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Observation About the Choices People Make Regarding the Gender of the Physician While Selecting a Physician: A Qualitative Study

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Abstract

Objective and Aim

Gender perceptions and sociocultural factors may influence patients' attitudes and preferences when choosing a physician. This study aimed to explore the role of gender perceptions and sociocultural differences in individuals' attitudes and behaviors regarding physician gender preferences.

Materials and Methods

This qualitative study was conducted among 18 participants (9 men and 9 women) with diverse socioeconomic characteristics living in different socioeconomic regions of Denizli, Türkiye. Data were collected through semi-structured, in-depth interviews exploring participants' preferences and perceptions regarding physician gender. The interviews were analyzed qualitatively to identify recurring themes and factors influencing physician gender preferences.

Results

Participants expressed the clearest preference for physicians of the same gender when seeking care for sex-specific health conditions. Participants who emphasized detailed explanations, comprehensive history-taking, thorough physical examinations, and a biopsychosocial approach predominantly associated these characteristics with female physicians. Female physicians were also more frequently perceived as being likely to consult or refer patients when necessary. However, several participants expressed a preference for male physicians based on the belief that women, because of their roles as mothers and spouses, may be less able to devote sufficient time to their professional responsibilities. When participants were asked to draw the image of a physician as they imagined one, 13 participants (72.2%) depicted a physician of their own gender.

Conclusion

This study demonstrates that physician gender preferences are influenced by both gender-specific healthcare needs and socially constructed perceptions of

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professional roles and characteristics. Participants tended to prefer physicians of their own gender for sex-specific conditions, male physicians in surgical specialties, and female physicians in specialties perceived as more traditionally feminine, such as pediatrics, family medicine, and dermatology. These findings highlight the potential influence of gender stereotypes and sociocultural expectations on patient–physician interactions and physician selection.

Keywords: Gender Perceptions, Sociocultural Differences, Physician Gender Preferences.

1. Introduction

In a society, no distinction between individuals is as prevalent and apparent as the status of individuals as biological males or females. This distinction obstructs us from perceiving individuals that we come across in all walks of life as individuals, and causes us to categorize them as man or woman first and foremost. This leads to evaluation within the confines of prejudice. The roles that society imposes upon sexes removes the right of the individual to be judged by actions alone.

People that need surgical interventions, even those that are physicians themselves, prefer male surgeons due to 'the surgery = power= male' equation in their subconscious (1-5). Whereas people with children prefer female physicians as their pediatricians because they think women have maternal instincts due to their role in society (6,7). Female physicians prefer female gynecologists, even though they themselves have repeatedly experienced the non-sexual and ethical approach of the profession. On the other hand, some women think female gynecologists are more mean to them, and male gynecologists are more understanding (8). This awareness and difference necessitates a qualitative approach with people from as different parts of society as possible, as opposed to generalizing with a quantitative approach when researching sex preferences regarding choosing physicians. The aim of this study is to understand the effect of gender perception and sociocultural differences in the individuals' attitude and behavior regarding physician preferences.

2. Materials and Method

Semi structured interviews were conducted with 9 women and 9 men living in different parts of Denizli, who were of different groups, different frames of mind, different income levels, different political and religious views and different occupations. There were no limits on number of participants, interviews were continued until the researchers were content. There were two main criteria for inclusion. The first one was having no children or having both male and female children. The second was having no children that were physicians, or having both male and female children who were physicians. A sample of 18 people was selected consisting of an architect, a decoration worker, a female engineer, a male engineer, a police officer, a lawyer, a prosecutor, a LGBTQ sex worker, a factory owner, a secretary, a cleaning worker, a barber, a female physician, a male physician, a pharmacist, a teacher, an unemployed woman and a person without a consistent job.

The ethics committee approval was obtained from the Deanery of the Medical Faculty of Pamukkale University in April 2017.

A quantitative approach was adopted, taking into account that exceptions would lead to insights about the problem. The design of the study was determined as a case study, and participants were selected to achieve maximum diversity. After considering the advantages and disadvantages of data collection methods, several methods that could answer the problem of the study were included in the study design. Comparative analysis regarding the reliability of the study findings were performed using interviews, drawings, observations and documents (Data Triangulation). Themes and findings were determined after analysis.

Participants were informed before the interviews about the aim of the study, the method of the interview and the fact that the interviews were going to be recorded, and oral and written consent was obtained. In the first part of the interview the sex, age, marital status, occupation, education status, yearly income, religious and political views, social media use, book reading habits of the participant and the employment, education status and occupation of their spouse, mother and daughter was questioned. In the first question of the interview form, participants were asked to draw the physician image in their mind, this question was aimed at determining the sex of the physician in their minds.

The second question was about the values they cared about when choosing physicians and about the role of sex and gender in these decisions.

In the sub sections of the third question, the images formed in the participants' mind regarding different specialties, and sex preferences were questioned.

In the fourth question, participants were asked to consider their own children, boys and girls, and the aim was to understand their thoughts on the features, capabilities, and characters of men and women.

The fifth question consists of two sub sections. Participants were asked about traits they liked and traits they didn't like in physicians based on past experiences, and were asked to associate these traits with sex.

In the next two questions, participants were asked in what ways they thought male physicians were more capable than female physicians, and in what ways they thought female physicians were more capable than male physicians.

The eighth question asked which sex they would prefer to break the news to them if they were to receive bad news. The ninth question asks if the physical appearance of the physician of the sex that they are attracted to would make difference in going to that physician again.

The last question is to measure the perception of the concept of gender in the work life of physicians.

3. Results

Many of the participants emphasized that a woman who is a mother, a spouse and a physician cannot allocate as much time to their profession as a man. Unfortunately, becoming a physician doesn't free the woman of the other roles society imposes upon her. According to these people, men have more time to read and improve themselves, as they don't iron clothes, wash dishes and prepare food when they come home. The duties and responsibilities imposed upon women encumbers them and hinders their success. But according to one third of the participants, this situation stems from female physicians own choices, as opposed to the pressure coming from society. According to these people, the reason for the low numbers of women in surgical specialties is because women think the intense work environment will negatively affect their marital and maternal roles, and they choose an easier work life.

Most participants of our study think *"all women have a maternal instinct even if they are not mothers"*. They associate "feminine" specialties like pediatrics and family medicine with women, which they think align with their gender roles.

The participants of our study think that female physicians are more successful in things requiring short term attention, whereas male physicians are more successful in things that require longer term attention and focus. They believe male physicians are calmer and manage problems with a calmer attitude. Male physicians are perceived to be more sure of themselves in the diagnosis and treatment process, and the general view is that physicians who consult and refer patients tend to be female. Notably, two of the four participants who talked about consultations and referrals saw it as a positive behavior, while the other two saw referral as getting rid of the patient, and consulting as a sign of a lack of knowledge. The two participants with the positive views saw referring or consulting as caring about

the patient and lauded the physician for not being stubborn and egotistical.

Aggressive treatment and administering higher doses during the diagnosis and treatment process is another topic of discussion with different views. The factory owner believes that male physicians are more sure of themselves, and thus give treatment with higher doses or stronger molecules which leads to quicker healing, which is a good thing. In contrast, the pharmacist thinks unnecessary medication is a risk for the patient and does more harm than good.

Alongside all these, positive traits about physicians like being sympathetic, being compassionate, conducting detailed physical examinations, listening with attention, being attentive, explaining things to patients in an easily understood manner were associated with female physicians by all participants who mentioned them.

When asked to make a choice regarding physicians, the situation where the participants made the clearest choice was preferring physicians of their own sex for diseases specific to their own sex. 77.7% of both male and female participants stated that they would want a physician of their own sex for genital examinations. This finding is in accordance with other studies in literature (9-16). Fennema et al (11) found that 73% expressed no preference with regard to any of the problems. For problems involving anal or genital examinations, 67% of patients indicated a preference for a specific sex of physician. 37 of 58 (64%) men expressed a male physician preference for these problems; 72 of 127 (57%) women expressed a female preference. In a study done with Norwegian women, 43% preferred female physicians for gynecological examination, while 91% stated that sex wasn't an important factor for a broken leg (12). In a study from 1998 with 881 women, while 39.5% stated preferring a female family physician all the time, 73.3% preferred a female physician for a cervical smear, 69.5% for breast examination, 54% for vagina related problems, 48.4% for sexual problems, 43.7% for menstrual problems (13). In our study, the participants gave two reasons for this preference. The first was feeling more comfortable around their own sex, the second was the belief that a physician of their own sex would understand them better because they shared the same physiology.

Table 1: People's Preferences Regarding Doctor's Gender Based On Specialization

		Interviewer's Sex	
Spacialities	Preffered Doctor's Sex	Woman	Man
Emergency Medicine	Woman	5 (%83,3)	1 (%16,7)
	Man	4 (%40,0)	6 (%60,0)
	İt Doesn't Matter	0 (%0)	2 (%100)
Family Medicine	Woman	7 (%63,6)	4 (%36,4)
	Man	2 (%33,3)	4 (%66,7)
	Same Gender	0 (%)	1 (%100)
Pediatrician	Woman	3 (%33,3)	6 (%66,7)
	Man	5 (%71,4)	2 (%28,6)
	İt Doesn't Matter	1 (%50,0)	1 (%50,0)
Dermatology	Woman	8 (%61,5)	5 (%38,5)
	Man	0 (%0)	2 (%100)
	İt Doesn't Matter	1 (%33,3)	2 (%66,7)
Physical Medicine and Rehabilitation	Woman	7 (%63,6)	4 (%36,4)
	Man	2 (%40,0)	3 (%60,0)
	İt Doesn't Matter	0 (%0)	1 (%100)
	Same Gender	0 (%0)	1 (%100)
Internal Medicine	Woman	4 (%57,1)	3 (%42,9)
	Man	3 (%50,0)	3 (%50,0)
	İt Doesn't Matter	2 (%40,0)	3 (%60,0)
Cardiology	Woman	4 (%57,1)	3 (%42,9)
	Man	3 (%42,9)	4 (%57,1)
	İt Doesn't Matter	2 (%50,0)	2 (%50,0)
Cardiovascular Surgery	Woman	4 (%100)	0 (%0)
	Man	4 (%36,4)	7 (%63,6)
	İt Doesn't Matter	1 (%33,3)	2 (%66,7)
Neurology	Woman	1 (%33,3)	2 (%66,7)
	Man	4 (%50,0)	4 (%50,0)
	İt Doesn't Matter	4 (%57,1)	3 (%42,9)
Neurosurgery	Woman	4 (%100)	0 (%0)
	Man	4 (%33,3)	8 (%66,7)
	İt Doesn't Matter	1 (%50,0)	1 (%50,0)
Ophthalmology	Woman	4 (%50,0)	4 (%50,0)
	Man	2 (%40,0)	3 (%60,0)
	İt Doesn't Matter	3 (%60,0)	2 (%40,0)
General Surgery	Man	8 (%50,0)	8 (%50,0)
	İt Doesn't Matter	1 (%50,0)	1 (%50,0)
Orthopedy	Woman	1 (%50,0)	1 (%50,0)
	Man	8 (%50,0)	8 (%50,0)
Plastic and Reconstructive Surgery	Woman	7 (%53,8)	6 (%46,2)
	Man	2 (%40,0)	3 (%60,0)

Psychiatry	Woman	5 (%45,5)	6 (%54,5)
	Man	2 (%50,0)	2 (%50,0)
	Same Gender	2 (%66,7)	1 (%33,3)
Radiology	Woman	3 (%42,9)	4 (%57,1)
	Man	6 (%60,0)	4 (%40,0)
	İt Doesn't Matter	0 (%0)	1 (%100)
Obstetrics and Gynecology	Woman	7 (%53,8)	6 (%46,2)
	Man	2 (%50,0)	2 (%50,0)
	İt Doesn't Matter	0 (%0)	1 (%100)
Urology	Man	9 (%56,3)	7 (%43,8)
	İt Doesn't Matter	0 (%0)	2 (%100)

Discussion

According to Weisman and Teitelbaums' study, the ideal physician for a lot of patients is the physician that creates a calm atmosphere, encourages patients to speak and ask about things they didn't understand, listens attentively, gives clear, concise and illuminating answers, shows empathy, is compassionate, trusts the patients, approaches patients in a comprehensive and holistic manner, includes the patient in the decision making process, and takes the patients views into consideration with respect (17). In our study, when asked about physicians they were pleased with in prior experiences, participants cited physicians that were being attentive, explaining things in an easy to understand way, caring about patients, listening carefully, showing empathy, showing a holistic approach, and not doing their job just for the money. The three most frequent features in their ideal physician definition was, the physician being attentive (55.5%), giving explanations in an easy way for patients to understand (50%) and being nice to the patients (50%), and these features were highly associated with female physicians. In a study conducted in Ireland by analyzing interviews behaviorally with quantitative methods, similar results were found. Female physicians were found to be more responsive and showed a higher level of empathy in situations where opportunities for empathy were present (18). In an article by Shin et al. in 2015, psychosocial and biomedical cases were evaluated separately, and it was found that female physicians ask more psychosocial questions compared to male physicians, make emotional speeches more frequently, include the patient more in the decision making process, ask more biomedical questions and that patients give more biomedical information to female physicians. When compared with male physicians, female physicians talked more with the patients in both psychosocial and biomedical cases (19). In a meta-analysis of seven observational studies examining physician sex and communication between physician and patients, female physicians were found to give more psychosocial and biomedical information to the patients (20). In our study, the 12 participants mentioning detailed explanations, detailed history taking and detailed examination associated these with female physicians, and the 5 participants that mentioned the biopsychosocial approach associated this with female physicians.

Two of the results of a nationwide study conducted in the Netherlands is important for us. The first is male physicians needing less consultations than their female counterparts and being more sure of themselves during the diagnosis process. The second is that whatever the patients sex, female physicians order more laboratory tests, prescribe fewer and less potent medication, and perform less surgical interventions. Similarly, in our study 3 of the 4 people who mentioned consultation and referrals stated that physicians that consulted and referred patients tend to be female. Of the four participants that mentioned consultations and referral, two saw it as a positive behavior, while the other two saw referral as dismissing the patient, and consultation as lack of knowledge. The two participants with the positive views saw referring or consulting as caring about the patient and laud the physician for not being stubborn and egotistical. The sentence "Men don't accept it when they are out of their depth, they prescribe medication anyway." is an interesting one from our study.

The concept of gender creates in invisible barrier for not just the patient population, but also for the physician population. This glass ceiling is the biggest obstruction in

their professional life for female physicians, just like other women. This obstruction hinders women especially in the academic field and the surgical specialties which are considered 'masculine'. In a study by Sanfey et al. in 2006, female medical students were more inclined towards specialties considered 'feminine', and didn't prefer surgical specialties due to thinking they wouldn't have a controlled lifestyle (6). In a study by Kuzuca and Arda in 2010, it was found that due to various reasons, a portion of female physicians could not complete the surgical specialties they entered with academic success, and that they were reluctant to choose these specialties because of the harsh working conditions and the thought of hidden or overt hostile attitude towards them (21). In a mixed type study examining the attitude of female resident physicians about gender roles and whether they were being subjected to sexism, it was found that the number of male physicians in surgical specialties was 2.5 times the number of female physicians, and the number of female physicians in basic sciences was 3 times the number of male physicians. Even though 59% of the physicians in the study had physician spouses, 14.4% did not think household chores needed to be shared among spouses, and 8.5% were undecided on the matter. 40.2% of participants agreed with the statement "The woman should not work if the man has the financial means." 78.6% of participants in which female physicians made up a significant portion, stated that domestic responsibilities alongside professional responsibilities made a heavy workload for female physicians. 60.4% of physicians think men are more successful in specialties that require physical strength, 64.4% of physicians think men are more suited to specialties with longer hours and more night shifts. 53.5% of the physicians in the study think the reason for female physicians not choosing surgical specialties is the discriminatory, negative and intimidating attitude of male physicians. 65.8% of physicians believe gender roles like maternity and household responsibilities are influential in the choice of specialty for female physicians (22). Similar to this data, a lot of people in our study thinks being a physician is not a valid reason to stop carrying out the roles imposed by society. Maternal and marital roles obstruct female physicians from advancing professionally outside of work. The male and the female physician does not have the same amount of time for reading and studying when they are home and this leads to a higher trust towards the knowledge of male physicians in specialties which require studying and reading outside of work.

In a nationwide 2013 study examining sexism during residency in Turkey, it was seen that some surgical specialties are nearly fully comprised of men, whereas there are no specialties which are nearly fully comprised of women. It was determined that women prefer specialties in which they think they will have a more stable lifestyle, due to their gender roles, and choose specialties that are considered to be in alignment with their traditional feminine roles, like family medicine and pediatrics (30). Shanafelt et al. stated that female physicians do not prefer surgical specialties due to the long hours, the night shifts, and the belief that having children and the associated responsibilities would cause them to burn out (22). Similar results were found in a study in Mersin, in which the reasons for female physicians choosing specialties considered to be easy were stated as; less on-calls and night shifts (73%) and the heavier domestic load on women (36.8%) (23). In a study in Norway, the heavy workload and responsibilities in the work life alongside maternal duty and being required to go to the hospital at nights complicates female surgeons lives, and causes frequent changes in the field of specialization. Notably, female physicians who specialize in internal medicine or surgery have their first child at a later age than female physicians in other specialties (24).

Both worldwide and Turkish statistics show that surgical specialties are predominantly male (1-4, 26). In a study in Canada, it was seen that even though the number of female surgeons are rising, female surgeons and surgical residents are still very much in the minority (4). In our study, 88.8% of

participants stated that they would prefer their orthopedics and general surgery surgeon to be male, 77.7% their cardiovascular surgeon to be male, and 66.6% their neurosurgeon to be male.
Similarly, the obstructions for women choosing surgical specialties were identified by various studies as sexism, the absence of role models, and the changes in family and life style (26,27). Semi structured interviews were conducted with 10 Female Surgical Leaders in the Unites States of America. 8 of the interviewees saw sexism as the biggest obstruction in their careers. The statement *" You are too beautiful to be a surgeon. Go and get married. Why don't you quit? You're too little, not strong enough, you're occupying a place meant for a man."* that one of the interviewees heard is an example of men having views confined to their gender roles even if they became physicians (28). The statement of "*I think surgery is a very physical job. Like running. Like fighting. It is hard for a woman to physically withstand the 9-10 hours of surgery. Would you expect a male and female athlete to complete the same track at the same time? You wouldn't. Even when competing with their own sex, you have to give protein for their muscles, hormonal control for their menstrual period. But you can't do these to a physician. Being a surgeon doesn't change anything during menstruation, she still has pains, she still has emotional changes. The patient will not understand that, the professor opposite her during the surgery won't understand that.* " from a plastic surgeon in our study supports these studies.

The female physician is expected to act like a "man" not only physiologically but also behaviorally, or on the contrary is expected to fulfil the roles bought about by being a woman, even if they are physicians. In the study conducted in the United States of America, it is shown that not only the traditional personality traits (supportive, friendly, egalitarian) are expected from a woman in a high profile job, but also the stereotypical traits the male role requires (focused on the job, authoritarian, non-emotional) are expected. This also explains the male dominant hierarchy in academic promotion (29).

Conclusion

The data we have obtained in our study are similar to our country and world literature, and concepts such as gender discrimination and gender roles are still important problems in developed countries as well as in developing countries. Our patients who participated in our study; they prefer their fellows when their illness is a matter of gender. This is because they feel comfortable and think they can empathize better because they have the same physiology. One third of the research group argues that the choice of physician they make is due to the physicians' own preferences rather than their own perspective or the prejudices created by the society. According to these people, the reason for the low number of female doctors in surgical branches is that female physicians believe that their roles such as wife and motherhood will be interrupted in the intense surgical work environment and prefer a more comfortable work life. Many people in the working group do not want men to eat, iron, wash dishes, etc. believes they have more time to train themselves better because they think they don't have such jobs. Likewise, because of the woman's mother role or maternal instinct; They stated that they could not devote as much time to their profession as men because they think they have many duties outside of medicine. Personality traits such as being more friendly, more compassionate and affectionate, and being caring were associated with female physicians. The positive characteristics of the physician such as examining in detail, listening carefully, acting with interest, and explaining in a way that the patient can understand have been associated with female physicians by all the people who mentioned. For this reason, the opinion that “he appeals to female physicians more like pediatrics or family medicine” is dominant. In addition, the majority of the research group identifies the aesthetic perception with the female gender and believes that female plastic surgeons will be more successful. Surgical specialties are seen by the research group as branches that require strength and endurance. This need for physical strength and endurance, which

they believe, leads the research group to a male physician in surgical fields. It is believed that male physicians are more calm and manage problems more calmly. There is a perception that male physicians are more confident in the diagnosis and treatment process. Since the same perception is present in male physicians, there is a situation of not wanting a female colleague in surgical branches. This learned helplessness, which they have acquired from their social circles throughout their lives and adopted from the moment they stepped into the medical school, causes female physicians to be unable to do the job they want due to their gender or to escape from certain specialties. Even though the fact that we live in a male-dominated society appears before us every time as a glass ceiling; We believe that when the number of women in society governing, decision-makers and academicians increases, the perception of all segments of society and ultimately physicians will change and gender discrimination will be minimized. We believe that when society ceases to see gender roles as a burden on women, and offers women equal opportunities with men in every field, they will prove that women are at least as successful as men in every field, especially in medicine, and contribute to the world and humanity with their inherent characteristics.

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Conflict of interest

The authors declare no conflict of interest.

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