COMMENTARY

Seeking Gender Equity in Pharmacy Academia

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Gender inequity is a critical diversity, equity, and inclusion issue that has continued to lead to workplace disparities. While gender-based differences in pay are well documented, there are multiple other facets of academic worklife (eg, teaching, research, service, resources, etc) wherein gender inequities exist but have never been systematically identified or reported. The COVID-19 pandemic has further exacerbated these inequities. One reason for continued existence of gender disparities in the workplace is lack of focused attention and emphasis on this issue. A recently formed Gender Equity Task Force has taken the first steps to systematically explore gender inequity in all areas of academic pharmacy worklife. The purpose of this Commentary is to highlight the scope of the problem of gender inequity in pharmacy academia and offer solutions that the Academy can implement to mitigate the impact of gender inequity in the future.

Keywords: gender equity, academic pharmacy, faculty, gender bias, men and women

INTRODUCTION

It appears that women in almost every industry face gender disparities. Overt forms of gender bias include sexual harassment, while more subtle forms include disparities in promotion and compensation.1 Correspondingly, women continue to face roadblocks to being recognized and promoted in a wide range of fields from cinema to academia.2,3 In cinema, there are fewer women who are directors, producers, writers, editors, and cinematographers than men, while in academia there are fewer women in upper ranks and administrative roles.3 While media attention has only recently been directed to issues faced by women in academia through portrayals in TV series, such as The Chair on Netflix, there continues to be a critical need to sustain focus on the long-standing gender inequity issue in academia. Gender equity is defined as “fairness of treatment for women and men, according to their respective needs.”3 This manuscript does not consider the unique burdens of sexual and gender minority individuals such as transgender or nonbinary persons. Thus, the purpose of this Commentary is to drive attention to the issue of gender disparity and inequity, discrimination, and bias in pharmacy academia by describing its scope and offering possible solutions to address the imbalance within the Academy.

DISCUSSION

What is the scope of the gender disparity within pharmacy? Some working mothers value the pharmacy profession for its work-life balance and part-time work options.3 Approximately 60% of pharmacists are female,3 and 64% of first-year pharmacy students are female.4 Despite such a strong pipeline of women vested in the profession, gender disparities negatively impacting women are well documented in pharmacy academia.3,5-7 Women occupy fewer positions of power and leadership in the profession, are less represented in editorial boards,8 have been less recognized for national pharmacy achievement awards, and earn only 85% of the salary of their male counterparts.3 In pharmacy academia from 2015-2020, about 60% of all assistant professors were women, while 35% of full professors were women, and only 23% of chief executive officer (CEO) deans were women.3

There has been some research examining women in academic pharmacy.5,6 However, while these studies are close to a decade old now, they assessed general barriers rather than faculty’s perceptions of barriers experienced in the tripartite missions of teaching, research, and service. The American Pharmacists Association (APhA) and the American Association of Colleges of Pharmacy (AACP) collaborated to form and support a Gender Equity Task Force comprised of faculty belonging to the Economic,
Social, and Administrative Sciences (ESAS) sections of their organizations (the AACP section is called Social and Administrative Sciences [SAS]). This Gender Equity Task Force conducted a comprehensive assessment of ESAS/SAS faculty perceptions of gender inequities in pharmacy academia, including using both quantitative and qualitative methodologies. The findings of the investigations from this Task Force suggest that women faculty perceive gender inequities in teaching, research resources and expectations, and service, while men faculty underestimate gender inequities. Besides well-documented disparities in pay and promotion, concerning findings include women faculty’s perceptions of lack of respect from students, microaggressions from peers, and doing more service than men. During interviews, women faculty revealed that they believed they were perceived as less competent by students and peers and that they received comments on appearance and demeanor in teaching evaluations from students. These findings suggest how ingrained and deeply rooted such implicit biases are in society and the extent of the cultural paradigm shift that needs to occur to change such perceptions.

The general challenges women face in the workplace have been further exacerbated by the COVID-19 pandemic. Higher demands at home coupled with work-from-home situations caused by the pandemic often led to a greater proportion of the home workload falling on women. As women tend to be the primary caregivers for their children and/or elderly parents, they experience greater burdens and stress than men as they juggle multiple roles and responsibilities attempting to meet the demands both at home and the workplace.9 Thus, it is no surprise that many women left the general workforce due to the COVID-19 pandemic.3 While this drastic effect may not have occurred in academia, the impact of COVID-19 on women in academia may have been on their tenure timeline and career trajectory.10 In a Gender Equity Task Force qualitative assessment of SAS faculty, 11 of the 12 interviewees reported the impact of COVID-19 as a concern.11 While some institutions have implemented policies (eg, tenure clock extensions to mitigate impact on research productivity or excluding student teaching evaluations in spring 2020 at the height of the pandemic to alleviate impact on teaching) to address the potential loss in productivity due to COVID-19, these policies are gender-neutral, not particularly addressing women’s needs, and are reported to help men more than women.9 Malisch and colleagues have suggested that policies such as tenure clock extensions, while useful and gender-neutral, have a detrimental impact on women by preventing them from applying for large research grants that require tenure of the primary investigator. Such extensions (benefits more commonly availed by women) also prevent women from applying for funding opportunities that have time restrictions, such as years since a PhD was earned.9 More significantly, women are unintentionally punished for productivity losses when tenure clock extensions are permitted (in case of parental leave), because the productivity losses with having a child are greater for women than men, and fathers can use the extra time to improve their tenure bar.9,12

Why does gender inequity persist in pharmacy academia? The reasons for gender inequity appear to be multifactorial. First, the academic landscape in pharmacy has fewer women leaders, such that academic society in general is not accustomed to seeing women in positions of power and leadership. There are not enough women in leadership positions to serve as role models and mentors and to advocate for women’s growth and needs. Second, women continue to face work-life balance challenges. Work-life balance is especially challenging for young mothers and women who typically perform their traditional roles as caregivers first, putting their careers as secondary. This, of course, affects their career growth and ascension to administrative roles. This feedback loop of fewer women leaders in higher-level positions further perpetuates gender-based inequities. While perceptions have improved, there still needs to be a cultural paradigm shift in the Academy to ensure gender equity is continuously improved. Third, women still receive lower pay and may need to produce a higher level of effort to stand out.13 This higher effort may turn women faculty away from career advancement or from pharmacy academia.

What do we do to address the problem of gender inequity in pharmacy academia? It is time to act to make a marked impact on this critical issue. Associations that represent the Academy, such as the AACP, must take a lead in bringing attention to and addressing the issue of gender equity. The Gender Equity Task Force proposes that the AACP implement the following 11 actions: First, the AACP should implement a leadership development program for female members of the AACP. This leadership program should address inequity issues, teach women strategies to achieve work-life balance, and give women tools for overcoming barriers to gender equity. Second, it should provide strong mentorship avenues to all women faculty in the Academy irrespective of whether they have declared they want to be leaders. We should want all women to be leaders in whatever role they take. Third, it should strive for a gender balance on all AACP committees, Academy leadership roles, and the Board of Directors by making intentional efforts to identify suitable women to serve in these leadership roles. The AACP should encourage nominations of women for AACP awards, particularly

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scientific awards for which women may have been historically underrecognized. Fourth, the AACP should provide training to all of its members, including administrators, such as CEO deans and department chairs, about gender equity issues as well as sexual harassment. Department chairs should also receive training to take gender equity into consideration when assigning faculty teaching roles and ensuring workload balance. Fifth, it should continue support for the joint APhA and AACP Gender Equity Task Force with the goal of expanding the activities to other AACP sections, to gather additional data on the scope and potential solutions to the problems and to evaluate the need for AACP policy updates addressing women’s workplace concerns. Sixth, it should offer implicit bias training tailored to recognizing and addressing gender equity to all incoming pharmacy students, faculty, and administrators. Offering this training to students is essential to raise awareness and address issues of lack of respect reported in the Task Force findings. Seventh, the AACP should address pay inequities based on gender by instituting a commission or task force to evaluate the issue and to make recommendations for resolution. Eighth, it should provide training to faculty, department chairs, and CEO deans to encourage tenure clock extensions as appropriate, with training addressing common perceived prejudices such as perceptions of women being less committed to their career or having slow career progression due to competing family demands. Ninth, it should develop policies to encourage member institutions to offer career flexibility and work-life balance options (eg, remote work, flexible work schedule, hybrid work) for both men and women with a focus on annual reviews of performance outcomes rather than whether they are physically present at work daily. Tenth, the AACP should offer programming during annual meetings and webinars on topics related to gender equity in order to maintain the attention and interest of the Academy on this issue. Eleventh, the AACP should work with the Accreditation Council on Pharmacy Education (ACPE) to ensure that gender equity issues are included in accreditation evaluations and site visits. For example, AACP could recommend to ACPE to emphasize incorporating gender needs (eg, nursing rooms) in their physical facilities standard.

CONCLUSION

Gender inequity exists in multiple facets of pharmacy academia and has been exacerbated by the COVID-19 pandemic. There are many actions the AACP can take to improve these disparities. We hope this Commentary and associated work on gender equity will direct focused attention by AACP to address these important issues.

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REFERENCES