

Physiotherapist's Sex Preferences Among Patients: Findings from A Cross-Sectional Survey

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Abstract

This cross-sectional study explored patient preferences regarding physiotherapist gender across age groups and sexes to develop a framework for gender-specific physiotherapy. Data were collected through an online questionnaire via Google Forms in June-July 2023 on a university campus. Of 450 questionnaires distributed, 413 were returned and analyzed. Results indicated gender preferences were not significantly associated with age, marital status, or income ($p = 0.56$). However, a notable preference was observed among female patients, with 58.1% favouring female physiotherapists. Male patients showed a balanced preference: 28.4% preferred male physiotherapists, while 23.9% preferred female ones ($p < 0.001$). Educational level significantly influenced gender preferences ($p = 0.022$), with less educated patients preferring female physiotherapists. This research highlights the importance of considering patient preferences in physiotherapy settings to enhance treatment outcomes. Incorporating gender-sensitive methodologies may lead to more effective and personalized physiotherapy care.

Keywords: Physiotherapy, Gender, Patient preferences, India, Healthcare utilization

Introduction

Physiotherapy is a diverse field of study that employs a variety of methods to restore, conserve and enhance body functions. It is also defined by a holistic idea, in which various connections between the physical body, the environment, and the individual experiences are acknowledged. The

profession is dedicated to evidence-based practice, which combines clinical skills with the best evidence and patient values to serve good quality¹. Remarkable progress has been made in the field of physiotherapy, which is a highly sophisticated Allied practice¹. The latest annual membership census in India in 2022 revealed that approximately 80,000 physiotherapists are practicing in the country, with approximately

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70% being female and 30% being male². The impact of physiotherapist sex on patient satisfaction is a complex matter that has been the subject of various studies, some of which have produced conflicting results. While some research indicates that the sex of the physiotherapist may affect patient satisfaction, male patients report higher levels of satisfaction in certain areas of care than female patients³. Nonetheless, previous research has indicated that the satisfaction rates may be higher among female patients especially when these patients are treated by female physiotherapists. This observation indicates that the perceived satisfaction potentially depends on the concordance between gender between patients and providers⁴. It is notable that there is a degree to which the sex of the physiotherapist would make a difference in the satisfaction of the patient and this depends on the context. In Japan, the female patients portray more satisfaction when the physiotherapists are female and the male patient has no definite preferences regarding the sex of their physiotherapists⁵. In the meantime, physiotherapy, an Australian emergency department, the liking of the patients towards the physiotherapy did not rely on the sex of the physiotherapists but rather the quality of the care and interpersonal skills of the physiotherapist⁶. On the other hand, in Australian emergency ward, patient satisfaction on physiotherapy had no direct relationship with the gender of the physiotherapist, only with the quality of the care and the bedside manner of the care provider (physiotherapist)⁷. This study aimed to investigate patient preferences regarding the sex of physiotherapists in various age groups and sexes to establish a framework for practice with sex-specific physiotherapy. Additionally, this study aimed to raise awareness of sex preferences among patients and inspire new considerations for future research.

Method

Survey Design and Location

This cross-sectional study was conducted using Google Forms at our university campus between June and July 2023. Questionnaires on patients' preferences for gender physiotherapy were

distributed using WhatsApp and Gmail to collect data. The questionnaire was carefully designed to prioritize the anonymity of the participants and ensure that their answers were only for research purposes. First, they were interviewed on whether they were willing to take part. The latter questions in the questionnaires became available only when there was a choice of Yes. This method promoted free participation. This study was guided by questionnaire, which was informed by the tool that was already developed by Dagostini et al. It was specifically tailored to examine patient preferences regarding sex. Seven of the 11 items included in this research questionnaire were taken from the study by Dagostini et al⁸. Permission to use this questionnaire was obtained via email, with minor modifications made to adapt it to the specific context of the present research and the Institutional Human Ethics Committee approved this study. (DRC/PT/84/23, dated May 21, 2023).

Population Studied

The study participants were selected through convenience sampling on online platforms. Individuals with experience or knowledge of physical therapy were recruited, although they were not necessarily recipients of these services. To be eligible for the study, the participants met three criteria. First, they were required to be at least 18 years old and capable of comprehending communication. Second, they were required to know about physical therapy and its purpose. Finally, participants were required to provide informed consent by affirmatively responding to the initial section of the questionnaire.

Questionnaire Design

The questionnaire used in this study comprised two sections: demographic details and preference-related information. The demographic section, which consisted of six items, asked for basic participant information such as name, age, sex, marital status, level of education, and monthly income, expressed as the Indian minimum wage per month. In contrast, the preference-related section contained two

items that focused on the participants' preferences regarding physical therapy. The first item asked participants to indicate their gender preference for a physical therapist, whereas the second item asked for explanations of their stated preferences. This structured approach enabled a comprehensive examination of demographic characteristics, thus providing insights into patients' perspectives on physical therapy. Sample size calculation

The sample size was determined using the Raosoft calculator, which is commonly used to calculate sample sizes in studies. The Q questionnaire population was approximately 20,800, with a desired margin of error of 5% and a confidence level of 95%. The recommended sample size was 378 participants. The sample size was sufficient to provide reliable and statistically significant results for examining patients' sex preferences for physical therapy at the selected site.

Statistical Analysis

All statistical analyses were performed using STATA 16 software. Descriptive statistics were calculated for demographic characteristics, including age, sex, marital status, level of education, and monthly income. The preference for the physiotherapist's sex was stratified according to the above characteristics, and a chi-square test was used to compare the differences in responses between the different groups. Sex and marital status categories accounted for less than 5% of the data, and Fisher's exact test was used for statistical assessment. Statistical significance was determined using a threshold of $p \leq 0.05$, and a 95% confidence interval was applied. The questionnaire responses were expressed as frequencies.

Results

Of the 450 distributed questionnaires, 432 were received. Of these, 419 completed the questionnaire. After eliminating errors, 413 complete responses were deemed suitable for the analysis (Figure 1). Comprehensive demographic information of the participants is presented in Table 1. A total of 65.85% were under the age of 25, 22.27% were between the

ages of 25 and 50, and 11.86% were over the age of 50. The sex distribution revealed a predominance of females, which constituted 62.46% of the sample, whereas males comprised 37.53% of the sample. Regarding marital status, 0.7% of the participants were widowed, 28.81% were married, and 70.46% were single. With respect to educational attainment, most participants (53.22%) obtained a degree, whereas a substantial percentage (39.95%) had not completed their graduation. According to the data on monthly income, most of the cohort (64.64%) earned less than 20,000 INR. The preferences of physiotherapists across the different demographic characteristics are shown in Table 2. There were notable variations according to sex, with female participants favouring female physiotherapists 58.1% of the time and male participants displaying a more evenly distributed preference between female (23.9%) and male (28.4%) physiotherapists ($\chi^2 = 98.27$, $p < 0.001$). Age ($\chi^2 = 7.22$, $p = 0.12$), marital status ($\chi^2 = 3.37$, $p = 0.49$), and monthly income ($\chi^2 = 4.81$, $p = 0.56$) did not substantially affect preferences. The preference for female physiotherapists was greater among those with less than a high school education (60%) and a high school degree (70.8%) than among those with incomplete or complete graduation (37%) and 48.4%, respectively ($\chi^2 = 14.28$, $p = 0.022$). However, education level had a significant effect. No statistically significant differences were found in the preference for sex of physiotherapists according to age ($p=0.12$), marital status ($p=0.36$), or monthly income ($p=0.56$) (Table 2). The present study revealed a statistically significant preference for the sex of the physiotherapist ($p < 0.001$) (Table 2). Among the female participants, 58.1% preferred female physiotherapists, and 0.8% preferred male physiotherapists. Among the male participants, 23.9% preferred female physiotherapists and 28.4% preferred male physiotherapists. Similarly, the present study revealed a statistically significant preference for physiotherapy sex according to educational level ($P = 0.022$) (Table 2). Alternatively, 48.4% of complete and 37% of incomplete graduate patients preferred female physiotherapists. Moreover, 70.8% of high school patients and 60% of patients with less than a high school education preferred female physiotherapists.

Table 1. Detailed demographic data of the participants

Variable	Frequency
Age	<25 years of age - 272 (65.85%) 25-50 years of age - 92 (22.27%) >50 years of age - 49 (11.86%)
Gender	Male - 155 (37.53%) Female - 258 (62.46%)
Marital status	Single - 291 (70.46%) Married - 119 (28.81%) Widowed - 3 (0.7%)
Education level	Below high school - 5 (1.21%) High school - 24 (5.81%) Incomplete graduation - 165 (39.95%) Complete degree - 219 (53.02%)
Monthly Income	<20,000 INR - 267 (64.64%) 20,000-40,000 INR - 52 (12.59%) 40,000-60,000 INR - 34 (8.23%) >60,000 INR - 60 (14.52%)

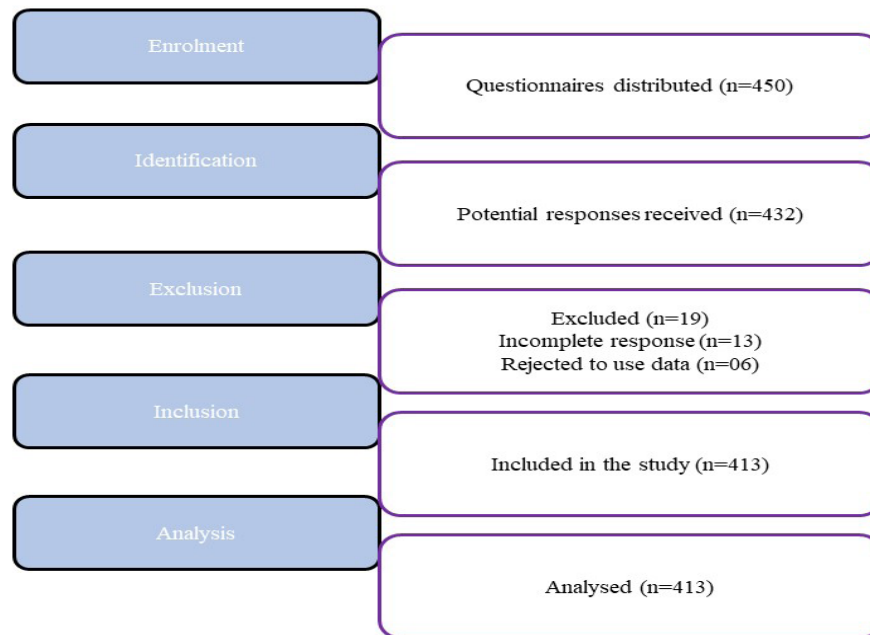
**Figure 1: Flowchart of sampling.**

Table 2. Preference for physiotherapists' sex according to age category, sex, marital status, level of education, and monthly income.

Variables	Participants' preference			χ^2 value/ Fisher's exact test	p value
	Female Physiotherapist	Male physiotherapist	No preference		
Age					
<25 years (n=272)	118 (43.4%)	29 (10.7%)	125 (46%)	7.22	0.12
25-50 years (n=92)	48 (52.2%)	37 (40.2%)	7 (7.6%)		
>50 years (n=49)	21 (42.9%)	10 (20.4%)	18 (36.7%)		
Gender					
Female (n=258)	150 (58.1%)	2 (0.8%)	106 (41.1%)	98.27	<0.001*
Male (n=155)	37 (23.9%)	44 (28.4%)	74 (47.7%)		
Marital status					
Single (n=291)	127 (43.6%)	33 (11.3%)	131 (45%)	3.37	0.49
Married (n=119)	57 (47.9%)	13 (10.9%)	49 (41.2%)		
Widowed (n=3)	3 (100%)	0 (0%)	0 (0%)		
Level of Education					
Below high school (n = 5).	3 (60%)	1 (20%)	1 (20%)	14.28	0.022*
High school (n = 24)	17 (70.8%)	2 (8.3%)	5 (20.8%)		
Incomplete Graduate (n=165)	61 (37%)	17 (10.3%)	87 (52.7%)		
Complete Graduate (n=219)	106 (48.4%)	26 (11.9%)	87 (39.7%)		
Monthly Income					
<20,000 INR (n=267)	119 (44.6%)	29 (10.9%)	119 (44.6%)	4.81	0.56
20,000-40,000 INR (n=52)	26 (50%)	5 (9.6%)	21 (40.4%)		
40,000-60,000 INR (n=34)	19 (55.9%)	2 (5.9%)	13 (38.2%)		
>60,000 INR (n=60)	23 (38.3%)	10 (16.7%)	27 (45%)		

χ^2 value: Chi-square value; *: Fisher's exact test; * statistically significant.

Discussion

We discovered a highly statistically significant inclination towards the preference of physiotherapists based on the patient's sex ($p < 0.001$). A substantial majority of females (58.1%) expressed a clear preference for female physiotherapists, whereas males demonstrated a more diversified preference, with 23.9% females (n=258) and 28.4%

males (n=155). Moreover, we observed noticeable variances in preferences based on educational level ($p = 0.022$). Notably, participants with lower educational attainment (below high school and high school) were more inclined towards female physiotherapists than were those with higher educational achievement (incomplete graduates and complete graduates). Though, no serious difference was detected in the preferences on physiotherapists across the various categories of age groups ($p = 0.12$), the younger participants tended to show

stronger preferences on female physiotherapists (<25 years: 43.4%; 25--50 years: 52.2%; >50 years: 42.9%). More than that, no significant differences in preferences were observed according to marital status ($p=0.49$). Nevertheless, it was found that the stronger preference on female physiotherapists is in the case of single participants (43.6%) compared to married participants (47.9%). It is important to mention that no meaningful difference was observed among preferences according to the monthly income ($p=0.56$). Nonetheless, one seems to observe the tendency of preference to female physiotherapists being higher among the participants with lower income levels.

A recent study indicated that Croatian patients' attitudes towards physiotherapists and self-referrals to physiotherapy were not influenced by sex⁹. On the other hand, (Jahan et al., 2021)¹⁰ reasoned out that sex is also linked to the satisfaction with the physiotherapy services provided in Libya with female and unemployed patients showing a higher satisfaction level¹¹. Nevertheless, this relationship has nothing to do with the attraction to the gender of a physiotherapist but reflects the fact that people are more likely to get satisfaction mainly due to their age, gender, or generation. Interestingly, while these studies have focused on physiotherapy, research in other medical fields within the context of sex preference has shown varying results. For example, Varia et al. (2014) reported that Hispanic women had a stronger gender preference for endoscopists than men, whereas Kamani et al. (2021) reported a significant gender preference among Muslim patients for same-gender endoscopists (Kamani et al., 2021)^{12,13}.

These results indicate that gender preference can be stronger in selected cultural or religious set-ups or the kind of medicine. Recent research findings have been offered on the gender preferences of patients to health care providers and this can possibly be taken as indirect evidence Schneider et al. (2009). It stated that low level of income was a main determinant of sex preference amongst endoscopists¹⁴. Even though it is not specifically connected to physiotherapists, gender preferences

when choosing a care provider may be driven by financial capabilities. Interestingly, although central to gender preference when choosing physiotherapist, the financial status is not directly associated with gender. As pointed out by Öhman and Hagg (1998) gender has been an issue in the profession that depicts the varying attitudes of male and female physiotherapists¹⁴. This may also have an indirect influence on patient preference in case these attitudes are manifested in practices that are received differently by patients depending on their socioeconomic background. Öhman and Hägg (1998) stated that the literature reported gives a legal and delicate perception concerning preferences of male patient concerning sex of caregivers such as physiotherapists¹⁴. When it came to mental health care, it was particularly found that a large percentage of men made no mention of preference with regards to the gender of their therapists. Nevertheless, some of the participants wanted gender orientation with some demographic variables or psychological requirements (Seidler et al., 2022)¹⁵. Likewise, the study in urology also showed that patients who are male consider male doctors, especially, in more invasive procedures, and religious identification is a very good predictor of this preference (Shimonov et al., 2016)¹⁶.

Gender issues in the physiotherapist profession are however visible in the province of Quebec, where, even though representing a minority the male physiotherapist is more engaged into leadership positions (Öhman and Hägg, 1998) or even in the historical study of the emergence of physiotherapy profession (Linker, 2005)^{14,17}. Nevertheless, gender relations in the physiotherapy career can be found in the province of Quebec, where though the male physiotherapists form a minority, they are more engaged in the leadership roles (Gagnon et al. 2022)¹⁸. This implies that patient preference of gender of physiotherapists is not necessarily discussed but gender can be a factor in professional relationships within the field and sex of physiotherapists can determine the issues experienced by patients in one way or another as most studies have displayed in the literature collected. It was identified that female physiotherapists are more confident in

dealing with patients with chronic pain and mood/ anxiety disorder and acknowledged the necessity of training in the detection of affective disorder (Chiesa et al., 2024)¹⁹. Also, the agreement of patient and physiotherapist in pain rating, which is subjected to sex dynamics has been linked to improved short-term patient outcomes in patients with low back pain (Dionne and Perreault, 2006)²⁰.

Moreover, patients would favour physiotherapists according to gender in such a manner that women would favour women practitioners (Lewith et al., 2012). In as much as sex can contribute to the preferences and perceptions of the patients, it does not have a straight correlation to the outcome of treatment and patient satisfaction²¹. To take one more example, patients affected by knee osteoarthritis expressed satisfaction with physiotherapists, irrespective of their sex, during the course of care provided; however, they wanted additional information related to specific education and to management in the long term (Lewith et al., 2012)²¹. In addition, some sex disparities among the physiotherapists, namely discrimination and work stress, may indirectly influence the patient care due to the possibility of developing burnout among young female physiotherapists (Lewith et al., 2012)²¹.

Strengths

This research revealed several notable characteristics, notably, a comprehensive investigation of patient preferences for the sex of physiotherapists across various demographic factors. The methodological approach, involving a meticulously designed survey administered through Google Forms and a substantial sample size in conjunction with statistical analysis via SPSS, enhances the validity and trustworthiness of the study's results. Moreover, this study addressed a glaring gap in the literature regarding patient preferences in healthcare settings, providing invaluable insights that can enrich future inquiries and clinical practice in physiotherapy. These findings are noteworthy and offer new perspectives in the Indian context, as scarce resources are available.

Limitations

This study, however, was limited in a number of ways. Our study was carried out in only one university in the state of Uttar Pradesh in India, which could have restricted the possibility of generalizing our findings to a larger sample or area. The sample was mostly represented by younger people, females, and single individuals, which may have introduced sampling bias and prevented the adequacy of the findings. The study also resorted to convenience sampling techniques including distribution to the study participants through WhatsApp and Gmail among others, which might have led to self-selection bias. Besides, the cross-sectional study method and absence of the longitudinal correlations do not allow arriving at a conclusion about the causality and the possibility to observe the preference shifting as time goes. Last, there is the issue of possible social desirability bias which could have affected the responses given by the participants, especially in matters which are sensitive like gender preferences, hence could have been a contributory factor in determining whether the results could be accurate or not.

Conclusion and Future Prospective

This study investigated the substantial preference of patients regarding the sex of physiotherapists, particularly in India. The results indicated a strong inclination toward female physiotherapists, particularly female patients. This preference appears to be influenced by several demographic factors, including gender and educational level. Although age and marital status demonstrated less pronounced effects on preference, noticeable trends suggested a greater preference for female physiotherapists among younger and single individuals. These findings have important implications for physiotherapy practice and highlight the importance of considering patient preferences to enhance the appropriateness and effectiveness of treatment. Nonetheless, the limitations and weaknesses of the study such as single-site, nature of the sample, and possible biases require the generalization of the research findings. Future studies must be geared towards use of a

wider representation and longitudinal design to further examine the dynamics of the sex preferences of patients to the physiotherapists and its implication in clinical practice.

Taking into consideration the rich diversity of the Indian culture, it is important to educate training modules that lay more focus on the cultural sensitivity of the physiotherapists. In this way, physiotherapists will be able to appreciate and accommodate the cultural beliefs and practices of the patients hence patient centred care and better treatment results. By implementing the use of sex-specific physiotherapy programs which may be adapted to the preferences and needs of both male and female patients, one may enhance the patient satisfaction and interest in the therapy process. By constantly providing physiotherapists with opportunities to learn and practice gender sensitivity and relevant implications on patient care, it would be possible to bring a sense of inclusiveness into a patient-centred healthcare facility, thereby enhancing patient outcomes. Ensuring the comprehensive and holistic care of the patients, particularly those with complex health needs, can be achieved by the implementation of the collaborative care models including the involvement of multidisciplinary teams, such as physiotherapists, doctors, nurses, and social workers to provide this care to the patients. What is more, initiating patient advocacy programs and enable patients to provide their preferences and concerns surrounding the delivery of physiotherapy services can create a culture of patient involvement and mutual decision-making in healthcare delivery, which will enhance patient outcomes.

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