



ANZCA
FPM



Gender equity survey research protocol template

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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 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](#)