Name of Project: Patients’ Perceptions of Female Compared to Male Surgeons

Investigator(s). (Include phone numbers and email address, indicate PI and primary contact)

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Research question(s):

Do patients differ on their preference for a surgeon based on

a. Gender of the surgeon
b. Agentic vs. communal nature of the surgeon
c. Type of surgery (breast cancer vs. lung cancer)
d. Gender of the patient
e. Interaction of these facets of the design

Brief Background/Significance: The literature on women in surgery to date has focused on possible deterrents for women entering surgery and the lack of female representation in surgical leadership roles. Despite the increasing number of women in medicine, a recent meta-analysis demonstrated that female physicians are not evaluated as highly, compared to male physicians, Research in social psychology and management has found that women in traditionally male-identified professional roles are often devalued, and that by fulfilling their professional roles, women are not appropriately fulfilling the female role, and vice-versa. Surgery presents a unique challenge to women as there is an even greater discrepancy between feminine stereotypes and the qualities needed to be successful professionally. Women looking to fulfill the surgical role must defeat gender stereotypes by demonstrating agency, but face backlash due to dominance display and gender incongruence.

To date, there has been no research on how patients perceive women surgeons. As female representation in surgical specialties increases, patient perceptions of female surgeons will become an important factor for the ability of women to attain career success, leadership roles, and recognition of their skills and talents. In order to attain success professionally, patients have to be equally willing to see women surgeons as male surgeons.

Inclusion/exclusion criteria (list) All patients who can read English and volunteer will be asked to participate.

Method of contact/recruitment (be specific) Consistent with suggestions made by CHR, we ask that staff direct patients to a flyer describing the study. If the patient takes the flyer, it is an indication that the patient is willing to be approached by a research assistant.
Benefits/burden for participants (clearly identify potential for harm) The burden is in completing the questionnaire which requests two demographic pieces of information, reading a scenario at the middle school reading level, and responding to 5 Likert-like questions. It is possible that the brief scenario will remind patients of a previous experience with a surgeon, but the reason for selecting DGIM patients were individuals not involved with surgery at this visit. There is no benefit to participating.

Any benefits or burden to DGIM practitioners? There is no direct benefit, but the findings could help practitioners respond to patients concerns in the future about having a female surgeon provide care.

Timeline for recruitment (projected start and stop dates) We would like to start as soon as possible. Realistically, we would like to start by June 28 and continue for 8 weeks (August 24).