



## Challenges Faced by Female Pharmacists at Workplaces

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### Abstract

This study was conducted to explore challenges faced by female pharmacist in their field. Purpose of this study was to know about the challenges faced by the female pharmacist at workplace. A narrative research is conducted in District Lahore on a sample of 15 Female pharmacist (5 working female of university of Lahore and 10 from lab). A structured interview guide was used to collect data. After the responses were recorded, verbatim transcription was done of each interview. Eleven major themes were extracted after the thematic analysis of the collected data. Findings of the study revealed that the pharmacist faced major issues which are transport, harassment, income etc. They showed significant level of satisfaction; however they are not fully passionate in their field. Pharmacist were of the view that if all of the facilities are sufficiently provide to them, they performed well and can give far better results. The results showed that the working female pharmacist faced many problems regarding work environment, regional discrimination, time management related issues. Although, pharmaceutical departments have to face many complications yet it is working its best in providing the services. To conclude, we can say that female pharmacist faced many challenges at work place after taking their in-depth interviews.

### Introduction of pharmacist:

The phrase Pharmacy has been originated from the root word Pharma that is the knowledge and procedure of manufacturing as well as administration of drugs. This is a health profession and it contacts health sciences by chemical sciences and intends to make certain the secure as well as valuable exercise of Pharmaceutical drugs. The range of Pharmacy exercise includes more traditional roles such as compounding and dispensing medications, and it also comprises extra up to date services linked to health care, including clinical services, reviewing medications for safety and efficacy, and providing drug information. Pharmacy is one of the most financially rewarding careers and it combines science, health care, computer technology, business, math and counselling. Over and over again, employments in the sciences engage partial relations with the community; however Pharmacy presents an unusual equilibrium of liberty and dealings with clients that may be capable of extremely pleasing for grassroots or individuals. The Pharmacy is capable of an incredibly stimulating occupation and this preserves proffer a lot of motivating chances throughout the period of a whole profession. The subject of Pharmacy can normally be categorized into the three most important disciplines:

1. Pharmaceutics
2. Medicinal Chemistry

### 3. Pharmacy Practice

The borders involving in between these disciplines and by other sciences, for instance Biochemistry, are not at all times straightforward. Repeatedly, joint groups from a variety of disciplines (Pharmacists and other Scientists) can toil collectively for introducing of latest methods and therapeutics for care of patients. Conversely, Pharmacy does not belong a fundamental or else biomedical discipline in its distinctive structure. Medicinal Chemistry, by itself, is as well a discrete subdivision of science of Synthetic Chemistry uniting Chemical Biology, Organic Chemistry and Pharmacology. Occasionally, Pharmacology is believed like the 4th discipline of Pharmacy. Even though to study of Pharmacy, Pharmacology is crucial, but it is not definite to Pharmacy and both are separate disciplines. Individuals who desire to exercise Pharmacology (a biomedical science requiring the scientific method) and Pharmacy (patient oriented) equally, have to entertain training and degrees sole to either discipline separately. Pharmacy-informatics (also referred to as Pharmacy Informatics) is thought a different innovative discipline for systematic drug invention and expansion by way of effectiveness and wellbeing. (Pharmy, 2021)

#### **Current pharmacist condition in Pakistan and its comparison with foreign pharmacist:**

Health is a broad concept that involves a multidisciplinary team of health care providers to deliver optimum health care to patients. Pharmacists are one of them whose major responsibilities are to manufacture medicines, assure their quality by quality control tests, dispense these dosage forms to right patients with counselling about health and medications, develop new dosage forms by researchers, and also prepare radiology pharmaceuticals for patient compliance. Conditions of pharmacists in Pakistan concluded that pharmacist health care professionals are so neglected in Pakistan. Here are more than 75% medical pharmacies which are running without qualified persons, without these persons how one can expect that he/she will receive right medications. In community setup of medications, pharmacists face low income and not any respect. On the other hand, if we see towards industrial and distributors of pharmaceuticals then desisted that a major reason for pharmacist's degradation is low income, work overload and insecurity of job. In Pakistan there are very few opportunities for pharmacists in the Government sector. Pharmacist suggest to increase the pay for pharmacists in private as well as government sectors and request Government for announcing jobs for pharmacists in different healthcare fields. If government work for pharmacist's profession progress then their health facilities must increase, drug interactions decrease and increase the patient safety measures. Pharmacists also suggest about to make pharmaceutical care departments in all hospitals where pharmacists guide or counsel patients about their health and inform them about specific disease preventions. It is sad to see that in some medical facilities, people with no degree in pharmacy are allowed to assume the position of pharmacists. This is not only extremely dangerous for patients but also unfair, because Pakistan is producing some great pharmacy graduates who are jobless. Where we take inspiration from Western countries to improve other sectors of our country, perhaps we should take heed and treat our pharmacy practitioners the way they treat theirs. Moreover, pharmacists have the potential to ensure that patients have easy access to medication and medical expertise at all times, instead of waiting for physicians at hospitals to provide their undivided attention and discuss their medical charts. The Higher Education Commission of Pakistan needs to improve health plans at both state and private levels by making effort to strengthen the roots of pharmacy and health sciences. It is also a duty of pharmacists of Pakistan to work honestly for improving the health facilities in Pakistan and provide patient compliance. By comparing Pakistani pharmacists with those of foreign countries,

then cease that they treated pharmacists as trusted health professionals in advanced countries like U.K., U.S.A. etc. Foreign pharmacists have an important role in giving advice to patients for appropriate use of medicines, but pharmacists are the most neglected people in Pakistan. Pharmacists working abroad have huge opportunities for research work and a platform where they work freely to provide best health treatment to patients, but in Pakistan they can't follow these options. Pharmacists do not have any platform where they work and do research about new medications freely. Finally, pharmacists request to all health professionals to work for improving pharmacist's profession in Pakistan, because it's compulsory for better health. (Zafar,2017)

### **Statement of problem:**

Pharmacist, after getting five years of education faced many challenges when they are working. Like pressure of society because of long working hours, they don't get paid in accordance to their effort. These payments do not do justice to their service.so these factors are discouraging for pharmacist. This study will observe and analyze the problems faced by female pharmacist when they enter in field.

### **Objectives:**

To determine the challenges faced by the female pharmacist at work place.

### **Research Questions:**

Which are the challenges faced by female pharmacist at workplace.

How much social pressure they face when they are working.

Are they faced gender discrimination at work place.

### **Significance of the study:**

- This study will make the pharmacist aware of the challenges which they are facing at workplace.
- Through this study pharmacist will come to know about the issues and flaws and steps would be taken to get rid of flaws.
- As there is no or less work present in this field, so this study will add into the literature.

### **Literature review:**

After spending over a year building up The Pharmacist Cooperative social network and having discussed our current situation with so many locums, managers and contractors, I think we have a lot of issues that need to be dealt with simultaneously. Some of the main concerns are unsafe workplace pressure, unrealistic targets for MUR and NMS, the oversupply of pharmacists leading to reduced demand, hence a decrease in pay year on year and an increase in the number of university places for pharmacy degrees. (Pharmacy journal, 2018). The problem of workplace pressure is something that impacts both pharmacy team and our patients. It leads to more errors and some of which can be fatal. We have seen on the BBC how low staff levels and increased work pressure has led to three deaths in a short space of time. Do we really want a repeat of that or an increase? I think not. To reduce this we need to ensure the RPS has a greater power in ensuring there is a safe staffing level and that non-pharmacist line managers are held responsible if adequate staffing isn't given. Superintendents and owners or heads of corporations must also be held liable if staffing levels are not safe. Unrealistic medicines use review and new medicine service targets can lead to some unnecessary services being carried out, which is highly unethical and wastes NHS money that could be directed to a more critical area. It also puts unnecessary pressure on the pharmacist and the team when they could be doing more important things.

(Pharmacy journal, 2018). “Change is the law of life. And those who look only to the past or present are certain to miss the future.” *John F Kennedy*.

Rapid change in multiple areas (e.g. finance, workforce, technology and government decisions) have an impact on the lives of all pharmacists and then there are sector-specific issues that need to be addressed. The ability to see opportunities when facing the stiffest of changes is necessary. Despite being recognized and valued, pharmacists still have to face several difficulties and challenges in our profession. Some of these challenges are easy to overcome but others are quite complicated to handle. There is no instant solution and no one person will be able to transform the situation. However, I believe that the RPS can utilize the skills of the profession (including the young and the Fellows) to organize a ‘structured big conversation’ about what we want each sector in the profession to look like in 2025 and develop a pathway to that vision. Pharmacy 2025, as a unifying and imaginative output of the ideas from within the profession, can then be used to influence others. Recognition of diversity with a common thread can give us agility and sustainability. (Oncology pharmacy, 2020, journal).

All pharmacists are working under pressure with fewer resources as the NHS goes through unprecedented changes. I advocate that every community pharmacy should have a pharmacist present to provide advice and support to the public about medicines and health. I advocate for integration of clinical care across the profession promoting all pharmacists as clinicians, enhancing the professional standing of all pharmacists and supporting them to demonstrate their expertise. The RPS is unique in representing all pharmacists from across all sectors and supporting them as they face massive organizational, economic and technological changes. Pharmacy is on the lips of NHS England and the other royal colleges and in the media like never before and we are getting the professional recognition we deserve. However, there is no need for complacency and the English Pharmacy Board (EPB) must build on its successful leadership work to ensure that pharmacists are supported in delivering effective patient care. While having a national and international leadership role we must also build on our local engagement. Education is the foundation for the profession and educators need to enhance the skills of pharmacists to meet new demands, including revalidation. I advocate for all pharmacists to be prescribers and for the qualification to be integrated into Pharm and foundation years. Foundation training is currently *ad hoc*; it should be encouraged across all sectors of pharmacy to improve the adaptability of the workforce. The RPS must become the royal college home of the foundation training programmer for the profession, building on our successful work in the Faculty. It depends on which sector as to what seems to be the most important matter, but the most important matter facing the pharmacy profession regardless of sector is ‘workforce’. There are multiple strands to ‘workforce’; again, these depend on which sector you work within. Workforce pressure is not unique to pharmacy and is certainly not unique to any one sector. The pressures may outwardly appear different but they are still there and affect the daily lives of pharmacists. Proving the value of the workforce is also not exclusive to pharmacy, nor to any one sector. Ultimately, our profession needs to prove its worth and ensure that wherever there is a medicine, there is a pharmacist. Working together, not against each other, seems to be a recurring issue for pharmacy and this is something we need to address. The more I talk to pharmacists working in other sectors, the more I realize that we have more in common than we all think. I want us to remove the barriers we’ve created within our profession and celebrate our successes instead of competing against each other. If we could harvest the energy and time we spend in-fighting, just imagine what we could do instead. We need to remember “the whole is greater than the sum of its parts.” The EPB needs to lead by example and show that the right 14

people alongside the support of the RPS staff can achieve the very best for our profession. . (Islam,2018). The most important matter affecting the sector is adapting to continuing change and the need for a strong professional leadership body to be a cohesive voice for our profession. The whole profession is affected. Community pharmacy is reeling from the ongoing pressures of the 2016/2018 funding cuts, and hospital pharmacy is undergoing changes following the Carter Review. There is continuing and significant change following the development and transition into local care organization (LCO) services will be commissioned at local level. Across the board we have seen significant challenges around workplace pressures, with our autonomy overridden or interfered with by non-pharmacist management. Also, there is no overarching plan to utilize and develop the pharmacy workforce and adapt service delivery to meet current/future patient needs.

I will work to implement/develop the following to address:

- RPS endorsement of the Safer Pharmacies Charter to support pharmacists and teams to safely and effectively deliver services with better working environments;
- Practical toolkits and leadership support for pharmacists at local levels to champion pharmacy and achieve integration of pharmacy into LCOs and accountable care organizations so not left as a poor relation looking in;
- Practical support to develop new pharmacy services;
- A cohesive workforce plan and clearly defined roles for pharmacists. Developing a pharmacist workforce who can deliver services, such as patient clinics, with an accompanying post-graduation framework of professional and career development.

The RPS acting as a lead organization for collaborations of work streams to develop the profession with others. . (Patel, 2018). A most pressing issue I have seen for pharmacists is in the community sector, is the issue of having too many tasks and targets preventing pharmacists undertaking clinical work. By this I mean showing patients how to use their inhalers, advising them about the best ways to use their antihypertensive medications, conducting thorough uninterrupted MURs; the things we learned at university but rarely get chance to show the public. I feel this is how young pharmacists become rapidly disenfranchised, as they are alone in their store day after day without the time, freedom for action, or support to use their clinical training. I would like to see the RPS engage with big pharmacy chains, and outline directly to them that if they were to allow some autonomy for stores targets, and give back dispensers staff time to their stores, then each store could bring in new sources of revenue currently untapped. This can be done by applying to the local clinical commissioning groups (CCGs) to commission locally needed services that GP surgeries do not have the time to do. The RPS should then in tandem help to create guides on how to write service-level propositions. The majority of colleagues I speak to do not have great links to the local CCG or surgeries and I feel this could help improve that and in turn improve a pharmacist's moral. Pharmacists want to help patients clinically and any move that helps put patients in their direct care is good for patients, the professionals' resolve, and the profession as a whole. Pharmacy is a busy place and I certainly felt spoilt for choice when it came to the most important matters facing us. Medicines shortages are hugely important for patient-facing pharmacists; the Falsified Medicines Directive will profoundly affect the way that Pharma-industry and community pharmacy operate; the Carter review is forcing transformational change in hospital, while funding reductions are affecting all and supervision changes create passionate debate. (Anderson, 2018). I think it will turn out to be antimicrobial resistance. Antibiotics have been squandered faster than they can be

developed, and this historic healthcare crisis requires the attention and action of all pharmacists. We don't write most of the prescriptions, but as medicines experts we must be part of the solution. Funding reductions in community pharmacy and extended opening hours in hospital trusts are still having a huge impact on day-to-day activities, with many contractors and trusts genuinely struggling to balance their books and taking logical steps to pare back activities to a minimum. But these are false economies and, if elected, I'd work with the RPS to ensure that pharmacists can be bold and resilient in saving society from a world without effective antibiotics and ensure that stakeholders understand this vision so that they are able to access the resources needed to do so.

Decriminalization of dispensing errors. Although I was pleased to see the amendment to the law that is due soon, I'm still concerned that this only defends a limited scenario. Pharmacists should be aware that they remain at risk of prosecution. The RPS must continue to lobby our parliament to decriminalize inadvertent dispensing errors other than the two scenarios achieved. This will not only create better working conditions for pharmacists, but also safeguard the public by encouraging better reporting of errors. The issue of lack of interoperability in many hospital digital systems results in inefficiencies and duplication of work, putting further pressure on the system and introducing a risk to patient and medication safety. From the system-wide perspective, the Sustainability and Transformation Partnerships and the development of Accountable Care Systems means that there are opportunities for greater integrated working across traditional boundaries. The hospital pharmacy workforce has to evolve around the changes in the health and care landscape at the local level and this is not an easy thing to do while managing internal pressures in the system. . (Armstrong, 2018). I would like to see greater use of pharmacists across patient pathways from cradle to grave and across traditional sectors. There are some excellent models around the country and the RPS needs to continue to lead on the sharing and signposting of these best practice models. The digital agenda is critical so that pharmacy is integrated across care systems and healthcare professionals have access to information when they need it. I would like to see the RPS continuing to lobby for read-write access to patient records. The HPTP agenda is the most important matter because this will lead to the change needed to ensure better person-centered care alongside better use of data informatics for medicines use across the systems. (Rely, 2018). Over the last decade, we have seen a significant increase in the number of women in pharmacy. Today, more than half of the pharmacy students today are women. At *Good Neighbor Pharmacy*, we're optimistic about the overall state of the profession, including the growing number of female pharmacists joining the workforce. We are committed to providing female pharmacists with the critical support and resources needed to help them continue to grow and seize the opportunities available today. For example, we are currently building a mentorship program to connect our customers with the next generation of pharmacists and pharmacy owners. We want to help pharmacists connect and share information and experiences. We also want to create a forum where women can seek advice, learn from one another and find ownership opportunities. (Cotterill, 2018). The pharmaceutical workforce plays a vital role within health care systems by improving health care outcomes through providing first point of contact to the individuals, offering medical advice, and ensuring smooth supply of medicines (Gilmartin,M,2007).Women continue to be underrepresented in senior and leadership positions within pharmacy, despite outnumbering men in the global pharmacy workforce (Can pharm J, 2013). The International Pharmaceutical Federation (FIP) predicts that by year 2030, more than 70% of the global pharmacy workforce would comprise of women. This is a significant improvement for women in pharmacy, as by 1970 women only 9% of the women were in pharmaceutical workforce. However still there are very few women who

are in leadership roles (Albert E, 2018). The research has shown that female pharmacists were found to be very committed to their work despite family commitments ,(Gubbins,2015)however there are several barriers for women to progress within the pharmacy and the family and child-rearing responsibilities are among the top (Albert E ,2018). While there is increase in the female enrolment in pharmacy schools around the world, enrolment rates vary from country to country. For example, in Pakistan and Sri Lanka female enrolment in pharmacy is 50% (Carvajal, 2018) while Chile has lower rate of enrolment (John C, Bates, 2015). Certain fields also have lower rates of male enrolment such as in the Faculty of Life Sciences at a leading university in Pakistan, where the male enrolment was less than 20% (Bates, 2015).

Understanding factors affecting female participation in pharmaceutical education is key to achieving gender equity in the pharmaceutical workforce. Another glaring policy issue within pharmaceutical workforce is the gender pay gap, which is attributed to direct discrimination against female pharmacists as well as factors such as lack of mentoring, absence of networking with colleagues, less effective negotiation behaviors, and failure of employers to comply with equal opportunity regulations (Carvajal, 2018). There are country-wide differences in satisfaction rates among female pharmacists. For example, within USA, female pharmacists were reported to be more satisfied as compared to their male counterparts, despite heavy workload and job-related stress factors including lower salaries (Carvajal, 2018). While in the UK female community pharmacists enjoy different aspects of their roles but their job satisfaction decreased due to their challenging and demanding work environments (Gidman, 2018). .In Iran, male pharmacists were found to have higher job satisfaction levels due to higher job security, income levels, and job expectancy (MJF, 2014).Within Pakistan, female pharmacists were more self-aware, empathic, possessed social skills, had better work-life balance and job satisfaction, and were found more emotionally intelligent as compared to their male colleagues (Haider, 2019). However, factors such as workplace culture, workload, and social support were found to be integral to improving female pharmacists' productivity and acceptance (Malik M, 2016). Furthermore, anecdotally, female pharmacists are rarely seen working at community pharmacies in most of the developing countries including Pakistan. This is coupled with the fact that the availability of qualified person in reality is not mandatory at these retail outlets along with lack of social and cultural support required to engage these female pharmacists at community pharmacies. This sector has a huge potential and opportunities to envisage females promoting small-scale business ventures led by pharmacists. Women continue to remain underrepresented at every level, starting from entry level jobs to C-suite roles. According to the Women in the Workplace 2018 report, representation of women of color is the least causing them to stay behind white men, men of color and white women. Women of color comprise only 17% of entry level roles and 4% of C-Suite positions. This underrepresentation gets worse in senior management positions. Only 22% of C-suite executives are women. In fact, as compared of 62% of men in managerial positions, only 38% of women are promoted to be managers. What's interesting to see is that the number of women and men leaving their companies is almost the same. Therefore, attrition can't be blamed for this inequality and misogyny.

### **Gender Pay Gap:**

Women earn 77.9 cents for every dollar earned by men. Research by Pascale says that in 2018, the median salary for women is roughly 22 percent lower than the median salary for men.

In India too, the fight for equal wages continues. The Labor Bureau in India has found that in rural areas in the agricultural sector, the daily wage for men is ₹264.05 and ₹205.32 for women.

In non-agricultural sectors, the average daily wage rate for men is ₹271.17, while for women it is ₹205.90.

### **Sexual Harassment:**

The #Me-too movement brought out numerous cases of women facing sexual and non-sexual harassment in the workplace. These cases ranged from unwelcome verbal, visual, on verbal. The Women in the Workplace report found that 35% of women in full time corporate sector jobs have experienced sexual harassment. Another study by EEOC estimates that 75% of women who are subject to such hostile situations will not report their harassment. And especially when the abuser is someone in senior positions. People often ask “why did the victim not report?” The primary reason for this is for the fear of being fired. The same research by EEOC found that “75% of harassment victims experienced retaliation when they reported it.”

### **Unemployment Penalty:**

During child rearing years, the unemployment penalty for women is longer. What this means is that when women take longer leaves, they have a much harder time to get rehired. The report by Pascale that I have mentioned about earlier, also says that “someone unemployed for less than three months faces only a 3.4 percent penalty while someone who has not worked in over a year experiences a 7.3 percent penalty”. The report shows that the percentage of men unemployed for 12+ months between the ages of 20-29 is 4% while for women it’s 11%. Between the age group 30-44, the number of unemployed men and women is 10% and 20% respectively. This ultimately reflects in the gender pay gap making it harder for women to hold senior level positions.

### **Race and Ethnicity:**

64 percent of Americans say that racism continues to be a major problem in society. In the workplaces too, it continues to be a problem. White men and women continue to get hired over people of color, women who come from diverse ethnicities. Equal Employment Opportunity Commission’s (EEOC) 2017 workplace discrimination claims found that race discrimination claims accounted for 33.9 percent. A report published by the UK govt in 2017 shows that if black and minority ethnic (BME) talent was fully utilized in the UK, their economy could be boosted by up to \$29 billion. A common example of racial and ethnic discrimination faced by women in the workplace is telling them that they won’t fit in with the culture and work ethics and hiring a white person over them.

### **Pregnancy Discrimination:**

The Guardian reports that over 50,000 women lose their jobs over maternity discrimination. A type of employment discrimination, pregnancy discrimination refers to when women in the workplace are fired, not hired or discriminated against their pregnancy or are expecting. The discrimination can occur in the form of offensive comments by senior officials, clients, peers and customers regarding their physical and medical condition. Some other ways are employers reducing a female employee’s working hours, pay, changing her benefits, refusing to promote her or forcing her to take time off (paid or unpaid).

### **‘That Time of the Month’**

Women all over the world have at least once in their life have been subject to prejudice when on their periods. When they show emotions like anger or irritation, they are mocked by comments like, “stop fussing. Are you on your periods?” Women undergo grueling physical pain while on their periods. A classic example of everyday sexism is male employees considering women

taking leaves while menstruating as an excuse to not come to work. A ridiculous incident occurred in 2017 when a woman in Georgia was fired for, believe it or not, menstruating. Her “offense” was that on a heavy flow day, she stained her office chair.

### **Women Bosses:**

Lots of men feel threatened by female bosses. There are countless studies which show that men prefer male over female bosses. In recorded Gallup polls since 1950s, the number of respondents saying they would prefer working for a woman has never exceeded 25%. This is the reason for the lack of representation of women in the workplace. Because there is a lack of powerful female leaders at the top, there's nobody to encourage and support women who have just started working and are in entry level positions.

### **Methodology:**

This chapter deals with the methodology and procedures carried out for collecting relevant information and data. It describes the research design, type, population, locality, target population, sampling technique, research instrument, and administration of research instrument, data collection, data analysis, and ethical considerations.

### **Research design:**

The research design of a study is an overall strategy to conduct research. It attempted to integrate all components of research logically. It covers all processes that involve in research including instrumentation, data collection, and data analysis. Mainly, there are two major research designs are followed in social science research: qualitative research design and quantitative research design. In the case of explorative research, the researcher adopts a qualitative research design. There are 6 types of qualitative research methods like an in-depth interview, focus groups, ethnographic research, content analysis, case study research that are usually used. The researcher followed In-depth interviews research design while conducting this research. Qualitative research involves collecting and analyzing non-numerical data (e.g., text, video, or audio) to understand concepts, opinions, or experiences. (Pritha Bhandari). 2020.

### **Research Population:**

Female pharmacist working in pharmaceutical industries, labs and as a lecturer in universities are the research population. Researcher selected this population was aimed to investigate the challenges that are faced by the Female pharmacist at workplace and to analyze the issue of the environment in which they are working. It was the population that can best respond to the objectives of this research. They have personal experiences about the purpose of the study.

### **Locality of the study:**

Locality of this study was District Lahore. Researcher selected this locality as it was convenient for the researcher to approach the respondents for collecting responses for this study.

### **Sampling strategy and size:**

After finalization of sampling frames, researcher needs to adopt an appropriate sampling frame to select their sample. In this study researcher has lists of working female pharmacist. Researcher did convenient sampling. A convenience sample is a type of non-probability sampling method where the sample is taken from a group of people easy to contact or to reach The collected data from 15 female pharmacist.

**Tools for Data Collection:**

As the research took place by conducting structured in-depth interviews from the female pharmacist so the tool was interview guide. The tool consists of two parts i.e. demographic Information and the challenges faced by the female pharmacist at workplace. Further the challenges regarding area for the female pharmacist at workplace is divided into five sections.

**Procedure of data collection:**

Researchers visited all above listed pharmaceutical labs, industries and universities to collect data from female pharmacist. We faced many difficulties to conduct interview. Because there was no more than one or two female pharmacist in one place that's why it took us a week to conduct interview. And when we went for interviews, some women would not take interest to give data because of personal issue so it was a little difficult to convince them. Female pharmacist who have consumed maximum experience were being interviewed by the researcher themselves.

**Study Population:**

In the case of our studies, our research is the assessment of difficulties faced by the female pharmacist at work place in Lahore. So, our targeted population includes university of Lahore, Riphah and services hospital. Population can be defined as the distinct group of people, that group of people can be nation or a group having similar characteristics. In the sense of research methodology, population refers to those group of people from which a research wants to draw a research or the group of people on which a researcher wants to study and conduct a research.

**Sampling frame:**

The sampling frame for this study was:

- Female pharmacist working in industries
- Pharmaceutical labs
- Lecturer in universities

**Data analysis:**

Researchers collected data from 15 female pharmacist. After the responses had been recorded, verbatim transcription was done for each interview. As the interviews were in Urdu, so the interviews were translated into English. After the translation had been completed, the phase of anonymizing of data started. All of the identifiers were being removed so as to keep the identity of the pharmacist confidential. Then the codes were developed. Inductive coding was done as the codes were taken from the data which were come after reading the data. Then these codes were defined in a codebook. After this the codes were described and comparison was done in which the data was compared and further the data was categorized and conceptualized which further led to the extraction of themes.

**Ethical Considerations:**

The following ethics were taken in consideration while conducting this study.

- 1- Researchers did not force any respondent to respond in their study.
- 2- All the research respondents were briefed about purpose of study and the researchers did not miscommunicate with any research respondent.
- 3- Researchers communicated all the research respondents very politely and did not impose anything on any respondent.

- 4- Research did not share the provided data by the respondents on any public platform or any other individual with the name of the respondents. Even the jail officials were not provided any data about how and what the respondents had responded. Researcher just used data for drawing the results of this study. This way, all provided information was taken confidential.
- 5- Researcher did not make any alteration in the results or interpretation. They just interpreted the data which the respondents had provided to them.

### **Data Analysis**

First of all, interviews of the pharmacist were recorded. As the interviews were in Urdu therefore, they had to be translated and transcribed. After translating all of the interviews of the pharmacist, the next step was to an in-depth look at the data and the interviews shared by the pharmacist. In a wider view, the researchers extracted eleven major themes of challenges. Inmates were largely responding about the efficiency and effectiveness of the challenges faced by pharmacist. The following are the main themes which researchers extracted mainly after the data analysis.

- Inappropriate travelling schedule
- Minimal pay role
- Time constraints
- Overlapping personal and professional life
- Male dominant marketing environment
- Regional Discrimination towards females
- Gender bias
- Threats from female counter parts
- Cultural construction of objecting females in this field
- Lack of Counselling
- Offensive Behavior of males

### **Inappropriate travelling schedule**

Over the past few years, several issues have been raised with regard to the transport mechanisms available in Pakistan and whether or not they are safe for use by the women in the country. With lower average income, only the rich can afford to possess private vehicles for their mobility and for the majority, job-related trips depend on the public transport system. Respondents who were doing job in private sector, also faced the same conditions during their job. One of the pharmacist said that “I couldn’t manage most of my task because of the travelling that’s why I switch my job. Otherwise the working environment was so good, but the only problem was travelling that sometimes makes me sick and even so much tired that at some point I feel exhausted. When I used to do my evening shifts I had to face the issue of transport as the industry was out of town so sometimes I have to use local transport which was not comfortable for me as a female”.

### **Minimal pay role:**

In every country in the world, women continue to be paid less for their work. After living broke for almost 22 years of your life, you get your first salary. Now, everyone is happy for that first paycheck no matter how small it is but if after a year, you really start stressing on the 0s at the end of your salary. More often than not, you end up getting a lot less than what you imagined in your dreams. “I didn’t get the pay as I thought even it was less than the amount of money I spent on my degree. I’m not getting salary as per my requirement. As an estimate if I have invested 5

lac in my degree I have not got back even half of it. At the start of any job you get 20 thousand and you get up to 40 thousand only”.

#### **Time constraints:**

There are time issues, office and household task do not go hand in hand. There are so many working hours and that’s why my house do not get full attention. One of the respondent said “I was married so I had to quit my job because there were to many working hours and I could not spend proper time at home. In job sometimes you have to go out of town and you don’t get permission from home because of time management and your family do not get understand so you have to leave job”.

#### **Overlapping personal and professional life:**

“The conditions at home were such that I could not do the job because there are many problems in marketing. There are so many types of people in marketing so it’s hard to say that as a female to do a job in marketing”.

#### **Male dominant marketing environment:**

“I have had to face a gender discrimination whenever I went for a job, they prefer their own people. Like if you belong to Karachi and you applied for a job, there will be more chance to get this job opportunity but if you belong to Lahore and you applied for a job in Karachi then here it comes regional discrimination and it will become difficult to get the job because they used to prefer their own people”.

#### **Gender bias:**

Working men are usually given unfair advantage in comparison to the working women. In this male dominating society, men are considered more hardworking, intelligent and better employees than women. This gender discrimination result in increased level of stress and job dissatisfaction. It also decreases motivation to work and commitment towards the job. “Basically women are given lesser opportunities for quality education which in turn results in lack of knowledge regarding technological advancement. Girls faced more difficulties than boys because when they go for job men are giving more importance than women and I face the same situation in my career”.

#### **Threats from female counter parts:**

“I have had male friends from the beginning so when I have to work there with females I was at risk from girls because girls compete girls. Because my qualification and position was higher than them so they felt jealousy from me. When working with girls, they also get involved in your personal affairs which sometimes you don’t like, while men don’t do that, they keep busy with their work that’s why I prefer more male friends as compare to females”.

#### **Cultural constraints acting as a barrier:**

“Sometime you have to go to other cites during your job once I went to larkana I was wearing a shalwar kameez when I was walking through the bazar the men came out of the shops and started looking at me because I was not having a shawl which was in their culture”.

#### **Summary**

The objectives of this study were to analyze the response of the female pharmacists regarding the adversities they face while working in field, pharmacies, pharmaceuticals, academics and hospitals and to record their response about the calamities, social pressure, inequalities, gender

bias, time management issues, regional discrimination, overlapping personal and professional lives, of the environment they have to work in a captious society. Then the researchers have reviewed the literature from distinctive sources i.e. Journal articles, books, published thesis and dissertations, conference papers and seminar researches in order to perform the objectives and requirements of this research work. Researcher prepared their objectives and hypothesis to the issues and problems of working in the pharmaceutical industry for females. The study design was qualitative in nature. Population of the study comprised of the female pharmacists who have been working in the industry over a period of two years. The sample consisted of 20 female pharmacists who have worked in different areas of the pharmacy industry. Detailed interviews were conducted, the interview guide being made on the major issues faced by the females. Data was collected by taking in-depth interviews of female pharmacists, both online and in person. Interviews were translated in English language and after the data was collected, analysis was done repeatedly to find out the possible issues and its roots in detail. Analyses were done based on the responses collected, and 11 thematic areas were found, issues faced were recorded and major challenges were enlisted.

### **Conclusions:**

Most of the pharmacists were not satisfied with the salary they receive. They complained about the amount of hard work they have to put in while working, is not even barely equivalent to the salaries they receive. The package offered to the fresh graduates fails to meet even the basic needs, after spending five years of educating themselves. Students of the private sector claim that the salary is hardly one third of the amount they spend as fee. Even the people who have experience do not get salary worth their efforts and time.

The time slots of pharmacists working particularly in the pharmaceutical industry face huge problems regarding travelling schedules. The awkward and ever changing time slots are often difficult to cope up with, as females have certain time constraints and travelling to different areas is not an easy job. Some find it very difficult while others have found some ways to deal with the situation.

Females find it very hard to cope up with the society and have to put up a specific attitude to work in the field. Pharmacies and retails is the least favorite part for females as they are not accepted by the society. Some say that some jobs are allocated according to gender so it does not matter how compatible a female is, job allocation is gender specific. Females are not accepted as leaders, the subordinate class does not accept females as leaders.

One of the major hurdles a female has to face is lack of guidance. They are not informed about the opportunities and privileges of their field and are not well aware of the sectors where they can work well. This lack of information leaves most of the people with ambiguity and they have to work hard three folds to reach their desired position.

There is a great difficulty of transportation for females as most of the industries are located on the outskirts, so they have to put additional efforts, be it in terms of travelling, time or paying for transportation.

Many respondents reported that females are often considered as the home makers, so even if they are working they are expected to run home just as finely as they would otherwise. This puts an additional pressure and females have to work hard in this regard too to meet up the family demands.

## Recommendations:

- Females should be informed of the sectors and opportunities of this field before entering into work field.
- Salaries should be fixed according to the work load.
- Working hours should be set, and there should be a specific time for each task.
- Since a lot of females face issues of travelling, transport facility should be provided.
- Students should be informed of the issues they have to face at workplaces and there should be special classes to teach work place ethics
- Families should be supportive of females and should not put additional pressure on them.

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