

## Speciality choices of women doctors in Kuwait

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**Objectives** To identify the medical specialties that were selected by women medical graduates for postgraduate training and the distribution of the specialties among the trainees.

**Methods** Data maintained on women medical graduate registering for postgraduate training provided or monitored by the Kuwait Institute for Medical Specialization during 1974 to 1998 were reviewed.

**Results** Of the 603 subjects, 543 (90%) were Kuwaiti nationals. They had obtained the basic degree in medicine from many universities in the region, with 358 (59.4%) having graduated from Kuwait University. The specialties of Pediatrics (18.2%), Family Medicine (15%), Obstetrics & Gynecology (13.6%) and Medicine (11.6%) ranked higher than the others among the choices for training as Assistant Registrar. 166 (32%) received training abroad on state-funded scholarships, 93 (56%) opting for the United Kingdom and Ireland. 120 (19.9%) had obtained a

Diploma or a Master's degree in the chosen specialties. 152 (25.2%) qualified with Memberships/Fellowships from Royal Colleges in UK and Ireland or Board Certificates from North America or institutions in other countries.

**Conclusion** Pediatrics, Family Medicine and Obstetrics & Gynecology are preferred for specialist training by women medical graduates in Kuwait. Surgery does not appear as an attractive choice. The findings are similar to observations made in previous investigations in other countries. The socio-cultural factors existing in the society may act as an additional incentive for women doctors to select specialties that offer 'controllable life styles'.

*Key words:* specialty choices, women medical graduates, Kuwait

*Bull Kuwait Inst Med Spec 2004;3:54-58*

### Introduction

Kuwait has witnessed major economic changes during the past three to four decades, resulting in improved living standards in the country. This is reflected in the changes observable in the parameters of human development. Between 1970 and 1999, life expectancy at birth rose from 65.9 to 76.5 years, infant mortality rate declined from 49 to 9.4 per 1,000 live births.<sup>1</sup> By 1997, the under-five mortality rate had fallen from 59 to 13 per 1,000 live births, and people not expected to survive to age 60 had dropped to 10% of the total population, the latter value approximating that seen in countries occupying the highest ranks of Human Development Index.<sup>2</sup> Opportunities for education have become widely available, and the

female adult literacy rate in 1998 had reached 78.5% for age 15 and above. The index for female students in tertiary education in 1997 was 129 when the value in 1985 is taken as 100, with 42.7% of them enrolling in science education programs. At present, women students constitute approximately half the annual intake for undergraduate education at the Faculty of Medicine of Kuwait University. For postgraduate education, opportunities are arranged abroad as well as at local settings by the Kuwait Institute for Medical Specialization (KIMS).

Though life styles and vocations have changed in keeping with the economic development, the Kuwaiti society remains essentially conservative. Values of traditional Arabian cultures prevail in many situations, and the prospect of women living abroad for extended periods for postgraduate training may not be acceptable to the same degree as with men. Additionally, women medical graduates may find that family members influence their selection of specialties to a high extent.

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Past studies in many countries reveal that increasing numbers of women doctors pursue postgraduate training, and that their choices of specialities differ from those of males. In the UK, the proportion of women in specialist training and in employment has increased during the past two decades,<sup>3</sup> and in one survey, 86% of the women medical graduates held one or more postgraduate qualifications.<sup>4</sup> General Practice, Community Medicine, Anesthesiology, Radiology, Pathology and Psychiatry were more popular among women than men,<sup>5-7</sup> and few women opted for Surgery. Some specialties such as Pediatrics and Obstetrics & Gynecology tend to be female-dominated.<sup>8</sup> Surveys in US, with larger study samples, show that more women than men choose Obstetrics & Gynecology and Internal Medicine.<sup>9</sup>

A study at a Saudi Arabian medical school showed that half of its graduates had obtained postgraduate certification. Females were concentrated in Obstetrics & Gynecology and pediatrics, with most having obtained qualifications locally.<sup>10</sup> Bana and her co-workers,<sup>11</sup> in their study of gender preferences in speciality selection among a small series of doctors in Kuwait, reported that females preferred the specialties of Pediatrics, Internal Medicine and Obstetrics & Gynecology.

## Aim

This survey was undertaken:

- i. To identify the medical specialties that women medical graduates enrolling in postgraduate training programs selected, and
- ii. To determine the distribution of women medical graduates among the different medical specialties.

## Method

Data that had been maintained at KIMS and the employment division of the Ministry of Health with respect to medical graduates registering for training during 1974 to 1998 were reviewed, and those pertaining to women trainees were selected for the study. Specific items of data related to personal background, award of scholarships for studies abroad, the specialties selected, and the qualifications obtained were analyzed.

## Results

A total of 603 women doctors, 543 (90%) of whom were Kuwaitis, enrolled in postgraduate training during the study period. There was a wide range of universities from which the trainees had obtained their basic medical degrees. 358 (59.4%) had graduated from Kuwait University, with 306 (85.4%) being Kuwaiti nationals (Table 1).

**Table 1. Countries of universities from which basic degree was obtained (n=603)**

Country	Kuwaitis (%)	All Trainees %
Kuwait	306 (56.6)	358 (59.4)
Egypt	157 (28.9)	159 (26.4)
Bahrain	24 (4.4)	26 (4.3)
Ireland	20 (3.7)	20 (3.3)
Pakistan	9 (1.7)	9 (1.5)
UK	8 (1.5)	8 (1.3)
Iraq	6 (1.1)	6 (1.0)
Saudi Arabia	3 (0.6)	3 (0.5)
USSR	3 (0.6)	5 (0.8)
Yugoslavia	2 (0.4)	2 (0.3)
Lebanon	2 (0.4)	2 (0.3)
Syria	2 (0.4)	4 (0.7)
Oman	1 (0.2)	1 (0.2)
Total	543 (90.0)	603

## TRAINING AS ASSISTANT REGISTRAR

During the second year of training the trainees serve in the capacity of Assistant Registrar in different specialties. The specialties of Pediatrics (18.2%), Family Medicine (15%), Obstetrics & Gynecology (13.6%) and Medicine (11.6%) ranked higher than the others among the choices (Table 2).

## SCHOLARSHIPS ABROAD

166 (32%) of the eligible trainees received scholarships abroad, 93 (56%) opting for training in the United Kingdom and Ireland. Canada was selected by 31 (18.7%) and USA by 15 (9.0%). The other countries and regions, with fewer number choosing them, were Germany, Saudi Arabia and Egypt, Eastern Europe and Sweden. Pediatrics, Obstetrics & Gynecology, and Internal Medicine were the specialties most preferred by those who went for training in the UK and Ireland or North America.

**POSTGRADUATE QUALIFICATIONS**

120 (19.9%) had qualified at the Diploma or Master's level in different specialties.

**Table 2. Specialties chosen for Assistant Registrar training and for postgraduate qualifications (Fellowships, Memberships or Board Certificates)**

Specialty	Asst. Registrar	Postgraduate Qualifications	
		In Training	Qualified
Pediatrics	110 (18.2)	21	32 (5.3)
Family Medicine	91 (15.1)	38	48 (8.0)
Obs & Gyne	82 (13.6)	4	25 (4.1)
Medicine	70 (11.2)	13	18 (3.0)
Laboratory Medicine	52 (8.6)	13	11 (1.8)
Surgery	24 (4.0)	6	3 (0.5)
Radiology	21 (3.5)	10	8 (1.3)
Dermatology	16 (0.3)	4	-
Public Health	11 (1.8)	3	1 (0.2)
Diabetology	12 (2.0)	-	-
Ophthalmology	7 (1.2)	1	2 (0.3)
ENT	3 (0.5)	-	-
Orthopedics	1 (0.2)	1	-
Anesthesiology/ICU	3 (0.5)	3	-
Urology	0	-	-
Nuclear Medicine	6 (1.0)	1	3 (0.5)
Psychiatry	2 (0.3)	1	-
Quality Assurance	7 (1.2)	-	-
Physical Medicine	3 (0.5)	-	1 (0.2)
Primary Care	5 (0.8)	-	-
Plastic Surgery	1 (0.2)	1	-
Neurosurgery	0	-	-
Nutrition	3 (0.5)	2	-
Emergency/Casualty	5 (0.8)	-	-
Radiotherapy	0	-	-
Pharmacology	1 (0.2)	-	-
Total	536	122	152 (25.2)

152 (25.2%) trainees obtained professional qualifications from the UK (Memberships or Fellowships of the Royal Colleges, e.g. MRCP, FRCS, MRCOG, FFR, FFA and MRCPATH) and Board Certificates (Kuwaiti, American, Canadian, German, Yugoslavian and Russian), and academic qualifications (Ph.D.) (Table 2). Of the trainees obtaining these qualifications, 64 (10.6%) had qualified as Fellows/Members of the Royal Colleges in the UK, and 66 (10.9%) had been awarded the Kuwait Board Certificate.

**DISCUSSION**

The training opportunities arranged by KIMS for further studies in medicine benefited 603 women doctors, the large majority of whom were Kuwaiti nationals.

While over half of all trainees had obtained the basic medical degree in Kuwait itself,

nearly a third graduated from universities in the Middle East or in other Arabian countries. It is possible that the existence of similar cultural and religious backgrounds had played a role in the choice of countries selected for basic training abroad. This, however, contrasts with the considerable proportion that had obtained basic degrees from the UK and Ireland. In these cases, the international stature of qualifications awarded by their universities may have had an overriding influence on the selection of specialties.

For training as Assistant Registrar, the specialties of choice were Pediatrics, Family Medicine and Obstetrics & Gynecology. A point worth noting is that 10% of the trainees had selected Family Medicine. This observation is comparable to the findings of the survey that reviewed the Association of American Medical Colleges (AAMC) Medical School Graduation Questionnaire in 1995.<sup>12</sup>

Family Medicine was also the speciality that had been selected by a large number of trainees for postgraduate qualifications. Similar data were reported in studies carried out in the US and the UK on the speciality choices of women graduates.<sup>6,7</sup> The availability of training programs in Kuwait itself, and the ability to complete the training in four years, which qualified the trainee completing the program for promotion to Senior Registrar level, may have played a part in these choices. Other specialties that were found to be attractive were Pediatrics and Obstetrics & Gynecology. The preference of females to enter into Family Medicine is similar to observations in previous investigations in other countries,<sup>4</sup> and this trend may be expected to continue as an additional 38 women entered training during this period.

Factors that are associated with the conservative life styles existing in many Middle Eastern societies may contribute to a preponderance of females in fields of specialization that offer 'controllable life styles'. In these specialties, there is little or no likelihood of being called for emergency duties or for service at irregular hours. Therefore, practice in Family Medicine, for example, is bound to be more attractive to many women, as the responsibilities towards the members of the family including the children could be accommodated more easily than when being in a specialty such as Surgery. The practitioner additionally would

have the choice of selecting an acceptable work schedule.

Working in specialties such as Pediatrics or Obstetrics & Gynecology would also ensure that women are not compelled to perform in situations where there is conflict between the demands of practice and the values and traditions of the society. The environment that exists in many Islamic societies, which discourages exposure of the human body to any appreciable extent, is likely to be a strong factor dissuading females from selecting work settings in which they come in contact with the human anatomy, especially of the male. Additionally, religious reasons that encourage working women to go into vocations that help other women would influence women doctors to choose Obstetrics & Gynecology for specialization.

The degree to which non-conformist life styles are tolerated varies in the different Middle Eastern societies, and with it may be associated the extent to which women may be allowed to travel abroad on their own, or live for long periods in foreign countries, especially in the West. The observation that women were concentrated in Obstetrics & Gynecology and Pediatrics in the Saudi Arabian study, with most having obtained qualifications locally,<sup>10</sup> may be attributable to this value system.

Unlike in the study of graduates in US in 1995,<sup>12</sup> the speciality of Medicine continued to attract a substantial proportion of women trainees. The ranking of preferred specialties, however, appeared somewhat different from the observations of Bana and her co-workers.<sup>11</sup>

Only 3 candidates had qualified in General Surgery, indicating that General Surgery was not a popular specialty among females. The norms in Kuwait and the other Middle Eastern societies may influence the reluctance of women to select surgery as a career choice to a greater extent than in the industrialized countries.<sup>7</sup>

The number of trainees who had obtained Fellowships or Board Certificates in the specialties of Anesthesiology/ICU and Psychiatry was also low. This appears somewhat at variance with the observation from many South Asian countries and those in the industrialized West. A possible explanation is that the close association between Anesthesiology and Surgery in the practice setting acted as a disincentive for the trainees to choose Anesthesiology.

In this investigation, 45% of the trainees had obtained postgraduate qualifications. Studies in industrialized countries such as the UK report a higher proportion of women doctors than in Kuwait obtaining postgraduate qualifications.<sup>1</sup> The wider scope of training opportunities available, and the greater level of competition for promotion and advancement in career may possibly have played a part in the outcome.

Women trainees have performed satisfactorily in acquiring postgraduate qualifications, including those at the level of Fellowships or Memberships and Board Certificates. Considering the socio-cultural factors existing in a conservative society, which may act as a disincentive for women doctors for travelling and living abroad for postgraduate education, it is important that the authorities provide adequate opportunities locally for training in the different medical specialties.

### Acknowledgements

The authors acknowledge the assistance given by Ms. Nadia Omar, formerly of the Kuwait Institute for Medical Specialization in data entry and data analysis.

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