

Association of Women Surgeons

# Perceptions of surgeons: what characteristics do women surgeons prefer in a colleague?



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## Abstract

**BACKGROUND:** Perceptions underlie bias and drive behavior. This study assessed female surgeons' implicit perceptions of surgeons, with a focus on the roles of sex and demeanor (communal = supportive, associated with women; agentic = assertive, associated with men).

**METHODS:** Electronic surveys were administered via the Association of Women Surgeons e-mail listserv to 550 post-training female surgeons. Each survey had one of the 4 possible scenarios that varied by surgeon sex (male/female) and surgeon demeanor (agentic/communal). Respondents rated their perception of the surgeon through 5 questions regarding preference and 5 questions regarding professional opinion (1 to 5 scale).

**RESULTS:** We received 212 surveys. In both preference and professional scores, female surgeons were rated significantly higher compared with their male counterparts (4.7 vs 4.4 and 4.3 vs 4.0, respectively). Communal surgeons were rated significantly higher versus agentic surgeons in both scores (4.7 vs 4.4 and 4.6 vs 3.7).

**CONCLUSIONS:** Female surgeons demonstrated a significant preference for female surgeons and for communal surgeons.

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Recently, women in corporate America have been the subject, and target, of dialogue about their leadership in the workforce.<sup>1</sup> Medicine has largely been absent from this discussion, but we believe there are important parallels. Despite the fact that women and men graduate from US

medical schools at comparable rates, female surgeons are promoted more slowly than their male counterparts<sup>2-4</sup> and remain largely absent from senior academic leadership. Consequently, medical students have limited access to female role models who align with their career aspirations.<sup>5,6</sup>

One reason for this discrepancy may be the opposition of personality traits prescribed for women and those required for leadership and success in academic surgery. Men are celebrated for "agentic" traits (assertive, independent behavior), while women are expected to demonstrate "communal" traits (supportive, nurturing behavior).<sup>7-10</sup> Agentic behavior is therefore prescribed for men and proscribed for women, while the opposite is true for communal behavior.<sup>9</sup> In traditionally male-dominated occupations,

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male values are maintained as the standard for success for both sex,<sup>11,12</sup> which contributes to sex bias and creates multiple workplace predicaments for the female surgeon.

It is important to determine whether implicit sex bias exists within physicians themselves. By objective measures, sex discrepancies persist in academic medicine: women are predominantly assistant professors in nontenure track positions,<sup>4</sup> wait more years before promotion,<sup>4</sup> receive lower salaries than their male counterparts,<sup>13</sup> and remain relatively absent from surgical specialties.<sup>14</sup> However, implicit perceptions of the roles of sex and demeanor are not well understood. Furthermore, it is worth acknowledging that biases may also exist among women physicians themselves. Women who succeed in predominantly male environments can negatively affect the advancement of their subordinates.<sup>15</sup> A recent study demonstrated that female, but not male, professors rated female PhD students as less committed to their career than male students.<sup>16</sup> Similarly, female rather than male employees are particularly critical of their female colleagues' career commitment, assertiveness, and leadership skills.<sup>17,18</sup> It is possible that female surgeons, many of whom forged their careers in male-dominated medical schools, residencies, and fellowships, may contribute to the sex bias experienced by female physicians today. The purpose of this study was to assess female surgeons' implicit perceptions of other surgeons, with a particular emphasis on surgeon sex and surgeon demeanor.

## Methods

Institutional Review Board approval was obtained before the initiation of this study.

### Participants and setting

Our survey was distributed to female surgeons subscribed to the e-mail listserve of the Association of Women Surgeons (AWS). List subscribers include medical students, residents, fellows, and board-certified surgeons; there are approximately 550 post-training surgeons subscribed to this list. Any listserve subscriber could complete the questionnaire but we only included responses from respondents who indicated they had completed their training. Ultimately, our eligible respondents were female surgeons who are on the AWS listserve, completed residency and/or fellowship, could read English, and voluntarily agreed to complete the survey.

### Questionnaire

Our questionnaire was modeled after scenarios used in a series of studies conducted by Rudman et al. After reading the scenario, her participants answered 8 questions regarding the competence, likeability, and hireability of female and male job applicants.<sup>19</sup> All reliability indices (competence, likeability, hireability) generated were greater than .81. Dusch et al<sup>20</sup> adapted these vignettes to describe surgeons

who demonstrated agentic and communal characteristics and then administered a 5-question survey pertinent to the scenario to generate a preference index ( $\alpha = .86$ ) to assess patients' implicit perceptions of surgeons. In the present study, respondents read one of the 4 possible scenarios (Appendix) that began with a short description of a surgeon who was portrayed as accomplished and well trained. The scenarios varied by surgeon sex (male/female) and surgeon demeanor (agentic/communal). Male and female surgeon sex was varied to assess implicit sex bias. Agentic demeanor, which includes being assertive and independent, is stereotypically associated with men and traditionally male-dominated occupations such as surgery; conversely, communal demeanor, which includes being supportive and nurturing, is classically associated with women.<sup>21–24</sup> These types of demeanor were described using phrases derived or adapted from Rudman's original studies.<sup>19</sup> These demeanor traits were varied to evaluate for an implicit demeanor bias or an interaction between surgeon sex and surgeon demeanor. The surgery in question was a bowel resection, and the patient was designated as the respondent's mother. We wanted the assessment of the surgeon to be slightly removed from the individual respondent to encourage objectivity and minimize explicit biases that might enter an evaluation of surgeons based on previous workplace interactions. After reading the scenario, respondents were then asked to complete a short survey.

## Measures

Respondents answered 10 questions using a rating from 1, "not at all" to 5, "very much." The first 5 items as taken from Dusch et al<sup>20</sup> focused on overall preference and asked the respondent to rate how competent the surgeon was, how much the surgeon possessed necessary skills, how likeable the surgeon was, how likely they would be to choose this surgeon, and how likely the surgeon would be to report a possible error during surgery. The second 5 items addressed professional opinion and asked the respondent whether they would like to work with the surgeon, whether the surgeon would work well with residents and students, whether the surgeon would fit in with a medical team, whether they would feel comfortable referring a patient to this surgeon, and whether they would respect this surgeon. We postulated that preference and professional opinion might differ depending on what the respondent perceived to influence the care of her mother versus the function of such a person within the medical profession. The respondents also completed demographic items related to sex, age, professional title (Assistant Professor, Associate Professor, Professor, Non-academic physician), years since completion of residency or fellowship, and current specialty.

## Statistical analysis

Our first 5-item surgeon "preference" scale had a reliability ( $\alpha$ ) of .777, indicating that responses to each

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