

Saudi women in academic medicine

Are they succeeding?

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ABSTRACT

Objective: The main purpose of this study is to assess the achievements and barriers to advancement for Saudi women in a medical academic setup.

Methods: We studied the career progression of female medical graduates, who were appointed an academic position in King Faisal University, Dammam, Kingdom of Saudi Arabia (KSA) between 1982 and 2003 and compared it to the male counterpart. The information was collected from the Dean's ship of admission and registration, employees and faculty affairs administration office, self completed and telephone surveys.

Results: The percentage of medical graduates who were appointed on an academic post in the University was 4.4% for females and 4% for males. The females

specialized in various fields and progressed equitably with the males in their postgraduate studies. Academic promotion to higher ranks was slower for females in comparison to males. This was related to various reasons related to family responsibilities, social strains, lack of family friendly policies in the institutions, lack of mentoring relationship, and bias against females.

Conclusion: Saudi women in academic medicine have succeeded at the junior level. They specialized in various fields and excelled. Their further academic progression needs the support of senior academic staff, the chairs and the institution administration.

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Women in the Kingdom of Saudi Arabia (KSA), like most women in the world, possess the instincts that they can use effectively for setting priorities in life. Their achievements, intentionally or unintentionally, appear not to be given prominence. Only recently they entered the male domain of university teachers and faculties seeking professional recognition and visibility. The question is: Are they succeeding in making their potentials and capabilities recognized? Medicine is one field in which Saudi women appear to be well represented as students, residents and faculties. They excelled in many specialties, but a few have achieved senior ranks or leadership positions. There is no tangible study in the past that highlights the contribution of

females to the educational and scientific progress of the KSA, or that documents the extent of their achievements. The challenges they face in balancing academic demands and family life on one hand and struggle for a reasonable space in the profession on the other are underestimated or ignored. In an attempt to give a scientific handle to some of the issues (without the bias of presupposition), the author conducted a limited and preliminary study to compare the career progression of Saudi female medical graduates presently holding academic positions of King Faisal University (KFU), with their male counterparts. The findings described in this paper, and solutions proposed to certain imbalances do not apply only to Saudi women in

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areas of medical profession but are expected to go beyond the confines of the University.

Methods. The study plan involved collecting maximal academic information for KFU graduates from the time of their appointment as demonstrators to their present rank as faculties in the University. The information included specialty, the time taken to achieve a postgraduate degree, and time taken for promotion to the present rank. The information for KFU graduates was retrieved from the files of the Deanship of admission and registration data of the university, the records of Employee's and Faculty Affairs Office (EFAO) and a biographical documentary on the College of Medicine and KFU.¹ A list of all full time medical academic staff was provided by the EFAO with information on the year of appointment, the period of fellowship training, promotional track, and the current rank. Self-completed proformas classified missing or obscure information. A telephone survey of the female KFU graduates, who were now the academic staff at the University, was conducted to verify information obtained from the university files. The question on the challenges (barriers) faced during the progress of their careers was specifically addressed in the survey.

Results. The College of Medicine in KFU was established in 1975 at its Dammam campus (the main campus and administrative headquarter is located 150 km away at Al-Hassa). During the 22-years period (1981 through to 2003), the college graduated 1,784 doctors, out of whom 710 (40%) were females. Thirty (4.4%) of the female graduates and 42 (4.0%) of the male graduates joined the academic staff of the college and the University. Presently, out of the total of 233 faculties, 64 are females 40 of whom are Saudi nationals. Of the 169 male faculties, 80 are Saudi nationals a female to male ratio of 1:2 (**Table 1**). Seven (6%) of the Saudi academic staff is in premedical sciences (female 4% and male 2%), and 24 (20%) are in pre-clinical disciplines (female 9% and male 11%), while 89 (74%) are in clinical specialties (female 20% and male 54%). The academic ranking of the entire indigenous academic staff includes demonstrators (25%=females 13% + males 12%), lecturers (4% all females), assistant professors (31%=females 12% + males 19%), associate professors (25%= females 8% + males 17%), and professors (15% all males). Females constitute 41% of the KFU graduate academic staff: demonstrators (17%), assistant professors (11%) and associate professors (13%). As yet, no Saudi female has attained the rank of professor. The male faculty in comparison comprises of demonstrators (19.5%), assistant professors (20%), associate professors (14%) and

Table 1 - Total academic staff at the College of Medicine, King Faisal University.

Nationality	Male N (%)	Female N (%)	Total N (%)
Saudi	80 (35)	40 (17)	120 (52)
Non-Saudi	89 (38)	24 (10)	113 (48)
Total	169 (73)	64 (27)	233 (100)

Table 2 - Distribution of female academic staff in various disciplines.

Specialty	N (%)
Anatomy	1 (3)
Physiology	2 (7)
Microbiology	1 (3)
Pathology	3 (9.5)
Pharmacology	1 (3)
Medicine	2 (7)
Surgery	2 (7)
Otorhinolaryngology	1 (3)
Ophthalmology	2 (7)
Pediatrics	3 (9.5)
Obstetrics/gynecology	2 (7)
Dermatology	2 (7)
Psychiatry	1 (3)
Neurology	1 (3)
Radiology	2 (7)
Anesthesia	1 (7)
Family & Community Medicine	2 (7)
Total	30 (100)

professors (5.5%) of the total of 59% KFU graduate staff. Twenty-eight percent of the indigenous female graduates are in the preclinical disciplines but the bulk (72%) is in the clinical specialties and is hospital based. Their specialization in various fields is shown in **Table 2**. The mean duration of postgraduate studies leading to achievement of PhD/MD/or fellowship (the minimum duration for postgraduate programs was 4-5-years) was 6.4-years (range 4-12-years) for females and 6-years (range

4-15-years) for males. The meantime taken for promotion from assistant to associate was 10.3-years for females but only 7.8-years for males.

Discussion. We can surmise from this study that Saudi women academics are well represented in academic fields, which are traditionally male, preserve.² They have come to specialize not only in the favored disciplines of obstetrics and gynecology or family practice but in many other clinical specialties not withstanding the findings of previous study³ from the Eastern province of the country that a relatively low percentage of female doctors joined medical or surgical specialties. This difference could in part be attributed to the college of medicine's policy that aims at equitable distribution of staff among departments, determined by their specific needs a welcome approach.

The present study has also shown that the female academic staff proved eager to achieve a postgraduate degree despite additional and pressing family responsibilities. This would not be possible if there were no coherent and supportive family structure ready to assist in crises and other contingencies. The availability of domestic staff (treated as part of the family) also helps to a degree in achieving academic goals and appeases family needs but not entirely as the intricate social structure requires personal attention at all time.

The longer time taken by Saudi females to climb the academic ladder is similar to reports from western countries^{4,5} and findings of a local study.⁶ The later report showed that a lower percentage of female doctors achieved a specialist or consultant position than their male counterparts despite similar qualifications and years of experience. This may be attributable to multitudes of factors: social and family pressures, and a traditional bias in favor of males. In the face of social pressures, the women strive harder to reach their goals with much longer physical and mental hours in coping with work and family needs. It is conceivable that this may trigger an early 'burn-out' and at times before the attainment of specialization.⁷

The time women need to spend with their family conflicts with expectations of typical academic routine and promotion process. By tradition and upbringing, Saudi women are family oriented; they believe that family and child-rearing responsibilities are their main priority. They are more likely to regret the time missed with the family than time missed at work. The absence of family-friendly policies at the institutions they are employed at renders this conflict acute. It is a dilemma of 'catch 22': the community and the families equate their professional commitment to 'selfishness' and reverse also applies when time spent with families implies lack of seriousness in the profession!^{7,8} It is

important that the institutions and employers become sensitive to their dual role in order for them to strike a reasonable balance between home and work. This is particularly relevant now that an increasing number of Saudi women enter academia and professional specialization where they must maintain standards of an effective work force.

For the female faculty at higher institutions of learning, similar argument goes towards any meaningful research and scientific publications. This is particularly true of women with children. Their flexibility is restricted; it is hard for them to find time to attend scientific forums (especially outside the country) or to interact and socialize with their colleagues. As a result, their negotiating and networking skills remain limited. They tend to miss a vital ingredient to developing scientific thought and organizational ability. This in turn leads to a meager research output and a barrier to promotion or towards gaining positions on scientific and professional hierarchies.

Another important barrier to women's academic advancement is the lack of mentoring relationship, and the women faculty are not helped to achieve their full potential. People commonly choose to mentor those whom they see as being more like themselves. Women may be less likely to be chosen. As pioneers, the present women staff suffered from the lack of women leaders in medicine who could encourage and support women medical juniors. Women also face prejudice when it comes to opportunities. Many male faculty members regard female colleagues as 'burdens' and not academically productive. Unequal opportunities in professional life and injudicious recognition for equal work (but not the emoluments) as well as inability to gain leadership positions are also barriers to the academic advancement of women. Based on cultural norms, even if women have equal professional status, men see themselves as 'superior' with better judgment and decision-making ability. This unwritten code belies intimidation and discrimination that affects performance and productivity of women with predictable outcomes including premature abandonment of careers by some of them.

Women form almost 50% of the Saudi work force and it is inconceivable that the country can afford not to utilize their potential. If they are to be effective in their professions, then it is incumbent upon the University authority, chairpersons of departments, directors of services and programs, and senior academics in the institutions to provide support and mentorship in the development of the female staff. They should also promote transparency and academic visibility by including female members/ faculty as partners in the overall development of the departments and institutions, be it in the area of educational policies, curricular

development, research projects or management. They should promote their involvement in professional societies and research early in their careers. A comfortable and productive working environment should be maintained to provide all faculties the opportunity to participate and advance equitably. The leaders in our universities and other institutions of higher learning must support the career development of women faculty and exploit their leadership potentials. Then and then only the role of women in medicine and other professions can be considered as meaningful. They must then be in a position to be professors of special disciplines, chairpersons of departments, leaders of faculties and of colleges. Women on their part must be highly motivated with clear vision; they must work hard to achieve set goals and ensure that the highest standards are maintained. They will then be in a position to enlarge their sphere of influence, internationalize their vision and occupy a rightful place at national and international stage. They should be able to formulate international working groups to which women from all over the world can subscribe, and help realize a better future for all. My fervent hope is that this basic study would promote further inputs from women in medicine and other

disciplines to bring visibility to their contribution at home and abroad.

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