

## **Perception of Oral and Maxillofacial Surgery in a University Community**

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### **ABSTRACT**

**Background:** Oral and maxillofacial surgery is a specialty that is expanding its frontiers of surgical anatomic definition. There has been no study in Nigeria to ascertain the level of knowledge of the specialty by the public.

**Materials and Methods:** The population of the University of Benin Community is about 47,000 inhabitants. Students form the bulk of the population. A questionnaire was designed to assess the knowledge of the community of the specialties of Oral and Maxillofacial Surgery, Ear, Nose and Throat (ENT), and plastic Surgery. They were asked some questions on their choice of surgeon to treat them if they or a member of their families had an identified surgical problem. They were asked whether the title of OMFS was suitable and its relevance in a developing country.

**Results:** Two hundred copies of the questionnaire were collected which represented 80% of the sample. There were 48% males and 52% females with an age range of 16 to 45 years. Less than half (43.5%) of the respondents have heard of OMFS, 55% and 87.5% have heard of the ENT and Plastic Surgeon respectively. Eighty nine percent of respondents think the specialty is relevant in a developing country and 40.5% thought the name should not be changed.

**Conclusion:** The results show a general lack of awareness of OMFS.

**KEYWORDS:** *Perception, Oral, Maxillofacial Surgery*

### **Introduction**

Oral and Maxillofacial Surgery is a specialty that developed during the world wars and the term "Maxillofacial"

is a word which was used to describe specialist units in both wars and had been a part of the medical vocabulary in Eastern, Central and Southern Europe for a generation.<sup>1</sup> As the specialty

developed it became its responsibility to manage complex oral and facial problems in a well defined anatomical region.

Thus, the complex anatomical area where the Oral and Maxillofacial Surgeon (O.M.F.S) works now necessitates a thorough surgical training to enable him practise successfully. The introduction of double degree and dual qualification therefore gave confidence to the OMFS in his expansion of his frontiers of surgical anatomic definition. As the expansion is going on, the specialty remains largely unknown.<sup>2,3</sup> No specialty thrives by the mere acquisition of degrees rather, what makes it survive in the market place is its wide range of services it can offer its patients. There are those who believe that the cumbersome name of the specialty,<sup>3</sup> makes it unattractive prospect for the world of marketing.<sup>4</sup>

In Nigeria, the specialty is still young compared to Europe and America. There appears to be no efforts being made to develop or promote its activities to enhance referral from the wider community. The aim of this study is to assess the knowledge of the specialty of Oral and Maxillofacial Surgery in a University Community and compare this knowledge with their knowledge of related specialities of ear, nose and throat (ENT) and plastic surgery.

## Materials and Methods

The University of Benin Community is served by a teaching and a central hospital where the bulk of the specialists doctors in the city are found. The population of the community is

about 47, 000 in a town of about 800,000 inhabitants.<sup>5</sup> The population comprises of students who were not classified, teachers, traders, businessmen, engineers, architects, nurses, clergies, lecturers, unemployed. However, for the purpose of this study, administrators, secretaries, typists, cleaners and clerks were classified as civil servants. All participants were randomly selected by simple random sampling. At the time of this study, there were two consultant ENT Surgeons, no Plastic Surgeon and four consultants Oral and Maxillofacial Surgeons in the city.

### **Pretesting the questionnaire**

A pretesting of the questionnaire was carried out on 30 randomly selected study population. This was essential to determine availability of the respondents, suitability of the questionnaire and willingness of the respondents to answer questions. However, the responses were such that it was not necessary to revise the questionnaire and these responses were included in the main study.

### **The questionnaire**

The questionnaire utilized both open and close ended questions to seek information from the University of Benin Community in Benin City, Nigeria, on their awareness of the specialty of Oral and Maxillofacial Surgery. The questions were designed to assess their knowledge of the job of an Oral and Maxillofacial Surgeon as compared to an ENT and Plastic Surgeon. Information was also sought on who they would like to treat them if they had "a cut on the face" a "child with cleft lip or palate" "a lump in the mouth", "they were unhappy with

facial appearance", "a lump in the neck" and "TMJ problem". Respondents were also asked about the title "Oral and Maxillofacial Surgery" and whether this title was suitable or not. If the title was suitable, they were asked to give reasons. If it was not suitable, they were presented with alternative titles from which they were asked to choose the most suitable title. Finally, respondents were asked whether they think Oral and Maxillofacial Surgery is relevant in a developing country. The age, gender and occupation of respondents were noted. A total of 250 copies of the designed questionnaire were then distributed in University of Benin Community, from October, 1998 to February 1999. The questionnaires were either filled on the spot or the respondent gave an address for the collection of the questionnaires.

## Results

Of the 250 questionnaires distributed, 200 were collected and this represented a response rate of 80 percent. There were 96 (48 %) males and 104 (52 %) females with an ages range of 16 to 45 years. The occupations of the respondents ranged from student 130 (65%) to unemployed 3 (1.5%). These are presented in table 1. Less than half of the respondents questioned 87 (43.5%) have heard of an OMFS while the others have neither heard of the specialty nor the surgeon. Similarly, only 32 (16 %) respondents have ever been treated by an Oral and Maxillofacial Surgeon. When similar questions were presented to them about

an ENT and a plastic surgeon, it was found that more than one half of them (55 %) and four-fifth(175 (87.5%) have heard of the ENT or Plastic Surgeon respectively. Even though the level of awareness of these specialities was high, only 25 (12.5%) and 9 (4.5 %) respondents have been treated by any of them respectively. These results are presented in table 2.

Figures 1-3 compare respondents' knowledge of the scope of practice of the three specialties. Examination of these figures reveals a broad knowledge of the work load of the three specialties. However, more respondents have a better comprehension of the clinical areas of activity of the ENT and the Plastic Surgeons than the Oral and Maxillofacial Surgeon. Furthermore, this incomprehension is demonstrated in table 3 where choice of surgeon for specific treatments are indicated. Although an appreciable number of respondents (178 (89 %) think Oral and Maxillofacial Surgery is relevant in a developing country, the name appealed to 81 (40.5%) respondents while 74 (37%) respondents thought it should be changed. Of those who thought it should be changed, 44(59.5%) would prefer the title of 'Oral and Facial Surgery' for easy comprehension. Eighty one (40.4%) respondents felt the name should not be changed. Of these, 67 (82.7%) respondents felt it was "adequate in describing the scope of the specialty" but that public enlightenment to educate the non-medical personnel was necessary.

Table 1: Respondents' Occupation

Occupation	No. (%)
Student	130 (65.0)
Civil Servant	28 (14.0)
Teacher	12 (6.0)
Trader	12 (6.0)
Businessman	7 (1.0)
Engineer	2 (0.5)
Architect	1 (0.5)
Nurse	1 (0.5)
Clergy	1 (0.5)
Lecturer	3 (1.5)
Unemployed	3 (1.5)
<b>Total</b>	<b>200 (100)</b>

Figure 1: University Communities' Perception of OMFS's Work

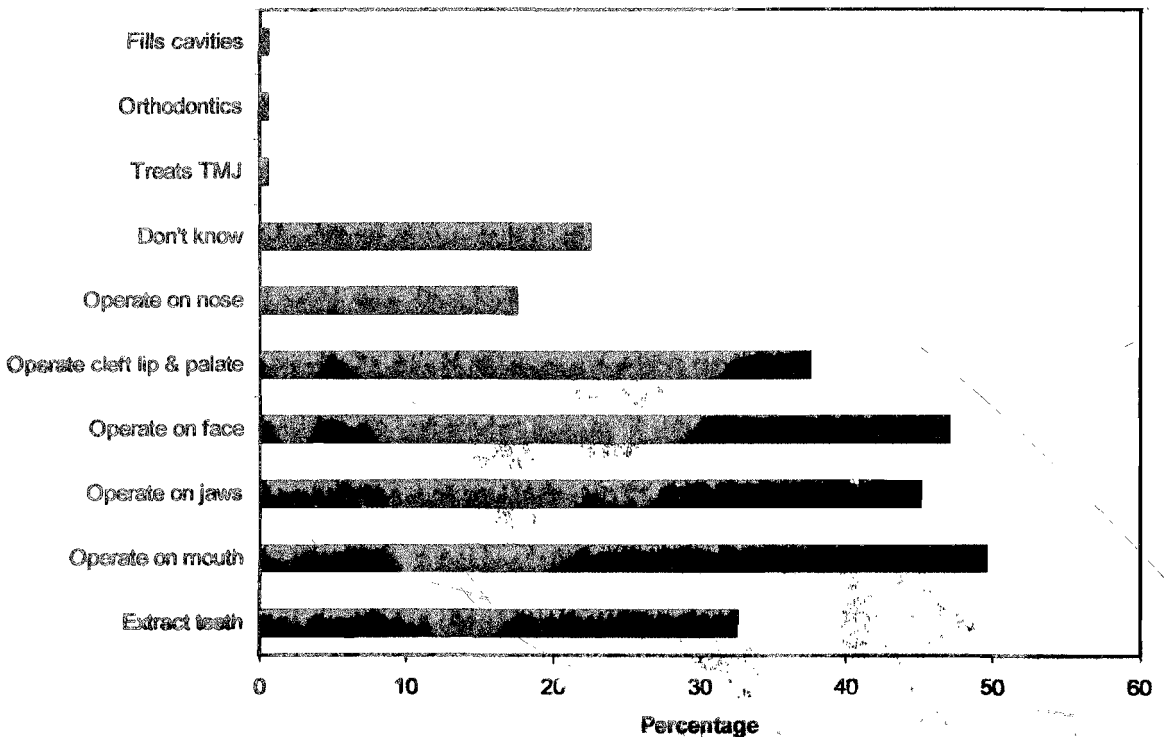


Figure 2: University Communities' Perception of an ENT Surgeon's Work

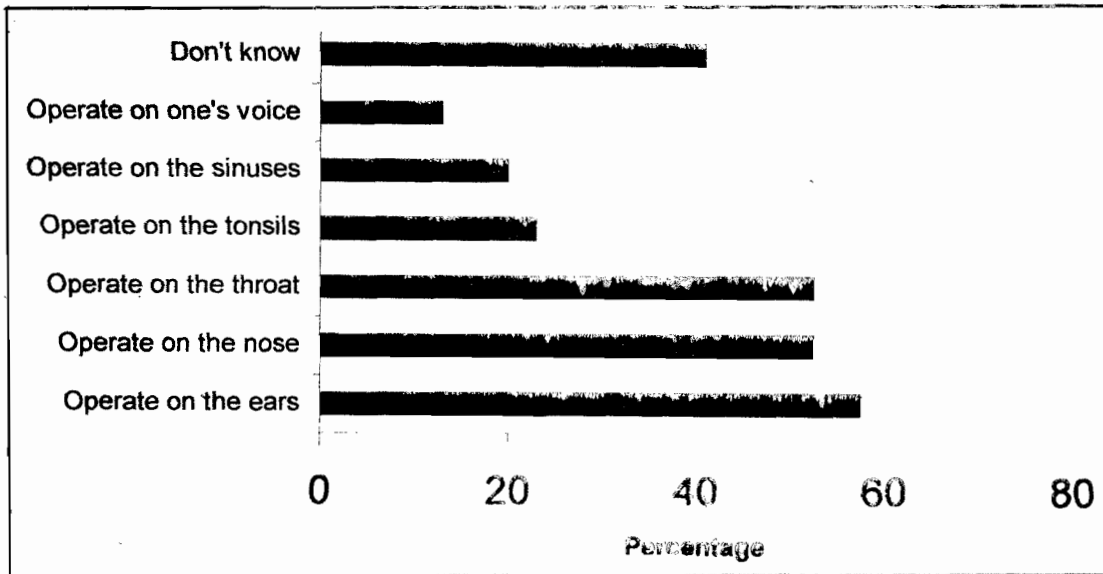


Figure 3: University Communities' Perception of a Plastic Surgeon's Work

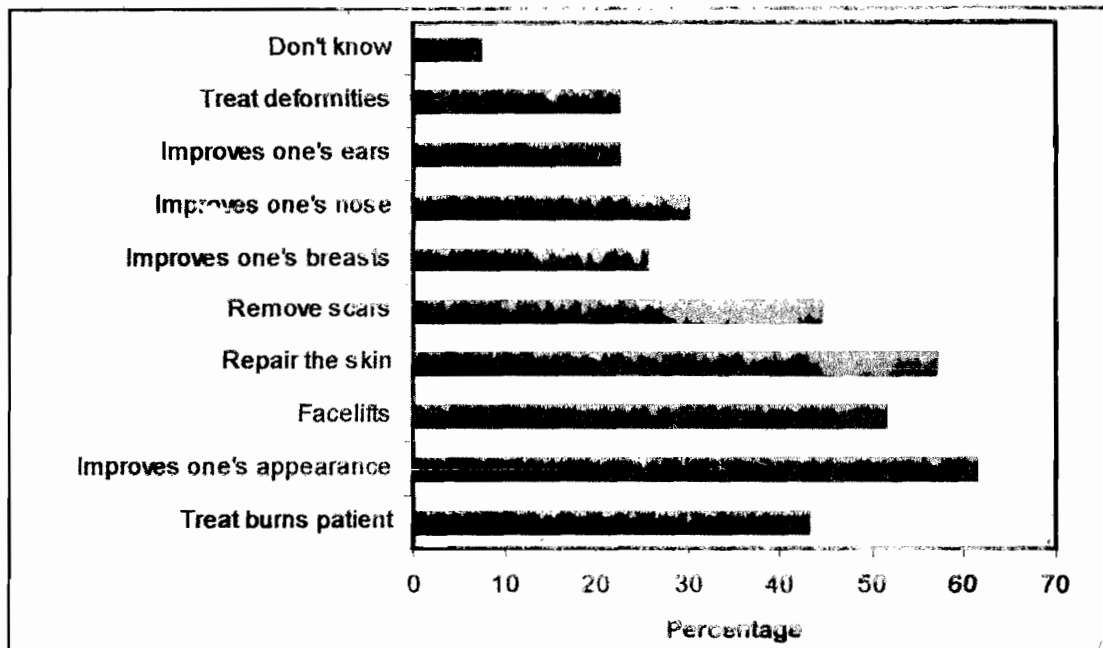


Table 2: Respondents' Knowledge of OMFS, ENT and Plastic Surgeons

Knowledge of Surgeon specialist	Yes No. (%)	No No. (%)
Have you ever heard of the doctor called		
a) Oral and Maxillofacial Surgeon?	87(43.5)	113(56.5)
b) ENT surgeon?	110(55.0)	90(45.0)
c) Plastic Surgeon?	175 (87.5)	25(12.5)
Have you ever been treated by the doctor called		
a) Oral and Maxillofacial Surgeon?	32 (16.0)	168 (84.0)
b) ENT Surgeon?	25 (12.5)	175(87.5)
c) Plastic Surgeon?	9 (4.5)	191(95.5)

Table 3: Respondents' Choice of Specialist Treatment

Awareness of Surgeon specialist areas.	OMFS No. (%)	ENT Surgeon No. (%)	Plastic Surgeon No. (%)	Others No. (%)	Don't know No. (%)
If you had any of the following, which surgeon would you like to treat you?					
Cut on the face	62 (31)	1 (0.5)	85(24.5)	3 (1.5)	49(24.5)
Broken Jaw	93(46.5)	7 (3.5)	10 (5)	4 (2.0)	86(43.0)
Cancer of the tongue	71 (35.5)	38 (19)	4 (2.0)	6 (3.0)	81(40.5)
Lump or mole on the face	51 (25.5)	1 (0.5)	92 (46.0)	3 (1.5)	53(26.5)
Child with cleft lip and palate	97 (48.5)	6 (3.0)	14 (7.0)	1(0.5)	82(41.0)
Lump in the mouth	98 (49)	9 (4.5)	11 (5.5)	1 (0.5)	81(40.5)
Unhappy with appearance of face	15 (7.5)	4 (2.0)	143 (71.5)	1 (0.5)	37(18.5)
Lump in the neck	24 (12.0)	41(20.5)	27 (13.5)	14(7.0)	94(47.0)

## Discussion

There appears to be a general lack of awareness of what the specialty has to offer. This study demonstrates that our colleagues in the ENT and Plastic Surgery specialties are better known than the OMFS. These findings are consistent with the report of a similar study elsewhere<sup>2</sup> where the general public were much less knowledgeable of the clinical duties of an OMFS. The seemingly worrying aspect of these findings is that, even though, Plastic Surgeons are not found in any of the hospitals in the city, respondents are more aware of the specialty than OMFS. Although this study population did not include the medical and dental practitioners, evidence from a previous study shows that the medical practitioners were more aware than the dental practitioners of our interest in nasal and cleft lip and palate surgery.<sup>2</sup>

Some clinicians believe the long-winded and complicated anatomical name was responsible for the lack of understanding of what the specialist OMFS actually does.<sup>2,3,4</sup> This study has not shown this to be the case among the University of Benin Community rather, inadequate publicity and education of the public is responsible. This is further buttressed by the view of 40% of respondents who felt the name was adequate. However, the 37% of the community who felt that the name should be changed favoured the title of "Oral and Facial Surgery". This view agrees with that expressed by some clinicians in some previous reports.<sup>1,5</sup> Furthermore, the relevance of the specialty in the third world countries was undoubtedly expressed by 89% of the community.

These are times of great change and innovation in the health care delivery system in Nigeria. While the desire to start implementing the National Health Insurance Scheme (NHIS) is strong, health managers, the politicians, the public and professional colleagues need to be properly informed about the scope of the clinical activities of the OMFS specialty. For instance, the British Association of Oral and Maxillofacial Surgeons<sup>6</sup> set up a small sub-committee whose responsibility it is to keep these groups of individuals aware of the scope of the specialty. This move, it is hoped, would improve the referrals to the surgeon specialist. Similar move would be welcome in our society.

In conclusion, the University of Benin community do not fully comprehend the clinical duties of the OMFS and they had a poor understanding of what the specialty is all about. If the results of this study do indeed represent the general knowledge of the specialty, each one of us in the specialty has a duty to seize every available opportunity to promote the specialty at every available forum including in the work place media and market places.

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