



CODEN [USA]: IAJPBB

ISSN: 2349-7750

**INDO AMERICAN JOURNAL OF
PHARMACEUTICAL SCIENCES**<http://doi.org/10.5281/zenodo.3739432>Available online at: <http://www.iajps.com>

Research Article

**PATIENTS PREFERENCES FOR GENDER OF
ENDOSCOPIST FOR ENDOSCOPIC PROCEDURES**

Asim Ali, Muhammad Usama, Muhammad Talha Awan, Azhar Hussain

Ameer Ud Din Medical College, Lahore

Article Received: February 2020

Accepted: March 2020

Published: April 2020

Abstract:

Introduction: Endoscopy is one of the fields that have completely changed our vision of looking into the GI diseases and their treatment. To choose doctor on gender basis is evident in many specialties like gastroenterology where patient preferences regarding the gender of their physicians are a highly sensitive issue and this study highlights this issue in particular.

Material and methods: This cross sectional study was conducted in Department of Gastroenterology, Lahore General Hospital, Lahore from March 2018 to January 2019. Data was collected with non-probability consecutive sampling. Consecutive patient schedule for elective outpatient upper or lower endoscopy were potentially asked to complete questionnaire on demographic factors including age, marital status, employment status, education, height, and weight, sex preferences for the endoscopist who perform the EGD and colonoscopy etc.

Results: Of 2148 patients, 1161(54.1%) were males and 987(45.9%) were females. During research, 1686(78.6%) patients underwent upper GI endoscopy, 350(16.3%) patients underwent lower GI endoscopy, 82(3.8%) patients upper and lower GI endoscopy, 14(0.7%) patients underwent ERCP and 16(0.7%) patients underwent peg tube insertion. 682(31.8%) preferred male endoscopist, 689(32.1%) preferred female endoscopist while 777(36.2%) showed no preference at all. The relationship of gender preference and religion, education, endoscopic procedure, family pressure, competency of doctor, personal comfort level, previous experience with the same doctor and satisfaction of the patients was statistically significant with $p > 0.05$.

Conclusion: One third of patients showed their preference for particular gender of doctor. Mostly patients preferred their endoscopist to be of similar sex. By heeding the patients' preferences for particular procedure will enhance and facilitate the trustful atmosphere in the clinical setting, lessen the level of uncertainty and stress of both doctor and patient, and thus, enchanting better and favorable treatment and increasing compliance and adherence to endoscopic surveillance programs.

Keywords: Gender preferences, Endoscopy, compliance and adherence

Corresponding author:

Asim Ali,

Ameer Ud Din Medical College, Lahore

QR code



Please cite this article in press Asim Ali et al, *Patients Preferences For Gender Of Endoscopist For Endoscopic Procedures*, Indo Am. J. P. Sci, 2020; 07(04).

INTRODUCTION:

The field of endoscopy is revolutionized by modern technology and development of highly sophisticated instruments. It is one of the fields that have completely changed our vision of looking into various GI diseases and their treatment. To choose doctor on gender basis is evident in many specialties (1-3). In previous researches, it is found that females preferred physicians of same sex particularly in child-mother healthcare system (7-11). An exact same situation plays an important role in GI field (1-3). The preference of patient for doctor on gender basis is a very careful matter, which is especially high yield in intimate medical situation (7-11). The sex of endoscopist who performs the procedure plays an important role in satisfaction of patient. Satisfaction of patient has become an important outcome factor in providing health care service (4). Male patients rarely show sex preferences. Most females choose doctor of the same gender. Women showed more awkwardness and distress to opt for lower GI endoscopy from male endoscopist (6). Actually, some women may reject to undergo colonoscopy until they are provided with female doctors (9). Younger patients increasingly show preference of doctor of same sex than older patients. Current employment, no previous history of endoscopy, and having a female primary provider can be of significant importance in this regard as well as factors that affect sex preference also include employment status, age, marital status and education level of the patients(6).

In a study conducted at the Sheba Medical Center, Tel Hashmoer, Israel between April 2012 and September 2012, 70% of patients showed no preference at all to choose endoscopists on gender basis, while 25% of patients showed preference for endoscopist of the same sex. In an analysis, in female patients, lack of education and no previous endoscopy experience were associated with a society for gastrointestinal endoscopy conducted on the Korean women, 32.7 % of women showed preference to opt for upper endoscopic procedure on gender basis and 45.5 % of women did show gender preference to undergo colonoscopic procedure. In that study, younger (average age 32), educated, single and self-employed women showed preference of same sex colonoscopists (10).

The goal of our study is to assess the influence of the gender of the endoscopist on the decision of both male and female patients to opt for GI procedures. There are many international studies on preference of patients for physician's gender for GI endoscopy but no such data is available for our country in regards to the gender preference. A major hurdle to screening of colorectal cancer

worldwide is compliance of the patients. Especially women have been reported to show poor compliance, particularly with regards to opt for lower Gastrointestinal procedures. It would be interesting to see whether the gender of the gastroenterologist influence the decision of the patients to opt for GI endoscopy, so as to make the procedure more comfortable for them in Pakistani population as most of the GI specialists are male.

MATERIAL AND METHODS:

This prospective cross-sectional study was conducted in Department of Gastroenterology, Lahore General Hospital, Lahore from March 2018 to January 2019. Data was collected with non-probability consecutive sampling. Patients or relatives of patients who attended the clinic or doctors who worked in a tertiary center were asked for their participation in this study. Consecutive patient schedule for elective outpatient upper or lower endoscopy were potentially asked to complete questionnaire on demographic factors including age, marital status, employment status, education, height, and weight, sex preferences for the endoscopist who perform the EGD and colonoscopy etc. This study was conducted after approval of hospital ethical review committee.

DATA ANALYSIS:

Statistical package of social sciences (SPSS 22) for windows were used to analyze data. Mean \pm Standard deviation were calculated for quantitative variables like age and duration of dyspeptic symptoms. Frequency and percentages were calculated for qualitative variables like gender, presence or absence of H pylori infection. Stratification was done on gender, age, and duration of dyspepsia to control the bias in study. Chi square was applied to find out any association between different variables. A p value \leq 0.05 will be considered statistically significant.

RESULTS:**Frequency**

Out of 2148 patients, 1161(54.1%) were males and 987(45.9%) were females. 2114(98.4%) were Muslims, 8(0.4%) were Christians, 26(1.2%) were Hindus.

869(40.5%) were uneducated, 299(13.9%) were primary school students, 458(21.3%) were in high school, 431(20.1%) were graduated, 91(4.2%) were lost graduated (Table 1). 682(31.8%) preferred Male endoscopist, 689(32.1%) preferred female endoscopist while 777(36.2%) showed no preference at all (Table 2).

Table 1. Showing Education Status Of Patients (n=2148)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	UNEDUCATED	869	40.5	40.5	40.5
	PRIMARY SCHOOL(1-5)	299	13.9	13.9	54.4
	HIGH SCHOOL (6-10)	458	21.3	21.3	75.7
	GRADUATION	431	20.1	20.1	95.8
	MASTER OR POST GRADUATION	91	4.2	4.2	100.0
	Total	2148	100.0	100.0	

Table 2. Showing Preference Of Doctor (n=2148)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	MALE	682	31.8	31.8	31.8
	FEMALE	689	32.1	32.1	63.8
	None	777	36.2	36.2	100.0
	Total	2148	100.0	100.0	

For 385(17.9%) patients,religious value is a determinant factor for selection of endoscopist while 1763(82.1%) patients do not involve religion in selection of endoscopist (Table 3). 137(6.4%) patients were pressurized by family to undergo the procedure while 2011(93.6%) patients were not (Table 4).

Table 3. Showing Role of Religious Value in Selection of Endoscopist (n=2148)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	YES	385	17.9	17.9	17.9
	NO	1763	82.1	82.1	100.0
	Total	2148	100.0	100.0	

Table 4. Role Of Family Pressure In Selection Of Endoscopist (n=2148)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	YES	137	6.4	6.4	6.4
	NO	2011	93.6	93.6	100.0
	Total	2148	100.0	100.0	

1058(49.3%) patients said that competency of doctor was a decisive factor for them to choose the endoscopist on gender basis while 1090(50.7%) patients had no such decisive factor (Table 5). 786(36.6%) patients chose endoscopists on basis of their personal comfort level while 1362(63.4%) patients did not involve this factor in selection of endoscopists on gender basis (Table 6).

Table 5. Role of Competency Of Doctor In Selection Of Endoscopist (n=2148)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	YES	1058	49.3	49.3	49.3
	NO	1090	50.7	50.7	100.0
	Total	2148	100.0	100.0	

Table 6. Role of Personal Comfort Level In Selection Of Endoscopist (n=2148)

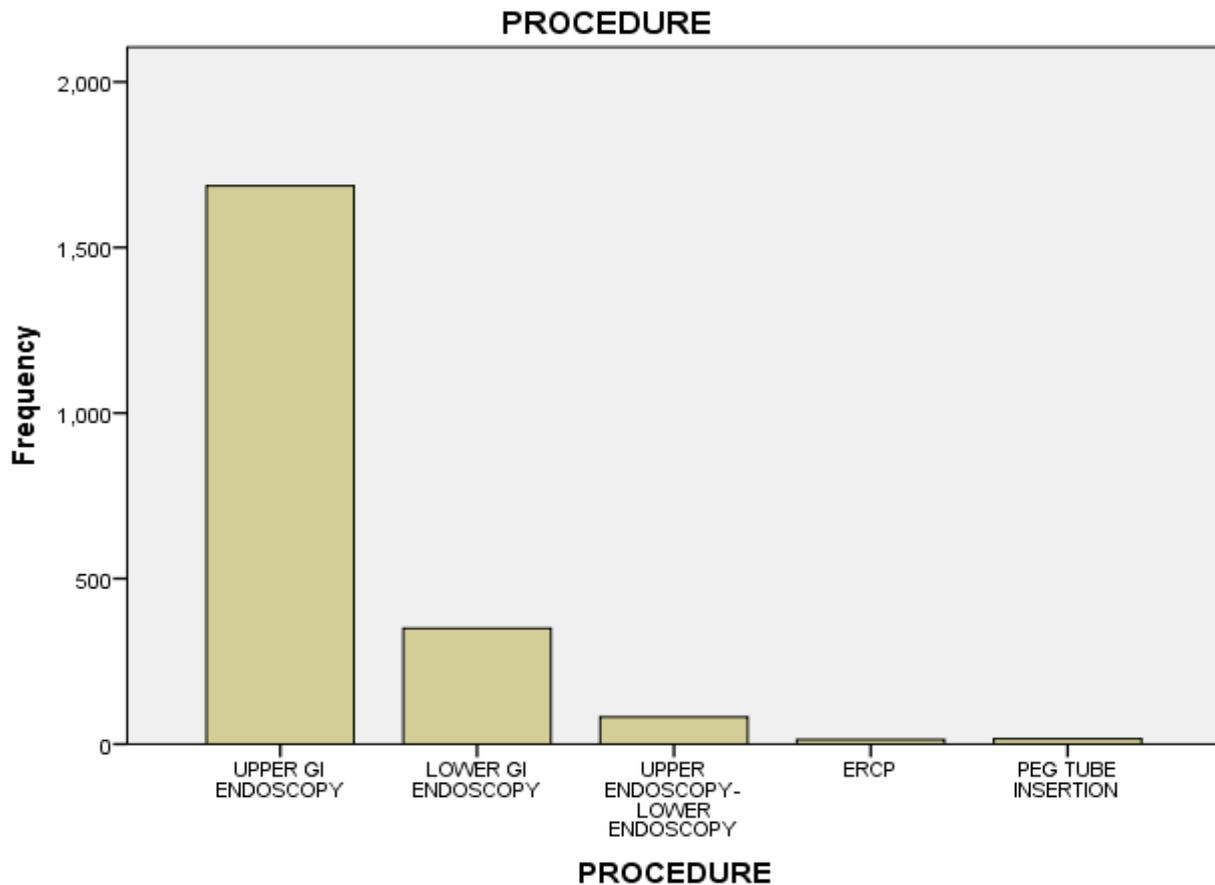
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	YES	786	36.6	36.6	36.6
	NO	1362	63.4	63.4	100.0
	Total	2148	100.0	100.0	

382(17.8%) patients had previous experience with the same doctor while 1766(82.2%) patients did not have previous experience with same doctor (Table 7).

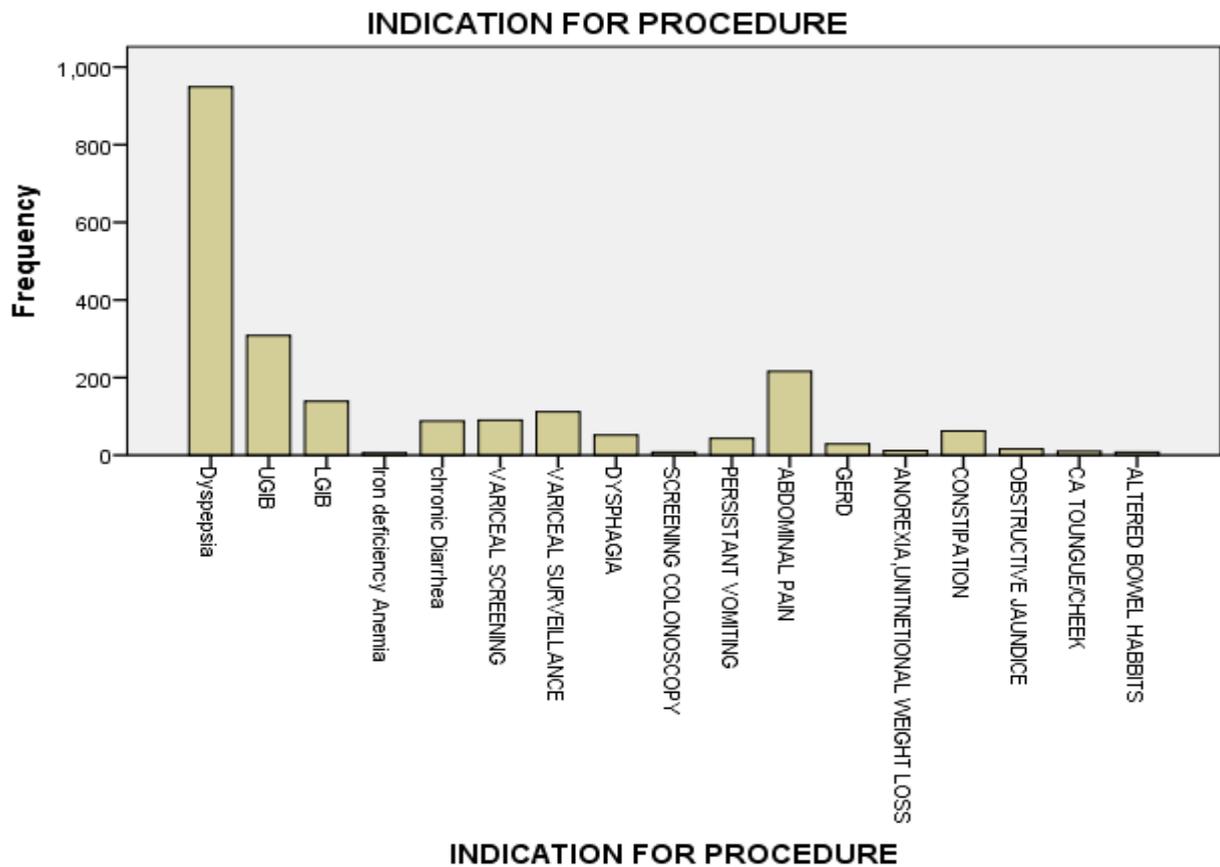
Table 7. Role of Previous Experience With Same Doctor(n=2148)

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	YES	382	17.8	17.8	17.8
	NO	1766	82.2	82.2	100.0
	Total	2148	100.0	100.0	

During research, 1686(78.6%) patients underwent upper GI endoscopy, 350(16.3%) patients underwent lower GI endoscopy, 82(3.8%) patients upper and lower GI endoscopy, 14(0.7%) patients underwent ERCP and 16(0.7%) patients underwent peg tube insertion (Graph 1). The relationship of gender, religion, education, endoscopic procedure, religious value, family pressure, competency of doctor, personal comfort level, previous experience with the same doctor and satisfaction of the patients was statistically significant with $p > 0.05$.

Graph 1. Showing Procedures Performed in LGH Endoscopy Suit

Indications for endoscopic procedure is as follows (Graph 2):

Graph2. Showing Indications for Different Procedures Performed in LGH Endoscopy Suit**DISCUSSION:**

Endoscopy is one of the fields that have completely changed our vision of looking into the GI diseases and their treatment. To choose doctor on gender basis is evident in many specialties (1-3). A similar situation exists while doing the endoscopy procedures. In this study, it was assessed that the influence of sex of endoscopist for both male and female patients to opt endoscopy procedures .

In our research, most of the patients were Muslims. A few patients involved religion in choosing the endoscopist on gender basis. One third of study population consisting of males preferred male endoscopist, another one third chose female endoscopist while remaining one third showed no preference at all and this finding also supports the results of Korean society for gastrointestinal endoscopy (10). Half of the patients were uneducated and other half were educated and this level of education can be one of the decisive factors for gender of endoscopist. For half patients, competency of the doctor was a determinant factor in choosing the endoscopist while other half patients had no such decisive factor. A small percentage of patients were pressurized by their

family to undergo the procedures as it happens in third world families with poverty and lack of proper education . Personal comfort level helped two third of patients to choose the endoscopists.

In our research most of patients underwent procedure with the new doctor and two third of patients were satisfied and one third were not satisfied with the endoscopists.

Mostly patients underwent upper GI endoscopy. Mostly the indication for procedures was dyspepsia followed by UGIB, LGIB, iron deficiency anemia etc. Most of patients had no previous medical history. A few had previous history of DM, HTN, IHD.

The sex of endoscopist who performs the procedure plays an important role in satisfaction of patient. Satisfaction of patient has become an important outcome factor in providing health care service(4). Male patients rarely show sex preferences. Most females choose doctor of the same gender. Women showed more awkwardness and distress to opt for lower GI endoscopy(6). Actually, some women

may reject to undergo colonoscopy until they are provided with female doctors (9). Younger patients increasingly show preference of doctor of same sex than older patients. Current employment, no previous history of endoscopy, and having a female primary provider (5). The factors that affect sex preference include employment status, age, marital status and education level of the patients (6).

CONCLUSION:

One third of patients showed their preference for particular gender of doctor. Mostly patients preferred their endoscopist to be of similar sex. By heeding the patients' preferences for particular procedure will enhance and facilitate the trustful atmosphere in the clinical setting, lessen the level of uncertainty and stress of both doctor and patient, and thus, enchanting better and favorable treatment and increasing compliance and adherence to endoscopic surveillance programs.

REFERENCES:

1. Read V, Buddeberg-Fischer B. Career Obstacles for women in medicine: an overview. *Med Educ* 2001; 35: 139-147
2. Allen I. Women doctors and their careers: what now? *BMJ* 2005;331: 569-572
3. Burke CA, Sastri SV, Jacobsen G, Arlow FL, Karlstadt RG, Raymond P. Gender disparity in the practice of gastroenterology: the first 5 years of a career. *Am J Gastroenterol* 2005; 100: 259-264
4. Lahat A, Dayan YA, Katz LH, Fidler HH. The preference for an endoscopist specific sex: a Link between ethnic origin, religious belief, socioeconomic status, and procedure type. *Dovepress*. 2013:897-903
5. Colleen M. Schmitt, John I. Allen. View from the Top: Perspectives on Women in Gastroenterology from society Leaders. *Gastroenterol Clin N Am* 45 (2016) 371-388
6. Lee SY, Yu SK, Kim JH, Sung IK, Park HS, CJ, Choe WH, Kwon SY, Lee CH, Choi KW. Link between a preference for women colonoscopists and social status in Korean Women. *Gastrointestinal Endoscopy*. Volume 67, No. 2: 2008: 273-277.
7. Groutz A, Amir H, Caspi R, Sharon E, Levy YA, Shimonov M. Do women prefer a female breast surgeon? *Israel Journal of Health Policy Research* (2016) 5:35.
8. Amir H, Tibi Y, Groutz A, Amit A, Azem F. Unpredicted gender preference of obstetricians And gynecologists by Muslim Israeli-Arab women. *Patient Educ Couns*. 2012; 86:259-63.
9. Amer-Alsheik J, Alsheik T, Amir Levy Y, Azem F, Amit A, Amir H. Israeli Druze women's sex Preferences when choosing obstetricians and gynecologists. *Isr J Health Policy Res*. 2015; 4:13
10. Amir H, Gophen R, Amir Levy Y, Hassan J, Gordon D, Amit A, Azem F. Obstetricians and Gynecologists: which characteristics do Israeli lesbians prefer? *J Obstet Gynaecol Res*. 2015; 41:283-93.
11. Janssen SM, Lagro-Janssen AL. Physician's gender, communication style patient Preferences and patient satisfaction in gynecology and obstetrics: a systematic review. *Patient Educ Couns*. 2012; 89:221-6.
12. One size does not fit all, American Society for Gastrointestinal Endoscopy. *Gastrointestinal Endoscopy* Volume 67, No. 2: 2008