

Does Gender Affect Patient's Physician Choice During The Antenatal Follow-Up?*

Gebelik Takibinde Hastaların Hekim Tercihinde Hekim Cinsiyetinin Etkisi Var mı?

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ABSTRACT: *Aim:* The aim of the study was to find out whether gender preference plays a role in the physician choice of women needing obstetric care and to investigate the factors affecting this choice.

Methods: This was a cross-sectional research. The study group comprised 191 women who gave birth to their babies in Afyon Zubeyde Hanim Maternity Hospital during the February of 2003. Data were collected using survey forms and face-to-face interview technique whereby women were interviewed in the early postpartum period before being discharged from the hospital.

Results: 8.90% (17 women) of the women reported that they preferred male physicians and 11.0% (21) of the women reported that they preferred female physicians to follow-up their pregnancy, while 80.10% (153) said that they did not make such a gender preference. When women were asked to state the reasons that affected their choice of physicians, the most recurrent answer among those who did not choose physicians according to their gender and those who chose male physicians was trust in the professional experience and technical competence of the physician, whereas those who preferred female physicians explained their preference by humane treatment like the physician's being closer to the patients and more empathetic.

Conclusions: It was seen that the physician's technical competence and professional experience or personal characteristics like compassion for the patient or successful communication skills were rated higher than the physician's gender when women needing obstetric care chose their physicians.

Key Words: Gender preference, Pregnancy, Prenatal care, Physician gender.

ÖZET: *Amaç:* Çalışmada kadınların gebelik takiplerini yaptıkları hekimi tercih ederken, hekimin cinsiyetine önem verip vermediklerinin araştırılması amaçlandı.

Gereç ve yöntem: Araştırma kesitsel tarzda yapıldı. 2003 yılının Şubat ayında, Afyon Zubeyde Hanim Doğumevi'nde doğumlarını yapmış olan 191 kadın araştırma grubunu oluşturdu. Bilgiler erken doğum sonrası dönemde, kadınlar hastaneden taburcu olmadan önce, yüz-yüze görüşme tekniği ve anket formları kullanılarak toplandı.

Bulgular: Olguların %11'inin (21 kadın) kadın hekimi, %8.90'unun (17) erkek hekimi tercih ettiği, %80.10'unun ise (153) ise hekim tercihinde herhangi bir cinsiyet ayrımı yapmadığı belirlendi. Kadınlara hekim tercihlerini etkileyen önemli hekim özelliğinin ne olduğu sorulduğunda; erkek hekimi tercih eden ve hekimde cinsiyet ayrımı yapmayan grupların hekimin mesleki bilgi ve tecrübesine duydukları güveni ön plana aldıkları, buna karşın kadın hekimi tercih edenlerin ise daha çok hekimin kendilerini anladığına inanma ve hekimi kendine yakın hissetme gibi insancıl değerleri öne çıkardıkları görüldü.

Sonuç: Kadınlar gebelik takipleri için hekim tercihi yaparken, hekimin cinsiyetinden çok mesleki bilgi ve deneyimine, ya da hastaya yakın davranma ve iletişimde başarılı olma gibi kişisel özelliklerine önem vermektedirler.

Anahtar Kelimeler: Cinsiyet tercihi, Gebelik, Gebelik takibi, Hekim cinsiyeti.

INTRODUCTION

Whether the physician's sex affects women's choice of physician or not is an interesting question. Obstetricians and gynecologists are at the center of this issue because their routine examination practise includes the examination of genital organs. It is seen that acting on the assumption that patients prefer

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female obstetricians to male obstetricians to a greater extent and that the former develops a greater patient potential in a shorter period of time, private institutions generally prefer to employ women obstetricians [1,2]. These issues affect the specialization preferences of new graduate physicians and number of male obstetricians decreases while there are increasingly more female obstetricians. It is reported that at present approximately one thirds of the American College of Obstetrician and Gynecologist members and two thirds of the obstetrician-gynecologist resident applicants are women, whereas their rate was about 8% in early 1970s [3].

Patient satisfaction is considered an important factor in patient-physician relations, since it ensures that there is a strong bond between the patient and the physician, which ensures that the patient sticks to the treatment recommended by the physician, and since it is a general indicator of quality in the health service provided [4,5]. A study carried out with patients who applied to the family doctor investigated the factors that played a role in patient's choice of physicians and found that continuity of service (seeing the same doctor) was the most important factor, which was followed by comprehensiveness in communication, availability when needed, experience and compassion [6]. However, it was noted that in special clinical situations requiring genital and anal examination, patients in both sexes usually chose physicians who were of the same sex [7-9]. Although not linked directly to those preferences, communication studies of primary care visits found broad differences between physicians of different genders. Both male and female patients of female physicians disclosed that female physicians engaged in more partnership building, emotionally focused talk, positive talk and psychosocial exchange than male physicians [9-13].

In the light of these data, it is important to learn the factors affecting physician choice of patients in obstetric antenatal follow-ups and patients' considerations about the physician's gender. Recently there have been studies focusing on whether patients in the field of obstetrics and gynecology prefer physicians who are of the same sex with them. According to the results of such studies nearly half of the patients generally take the physician's gender in consideration when they are choosing their physicians [1,14]. It is also reported that in prenatal follow-ups the physician's gender affected both communication between the physician and the patient and the patient's sense of satisfaction [15]. On the contrary of these findings, some researchers couldn't demonstrate a strong preference among the majority of women for the gender of their obstetrician-gynecologist [16,17].

The present study aimed at investigating whether patients in our region chose their physicians

according to the physicians' gender while taking health care related with pregnancy follow-up and, if there was such a preference, to identify its reasons.

MATERIALS AND METHODS

This was a cross-sectional research. The study group comprised women who gave birth to their babies in Afyon Maternity Hospital. The study was approved by both Afyon Kocatepe University School of Nursing, and Afyon, Zubeyde Hanim Maternity Hospital's Institutional Review Board. There are nine obstetricians working in the concerned maternity hospital and three of them are female. Afyon Maternity Hospital is a community hospital that is affiliated to Ministry of Health and provides primary and secondary health care service. Although number of female physicians is less than that of male physicians, the hospital administration does not impose any rule on patients' physician choices and patients can have examination appointments from the polyclinic of any physician they want.

The population of pregnant women who delivered in the Afyon Zubeyde Hanim Maternity Hospital is about 3500 annually. In the study period which is continued during the February of 2003, there was a total of 260 births in the concerned hospital. All women who had their pregnancy follow-ups by the maternity hospital's doctors comprised the study group. Data were collected using survey forms and face-to-face interview technique whereby women were interviewed in the postpartum period before being discharged from the hospital. Women were informed about the aim of the study and their oral approvals were taken before being included in the study. Thirty-seven women who reported that they had their pregnancy follow-ups outside the maternity hospital and 32 women who did not want to fill in the survey form were excluded from the study and the study was concluded with the remaining 191 women (73.5% of all cases). All interviews were conducted by Afyon Kocatepe University School of Nursing members in morning visits to postpartum services.

The survey form included questions on fertility as well as those related to educational level and economic status of the family, place of residence, genders of the physicians who made the women's pregnancy follow-ups and reasons why patients preferred these physicians. In terms of educational level, patients were allocated to three groups: those who finished primary school, those who graduated from high school and university graduates. As for income status, patients were divided into two groups as those income level under poverty line and those above poverty line, based on the criterion of mean monthly income level determined by the state for a family of four people. Nowadays, poverty line is

about one thousand dollars when changed from Turkish lira.

The patients were asked whether the physician's gender affected their choice of physician and after that, other factors that affected their choice of the physician. For this purpose, qualities generally believed to be important in being a good physician were presented to cases in multiple choice form and patients were asked to choose the alternative that best fits their reason of physician choice. Patients' priorities for medical care study of Fletcher et. al. was utilized in order to express the alternatives in full sentences [6]: **competence**; your doctor should possess good technical skills, **comprehensiveness**; your doctor should be able to manage a wide variety of medical problems, **humaneness**; your doctor should be understanding and easy to talk to, and reserved enough time, **availability**; you should be able to get in touch with your doctor when you need to, **continuity**; you should see the same doctor at every visit. As competence and comprehensiveness as well as availability and continuity had meanings close to each other and were perceived by most of the patients as the same terms, they were included in the same alternative to ensure ease of understanding. In order to find out the effects of environmental influences and religious faith, which are among important value judgments of the surveyed population, on patients' choice of physicians, two more alternatives were added to above-mentioned ones: **environmental influences**; effect of people like spouse, relatives and neighbors with whom the patient

shares the same circle on the patients' physician choice, effect of **religious faith**; thinking that it is not religiously proper to be examined by a doctor from the opposite sex. All women who were asked their religious faith said that they were observant Muslims.

Patients were divided into groups as those who said that they did not choose their physician according to gender, those who preferred male physicians and those who preferred female physicians. Patient groups who choose male or female doctors were compared with those who did not choose their physicians according to the physician's gender in terms of obtained data.

Statistical analysis

Data were analyzed with SPSS 10.0 software (SPSS Inc., Chicago, IL, USA). Relations among groups in terms of patient's age, fertility and pregnancy follow-ups were analyzed using Kruskal-Wallis one way ANOVA, and relations among groups in terms of patient's educational level and economic status and place of residence were analyzed using Pearson Chi-Square test (Table 1). T test was used in controlling the significance of the difference between two percentages in the statistical analyses carried out to find out whether there was any difference between groups in terms of characteristics determining physician choice. (Table 2). A p-value less than 0.05 was considered statistically significant.

Table 1. Some characteristics of groups.

Characteristics	Male physician	Female physician	Neither	p
Age*	23,40 ± 4,50	22,45 ± 4,40	25,20 ± 5,25	0,047
Gravida *	2,35 ± 1,20	2,00 ± 1,50	2,53 ± 1,67	NS
Para*	2,18 ± 1,20	1,80 ± 1,25	2,15 ± 1,36	NS
Education†				
Primary school	11 (64,70)	17 (80,90)	119 (77,80)	
High school	4 (23,50)	3 (14,30)	34 (22,20)	
University graduate	2 (11,80)	1 (4,80)	6 (3,90)	NS
Place of residence†				
Rural	10 (58,80)	14 (66,70)	80 (52,30)	
Urban	7 (41,20)	7 (33,30)	73 (47,70)	NS
Work†				
House-wife	14 (82,40)	19 (90,50)	137 (89,50)	
Working women	3 (17,60)	2 (9,50)	16 (10,50)	NS
Income level†				
≤ poverty line	12 (70,85)	19 (90,50)	142 (92,80)	
> poverty line	5 (29,15)	2 (9,50)	11 (7,20)	NS
Number of controls during pregnancy*	4,60 ± 3,02	3,05 ± 2,25	3,70 ± 2,90	NS

Male physician = Those who preferred male physician. (n= 17).

Female physician = Those who preferred female physician. (n= 21).

Neither = Those who did not choose physician by gender. (n= 153).

* Values were given as mean±standart deviation; data analyzed by Kruskal-Wallis test.

† Values were given as number (%); data analyzed by Pearson chi-square test,

NS= Statistically non-significant.

Table 2. *Priorities for physician preference according to groups.*

Physician attribute	Male physician number, (%)	Female physician number, (%)	Neither number, (%)	p*
Competence and comprehensiveness	9 (53,00)	4 (19,80)	55 (35,90)	<0.05
Humaneness	3 (17,60)	8 (38,05)	41 (26,80)	NS
Availability and continuity	3 (17,60)	3 (14,30)	28 (18,30)	NS
Environmental influences	2 (11,80)	5 (23,80)	22 (14,40)	NS
Religious faith	--	1 (4,80)	7 (4,60)	NS
Total	17 (100)	21 (100)	153 (100)	

Male physician = Those who preferred male physician, (n= 17).

Female physician = Those who preferred female physician, (n= 21).

Neither = Those who did not choose physician by gender, (n= 153).

* T test was used in controlling the significance of the difference between two percentages in the statistical analysis.

NS= Statistically non-significant.

RESULTS

It was found that of the 191 women who were taken into evaluation, 38 (19.9%) chose the physician to follow their pregnancy according to the physician's gender; of these 38 patients, 17 (8.9%), preferred male and 21 (11.0%), preferred female physicians. 153 women (80.1%) stated that they did not have preferences regarding the physician's gender. The following percentages are rounded to the nearest whole number. Data about some characteristics of all three groups are presented in Table 1. It was found that mean age of the women who preferred female physicians in pregnancy follow-up was the lowest and that mean age of those who did not choose physicians by gender was statistically significantly higher than others ($p < 0.05$). There was no statistically significant difference among groups in terms of other characteristics ($p > 0.05$).

Examination of the reasons for the patients' physician preferences showed that there were differences between preference priorities among groups (Table 2). Those women who preferred male physicians and those who did not have gender preference took competence and comprehensiveness of the physician into consideration, whereas those who preferred female physicians prioritized the feeling that physician understood them and reserved enough time for them (humaneness). Although the order of priorities varies among groups, these reasons are followed by availability and continuity, and environmental influences. As for choosing physicians ac-

ording to religious faith, this was not a consideration, as expected, in those who preferred male physicians and had a low level of influence in comparison to other reasons among those who preferred female physicians and who did not choose physicians by gender. It was seen that reliance on the physician's competence and comprehensiveness in those preferring male physicians (53%) was statistically significantly higher than that in those preferring female physicians (19.8%) ($p < 0.05$) and that there was no statistically significant difference between groups with respect to other reasons of preference in the dual comparisons.

DISCUSSION

It is seen that four fifths of the women ignored the physician's gender when choosing their physicians; in other words they did not believe that the sex of the physician affected the health service they took during pregnancy follow-up. The fact that of the women who chose their physicians by gender, only a little bit more than the half preferred female physicians contradicts the general belief that female obstetricians are more in preference than male obstetricians. Given that the studies conducted on patient groups who applied to obstetricians in the United States showed that 35-65% of patients preferred female physicians [1,14,15], it is seen that women in our study showed a lesser degree of gender preference in their physician choice.

The findings of our study are also different from family physician-origin publications reporting that most of the patients preferred physicians of the same sex in cases of genital and anal examination in first order health service [2,8]. In the present study majority of the women did not prefer physicians of the same sex in a very special period of their lives, namely pregnancy, although they knew that they would be examined by their physicians several times. This may be explained by the tolerance brought about by male physicians' taking part in obstetric practice since early ages. Besides, the tradition of male obstetricians' being accompanied sometimes by a female midwife-nurse and sometimes by a chaperon during professional practice eliminates the difficulty many women experience when being genitally examined by a male physician [18].

When the factors affecting patients' choice of physicians are investigated, it is seen that preference priorities varied among groups (Table 2). Women who preferred male physicians and those who did not take physician's gender into consideration when choosing their physicians prioritized competence and comprehensiveness of the physician, whereas cases who preferred female physicians rated humane feelings and being given enough time as well as success in interpersonal communication more important. As a result, rather than the sex of the physician, patients are interested in the physician's knowledge and experience or attitude towards them. This suggests that the reason why women prefer female physicians may be attributed to attitudes of the female physicians, more than their sex.

Data obtained from literature review also support our research findings to the effect that women are interested in the physician's personal characteristics, more than their gender. It is reported in several studies that female physicians used different communication techniques, generally talked with their patients longer, displayed a more positive attitude and were more compassionate when asking questions and giving information than male physicians [10,11,19,20]. A study investigating how the gender of the obstetrician affected communication between the patients and the physician and patient's sense of satisfaction in the first prenatal visit produced similar results [15]. The authors in that study found that although male obstetricians conducted longer visits and engaged in more dialogue compared to female obstetricians, satisfaction with physicians' emotional responsiveness and informational partnership were associated with female physician gender. Some authors think that this difference resulting from female

physicians' having better communication skills than male physicians can be eliminated by information input during medical training and by personal efforts of the male physicians [1,21,22].

Fletcher et. al. found that continuity of care was ranked first and comprehensiveness second [6]. It was seen that among the priorities in physician preferences of the patients in our study, continuity of care was at the 3rd or 4th rank, despite variances among groups. The population in the present study was younger (mean age 24 vs. 44 years) and from an obstetric practice rather than an internal medicine practice, which may account for the differing responses. Another aspect of our study results different from literature data is that environmental influences and religious faith were among the factors affecting choice of physician. Since the patients in our study group mostly comprised those with a lower level of education and residing in rural areas, it is expected that when patients see physicians, they are guided by people like husband, mother-in-law or neighbors. According to the literature review, ours is the first study investigating the effect of physician's gender on patients' physician choice among obstetric patients in a developing country believing in Islam. Thus our study is important in that as opposed to other studies carried out with case groups from Christian western societies, it reflects the opinions of a group with a different religious belief and social culture. Contrary to the general belief, the results of our study show that Islamic belief does not cause an apparent orientation regarding physician's gender in patients' physician choice.

The proportional difference between the numbers of study groups that had gender preference and those that did not have gender preference in their physician choice has posed a disadvantage to the statistical evaluation. In order to obtain statistically stronger results, more comprehensive studies with larger study populations can be conducted. In this context, determination of the characteristics prioritized by women in general gynecology and menopause groups, besides the obstetric population, in their choice of physicians may contribute to a better understanding of the topic.

The question of whether the physician's gender affects patients' choice of physicians is still a preoccupation for physicians, most notably for obstetricians and gynecologists. According to the results of our study, when patients in need of obstetric care choose their physicians, they take physician's such personal characteristics as professional experience,

attentiveness and communication skills, rather than physician's gender into consideration.

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