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## Gaps in hospital workplace support for specialist doctors post-pregnancy, survey finds

A new national survey that explores the pregnancy experiences of specialist and trainee doctors and their return to work has revealed significant gaps in workplace support across hospitals, and among their own colleagues.

Dr Rosmarin Zacher, a specialist anaesthetist from NSW, presented the findings of a survey supported by the Australian and New Zealand College of Anaesthetists (ANZCA) at its annual scientific meeting (ASM) in Brisbane.

The survey of 242 anaesthetists and trainee anaesthetists explored their experiences of pregnancy. Sixty-seven per cent of the respondents were aged 31-40 years.

A separate questionnaire of 391 return-to-work experiences from 219 respondents examined parental leave and return-to-work patterns, breastfeeding practices and facilities, supports and resources.

“Changing medical workforce demographics emphasise the need to understand and effectively manage pregnancy in the workplace,” Dr Zacher explains.

“With increasing gender balance in specialist medical training and employment in Australia, there is a corresponding need to consider how parental leave and subsequent return-to-work is managed in the workplace.

“Our study demonstrated that approximately one in three female Australian anaesthetists experienced stigma or negative attitudes towards their pregnancy from anaesthetic colleagues. Stigma surrounding pregnancy has been reported to be as high as 60 per cent amongst anaesthetists in the US.”

Overall, 71 per cent of respondents were satisfied with their experience of working in anaesthesia whilst pregnant. Workplace culture, maternal and foetal wellbeing and career impacts on both pregnancy and family planning were identified as key themes by those surveyed. The most common stress contributors were ‘work-related’, ‘exams’ and ‘pregnancy anxiety’.

Thirty-eight per cent of respondents reported experiencing stigma or negative attitudes toward their pregnancy from anaesthetic colleagues and another 14 per cent reported negative responses from non-anaesthetic colleagues.

Dr Zacher says while the results are specific to anaesthesia trainees and specialists working in Australia, there are similarities with studies undertaken in other specialties and overseas, “broadening the relevance and transferability of results within medicine.”

Forty-four per cent of doctors accepted onto the ANZCA anaesthesia training program in 2023 were female, one of the highest of any medical specialty training cohort.

The return-to-work survey noted that while breastfeeding continued for 63 per cent of anaesthetists and trainees, 88 per cent of those surveyed noted either an absence or inadequate lactation facilities at work.

“Whilst state agreements have added mandatory lactation facilities for doctors in Australian healthcare organisations, it is hospitals that must ensure these are fit for purpose, and departments that are responsible for enabling and supporting anaesthetists who wish to continue breastfeeding,” Dr Zacher says.

Dr Zacher says while ANZCA and the Australian Society of Anaesthetists recommend all anaesthetic departments appoint a wellbeing advocate who is not a supervisor of training or head of department “our results demonstrate that this resource was almost never accessed upon returning to work and sources of support external to work were most commonly utilised.”

More than 2000 anaesthetists and specialist pain medicine physicians from Australia, New Zealand, the US, the UK, Ireland, Hong Kong and Malaysia are attending the ASM at the Brisbane Convention Centre.

ANZCA is responsible for the training, examination and specialist accreditation of anaesthetists and pain medicine specialists and for the standards of clinical practice in Australia and New Zealand.

*\*Dr Zacher is one of the lead authors of two soon to be published papers: "Experiences of Australian anaesthetists and anaesthetic trainees of working whilst pregnant: results of a national survey" and "Returning to work following parental leave: the experiences of Australian anaesthetists" Anaesth Intensive Care 2024: (in press). The co-authors are Dr Isabelle Cooper, Dr Anna Pietzsch, Lachlan Webb, Anita Pelicanos and Professor Victoria Eley.*

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