COMMENTARY

Improving Equity for Women in Pharmacy Academia

Rucha Bond, PharmD,a Dana Hammer, PhD, MS,b Benjamin Van Tassell, PharmDa

a Virginia Commonwealth University, School of Pharmacy, Richmond, Virginia
b University of Colorado, Skaggs School of Pharmacy and Pharmaceutical Sciences, Aurora, Colorado

Submitted March 2, 2022; accepted July 8, 2022; published April 2023.

Previous studies have identified that gender inequities exist in pharmacy academia. The inequities that women in academic pharmacy face are lower job satisfaction, ability to achieve higher ranks in faculty and administration, and salary. To date, considerations of why these inequities exist and what measures can be taken to address them remain relatively unexplored. This Commentary explores possible causes of gender inequities in pharmacy academia and potential solutions to improve equity between women and men. Potential causes include underlying sexism that still exists in society and academia today, promotion and tenure and the tenure clock, the concept of overwork, and the impact of the role of motherhood on female faculty. Suggestions to help improve gender inequity include both structural and cultural changes to the pharmacy academic environment.

Keywords: gender, inequity, academia

INTRODUCTION

When analyzing the role and contribution of women in pharmacy, it is clear that women will continue to make up a large portion of the pharmacy workforce.1-3 In 2019, 64% of the pharmacy students enrolled in colleges of pharmacy were female.1 A study by Chisolm-Burns and colleagues identified that, between 1989 and 2009, the number of women in pharmacy academia more than doubled.2 Similarly, in the pharmacy workforce the percentage of women practicing pharmacy increased to 65% in 2019 from 46% in 2009.3 While the percentage of women in the profession of pharmacy has been increasing, concerning evidence shows that women are still dealing with significant inequity in pharmacy work settings, including in academia.4

Gender disparities have been reported in the pharmacy literature.2,4-7 In 2018, Lindfelt found that women in pharmacy academia were less satisfied with their work-life balance than men and more likely to consider leaving academia.5 In 2014, Draugalis found that gender disparities exist in pharmacy academia in achievement of rank, leadership positions, and salary.6 A survey of pharmacy faculty in 2020 showed that women were less likely to be satisfied with their work-life balance and their current academic position, and were more likely to hold a lower academic rank than men.7 Recently, an analysis showed that, while the number of female CEO deans has increased over time, the percentage of female deans in relation to the number of pharmacy schools has declined.8

The difference between gender equality and gender equity should be considered.9 Equality is a principle of fairness and involves a gender neutral perspective when considering work structures and culture.9 Equity goes beyond equality by viewing work structures and culture through a gendered lens when identifying and addressing gender differences.9 This Commentary explores reasons for the lack of gender equity in pharmacy academia to suggest necessary solutions to foster a more equitable environment.

Potential Causes

The simplest and least palatable explanation for the continuing gender inequity in pharmacy academia is that sexism, which is still present in society today, is also still present in pharmacy education.8 While it may be difficult to determine the cumulative magnitude of this effect or to discern the role of explicit versus implicit gender bias, it is safe to assume that individual and sociological gender bias is a contributing factor to the current gender inequity. Beyond this explanation, however, multiple additional mechanisms, both structural and cultural, have been identified as causes of gender inequity.

One potential cause is the career effects of motherhood on female academicians. In 2021, Morgan found that the role of parenthood affects women in academics more than men because women still shoulder the larger burden of child care in society today; this phenomenon is sometimes called the “baby tax.”10,11 Having children has been
shown to hinder a woman’s career and earning potential while increasing a man’s earning potential since it was found that being a father is associated with higher salaries for men. The time women need to take off from work for maternity leave and childcare are periods of time when they cannot be productive in the academic setting. These gaps often occur early in women’s careers when they are at the lowest academic rank and striving to earn promotions and tenure. Therefore, women who have children during their academic careers may have less time to achieve promotion and tenure than their male counterparts, and this may lead to wage disparities over time. These time gaps in women’s careers could at least partially explain the gender differences seen in higher faculty and administrative ranks and salaries.

Another cause could be the workload distribution of research, teaching, and service time among female faculty. Women pharmacy faculty spend a larger portion of their time in service activities than men, leaving them with disproportionately less time for scholarship. It is unclear whether women are assigned more service responsibilities or if there is pressure on women faculty to volunteer for these roles. Regardless of the reason, having less time than their male colleagues to engage in research activities may negatively affect women in the promotion and tenure process.

Unclear promotion processes and expectations for part-time faculty could be another barrier. Evidence supports that female faculty may be more likely than their male counterparts to seek part-time positions. Fjortoft and colleagues studied the pros and cons of faculty working part-time from department chairs’ perspectives and reported that female faculty comprised the majority of faculty who asked to reduce their full-time positions to part-time, and that the reason most often given was family responsibilities. Department chairs also noted that faculty in part-time positions often did full-time work despite receiving part-time pay, and that part-time faculty were marginalized or viewed as “second-class citizens.” If women in part-time academic positions are not coached and given clear guidance on how to grow their careers and progress toward promotion and tenure, they may remain at a lower faculty rank.

Work hours could also contribute to creating an unequal environment for female pharmacy academics. Overwork, defined as working 50 or more hours a week, has been shown to be a contributing factor in the gender pay gap and gender disparities in the workplace. Overwork is more common in professional and managerial occupations where long work hours become standard and contribute to the image of the “ideal worker.” As described by Lupu in 2021, academia is an environment that promotes long hours and fosters the expectation that faculty need to be available constantly. The academic culture views the ideal worker as someone who gives priority to work over other outside responsibilities. This perspective could create inequity for women who still shoulder more family and outside responsibilities than men and, therefore, may not be able to work as many hours.

Potential Solutions

The first step towards reducing any form of inequity is improved awareness of the problem. Ignorance and denial are persistent barriers to meaningful change in any system, including pharmacy academia. Among those who are able and willing, we propose operationalizing two main areas to improve equity. The first area is institutional and academic structure, which includes the academic infrastructure, resources available to faculty, and the policies and procedures in place at the university and academic unit. The second area is academic culture. We present a discussion of ways that current culture fosters gender inequity and could be changed to foster a more equitable environment. In addition to structural and cultural changes, there is a need for advocacy, mentorship, and guidance from senior pharmacy faculty and administrators in positions of power. Given that men still hold more of the highest positions in academic pharmacy, this issue requires as much of a commitment from men as it does from women.

A structural strategy that has been recommended to help women in academia is to increase access to affordable childcare. With women bearing the larger burden of childcare, access to affordable childcare is necessary for women to balance their careers while caring for children or other loved ones. While some academic institutions provide childcare options, these options are often not large enough to meet the needs of all their employees. While there is no specific individual who can address this issue, academic leaders and faculty could advocate for increasing access to childcare with upper administration.

Other structural solutions to ensure that women faculty have the extra time needed to achieve the requirements for promotion and tenure are for department chairs and pharmacy administrators to review the tenure clock and workload distributions, and to provide coaching and guidance to part-time women faculty. This could be accomplished by adding a standard amount of time to the tenure clock to account for maternity leave and recovery, having a part-time position, or similar accommodations without the faculty member having to request the adjustment. Similar accommodations could be provided to all faculty regardless of gender. In addition, adjusting productivity expectations and providing coaching and clear guidance on how to grow their careers toward promotion and
tenure would also be beneficial to women who have children while faculty members.

Other structural areas that could be reviewed by academic administrators and department chairs for gender disparities in schools of pharmacy are hiring practices, salaries, benefits, and workload assignments. Given the gender inequity in pharmacy academia in terms of faculty and administrative ranks, consideration of gender should be given to other areas of Diversity, Equity, and Inclusion (DEI) in the hiring process of senior faculty and administrators. Additionally, a regular review of internal data on salaries and benefits for male and female faculty at the same rank could identify and correct any gender-related differences. Lastly, an analysis of workload allocation for women and corresponding adjustments could ensure that women are not shouldering more service responsibilities than their male counterparts.

Building an infrastructure to support DEI and to include gender as part of DEI could be another helpful structural change. For example, creating a standing committee to review diversity, equity, and inclusion practiced at the school and assigning the committee charges to review gender equity could assist in the identification of disparities and creation of solutions at the school level. In addition, mentorship and sponsorship of women is an important area to address to promote gender equity. Therefore, pharmacy school leadership should look for ways to operationalize mentorship and sponsorship at their schools. Doing so could help address the current gender differences seen between men and women in terms of pharmacy faculty and administrative ranks and success.

Historically, the culture of academic pharmacy was built around what was considered normal for male competence and success. Academic cultural norms that faculty experience today were established before it was common to have women in the workplace and well before women began seeking advanced degrees and embarking on academic careers. Therefore, the cultural norms of academia, such as workload expectations, the tenure clock (as previously discussed), and the characteristics of the ideal academic employee, must be critically evaluated for their role in creating gender inequity. As cultural norms are evaluated, it is important for pharmacy faculty and administrators to start challenging areas that warrant change. In addition to tangible areas that can be changed, attention should also be given to establishing a common understanding of gender inequity and fostering common standards and allyship around this issue.

An area that bridges both academic structure and culture is the concept of overwork. Overwork and the expectation that faculty should overwork has become part of the academic culture. Both the culture of overwork and the data indicating that women have lower work satisfaction due to less work-life balance indicate that overwork must be addressed if pharmacy academia wants to create a more gender equitable environment. Regarding structure, pharmacy school administrators and department chairs should review faculty expectations to ensure they are fair and promote work-life balance. Additionally, pharmacy school leadership could critically review the culture of their units for ways in which overwork might be inherent to the culture. Another concept related to gender equity is well-being, which has received a lot of attention in the last few years with some recommendations put forth to enhance well-being and reduce burnout for all faculty. Many of the suggestions that promote well-being are similar to those that can enhance equity.

CONCLUSION

Gender inequity is still present in pharmacy academia. As discussed in this Commentary, there are numerous potential causes and solutions to explore to address this issue. To date, the discussion of gender inequities has focused on reporting the problem. It is time for pharmacy academia to move from discussion to action and find solutions.

REFERENCES


