

# **Listening to women's voices**

**Results of the Victorian women's health survey 2023**

## **Survey methodology**

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# Methodology

## Introduction

This document outlines the methodology used for the 'Listening to women's voices' report. It includes details on the survey design, how data was collected, analysed, and interpreted. It also includes methodology limitations.

## Survey objectives

The Engage Victoria Survey aimed to understand:

- the health and wellbeing values and experiences of Victorian women and girls living with women's health conditions
- the experiences of Victorian women and girls when they access Victorian healthcare services to manage their women's health conditions
- the level of awareness, knowledge and views Victorian women and girls have about the health system.

## Approach to target population

The Department launched a Women's Health 'Around the table' campaign for six weeks between 4 September and 13 October 2023. This was a grassroots campaign designed to build awareness of women's health inequities and their impacts. It aimed to bring existing communities of women together to harness the power of collective discussion. Women were encouraged to discuss their lived experiences and values in managing their health conditions and accessing health services as well as complete the online survey, utilising 'word of mouth' as referral resources.

The Department utilised its existing stakeholder contacts and social media platforms. Some groups (e.g. priority cohorts) were intentionally selected to hear their voices. All approaches were utilised to gain maximal reach.

## Survey design

The Women's Health Engage Victoria, 'Around the table' survey ('the survey') was designed by the Department of Health's Strategic Communications and Engagement team in consultation with the Women's Health Branch and the Project Management Office within the Public Health Division.

The survey was developed with 22 questions (see Table 1), including a combination of multiple choice, closed and open-ended questions. Additional demographic questions were asked. For all questions participants were given the option to answer, or not answer (prefer not to say) or skip the question entirely. The survey was translated from English into ten most common community languages in Victoria to increase reach within culturally and linguistically diverse communities.

The survey targeted women and girls in Victoria above the age of 12.

The survey questions were modified to produce a second survey called 'Sharing a Women or Girl You Know Experiences' where a family member, healthcare professional, partner or friend could share the experiences of a woman or girl they knew. This survey target population was anyone responding on behalf of a Victorian woman or girl.

## Data collection

An online survey tool hosted on the Engage Victoria platform was used to collect survey data from 4 September to 13 October 2023. The survey took approximately 10 minutes for participants to complete. The survey tool was chosen because it was easy to implement, capable of collecting many responses and cost effective.

A total of 1,772 survey responses were collected. 1,693 'direct' responses from individual girls and women and 79 'indirect' responses from others in the community who shared experiences about a woman or girl they knew, such as a family member, friend, or a client.

All data collected was deidentified and exported into an Excel file to be cleaned and validated.

## Data cleaning and editing

Data cleaning and editing rules applied including:

- removal of blank surveys from the database
- removal of responses that were impacted by technical issues
- spelling checks
- moving contradictory responses for multi-category questions to the 'Other' category. For example, a participant may have responded 'Yes', 'No' and 'Prefer not to say' to the same question.

Overall, 21 of the 1,772 responses were removed as a result of the data cleaning activity.

## Data analysis

A combination of quantitative and qualitative methodology was deployed to conduct the data analysis of the cleaned 1,687 direct responses from individual girls and women, which informed the report.

Quantitative analysis evaluates measurable data. It was used to evaluate responses from multi-choice and demographic survey questions.

Qualitative analysis investigates data in words on thoughts, feelings, experiences, and other descriptive information. The responses from five open-ended (qualitative) survey questions were analysed using an inductive thematic approach, drawing on Clarke and Braun's<sup>1</sup> approach. An inductive thematic approach is where the analysts review the data without any preconceived ideas or theories of what codes and themes would emerge. The analysts then identify patterns/themes across the data. The approach was selected because it is a flexible approach and is commonly used in qualitative research to explore data on participants lived experience. Words from each participants response (known as an extract) can be coded (or tagged/labelled) to a short descriptor e.g. "Timely access to care" – connecting the data

to a theoretical term. The codes can then grouped into themes e.g. "Health Service performance". Analysis of the frequency of codes was also conducted, enabling the data to be quantified.

The coding analysis was done internally within the Department. An initial sample of extracts was analysed for each question to establish an initial coding list. The coding list was then reviewed by the team to condense similar codes, agree on common meanings for codes as well agree on grouping of codes into themes. The survey responses, agreed coding list and overarching themes were then imported into NVivo14 which is an industry standard qualitative data analysis software. As the coders conducted their analysis in NVivo new codes emerged. To ensure consistent interpretation of the data the team had regular sessions to agree on the naming of new codes, meanings of codes and groupings of codes into themes. The outcome of the initial analysis included a list of codes grouped into themes. Clear patterns emerged from the data in terms of the frequency of certain codes and relationships between certain themes.

Tools used for quantitative analysis included Power BI, Excel and R.

The main statistic reported was proportions. Proportions (expressed as a percentage) were calculated by dividing the count of the variable by the whole (total number of survey participants). Proportions in the report reflected:

- participants that answered a specific question or aspect of a question (as in multi-category questions)
- participants extract/s that were coded via thematic analysis to a specific category e.g. 'timely access'. Note that participants' extracts were only counted once if they had multiple extracts coded to the same category.

## Limitations

There are some limitations in the methodology which may affect the credibility of the findings.

These include:

- Limitations in the survey design including how questions were constructed and their order. Some cross over in the question wording led to duplication and significant overlaps in responses.
- The use of online surveys, whilst the reach can be large it restricts the ability to probe for deeper insights and explore nuances in participant responses. As a result, it was not possible to ask follow-up questions, clarify ambiguities, or delve into the complexities of individual experiences. Usually, online surveys rely on self-selection of participants instead of random sampling across the community. This can lead to bias in the types of responses received.
- The online survey was the only form of engagement available, therefore the diversity of responses from Victorians is limited.
- The way the survey was promoted may have impacted the overall demographic representation. There was very low representation from under 17-year-olds and over 65-year-olds, however, a higher representation was evident from 35–54-year-olds.
- The coding process is subject to interpretation; therefore, it is not possible to eliminate all bias from the report. However, steps were taken to reduce bias by coding all data equally as well as reduce consistency issues by holding regular coding and theming sessions.
- Due to limitations imposed on the length of the survey for publication, the findings were substantively summarised. During this process more weighting may have been allocated for some findings rather than others.

# Appendix

## Survey questions

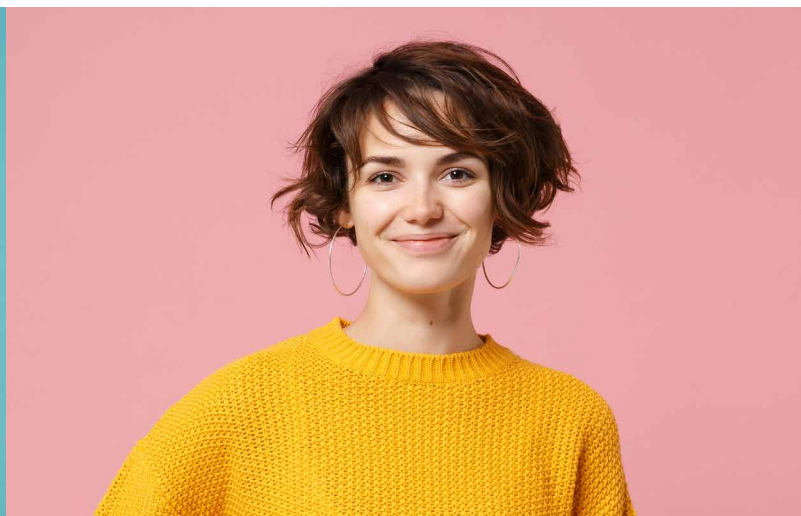
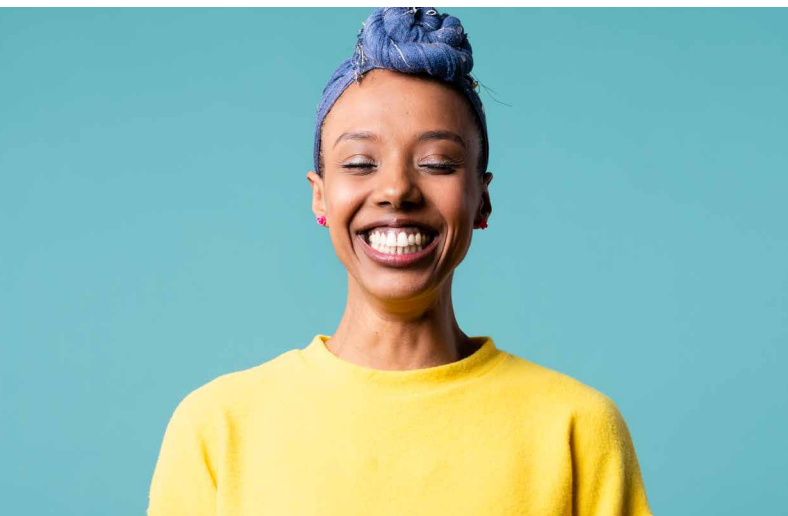
**Table 1: Survey questions**

Question	Type of question
1. When you think about your health and wellbeing, what matters most to you?	Open
2. Have any of the following women's health conditions impacted you?	Multiple selection
3. How do women's health conditions impact your life and wellbeing?	Open
4. Thinking of a time where you experienced symptoms or signs relating to a women's health condition – did you seek advice or support?	Multiple selection
5. What helped you to seek advice or support?	Multiple selection
6. Why didn't you seek advice or support?	Multiple selection
7. Thinking of when you first started experiencing symptoms or signs related to a women's health condition – where or who did you go to for information?	Multiple selection
8. Have you previously accessed healthcare services to manage your women's health conditions?	Multiple selection
9. What were the healthcare services accessed	Multiple selection
10. Were you able to receive the support you needed to manage your women's health conditions at this service/s?	Multiple selection
11. If you had a positive experience using any of the services selected, please tell us why.	Open
12. If you had a negative experience using any of the services selected, please tell us why.	Open
13. Did you experience any challenges in getting to or accessing the healthcare service?	Multiple selection
14. Do you have any suggestions about how your experience could have been improved?	Open
15. If you did not access healthcare services or support to manage your women's health conditions – please tell us why.	Multiple selection
16. Have you seen or heard about the Victorian Government's work to improve women's health across Victoria?	Multiple selection
17. What have you seen or heard?	Open
18. What are some of the words that come to mind when you think about women's health? These can be positive or negative.	Open
19. What women's health services do you know about?	Multiple selection
20. Do you think you can access the right healthcare advice for women's health conditions?	Multiple selection
21. When you need trusted and reliable information about women's health, where do you go?	Multiple selection
22. Please provide any further comments, observations, or ideas on managing women's health and accessing women's health services.	Open

# References

- 1 Clarke, V. & Braun, V. (2013) Teaching thematic analysis: Overcoming challenges and developing strategies for effective learning. *The Psychologist*, pp. 26(2), 120–123.





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