

# A Woman Oral and Maxillofacial Surgeon of India: Is She Satisfied with Her Career Choice?

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**Abstract** Just as other surgical fields, maxillofacial surgery also was considered a male-dominated field since long. In the recent past, though, 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, more so in the last decade and a half. This study was conducted in order to understand issues affecting women maxillofacial surgeons in their career as an academician or a private practitioner. We wanted to analyze the factors leading to career satisfaction and estimate the current work scenario for women maxillofacial surgeons. Since the study is one of its first in the country, 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

## Introduction

In the year 1928, Dr. Tabitha Solomon, first Indian woman dentist, graduated from Calcutta Dental College and Hospital [1] and with that dentistry has seen surge in women

pursuing it as their career choice. In the last few decades, specialization of oral and maxillofacial surgery has also witnessed an increase in women candidates choosing it as a viable career option. Several studies/surveys highlighting the scenario of women maxillofacial surgeons in various aspects of their professional life have been conducted worldwide. This study, one of its first in India, was conducted to understand women's perspective toward maxillofacial surgery as a career choice, especially the satisfaction they derive from the work they do, and whether they see potential for growth in their respective environment as compared to their men counterparts. We have also tried to analyze the factors affecting their attitude toward their work, and arrive at current scenario of a woman maxillofacial surgeon and her satisfaction with work life choices [2–4, 6].

## Materials and Methods

A recent list of e-mail addresses of all women oral and maxillofacial surgeons in India was obtained from various sources and Association of Oral and Maxillofacial Surgeons of India official Web site updated until July 2017. A total of 750 potential participants were sent e-mail invitations with a letter of introduction requesting them to participate in the online survey. As the survey's aim was finding the satisfaction of women maxillofacial surgeons with their career choice, 228 responses of women with 5-year and above experience as a private practitioner/academician were considered eligible for the study. Responses of private practitioners and academicians were studied together. Residents/postgraduate responses were excluded from the study.

Responses were collected using the QuestionPro software (QuestionPro INC548 Market, San Francisco, USA).

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The questionnaire was framed based on the cultural setup of India, and inputs were taken from international surveys conducted in the past elsewhere [2, 3, 7]. Participants were requested to provide personal demographic details such as age, place of practice, marital status, spousal qualification, and number of children. The following professional questions were asked: reasons for choosing oral and maxillofacial surgery as subject of specialization, years into practice and type of practice, and whether they had to take any breaks during practice/academics. The participants were also asked about number of hours they put into their practice. The survey inquired about the kind of procedures performed by the respondent, presence of a mentor/women role model in their career, frequency of attending conferences/refresher courses, whether they feel motherhood affects productivity at workplace or incites subconscious gender discrimination, and their perception of success with regard to their career.

The survey was started on September 1, 2017, and questionnaire was iterated twice, after which the survey was closed in a month.

## Results

Out of 750 maxillofacial surgeons invited to participate, 582 respondents completed the survey and 228 responses were found to be eligible for the study, giving us response rate of 30.4%.

The personal and demographic details are mentioned in Table 1.

Out of 196 married participants, 102, i.e., 52%, reported satisfactory support from family and spouse, whereas 29, i.e., 14.7%, participants were extremely unsatisfied with the same. The rest of the respondents held neutral position.

Among the participants with children ( $n = 155$ , 79.08%), a total of 67% took at least 1 year of maternity break, whereas almost 3-year break was reported by 10.3% respondents.

On being asked an open-ended question, reason for choosing oral and maxillofacial surgery as a subject of specialization, the following were some of the significant responses.

- Passionate about subject...feels like a doctor
- Interest in subject more as compared to others.
- Only branch related and similar to medical branch.
- Parental wish
- Challenging field

38.16% ( $n = 87$ ) respondents were purely academicians, 40.63% ( $n = 93$ ) were private practice (group/solo), and 21.05% ( $n = 48$ ) held institutional attachment along with private practice.

**Table 1**

| Participants                          | Total number | Percentage |
|---------------------------------------|--------------|------------|
| Region of practice                    |              |            |
| a. Karnataka                          | 28           | 12.06      |
| b. Andhra Pradesh                     | 22           | 10.34      |
| c. Maharashtra                        | 20           | 9          |
| d. Gujarat                            | 13           | 6          |
| e. Punjab                             | 13           | 6          |
| f. Rest of the country                | 131          | 56.6       |
| Age                                   |              |            |
| a. <i>N</i>                           | 228          |            |
| b. Mean                               | 44           |            |
| c. Minimum                            | 31           |            |
| d. Maximum                            | 57           |            |
| Marital status                        |              |            |
| a. Divorced/separated                 | 10           | 3.44       |
| b. Married                            | 196          | 86         |
| c. Single                             | 22           | 10.34      |
| Type of family structure              |              |            |
| a. Joint                              | 11           | 5.6        |
| b. Nuclear                            | 185          | 94         |
| Children                              |              |            |
| a. No                                 | 41           | 20.68      |
| b. Yes                                | 155          | 79.08      |
| One                                   | 103          | 67.24      |
| Two                                   | 31           | 20.34      |
| > Two                                 | 21           | 32.5       |
| Number of years of practice/academics |              |            |
| a. Min. 5 years                       | 60           |            |
| b. Max. 33 years                      | 4            |            |
| c. Mean 19 years                      |              |            |

Majority of women worked for 6–8 h, i.e., 32.89% ( $n = 75$ ), whereas 27.63% ( $n = 63$ ) women worked more than 8 hours and 39% women worked between 4 and 6 h.

On being questioned about presence of a women role model/mentor in their career, 65.5% ( $n = 149$ ) reported having no women role model/mentor to guide them, whereas 34.5% ( $n = 79$ ) were mentored by a male mentor either a senior surgeon/guide but not a woman.

Fifty-three percent, i.e., 121, women maxfac surgeons, on being surveyed, admitted on attending conferences/CDE programmes on regular annual basis, and the rest of them reported occasionally in 3–4 years.

On being questioned about gender-related issues,

If they feel motherhood incites subconscious gender discrimination at workplace, 41.37% ( $n = 94$ ) replied in affirmative.

When asked, whether in their experience, do they believe that the women have equal opportunities to practice and flourish as a successful oral and maxillofacial surgeon and academicians as their male counterparts, 62.06% ( $n = 142$ ) women answered in YES and the ones who answered NO (86) had reasons such as:

10.34% ( $n = 8$ ) women face gender bias at the time of recruitment.

15.17% ( $n = 14$ ) women are unable to devote long hours as men to their work.

35.96% ( $n = 31$ ) women feel pressured due to dual responsibility of home and work.

26.8% ( $n = 23$ ) women need to take a break from their career for various reasons (maternity, childcare, change in spousal place of work).

11% ( $n = 10$ ) women experienced lack of trust and respect on patients part as compared to their male counterparts.

55.17% ( $n = 125$ ) women feel overall satisfied with their career achievements (financial as well as skills) and 28% of the women will not recommend oral and maxillofacial surgery to other women because of reasons like overall saturation in dentistry, gender bias at work, male-dominated field, long working hours, and difficulty in striking work–life balance.

## Discussion

Laskin in his editorial of *Journal of Oral and Maxillofacial Surgery* 51, 1993, mentioned the glass ceiling of oral and maxillofacial surgery [5]. Women as we know have to face this glass ceiling in every aspect of their professional life and it is not very different in our field, as this survey and the studies in the past have shown [2, 3, 5, 6].

This study was aimed at analyzing some significant aspects relating to women maxillofacial surgeons' professional environment and their overall level of satisfaction with maxillofacial surgery as a career choice. The survey questionnaire was designed, after complete review of past studies done elsewhere in the world [2, 3, 8]; cultural factors specific to this region were incorporated in order to understand her professional position completely. Though culturally ours is a patriarchal society and authors expected women maxfac to be less satisfied than their Western counterparts, we have found that 55.17% women are satisfied with their career choice after, on an average, 5–19 years.

A large number of women have mentioned about their role models and mentors, but there is lack of women role models in their lives which needs to be looked into as this could be an important factor for them shying away from taking up leadership roles in their careers [3, 4].

Authors do see the issue of underrepresentation of women in national and international associations in leadership positions as women maxillofacial surgeons are unable to devote the time and efforts required to pursue these positions, as maintaining work–life balance is difficult. Spousal help (if she is married) at home and family support are other factors which determine her professional success and satisfaction [2, 3]

This study, since it was one of its first, has its limitations. Since practice and academic women maxillofacial surgeons were studied together, this did not give us a clear picture on different work scenarios and challenges these both groups faced. In future, further studies are needed to be done with resident/postgraduate women surgeons in order to understand their perceptions of present-day situation.

The authors aim was to understand the current social environment for women maxillofacial surgeons' professional growth, in academics as well as private practice in India, and study was designed keeping the same, in mind. The findings are corroborative with the international trends.

## Conclusion

On an average, woman maxillofacial surgeon of this country is satisfied with her career choice, yet we also observe the lack of women role models in their lives along with hesitations in taking up leadership roles. This could be attributed to lack of adequate social and family support and childbearing and rearing responsibilities totally under women's purview. 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. Well-recognized and better utilized women workforce can play an instrumental role in bringing a more balanced work environment where compassion and patience are complimentary with aggression and eagerness.

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