



Reasons why Female Students Choose to Take Medicine as a Career

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Authors' contributions

This work was carried out in collaboration among all authors. All authors read and approved the final manuscript.

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ABSTRACT

Objective: The purpose of the study is to explore and recognize the variety of reasons that belie the female student body decision of opting for medicine as a career option.

Methods: An interview based study, with both closed and open ended questions, was conducted amongst the female medical students of public and private sector medical colleges in Saudi Arabia. Material and information were gathered using this interview-based questionnaire which the female students were asked to fill out. The duration of study was from 1st October 2021 to 30th January 2022. Analyzed on SPSS version 22.

Results: A total of 900 female medical students participated with 336 (37.3%) from pre-clinical years and 564 (62.7%) from clinical years. The mean age of the respondents was 20.7+1.8 years. The results imply a variety of reasons for the choice of medicine as a profession by the females with majority stressing the desire to serve humanity and the attached respect and acceptance as the

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other attracting factors. Minor reasons also exist that are discussed in greater depth in the article.

Conclusion: It is evident that in spite of the overwhelming obstacles still prevalent and the conservative attitudes towards career oriented females, women's deciding to enter the field of medicine is on the increase, as it makes it easier to stand up for when they are wronged and make their own choices. The government can help further by increasing the initiatives to get more females to enroll in the MBBS programs all over the country.

Keywords: Female medical students; reasons for choice; female doctors; medicine as a career; advantages.

1. INTRODUCTION

Medicine as a career option continues to be desirable to women the world over. In Saudi Arabia, a society which is inherently conservative in its makeup, the medical profession appears to be all the more appealing [1]. The number of women practicing medicine in Saudi Arabia has undergone a massive growth over the last several decades. According to the statistics total number of medical doctors registered with the SMC there are 126,876 doctors of which 47,217 are female, which accounts for about 37.21% of the total. More girls in Saudi Arabia are now enrolled in educational institutions than before and universities are now offering Secondary School female graduates programmes suitable for the Saudi society [2-4]. Despite the typically masochistic attitude prevailing in our community women have come a long way in making a career for themselves especially in the field of medicine thereby making the formerly inevitable task of making their own choices and speaking up for when they are wronged a thing of past. This stands among the many reasons why more females are opting for a career in medicine. Plus the demotivation of the quota system making it an obsolete method has made it easier for them to pursue it more. Mgrbal found that about half of the female physicians in Dammam area found it hard to strike a balance between their medical career and their family responsibilities. Several others also found that female physicians suffered from a conflict between their career demands and social obligations [5-11].

The objective of this article was to indicate the multitude of reasons for which females chose medicine as a profession that were brought to surface during the process of interviewing a whole lot of students from a number of medical schools in Hail.

2. LITERATURE REVIEW

It is very important for a student to know something about the specialty she wishes to pursue as a future career in order to determine its suitability for her knowing the possible difficulties that the student might face in a particular specialty will help her to weigh her capabilities vizaviz the demands of that specialty [1]. In this study it was found that more than one third of the students had chosen a specialty without any prior knowledge of it. This may explain why some students transfer to other, possibly less demanding, programmes of study, sometimes to a completely different area, such as architecture or computer science. The main sources of knowledge for those who know something of their chosen specialty were friends and relatives.

Prospective applicants to the medical college need to have a certain attitude and be highly motivated. A previous study indicated that most of the students found the programme more demanding than they had anticipated. More than two thirds of the students in this study expected that there would be difficulties in the course of their study in the medical college [12-15]. About one fifth of the students thought that one of the main difficulties would be the long hours of study. Integration of males and females at the work place also presented a problem since Saudi female students and their families prefer on religious and cultural grounds to study and work in a segregated environment. This finding is supported by another study which considered that segregation of sexes in the work environment is a major incentive that would attract more Saudi nationals into nursing as discussed by Jackson CL in his study in Saudi Arabia [17,18]. Kassimi⁵ considered that segregation of sexes was unique to Saudi Arabia, and that it could be more effectively achieved by establishing medical schools for females only [16]. Apart from pursuing a career

as a doctor, one can also look for a career in medical research or can become a medical scientist.

3. RESULTS

A total of 900 female medical students participated with 336 (37.3%) from pre-clinical years and 564 (62.7%) from clinical years. The mean age of the respondents was 20.7±1.8 when asked about their first career choice, 84.6% of the respondents stated medicine to be their initial option.

Furthermore, when asked the reason behind choosing medicine as a profession, 61.3% responded choosing medicine because they considered medicine as a respectable job for a woman in the society. Among other reasons cited, 43.9% wanted to serve humanity while 22.2% reported to have succumbed to parental pressure in making career choices and hence had ended up in this field. 9% of the participants believed that this profession promised big money in the future, 11.6% of them chose it because they had a keen interest in it, while only a small fraction admitted their reason behind getting into this field was to get eligible suitors.

4. DISCUSSION

The structure of Saudi Arabia society is widely acknowledged to be highly patriarchal. Clearly demarcated gender roles and large gender differentials in access to resources of all types exist [17] At the macro-level, a feudal socio-political system, rooted in inequitable land and resource distribution Hafeez supported by a strong Islamic ideology, produces rigid class and gender hierarchies as mention by Patel At the micro-level, men are socially constructed as providers and women as dependants and homemakers (York 1997; Khan 1999). The institution of purdah provides further support to the demarcation of male and female roles.² When asked about their career choice and the reason why they opted for it nearly 90% had opted for the career choice as medicine as the first choice and an equal number believed in taking it as to serve humanity and considered it as a respectable job for women. In recent years, an upward trend in the number of females in medicine and pharmacy has been observed in tertiary institutions in Nigeria, but this is not the case for mathematics, engineering and other "hard core" sciences³.The reason in taking medicine as first choice brings forth forward that

women in Saudi Arabia are very much interested in medicine and want to become well qualified doctors and are very much serious in taking medicine as there career. Pierre-Gilles de Genes, Nobel Prize winning physicist and L'OREAL-UNESCO For Women In Science Awards jury president, has some interesting ideas on why science education for girls and woman is a very good thing.⁴ Women in Saudi Arabia consider medicine as a respectable job for women and are very serious in serving the humanity. When asked whether they were forced to take medicine as a profession a considerable percentage 22% approved which depicts the strong assertiveness and dominance of the parents in deciding their child's career [18].

Among other reasons for choosing medicine as a career option the respect and prestige associated and the promise of big money in future stand tall. Considering the still prevalent mind-set among the Saudi Arabia citizens that considers a female unwed after a certain age a thing not of much likeness, a number of females agreed to have opted for this profession in order to attract commendable suitors who are sure to see an MBBS degree as a source of much pride. Since women are considered nurturers by nature such a career guarantees the polishing of the innate qualities bringing with it the greater likelihood of cultural acceptability both in the family, community and the in-laws.

Also we are on the road to dissolve quite a few of the overt roadblocks like gender biases in getting jobs and the disparity in the pays that it used to bring along that are making it easier for more females to consider medicine as a career. However this does not imply that the society has maneuvered its way to removing all possible obstacles, it just goes to say that the overwhelming hurdles are not such a huge cause of compromising on medicine as a career any longer.

An increment in the residency programs both locally and overseas and the evolution of sub specialties offered in postgraduate programs where less hectic lifestyle is involved in comparison to major areas like internal medicine and pediatrics has served to attract a mass of female students in this profession as it makes work-family imbalance less of a possibility.

5. CONCLUSION

With the obvious changes in the attitude of females towards medicine as a career it is not wrong to say that a lot more interesting changes are expected in future. Perhaps the most important reason in choosing to bring this issue to light is to bring forward more female applicants. The gradually increasing acceptance of working women by our society should serve to help the matter. The results clearly specify the female ambition to make this possible. Additionally appropriate policies on the part of the government would benefit medicine and society as a whole.

DISCLAIMER

The products used for this research are commonly and predominantly use products in our area of research and country. There is absolutely no conflict of interest between the authors and producers of the products because we do not intend to use these products as an avenue for any litigation but for the advancement of knowledge. Also, the research was not funded by the producing company rather it was funded by personal efforts of the authors.

COMPETING INTERESTS

Authors have declared that no competing interests exist.

REFERENCES

1. Islam S. Proceedings of the fourth Saudi Medical Conference. King Faisal University. Enrollment and drop-out of Saudi female medical students at King Abdulaziz University. 1980;390–401.
2. Zubia Mumtaz, Sarah salway, Muneeba waseem, Nighat umer. Gender-based barriers to primary health care provision in Pakistan: the experience of female providers
DOI: 10.1093/heapol/czg032 Health Policy and Planning 18(3), health policy and planning; © Oxford University Press. 2003; 18(3):261–269.
3. Medical schools and medical students (editorial) *Annals of Saudi Medicine*. 1989;9(1):1–2.
4. El-Mouzan MI, Lutfi AM, Absood GH. Secondary school and college admission test scores as predictors of performance of medical students in premedical subjects. *Saudi Medical Journal*. 1991;12(6):477–80.
5. Jackson CL, Gary R. Nursing: Attitudes, perceptions and strategies for progress in Saudi Arabia. *Annals of Saudi Med*. 1991;1194:452–8.
6. Kassimi MA. Problems of undergraduate medical education in Saudi Arabia. *Med Educ*. 1983;17:233–4.
7. Science Education for Girls and Women: Adeyinka G. Falus . Science Education for Girls and Women: The Situation in Nigeria L'OREAL-UNESCO For Women Science Laureate;2001.
Available:Africa.http://www.agora.forwomennscience.com/education_of_girls_and_women/2006/05/science_education_for_girls_an.php
8. Mgrbal KM. The effect of medical practice on social and psychological status of Saudi female physicians at Dammam area (dissertation) King Faisal University; 1993.
9. The Qualities Women Bring to Research by Pierre-Gilles de Gennes
Available:http://www.agora.forwomeninscience.com/education_of_girls_and_women /2006/03/the_qualities_women_bring_to_r.php
10. Swerdlow AJ, Mcneilly RH, Rue ER. Women doctors in training: problems and progress. *BMJ*. 1980;281:754–8.
11. Myers MF. The female physician and her marriage: An overview. *Am J Psychiatry*. 1984;1416(11):1386–91.
12. Microys G. Women as doctors, wives and mothers. *Can Fam Physician*. 1986;32: 339–342.
13. Schaller JG. The advancement of women in Academic Medicine – Commentary. *JAMA*. 1990;264:1854–5.
14. Robbins L, Ronnins E, Katz SE, Geliebter B, Stern M. Achievement motivation in medical students. *J Med Edu*. 1983;58: 850–8.
15. Albar AA, Sssuhaimi AA. Attitude of medical students and postgraduate residents at King Faisal University towards teaching medicine in Arabic. *Saudi Medical Journal*. 1996;17(2):230–4.
16. Danaraj TJ. Proceedings of the fourth Medical Conference. King Faisal University. Problems of medical education in developing countries. 1980;388–391.

17. Medical schools and medical students (editorial) *Annals of Saudi Medicine*. 1989;9(1):1–2.
18. Jackson CL, Gary R. Nursing: Attitudes, perceptions and strategies for progress in Saudi Arabia. *Annals of Saudi Med*. 1991;1194:452–8.

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