

## PROFESSIONAL DILEMMAS OF ORAL AND MAXILLOFACIAL SURGEONS IN A CONSERVATIVE CULTURAL CONTEXT

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### ABSTRACT

**Objective:** To explore professional dilemmas and ethically difficult situations faced by maxillofacial surgeons in conservative society of Pakistan.

**Study Design:** Qualitative narrative analytical study.

**Place and Duration of Study:** December 2015 to May 2016 was carried out including faculty from public, private and Armed Forces Hospitals in Pakistan.

**Material and Methods:** A narrative inquiry approach was used with in-depth interviews of nine maxillofacial surgeons involved in teaching and clinical work in tertiary care hospitals of public, private and armed forces hospitals. The interviews were transcribed verbatim and data cleansing was done. Qualitative narrative analysis of interviews was done manually.

**Results:** Thirty-five different situations were shared by the participants. The dilemmas were categorized according to the roles and identity of participants as clinicians, educator and assessor. The majority of dilemmas were related to clinical role (16) with the descending order in educator (12), multiple roles (4) and assessor (3) related dilemmas.

**Conclusion:** All participants faced dilemma situation in their professional life. They responded to those situations according to their own way not following any specific guidelines. The situations narrated by participants were not very different from those reported by general surgeons, physicians and nurses. The situation related to identity was peculiar to maxillofacial surgeon and might be due to emerging speciality in the region.

**Keywords:** Professional dilemmas, Professionalism, oral and maxillofacial surgeons, maxillofacial surgery.

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### INTRODUCTION

Professionalism is cultural sensitive and contextual<sup>1,2</sup>. Religion, beliefs and cultures have strong effects on professional behaviours. Professionalism can be better taught if related and explained in its local context<sup>3</sup>. Professional dilemmas frequently encountered during professional life leads to deterioration of professionalism and burnout in medical professionals<sup>4-6</sup>. Maxillofacial surgery is one of the major disciplines in dentistry involving provision of indoor and outdoor treatment to the patients. In Pakistan this specialty is still developing; its scope, limitations and boundaries are not yet well defined. It is

professionally more demanding than any other specialty of dentistry as function and aesthetics both are involved in practice of maxillofacial surgery.

Expectations from maxillofacial surgeon by the patients and colleagues are different as compared to dental colleague of other specialties. Owing to the gravity of situations faced, maxillofacial surgeons are more often uncertain about the right actions to take in the better interest of patients and society<sup>7</sup>. I think the expectations of society and colleagues from maxillofacial surgeons were very limited in earlier days due to limited role of maxillofacial surgeons in health care delivery system of society.

The rationale of study was, that very little work had been done on this subject in maxillofacial surgeon's community worldwide. Today

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Received: 31 Jan 2018; revised received: 28 May 2018; accepted: 30 May 2018

maxillo-facial surgeons are prone varied and complex professional dilemmas in their clinical practice as compared to past, due to growth of scientific knowledge, access to knowledge, changes in financial and organizational arrangements due to involvement of private sector in health care delivery system<sup>8</sup>.

Dilemmas provide base for formulation of vignettes on professionalism<sup>9</sup>. It has been proved beneficial but again issue of generalizability aroused due to contextual nature of professional behaviour. Reflection on responses to ethical dilemmas also helps to understand the factors contributing to behaviour of individual in situations of professional dilemma.

## MATERIAL AND METHODS

This qualitative narrative analytical study of six months' duration was carried out after ethical approval from The University Ethics Committee, to explore the dilemmas in practice of oral maxillofacial surgery in conservative society of Pakistan. Oral Maxillofacial surgeons were interviewed from all provinces including male and female surgeons. Purposive sampling technique was used to get maximum required information covering all possible aspects of interview questions. Interviews of nine maxillofacial surgeons who fulfilled inclusion criteria were enrolled in the study. Maxillofacial surgeons working in public, private sector and Armed Forces were included in the study. Further the inclusion criteria was, teaching to under-graduate and postgraduate for at least three years, and having medical education qualification of MHPE or CHPE as pre-requisite to get more useful information.

Structured open ended interview format was sent to all volunteer participants along with two sample dilemma scenarios two weeks before recording of interview. Data was collected from nine maxillofacial surgeons from all provinces of Pakistan through recorded telephone calls and recorded personal interview of accessible doctors. There was no restriction of language to remove the language barrier. Probes and prompts as

included in interview format were used to extract maximum desirable information. The interviews were transcribed into English text through transcribers.

The data was analysed by combination of thematic and interactional analysis as both story teller and listener jointly participated in conversation at some occasions. After familiarising with the data the initial list of main focus of each story in every interview was prepared. The codes list was sorted into themes according to the roles of participants in health care delivery system. Frequency and percentage of dilemmas in relation to doctor's roles was calculated in excel 2010.

## RESULTS

The different codes were analysed and combined according to the roles of doctor to form overarching themes. The themes were reviewed

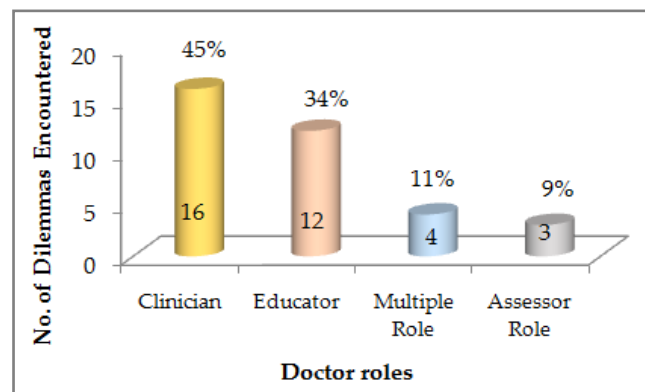


Figure-1: Frequency (% age) of dilemmas in relation to the roles of Doctor.

and compared with original data to avoid overlapping of themes. The outlying themes were placed under multiple role of doctor (fig-1). Our participants were involved in teaching, assessment, clinical work and hospital management. The participants mentioned 35 professional dilemmas that were segregated into roles as educator, assessor and clinician. Some participants shared dilemmas that were placed under multiple roles (fig-2).

The maximum numbers (16) of professional dilemmas were related to professional duty as clinicians. Out of these 16 dilemmas, ten were

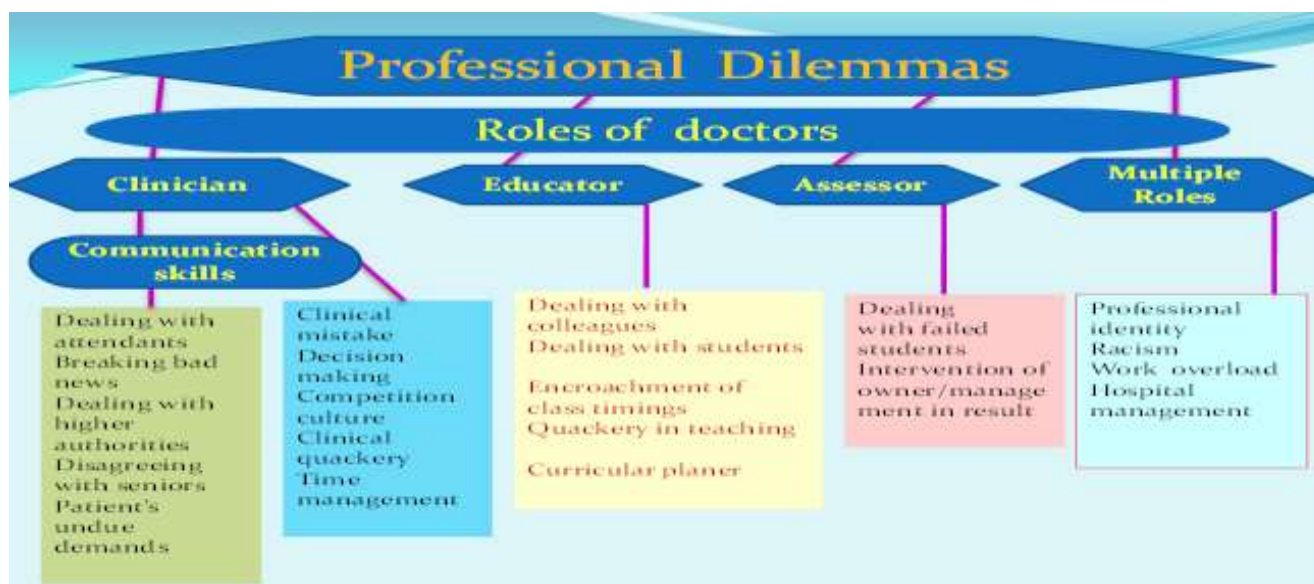
related to communication skills. Difficult situation in relation to dealing with attendants of patients was mentioned by maximum participants followed by breaking bad news and dealing with higher authorities. Some representative quotes along with frequency from individual's interviews are presented in tabulated form (table).

## DISCUSSION

In this study, real life problems in professional life faced by maxillofacial surgeons

assessor role. Previous study from the UK noted that 10% of their participants did not experience any dilemma<sup>14</sup>. This difference is due to level of clinical experience and may be due to difference in level of sensitivity to dilemma.

The major chunk of scenarios documented in the present study is related to clinician role of maxillofacial surgeon<sup>15,16</sup>. The reason for this high percentage of clinical dilemmas is that maximum numbers of maxillofacial surgeons are trained as clinician, as they have the qualification of FCPS in Pakistan which is a clinical degree. All



**Figure-2: Distribution of professional dilemmas and ethically difficult situations according to different roles of doctor.**

in religious conservative socio cultural society of Pakistan had been explored. The professional dilemmas are associated to the changing roles in the dynamic healthcare system<sup>10,11</sup>. Vignettes can be developed from these real life stories for teaching professionalism and remedial measures can also be proposed<sup>12</sup>.

The scenarios were segregated further according to the roles of our participants in accordance with document of Scottish doctor<sup>13</sup>. In our study 45% of dilemmas or difficult situations were related to clinician role, 34% were related to educator role, 11% were placed under multiple roles of participants and 9% were related to

maxillofacial surgeons are actively involved in clinical practice and teaching undergraduate and postgraduate students. These results are supported by previous study that found 64% students noted lapses in professionalism during their clinical training and clerkship<sup>17</sup>.

Sixteen clinically related dilemmas are documented in which ten situations were developed due to lapses in communication skills of doctor like dealing with patient's attendants, breaking bad news, dealing with higher authorities, disagreeing with clinical decision of very senior colleague, dealing with patients' undue demands and dealing with protocol patients. A study on

surgeons' experience of ethical dilemmas, had five subthemes five were related to communication skills such as; respecting patients, meeting patient's expectations, differences of opinion with superior colleagues, colleagues from other departments and dealing with incompetent colleagues<sup>18</sup>. Further, the dilemmas or ethically

**Table: Representative quotes from interviews along with frequencies.**

<b>Theme I: Distribution of dilemmas under clinician role in descending order</b>			
S. No.	Dilemma/ Difficult situation	Frequency	Quote from Interview
1	Dealing with patient's attendants	3	It is the duty of clinician to treat every patient with respect and dignity. Child of 4 years from a land lord family from interior Sind had tooth extraction under GA. There were lot of family members there. The attendants were very apprehensive from very beginning and they created mess in the hospital
2	Breaking bad news	2	One thing which troubles me is maybe I did not tell the whole truth to the relatives of patient, maybe I kept quiet on few things, for the fact that those things could not bring the person back. Be honest to the patient I broke the bad news while coming down stair, he was about to fall down on stairs
<b>Theme II: Distribution of dilemmas under educator role</b>			
S. No.	Dilemma/ Difficult situation	Frequency	Quote from Interview
1	Dealing with colleagues	4	Yes I signed blank leave form of my subordinate in a good faith. I trusted him in good faith but he breached the trust Recently my junior asked my trainees to work with him on private patient without my permission 9 AM to 3 PM One of our team member I think either he himself or the student made him say that students passed in his segment but rest of the examiners failed them
2	Dealing with students	4	In parent- teacher meeting students ,parents and even quite few teachers actually came with a same thing that there are alot of tests, there is monthly test, and there is first term test, second term so and so. Occasionally we do get conflict between the students as well. There is deterioration in attitude of students; there is no issue of knowledge now days and teachers are also not having those values and attire which can attract students as role model for them.
<b>Theme III: Distribution of dilemmas under assessor role in descending order</b>			
S. No.	Dilemma/ Difficult situation	Frequency	Quote from Interview
1	Dealing with failed students	2	Just today couple of students who failed in their supply examination came to us and there was a small dilemma of ownership of their result. There were two students who got annual(lost one year). Their parents came to us and said that he is Hafiz-e- Quran so you need to pass them.
2	Intervention of owners/ management in result	1	One thing I saw was the intervention of one of the owners in the academic results and again it took 20 seconds in addressing the owner of private college.
<b>Theme IV: Distribution of dilemmas under multiple role in descending order</b>			
S. No.	Dilemma/ Difficult situation	Frequency	Quote from Interview
1	Professional identity	1	We are dentists to our medical colleagues and are medical specialists to our dental colleagues. The thing is like neither fish nor fowl. Our dentist friends feel inferior to us but medical colleagues treat us as dentists. This is one of the biggest dilemmas
2	Work overload	1	This all happened because of workload. We are having a lot of patients in public sector. Workload is a problem in public sector

difficult situations related to communication skills are higher in the present study comparing to a research carried out in surgeons from a

European country<sup>19</sup>. The difference can be due to training of the doctors in dealing with professionally difficult situations.

Another study in medical students found arrogance as the most common lapse noted with higher percentage (55%) in teaching faculty and physicians followed by breach of confidentiality (51%) in teaching staff<sup>17</sup>. This has not been mentioned in the present study because here it is the live experience of faculty and consultants. It may reveal in my participants also if observation is made by students of clerkship. One of the study from Africa pointed out another ethical dilemma faced by dentists providing dental treatment in area of high prevalence of AIDS<sup>20</sup>.

Twelve dilemma narrated by participants are placed under their role as educator whereas some dilemmas were associated with the multiple roles such as professional identity, workload and issues with hospital administration. The literature cautions about the difference in dedication and overwork which, if not appropriately dealt, can have adverse effects on profession, patient care, mental and physical health of professionals<sup>21</sup>. The multiple roles leading to burnout is mentioned as one of the reasons leading a doctor into a professional dilemma situation<sup>22</sup>. High patient volume is one of the major contributory factors leading to burnout. Its combination with organizational injustice and uncomfortable occupational climate further enhances stress<sup>23</sup>. One of the participants narrated daily problems of hospital management such as managing OPD, confronting strike by house officers, handling power break down, maintenance of cleanliness of OPDs, and instruments sterilization. The limitation of present study was that we could not extend this study to the quantitative part to further explore this topic in detail. Moreover, the sample size was small due to the qualitative nature of the study.

## CONCLUSION

All of the participants had experienced some dilemma situation in their professional career. Maxillofacial surgeons are dealing with these situations according to their own wisdom with-

out any standard guidelines designed for Pakistan. This study can prompt further research in exploring more deep rooted dilemmas in other specialities. Further, vignettes can be formulated based on these scenarios for teaching professionalism and standardised guidelines can be made to follow in these dilemma situations in our socio cultural context.

## RECOMMENDATIONS

Workshops of communication skills should be arranged frequently in every level.

Guidelines to deal dilemma situation should be formulated after getting consensus of experts.

Further studies should be carried out to probe and quantify more dilemmas.

## Author Contributors

The study was part of Mohammad Nazir Khan Masters in Health Professions Education (MHPE). Dr Usman Mahboob supervised the dissertation. All authors were involved in every part of the analysis, idea's development, and write-up of this paper.

## Ethics Approval

Advanced Study Research Board (ASRB) of Riphah International University Islamabad approved the study. An informed consent was taken prior to the start of interviews.

## ACKNOWLEDGEMENT

We acknowledge the study participants who took time out for this study and shared their views.

## CONFLICT OF INTEREST

This study has no conflict of interest to be declared by any author.

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