

The Impact of a Plastic Surgeon's Gender on Patient Choice

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Abstract

Background: In the patient-driven market of aesthetic surgery, an understanding of the factors that patients consider in their choice of surgeon can inform the individual plastic surgeon's marketing strategy. Previous studies have investigated patient gender preferences for physicians in other specialties, but none has investigated whether patients consider gender when choosing a plastic surgeon.

Objectives: The purpose of this study is to determine the impact of a plastic surgeon's gender on patient choice.

Methods: A prospective study was conducted in a single private practice of two plastic surgeons, one male and one female, both closely matched in training, experience, and reputation. Two hundred consecutive patients calling for a consultation were asked if they preferred a male or female doctor; their preference, age, and area(s) of interest were recorded.

Results: All patients were women. Nearly half (46%) had no gender preference, 26% requested a female surgeon, and 1% requested a male. Preference for a female surgeon was significant (Binomial-test: $P < 0.001$). The remaining 27% requested a specific doctor, with slightly more requesting (53.7%) the male surgeon by name, than requested the female surgeon by name (46.3%), a difference that was not statistically significant ($P = 0.683$).

Conclusions: Most female patients interested in aesthetic surgery have no gender preference. Of those who do, nearly all requested a female plastic surgeon. More important than a plastic surgeon's gender, however, is a plastic surgeon's reputation.

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Most surgical referrals are based on a list of doctors associated with patients' insurance plans, whereas the market for aesthetic surgery is patient-driven, and its demand is growing. In just 18 years (1997 to 2015) the number of cosmetic procedures performed in the United States has risen 800%,¹ With approximately 6300 board-certified plastic surgeons in active practice² and with many other physicians performing cosmetic procedures, competition for patients is inevitable. Knowing the factors that are important to a patient in search of a surgeon can inform the individual plastic surgeon's marketing strategy, website design, blog content, and social media presence.

Previous studies indicate that patients base their choice of plastic surgeon on several factors, including the surgeon's reputation, board certification, years of experience, the method of patient referral, the surgeon's training, membership in the American Society of Plastic

Surgeons, and the physician's demeanor.³⁻⁸ Patients with advanced levels of education place high value on the prestige of a surgeon's medical school, residency, and fellowship.⁹ While patients' gender preference in choosing a physician has been investigated in non-plastic surgery specialties,⁹⁻¹⁹ there has been little more than anecdotal

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evidence of such preference among plastic surgery patients.²⁰

The results of studies investigating patients' gender preferences for non-plastic surgery physicians vary widely. Some have shown that when choosing a surgeon, most patients have no gender preference,^{9,13,19,21} although some, mostly women, prefer a female breast surgeon. Among patients seeking other types of surgeons, both men and women prefer a male surgeon.^{9,11-14,18,22} A study investigating thirteen health professions found male respondents prefer male internists and surgeons,¹⁹ while female respondents preferred female general practitioners, internists, and gynecologists, though they had no preference regarding a surgeon's gender.¹⁹ Other studies have shown female patients' gender preferences are stronger than they are among males,¹⁹ and that their preference for a female doctor is especially strong among adolescent girls and female patients with intimate concerns, such as pelvic exams or psychosocial health issues.^{12,15}

Female patients' preference for female doctors may be related to both greater comfort with intimate exams¹⁹ as well as to communication style.^{6,16,19,23} Visits between female doctors and female patients are longer than when different genders meet.¹⁶ Indeed, other studies have confirmed that women spend more time with patients,^{6,18,19,23,24} engage in a partnership-building style,²⁸ show more concern and empathy,^{6,18,24-28} ask more about patients' emotions, and facilitate patient participation in a dialogue by speaking positively, smiling, and nodding.²⁴⁻²⁸ These qualities are shown to matter more to female patients than to males.²⁴⁻²⁸ The exception to these findings is in the field of obstetrics and gynecology, in which men were found in one study to spend more time with patients and to engage in more dialogue.²⁹ Communication style is not patients' only consideration; those who prefer men feel male physicians are more technically competent.³⁰

Given the variation of patients' gender preferences for their physicians in other medical fields, it would be difficult to predict patients' gender preferences for plastic surgeons without an investigation. The purpose of this study is to determine the impact of a plastic surgeon's gender on patient choice.

METHODS

A prospective study was conducted in a single private practice of two plastic surgeons, one male and one female. Both plastic surgeons trained during the same time at the same institution, obtained board certification the same year, performed the same types of procedures, had similar reputations, and had similar online reviews and content. As a married couple, neither mentioned surgeon gender in a promotional way in marketing materials, and their marriage was mentioned only within the body of their individual website biographies.

Two female patient coordinators fielded calls from 200 consecutive prospective new patients requesting a consultation. The study began July 24, 2015 and was ended on February 2, 2016, when the study target of 200 calls was reached. Neither patient coordinator was assigned to a specific doctor, so calls were distributed according to which doctor had the soonest available appointment time. If the caller didn't request a specific doctor by name, the patient coordinator asked the caller if she preferred a male or a female doctor, then documented each caller's gender preference, age, and area(s) of interest, categorized as breast, body, face, and/or genital. Institutional review board (IRB) approval was not sought, as this was a non-clinical, non-experimental, marketing survey study, and the Helsinki Doctrine on Human Experimentation was not violated.

Data are presented as frequency and means with standard deviations. Statistical analysis was performed using IBM SPSS Software, Version 24. The data were analyzed using binomial and *t* tests. Significance was determined by a *P* value of < 0.005.

RESULTS

All 200 patients calling for a plastic surgery consultation during the study period were women, and none were men. Their mean age was 39 years (range, 17-80 years; standard deviation, 14.036). Fifty-two patients (26%) requested a female doctor, 2 (1%) requested a male doctor, and 92 (46%) had no preference regarding the gender of their surgeon (Figure 1). Of those patients requesting a doctor by gender, the preference for a female doctor over a male doctor was significant (*P* < 0.001). Fifty-four patients (27%) requested a specific surgeon, of which 29 (14.5%) specifically requested FLC, the male surgeon, and 25 (12.5%) specifically requested HJF, the female surgeon. This difference was not statistically significant (*P* = 0.683).

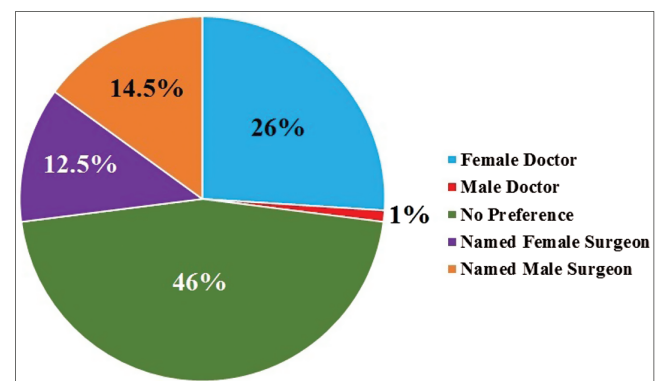


Figure 1. Distribution of surgeon gender preference among 200 inquiring patients. Of 200 patients, 52 requested a female doctor (blue), 2 requested a male doctor (red), 92 had no preference (green), and 54 requested a specific surgeon, with 25 requesting the female surgeon by name (purple), and 29 requesting the male surgeon by name (orange).

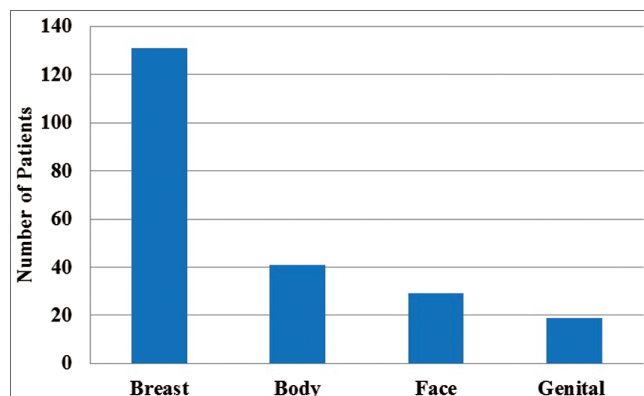


Figure 2. Distribution of interests among 200 inquiring patients. Of those patients, 180 had a single interest, and 20 had two interests, with 131 interested in breast, 41 interested in body, 29 interested in face, and 19 interested in genital surgery.

Patients' Surgeon Gender Preference and Anatomic Area of Concern

When asked about the anatomic area of concern, 180 expressed an interest in a single area, and 20 expressed an interest in two. Of all patients, 131 patients (65.5%) had an interest in breast, 41 (20.5%) had an interest in body, 29 (14.5%) had an interest in face, and 19 (9.5%) had an interest in genital surgery (Figure 2).

Preference for Female Doctor and Anatomic Area of Concern

Of the 52 patients who requested a female doctor, 32 (61.54%) had an interest in breast, 7 (13.46%) had an interest in body, 7 (13.46%) had an interest in face, and 10 (19.23%) had an interest in genital surgery (Figure 3).

Preference for Male Doctor and Anatomic Area of Concern

Of the two patients who requested a male doctor, both (100%) had an interest in breast surgery.

No Gender Preference and Anatomic Area of Concern

Of the 92 patients with no gender preference, 58 (63.04%) had an interest in breast, 28 (30.43%) had an interest in body, 13 (14.13%) had an interest in face, and 6 (6.52%) had an interest in genital surgery.

Request for the Female Surgeon, and Anatomic Area of Concern

Of the 25 patients (12.5% of all) who specifically requested HJF, the female surgeon, 17 (65.38%) were interested in breast, 2 (7.69%) were interested in body, 4 were

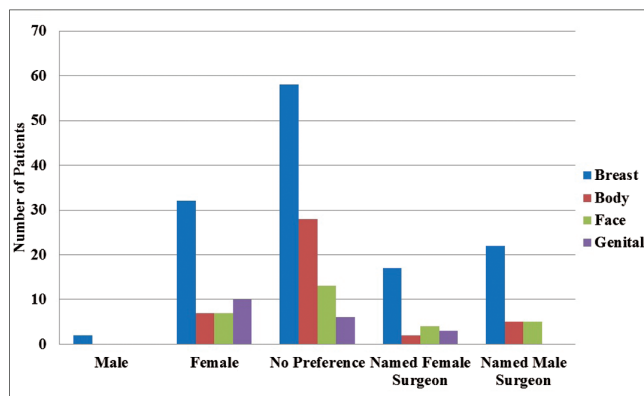


Figure 3. Distribution of surgical interests by inquiring patients' surgeon gender request. The horizontal axis indicates the inquiring patients' surgeon gender preference (male; female; no preference; request by name for the female surgeon; request by name for the male surgeon). Surgical interests were categorized as breast (blue), body (red), face (green), and genital (purple). The vertical axis indicates the number of patients interested in each category.

(15.38%) were interested in face, and 3 (11.54%) were interested in genital surgery.

Request for the Male Surgeon, and Anatomic Area of Concern

Of the 29 patients (14.5% of all patients) who specifically requested FLC, the male surgeon, 22 (68.75%) were interested in breast, 5 (15.63%) were interested in body, 5 were (15.63%) interested in face, and none were interested in genital surgery.

Patient Age and Surgeon Gender Preference

Age differences between those patients with male and female surgeon preferences were not significant ($P = 0.724$), nor were age differences between those requesting FLC, the male surgeon, compared with those requesting HJF, the female surgeon ($P = 0.292$).

DISCUSSION

As insurance reimbursements have declined, the cosmetic surgery market has become increasingly competitive, motivating more physicians of all specialties to perform cash-based cosmetic procedures.³¹ To steer prospective patients to their members, competing professional organizations have created online patient guides and surgeon search forms.³²⁻³⁴ Individual surgeons' websites often include content that may be seen as attractive or reassuring to prospective patients, such as a surgeon's biography, years of practice experience, board-certification, area(s) of surgical

interest, before-and-after photos, and quotes from happy patients. In addition, women plastic surgeons sometimes include their gender as a positive attribute.

While patient gender preferences have been studied in other medical and surgical specialties, similar studies among plastic surgery patients have been primarily anecdotal.²⁰

The purpose of this study was to determine whether a plastic surgeon's gender matters in patient choice. The results indicated that nearly half of patients surveyed had no preference regarding the gender of their surgeon. If we consider only those patients who did not request a specific doctor, nearly two-thirds (63.01%) had no gender preference. Among those who did, 35.61% of all patients preferred a female doctor, and just 1.37% preferred a male. This was statistically significant. However, of those requesting a specific doctor, slightly more patients requested FLC, the male surgeon, than requested HJF, the female, a difference that wasn't statistically significant.

Patients considering body surgery cared least about their surgeon's gender, with nearly two-thirds (65.85%) having no gender preference and only 16.67% requesting a female doctor. Nearly a quarter of those interested in breast and face preferred a female surgeon, possibly indicating the greater privacy associated with breasts and a greater preference for gender concordance among older women.

Among patients with a genital interest, no one requested either a male surgeon or FLC, while half preferred a female and 16% requested HJF. Just as primary care patients preferred female doctors the more intimate their concern,^{18,19} plastic surgery patients considering female genital procedures may have a greater preference for a female surgeon for the same reason.

All patients in this study were women, mirroring the nationwide statistic that 90% of cosmetic surgical procedures are performed on women.¹ Most patients with a gender preference requested a female doctor. Although the patients surveyed were not asked to provide a reason for their preference, based on studies indicating patient preference for gender concordance,^{17,22} it is possible that these female patients sought a same-gender doctor rather than any perceived superiority in the skills or qualities of female surgeons.^{17,22} At the time of this writing, just 14% of plastic surgeons are women, but they make up 37% of trainees.³⁵ Female patients for whom gender concordance is important may welcome the growing choice of female plastic surgeons.

Nonetheless, our study reflects the results of other studies showing that the surgeon's gender doesn't matter to most patients.^{9-13,19,21} Instead, studies have shown that other qualities matter, like demeanor, thoroughness, and humanity.^{10,30} When choosing a thoracic surgeon, patients prefer someone assertive and independent, but for a breast

surgeon, they prefer a more communicative doctor.¹⁰ In our study, gender preferences disappeared when patients knew enough about a doctor to request him or her by name, a finding aligned with these other studies showing that a surgeon's personal qualities matter more to patients than does gender.

A patient who doesn't know of a surgeon's personal qualities may base surgeon choice on qualities generally associated more with one gender more than the other. Rather than ranking one gender as better or worse than the other, these qualities may simply indicate a difference. Among primary care and urology patients, most women preferred a female doctor, and most men preferred a male doctor,¹⁷ which suggests a search for gender concordance. Bertakis et al speculated that traditional male-female relationship dynamics may make an encounter between a female physician and male patient less comfortable for both partners than one between a male physician and a female patient or one in which the genders are the same.²²

In this study, 26% of patients preferred a female doctor and 1% preferred a male. Given our female patient population, this finding may indicate a search for gender concordance.^{12,17} Our results would likely have been different had more patients been men. As the number of men having cosmetic surgery increases,¹ male plastic surgeons may want to create website content and marketing materials to meet this rising demand.³⁶

Of the 27% of patients who had a gender preference, 96% requested a female surgeon. However, given all the other factors patients consider in choosing a plastic surgeon,³⁻⁸ this factor likely plays a small role in patient choice. If it played a large role, we might expect female plastic surgeons to earn more than their male counterparts, but on average they earn less.³⁷

Of the 27% who requested a specific surgeon, slightly more requested the male surgeon than requested the female, indicating that a preference for gender concordance may disappear when a patient feels confident in a plastic surgeon's reputation.

This study had several limitations: It was conducted within a single 100% aesthetic practice with few male patients; results may differ in a different demographic. Patient choice may also vary by other factors, such as geographic region, surgeon age, and surgeon ethnicity. Callers may have considered gender preference only after a choice was offered, and their level of conviction cannot be determined from this study, since it did not incorporate a graded metric, such as a Likert scale. Furthermore, this study didn't ask patients to rank the importance of the surgeon's gender relative to other factors, such as board certification, years of experience, physician demeanor, online reviews, and the method of referral, all of which are reported to be important in a patient's choice.^{3-9,38-40}

Additionally, while the number of patients interested in breast and body numbered nearly 100 or more, those interested in face and genital surgery were fewer. To compare patient gender preference according to areas of interest would require a larger study.

Despite these limitations, this study is the first to investigate patient gender preference in the choice of plastic surgeon. The findings indicate that most patients have no gender preference, but if they do, most prefer a female doctor, which is consistent with similar studies done in other specialties, particularly among female patients.

Within the field of plastic surgery, women comprise only 14% of plastic surgeons, but they make up 37% of current trainees.³⁵ The results of this study indicate that female patients seeking gender concordance in their surgeons will welcome the increasing number of women entering plastic surgery.

In a campaign to combat the stereotype that surgeons are men, female surgeons have posted photos of themselves on social media with the hashtags “#ILookLikeASurgeon”^{41,42} and “#ILookLikeAPlasticSurgeon.” Similarly, greater public visibility of women plastic surgeons’ faces and voices on behalf of professional societies may help potential patients, particularly women, find a connection with the specialty. On the other hand, as more men seek plastic surgery, plastic surgery organizations and individual plastic surgeons, particularly men, may consider offering more educational materials for the male patient.

CONCLUSIONS

In this study of 200 prospective aesthetic surgery patients, all of whom were women, some preferred a female doctor, very few preferred a male, and most patients had no preference. However, when patients requested a specific doctor, slightly more requested the male surgeon than the female surgeon, indicating that a surgeon’s reputation is far more important than his or her gender.

Disclosures

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