Comparison of lifestyle and practice patterns between male and female Canadian ophthalmologists

Chryssa McAlister, MD, FRCSC,* Ya-Ping Jin, MD, PhD,*,† Rosa Braga-Mele, MD, FRCSC,* Beatrice F. DesMarchais, MD, FRCSC, * Yvonne M. Buys, MD, FRCSC *

ABSTRACT ● RÉSUMÉ

Objective: To identify sex differences in lifestyle and practice patterns of Canadian ophthalmologists.

Design: Web-based national survey.

Participants: Members of the Canadian Ophthalmological Society.

Methods: A 48-item questionnaire was sent electronically. Analysis of results was completed using χ^2 and Fisher's exact tests where

Results: Of 385 respondents (30%), 102 were female and 283 male. Several statistically significant differences exist in lifestyle and practice patterns. Fifty-one percent of females operate less than 2 days per month as compared with 36% of males (p = 0.01) despite similar clinical hours. No statistically significant differences were found in other practice pattern parameters including laser refractive surgery, hospital affiliation, university appointment/rank, and number of peer-review publications. Ninety percent of males and 81% of females report having ≥ 1 children, but males report greater number of children (p < 0.001). Females are commonly the primary caregiver, whereas males report their partner as primary caregiver (p < 0.001). Fifty-two percent of females are unhappy with the amount of parental leave (p < 0.001). Fifty-one percent of females believe that childbearing slowed or markedly slowed career progress, as compared with 15% of males (p < 0.001). Both female (83%) and male (87%) ophthalmologists report high career satisfaction (p = 0.43).

Conclusions: Differences in practice patterns between males and females in our analysis surround surgical time, with no difference seen in other practice patterns or academic achievements. Differences in family patterns surround household and childrearing duties. Despite differences, both males and females report high satisfaction across several professional and personal parameters. Compared with previous studies, this suggests a change in practice patterns over time.

Objet : Identifier les différences associées au sexe dans le genre de vie et les modes de pratique des ophtalmologistes canadiens. Nature: Sondage national par Internet.

Participants : Membres de la Société canadienne d'ophtalmologie.

Méthodes: Questionnaire électronique en 48 points. L'analyse des résultats a été complétée par chi-carré et un test d'exactitude Fisher au besoin.

Résultats: Parmi les 385 répondants (30 %), 102 étaient des femmes et 283 des hommes. Il y avait plusieurs différences statistiquement significatives concernant le style de vie et les modes de pratique. 51 % des femmes opèrent <2 jour par mois comparativement à 36 % des hommes (p=0,01), malgré la similitude des heures de clinique. Aucune différence statistiquement significative n'a été trouvée dans les paramètres des autres modes de pratique, y compris la chirurgie réfractive au laser, l'affiliation hospitalière, les postes ou échelons universitaires et le nombre de publications révisées par les pairs. 90 % des hommes et 81 % des femmes ont dit avoir un ou plusieurs enfants, mais les hommes ont indiqué un plus grand nombre d'enfants (p<0,001). Les femmes sont généralement les principales dispensatrices de soins, alors que les hommes indiquent leurs partenaires comme principaux dispensateurs de soins (p<0,001). 52 % des femmes ne sont pas contentes de la somme des allocations de congé parental (p<0,001). 51 % des femmes pensent que la maternité a ralenti ou diminué remarquablement l'évolution des carrières, comparativement à 15 % des hommes (p < 0,001). Dans les deux sexes, 83 % des femmes et 87 % des hommes, les ophtalmologistes ont fait état d'une grande satisfaction de leur carrière. (p=0,43).

Conclusions: Les différences des modes de pratique entre les hommes et les femmes dans notre analyse marquent le temps chirurgical et aucune différence n'a été observée dans les autres modes de pratique ou les réalisations académiques. Les différences de vie familiale soulignent les responsabilités domestiques et le devoir d'éducation des enfants. Malgré les différences, les hommes et les femmes ont tous deux fait état d'une grande satisfaction sous plusieurs paramètres professionnels et personnels. Comparativement aux études précédentes, cela suggère un changement des modes de pratique avec le temps.

Despite the increasing proportion of females in medicine in Canada, those pursuing surgical specialties still face barriers. Data from surveys of Canadian female surgeons in 1991² and male and female Ontario ophthalmologists

in 2003 demonstrate specific academic and social challenges.³ These challenges include achieving top academic positions, obtaining surgical time, balancing work and household responsibilities, and childbearing during

From the *Department of Ophthalmology and Vision Sciences; †Dalla Lana School of Public Health, University of Toronto, Toronto, Ont.; [‡]Médecine-Département d'Ophtalmologie et d'Oto-Rhino-Laryngologie-Chirurgie Cervico-Faciale, Université Laval, Quebec City, Que.; and SDepartment of Ophthalmology and Vision Sciences, Toronto Western Hospital, Toronto, Ont.

Originally received Aug. 30, 2013. Final revision Feb. 7, 2014. Accepted

Correspondence to Yvonne M. Buys, MD, Toronto Western Hospital, 399 Bathurst Street, EW 6-405, Toronto ON M5T 2S8; y.buys@utoronto.ca

Can J Ophthalmol 2014;49:287-290

0008-4182/14/\$-see front matter © 2014 Canadian Ophthalmological Society. Published by Elsevier Inc. All rights reserved. http://dx.doi.org/10.1016/j.jcjo.2014.02.007

Table 1—Comparison of practice patterns and training between male and female ophthalmologists in Canada in 2012

Describes and the second secon	Males, n (%) $(N = 283)$	Females, n (%) $(N = 102)$	_
Practice pattern parameter	(11 – 200)	(11 - 102)	р
Full-time work hours (31+/week)	238 (84)	81 (79)	0.071
Perform surgery	226 (80)	71 (70)	0.087
Perform laser refractive surgery	45 (16)	10 (10)	0.268
≥2 operating room days/month	181 (64)	50 (49)	0.01*
Top university rank (full professor)	23 (8)	6 (6)	0.12
Fellowship training	164 (58)	54 (53)	0.18
Advanced degrees (doctorate/	42 (15)	19 (19)	0.56
master's)			
*A significant value.		-	

training. Similar findings have been described in a 2005 survey of New Zealand male and female ophthalmologists,⁴ and of other female physicians in Canada.⁵

The number of females in ophthalmology and medicine continues to increase.6 In 2000, 28.4% of all practicing physicians in Canada were females and that percentage increased to 36.9% in 2013. Although the proportion of females in surgical specialties is lower than the national average, this number is also increasing from 13.8% in 2000 to 23.1% in 2013. The corresponding figures for ophthalmology are 16.3% in 2000 and 21.6% in 2013. Given the increasing proportion of females in ophthalmology, we undertook this study to provide an update comparison of lifestyle and practice patterns between male and female ophthalmologists in Canada.

METHODS

A 48-item questionnaire in both official languages was sent by electronic mail in 2012 to all male and female ophthalmologist members of the Canadian Ophthalmological Society using Survey Monkey, an online survey tool. A reminder email was sent to nonresponders at 2 weeks, and the survey was closed after 2 months. Confidentiality was achieved through enhanced server side inclusion encryption. Anonymity was maintained with a unique numerical identifier for data analysis. Research Ethics Board approval was obtained through the University Health Network. Univariate differences between male and female respondents were compared using the χ^2 test for continuous variables or Fisher's exact test for categorical variables as appropriate. SAS version 9.3 (SAS Institute, Cary, N.C.) was used for the analysis. Statistically significant level was set at p = 0.05.

RESULTS

Of the 1278 ophthalmologists across Canada who were invited to participate in the survey, 385 (30%) responded; 102 respondents were female (26%) and 283 were male (74%). The female response rate of 21.1% was slightly greater than the proportion of females in ophthalmology in Canada in 2012 (data from Canadian Medical Association Masterfile).

Practice patterns and training

Table 1 compares male and female ophthalmologists self-reported practice patterns and training. No differences were found between males and females in working ≥ 31 hours per week (males 84%, females 79%; p = 0.071), performing surgery (males 80%, females 70%; p = 0.087), or performing laser refractive surgery (males 16%, females 10%; p = 0.268). However, males were more likely to have ≥ 2 operating days per month than females (64% vs 49%, respectively; p = 0.01). No differences were reported in academic ranking, with 8% of males and 6% of females achieving full professor (p = 0.12). Both males (58%) and females (53%) commonly had fellowship training (p =0.18), and no difference was seen in advanced degrees (doctorate/master's) between the 2 cohorts (p = 0.56). No difference was found in numbers of peer-review publications (p = 0.08), university appointments (p = 0.026), or hospital affiliation (geographic full time vs teaching hospital affiliation vs community based, p = 0.12).

Lifestyle patterns

Table 2 compares lifestyle patterns between male and female ophthalmologists. Although the majority of males (90%) and females (82%) reported being married or common-law, the proportion was statistically significantly greater for males (p = 0.01). There was a significant difference in the profession and employment status of partners for males and females: males frequently have partners who are not working outside the house (17%) or working part time (41%) and in allied health professions (36%) or not in medicine (34%) (p < 0.001). Females more commonly have full-time working partners (72%) who are physicians (33%) or not in medicine (46%, p <0.001). Females and males also report different household responsibilities, with females more likely to have higher

Table 2—Comparison of lifestyle patterns between male and female ophthalmologists in Canada in 2012

	Males, n (%)	Females, n (%)	
Demographic/Family pattern parameter	(N = 283)	. ,	р
Hours as primary caregiver			< 0.001
0 hours	76 (27)	7 (7)	
1–20 hours	129 (45)	33 (32)	
21–40 hours	18 (6)	20 (20)	
41+ hours	16 (6)	20 (20)	
No response	44 (16)	22 (22)	
Employment status of partner			< 0.001
Working full time	85 (30)	73 (72)	
Working part time	116 (41)	9 (9)	
Not working outside the house	48 (17)	5 (5)	
No response/no partner	34 (12)	15 (15)	
Spouse's profession			< 0.001
Physician	51 (18)	34 (33)	
Allied health care	102 (36)	6 (6)	
Not in health care	96 (34)	47 (46)	
No response/no partner	34 (12)	15 (15)	
Number of children			< 0.001
0	29 (10)	19 (19)	
1	24 (9)	10 (10)	
2	89 (31)	48 (47)	
3+	141 (50)	25 (24)	

Download English Version:

https://daneshyari.com/en/article/4009394

Download Persian Version:

https://daneshyari.com/article/4009394

Daneshyari.com