



ANZCA
FPM

Gender equity survey toolkit

Introduction to the gender equity survey toolkit

Gender equity aims to give all genders the tools they require to achieve their maximum potential in workplaces. Across Australia and New Zealand, anaesthetists work in many different systems and departments. The Gender Equity Sub-Committee (GESC) of the Australian and New Zealand College of Anaesthetists (ANZCA) aims to support all trainees and fellows of the college in achieving gender equity.

In 2022, ANZCA performed its inaugural Gender Equity Survey and asked the question “Does gender matter in a career in anaesthesia?”. The results of this survey showed that despite increasing numbers of female anaesthetists, gender inequity remains an issue affecting anaesthetics across Australia and New Zealand^{1,2}.

In conducting the 2022 survey only 1200 ANZCA fellows could be invited to participate in the survey due to ANZCA Clinical Trials Network (CTN) guidelines. These participants were randomly selected from the ANZCA database, and the GESC received feedback during the survey period that many people wished they had been selected to take part.

As such, the GESC has developed a toolkit for local institutions to repeat a version of the ANZCA survey. We hope this gender equity survey toolkit will allow institutions to establish the state of gender equity within their own department, compare local results to the wider ANZCA fellowship, and use this information to identify areas where further gender equity work is needed and guide policy improvements within local anaesthetic departments.

This Gender equity survey toolkit contains six documents to assist you in performing a local gender equity survey:

1. [10 Steps to administering an anaesthetic department gender equity survey](#)
2. [Gender equity survey questions](#)
3. [Gender equity survey research protocol template](#)
4. [Gender equity survey participant information sheet](#)
5. [REDCap tips](#)
6. [ANZCA 2022 Gender equity results summary](#)

The GESC are happy to provide support to anyone wishing to administer this survey. Please contact the committee at ge@anzca.edu.au with any queries or clarifications. Should you be willing to share the outcome of your local survey, we welcome hearing the good, the bad and the ugly at ge@anzca.edu.au

On completion of the gender equity survey toolkit participants of the ANZCA and FPM CPD program can claim the ‘[Practice evaluation–measuring outcomes: Practice audit](#)’ activity.

References

1. Stewart CH, Carter J, Purcell N, Balkin M, Birch J, Pearce GC, et al. Does gender still matter in the pursuit of a career in anaesthesia? *Anaesth Intensive Care*. 2023;310057X231212210.
2. Carter J et al. Still a 'boys' club': a qualitative analysis of how gender affects a career in anaesthesia in Australia and New Zealand. *Anaesthesia*. 2024 Apr 17. doi: 10.1111/anae.16281.



ANZCA
FPM



10 steps to administering an anaesthetic department gender equity survey

10 steps to administering an anaesthetic department gender equity survey

1. Form a survey team (we recommend 2-4 people; although it is certainly possible to complete as one person). If your hospital employs a staff with experience in statistical analysis it is recommended you engage them early on.
2. Discuss the project with your Head of Department (HoD) to gain approval and support for the survey. You will likely need to include HoD contact details in your ethics application and require their sign off for ethics approval.
3. Finalise survey questions including adding or adapting questions as necessary for your department. Questions are available as a supplementary document ([Gender equity survey toolkit – survey questions](#)) in this toolkit.
4. Apply to your local ethics committee for ethics approval:
 - a. An ethics protocol template ([Gender equity survey toolkit – research protocol template](#)) and two formats of a participant information sheet are available ([Gender equity survey toolkit – participant information sheet](#)) to assist with your ethics application. These will need to be adapted to local ethics requirements.
 - b. We suggest initially applying on a low/negligible risk pathway but, due to the sensitive nature of some questions, some ethics committees may require a full ethics application. Don't be disheartened if this happens – the survey can still be approved but may take a little longer to get through ethics.
5. Construct your survey using [REDCap \(Research Electronic Data Capture\)](#):
 - a. Request access to REDCap via your local health network.
 - b. Follow the [Gender equity survey toolkit – REDCap Tips](#) supplementary document in this toolkit to assist with creating your survey in REDCap.
 - c. REDCap will create a hyperlink to your survey which can be circulated.
6. Send an invitation to participate in the survey to department members, including the survey link and participant information sheet. We suggest leaving the survey link open for three weeks, with reminder emails sent at one and two weeks.
 - a. As per the ethics template, we suggest asking an independent third party such as an anaesthetic department secretary to send out initial and reminders emails.
7. Collect results in REDCap. These can be exported to Excel or SPSS (Statistical Package for the Social Sciences) for analysis.
8. Analyse results and identify areas within your department where further gender equity work is needed. Consider enquiring whether your health network employs statistics staff to help with analysis of results.
9. Compare local results to ANZCA data – [Gender equity survey toolkit ANZCA 2022 Gender Equity survey results](#) available as a supplementary file.
10. Report results back to your local department and enact policy changes to improve on areas of gender inequity within your department. You may also wish to forward de-identified aggregate results to ge@anzca.edu.au to contribute to a larger pool of data of anaesthetic and pain medicine departments.



ANZCA
FPM

Gender equity survey questions

Gender equity survey questions

You can adapt the following survey questions as relevant to your practice/department.

Do not include this cover-page.

Please remove all **guidance text (in red and marked with XXX)** prior to use/submission.

XXX Department Gender equity survey questions

We are very grateful for your time and effort in completing this survey which will help us gain a clearer picture of the current state of gender equity within our anaesthetic department. The survey consists of multiple-choice questions with optional free text comments and should take less than 10 minutes to complete. We encourage you to answer as honestly as possible and answer all questions, but no question is compulsory. Your responses should consider your entire anaesthesia career, including your training, unless a question indicates otherwise.

Please note that this survey includes some potentially sensitive questions on inappropriate workplace behaviours and impact of career on childbearing and family. We remind you of the resources available through ANZCA and your workplace to support you should these raise any issues for you. The [ANZCA Doctors' Support Program](#) can be contacted on 1300 687 327 in Australia or 0800 666 367 in New Zealand, or eap@convergeintl.com.au, or please contact your local health district employee assistance program. Given the survey is anonymous we are unable to follow up any specific incidents or complaints so please do not name any specific incidents or individuals in the optional free text comments. If you would like to follow up a specific issue or make a complaint about inappropriate workplace behaviour, please contact your head of department or local hospital Human Resources Department.

A. DEMOGRAPHICS

1. What is your gender?

Male

Female

Non-binary or other

2. What is your age?

20 – 29 years

30 – 39 years

40 – 49 years

50 – 59 years

>= 60 years

3. In what decade did you obtain your specialist anaesthetic qualification (e.g. FANZCA or equivalent specialist qualification)?

2000 or prior

2001-2010

2011-2020

2020-present

B. ANAESTHETIC CAREER

4. How many hours of paid work do you do per week?

≤10 hours

11-20 hours

21-30 hours

31-40 hours

41-50 hours

51-60 hours

>60 hours

5. Of the total number hours of paid work you do each week, what is the distribution of the hours you work in:

Public clinical work	0-25%	26-50%	51-75%	>75%
Private clinical work	0-25%	26-50%	51-75%	>75%
Non-clinical/ clinical support work	0-25%	26-50%	51-75%	>75%

6. What proportion of your non-clinical or clinical support work is unpaid?

≤25%

26 - 50%

51-75%

>75%

Not applicable

7. Considering your work within **XXX Hospital Anaesthetic Department, how satisfied are you with the following?**

(a) After-hours commitments

Strongly dissatisfied > dissatisfied > neutral > satisfied > very satisfied

(b) Part-time work opportunities

Strongly dissatisfied > dissatisfied > neutral > satisfied > very satisfied

(c) Job-sharing opportunities

Strongly dissatisfied > dissatisfied > neutral > satisfied > very satisfied

(d) Flexibility relating to carer issues and urgent leave requests

Strongly dissatisfied > dissatisfied > neutral > satisfied > very satisfied

(e) Leadership opportunities in clinical or administrative domains

Strongly dissatisfied > dissatisfied > neutral > satisfied > very satisfied

Optional free text comments regarding anaesthetic career, work distribution and hours of work:

C. DISCRIMINATION, HARASSMENT AND BULLYING

8. During my anaesthetic career, I have experienced discrimination due to my:

- | | |
|--------------------------------|---|
| (a) Gender | Strongly disagree > disagree > neutral > agree > strongly agree |
| (b) Ethnicity | Strongly disagree > disagree > neutral > agree > strongly agree |
| (c) Relationship status | Strongly disagree > disagree > neutral > agree > strongly agree |
| (d) Age | Strongly disagree > disagree > neutral > agree > strongly agree |
| (e) Pregnancy | Strongly disagree > disagree > neutral > agree > strongly agree |

9. ANZCA defines sexual harassment as “unwelcome sexual behaviour, which could be expected to make a person feel offended, humiliated or intimidated. It can be physical, verbal or written.”

Have you ever been subjected to sexual harassment in the anaesthesia workplace since qualifying as a specialist anaesthetist?

Yes

No

10. ANZCA defines bullying as “unreasonable behaviour that creates a risk to health and safety. It is behaviour that is repeated over time or occurs as part of a pattern of behaviour... that a reasonable person, having regard to all the circumstances, would expect to victimise, humiliate, undermine or threaten the person to whom the behaviour is directed.”

Have you ever been subjected to bullying in the anaesthesia workplace since qualifying as a specialist anaesthetist?

Yes

No

11. Did you feel that obtaining your desired position after completion of training was made more difficult because of your gender?

Yes

No

Optional free text comments regarding discrimination, harassment and bullying:

D. LEADERSHIP, MENTORS AND RESEARCH

12. Mentors have played a valuable role in my anaesthetic career.

Strongly disagree

Disagree

Neutral

Agree

Strongly agree

13. It has been easy for me to find meaningful research opportunities in my anaesthetic career.

Strongly disagree

Disagree

Neutral

Agree

Strongly agree

14. Within the anaesthetic department at **XXX Hospital, there is equal gender representation in decision making roles / roles of influence.**

Strongly disagree

Disagree

Neutral

Agree

Strongly agree

Optional free text comments regarding leadership, mentors and research:

E. INCOME

15. What are your annual billings/ salary (pre-tax) from anaesthesia-related work?

<\$200 000

\$200 001 – 400 000

\$400 001 – 600 000

\$600 001 – 800 000

\$800 001 – 1 000 000

>\$1 001 000

Prefer not to say

Optional free text comments regarding income:

F. RELATIONSHIPS

16. What is your relationship status?

Unpartnered

Partner who lives with you

Partner who does not live with you

17. How many hours per week does your partner work in paid employment?

≤10 hours/ week

11-20 hours/ week

21-30 hours/ week

31-40 hours/ week

41-50 hours/ week

51-60 hours/ week

>60 hours/ week

Not applicable

18. What proportion does your partner contribute to domestic responsibilities? These include all tasks performed to ensure the basic needs of all household members are met, such as cooking, cleaning, bill paying and caring for dependents.

<25%

26-50%

51-75%

>75%

Not applicable

19. To what extent do you feel your relationship status has adversely affected the following in your career?

Public employment opportunities	Not at all > Somewhat > Significantly > Not Applicable
Proportion of private work	Not at all > Somewhat > Significantly > Not Applicable
Hours worked per week	Not at all > Somewhat > Significantly > Not Applicable
Leadership opportunities	Not at all > Somewhat > Significantly > Not Applicable
Involvement in research	Not at all > Somewhat > Significantly > Not Applicable

Optional free text comments regarding relationships:

G. DEPENDANTS AND CAREGIVING

20. Are you a *regular* caregiver for any dependents (e.g. children under 18, person with a disability and/or elderly relatives).

Yes

No

21. Has your anaesthesia career negatively affected the size or timing of your family? (e.g. did you delay trying to conceive or commencing fertility treatments.)

Significantly

Somewhat

Not at all

Not Applicable

22. If you have children or dependents, are you the primary caregiver in your household?

Yes

No

Shared equally

Not applicable

23. To what extent do you feel having children and/or a *significant caregiving role* has adversely affected the following in your career?

Public employment opportunities	Not at all > Somewhat > Significantly > Not applicable
Proportion of private work	Not at all > Somewhat > Significantly > Not applicable
Hours worked per week	Not at all > Somewhat > Significantly > Not applicable
Leadership opportunities	Not at all > Somewhat > Significantly > Not applicable
Involvement in research	Not at all > Somewhat > Significantly > Not applicable

Optional free text comments regarding children or caregiving:

H. CONCLUSION

24. *At the current time*, do you believe your gender is a barrier in the pursuit of a career in anaesthesia?

Not at all

Somewhat

Significantly

Please briefly outline the main barrier that you feel exists due to your gender:

If you have any further comments, please write them here:

End of survey. Thank you for participating.



ANZCA
FPM



Gender equity survey research protocol template

Gender equity survey research protocol template

Use this template as a guide to preparing ethics applications.

Do not include this cover-page.

You will need to modify this template to suit your local health district and local ethics application requirements. Please remove all **guidance text [in red and marked with XXX]** prior to submission.

In this guide we've recommended using REDCap to administer and store survey results, as this seems to be most ethics committees' preferred data management tool. However if you'd prefer to use an alternative tool (for example, Survey Monkey) please change this ethics application accordingly. This Gender equity survey toolkit include a short guide ([GESC survey toolkit – REDCap Tips](#)) to using REDCap to help you create and manage your survey.

While we encourage all applicants to initiate a "low, negligible risk pathway" ethics application, we recognise that many ethics committees will wish to undergo a formal review process before approving due to the sensitive nature of some questions in the survey.

RESEARCH TITLE

The state of gender equity in [XXX Department name and Hospital]

PROJECT SUMMARY

A recent survey by the Australian and New Zealand College of Anaesthetists (ANZCA) confirmed that gender inequity remains an issue affecting anaesthetists across Australia and New Zealand. We aim to administer a local gender equity survey to establish whether there is gender inequity within our department and compare local results to the wider ANZCA fellowship. By understanding the state of gender inequity within our own anaesthetic department we hope to be able to identify targeted areas for improvement to drive advancements in gender equity.

STUDY PROTOCOL

RESEARCH TITLE

The state of gender equity in [XXX Department name and Hospital]

STUDY INVESTIGATORS

XXX Name, title, contact details of all study investigators

BACKGROUND AND RATIONALE

Despite increasing numbers of female anaesthetists, a recent survey sent to fellows of the Australian and New Zealand College of Anaesthetists (ANZCA) documented ongoing issues affecting gender equity in anaesthesia¹. Overall, half of female respondents reported that they felt their gender was a barrier to a career in anaesthesia, and several differences between the careers of men and women were identified. Women worked fewer hours than men and spent a larger percentage of time in public practice. There was a gender pay gap that could not be explained by number of hours worked or years since achieving fellowship. The rates of bullying and harassment were high among all genders, and women perceived that they were more likely to be discriminated against, particularly in the presence of other sources of discrimination. Furthermore, women reported higher rates of caregiving and unpaid domestic responsibilities, associated with adverse effects on their careers.

A thematic analysis on the free text comments from the ANZCA survey² found that female respondents described a need to make a choice between family and career, which was not described by male respondents, in addition to stigmatisation of part-time work, lack of access to challenging work and negative impacts of parental leave. Female respondents also described a sense of marginalisation within anaesthesia due to a 'boys' club' mentality, lack of professional respect and insufficient structural supports for women in leadership. This was compounded for women from ethnically and culturally diverse backgrounds. A need for specific strategies to support female anaesthetic careers was described as well as normalisation of flexibility in workplaces, combined

with a broadening of our definition of success to allow people of all genders to experience fulfilment both at home and at work.

Both the quantitative and qualitative findings of the ANZCA survey were largely unchanged from two previous similar gender equity surveys in anaesthesia from 1998 and 2010^{3,4}. The inequities documented in these three surveys are evidence that ongoing work must continue to promote and implement gender equity policies in workplaces across Australia and New Zealand. We plan to administer a modified version of the ANZCA survey to our local anaesthetic department to establish whether there is gender inequity within our department and compare local results to the wider ANZCA fellowship. By understanding the state of gender inequity within our own anaesthetic department we hope to be able to identify targeted areas for improvement to drive advancements in gender equity.

AIMS / STUDY OBJECTIVES

1. To describe how gender inequity is currently perceived within the anaesthetic department at XXX hospital and compare these results to the wider ANZCA fellowship.
2. To identify areas within the anaesthesia workforce at XXX hospital where gender equity work is needed.

METHODS / STUDY DESIGN

This study is an anonymous survey which will be distributed to all anaesthetic consultants at XXX hospital.

The survey used in the recent ANZCA gender equity study was adapted for use in this study¹. Questions not relevant to our local department were removed and some questions modified to be more applicable to our local department. The survey (attached file) consists of XXX multiple choice questions, divided into eight sections, covering: demographics; career; discrimination, harassment, and bullying; leadership, mentors and research; income; relationships; dependents and caregiving; conclusion. There is an

option for free-text comments at the end of each section. The survey is expected to take less than 10 minutes for each participant to complete.

All participants will be emailed a participant information sheet (attached file) and a link to the survey by XXX (Suggest and independent third party – e.g. anaesthetic department secretary). All anaesthetic consultants at XXX hospital are eligible for participation and there are no exclusion criteria. Participation in the survey will be voluntary, with consent implied when participants choose to click on and complete the survey link. Reminders for survey completion will be sent at one and two weeks. The survey will remain active for a period of three weeks.

The survey will be conducted, and results securely stored, using REDCap data management software. Statistical analysis will primarily be quantitative analysis of the multiple choice data, with results compared to data from the larger ANZCA gender equity survey¹ which have been supplied by ANZCA's Gender Equity Subcommittee. Free text comments will be used to provide context and identify areas for further detailed exploration via thematic analysis.

The results of the survey will be reported to our Anaesthetic Department. We aim to use the results to guide policies regarding gender equity within our department.

STUDY SITES

Department of Anaesthesia at XXX Hospital

STUDY POPULATION

The survey will be sent to all XXX (number of consultants) anaesthetic consultants at XXX Hospital. All invited participants are health care workers employed at XXX either as a staff specialist or visiting medical officer (VMO). Anaesthetic trainees will not be invited to participate. Participation in the survey is voluntary and no question in the survey is compulsory.

INCLUSION CRITERIA

All anaesthetic consultants (staff specialists and VMOs) at XXX hospital are eligible for participation in the study. All invited participants are able to self-determine participation in the study and provide informed consent.

EXCLUSION CRITERIA

There are no exclusion criteria for this study.

RECRUITMENT AND CONSENT

Anaesthetic consultants at XXX will be identified from department records and pre-existing staff email lists. The participant information sheet, survey link, and two reminder emails at one and two weeks will be sent to participants by XXX (Suggest independent third party, e.g. anaesthetic department secretary). The survey link will remain open for a period of three weeks. Participation in the survey will be voluntary, with consent implied when participants choose to click on and complete the survey link.

The researchers are members of the Anaesthetic Department at XXX and colleagues of all invited participants. Survey responders will not be offered remuneration to participate.

DATA COLLECTION / DATA MANAGEMENT:

Anonymous survey responses be collected and stored using REDCap and de-identified data will be exported to Microsoft Excel for analysis. Access to the data will be limited to study investigators listed in this application. The data will be stored for five years from completion of this survey, then all electronic data deleted.

RISKS TO PARTICIPANTS / PROCESS FOR MANAGING DISTRESS

The survey asks some personal questions about career and family, as well as questions about bullying and sexual harassment, which may be triggering or distressing for some participants. The participant information sheet reminds survey respondents about resources available through ANZCA to support respondents should any issues arise while completing the survey. The [ANZCA Doctors' Support Program](#) can be contacted on

1300 687 327 or eap@convergeintl.com.au, or the XXX Local Health District Employee Assistance Program – Insert email and phone number.

Given the survey is anonymous, specific incidents or complaints are unable to be followed up. Participants are reminded in the participant information sheet and survey introduction not to name any specific incidents or individuals in the optional free text comments and directed to the head of department or local human resources department for any specific issues or to make a complaint about inappropriate workplace behaviour. If any serious reports of poor workplace behaviour are made in the survey, these will be escalated to the head of department for review.

The survey is voluntary and anonymous, and no question in the survey is compulsory. Participants are reminded of this in the participant information sheet. All invited participants are of equal professional standing with the researcher.

DATA ANALYSIS

Basic demographic data will be collected along with response to survey questions. Participants are invited to add optional free text comments to provide context and depth to the quantitative data.

Descriptive statistics will be used primarily to present results for each of the questions. Statistical comparisons between important sub-groups (gender, age, years since attaining FANZCA) will be made for a number of the questions using, depending on the type of data, either a student's t-test or a chi-square test. A p-value of <0.05 will be considered statistically significant. There will be no imputation of missing data. Quantitative data will be presented as aggregate results from our department and compared to results from the larger ANZCA gender equity survey.

The optional free text comments may be analysed using thematic analysis to provide context and depth to perceptions of gender equity and to identify barriers and supports to gender equity within our department. Quotes will be analysed by the research team, with line by line coding and contextualisation across the entire data set. These codes will

be grouped into themes with discussion among the research team, using a reflexive deductive approach. The qualitative data will be presented as group data with representative data de-identified, apart from gender.

WITHDRAWAL OF CONSENT

Given the anonymous and non-identifiable nature of the data, once a survey response is submitted it cannot be individually withdrawn.

DATA STORAGE AND ARCHIVING/RETENTION

The **XXX Local Health District** REDCap application will be used for data collection and storage. The data will be password protected and access to the data will be limited to the study investigators. The data will be stored for five years from completion of this survey. Any data analysis files will be stored on password protected computers on the **XXX Local Health District** network.

FUTURE USE OF DATA

This survey, or a similar version, maybe repeated in the future and data collected in this version of the survey may be compared with any future studies in this area. Non-identifiable aggregate data may also be shared with ANZCA's Gender Equity Subcommittee.

PRIVACY AND CONFIDENTIALITY

Responses to the survey will be anonymous. Data will be securely stored using REDCap and password protected. Access to survey data will be limited to the study investigators. Participants are reminded in the participant information sheet that if they have any concerns about being identified from their survey responses, they may choose not to answer a question.

ETHICS AND PROTOCOL AMENDMENTS

The conduct of this study will commence once the initial approval process has been completed through Ethics and Governance authorisation for each site. Updated documents will only be implemented once they have been reviewed and approved by an ethics committee and, if applicable, governance officer for each site.

OUTCOMES:

The results of the survey will be reported to the anaesthetic department at XXX hospital. Any significant findings will be further discussed in detail with the head of department and executive committee to guide policy changes around gender equity. We hope results from this survey will inform policy aimed to minimise structural barriers to gender inequality in our anaesthetic workplace. No formal publication of these results will occur.

STUDY TIMELINE

Task	Start Date	End Date
Ethics Submission, Review and Approval		<i>2-3 months</i>
Conduction of surveys		<i>1 month</i>
Collection of data		<i>1 month</i>
Analysis of Data		<i>2 months</i>
Preparations of Reports		<i>2-3 months</i>
Presentation of Results		<i>2-3 months</i>

REFERENCES

1. Stewart C et al. Does gender still matter in the pursuit of a career in anaesthesia? Anaesth Intensive Care. 2023 Nov 25;310057X231212210. doi: 10.1177/0310057X231212210. Online ahead of print.
2. Carter J et al. Still a ‘boys’ club’: a qualitative analysis of how gender affects a career in anaesthesia in Australia and New Zealand. Anaesthesia. 2024 Apr 17. doi: 10.1111/anae.16281
3. Strange Khursandi DC. Unpacking the burden: gender issues in anaesthesia. Anaesth Intensive Care. 1998;26(1):78–85.
4. Smith N, Ashes C. Gender differences in academia. Br J Anaesth. 2014;112:588e9.

APPENDICES

[Appendix 1: Gender equity survey toolkit – survey questions](#)

[Appendix 2: Gender equity survey toolkit – participant information sheet](#)



ANZCA
FPM



Gender equity survey participant information sheet

Participant information sheet (2 formats)

The following participant information sheet has been provided in two formats, to assist with the ethics application and to be used as a guide. Please chose the most appropriate format depending on local ethics requirements.

Do not include this cover-page.

You will need to modify this template to suit your local health district and ethics application requirements. Please remove all **guidance text (in red and marked with XXX)** prior to submission.

PARTICIPANT INFORMATION SHEET (FORMAT 1)

THE STATE OF GENDER EQUITY IN XXX DEPARTMENT NAME AND HOSPITAL

CO-ORDINATING INVESTIGATORS: XXX Insert names and title

You are invited to take part in a survey investigating the current state of gender equity in our workplace. The results of this survey will be used to inform the department about any effect gender has on the careers of our anaesthetic consultants and use this information to identify areas for improvement in gender equity in our department.

Participation is voluntary via an online survey, completion of which will be interpreted as implied consent. The survey consists of XXX multi-choice questions, including basic demographics, with an option for free text comments at the end of each section. It should take less than 10 minutes to complete.

This survey includes some potentially sensitive questions on inappropriate workplace behaviours, and impact of career on childbearing and family. We remind you of the resources available through ANZCA and your workplace to support you should these raise any issues for you. The [ANZCA Doctors' Support Program](#) can be contacted on 1300 687 327 in Australia or 0800 666 367 in New Zealand or eap@convergeintl.com.au, or please contact the XXX Local Health District Employee Assistance Program. Given the survey is anonymous we are unable to follow up any specific incidents or complaints so please do not name any specific incidents or individuals in the optional free text comments. If you would like to follow up a specific issue or make a complaint about inappropriate workplace behaviour, please contact your head of department or local hospital Human Resources Department.

We encourage you to answer all questions, but no question is compulsory. You may skip any question you find distressing, or if you have any concerns about being identified from your answers to any questions. Primary analysis will be quantitative based on the multiple-choice responses, with a secondary thematic analysis of the free text comments.

The benefits of participating in the project will stem from the knowledge that results will inform policy aimed to minimise structural barriers to gender equity in our workplace. Our local results will be compared to results from a similar ANZCA-wide survey undertaken by ANZCA's Gender Equity Subcommittee in 2022. The results will be presented to the anaesthetic department as aggregate or group data, benchmarked to results from the wider ANZCA survey. Any significant findings will be discussed in more detail with the head of department and executive committee to guide policy change within our department to promote gender equity.

We use the survey platform REDCap (Research Electronic Data Capture). Data will be stored securely. Participation in this study is entirely voluntary. You do not have to take part in it. The information you provide for this study will be anonymous. This means that it cannot be re-identified once you have submitted the survey, and your information cannot be withdrawn from the study after you submit the survey. This survey, or a similar version, maybe repeated in the future and data collected in this version of the survey may be compared with future studies in this area. Non-identifiable aggregate data may also be shared with ANZCA's Gender Equity Subcommittee.

The ethical aspects of this research project have been approved by the **HREC XXX**.

Many thanks in advance for your participation.

Contacts for queries or complaints:

XXX Principal Investigator Name and Contact Details

PARTICIPANT INFORMATION SHEET (FORMAT 2)

THE STATE OF GENDER EQUITY IN THE DEPARTMENT OF ANAESTHESIA XXX HOSPITAL

PARTICIPANT INFORMATION SHEET

Short Title *Gender Equity in Anaesthesia at XXX Hospital*

Principal Investigator XXX

Location XXX

1. Introduction

You are invited to take part in a survey investigating the current state of gender equity in our workplace. The results of this survey will be used to inform the department about any effect gender has on the careers of our anaesthetic consultants and use this information to identify areas for improvement in gender equity in our department.

The study is being conducted within this institution by XXX (Name and Title).

2. Study Procedures

Participation in this research is voluntary. If you agree to participate in this study, you will be asked to complete an online survey, completion of which will be interpreted as implied consent. The survey is anonymous and consists of XXX multi-choice questions divided into eight sections covering: demographics; career; discrimination, harassment, and bullying; leadership, mentors and research; income; relationships; dependents and caregiving; conclusion. There is an opportunity to provide optional free text comments at the end of each section. It should take less than 10 minutes to complete. We encourage you to answer all questions, but no question is compulsory. Primary analysis will be quantitative based on the multiple-choice responses, with a secondary thematic analysis of the free text comments.

3. Risks

This survey includes some potentially sensitive questions on inappropriate workplace behaviours, and impact of career on childbearing and family. We remind you of the resources available through ANZCA and your workplace to support you should these raise any issues for you. The [ANZCA Doctors' Support Program](#) can be contacted on 1300 687 327 in Australia or 0800 666 367 in New Zealand or eap@convergeintl.com.au, or please contact the **XXX Local Health District** Employee Assistance Program.

No question in the survey is compulsory. You may skip any question you find distressing, or if you have any concerns about being identified from your answers to any questions.

Given the survey is anonymous we are unable to follow up any specific incidents or complaints so please do not name any specific incidents or individuals in the optional free text comments. If you would like to follow up a specific issue or make a complaint about inappropriate workplace behaviour, please contact the head of department or local Human Resources Department.

4. Benefits

The benefits of participating in the project will stem from the knowledge that results will inform policy aimed to minimize structural barriers to gender equity in our workplace. Our local results will be compared to results from a similar ANZCA wide survey undertaken by the ANZCA Gender Equity Subcommittee in 2022.

The results will be presented to the anaesthetic department as aggregate or group data, benchmarked to results from the wider ANZCA survey. Any significant findings will be discussed in more detail with the head of department and executive committee to guide policy change within our department to promote gender equity.

5. Costs

Participation in this study will not cost you anything, nor will you be paid.

6. Voluntary participation

Participation in this study is entirely voluntary. You do not have to take part in it. The information you provide for this study will be anonymous. This means that it cannot be re-identified once you have submitted the survey, and your information cannot be withdrawn from the study after you submit the survey.

7. Confidentiality

All the information collected from you for the study will be treated confidentially and will be stored on the **XXX Local Health District** REDCap application and password protected. Only the researchers will have access to the data.

The data will be analysed by the researchers at **XXX Hospital**. All data for use in journal publications and presentations will be de-identified and only aggregate or representative group data will be presented. Survey responses will be retained for five years from the day the study is completed. Once the retention expires the electronic files will be destroyed.

8. Storage of data

The **XXX Local Health District** software licence for REDCap (Research Electronic Data Capture) will be used for to manage the collection and storage of research data. REDCap is a secure, web-based, non-commercial, data management tool designed for research purposes. Data collected by REDCap is stored on servers in the **XXX Local Health District** data centre. Data is secured and regularly backed up to protect privacy and confidentiality.

9. Future use of data

This survey, or a similar version, maybe repeated in the future and data collected in this version of the survey may be compared with future studies in this area. Non-identifiable aggregate data may also be shared with ANZCA's Gender Equity Subcommittee.

10. Further information

If you'd like to know any more information or have any questions, please feel free to contact **XXX Principal investigator name and contact details**

This information sheet is for you to keep.

11. Ethics approval and complaints

This study has been approved by the Ethics Review Committee of the **XXX** Local Health District. Any person with concerns or complaints about the conduct of this study should contact the Executive Officer on **XXX (Insert Ethics Contact Details)**



ANZCA
FPM



REDCap tips

REDCap Tips

This document is to assist you with your survey creation in REDCap (Research Electronic Data Capture).

It describes the basic functions you will use but is certainly not an exhaustive description of all the features in REDCap. Your local health district may offer REDCap guidance, and there are many online REDCap guides and YouTube tutorials which are also helpful.

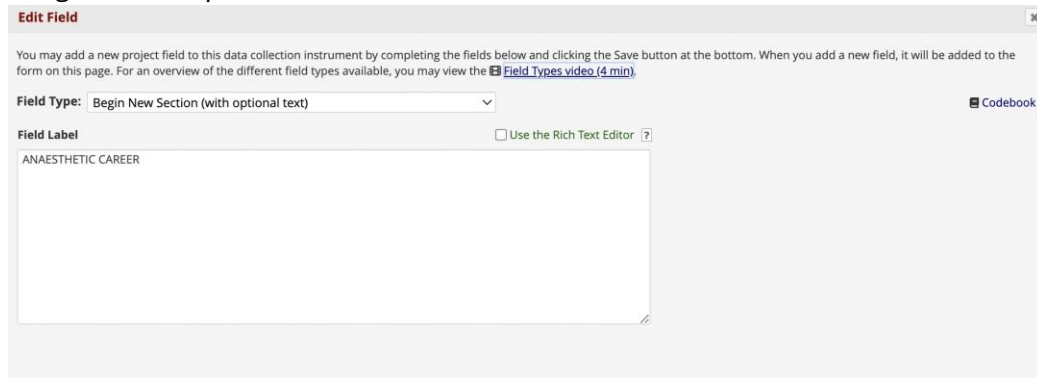
Creating a survey in REDCap

1. Request access to REDCap through your local institution.
2. Start 'New Project'.
(Note in some health districts this may require you to complete a request form to start a new project via REDCap).
3. Under 'Project Setup' tab → 'Main Project Settings' → Enable 'Use Surveys in this project'.
4. To design your survey – within 'Design your data collection instruments & enable your surveys' section → Go to "Online Designer"
→ Under 'Data Collection Instruments' → 'Create a new instrument from scratch'.
→ Name your survey and then click on the name to enter designer mode and construct the survey.
→ Click 'Add Field' to insert a new question or feature into the survey.

To create a *new section* of the survey (Image 1):

- FIELD TYPE: Begin New Section (with optional text)
- Enter section name in FIELD LABEL
- Save.

Image 1: REDcap – Create a new section



The screenshot shows the 'Edit Field' form in REDcap. At the top, there is a title bar 'Edit Field' with a close button. Below it, a message states: 'You may add a new project field to this data collection instrument by completing the fields below and clicking the Save button at the bottom. When you add a new field, it will be added to the form on this page. For an overview of the different field types available, you may view the [Field Types video \(4 min\)](#).' Below the message, there are two main sections: 'Field Type' and 'Field Label'. The 'Field Type' section has a dropdown menu currently set to 'Begin New Section (with optional text)' and a 'Codebook' button to its right. The 'Field Label' section has a checkbox for 'Use the Rich Text Editor' (which is unchecked) and a text input field containing the text 'ANAESTHETIC CAREER'.

For *Multiple Choice Questions (MCQs)* (Image 2):

- FIELD TYPE: Multiple Choice – Radio Buttons (single answer)
- FIELD LABEL: Enter question e.g. 1. What is your gender? (note you will need to manually number each question in all field labels)
- CHOICES (one choice per line): Enter possible responses – numbered 1, 2, etc.
E.g. 1, Male
2, Female
3, Non-binary or other

(Note the numbers assigned to each choice are used to categorise each response in the survey results – they are not visible when participants complete the survey)

Image 2: REDcap – MCQs

Edit Field

You may add a new project field to this data collection instrument by completing the fields below and clicking the Save button at the bottom. When you add a new field, it will be added to the form on this page. For an overview of the different field types available, you may view the [Field Types video \(4 min\)](#).

Field Type: Multiple Choice - Radio Buttons (Single Answer)

Question Number (optional)

Displayed only on the survey page

Field Label ☐ Use the Rich Text Editor ?

1. What is your gender?

Choices (one choice per line) [Copy existing choices](#)

1, Male
2, Female
3, Non-binary or other
4, Prefer not to say

Variable Name (utilized in logic, calcs, and exports)
gender ☐ Enable auto naming of variable based upon its Field Label?
ONLY letters, numbers, and underscores

How to use [Smart Variables](#) [Piping](#) [Field Embedding](#)

Required?* ☒ No ☐ Yes
* Prompt if field is blank

Identifier? ☒ No ☐ Yes
Does the field contain identifying information (e.g., name, SSN, address)?

Custom Alignment Left / Vertical (LV)
Align the position of the field on the page

Field Note (optional)
Small reminder text displayed underneath field

For questions with a *matrix of options* (e.g. how many hours of work do you work in public/private/nonclinical or the satisfaction questions → two fields are needed (Images 3 and 4):

- 1st FIELD TYPE: Descriptive text (with optional image/video/audio)
- 1st FIELD LABEL: Enter Question (e.g. 7. What is the distribution of work you do in?)

Image 3: REDcap – Matrix of options – 1st Step

Edit Field

You may add a new project field to this data collection instrument by completing the fields below and clicking the Save button at the bottom. When you add a new field, it will be added to the form on this page. For an overview of the different field types available, you may view the [Field Types video \(4 min\)](#).

Field Type: Descriptive Text (with optional Image/Video/Audio/File Attachment)

Question Number (optional)

Displayed only on the survey page

Field Label ☐ Use the Rich Text Editor ?

7. Of the total number hours of paid work you do each week, what is the distribution of the hours you work in:

Action Tags / Field Annotation (optional)

Learn about [@ Action Tags](#) or [using Field Annotation](#)

Variable Name (utilized in logic, calcs, and exports)
header_paidhrs ☐ Enable auto naming of variable based upon its Field Label?
ONLY letters, numbers, and underscores

How to use [Smart Variables](#) [Piping](#) [Field Embedding](#)

Optional file attachment, image, audio, or video:

☒ **Embed an external video** (provide video URL) ?

e.g. <https://youtube.com/watch?v=E1cCuWMupz0>,
<https://vimeo.com/62730281>, <http://example.com/movie.mp4>

Display format of video: ☐ Inline ☒ Inside popup

– or –

☐ **Attach an image, file, or embedded audio**

☒ **Upload file**

Display format of attachment on page:

☐ Link
☐ Inline image/PDF
☐ Audio file (play in embedded player on page)
• [Compatibility notice for embedded audio](#)

(Images wider than 600 pixels will be downsized to fit page.)

- 2nd FIELD TYPE: Matrix of Fields
 - Leave 'Matrix Header Text' Blank
 - Under 'Matrix Rows', 'FIELD LABEL': Enter each subset of the question (e.g. public clinical work/private clinical work/non-clinical work)
 - Under 'Matrix Column Choices': Enter possible responses – numbered
E.g. 1, 0 – 25%
2, 26 - 50%
3, 51 - 75%
4, >75%
 - Answer Format: Single Answer (Radio Buttons)

Image 4: REDcap – Matrix of Options – 2nd Step

Edit Matrix of Fields
✕

You may add or edit a matrix (i.e. grid) of project fields on this data collection instrument by completing the fields below. By providing all necessary info below and clicking Save, the new matrix of fields will be added to the form on this page. A Field Label and Variable name must be provide for each field in the matrix, and you must also set the Choices (i.e. matrix column headers) and answer format (Single Answer vs. Multiple Answers) for the entire matrix. [View a matrix example](#) or [Read more about matrix fields on the Help & FAQ.](#)

Matrix Header Text (optional)
*Note: Adding section header text here will start a new page on the survey.Expand

Matrix Rows
Each row represents a different field with its own label and variable name.
☐ Enable auto naming of variable based upon its Field Label?

Field Label	Variable Name ONLY letters, numbers, and underscores	Question Number (optional)	Required?	*Field Annotation ?	
Public clinical work	public_work		☐		✕
Private clinical work	private_work		☐		✕
Non-clinical / clinical support work	nonclin_work		☐		✕
Add another row					

Matrix Column Choices

Choices (one choice per line)
[Copy existing choices](#)

1, 0 - 25%
 2, 26 - 50%
 3, 51 - 75%
 4, > 75%

How do I manually code the choices?

Other Matrix Info

Answer Format:
 Single Answer (Radio Buttons)

Ranking:
[What is a ranked matrix of fields?](#)
☐ Allow only 1 choice to be selected per column (radio buttons only)

Matrix group name: ONLY letters, numbers, and underscores
 work_distribution
 [What is a matrix group name?](#)

Save

Cancel

To enter a *free text comment box* (Image 5):

- FIELD TYPE: Notes Box (Paragraph Text)
- FIELD LABEL: Optional free text comments box regarding anaesthetic career (for example)

Image 5: REDcap – Free text comment box

The screenshot shows the 'Edit Field' interface in REDcap. At the top, there's a title bar 'Edit Field' with a close button. Below it, a paragraph explains how to add a new project field. The 'Field Type' dropdown is set to 'Notes Box (Paragraph Text)'. The 'Question Number' field is empty. The 'Field Label' text area contains the text: 'Optional free text comments box regarding anaesthetic career, work distribution and hours of work:'. There's a checkbox for 'Use the Rich Text Editor' which is unchecked. On the right side, the 'Variable Name' field is set to 'freetext_anaescareer'. Below it, there are options for 'Required?' (set to 'No'), 'Identifier?' (set to 'No'), and 'Custom Alignment' (set to 'Left / Vertical (LV)'). At the bottom, there's a 'Field Note' field which is empty. The 'Action Tags / Field Annotation' field is also empty. At the bottom right, there are 'Save' and 'Cancel' buttons.

Please note, for each question:

- You will need to assign a short 'variable name'. This variable name will appear in the results table to identify each question
- Required? – Answer No (No question is compulsory)
- Identifier? – Answer No
- Alignment – suggest Left Vertical

Once you have entered and saved each question, you will see all list of all your questions / fields in order (Image 6).

- Subject headings will appear in **Yellow**.
- To edit a question after you have saved it, click on the yellow pencil button.

Image 6: REDcap – questions/fields review

DEMOGRAPHICS

Variable: gender

1. What is your gender?

☐ Male

☐ Female

☐ Non-binary or other

☐ Prefer not to say

reset

Variable: age

2. What is your age?

☐ 20 - 29 years

☐ 30 - 39 years

☐ 40 - 49 years

☐ 50 - 59 years

☐ ≥ 60 years

reset

Variable: decade_qualification

3. In what decade did you obtain your specialist anaesthetic qualification (e.g. FANZCA or equivalent specialist qualification)?

☐ 1940 - 1950

☐ 1951 - 1960

☐ 1961 - 1970

☐ 1971 - 1980

☐ 1981 - 1990

☐ 1991 - 2000

☐ 2001 - 2010

☐ 2011 - 2020

☐ 2021 - Present

reset

ANAESTHETIC CAREER

Variable: hrs_paid_work

6. How many hours of paid work do you do per week?

☐ ≤ 10 hours

☐ 11 - 20 hours

☐ 21 - 30 hours

☐ 31 - 40 hours

☐ 41 - 50 hours

☐ 51 - 60 hours

☐ > 60 hours

reset

Variable: gap1

Variable: header_paidhrs

7. Of the total number hours of paid work you do each week, what is the distribution of the hours you work in:

Matrix group: work_distribution

	0 - 25%	26 - 50%	51 - 75%	> 75%
Public clinical work	☐	☐	☐	☐
Private clinical work	☐	☐	☐	☐
Non-clinical / clinical support work	☐	☐	☐	☐

reset

Variable: gap2

5. Under 'Survey Settings' within the Online Designer
 - Survey instructions – Insert introductory paragraph here.
 - You can adjust text size and font etc. under Survey Design Options.
 - Under 'Survey Customizations'
 - Question Numbering – 'Custom Numbered'
 - Pagination – 'Multiple pages (display one section per page)'
 - Other settings suggested as per Image 7 below - mostly left unchanged from default settings.

Image 7: REDcap – survey settings

The screenshot displays the 'Survey Settings' interface in REDcap, organized into two main panels. The left panel contains settings for response handling, email invitations, required fields, font options, aggregate results, text-to-speech, and submit buttons. The right panel includes options for 'Save & Return Later', survey termination logic, completion text, and e-consent framework integration. A 'Survey Access' section is also visible at the bottom left.

Left Panel Settings:

- Allow participants to download a PDF of their responses at end of survey?** No (dropdown). Note: This option will not be available if the Survey Auto-continue or Survey Queue auto-start option is enabled.
- Save a PDF of completed survey response to a File Upload field** Disabled (dropdown). Option to store translated version of PDF is available.
- Survey-specific email invitation field** -- select a field -- (dropdown). Note: This option will override the project-level email invitation field.
- For 'Required' fields, display the red 'must provide value' text on the survey page?** No (dropdown). Note: If 'No', then it will NOT display the following text beneath all 'Required' fields: ** must provide value*
- Display the font resize options at the top of the survey page** Yes (dropdown).
- Allow survey respondents to view aggregate survey results after completing the survey?** Disabled (dropdown). Additional settings: Minimum number of responses required before participants are allowed to view aggregate data (recommended = 10). Do not show plots for questions lacking diversity in response values? (What does this mean?)
- Text-To-Speech functionality** Disabled (dropdown). Note: When enabled, icons will be displayed next to all text on the survey page, and when clicked, the text will be read out loud to the participant (must have computer speakers turned on).
- Show or hide the Submit buttons** Always display the Submit buttons (dropdown). Note: Hiding the Submit buttons can be useful if you are not using the survey for data collection but for instructional purposes or other similar use cases.
- Customize the text of the Submit buttons** Any alternative text provided for the submit buttons will override their default text below.

<< Previous Page	<< Previous Page
Next Page >>	Next Page >>
Submit	Submit

Survey Access:

- Response Limit (optional)** (Maximum number of responses to collect. Prevents respondents from starting the survey after a set number of responses have been collected.) [] (e.g., 150). If left blank, the response limit will not be enforced. Will include: partial and completed responses (dropdown). Custom text to display to respondent on survey when limit is reached: [Text area with HTML editor].
- Time Limit for Survey Completion (optional)** (The amount of time that each respondent has to complete the survey based on when they were initially sent the survey invitation. Note: This feature excludes public survey links and is not applicable for survey links sent via Alerts & Notifications.) [] days [] hours [] minutes. If the respondent loads the survey after this time has passed, it will not allow them to begin or continue the survey.
- Survey Expiration (optional)** (Time after which the survey will become inactive.) [] W/D/Y H:M. The time must be for the time zone Australia/Sydney, in which the current time is 02/08/2024 16:13.

Right Panel Settings:

- Allow 'Save & Return Later' option for respondents?** No (dropdown). Options: Allow respondents to return without needing a return code (NOTE: If you are collecting identifying information (e.g., PII, PHI), for privacy reasons it is HIGHLY recommended that you leave the option unchecked so as to enforce a return code.), Allow respondents to return and modify completed responses.
- Survey Termination Options:**
 - Auto-continue to the next survey?** Automatically start the next survey instrument after finishing this survey. (Optional) Conditional logic for Survey Auto-Continue: Auto-continue to the next survey ONLY if the conditional logic below is TRUE or if the textbox has been left blank. [Text area with logic editor: e.g., {page} > 30 and {sex} = "F" How to use this]
 - Redirect to a URL** (Redirect to a webpage when survey is completed) Provide a full URL, e.g. http://www.example.com/mypage.html, [survey-url/other_survey] How to use Piping here
- Survey Completion Text** (Displayed after survey is completed as 'thank you' text or as acknowledgement text) [Text area with HTML editor: Thank you for taking the time to complete the survey. ANZCA Gender Equity Sub-Committee]
- Options related to Survey Stop Actions:**
 - Prevent survey responses from being saved if the survey ends via Stop Action?** Save all survey responses regardless of Stop Action being triggered (default) (dropdown). WARNING: If any data has been saved on the survey instrument prior to the Stop Action being triggered, that data will be deleted. For example, if the survey is a multi-page survey in which data has been entered on previous pages prior to triggering the Stop Action, all data collected thus far in that survey will be deleted as if the survey was never taken. Additionally, if the record does not contain data in any other instruments, the entire record itself will be deleted during this process.
 - Alternate Survey Completion Text (optional)** This completion text is ONLY displayed when a Stop Action triggers the end of the survey. If left blank, the standard Survey Completion Text will be used. [Text area with HTML editor]
- e-Consent Framework** Disabled (dropdown). Options: Auto-Archiver enabled, Auto-Archiver + e-Consent Framework (What is the e-Consent Framework? (includes end-of-survey certification & archival of PDF consent form)). PDF Auto-Archiver: Upon survey completion, a compact PDF copy of the survey response will be automatically stored in the project's File Repository, from which the archived PDFs can be downloaded at any time.
- Send confirmation email?** (Email the respondent when they complete the survey) No (dropdown).

Buttons: Save Changes

6. Back on main ‘Project Setup’ page: Under ‘Enable Optional modules and customizations’→ Enable auto-numbering for records.

7. Test survey:

- You can do this within the online designer using “Preview Instrument” on the top right corner of the online designer
- Alternatively, under “Survey Distribution Tools” in the left hand menu, you can get a URL link which will open your survey in a new webpage.
- When testing your survey if you have any issues with spacing of questions or page layout you may choose to enter a ‘gap’ in between questions for better spacing
 - To do this enter a new field → Descriptive text → leave everything else blank (Image 8).

Image 8: REDcap – edit field (gap)

8. Move project to ‘production status’ once ready.

9. To send out the survey - go to ‘Survey Distribution Tools’ in left hand menu (Image 9).

- Public Survey URL – can be copied and pasted into an email.
- A link to QR Code is also available.

Image 9: REDcap – Survey distribution tools

10. To get results go to ‘Data Exports, Reports and Stats’ under Applications on left hand menu. There are two options for seeing the data:

- Immediately view survey responses available here under ‘View report’
 - Graphs for each question created by REDCap can be automatically generated by pressing the “Stats and Charts” red button
- For more detailed stats analysis, use the “Export data” tab
 - Statisticians often request the data as an SPSS file.
 - We suggest you save a de-identified Excel file for your records.



ANZCA
FPM

ANZCA Gender Equity Results Summary

		2022 SURVEY RESULTS		
DEMOGRAPHICS				
Variable	Values taken	Overall	Male	Female
		%	%	%
1. What is your gender?	Male	34%		
	Female	63%		
	Non-Binary or other	1%		
	Prefer not to say	2%		
2. What is your age?	30 - 39 years	20%	14.4%	23.5%
	40 - 49 years	38%	30.0%	42.9%
	50 - 59 years	26%	26.3%	25.5%
	>= 60 years	16%	29.4%	8.2%
3. In what decade did you obtain your specialist anaesthetic qualification (e.g. FANZCA or equivalent specialist qualification)?	2000 or Prior	25%	37.0%	12.9%
	2001 - 2010	29%	25.5%	31.3%
	2011 - 2020	42%	34.2%	46.9%
	2021 - Present	4%	3.1%	4.1%

ANAESTHETICS CAREER				
Variable	Values taken		Male	Female
			%	%
4. How many hours of paid work do you do per week?	<= 10 hours		0.0%	1.7%
	11 - 20 hours		5.0%	3.4%
	21 - 30 hours		9.9%	17.3%
	31 - 40 hours		26.1%	41.5%
	41 - 50 hours		43.5%	29.3%
	51 - 60 hours		11.2%	5.4%
	> 60 hours		4.3%	1.4%
5a. Of the total number hours of paid work you do each week, what is the distribution of the hours you work in: Public clinical work	0 - 25%		21.0%	10.0%
	26 - 50%		21.0%	21.6%
	51 - 75%		26.1%	29.7%
	> 75%		31.9%	38.7%
5b. Of the total number hours of paid work you do each week, what is the distribution of the hours you work in: Private clinical work	0 - 25%		31.7%	51.2%
	26 - 50%		25.4%	20.1%
	51 - 75%		11.9%	10.0%
	> 75%		31.0%	18.7%
5c. Of the total number hours of paid work you do each week, what is the distribution of the hours you work in: Non-clinical / clinical support work	0 - 25%		87.3%	88.3%
	26 - 50%		9.3%	8.7%
	51 - 75%		1.7%	1.3%
	> 75%		1.7%	1.7%
6. What proportion of your non-clinical or clinical support work is unpaid?	<= 25%		61.3%	58.8%
	26 - 50%		12.4%	23.3%
	51 - 75%		5.1%	5.3%
	> 75%		21.2%	12.6%
7a. Considering your work at XXX Hospital Anaesthetic Department, how satisfied are you with the following? After-hours commitments	Very dissatisfied		0.6%	5.1%
	Dissatisfied		18.9%	16.8%
	Neutral		28.9%	27.7%
	Satisfied		39.0%	36.6%
	Very satisfied		12.6%	13.7%
7b. In the institution where you currently work the most, how satisfied are you with the following? Part-time work opportunities	Very dissatisfied		1.9%	2.7%
	Dissatisfied		7.5%	10.0%
	Neutral		33.5%	18.9%
	Satisfied		42.9%	46.7%
	Very satisfied		14.3%	21.6%
7c. In the institution where you currently work the most, how satisfied are you with the following? Job-sharing opportunities	Very dissatisfied		1.3%	4.9%
	Dissatisfied		8.3%	11.7%
	Neutral		57.7%	50.5%
	Satisfied		23.1%	23.3%
	Very satisfied		9.6%	9.5%
7d. In the institution where you currently work the most, how satisfied are you with the following? Flexibility relating to carer issues and urgent leave requests	Very dissatisfied		1.9%	3.1%
	Dissatisfied		10.7%	16.1%
	Neutral		30.2%	19.9%
	Satisfied		38.4%	39.7%
	Very satisfied		18.9%	21.2%
7e. In the institution where you currently work the most, how satisfied are you with the following? Leadership opportunities in clinical or administrative domains	Very dissatisfied		0.6%	8.3%
	Dissatisfied		9.5%	21.7%
	Neutral		36.7%	29.0%
	Satisfied		42.4%	27.2%
	Very satisfied		10.8%	13.8%

DISCRIMINATION, BULLYING AND HARRASSMENT				
Variable	Values taken		Male	Female
			%	%
8a. During my anaesthetic career, I have experienced discrimination due to: Gender	Strongly disagree		36.9%	8.4%
	Disagree		40.1%	13.7%
	Neutral		8.9%	10.2%
	Agree		10.8%	38.6%
	Strongly agree		3.2%	29.1%
8b. During my anaesthetic career, I have experienced discrimination due to: Ethnicity	Strongly disagree		37.7%	28.7%
	Disagree		35.1%	29.5%
	Neutral		11.0%	19.2%
	Agree		14.3%	14.2%

ANZCA DEMOGRAPHICS JUNE 2022		
Overall	Male	Female
%	%	%
65%		
35%		
<1%		
19%	16%	25%
38%	36%	43%
27%	28%	24%
16%	21%	8%
18%	24%	11%
30%	31%	28%
44%	39%	52%
7%	6%	8%

	Strongly agree		1.9%	8.4%
8c. During my anaesthetic career, I have experienced discrimination due to: Relationship status	Strongly disagree		41.6%	21.2%
	Disagree		42.2%	34.2%
	Neutral		11.7%	21.2%
	Agree		1.9%	17.6%
	Strongly agree		2.6%	5.8%
8d. During my anaesthetic career, I have experienced discrimination due to: Age	Strongly disagree		32.5%	17.8%
	Disagree		42.0%	32.4%
	Neutral		10.8%	24.9%
	Agree		12.1%	19.9%
	Strongly agree		2.5%	5.0%
8e. During my anaesthetic career, I have experienced discrimination due to: Pregnancy	Strongly disagree		46.8%	10.3%
	Disagree		36.2%	28.5%
	Neutral		12.8%	16.5%
	Agree		0.0%	27.3%
	Strongly agree		4.3%	17.4%
9. Have you ever been subjected to sexual harassment in the anaesthesia workplace since qualifying as a specialist anaesthetist?	No		89.9%	79.4%
	Yes		10.1%	20.6%
10. Have you ever been subjected to bullying in the anaesthesia workplace since qualifying as a specialist anaesthetist?	No		65.6%	52.4%
	Yes		34.4%	47.6%
11. Did you feel that obtaining your desired position after completion of training was made more difficult because of your gender?	No		96.9%	64.1%
	Yes		3.1%	35.9%

LEADERSHIP, MENTORS AND RESEARCH

Variable	Values taken		Male	Female
			%	%
12. Mentors have played a valuable role in my anaesthetic career.	Strongly agree		31.4%	29.9%
	Agree		44.7%	42.3%
	Neutral		13.2%	12.7%
	Disagree		7.5%	9.9%
	Strongly disagree		3.1%	5.3%
13. It has been easy for me to find meaningful research opportunities in my anaesthetic career.	Strongly agree		5.1%	4.2%
	Agree		23.6%	14.1%
	Neutral		47.8%	42.4%
	Disagree		19.1%	26.9%
	Strongly disagree		4.5%	12.4%
14. In the institution where I work the most, there is equal gender representation in decision making roles or roles of influence within my department or group.	Strongly agree		20.1%	13.4%
	Agree		40.9%	29.6%
	Neutral		11.9%	12.0%
	Disagree		23.3%	27.8%
	Strongly disagree		3.8%	17.3%

INCOME

Variable	Values taken		Male	Female
			%	%
15. What are your annual billings/ salary (pre-tax) from anaesthesia-related work?	<= \$200,000		8.2%	10.6%
	\$200,001 - 400,000		21.4%	48.8%
	\$400,001 - 600,000		35.8%	25.4%
	\$600,001 - 800,000		13.8%	7.8%
	\$800,001 - 1,000,000		5.7%	2.8%
	> \$1,000,001		3.8%	0.0%
	Prefer not to say		11.3%	4.6%

RELATIONSHIPS

Variable	Values taken		Male	Female
			%	%
16. What is your relationship status?	Unpartnered		9.1%	14.1%
	Partner who lives with you		87.7%	82.3%
	Partner who does not live with you		3.2%	3.6%
17. How many hours per week does your partner work in paid employment?	<= 10 hours/ week		33.1%	10.0%
	11 - 20 hours/ week		15.4%	3.9%
	21 - 30 hours/ week		18.5%	7.0%
	31 - 40 hours/ week		18.5%	27.1%
	41 - 50 hours/ week		10.8%	32.3%
	51 - 60 hours/ week		3.8%	13.1%
	> 60 hours/ week		0.0%	6.6%
18. What proportion does your partner contribute to domestic responsibilities? These include all tasks performed to ensure the basic needs of all household members are met, such as cooking, cleaning, bill paying and caring for dependents	< 25%		5.1%	22.0%
	26 - 50%		21.7%	48.7%
	51 - 75%		42.0%	23.3%
	> 75%		31.2%	5.9%
19a. To what extent do you feel your relationship status has adversely affected the following in your career? Employment opportunities	Not at all		85.2%	66.1%
	Somewhat		12.3%	26.3%
	Significantly		2.6%	7.7%
19b. To what extent do you feel your relationship status has adversely affected the following in your career? Proportion of private work	Not at all		73.2%	60.8%
	Somewhat		19.0%	27.5%
	Significantly		7.8%	11.7%
19c. To what extent do you feel your relationship status has adversely affected the following in your career? Hours worked per week	Not at all		49.4%	48.0%
	Somewhat		44.2%	36.7%
	Significantly		6.5%	15.3%
19d. To what extent do you feel your relationship status has adversely affected the following in your career? Leadership	Not at all		77.4%	59.0%

adversely affected the following in your career? Leadership opportunities	Somewhat		20.0%	26.4%
	Significantly		2.6%	14.7%
19e. To what extent do you feel your relationship status has adversely affected the following in your career? Involvement in research	Not at all		81.2%	70.8%
	Somewhat		17.5%	21.4%
	Significantly		1.3%	7.7%

DEPENDENTS AND CAREGIVING

Variable	Values taken		Male	Female
			%	%
20. Are you a caregiver for any dependents (e.g. children under 18, person with a disability and/or elderly relatives)?	No		49.4%	33.5%
	Yes		50.6%	66.5%
21. Has your anaesthesia career negatively affected the size or timing of your family (e.g. did you delay trying to conceive or commencing fertility treatments)?	Significantly		10.9%	33.7%
	Somewhat		29.0%	41.3%
	Not at all		60.1%	25.0%
22. If you have children or dependents, are you the primary caregiver in your household?	Yes		10.1%	52.5%
	No		44.0%	8.4%
	Shared equally		45.9%	39.1%
23a. To what extent do you feel having children has adversely affected the following in your career? Employment opportunities	Not at all		72.7%	33.0%
	Somewhat		20.1%	39.6%
	Significantly		7.2%	27.4%
23b. To what extent do you feel having children has adversely affected the following in your career? Proportion of private work	Not at all		60.2%	25.5%
	Somewhat		26.3%	36.8%
	Significantly		13.5%	37.7%
23c. To what extent do you feel having children has adversely affected the following in your career? Hours worked per week	Not at all		39.3%	15.7%
	Somewhat		43.6%	35.2%
	Significantly		17.1%	49.1%
23d. To what extent do you feel having children has adversely affected the following in your career? Leadership opportunities	Not at all		71.3%	31.9%
	Somewhat		20.6%	38.5%
	Significantly		8.1%	29.6%
23e. To what extent do you feel having children has adversely affected the following in your career? Involvement in research	Not at all		72.3%	43.4%
	Somewhat		20.8%	32.1%
	Significantly		6.9%	24.5%

CONCLUSION

Variable	Values taken		Male	Female
			%	%
24. In 2022, do you believe your gender is a barrier in the pursuit of a career in anaesthesia?	Significantly		0.6%	12.1%
	Somewhat		16.2%	38.2%
	Not at all		83.1%	49.6%