## Exploring the Barriers and Facilitators for Female Physiotherapists to Work in Professional Sport in Saudi Arabia

# Alghadawi sameer aljunaidi<sup>1</sup>, Shatha Nabeel AlSousy<sup>2</sup>, Ohud bdulrahman Almasoud<sup>3</sup>

- 1. Senior Physical Therapy Specialist, Sports Medicine Specialty King Khalid University Hospital
- 2. Physical Therapy King Khalid University Hospital
- 3. Physical Therapy King Khalid University Hospital

#### **Abstract**

**Background:** Saudi female sports physiotherapists are essential to promote the field of sport and exercise medicine as per the Saudi Vision 2030. The Vision 2030 aims at modernising the Kingdom of Saudi Arabia (KSA) by achieving long-term goals, amongst which are improving women's status. In particular, the 2030 vision aims at enhancing women's health and fitness through fitness centres and encouraging greater participation in sports. However, the current scenario in Saudi Arabia is not conducive for women physiotherapists to work with professional sports teams and clubs.

**Aim:** The main aim of this study is to uncover the barriers and facilitators to female physiotherapists to work in professional sport in KSA. The study also aims at expelling the prior assumptions and beliefs that are often presented, identifying the facilitators and recognising recent changes in KSA by establishing the facts.

**Method:** Email requests to participate in the study was sent to relevant professionals in four institutions in KSA. Skype interviews were conducted until data saturation was achieved. In total, eight interviews were conducted. The interviews were conducted in Arabic language, as it facilitated the interviewees to express their thoughts without any hesitation and difficulty. The interview transcripts were transcribed and translated into English. The transcripts were analysed using a thematic analysis approach.

**Result:** Four overarching themes and 15 sub-themes were identified. The main themes are social factors, infrastructure, education and awareness, and economic factors.

**Conclusion:** The participants agreed that there is an acute shortage of female physiotherapists in professional sports. The significant barriers for this are the age-old traditional practices, restrictions placed by the family, and the lack of awareness. However, the research also revealed that the current scenario in Saudi Arabia is fast changing. Specialised courses, recognition for sports physiotherapists and economic benefits of employing more local workforce are all acting as a facilitator for women physiotherapists to work in professional sports.

Keywords: Saudi female; Physiotherapists; Sport.

#### Introduction

Sport and Exercise Medicine is a recently acknowledged field as a medical speciality worldwide. It evolved over years, and different internal and external variables influenced its occurrence such as economic, social, and political (1). Sport and exercise Medicine evolved to address the increasing sporting health requirements and leisure needs. As a speciality, the development of Sport and exercise Medicine was associate with heated debates as whether it should be recognized as a separate specialism or it is a special interest and passion within the profession of physiotherapy (2).

Sports medicine specialists are presumed to be competent in a wide array of generic as well as specific competencies, and the nature of their profession may vary depending on the countries of practice. It is essential that sports physiotherapists' professional behaviours are described clearly. Accordingly, stakeholders and employing institutions can monitor quality assurance of the sports physiotherapists. When the core

professional roles of sports medicine specialists are delineated or at least when there is a common understanding about their responsibilities, bodies of authority can monitor their achievements and measure progress in the field (2).

Sports medicine specialists, sometimes referred to as sports physiotherapists deal with professional athletes' injuries who compete in an international context or amateurs who exercise for lifestyle and to maintain health. Sports medicine specialists "work with athletes of all ages and abilities at individual and group level to prevent injuries, restore optimal function and contribute to the enhancement of sports performance (3)". They should have appropriate indemnity and remain sober on duty. Sports medicine specialists need to have personal and professional integrity to preserve athletes' privacy and confidentiality (2).

Competent Saudi Female sports medicine specialists are essential to promote the promising Saudi vision 2030 proposed by His Highness Crown Prince Mohammed bin Salman. The Vision 2030 aims at modernising the Kingdom of Saudi Arabia by achieving long-term goals, amongst which are improving women's status. In particular, the 2030 vision aims at enhancing women's health, fitness through gyms and encouraging greater participation in sports (4). In line with the Saudi Vision 2030, highly qualified Saudi female sports medicine specialists have become an urgent demand.

Matching the rapid flux of change around the world, the Kingdom of Saudi Arabia for the first time in the history of the Kingdom has introduced girl's physical education programmes in public schools in the fall of 2017, as it was forbidden before (5). Moreover, in September 2017, Saudi women were given access to enter the national stadium alongside men to celebrate the Kingdom's 88th anniversary. Afterwards, they were allowed to attend sports events to which access was exclusively only for men in the past (4). Interestingly, the Kingdom has witnessed significant landmark changes in terms of women's participation in the Olympics. The first-ever international formal participation for Saudi Arabian females was at the 2010 Singapore Youth Olympics where an equestrian show jumper, Dalma Rushdi Malhas, competed and won a bronze medal. (6).

The main aim of this study is to uncover the barriers and facilitators to female physiotherapists to work in professional sport in KSA. The study also aims at expelling the prior assumptions and beliefs that are often presented, identifying the facilitators and recognising recent changes in KSA by establishing the facts

#### **Methods**

### - Study Design

A theoretical approach to data collection has been used to address the research questions. The main research approach chosen was in-depth interviews.

The present study was exploratory in nature, where participants' views and experiences are to be collected and studies. To effectively carry out this task, a qualitative approach in data collection and analysis was followed rather than an experimental model (7). To achieve this aim of gaining a deeper understanding of the barriers and facilitators, a qualitative approach is fitting. This method will also facilitate further exploration of the study data, thereby helping in addressing the barriers and encouraging the participation of women physiotherapists in professional sport in the Kingdom of Saudi Arabia.

#### - Data Collection

#### - Semi-Structured interviews

A semi-structured interview was chosen as the method of data collection for this study. Interviewing is a recognised and successful method of data collection in qualitative studies (8).

This design using the semi-structured interviews made sure that the information pertinent to the findings from the literature review is obtained as well as permitting the participant's personal opinion and ideas to be recorded.

#### - Interview Process

An interview guide was developed, taking into account the study aims and the background literature. The initial conversation was in an introductory and familiarising manner followed by further open-ended questions which explored the facilitators and barriers of the participants (female physiotherapists in Saudi Arabia) in professional sport.

The interviews were conducted by the co-investigator via Skype. Interviews were scheduled at convenient times suggested by the participants, and they took part in the interview from any venue at their convenience. Arabic was chosen as the language of conversation during the interviews as few of the interviewees were not proficient conversing in English. The participants had the contact details of the investigators should they had any queries. The participants were not provided with any kind of remuneration for taking part in the study.

## - Recruitment and Sample Size

Recruitment of participants for the study was undertaken between June 2019 and July 2019 using purposive sampling approach (9). Four institutions in Saudi Arabia were chosen from which participants were recruited for the study. The four institutes are - King Khalid Hospital, Prince Faisal Bin Fahad Sports Medicine Hospital, Directors of General Sports Authority and Board of Directors of Saudi Federation of Sports Medicine. These institutions were selected since they are located in the capital of Saudi Arabia, Riyadh and are relevant to reach the decision-makers and they are well aware of the state of flux about women in sports in the Kingdom of Saudi Arabia.

## The inclusion criteria to be eligible to participate in the interview were:

- Capable of giving informed consent
- Saudi Arabian national
- Male or female
- Sports physiotherapists, directors of General Sports Authority, the board of directors of Saudi Federation of Sports Medicine.

The Recruitment was not limited to English-speaking participants alone as it was already planned to translate the interviews should they be conducted in the Arabic language. Majority of the potential participants from the four centres were competent in spoken and written English since most of them were educated in the UK, United States, and Australia. However, few of the participants who are elderly stakeholders were not proficient in spoken English, and hence Arabic is chosen as the primary language of the interviews .

The co-investigator sent out e-mails to all the eligible physiotherapists and key stakeholders associated with the four institutions listed above, inviting them to take part in the study. The e-mail also gave the potential participants a detailed description of the purpose and nature of the study.

Recruitment and interviewing for the study continued until there was a saturation of the emerging themes. It is essential that sample sizes in qualitative studies must be adequate to capture all the important themes. However, it is also essential that the sample size is not too large as the data collected may be repetitive (10).

#### - Ethics

Ethical application for this study was presented to and approved by the University of Nottingham Research Ethics Committee (REC) on 10/5/2019 (Study Approval Number - 229-1901).

#### - Consent

Those participants who showed interest in taking part in the study were sent a consent form and a participant information sheet via email. They were given adequate time to read through the documents and get in touch with the co-investigator if they had any questions. The process for obtaining informed consent from participants was followed in accordance with the REC guidance and Good Clinical Practice.

#### - Data Analysis

After each interview, the recordings were transcribed verbatim by the coinvestigator as soon as possible. This enables better recall and early familiarisation with the data (11). This also helps in getting an overview of the data and to arrive at provisional key ideas and themes as the researcher is immersed in the data and becomes familiar with the data (12).

The co-investigator went through the translated transcripts multiple times to familiarise with the interview data. During this phase, notes were written by the co-investigator in the transcripts to identify key concepts and themes as expressed by the participants

The transcripts were analysed by a single researcher (co-investigator) and were not cross-checked by the chief-investigator due to time constraints and certain other unforeseen conditions. Quotations from the interview transcripts that reflect the identified sub-themes and themes were extracted, and a coding book was created for the ease of writing up the results section.

#### **Results**

A total of 14 potential participants were identified, and introductory emails were sent along with the participant information sheet. Eight replies were received resulting in a healthy response rate of 57%. All the eight participants who replied completed the consent form. All the eight participants were interviewed, and data saturation was achieved. Two of the participants in the interview are female sport and exercise physiotherapists working in Saudi Arabia, and three are senior consultants in the healthcare institutions involved in the study. The other three participants are senior executive officials of the sports authority of Saudi Arabia.

Confirmed themes - Four over-arching themes and 15 sub-themes were identified. These are shown in **table 1** below.

**Table 1:** Refined Themes and Sub-themes

	THEMES	SUB-THEMES
1. Social Factors		<ul> <li>1.1 Religion</li> <li>1.2 Single-sex clubs</li> <li>1.3 Women treating women</li> <li>1.4 Family expectations</li> <li>1.5 Homemaker</li> <li>1.6 Lifestyle</li> <li>1.7 Women herself as a barrier</li> </ul>
2. Infrastructure		<ul><li>2.1 Sports facilities</li><li>2.2 No funds for women's clubs</li><li>2.3 Private clubs</li><li>2.4 Current Framework</li></ul>
3. Education and Awarer	ness	<ul> <li>3.1 Course availability</li> <li>3.2 Recognition</li> <li>3.3 Lack of experienced female professionals</li> <li>3.4 Unaware of Sport and exercise physiotherapist's roles</li> </ul>
4. Economic Factors		

#### - Religion

Women entering sports and other sports-related fields are considered as a religious violation by some of the Saudi citizens who are primarily from the affluent sector of the community. Historically, along with other restrictions such as not able to drive cars, women were restricted based on religious reasons to not participate in sports.

However, participants also feel that their religion does not particularly forbid women to participate in sports, but opposition in the society may be due to specific clothing needs which is against Islamic traditions.

Few participants have observed that it has also become common for religious women to participate in sporting activities, but without listing to music as it considers HARAM while the sport activity is not, which shows Islamic nations are now beginning to encourage women to participate in sports.

#### - Single-sex clubs

Almost all of the sports clubs in Saudi Arabia are only accessible for men, and the lack of female or uni-sex clubs is considered as a significant barrier for women to take up sport and exercise medicine as a speciality and continue it as a profession.

### - Being treated by women

It can be observed from the participants' comments that cultural and societal practices and beliefs are heavy influencers when it comes to women clinicians treating male participants, thereby preventing opportunities for women sport and exercise clinicians.

## - Family expectations

Being a traditional nation, Saudi Arabian families have certain expectations from the women of the family. The families do not encourage women to take up sports medicine related courses and other professions that deal with sports.

#### - Homemaker

Some of the participants feel that women's place is at home and travelling associated with sports profession does not suit them when they have a family to take care of. When men who are working in sports find it hard to travel and to take care of the family, they feel that women will also feel the same difficulties and may even find it harder.

## - Lifestyle

Participants feel that the current lifestyle in Saudi Arabia is no more a barrier for women to take part in sports and practise sport and exercise medicine. With changes such as permitting women to drive and travel alone, they feel that the current lifestyle of Saudis is more conducive than ever for women to take up any profession that they are interested and passionate about.

#### - Education and Awareness

The availability of new sport and exercise medicine and physiotherapy courses are seen as a positive welcome in the Kingdom of Saudi Arabia. These new courses provide an avenue for women to enter this profession. Alongside these courses, Saudi Arabia is also beginning to host prestigious sports summits and sports medicine conferences, which again provides an opportunity for the women in Saudi Arabia.

#### - Recognition

Few of the participants in the interview felt that the universities in Saudi Arabia still do not understand the necessity and relevance and medicine and health sciences' role in sports and physical activity.

However, the government provides some recognition by continually increasing the number of studentships to study sports and sports medicine related courses in recent years, especially to travel and study in foreign countries.

#### - Economic Factors

Medical institutions must make sure that they allow a percentage of their insurance for women so that they can appoint more female sport and exercise medicine therapists.

By providing more jobs for Saudi women in the field of sport and exercise medicine, Saudi Arabia can slowly reduce the number of expatriates who are working in this field and empower Saudi female citizens and improve the economy of the country.

#### Discussion

The key barriers and facilitators that female physiotherapists' face while working in professional sport in the Kingdom of Saudi Arabia will be summarised in this chapter. Following the summary of key findings, the barriers and facilitators that these physiotherapists' tackle will be discussed in detail in comparison with the existing literature on this field. The strengths and weaknesses of this current study will be focused on before discussing the implications of this study and potential areas of future research in this field.

- There is an evident shortage of female physiotherapists and other sport and exercise medicine specialists among the professional sporting scenario in the Kingdom of Saudi Arabia.
- Religious beliefs and societal influence are reported to be one of the significant barriers for women taking part in professional sports and sports medicine related professions. However, the participants also felt that religion has nothing to do with women taking up such professions.
- Saudi Arabian women who take up clinical professions are not generally allowed to treat men. This acts as a significant barrier for women physiotherapists, and sports medicine professionals to work in professional sport, as the sporting field in Saudi Arabia is highly dominated by men, and it is hard to find female athletes of elite status.
- The family set up in Saudi Arabia is completely different from that of the western world and women is expected to take care of household chores rather than going out to participate in sports and sports medicine related activities.
- The current infrastructure of the Saudi Arabian sporting facilities is not favourable for sports participation to both men and women athletes, thereby, acting as a barrier in creating enough job opportunities for women physiotherapists and sports medicine professionals.
- The participants in this study considered the existing sports management framework as an outdated piece of legislation that denies women not just clinical and higher executive positions but even the right to enter sports clubs .
- Recent moves from the ministry of education to provide more scholarships that enabled women from Saudi Arabia to travel to western countries and study sports therapy and sports medicine courses have opened up a new avenue of opportunities in the nation .
- The participants also felt that currently, professionals with training in sports therapy and medicine are not well recognised in Saudi Arabia. However, the scenario is fast changing, with more people becoming aware of the speciality and the need for specialists to treat sports injuries .
- In recent years, medical conferences in the Kingdom of Saudi Arabia have started to include sessions on sports medicine and sports therapy, which acts as a facilitator for Saudi women to be aware of the speciality and consider taking it up as their career.

The International Olympic Committee commits itself to gender equality in sports by having an item in its charter "to encourage and support the promotion of women in sport at all levels and in all structures, with a view to implementing the principle of equality of men and women" (International Olympic Committee, 2013). The need to include such a statement in its charter is an apparent revelation of current gender-based inequalities in sports and associated professions. When research and practice of sport and exercise medicine is concerned, there are significant gender-based discrepancies. A recent study shows that women are significantly under represented in sport and exercise medicine research and the field is dominated by male researchers (13).

The age-old religious principles that dominate living and ruling in the Kingdom of Saudi Arabia was seen as a significant barrier for the nation's development in many facets (14). Women were seen as an essential member of the family to maintain the integrity of the family (15). Women going out of their house and working is seen as a 3108

radical thing to do and was discouraged by almost everyone in the country irrespective of their socio-economic and literacy status (15). To our surprise, majority of the women were of the same opinion that women should only be within the walls of the house and is not permitted to go out and take up a profession (15).

In Saudi Arabia, there also exists an element of hesitancy and denial among women to take up sports and sport and exercise medicine as a career. This is predominantly due to the dominance of men in all fields since a very long time and the result of the didactic preaching of women's role as limited within the house. Women in Saudi Arabia must try and get out of this self-inflicted barrier to actively participate in sports and take up sports physiotherapy and other sport and exercise medicine professions. This change in their fundamental beliefs may take a considerable amount of time. However, this change in their views can be accelerated by fostering an environment that favours women participation in the above-said professions.

Although there are a large number of barriers for female sports physiotherapists to enter professional sports, there are a number of facilitators. These provide a ray of hope for the future of such women sports physiotherapists and sport and exercise medicine professionals currently practising and for the future in Saudi Arabia.

Medical conferences in Saudi Arabia, which were earlier concentrating only on core clinical topics, have started to include sports medicine and sports therapy topics. This enables to create awareness among the clinicians about the existence of this speciality and the essential nature of it in safeguarding the health and wellness of athletes and the general public.

The economic benefits of having the country's own sports medicine workforce are seen as another significant facilitator for women taking up sports physiotherapy professions. Currently, Saudi Arabia depends on medical professionals from countries such as the UK, USA, India and Australia to fulfil their healthcare needs. When the state is favourable for its women to get trained and practise sports physiotherapy and sport and exercise medicine, it can reduce its dependency on the expatriates and create more job opportunities for its citizens and develop the economy of the nation.

#### Strengths of the current study

Although similar studies exploring female sports medicine professionals' role in professional sports has been conducted in many parts of the world, this study on exploring the facilitators and barriers for female physiotherapists to participate in professional sports in the Kingdom of Saudi Arabia is the first of its kind. Extensive contacts of the co-investigator with the senior-most executives and professionals in this field in Saudi Arabia helped in a fair distribution of participants' background thereby ensuring impartial results. Through constant reflection after each interview the interview techniques were improved and an in-depth data analysis was conducted. While writing up the study, the consolidated criteria for reporting qualitative research (COREQ) wad used, thereby making sure the findings are comprehensively reported (16).

#### **Limitations of the current study**

Not having a second reviewer to code the transcripts and cross-check the coding by the co-investigator is a significant weakness in the current study. Due to time constraints and other untoward circumstances, there was no possibility for a second reviewer to code even one transcript and cross-check the already identified codes and themes. Another potential limitation of the study may be the existence of an observer bias while reporting the findings from the interview transcripts. This may be due to the fact that the co-investigator is also a female physiotherapist from the Kingdom of Saudi Arabia and may have innately projected her expectations and opinions into the research. The absence of coding and comparing the themes by a second reviewer adds weight to this observer bias thereby weakening the credibility of the findings from this study.

**In conclusion,** the participants agreed that there is an acute shortage of female physiotherapists in professional sports. The significant barriers for this are the age-old

traditional practices, restrictions placed by the family, and the lack of awareness. However, the research also revealed that the current scenario in Saudi Arabia is fast changing. Specialised courses, recognition for sports physiotherapists and economic benefits of employing more local workforce are all acting as a facilitator for women physiotherapists to work in professional sports.

#### References

- 1. HAGGIE, H. (2010). Specialization without the hospital: the case of British sports medicine. 54, pp. 457-474.
- 2. Thompson, B., MacAuley, D., MacNally, O., & O'Neill, S. (2004). Defining the sports medicine specialist in the United Kingdom: a Delphi study. Br Sports Med, 38, pp. 214-217.
- 3. BULLEY, C., & DONAGHY, M. (2005). Sports physiotherapy competencies: the first step towards a common platform for specialist professional recognition. Physical Therapy in sport, 6, pp. 103-108 doi:10.1016/j.ptsp.2005.02.002.
- 4. BRITSOR, K. (2018). Saudi girls just want to have fun: female participation in sports in Saudi Arabia. Retrieved fromhttps://www.msuilr.org/msuilr-legalforum-blogs/2018/2/12/saudi-girls-just-want-to-have-fun-female-participation-in-sports-in-saudi-arabia. Accessed on 27th, 03, 2019.
- 5. SFEIR, L. 1995. The Status of Muslim Women in Sport: Conflict between Cultural Tradition and Modernisation. International Review for the Sociology of Sport, 20 (4), pp. 283-306
- 6. BOYKOFF, J., & YASUOKA, M. (2015). Gender and politics at the 2012 Olympics: media coverage and its implications. Sport in Society, 12 (2), 219-233
- 7. POPE, C. & MAYS, N. 1995. Reaching the parts other methods cannot reach: an introduction to qualitative methods in health and health services research. Bmj, 311, 42-5.
- 8. BRITTEN, N. 1995. Qualitative interviews in medical research. Bmj, 311, 251-3.
- 9. PATTON, M. Q. 1990. Qualitative evaluation and research methods, SAGE Publications, inc.
- 10. RITCHIE, J. & LEWIS, J. 2003. Qualitative Research Practice: A Guide for Social Science Students and Researchers SAGE Publications LTD
- 11. SETIA, M. S. 2017. Methodology Series Module 10: Qualitative Health Research. Indian J Dermatol, 62, 367-370.
- 12. SRIVASTAVA, A. T., S.B. 2009. Srivastava, Aashish and Thomson, S Bruce, Framework Analysis: A Qualitative Methodology for Applied Policy Research. Journal of Administration and Governance.
- 13. COSTELLO, J.T., BIEUZEN, F. AND BLEAKLEY, C.M., 2014. Where are all the female participants in Sports and Exercise Medicine research? European Journal of Sport Science, 14(8), pp.847-851.
- 14. NORRIS, P. AND INGLEHART, R., 2004. Cultural barriers to women's leadership: A worldwide comparison. Journal of Democracy.
- 15. ALMUNAJJED, M., 1997. Women in Saudi Arabia Today. Springer.
- 16. TONG, A., SAINSBURY, P. & CRAIG, J. 2007. Consolidated criteria for reporting qualitative research (COREQ): a 32-item checklist for interviews and focus groups. International journal for quality in health care, 19, 349-357.