



A survey of mentor gender preferences amongst anesthesiology residents at the University of British Columbia

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To the Editor,

Formalized mentorship programs are thought to improve mentee confidence, satisfaction, productivity, and career advancement in academic medicine.^{1,2} Although formal mentorship programs are important, their effectiveness may be limited by a failure to consider resident mentor preferences or to meet resident expectations of mentorship relationships.¹ Other studies have identified concerns from mentees, particularly female mentees, that their personal and professional needs were not being met.^{2,3} A recent report suggested that gender disparities in research, education, and leadership positions may, in part, result from missed mentorship opportunities for females early in their careers.⁴ Indeed, female mentees may prefer to discuss specific issues (e.g., work-life balance, parental leave) with female mentors and benefit from resources

targeted at female participants.³ The mentor preferences of male trainees are less well defined but likely also reflect unique gender-related concerns and needs.

We performed a retrospective audit of the University of British Columbia (UBC) resident mentorship program. As this was part of a quality improvement program audit, it did not require approval from the UBC research ethics board. We examined anesthesiology residents' mentor gender preferences and areas of interest that were recorded during our annual mentee-mentor matching survey for incoming residents between 2016 and 2018. All incoming residents (first or second year) are surveyed about mentor preferences, including gender and career interest, prior to assigning their faculty mentor. Differences in mentor preferences between male and female residents were compared using a Chi-squared test. A $P < 0.05$ was considered significant and data analyses were performed using STATA 12.1 (StataCorp, College Station, TX, USA).

Of the 43 residents who responded to the surveys (88% response rate), 42% (18/43) of respondents were female. Forty-four percent (8/18) of the female residents stated a preference for a female mentor, while 8% (2/25) of male residents preferred a male mentor ($P < 0.001$) (Table). None of the respondents preferred a mentor of the opposite gender. Career interests were similar amongst female and male residents (Table).

The results of our audit showed that female residents expressed a preference for mentor gender more frequently than male trainees, and when a preference was present, both groups preferred same-gender mentorship. In contrast, our study did not identify any gender differences in specific professional areas of interest, suggesting that personal factors were the driving force rather than the mentees' gender. Our results are consistent with our prior survey of Canadian anesthesiology residents, which found that

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Table Mentorship preferences among anesthesiology residents at the University of British Columbia

	Total (n = 43)	Female residents (n = 18)	Male residents (n = 25)
Mentor gender			
Prefer female mentor (n, %)	8 (19)	8 (44)	0 (0)
Prefer male mentor (n, %)	2 (5)	0 (0)	2 (8)
No preference (n, %)	33 (77)	10 (56)	23 (92)
Areas of interest			
Education	32 (74)	15 (83)	17 (68)
Research	19 (44)	5 (28)	14 (56)
Community practice	12 (28)	3 (17)	9 (36)
Academic practice	20 (47)	9 (50)	11 (44)
Critical care*	16 (46)	9 (50)	7 (28)
Business aspects of medicine**	9 (26)	3 (17)	6 (24)

*Missing from eight respondents who were given an earlier version of the survey

**Missing from nine respondents who were given an earlier version of the survey

female residents are more likely to have female mentors, although this study did not distinguish between resident preference or program selection bias.⁵ Mentee preferences during mentor selection is an important component of a successful mentorship program.¹

Our findings are limited by a small sample size. The survey was conducted at a single institution, thus may not be generalizable to all institutions' training programs. In addition, some participants may not have felt comfortable identifying a preferred mentor gender. Finally, we do not know whether matching mentees with a mentor of the preferred gender results in better mentorship relationships.

Overall, we found that female anesthesiology residents had a preference for mentor gender more frequently than their male colleagues. When a preference was present, both females and males preferred same-gender mentors. Based on our results, mentorship programs should consider surveying residents for mentor gender preferences and ideally match mentees to a mentor of the preferred gender. This practice may be particularly important amongst female anesthesiology trainees, who reported a preference more frequently. More research is required into whether

this improves mentorship outcomes, such as satisfaction and academic success for residents.

Conflicts of interest None declared.

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