

Attitude and Preferences of Surgical Patients Towards Female Surgeons

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ABSTRACT

Objective To assess patient preferences towards gender of operating surgeon so as to predict acceptance of female surgeons in the segment of Pakistani population.

Study design Cross sectional survey.

Place & Duration of study Department of Surgery Shifa College of Medicine & Shifa International Hospital Islamabad, from January 2012 to December 2013.

Methodology Patients of both genders, who were scheduled for any general surgical procedure were included. Patients below 18 year of age were excluded. Questionnaire included statements related to choice of gender of operating surgeon, type of surgery performed, qualification, age, marital status of the patient and area (rural/urban) of origin. Results were analyzed using SPSS version 17. Chi-square test was used for calculating significance of categorical variables.

Results Out of total 324 patients 182(56.2%) were males and 137(42.3%) females. Eight patients did not mention about their gender. Majority (46.6%) of the patients had no preference for gender of the operating surgeon while 113 (34.9%) preferred male surgeons. Fifty-two (16%) however had preference for female surgeons.

Conclusions Slight preponderance was noted for gender preference either male or female. The surgeon gender consideration was only based upon type of the procedure performed.

Key words Gender, Patient preferences, Female surgeons, Women in surgery.

INTRODUCTION:

Patients' preferences in provision of healthcare are important consideration specially regarding the gender of the treating physician or surgeon.¹ The patients' preference, specifically regarding gender of the treating surgeon becomes even more important in a conservative community like Pakistan.

The number of females graduating doctors and joining surgical specialties is increasing annually;² hence it becomes necessary to evaluate how patients perceive them specially as surgeons. In literature

studies can be found on patients' choices regarding gender of treating physicians, gynecologist, plastic surgeons and orthopedic surgeons.³⁻⁵ There are few studies on patients' choices about surgeon gender, attire or demeanor.^{6,7} There are studies on the career choices among the medical graduates as well.^{8,9} No study from Pakistan was found that reflects preferences of our population towards gender of treating surgeon. As Pakistani people are more conservative it is therefore necessary to find out their perceptions and preferences towards female surgeons. This will help in making curricular changes with regards to population choices. It will also create awareness among new pool of trainee doctors about patient perceptions so that they can decide for selecting specialty of training in relation to client's preference and requirement of our society.

We hypothesized that male surgeons are preferred for all the surgical procedures by both male and

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female patients in Pakistani population, except for the procedures of perianal region and breast where same sex of surgeon as of the patient is the choice.

METHODOLOGY:

This was a cross-sectional study. All the patients who were booked for any surgical procedure from January 2012 to December 2013 at Shifa International Hospital, other than the gynecological and obstetrical procedures, were included after taking informed consent. The questionnaire was sent through a person who was not a member of the treating team. Patients below 18 year of age were excluded. The results were analyzed using SPSS version 17 and Chi-square test was applied for calculating significance of the responses.

RESULTS:

A total of 324 patients undergoing non gynecological surgical procedures were included in the study out of which 319 (98.5%) responded to the survey questionnaire. 35.2% of the patient population showed their preference for the male surgeons, 46.6% had no choice regarding gender of the operating surgeon and only 16.7% showed their preference for female surgeons (table I). Only those female patients who had to undergo perianal, breast or axillary surgical procedures showed preference for a female surgeon otherwise there was no specific choice for the gender of the operating surgeon ($p=0.00$). This preference was also noted to be significantly related to the profession of the patient ($p=0.00$). However patient qualification, age, marital status and area (rural/urban) of origin had no impact.

DISCUSSION:

Our study did not find significantly important preference for the gender of the operating surgeon among our group of patients. However, when there was a preference it was based upon the type of the surgical procedure. Studies from all over the world are found on patients' preferences for the gender and qualities of the healthcare professionals, specially about the gynecologists, obstetricians, general physicians, plastic and breast surgeons.^{4,10,11} The data is specifically deficient from our part of the world where community is more conservative. Our community preferences definitely vary from the western world. Moreover the educational and literacy level in our society are different from the western world.¹² So it was expected that our population would have difference from what is reported from west.

There is a steady rise in the female graduating doctors and so are the females opting for surgical specialities as compared to previous era where

surgery was considered a male speciality.^{2,13,14} One of the important factors considered for this difference was lack of leadership and mentors in surgical specialities.^{15,16} It is also important to assess the community requirement and demands as to which gender is preferred in different surgical specialties so that specialists can be produced based upon the public demand.

Our results further showed that there is a future demand of female surgeons only in few sub-specialties like breast and peri-anal surgery in Pakistan. Subspecialties can be designed accordingly so that community can be better served and specialists are produced according to the demands. This study may also help the postgraduate training institutes and the trainee doctors to decide about their future career options based upon the community requirements and demands so as to develop services in the required specialty.

It was also reflected from the study that our conservative female patients had reservations for male surgeons especially for surgical procedures relevant to the breast and the genitalia. Because of non availability of the female surgeons many female patients may remain untreated for the diseases which can be easily managed otherwise. This is specially true for breast cancer which is one of leading malignancies in females.¹⁷ The presentation of breast cancer is very late in this part of the world and the key reason for it is shyness and non availability of female surgeons.¹⁸

CONCLUSIONS:

Patients had procedure dependent preference for the gender of the operating surgeon. Overall preference was not significantly different.

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Table I: Variables Assessed					
Variable		n (%)	Preference for Gender of Surgeon		
			Male (n)	Female (n)	None (n)
Marital status	Married	224 (69.1%)	87	31	106
	Widowed / divorced	10 (3.1%)	0	2	8
	Single	85 (26.2%)	27	21	37
	p= 0.02				
Qualification	Uneducated	53 (16.4%)	13	8	32
	Matric and below matric	158 (48.8%)	56	26	76
	Graduate and above	108(33.4%)	45	20	43
	p= .069				
Rural / urban background	Rural	104 (32.1%)	46	14	45
	Urban	215 (66.3%)	68	40	106
	p=0.283				
Age	Below 50 year	217(67%)	77	41	109
	Above 50 year	102 (31.5%)	37	13	52
	p= 0.105				
Sex	Males	182 (56.2%)	96	14	72
	Females	137 (42.3%)	18	40	79
	p= 0.00				
Profession	Business	58 (17.9%)	25	8	25
	Housewives	89 (27.5%)	15	24	50
	Student	41 (12.7%)	11	8	22
	Unemployed	40 (12.3%)	19	5	16
	Medical profession	11 (3.4%)	4	2	5
	Engineering and other	6 (1.9%)	1	2	3
	Government jobs	34 (10.5%)	14	2	18
	Others	40 (12.3%)	25	3	12
	p= 0.00				
Surgical procedures	Head and including the ophthalmic procedures	87 (26.8%)	15	8	64
	Breast and axillary surgeries	20 (6.2%)	2	11	7
	Thoracic surgeries	11 (3.4%)	4	1	6
	Abdominal procedures including the hepatobiliary, bowel surgery and the abdominal wall hernias	93 (28.7%)	27	22	44
	Orthopedics procedures on the limbs	37 (11.4%)	17	5	15
	Urology procedures	12 (3.8%)	8	1	3
	Perianal and groin region surgery	38 (11.7%)	27	4	7
	Neurosurgical procedures	21 (6.5%)	14	2	5
p=0.00					
Awareness about disease / diagnosis	Yes	296 (91.4%)	106	51	139
	No	23 (7.1%)	8	3	12
	p= 0.84				

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