

Patients' attitudes to the sex and age of opticians

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The number and proportion of female opticians practising in the UK is increasing, and this increase is likely to continue.¹ How do the general public perceive this important section of the optical profession?

At the end of last year the Equal Pay Act (originally passed in 1970) came into full effect. The Sex Discrimination Act became law on the same day preventing overt discrimination by employers. Sexual equality seems to have arrived at last. We know, and our readers will do, that there is absolutely no difference in the competence and effectiveness of male and female opticians, but do the general public agree? Do they discriminate against female opticians in any way? One cannot unfortunately change thoughts and feelings by means of legislation: the Sex Discrimination Act does not guarantee egalitarian attitudes let alone prevent subtle forms of covert discrimination.

It is a popular myth that women are best at housework and men are best at mending cars. Perhaps we might expect similar myths to prevail about the differential abilities of male and female opticians. We have all, we fear, come across even opticians who consider women inferior in professional matters; perhaps due to factors such as alleged weakness in reasoning powers.² Views have also occasionally been expressed that women are superior.² Personally we are sceptical of either type of difference, but to be fair it is possible to express such views in a way which approaches social acceptability and even plausibility.

A recent survey³ of attitudes towards midwives found that pregnant women found male midwives quite acceptable in some roles while still finding them unacceptable where the work involved was of a particularly 'personal' nature. This latter attitude may have been due in part to a belief in the special abilities of female midwives as well as shyness: 'How can male midwives deal effectively with women when they have never personally experienced maternal instincts?' Arguments not very different from this form the basis of a plausible case for a differential effectiveness of men and women in different roles in optics. For example, Jean Robinson has written, 'There is also the undisputed fact among pro-women opticians, that the hard core of women patients, ie presbyopes upwards, do prefer a female optician. They

can identify more easily with opinions on shapes and colours of frames in dispensing, and for what purposes and tasks a woman needs to see in refraction. Even "Dolly Birds", whom most male opticians assume prefer a male optician would, on survey, say that a female was preferred for the dispensing because of feminine understanding of eye make-up to complement spectacles.²

Assertions that performance differences exist have in the past not been backed up by objective evidence, but instead stem from such subjective sources as 'personal experience'. One does not need to be a psychologist to realise that personal clinical experience although very 'convincing' can create illusions.⁴ There is no substitute for an objective survey. Our study sought to find out what the public feels about female opticians. To establish a form of baseline we also asked questions about doctors and dentists, and enquired into attitudes towards age as well as sex. The numbers of female student dentists and doctors are both on the increase (Table I).

Survey techniques and the sample?

Our results are based on a survey, carried out towards the end of 1975, of the attitudes of 150 people. We used two approaches. Most of our samples came from two practices in the North-West. Here an unselected group of patients were given stamped-addressed envelopes and a questionnaire to take home. Seventy-one

per cent were returned. The remainder of our sample (48 patients) were taken at random from several practices in England and Wales.

With the latter approach the questionnaires were completed in the practices, usually while the patients were waiting for their appointment. This method had the advantage that questions could be explained where necessary facilitating fewer unanswered questions and therefore providing us with a more representative sample. It also, however, possessed the disadvantage that one could argue that subtle pressures might have influenced the patients, replies as their answers might appear less anonymous.

We did in fact examine our results carefully to see whether there was any evidence that this or the sex of the person asking the questions had influenced the replies. We found no firm statistical evidence for such an effect. This does not mean that it would not have been detected with a bigger sample, but would seem to suggest that any such influence was not large.

The age and sex distribution of our sample is given in table 2. Fifty-six per cent of the patients were women and they tended to be younger than the men. It would have been interesting to have investigated socio-economic status as this is certainly an important factor in attitudes to age and sex, but with our modest-sized sample it is uncertain whether any clear conclusions could have been drawn. Only

Table 1

Percentage of student and registered practitioners in U.K. who are female.

Profession	Number of females as a percentage of	
	Qualified and registered ²	Student
Dispensing Optician	20%	41% ¹
Ophthalmic Optician	12%	42% ¹
Dentist	15%	29% ³
Doctor	c 20% ⁴	32% ³

¹ average student intake over the period 1972-1975

² at end of 1975

³ full time and sandwich undergraduates at university at end of 1974. (The figures for the two years prior to this are for medicine 20 per cent and 30 per cent, and dentistry 26 per cent and 28 per cent showing a small continuous increase in female students over the period 1972 to 1974. Figures are courtesy of the Universities' Statistical Record.)

⁴ estimate by the author made from an examination of a sample of the medical register.

one patient had never had their eyes examined by a male optician while 77 per cent had never been seen by a female. This experience was unrelated to the age and sex of the patients. In the discussion which follows all reported differences are statistically significant unless otherwise indicated. Our study, based as it is on a small sample, cannot be definitive in all respects but we hope our results can act as a guide for anyone who wishes to attempt a larger survey.

Attitude to the sex of practitioners

Our first questions sought to find out what proportion of the public, when asked, would express a simple preference for male or female doctor, dentist or optician. The first thing to notice in table 3 is the strong preference (57 per cent) expressed for male dentists. Male doctors were also preferred by 41 per cent. A little under half the respondents expressed no preference for male or female doctors and dentists, and very few preferred female doctors (11 per cent) or dentists (4 per cent). For opticians the picture was different. The proportion expressing no preference in-

creased to almost three-quarters for having their 'eyes tested and examined' with just over a quarter preferring males for this and for 'spectacle adjustment', and 'choosing a pair of spectacles'. Only one person out of 150 expressed a preference for a female to 'test' their eyes, but 18 per cent preferred female assistance in choosing spectacles. Overall then it can be said that people are not so choosy over the sex of their opticians as they are over their dentists or even their doctors, but that, even so, a significant minority do still prefer a 'him' to a 'her'.

Having established the general pattern of preferences we next tried to find out how these are influenced by a person's own sex, age and experience. The one person preferring a female 'eye tester' turned out to be a male. Of course not much can be deduced from this, but in fact significantly more women (35 per cent) expressed a preference for male 'eye testers' than did men themselves (20 per cent). More men expressed no preference for the sex of the assistant in choosing spectacles, but this difference was not statistically significant. All but one of the preferences for a female doctor came from women, but women in our sample still preferred male to female

doctors. The sex of the patients did not affect the dental preferences.

It might be thought that the male preferences may simply be due to fear of the 'unknown' or 'unfamiliar'. As can be seen from table 1 there are relatively few registered female ophthalmic opticians (12 per cent), dispensing opticians (20 per cent), dentists (15 per cent) and doctors (20 per cent). Perhaps if you have not come across the female of the particular species you might simply have second thoughts about her competence. Our data seems to support this view. Among those patients who had never been seen by a female ophthalmic optician, the proportion expressing a preference for males (31 per cent) was higher than among those who had experienced both (18 per cent of these preferred males). A person's age did not appear to affect the results except in the case of dentists. Here, in general, the older the person the more likely would a preference be given for male dentists.

In conclusion, then, we can say that most people do not mind which sex their optician is. But it is clear that a significant minority do prefer males and that this would appear to be related in part to their

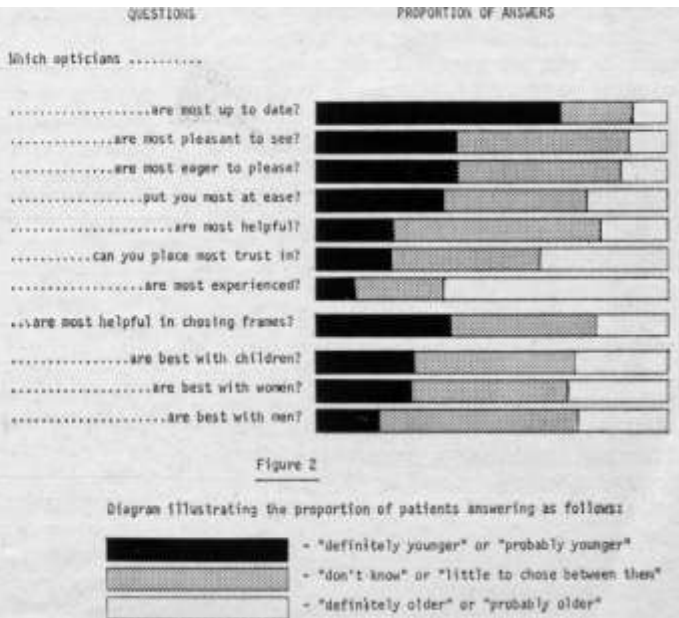
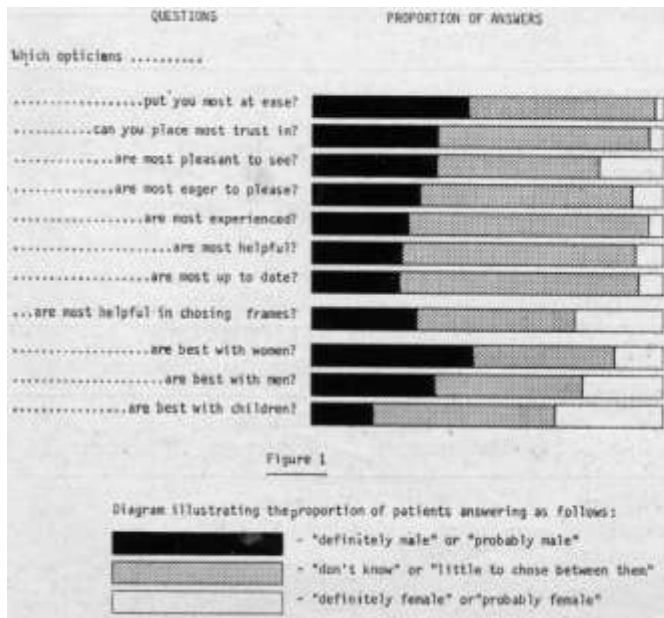
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Table 2
The distribution of age and sex in the sample.

Age	Numbers in Sample	
	Female	Male
16-25	13	3
26-35	16	9
36-45	17	11
46-55	18	13
56-65	10	19
66 +	9	11

Table 3
Personal preferences expressed for male or female practitioners for patients visiting the doctor and dentist and for three optics roles.

Professional role	Percentage expressing preference for sex of practitioner		
	Male	No preference	Female
'eyes tested and examined'	28%	71%	1%
'spectacles adjusted'	28%	70%	2%
'choosing a pair of spectacles'	25%	57%	18%
'visit the doctor's'	41%	48%	11%
'visit the dentist's'	57%	39%	4%



lack of experience of female opticians.

Having established that broad preferences do exist, it is reasonable to ask two further questions. Are these preferences lightly held and can we map in more detail the form they take? To this end more detailed questions were framed about the various roles of an optician. These are listed in figure 1 and against each is a bar indicating the proportion who answered in favour of males, females or neither. The 'don't know' or 'little to choose' varied from 40 per cent to 68 per cent but as with the previous questions most of the committed voted for men as better. The 'definitely male' vote varied from 11 per cent to 27 per cent compared with a further 6 per cent to 18 per cent for the corresponding 'probably male' vote. So it is clear that the male preference is a strong feeling for many patients. However, a new factor comes out of these questions. More women are seen as being best with children. (To be fair to the children we should have asked them who they preferred but we did not.) It is also interesting to note here that this 'definitely female' vote and those for who is best with men and best with women are both higher, at around 8 per cent, than they were when we asked people which sex they preferred *their* 'eye tester' to be. It is as though no one prefers to be seen by a female optician themselves but some are willing to recommend them for other people. But perhaps this is stretching the data a little and may be unfair as a directly comparable question was not asked.

In general the sex of the patients did not significantly affect the answers to the questions in figure 1 except that female patients were largely responsible for the observation that males were more eager to please and more pleasant. Again there was evidence that experience of female opticians leads to improved attitudes to them. We could not confirm Jean Robinson's assertion that women prefer female dispensers, but when we eliminated from our sample all those who had never been seen by one, we were left with a mere 19 women patients of whom 10 preferred females for choosing spectacles and six preferred men. Clearly, as indicated before, we would need a far larger sample before we could make any definitive statements.

Attitudes to a practitioner's age

We also investigated people's attitudes to the age of doctors, dentists and opticians. From table 4 we can see that most people (69 per cent) had no preference for the age of the optician adjusting their spectacles. However, with more personal matters, 'choosing' spectacles and 'testing' eyes, the proportion expressing no preference fell to just over a half—similar figures to those that we found for doctors and dentists.

When we compared the preferred ages and the patient's own age we found

significant positive correlations in each case (table 4). These correlations were highest for the optician roles. Clearly there is a tendency, particularly with opticians, for patients as they get older to prefer older practitioners. For the group as a whole, people preferred to visit an older doctor, and to have the assistance of a younger optician for helping to choose spectacles, but it should be noted that these differences, while statistically significant and real, are not large.

Figure 2 illustrates the answers to further questions on age. The answers to these questions should be treated with caution, however, as they asked somewhat ambiguously about 'younger' and 'older' opticians. Also we have already shown how the age of the patient will very much effect their preference for a practitioner's age. Still, these answers do illustrate how certain qualities are seen by patients to be dependent upon age. Younger opticians are more

often seen to be most helpful in choosing frames, up to date, pleasant and eager to please while most patients feel they can place more trust in older opticians who they feel are more experienced.

Conclusions

It would appear from this survey that most people do not have a preference for the age and sex of their opticians, but that a significant minority do have a preference for males. This minority is smaller than that expressing preference for male doctors and dentists, but it is clear that the preference is still important and strongly held. Women are, however, seen by some to have a role in optics as being best with minorities like males, females and children!

Whether you describe the minority male preference view as 'prejudiced', 'biased', 'uneducated' or 'justified' is a moot point. But we wondered what impact this minority

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Table 4

Percentage of people asked expressing no preference for the age of a practitioner; the average age preferred by the remainder; and the correlation between the preferred age and the patient's own age. Although the differences in average preferred ages are very small the preferred age of the practitioner for 'choosing spectacles' was significantly younger than that of each of the other roles, and the preferred age of the 'doctor' was significantly older than the rest.

Professional role	No preference for age of practitioner	Practitioner's preferred age	Correlation with age of patient
'spectacles adjusted'	69%	36	0.50
'choosing a pair of spectacles' . .	56%	34	0.39
'eyes tested and examined'	58%	36	0.52
'visiting the doctor's'	54%	40	0.29
'visiting the dentist's'	56%	38	0.29

Table 5

Graduates having difficulties with:	Amount of difficulty experienced		
	None	A little	A lot
patients on account of own age	14	18	0
patients on account of own sex	17	15	0
colleagues on account of own age	26	4	2
colleagues on account of own sex	27	4	1

Table 6

Number of recent female graduate ophthalmic opticians reporting difficulties on account of their age or sex with patients or colleagues (N = 32).

Those experiencing difficulties with	Rating of difficulties experienced		
	Unimportant	Not too important	Important
patients on account of own age	9	8	1
patients on account of own sex	6	7	2
colleagues on account of own age	2	2	2
colleagues on account of own sex	1	2	2

group has on ophthalmic opticians themselves. People do sometimes refuse to see female opticians (and vice-versa) but this 'refusal' is not always overt. It is possible that patients' preferences may not in fact have any impact on opticians: it is well known that people's public behaviour does not always reflect their private beliefs.⁵ In an attempt to answer this question we sent round a short questionnaire to female optics graduates from UMIST that we were able to trace and who had graduated in the last few years. We received replies from 32 and the results of this mini-survey are presented in tables 5 and 6.

We asked the graduates whether they had experienced difficulties on account of their

age or sex with patients or ophthalmic colleagues. We also asked them how important they rated these difficulties. It is interesting that they see sex as no more of a problem than age. Note also that just under half of those reporting difficulties considered them important. Perhaps we should take comfort from the fact that there were far fewer reporting difficulties with their ophthalmic colleagues, although for a couple of young opticians these were clearly important.

Our overall conclusion, then, is that true equality for women opticians has not yet arrived and must await the further education of the general public. However, this would not appear to be a major problem for most young women in optics.

We thank everyone who was kind enough to help us with this study.

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