

## Qualities and attributes desired in menopause clinicians<sup>☆</sup>

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Received 11 May 2006; received in revised form 28 June 2006; accepted 26 July 2006

### Abstract

**Objective:** To assess the qualities and attributes desired in menopause clinicians.

**Design:** Women  $\geq 45$  years of age ( $n = 72$ ) were surveyed about the qualities and attributes desired in their physician. Surveys were performed in physician waiting rooms in Connecticut.

**Results:** Although fewer men are entering the practice of ObGyn, more than 88% of peri- and post-menopausal women believe that gender does not affect the quality of their women's health provider. Among the 68 women from whom valid data were obtained, experience (95.6%), knowledge (95.6%), and ability (92.6%) were the most important qualities. Only 4.2% listed gender in the top three most important qualities. If the patient's visit was for wellness- and screening-related issues, 6.6% ( $n = 4$ ) preferred a male, 13.1% ( $n = 8$ ) preferred a female, and 80.3% ( $n = 49$ ) had no preference for gender. The percentage of patients preferring to see a female was slightly higher (29.2%) if the visit was for a pelvic exam, while the percentage preferring to see a male (14.5%) was greater if care involved gynecological surgery.

**Conclusions:** As medical practices meet the increasing demand of menopausal women, it is helpful to know the qualities and attributes that patients desire. Menopause clinicians should seek to convey experience, knowledge, and competence to their patients. A menopause practice should strive for a well-diversified team that will bring these qualities to menopausal patients. Given the shifting balance of male and female ObGyn providers, when hiring providers or establishing a menopause clinic, it is helpful to know that gender diversification is of minor importance.

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**Keywords:** Menopause clinics; Climacteric; Qualities and attributes of clinicians; Gender preferences; Medical education; Women's health

<sup>☆</sup> These data were presented at the 16th Annual Meeting of the North American Menopause Society, San Diego, CA on 30th September 2005.

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## 1. Introduction

Menopause is an inevitable consequence for all women who live long enough. The average age of menopause is 51, but can begin as early as age 40 [1–3]. Peri-menopause usually begins 5 years prior to menopause, or on average, around age 45 [1,2,4]. With the average life expectancy of women approaching age 80 [5], a woman can expect to spend approximately half of her life in the peri- and post-menopausal years.

While most women have significant reservations about menopause [6], the majority of women have a more optimistic perspective of this natural event, after the transition [6]. The post-menopausal years, in fact, can be the most fulfilling and happiest years in a woman's life [7,8]. With the significant psychological, emotional, and physical challenges [9] of menopause, healthcare providers can help make this transition as smooth as possible. Patients may seek specialists, or specialty clinics, if they do not feel comfortable discussing the complex issues of menopause with their physician. Therefore, it is essential that menopause clinicians know which qualities and attributes women deem significant for quality of care.

Little is known about how menopausal women choose a provider. Information such as how important gender is and for what qualities women are looking remain to be elucidated. Some male physicians, for example, may avoid the pursuit of this specialty area if they believe that women only want to discuss these sensitive issues with other women. Currently, the majority of students entering the practice of ObGyn are women [10]. A better understanding of women's preferences in choosing a menopause clinician or practice might help to encourage the right match between menopause physicians and their patients.

## 2. Methods

This research was approved by the institutional review boards at the University of Connecticut School of Medicine, Hartford Hospital, and Saint Francis Hospital and Medical Center. A survey was administered during the months of August and September of 2001 in ObGyn waiting rooms throughout the Greater Hartford, CT area. The questionnaire can be found in our previous report [10].

We surveyed patients in both an inner-city clinic and 12 private practice office waiting rooms. The private practices included both inner-city and suburban settings. Although both general and specialty practices were utilized, patients were asked questions regarding their general women's health/ObGyn care regardless of the reason for their visit. In the practices surveyed, there were 54 women and 27 male providers. The inner-city residency clinic accounted for 37 female providers and 9 male providers, while the distribution of private practitioners was 17 female and 18 male.

Patients were asked whether they would be willing to fill out an anonymous standardized survey addressing how they decided on the provider for their most recent general ObGyn visit. They were not, however, asked what the specific nature of their visit was that day. Instead, they were asked to answer questions based on various common situations encountered during ObGyn care such as pelvic exams or obstetrical care. A power analysis suggested that a two-sided 95% confidence interval for a single proportion, using the large sample normal approximation adjusted for a finite population of size 264, with an expected proportion of 0.50, would extend 0.10 from the observed proportion with a sample size of 71.

Frequencies of responses and associated 95% confidence intervals were generated for each question. Analyses were performed with SPSS v. 12.0 (Chicago, IL, 2004).

## 3. Results

Of the 272 consecutively approached women, 8 refused (2.9%) due to "lack of time", resulting in a total of 264 women who consented for the study. Using the data we recently reported on patient preferences when selecting an ObGyn provider [10], we performed a subgroup analysis of patients 45 years or older. Because a wide range of patients were seen in all practices surveyed, a selection bias would have been unlikely. Our sub-analysis included patients age 45 and older ( $n = 72$ , range = 45–90). The details of the demographics can be seen in Table 1.

The majority of peri- and post-menopausal women have no gender bias when selecting an ObGyn provider. Of those who responded, 88.2% did not select gender as a variable they believe affects the quality of an ObGyn

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