Original Article

Choice of Doctor's Gender Gender of Consulting Surgeon

for Consultation of Surgical patients

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ABSTRACT

Objective: To assess the patient preference towards gender of consulting surgeon along with the causes of preference. To know their next step in case of non-availability of doctor gender of their own choice along with their limitations to approach the doctor gender of their own choice.

Study Design: Cross sectional survey.

Place and Duration of Study: This study was conducted at the Department of surgery Abbas Institute of Medical Sciences (AIMS) Muzaffarabad, from 1st February to 31 March 2017.

Materials and Methods: Patients of both genders who attended surgery clinic for consultation were included. Patients below 18 years of age were excluded. Questionnaire included statements related to hesitancy or shyness if to be examined by doctor of opposite gender, their further action if they don't find a doctor of their own gender at this time, qualification, age, marital status, address (rural/urban). Results were analyzed using SPSS Version 21. Chi-square test was used for calculating significance of categorical variables.

Results: Pearson Chi-Square statistic, $X^2=59$ and P<0.001; so very small probability of the observed data under the null hypothesis of no relationship. Null hypothesis is rejected since P<0.05.

Conclusion: Female Patients are hesitant and shy when "doctor of opposite gender is allowed for medical examination". So the study results show in a country like Pakistan where cultural value and society norms needs more female doctors to adopt surgery as their post graduate training and surgeon as profession

Key Words: Doctor, Gender, choice, female surgeon, patient, preference, consulting.

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INTRODUCTION

Human body is an individual object which we keep cover from all others and showing body parts is a source of shame. Same is the case when we present our body to a doctor of opposite gender for medical examination, causes anxiety¹. Some women and girls suffer anxiety about showing their body parts like Abdomen, Axilla, Chest, and Breast, legs, inguinal and perineal region. Doctor, patient's relationship becoming challenging now a day as for communication, psychosocial problems and especially female specific health issues is concerned ². The patient's preference specifically regarding gender of the treating surgeon becomes even more important in a conservative community like Pakistan³. There are few studies on patient choices about surgeon gender ^{4,5}.

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Received: July, 2019 Accepted: September, 2019 Printed: November, 2019 There are studies on the career choices among the medical graduates as well showing gender choices of doctors ^{6, 7}.

Increasing numbers of female in medical professions during the last decade, since 2010 46.1 % of all residents and fellow are the are women in US 8 and Even active licensed physicians are ⁹female in US. According to one of the studies conducted in Israel 63.8% of respondents' preferred female gynecologist for consultation¹⁰. Gender choice of a consulting surgeon is not a new subject according to one of the studies conducted in University of Glasgow during 1998 56% of respondents prefer to consult female Breast surgeon for consultation ¹¹. Keeping in view the changing scenario on increasing number of female doctors around the globe, there is dire need to guide female doctors to choose the specialty in the light of scientific research. According to one of Meta-analysis "Physician Gender effect on communication" revealed 5 out of 10 studies showed positive relationship with female physician ¹² No study ever conducted from Azad Kashmir to reflect preferences of our populations towards gender of treating surgeon and very few studies available from Pakistan³. Such studies will help in making curricular changes with regards to population choices as Pakistani people are more conservative. It is necessary to find out their perceptions and preferences towards female

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Surgeons³. According to another study "The role of gender in patient preference for breast surgical care" Groutz et al. argue that increasing preference for female breast surgeon will increase the demand of female surgeons and it can be achieved by exposure to surgery to the female medical students and providing friendly working environment to them¹³. United Nation has identified Gender parity as an important mandate of any organization as for doctors are concern and a vital for for human rights to select doctors' gender for consultation¹⁴. Knowledge, Skills, Communication and judgment are core competencies of a surgical practice^{15, 16.} Very little research exists on gender-based differences in acquiring surgical core competencies¹⁷. So, keeping in mind the requirement of our society and patient's preference, this study will create awareness among new pool of trainee doctors about patient choice so that they can decide for selecting the future specialty of training. By improving the number of female surgeons, we can improve the quality care of the patients who otherwise are reluctant to seek proper surgical care. Pakistan is still short of doctors, where doctors' Patient ratio is 1:1000. But now a day when more female students are getting admission in medical colleges it is very important to share with female medical students about the gaps in medical practices and community needs in Pakistan. Medical students should know the growing number of breast cancer patients in Pakistan 18 probably because of wide gap between number of female surgeon and female patients. The female surgeon/patient ratio is so huge and this space can be filled by improving the training programs and timely decisions of the new trainee doctors.

MATERIALS AND METHODS

This was a cross sectional survey. All the patients fulfilling the inclusion criteria attending the surgical clinics from 1st February to 31 March 2017. Were included in the current study. Informed consent was

taken from each study participant. The questionnaire was sent through a person who was not a member of attending team of consultation. Patients below 18 years were excluded. The consecutive sampling was used to register the study participants. The results were analyzed using SPSS version 21 and Chi-square test was applied for calculating significance of the responses. (Ho)Null hypothesis of the study was, male and female patients are equally hesitant for medical examination by doctor of opposite gender. Alternate Hypothesis (H_{1):} Female patients are shyer and more hesitant to be examined by doctors of opposite gender.

RESULTS

A total of 214 patients were included in this study, who visited surgical OPD for different medical conditions. Out of which 60/214 (28%) were male and 154/214 (72%) were females. 161/214 (75%) were from rural areas and 53(25%) were urban residents. 36/214(17%), 64/214(30%), 48/214(22%) and 66/24(31%) of study respondents belongs to <20, 21-30, 31-40 and >40 years age categories. Study participants response categorized on the basis of Gender, Residence and socio economic conditions shows. Female are more hesitant than male, urban are more hesitant than rural and study participants having high socioeconomic condition are more hesitant than participants belong low and middle socio economic conditions.

Table No.1: Age group of study participants

Age		Frequency	Percent	Valid Percent	Cumulative Percent	
Valid	<20	36	16.8	16.1	16.8	
	20-30	64	29.9	29.2	46.7	
	30-40	48	22.4	24.2	69.2	
	>40	66	30.8	30.4	100	
	Total	214	100	100		

Table No2: Gender you feel shy/hesitant to allow Doctor of opposite Gender to Examine Cross Tabulation

	allow doctor of opposite gender to examine				examine	TD + 1		
			undecided	Agree	Disagree	S.Agree	S.D.Agree	Total
Gender M		Count	9	40	36	59	11	155
	E	% within Gender	5.2%	26.0%	23.4%	38.3%	7.1%	100.0%
	Г	% within allow doctor of opposite gender to examine	72.7%	88.9%	48.0%	90.8%	61.1%	72.0%
		Count	2	5	39	6	7	59
	M	% within Gender	3.4%	8.5%	66.1%	10.2%	11.9%	100.0%
		% within allow doctor of opposite gender to examine	18.2%	11.1%	52.0%	9.2%	38.9%	27.6%
Total		Count	11	45	75	65	18	214
		% within Gender	5.1%	21.0%	35.0%	30.4%	8.4%	100.0%
		% within allow doctor of opposite gender to examine	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

As mentioned earlier study results shows female are more hesitant/shy when exposed to doctor of opposite gender for medical examination. Result shows 25% of female and 7% male were agreed that they hesitate when they are exposed to a doctor of opposite gender for medical examination.

Result shows male & female responses "they feel hesitant/shy if doctor of opposite gendr is allwed for medical examination 38/154 (24.7%) of female and 4/59(7%) male patients were agree while 62/154 (40.3%) of female and 7/59(12%) male patients were strongly agree of being hesitant when examined by a surgeon of opposite gender. Pearson Chi-Square statistic, $X^2=59$ and P<0.001; so very small probability of the observed data under the null hypothesis of no relationship. Null hypothesis is rejected since P<0.05.

Table No.3: Chi-Square Tests

Tubic Front on Squa	Value	Df	Asymp. Sig. (2-sided)
Pearson Chi-Square	59.495	8	.000
Likelihood Ratio	48.073	8	.000
N of Valid Cases	214		

DISCUSSION

Our study shows that most of the female patients and some of the male patients are hesitant to be consulted by a surgeon of opposite gender. Out of these hesitant patient's most of the patient's want to be examined by any available surgeon of any gender if they have limited resources to access a surgeon of their own choice and gender. During the study, a question was asked to the participants what you will do if you find a doctor of opposite gender in consultation clinic. 11/2014 (5%) respondents said they will leave unconsulted, 106/214(50%) respondents said they will consult any available surgeon and 98/214(46%) of the respondents said they will search for surgeon of same gender and choices at other places.

101/214 (51%) of respondents who wanted to leave unconsulted or look for surgeon of same gender at other places. Patients who leave un-consulted due to unavailability of surgeon of their own gender especially the patients having life threatening surgical conditions increases the chances of disease spread. This scenario gets worse more when surgical condition is located at breast, axilla or perineum, this might be the reason breast and uterine cancer is diagnosed when it has spread and reached at advance stage in the study area. Lack of health education, gender-based health discrimination and non-availability of the doctor of same gender resulting in high death rate due to breast cancer in Pakistan¹⁸.

Studies from all over the world are found on patients' preferences for the gender and qualities of the health care professionals especially about the gynecologist, obstetricians, general physicians, and plastic and breast

surgeons. So, we strongly recommend our new female doctors to choose the surgery and its allied fields in future to provide better care to the patients. Also, we strongly recommend our health policy makers to get train the new comers in the specialties of required medical field of surgery.

CONCLUSION

Female Patients are hesitant and shy when "doctor of opposite gender is allowed for medical examination". So the study results shows in a country like Pakistan where cultural value and society norms needs more female doctors to adopt surgery as their post graduate training and surgeon as profession.

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Conflict of Interest: The study has no conflict of interest to declare by any author.

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