

Women's preferences for sex of doctor: a postal survey

SALLY NICHOLS, BSc
Research Fellow, Department of Community
Medicine, University of Southampton

SUMMARY. A random sample of 512 women were sent a questionnaire to determine whom they see and whom they would prefer to see for primary and preventive health care, including screening for breast and cervical cancer. The response rate was 86%.

The majority of women had had at least one cervical smear test, most of them carried out by a general practitioner. Two thirds of the women had had a physical breast examination, but only one third had been shown breast self-examination techniques — again the general practitioner was the health professional most often involved.

The women's preferences for who to see for primary and preventive health care were problem/procedure specific. Less than one in 10 said they would prefer to see a female general practitioner for general health problems, compared with nearly six out of 10 for women's health problems. Similarly, almost 60% would prefer to see a female health professional for cervical screening and for breast screening by physical examination and instruction in self-examination. Just under half of all the respondents — two fifths of the over 45 years age group and half of the younger women — said they would prefer a female doctor for breast screening by mammography.

A female general practitioner was the first choice for cervical screening for the highest proportion of women (41%) and the proportion was even higher among women from the manual classes and among older women from the non-manual classes. More women general practitioners might increase compliance rates for cervical screening among these high risk groups.

Introduction

HALF the population and more than half of patients are women and a substantial minority, given a free choice, would prefer to consult a female practitioner.¹ Many observers would go further and say that, in general, women would prefer to see another woman, especially for women's problems.

Few studies have been specifically concerned with women's preferences for the sex of their doctor, and these have been based on American populations. The results of three studies suggest that women do prefer women doctors,²⁻⁴ especially in the case of rectal and genital or mental symptoms.⁴ A further four studies found no strong preference.⁵⁻⁸

In the UK a survey of women's health care preferences for the Women's National Commission found that 74% of women who completed the questionnaire had no preference as to the sex of their doctor.⁹ Similarly, in a survey of women attending a breast clinic, 74% said they did not mind whether they saw a male or a female general practitioner.¹⁰ A study of a random sample of people in England and Wales in 1977 found that 21% of women would sometimes like to see a doctor of their own

sex, compared with 29% in 1964.¹¹ In contrast, the Women's National Cancer Control Campaign have observed that the second most common question asked about their mobile cervical screening service is 'Will it be a female doctor?' (personal communication). Two review papers, one American,¹² and one British,¹³ support the women for women notion, with the latter concluding that female patients are more likely than male patients to prefer women doctors.

It appears, therefore, that the widely held view that women prefer to see women health professionals is based on somewhat limited and imprecise empirical data. To determine who women do see and whom they would prefer to see for health checks and problems, including breast and cervical cancer screening, a postal survey of a representative sample of women in the general population was carried out.

Method

The Borough of Eastleigh in Hampshire, which is adjacent to the city of Southampton, had an electorate of 76 716 in 1986. The borough includes residential areas, farms and light industry.

In June 1986 a one in 150 systematic sample of women was taken from the borough's electoral roll. The sample of 512 women were sent a questionnaire, covering letter and stamped addressed return envelope. A reminder letter, questionnaire and envelope were sent to non-responders in July 1986.

The questionnaire asked about their preference for the sex of general practitioner for general and women's health problems, about their own experience of breast and cervical screening, and for their sex and profession preferences for these screening procedures. The questionnaire also listed seven possible reasons for preferring to see a woman for women's health problems and screening.

Respondents were grouped as follows: by age — 18–44 years (younger women) and 45 years or over (older); by the age they finished full-time education — 14–16 years (less educated) and 17 years or over (more educated); and by social class of the head of the household — 1–3N (non-manual) and 3M–5 (manual). The relative effects of age, education and social class, and their possible interactions, on the responses to each item of the questionnaire were estimated using the statistical package GLIM.¹⁴ Differences at or below the 5% level were considered to be statistically significant.

Results

Response rate

Seven questionnaires were returned by the Post Office, six people had died and eight were unable or ineligible to complete the questionnaire. Of the 491 potential responders, 322 (66%) returned a completed questionnaire after the first mailing and a further 98 (20%) responded to the reminder, giving a total of 420 respondents and a final response rate of 86%.

Characteristics of respondents

Just over half of the respondents (56%) were aged 18–44 years and the majority (79%) were married. Two-thirds (65%) finished full-time education when aged 14–16 years and equal proportions (43%) were from social classes 1–3N and 3M–5 (no information for 14%).

Table 1. Respondents' experiences of cervical screening, breast examination, breast self-examination instruction and mammography ($n = 420$).

| | Number (%) of respondents | | | |
|---|---------------------------|--------------------|-------------------|-----------|
| | Cervical smear | Breast examination | BSE demonstration | Mammogram |
| <i>Had procedure at some time</i> | | | | |
| Yes | 328 (78) | 260 (62) | 145 (35) | 35 (8) |
| No | 86 (21) | 155 (37) | 257 (61) | 380 (92) |
| Not sure | 5 (1) | 5 (1) | 18 (4) | 0 (0) |
| Total | 419 (100) | 420 (100) | 420 (100) | 415 (100) |
| <i>Professional who carried out last procedure</i> | | | | |
| General practitioner | 202 (62) | 118 (46) | 59 (41) | — |
| Nurse | 34 (10) | 25 (10) | 30 (21) | — |
| Hospital doctor | 41 (13) | 86 (33) | 32 (22) | — |
| Family planning doctor | 50 (15) | 28 (11) | 23 (16) | — |
| Total | 327 (100) | 257 (100) | 144 (100) | — |
| <i>Sex of professional who carried out last procedure</i> | | | | |
| Male | 148 (47) | 155 (62) | 69 (48) | — |
| Female | 170 (53) | 97 (38) | 75 (52) | — |
| Total | 318 (100) | 252 (100) | 144 (100) | — |

BSE = breast self-examination. n = total number of women.

Results of questionnaire

Two hundred and ninety-two (70%) respondents had a male general practitioner, 123 (29%) a female doctor, and three (1%) said both (two respondents failed to answer).

Previous experience of cervical screening. Over three quarters of the respondents had had a cervical smear test at some time (Table 1). There were significant differences between age groups and social class groups (allowing for age) — more of the younger women (87%) than older women (77%) had had a smear ($\chi^2 = 5.41$, 1 df, $P = 0.020$), and more of the manual group (87%) than the non-manual group (77%) ($\chi^2 = 6.03$, 1 df, $P = 0.014$). Older women in the non-manual group were the least likely to have had a smear test (65%) but this interaction between age and social class did not reach statistical significance. Most cervical smear tests had been carried out by a general practitioner and almost equally by each sex (Table 1).

Previous experience of breast screening. Nearly two thirds of the women had had their breasts examined (Table 1). Most breast examinations had been performed by general practitioners, and more often by a male than a female health professional. Sixty-eight per cent of the more educated group had had their breasts examined by a male health professional, compared with 56% of the less educated group. However, this difference was not statistically significant.

Instruction in breast self-examination had been given to a minority of the respondents (Table 1). There were significant differences between education groups and social class groups (allowing for education) — 42% of the less educated group had been shown breast self-examination compared with 30% of the more educated group ($\chi^2 = 4.54$, 1 df, $P = 0.033$), and 40% of the non-manual group compared with 35% of the manual group ($\chi^2 = 4.19$, 1 df, $P = 0.041$). Less educated women from the non-manual group had been shown breast self-examination most often (51%), but this interaction between education and social class was not statistically significant. The general practitioner was the health professional most involved in teaching self-examination (Table 1) and 59% of older women had been shown the technique by a male health professional, compared with 36% of younger women ($\chi^2 = 6.50$, 1 df, $P = 0.011$).

Very few women had ever had a mammogram (Table 1). Ten per cent of the less educated women had had a mammogram compared with 4% of the more educated, but this difference did not reach statistical significance.

Preferences. Table 2 shows the sex of the health professional that respondents said they would prefer to see for general health problems, for women's health problems and for cervical and breast screening. The proportion who said they would prefer to see a woman ranged from 7% for general health problems to 59% for breast examination and instruction in self-examination. Similarly high proportions preferred a woman for women's problems (56%) and cervical screening (57%). Fifty-one per cent of the younger age group said they would prefer to see a female doctor for mammography, compared with 40% of the older women ($\chi^2 = 3.64$, 1 df, $P = 0.049$).

Table 3 shows the women's preferred health professionals for cervical and breast screening. In both cases, one third of the respondents had no preference. The highest proportion of women preferred a female general practitioner for cervical screening (41%) and a female doctor for breast screening (54%).

The proportion of women in the two social class groups preferring a female general practitioner for cervical screening differed significantly: 46% of the manual group preferred a female general practitioner, compared with 35% of the non-manual group ($\chi^2 = 5.02$, 1 df, $P = 0.025$). There was a significant interaction between social class and age — in the non-manual group 27% of the younger women preferred a female general practitioner compared with 49% of the older women ($\chi^2 = 4.76$, 1 df, $P = 0.029$).

Reasons for preferences. Of the seven possible reasons for preferring to see a woman for women's health problems and screening, those most often selected were that a woman would be easier or less embarrassing to talk to, and another woman would have a better understanding of the problem (Table 4). Of the women who gave reasons for their preference significantly more in the manual class group (63%) than in the non-manual group (45%) thought a woman could be asked more questions ($\chi^2 = 7.036$, 1 df, $P = 0.008$).

Table 2. Sex of health professionals preferred for general health problems, women's health problems and breast and cervical screening ($n = 420$).

| | Number (%) of respondents preferring: | | | Total |
|---|---------------------------------------|-----------------|---------------|-----------|
| | Male GP/nurse | Female GP/nurse | No preference | |
| General health problems | 41 (10) | 29 (7) | 348 (83) | 418 (100) |
| Women's health problems | 26 (6) | 235 (56) | 158 (38) | 419 (100) |
| Cervical screening | 22 (5) | 232 (57) | 156 (38) | 410 (100) |
| Breast examination and instruction in BSE | 17 (4) | 239 (59) | 152 (37) | 408 (100) |
| Mammography | 20 (5) | 192 (46) | 203 (49) | 415 (100) |

BSE = breast self-examination. n = total number of women.

Discussion

The high response rate to this postal survey suggests that the respondents are representative of women living in the Borough of Eastleigh and that the subject is of interest to women. The responses help to explain the conflicting conclusions reached by previous studies — women's preferences change according to the particular problem or procedure in question. A female health professional is not important to most women when they are consulting about general health problems but is more important for screening by mammography and particularly important for women's health problems, cervical screening and breast screening by physical examination and instruction in breast self-examination.

Cervical and breast screening have been the focus of attention recently and two of the findings of this study warrant particular attention. First, a female general practitioner was the first choice of health professional for cervical screening for the highest proportion of women (41%) and this proportion was even higher among women from the manual classes and older women from

Table 3. First choice of health professional: (1) to carry out a cervical smear test in general practice or at a well-woman clinic; (2) to conduct a breast examination and demonstrate BSE in hospital or at a well-woman clinic ($n = 420$).

| Preferred health professional | Number (%) of respondents |
|--|---------------------------|
| <i>Cervical smear test</i> | |
| Female GP | 167 (41) |
| Female family planning doctor | 48 (12) |
| Male GP | 21 (5) |
| GP of either sex | 17 (4) |
| Female nurse | 17 (4) |
| Family planning doctor of either sex | 9 (2) |
| Male nurse | 0 (0) |
| Nurse of either sex | 0 (0) |
| Male family planning doctor | 0 (0) |
| No preference | 130 (32) |
| Total | 409 ^a (100) |
| <i>Breast examination and instruction in BSE</i> | |
| Female doctor | 220 (54) |
| Female nurse | 19 (5) |
| Doctor of either sex | 18 (4) |
| Male doctor | 17 (4) |
| Male nurse | 0 (0) |
| Nurse of either sex | 0 (0) |
| No preference | 134 (33) |
| Total | 408 ^b (100) |

^aMissing data for 11 women. ^bMissing data for 12 women.
BSE = breast self-examination. n = total number of women.

the non-manual classes. At present these groups of women tend not to come forward for screening but are at increased risk of cervical cancer. More women general practitioners might increase compliance rates for cervical screening.

Secondly, two fifths of the 45 years plus age group and an even higher proportion of younger women said they would prefer to see a female doctor for breast screening by mammography. With the recent government decision to offer regular mammography to all women aged 50–64 years (and to older women on demand) there is an opportunity to train more women doctors for a specialist role in breast screening programmes.

This survey has also highlighted the importance to many women of being able to see a female general practitioner for women's health problems. However, less than one third of the respondents were registered with a female doctor. It is encouraging, therefore, that both the numbers and proportion of women in general practice are expected to rise.¹

Table 4. Reasons selected for preferring to see a woman for women's health problems and screening.

| | Number (%) who answered ($n = 271$) | Percentage of total sample ($n = 420$) |
|--|---------------------------------------|--|
| Easier or less embarrassing to talk to | 207 (76) | 49 |
| Better understanding of problems | 189 (70) | 45 |
| Can be asked more questions | 144 (53) | 34 |
| More sympathetic or caring | 94 (35) | 22 |
| Takes a more personal interest | 52 (19) | 12 |
| More likely to take more time | 49 (18) | 12 |
| Religious or other beliefs | 3 (1) | 1 |
| Other reason | 8 (3) | 2 |

n = number of women.

References

1. Anonymous. Women general practitioners. *J R Coll Gen Pract* 1979; **29**: 195-198.
2. Kelly JM. Sex preference in patient selection of a family physician. *J Fam Pract* 1980; **11**: 427-430.
3. Philliber SG, Jones J. Staffing a contraceptive service for adolescents: the importance of sex, race and age. *Public Health Rep* 1982; **97**: 165-169.
4. Young JW. Symptom disclosure to male and female physicians: effects of sex, physical attractiveness and symptom type. *J Behav Med* 1979; **2**: 159-169.
5. Engleman EG. Attitudes toward women physicians. *West J Med* 1974; **120**: 95-100.
6. Petrovage JB, Reynolds LJ, Gardner HJ, et al. Attitudes of women towards the gynaecology examination. *J Fam Pract* 1979; **9**: 1039-1045.
7. Haar E, Halitsky V, Stricker G. Factors related to the preference for a female gynaecologist. *Med Care* 1975; **13**: 782-790.

8. Young JW. The effects of perceived physician competence on patients' symptom disclosure to male and female physicians. *J Behav Med* 1980; 3: 279-290.
9. Women's National Commission. *Women and the health service. Report of an ad-hoc working group*. London: Cabinet Office, 1984.
10. University of Southampton and Wessex Regional Cancer Organisation. *The Southampton breast study*. Southampton: Community Medicine, University of Southampton, 1983.
11. Cartwright A, Anderson R. *General practice revisited — a second study of patients and their doctors*. London: Tavistock, 1981.
12. Weisman CS, Teitelbaum MA. Physician gender and the physician-patient relationship: recent evidence and relevant questions. *Soc Sci Med* 1985; 20: 1119-1127.
13. Gray J. The effect of the doctor's sex on the doctor-patient relationship. *J R Coll Gen Pract* 1982; 32: 167-169.
14. Baker RJ, Nelder JA. *The GLIM system. Release 3. Generalised linear interactive modelling*. Oxford: Numerical Algorithms Group, 1978.

Acknowledgements

Many thanks to Lindsey Izzard for computing, David Machin for statistical advice and Kirsten Maters for typing. The research was supported by a grant from the Wessex Cancer Trust.

Address for correspondence

Ms S. Nichols, Department of Community Medicine, South Block, Southampton General Hospital, Tremona Road, Southampton SO9 4XY. Copies of the questionnaire may be obtained from the author.



The Royal College of
General Practitioners



COMPUTER APPRECIATION COURSES

The Information Technology Centre at the RCGP offers a series of Computer Appreciation Courses for General Practitioners and their Senior Practice Staff. The courses are aimed at those with little or no knowledge of computing with particular emphasis being given to the introduction and management of the new technology for General Practice.

The cost of the course for Members and their Staff starts from £175 (inclusive of Friday night accommodation) and £150 without accommodation. For non-members, the prices will be £200 with accommodation on Friday night and £175 for those not requiring accommodation. The fee includes the cost of all meals, refreshments and extensive course notes. Overnight accommodation is available if required at the appropriate College rates.

Courses are zero-rated under Section 63 and Practice Staff may be eligible for 70% reimbursement under Paragraph 52.9(b) of the Statement of Fees and Allowances. Staff should confirm eligibility for this reimbursement with their local FPC.

Course dates include 15-16 January, 12-13 February and 18-19 March 1988.

Further details and an application form are available from: The Course Administrator, Information Technology Centre, The Royal College of General Practitioners, 14 Princes Gate, London SW7 1PU. Telephone: 01-581 3232.

EDITORIAL NOTICE

Instructions to authors

Papers submitted for publication should not have been published before or be currently submitted to any other journal. They should be typed, on one side of the paper only, in double spacing and with generous margins. A4 is preferred paper size. The first page should contain the title, which should be as brief as possible, the name(s) of author(s), degrees, position, town of residence, and the address for correspondence.

Original articles should normally be no longer than 2000 words, arranged in the usual order of summary, introduction, method, results, discussion, references, and acknowledgements. Short reports of up to 600 words are acceptable. Letters to the Editor should be brief — 400 words maximum — and should be typed in double spacing.

Illustrations of all kinds, including photographs, are welcomed. Graphs and other line drawings need not be submitted as finished artwork — rough drawings are sufficient, provided they are clear and adequately annotated.

Metric units, SI units and the 24-hour clock are preferred. Numerals up to 10 should be spelt, 10 and over as figures. Use the approved names of drugs, though proprietary names may follow in brackets. Avoid abbreviations.

References should be in the Vancouver style as used in the *Journal*. Their accuracy must be checked before submission. The title page, figures, tables, legends and references should all be on separate sheets of paper.

Three copies of each article should be submitted, with a stamped addressed envelope, and the author should keep a copy. One copy will be returned if the paper is rejected.

All articles and letters are subject to editing. The copyright of published material is vested in the *Journal*.

Papers are refereed before acceptance.

Correspondence and enquiries to the Editor

All correspondence to the Editor should be addressed to: The Journal of the Royal College of General Practitioners, 8 Queen Street, Edinburgh EH2 1JE. Telephone: 031-225 7629.

News

Correspondence concerning the *Journal's* News pages should be addressed to: The News Editor, Royal College of General Practitioners, 14 Princes Gate, Hyde Park, London SW7 1PU. Telephone: 01-581 3232.

Advertising enquiries

Display and classified advertising enquiries should be addressed to: Iain McGhie and Associates, 7a Portland Road, Hythe, Kent CT21 6EG. Telephone 0303 64803/62272. Fax: 0303 62269.

Circulation

The *Journal of the Royal College of General Practitioners* is published monthly and is circulated to all Fellows, Members and Associates of the Royal College of General Practitioners, and to private subscribers. All subscribers receive *Policy statements* and *Reports from general practice* free of charge with the *Journal* when these are published. The annual subscription is £60 post free (£65 outside the UK, £75 by air mail).

Subscription enquiries

Non-members' subscription enquiries should be made to: Bailey Bros and Swinfen Ltd, Warner House, Folkestone, Kent CT19 6PH. Telephone: Folkestone (0303) 56501/8. North American subscriptions (non-members) should be sent to: Fenner, Reed and Jackson Inc., PO Box 754, Manhasset, NY 11030, USA.

Members' enquiries should continue to be made to: The Royal College of General Practitioners, 14 Princes Gate, Hyde Park, London SW7 1PU. Telephone: 01-581 3232.

Notice to readers

Opinions expressed in *The Journal of the Royal College of General Practitioners* and the supplements should not be taken to represent the policy of the Royal College of General Practitioners unless this is specifically stated.