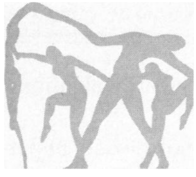

Women and Medicine

Taking Care of Patients— Does It Matter Whether the Physician Is a Woman?

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Researchers have recently begun to compare male and female physicians' attitudes toward patients, medical knowledge, and practice styles. Although women start medical school with more "humanistic views," the conservative effect of medical socialization on both male and female students attenuates these differences. While some studies suggested that men are more scientifically knowledgeable, recent studies showed no significant differences in physicians' medical knowledge. Male and female physicians also had comparable diagnostic and therapeutic behavior. In the intimate world of physicians and patients, however, there were notable differences. Women physicians seemed better able to communicate sensitivity and caring to patients, which may account for the common perception that women are more caring and empathic physicians. Medical educators may wish to study more closely female physicians' communication styles to identify these behaviors and inculcate them into all physicians.

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What are the implications for patients of the recent increase in the number of women physicians? Science and technology, the cornerstones of 20th century medical care, are stereotypically associated in our society with masculinity.[1] Critics accuse medicine of overemphasizing these masculine ideals and deemphasizing the traditionally feminine values of nurturing, empathy, and sympathy. Such a bias is thought to be responsible for many of the ills currently confronting the medical system: structural incentives that encourage technologic development over physician-patient interactions; physicians who are technically superior but interpersonally inadequate; and patients who, although living longer, express greater dissatisfaction with the medical care system.[2-4]

Many think that the influx of women physicians will lead to a greater emphasis on caring and nurturing and that this will improve patient care. Now that women constitute a third of entering medical students and roughly a sixth of all physicians, it is time to critically evaluate whether the sex of a physician influences patient care. We will review the literature regarding women physicians' practice, with special emphasis on their diagnostic, therapeutic, and interpersonal skills.*

Unfortunately, the data in this area are sparse. While there is a growing literature comparing male and female physicians in some specialties, there are little data comparing them in others. Moreover, methodologic flaws in data collection and analysis limit our ability to make definitive statements regarding the effect of the sex of a physician on patient care. For example, many of the studies attempted to evaluate male and female physicians' "humanism" but did not adequately define the term. One is thus not sure what the respondents were assessing.[5] Furthermore, important confounding variables, such as a patient's age, sex, and illness, were not controlled for in most of these studies. We can thus provide only preliminary data concerning the importance of a physician's sex in patient care.

There is little question that male and female physicians

*We realize that women physicians do not constitute a homogeneous group (nor do male physicians). It is thus more accurate to say that this article discusses "average" male and female physicians. It may well be that intragroup variation is more important than the differences between male and female physicians. Further research needs to be done in this area.

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are perceived as having different practice styles. Medical students, for example, reported female attending physicians were more sensitive and less egotistic than male attending physicians.[6] Nurses said women physicians are more "humanistic" and have greater skill in communicating with patients.[7] When asked, attending physicians also rated women residents as "more humanistic" than male residents.[8,9] Recently, investigators have analyzed the relationship between a patient's satisfaction and the physician's sex. A study at the University of California, Los Angeles, found that patients who had seen a female resident reported significantly higher total satisfaction scores than patients who had seen a male resident. Women residents also scored higher on a measure of physicians' manner and interpersonal style. This was true for both male and female patients.[10]

This increased satisfaction with female physicians is particularly pronounced among female patients. Comstock and colleagues found that female patients seeing female internists expressed greater satisfaction with their care than any other gender mix of physicians and patients.[11] Women also described female obstetricians as more empathic and more interested in them as human beings than male obstetricians.[12] Finally, there is a growing body of data showing that patients are more comfortable talking with a physician of the same sex.[13] For example, numerous studies have shown that, if given an option, female patients are more likely to see a female than a male physician.[14,15]

The finding that patients are more satisfied with women physicians' care, although tentative and requiring further confirmation, raises important questions for medical educators. Is this increased satisfaction with women physicians merely a reflection of prevalent social assumptions that women are more nurturing and caring than men? Or do women physicians actually care for patients differently? If satisfaction is related to women physicians' different practice style, medical educators should identify those attitudes or behaviors that result in increased patient satisfaction and inculcate them in all medical students.

To determine why patients perceive female physicians differently, we examined studies on differences between male and female physicians' medical knowledge; data on whether female physicians' attitudes toward patients differ from their male counterparts; and research on sex differences in physicians' behavior.

Physician Knowledge

The belief that men are more scientifically knowledgeable and technologically competent than women is still prevalent in our society, but there is no evidence that men and women physicians emerge from their training with a different knowledge base. During medical school, there appears to be little difference in the academic performance of male and female students. In the early 1970s, women had a higher dropout rate than men—15% versus 10%—but this increase was due to the higher number of female students who left for personal reasons.[16] The current rate of academic attrition among female students is not significantly different from their male counterparts.[17] Although studies showed women's performance on standardized tests (National Board Examination Part I and on schools' comprehensive examinations) in the first two years of medical school was slightly lower than that of men, their scores in the last two years (National Board Examination Part 2), as well as their clinical evaluations, were not significantly different.[18-20]

Recently, investigators have begun to look closely at performance by sex during residency training. The best studies have been conducted by the American Board of Internal Medicine.[8,21] Attending physicians subjectively rated male residents higher for medical knowledge and technical proficiency, though women received higher ranks for humanistic attributes. Women were also less likely to pass the written certification examination than were men, although this difference has narrowed substantially over the past 15 years. In 1973, only 59% of women passed the test (compared with 76% of men), while in 1986, 80% of women passed (compared with 86% of men). A national study of psychiatric residency program directors' evaluations also found that attending physicians thought male residents had superior knowledge and patient management skills. The authors hypothesized that this difference was due to sexism rather than objective findings of differences in knowledge.[9] In contrast, in a study of surgical residents, women exhibited superior academic performance.[22]

Available data from the other specialties, although sparse, showed little or no sex differences in knowledge. A recent report from the American Board of Pediatrics documented no difference in the scores or pass rates between male and female residents.[23] A study of board scores from a family practice residency program confirmed this finding.[24]

Unfortunately, none of these studies considered the evaluators' biases. In the sociologic literature, there is evidence that an evaluator's assessment is influenced by a student's sex. Information regarding the sex of the evaluators and their general attitudes toward women would be helpful in delineating whether attending physicians think of women in stereotypic ways, thereby leading to biased evaluations of women physicians' knowledge.

There are conflicting data regarding whether women physicians' medical knowledge differs from that of their male counterparts. If there are differences, they are small and appear to be narrowing. It is difficult to know whether these small differences are clinically important in patient management. There are little data, to our knowledge, that relate physicians' scores or ratings to objective medical outcomes or patient satisfaction.

Physicians' Attitudes Toward Patients

Much of the data examining physicians' attitudes toward patients are derived from studies of medical students during the late 1960s and early 1970s. Psychometric studies showed that women medical students rated themselves higher on sensitivity to relationships, acceptance of feelings, and alertness to moral and ethical issues.[25] These studies also showed that women students considered themselves more patient-oriented and placed a higher value on patient contact.[26-28] A more recent study found fewer sex differences, however, possibly because more women are attending medical school and because changes in the social environment allow women to adopt less stereotypically feminine roles.[29]

There are also recent data suggesting that the differences between male and female students' attitudes attenuated as they progressed through medical school.[30,31] In the only longitudinal study reported in the literature, Leserman interviewed 275 medical students during their freshman and se-

nior years concerning their attitudes toward patients, the medical profession, and feminist issues. Initially, female students were more oriented toward the "humane side of medicine." Over the four years of medical school, both male and female students became less concerned with the "humane" side of medicine. Because similar conservative changes occurred in both groups, most of the sex differences that appeared in the first year persisted into the students' senior year.[32]

The sparse data dealing with practicing physicians' attitudes toward patients show few differences between male and female physicians' attitudes. Women physicians' assessments of the type of patients they enjoyed or disliked were no different from those of male physicians.[33,34] Male and female physicians also responded similarly concerning how they assessed the authenticity, truthfulness, and emotionality of their patients.[35] One exception should be noted. Women medical students and physicians were more sensitive to issues regarding sex discrimination, contraception, and appropriate health care for women. Moreover, their sensitivity to these issues remained high and, over time, continued to differ significantly from that of their male counterparts.[35-38]

There is no clear answer to the question of whether female physicians have different attitudes from male physicians toward their patients. Earlier in their training, women may be more concerned with the psychosocial aspects of patient care and place a higher value on patient contact. Data suggest, however, that as women progress through medical school into residency training and then into practice, their attitudes become less distinguishable from those of their male colleagues. This tendency of both male and female students to become less concerned with the psychosocial aspects of care is troubling and requires further study. The difference between male and female medical students' knowledge and attitudes, however, appears insufficient to explain the widespread perception that men and women physicians practice differently.

Physician Behavior

Perhaps the most important and least studied area deals with the relationship between the sex of physicians and their actual behavior with patients. Although the data appear contradictory, a coherent theme is discernible: while there is little difference between men and women physicians' diagnostic or therapeutic behavior, there is a difference in the way they communicate with patients.

Most of the available information on sex differences is from analyses of "hard" data such as the number of specific treatments offered or patients' morbidity and mortality. Although flawed—not controlling for such basic variables as the number of years in practice or patient characteristics—the available information reveals few important differences in diagnostic or therapeutic practices. The National Ambulatory Care Medical Survey of approximately 3,000 practicing physicians supplies excellent data regarding physicians' daily practice. This study showed many more similarities than differences in the diagnostic and therapeutic behavior of male and female internists, pediatricians, obstetricians/gynecologists, and family practice physicians. What differences were apparent in the survey were small and may be related to different patient populations. For example, a larger percentage of young patients making their initial visits to physicians saw women physicians. This may explain why women practitioners did preventive tests such as Papanicolaou smears or blood pressure checks more frequently.[39-44]

Other studies confirmed the absence of significant differences in clinical behavior.[44,45] Greer and co-workers asked family practice physicians to describe how they would work up a variety of common complaints, such as headache and fatigue, and found no significant differences between physicians' suggested workup based on their sex.[45] A national study of psychiatrists also showed no significant differences between male and female physicians' diagnoses, prescribing of psychotropic medications, or rates of admitting patients to hospital.[46]

Based on women physicians' attitudes toward "women's issues," significant differences between male and female obstetricians' practices might be expected. There is a great deal of anecdotal evidence that women obstetricians have different treatment patterns from those of their male colleagues.[47] Cartwright and Waite found that women physicians were more likely to consider alternative methods of birth control for those women who were concerned about the side effects of birth control pills.[48] Other data sources, however, such as the National Ambulatory Care Survey, reported only modest differences between the practices of male and female obstetricians.[40,44]

Given prevalent social stereotypes of women, women might be expected to be more understanding of patients' psychosocial problems. Surprisingly, a variety of studies that attempted to analyze physicians' behavior have failed to show a significant difference between male and female physicians. Women physicians seemed no more likely to detect or record patients' psychological, social, or sexual problems.[49] Similarly, studies that analyzed physicians' caring behaviors reported no difference between men and women physicians.[11,50]

Communication Style

How can we reconcile the claim that female physicians are more caring when data show that male and female physicians' behaviors are similar? Perhaps patients' perceptions of female physicians as more sympathetic are a result of their stereotypic views regarding women. Patients, expecting women physicians to be more empathic or nurturing, respond based on these expectations. An alternative explanation for the lack of differences found in these studies is that the research methods used were inadequate to delineate subtle differences that do exist. Recently, a group of researchers argued that a closer investigation of the actual discussion between physicians and patients is necessary to understand medical care.[51] Perhaps analyzing the physician-patient interview can explain why patients perceive women physicians as more "humanistic."

One reason to hypothesize that women physicians communicate differently with patients is that, like other women in our society, they have been socialized to accept a less directed, interactive style of communication. Women's style of speech is typically characterized by less obtrusiveness, as exemplified by less speech intensity and a more frequent use of hedges and euphemisms. In mixed conversation, men, not women, are more likely to decide the topics of conversations and to dominate the process of turn-taking.[52]

In medical school, physicians are socialized to be assertive. Communication between physicians and patients uses directed questions and emphatic speech to control both the

flow and the topic of conversation. Asymmetry in conversational style is further emphasized by the frequency with which physicians ignore patients' questions or refer to patients by their first name.[53]

Women physicians thus have been influenced by two very different models of interaction. The question is how they integrate these two models of communication into their clinical practice. Might this account for the difference in patients' perception?

Hints that something different might be occurring in the interaction between patients and women physicians are found in the National Ambulatory Care Survey data. In a trend that is relatively consistent across specialties, women physicians were found to spend more time with their patients (17 minutes per visit versus 13 minutes per visit) and a greater proportion of visits lasted 16 minutes or longer (for internists, 55% versus 38%). These data also showed that women internists were more likely to engage in therapeutic listening and counseling.[40-44]

More powerful evidence that women and men physicians interact differently with patients and that this behavior accounts for patients' perception of women physicians as more caring comes from recent studies of physician-patient communication. In pediatrics, there is preliminary evidence that women communicated differently and that this accounted for patients' perceptions of women physicians as more compassionate.[54] Wasserman and associates videotaped 40 initial visits to a pediatric clinic in Seattle. Coders found that the four women physicians in the study were more empathic than their five male counterparts and that this increase in empathy accounted for mothers' increased satisfaction with women pediatricians.[55]

A study of internal medicine residents in New York City reached similar conclusions. Women physicians were rated by observers to be more egalitarian in their relationship with patients. For example, male physicians raised 67% of all the issues discussed while female physicians raised only 59% of the topics. Patients who saw women physicians were more likely to raise issues that were of concern to them. Coders also found women physicians were more respectful of their patients' concerns and more responsive to psychosocial issues.[56]

Another expression of physicians' different communication styles can be found in West's linguistic microanalysis of physician-patient communication. Male physicians interrupted their patients more frequently, and West thought this style was used as a means of control. Women, on the other hand, interrupted their patients no more than they were interrupted. This lack of controlling behavior may be one reason why previous researchers have found women physicians to be more respectful of their patients' concerns and more egalitarian in their relationships.[57,58]

Conclusion

Recent data suggest that in the intimate world of physicians and patients, there are important differences between men and women physicians. While the technical skill of physicians does not seem to differ, women physicians seem better able to communicate sensitivity and caring to patients. Women's tendency to listen without interrupting and to allow patients to present their agendas may produce stronger rapport by providing patients more time for discussion. These skills in communication may account for patients' perceptions of female physicians as more sympathetic and caring.

The potential benefits of these aspects of female physicians' communication style are immense. Excellent interviewers obtain substantially more information from patients than poor ones.[59] Moreover, recent research has shown a positive relationship between patient satisfaction and patients' compliance with their therapeutic regimens.[60] These findings suggest that better physician-patient relationships might lead to improved patient care.

Further research is needed on the effect of both the physicians' and patients' sex—and their interaction—on the physician-patient relationship. Do the differences between men and women physicians, for example, cut across specialties or are they limited to only one or two specialties? More research is also needed to better describe the factors that cause patients to describe women physicians as more empathic. Further study of the differences between men and women physicians' nonverbal styles of communication might also prove insightful. Finally, we need to determine how and if these behaviors can be taught to all students.

The answers to these questions hold the potential to improve all physicians' abilities to communicate with patients. Medical educators need to carefully study medical communication to determine the most effective way to improve students' ability to interact sensitively with patients. The challenge confronting medicine in the coming decades is to learn from women physicians how to better integrate the art and science of medicine in order to improve patient satisfaction and care.

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What I Want in My Physician

As a post-menopausal woman with experience as the patient of excellent doctors, I know what I want from you.

Excellent credentials, experience, reputation, and attitude. Whenever possible, I choose the personal physicians of other physicians and their families; this way, I know I am getting superb care. I do not mind paying more for a fine physician because I believe in financial reward for excellence. I will feel better about our relationship, however, if I know your real reward comes from healing your patients rather than from building your stock portfolio.

Absolute trust and respect. This must work both ways. Please take me seriously. Don't scoff at my fears or odd symptoms. Because I want to trust you to work with and for me, I will follow your advice and keep you informed when something you recommend does not seem to be working well. I want the truth—always—and will always tell you the truth.

Effective use of our time. I do not want to be kept waiting for more than 20 minutes. I am busy too; when I am kept waiting, others who may be waiting for me are inconvenienced. If there are always half-hour to hour delays in your office, I may stop being your patient.

Your undivided attention. Do not be distracted, evasive, or bored when I am in your examining room or office. I come to you because you know things I do not but do not try to talk me out of my symptoms. Do not prescribe drugs, treatments, or operative procedures I do not need, please find out what other drugs I may be taking, do not assume I know what I should not eat or drink with a drug you prescribe, and tell me about the possible side effects.

—CAROL MINDEY

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