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ORIGINAL ARTICLE

What Danish patients want: Gender, profession and age of therapist

A.D. Højgaard^{a,b,*}, B.S. Laursen^{a,b,c}

^a Sexological Centre, Aalborg University Hospital, Reberbansgade 15,5, 9000 Aalborg, Denmark

^b Department of Clinical Medicine and Sexology Research Center, Aalborg University, Sdr. Skovvej 15, 9000 Aalborg, Denmark

^c Clinical Nursing Research Unit, Sdr. Skovvej 15, 9000 Aalborg, Denmark

KEYWORDS

Sexological counselling;
Sexological therapy;
Age of therapist;
Gender of therapist;
Profession of therapist;
Patient preferences

Summary

Introduction. – In Denmark, an increasing number of therapists are female. It is unknown whether this constitutes a problem to patients with a sexual dysfunction. Likewise, patients' preferences as to the age and profession of the therapist are unknown.

Aim. – To elucidate patients' preferences regarding their therapist's gender, age and profession a priori and to investigate whether the personal contact with a therapist influences the patients' attitude.

Method. – Survey with items concerning preferences regarding, age, gender and profession of the therapist before and after the first consultation to the Sexological Centre at a university hospital in Denmark.

Results. – A total of 159 patients of which 108 were men were included. The gender of the therapist was unimportant to 79 of the men 22 of the women. Eighty-seven male patients and 27 female patients stated that age did not matter. When not indifferent, men preferred to be treated by a physician, women by a psychologist. Of the 159 patients, 120 patients met a therapist of their preferred profession or were indifferent before and/or after their consultation. A total of 93 patients had a consultation with a therapist of another professional background than preferred, a majority of 66 patients claimed satisfaction or indifference after the consultation. **Conclusion.** – Gender and age of the therapist is of less importance for sexological patients. Regarding profession, most patients prefer a physician or a psychologist, but the actual consultation with any professional results in either indifference or a change in preference towards the professional background of their therapist.

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* Corresponding author. Sexological Centre, Aalborg University Hospital, Reberbansgade 15, 5, 9000 Aalborg, Denmark.
E-mail address: a.hoejgaard@rn.dk (A.D. Højgaard).

Introduction

The Danish health care system is increasingly dominated by female employees. In 2010, a fraction of 45% of all physicians was female, in 2019, the proportion between female and male physicians will be equal and it is expected that more female than male physicians graduate in the future (Sundhedsstyrelsen, 2010). When it comes to nurses, 97% are female and among psychologist, 75% are female (Dansk Psykolog Forening, 2016). Concerning sexologists in Denmark, 56.6% were women and 43.4% were men in 2006 (Kristensen and Giami, 2006). The professions represented were physicians (48.1%), psychologists (18.6%) and nurses (4.7%) (Kristensen and Giami, 2006). Whether this skewed gender balance constitutes a problem for a group of patients is uncertain and not studied in detail. Results from studies of patient experiences in the health system according to age and gender if the employee has shown various results. In a study from Spain, patients were more satisfied with female physicians (Delgado et al., 1993). In both a British and a Norwegian study, the gender of the general practitioner was not of importance to the patients (Baker, 1996; Kvamme et al., 2000). The patient satisfaction has been studied as to the age of the physician with divergent results (Wensing et al., 2000; Baker and Stratfield, 1995).

In sexological therapy, dysfunctions regarding sexuality and gender are in focus. Gender identity and gender pride is at stake when the sexual performance or libido is dysfunctional. Health professionals are trained to diagnose and treat men and women of all ages. Whether patients with sexual dysfunctions have preferences in relation to gender and age of their health care professionals has not been studied in detail. The aim of this survey was elucidate patients' preferences regarding their therapist's gender, age and profession a priori and to investigate whether the personal contact with a therapist influences the patients' attitude.

Method and patients

The survey was done by using an anonymous questionnaire with close-ended questions at a sexological center, at a university hospital in Denmark. The centre is an independent unit of the university hospital. All patients are admitted by a hospital physician or a general practitioner. All referrals are evaluated and thus the patient can be allocated to a relevant therapist with the right competences and field of interest. The employees are health professionals either trained in sexology as FECSM (Fellow of the European Committee of Sexual Medicine) or authorized by NACS, (Nordic Association of Clinical Sexologists). The staff receives group supervision monthly by an external clinical psychologist. At the time of the investigation, the staff consisted of three psychologists, three nurses and two medical physicians, all females. The age span was 32–57 years.

All patients admitted to the center during a period of 3 months, from August until November 2014 were invited to participate in the study. Before the first consultation, the patients received an anonymous questionnaire together with a written information guaranteeing anonymity. Within 4 weeks, the patients were seen at their first consultation and the patients were encouraged to bring their completed

questionnaires. At the beginning of the consultation, the patients were informed of their therapist's profession. The age and gender was up to the patient to judge. All therapists were female. None of the staff wore a uniform. At the end of the first consultation, the patients were given a second questionnaire with questions regarding their preferences. The patients were offered time to complete the second questionnaire in private. The two questionnaires were put in a blank envelope. The therapist marked her initials on the sealed envelope.

The first questionnaire addressed questions on patient characteristics: gender (male, female or transgender), diagnosis and age. It was possible to choose more than one diagnosis. The possible diagnoses were erectile dysfunction, premature ejaculation, retarded ejaculation, and lack of libido, pain, anorgasmia, and feeling of having a too tight vagina, dryness of the vagina, hypersexuality or transgender state. Furthermore, they were asked to mark their preferences, if any, regarding the therapist's age, gender and profession (physician, nurse or psychologist). The second questionnaire only addressed preferences.

The statistical method was descriptive and included frequency (percentage), mean (standard deviation), and range to provide an overview of the study population. Fisher's exact test was used to test for independency between two categorical variables. Results with $P < 0.05$ were considered as statistically significant. Stata Version 13.1 (Stata Corporation, College Station, TX, USA) was used for the statistical calculations.

Ethics

The patients were informed according to the Helsinki declaration. All data were collected and treated anonymously. The study was approved by the Danish Data Protection Agency (journal number 2008-58-0028). The local ethics committee of the region of Northern Jutland was consulted but the study need not to be approved as it is an anonymous questionnaire.

Results

This study included 159 patients, see Table 1 for details.

A physician treated 41.5% (66) patients, a nurse treated 37.1% (59) patients and a psychologist treated 21.3% (34) patients.

Gender

Before the first consultation, the gender of the therapist did not matter to 76.9% (83) of the men and 49% (24) of the women (Table 2). One woman preferred the therapist to be male, while there were 15.7% (17) of the men who preferred a female therapist. Only 2.8% (3) preferred to be treated by another man.

The preferences of women differed significantly from the preferences of men both before ($P < 0.001$, Fischer's exact test) and after consultation ($P < 0.001$, Fischer's exact test).

After having had their first consultation, only three of the male patients preferred a therapist of the same gender and

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