

Women in Pharmacy 2006: A Good Match

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There is no doubt: pharmacy is a great profession for women. As I think about the women I know in pharmacy, myself included, I see directors of pharmacy, professors tenured at colleges of pharmacy, and entrepreneurs providing independent consulting services. I see women working long hours, volunteering their pharmacy skills to serve needy populations, and mentoring pharmacy students. I see women who have worked part time, switched jobs, or stopped working altogether to accommodate raising a family. I have seen these women return to pharmacy jobs as the primary breadwinners in their households. Pharmacy in the 21st century enables all of the above and more. Certainly the growing number of women entering pharmacy commands some attention.

A generation ago, *Drug Intelligence and Clinical Pharmacy* published a series of commentaries about women in pharmacy.¹⁻⁴ The full series was titled “International Women’s Year of 1975.”¹ These commentaries evoke a sense of excitement about the growing numbers and increasing opportunities for women in pharmacy. Indeed, in the mid-1970s, the percentage of women in pharmacy schools was on the rise. In 1950, about 9% of students enrolled in colleges of pharmacy were women. This increased to about 24% in 1972.^{2,3} At that time, predictions for 1980 stated that 40% of pharmacy students would be women¹ and that, in 2000, women would comprise “anywhere from 47 percent to 100 percent” of students.² These predictions were on target: in 1980, 47% of students in BS and PharmD programs were women, increasing to 67% in 2004.⁵

As we reflect on the status of clinical pharmacy and celebrate the 40th anniversary of *The Annals*, it seems appropriate to reflect on the role of women in pharmacy in 2006. Aside from the increasing number of women entering the profession, how has their role changed since the commentaries of 1975, and what lies ahead?

As I consider these questions, a historical context might be helpful. To that end, the history of American women in pharmacy from the late 19th century through the year 2000 has been documented.⁶ Women in pharmacy today can appreciate the work of their predecessors in establishing the

environment we currently enjoy. Even since 1975, women have played an important role in the development of our profession, as previously reflected by Henderson⁷ in this journal. Our progress as women in pharmacy might be characterized by 2 recurrent themes.⁸ One is that women have faced an ongoing challenge to achieve economic, intellectual, and social equality with their male counterparts. The other is that the commitment of women pharmacists has been questioned compared with that of male pharmacists in light of the tendency for women to work part time in pharmacy or leave the work force altogether, often just temporarily, because of child-rearing responsibilities.

Are women in pharmacy considered equal to their male colleagues today? As described above, at the outset of the 21st century, women make up over half of the students enrolled in pharmacy programs and nearly half of the workforce. Female practitioners made up 4% of the pharmacy workforce in 1950, 9% in 1970,³ and an impressive 44% today.⁹ This growth is paralleled in faculty positions at colleges of pharmacy. In 1973, women held barely 5% of faculty positions at or above the assistant professor faculty level.² By comparison, current data indicate that about 40% of faculty positions are filled by women.¹⁰

Another measure of female equality in pharmacy is leadership at the national level. To this end, it is notable that women pharmacists have been elected president of most of the major national pharmacy associations including the American College of Clinical Pharmacy, American Pharmaceutical Association, American Society of Consultant Pharmacists, and American Society of Health-System Pharmacists.⁶

Thirty years ago, it was stated that consumers might have been more apt to expect service from male pharmacists.² Today, I suspect that this expectation has changed, as our society is more accustomed to seeing both genders in professional roles. Certainly, the demographics in pharmacy dictate that consumers can now expect to interact with a female pharmacist nearly as often as with a male pharmacist.

However, women pharmacists have not made strides in equality in all areas. Salary differentials according to 2004–2005 data indicate that, at public colleges of phar-

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macy, average female faculty salaries for positions of dean, professor, or assistant professor were up to 23% lower than for their male counterparts. Salaries for females exceeded those for males only at levels of assistant professor and instructor and were just 1–2% higher. Private institutions had a smaller gap, with female faculty salaries lower by 1–13%. However, salaries for women were lower for all categories, regardless of position held.¹⁰ When compared by degree held (ie, BS Pharm, MS Pharm, PharmD, or PhD), men at either type of institution earned more than women. Anecdotally, a colleague shared with me recently that efforts a decade ago to equalize salaries at her public institution resulted in a significant increase in the salary for her tenure-track position.

What about the question of the commitment of women pharmacists to their profession? One way to evaluate their commitment is to observe that, of all licensed pharmacists, 91% of women are actively employed compared with 86% of men.⁹ West² commented in 1975 that perhaps more women choosing pharmacy in the next generation would choose it with the intent to make a career of their profession. Perhaps these data reflect an increased commitment by women, as West predicted.

A different view is that women might actually feel more committed to a career in pharmacy today because the opportunities now offer greater fulfillment. It was mentioned a generation ago that women pharmacists have characteristics that are particularly well suited to clinical practice.^{3,4} These include nurturing personality traits such as empathy, sensitivity, and understanding, which perhaps draw women to the patient-centered focus of clinical pharmacy. In contrast, the nature of pharmacy practice 30 years ago was more focused on the drug product, with less emphasis on communication skills. West² predicted that the development of clinical pharmacy—still in its nascent stage in 1975—with greater emphasis on patient care would attract an increasing number of women to clinical faculty positions. Indeed, within colleges of pharmacy, women are found more commonly in clinical positions than in research and administration. Current data show that women outnumber men within pharmacy practice divisions (55% vs 45%, respectively). In contrast, male faculty hold 78% of the PhD positions and 81% of the positions of dean, associate dean, and assistant dean.¹⁰ Of note, the percentage of women enrolled in PhD programs has been on the rise, from 38% in 1990 to 49% in 2004.^{5,11} With the increasing presence of women in PhD programs, one can speculate that, hopefully, an increased presence of female PhD faculty will follow.

Perhaps the diversity of clinical practice options, in both practice settings and specialty focus, has been an attraction for women and strengthens their commitment to pharmacy. In 1975, it was suggested that pharmacy opportunities

would grow. Indeed, in 2006, pharmacy offers a multitude of practice options, including women's health specialties. I cannot imagine that the early clinical pharmacy practitioners envisioned the number of specialty practice areas we have today. This diversity might have a special appeal for women with a strong professional commitment who desire these choices and flexibility in their practice settings.

Finally, commitment by women pharmacists to their profession can be evidenced in the context of women's personal freedoms. Today, the best and brightest women are able to choose a profession like pharmacy, or any profession for that matter, because they have freedoms not so common to previous generations. A more egalitarian society in 2006 has fulfilled Francke's¹ admonition that men (including husbands and employers) need to offer greater support so that women can pursue and excel in the profession of their choice. Women in 2006 have more daycare options for their children and are not necessarily the sole homemaker. Additionally, the 1975 commentaries acknowledged that the ability of women to control their reproductive years was a crucial step in giving them increased freedom to choose their educational path and career, including, for example, medicine or pharmacy.^{1,3} Increased flexibility offers women pharmacists greater chances to fulfill their professional goals. During the 1970s, clinical pharmacy was emerging as one of the "exciting" developments in pharmacy practice. That excitement continues, and pharmacy remains a great option for career-minded students of either gender. Today, female students who desire both a career and a family have the ability to choose a well-respected profession.

What about the future? Where will women be in 2031? Based on current trends, women will continue to make up a majority of practitioners in pharmacy. The proportion of female students and applicants most likely will plateau rather than grow to 100%. As the number of women in faculty positions increases, female students will have even more role models to follow. By 2031, I would expect women pharmacists to hold more leadership positions including deans of pharmacy schools, leaders of national pharmacy associations, directors of pharmacy, and experts in pharmacy specialties. Key to this, however, is that women pharmacists establish a balance between administrative and clinical duties, allowing them to apply their unique attributes and achieve personal fulfillment while providing opportunities to reach leadership positions. In addition, women pharmacists will continue to carve out that balance between career and family.

Women pharmacists have come a long way in achieving intellectual and social equality with their male counterparts. Pharmacists interface more than ever before with patients, and women in pharmacy bring their unique strengths to the services they provide. Although we are still awaiting eco-

conomic equality, the profession of pharmacy appears to be making strides toward that goal. The commitment of women pharmacists to their profession cannot be doubted. It has taken the efforts of many dedicated, determined, and committed women to advance the status of women in pharmacy thus far. Similarly committed, dynamic women are poised to continue their work. The women pharmacists whom I know uniformly love their profession and view it as a career. They have maintained their licensure and certification even when not currently in the workforce and taken advantage of the diversity within pharmacy. Women have chosen pharmacy for many possible reasons, and pharmacy in many ways has chosen women. We know it offers an opportunity to practice at various points in our lives, and it is a match that works well. I await the commentary 25 years from now.

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References

1. Francke DE. Salute to women pharmacists. *Drug Intell Clin Pharm* 1975;9:663.
2. West S. Women in pharmacy, some predictions for women students and faculty. *Drug Intell Clin Pharm* 1975;9:412-4.
3. Slining JM. Women's role in pharmacy practice in the year 2000. *Drug Intell Clin Pharm* 1975;9:415-9.
4. D'Angelo A. Special strengths of the woman practitioner. *Drug Intell Clin Pharm* 1976;10:50-1.
5. Fall 2004 profile of pharmacy students. Alexandria, VA: American Association of Colleges of Pharmacy. www.aacp.org (accessed 2005 Aug 12).
6. Henderson ML. American women pharmacists, contributions to the profession. Binghamton, NY: Haworth Press, 2002.
7. Henderson ML. Women in pharmacy: twenty-five years of growth. *Ann Pharmacother* 2000;34:943-6. DOI 10.1345/aph.10144
8. Levy HB. American women pharmacists, contributions to the profession (book review). *Ann Pharmacother* 2003;37:599. Epub 28 Feb 2003 DOI 10.1345/aph.1C401
9. Final report of the National Pharmacist Workforce survey: 2000. Alexandria, VA: American Association of Colleges of Pharmacy. www.aacp.org (accessed 2005 Aug 12).
10. 2004-5 Profile of pharmacy faculty. Alexandria, VA: American Association of Colleges of Pharmacy. www.aacp.org (accessed 2005 Aug 12).
11. PhD Enrollments, 1990-2004. Alexandria, VA: American Association of Colleges of Pharmacy. www.aacp.org (accessed 2005 Aug 30).

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