



Organisational culture and solutions survey

Discrimination, Bullying and Sexual Harassment in the practice of surgery

Prepared for:

Expert Advisory Group, Royal Australasian College of Surgeons

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ORC International Ref: AU300129.REP

24 August 2015

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Glossary

Bullying:	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. 'Unreasonable Behaviour' is 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.
CATI:	Computer assisted telephone interviewing
CEO:	Chief Executive Officer
Discrimination:	Treating a person with an identified attribute or personal characteristic less favourably than a person who does not have the attribute or personal characteristic. Australian federal, New Zealand and State legislation outline a list of characteristics protected by law against which discrimination is unlawful. For example: gender, age, religious belief, political belief, pregnancy, breastfeeding, disability, impairment, marital status, family responsibilities, sexual orientation, race, cultural background. Harassment is a form of discrimination. It is unwanted, unwelcome or uninvited behaviour that makes a person feel humiliated, intimidated or offended as it relates to one of the protected characteristics named above.
DOS:	Director of Surgery
EAG:	Expert Advisory Group
MEO:	Director of Medical Services
ORC International:	The research supplier
Participating hospitals:	The 117 hospitals that completed this survey
RACS:	Royal Australasian College of Surgeons
Response rate:	Proportion of those invited to participate who completed the survey, expressed as a percentage.

Sexual harassment: Unwelcome sexual advances, request for sexual favours and other unwelcome conduct of a sexual nature, by which a reasonable person would be offended, humiliated or intimidated. Sexual harassment may include, but is not limited to; leering, displays of sexually suggestive pictures, videos, audio tapes, emails & blogs etc. books or objects, sexual innuendo, sexually explicit or offensive jokes, graphic verbal commentaries about an individual's body, sexually degrading words used to describe an individual, pressure for sexual activity, persistent requests for dates, intrusive remarks, questions or insinuations about a person's sexual or private life, unwelcome sexual flirtations, advances or propositions and unwelcome touching of an individual, molestation or physical violence such as rape.

The College: Royal Australasian College of Surgeons

Executive Summary

Background & Objectives

The Royal Australasian College of Surgeons (the College), wishes to take a leadership role to address the issues of discrimination, bullying and sexual harassment within the practice of surgery. Therefore, it has established the independent Expert Advisory Group (EAG) to provide them with practical and powerful advice about how they can take on this leadership role within the practice of surgery to address these issues.

The EAG has undertaken a series of research activities, including the current research - the focus of which was key organisations within the health sector, namely surgical training hospitals and hospitals with 100 or more beds that conducted surgical procedures. The objectives of this research was to find out the scope and nature of their experiences, as well as their responses to discrimination, bullying and sexual harassment within the practice of surgery. This included initiatives and solutions to prevent such issues.

Methodology

The sample frame covering the population of interest was provided to ORC International by the EAG. It contained the details of 352 hospitals. The survey was conducted between 29 June and 20 July 2015 using a mixture of methodologies including post, online and telephone follow-up/reminders. The questionnaire was provided by the EAG and fine-tuned in close consultation with ORC International.

A total of 117 hospitals completed the survey representing a response rate of 33% of the 352 hospitals invited. This is a very strong response rate, particularly given the seniority of the targeted participants (CEOs of the hospitals etc.). The vast majority of the participating hospitals completed the survey online (72%).

Key findings

Discrimination, bullying and sexual harassment

Approximately seven in ten (71%) of the participating hospitals in the survey claimed that an instance of discrimination, bullying or sexual harassment by a surgeon had occurred in their hospital over the past five years. Bullying by surgeons was by far the most commonly considered to be a concern for hospitals in that period - indicated by two out of three of all participating hospitals (67%). This was followed by discrimination (31%), while 14% claimed sexual harassment by surgeons was a concern.

An occurrence of such inappropriate behaviour happens at least once a year amongst almost two out of three of the participating hospitals (63%), including 15% where an instance happens at least once a month. Bullying by surgeons has occurred more commonly and more frequently than the other two types of inappropriate behaviour over the past 5 years, with an occurrence at least once a year amongst 63%, including 14% claiming incidences at least once a month (11%) or weekly (3%).

Hospitals have become aware of such instances of discrimination, bullying or sexual harassment through informal sources such as word of mouth (52% of all participating hospitals) and informal reporting (42%), as well as more formal channels such as formal complaints (47%).

Surgical Directors or Surgical Consultants were by far the most widely identified perpetrators (identified by 50% of all participating hospitals). Other commonly identified perpetrators were other medical consultants (28%), nursing staff (26%) and junior medical staff or trainees - mentioned by 18% of all participating hospitals.

Cultural change initiatives

Over the past five years 64% of all participating hospitals have undertaken a cultural change initiative aimed at addressing discrimination, bullying or sexual harassment as it relates to the practice of surgery.

The key people driving such changes include CEOs and senior management (58% of all participating hospitals), senior hospital administrators (50%) and even the Board of Directors (32%). Human Resources management (40%) and Surgical Directors/Consultants (36%) are also widely involved.

The most popular cultural initiatives in this context were implementation of a zero tolerance policy, mentioned by 48% of all participating hospitals (including 48% specifically for bullying and 39% also for sexual harassment), campaigns that highlighted the organisations values and behavioural expectations (46%), leadership training for senior staff (44%) and training/education initiatives (44%).

A quarter (25%) of all participating hospitals indicated that surgeons taking the lead and immediately addressing inappropriate behaviour and comments was the single most important factor in achieving cultural change regarding discrimination, bullying and sexual harassment as it relates to the practice of surgery.

The effectiveness of cultural change initiatives are generally measured by staff survey results (49% of all participating hospitals) or more informal positive feedback from staff (44%).

Solutions – successful strategies and suggestions

There was no predominant information source or resources on discrimination, bullying and sexual harassment used by the participating hospitals that they would recommend to others.

However, two main factors have been addressed in dealing with discrimination, bullying and sexual harassment by surgeons. These two factors are the acceptance of the existing culture by senior staff and the fear of making a complaint against a surgeon, mentioned by 50% and 46% of all participating hospitals respectively.

A number of different types of approaches have been put in place, over the past five years, to address the issues. The most common being workplace policies on discrimination, bullying and sexual harassment (mentioned by 85% of the participating hospitals), a complaint and grievance procedure (79%), provision of information about discrimination, bullying and sexual harassment to new employees as part of the induction process (73%) and investigations using internal processes (65%).

Similarly, a number of different actions have been put in place, by the participating hospitals, to assist in the actual prevention of such inappropriate behaviours. The most common preventative actions taken include better support mechanisms e.g. EAP counselling, mediation and resolution services (69%), further training from the hospital/health service on inappropriate behaviour (59%) and resources to support more effective complaint management, intervention and resolution procedures in the workplace (59%).

Despite all these initiatives, there does not appear to be any one clear strategy widely acknowledged as being successful. However, elements of successful strategies suggested by the participating hospitals focused on promoting and enforcing expected behaviours/code of conduct, outlined by 19% of all participating hospitals, top down leadership by example (13%) and zero tolerance (10%). Other similar elements of successful strategies include cultural change mechanisms/initiatives (9%), cultivating a values-based team environment (6%), where there is an even playing field and everyone being made accountable (9%).

When asked for suggestions on how the College can positively influence the culture within hospitals to help address and eliminate such inappropriate behaviour, the main themes that emerged focused on training such as building diversity, tolerance and team/interpersonal skills into the core training (28%) or, to a lesser extent, including a behavioural component in recruitment, support and performance reviews (12%), as well as setting and communicating clear policies (20%).

Another theme for suggestions on how the College can positively change the culture within hospitals was to foster workplace/collaborative culture (15%) and to promote top-down culture change and dismantle the 'old boys' club (9%). Again, these ideas reflect some of the previously mentioned successful strategies implemented by some hospitals.

Along with these suggestions, the participating hospitals also suggested having consequences for offenders including clear actions and the publicising of those (12%) and establishing independent, anonymous procedures and reporting mechanisms (9%).

Conclusions & Recommendations

Despite existing legislation, the vast majority of the participating hospitals have experienced inappropriate behaviour such as discrimination, sexual harassment and particularly bullying in the practice of surgery (although there were some regional differences in responses, none were statistically significant).

Many initiatives have been put in place by hospitals in response to these issues, but these have not been entirely successful. This is underlined by the fact that there didn't seem to be a clear consensus amongst the participating hospitals on a successful strategy to address the issues, which could be suggested to others. Furthermore, there was no consensus on where valuable information or a resource was available that could be recommended to others. This latter point suggests a potential opportunity for the College, in its leadership role, to act as the recognised source of information or advice on the issues.

Some of the participating hospitals went as far as explaining why initiatives they put in place to address the issues were not successful. These reasons generally included a lack of leadership or ownership of the issue, unwillingness to confront the perpetrators and a fear of complaining.

Based on the suggestions of the participating hospitals, the main recommendations for the College, in its leadership role in the area, are to focus on:

- training to specifically foster the concepts of leading, mentoring, teamwork, tolerance, diversity and interpersonal skills amongst surgeons, along with a commitment from the surgeons for a zero tolerance approach to such inappropriate behaviours (on-going performance evaluation should also be assessed against this);
- promoting culture change from the top down within hospitals and dismantling the old boys club; and
- facilitating complaints processes/mechanisms and to be publically seen as acting on the complaints received.

1 Introduction

1.1 Background

Discrimination, bullying and sexual harassment have been prohibited forms of conduct within the workplace for over 30 years. Anti-discrimination legislation across Australasia prohibits such behaviour in the work place. It imposes two levels of obligations; one on the individual not to discriminate, bully or sexually harass another, and the other on the employer to take reasonable steps to prevent these behaviours from occurring in the workplace.

Despite this, discrimination, bullying and sexual harassment are still significant issues in medical work environments in both Australia and New Zealand. A study conducted in 2008-2009 reported that 25% of responding Australian doctors had experienced persisting bullying and/or harassment in the previous 12 months. Similarly, a review of workplace bullying conducted in New Zealand showed that workplace stress and bullying were significant issues.

Recent media reports about the harassment of surgical trainees and other junior medical doctors suggest that surgical trainees both in Australia and New Zealand experience harassment and bullying behaviours, particularly for female trainees¹.

Reducing the incidence of these inappropriate behaviours in the workplace takes continued and persistent effort across all levels of the medical system. Apart from a change of behaviour; changes are also required in the beliefs of individuals, and the culture of the group and organisation. These changes come at a cost to some people, who can be expected to resist change unless they are provided with a powerful motivation. That motivation comes from the capacity to improve safety for patients and the possibility of a more effective and comfortable work environment.

To date, 'many attempts to change workforce culture have focused on either/both the victim(s) and the perpetrator and have overlooked the influence and significance of the social and emotional vested interests of observers and bystanders who contribute to maintaining a culture which accepts inappropriate behaviours'.² Changes needed to prevent discrimination, bullying and sexual harassment in the practice of surgery, are likely to be long term, multidisciplinary and require cultural change.³

Although training and educational organisations alone are unlikely to be able to directly address issues of workplace culture, medical colleges are in a unique position to be able to survey its membership across a variety of settings where discrimination, bullying and sexual harassment is occurring, and to provide social leadership to the broader community on these issues.⁴

¹ Expert Advisory Group on discrimination, bullying and sexual harassment. Organisational Cultural and solutions Survey. Melbourne: Royal Australasian College of Surgeons

² Ibid

³ Ibid

⁴ Ibid

Consequently, The Royal Australasian College of Surgeons (the College), wishes to take a leadership role to address these issues. Therefore, it has established the independent Expert Advisory Group (EAG) to provide them with practical and powerful advice about how they can take on this leadership role within the practice of surgery to address discrimination, bullying and sexual harassment.

1.2 Research Objectives

The EAG has undertaken the following activities to date:

- a comprehensive literature search;
- a quantitative survey of Fellows, trainees and international medical graduates who are associated with the College to ascertain the prevalence of discrimination, bullying and sexual harassment within the practice of surgery; and
- a qualitative research process for Fellows, trainees and international medical graduates and people who in the past five years have withdrawn from the surgical training process to tell their personal stories of discrimination, bullying and sexual harassment within the practice of surgery.

The focus of the current research was key organisations within the health sector, namely surgical training hospitals and hospitals with 100 or more beds that conducted surgical procedures.

The objectives of this research was to find out the scope and nature of their experiences, as well as their responses to discrimination, bullying and sexual harassment within the practice of surgery. This included initiatives and solutions to prevent discrimination, bullying and sexual harassment as it relates to the practice of surgery, such as:

- cultural change initiatives;
- successful strategies they have employed which have inspired change to assist in prevention;
- valuable information and resources; and
- suggestions for ways in which the College could positively influence the culture within hospitals to address and eliminate the issues.

2 Methodology

2.1 Target populations and sample frame

The target populations for the survey was all surgical training hospital and hospitals with 100 or more beds that conducted surgical procedures.

The sample frame covering this population of interest was provided to ORC International by the EAG. It contained the details of 352 hospitals. The sample contained contact information including name of hospital, region (Australian state/New Zealand), contact names, telephone numbers (where available), email addresses (where available), postal addresses as well as a flag indicting the target type i.e. whether it was training hospital or a “commercial” hospital with 100 or more beds that conducted surgical procedures.

The contact names provided for each hospital was either the CEO, Director of Medical Services (MEO) then Director of Surgery (DOS) or various permutations of these. Just one person was required to answer on behalf of each hospital. As agreed with the EAG, a number of business rules were applied:

- Invite the CEO if sample contained their details, otherwise invite the MEO if sample contained their details, or failing that invite the DOS.
- If the same person was listed as CEO for multiple hospitals, allocate him/her to the first of the listed hospitals, then for all their other hospitals invite the MEO if available (and not already allocated to another hospital), otherwise invite the DOS. The hospital that the respondent should then refer to when answering the survey was highlighted in the questionnaire wording.

A census was attempted i.e. all hospitals listed in the sample frame provided were invited to participate in the survey, with the contact person determined by the rules above answering on behalf of the hospital.

The following shows a breakdown of the 352 hospitals invited to participate in the survey:

Table 1: Breakdown of hospitals invited to participate by target group and country

Group	Invited
Target	
Training hospitals	267
Other	85
Country	
Australia	296
New Zealand	56
Target x Country	
Australia – Training hospital	211
Australia – Other	85
New Zealand – Training hospital	56
TOTAL	352

2.2 Data collection method

The survey was conducted between 29 June and 20 July 2015 using a mixture of methodologies including post, online and telephone follow-up/reminder.

Each one of the 352 hospitals invited to participate in the survey were sent a paper questionnaire pack in the post. The pack was delivered in a co-branded envelope (the College and ORC International). It was important to have the College's logo on the envelope as this would attract the attention of the invited participant. The pack contained a questionnaire booklet, a co-branded cover letter (with background to the research and instructions for completion/assistance), as well as a reply paid envelope for the participants to return their completed questionnaire directly to ORC International. The paper version of the questionnaire also contained a link (and a unique password) which the participant could use to complete the survey online instead, if they preferred. The availability of this option was important as a significant proportion of the sample did not have an email address in the sample frame (28%, including 88% of the non-training hospitals) and therefore could not be sent an online invite directly.

A total of 253 out of the 352 hospitals were also invited by email to participate in the online version of the survey (the online and hard copy questionnaires were exactly the same). The email invite included a cover message (similar to the letter for the paper version) with a unique link with an embedded ID. Once the invitee clicked on the link they were taken straight to the survey. The online survey was smart phone and mobile device friendly to optimise participation rates.

The following table shows the type of invitation/method offered by target group:

Table 2: Survey invitation method by target group

Target Group	Post Only	Email and Post	TOTAL
Training hospitals	24	243	267
Other	75	10	85
TOTAL	99	253	352

The 352 hospitals included 56 training hospitals in New Zealand, all of whom were sent both email and the paper version (post).

Participants were initially give two weeks to complete the survey i.e. by Tuesday 14 July. During these two weeks, the online invitees who had yet to complete the survey were sent reminder. Three email reminders were sent (on Friday 3 July, Wednesday 8 July and Monday 13 July).

In order to boost further the number of completes, towards the end of the initial field period, the EAG requested that a telephone follow-up be made to the training colleges that had yet to reply to the survey (either paper copy or online). The telephone follow-up phase was conducted from ORC International's CATI (Computer Assisted Telephone Interviewing) facility in the Melbourne CBD. Three of ORC International's senior interviewer were briefed on the project and conducted the follow-ups during business hours on 16-17 July. The survey was subsequently kept open during this extended period for all paper and online completes, until Monday 20 July 10am AEST.

During the telephone follow-ups, a maximum of two call attempts were made to the non-responding training hospitals (the majority of these contacts had already received the paper version, the original link and three subsequent email reminders, so any more than two further attempts was not advisable due to potential annoyance). If contact was made, during the CATI follow-up calls, the potential participants were given a number of options, as follows:

- complete the interview then over the telephone;
- complete the interview over the phone at a suitable time over the following day or two;
- complete the survey online by Monday 20 July 10am AEST using the link previously sent;
- complete the survey online by Monday 20 July 10am AEST using a re-sent link upon request;

No interviews were actually completed over the phone during the follow-up phase, however approximately 24 hospitals went on to complete the survey (predominantly online) as a result of the telephone follow-up/reminder activities.

2.3 Questionnaire

The EAG provided the draft questionnaire for the survey. The questionnaire was then fine-tuned by ORC International in close with the EAG.

The paper version and the online questionnaire contained the exact same questions. The programmed online questionnaire was sent to the EAG to test prior to the commencement of fieldwork. Likewise, the formatted paper version of the questionnaire was also sent to the EAG for formal approval prior to printing and distribution.

Furthermore, the cover letters and cover emails used for the paper and online survey respectively were also designed in close consultation between the EAG and ORC International. Formal approval of these was provided by the EAG prior to the commencement of fieldwork.

Copies of the final questionnaires, cover letter and email messages are included as appendices to this report.

2.4 Sample size achieved and response rate

A total of 117 hospitals completed the survey. The vast majority completed the survey online (72%) as shown by the breakdown by method below:

Table 3: Number of completes by survey method

Survey method	Completes n	Completes %
Online	96	72%
Paper (hard copy)	21	18%
TOTAL	117	100%

The 117 completes represented an overall response rate of 33% of the 352 hospitals invited. This is a very strong response rate, particularly given the seniority of the targeted participants (i.e. CEOs of the hospitals etc.).

Furthermore, the response rate differed significantly by sub-group as show in the next table. For example, the response rate was higher for training hospitals (40%, compared to 13% of others) and for New Zealand (50%, compared to 30% in Australia, including 37% of Australian training hospitals).

It should be noted, that the sample frame for New Zealand consisted entirely of training hospitals. On the other hand, the sample for Australia included 85 other non-training hospitals of which email addresses were only available for ten of these. We, therefore, relied solely on the paper version sent in the post to these invitees, which may in part explain the lower response rate for this group (13%).

Table 4: Completes and response rates

Group	Invited	Complete	Response rate
Target			
Training hospitals	267	106	40%
Other	85	11	13%
Country			
Australia	296	89	30%
New Zealand	56	28	50%
Target x Country			
Australia – Training hospitals	211	78	37%
Australia – Other	85	11	13%
New Zealand – Training hospitals	56	28	50%
TOTAL	352	117	33%

2.5 Profile of participating hospitals

The following outlines the profile of the hospitals that participated in the survey, specifically looking at the type of hospital, where it was located and the role of the person who answered the survey on behalf of the hospitals.

In terms of type of hospital, two thirds (65%) of the participating hospitals were public – including 29% regional, 24% major metropolitan and 14% other metropolitan.

The private hospitals (35% of the achieved sample) was split between small - less than 100 beds (21%) and larger - 100 or more beds (14%).

Table 5: Description of hospitals

Q1. Which of the following best describes your organisation? Please select one answer only?

Description	n	%
TOTAL Public hospital	76	65%
<i>Regional public hospital</i>	34	29%
<i>Major public metropolitan hospital</i>	28	24%
<i>Other public metropolitan hospital</i>	14	12%
TOTAL Private hospital	41	35%
<i>Small private hospital (<100 beds)</i>	25	21%
<i>Larger private hospital (100+ beds)</i>	16	14%
TOTAL	117	100%

In terms of the location of the participating hospitals, three quarters were located in Australia (76%) with the remaining 24% based in New Zealand. The Australian hospitals were spread across all states and territories, with the exception of the Northern Territory (three NT hospitals were contained in the sample frame, however none of these replied to the survey).

Table 6: Location of hospital

Q2. *Where is your organisation located? Please select one answer only?*

Location	n	%
Australia	89	76%
<i>Victoria</i>	29	25%
<i>New South Wales</i>	26	22%
<i>South Australia</i>	14	12%
<i>Queensland</i>	12	10%
<i>Western Australia</i>	5	4%
<i>Tasmania</i>	2	2%
<i>ACT</i>	1	1%
<i>Northern Territory</i>	-	-
New Zealand	28	24%
TOTAL	117	100%

As regards the role of the person who answered the survey on behalf of their hospital, almost a half were CEOs (45%), while 2% were members of their Board of Directors.

A further quarter were Department Heads or Divisional Directors (26%), while the remaining respondents were either senior staff members (15%), Human Resources Directors/Managers (6%), practice managers (3%) or had some other role (2%).

This profile highlights the very senior calibre of the people who completed this survey.

Table 7: Role of respondent in the hospital

Q3. Which of the following best describes your role in organisation? Please select one answer only?

Role of respondent	n	%
CEO	53	45%
Department Head or Divisional Director	31	26%
Senior staff member	18	15%
Human Resources Director/Manager	7	6%
Practice Manager	4	3%
Member of the Board of Directors	2	2%
Other	2	2%
TOTAL	117	100%

2.6 Margin of error

As mentioned, a total of 117 hospitals completed the survey out of the sample population of 352. Based on this, the total sample has a maximum margin of $\pm 7.5\%$ at the 95% confidence level. So for example, if we had a result that 50% of the participating hospitals had a certain view then we could be 95% confident that if all the hospital in the sample had participated the result would be in the range 50% $\pm 7.5\%$ i.e. within the range 57.5%-42.5%.

Given the relatively small sample size for the survey, it is not recommended to look at the findings by sub-groups (e.g. Australia versus New Zealand) as the margins of error would be even higher again. As such, ORC International recommends looking at the findings at an overall level only.

2.7 This report

This report contains the findings to all the questions included in the questionnaire.

The full data-file (and verbatim comments to the open-ended questions) has been provided to the EAG under separate cover.

The findings are examined at an overall level only, due to the relatively small overall sample size (although there were some regional differences in responses, none were statistically significant).

Also, it should be noted that throughout the report the proportion/percentages are rounded to the nearest whole number. Therefore, in places they may be $\pm 1\%$ different to the simple addition of the two individual proportions due to this rounding.

This research was carried out in compliance with ISO20252:2012 and ORC International's membership requirements for both the Australia Market and Social Research Society (AMSRS) and the Association of Market and Social Research Organisations (AMSRO).

3 Key Findings – Discrimination, bullying and sexual harassment

This section of the report looks at the key research findings amongst the participating hospitals in relation to occurrences of discrimination, bullying and sexual harassment by surgeons in the past five years. It examines the incidence of such inappropriate behaviour, whether they have been considered a concern, how frequently they occur, what specific types of behaviour have been involved and how the instances of such behaviour became apparent. This section also looks at the most likely perpetrators as it relates more generally to the practice of surgery.

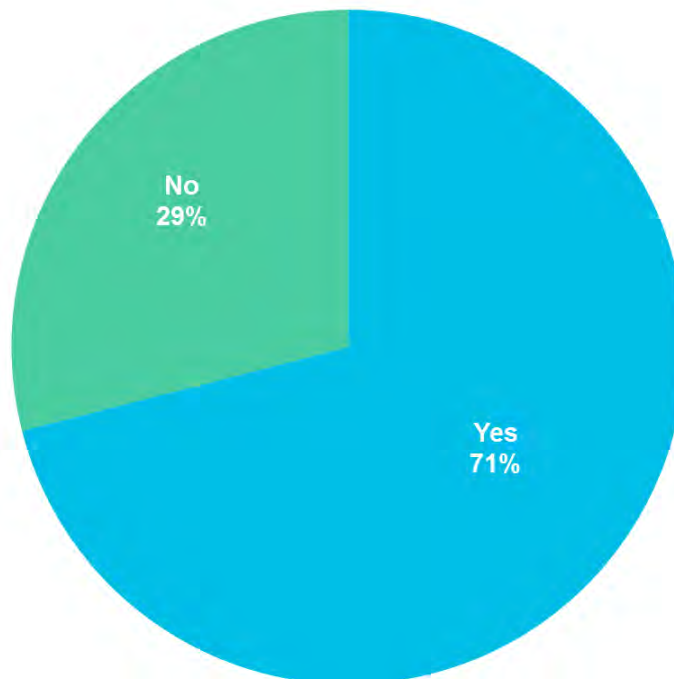
3.1 Incidence

Participating hospitals were asked if they had experienced instances of either discrimination, bullying or sexual harassment by surgeons over the last five years. Approximately seven in ten (71%) indicated that instances had occurred during that time.

It can be deduced that the remaining 29% were either not made aware of cases of such behaviour or these behaviours have not occurred.

Figure 1: Incidence of discrimination, bullying and sexual harassment by surgeons

Q4. *Has your organisation had or experienced instances of discrimination, bullying or sexual harassment by surgeons, over the last 5 years?*



Base: All participating hospitals, n=117

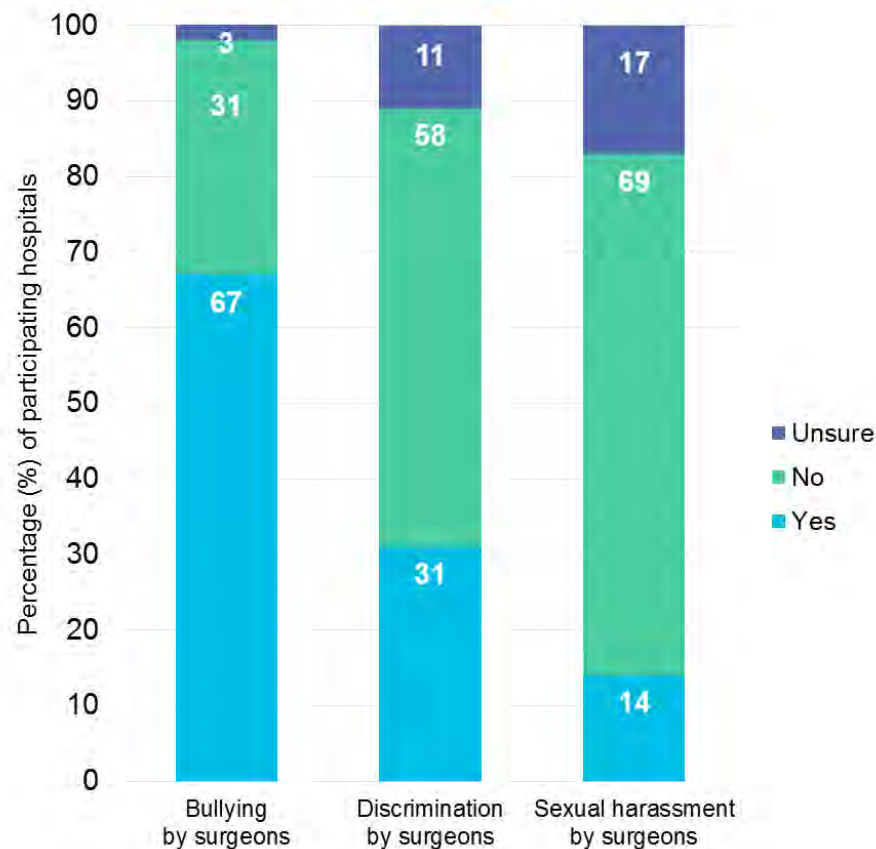
3.2 Concerns for the organisation

The majority of the participating hospitals reported that either discrimination, bullying and sexual harassment by surgeons has been a concern for their hospital in the past five years.

Bullying by surgeons was by far the most commonly considered to be a concern in the past five years - indicated by two out of three of all participating hospitals (67%). This was followed by discrimination (31%), while 14% claimed sexual harassment by surgeons was a concern.

Figure 2: Considered a concern for the organisation

Q5. Which of the following has been considered a concern in your organisation in the past 5 years?



Base: All participating hospitals, n=117

Furthermore, almost six ten (58%) of the participating hospitals reported that both discrimination and bullying were a concern in their hospitals over the past five years, while 8% claimed all three issues were a concern in their hospitals.

3.3 Frequency of occurrence

As mentioned earlier, over the past five years, a case of either discrimination, bullying or sexual harassment by surgeons has occurred in seven out of ten (71%) of all participating hospitals.

Amongst the participating hospitals, bullying by surgeons has occurred more commonly and more frequently than the other two types of inappropriate behaviour over the past 5 years.

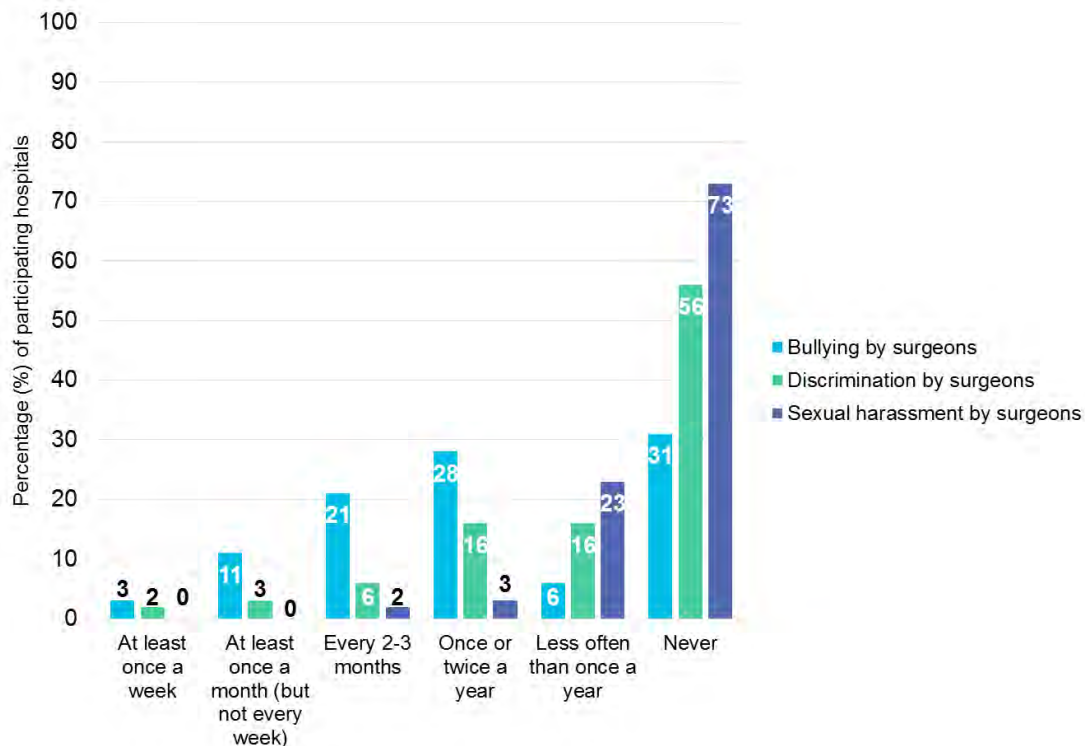
Seven out of ten (69%) of all participating hospitals claimed that a case of bullying by surgeons has occurred in the past five years. This includes an occurrence at least once a year amongst 63%, with 14% claiming incidences at least once a month (11%) or weekly (3%).

Meanwhile, almost a half (44%) of all participating hospitals claimed that a case of discrimination by surgeons has occurred in the past five years. This includes an occurrence at least once a year amongst three in ten (28%), with 5% claiming incidences at least once a month (3%) or weekly (2%).

Finally, over a quarter (27%) of all participating hospitals claimed that a case of sexual harassment by surgeons has occurred in the past five years (the lowest incidence of the three types of inappropriate behaviour measured). Occurrences tend to be less frequent too – 23% less often than once a year, with 5% claiming either once or twice a year (3%) or every 2-3 months (2%). None claimed occurrences more frequently than that.

Figure 3: Frequency of occurrence

Q6. How often have instances of the following occurred in your organisation over the last 5 years?



Base: All participating hospitals, n=117

The above means that an occurrence of such inappropriate behaviour happens at least once a year amongst almost two out of three of the participating hospitals (63%), including 15% where an instance happens at least once a month.

3.4 Types of behaviour evident

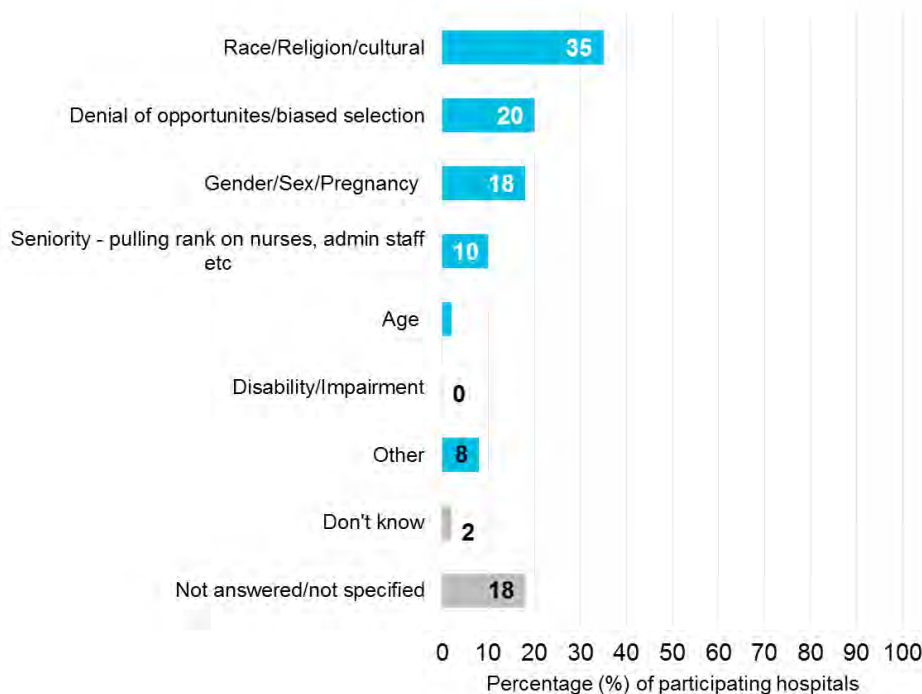
Participants were asked to describe in their own words (and to the best of their knowledge) the types of behaviour that have occurred in the instances of discrimination, bullying or sexual harassment by surgeons in their hospitals in the past five years.

The verbatim comments for these have been provided to EAG under separate cover. However, the comments were grouped (coded) into themes, by ORC International's Coding Department, as outlined in the following charts.

Firstly, in relation to the instances of discrimination by surgeons, the most common types of behaviours evident (in the 51 participating hospitals where such inappropriate behaviour occurred) included discrimination based on race/religion/culture (35%), denial of opportunities/biased selections (20%), discrimination based on gender/sex/pregnancy (18%) and the use of seniority - pulling rank/demands on juniors (10%).

Figure 4: Types of behaviour evident - discrimination

Q7. *In these instances of discrimination by surgeons which occurred in your organisation in the past 5 years, to the best of your knowledge what types of behaviour occurred? Please describe the behaviour for relevant issues below with as much detail as you can.*



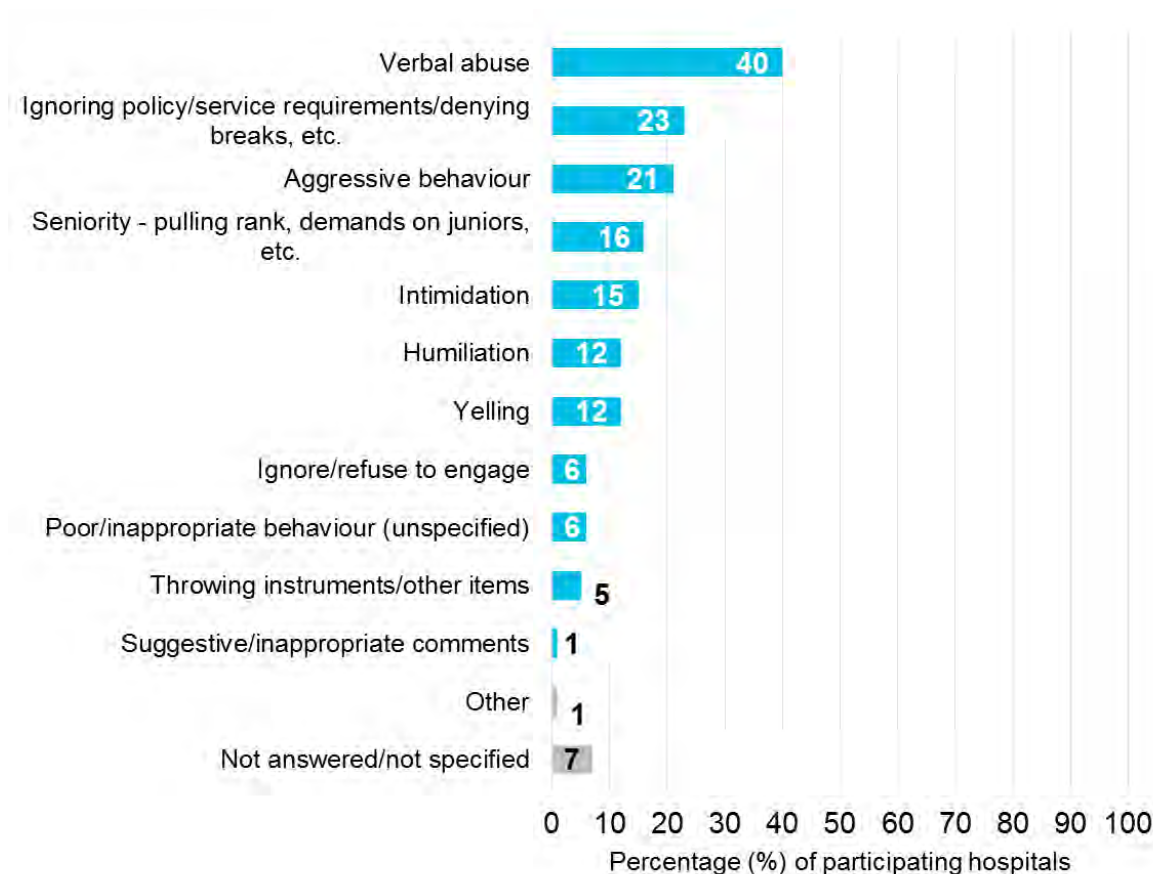
Base: All participating hospitals who have had instances of discrimination, n=51

In relation to the instances of bullying by surgeons, the most common types of behaviours evident (in the 81 participating hospitals where such inappropriate behaviour occurred) included verbal abuse (40%), ignoring policy/service requirements/denying breaks (23%), aggressive behaviour (21%), use of seniority - pulling rank/demands on juniors (16%).

Other types of behaviour in this context included intimidation (15%), humiliation (15%) and yelling (12%).

Figure 5: Types of behaviour evident - bullying

Q7. In these instances of bullying by surgeons which occurred in your organisation in the past 5 years, to the best of your knowledge what types of behaviour occurred? Please describe the behaviour for relevant issues below with as much detail as you can.



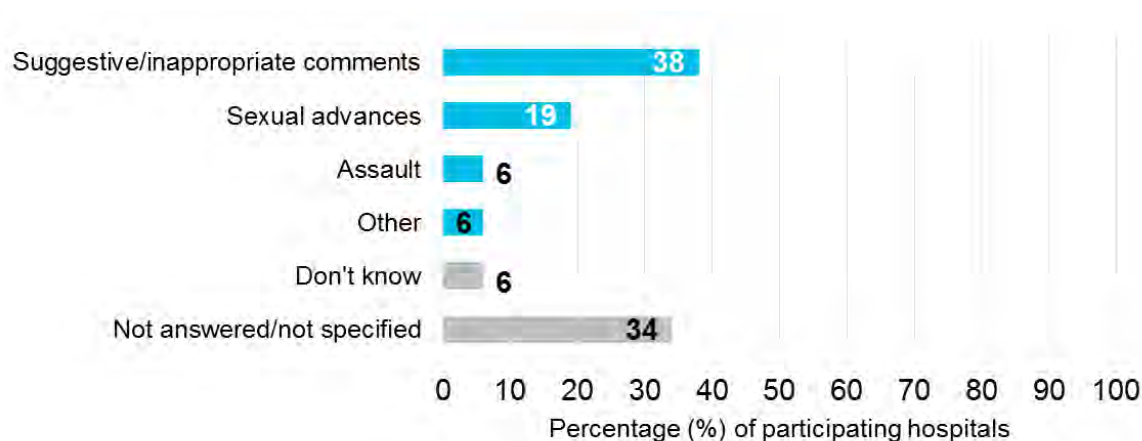
Base: All participating hospitals who have had instances of bullying, n=81

In relation to the instances of sexual harassment by surgeons, the most common types of behaviours evident (in the 32 participating hospitals where such inappropriate behaviour occurred) included the use of suggestive/inappropriate comments (38%), sexual advances (19%) and assault (6%).

However, as many as third of these hospitals (34%) did not specify what type of behaviour occurred in this context.

Figure 6: Types of behaviour evident - sexual harassment

Q7. In these instances of sexual harassment by surgeons which occurred in your organisation in the past 5 years, to the best of your knowledge what types of behaviour occurred? Please describe the behaviour for relevant issues below with as much detail as you can.



Base: All participating hospitals who have had instances of sexual harassment, n=32

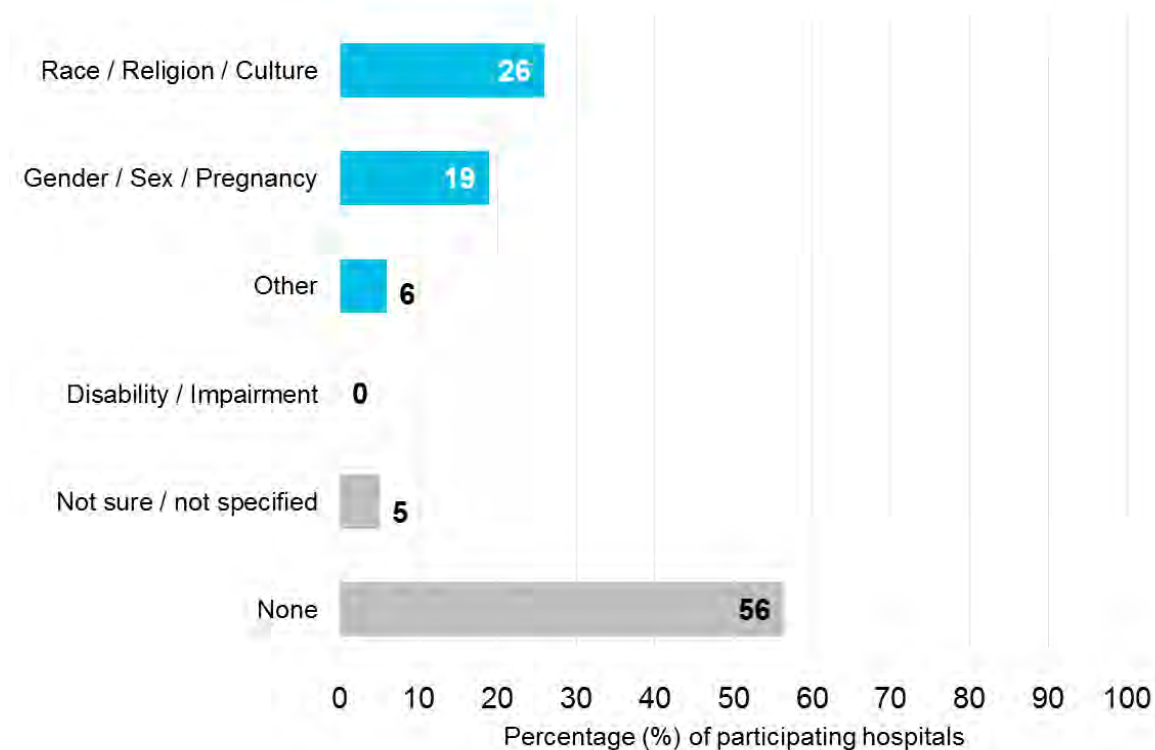
3.5 Types of discrimination

As mentioned previously, 44% of all participating hospitals had an instance of discrimination by a surgeon in the past five years. The participants were presented with a list of different types of discrimination and asked which of those had occurred in their hospital in the past five years.

The most common type of discrimination evident was race/religion/culture – reported by 26% of all participating hospitals. This was followed by discrimination based on gender/sex/pregnancy (19%). None of the participating hospital claimed instances of discrimination based on impairment or disability, however 6% reported miscellaneous other forms of discrimination over the past five years.

Figure 7: Types of discrimination (prompted)

Q8. Which of the following types of discrimination by surgeons, have occurred in your organisation in the past 5 years? Please select all that apply.



Base: All participating hospitals, n=117

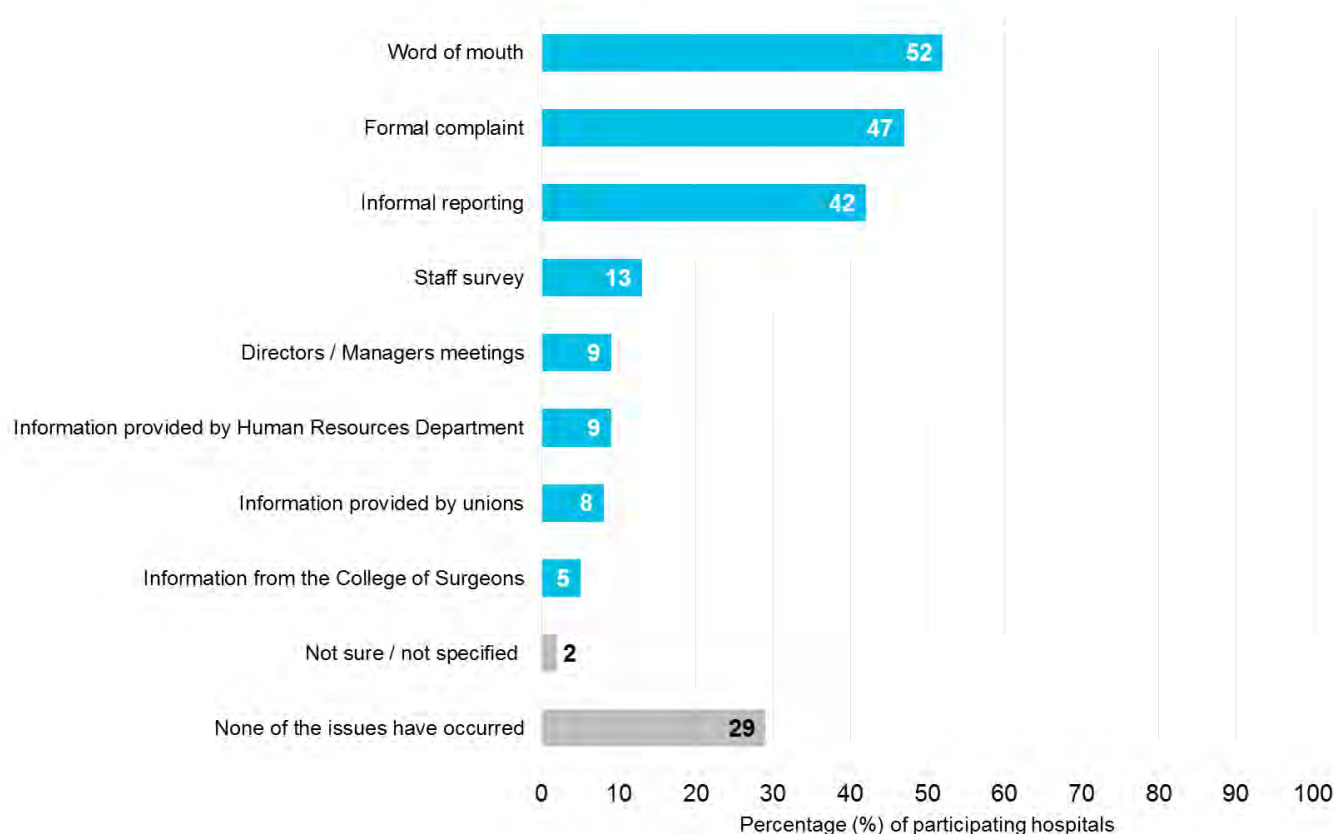
3.6 How organisation became aware

Hospitals become aware of the instances of discrimination, bullying or sexual harassment by their surgeons through multiple sources. However, a few sources in particular were significantly more prevalent. These included informal sources such as word of mouth (52% of all participating hospitals) and informal reporting (42%), as well as more formal channels such as formal complaints (47%).

Furthermore, staff surveys were cited by 13% of all participating hospitals, while less than one in ten hospitals mentioned information provided by their HR Department (9%), or Directors/Managers (9%), or Unions (8%) or information provided by the College of Surgeons (5%).

Figure 8: How organisation became aware

Q9. How did your organisation become aware of the instances of discrimination, bullying and/or sexual harassment by surgeons that occurred in your organisation in the past 5 years? Please select all that apply.



Base: All participating hospitals, n=117

3.7 Most likely perpetrators in the organisation

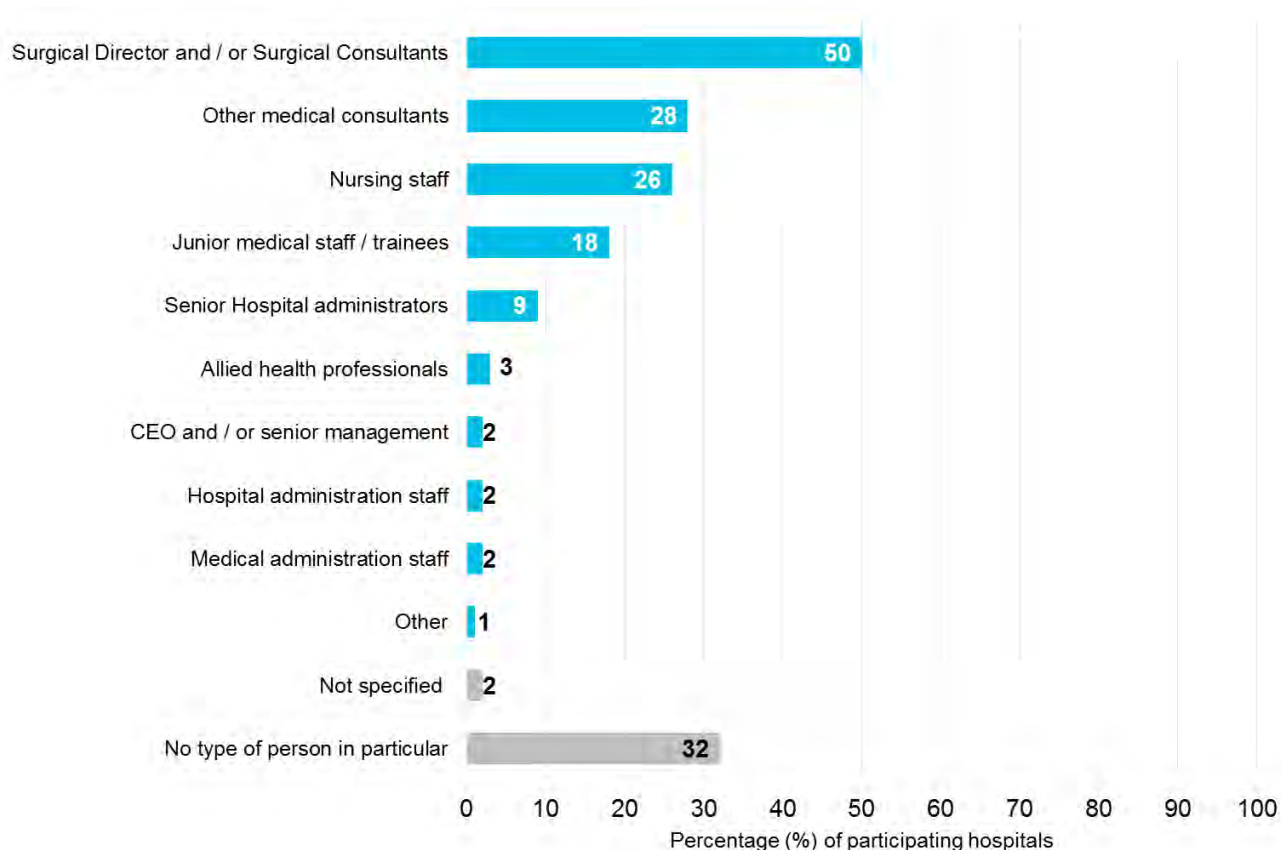
All participating hospitals were asked for the most likely perpetrators of discrimination, bullying and sexual harassment, according to their required records, as it relates more generally to in the practice of surgery.

As shown below, Surgical Directors or Surgical Consultants were by far the most commonly identified perpetrators (identified by 50% of all participating hospitals). Other notably identified perpetrators were other medical consultants (28%), nursing staff (26%) and junior medical staff or trainees - mentioned by 18% of all participating hospitals.

A third (32%) of the participating hospitals claimed no type of person in particular was responsible for such inappropriate behaviours.

Figure 9: Most likely perpetrators in the organisation

Q11. According to your organisation's required records on these issues, for the past 5 years which individuals if any are most likely to subject others to discrimination, bullying and sexual harassment as it relates to the practice of surgery in your organisation? Please select all that apply.



Base: All participating hospitals, n=117

4 Key Findings – Cultural change initiatives

Organisational cultural change has been identified as an essentially step to prevent discrimination, bullying and sexual harassment in the practice of surgery.

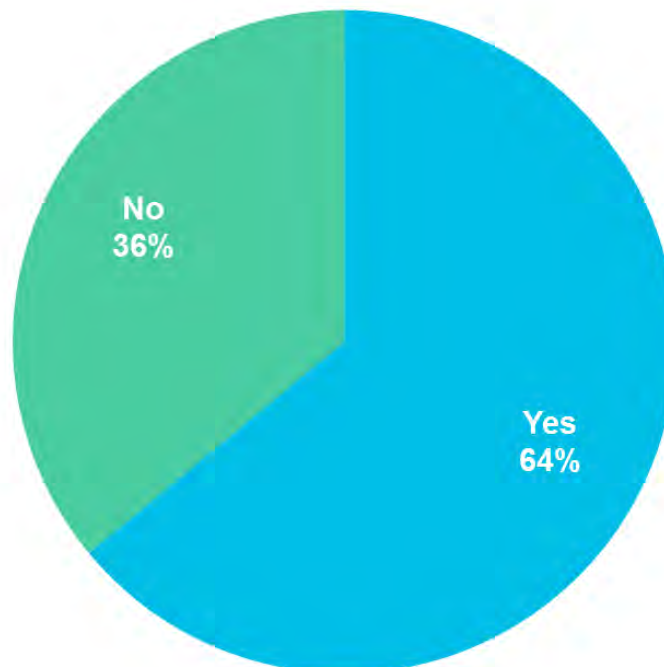
This section of the report, therefore, looks at cultural changes initiatives undertaken by the participating hospitals. It examines the incidence of such initiatives, the specific types of initiatives undertaken, the key personnel driving the cultural change and the most important influence in achieving cultural change regarding inappropriate behaviour as it relates to the practice of surgery.

4.1 Incidence of cultural change initiatives

Over the past five years 64% of all participating hospitals have undertaken a cultural change initiative aimed at addressing discrimination, bullying or sexual harassment as it relates to the practice of surgery.

Figure 10: Incidence of cultural change initiatives

Q13. *Has your organisation undertaken a cultural change initiative aimed at addressing discrimination, bullying or sexual harassment as it relates to the practice of surgery over the last 5 years? Please see examples of such initiatives listed below for reference.*



Base: All participating hospitals, n=117

4.2 Types of cultural change initiatives undertaken

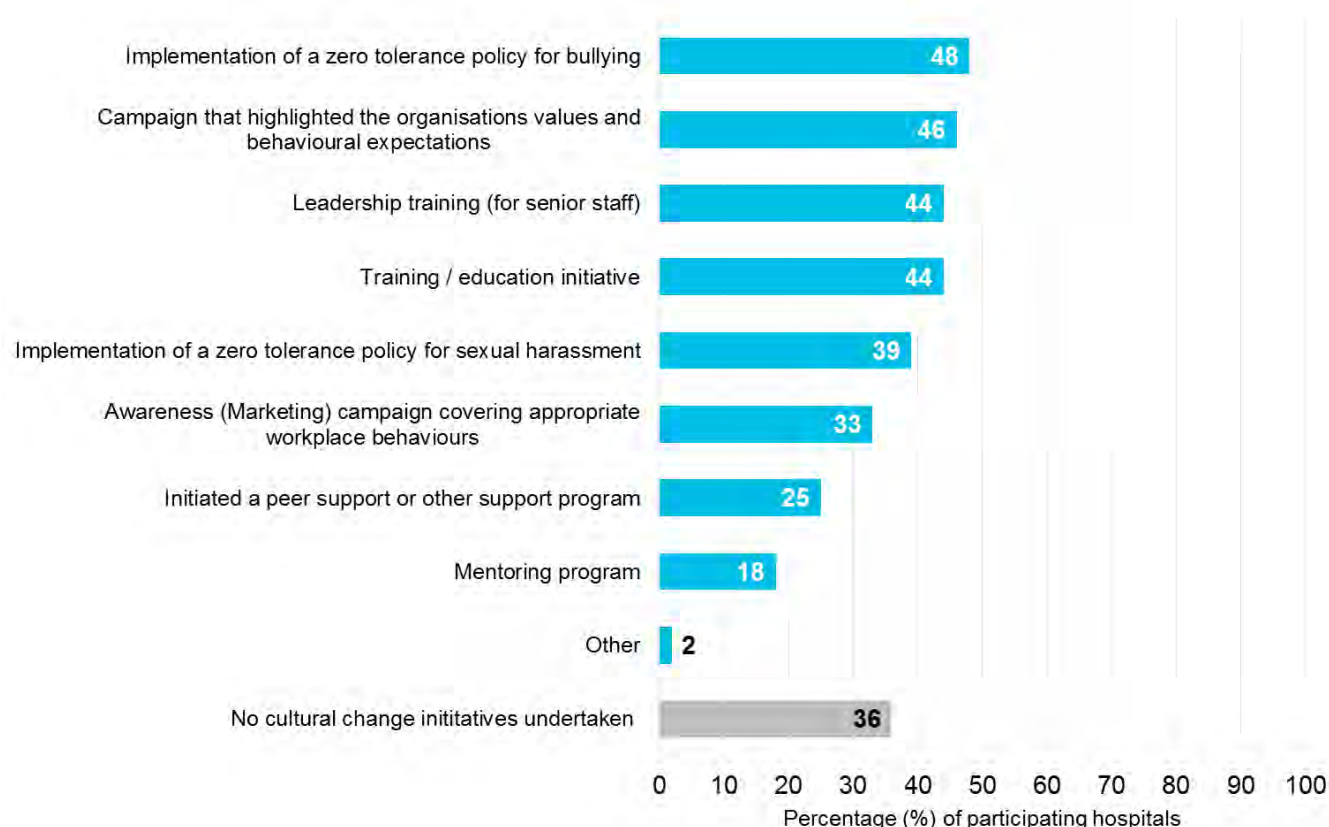
The most widely undertaken cultural initiatives over the past five years to address discrimination, bullying or sexual harassment as it relates to the practice of surgery, were implementation of a zero tolerance policy mentioned by 48% of all participating hospitals (including 48% specifically for bullying and 39% also for sexual harassment), campaigns that highlighted the organisations values and behavioural expectations (46%), leadership training for senior staff (44%) and training/education initiatives (44%).

Other cultural initiatives implemented, but by fewer hospitals, included an awareness/marketing campaign covering appropriate workplace behaviours (33%), a peer support or other support program (25%) and/or a mentoring program (18%).

Furthermore, as mentioned earlier, 36% of all participating hospitals have not implemented any cultural change initiatives in the past five years.

Figure 11: Types of cultural change initiatives

Q13. If yes, which of the following initiatives were undertaken? Please select all that apply.



Base: All participating hospitals, n=117

The above means that hospitals who have initiated cultural change have tended to undertaken numerous initiatives - an average of almost five different initiatives.

4.3 How the effectiveness of the initiatives are measured

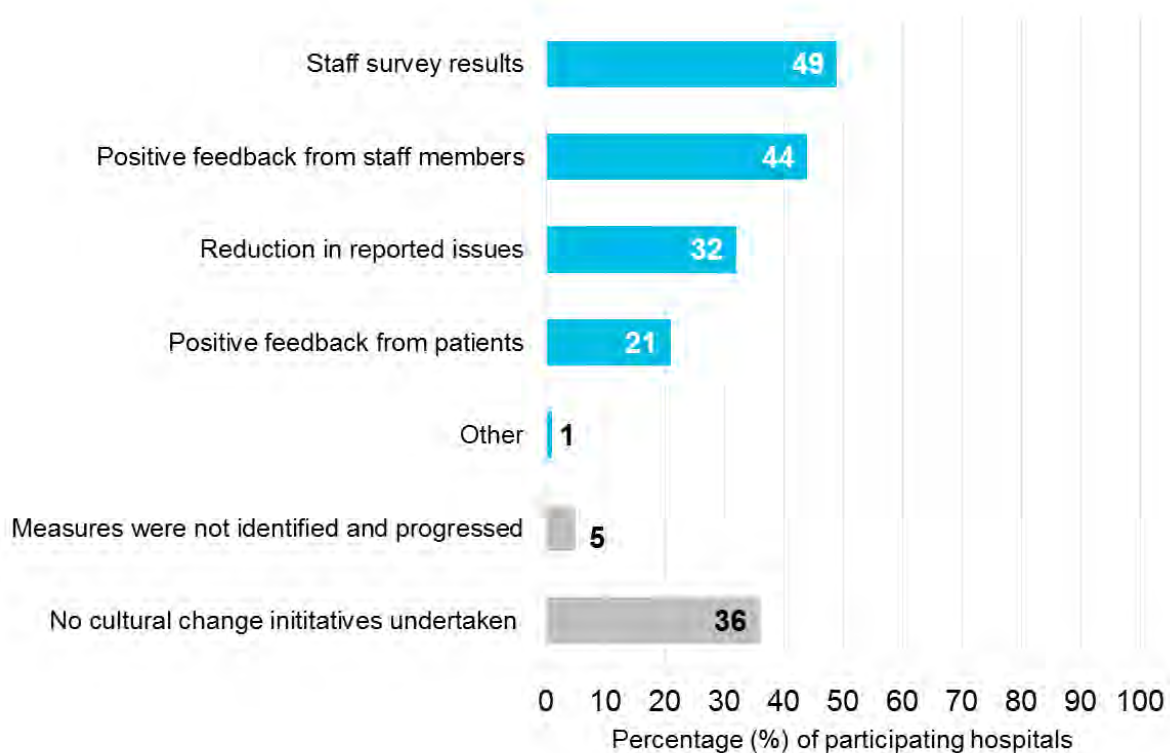
The effectiveness of the cultural change initiatives are generally measured by staff survey results (49% of all participating hospitals) or more informal positive feedback from staff (44%).

A third (32%) of all participating hospitals have undertaken a cultural change initiative and measure its success on basis of a reduction in reported issues, while a fifth (21%) measure the effectiveness of initiatives based on positive feedback from patients.

Just 5% indicated that they have initiated cultural change but that measures of effectiveness have not been identified or progressed.

Figure 12: How the effectiveness of the cultural change initiatives are measured

Q14. How did/does your organisation measure the effectiveness of the cultural change initiatives undertaken? Please select all that apply.



Base: All participating hospitals, n=117

4.4 Key personnel driving cultural change

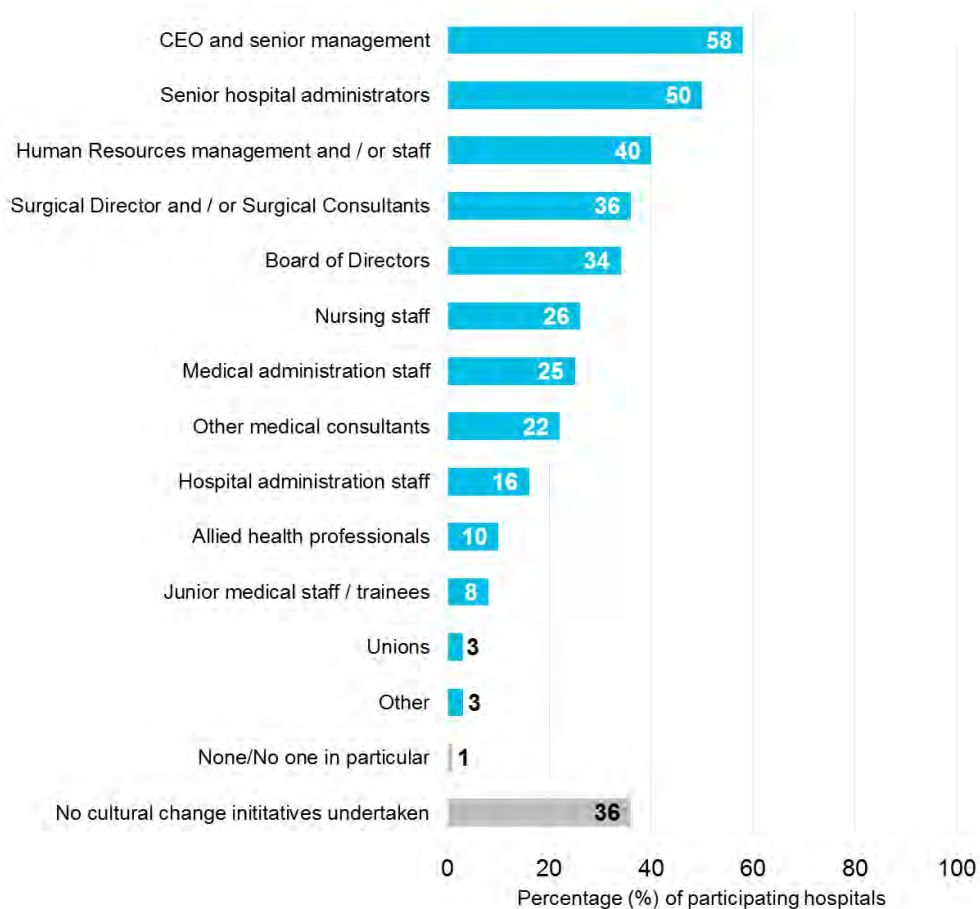
There are numerous key people within the hospitals driving cultural change regarding discrimination, bullying and sexual harassment as it relates to the practice of surgery. On average five different types of people drive change wherever it has been initiated. It would appear that cultural change is driven from across all levels, especially from the top down.

Amongst the participating hospitals, the key people driving this cultural change were the CEOs and senior management (58% of all participating hospitals), senior hospital administrators (50%) and even the Board of Directors (32%). Human Resources management (40%) and Surgical Directors/Consultants (36%) are also widely involved.

Less senior staff involved in pushing cultural change include nursing staff (26%), administration staff – both medical (25%) and hospital (16%), as well as other lower level medical consultants (22%).

Figure 13: Key personnel driving cultural change

Q15. Who, if any, of the following are the key people that drive cultural change regarding discrimination, bullying and sexual harassment as it relates to the practice of surgery in your organisation? Please select all that apply.



Base: All participating hospitals, n=117

4.5 Most important influencing factor in achieving cultural change

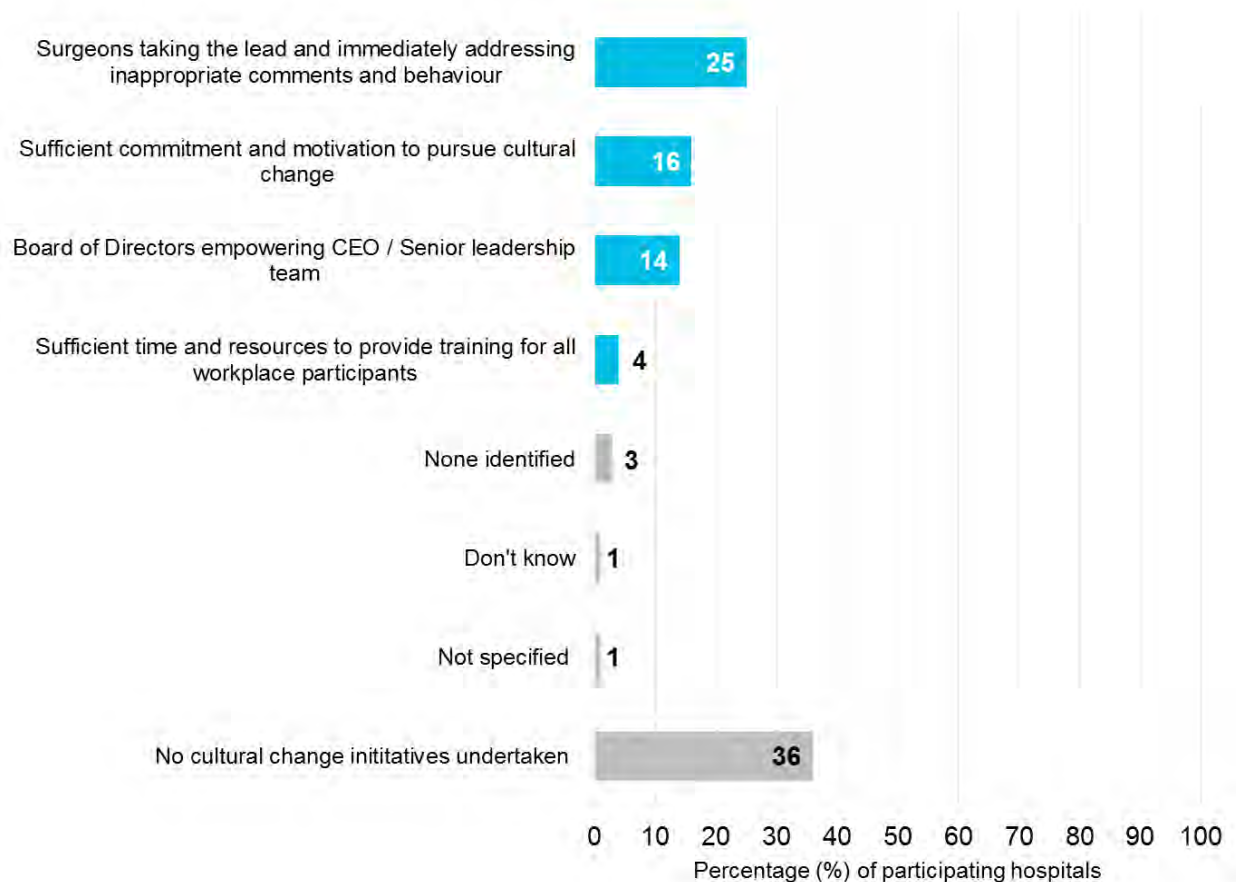
A quarter (25%) of all participating hospitals indicated that was the single most important factor in achieving cultural change (regarding discrimination, bullying and sexual harassment as it relates to the practice of surgery) was surgeons taking the lead and immediately addressing inappropriate behaviour and comments.

Less of the participating hospitals believed sufficient commitment and motivation (16%) or the Board of Directors empowering the CEO or senior leadership team (14%) was the key factor in achieving this type of cultural change.

As reported earlier, 36% of all hospitals have not tried to initiate cultural change in this regard over the past five years.

Figure 14: Most important influencing factor in achieving cultural change

Q16. Which one of the following influences has your organisation identified as being the most important factor in achieving cultural change regarding discrimination, bullying and sexual harassment as it relates to the practice of surgery in your organisation? Please select one answer only.



Base: All participating hospitals, n=117

5 Key Findings – Solutions

The EAG needs to provide the College with practical and powerful advice about how they can take on a leadership role within the practice of surgery to address discrimination, bullying and sexual harassment. Therefore, the current survey sought to ascertain from the participating hospitals what actions they have taken to address the issues which others can use or learn from.

This section of the report, therefore, looks at potential solutions to the problem. It examines the factors that the participating hospitals have addressed, approaches and preventative actions they have put in place, successful strategies that others could use, the most valuable resources for information and suggestions for the EAG on how the College can positively change the culture within hospitals to help identify, address and prevent discrimination, bullying and sexual harassment in the practice of surgery.

5.1 Factors addressed in dealing with the issues

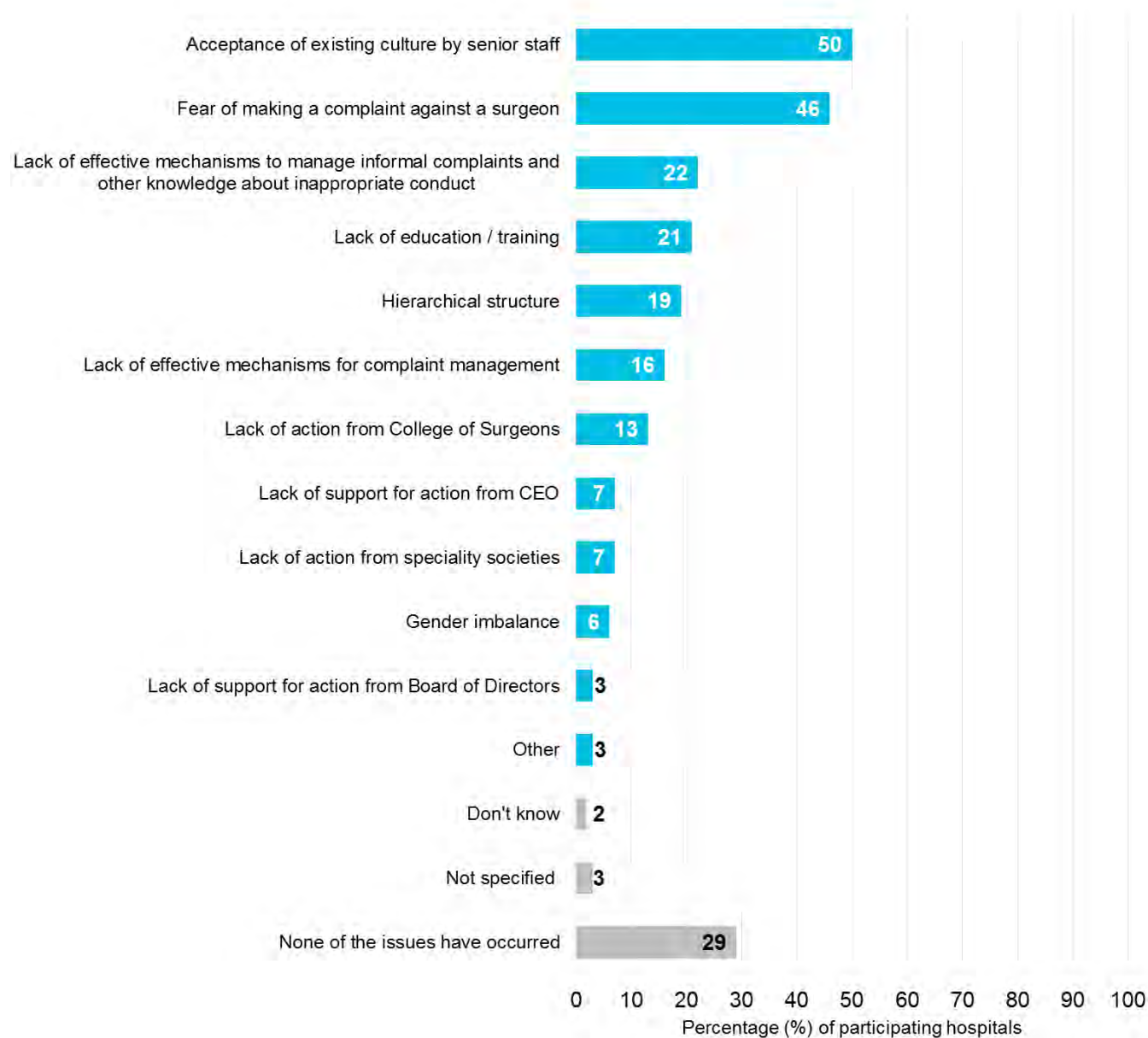
Amongst participating hospitals, a number of factors have been addressed in dealing with discrimination, bullying and sexual harassment by surgeons. However, there are two factors which have been addressed that clearly stand out, i.e. acceptance of the existing culture by senior staff and a fear of making a complaint against a surgeon, mentioned by 50% and 46% of all participating hospitals respectively.

Other factors addressed but to a much lesser extent in dealing with the issues include a lack of effective mechanisms to manage informal complaints and other knowledge about inappropriate conduct (22%), a lack of education/training (21%), the hierarchical structure (16%) and a lack of effective mechanisms for complaint management (16%),

One in eight (13%) of all participating hospitals indicated that they have addressed a lack of action from the College of Surgeons, while less than one in ten have addressed each of the other listed factors - as shown in the following chart.

Figure 15: Factors addressed in dealing with the issues

Q10. The following are factors that can contribute to discrimination, bullying and sexual harassment. Which of these has your organisation decided to address in dealing with discrimination, bullying and sexual harassment by surgeons? Please select all that apply.



Base: All participating hospitals, n=117

5.2 Approaches put in place

A number of different types of approaches have been put in place, by each of the participating hospitals, over the past five years to address the issues. The most common approaches included workplace policies on discrimination, bullying and sexual harassment (mentioned by 85% of the participating hospitals), a complaint and grievance procedure (79%), provision of information about discrimination, bullying and sexual harassment to new employees as part of the induction process (73%) and investigations using internal processes (65%).

Approximately half of the participating hospitals have put in place presentations to staff i.e. where staff are gathered together (51%), general internal training (48%) or provision of value based programs on respectful behaviour (48%).

Four in ten of the hospitals have introduced a specific workplace policy and program on equal opportunity and gender equity (44%), provision of specific targeted training for all employees on discrimination, bullying and sexual harassment in the workplace (43%) or a designated person or contact officers available to employees if they have any concerns regarding discrimination, bullying or sexual harassment in the workplace (43%).

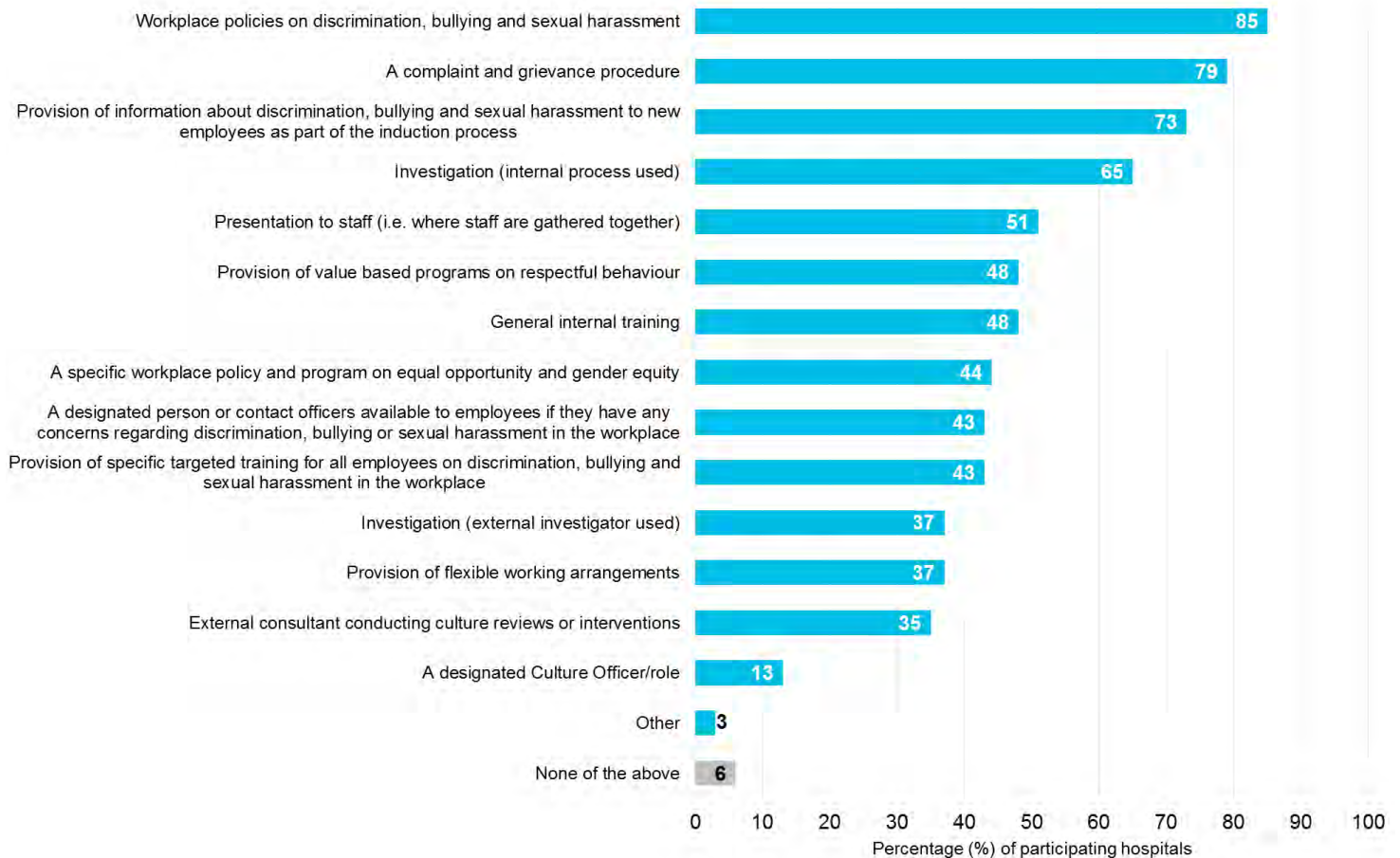
Furthermore, just over a third of all the participating hospitals have implemented investigations using external investigators (37%), provision of flexible working arrangements (37%), external consultant conducting culture reviews or interventions (35%).

One in eight of the hospitals have a designated Culture Officer/role (13%).

Encouragingly, just 6% of all participating hospitals claimed not to have implemented any approaches in the past five years to address discrimination, bullying and sexual harassment as it relates to the practice of surgery.

Figure 16: Approaches put in place in the organisation to address the issues

Q12. Which of the following approaches in addressing discrimination, bullying and sexual harassment as it relates to the practice of surgery has your organisation put in place over the last 5 years? Please select all that apply.



Base: All participating hospitals, n=117

5.3 Preventative actions put in place

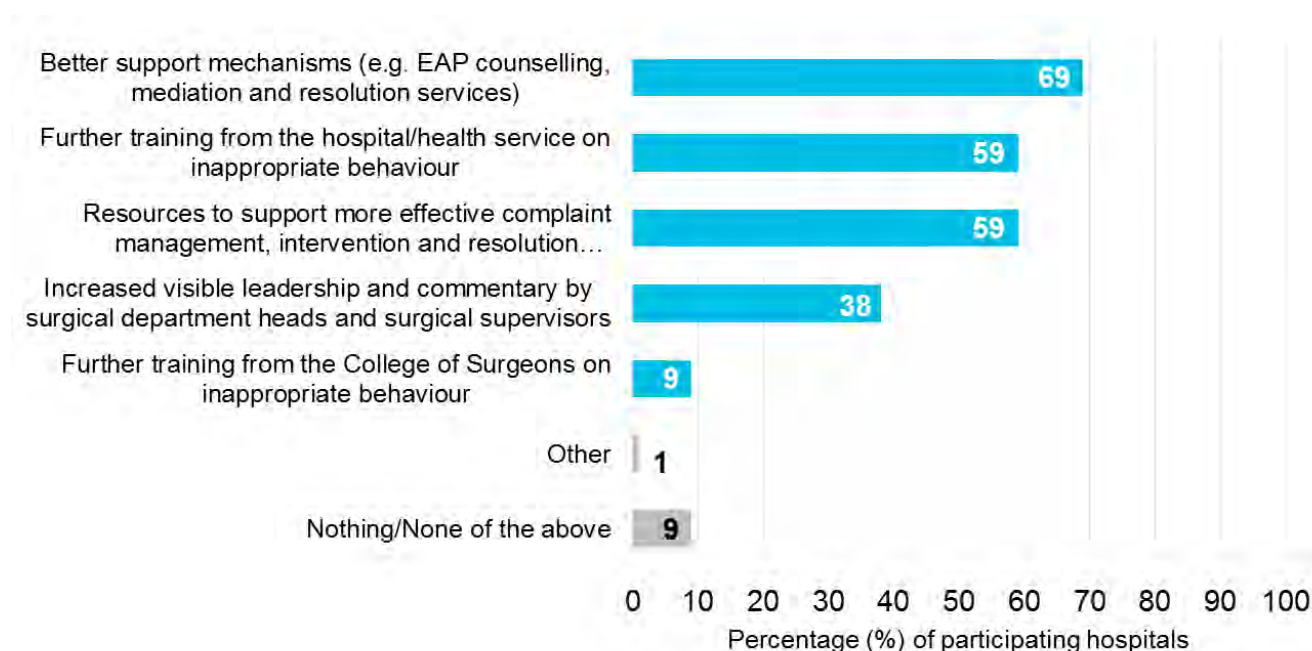
Similarly, a number of different actions have been put in place, by the participating hospitals, over the past five years to assist in the actual prevention of discrimination, bullying and sexual harassment as it relates to the practice of surgery. The most common preventative actions taken include better support mechanisms e.g. EAP counselling, mediation and resolution services (69%), further training from the hospital/health service on inappropriate behaviour (59%) and resources to support more effective complaint management, intervention and resolution procedures in the workplace (59%).

Furthermore, almost four in ten (38%) mentioned increased visible leadership and commentary by surgical department heads and surgical supervisors in this context.

Almost one in ten (9%) of all participating hospitals indicated that they have obtained further training from the College of Surgeons on inappropriate behaviour.

Figure 17: Preventative actions put in place

Q17. Which of the following actions has your organisation put in place in the past 5 years to assist in the prevention of discrimination, bullying and sexual harassment as it relates to the practice of surgery? Please select all that apply.



Base: All participating hospitals, n=117

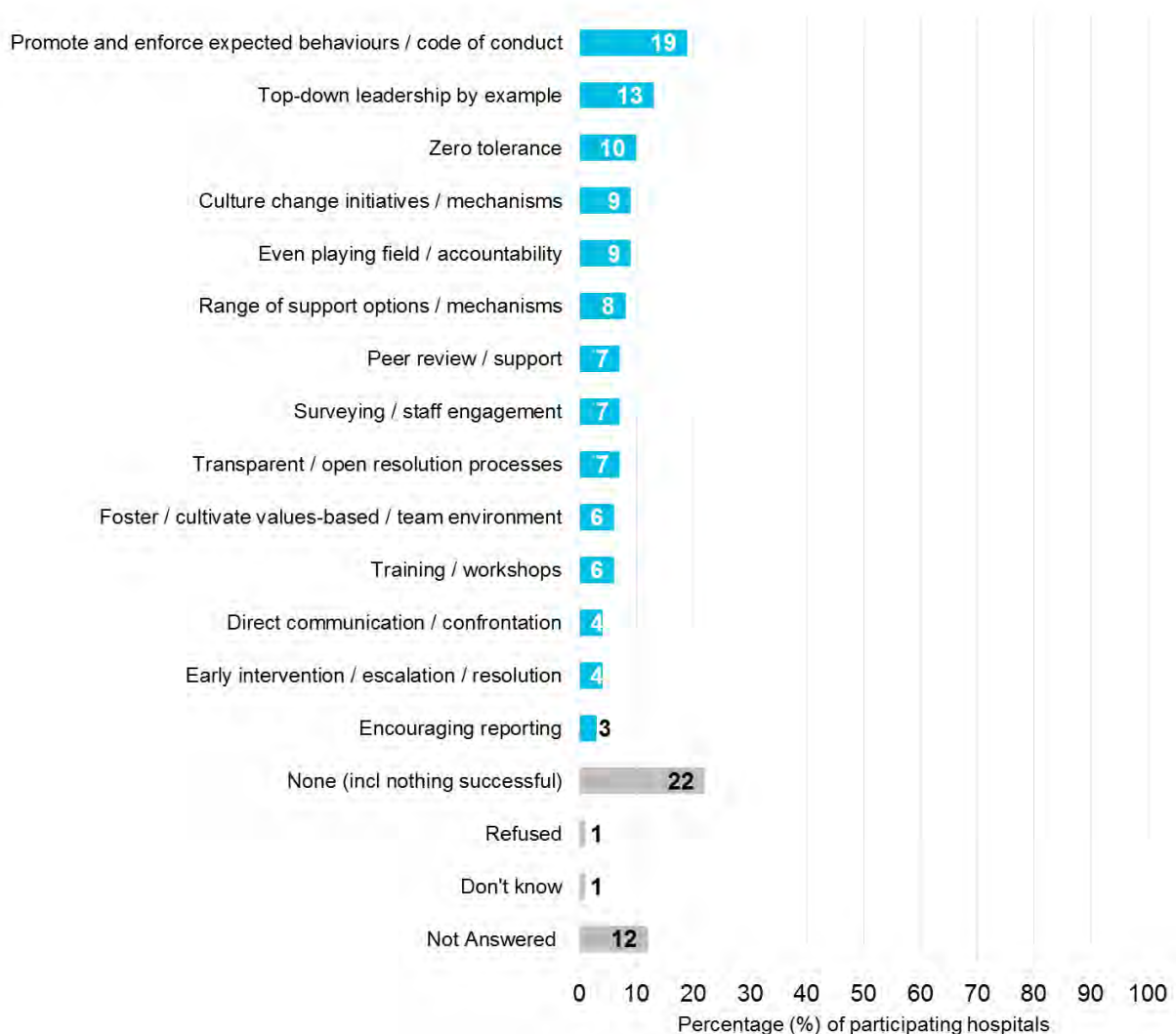
5.4 Successful strategies to help other organisations

All participating hospitals were asked to describe in their own words what successful strategies they had to share with others that could inspire change within organisations to help prevent discrimination, bullying or sexual harassment as it relates to the practice of surgery.

The verbatim comments for these have been provided to the EAG under separate cover. However, the comments were grouped (coded) into themes, by ORC International's Coding Department, as outlined in the following chart.

Figure 18: Successful strategies to help other organisations

Q18. *What successful strategies, if any, does your organisation have to share that would help others effectively present and inspire change within their organisation **to assist in the prevention of discrimination, bullying and sexual harassment** as it relates to the practice of surgery? Please provide as much detail as you can.*



Base: All participating hospitals, n=117

As can be seen from the previous chart, there does not appear to be any one clear strategy widely acknowledged as being successful. However, elements of some of the successful strategies suggested focused on promoting and enforcing expected behaviours/code of conduct, outlined by 19% of all participating hospitals, top down leadership by example (13%) and zero tolerance (10%).

The following highlights some of the verbatim comments provided which support such strategies:

“Clear statements by the Board and executive that this behaviour is not acceptable in the organisation and will be appropriately managed”

“Develop hospital policies and communicate to all staff, including VMOs. Orientation program includes competent dealing with discrimination and bullying. Empower staff not to take on or accept behaviour from doctors that is regarded as bullying.”

“Hospital philosophy, clear and widespread dissemination of what is not acceptable, recruitment process, leadership by example.”

“Leadership is the pivotal requirement in regards to managing inappropriate behaviour and the leaders having the 'difficult conversations'.”

“Leading from the top, always demonstrating integrity and fairness, addressing issues as they arise, without fear nor favour and encouraging and praising those who model those behaviours.”

“Send a very clear message from the top down (Board of Directors to general staff) that incidents of bullying and harassment will not be tolerated.”

“The implementation of a zero tolerance policy appears to be the most effective. That is, do not accept the culture of bullying and intimidation - call the behaviour and refer to the Policy under which we work. It is difficult in country hospitals because all of the surgeons are visiting specialist consultants, so they do not have a Surgical Lead as such to address behaviour at a peer level. The Hospital has a Surgical Services Practice Review Meeting with a surgeon and anaesthetist specialist representatives and GP anaesthetist representative. This is a good mechanism for professional discussion and feedback to the visiting surgeons. Structure and governance is good but really it is the culture in the operating room that has the most effect.”

“Training alone will not change the culture of bullying amongst surgeons, holding them to account for poor behaviour will result in sustainable change.”

Following on from, this other similar elements of successful strategies include cultural change mechanisms/initiatives (9%), cultivating a values-based team environment (6%), where there is an even playing field and everyone is accountable (9%).

The following highlights some of the verbatim comments provided which support such strategies:

“Organisation has taken an approach to deal with the prevention of discrimination, bullying and sexual harassment across the organisation not specifically in surgery. This has been part of a wider organisational culture change program. These issues occur across the health service generally and are not restricted to surgery only. Therefore an organisation wide approach has been taken. Surgical leaders within the organisation have been part of the overall cultural change program.”

“Have to stop pussyfooting around bad behaviour and be consistent that all medical staff (not just surgeons) have the same requirements as non-medical staff. Seems to be a consistent belief that somehow medical staff are allowed to or excused for going off and that this is acceptable. The medical profession has a very long way to go on this.”

“An organisational wide Everyone matters team approach, a culture that encourages trust and respect and when values are breached a clear line to report without fear of retribution and promise of prompt follow up to resolve, initiatives to maintain a safe work place including zero tolerance to bullying etc.”

“The implementation of the values. Respect, Teamwork, Responsibility and Aspiration. Very much the walk the talk with the values. These are revisited often at Hospital level for all staff. Still the challenge is getting surgeons who are not employees to buy into what this means. The nursing staff believe that I will take action when I become aware of behaviours that are not appropriate. So its trust and confidence in senior management.

“A clear message across the organisation that all staff, including Surgeons, are expected to behave in a way that is acceptable. Title will not protect or immune people who behave in this unacceptable way.”

“We have 1 large tearoom for ALL staff which means that doctors, management, nurses, healthcare assistants, cleaners etc. all have their breaks in same room. This provides a team environment, everyone gets to know each other and we feel that with a more positive environment there is less likely to be cases of discrimination, bullying etc.”

Interestingly, over a fifth (22%) of all participating hospitals did not have a successful strategy to offer. Some of these hospitals commented that they had introduced initiatives but that nothing worked and some even went on to explain why they believed their strategies did not work. These reasons generally included a lack of leadership or ownership of the issue, unwillingness to confront the perpetrators and a fear of complaining. The following comments highlight these perceived reasons for failure:

"I don't think we are very good. We pay lip service to it with all sorts of training, values, vision and mission but we don't practice what we preach at the most senior levels and so it filters down."

"All/most of the strategies you identify are in place in my organisation. They do not work. Bullying amongst surgeons is WELL KNOWN informally and also personally experienced by me. The persons doing the bullying are often very senior in the surgical profession - no one is willing to take them on. When I complain it is made clear to me no one will take this any further and that my continued concerns may compromise the service."

"None - we've worked hard to prevent bullying between employed staff (courses, leadership, surveys). As a private hospital we struggle when dealing with VMO specialists who are not employees and bring their work to our business."

One participant believed they have not been successful in their endeavours because victims have a fear about complaining. Based on this they have offered a suggestion on how the College can take on a leadership role in this aspect, through the establishment of a confidential complaints mechanism that will be acted upon:

"Organisations like my own are more than capable of effectively managing these behaviours in the workplace once it is reported. However the predominant issue is non-reporting for fear of the repercussions. The prevailing belief of junior doctors is that complaining is the quickest way to not be selected onto a training program and not succeed once on it if you complain about a supervisor. Our junior doctors rotate between hospitals which means that no single hospital has the ability to track / monitor whether or not retribution occurs down the track. The College controls the selection and assessment requirements - not the employer - so the College needs to have a confidential complaints mechanism that candidates/trainees can have confidence in to address this issue. That is the College really needs to take the lead and visibly demonstrate to the surgical trainee and junior workforce that it can and will step up to the plate."

5.5 Most valuable information and resources

Participants were also asked for the most valuable information or resources on discrimination, bullying or sexual harassment as it relates to the practice of surgery that could be of use to other organisations.

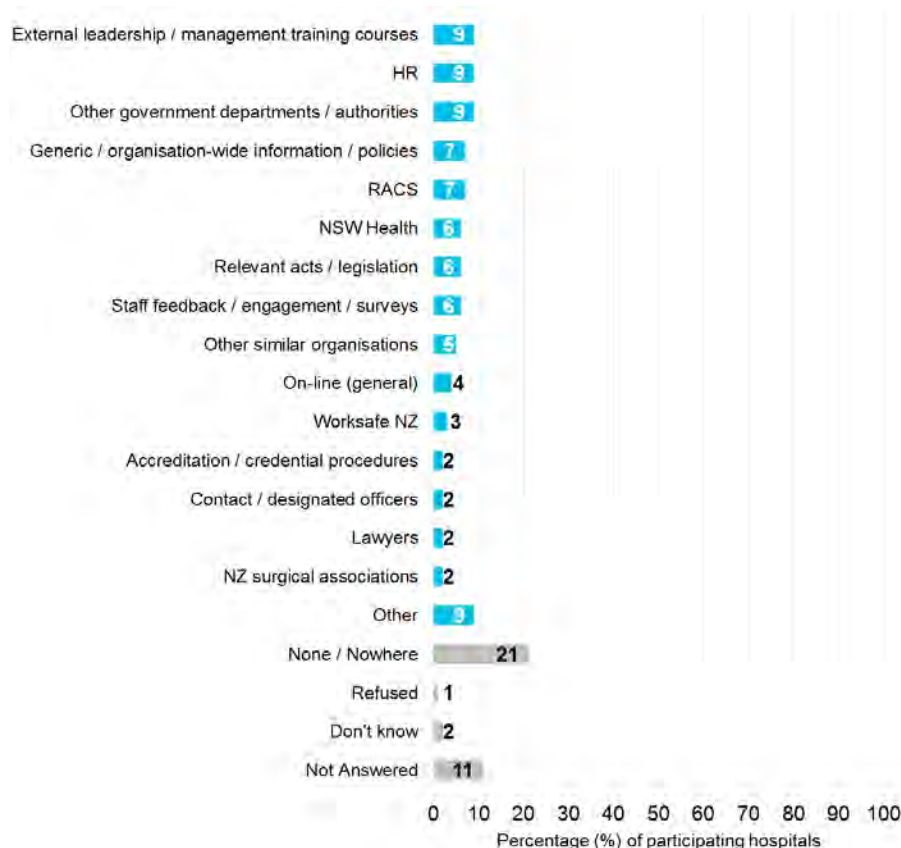
The participating hospitals answered in their own words. The verbatim comments have been provided to the EAG under separate cover. However, the comments were grouped (coded), by ORC International's Coding Department, as outlined in the following chart.

As can be seen, there is no predominant information source or resource recognised, with each type mentioned by less than one in ten of all participating hospitals in the survey. Furthermore, as many as a fifth (21%) have not had any useful information on the issues.

It can be deduced from this that either the information available is not very useful or that there is no one definitive recognised source for information on the topic. This points to a potential opportunity for the College, in its leadership role, i.e. to act as the source of information or advice on the issues.

Figure 19: Most valuable information and resources

Q19. Where has your organisation found its most valuable information and/or resources on discrimination, bullying and sexual harassment as it relates to the practice of surgery that could be of use to other organisations? Please provide as much detail as you can.



Base: All participating hospitals, n=117

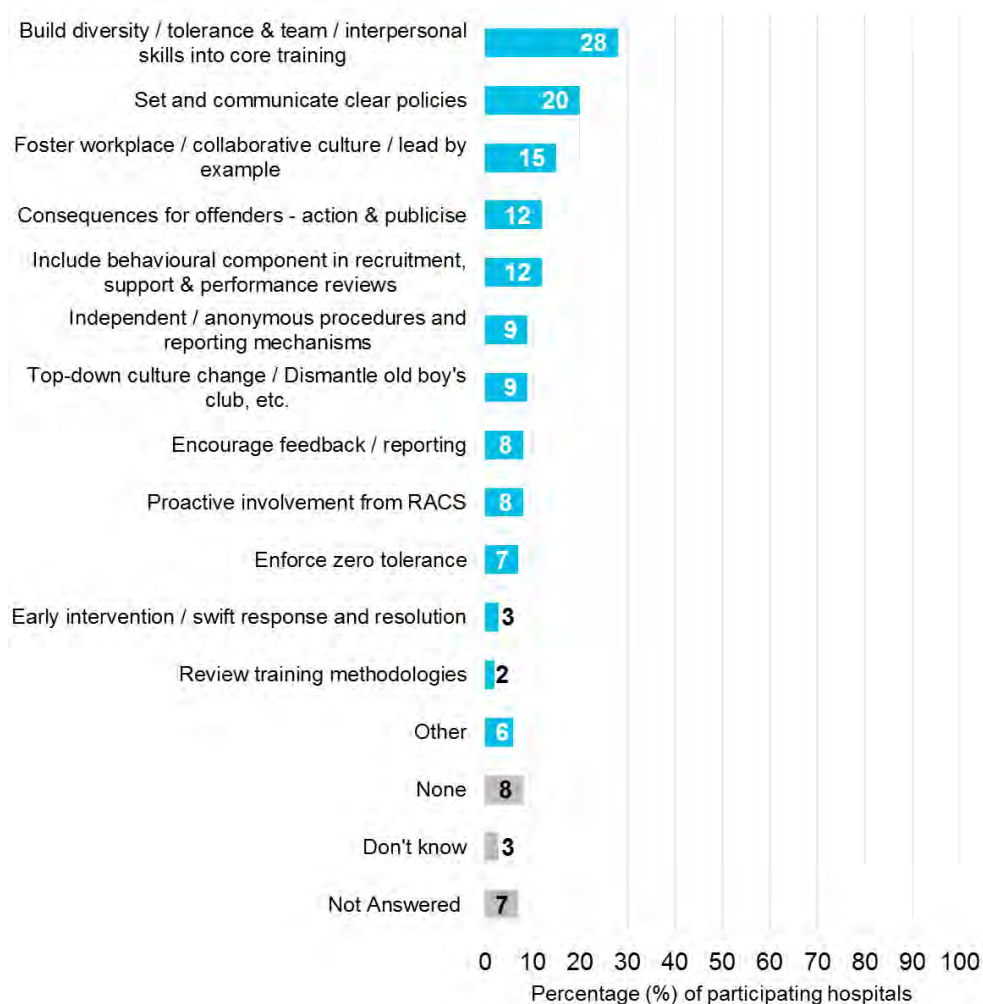
5.6 Suggestions to positively influence culture

Finally, all participating hospitals in the survey, were asked in their words to provide suggestions on how the College can positively change the culture within hospitals to help identify, address and prevent discrimination, bullying and sexual harassment in the practice of surgery.

The verbatim comments have been provided to EAG under separate cover. However, the comments were grouped (coded) into themes, by ORC International's Coding Department, as outlined in the following chart. Some of these reflect closely the aforementioned successful strategies implemented by hospitals to address the issues.

Figure 20: Suggestions to positively influence culture

Q20. What specific suggestions does your organisation have for ways in which the College of Surgeons could positively influence the culture within hospitals and health services to help identify, address and eliminate discrimination, bullying and sexual harassment as it relates to the practice of surgery? Please provide as much detail as you can.



Base: All participating hospitals, n=117

As can be seen the main theme for the suggestions focused on training such as building diversity, tolerance and team/interpersonal skills into core training (28%) or to a lesser extent including a behavioural component in recruitment, support and performance reviews (12%), as well as setting and communicating clear policies (20%). Examples of verbatim comments provided on these themes include:

"Further education and training for senior surgeons in leadership and mentoring. Identification of poor behaviours and role modelling of more appropriate behaviours. Education of zero tolerance policies."

"Move away from "tradition". Training methods passed down from generation to generation with the expectation that if they had to "do it tough" then the next group of trainees shouldn't have it any easier. The type of personality that chooses to be a surgeon, need a certain "self confidence" in order to perform the necessary actions required of a surgeon. Self-confidence needs to be displayed as just that and not arrogance and elitism or condescension."

"Continue to work collegially with local health districts and hospitals to promote a positive workplace culture. Provide education and training for surgeons in relation to acceptable behaviours and how to manage unacceptable behaviours. Provide training to senior surgeons on appropriate management of underperforming staff."

"Mandatory Education and training as many surgeons have rarely been challenged, and have no idea how they are perceived by the members of the surgical team, training on stress, fatigue and anger management, perhaps personality profiling, team work workshops, role reversal etc."

"Provide training in activities such as team culture, respect, and appropriate behaviours within the workplace."

"Emphasise the importance of the issue in the recruitment process and from commencement of training continuing for the duration of the surgeon's career."

"Suggest that each surgeon signs a declaration within their own college to "promise" to avoid the issues above during their employment or association with any hospital/health facility they work in."

"Find a way to make surgeons are aware that a bullying culture could have clinical safety issues for patients. Ensure that Surgeons understand what behaviours constitute bullying and harassment."

"Make sure behaviour is a part of performance reviews - actually I think the RACS is a leader is having behavioural/relationship criteria as part of their performance reviews."

"The College should make it clear at the commencement of training that such behaviours are intolerable and will not go without action from Hospitals. The College should acknowledge that there has existed in some quarters for decades a hierarchical structure within training programs that make it almost impossible for trainees to disagree or have an opinion that is different to the training surgeon(s). This needs to be stopped."

"This must start with entry to the surgical training programme - a career in surgery is not an entitlement to special treatment. A values based curriculum might be the way to start. A strong focus on team work, and an emphasis on patient safety. "

"Surgical leaders are hard to find - the lure of financial reward in private practice means that many work part time and do not want to diminish that opportunity to take up leadership in the big public hospitals. It would be good if the RACS could influence that by encouraging leadership training to ensure capability and raising awareness of what leadership and management entails."

"Surgeons in this organisation can be unbelievably rude to their professional colleagues and to quite senior people in the hospital, - how about mandating 360 feedback including from patients and families (like RANZCOG)."

"The framework the college provides is excellent however the metrics required to help support the principles is lacking - e.g. 360 assessments, pt and colleagues feedback compulsory reporting of complaints etc."

Other suggestions (on how the College can positively change the culture within hospitals to help identify, address and prevent discrimination, bullying and sexual harassment in the practice of surgery) was for the College to help to foster a workplace/collaborative culture (15%) and to promote top-down culture change and dismantle the 'old boys' club (9%). Again, these ideas reflect the previously mentioned successful strategies implemented by some hospitals. Examples of verbatim comments provided on these themes include:

"Encourage surgeons that they are part of a team. This team consists of doctors, nurses, clerks and administrators - it's not just what happens within the 4 walls of the operating theatre. Each member of the team should be respected. If they make a mistake then there are ways of instructing them in how to do a job better rather than yelling at them. I believe Team is the key - too many surgeons think they are lone rangers."

"By ensuring that Surgeons expect to be and are part of the organisation which employs them. Encouraging surgeons to immerse themselves in organisations and to look beyond surgery. I think that in reality, whilst I support the College's endeavours in this regard, we should be focused on culture more generally. Again, as the saying goes "culture eats strategy for breakfast" and what's more is that it's true."

"Education of doctors and surgeons to ensure they understand they are part of a team, and to understand that because they are a doctor doesn't mean they have special rights."

"Get the surgeons to sign up annually to a commitment of respect and tolerance with all staff members. Make sure it is visible to them and identify what it means. This should be a core competency because of the unique power position they hold. Make it an agenda item for the many conferences they attend and that are funded by their publically held positions. Get them to demonstrate the relevance to their role."

"Without respect and teamwork from surgeons a quality service and outcome for patients is not possible. Surgeons will not readily speak to their colleagues about unacceptable behaviour. Surgeons are not our employees so sometimes this makes it difficult to manage bad behaviour."

"In private hospitals and regional public hospitals, surgeons are not generally employees. It is problematic to gain the attention of surgeons in a group to discuss/educate their legal obligations. Without insight, surgeons' behaviours may be at odds with legislative requirements and considered/believed to be acceptable. Bullying is still evident in how JMO are treated. The hierarchy of medicine is very prevalent and inconsistent with contemporary personnel leadership/management. There are many, many compliant surgeons."

"Address the old fashioned hierarchical senior surgeon/prof down to resident in training bullying - rife in the public sector."

"The old boys club has to be disbanded."

Along with these suggestions, the participating hospitals also suggested having consequences for offenders including clear action and the publicising of those (12%) and establishing independent, anonymous procedures and reporting mechanisms (9%). Examples of verbatim comments provided on these themes include:

"Remove senior clinicians with a long and well known history of bullying and harassment in a public display of zero tolerance. The behaviour you tolerate is the behaviour that you endorse."

"Perhaps the College could be more proactive in disciplining surgeons who transgress rather than relying on the Medical Boards/APHRA - who are viewed generally by those of us in hospitals who deal with them as "toothless" and unwilling to take a firm stand on these matters."

"Increase visibility in denouncing inappropriate behaviours - be the leader"

"RACS could have an anonymous on line complaints process and provide confidential and respectful coaching and counselling services that supports and assists the surgeon to understand his poor behaviour and for them to be able to make changes required."

"Access to surgeons via college that can independently review and investigate incidents. Reporting system to college for trainees to be able to notify bullying outside the workplace."

Finally, some hospitals mentioned that the College could be more proactively involved in positively changing the culture within hospitals (8%). Examples are as follows:

“The College of Surgeons could establish ongoing relationships with DMS's - who are often the recipients of information regarding bullying etc. from surgeons. If the College speaks predominantly to their Fellows the news they receive will always be good. Some of their most senior Fellows are dreadful bullies. The College could also accept and investigate complaints directly.”

“Based on the issues papers, approaches being led by the college is the first and important step. Lunch and learn or grand rounds sessions where targeted information is provided by surgeon champions to their colleagues would be a good approach. The college should be applauded for the work being done in this space.”

“As private hospital surgeon behaviour is a difficult topic for us. We depend upon surgeons bringing their work to us and behaviour management has lost us work in the past - which affects all of our staff and potentially their job security. I'd like to see clear and strong leadership from RACS on this topic and RACS being very clear about what the boundaries are. I'd like senior surgeons to lead on behaviour, and RACS or senior surgeon able to assist hospital (particularly private ones) deal with issues as they arise. At the moment there's a sense that RACS, Medical Board, Associations and other bodies don't want to get involved. This EAG process by RACS is a great initiative, please follow it through.”

6 Conclusions & Recommendations

Despite existing legislation, the vast majority of the participating hospitals have experienced inappropriate behaviour such as discrimination, sexual harassment and particularly bullying in the practice of surgery. Many initiatives have been put in place by hospitals in response to these issues, but these have not been entirely successful. This is underlined by the fact that there didn't seem to be a clear consensus amongst the participating hospitals on a successful strategy to address the issues, which could be suggested to others. Furthermore, there was no consensus on where valuable information or a resource was available that could be recommended to others. This latter point suggests a potential opportunity for the College, in its leadership role, to act as the recognised source of information or advice on the issues.

Some of the participating hospitals went as far as explaining why initiatives they put in place to address the issues were not successful. These reasons generally included a lack of leadership or ownership of the issue, unwillingness to confront the perpetrators and a fear of complaining.

Based on the suggestions of the participating hospitals, the main recommendations for the College, in its leadership role in the area, are to focus on:

- training to specifically foster the concepts of leading, mentoring, teamwork, tolerance, diversity and interpersonal skills amongst surgeons, along with a commitment from the surgeons for a zero tolerance approach to such inappropriate behaviours (on-going performance evaluation should also be assessed against this);
- promoting culture change from the top down within hospitals and dismantling the old boys club; and
- facilitating complaints processes/mechanisms and to be publically seen as acting on the complaints received.

These recommendations are described in more detail below:

Training and performance evaluation

An emphasis in core training should be put on building diversity, tolerance, and interpersonal skills, leading and mentoring, which can include how to properly managing people and under-performing staff. Such training should include a values based curriculum not just from entry into surgical training programs but also continuing throughout their career.

Training should also cover what constitutes inappropriate behaviours, as well as the potential impact these types of behaviour can have not just on the relevant staff but also on patient safety. This training, which should be made mandatory, should stress how these types of behaviour are not tolerated under any circumstances (enforcement of a zero-tolerance approach). Upon completion of this mandatory training they should be asked to sign a declaration or a commitment that they will not engage in such inappropriate behaviour. Consideration could be given to mandatory refresher training in this regard every so often – perhaps every year or every three years (e.g. via webinar for convenience, lower cost) and a new dated declaration signed each time.

Based on this training, a surgeon's performance should be evaluated with an emphasis on their behavioural performance. This evaluation could include 360 assessment from support staff, from colleagues and potentially from patients and families.

Promoting cultural change from the top down

It was suggested by participants in the survey that the College could help to further foster a collaborative culture, to promote top down culture change and help dismantle the old boys club. This very much continues on from the previous training theme. There is a feeling that some surgeons often see themselves as a "lone-ranger", working on their own, who do not respect other staff, as someone who thinks they are different or should have special rights (especially, but not limited to, when they are working in a hospital that does not directly employ them).

The College should encourage surgeons to become team members, to immerse themselves into the wider organisation they are working for/at, even beyond surgery. Only by working together as a team in the surgery and beyond can respect be built up. This change initiative has to be targeted towards the top for it to filter down accordingly. In other words, senior staff (management or senior surgeons) need to take ownership of the issue. If they are not seen to be invested in team and respect building exercises it will not succeed and the, so-called, old boys club will remain in place.

Facilitating complaints procedure and action:

Accordingly, it would seem that the process of complaining needs to be reviewed. Firstly, it is clear from the survey that there is some reluctance to complain about the inappropriate behaviours due to fear of reprisal (despite the cultural change initiatives implemented). Further to this, when complaints are made there is a feeling they are not acted upon, which again serves as a deterrent.

So, a recommendation is for the College to consider setting-up an anonymous online complaints mechanism/process. From this, as one participants suggested, the College can provide independent confidential and respectful coaching and counselling services that supports and assists the surgeon or other staff to understand their inappropriate behaviour and for them to be able to make the changes required.

However, the College should proactively discipline offenders, particularly serial offenders. This might entail disciplining those with a long and well known history of bullying and harassment in a public display of zero tolerance.

Appendix A: Online survey questionnaire and cover message

SUBJECT: Organisational Culture and Solutions Survey
FROM: RACS_EAG@orc-surveys.com
FROM NAME: Royal Australasian College of Surgeons - Expert Advisory Group

Dear <<FIRST AND LAST NAME OF CONTACT>>,

I am asking you to take part in this *Organisational Culture and Solutions Survey* about discrimination, bullying and sexual harassment.

The Expert Advisory Group, set up by the Royal Australasian College of Surgeons and chaired by Rob Knowles AO, is consulting on ways to prevent and address discrimination, bullying and sexual harassment in the practice of surgery.

The EAG has commissioned ORC International to conduct this survey, which examines organizational approaches and strategies to address and prevent these problems.

The EAG hopes you will share your insight and experience in dealing with these issues. Responses to this survey – which are confidential - will inform the EAG's advice to the College about actions it can take alone and in partnership with others to address these problems. The EAG's appeal for your participation is detailed in the introduction to the attached survey.

Completing the survey should take up to **10 minutes** depending on your answers. Please answer this questionnaire in relation to <<INSERT HOSPITAL NAME FROM SAMPLE>> only, particularly if you are responsible for multiple hospitals.

All answers provided will remain strictly confidential. The data that is passed onto EAG will be de-identified, so none of your responses will be linked to your name or organisation.

Please **complete the survey by 14 July 2015**. We will send you reminder emails during this period. Your responses will inform the Options Paper the EAG will develop and consult on later in 2015, proposing actions for change.

To enter the survey, click on the 'Start Survey' button below. If you have to stop the survey at any time before completion, your answers will be saved automatically and you can return to complete the survey at another time using the same link.

<<START SURVEY BUTTON>>

If you **experience any difficulty** entering the survey, try to copy the entire link below and paste it into your web browser. If you continue to have difficulty, please email RACS_EAG@orc-surveys.com (and include your phone number) or contact 1800 065 312.

<<SURVEY LINK WITH INDIVIDUAL ID TO BE INSERTED HERE>>

If you have any questions about this research, you can contact Ann Wright, Project Manager for the EAG on 0409177805 or Nicole Newton, communications adviser, on 0407 998 611, during office hours (AEDT).

Thank you for your valuable time and participation in this important survey.

Kind regards,



ORC International

Level 8, 171 La Trobe Street, Melbourne, Victoria 3000, Australia
www.ORCInternational.com

On behalf of the Expert Advisory Group.

<<INSERT ORC UNIQUE ID#>>

Expert Advisory Group on discrimination, bullying and sexual harassment

Advising The Royal Australasian College of Surgeons

Organisational Culture and Solutions Questionnaire



Dear Health Service and Hospital leaders

As you know the College is actively responding to recent reports of discrimination, bullying and sexual harassment in the health sector. As Chair of the independent Expert Advisory Group (EAG), which has been established by the College to examine these issues, I am asking for your assistance by completing a questionnaire that will provide valuable information about your organisation's approaches and strategies to managing and preventing these problems. Your answers will inform our advice to the College.

The questionnaire has been designed to assist the EAG to understand the existing issues in health sector workplaces and approaches others have taken in dealing with these problems.

The EAG is interested in training and education that is currently in place in health services; innovative solutions to addressing discrimination, bullying and sexual harassment that have been successful; and how the College can better address and develop resources to deal with all aspects of this kind of unprofessional behaviour.

We are interested in information you can share with us about how your organisation has responded to these issues. **Please do not mention names or include details that could identify individuals or organisations.** The questionnaire results will be used to formulate a **de-identified** report to the EAG. Information about the work the EAG, including other research initiatives is published on the College website.

Your response to this questionnaire will help to share knowledge and promote collaboration across the health sector in dealing with problems of discrimination, bullying and sexual harassment. Research has shown that the most effective solutions are those that are evidence based and that involve cultural change. You might be interested in reading the Issues Paper and Background Briefing summarising research on these issues at [this link](https://www.surgeons.org/news/eag-launches-campaign-on-discrimination,-bullying-and-sexual-harassment/) (<https://www.surgeons.org/news/eag-launches-campaign-on-discrimination,-bullying-and-sexual-harassment/>)

The EAG aims to identify effective strategies to prevent discrimination, bullying and sexual harassment and provide advice to the College about what it can do alone and in partnership with others to address these problems. All health sector employees have a right to a safe workplace and all patients should be able to expect that everyone in the health sector will prioritise patient safety.

Thank you once again for your assistance. **Please complete your questionnaire by 14 July 2015.**

Hon Rob Knowles AO
Chair, EAG

DEMOGRAPHIC INFORMATION

Firstly some questions about you and your organisation. When we refer to “organisations” in this questionnaire we are referring to the hospital/s where clinical services are delivered – in this case <<PROGRAMMER INSERT HOSPITAL NAME FROM SAMPLE>>.

Q1. Which of the following best describes your organisation? *Please select one answer only*

- ☐ Small Private Hospital (less than 100 beds)
- ☐ Larger Private Hospital (100 or more beds)
- ☐ Major Public Metropolitan Hospital
- ☐ Other Public Metropolitan Hospital
- ☐ Regional Public Hospital

Q2. Where is your organisation located? *Please select one answer only*

- ☐ New Zealand
- ☐ Australian Capital Territory
- ☐ New South Wales
- ☐ Northern Territory
- ☐ Queensland
- ☐ South Australia
- ☐ Tasmania
- ☐ Victoria
- ☐ Western Australia

Q3. Which of the following best describes your role in the organisation? *Please select one answer only*

- ☐ Member of the Board of Directors
- ☐ CEO
- ☐ Senior staff member
- ☐ Department Head or Divisional Director
- ☐ Human Resources Director/Manager

- ☐ Practice Manager
- ☐ Otherplease specify

DISCRIMINATION, BULLYING AND SEXUAL HARASSMENT

Now some questions about discrimination, bullying and sexual harassment. The definitions of these terms as used in this questionnaire are as follows:

Discrimination means treating a person with an identified attribute or personal characteristic less favourably than a person who does not have the attribute or personal characteristic. Australian federal, New Zealand and State legislation outline a list of characteristics protected by law against which discrimination is unlawful. For example: gender, age, religious belief, political belief, pregnancy, breastfeeding, disability, impairment, marital status, family responsibilities, sexual orientation, race, cultural background. **Harassment** is a form of discrimination. It is unwanted, unwelcome or uninvited behaviour that makes a person feel humiliated, intimidated or offended as it relates to one of the protected characteristics named above.

Bullying is 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. 'Unreasonable Behaviour' is 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.

Sexual Harassment is defined as unwelcome sexual advances, request for sexual favours and other unwelcome conduct of a sexual nature, by which a reasonable person would be offended, humiliated or intimidated. Sexual harassment may include, but is not limited to; leering, displays of sexually suggestive pictures, videos, audio tapes, emails & blogs etc. books or objects, sexual innuendo, sexually explicit or offensive jokes, graphic verbal commentaries about an individual's body, sexually degrading words used to describe an individual, pressure for sexual activity, persistent requests for dates, intrusive remarks, questions or insinuations about a person's sexual or private life, unwelcome sexual flirtations, advances or propositions and unwelcome touching of an individual, molestation or physical violence such as rape.

Q4. Has your organisation had or experienced instances of discrimination, bullying or sexual harassment by surgeons, over the last five years?

- ☐ Yes
- ☐ No – Go to Q11

Q5. Which of the following has been considered a concern in your organisation in the past five years?

Discrimination by surgeons

- ☐ Yes

- ☐ No
- ☐ Unsure

Bullying by surgeons

- ☐ Yes
- ☐ No
- ☐ Unsure

Sexual harassment by surgeons

- ☐ Yes
- ☐ No
- ☐ Unsure

Q6. How often have instances of the following occurred in your organisation over the last five years?

Discrimination by surgeons

- ☐ At least once a week
- ☐ At least once a month (but not every week)
- ☐ Every 2-3 months
- ☐ Once or twice a year
- ☐ Less often than once a year
- ☐ Never

Bullying by surgeons

- ☐ At least once a week
- ☐ At least once a month (but not every week)
- ☐ Every 2-3 months
- ☐ Once or twice a year
- ☐ Less often than once a year
- ☐ Never

Sexual harassment by surgeons

- ☐ At least once a week
- ☐ At least once a month (but not every week)
- ☐ Every 2-3 months
- ☐ Once or twice a year
- ☐ Less often than once a year
- ☐ Never

IF “NEVER” TO ALL THREE ISSUES THEN SKIP TO Q11, OTHERWISE CONTINUE:

Q7. In these instances of discrimination, bullying and/or sexual harassment by surgeons which occurred in your organisation in the past five years, to the best of your knowledge what types of behaviour occurred? *Please describe the behaviour below with as much detail as you can.*

PROGRAMMER: ONLY INCLUDE THOSE WHICH EVER OCCUR AT Q6.

DISCRIMINATION:

(Please describe as much as you can)

BULLYING:

(Please describe as much as you can)

SEXUAL HARASSMENT:

(Please describe as much as you can)

IF DISCRIMINATION EVER OCCURS IN ORGANISATION (AT Q6), CONTINUE. OTHERS SKIP TO Q9

Q8. Which of the following types of discrimination by surgeons, have occurred in your organisation in the past 5 years? *Please select all that apply.*

- ☐ Gender /Sex / Pregnancy
- ☐ Race /Religion/ Culture
- ☐ Disability / Impairment
- ☐ Otherplease specify

IF DISCRIMINATION, BULLYING OR SEXUAL HARASSMENT EVER OCCURS IN ORGANISATION (AT Q6), CONTINUE. OTHERS SKIP TO Q11

Q9. How did your organisation become aware of the instances of discrimination, bullying and/or sexual harassment by surgeons that occurred in your organisation in the past five years? *Please select all that apply.*

- ☐ Staff survey
- ☐ Word of mouth
- ☐ Formal complaint
- ☐ Informal reporting
- ☐ Directors/Managers meetings
- ☐ Information provided by unions
- ☐ Information provided by Human Resources Department
- ☐ Information from the College of Surgeons
- ☐ Other (please specify)

Q10. The following are factors that can contribute to discrimination, bullying and sexual harassment. Which of these has your organisation decided to address in dealing with discrimination, bullying and sexual harassment by surgeons? *Please select all that apply.*

- ☐ Lack of effective mechanisms for complaint management
- ☐ Lack of effective mechanisms to manage informal complaints and other knowledge about inappropriate conduct
- ☐ Lack of education/training
- ☐ Acceptance of existing culture by senior staff
- ☐ Gender imbalance
- ☐ Hierarchical structure
- ☐ Lack of support for action from Board of directors
- ☐ Lack of support for action from CEO
- ☐ Fear of making a complaint against a surgeon
- ☐ Lack of action from Speciality Societies
- ☐ Lack of action from College of Surgeons
- ☐ Other (please specify)
- ☐ Don't know

ASK ALL

Q11. According to your organisation's required records on these issues, for the past five years which individuals if any are most likely to subject others to discrimination, bullying and sexual harassment as it relates to the practice of surgery in your organisation? *Please select all that apply.*

- ☐ Board of Directors
- ☐ CEO and / or senior management
- ☐ Senior Hospital administrators
- ☐ Surgical Director and / or Surgical Consultants
- ☐ Other medical consultants
- ☐ Junior medical staff / trainees
- ☐ Human Resources management and / or staff
- ☐ Nursing staff
- ☐ Allied health professionals
- ☐ Medical administration staff
- ☐ Hospital administration staff
- ☐ Other (please specify)
- ☐ No type of person in particular

Q12. Which of the following approaches in addressing discrimination, bullying and sexual harassment as it relates to the practice of surgery has your organisation put in place over the last five years? Please select all that apply.

- ☐ Workplace policies on discrimination, bullying and sexual harassment
- ☐ A specific workplace policy and program on equal opportunity and gender equity
- ☐ A complaint and grievance procedure
- ☐ Presentation to staff (i.e. where staff are gathered together)
- ☐ General internal training
- ☐ External consultant conducting culture reviews or interventions
- ☐ A designated Culture Officer/role
- ☐ Investigation (internal process used)
- ☐ Investigation (external investigator used)
- ☐ Provision of information about discrimination, bullying and sexual harassment to new employees as part of the induction process
- ☐ Provision of specific targeted training for all employees on discrimination, bullying and sexual harassment in the workplace
- ☐ A designated person or contact officers available to employees if they have any concerns about discrimination, bullying or sexual harassment in the workplace
- ☐ Provision of flexible working arrangements
- ☐ Provision of value based programs on respectful behaviour
- ☐ Other (Please specify)
- ☐ None of the above

CULTURAL CHANGE

Now some questions about cultural change initiatives in your organisation.

Q13. Has your organisation undertaken a cultural change initiative aimed at addressing discrimination, bullying or sexual harassment as it relates to the practice of surgery over the last five years? Please see examples of such initiatives listed below for reference.

- ☐ Yes
- ☐ No – Go to Q17

If yes, which of the following initiatives were undertaken: *Please select all that apply.*

- ☐ Training/education initiative
- ☐ Leadership training (for senior staff)
- ☐ Awareness (Marketing) campaign covering appropriate workplace behaviours
- ☐ Campaign that highlighted the organisation's values and behavioural expectations
- ☐ Implementation of a zero tolerance policy for bullying
- ☐ Implementation of a zero tolerance policy for sexual harassment
- ☐ Initiated a peer support or other support program
- ☐ Mentoring program
- ☐ Other (please specify)

Q14. How did/does your organisation measure the effectiveness of the cultural change initiatives undertaken? *Please select all that apply.*

- ☐ Reduction in reported issues
- ☐ Staff survey results
- ☐ Positive feedback from staff members
- ☐ Measures were not identified and progressed
- ☐ Positive feedback from patients
- ☐ Other (please specify)

Q15. Who, if any, of the following are the key people that drive cultural change about discrimination, bullying and sexual harassment as it relates to the practice of surgery in your organisation? *Please select all that apply.*

- ☐ Board of Directors
- ☐ CEO and senior management
- ☐ Senior hospital administrators
- ☐ Surgical Director and / or Surgical Consultants
- ☐ Other medical consultants
- ☐ Junior medical staff / trainees
- ☐ Human Resources management and / or staff
- ☐ Nursing staff
- ☐ Allied health professionals
- ☐ Medical administration staff

- ☐ Hospital administration staff
- ☐ Union /s
- ☐ Other (please specify)
- ☐ No type of people in particular

Q16. Which one of the following influences has your organisation identified as being the most important factor in achieving cultural change about discrimination, bullying and sexual harassment as it relates to the practice of surgery in your organisation? *Please select one answer only.*

- ☐ Board of Directors empowering CEO/Senior leadership team
- ☐ Surgeons taking the lead and immediately addressing inappropriate comments and behaviour
- ☐ Sufficient time and resources to provide training for all workplace participants
- ☐ Sufficient commitment and motivation to pursue cultural change
- ☐ Other (please specify)
- ☐ None identified
- ☐ Don't know

ASK ALL

SOLUTIONS

Finally, some questions about actions to prevent and address discrimination, bullying and sexual harassment as it relates to the practice of surgery

Q17. Which of the following actions has your organisation put in place in the past five years to assist in the prevention of discrimination, bullying and sexual harassment as it relates to the practice of surgery? *Please select all that apply.*

- ☐ Further training from the hospital/health service on inappropriate behaviour
- ☐ Further training from the College of Surgeons on inappropriate behaviour
- ☐ Resources to support more effective complaint management, intervention and resolution procedures in the workplace
- ☐ Better support mechanisms (e.g. EAP counselling, mediation and resolution services)
- ☐ Increased visible leadership and commentary by surgical department heads and surgical supervisors
- ☐ Other (please specify)
- ☐ Nothing/None of the above

Q18. What successful strategies, if any, does your organisation have to share that would help others effectively inspire change within their organisation to assist in the prevention of discrimination, bullying and sexual harassment as it relates to the practice of surgery? *Please provide as much detail as you can.*

COMMENT BOX

Q19. Where has your organisation found its most valuable information and / or resources on discrimination, bullying and sexual harassment as it relates to the practice of surgery that could be of use to other organisations? *Please provide as much detail as you can.*

COMMENT BOX

Q20. What specific suggestions does your organisation have for ways in which the College of Surgeons could positively influence the culture within hospitals and health services to help identify, address and prevent discrimination, bullying and sexual harassment as it relates to the practice of surgery? *Please provide as much detail as you can.*

COMMENT BOX

That was the final question. Thank you for your time and assistance with this survey which has been conducted on behalf of the Expert Advisory Group, advising the Royal Australasian College of Surgeons. **Please remember to hit the “Submit” button below to complete the survey.**

As a reminder, please be assured that all the answers you have provided will be treated in the strictest of confidence and de-identified. <<IF RESPONDENT IS BASED IN AUSTRALIA AT Q3 – This research is being conducted in keeping with the Australian Privacy Principles>>. Our privacy policy is available on our website (www.ORCInternational.com)

Appendix B: Paper survey questionnaire and cover letter

Organisational Culture and Solutions Survey into discrimination, bullying and sexual harassment in the practice of surgery

Dear Sir/Madam,

I am asking you to take part in this *Organisational Culture and Solutions Survey* about discrimination, bullying and sexual harassment.

The Expert Advisory Group, set up by the Royal Australasian College of Surgeons and chaired by Rob Knowles AO, is consulting on ways to prevent and address discrimination, bullying and sexual harassment in the practice of surgery.

The EAG has commissioned ORC International to conduct this survey, which examines organisational approaches and strategies to address and prevent these problems. You may also receive an email invitation.

The EAG hopes you will share your insight and experience in dealing with these issues. Responses to this survey – which are confidential - will inform the EAG's advice to the College about actions it can take alone and in partnership with others to address these problems. The EAG's appeal for your participation is detailed in the introduction to the attached survey.

Completing the survey should take up to **10 minutes** depending on your answers.

Please answer this questionnaire **in relation to the hospital to which this pack was addressed** (particularly if you are responsible for a number of hospitals).

I have included a reply-paid envelope which you can use to return the completed questionnaire directly to ORC International if you opt to respond in hard copy. Alternatively, you can complete the survey online. A link and password is provided on the questionnaire for you to use if you prefer this option. If you received an email(s) from us with a direct link to the same survey you may use that instead.

Please **complete the survey by 14 July 2015**. Your responses will inform the Options Paper the EAG will develop and consult on later in 2015, proposing actions for change.

All answers provided will remain strictly confidential. The data that is passed onto EAG will be de-identified, so none of your responses will be linked to your name or organisation.

The information collected in this survey will be used for research purposes only. Neither your name nor your organisation's name will be attached to the survey dataset. ORC International is bound by the Australian Market and Social Research Society's Code of Professional Behaviour and the Privacy legislation. Our privacy policy is available on our website (www.ORCInternational.com).

If there are any technical issues with the survey please contact RACS_EAG@orc-surveys.com or ORC International on 1800 065 312. If you have any questions about this research, you can contact Ann Wright, Project Manager for the EAG on 0409177805 or Nicole Newton, communications adviser, on 0407 998 611, during office hours (AEDT).

Thank you for your valuable time and participation in this important survey.

Kind regards,

ORC International

Level 8, 171 La Trobe Street, Melbourne, Victoria 3000, Australia
www.ORCInternational.com

On behalf of the Expert Advisory Group.

ORGANISATIONAL CULTURE AND SOLUTIONS SURVEY INTO DISCRIMINATION, BULLYING AND SEXUAL HARASSMENT IN THE PRACTICE OF SURGERY

PASSWORD ID:

This survey is being conducted on behalf of the independent Expert Advisory Group (EAG) which has been established by the Royal Australasian College of Surgeons to examine recent media reports of discrimination, bullying and sexual harassment in the health sector.

This survey is your chance to share your organisational approaches and strategies to manage and prevent these problems. Your participation in this survey offers you a unique and confidential opportunity to help inform the EAG's advice to the College.

Once you complete the survey please mail it back to us using the reply-paid envelope provided.

However, **you may prefer to complete the survey online instead. If so please use the link in the emails you may have received from us recently.** Alternatively, you can use the link and instructions provided below.

ABOUT THIS SURVEY

This survey is being conducted on behalf of the Expert Advisory Group by ORC International, an independent research provider. ORC International is accredited to ISO 20252, the international standard for market, social and opinion research, which ensures respondent privacy and confidentiality of data.

This survey will take approximately **10 minutes to complete**, depending on your answers. Please answers the questions **in relation to the hospital to which this pack was addressed** (particularly if you are responsible for a number of hospitals).

Alternatively, you can **complete this survey online** by typing in the link below into your browser and, when prompted, entering your unique Password ID number shown above.

LINK: http://survey.orcinternational.com/orc/web/RACS_study.asp

PASSWORD ID: As shown above.

Please complete and return the questionnaire by **Tuesday 14th July.**

HOW TO FILL IN THIS SURVEY

When answering the questions, please be as honest as possible. Remember, no identifiable information about your organisation or yourself will be provided to the Expert Advisory Group of the Royal Australasian College of Surgeons.

Please work through this survey by reading each question and selecting the most appropriate response option from those listed. By following the instructions carefully, **you will not need to answer all questions of the survey as some may not be applicable to your circumstances.**

When filling out the form...

- Use **Blue** or **Black** ink pens only. Put an "X" inside the boxes provided
(Do not mark any areas outside of the box)
- If you make a mistake, simply shade in the entire box and mark the correct box with an "X"
- Unless specified, only provide one answer per question
- If you don't know an answer, give the best answer you can
- Where this is an open box please provide as much detail as you can

Need further information?

If you have any questions about this survey, or difficulties completing this survey, please contact ORC International at RACS_EAG@orc-surveys.com or telephone 1800 065 312.

DEMOGRAPHIC INFORMATION

Firstly some questions about you and your organisation. When we refer to “organisation” in this questionnaire we are referring to the hospital where clinical services are delivered – in this case the hospital to which this questionnaire was addressed.

Q1. Which of the following best describes your organisation? Please select one answer only

Small Private Hospital (less than 100 beds)	<input type="checkbox"/> 1
Larger Private Hospital (100 or more beds)	<input type="checkbox"/> 2
Major Public Metropolitan Hospital	<input type="checkbox"/> 3
Other Public Metropolitan Hospital	<input type="checkbox"/> 4
Regional Public Hospital	<input type="checkbox"/> 5

Q2. Where is your organisation located? Please select one answer only

New Zealand	<input type="checkbox"/> 1
Australian Capital Territory	<input type="checkbox"/> 2
New South Wales	<input type="checkbox"/> 3
Northern Territory	<input type="checkbox"/> 4
Queensland	<input type="checkbox"/> 5
South Australia	<input type="checkbox"/> 6
Tasmania	<input type="checkbox"/> 7
Victoria	<input type="checkbox"/> 8
Western Australia	<input type="checkbox"/> 9

Q3. Which of the following best describes your role in the organisation? Please select one answer only

Member of the Board of Directors	<input type="checkbox"/> 1
CEO	<input type="checkbox"/> 2
Senior staff member	<input type="checkbox"/> 3
Department Head or Divisional Director	<input type="checkbox"/> 4
Human Resources Director / Manager	<input type="checkbox"/> 5
Practice Manager	<input type="checkbox"/> 6
Other ... Please Specify	<input type="checkbox"/> 96

DISCRIMINATION, BULLYING AND SEXUAL HARASSMENT

Now some questions about discrimination, bullying and sexual harassment. The definition of these terms as used in this questionnaire are as follows:

Discrimination means treating a person with an identified attribute or personal characteristic less favourably than a person who does not have the attribute or personal characteristic. Australian federal, New Zealand and State legislation outline a list of characteristics protected by law against which discrimination is unlawful. For example: gender, age, religious belief, political belief, pregnancy, breastfeeding, disability, impairment, marital status, family responsibilities, sexual orientation, race, cultural background. **Harassment** is a form of discrimination. It is unwanted, unwelcome or uninvited behaviour that makes a person feel humiliated, intimidated or offended as it relates to one of the protected characteristics named above.

Bullying is 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. 'Unreasonable Behaviour' is 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.

Sexual Harassment is defined as unwelcome sexual advances, request for sexual favours and other unwelcome conduct of a sexual nature, by which a reasonable person would be offended, humiliated or intimidated. Sexual harassment may include, but is not limited to; leering, displays of sexually suggestive pictures, videos, audio tapes, emails & blogs etc. books or objects, sexual innuendo, sexually explicit or offensive jokes, graphic verbal commentaries about an individual's body, sexually degrading words used to describe an individual, pressure for sexual activity, persistent requests for dates, intrusive remarks, questions or insinuations about a person's sexual or private life, unwelcome sexual flirtations, advances or propositions and unwelcome touching of an individual, molestation or physical violence such as rape

Q4. Has your organisation had or experienced instances of discrimination, bullying or sexual harassment by surgeons, over the last 5 years?

Yes	<input type="checkbox"/>	1
No	<input type="checkbox"/>	2 GO TO Q11

Q5. Which of the following has been considered a concern in your organisation in the past 5 years?

Discrimination by surgeons

Yes	<input type="checkbox"/>	1
No	<input type="checkbox"/>	2
Unsure	<input type="checkbox"/>	3

Bullying by surgeons

Yes	<input type="checkbox"/>	1
No	<input type="checkbox"/>	2
Unsure	<input type="checkbox"/>	3

Sexual harassment by surgeons

Yes	<input type="checkbox"/>	1
No	<input type="checkbox"/>	2
Unsure	<input type="checkbox"/>	3

Q6. How often have instances of the following occurred in your organisation over the last 5 years?

Discrimination by surgeons

At least once a week	<input type="checkbox"/> 1
At least once a month (but not every week)	<input type="checkbox"/> 2
Every 2 -3 months	<input type="checkbox"/> 3
Once or twice a year	<input type="checkbox"/> 4
Less often than once a year	<input type="checkbox"/> 5
Never	<input type="checkbox"/> 6

Bullying by surgeons

At least once a week	<input type="checkbox"/> 1
At least once a month (but not every week)	<input type="checkbox"/> 2
Every 2 -3 months	<input type="checkbox"/> 3
Once or twice a year	<input type="checkbox"/> 4
Less often than once a year	<input type="checkbox"/> 5
Never	<input type="checkbox"/> 6

Sexual harassment by surgeons

At least once a week	<input type="checkbox"/> 1
At least once a month (but not every week)	<input type="checkbox"/> 2
Every 2 -3 months	<input type="checkbox"/> 3
Once or twice a year	<input type="checkbox"/> 4
Less often than once a year	<input type="checkbox"/> 5
Never	<input type="checkbox"/> 6

IF "NEVER" TO ALL THREE ISSUES AT Q6 THEN GO TO Q11, OTHERWISE CONTINUE:

-
- Q7. In these instances of discrimination, bullying and/or sexual harassment by surgeons which occurred in your organisation in the past 5 years, to the best of your knowledge what types of behaviour occurred?**

Please describe the behaviour for relevant issues below with as much detail as you can.

DISCRIMINATION:

BULLYING:

SEXUAL HARASSMENT:

IF DISCRIMINATION EVER OCCURS IN YOUR ORGANISATION (AT Q6), CONTINUE. OTHERS GO TO Q9

Q8. Which of the following types of discrimination by surgeons, have occurred in your organisation in the past 5 years? Please select all that apply.

Gender / Sex / Pregnancy	<input type="checkbox"/>	1
Race / Religion / Culture	<input type="checkbox"/>	2
Disability / Impairment	<input type="checkbox"/>	3
Other ... Please specify	<input type="checkbox"/>	96

IF DISCRIMINATION, BULLYING OR SEXUAL HARASSMENT EVER OCCURS IN YOUR ORGANISATION (AT Q6), CONTINUE. OTHERS GO TO Q11

Q9. How did your organisation become aware of the instances of discrimination, bullying and/or sexual harassment by surgeons that occurred in your organisation in the past 5 years? Please select all that apply.

Staff survey	<input type="checkbox"/>	1
Word of mouth	<input type="checkbox"/>	2
Formal complaint	<input type="checkbox"/>	3
Directors / Managers meetings	<input type="checkbox"/>	4
Information provided by unions	<input type="checkbox"/>	5
Information provided by Human Resources Department	<input type="checkbox"/>	6
Information from the College of Surgeons	<input type="checkbox"/>	7
Other ... (Please Specify)	<input type="checkbox"/>	96

Q10. The following are factors that can contribute to discrimination, bullying and sexual harassment. Which of these has your organisation decided to address in dealing with discrimination, bullying and sexual harassment by surgeons? Please select all that apply.

Lack of effective mechanisms for complaint management	<input type="checkbox"/> 1
Lack of effective mechanisms to manage informal complaints and other knowledge about inappropriate conduct	<input type="checkbox"/> 2
Lack of education / training	<input type="checkbox"/> 3
Acceptance of existing culture by senior staff	<input type="checkbox"/> 4
Gender imbalance	<input type="checkbox"/> 5
Hierarchical structure	<input type="checkbox"/> 6
Lack of support for action from Board of Directors	<input type="checkbox"/> 7
Lack of support for action from CEO	<input type="checkbox"/> 8
Fear of making a complaint against a surgeon	<input type="checkbox"/> 9
Lack of action from speciality societies	<input type="checkbox"/> 10
Lack of action from College of Surgeons	<input type="checkbox"/> 11
Other ... (Please Specify)	<input type="checkbox"/> 96

Don't Know	<input type="checkbox"/> 99

ALL

Q11. According to your organisation's required records on these issues, for the past 5 years which individuals if any are most likely to subject others to discrimination, bullying and sexual harassment as it relates to the practice of surgery in your organisation? *Please select all that apply.*

Board of Directors	<input type="checkbox"/>	1
CEO and/or senior management	<input type="checkbox"/>	2
Senior Hospital administrators	<input type="checkbox"/>	3
Surgical Director and/or Surgical Consultants	<input type="checkbox"/>	4
Other medical consultants	<input type="checkbox"/>	5
Junior medical staff/trainees	<input type="checkbox"/>	6
Human Resources management and/or staff	<input type="checkbox"/>	7
Nursing staff	<input type="checkbox"/>	8
Allied health professionals	<input type="checkbox"/>	9
Medical administration staff	<input type="checkbox"/>	10
Hospital administration staff	<input type="checkbox"/>	11
Other ... (Please Specify)	<input type="checkbox"/>	96
<hr/>		
No type of person in particular	<input type="checkbox"/>	97

Q12. Which of the following approaches in addressing discrimination, bullying and sexual harassment as it relates to the practice of surgery has your organisation put in place over the last 5 years? Please select all that apply.

Workplace policies on discrimination, bullying and sexual harassment	<input type="checkbox"/> 1
A specific workplace policy and program on equal opportunity and gender equity	<input type="checkbox"/> 2
A complaint and grievance procedure	<input type="checkbox"/> 3
Presentation to staff (i.e. where staff are gathered together)	<input type="checkbox"/> 4
General internal training	<input type="checkbox"/> 5
External consultant conducting culture reviews or interventions	<input type="checkbox"/> 6
A designated Culture Officer/role	<input type="checkbox"/> 7
Investigation (internal process used)	<input type="checkbox"/> 8
Investigation (external investigator used)	<input type="checkbox"/> 9
Provision of information about discrimination, bullying and sexual harassment to new employees as part of the induction process	<input type="checkbox"/> 10
Provision of specific targeted training for all employees on discrimination, bullying and sexual harassment in the workplace	<input type="checkbox"/> 11
A designated person or contact officers available to employees if they have any concerns regarding discrimination, bullying or sexual harassment in the workplace	<input type="checkbox"/> 12
Provision of flexible working arrangements	<input type="checkbox"/> 13
Provision of value based programs on respectful behaviour	<input type="checkbox"/> 14
Other ... (Please Specify)	<input type="checkbox"/> 96
None of the above	<input type="checkbox"/> 97

CULTURAL CHANGE

Now some questions about cultural change initiatives in your organisation.

Q13. Has your organisation undertaken a cultural change initiative aimed at addressing discrimination, bullying or sexual harassment as it relates to the practice of surgery over the last 5 years? *Please see examples of such initiatives listed below for reference.*

Yes	<input type="checkbox"/> 1
No	<input type="checkbox"/> 2 GO TO Q17

If yes, which of the following initiatives were undertaken? *Please select all that apply.*

Training/education initiative	<input type="checkbox"/> 1
Leadership training (for senior staff)	<input type="checkbox"/> 2
Awareness (Marketing) Campaign covering appropriate workplace behaviours	<input type="checkbox"/> 3
Campaign that highlighted the organisation's values and behavioural expectations	<input type="checkbox"/> 4
Implementation of a zero tolerance policy for bullying	<input type="checkbox"/> 5
Implementation of a zero tolerance policy for sexual harassment	<input type="checkbox"/> 6
Initiated a peer support or other support program	<input type="checkbox"/> 7
Mentoring program	<input type="checkbox"/> 8
Other ... (Please Specify)	<input type="checkbox"/> 96

Q14. How did/does your organisation measure the effectiveness of the cultural change initiatives undertaken? *Please select all that apply.*

Reduction in reported issues	<input type="checkbox"/> 1
Staff survey results	<input type="checkbox"/> 2
Positive feedback from staff members	<input type="checkbox"/> 3
Positive feedback from patients	<input type="checkbox"/> 4
Other ... (Please Specify)	<input type="checkbox"/> 96
Measures were not identified and progressed	<input type="checkbox"/> 97

Q15. Who, if any, of the following are the key people that drive cultural change regarding discrimination, bullying and sexual harassment as it relates to the practice of surgery in your organisation?
Please select all that apply.

Board of Directors	<input type="checkbox"/>	1
CEO and senior management	<input type="checkbox"/>	2
Senior hospital administrators	<input type="checkbox"/>	3
Surgical Director and/or Surgical Consultants	<input type="checkbox"/>	4
Other medical consultants	<input type="checkbox"/>	5
Junior medical staff/trainees	<input type="checkbox"/>	6
Human Resources management and/or staff	<input type="checkbox"/>	7
Nursing staff	<input type="checkbox"/>	8
Allied health professionals	<input type="checkbox"/>	9
Medical administration staff	<input type="checkbox"/>	10
Hospital administration staff	<input type="checkbox"/>	11
Union/s	<input type="checkbox"/>	12
Other ... (Please Specify)	<input type="checkbox"/>	96
<hr/>		
No type of person in particular	<input type="checkbox"/>	97

Q16. Which one of the following influences has your organisation identified as being the most important factor in achieving cultural change regarding discrimination, bullying and sexual harassment as it relates to the practice of surgery in your organisation? *Please select one answer only.*

Board of Directors empowering CEO/Senior leadership team	<input type="checkbox"/>	1
Surgeons taking the lead and immediately addressing inappropriate comments and behaviour	<input type="checkbox"/>	2
Sufficient time and resources to provide training for all workplace participants	<input type="checkbox"/>	3
Sufficient commitment and motivation to pursue cultural change	<input type="checkbox"/>	4
Other ... (Please Specify)	<input type="checkbox"/>	96
<hr/>		
None identified	<input type="checkbox"/>	97
Don't Know	<input type="checkbox"/>	99

ALL

SOLUTIONS

Finally, some questions about solutions and actions to prevent discrimination, bullying and sexual harassment as it relates to the practice of surgery.

Q17. Which of the following actions has your organisation put in place in the past 5 years to assist in the prevention of discrimination, bullying and sexual harassment as it relates to the practice of surgery?
Please select all that apply.

Further training from the hospital/health service on inappropriate behaviour	<input type="checkbox"/> ₁
Further training from the College of Surgeons on inappropriate behaviour	<input type="checkbox"/> ₂
Resources to support more effective complaint management, intervention and resolution procedures in the workplace	<input type="checkbox"/> ₃
Better support mechanisms (e.g. EAP counselling, mediation and resolution services)	<input type="checkbox"/> ₄
Increased visible leadership and commentary by surgical department heads and surgical supervisors	<input type="checkbox"/> ₅
Other ... (Please Specify)	<input type="checkbox"/> ₉₆
Nothing / none of the above	<input type="checkbox"/> ₉₇

- Q18. What successful strategies, if any, does your organisation have to share that would help others effectively present and inspire change within their organisation to assist in the prevention of discrimination, bullying and sexual harassment as it relates to the practice of surgery?**

Please provide as much detail as you can.

COMMENT BOX:

- Q19. Where has your organisation found its most valuable information and/or resources on discrimination, bullying and sexual harassment as it relates to the practice of surgery that could be of use to other organisations?**

Please provide as much detail as you can.

COMMENT BOX:

Q20. What specific suggestions does your organisation have for ways in which the College of Surgeons could positively influence the culture within hospitals and health services to help identify, address and eliminate discrimination, bullying and sexual harassment as it relates to the practice of surgery?

Please provide as much detail as you can.

COMMENT BOX:

Thank You!

That was the final question. Thank you for your valuable time and assistance with this survey which has been conducted on behalf of the Expert Advisory Group, advising the Royal Australasian College of Surgeons. **Please remember to place the completed questionnaire in the reply-paid envelope provided and mail back directly to ORC International.**

As a reminder, please be assured that all the answers you have provided will be treated in the strictest of confidence and de-identified. This research is being conducted in keeping with the Australian Privacy Principles. Our privacy policy is available on our website (www.ORCInternational.com)