

Societal Preference for Gender of Surgeons Performing Patients' Surgery

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Purpose: Previous studies have shown that there may be a bias among some male oral and maxillofacial surgeons regarding women practicing in the specialty. The purpose of this study was to determine if there is a similar bias in the general public.

Patients and Methods: We performed a survey of 65 patients of various genders, educational levels, and ages asking them their surgeon gender preference for extraction of a tooth, removal of impacted third molars, and cosmetic surgery, as well as the reasons for their preference.

Results: Of respondents, 91% had no preference regarding surgeon gender for tooth extraction, 88% for removal of impacted teeth, and 83% for cosmetic surgery. There was no difference in gender preference based on the respondents' gender, educational level, or age.

Conclusions: There does not appear to be a gender bias against female oral and maxillofacial surgeons in the general population.

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Previous studies have shown that a bias against women practicing oral and maxillofacial surgery still exists.¹⁻³ Moreover, in a study by Rostami and Laskin³ published in 2014, 15% of responding male oral and maxillofacial surgeons and 45% of responding residents expressed the opinion that patients also may not be accepting of female oral and maxillofacial surgeons. The purpose of this study was to survey members of the general public to determine the accuracy of the latter opinion. It was hypothesized that such bias does exist in the general public and that it is greater among men than women.

Patients and Methods

In this institutional review board-approved study, patients presenting to the restorative dentistry clinics at the Virginia Commonwealth University School of Dentistry were asked to complete a survey that asked the following (Fig 1): If they were to undergo extraction of a tooth, removal of 4 impacted third molars, or cosmetic surgery, would they prefer a male or

female doctor to perform the procedure or would either be acceptable? They also were asked to provide a reason for their answer. In addition, each patient was asked to provide his or her age, gender, and highest level of education. To prevent patients from having a bias based on the gender of who asked them to participate in the survey, both male and female students participated in the distribution of the surveys to the patients. Differences in preference were compared based on age (categorized as >50 years and ≤50 years), gender, and educational level (high school education or less and college education or more). Differences were assessed by use of the Fisher exact test to account for small cell counts, with a significance level of .05. All analyses were performed in SAS Enterprise Guide (version 6.1; SAS Institute, Cary, NC).

Results

Sixty-five persons completed the survey. There were 31 men (48%) and 34 women (52%). Respondents ranged in age from 20 to 81 years, with an average

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Age _____

Gender: Male _____ Female _____

Highest education: Grade School _____ High School _____ Some College _____ College Degree or Higher _____

If you were to have any of the following procedures, please indicate if you would prefer a female doctor, a male doctor, or either to do the surgery:

1. Extraction of a tooth: Female _____ Male _____ Either _____

Why? _____

2. Removal of four impacted wisdom teeth: Female _____ Male _____ Either _____

Why? _____

3. Cosmetic surgery: Female _____ Male _____ Either _____

Why? _____

FIGURE 1. Survey questionnaire.

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age of 50 years (SD, 17.0 years). The educational level of the participants varied from grade school through college or higher, with 28% having a high school education or less, 28% having some college education, and 45% having a college degree or higher. Demographic data are given in Table 1.

In response to the question regarding tooth extraction, 2 respondents (3%) preferred a female doctor, 4 preferred a male doctor, and 59 (91%) had no preference (Table 2). Most of those in the last group reported reasons such as “gender is not a concern, it is the skill of the doctor” or “whoever was qualified was OK.” Among those preferring a female doctor to perform the extraction, a 72-year-old man with a high school education noted that “women have small fingers making them more caring caregivers.” An 81-year-old woman with some college education provided a similar reason, stating that “females are more gentle and create less stress.” Among the 4 respondents

preferring a male doctor to extract the tooth, a 41-year-old woman with a high school education indicated her preference was “because he would do it better.” One 24-year-old man admitted that he was “self-conscious in front of females” and “a female doctor would make him nervous due to possible attraction.” There was no difference in gender preference based on respondent gender ($P = .3345$), educational level ($P = .4806$), or age ($P = .2041$).

For removal of their 4 impacted third molars, 3 respondents (4%) preferred a female doctor, 5 (8%) preferred a male doctor, and 57 (88%) had no preference (Table 2). The reasons for preferring a female doctor were similar to those provided for question 1. Among the 5 respondents preferring a male doctor to perform the procedure, a 41-year-old woman with a high school education wrote “because he would know what to do.” Another woman stated that “he

Table 1. DEMOGRAPHIC DATA OF SURVEY RESPONDENTS

	Data
Age, mean (SD), yr	50.4 (17.0)
Gender, n (%)	
Male	31 (48)
Female	34 (52)
Educational level, n (%)	
Grade school	3 (5)
High school	15 (23)
Some college	18 (28)
College or higher	29 (45)

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Table 2. GENDER PREFERENCE FOR VARIOUS SURGICAL PROCEDURES

	Preference for Male Surgeon, n (%)	Preference for Female Surgeon, n (%)	No Preference, n (%)
Extractions	4 (6)	2 (3)	59 (91)
Removal of impacted third molars	5 (8)	3 (4)	57 (88)
Cosmetic procedure	5 (8)	6 (9)	54 (83)

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