

THE PERPLEXITIES OF A FEMALE MAXILLOFACIAL SURGEON IN UP: AN AVOIDABLE IMPEDIMENT

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ABSTRACT

Like as other surgical fields, maxillofacial surgery also was considered a male-dominated field since long. There are many challenges and many barriers to the maxillofacial profession for female surgeons, particularly the beginners of their career. In the recent times, we are witnessing change in this trend. Dentistry in general and maxillofacial surgery in particular, is seeing a large number of women choosing it as their career option. The reported analysis data revealed that this is not concentrated in developing countries, but it is unexpectedly found in many state of India especially in Uttar Pradesh. This study was conducted in order to understand current work scenario and issues affecting women maxillofacial surgeons in their career as an academician or a private practitioner. Since the study is one of its first in the state, the conclusions are not definite. Further studies in the future are needed to understand various factors affecting position of women maxillofacial surgeons in academics, private practice, and residents and role of gender in career advancement and in pursuing leadership positions.

Keywords: Maxillofacial surgery, Women Career Satisfaction, Leadership positions, professional growth

INTRODUCTION:

In the past few decades, gender gap in dental profession has almost disappeared with more women considering dentistry as a career¹. Nowadays, it is not unusual to see women occupying almost 50% of the dental workforce in many industrialized as well as developing countries². However, practically all dentistry postgraduate specialization programmes do not adhere to this. Male dominance was most obvious in surgical specialties, while women showed a preference for non-surgical specialties like restorative and pediatric dentistry³. Do

women have a lack of physical stamina, not enabling them to withstand the pressures of a surgical residency? Is there an inability to satisfy both the demands of a “happy home” and family and a career in surgery? Or, is it merely a lack of role models in the field of oral and maxillofacial surgery, causing a slow progression away from gender discrimination in this field? Most likely, a variety of reasons existed for this apparent lack of interest by women to specialize in oral and maxillofacial surgery, however the most obvious one was that one

of the crucial elements that influences choosing to pursue a surgical specialty as a career is the absence of interactions with female surgeons as role models during graduate training period. Some other factors observed are the specialty requires a large time commitment and social/family compromise, long work hours, insufficient support from the family/ partners, work-life Balance^{4, 5, 6}.

Globalization, scientific and technological growth, social movements, and education have some influence on how people view women. These developments have made women more independent and confident. Women have proved themselves in every field. Today, women work in every field, including astronomy and the military. In spite of such advancements by women, there is still a gender bias in all walks of life, and medical field is not an exceptional one. The same issues and obstacles that women in other professions face at work, such as being denied opportunities and receiving little encouragement and support, also affect women doctors. Women more discouraged and biased on gender issues causing imbalance in maintenance of pleasant environment at work place. In the society the women's contribution and skill were not recognition despite having skills, talent, commitment, dedication and hard work equal to men. Some problems are

inherent to the respective professions and certain specific problems are unique to the women doctors⁷. In many instances, it was noted simply as an awareness of the problem, but occasionally women reported blatant episodes of harassment. For example if a male oral surgeon has a complication, it is treated as an inevitable event whereas if a female has a complication, it signifies incompetence. Risser and Laskin⁸ performed a study of women who were either practicing OMFS or enrolled in an OMFS residency programme in 1994, the results of which were published in 1996.

This is specifically true for female oral and maxillofacial surgeons in Uttar Pradesh. In Uttar Pradesh where male dominating society still thinks that females are not much confident to perform oral surgical procedures. The present study is the first to be conducted to understand women's perspective toward maxillofacial surgery as a career choice in Uttar Pradesh, especially the level of fulfilment they experience in their employment and whether they perceive room for improvement in their particular setting as comparison to their male counterparts.

MATERIAL AND METHOD:

A survey questionnaire, using Google forms, was sent to 140 participants, out of

which 103 students responded giving a total response rate of 74%.

A list of e-mail addresses of all women oral and maxillofacial surgeons was obtained from various sources and Association of Oral and Maxillofacial Surgeons of India official Web site. A total of 140 female oral and maxillofacial surgeons were sent a request to participate in the online survey by filling up a Google form. A total of 103 responses were received. Responders included private practitioners and academicians. Residents were excluded from the study.

The questionnaire framed required the study participants requested to provide demographic details like age, place of practice, marital status, qualification of spouse, and no. of children. Following professional questions were asked: Reason for choosing maxillofacial surgery as specialization, total years of practice, number of breaks taken and reasons for the same were also inquired.

The study participants were also required to put in the no. of hours into practice, patient flow as compared to their male colleagues, presence of women role models in their career and if they have ever faced discrimination at work or if questions have ever been raised on their working skills. The participant's perspective on whether

they feel that social responsibilities act as a barrier in their career growth and if they feel satisfied with their choice of work as a maxillofacial surgeon were also included.

The survey was started on 1 may, 2023, and questionnaire was send twice, after which the survey was closed in a month.

RESULTS:

Out of 140 maxillofacial surgeons invited to participate, 103 respondents completed the survey giving a response rate of 73%.

Out of the 103 participants 31.06% (n=32) were from Lucknow, 18.44% (n=19) from Kanpur, 11.65% (n=12) from Varanasi, 9.70% (n=10) from Prayagraj, 8.73% (n=9) from Gorakhpur and 20.38% (n=21) from other parts of Uttar Pradesh. The mean age of the study group was 33 years.

67.96% (n=70) of the study participants were married, of which 52.42% (n=54) had children. 93.2% (n=96) took a break from their career due to marriage, child birth or change of spousal workplace. 44.66% (n=46) of the female maxillofacial surgeons were into academics while 39.80% (n=41) had their own private practice. Their reasons for specializing in maxillofacial surgery was interest in the field, passion for the subject, only branch closer to medical field which gave the feel of a doctor and parental wish.

Participants	Total number	Percentage
Region of practice		
Lucknow	32	31.06%
Kanpur	19	18.44%
Varanasi	12	11.65%
Prayagraj	10	9.70%
Gorakhpur	9	8.73%
Others	21	20.38%
Age		
Mean	33	
Maximum	38	
Minimum	28	
Marital Status		
Single	29	28.15%
Married	70	67.96%
Divorced	4	3.88%
Children		
a. No	49	47.57%
b. Yes	54	52.42%
One	38	70.37%
Two	10	18.51%
>Two	6	11.11%
No. of years in academics/practice		
Mean	11	
Maximum	20	
Minimum	2	

The personal and demographic details are mentioned in Table 1

On being asked about the frequency of attending conferences, it was noted that 45.63% (n=47%) had not attended any conference or workshop post their residency.

Majority of women (i.e. 55.3%; n=57) worked for 8-10 hours a day and had been practicing since 11 years on an average. On being asked about the presence of a female role model in their career 84.4% (n=87) replied as no. They either had no one to

guide them or they had a male surgeon as their mentor.

Related to work place discrimination 61.16% (n=63) responded as having faced gender related issues. 76.7% (n=79) reported that their surgical skills have been questioned and they have experienced lack of trust and respect from the patients as compared to their male colleagues.

76.69% (n=79) felt pressured due to dual responsibility of family and work. They felt that fulfilling social responsibilities acted

as a barrier in their career growth. On being inquired 81.55% (n=84) female maxillofacial surgeons responded that their practice was not as regular as their male counterparts due to gender bias, and fulfillment of social responsibilities as a wife and mother leading to them being unable to devote time to work. 79.61% (n=82) of the responders felt unsatisfied with their career choice due to gender bias, long working hours and difficulty in finding a work-life balance.

DISCUSSION:

In last few decades, field of dentistry has seen a huge change in female-to-male ratio, in terms of candidates choosing the profession and society's attitude to the role of women in this area is changing too. In quantitative terms, while the number of male dentists is more than the number of female counterparts, the proportion of women has quickly changed and now in some colleges, the number of female students is more than the male students as well. But in the field of oral and maxillofacial surgery, the situation is completely different especially in Uttar Pradesh (UP), India. In this field the percentage of the women fraternity is still very low and people face female maxillofacial surgeons with disbelief, which still attracts higher male graduate candidates as compared to women, as a

career choice¹. Earlier, women used to reject surgical specialties as their career option⁹. Various studies in the past have attempted to understand the reasons behind this trend, which is detrimental for the growth of the specialty, as being unable to attract young intelligent minds eventually affects overall quality of surgical education, research and practice. One of the key factors affecting choosing a surgical speciality as a career is the absence of interactions with female surgeons during graduate training. Some other factors observed are prolonged training phase, long working hours, insufficient support from the family/ partners, work-life balance and so on^{1,4-6}.

Laskin in his editorial of Journal of Oral and Maxillofacial Surgery 51, 1993, mentioned the glass ceiling of this field⁹. As is well known, women must contend with the "glass ceiling" in all facets of their professional lives, and this poll and other studies have revealed similar findings^{4,9,10,11}.

In addition to family responsibilities and raising children, psychological pressures and non-professional nature is also coming from some people in education and work due to their cultural and social problems, this hinders the social advancement of women, especially when it comes to delicate responsibilities. Indian women

maxfac surgeons especially in U.P. are less satisfied than their Western counterparts, and it has been observed that 79.61% of them are not satisfied with their career in the survey. The bias was mainly in the form of perceived incompetence. Although there has been an increase in the number of females pursuing a career in OMFS since 1994, the field is still male dominated. There is a need for more role models to help correct this gender bias. Female practitioners should consider reaching out to female dental students and young women dentists and encourage them to enter into the specialty. In the near future, OMFS will likely be more challenging for some women and also men to establish a balance between professional and family life.

Authors do see the issue of under-representation of Females in national and international associations in leadership positions as women maxillofacial surgeons are unable to devote their time and efforts required to pursue these positions due to difficulty in maintaining work–life balance. Spousal help (if she is married) at home and family support are other factors which determine her professional success and satisfaction^{4,10}. This study, since it was one of its first, has its own limitations. In future, further studies are needed with women surgeons in order to understand their perceptions of present-day situation.

As per my personal experience of being a female, when I was planning to do post-graduation in oral and maxillofacial surgery, many of my teachers suggested me of not doing specialization in this department because of an old Indian oxymoron of not being able to do surgeries independently as well as to open individual Operation Theatre (OT). There is a social stigma especially in UP, that a female wants to pursue good educational qualifications only to get married to a good job holder male. Unable to go for late night surgeries and not getting allowance to visit several hospitals and clinics for consultancy after marriage also poses a great problem of a female surgeon. Sometimes I realized that i am not getting sufficient number of cases as compare to my male colleague and not able to give long working hours due to motherhood responsibilities. Being a female oral & maxillofacial surgeon there is difficult to maintain work-life balance

The presence of positive woman role model efficiently balancing work–life and enjoying her career at the same time can make young woman dental graduates taking their own career choice decision, also motivating her to opt for maxillofacial surgery as a specialization subject. Hence, our aim was to understand the current social environment for women maxillofacial surgeons' professional growth, in

academics as well as private practice in Uttar Pradesh, India.

CONCLUSION:

The presence of positive woman role model efficiently balancing work–life and enjoying her career at the same time can make young woman dental graduates taking their own career choice decision, also motivating her to opt for maxillofacial

surgery as a specialization subject. This could be not possible due to lack of adequate social and family support and childbearing and family responsibilities totally under women’s province. In modern times, this scenario demands change. Our work and family environments need to evolve to accommodate working women and their needs, especially when women are making up almost 50 % of workforce.

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