

View Point

Hurdles Faced at Remote Tertiary Care Hospital as a Female Plastic Surgeon

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Abstract |

Objective: The purpose of this essay is to highlight the hurdle faced by the author as a female plastic surgeon working at a tertiary care centre in a rural area of Pakistan. Furthermore, the article aims to raise awareness, educate professional peers and administrative authorities to identify and resolve these issues.

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Introduction

Plastic surgery is a diverse specialty that is difficult to summarize because its scope is not limited to patient age, gender, organ system, or pathology. It is a common misconception that plastic surgery is merely a way to mimic the exaggerated looks of physical traits. It couldn't be further from the truth. Plastic surgery provides a way to repair the physical damage caused by illness and injury. Aside from that, it serves to correct their insecurities and even restore the function or wholeness of several body parts. Furthermore, Plastic surgery also plays a significant role in boosting patients' self-esteem and enhancing their quality of life. For these reasons, plastic surgery is a vital field of medicine.¹

The ability to offer immediate care after recognizing a need is referred to as the timeliness of care. Timely care yields better health results in any specialty and the same applies to plastic surgery. According to recent research,^{2,3} the limited availability of plastic surgeons in the far-flung areas of the USA results in suboptimal care, increasing the burden of disease. One of the most worrying issues in global health is access to necessary surgery. The poorest one-third of the world's population has 3.5% of the world's surgical procedures,⁴ with five billion people lacking access to safe surgery.⁵

In Pakistan, there is a huge disproportion of skilled health care workers, especially surgeons, and to be more specific plastic surgeons among rural and urban areas with saturation seen in urban areas and a scarcity of surgeons and physicians in rural areas.⁶ This disproportion is even more evident when it comes to female plastic surgeons in the rural medical workforce, where female doctors have always been outnumbered by their male counterparts.

Despite increasing female inclination and enrollment in medical colleges and excelling academically and professionally the proportion of females desiring to join surgery is still scarce. According to a recent analysis, there are an estimated 1112727 specialist surgeons around the world with less than one-third being female.^{7,8} One of the main reasons why females avoid surgical sub-specialties purposefully is because of the discrimination they endure during medical school and training. The small number of females who choose to pursue plastic surgery despite all this reported facing challenges like gender inequality at the workplace, sexual harassment, work-life imbalance, less salary and funding benefits etc.⁽⁹⁻¹¹⁾

Pakistan has only a handful of female plastic surgeons, and most of them are from urban areas. This mismatch makes them reluctant to work in rural areas because

of no understanding of rural life predicaments. Plastic surgeons are rare specialists at rural centers, and due to this prevailing frame of mind, female plastic surgeons are considered extinct.

The author is a female plastic surgeon who has recently been assigned to a rural hospital. The hospital is near Tando Muhammad Khan in the Hyderabad division's rural area. Tando Muhammad Khan is a town with a population of 677,228 people in 2017. It is one of 200 cities in Pakistan and ranks 93rd in terms of population. The rural population (79 percent) makes up the majority of the population in this district. The bulk of the population is impoverished, having a low socioeconomic standing and a low literacy rate.^{12,13}

The author penned down all the hurdles faced during the first six months of rural posting as a plastic surgeon and being a female. These issues need to be recognized, addressed and require solutions, to increase the influx of females toward plastic surgery specialty in rural areas.

Administrative

The administration department is considered the backbone of any organization. They serve as a link between the various divisions of the organization to ensure that everything runs smoothly. Hence, if an organization's management is ineffective, it will not run professionally or smoothly. According to the author, the administration in the rural is not as supportive as it should be. The management is inefficient in managing staff and budgets, resulting in a schism between medical and non-medical departments. Aside from that, the institute does not hold regular academic sessions for staff training to keep them up to date on medical advancement. This mismanagement and negligence create an environment of uncertainty where employees have no confidence in the administration. Each individual appears to be functioning freely within the hospital, seemingly disregarding norms and policies, which ultimately impact the quality of patient care delivered.

Gender Discrimination

Gender discrimination against women in the workplace isn't a new thing. Women across the globe face these issues on daily basis irrespective of their designation¹⁴ and profession. The author believes that competent female plastic surgeons in rural areas are paid less compensation and offered a lower designation as compared to their male counterparts having the same

designation, experience, and qualification. According to the author, the main reason for this discrimination is stereotypes, workplace culture and social expectations from a specific gender.

Moreover, there is a general lack of acceptance for working women in rural areas, owing to a trend of females either staying at home or not completing secondary school.¹⁴⁻¹⁶

Poor referral system

A strong referral system is a vital part of the overall patient experience. Moreover, it allows health care providers to exchange information with each other, and proper referral is crucial for continuing the patients' care.

However, in the rural area, despite an extensive network of over 5000 basic health units in Pakistan, which are backed by higher-level facilities, there have been no improvements in the quality of healthcare noticed. The author observed that part of the problem could be due to a malfunctioning inter-hospital referral mechanism. The author found that the trend of in-house referrals is lacking. Healthcare providers are reluctant to refer the patient further despite having the specialist in their surroundings and range. The lack of knowledge regarding their health among the illiterate rural people and healthcare providers being reluctant and resistant to refer them to proper specialists results in the poor outcomes of patients' health. It eventually increases morbidity and mortality and decreases overall the quality of health in rural areas.

Primary health care activities have not brought about expected improvements in health status, especially of rural population groups.¹⁷ During her time working in a rural hospital, the author witnessed a case in which a young woman with extreme breast enlargement was operated on by a surgeon who had little to no experience with breast reduction procedures, resulting in mastectomies. Facial lesions being removed by neurosurgeons, hand trauma is being treated by OR techs without clinical examination and exploring wounds for damage and repair are a few of the other incidences. Hence, increasing the disease burden in an already overloaded society.

Lack of Resources

Another problem that the writer experienced and found to be a hurdle working as a plastic surgeon in a rural area is the unavailability of resources. The delay in the

availability of instrumentation was a recurrent source of disorganization at the rural facility where the author was working. Plastic surgery deals with a wide range of tissues, from the skin to the bones. Each type of tissue has its own set of needs. The demand for suture materials can be different depending on the kind of tissue, such as 8/0, 9/0, or 10/0 proline for nerves and vessels, 5/0, 6/0, or 7/0 face skin or eyelid restoration, and so on. The proper and steady supply of resources requires a complex process and close collaboration between the administration and the operating room staff. The author identifies a significant gap between the supply and demand that need to be filled to produce and sustain a continual supply of resources for operating plastic surgeons.

Unawareness

People nowadays are more health-conscious and cognizant of their own well-being. Despite the tremendous acceptance of various fields of medicine and people's perception about their health, there seems to be limited knowledge among the general public and also among medical professionals regarding the spectrum of plastic surgery. Plastic surgery is poorly understood not only by the general public but also by some medical experts as well. Even in this day and age of enlightenment, many people still confuse plastic surgery with cosmetic surgery⁽¹⁾. People are suffering in silence with treatable morbidities such as finger and hand contractures and chronic wounds, or they are contacting other specialists without realising that a plastic surgeon is the best option for them. The author personally visited all departments of the hospital to educate colleagues and paramedics, and distributed pamphlets in local languages in marketplaces, mosques, and schools to raise awareness about plastic surgery.

The author also considers the general lack of awareness in patients, and referring physicians are also accountable for referring plastic surgery patients without identifying root causes that eventually increases the burden on the urban hospital. Moreover, it deprived patients of the necessary first aid measures that could potentially decrease mortality or morbidity.

Cost of Healthcare

Feudalism is rampant in Pakistan's rural areas, where the majority of people are illiterate and unemployed. Many lack basic necessities such as food and shelter

and COVID was the final nail in the coffin. In the circumstance where people are struggling to make ends meet, health often gets neglected. With no steady income, no health insurance and welfare people are reluctant toward their wellness and health and frequently leave things be rather than seeking solution. To address the current scenario, Pakistan's government issued a "Sehat Insaaf Card" and a "Prime Minister Health Card" two years ago, but it is too soon to determine their impact.

Marketing

People nowadays acquire information from a variety of sources, so if you want to be recognized, you need to be visible practically everywhere. Marketing is a tool to not only spread awareness but also to keep the conversation going. Considering current unawareness regarding the plastic surgery domain the author believes that well-thought out marketing strategies are immediately required to attract patients and increase consciousness about this genre. The author, at a personal level, tried to spread the word by communicating and conducting various camps. However, the needs are considerably greater, necessitating aggressive marketing aimed at the general public. Their perception of plastic surgery is such a way that they will consult plastic surgery for their complex health issues.

Discussion

Plastic surgeons are needed in rural areas because of their wide scope of surgical skills. It is a problem-solving field and it helps to decrease disease burden on society by treating congenital and traumatic deformities. Moreover, they can reconstruct lost body parts after cancer, and enhance anatomies. A plastic surgeon is a much needed specialist in such areas along with other surgical specialties. It is not a super-specialty, nor it requires expensive medical equipment to start with.

Supportive administration and an unbiased workspace that allows a female to work freely is the demand of time.⁹ It is an advantage to have female surgeons treat female patients (majority of the population is female 51.6%)^{12,13} under local and religious constraints and not letting them simmer in deformities, suffering and deaths. The majority of reconstructive procedures can be performed safely in good or light under loupe magnification. Although it does require a team for postoperative care and rehabilitation, which is also doable in a rural setting by inducting manpower

and providing training in respective departments. Naomi Parker has concluded in a recent study that geography, socioeconomic status, and literacy levels are related and have cyclic nature.¹⁸ Increasing reconstructive plastic surgery education at all levels, including undergraduates, primary care professionals, and legislators, could assist in reducing disease burden and improving the lives of many people, corroborating the idea of Naomi Parker. Rural communities must evolve to appropriately accommodate a future in which women play a key role. Female surgeons aspire to bring about a paradigm shift in surgical practise that will benefit all of our associates, collaborators, and patients.

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