

# WORK-LIFE BALANCE FOR WOMEN PHARMACISTS AND CRITICAL CHANGES IN A PROFESSION 'SUITABLE' FOR WOMEN

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The first female pharmacist in Greece obtained her license sixty years after the founding of the School of Pharmacy. A century later, more than 60% of pharmacists are women<sup>1</sup> as in many other countries<sup>2</sup>. Per existing literature, such percentages are considered as a proof that the profession of pharmacist is family-friendly<sup>3</sup> and therefore suitable for women. In the general context of the overarching research, the case study on women pharmacists raised two specific subjects of inquiry: How they experience the changes in the profession in recent years and the conditions of the profession amid the economic crisis. At the same time, we sought to detect the dynamic dimension of the relationship between the pharmacist profession and family life, as a relationship shaped by women to “create a personal meaning”.<sup>4</sup>

The research population consisted of ten women pharmacists aged 40-55, owners of a pharmacy, and mothers of one or more children. Most of the pharmacists interviewed were between 40 and 55 years old. Eight were married and two divorced. Most women pharmacists had two children, three had one child and one had three children.

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1. Birlirakis, 2011, p. 13.

2. PGEU, 2014, Gidman et al., 2007, Goldin and Katz, 2016, Seston and Hassell, 2009, Henderson, 2000.

3. Goldin and Katz, 2016.

4. Clark, 2000, p. 750.

Only two of them mentioned dependent elders in the family. None of them has followed postgraduate studies.

Most of the research population did not choose to study Pharmacy. They decided upon a career as a pharmacist, instead. Some of them had a general interest for health professions, and rejected medicine because they thought that it would be impossible to respond to the high demands of being a doctor. Behind such a choice, one may understand that they were just accepting the limitations associated with their gender role. Thus, “girls undermine their hopes for the future, as they develop a disadvantageous idea for themselves, further reducing the range of their future professional goals”.<sup>5</sup> Others wished to study in related disciplines without a secure job and turned to pharmacy due to a realistic understanding of the job market.

The profession had been facing a sort of identity crisis, even the years before the current serious debt crisis, as pharmacists were losing their role as scientists thus becoming mere “merchants” of drugs. To this identity crisis, the economic crisis imposed certain changes, demanding the violent adjustment and redefining the balance between their roles, obligations and pursuits. Those changes were:

- The extended opening hours since legislation made it possible for pharmacies to remain open for more hours and days. This was met with reactions, as overloaded mothers complained that this caused a new conflict between profession and family life and the roles they had to fulfil.
- The decrease in turnover as available data show a drop by 41.1%, in the total spending for drugs between 2009 and 2015 (EOF 2016).
- Changes in the health system causing major delays in the repayment of state debt to pharmacies.
- The planned opening of the retail medicine market in other channels, creating a major concern for pharmacists as they are anxious about their future.

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5. Athanasiadou, 2002, p. 133.

The impact of these changes in family and working life of pharmacists, but also their expectations for the future, is grave. On the one hand, there are changes in family related to time-management. Women pharmacists, who are wives, mothers and sometimes caring for their elders with health problems, while striving to satisfy their social and personal needs, are in constant role-conflict. Some interviewees mentioned the practical support received from their husbands and other family members (e.g. mothers). However, in most cases, this assistance does not reduce the stress of rushing from home to work and back. Time-management has several aspects. The age of their children is quite important, since younger ones require to be taken care of, and therefore consuming more of their mother's time. The stance toward the extended opening hours of their businesses is also important. Most of the interviewees have partially adopted the new system. A third aspect is the recourse to assistants, both in pharmacy and at home. The economic crisis has been accompanied by major changes in family income and its first victims were pharmacy assistants and "helping hands." The interviewees made clear that the balance between professional and family life has become a balance of terror. When they are asked to evaluate this balance, they admit that regardless of their priorities –which for the majority is family– they did not meet the requirements of any of the two sectors. On the other hand, economic recession in its various forms is mentioned as the major professional problem. They describe their situation as extremely uncomfortable and weak. The scientific dimension of their profession is gone, and their job is becoming purely transactional and bureaucratic. The trust relation to their customers offering them recognition, satisfaction, prestige and part of their professional identity is gone. Therefore they feel "*betrayed*," a mere cogwheel in a commercial transaction, a "*business*" without scientific merit, and no personal contribution.

In their discourse, the negative effects of the crisis both in the pharmacy, and at home, form a vicious circle of recurring frustration. The sentiments of being "*betrayed*" and of occupational impairment are enlarged with the frustration from their family and personal life.

The roles they must meet do not only require time but also sustained offering to others. Though this is completed within the framework of affective and emotionally positive relationships, the fact of “*spending*” themselves remains. Indeed, several times they mentioned the word “*balance*”. “*Failure*” is another recurring word. In both cases, these words are related to guilt.

Between pharmacy and home the fulfilment of their expectations, personal needs and pursues are crushed. The extra time that they must be at work is stolen from their personal time. The reduction in their earnings makes impossible to pay for assistants – either at the pharmacy or at home – which means that they have more to do, to the detriment of their personal growth and satisfaction.

In this context prospects are uncertain and “*negotiated*”. They predict that soon many autonomous pharmacies will cease to exist and their place will be taken by pharmacy chains with many employees, while a lot of their exclusive merchandize will be also on sale in super markets. For the older ones the uncertainty is related to the new trend in their profession and possibly to new opportunities, e.g. internet sales, which, however, they are not willing to follow. For others giving up is not considered a solution. They realize that changes occur in a relatively slow pace and thus a state of flux without a clear direction prevails. They believe that the situation will be even harder for women pharmacists, since the autonomous pharmacies will be left to operate without assistants. Therefore, they believe their other roles and expectations will remain unfulfilled. Otherwise they may be forced to leave the profession, something they already see happening in their circle.

Another possibility they foresee is the replacement of the pharmacy-individual enterprises by large impersonal units where pharmacists will become employees. Such a perspective is experienced as demotion and treated with strong negative feelings. On the contrary, for the younger interviewees such a change might be even appreciated, under certain conditions, of course. Generally, younger pharmacists are more optimistic. Even though they recognize that they cannot foresee the outcome, they suggest that the pharmacy as

a private business will survive. They argue that this form of business is appropriate to the organization of social life in Greece, and to existing cultural norms.

In conclusion, we found that the profession of the pharmacist, which was for decades regarded as family-friendly, and therefore as a 'female profession', in a period of crisis tends to lose that character. While satisfaction by profession and a relatively balanced family and personal life is creating a positive environment that offered women pharmacists life-satisfaction, the advent and deepening of the current crisis made all the above to collapse. Their profession no longer offers to the women pharmacists neither prestige, nor economic prosperity, nor the joy of offering. Home-related roles become overwhelming, demanding more time than available. The future is uncertain and, for the majority, bleak. A vicious circle is created, generating sentiments of inadequacy, guilt, and anxiety because of the lack of time.

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