

The Work Preference of Saudi Doctors Who Are On Scholarship in the United State of America

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ABSTRACT

Many countries around the world including Saudi Arabia send their students on scholarships to other countries to acquire advance training in certain medical sub-specialties. It is expected that scholars will return to their countries and they will participate in developing their countries in many aspects, culturally and clinically. The aim of the study is to estimate the percentage of Saudi doctors who are taking a scholarship in the United States of America who are willing to work abroad after finishing their clinical program and to investigate the reasons for them to work abroad. The study was conducted in the United States of America by sending electronic questionnaires.

Methodology:

This study is a cross-sectional questionnaire-based study. Conducted in the United States of America. Included Saudi doctors who are in either a residency or fellowship programs. The primary data was collected via electronic questionnaires using standardized electronic website. The invitations to participate were sent via mass E-mails by the Saudi Arabian Cultural Mission in the United States.

Results:

Of the 45 who met the inclusion criteria 36 (80%) preferred to work in Saudi Arabia, while 9 (20%) wanted to work abroad. Among the reasons that affected their choice of the country were security and work environment, financial issue, lifestyle of the region, modern medical equipment and opportunity of career development respectively.

Discussion:

The study showed that 80% of respondents prefer to come back to Saudi Arabia, mainly for their family. However, there is still a percentage of the respondents who would like to continue working abroad for the lifestyle and work environment.

Keywords Internship and residency, international educational exchange, return to work

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Introduction

Countries such as Saudi Arabia send their students abroad, for them to develop what they lack in science. [1] Also, sending students abroad has many benefits. [2, 3] For example, to produce notable cooperation between countries while allowing students to gain skills and traits, coping with many cultures and being fluent in many languages. Thus, after finishing their scholarships and returning to Saudi Arabia, they develop the country in many aspects, culturally and scientifically. The specialty that we will concentrate on is the medical field.

Although Saudi Arabia made great advances in medical education, it still lacks some medical specialties. The availability of some medical specialties is still limited such as Neurosurgery, ICU, Histopathology, and Anesthesia. [4] In order to increase the availability of these specialties, Ministry of Health and hospitals send medical students to specialize in the limited specialties. The governmental institutions send their medical students to countries such as the United States, United Kingdom, and Germany. The choice of these countries in particular is based on their scientific advances, availability of specialties, and their economical stability. [5]

The government's vision is that the students will return and apply their knowledge and spread it locally, which will aid in the development of Saudi Arabia's medical education, health care, and medical status. Medical students who are learning abroad get exposed to many experiences, either culturally or professionally. These experiences may alter their career choices, which can lead them not to return to Saudi Arabia. If they choose not to come back after finishing their scholarships, it will lead to great losses in financial, scientific, and cultural aspects. The percentage of Saudi medical Doctors not returning back to Saudi Arabia after finishing their scholarships and what attracts them to other regions is something to be studied.

To evaluate how big the problem is, the percentage of Saudi medical students who want to work abroad should be known. This should help in assessing the value of Saudi medical scholarships, because if they do not return that will lead to great losses which were mentioned before. The reasons why they do not want to return should be identified to adjust many things in Saudi Arabia. Our study focuses on Saudi doctors who are taking a scholarship in The United States of America that want to work abroad, and identify their reasons, why, is the proposed question. The aim of this study is to know where they want to work afterwards.

METHODOLOGY

The study is a cross-sectional study that is conducted by sending electronic questionnaires via mass E-mails by the Cultural Mission which is a governmental institute that implements educational and training policies to provide Saudi Arabia with qualified individuals capable of achieving the country's goals. The used sampling technique included all the population in which they represent a subgroup. Our sampling frame in this study is Saudi doctors who are taking a scholarship abroad. The sample size was estimated by using Raosoft Calculator, with 5% margin of error. The confidence level is 95% and the response distribution is 50%. The estimated sample size is 334 Saudi doctors who are taking a scholarship in The United States of America. This was based on Dr. Alessa estimation of the doctors' population abroad. He stated that there are 7685 students who are studying medicine and medical sciences in the USA, 1012 of whom are taking a fellowship, we estimated that the residency and the bachelors are about 2500. Based on that we've estimated the sample size to be about 334 medical students in the United States of America. Information gathered from Cultural Mission in the United States of America include the subjects whom are Saudi medical students and doctors who are taking a scholarship in the United States of America. It includes males and females whether they are in the residency program or taking their fellowship in the

United States of America. The approximate population size is about 5000 medical students and doctors. The information that is taken from the Cultural Mission includes E-mails, Phone numbers, addresses, etc. We as co-investigators collected primary data via electronic questionnaire using SurveyMonkey website. These questionnaires were sent to the medical doctors by E-mail or through social media and mobile phones. It was made sure that our participants had full confidentiality and autonomy by asking consent for participating, and they were not asked for their names in the survey that was sent to them. Also, during data analysis, the team responsible for managing the data made sure all participants' information was not leaked or discussed with others. The data was analyzed using SPSS version 20. For descriptive statistics we described variables as numerical data (mean, SD, Box Plot for graphs) and for categorical data (Frequencies, percentages, and Bar chart for graphs). While for inferential statistics we link two variables those who want to work abroad and don't want to work abroad with specialty, gender, age, country of scholarship, etc... In the analysis of two categorical variables we use Chi/square test and for two variables in which one of them is categorical and the other is numerical we use T-test. For any test it is declared if P-value is less than 0.05.

RESULTS

The chapter presents the demographic and inferential analysis techniques applied in assessing the percentage of Saudi medical Professionals who don't want to return back to Saudi Arabia after finishing their scholarships and what attracts them to other regions.

Table 1, shows the distribution of the demographic characteristics, the age range of the respondents that participated in the study where majority of the respondents which takes 25(55.6%) stated to fall within the age range of 31-35years; 11(24.4%) stated to fall within the age range of 36-40years while 9(20.0%) stated to fall within the age range of 25-

30years. This shows that majority of the respondents are within the age range of 31-35years as at the time of this study. The distribution of Gender of the respondents of the study where larger percentage of the respondents which account for 37(82.2%) of the total respondents stated they are males while 8(17.8%) of the respondents stated they are females.

Figure 1 shows the distribution on the program the respondents are doing at the enumeration area from where 26(57.8%) of the total respondents that participated in the study stated they are doing Fellowship program while 19(42.2%) of the respondents stated they are under Residency program.

Table 2 shows the country of study distribution for the respondents where majority of the respondents which account for 39(86.7%) of the respondents stated the country of their study is in USA while 6(13.3%) of the total respondents claimed they study in another country.

Table 3 shows the distribution on the responses of the respondents on the number of years living in the country where largest percentage which takes 25(55.6%) of the total respondents said they have been living in the country for 1-2 years; 10(22.2%) of them said they have been living in the country for 3-4years; 3(6.7%) each of the respondents said they have been living in the country for 5-6years and 7-8years respectively while 4(8.9%) said they have been living in the country for 9 or more years.

Figure 2 shows the distribution on the specialty of the respondents where 25(55.6%) of the respondents mentioned they specialize in Emergency medicine; 8(17.8%) of the respondents mentioned they specialize in General surgery; 4(8.9%) of the respondents mentioned they specialize in Pediatrics; 3(6.7%) of these total respondents mentioned they specialize in Internal medicine while 2(4.4%) each mentioned they specialize in Dermatology and Family medicine respectively and 1(2.2%) of the respondents mentioned they specialize in Orthopedics.

Table 4 shows the respondents reason for choosing the region they are where largest percentage of the respondents stated they have other reasons aside from the above listed reasons while 7(15.6%) each of the respondents claimed the reason for choosing the region is for job security and work environment respectively; 6(13.3%) claimed they choose the region because of financial issue; 5(11.1%) of them claimed they choose the region because of the life style of the region; 2(4.4%) each of the respondents claimed they choose the region because of the availability of modern medical equipment and opportunity of career development respectively.

Table 5 Shows that Since the P-value (0.071) is greater than significant value (0.05), we therefore conclude that there is no statistically significant relationship between preferred work place and gender.

DISCUSSION

National medical workforce planning requires an understanding of whether the emigration of internationally trained doctors is due to the inability of their home country health system to employ its graduates; and/or because of unsatisfactory or worsening working and living conditions in their country. This study demonstrates Saudi Arabia-trained doctors' high levels of dissatisfaction desiring to travel back working in their country, training and career opportunities in Saudi Arabia, in comparison with the expected benefits and opportunities of working abroad and knowing that the benefits of foreign education to human capital development are reduced when a recipient does not return to the home country [8,9]. Four of the top eight factors, where agreement ranged from 85 to 55% of participants, compared practicing abroad favorably than practicing in Saudi Arabia, including job security, work environment, financial issues and life style. However, most of the factors that were cited as reasons to practice abroad were reported almost equally by those likely to stay and those intending to leave. Whereas, in Saudi Arabia, for the most part, high levels of dissatisfaction with job

security, work and career opportunities among doctors in Saudi hospitals highlighted major medical workforce systemic weaknesses [10]. It can be seen that many of these respondents specialize in emergency medical which will be very useful for the country since they are needed most to attend to patients before diagnosing the major cause of ailment. The relationship between medical education and quality of care is complex and dynamic, and can potentially be influenced by fatigue, supervision or clinical experience. A study on junior doctors-prescribing mistakes in the UK highlighted a multifaceted problem, including mistakes due to lack of knowledge and training, lack of support, time pressures, working alone without immediate access to support, the wish to appear confident, hierarchical structures and senior doctors being unapproachable or unhelpful. Inadequate care for the medical personnel in Saudi Arabia may result to increasing workloads and staff shortages, exacerbated by a decade long recession and cuts to the salaries of new consultants, which may have impact on recruitment since only about half of the recipients' earlier studied report obtaining employment directly related to their specialty area [11]. Given the UK experience, it is also a cause of concern regarding clinical governance and patient safety. Since there is a significant relationship between the country of studying and desired place to work, there is a need for improvement in the medical institution of Saudi Arabia to give desiring students competent knowledge to challenge studying outside the country.

Our study has some limitations. Questions that asked about where you will like to work after your scholarship were not asked of those who definitely planned to come back to their homeland. If the question had asked all trainees about their views of working, training and seeking a career in the Saudi health system, their intentions would have been directly known.

CONCLUSION

In conclusion, most of the respondents (80%) preferred to comeback to Saudi Arabia because of their families. While the other 20% preferred to stay abroad because of the lifestyle and working conditions there.

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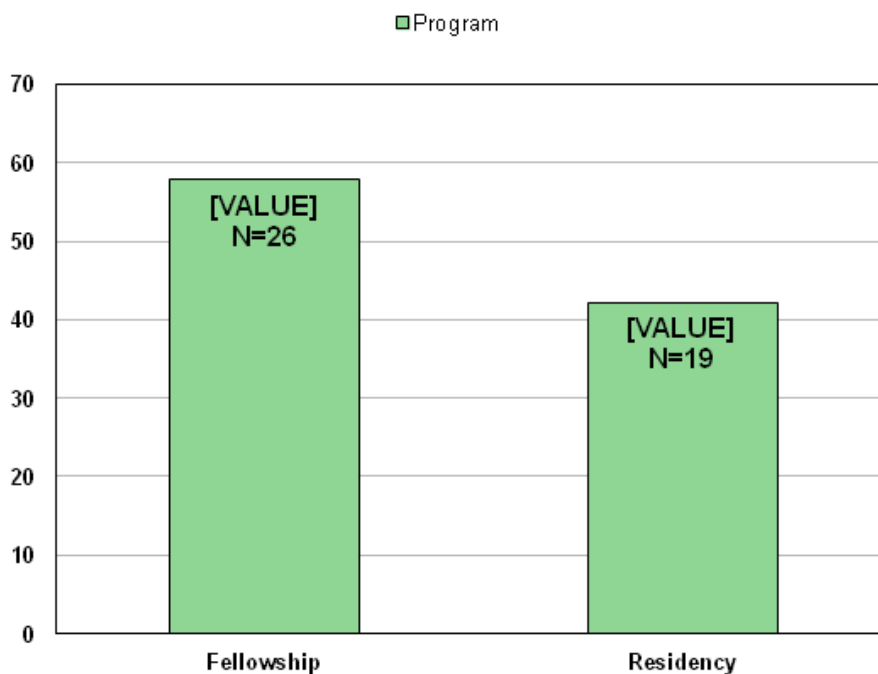
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DEMOGRAPHIC CHARACTERISTICS OF THE RESPONDENTS

Table 1: shows Demographic Characteristics:

DEMOGRAPHIC CHARACTERISTICS
Age:

	Frequency	Percent
25-30	9	20.0
31-35	25	55.6
36-40	11	24.4
Total	45	100.0
Gender:		
	Frequency	Percent
Female	8	17.8
Male	37	82.2
Total	45	100.0

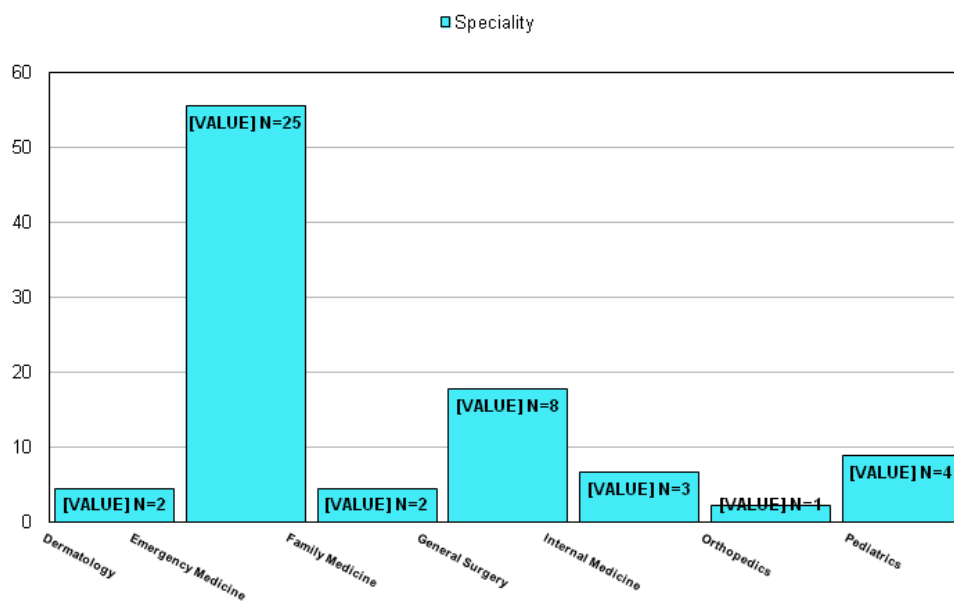
Figure 1: shows the program distribution:**Table 2:** shows the country distribution of study:

Country that you study in:		
	Frequency	Percent
Other	6	13.3

USA	39	86.7
Total	45	100.0

Table 3: shows the respondents distribution based on years of living in the country

Years of living in this country:		
	Frequency	Percent
1-2	25	55.6
3-4	10	22.2
5-6	3	6.7
7-8	3	6.7
9 or more	4	8.9
Total	45	100.0

Figure 2: shows the respondents distribution based on their specialty**Table 4:** shows the respondents distribution based on the reason for choosing the region:

Why did you choose this region?		
	Frequency	Percent
Life style	5	11.1
Work environment	7	15.6

Doctors' rights	1	2.2
Job security	7	15.6
Opportunity of career development	2	4.4
Financial issues	6	13.3
Availability of modern medical equipment	2	4.4
Other	15	33.3
Total	45	100.0

Table 5 :shows the relationship between preferred workplace and gender:

Crosstab					
			Gender:		Total
			Female	Male	
Where do you prefer to work after you finish your scholarship?	North America	Count	2	6	8
		Expected Count	1.4	6.6	8.0
	Other	Count	1	0	1
		Expected Count	.2	.8	1.0
	Saudi Arabia	Count	5	31	36
		Expected Count	6.4	29.6	36.0
Total		Count	8	37	45
		Expected Count	8.0	37.0	45.0

Chi-Square Tests			
	Value	df	Asymptotic Significanc

			e (2-sided)
Pearson Chi-Square	5.283 ^a	2	.071
Likelihood Ratio	4.111	2	.128
N of Valid Cases	45		
a. 3 cells (50.0%) have expected count less than 5. The minimum expected count is .18.			