

Women In Pharmacy

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There is an increase in the number of women in pharmacy worldwide. In Europe, the proportion of women in pharmacy ranges from 40% to 70%. In the USA it is still only 28%, but 60% of pharmacy graduates in 1989 were women. Denmark has the highest proportion of women pharmacy graduates in Europe. In 1989 over 80% of pharmacy graduates were women.

How Many Women Pharmacists Are There?

South Africa has one of the fastest growing population of women pharmacists in the world. In 40 years the proportion of women pharmacists has risen from 10% to 44%. With 84% of current pharmacy graduates being women, the proportion can only rise, even more rapidly than it has in the past.

Overall the proportion of women pharmacists who work in South Africa is approximately the same as that of men (around 90%). However, 85% of men work full-time, compared with only 56% of women. Comparative figures for the UK and the USA are shown in Table 1.

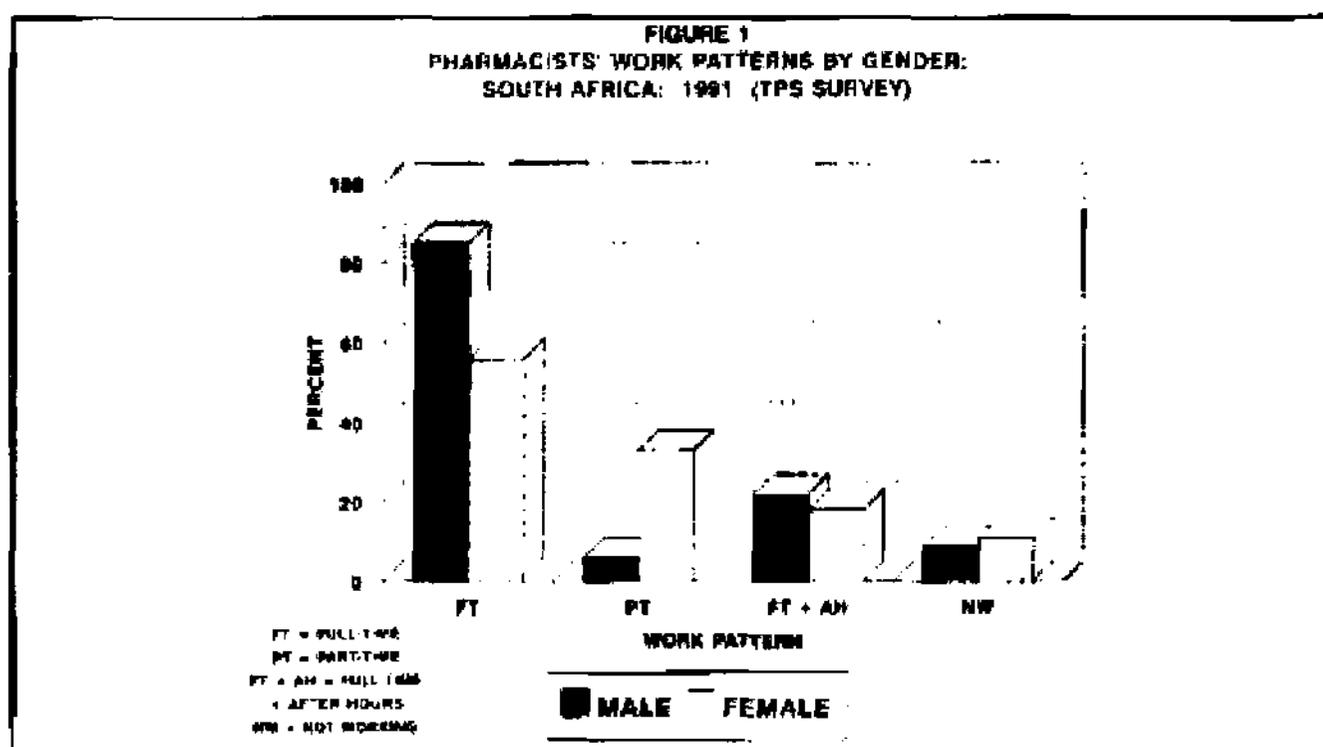


Figure 1: Pharmacists' work patterns by gender - South Africa 1991 (TPS Survey)

Work Patterns among Men and Women

The overall work patterns of male and female pharmacists in southern Africa were examined in a recent postal survey (see Figure 1). Although only 56% of women work full time, compared with 85% of men, the proportion of men and women who do not work at all are very similar (9% and 11% respectively). A larger proportion of women (33%) work part-time than men (6%), and almost as many women (18%) as men (22%) have after hours jobs in addition to their full-time work.

Country	RSA	USA	UK
Year	1991	1988	1990
% women	56	63	54
% men	85	74	73

Table 1: Percentage of pharmacists who work full-time, by gender: RSA, USA and UK

Hospital pharmacy services could not function without women pharmacists. In 1989, 70% of all hospital pharmacists were women under 40. Many women work part-time. These part-timers are classified as temporary staff. This classification means that they are not eligible for promotion or for housing subsidies. The pension scheme for which they are eligible requires smaller contributions, but with smaller benefits too. In addition, as is the case with temporary staff, they can be dismissed at 24 hours notice.

Incentives for Women

Elsewhere in the world (the United Kingdom and the USA) women pharmacists are encouraged to return to work after having children. Special courses are provided and "job sharing" is encouraged ie women who want to work part-time are encouraged to share full-time posts. The UK National Health Service (NHS) is one of the largest employers of women in Europe. In 1991, the NHS joined the "Opportunities 2000" campaign to actively promote employment opportunities for women.

Lack of Promotion

In South Africa, women have been in the majority in hospital pharmacy for many years. Yet only in 1993 have we seen the first appointments of two women as a chief pharmacists in hospitals, at Baragwanath Hospital (Johannesburg) and Tygerberg Hospital (Cape Town).

Although pharmacy in South Africa has one of the highest proportions of women in the world, it has a very poor representation of women at the managerial and professional leadership level, as can be seen from Table 2.

Organisation	No. of members	No. of women members	% Women members
SA Pharmacy Council	16	1*	6
Pharmaceutical Soc. of SA	15	1	7
Pharmaceutical Soc Fellows	151	3**	2
SA Assoc. of Retail Pharmacists	22	2	9
SA Assoc of Hospital Pharmacists Exec. Committee	14	6	43

Note: * Ex officio: member of Nursing Council
 ** Of which 1 is honorary

Table 2: Women in Pharmaceutical Organisations in South Africa (1991)

Some of the reasons for lack of women in key posts include:

- the tendency among women (especially young women) to take career breaks in order to bear and raise children;
- lack of domiciliary mobility which hinders promotion;
- lower career drive and higher tolerance levels among women than men;
- entrenched attitudes in southern Africa that women are less able than men to hold positions of responsibility; and
- prejudice against women within male dominated managerial structures.

What underlies discrimination against women pharmacists?

There is a rise in the number of women entering many of the professions. There is an increasing number of women doctors, lawyers and accountants, but when there is an increase in females to the extent that is occurring in pharmacy, the question must be asked "why are so many women choosing pharmacy as a career?", or conversely "why are so few men entering the profession?". The answers lie partly in the poor conditions of service in the public sector and partly in the reduction in the number of pharmacies in the private sector. Salary scales are of course identical for both men and women in government pharmaceutical services. Public sector pharmaceutical salaries have, however, failed to keep pace with inflation in recent years. In addition, other important groups of professional health workers, such as doctors and nurses, have had significant improvements in conditions of service. Pharmacists representations to government on their conditions of service have tended to be ignored. These gradually eroding conditions of service have resulted in a steady flow of pharmacists out of the public sector into the private sector, where the trend is towards fewer but larger pharmacies. It has been demonstrated that women generally are more prepared to occupy a subordinate role than men. The net result of the deterioration in job prospects over the past years has been a reduction in the number of males entering the profession. This, it can be argued, creates a downward spiral in terms of conditions of service as employers expect to pay women less than men, and women are less likely to voice their dissatisfaction.

Good pharmaceutical services are vital. The World Health Organisation recognises that "efficient medicine can be practised only where there is efficient drug management". It is totally false economy to allow public sector pharmaceutical services to collapse through neglect of proper working conditions.

The Need for Change

The large number of women in pharmacy means that changes must be made to existing structures and conditions in order to use the workforce to its full potential. This group is likely to need part-time employment at some stage. Part-time workers are often better motivated and harder working than full-time workers, given the same incentives. This valuable sector of the workforce must be encouraged to work, particularly in the public sector in order to reduce staff shortages. Women pharmacists must be encouraged to work. This can be done

through action in

a) the practice setting where:

- job sharing should be simplified and encouraged;
- part-time employees should not be classified as temporary staff or penalised through being declared ineligible for promotion and other employment opportunities;
- promotion must be on ability and merit, not on length of service; and
- there must be a "no penalty" return to work policy for women after child bearing.

b) academia where:

- an increase in pharmacy student numbers is required to compensate for the increased proportion of women graduates;
- post-graduate qualifications must be encouraged and recognised; and
- "return to work" courses for new mothers should be made available.

Women in certain sectors of South African society are socially conditioned to accept a passive role. Women pharmacists should, however, realise that they have the same potential as their male counterparts to succeed in management. They must strive for equal opportunity and equal rewards in our patriarchal society. They must be more assertive and prepared to take leadership roles. Their confidence must be enhanced, and their political awareness and involvement must increase. With the increase in the number of women in key positions, it may be that a more caring, enlightened, honest and objective profession would result.

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