Gender Preferences for Urologists: Women Prefer Female Urologists

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Purpose: To investigate patients' preferences for the gender of their urologist.

Materials and Methods: Patients who visited a urologic center were asked to complete a self-administered questionnaire on the preferences for the gender of their urologist as well as on their age, education level and employment status.

Results: Of 270 respondents, 144 subjects (53%) had a preference for the gender of their urologist, whereas 126 subjects (47%) had no preference. Among 154 female respondents, 56 (36.4%) patients had no preference; 96 (62.3%) patients had preferences for female urologists; and only 2 (1.3%) patient preferred male urologists. Among 116 male respondents, 70 (60.3%) patients had no preference; 30 (25.9%) patients had preferences for male urologists; and 16 (13.8%) preferred female urologists. Of patients that did express a preference, 87.5% (126/144) preferred the same gender urologist, with 65.2% (30/46) of male patients preferring male urologists and 97.9% (96/98) of female patients preferring female urologists (p < .001). However, age and education level were not correlated with gender preference.

Conclusion: More than half the female participants had a preference for the same gender of urologist, whereas the majority of male participants expressed no preference for the gender of their urologist. Furthermore, gender preference was not correlated with age and education level.

Keywords: gender; preference; urologist.

INTRODUCTION

In Korea, urology remains a male-dominated profession. However, in urology in Korea, the number of women applying for residency positions has increased over the recent years. In 2013, 7 of 235 urology residents (2.98 %) and 3 of 96 board certified urologists (3.13 %) were female.

Many patients show preferences towards the gender of their health-care physician. For instance, some studies have shown patients' preferences for the gender of their doctors of different specialties including primary care medicine, gynecology and breast surgery. (1-3) In most previous studies, among patients who did have a preference for the gender of their physician, females were more likely to prefer the same gender doctor. (1-3) In another study, women were shown to prefer women physicians for breast, genital, or anal examinations, because they feel that they would be less embarrassed with women. (1,4) However, on the contrary, there have been reports showing that the majority of patients have no preference for the gender of their doctors. (4-7)

Because urology consultations usually include a pelvic examination, it is expected for female patients to prefer urologists of the same gender. Nowadays, patients have shown a growing interest in their choice of the gender of their urologist who will perform the urology examination and treatment. Physician sensitivity to this issue is extremely important because gender preferences

have been shown to possibly impact patients' compliance with urology procedures. Tempest et al. identified whether patients in UK express preferences for the gender of their urologist and showed that the majority of patients had no preference.⁽⁶⁾

We evaluated patients' preference for the gender of their urologist according to occupation, age, education, and gender in Korea which is a country with a different cultural basis from European countries and with a smaller number of women urologists. Nowadays, an increasing number of female residents are working in the department of urology than ever before in Korea. This is the first analysis of gender preferences for urologists in our country, and this could be useful in estimating the potential future demand for female urologists.

MATERIALS AND METHODS

Study design

The study was conducted from January 2015 to December 2015 at outpatient urology clinics in Chonnam National University Hospital. Research staff gave questionnaires to patients who visited urologic clinics. Most patients complained of voiding difficulty as the main symptom. After an interview with the investigator, patients were orally instructed about study objectives and gave informed consent before completing the questionnaire. Patients unwilling to complete the survey were excluded. Research staff was present to assist patients

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	Table 1	1.	Characteristics	of	the	subi	iects
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	Table 1. Characteristic	
Varia	bles	N(%)
Gend	er	
Fen	nale	154 (57)
Mal	le	116 (43)
Age (years)	
20-2	29	34 (12.6)
30-3	39	70 (25.9)
40-4	49	48 (17.8)
50-	59	50 (18.5)
60-6	59	68 (25.2)
Educa	ation	
	<elementary school<="" td=""><td>44 (16.3)</td></elementary>	44 (16.3)
	Middle school	38 (14.1)
	High school graduate	118 (43.7)
	College graduate	70 (25.9)
Job		
	Agriculture	30 (11.1)
	Housewife	102 (37.8)
	Professional	26 (9.6)
	Businessman	32 (11.9)
	Private businessman	26 (9.6)
	Student	24 (8.9)
	Others	30 (11.1)

Data is presented as number (present).

with completion of the questionnaire if they could not read/write the Korean language. All participants provided written informed consent with data collection and received approval from the local ethics committee and the institutional review board of Chonnam National University Hosptial. The procedure of this study complied with the guidelines provided by the Declaration of Helsinki.

Questionnaire

Patients were asked regarding their gender, age, occupation and educational level. The question, "If you can choose the doctor at the medical consultation, who

MEDICAL EXAMINATION AND TREATMENT QUES-TIONNAIRE

Mark O on the relevant item
1. Your gender:
1) Male 2) Female
2. Your age (years):
1) 20-29 2) 30-39 3) 40-49 4) 50-59 5) 60-69
3. Highest education level:
1) Under elementary school graduation 2) Graduated from middle
school
3) Graduated from high school 4) Graduated from university
5) Graduated from graduate school
4. Do you have any preference for the gender of your doctor?
1) No preference
2) I prefer female doctor
3) I prefer male doctor
6. If you can choose the doctor at the next medical consultation, who do you
want to see?
1) Female doctor 2) Male doctor
7. If you have to have a urology surgery, who do you want to receive the
surgery from?
1) Female doctor 2) Male doctor

do you want to see?" gave three options for the gender preference of their urologist – male, female or no preference. Each patient was asked about their gender preference for who will perform the next urology medical treatment. Moreover, each patient was asked about their gender preference for who will perform their next urology surgical treatment. In total, 7 responses were required in the questionnaire (see **APPENDIX**).

Statistics

Statistical analysis of data was performed using SPSS 11.5 software, and differences in urologist-gender preference were analyzed using the $\Box 2$ tests and t-tests. Univariate analysis was used to study the independent effect of different variables. For age, results are expressed as mean and standard error (\pm SE). A P value < 0.05 was considered statistically significant.

Table 2. Gender of patients and their gender preferences for their urologist

Gender	No preference for gender (n, %)	Preference for (n, %)	P Value
		Female Male	
Female	56 (36.4) 96 (62.3)	2 (1.3)	< .001
Male	70 (60.3) 16 (13.8)	30 (25.9)	

Table 3. Gender preference for their urologist by patients' age, education, and job

	No preference for gender (n, %)	Prefer woman urologist(n, %)	Prefer man urologist(n, %)	P Value
Age (years)				.965
20-29	16 (47.1)	12 (35.3)	6 (17.6)	
30-39	36 (51.4)	26 (37.1)	8 (11.4)	
40-49	24 (50)	20 (41.7)	4 (8.3)	
50-59	24 (48.0)	20 (40.0)	6 (12.0)	
60-69	26 (20.6)	34 (50.0)	8 (11.8)	
Education		.485		
<elementary school<="" td=""><td>14 (31.8)</td><td>24 (54.5)</td><td>6 (13.6)</td><td></td></elementary>	14 (31.8)	24 (54.5)	6 (13.6)	
Middle school	16 (42.1)	20 (52.6)	2 (5.3)	
High school graduate	62 (52.5)	44 (34.3)	12 (17.1)	
College graduate	126 (46.7)	112 (41.5)	32 (11.9)	
Job				.025
Agriculture	18 (60.0)	10 (33.3)	2 (6.7)	
Housewife	40 (39.2)	60 (58.8)	2 (2.0)	
Profession	6 (23.1)	14 (53.8)	6 (23.1)	
Businessman	16 (50.0)	8 (25.0)	8 (25.0)	
Private businessman	16 (61.5)	6 (23.1)	4 (15.4)	
Student	10 (41.7)	8 (33.3)	6 (25.0)	
Others	20 (66.7)	6 (20.2)	4 (13.3)	

Data is presented as number (present).

RESULTS

The questionnaire was given to 330 patients of which 270 were fully completed (82% participation rate); 116 men and 154 women with a median age of 47 years (range: 20-69). Of the study population, 74% had a high school education or less; and 38% were housewives, 21% were businessmen and private businessmen. Patient demographic characteristics are summarized in **Table 1**.

Gender preference

Of 270 respondents, 144 subjects (53%) had preferences for the gender of their urologist, whereas 126 subjects (47%) had no preference. Among 154 female respondents, 56 (36.4%) patients had no preference; 96 (62.3%) patients had preferences for female urologists; and only 2 (1.3%) patient preferred male urologists.

Among 116 male respondents, 70 (60.3%) patients had no preference; 30 (25.9%) patients had preferences for male urologists; and 16 (13.8%) preferred female urologists (**Table 2**).

Of patients that did express a preference, 87.5% (126/144) preferred urologists of the same, with 65.2% (30/46) of male patients preferring male urologists and 97.9% (96/98) of female patients preferring female urologists (P < .001) (**Table 2**). Women were significantly more likely to have a gender preference than men. Age (P = .965) and education status (P = .485) were not found to significantly influence gender preference.

Gender preference by job type

By contrast, job type was shown to have influence on gender preference (P = .025); housewives (58.8%) and

Table 4. Gender preference for retreatment and surgery

	Gender pr	reference, n (%)		OR	95% CI	<i>p</i> -value
		Female	Male			
Retreatment	Female	140 (90.9)	14 (9.1)	17.619	6.858-45.268	< .001
	Male	42 (36.2)	74 (63.8)			
Get surgery	Female	118 (76.6)	36 (23.4)	7.905	3.648-17.132	< .001
	Male	34 (29.3)	82 (70.7)			

professions (53.8%) had preferences for women urologists, whereas agriculture (60.0%) and businessman (50.0%) had no specific preference (**Table 3**).

Gender preference by retreatment and getting surgery At retreatment, 67.4% (182/270) of the participants, that is, 90.9% (140/154) of women, 36.2% (42/116) of men, wanted to receive retreatment from a female urologist. The odds that a woman had a gender preference for their urologist were 17.619 (95% CI 6.858-45.268) times that of a man (P < .001) in terms of retreatment (Table 4). As for urologic surgery, 56.3% (152/270) of the participants, that is, 76.6% (118/154) of women and 29.3% (34/116) of men, expressed preferences for female urologists for their surgery (P < .001). The odds that a woman had a gender preference for a women urologist for surgery were 7.905 (95% CI: 3.648-17.132) times that of a man (P < .001)(Table 4).

DISCUSSION

This is the first study investigating patients' views on sex preferences for their urology doctor. A significant aim in the health care industry, including the field of urology, is to become more "consumer-friendly" for the improvement of patient compliance and optimization of medical care.

In the present study, more than half the patients expressed preferences for the gender of their urologist. Among those who expressed gender preferences for their urologist, most of them preferred the same gender urologist. Most female subjects preferred female urologists, whereas only a minor fraction of male subjects preferred male urologists. In addition, the present study showed that age and education level were not related with gender preference for urologic treatment. Our data revealed that those with a strong gender preference are females without any relation to age or education level. In terms of gender preference in relation with job type, those in the area of agriculture, housewives, professionals and businessman showed a significant difference compared with other job types in the present study. The difference of the gender distribution of each job could be a factor of this result because most housewives are women and businessmen are men. Housewives showed a strong tendency (58.8%) to express a female gender preference, whereas the majority of businessman (50%) showed no preference. When subjects were asked about their gender preference for retreatment at the outpatient clinic and for urologic surgery, women had a gender preference for female urologists.

This study was conducted in, and all the subjects were Asian. This was the first study to investigate patients' gender preferences for their urologist. However, ethnical difference in view of gender preference for their urologist could exist. Tempest et al. evaluated the gender preference for urologists in UK, and they reported that the majority of patients (80%) had no preference for the gender of their urologist, (6) which is much higher than the finding of the present study (47%). Janssen et al. reviewed gender preferences for gynecologists and obstetrics, and reported that women from traditional cultures might have somewhat different gender preferences than the average American/European women. (8) It seems that Asian patients are more likely to prefer female urologists compared with patients in the UK. Several studies have found that the majority of women prefer women physicians because they can talk easily to same gender than to men, and feel more at ease during counseling and physical examinations involving pelvic and genital areas. (2,9-10)

Gender preference may be caused by different types of patient communication between men and female physicians. From a study investigating gender preferences for general practitioners, they found that preferences for female doctors were related to the use of more patient centered communication styles that are as more attentive, giving more information and more sympathy. (11) Patient centered communication in urology may be important when discussing more intimate or delicate subjects of urologic problems and conducting pelvic examination.

A clear understanding of the gender difference will enhance access to health care for all women patients as patient satisfaction is an important indicator of quality of life. Obvious gender preference will cultivate an increasing demand for women urologists in the near future to match the increasing demand of them. Patient centered health care system and expansion of high-quality female doctors may enable the patients to be managed by their choice for the gender of health care provider. We predict that more women urologists need to be educated in the future.

This study has some limitations. First, this study was conducted with patients mainly complaining of voiding dysfunction. Second, we could not measure the reliability of the questionnaire used in the study. Additionally, a limited number of subjects were included in this survey study. Moreover, the exact reason for the gender preference was not evaluated.

CONCLUSIONS

More than half the women had a preference for the same gender urologist, whereas the majority of men expressed no preference. Furthermore, preference of a specific gender was not correlated with age, education level.

CONFLICT OF INTEREST

The authors report no conflict on interest.

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