

Women's preferences for their gynecologist or obstetrician[☆]

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Abstract

Objective: The objective of this study was to evaluate women's preferences in selecting their gynecologist or obstetrician.

Methods: This cross-sectional study was performed at the Women's Health Center "Netka", Tel Aviv over a 1-month period in 2006 and included 287 participants. Women were asked to complete an anonymous questionnaire.

Results: Most women (60.3%) reported that the gender of their gynecologist or obstetrician was not an important consideration when choosing a gynecologist or an obstetrician. The major determinants in their choice of a gynecologist or an obstetrician included professionalism (98.9%), courtesy (96.6%) and board certification (92%). The rating of the two most important factors in their choice revealed the following order: professionalism (45.3%), courtesy (25.8%), board certification (10.8%), availability (10.1%), comprehension (6.5%) and communication (1.5%).

Conclusion: Israeli women's model of choice of their gynecologist involved physicians' professionalism and courtesy while availability and physician's gender was significantly less important.

Practice implications: The presented data may help health providers during patients' education and counseling along with facilitating better understanding of patients' needs.

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1. Introduction

Patients' preferences have unquestionably emerged as an essential element of care giving [1]. In particular, patients' preferences in choosing their physician represent an important aspect of this concept. Nevertheless, the process by which patients choose their physicians is not well understood and is rather controversial. Several studies have addressed patients' preferences in choosing their family physicians [2–5]. Studies of women's attitudes in their choice of gynecologists or obstetricians were limited mainly to physicians' gender. Most researches established preference for a female practitioner [7–9,12–15] whereas some did not [6,10,11]. The reported reasons for the female practitioner pre-selection were typically religious beliefs, cultural traditions and anticipated enhanced privacy during the intimate examination. Since, less attention

was paid in the literature regarding other factors that might influence women's choice of their obstetrician or gynecologist, the intention of the current study was to further elucidate physicians' characteristics affecting the selection process of women in choosing their gynecologist.

2. Methods

2.1. Study design

This cross-sectional study was performed at the Women's Health Center "Netka", Tel Aviv over a 1-month period in 2006. The study protocol was approved by the Edith Wolfson Institutional Review Board (protocol number 437-2006). A self-accomplished anonymous questionnaire was used to assess women's preferences in selecting their gynecologist or obstetrician.

2.2. Study setting

Women's Health Center "Netka" is located in Tel Aviv, the main city of the largest and most populous metropolitan area in

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Israel. Women's Health Center "Netka" is a branch of Clalit Health Service, a major health-care organization in Israel. It is the responsibility of the state of Israel to provide health services for all residents of the country through the National Health Insurance Law. The health services are provided by one of four comprehensive health-care organizations. Health insurance premiums payment is compulsory, is paid by each resident and is collected by the National Insurance Institute in the same way it collects national insurance premiums. The collection of health insurance premiums is progressive: low-income earners pay less and high-income earners pay more.

Women's Health Center is a facility that provides every type of ambulatory gynecological and obstetrical medical care for women and includes primary as well as secondary care services. Primary care services include first point consultation for basic gynecological or obstetrical medical care and are provided by board certified obstetricians and gynecologists (consultants). Secondary care services are provided by board certified consultants and include feto-maternal medicine, reproductive endocrinology and infertility, family planning, menopausal gynecology, colposcopy and ultrasound units. Ultrasound unit provides basic gynecological or obstetrical services as well as advanced diagnostic services such as targeted second trimester ultrasound screening for fetal anomalies. Feto-maternal medicine unit provides prenatal care including fetal heart rate monitoring. An average number of visits per month in Women's Health Center "Netka" are around 3000. The health care providers include certified obstetricians and gynecologists (consultants), registered nurses and certified ultrasound technicians. At the time of the study the physician staff consisted of two female and four male practitioners. The term "regular personal gynecologist or obstetrician" was applied in a situation when a woman visits the same gynecologist or obstetrician on regular basis and regards him/her as a personal gynecologist or obstetrician.

2.3. Recruitment procedures

Women who attended care at Women's Health Center were asked to complete an anonymous questionnaire before entering the physician's office. Only women who gave an oral consent were included in the study. Written consent was not obtained in order to sustain anonymity of the questionnaire. A female investigator administered the questionnaires. In order to ensure that women did not complete the questionnaire more than once, they were asked by the investigator if they had not completed it beforehand.

2.4. Questionnaire

Since no previous work had been done to determine the characteristics that were important to women when choosing their gynecologist or obstetrician, we developed our own list of items. Previous studies in different areas of medicine were of assistance in identifying those items. For example, immigration status was added as an item because a previous study identified a different health care utilization among immigrant and non-

immigrant Israeli Jewish women [16]. A final questionnaire was compiled after a pilot survey of 20 women. These questionnaires were not included in the final analysis. The purpose of the pilot test was to clarify the study questions and questionnaire language. The pilot test was performed on the same population as in the study, i.e. individuals recruited in the Women Health Center.

The final questionnaire had 25 items. The first part of the questionnaire assessed socio-demographics, the second part assessed characteristics of current gynecological or obstetrical care provider and the last part assessed characteristics used to select a gynecologist or obstetrician. The socio-demographic items included age, family status, number of children, country of origin, years since immigration and education. Characteristics of the current gynecologist or obstetrician included the gender of her current gynecologist or obstetrician, women's preference for the gender of her gynecologist or obstetrician, and whether and for how long she had a regular personal gynecologist or obstetrician. Characteristics used for selection of a gynecologist or an obstetrician included postgraduate qualification, hospital affiliation, surgical skills, university affiliation, availability of the physician (time to get an appointment and waiting time in the office), preference for regular personal gynecologist or obstetrician, board certificate, esthetic appearance, professionalism, courtesy, comprehension and communication. Participants were asked to rate the importance of each characteristic using a 5-point assessment scale. The text anchors were: extremely important (score 5), important (score 4), intermediary not important (score 3), not important (score 2) and extremely not important (score 1). Finally, each participant was asked which two factors she considered to be the most important ones in choosing her gynecologist or obstetrician out of the list of characteristics' items that she rated earlier by the 5-point assessment scale. The ranking of the factors were as the most commonly rated either as number 1 or as number 2.

2.5. Outcomes

The study outcomes were the characteristics considered important to women when choosing their gynecologist or obstetrician among the entire study population as well as to examine whether the preferred characteristics differed between the various sub-groups.

2.6. Analysis

Analysis of the data was carried out using SPSS statistical analysis software (SPSS Inc., Chicago, IL, USA, 1999). The distribution of the frequency of individual values for a variable was presented by descriptive statistics. The data were not gathered nor were collapsed. For continuous variables, such as age, descriptive statistics were calculated and reported as mean \pm S.D., range and median. Categorical variables (education, family status, etc.) were described using frequency distributions and were presented as frequency (%).

Physician's gender preference was described using frequency distributions and compared by groups using the χ^2 test.

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