

Growth in the Number of Female Medical Doctors in Oman

What are the reasons?

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Sir,

In the last four decades there has been tremendous growth in the number of hospitals and doctors in Oman.¹ It is also heartening to see the increasing number of female students in Omani medical colleges leading to a concomitant increase in women in the medical labour force.² It would seem that Omani women think that the health sector is a suitable place for women to play an important role in society.

This growth and feminisation of the medical profession has taken place since the accession in 1970 of His Majesty Sultan Qaboos bin Said. His vision and leadership have overseen major growth and transformation in Omani health care; he draws on Islamic teachings to underscore the expanded role that women should play in Omani society and to emphasise his support for women's rights. Omani women are thus encouraged by their monarch's commitment to national welfare, and are eager to participate in all aspects of their nation's growth.

The Oman Medical College, a private medical university run in partnership with West Virginia University, USA, opened in 2001 with only 69 students, 68 of them girls.³ By 2010, out of a total of 866 students spread over in its Bausher and Sohar campuses, 744 (86%) of them were girls. Also the available Omani Ministry of Health (MOH) statistical data shows that, in 2009, 57% of MOH doctors were women.²

This feminisation of the Omani medical profession could be attributed to many factors such as encouragement from His Majesty, and favourable conditions in the country: a low crime rate, availability of transport, safe accommodation, schools and institutions of higher education. It is also possible that certain qualities inherent in women, which make them better doctors, could be another factor in the growing feminisation of this profession.

There is a new and growing appreciation of those traits that women use to keep families together and to organise volunteers to unite and make changes in the shared life of communities. These newly admired leadership qualities of shared leadership, nurturance and doing good to others are today not only sought after, but also needed to make a difference in the world. A feminine way of leading includes helping the world to understand and be principled about values that really matter.⁴ These factors have helped women to achieve career success despite the multiple roles they are required to play. This is maybe precisely why women have had career success; they are used to multi-tasking and prioritising.

Evidence suggests that women doctors typically adopt a democratic style of communication that fosters collaborative relationships. They discuss treatment options, elicit patient's preferences and engage patients in making decisions.⁵ Female doctors' communication style tends to be sensitive and they offer more emotional support and encouragement and reassurance to their patients than their male counterparts.⁶

The strengths that women demonstrate in patient-centered care may lead to important improvements in the effectiveness and outcomes of care. Studies have demonstrated that patient-centered communication between physicians and patients can enhance outcomes of care, including patient adherence to treatment recommendations, biological outcomes in chronic disease, and patient satisfaction.⁷ The Accreditation

Council for Graduate Medical Education (ACGME) in the USA now requires that physicians demonstrate effective communication skills and female doctors are likely to meet or exceed these standards.⁸ The ACGME also requires physicians to have the ability to work effectively with others in a health care team or medical professional group. Several recent studies of leadership style indicate that women empower other team members to develop their potential, act as role models by gaining the trust and confidence of colleagues and take an interest in the personal needs of their staff.⁵

The Institute of Medicine in the USA articulated the importance of striving to provide patient-centered care that “encompasses qualities of compassion, empathy, and responsiveness to the needs, values, and expressed preferences of the individual patient”. Two dimensions are inherent in this definition: physicians should engage each patient in a process of making health care decisions, and they should demonstrate emotional sensitivity toward each patient’s circumstances. Evidence suggests that women are well-equipped to satisfy both of these elements of patient-centered care in their one-on-one relationships with patients.⁹ Several studies by Swiss and American researchers have shown that female doctors tend to be more encouraging and reassuring, use shared decision making, ask more psychosocial questions and spend more time (up to 10% more) with patients than male doctors. It was seen that the female patients were most satisfied with their women doctors since they expressed concern and empathy and were extremely reassuring.⁵ More and more medical schools are offering courses that teach young doctors how to offer better counselling and prevention advice, implement shared decision-making and pay increased attention to how an illness and its treatment are affecting a patient. These skills have been found to be present more often in female physicians.¹⁰

Since certain inherently female qualities, such as empathy, sensitivity, encouragement, caring, nurturing, and reassurance, seem to make women better doctors, more and more women are entering and being successful in the medical profession. Feminisation of the profession will positively affect patient care and health care systems, as well as the profession itself.

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References

1. Oman News Agency. Sultanate’s Achievements in 40 Years. From: <http://www.omannews.gov.om/ona/english/national4.jsp> Accessed Apr 2012.
2. Kamoopuri H. Women excel in Medicine. Oman Daily Observer, May 1, 2010.
3. Oman Medical College. History of College. From: <http://www.omc.edu.om/OMCHistory.html> Accessed: May 2012
4. Women are superior. Learning Management System News, August 31 2011. From: <http://www.trainingforce.com/blog/> Accessed: Apr 2012.
5. Levinson W, Lurie N. When most doctors are women: What lies ahead? *Ann Intern Med* 2004; 141:471–4.
6. Hall JA, Roster DL. Medical communication and gender: a summary of research. *J Gend Specif Med* 1998; 1:39–42.
7. Greenfield S, Kaplan S, Ware JE Jr. Expanding patient involvement in care. Effects on patient outcomes. *Ann Intern Med.* 1985
8. Kaplan SH, Greenfield S, Ware JE Jr. Assessing the effects of physician patient interactions on the outcomes of chronic disease. *Med Care* 1989;27: S110–27
9. Institute of Medicine, Committee on the Quality of Health Care in America. *Crossing the Quality Chasm: A New Health System for the 21st Century.* Washington, DC: The National Academy Press, 2001. Pp. 39–60.
10. Chen PW. Do Women Make Better Doctors? *New York Times*, May 6, 2010. From: <http://www.nytimes.com/2010/05/06/health/06chen.html> Accessed: Apr 2012.