

Do people prefer general practitioners of the same sex?

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OBJECTIVE To explore people's preferences for their general practitioners' sex, testing the hypothesis that more women than men prefer a GP of the same sex.

METHOD A random sample of 1220 people in Victoria surveyed about visits to, satisfaction with, and preferences for their GP. A set of 14 characteristics of GPs and their practices revealed the preferences of consumers, and which were related to each other.

RESULTS Twenty-four percent of women and 19% of men preferred to see a GP of the same sex. The most important characteristic was being 'a good doctor', associated with clinical and communication ability.

CONCLUSION General practitioners' communication skills, experience and quality of care are more important to consumers than the age or sex of the GP.

Between seven and 26% of women prefer female to male general practitioners.¹⁻⁴ However, only 33% of Australian GPs are women,⁵ only 25% in rural areas.² Lack of women GPs may be a barrier to preventive health care.⁶ Approximately half of women, especially young women, prefer a woman doctor for sexual, gynecological or psychological issues.^{1,2,3,4,6,7,8,9} The basis of this preference may be because they feel more at ease during physical examination; find women doctors easier to talk to; are less embarrassed; and believe women doctors have more experience and understanding of women's health issues.^{1,7,8} Fewer studies have addressed men's preferences. However, 63% of men, compared to 39% of women, have no particular preference.¹

Consumer satisfaction with GPs and preferences for types of GPs are not well understood.^{2,4} Women who attend male only practices are more likely to be dissatisfied than women attending mixed

practices.^{2,4,9} Utilisation of multiple GPs has been associated with dissatisfaction with the last visit.¹⁰ Satisfaction has also been found to be higher in small practices with more than one GP.⁹ Attitudes toward health care and consumer expectations also play a role.¹¹

I explored preferred characteristics of GPs among health consumers in Victoria, hypothesising that more women than men have a preference for a GP of the same sex, but also examining other issues influencing GP preference.

Methods

I designed and pretested a questionnaire. A random sample of 1200 residents from the Melbourne metropolitan area and another 1200 from the remainder of Victoria was selected from the telephone directory. In September 2000, all were mailed a self completion questionnaire and a reply paid, self addressed envelope. The accompanying letter asked the adult of the house (18 years or older) with the most

recent birthday to complete the questionnaire (to reduce bias from using telephone directory sampling). A follow up reminder was mailed 7-10 days later and another questionnaire, letter and envelope were mailed to those who had not responded a month later.¹² Those not responding after three mailouts were considered refusals.

Two questions asked about preference of a GP's sex, and experience ('not a new graduate', and/or 'not near retirement age'). Fourteen other characteristics of GPs and their practice were provided (based on key issues identified in previous research,^{1,7,13} and discussions with local GPs) asking respondents to rate the importance of each on a 3-point scale. These items were correlated with the respondents' sociodemographic characteristics including:

- residential location (Melbourne/rest of Victoria)
- sex
- age in years
- marital status

- whether parents were alive
- whether English was a first language
- private health insurance, and
- education

on a 7-point scale. Frequencies, means, bivariate correlations were conducted along with a principal components factor analysis using varimax extraction and rotation methods. These factor scores were saved as continuous variables. Ranges were: -6.0-1.2 for Factor 1, -2.7-2.3 for Factor 2, -2.3-2.2 for Factor 3, and -1.6-3.3 for Factor 4. These factors were then correlated with the demographic characteristics. The statistical significance level of 0.05 was used.

Results

Questionnaires were completed and returned by 1220 residents, resulting in an overall response rate of 58% (50% in Melbourne and 65% in rest of the state). Just over half of the respondents were women (53%), the median age was 50, 70% were married/de facto, 83% were parents (of which just under half had children living with them) and for 93% English was their preferred language. While 71% had completed high school or equivalent, 54% had educational qualifications beyond

high school, 56% had private health insurance. Compared to the Australian Bureau of Statistics data, the sample was slightly more female, more Australian born and had higher levels of education.¹⁴

When asked how many times in the past year respondents had visited a GP for their own needs, responses ranged from 0-60 with a median of 4.0. Approximately 10% of respondents did not have a regular GP, 65% had one regular GP and 25% had more than one. Most visits were for a short term illness (48%) or check-up (34%) with other visits for management of a long term condition (15%). When asked how satisfied respondents were with their last visit, 84% were satisfied (46%) or very satisfied (38%) with no differences between men and women.

While 22% wanted to see a GP of the same sex, 3% preferred to see a GP of the opposite sex and 75% said it made no difference. Seeing a GP of the same sex was the preference of 24% of women and 19% of men. Women respondents preferring a female GP revealed a statistically significant, negative correlation with age (-.22) and education (-.20) but not satisfaction with the GP at their last visit. Among men preferring a male GP there were no corre-

lations with sociodemographic characteristics, frequency of seeing the GP or satisfaction with the GP. While 57% would prefer a GP who is not a new graduate and/or not near retirement age, this was not correlated with any sociodemographic characteristics, satisfaction with the GP or frequency of seeing the GP.

Most respondents indicated that the GP characteristics associated with quality of communication skills and clinical care were more important than sex and age. Women rated all but three items (location, waiting and cost) as more important than men (Table 1).

A factor analysis was conducted to identify different dimensions of preferences for a GP. The factor analysis revealed four factors that explained 53% of the variance (Table 2). The most important factor was related to GP characteristics associated with communication skills and clinical care (explaining 22% of the variance).

Discussion

Young women and those with higher education preferred female doctors,^{1,2,6,7,8} suggesting preference is class related and may therefore become more common. The one in five men preferring a male GP

Table 1. Frequencies of men and women rating the importance of GP characteristics

Characteristics	n	% rating important*		P value
		Men	Women	
The doctor listens to my concerns	1108	87.4	94.7	<0.5
The doctor is a very good doctor	1118	84.8	91.1	<0.5
I trust the doctor	1100	82.2	90.3	<0.5
I can talk to the doctor easily	1109	77.3	87.2	<0.5
The doctor makes eye contact	1079	49.8	67.9	<0.5
Location of practice	1104	44.2	43.7	NS
I have seen the doctor for long time	1088	43.4	46.6	NS
The doctor is available after hours	1057	36.2	45.0	<0.5
The doctor doesn't keep me waiting	1084	35.9	34.8	NS
Cost of the visit	1081	28.5	26.8	NS
My family see the same doctor	1058	28.7	32.6	NS
Age of doctor	1092	8.1	13.0	<0.5
Size of practice	1084	6.8	12.7	<0.5
Sex of doctor	1100	7.2	15.4	<0.5

* Characteristics rated as 3, measured on a 3-point scale ranging from 1 (not important) to 3 (important)

Table 2. Principle components factor analysis of characteristics of selecting a GP

Characteristics	Factor 1	Factor 2	Factor 3	Factor 4
The doctor listens to my concerns	.80			
The doctor is a very good doctor	.77			
I trust the doctor	.69			
I can talk to the doctor easily	.69			
The doctor makes eye contact	.42	.43		
My family see the same doctor		.73		
I have seen the doctor for long time		.70		
The doctor is available after hours		.53		
Cost of the visit			.78	
The doctor doesn't keep me waiting			.77	
Location of practice			.45	
Age of doctor				.78
Sex of doctor				.71
Size of practice				.55
Percent of variance explained	22	13	8	10

was not associated with subtypes of males.

These results concur with other studies that being 'a good doctor', (one who is competent, listens, is a good communicator and caring), are preferred characteristics.^{4,7,10,15,16,17}

The factor analysis revealed that preferences for GPs focus on four dimensions which can be described as:

- relationship with the doctor
- tradition and convenience
- practical issues, and
- demographics of doctor/practice.

Women were more likely to think relationship and practical issues were important while older people and those with less education were more likely to rate tradition and convenience. As in other studies,^{2,4,7,8} younger people were more likely to think demographic characteristics were important.

This study has limitations. The sample was small. While the response rate was high for a mail survey, there may be response bias against those with poor English literacy, those who move often, and those without telephones. Some concepts were addressed naively, such as the meaning of 'the good doctor'. However, it seems that Australian women may be less

likely to prefer female GPs and men more likely to prefer male GPs than expected from past research.^{1,2,9}

If women doctors are better at communicating, as some research suggests,^{2,7} then the preference for a female doctor may be about communication and relationships rather than gender. Therefore, preference for a female doctor may be embedded in many characteristics not easily disentangled.

Implications of this study for general practice

- 24% of female respondents prefer to see a female GP.
- 19% of male respondents prefer to see a male GP.
- Strongest preference is for GPs who are 'a good doctor', who listens, and 'whom I trust and can talk to easily'.

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