

Female doctors are better than male doctors, but male doctors are more productive

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According to a University of Montreal research team, the quality of care provided by female doctors is higher than that of their male counterparts while the productivity of males is greater. The research team reached this conclusion by studying the billing information of over 870 Quebec practitioners (half of whom were women) relating to their procedures with elderly diabetic patients. "Women had significantly higher scores in terms of compliance with practice guidelines. They were more likely than men to prescribe recommended medications and to plan required examinations," said lead study author Valérie Martel, who devoted her master's thesis with the Department of Health Administration to the subject. Roxane Borges Da Silva, Professor at the Faculty of Nursing, and Régis Blais, Professor at the Department of Health Administration, co-supervised the study.

To assess quality of care, the researchers relied on the recommendations of the Canadian Diabetes Association, which provides clear guidelines for clinical treatment of the disease. All patients aged 65 and over with diabetes must undergo an eye exam by an ophthalmologist or optometrist every two years. They must also receive three prescriptions for specific drugs, including statins, and it is recommended they undergo a complete medical examination annually. Since the Quebec <u>public health insurance</u> board (Régie de l'assurance maladie du Québec) medical-administrative data bank includes comprehensive information on every medical procedure, the researchers were able to measure these variables. In each case, statistical tests confirm a significant difference between men and <u>women</u>.



Among middle-aged doctors, three out of four women, for example, required their patients to undergo an eye examination vs. 70% of their male counterparts; 71% prescribed recommended medications compared to 67% of male doctors, and a similar proportion prescribed statins (68% vs. 64%); 39% of female doctors specifically asked their patients to undergo a complete examination (vs. 33% of male doctors). In terms of productivity, there is a reversal. On average, male doctors reported nearly 1,000 more procedures per year compared to their female counterparts.

Generational differences

Martel's study includes a section on clinicians' age. "My hypothesis was that the differences between male and female practices have diminished over time. It seemed to me that more and more men are taking time with their patients at the expense of productivity, and more and more women tend to increase their number of procedures. This aspect was shown: the younger the doctors, the less significant the differences," she said. "People assume that women doctors spend more time with their patients, but it is difficult to observe in a scientific study. This study does just that," Blais added.

Nevertheless, he cautions against misinterpreting the results. While a more productive doctor would seem more "profitable" for a hospital, there is more than meets the eye in the long term. "Doctors who take the time to explain problems to their patients may avoid these patients returning after a month because they are worried about a detail. More productive physicians may not be the ones we think," Blais said.

In the context of the feminization of the medical profession, the results "should be of concern of decision-makers in terms of human resource planning in health and the challenges posed by the increased prevalence of women," the authors write in their conclusion. "In particular, the cost-



benefit ratio of greater quality combined with lower productivity should be examined."

Reflection required

Reflection on the reorganization of the health system is therefore required. "Gender parity has been recognized for several years among general practitioners. Among specialists, we're almost there. However, women temporarily leave the network to start a family. They work fewer hours to spend more time at home when they have children. Inevitably, this change has an effect on the management of resources. We need to prepare for these changes," Martel said.

Borges Da Silva agrees. "Our study lifts a corner of the veil on this issue and has several limitations. For example, it is not known whether medical prescriptions and recommendations for examinations are followed. But the differences remain significant. They tell us about the differences in medical practice that need to be taken into account."

Borges Da Silva continues her work in studying other chronic diseases such as hypertension, asthma, and chronic obstructive pulmonary disease. Recently hired by the Faculty of Nursing after working for two years at the Department of Health Administration, she obtained a master's degree in Econometrics from the Université d'Aix-Marseille and a doctorate in public health before joining the Université de Montréal faculty.

Provided by University of Montreal

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