

Do Urology Male Patients Prefer Same-Gender Urologist?

American Journal of Men's Health
2018, Vol. 12(5) 1379–1383
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DOI: 10.1177/1557988316650886
journals.sagepub.com/home/jmh



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Abstract

There are several studies on patients' preference for same-gender physicians, especially female preference for same-gender gynecologists. Data regarding the preferences of urology patients, of whom the majority are males, are scarce. The objective of this study is to assess provider gender preference among urology patients. One hundred and nineteen consecutive men (mean age 57.6 years) who attended a urology clinic in one university-affiliated medical center were prospectively enrolled. A self-accomplished 26-item anonymous questionnaire was used to assess patients' preferences in selecting their urologist. Of the 119 patients, 51 (42.8%) preferred a male urologist. Patients exhibited more same-gender preference for physical examination (38.3%), or urological surgery (35.3%), than for consultation (24.4%). Most patients (97%) preferred a same-gender urologist because they felt less embarrassed. Four patient characteristics were identified to be significantly associated with preference for a male urologist: religious status, country of origin, marital status, and a prior management by a male urologist. Of these, religious status was the most predictive parameter for choosing a male urologist. The three most important factors that affected actual selection, however, were professional skills (84.6%), clinical experience (72.4%), and medical knowledge (61%), rather than physician gender per se. Many male patients express gender bias regarding their preference for urologist. However, professional skills of the clinician are considered to be more important factors when it comes to actually making a choice.

Keywords

gender, preference, urologists, men

Introduction

The modern medical profession is characterized by feminization, as more and more female doctors practice surgical specialties previously controlled by male surgeons. The possible impact of doctors' gender on patients' preferences is not well defined. Several studies investigated women's preference for the gender of their gynecologists-obstetricians (Amer-Alshiek et al., 2015; Amir, Tibi, Groutz, Amit, & Azem, 2012), or gastroenterologists (Consedine, Reddig, Ladwig, & Broadbent, 2011; Shah, Karasek, Gerkin, Ramirez, & Young, 2011), and reported preference for same-gender physicians. Other studies reported that most patients had no preference for their orthopedic surgeons or endoscopists (Abghari et al., 2014; Lahat, Assouline-Dayan, Katz, & Fidler, 2013; Varia et al., 2014).

The preference for a physician-specific gender is highly sensitive in urology, where most patients are men, and some of whom have intimate medical complaints such as scrotal/penile problems, sexual dysfunction, and urinary incontinence. Carrejo, Balla, and Tan (2007) investigated preference for gender of health care provider

(medical doctor, physician assistant, or nurse practitioner) in management of erectile dysfunction. A total of 1,087 adult males in a primary care setting completed a brief questionnaire, 57% of whom expressed no provider gender preference, regardless of history of erectile dysfunction. However, of those who stated a preference, approximately 75% prefer male providers. To date only one study, published in 2005, investigated physicians' gender preference among urological patients (Tempest, Vowler, & Simpson, 2005). Results of that study identify that the majority of patients (80%) had no preference for the gender of their urologist; however, patients who did express a preference preferred the same-gender urologist. As in other surgical specialties, the number of female medical graduates that choose to practice urology is

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growing rapidly. The number of female residents in urology increased from 7% in 1995 to 23% in 2011, a 300% increase (Grimsby & Wolter, 2013). A 2006 survey reported that as much as one third of the female residents in urology had been confronted with negative behavior by male patients (Jackson, Bobbin, Jordan, & Baker, 2009).

The aim of the current study was to explore the gender preference of Israeli male patients regarding their choice of urologist. Additional relevant characteristics affecting these choices were examined as well.

Method

The study was conducted in the urologic outpatient clinics of Tel Aviv Sourasky Medical Center and was approved by the institutional review board. An anonymous questionnaire written in Hebrew was used to assess patients' preferences in selecting their urologist. The participants signed a consent form before filling out the questionnaire.

One hundred sixty consecutive patients referred to the urologic outpatient clinic were prospectively enrolled, 14 of whom declined to participate. Of the remaining 146 patients, 119 were male and 27 were female patients. The main study group comprised the 119 male responders.

A questionnaire was developed that incorporated items from validated instruments previously used to assess gender preference of women for their obstetricians and gynecologists (Amer-Alshiek et al., 2015; Amir, Tibi, et al., 2012). The final questionnaire comprised 26 items. The first part of the questionnaire included basic sociodemographic information, gender of the patients' regular urologist in the past 3 years, gender of the patients' family physician, and previous visit to a male/female urologist. The second part of the questionnaire included questions regarding gender preferences in different medical situations, such as physical examination, urological surgery, or any consultation for a urologic problem. Patients were asked to identify specific characteristics of urologists as related to their gender. These included being gentle, sympathetic, tolerant, spends more time with patients, understanding in men's health, knowledgeable in men's health, and a better physician in general. The participants answered these questions by circling the word "male," "female," or "none" next to each characteristic. Each participant was also asked to circle 3 out of a list of 16 characteristics that he considered to be the most important in choosing his urologist: age, gender, origin, marital status, parental status, religious status (religious/nonreligious), professional ability, experience, knowledge, board certification, schools attended, hospital affiliation, university affiliation, personality, reputation, and availability.

Descriptive statistics are given as mean for continuous variables and frequency distribution for categorical variables. Chi-square test (for categorical variable) and *t* test (for continuous variables) were applied to examine the relationship between the men's demographic characterization and urologist gender preference and between the physician's characterization and urologist gender preference. Fisher's exact test was used to associate between gender preferences for family physicians and for urologists. Pearson correlation was used to compare preference for urologist's gender between male and female responders. McNemar test for symmetry (which enables a paired comparison instead of a group comparison) was used to compare urologists' gender preference for intimate procedures versus nonintimate procedures and to compare urologists' gender preference with regard to different physician characteristics. Multiple logistic regression was applied to assess which variables related to men or physician were independently associated with preference for a male urologist. All statistical analyses were performed using SAS® Version 9.2 (SAS Institute Inc., Cary, NC). A *p* value < .05 was considered statistically significant.

Results

The study population comprised 119 eligible male patients (mean age 57.6; range 18-89 years), 22 (19%) of whom complained of sexual dysfunction, 42 (36.2%) had benign urinary tract disease, 30 (25.8%) had malignant urinary tract disease, and 4 (3.5%) others had urinary incontinence. Sixty (51.3%) patients were born in Israel, 80 (68.4%) were married, 82 (70.7%) were secular, and 34 (29.3%) were religious. Ten (9%) patients completed elementary school, 52 (46.5%) completed high school, and 46 (44.5%) were either college or university graduates. Most patients (98.2%) were managed by a male urologist over the past 3 years.

Of the 119 male patients, 51 (42.8%) preferred a male urologist, 64 (53.8%) had no preference, and only 4 (3.4%) preferred a female urologist. Four patient characteristics were identified to be significantly associated with gender preference of male urologists: Respondents who preferred male urologists were born outside of Israel ($p = .041$), religious ($p = .008$), married ($p = .027$), and they had been previously managed by male ($p = 0.005$) and not female ($p = 0.049$) urologists.

Responder's gender preferences for urology versus family physicians are presented in Table 1. There was a significant higher preference for male urologists ($n = 51$, 42.8%) than male family physicians ($n = 20$, 17.7%). Previous urologic examination by a female urologist was reported to correlate inversely to same-gender preference: such an examination decreased same-gender preference of male responders from 47.8% to 25.9%.

Table 1. Gender Preferences of Family Physician and Urologist Among Male Responders.

	Urologist, <i>n</i> (%)	Family physician, <i>n</i> (%)
Prefer male physician	51 (42.8)	20 (17.7)
Prefer female physician	4 (3.4)	8 (7.1)
No preference	64 (53.8)	85 (75.2)
Total number of responders	119	113

Table 2. Gender Bias for Intimate Versus Nonintimate Procedures.

	Prefer male urologist, <i>n</i> (%)	Prefer female urologist/no preference, <i>n</i> (%)	Total number of responders
Physical examination	46 (38.7)	73 (61.3)	119
Urological surgery	42 (35.3)	77 (64.7)	119
Consultation	29 (24.4)	90 (75.6)	119

Gender preference for “intimate” urological procedures, such as physical examination and urological surgery, versus nonintimate procedures, such as consultation, is reported in Table 2. There was a higher preference to undergo a physical examination (*n* = 46, 38.3%) and urological surgery (*n* = 42, 35.3%) by a male urologist than consultation (*n* = 29, 24.4%). Furthermore, 20% of men who did not express gender preference for consultation preferred a male urologist for physical examination (*p* = .002) and urological surgery (*p* = .011). Feeling less embarrassed during urological procedures was given as the main cause of male urologists’ preference. Only few responders felt embarrassed during urological procedure done by a male urologist (2.8%). There was a significant preference for choosing a male over female urologist due to embarrassment rather than physician’s characteristics such as being more sympathetic (*p* = .0016), more patient (*p* = .004), and spending more time with the patient (*p* = .0001); or physician’s professionalism, for example, more understanding in men’s health (*p* = .0001), more knowledgeable in men’s health (*p* = .0001), and being a better physician in general (*p* = .0001).

The patients ranked surgical ability (*n* = 104, 84.6%), experience (*n* = 89, 72.4%), and knowledge (*n* = 75, 61%) as the top three required qualities of urologists. Other characteristics, such as demographic background (age, gender, origin, marital status, parental status, religious status), qualifications (medical school, board certification, hospital affiliation, university affiliation), and other selected qualities (personality, reputation and availability), were less important. Physicians’ personality and reputation were less important to responders who preferred male urologists (*p* = .03 and *p* = .034, respectively).

Last, in multiple logistic regression analysis some independent predictors for choosing male urologists were

identified. Religious responders and men who assigned a lesser weight to personality, reputation, and availability of urologists were more likely to prefer male urologists (Table 3).

Discussion

Patients’ preference of their health care provider may affect health needs, satisfaction, and quality of life. Of various possible factors, gender preference is likely to have a stronger impact when choosing health professionals engaged in intimate and psychosocial medical practices. Indeed, several previously published studies reported women’s preference for female physicians, especially when it comes to obstetrical/gynecological issues (Amer-Alshiek et al., 2015; Amir et al., 2015; Amir, Tibi, et al., 2012; Janssen & Lagro-Janssen, 2012). Data regarding male populations and intimate specialties such as urology are scarce. The present study explored the preferences of Israeli male patients regarding their urologist. Results identify that up to 43% of the patients preferred a male urologist. Patients exhibited more same-gender preference for physical examination (38.3%), or urological surgery (35.3%), than for consultation (24.4%).

Same-gender preference for health care providers among modern heterogeneous societies is relevant for up to 35% of patients (Lahat et al., 2013), including same-gender preference for an urologist (Tempest et al., 2005). In Israel, up to 30% preference for same-gender health provider was previously reported among secular (nonreligious) patients (Amir et al., 2015; Lahat et al., 2013; Piper, Shvarts, & Lurie, 2008). Results of the present study suggest a higher percentage (42.8%) of same-gender preference among urologic patients, perhaps due to the relatively high religious fraction of responders among the study cohort. Four parameters of

Table 3. Multiple Logistic Regression Analysis to Estimate the Variables That Were Significant in Preference for a Male Urologist.

Variables	Odds ratio	95% Confidence interval
Patient variables		
Age	0.968	[0.922, 1.017]
Religious status* (religious vs. secular)	3.605	[1.295, 10.032]
Marital status (married vs. nonmarried)	3.709	[0.742, 18.543]
Children (with vs. without)	1.144	[0.144, 9.086]
High school education	0.164	[0.021, 1.266]
College education	0.138	[0.013, 1.425]
University education	0.218	[0.029, 1.664]
Employment (employed vs. unemployed)	0.550	[0.151, 1.999]
Urologist variables		
Demographics	0.843	[0.419, 1.699]
Professional skills	0.869	[0.531, 1.425]
Qualifications	1.359	[0.688, 2.686]
Other qualities*	0.475	[0.258, 0.872]

*Significant differences ($p < .05$).

responder's characteristics were identified that correlated to the preference of same-gender urologist: religious status, marital status, country of origin, and previous urologic examination by a same-gender urologist. In general, the more traditional and religious beliefs, the greater importance patients attached to the gender preference of their provider, due to modesty. This was previously verified by several gender preference studies that explored gender preference of religious and traditional women for their obstetrician/gynecologist physician (Amer-Alshiek et al., 2015; Amir, Hazan, Grutz, Amit, & Azem, 2012; Amir, Tibi, et al., 2012; Lafta, 2006; McLean et al., 2012; Rizk, El-Zubeir, Al-Dhaheri, Al-Mansouri, & Al-Jenaibi, 2005). The marital status of the responders might also link to a more modest behavior of married patients. These results are supported by a Greek study that demonstrated correlations between marital status and age to same-gender preference of women for their obstetrician/gynecologist (Noula, Leontzini, Anastasiadia, & Ifanti, 2010). The age factor was also reported to be important among men with erectile dysfunction with regard to the gender of their clinician (Bickell, Frank, & Steixner, 2015). Interestingly, previous urologic examination by a female urologist was reported to correlate inversely to same-gender preference: such an examination decreased same-gender preference of male responders from 47.8% to 25.9%, implying that responder's experience with a female urologist was positive. The same-gender preference was more evident with regard to urologists versus family physicians (42.8% vs. 17.7%, respectively).

Not unexpectedly, patients undergoing physical examination or urological surgery express more importance to the gender of the urologist than did patients undergoing consultation. Responders who did not choose a

same-gender urologist for a nonintimate procedure, like consultation, made a transition to same-gender choice when it came to an intimate area. Previous studies among female populations demonstrated a same-gender preference when intimate procedures were required (Amer-Alshiek et al., 2015; Amir, Hazan, et al., 2012; Amir, Tibi, et al., 2012; Johnson, Schnatz, Kelsey, & Ohannessian, 2005; Lahat et al., 2013; Makam, Mallappa Saroja, & Edwards, 2010; McLean et al., 2012; Rizk et al., 2005). In a similar manner, anal or genital examinations in male achieve extremely high preference (64%) for same-gender clinician (Kerssens, Bensing, & Andela, 1997).

In the present study, the main reason for preferring a male urologist by male responders was feeling less embarrassed (more than 97% of responders). This finding is supported by other studies among male and female patients who identified embarrassment as one of the major reason for same-gender preference (Consedine et al., 2011; Shah et al., 2011; Varia et al., 2014).

Further analysis revealed that the most important parameters for the Israeli male responders regarding their choice of urology care providers were professional skills, such as experience, ability, and knowledge. Similarly, other studies among modern and Western communities identified physician's professionalism rather than gender as the most important preference factor (Chandler, Chandler, & Dabbs, 2000). In the current study, men who preferred a male urologist assigned a lesser weight to personality and reputation in choosing their urologist.

The study has a number of limitations. One caveat is the relatively small number of participants. However, as far as we know, this is the only study assessing gender preference among male urology patients conducted following the increase in the number of female urologists.

Another possible enrollment bias is the fact that most of the regular urologists of the responders were male. It is quite possible that exposure of male patients to female urologists will lead to different results. The third limitation is the fact that female patients were not included in this study. Future studies are required to address this issue.

In conclusion, most male urologic patients considered professional skills, rather than gender per se, to be the most important factors in choosing their urologist. However, those who stated a same-gender preference were more likely to be religious, married, and had been previously managed by male and not female urologists.

Declaration of Conflicting Interests

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Funding

The author(s) received no financial support for the research, authorship, and/or publication of this article.

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