head of unit."

"It is the general culture created by our current director. This is difficult to address without risking personal and professional repercussions. A new head of department has recently been employed and hopefully the culture will improve."

"People will deny it and be gas lighted."

"The person is too powerful."

"Did not feel supported. Felt gas lighted."

"Would affect my training, negative feedback, further bullying."

"Fear of repercussions."

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RESOLUTION

Respondents were asked:

Q18: Has this behaviour been resolved to your satisfaction?

The options were:

- Yes
- Not sure
- No

As evidenced in the pie graphs below, there are very low rates of agreement that the behaviours have been resolved and high rates of disagreement.

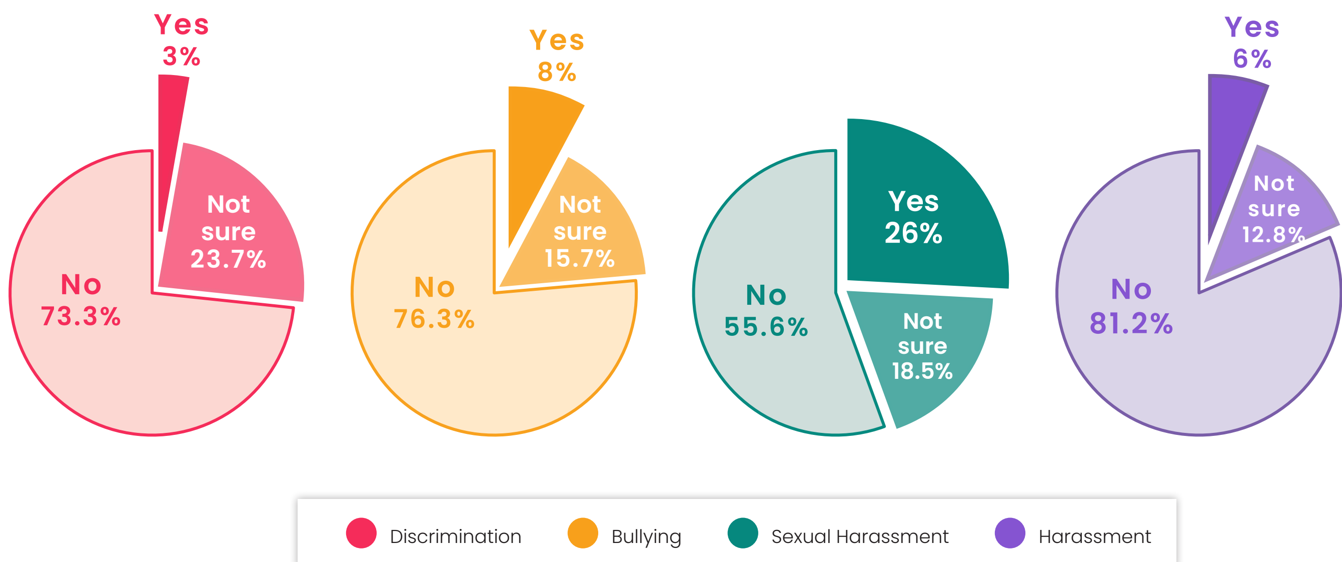

Figure 27: Has this behaviour been resolved to your satisfaction?

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HEALTH SERVICES ACTIONING DBSH

Respondents were asked:

Q19: The name of the Health Service (campus or site) where they currently do most of their practice or training, along with the type and location of Health Service.

Respondents were asked to name the Health Service (campus or site) where they currently do most of their practice/training, if they felt comfortable, the majority of which did!

The public versus private split of the health services where respondents practice is:

- 73.8% Public Health Service
- 26.2% Private Health Service

The representation by State, Territory and Country is illustrated below.

Figure 28: Location of Health Service by State, Territory and Country

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HEALTH SERVICES PREVENTING, LISTENING AND ACTIONING DBSH

Respondents were asked:

Q19: How competent and effective is the Health Service at preventing, listening and actioning DBSH complaints.

When asked to evaluate how well the Health Service prevents DBSH behaviours, listen to complaints and promptly and actions complaints, 40 - 43% of respondents agreed that the Health Service is competent and effective at doing this as outlined in the table below.

This Health Service is competent and effective at …	This Health Service does this well.	This Health Service tries hard, but there is room to improve.	This Heath Service has a poor track record on this. It needs urgent attention.
… preventing DBSH behaviours by professional colleagues. (n=875)	**40%**	41.6%	17.9%
… listening to complaints about DBSH behaviours by professional colleagues. (n=865)	**43%**	41.3%	15.8%
… promptly actioning complaints about DBSH behaviours by professional colleagues. (n=861)	**40%**	39.6%	20.6%

Table 23: How competent and effective is the Health Service at preventing, listening and actioning DBSH complaints

There were a variety of words (and phrases) used by respondents to describe the Health Services approach to managing DBSH behaviours by professional colleagues.

Some examples of both the positive and negative words are outlined below.

Positive Words	Negative Words
• Adequate • Appropriate • Competent • Efficient • Effective • Excellent • Good • Improving • Tries hard • Reasonable • Robust • Satisfactory • Proactive • Supportive	• Appalling • Below Average • Discriminatory • Ignored • Lacklustre • Lacks effective action • Non existent • Needs improvement • Pathetic • Poor • Slow • Suboptimal • Superficial • Very poor

Table 24: Positive and negative words

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HEALTH SERVICES PREVENTING, LISTENING AND ACTIONING DBSH

Slicing these 3 questions by specific demographics reveals the contrasting views. The percentages in the table below represents the respondents who agreed that the Health Service manages complaints well in terms of preventing, listening and actioning.

This Health Service is competent and effective at ...	... **preventing** DBSH behaviours by professional colleagues	... **listening** to complaints about DBSH behaviours by professional colleagues	... **promptly actioning** complaints about DBSH behaviours by professional colleagues
Status with the College			
DRANZCOG Trainee (Diploma or Advanced)	41.7% [36]	45.9% [37]	41.7% [36]
FRANZCOG Trainee	36.7% [147]	40.0% [145]	33.1% [142]
Subspecialist Trainee	42.9% [21]	42.9% [21]	42.9% [21]
Subspecialist	27.3% [66]	33.8% [65]	28.8% [66]
Diplomate	50.0% [92]	50.5% [91]	48.4% [91]
Fellow < 10 years	34.1% [185]	32.4% [182]	33.9% [180]
Fellow > 10 years	46.1% [317]	50.0% [314]	46.2% [314]
State/Territory/Country			
QLD	39.7% [131]	43.1% [130]	41.2% [131]
NSW	36.5% [189]	39.6% [187]	37.1% [186]
VIC	51.3% [193]	54.9% [193]	49.7% [193]
ACT	57.1% [14]	71.4% [14]	57.1% [14]
SA	50.7% [71]	50.0% [70]	50.7% [69]
TAS	46.2% [26]	37.5% [24]	29.2% [24]
WA	35.1% [94]	37.6% [93]	34.4% [93]
NT	9.1% [11]	27.3% [11]	9.1% [11]
NZ	31.1% [135]	30.3 [132]	30.2% [129]
Other	20.0% [5]	40.0% [5]	20.0% [5]
Years in the Training Program			
< 1 year	30.0% [30]	37.9% [29]	37.9% [29]
6 - 10 years	50.0% [26]	52.0% [25]	45.8% [24]
Gender Identity			
Woman/Female	37.8% [556]	40.5% [548]	37.3% [544]
Man/Male	45.9% [305]	47.5% [303]	45.1% [304]

Table 25: Respondents who agreed that the Health Service manages complaints well in terms of preventing, listening and actioning.

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HEALTH SERVICES PREVENTING, LISTENING AND ACTIONING DBSH

This Health Service is competent and effective at …	… **preventing** DBSH behaviours by professional colleagues	… **listening** to complaints about DBSH behaviours by professional colleagues	… **promptly actioning** complaints about DBSH behaviours by professional colleagues
Age			
< 34 years	45.1% [133]	45.1% [133]	42.3% [130]
35 - 44 years	30.6% [229]	35.4% [226]	29.5% [224]
45 - 54 years	36.7% [188]	37.1% [186]	36.6% [186]
55 - 64 years	45.1% [213]	48.6% [208]	45.9% [209]
65 - 74 years	50.6% [85]	55.3% [85]	50.6% [85]
> 75 years	65.0% [20]	50.0% [20]	60.0% [20]
Country of O&G Specialist Training			
Australia	43.6% [592]	45.9% [586]	42.1% [584]
Aotearoa NZ	30.7% [114]	30.4% [112]	30.3% [109]
Another Country	36.1% [147]	40.3 [144]	38.6% [145]
Primary Workplace			
Metropolitan Public Hospital	34.5% [417]	37.4% [414]	35.9% [409]
Regional or Rural Public Hospital	36.0% [175]	37.4% [174]	32.8% [174]
Private Hospital	44.8% [58]	52.6% [57]	38.6% [57]
University/Tertiary education institution	27.8% [18]	27.8% [18]	33.3% [18]
Private Practice	56.7% [180]	57.7% [175]	55.7% [176]
Completed the 2021 RANZCOG DBH Survey			
Yes	34.2% [319]	39.0% [313]	32.5% [311]
Not Sure	45.1% [370]	47.4% [369]	45.1% [368]
No	42.1% [171]	41.1% [168]	41.9% [167]
Type of Heath Service where most of practice/training occurs			
Private	60.0% [225]	60.7% [219]	57.5% [219]
Public	33.6% [645]	36.8% [641]	33.8% [637]

Table 25: Respondents who agreed that the Health Service manages complaints well in terms of preventing, listening and actioning.

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Respondents were asked:

Q20: What action do you think is required to assist in preventing DBSH within your primary workplace?

Respondents were provided with a list of 5 actions plus the opportunity to populate an 'other' field. They could tick as many as they preferred. The frequency of selecting an item was compared against the ratings from the 2021 survey and tested for statistical significance. If the frequency reduced, it implies there is less of a need, it is an improvement in the area, it is less of a problem. If the frequency increased, then it means more work needs to be done.

In 2023, all 5 options reduced, meaning they rated better. This is illustrated in the graph below.

The most significant reduction was -15.7% for *"Resources to support more effective complaint resolution in the workplace"*. Last survey 59% of the respondent pool selected this action as needing attention, this survey 43% selected it.

The highest rated action is *"Greater leadership by Executives, Directors and/or Supervisors"* at 68% of mentions, which also decreased by -5.8% this survey.

The action that increased was 'other' (up by +7.4%) and some of the other actions nominated by respondents in their narrative appear below.

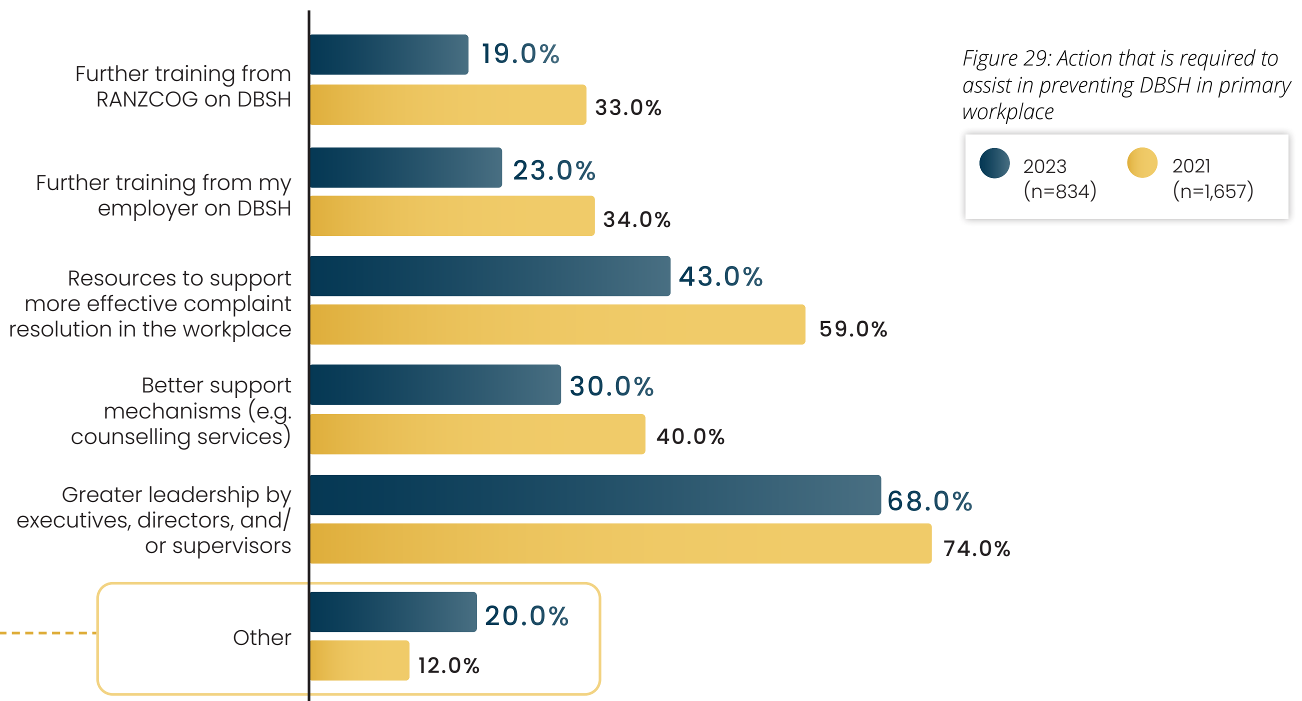
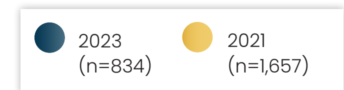


Figure 29: Action that is required to assist in preventing DBSH in primary workplace



Some of the other actions nominated by respondents include:

"Actual consequences for bullying and anti racism stance with an appropriate policy and guideline."

"Removing consultants who engage in this behaviours."

"Bad behaviours increase when people are under chronic stress. improve the working conditions and staffing to have any effect."

"Better culture and zero tolerance approach from all staff members including cross disciplines."

"Greater leadership at a hospital board and executive level to ensure middle management are preventing DBSH."

"I believe one national body dealing with DBSH better than fragmented services across the hospitals."

"One of the problems is that when the director is a perpetrator of this behaviour the only avenue for complaint or feedback is to go above them - and that can feel like an unreasonable escalation and be a deterrent in itself."

"Please note I have worked in 2 locations in the last 2 years, one is abysmal. RANZCOG should support Consultants better and also take action to State level."

"360 degree feedback for consultants and training/education for consultants. Almost impossible to find a way to effectively report against a supervisor or other consultant. behaviour continues."

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RANZCOG INITIATIVES ON DBSH

Respondents were asked:

Q21: Please share your feedback on these 7 DBSH initiatives, and any suggestions.

As a result, of the 2021 survey, RANZCOG introduced a number of DBSH initiatives. Respondents were given a list of 7 initiatives and asked to evaluate the extent to which RANZCOG is making good progress in the area.

'Increasing diversity' is the initiative respondents voted with the highest level of agreement that RANZCOG is making good progress.

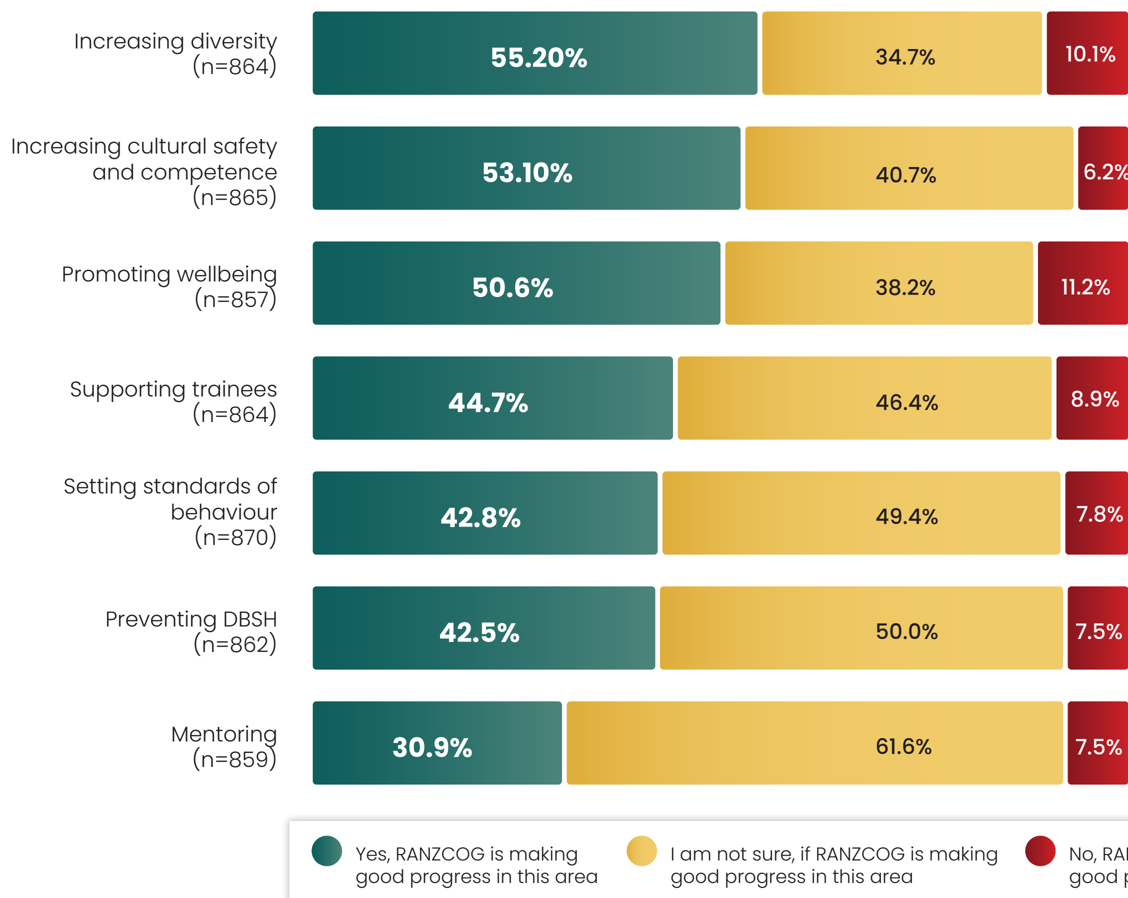

Figure 30: 7 DBSH initiatives

RANZCOG's Initiatives Explained

Increasing diversity	Gender Equity and Diversity Working Group, gender targets met for Board and Council, second female President elected, new Diversity and Inclusion Policy and diversity survey.
Increasing cultural safety and competence	Cultural Safety Steering Group formed, engaging in Australian Indigenous Doctors' Assoc education programs, Board and Council members and Committee Chairs required to complete cultural competency training.
Promoting wellbeing	Wellbeing for CPD, Converge Member Support Program, Wellbeing Awards, Emotional Intelligence and Compassion Workshop, Wellbeing Week, Wellbeing Advocates.
Supporting trainees	Feedback for Trainees module being updated, Training Support Unit, Trainees' Committee and representatives, Trainee private Facebook page.
Setting standards of behaviour	Code of conduct, Organisational values, DBSH policy and resource guide.
Preventing DBSH	Respectful Workplaces Workshop, RACS Operating with Respect module (or equivalent) compulsory for Training Supervisors, incoming Board and Council members to complete DBSH education.
Mentoring	2023 pilot with Advanced Trainees and Fellows, online mentoring program.

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RANZCOG INITIATIVES ON DBSH

Respondents were asked:

Q21: Could RANZCOG improve in this initiative?

If respondents answered 'YES', they were asked to suggest changes or improvements. Below is list of some of the many ideas put forward by respondents.

Increasing diversity (n=864)

"Male medical students continue to report being excluded from the birthing process. I think RANZCOG could actively campaign to increase the number of male students embarking on an O&G career - either diplomats or fellows. Different genders helps to diversify the care options for women. In rural areas many women are very comfortable with male clinicians and on average, male clinicians work a higher FTE which is helpful in very small remote workforces."

"Appears reference to diversity is only gender focused. It has to be cultural as well. How many non-white female trainees have entered the training program in the last 5 years?"

"Great to see more women appearing in leadership positions within RANZCOG."

"Increasing diversity is more than gender-based. RANZCOG need to look to improving support for neurodivergent Fellows and trainees. O&G is an attractive career for a neurodiverse brain, there are many many neurodiverse in the specialty who would benefit from acknowledgement and support."

Increasing cultural safety and competence (n=865)

"Include diversity and cultural awareness part of the curriculum."

"More representation by Indigenous and Māori and culturally diverse members on boards and committees"

"The new generation of trainees are acutely aware of the importance. I think this is lost on fellows that have been practicing for some time. ? Mandatory part of CPD?"

"Cultural safety and competency face to face workshops like that in Aotearoa NZ."

Promoting wellbeing (n=857)

"Very limited support is available through RANZCOG for Diplomats (or if available, it isn't widely publicised).''

"Lots of initiatives - not sure what measures are in place to see if progress is being made. Probably need to have more advocacy in the birth trauma space as I think the obstetric violence narrative is harming wellbeing"

"Positive to see more workshop such as EI, wellness etc. RANZCOG could advocate some HS to do the same"

"The college needs to look outside big cities for true issues with its members wellbeing. Rural consultants are still isolated and easy victims of bullying and discrimination and there is little support for reviews or help.

"I think putting the onus on trainees to be responsible for their own wellbeing sort of misses the point - when emotional distress can be a very valid response to structural and workload pressures, doing a 3 hour unpaid workshop out of work hours (even well intentioned) does not exactly help."

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RANZCOG INITIATIVES ON DBSH

Respondents were asked:

Q21: Could RANZCOG improve in this initiative?

If respondents answered 'YES', they were asked to suggest changes or improvements. Below is list of some of the many ideas put forward by respondents.

Supporting trainees (n=864)

"If a candidate is falling behind, why are they not looked into. Gold medallists are appreciated, where are the mentors for the low performing trainees, have we looked into the cause of their underperformance? Any analysis for relationship to bullying and underperformance?"

"Ensure high quality training supervisors and more exposure to private practitioners outside the staff specialist and hospital groups for a more balanced perspective for trainees."

"I am not involved in training, but know the trainees at my local service are struggling. This is not necessarily a RANZCOG issue but other than threatening to withdraw accreditation, which also stresses the trainees, if anything is being done, I am not aware of it."

"It would be good to check in with trainees regularly even if they are not voicing concerns. It would be great if this could be done by the college directly and not go through the training supervisor."

Setting standards of behaviour (n=870)

"Sometimes people think bullying and harassment is actually people telling them to do their job properly. The balance is out of whack leading to consultants afraid of raising issues that then impacts on patient care. Maybe more training on how to raise those issues of poor performance or even just learning support so we don't fail our patients."

"Even if a complaint is made to RANZCOG about bullying, there does not seem to be anything done about the complaint."

"There is a still a fear among trainees that if they were to speak up against seniors there would be potential for lack of jobs positions going forward."

"When hospitals are getting accredited - highlight cultural issues and request an action plan - make this transparent to local trainees."

Preventing DBSH (n=862)

"Call out bad behaviour. Hold people accountable for such behaviour Actively encourage people to put in complaints. Respect the SIMG workforce that supports most regional and remote hospitals and public hospitals in metros."

"I think this module should be compulsory for every member. Senior clinicians are more likely to have behavioural issues that need to be addressed."

"Whilst RANZCOG is making good progress, it is very much dependent on local unit leadership - we promote positive values openly, but this is not translated in the real working world."

"Trainees should be able to evaluate the Consultants and Training Supervisors at their training sites in an anonymous manner."

Mentoring (n=859)

"As a private specialist, I am unaware of this and would happily have volunteered as a mentor."

"This is difficult. We have set up a mentoring program at our health service, but it is not well utilised. I'm not sure why."

"This sounds good but I do not know much about it."

"There is NO mentoring available for trainees, only advanced ITPs. There is no mentoring available for struggling trainees."

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EVALUATING RANZCOG’S EFFORTS

Respondents were asked:

Q22: To evaluate RANZCOG’s efforts in promoting respectful workplaces.

When evaluating RANZCOG's efforts in promoting respectful workplaces, respondents were given a 3 point rating scale.

- About right
- Too much
- Too little

Over two thirds of respondents agree that RANZCOG's efforts are About Right.

67.6%

agree RANZCOG's efforts are About Right

Too little 23.5%

Too much 8.9%

About right 67.6%

(n=820)

About right · Too much · Too little

Figure 31: RANZCOG's efforts in promoting respectful workplaces

A cross section of the 'About Right' rating is illustrated in the table below.

Demographic cohorts	About Right
FRANZCOG Trainee	61.5%
Woman/Feamale	68.2%
Man/Male	67.4%
< 34 years	69.0%
Metropolitan Public Hospital	70.2%
Completed Last Survey - YES	66.6%
Location = ACT	76.9%
Location = NZ	77.3%

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Thank you for the opportunity to conduct this very meaningful research.

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