

10 GENDER PROBLEMS OF PATIENTS' HEALTH AND ILLNESS:

- 1. Gender differences in pain sensation.**
- 2. Gender differences in analgesic effect.**
- 3. Gender medicines or gender dose.**
- 4. Male and female psychotherapeutic criteria.**
- 5. Attitude to health and healthy way of life.**
- 6. Life duration as a consequence of the mode of life and health care.**
- 7. Gender illnesses: the biological and social factors.**
- 8. Gender differences in personality of medicine managers.**
- 9. Medicine managers' psychological well-being.**
- 10. Russian doctors' attitude to gender problems of health and illness.**

Table 1

Sex and ethnicity structure of a sample

Sample	Women	Men	Russian	Kazakhs	Total
non-leaders	50	50	50	50	100
emerge leaders	21	12	20	13	33
student leaders	50	50	50	50	100
non-government organizations' leaders	15	15	14	16	30
university' managers	50	50	50	50	100
Total:	186	177	184	179	363

Methods of investigation:

1) of collecting data:

experiment, observation, test, interview, questionnaires; MMPI, TAT-Heckhausen, methods of Lucher, Cattell, Czondy, Gillfird-Salliven, Cattell, Ershov, Liry, macciavellism scala of Chriesty and Geis, Bales-Schneier (leadership style), Rubinstein (success and sexual appeal), Bendas' method of emerge leaders discovery, Bendas' special interview;

2) of mathematic treatment data:

- correlation coefficients (Pearson),
- criteria of distinction: t-Student and non-parameter ones (U-Mann-Witny, G-criteria of signs),
- correlation analysis;
- Factor analysis was used by main components method with further varimax-rotation.

Definition of concept "leadership":

It's a process of strong influence for other people by force or by psychological pressure, as a results of this influence some person (or persons) occupies a central position in a group, has a high status, strongly influences and determines a group opinion and group task deciding and possesses one or more of 6 power kinds (expert, referencing, forced, rewarding, informative, legitimate).

The "*Competitive leadership model*":

- a) a leader' sex (only male!),
- b) age and sexual appeal;
- c) and with high indexes of some personality traits:
 - competitiveness;
 - assertiveness;
 - gender identity;
 - confidence;
 - egocentrism;
 - self-sufficiency;
 - power motivation;
 - achievement motivation;
 - emotional resistance;
 - task success;
 - stereotyped opinion about male and female leadership) and
- d) low indexes of other traits:
 - cooperativeness;
 - communication aspiration;
 - extraversion;
 - affiliation motivation;
 - leadership ability;
 - intellect;
 - socio-emotional success;
 - cooperative surroundings in childhood; happy private life).

"Masculine leadership model":

- a) a man-leader (or masculine woman);
- b) mature age (or older one);
- c) high indexes of some personality traits:
 - competitiveness;
 - ability to be a dominant;
 - aggressiveness;
 - masculinity;
 - sexuality;
 - sexual attractiveness.

"Feminine leadership model":

- a) a woman-leader (or feminine man);
- b) young age;
- c) high indexes of some personality traits:
 - femininity;
 - ability to submission, to be a follower; and
- d) low indexes of the other ones:
 - competitiveness;
 - ability to be dominant;
 - aggressiveness;
 - sexuality.

"Cooperative leadership model":

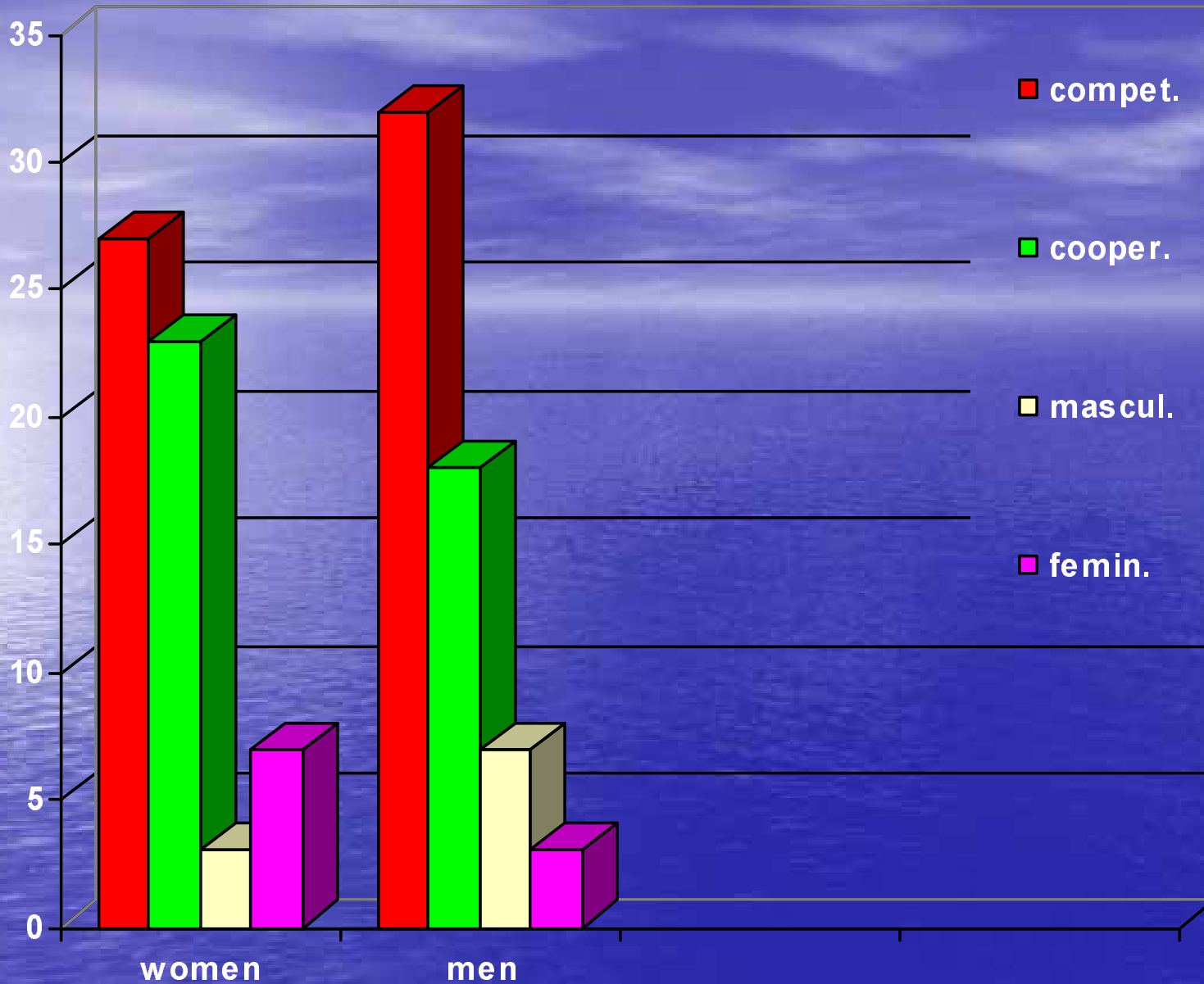
- a) non-importance of leader' sex (a man and a woman can be a leader),
- b) age,
- c) sexual appeal;
- d) high indexes of some personality traits:
 - cooperativeness;
 - communication aspiration;
 - extraversion;
 - affiliation motivation;
 - altruism;
 - leadership ability;
 - intellect (including social one);
 - socio-emotional success;
 - cooperative surroundings in childhood;
 - happy private life;
 - egalitarian opinion about male and female leadership);
- e) low indexes of other ones:
 - confidence;
 - power motivation;
 - achievement motivation;
 - emotional resistance;
 - task success);
- f) non-significance of leader':
 - competitiveness,
 - assertiveness,
 - aggressiveness.

Woman-leader had:

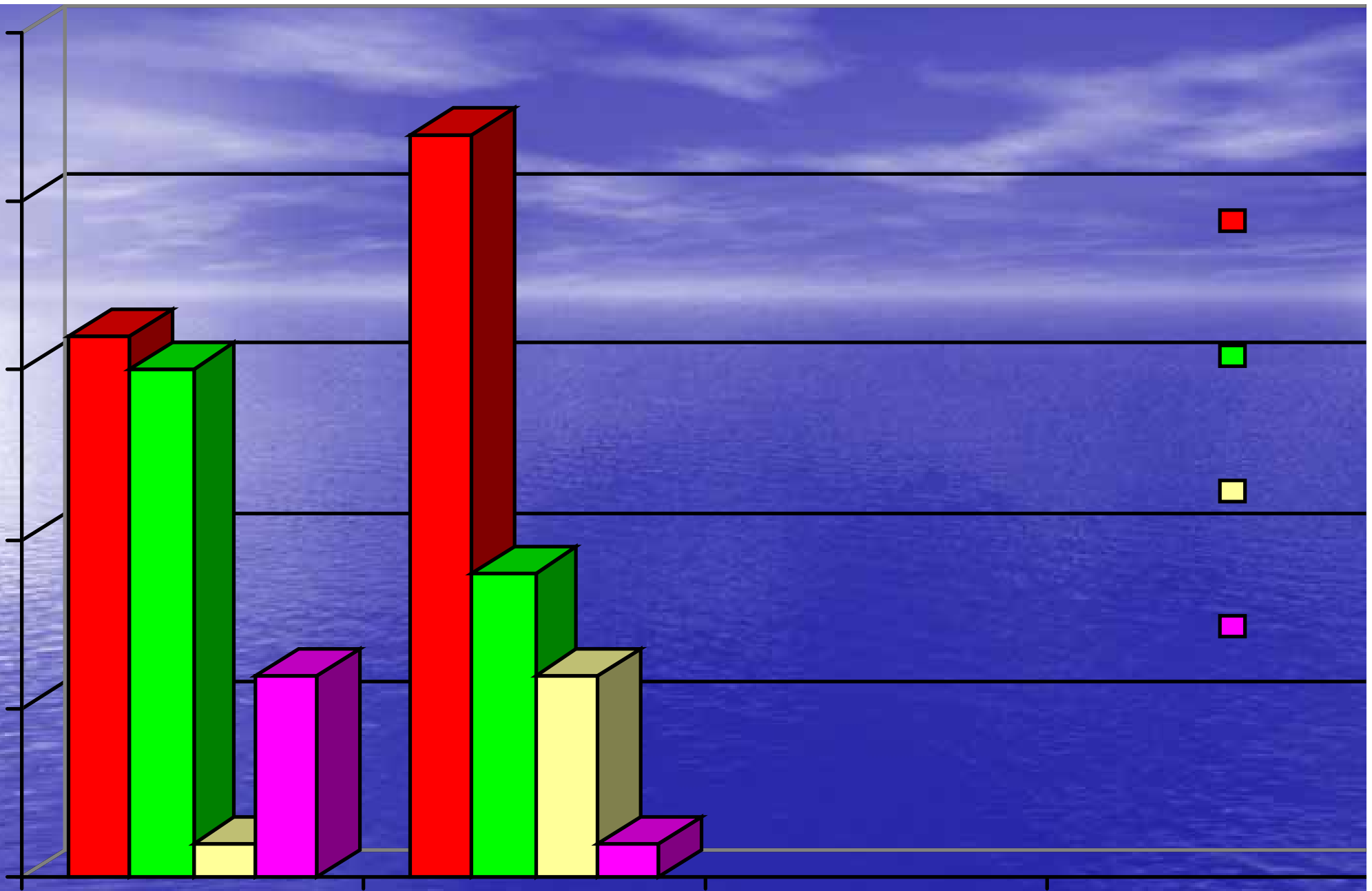
- - femininity;
- - communicative behaviour;
- - emotionality and emotional non-stability;
- - high success (by social-emotional criteria);
- - egalitarian point for female and male leadership;
- - non-well-being of a private life;
- - high sexual activity;
- - qualitative strategy of task making.

Man-leader had:

- - masculinity (but often they had a femininity too);
- - high intellect;
- - dominance;
- - aggressiveness;
- - self-confidence;
- - emotional stability;
- - stereotype (non-egalitarian) point for female and male leadership;
- - well-being of a private life;
- - some indexes of sexual activity;
- - quantitative (quick) strategy of task making.



N 1. Leadership models: men and women



N 2. Behavioural male and female models ("non-leaders")

10 GENDER PROBLEMS OF PATIENTS' HEALTH AND ILLNESS:

- 1. Gender differences in pain sensation.**
- 2. Gender differences in analgesic effect.**
- 3. Gender medicines or gender dose.**
- 4. Male and female psychotherapeutic criteria.**
- 5. Attitude to health and healthy way of life.**
- 6. Life duration as a consequence of the mode of life and health care.**
- 7. Gender illnesses: the biological and social factors.**
- 8. Gender differences in personality of medicine managers.**
- 9. Medicine managers' psychological well-being.**
- 10. Russian doctors' attitude to gender problems of health and illness.**

Results – the following answers :

1) gender differences:

a) women are more sensitive, than men:

- in pain (in accordance with scientific data) – only quarter of women-subjects;

- opposite opinion (non-scientific) – men;

- equal sensitive – a part of women;

b) there are gender medicines (and there is a real necessity in scientific foundation both for illnesses and medicines) – men-subjects; and the same illnesses and medicines for both sexes - women-subjects;

c) female therapy more effective, than the male one – only women-subjects;

d) male and female illnesses are influenced by biological and social factors (women-subjects); and by only firsts factors (men-subjects);

e) both sexes care equally about their health (women-subjects);

f) the reasons of Russian “male super-death-rate” are: impossibility to reduce a psychological tension and a prohibition to cry, to display a pain suffering (women-subjects);

g) in general men-doctors are more professional than women-colleagues (men-subjects); the firsts surpass the seconds in scientific inquireness and development of professional habits, but vice versa in consideration to patients (women-subjects);

h) the women- managers surpass men-colleagues in consideration to subordinates but vice versa in more successful solving of conflict and in requirement to subordinates

(women-subjects); managers’gender differences are absent (men-subjects);

2) coincidence of answers:

- a) about gender differences in pain and female bigger pain endurance (as compared with male one) – the last is Russian stereotype;
- b) about necessity to take into account a phase of menstrual cycle in female therapy;
- c) gender illnesses, only connected with sexual sphere were called;
- d) equal illness`criteria for men and women are applied, but there is a necessity to take into account the scientific ones;
- e) female mode of life is more healthy, than the male one;
- f) the men are careless about their health, than women;
- g) the reasons of Russian "male super-death-rate" are: alcoholism and risk behaviour,
- h) the doctors of both sexes are professionally equal;
- i) the managers of both sexes are equally successful.

The answers of both sexes were as scientific (male answers more often, than female ones) as stereotypic. We can state such phenomenon as "sex patriotism" (if a person promotes the peculiarities of his/her own sex contrary to professional views). And some of the interviewed didn't know anything about gender differences, because "they didn't see such problem in general".





**Thank you very much for your
kind attention!**