

Employment and Career Choice Satisfaction among Saudi Plastic Surgeons: A Cross-sectional, Questionnaire-based Study

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Background: Career choice satisfaction among plastic surgeons has a significant effect on the quality of patient care and workforce shortages. This study investigated career choice satisfaction among Saudi plastic surgeons to identify associated factors.

Method: A cross-sectional study was conducted via an online self-administered questionnaire sent in April 2021 to all Saudi plastic surgeons. The questionnaire was composed of 23 items in four domains: demographics, plastic surgery training, current practice workload, and job satisfaction. The analysis was performed at a 95% confidence interval using the Statistical Package for Social Sciences, version 23.0 (IBM, Armonk, N.Y.).

Results: A total of 63 plastic surgeons were included in this study (82.5% men; 17.5% women), with an overall response rate of 76.8%. The leading cause of job dissatisfaction for women was financial remuneration (28.8%) ($P=0.008$). The main factor for men was work–life balance (38.5%) ($P=0.028$). Of the different backgrounds, the highest satisfaction was among those with a background in German residency programs, and the lowest was among those with French residency programs ($P=0.045$). Surgeons from the southern region had a higher satisfaction rate than those from other regions; those from the central region had the lowest rate ($P<0.001$).

Conclusions: Our survey-based study found that Saudi plastic surgeons with German residency training, practicing in the southern region or who exceeded 11–20 years post-training had the highest job satisfaction. As such, surgeons' job satisfaction can be improved by ensuring work–life balance. (*Plast Reconstr Surg Glob Open* 2021;9:e3884; doi: [10.1097/GOX.0000000000003884](https://doi.org/10.1097/GOX.0000000000003884); Published online 26 October 2021.)

INTRODUCTION

Career choice satisfaction among plastic surgeons has a significant effect on the quality of patient care and workforce shortages.¹ Several explanations have been

introduced for why surgeons might be unsatisfied with their choice of career: for example, plastic surgical procedure compensation is decreasing,^{1–3} operating costs are rising,⁴ professional combativeness is trending,^{5,6} and the hospital workspace is becoming more quarrelsome, leading to increasing malpractice premiums.^{7,8} These difficulties might contribute to the more significant number of plastic surgeons deciding to retire early than the surgeons in other specialties.⁹ In a study conducted in the United States, more than 50% of plastic surgeons over 50 years old were planning on retiring early.⁹ These senior surgeons stated being satisfied with their job choice; however, they reported that they were retiring early due to increasing malpractice costs, the competitiveness of the specialty, and declining compensation.⁹ The early retirement of such a large number of plastic surgeons will cause shortages in

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the workforce. It is pivotal to know the difficulties plastic surgeons face so that proper interventions can be enacted to enhance their quality of life, maintaining a stable workforce that will positively contribute to the quality of patient care. Surgeons' career-choice satisfaction establishes a relationship with the high-quality delivery of care to patients.¹⁰ Regarding the health care system in Saudi Arabia, all Saudi citizens and expats working in the public sector are entitled to free healthcare, which is supplied mainly by the Ministry of Health and supplemented by other government health facilities. Expats working in the private sector are required by law to have some form of healthcare coverage funded by their organizations.¹¹ Regarding overall plastic surgeon's salaries, all the physicians in Saudi Arabia received a unified salary scale, except for the private sector or a few organizations.¹² Nevertheless, dissatisfied surgeons are at a higher risk of mental illness, burnout, drug and alcohol abuse, suicide, and unethical prescription practices.^{13–15} This dissatisfaction creates excess costs for governmental healthcare programs and communities.^{10,15–18} Previous literature has mainly concentrated on primary care specialties,^{19,20} with none specifically examining Saudi plastic surgeons. Awareness of the special modifiers of job satisfaction has implications for helping plastic surgery residents make better career decisions and enhancing work–life conditions for those currently practicing; this awareness may also enhance surgical care. This study distributed a survey to ascertain career-choice satisfaction among Saudi plastic surgeons and recognize the factors associated with their satisfaction. In particular, the authors aimed to assess the impacts of plastic surgeons' different demographic and practice characteristics on their levels of career-choice satisfaction.

METHOD AND MATERIALS

Study Design and Data Collection

This cross-sectional study was conducted via an online, self-administered questionnaire evaluating career-choice satisfaction among Saudi plastic surgeons. The survey was freely hosted using the Google Forms software (Google Inc, Mountain View, Calif.). The link was randomly sent via WhatsApp (Google Inc) to all local-national Saudi plastic surgeons and to the department secretary at their respective hospitals and the Saudi Scientific Association of Plastic Surgery and Burns, with a total of 81 plastic surgery consultant members in the society. Sampling was not based on age or geographic region, and the link to the survey was sent in April 2021 to all plastic surgeons meeting the inclusion criteria. The study's inclusion criteria involved Saudi plastic surgeons.

Consequently, we have excluded non plastic surgeons. Reminder messages were sent at weeks 1 and 3, and the survey was closed on week 4. Using an online sample calculator (Raosoft) with a 5% margin of error and a 95% confidence level, the estimated number of required participants was 46. Thus, the 63 surgeons were considered a strongly representative sample for providing adequate power to prevent a type II error and allow us to detect slight variations in surgeons' satisfaction levels.

Takeaways

Question: What is the level of satisfaction among Saudi plastic and reconstructive surgeons? What are the factors associated with their level of satisfaction?

Findings: Our cross-sectional-based study found that most Saudi plastic surgeons were neutral regarding satisfaction with their jobs, as their satisfaction depends on work–life balance, monetary incentives, OR access time, and collegiality within plastic surgery programs.

Meaning: The majority of Saudi plastic surgeons were neutral regarding their satisfaction with their careers.

Questionnaire Variables

The validated questionnaire was formulated based on our study objectives and an available questionnaire with similar objectives.^{21–23} This study aimed to determine the career choice satisfaction among Saudi plastic surgeons and the factors that influenced their satisfaction. The questionnaire was composed of 23 questions divided into four main domains: demographics, plastic surgery training, area of current practice and workload, and job satisfaction. The first domain included age, gender, and marital status. The second domain involved questions about the surgeons' residency training programs and fellowships, region of practice in Saudi Arabia, and the number of years in practice. The third domain included questions concerning the surgeons' primary practice areas, whether aesthetics were part of that, and overall work hours per week. The final domain aimed to assess the surgeons' level of satisfaction with their current jobs by a five-point Likert scale from 1 (very unsatisfied) to 5 (very satisfied).

Ethical Considerations

This study was conducted after receiving ethical approval from the research ethics board of King Saud University Medical City, Riyadh, Saudi Arabia. The contributions of the consultants were voluntary. Before participation in the research, online informed consent was obtained from all participants before answering the survey.

Statistical Analysis

The research data were checked for completeness, and errors were corrected. Categorical variables are presented as frequencies and percentages. Numeric variables are presented as means and SDs. Numeric variables were checked for normality via the Shapiro-Wilk test, which revealed a non-normal distribution. The baseline characteristics and variables related to workload and job satisfaction were compared between men and women using the chi-square test. Job satisfaction was compared across the baseline characteristics using the Kruskal-Wallis H test. Multivariate analysis was not possible due to the small number of participants. The analysis was done at a 95% confidence interval ($\alpha = 5\%$) using Statistical Package for Social Sciences version 24.0.

RESULTS

This study included 63 Saudi plastic surgeons (with a total response rate of 76.8%), and among them, 52 (82.5%) were men. The mean age of all surgeons was 42.21 ± 6.61 years. Most of them (71.4%) practiced in both private and government hospitals. Characteristics, such as marital status, residency training program, region of practice, number of years after training, and primary practice area, between genders are compared in **Table 1**. The table shows no significant gender difference in the region of practice, the number of years post-training, and the primary practice area ($P > 0.050$). However, a higher percentage of female surgeons underwent Saudi and French training programs than men ($P < 0.001$; **Table 1**). A statistically significant difference was noted between men and women regarding the overall weekly workload (in hours) ($P = 0.009$). It shows that women possibly work more hours, as 45.5% work for more than 60 hours per week. This is higher than male surgeons, where only 11.5% of them have similar work hours. A similar difference exists in clinic days worked per month as 72.7% of women have five or more clinic days, whereas 52.4% of men have a similar workload ($P = 0.035$). A similar finding is observed for the number of on-call days per month ($P = 0.049$). Altogether, these findings indicate that female plastic surgeons have greater workloads than their male counterparts (**Table 2**). Alternatively, 27.3% of women were “very unsatisfied,” whereas only 7.7% of men were “very unsatisfied” ($P = 0.015$; **Fig. 1**). The leading causes for current job dissatisfaction among women were working hours per week (27.3%), financial remuneration (27.3%), and the department head and admin (27.3%). The primary cause for current job dissatisfaction was financial remuneration (28.8%; $P = 0.008$) (**Fig. 2**). Surgeons were asked about their current job satisfaction levels in the nine different aspects presented in **Table 3**. The lowest job satisfaction pertained to “monetary incentive” (2.14 ± 1.148), and the highest job satisfaction was concerning “opportunity for teaching” (3.08 ± 0.972). Statistically significant differences were present for item numbers 1 ($P = 0.004$)

and 7 ($P = 0.059$). The respective means and SDs are presented in **Table 3**. “Monetary incentive” (45.5%) was the main factor influencing job satisfaction for women. In contrast, “work–life balance” (38.5%) was the main factor for men ($P = 0.028$; **Fig. 3**). When we assessed the relationship between job satisfaction and baseline characteristics, the study revealed that those with German residency training had the highest job satisfaction score (4.00 ± 1.414). The lowest score was for those who underwent French residency training (2.22 ± 0.833 ; $P = 0.045$). Surgeons from the southern region had the highest job satisfaction, and the central-region surgeons had the lowest job satisfaction ($P < 0.001$). Regarding the number of years after training, those who exceeded 11–20 years post-training had the highest job satisfaction (3.50 ± 0.548 ; $P = 0.002$). The practice area and type of government hospital were not significantly related to job satisfaction (**Table 4**).

DISCUSSION

In recent years, more attention has been paid to the well-being of physicians in the healthcare system. Employers have also become more interested in different specialties and departments worldwide to find the underlying factors that contribute to job dissatisfaction and burnout among physicians. These recent changes present challenges to employers, employees, and patients. To our knowledge, this is the first study exploring factors and aspects that contribute to job satisfaction among Saudi plastic surgeons. Additionally, the study compares these results according to baseline characteristics as a means to find contributing factors amongst different groups. These results grant insights concerning the current position of plastic surgeons as employees and will help navigate future changes, paving the way for better employment contract negotiations, higher satisfaction among all groups, decrease burnout rates, and greater overall benefits to the healthcare system and, therefore, patients.^{24–26}

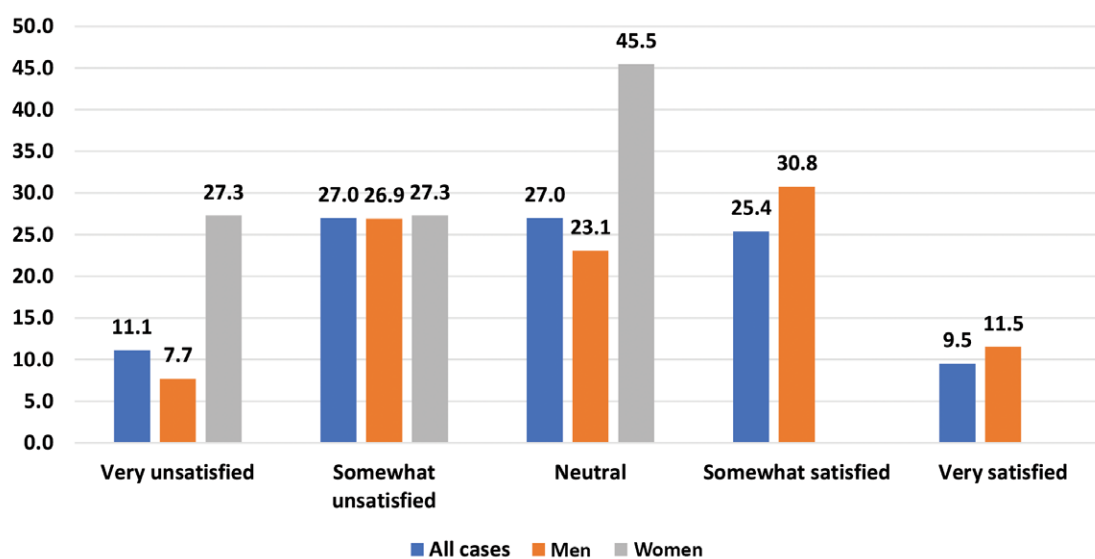
Although studies have shown that plastic surgeons are among the surgical specialists with high career satisfaction, they remain at high risk of burnout.^{27,24} As previously

Table 1. Sample Characteristics by Surgeon Gender

Characteristics	Attributes	All Cases, N (%)	Men, N (%)	Women, N (%)	P
Marital status	Single	6 (9.5)	3 (5.8)	3 (27.3)	<0.001
	Married	54 (85.7)	49 (94.2)	5 (45.5)	
	Divorced	3 (4.8)	Nil	3 (27.3)	
Residency training program	Saudi	23 (36.5)	17 (32.7)	6 (54.5)	<0.001
	French	9 (14.3)	4 (7.7)	5 (45.5)	
	Canadian	24 (38.1)	24 (46.2)	Nil	
	German	7 (11.1)	7 (13.5)	Nil	
Region of practice	Central	38 (60.3)	29 (55.8)	9 (81.8)	0.218
	Western	17 (27.0)	15 (28.8)	2 (18.2)	
	Eastern	2 (3.2)	2 (3.8)	Nil	
	Southern	6 (9.5)	6 (11.5)	Nil	
No. years post-training	<5	18 (28.6)	15 (28.8)	3 (27.3)	0.130
	6–10	28 (44.4)	25 (48.1)	3 (27.3)	
	11–15	6 (9.5)	4 (7.7)	2 (18.2)	
	16–20	6 (9.5)	3 (5.8)	3 (27.3)	
	>20	5 (7.9)	5 (9.6)	Nil	
Primary practice area	Private	3 (4.8)	3 (5.8)	Nil	0.463
	Government	15 (23.8)	13 (25.0)	2 (18.2)	
	Private and government	45 (71.4)	36 (69.2)	9 (81.8)	
Type of govt. hospital	Academic	41 (65.1)	32 (61.5)	9 (81.8)	0.300
	Nonacademic	19 (30.2)	17 (32.7)	2 (18.2)	

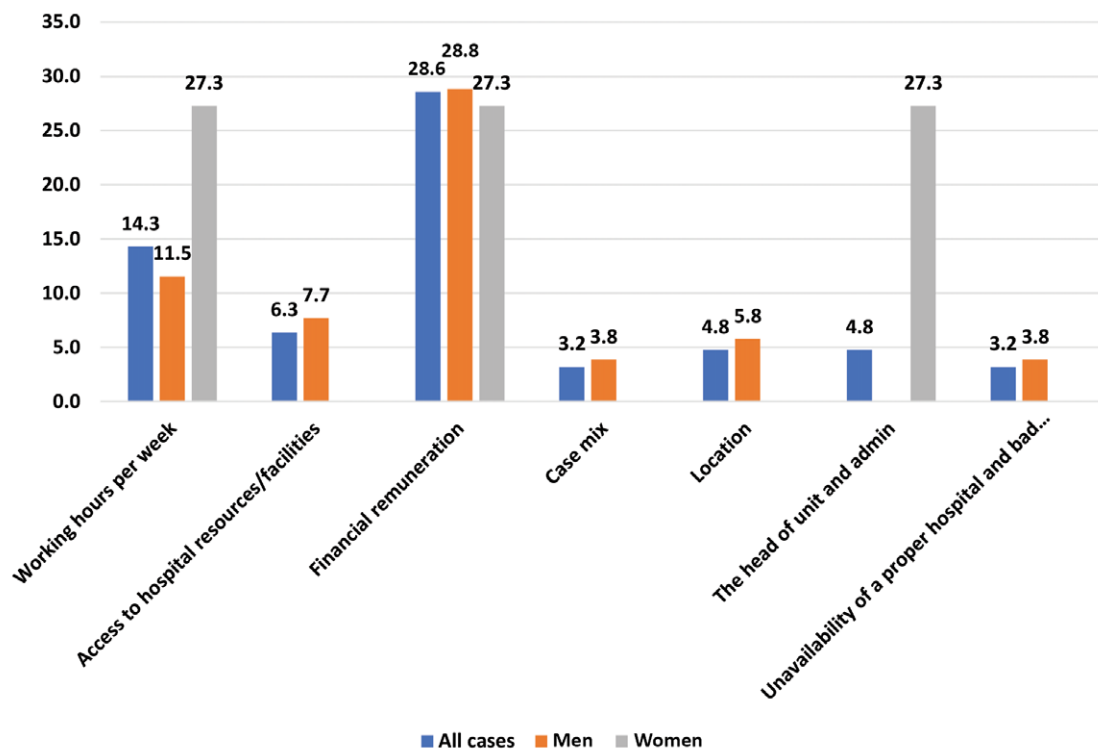
Table 2. Job Satisfaction and Workload Split by Gender

Variables	Attributes	All Cases, N (%)	Men, N (%)	Women, N (%)	P
Overall weekly workload (h)	<40	12 (19.0)	12 (23.1)	Nil	0.009
	41–60	40 (63.5)	34 (65.4)	6 (54.5)	
	>60	11 (17.5)	6 (11.5)	5 (45.5)	
On average, how many OR days do you work per month?	1–2	7 (11.1)	7 (13.5)	Nil	<0.001
	3–4	5 (7.9)	5 (9.6)	Nil	
	5–8	26 (41.3)	15 (28.8)	11 (100)	
	9–12	17 (27.0)	17 (32.7)	Nil	
	>12	8 (12.7)	8 (15.4)	Nil	
	Do you feel that you are provided with sufficient OR time for the needs of your practice?	Yes	28 (44.4)	25 (48.1)	
On average, how many clinic days do you work per month?	No	35 (55.6)	27 (51.9)	8 (72.7)	0.035
	1–2	3 (4.8)	3 (5.8)	Nil	
	3–4	27 (42.9)	24 (46.2)	3 (27.3)	
	5–8	15 (23.8)	9 (17.3)	6 (54.5)	
	9–12	8 (12.7)	6 (11.5)	2 (18.2)	
	>12	10 (15.9)	10 (19.2)	Nil	
On average, how many days do you spend on-call per month?	1–2	4 (6.3)	4 (7.7)	Nil	0.049
	3–4	6 (9.5)	6 (11.5)	Nil	
	5–8	25 (39.7)	19 (36.5)	6 (54.5)	
	9–12	10 (15.9)	10 (19.2)	Nil	
	>12	18 (28.6)	13 (25.0)	5 (45.5)	
	On average, how many patients do you see per week?	0–20	4 (6.3)	4 (7.7)	
21–40		19 (30.2)	13 (25.0)	6 (54.5)	
41–60		22 (34.9)	20 (38.5)	2 (18.2)	
61–80		12 (19.0)	9 (17.3)	3 (27.3)	
81–100		2 (3.2)	2 (3.8)	Nil	
>120		4 (6.3)	4 (7.7)	Nil	
Is aesthetic plastic surgery a part of your practice?	Yes	56 (88.9)	45 (86.5)	11 (100)	0.090
	No	7 (11.1)	7 (13.5)	Nil	
What percentage of your practice is dedicated to cosmetic plastic surgery?	<25%	24 (38.1)	21 (40.4)	3 (27.3)	0.430
	>25%, but <50%	17 (27.0)	12 (23.1)	5 (45.5)	
	>50%, but <75%	17 (27.0)	14 (26.9)	3 (27.3)	
	>75%, but <100%	3 (4.8)	3 (5.8)	Nil	
	100%	2 (3.2)	2 (3.8)	Nil	
How many times have you switched jobs since starting practice?	Never	45 (71.4)	37 (71.2)	8 (72.7)	0.154
	1 time	7 (11.1)	7 (13.5)	Nil	
	2 times	7 (11.1)	4 (7.7)	3 (27.3)	
	3 times	2 (3.2)	2 (3.8)	Nil	
	4 times	2 (3.2)	2 (3.8)	Nil	
How many articles have you published?	Nil	16 (25.4)	15 (28.8)	1 (9.1)	0.244
	1–5	27 (42.9)	20 (38.5)	7 (63.6)	
	>5	20 (31.7)	17 (32.7)	3 (27.3)	



*P = 0.015

Fig. 1. Current job satisfaction (%).



* $P = 0.008$

Fig. 2. Causes of current job dissatisfaction.

reported, the burnout prevalence among plastic surgeons was around 46.8%, which is higher than the general working population.²⁵ The relevance of burnout stems from previous results collected from approximately 8000 American surgeons, showing that burnout is the single greatest predictor of surgeons' career-choice satisfaction.²⁴ This signifies the need for further analyses of their current employment conditions and satisfaction to resolve these serious issues.

Studying satisfaction in a certain group's professional field requires studying the load distribution on that group. Accordingly, it was found that there was a significant difference between male and female surgeons in terms of their overall weekly hours. Accordingly, these findings were reflected in their job satisfaction. A significant number of female surgeons were very dissatisfied with their current jobs compared with a minority of male surgeons. The study also further explored the underlying reasons

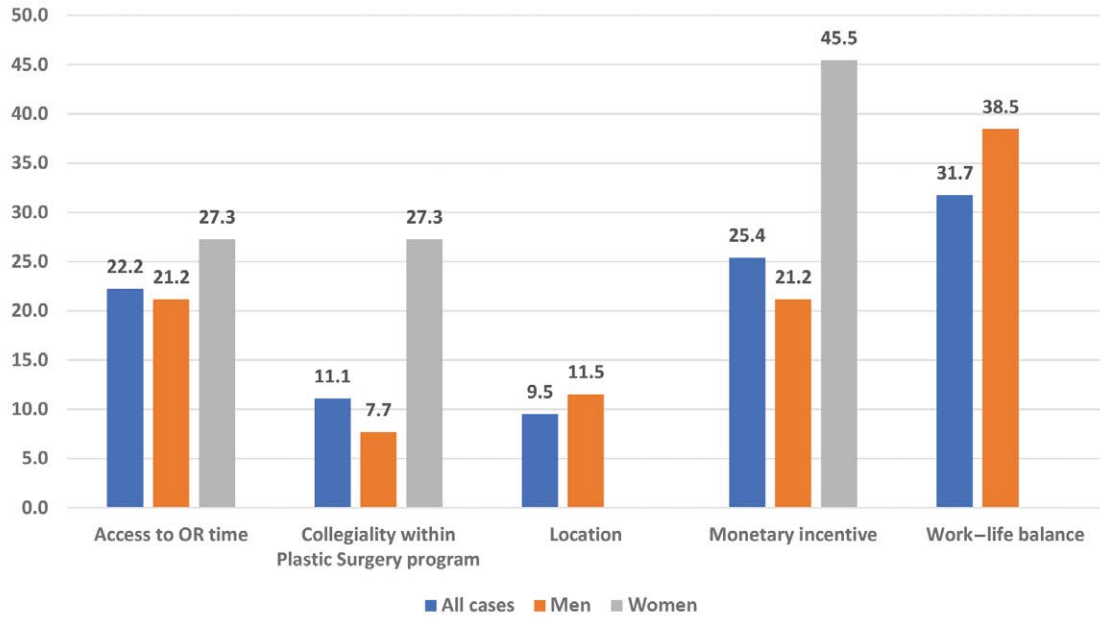
for the collective dissatisfaction of surgeons and outlined the primary causes for it in each group. Different aspects of job satisfaction were further explored, and the overall reasons for job satisfaction versus dissatisfaction were identified. Correlations were also found between different plastic surgeons' baseline characteristics and their levels of satisfaction in which the residency training program, current practice area, and years of practice post-training played the most crucial roles.

Workload undoubtedly contributes in large part to plastic surgeons' burnout, as reported by previous studies. In addition, it has been highlighted that the prevalence of burnout increases as the workload (reflected by working hours) increases. Our study supports previous data in which a significant association exists between working more than 60 hours per week and decreased job satisfaction among plastic surgeons.^{23,25} Previous literature comparing workload among surgeons by gender has not shown

Table 3. Respondents' Current Job Satisfaction* according to the Aspects

Items	Aspects	All Cases	Men	Women	P
1	Access to OR time	2.71 ± 0.958	2.87 ± 0.929	2.00 ± 0.775	0.004
2	Administrative duties	2.83 ± 0.834	2.83 ± 0.834	2.82 ± 0.874	0.855
3	Call requirements	2.38 ± 0.923	2.48 ± 0.874	1.91 ± 1.044	0.104
4	Collegiality within plastic surgery program	2.63 ± 0.989	2.73 ± 0.992	2.18 ± 0.874	0.074
5	Job location	3.02 ± 1.024	2.90 ± 1.071	3.55 ± 0.522	0.071
6	Monetary incentive	2.14 ± 1.148	2.17 ± 1.115	2.00 ± 1.342	0.513
7	Opportunity for teaching	3.08 ± 0.972	2.92 ± 0.987	3.82 ± 0.405	0.004
8	Opportunity to perform research	2.30 ± 1.131	2.17 ± 1.061	2.91 ± 1.300	0.059
9	Work-life balance	2.44 ± 0.757	2.38 ± 0.718	2.73 ± 0.905	0.281

*A five-point Likert scale from 1 (very unsatisfied) to 5 (very satisfied) was used to assess the job satisfaction.



*P = 0.028

Fig. 3. Factors influencing job satisfaction.

consistent single-gender predominance.^{23,28} However, our data show that female surgeons work significantly longer weekly hours than male surgeons. This significant difference was attributed to the significantly higher number of clinic days worked per month, higher number of on-call days per month, and higher average operating room days worked per month by female surgeons compared with their male counterparts. Physicians’ workloads have previously shown less time spent with patients, which negatively impacted patients’ satisfaction.²⁹ Notably, 71.4% of the responses were from surgeons who worked in both the private and governmental sectors, which meant that

they had more than one employer. Thus, the workload inflicted on each surgeon resulted from working at more than one location. These findings were evidently reflected in their job satisfaction, which is further discussed in the following section.

In contrast to previous findings in the literature in which a surgeon’s gender was not a predictor of career satisfaction, our study found a significant difference between female and male surgeons’ satisfaction.^{30–34} A significant number of female surgeons compared with a minority of male surgeons were extremely dissatisfied with their current jobs. The study further explored the reasons for this dissatisfaction among surgeons; it found that the main causes for female surgeons’ dissatisfaction were the weekly work hours, financial remuneration, and the department head and admin. Alternatively, for male surgeons, financial remuneration was the primary cause of current job dissatisfaction. Different aspects of job satisfaction were further explored, and it was found that, overall, the lowest job satisfaction was due to “monetary incentives,” and the highest job satisfaction was from “opportunity for teaching.” This is in line with previous worldwide findings that showed that financial incentives have always played a pivotal role in employees’ satisfaction.^{25,35} Male surgeons in particular viewed work-life balance as the most important factor influencing their job satisfaction, while previous literature highlighted that female plastic surgeons actually struggle more with work-life balance.²³ This is important because previous work has shown that surgical patient satisfaction is related to physicians’ perceptions and satisfaction with their work environments, meaning patients are directly or indirectly impacted by the unsatisfactory factors surgeons face as employees.^{26,36–38}

Table 4. Relationship between Baseline Characteristics and Current Job Satisfaction

Characteristics	Attributes	Current Job Satisfaction* (mean ± SD)	P
Residency training program	Saudi	2.96 ± 1.022	0.045
	French	2.22 ± 0.833	
	Canadian	2.92 ± 1.176	
	German	4.00 ± 1.414	
Region of practice	Central	2.61 ± 1.079	<0.001
	Western	2.88 ± 0.781	
	Eastern	4.00 ± 0.000	
	Southern	5.00 ± 0.000	
No. years post-training	<5	2.28 ± 0.669	0.002
	6–10	3.32 ± 1.416	
	11–15	3.50 ± 0.548	
	16–20	3.50 ± 0.548	
Primary practice area	>20	2.00 ± 0.000	0.866
	Private	2.67 ± 1.155	
	Government	2.87 ± 0.915	
	Private and government	3.00 ± 1.261	
Type of govt. hospital	Academic	2.93 ± 1.253	0.561
	Nonacademic	3.05 ± 1.026	

*A five-point Likert scale from 1 (very unsatisfied) to 5 (very satisfied) was used to assess the job satisfaction.

Surprisingly though, despite the high rate of dissatisfaction among female surgeons, the overall majority of male and female surgeons have never switched jobs. This is contrary to what has been previously reported where job satisfaction was found to be an important contributing factor for physician's willingness to switch job or sector with an increasing trend over the years.³⁷ This contradicting data might be due to the fact that was mentioned previously that most of the surgeons in our study work in both sectors concurrently, which means that they might have taken another job to compensate for lack of satisfaction in the other.

Correlations were also found between different plastic surgeon baseline characteristics and levels of satisfaction. The study revealed that surgeons who had German residency training had the highest satisfaction rate compared with those who had French residency training (the least satisfaction rate). It is speculated that this is attributable to the more rigid and hierarchical healthcare system they faced in Germany, where career advancement is slow and dependent on short-term contracts.^{35, 38, 39} However, plastic surgery training programs in Saudi Arabia comprise a six-year full-time supervised residency program in plastic surgery and its subspecialties. The Saudi Commission for Health Specialties must accredit the training institution in order for the Saudi specialty certificate in plastic surgery to be awarded.⁴⁰

Senior surgeons who possessed 11–20 years of practice after training had the highest job satisfaction, which aligns with trends found in other studies where advanced surgeon age was found to be a significant predictor of higher career satisfaction.^{30,31} Other aspects of practice were not deemed significant contributors to job satisfaction among Saudi plastic surgeons, although other studies have shown that some of these characteristics were either a positive or negative factor on job satisfaction.

LIMITATIONS AND FUTURE RECOMMENDATIONS

This article has some limitations that must be addressed. First, the questionnaire was self-reported, and participants who responded may have had strong thoughts, either of dissatisfaction or satisfaction. As such, the results might be biased and subject to respondent recall and interpretation biases. However, a self-administered survey allows for complete invisibility, which maximizes our participants' comfort and is considered the best approach for understanding the participants' beliefs and attitudes. Second, our analyses may be vulnerable to a nonresponse bias. Given the high response rate to the sent surgeon survey (76.8%), we believe that our results are representative of the Saudi plastic surgeon population. Third, our study was conducted during the coronavirus pandemic, which may have influenced responses, especially with the lockdown, which may have diminished the clinical demand of some surgeons and potentially dampened the magnitude of their reported work–life balance. Lastly, the number of participants from each gender might limit the study, as only 11 of 63 (17.5%) female surgeons participated in

this study. The overall number of Saudi female surgeons is deficient compared with Saudi male surgeons; this number is also observed in another study conducted among the same population of Saudi plastic surgeons.⁴¹

Therefore, we recommend that future studies be conducted once surgical operations and clinical duties have returned to their regular schedules. In addition, we recommend future reports to investigate the reasons for dissatisfaction despite working more hours among female plastic surgeons.

CONCLUSIONS

In conclusion, our survey-based study found that Saudi plastic surgeons with German residency training, practicing in the southern region or who exceeded 11–20 years post-training had the highest job satisfaction. The level of satisfaction depends on work–life balance, monetary incentives, OR access time, and collegiality within plastic surgeon programs. With these factors in mind, future enhancements must target the continual monitoring of plastic surgeons' satisfaction with work–life balance. However, the effort to obtain a balance between professional and personal life is not limited to the field of plastic surgery. To benefit all physicians in striking a balance between their demanding jobs and personal duties, worldwide policies and coordinated initiatives must be established.

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