

Has pharmacy become a good job for women but less attractive for men?

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The Royal Pharmaceutical Society of Great Britain was founded in 1841.

Following a protracted application procedure the first women, Isabella Skinner Clarke and Rose Coombes, were admitted in 1879. Although the President of the Council at that time was opposed to the inclusion of women, the Council considered that most members would not object to qualified women joining and, anyway, believed that few women were likely to apply. Indeed, by 1941, some 60 years after Clarke and Coombes became pharmacists, only 10 per cent of the membership were women. However, pharmacy, alongside teaching, medicine, dentistry and

law, is among the growing number of professions that have attracted increasingly high proportions of women into its ranks. Today, 54 per cent of pharmacists and over 60 per cent of pharmacy undergraduates are female.

What is happening in pharmacy is, no doubt, simply a reflection of changes taking place in society as a whole, since women's employment in general has increased steadily in the past six decades such that there are now approximately equal numbers of men and women in work. Although it seems positive that the numbers of women in the professional sectors of the workforce have risen so dramatically, it is nevertheless the case that, historically, women have been concentrated in jobs which tend to be lower paid than those of their male counterparts and, if not lower paid, certainly in jobs somehow considered lower status.

Is this the case in pharmacy? Is there, for example, gender equality in pharmacy, with women occupying a proportional number of senior management roles? Research evidence suggests that, among pharmacists, women tend to be better qualified than men. Yet, despite this, women pharmacists are disproportionately represented in the lower grade hospital jobs and in operational level primary care trust jobs. In the community sector they are under-represented as owners and senior managers.

Evidence is now beginning to emerge from our most recent study that women in pharmacy are paid less than men. Why is this the case? Are women pharmacists actively choosing to work in these particular jobs

through preference or are they in some way being marginalised and forced into accepting lower status positions?

Whatever explanation lies behind the patterns that exist in pharmacy, there is another question worth posing: what are the consequences in relation to the status of the profession as a whole, if these patterns continue? Typically, two forms of gender segmentation have been identified within the employment market: horizontal segmentation and vertical segmentation. Horizontal segmentation occurs when certain professions are "gender-typed" and usually involves one gender being selectively recruited for

specific roles. Traditionally, gender-typing has resulted in a general lowering of the occupational status of women's work. Vertical segmentation describes the situation where women occupy lower level positions within a profession. This, generally, is as a result of recruitment or promotion practices favouring one gender over another, the so called "glass ceiling" effect. In some cases segmentation simply reflects the differential skill level of the labour force. One way in which women can improve their employment potential is by increasing their intellectual capital, that is, by using the "qualifications lever". Professional qualifications are particularly appealing to women because theoretically all qualified professionals are considered to be equal. An added advantage of specialised occupational skills is that they may confer a level of autonomy, allowing part-time working, career breaks, frequent job changing and geographical mobility.

So, if vertical segmentation is resulting in women occupying a lower position in the pharmacy occupational hierarchy than men, are women happy about their position in pharmacy? Preference theory suggests that a high proportion of women feel torn between their families and their careers and consequently prefer to adapt their work patterns to fit in with domestic commitments. Women who fall into this category often decrease their working hours when they have a family. It is by now well established that part-time working is common among women pharmacists after the age of 30, and pharmacy is perceived as a career which attracts women

because it offers flexible as well as part-time working.

It could be argued that women pharmacists fail to match the career successes of their male colleagues because they work fewer hours and have broken employment patterns. It is important to remember, however, that women pharmacists are a heterogeneous group. Although it is not yet clear exactly how prevalent the glass ceiling is in pharmacy, it is possible that some women may face barriers to career progression and women's concentration in lower status and lower paid jobs is a consequence of discriminatory employment practices rather than women's preferences for family-friendly employment conditions.

Another consideration is how the "feminisation" of pharmacy has affected the profession as a whole. Historically, when a traditionally male job became "feminised" working conditions tended to deteriorate and status level lowered. A classic example of this is the feminisation and declining status of clerical work. In the early 20th century clerical work was male-dominated, complex and moderately high status. Feminisation resulted in a decline in status and the scope of the clerical role narrowed. However, the relationship between status and feminisation in pharmacy is not clear cut.

It could be considered that the influx of women has coincided with pharmacy "de-skilling", at least in the community sector. The pharmacist's job has altered in recent years such that it principally comprises dispensing and record-keeping. In addition to this, opportunities for independent ownership have declined with the growth of large chainstore pharmacies. It is worth remembering that during this time the Royal Pharmaceutical Society has attempted to "reprofessionalise" pharmacy by dispelling the "trade" aspect of the work and by increasing the training element. Furthermore, it has been suggested that "professionalism" within pharmacy has increased as a result of women joining the profession, because of the different values and approaches they bring to practice.

In spite of this, anecdotal evidence indicates that levels of remuneration are perceived to have deteriorated in recent years. Is this a direct result of more women joining the workforce? Are women reducing the status of pharmacy or are they simply changing it? Are employers discriminating against women who want to maintain a career and remain committed to their profession, but want some work/life balance at the same time? Is pharmacy a less attractive employment option to men as a consequence of feminisation?

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