

Public perception of dermatologists and comparison with other medical specialties: Results from a national survey

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Background: The public's perception of dermatologists in the United States is unknown.

Objective: We sought to determine the US public's perception of how dermatologists spend time professionally and to compare the public's perception of dermatologists with physicians from other medical specialties.

Methods: We administered a telephone survey to the US public using the validated random digit dialing method.

Results: We made 2353 telephone calls to randomly selected active numbers from 10 US area codes. A total of 800 adults (34%) completed the telephone survey. Overall, 46% of participants perceived that dermatologists spend a majority of their time managing skin cancer. Of respondents, 27% perceived that dermatologists spend a majority of their time performing cosmetic procedures. Compared with dermatologists, primary care physicians were perceived to have a more critical profession by 63% of participants, a more difficult job by 54% of respondents, and work longer hours by 92% of those surveyed. Similar findings were observed when dermatologists were compared with cardiologists. The public perceived dermatologists to earn more than primary care physicians but less than cardiologists or plastic surgeons.

Limitations: Potential differences may exist between responders and nonresponders.

Conclusions: Educational efforts are necessary to better inform public understanding and perception of dermatologists' expertise. (J Am Acad Dermatol 2014;71:875-81.)

Key words: cardiology; cosmetic dermatology; dermatologists; dermatology; medical dermatology; perception; plastic surgery; primary care physicians; public opinion; public perception.

The perception of medical and surgical specialties by the general US public is not well characterized in the literature. Few prior studies on the perception of various medical specialties focused on input from health care professionals.¹⁻⁴ The perception of medical specialists by the general public has a significant effect on a multitude of issues ranging from how patients seek health care from specialists, health policy development and implementation, and research

funding allocation. Therefore, examining the public's perception of dermatologists is the foundation for identifying opportunities to inform the general public regarding the diversity and nature of dermatologists' expertise. An informed public will be better able to make health care decisions concerning their skin care and gain a renewed understanding of dermatologists' skill sets.

Although investigations of the public's perception of dermatologists are scarce, several studies have

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examined the perceived hierarchy of medical specialties from the perspective of US medical professionals.¹⁻³ In a 1958 study, of 12 medical specialties, medical students and physician faculty ranked surgery, internal medicine, and neurology as the top-3 most prestigious fields, and they ranked dermatology last.¹ In a 1973 study, of 22 medical specialties, physicians and medical staff perceived neurosurgery, internal medicine, and general surgery to be the most prestigious subspecialties, and they ranked dermatology 18th in prestige.² In a 1975 study, of 40 medical specialties, physicians and medical students ranked internal medicine, family medicine, and general practice in the top “most attractive fields to practice.”³ In this study, dermatology was ranked 28th by male physicians and 7th by female physicians.³

One study investigated the perceptions of expertise in cutaneous surgery and cosmetic procedures from the perspective of medical residents in primary care training fields.⁴ The medical residents perceived dermatologists as the most qualified specialist to evaluate and biopsy worrisome lesions on the face, perform skin cancer surgery, inject botulinum toxin, inject fillers, and perform laser procedures as compared with physicians from other specialties including plastic surgeons, otolaryngologists, and ophthalmologists. Plastic surgeons were perceived as the most qualified specialist to perform liposuction, face-lift surgery, and a hair transplantation procedure.⁴ One survey found that physician and nonphysician leaders of 13 nondermatology physician organizations perceive dermatologists to be making significant a contribution to the prevention and treatment of skin cancers and chronic skin diseases; however, the same physician and nonphysician leaders also perceive dermatologists as difficult to access, hesitant or unwilling to treat routine medical conditions, and focusing more on cosmetic procedures.⁵

To date, there are no published assessments of the US public’s perception of dermatology from a nationally representative sample of the US population. Determining the public’s perception of dermatologists is critical because these perceptions represent a facet of the perceived importance of

dermatologists’ contributions to health care. The public’s perception also may influence policy decisions regarding resource allocation for clinical care and research. The objectives of this study are to determine the general US public’s perception of dermatologists’ professional responsibilities and how dermatologists compare with physicians from other medical fields.

CAPSULE SUMMARY

- The US public’s perception of dermatology is unknown.
- The US adult population perceives dermatologists to spend more time on cosmetic procedures than the published workforce data would indicate.
- Dermatologists need to educate the public and other stakeholders, including payers and health policy constituents, on their medical and surgical expertise because the public’s perception may influence health policy development, clinical care, and research.

METHODS

Study procedures

To obtain a representative US public perception of dermatologists, we performed a population-based, telephone survey using a multidimensional sampling method with random digit dialing. We used a validated method for random digit dialing to obtain a representative sampling of US adults (≥ 18 years old).⁶⁻⁸ This study was approved by the Institutional Review Board at the University of

California—Davis on July 8, 2010 (201018257-1).

To obtain a representative sample of the US population to administer our survey, we randomly selected 10 US cities by telephone area code. Sets of 3 digits were randomly generated using a random number generator (randomizer.org) to correspond with the 3 digits in a US area code.⁹ An online search was performed after each 3-digit set was generated to confirm that it was a valid US city area code. The randomly selected US cities were Abilene, TX; Cedar Rapids, IA; Dayton, OH; Lakeland, FL; Lexington, KY; Macon, GA; Newark, NJ; San Diego, CA; Santa Ana, CA; and Waco, TX. The 10 selected cities with their estimated population, the number of respondents, and the percentage of respondents are shown in Fig 1.

In the US, telephone numbers comprise 3 components. The first 3 digits make up the area code, the second 3 digits make up the prefix number, and the last 4 digits are randomly generated.⁸ To obtain the prefixes for each of the randomly selected cities, we used the National Pooling World Wide Web site (nationalpooling.com).¹⁰ We randomly selected 10 prefixes for each city. To generate a random assortment of the last 4 digits of the telephone numbers, we used a random number generator (randomizer.org) to produce different 4-digit combinations.⁹

After compiling the data for eligible telephone numbers, telephone calls were made using the area

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