

WOMEN IN HOSPITAL PHARMACY -
A DESCRIPTIVE SURVEY IN AN EIGHT STATE AREA
OF FEMALE PHARMACISTS IN THE HOSPITAL SETTING

BY

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B.S., University of Mississippi, 1966

A Thesis
Submitted to the Faculty of
The University of Mississippi
in Partial Fulfillment of the Requirements
for the Degree of Master of Science
in Hospital Pharmacy

The University of Mississippi

August, 1969

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1969

ACKNOWLEDGEMENTS

The guidance and friendship of Sister Mary Gonzales and Mr. Vincent Bouchard, both of Mercy Hospital, Pittsburgh, Pennsylvania are gratefully acknowledged. The encouragement which they gave me during my year of residency at Mercy Hospital gave me the incentive to complete this thesis.

Submitted to the Faculty of
The University of Wisconsin
in partial fulfillment
for the Degree of
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CHAPTER I

INTRODUCTION

This study is intended to determine the status of a sample of the women engaged in hospital pharmacy in the United States as of May, 1968. It is designed as a descriptive investigation of these women and is not designed to make a comparison between the capabilities and accomplishments of women and men in hospital pharmacy.

Definition of Terms

For the purpose of uniformity, the following terms will be used in this study.

Lay pharmacist - any respondent to the questionnaire or interview who is personally reimbursed for her services and who works independently of any religious order.

Sister pharmacist - any respondent to the questionnaire or interview who indicates alliance with a religious group and who receives no personal reimbursement for her labor. All respondents in this category are nuns.

The position titles used for classification in this study are defined below.

Chief pharmacist - any respondent indicating total administrative responsibility for the pharmacy department of the hospital regardless of title terminology used in the hospital.

Assistant chief pharmacist - all respondent pharmacists having specific responsibilities of pharmacy supervision and management who are directly responsible to the chief pharmacist.

Staff pharmacist - all respondent pharmacists actively engaged in full-time hospital pharmacy practice who are not in supervisory positions.

Part-time staff pharmacist - all respondent pharmacists who practice pharmacy in a hospital on a part-time basis - less than forty hours each week.

Other - includes respondent pharmacists who left active hospital pharmacy practice within three months of answering the questionnaire, or respondents who are connected with hospital pharmacy practice in various ways (teaching, consultants, etc.) and who are members of the American Society of Hospital Pharmacists but do not presently practice hospital pharmacy on a routine basis.

Women in the Labor Force

Women have come to play an important role in the actions of the business and professional world as well as in the home. In 1965, there were 26 million women in the labor force, representing 35 per cent of the entire labor force and 37 per cent of all women between the ages of 18 and 64.¹ As demographic, economic, and social changes occur, women will become an even more vital part of the working force. They are being encouraged especially in health-related professions

¹U.S., Department of Labor, 1965 Handbook on Women Workers, Women's Bureau Bulletin No. 290, 1965, p. 6.

to assume a greater proportion of the working load.² Women are being pushed by an expanding health program into positions and professions that have until recently been non-existent³ or considered strictly "men's work."⁴ Despite this emphasis however, the percentage of women comprising these professional areas has not increased to any great degree in the male-dominated fields.⁴

This almost static condition has been attributed partly to the sharp rise in the number of men entering professional fields,⁵ partly to the unwillingness of women to commit themselves so fully to a demanding career,⁶ and partly to the closed society of professions themselves.⁷

In 1950, 25 per cent of all professional women workers were in fields in which they were a minority.⁸ Only seven per cent⁹ of all professional women were employed in some profession other than

²Mattfeld, Jacquelyn A., and Van Aken, Carol G., eds., Women and the Scientific Professions, M.I.T. Press, Cambridge and London, 1965.

³The Department of Health, Education and Welfare has published a career book on ancillary health professions for guidance in career choices.

⁴National Manpower Council, Womanpower, Columbia University Press, New York, 1957, p. 124. Also see Women's Bureau Bulletin No. 290, 1965, p. 95.

⁵Mattfeld, J.A., and Van Aken, C.G., op. cit., p. 142.

⁶Ibid., pp. 3 - 19.

⁷Lyn, Kenneth S., and Editors of Daedalus, The Professions in America, Beacon Press, Boston, 1963, p. xii.

⁸National Manpower Council, op. cit., p. 62.

⁹Idem.

one traditionally classified as "women's work".¹⁰ This percentage was almost the same in 1964.¹¹

By 1964, the job change rate of men and women professionals was the same - less than one in ten.¹² However, they had a short average job tenure of 3.7 years because many of the professionals were young and had more opportunities for better positions.¹³

In 1950, women pharmacists comprised one-third of one per cent of all women professionals and eight per cent of all pharmacists in the United States.¹⁴ By the early 1960's, women represented 33 1/3 per cent of all hospital pharmacists.¹⁵ Also, at this time, 25 per cent of all chief hospital pharmacists were women; these were evenly divided between lay women and religious.¹⁶

In a recent health manpower summary, several statistics were presented concerning women in pharmacy. It was found that while 50 per cent of the sample of 192 women are in community practice, they form a greater proportion of the pharmacists in hospital or clinic pharmacies where they represent 30.2 per cent of all pharmacists.

¹⁰"Women's work", according to the National Manpower Council (p. 57) must conform to the traditional functions of women such as care of the sick, training of the young, making and caring for clothing, and preparing and serving food.

¹¹U.S., Department of Labor, op. cit., p. 95.

¹²Ibid., p. 67.

¹³Ibid., p. 69.

¹⁴National Manpower Council, op. cit., p. 63.

¹⁵Franke, D., et. al., Mirror to Hospital Pharmacy, Mack Printing Co., Easton, Pa., 1964, p. 74.

¹⁶Ibid., p. 75.

About two-thirds of women pharmacists are under forty-five years of age. Fifty-five per cent of these women are married.¹⁷

Recent figures in pharmacy show that the percentage increase in the number of women entering pharmacy school in 1968 in the United States was six times the increase in the number of males.¹⁸ This figure is compared to a percentage increase of three times the increase in males in 1967.¹⁹ In 1965 and 1966, women also had a higher percentage increase in enrolment than men.²⁰ Statistics indicate that an increasing number of those women who complete their pharmacy education prefer to work in hospital pharmacy.²¹ One study found that more than 40 per cent of the students indicating plans to enter hospital pharmacy after graduation from pharmacy school were women. This was the highest percentage preference for women for any type of pharmacy practice.²²

¹⁷Peterson, P.Q., and Pennell, M.Y., Health Manpower Source Book, Section 15, "Pharmacists," Public Health Service Publ. No. 263, Sec. 15, Division of Public Health Methods, Public Health Service, U.S. Dept. of Health, Education and Welfare, 1963.

¹⁸"Report on Enrollment in Schools and Colleges of Pharmacy, First Semester, Term, or Quarter, 1968-1969," American Journal of Pharmaceutical Education, Vol. 33, Feb., 1969, p. 84.

¹⁹"Report on Enrollment in Schools and Colleges of Pharmacy, First Semester, Term, or Quarter, 1967-1968," American Journal of Pharmaceutical Education, Vol. 31, Feb., 1969, p. 110. See also American Druggist, Vol. 4, Feb. 12, 1968, p. 18.

²⁰"Report on Enrollment in Schools and Colleges of Pharmacy, First Semester, Term, or Quarter, 1966-1967," American Journal of Pharmaceutical Education, Vol. 31, Feb., 1967, p. 42.

²¹"Rise in Number of Women Students Tops Men 3 to 1," American Druggist, Vol. 4, Feb. 12, 1968, p. 20.

²²Smith, Mickey C., "Some Social Determinants in the Choice of Hospital Pharmacy as a Career," American Journal of Hospital Pharmacy, Vol. 25, 1968, p. 78.

Statement of the Problem

With the increased enrollment of women in pharmacy schools, the number entering hospital pharmacy can be expected to increase. The manpower shortage in hospital pharmacy²³ will result in more and better positions - an added encouragement to women thinking of hospital pharmacy as a career. It becomes of interest, therefore, to determine the job satisfaction of present female practitioners and the recruitment potential for women in hospital pharmacy.

Objectives of the Study

There are two objectives for this study. They are, for a sample of female hospital pharmacists:

- A. To identify and classify the women hospital pharmacist. They initially will be placed in one of three groups.
 - (1) The lay woman pharmacist who is not or has never been married.
 - (2) The lay woman pharmacist who is or has been married.
 - (3) The woman pharmacist in the religious orders.

Criteria to be used in developing the identity within the groups are hospital size, age, education, home responsibilities, and reasons for entrance into and present practice of hospital pharmacy.

- B. To determine the types of positions women hold in hospital pharmacy. This objective is to relate the size of the hospital with the position held, the job responsibilities with salary, satisfaction, marital status and home responsibilities; the number of women on the staff to staffing patterns, turnover rates and salary range.

²³Oddis, J.A., "Facing Up to Hospital Pharmacy Manpower Needs," American Journal of Hospital Pharmacy, Vol. 24, 1967, p.30.

CHAPTER II

REVIEW OF THE LITERATURE

The Woman Worker

Historically, a woman who worked was living evidence that she had no husband able and willing to support her. Bernard J. Stern¹ traced the effects of cultural change on the family by showing how it affected the status and role of women as the center of family life. Beginning with the "early modern times"² of the thirteenth century, the progress and setbacks of women working outside the home are traced through history to the increase of permanent women laborers in industry following the American Depression. In this discussion, Stern observes that as of 1938, participation in industry had not resulted in equality for women in the United States because of (1) disadvantages in bargaining power with men, and (2) the double burden of home and work. He also states that, following tradition, women are paid less for their labor and must fight against the commonly held attitudes that women are less capable than men of developing skills and are unable to attain man's level of productivity.³

¹Stern, B.J., Historical Sociology, Citadel Press, New York, 1959.

²Ibid., p. 265.

³Ibid., p. 273.

Similarly, Caplow⁴ enumerated five conditions which he felt to be applicable to female employment. These appear below.

1. The occupational careers of women are not normally continuous.....
2. Most employed men support the family group to which they belong, but most employed women are secondary breadwinners.....considerations of need always enter more or less into the determination of wages; it is perceived as right and just that, needing less, women workers receive less.....
3. Women tend to be residentially immobile.....
4. In any woman's occupation, a considerable proportion of the qualified workers in a given area will be out of the labor force at a given moment.....
4. (sic) Women are everywhere confronted with a vast network of statutes, rules, and regulations - some designed for their protection, some intended to reduce their effectiveness as competitors, and some adroitly contrived for both purposes at once.⁵

Caplow states further that women seem destined to conjugate in certain occupations which society specifies as women's work.⁶ He says that even in these fields, women are prevented from securing top positions because of the acceleration to leadership of any man in these fields.

In defining the type of work open to women, he states that

a woman's occupation must be one in which employment is typically by short term, in which the gain in skill achieved by continuous experience is slight, in which interchangeability is very high, and in which the loss of skill during long periods of inactivity is relatively small.⁷

⁴Caplow, Theodore, The Sociology of Work, University of Minnesota Press, Minneapolis, 1954.

⁵Ibid., pp. 234 - 236.

⁶Women's work, as stated earlier, relates to traditional functions of women in domestic life.

⁷Caplow, op. cit., p. 245.

Enlarging this definition to account for lines of authority, he states that,

a woman's job must be one which does not involve the subordination of adult males, or any close participation with male workers doing parallel jobs.⁸

In this second statement he makes an exception in cases of female-dominated occupations where male workers advance through the ranks to positions of authority.

A poll in "Fortune" magazine in 1946, showed a plurality of both sexes agreeing that women have less ability to handle people well, to make decisions, and to create or invent.⁹ Another part of this poll demonstrated that a great majority of both sexes were against married women working, especially if they had children at home. However, when the feared post-war depression did not materialize, the necessity of women in the labor force was recognized by labor leaders. Since the late 1940's and the early 1950's, the participation and future of women in work outside the home have improved rapidly.¹⁰

Famularo,¹¹ in writing of women in executive business positions, feels that the working world will soon overcome the basic negative attitudes still held by many employers and will become dependent on women for responsible positions as well as subordinate ones. He cites two major reasons for this change in attitude by management.

⁸Idem.

⁹"What are Women Doing?," Fortune, August, 1946, pp. 5-14.

¹⁰National Manpower Council, op. cit., pp. 143-166.

¹¹Famularo, J.J., "Women at the Top - The Record, the Obstacles, the Outlook," Management Review, Vol. 56, No. 8, August, 1967, pp. 55-58.

One reason - demographic - is that there is a shortage of men to fill these positions; and the other reason - political - is that the Civil Rights Act of 1964, although designed to help minority groups, will be felt greatly by what Hubert Humphrey described as the "underprivileged majority."

Agnew and Lichenstein¹² also state that business, industry, and the professions have become dependent and are rapidly becoming more dependent on women for the professional and executive positions once reserved only for men.

In interviews of young college girls from upper income families Ginzburg and others¹³ sought to determine motivation involved among women in choosing an occupation. In interviews among the young women, they found that the choice of majors and courses of study revolved around the concept of combining marriage and work. Work was regarded by these girls to be insurance against the possibility of not getting married. In college, they chose courses for their appeal rather than the job potential. Plans for the future were made primarily in terms of marriage; everything else fell into a subsidiary position.

Weil¹⁴ found this same reaction true when she studied married women's planned re-entry into the labor force. She proved that

¹²Lichenstein, Renee, and Agnew, R.J., "The Female of the Species on the Job - A Review and a View," Pittsburgh Business Review, Vol. 37, No. 10, October, 1967, pp. 1 - 6.

¹³Ginzberg, E., et. al., Occupational Choice, Columbia University Press, New York, 1951, pp. 160 - 181.

¹⁴Weil, Mildred, "An Analysis of the Factors Influencing Married Women's Actual or Planned Work Participation," American Sociological Review, Vol. 26, No. 1, February, 1961, pp. 91 - 96.

the performance of married women with children in the labor force or the planning to perform in the labor force will occur if these women performed in an occupation before marriage that required 'high' educational achievement¹⁵ or specialized training.¹⁶

Coinciding with work by Weil, statistics from the Department of Labor show that while 37 per cent of all women of working age are in the labor force, 72 per cent of all women who completed five or more years of college are working.¹⁷

Horton¹⁸ feels that American women will work whether highly educated or not. Based on labor statistics, he concludes,

typically she begins working before marriage, works until her children arrive, takes off a few years, then returns sometime after her children get into school. Obviously it has become normal for the American wife to work for a major part of her lifetime.¹⁹

Recently, James N. Morgan²⁰ found that among working wives, a woman's age, education, and her husband's income are the most significant determinants in the wife's decision to work.

¹⁵A "high" educational achievement refers to four years or more of college according to Weil's definition.

¹⁶Ibid., p. 96.

¹⁷U.S., Department of Labor, Seminar on Manpower Policy and Program, Manpower Administration, 1967, p.5.

¹⁸Horton, P.B., Sociology and the Health Sciences, McGraw-Hill, New York, 1965.

¹⁹Ibid., p. 215.

²⁰Baewaldt, Nancy, Morgan, J.N., and Siragelden, I., Productive Americans, (Ann Arbor, Mich: Institute for Social Research, University of Michigan, 1966) Survey Research monograph 43, cited by U.S., Department of Labor, Seminar on Manpower Policy and Program, Manpower Administration, 1967, p.6.

Women in the Professions

Studies conducted about professional women can be divided into two classifications - those of female professions and those of women in male-dominated professions.

Davis and Olesen²¹ summarized much of the work done in the female professions in a recent study they performed with collegiate nursing students. They found that although a large majority of women involved in the female professions were both interested and satisfied in the daily responsibilities of their work, few felt a deep commitment to their career as such.²² Among the collegiate students they actually found a decrease in career commitment between their entrance and graduation from college - a time when indoctrination should have caused the opposite reaction.²³

Since the end of World War II, interest has increased in the study of women in traditionally male-dominated professions such as law, engineering, and medicine. One of the earliest and best known authors on the subject of women in medicine is Josephine J. Williams. In an early study on patient acceptance of women physicians,²⁴ almost all of the respondents interviewed assumed that there were sex differences in the quality of service, but there was no agreement on what the differences were.

²¹Davis, F., and Olesen, Virginia L., "The Career Outlook of Professionally Educated Women," Psychiatry, Vol. 28, November, 1965, pp. 334 -45.

²²Ibid., p. 341.

²³Ibid., p. 340.

²⁴Williams, Josephine J., "Patients and Prejudice," American Journal of Sociology, January, 1946, pp. 283 - 287.

Later, Williams discusses the problems associated with a woman pursuing a career in medicine.²⁵ She gives three major classifications in which the problems may fall. They are (1) sex differences, (2) the marriage-career conflict, and (3) discrimination. In this article she does not discuss the first factor, but concentrates on the second two. She states that rather than a traditional sex-role based specialization within medicine, future medical specialization may be based on domestic responsibilities of the woman, causing a leaning towards such fields as ophthalmology or dermatology, where a minimum of night work is expected.²⁶

She continues that, although women are in the minority in medicine, they cannot be considered as strictly minority groups as ethnic or racial minorities because of these reasons.

- (1) Women marry.
- (2) They compete for the "best" clientele instead of concentrating upon a particular ethnic, racial, or social level.
- (3) They expect some special consideration from male colleagues.²⁷

In 1957, Dykman and Stalnaker²⁸ published the most complete and comprehensive report of women in medicine that has been made to the present time. Although the major intent was to discover the extent of utilization of a woman physician's medical education, the report

²⁵Williams, Josephine J., "The Woman Physician's Dilemma," Journal of Social Issues, June, 1950, pp. 38 - 40.

²⁶Ibid., p. 39.

²⁷Ibid., p. 42.

²⁸Dykman, R.A., and Stalnaker, J.M., "Survey of Women Physicians Graduating from Medical School 1925-1940," Journal of Medical Education, Vol. 32, March, Part 2, 1957.

also presented information on women physicians' characteristics, attitudes, and interests. Using four mailings to a sample of men and women physicians who had graduated from medical school between 1925 and 1940, they received a 68.2 per cent return. In part, they found that only slightly over one-half of women physicians are married, that more than one-third are single and another 11 per cent are widowed, separated, or divorced.²⁹ The results indicated that men held more prestige than their women contemporaries when judged by such measures as hospital appointments, publications and participation as officers in professional societies.³⁰ While three-fourths of both men and women indicated that they would recommend medicine as a career for a son, only one-third of the men compared to slightly under two-thirds of the women physicians felt that a daughter should enter medicine. Inadequate social rewards was the reason most cited for not recommending medicine to a daughter.³¹

Similarly, in studying the woman physician, Kosa and Coker³² presented their views for the decline of the always low rate of women professionals. They gave three theses relating to a conflict of the professional role of a physician and the social and cultural

²⁹Ibid., p. 14.

³⁰Ibid., pp. 28 - 29.

³¹Ibid., P. 31.

³²Kosa, John, and Coker, R. E., Jr., "The Female Physician in Public Health Conflict and Reconciliation of the Sex and Professional Roles," Sociology and Social Research, Vol. 49, No. 3, 1965, pp. 294-363.

role of a woman. They state that,

(1) the professional role tends to impose limitations upon the full realization of the female role; (2) the female role tends to limit the full realization of the professional role; and, in addition, (3) female practitioners face particular difficulties in assuming those professional duties which are more or less incompatible with female tasks.³³

Their research showed that women doctors had on the whole, less income than men of comparable positions, and were less likely to enter any practice requiring self-employment and entrepreneurship. Consequently, women physicians seem most likely to be found in such specialties as pediatrics, mental health, psychiatry, and public health fields.³⁴

As shown in Table 1, they found that more women than men preferred close relationships with patients and new problems to good income.

At the Seminar of Manpower Policy and Program held in Washington, D.C. in 1967, Keyserling discussed the decline since 1950 in the relative proportion of women in the professions.³⁵ Citing a decline from 45 per cent of total professionals in 1950, to 36 per cent in 1967, she stated a major reason to be the "quota" system enforced by professional schools on women applicants. She particularly noted the law schools and medical schools, stating that although the number of women applicants to medical school has increased at six times the rate of

³³Ibid., p. 295.

³⁴Ibid., p. 298.

³⁵U.S., Department of Labor, op. cit., p. 24.

men, the percentage of women accepted has risen only 4 per cent since World War II. This not only limits the number of women physicians graduating each year, but also discourages many women from applying.

TABLE I
ATTITUDES TOWARD THE ENTREPRENEURIAL ROLE BY SEX,
IN PERCENTAGES

	Male (481)	Female (44)
Per cent saying that they...		
.... prefer close relationships with patients to large income	24	45
.... prefer new problems to large income	29	50
.... regard good income as of no importance in a job	19	32
.... regard regular and not extremely long working hours indispensable	3	32
.... prefer close relationships with patients to independence in work	33	59
.... dislike competition with other people when the stakes are high	24	50
.... regard the aid of experienced persons as important in a job	35	55

For all ~~items~~ listed, the difference is significant on the 5 per cent level or better. (Chi-square test). 36

Phelps³⁷ found in his research that although one-third of all National Merit scholars interested in medicine as a profession are girls, by the time for entrance to medical school three years later, less than 8 per cent of all applications for entrance are from women.

³⁶Kosa, John, and Coker, R.E., Jr., *op. cit.*, p. 299.

³⁷Phelps, C.E., "Women in American Medicine," *Journal of Medical Education*, Vol. 43, August, 1968, pp. 916 - 924.

He states that as full-time employment of women of all age groups increases, there will probably be a great increase in the demand and applications of women in medicine.³⁸

He suggests that women may be more "marginally valuable" (economically) to medicine than men because consciously or otherwise, women tend to specialize in areas of the greatest medicine manpower shortages.³⁹

Women in Hospital Pharmacy

There has been very little research directly concerned with women in hospital pharmacy. Sperandio⁴⁰ published an interview which he conducted with a prominent woman hospital pharmacist in the Midwest. His work touched very briefly on chances for advancement, suitability, and satisfaction. He did not attempt to expand it or draw any conclusions.

Smith, in two papers,⁴¹ has singled out women from the sample groups in his research and reported occupational trends in the female sample population and compared these to trends in the male population.

³⁸Ibid., p. 917.

³⁹Ibid., p. 922.

⁴⁰Sperandio, Glen J., "Hospital Pharmacy as a Career for Women," Title and Till, October, 1967, Hospital Pharmacy Notes section.

⁴¹Smith, M. C., "Birth Order and Intergenerational Occupational Mobility Among Pharmacy Students," American Journal of Pharmaceutical Education, Vol. 32, May, 1968, pp. 279 - 289. Also see "Some Social Determinants in the Choice of Hospital Pharmacy as a Career," American Journal of Hospital Pharmacy, Vol. 25, February, 1968, pp. 76 - 79.

In one paper Smith⁴² predicts that women will become the majority in hospital pharmacy simply from economic reasons. Hospitals will be able to hire women pharmacists more cheaply than they can hire men. All of his works cited however, are concerned chiefly with social determinants and classes of pharmacy students and graduates rather than specifically with women.

Steane and Booth⁴³ in a study of hospital recruitment of pharmacists in England, found that women pharmacists placed great importance on the nature of the work rather than the salary and career potential of a position. They found that although women were interested in the initial salary being high, they were much less interested in the potential salary increases. This summary coincides closely with the findings of Kosa and Coker cited earlier.

The English study further states that "the present financial rewards, on the evidence obtained, will lead to a female dominated service, a situation which would not be regarded as satisfactorily tenable by other hospital service, by the profession or indeed by women pharmacists themselves."⁴⁴

⁴²Smith, M. C., "Providing Social Preparedness for Institutional Pharmacy," American Journal of Pharmaceutical Education, Vol.33, February, 1969, pp. 50 - 60.

⁴³Steane, Margaret A., and Booth, T. G., "Recruitment of Pharmacists To The Hospital Pharmaceutical Service," (Bradford, England: Pharmacy Practice Research Unit, University of Bradford, 1968).

⁴⁴Ibid., p. 21.

CHAPTER III

METHODOLOGY

Introduction

It was decided to use three approaches for obtaining information in the study. These were (1) personal observation, (2) questionnaires, and (3) personal interviews. In using all three methods, a broad picture of the women currently practicing hospital pharmacy could be developed.

Personal Observation

In order to determine the type of information needed for the thesis, two methods of observation were used.

First, a review of the literature available on business and professional women yielded several topics of major concern to sociologists in the field. Second, casual interviews and conversations conducted among women hospital pharmacists at large helped the writer to determine which topics would apply to women in hospital pharmacy. The conversations were held at pharmacy meetings such as the Institute of General Practice, the Mid-Year Clinical Meeting, visits to the Washington headquarters of the American Society of Hospital Pharmacists, and meetings of the Western Pennsylvania Society of Hospital Pharmacists.

Questionnaire

After a complete review of notes taken in the literature review and through conversation with interested individual pharmacists, a preliminary questionnaire was prepared consisting of four divisions. These divisions were,

- (1) General hospital information
- (2) Personal and professional information on the respondents.
- (3) Questions for chief pharmacists or directors of pharmacy.
- (4) Questions directed to working mothers in hospital pharmacy.

The preliminary questionnaire was given to seven women pharmacists in the Pittsburgh, Pennsylvania area. Three of the questionnaires were completed and returned with helpful comments in various areas. One of the seven pharmacists contacted refused to complete the questionnaire after accepting it because of the information requested and the smallness of the sample. One of the respondents was a Sister pharmacist and the remaining two were lay pharmacists.

From the comments and suggestions of the several respondents, changes were made so that the questionnaire would be more readily interpreted and more acceptable to the larger sample.

Selection of the Sample Area

Because it was not feasible to use a national mailing in this study, a sample area was selected. An area of eight states was chosen. These states, Pennsylvania, New Jersey, and New York, commonly called the Mid-Atlantic States, and Michigan, Ohio, Indiana, Illinois,

and Wisconsin, termed the North Central States were chosen for several reasons.

- (1) There are more hospitals employing pharmacists in these two areas than in any other of the standard areas.
- (2) Hospital pharmacy as a profession is older and more firmly established in the areas mentioned.²
- (3) The concentration of pharmacy schools compared to school₃ population in other areas is heaviest in the areas used.

Selection of the Sample

Questionnaires were mailed to every woman listed as a member of the American Society of Hospital Pharmacists in the 1967 directory who resided in any of the several states selected for the sample area. A total of 463 questionnaires was sent with the date of May 15, 1968, given as the deadline for return. One hundred and fifty-seven individuals responded in some fashion to the questionnaire. Of these, 144 replies (31.1%) were used for the study. Table 2 gives an analysis of the questionnaire return. (See Appendix for questionnaire.)

Because of postal difficulties, many of the questionnaires did not reach their destinations until May 13 or May 14. It is felt that a larger response would have been elicited if the deadline had not been so immediate.

¹Franke, D., et. al., Mirror to Hospital Pharmacy, Mack Printing Co., Easton, Pa., 1964, p. 52.

²Berman, Alex, "The Formative Period", Bulletin of American Society of Hospital Pharmacists, Vol. 9, No. 4, July-August, 1952, p. 297.

³"Accredited Colleges of Pharmacy," Blue Book, published under the direction of American Druggist, 1968, pp. 14-19.

TABLE 2
ANALYSIS OF QUESTIONNAIRE RETURN

	<u>Lay Women</u>		<u>Religious</u>	
	Number	Per Cent	Number	Per Cent
Responses used	90	26.78	54	40.52
Responses not used	10	2.97	3	2.36
No Response	236	70.25	70	55.12
Total	336	100.00	127	100.00

Analysis of the Questionnaires

The questionnaires were divided into several categories. All Sister pharmacists were placed in one group which was subdivided by age into two groups - over and under fifty years of age. Lay women respondents were separated by marital status and sub-divided by the position which they held. The answers were tabulated and analyzed within these groups.

Personal Interviews

A series of fifteen semi-structured interviews were conducted among women hospital pharmacists in various parts of the United States. It was felt that the interviews would yield more "in depth" information on various points within the questionnaire. The difference in location was felt to add rather than detract from the value of the study. Interviews were conducted in Ohio, Pennsylvania, Virginia, Mississippi, and Arkansas. Two of the respondents were Sister pharmacists - the others lay women. (See Appendix.)

The interviews were incorporated into the data previously determined by the questionnaire.

CHAPTER IV

RESULTS

The results of this study are divided into two major sections. One section deals only with lay women respondents and the other section deals specifically with those respondents indicating membership in a religious order. The two groups were separated because of the difference expected on answers to many of the questions on the questionnaire and also because of the obviously different working motivations between the two. However, it was felt that the religious groups should be included in the study because of their prominence in hospital pharmacy practice.

Lay Pharmacists

Introduction

One hundred lay women hospital pharmacists responded in some way to the questionnaire. Ten of the responses were received from women who are not actively involved in pharmacy practice and who were unable to complete the bulk of the questionnaire. These were discarded. Two of the ten were employed in occupations unrelated to pharmacy. The other eight had retired from active practice or had never been actively engaged in the profession but were members of the American Society of Hospital Pharmacists. However, those who had

left active practice of hospital pharmacy within the past three months before answering the questionnaire were included in the results.

Hospital Size

As shown in Table 3, a majority of the lay respondents worked in hospitals having more than two hundred beds, with the largest number of them working in hospitals of three to four hundred beds in capacity. It may be noted however, that approximately 60 per cent of those working in hospitals over five hundred beds in size are staff pharmacists. Most of the respondents holding the position of chief pharmacist are employed in hospitals with a bed capacity of three hundred or larger.

TABLE 3
POSITION TITLE OF LAY RESPONDENTS IN RELATION TO
HOSPITAL BED CAPACITY

Bed Capacity	<u>Chief Pharmacist</u>		<u>Asst. Chief Pharmacist</u>		<u>Staff Pharmacist</u>		<u>Part-time Pharmacist</u>	
	No.	Per* Cent	No.	Per Cent	No.	Per Cent	No.	Per Cent
Under 50	0	0.00	0	0.00	0	0.00	0	0.00
50 - 99	3	8.56	0	0.00	1	6.25	0	0.00
100 - 199	7	19.98	1	12.50	1	6.25	2	15.38
200 - 299	5	14.12	1	12.50	2	12.50	4	30.76
300 - 399	12	34.26	1	12.50	2	12.50	4	30.76
400 - 499	3	8.56	3	37.50	1	6.25	2	15.38
500 and over	5	14.12	2	25.00	9	56.25	1	7.69

*All of the columns do not total 100.00 per cent due to rounding off of some percentages.

Age

Of the ninety lay pharmacists who responded, only one did not indicate her age on the questionnaire. The respondents were divided into age groups of five year increments (Figure 1). The largest age group was the group from 26 years through 30 years of age, while the majority (59.81%) of the respondents were 40 years of age or younger and three-fourths of them were under 45 years of age.

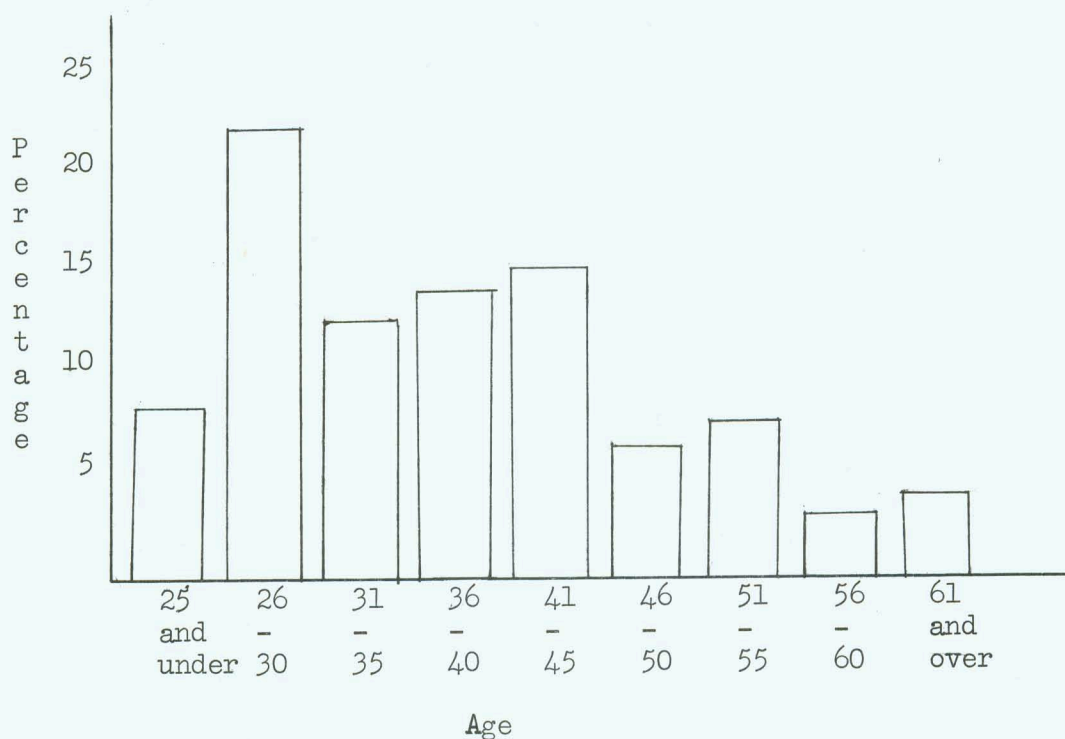


Figure 1. Age Distribution of Lay respondents in Percentage

Upon comparing ages within pharmacy positions (Figure 2), it is evident that the majority of the staff positions are filled by women under thirty years of age. Most of the chief pharmacist positions are held by women in their late thirties or older. Those indicating a position of assistant chief pharmacist or its equivalent were all

under fifty years of age, with the majority of them under forty. Part-time pharmacists were evenly divided among the age groups.

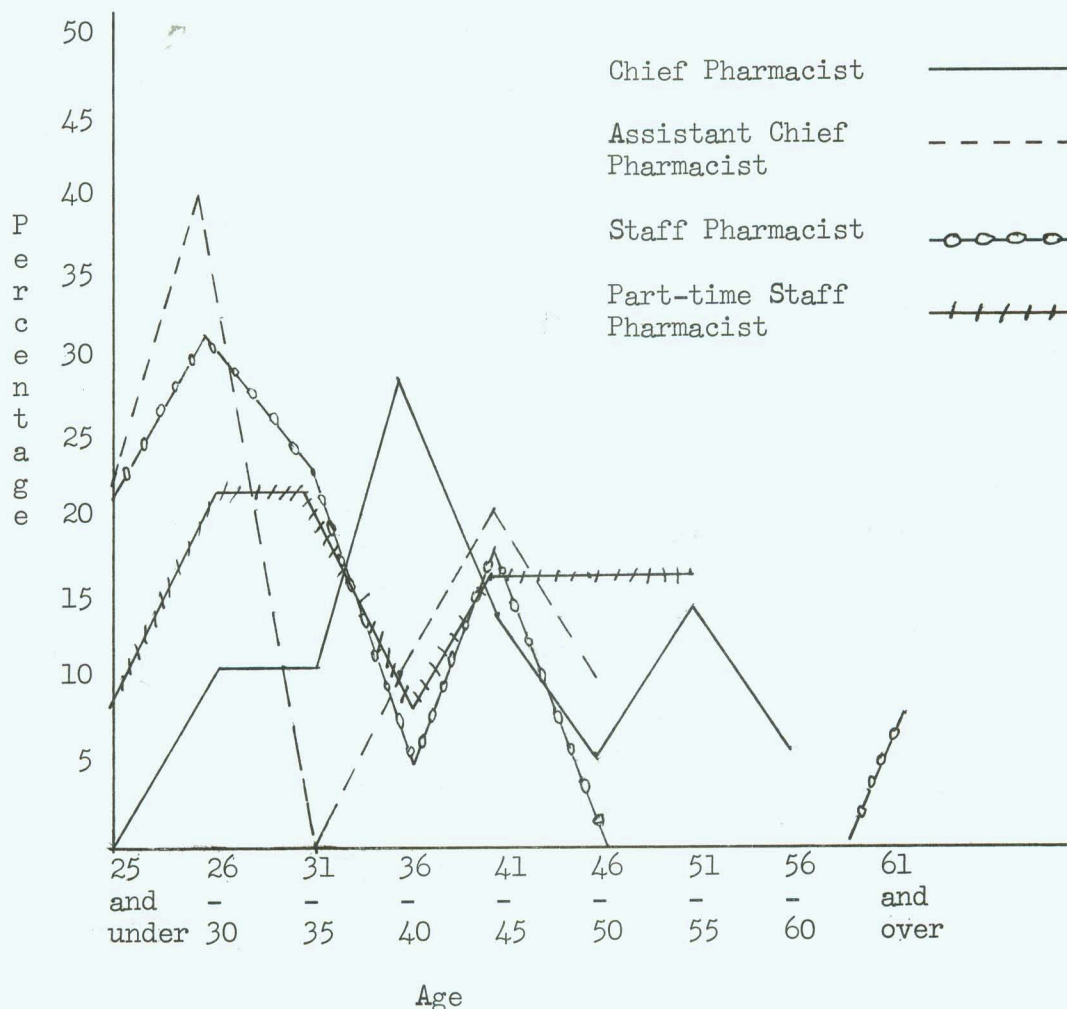


Figure 2. Relationship of Position Title to Age Distribution of Lay Pharmacists.

Marital Status

The ninety lay pharmacists were classified by marital status and pharmacy position (Table 4). Forty-seven (52.22%) of them were married at the time they completed the questionnaire and an additional six (7.78%) were widowed or divorced. Therefore, sixty per cent of

the lay pharmacists in the survey were or had been married compared to earlier national figures in Chapter I of fifty-five per cent for all women pharmacists.

TABLE 4
RELATIONSHIP OF POSITION TITLE OF LAY PHARMACISTS
TO MARITAL STATUS

Position Held	<u>Marital Status</u>					
	<u>Single</u>		<u>Married</u>		<u>Other</u>	
	Number	Per Cent	Number	Per Cent	Number	Per Cent
Chief Pharmacist	17	47.22	14	29.17	4	66.66
Assistant Chief Pharmacist	6	16.67	4	8.33	0	0.00
Staff Pharmacist	11	30.55	10	20.83	1	16.67
Part-time Staff Pharmacist	0	0.00	14	29.17	0	0.00
Not Actively Practicing	<u>2</u>	<u>5.56</u>	<u>6</u>	<u>12.50</u>	<u>1</u>	<u>16.67</u>
Total	36	100.000	48	100.00	6	100.00

In all of the positions except that of part-time staff pharmacist, single or self-supporting pharmacists outnumber the married respondents. Although this in no way indicates marital chances of women pharmacists, it does seem to indicate that married women pharmacists try to keep up with their profession by part-time work, even, as some indicated, if it may seem unnecessary financially.

Husbands of Lay Pharmacists

Among the fifty-one women who answered questions 2a and 2b (the three women who were divorced did not answer these questions), only one respondent had married before she attended pharmacy school. (Table 5). The majority of the respondents (77.75%) married after they had completed pharmacy school. Twelve (23.22%) were married to pharmacists but only one of the twelve married during school. Twenty-nine (56.86%) of the respondents had husbands who were in one of the several professions. However, six (11.76%) of the lay pharmacists were married to men whose occupations are generally classed as "blue collar" and therefore are usually outside of the normal environment of women in pharmacy school or in hospitals. Of these six, three married during school and three married after completing school.

Lay Pharmacists who are Mothers

Of the fifty-four respondents who were married or had been married at the time the questionnaire was completed, twenty-five (46.3%) indicated that they had no children. The remaining twenty-nine women were classified as working mothers. Eleven of the working mothers had only one child, while nine (31.03%) had two children. (Table 6).

Thirteen of the twenty-nine working mothers worked only part-time. These thirteen women accounted for twenty-six (34.9%) of the sixty-three children, and nine (60.00%) of the fifteen children under six years of age.

The time lapse between the birth of the last child and the mother's return to work varied from three weeks to twelve years.

TABLE 5

OCCUPATIONS OF HUSBANDS OF WOMEN HOSPITAL PHARMACISTS
 (Separated by time of marriage and based on
 51 women who were married or widowed when the questionnaire was completed.)

Occupation	Marriage in relation to school work					
	After		During		Before	
	Number	Per Cent	Number	Per Cent	Number	Per Cent
Pharmacy	11	20.37	1	1.85	0	0.00
Profession closely aligned to pharmacy	3	5.55	0	0.00	0	0.00
Other Professions (Law, teaching, engineering)	12	22.22	2	3.70	1	1.85
"White collar" workers	10	18.51	1	1.85	0	0.00
Labor "blue collar"	3	5.55	3	5.55	0	0.00
Miscellaneous	2	3.70	0	0.00	0	0.00
Unemployed	1	1.85	1	1.85	0	0.00

Only one respondent stayed away from work over six years, however; and she had five children. The majority (20) returned to work within six months after the birth of their last child.

Most of the mothers utilized a baby-sitter or a relative for child care during working hours. Others had neighbors or a child care center to care for the children. In some cases, several means were employed on a part-time basis. In several instances, the relative who cared for the child was the father or oldest child. Three of the twenty-nine stated that their hours did not conflict in such a way as to force them to seek child care outside the home.

TABLE 6

NUMBER OF CHILDREN INDICATED BY LAY PHARMACISTS
(based on 54 women who were or had been
married when this questionnaire was completed)

Number of Children	Number of Respondents	Percentage of Respondents	Total Number of Children
0	25	46.3	0
1	11	20.4	11
2	9	16.7	18
3	4	7.4	12
4	3	5.5	12
5	2	3.7	10
6 or more	0	0.0	0
Total	54	100.0	63

Although some respondents indicated that they experienced no problems associated with working and raising children simultaneously, most of the mothers listed at least two. There were several problems which predominated these answers.

- (1) Maintenance of discipline.
- (2) Required absenteeism from work because of family illness. (Often, it was stated, in an under-staffed pharmacy).
- (3) Necessity for organization of time when off work so that all important tasks are completed. This, the respondents indicated, requires co-operation from the entire family.
- (4) Finding a good sitter.
- (5) Entering into life at home after a tiring day at work.

However, most of the respondents felt that the benefits to themselves and their families balanced or outweighed the problems.

The mothers felt that family relations at home were enhanced and that respect was gained from the family by having a profession represented in the mother.

Among those interviewed who qualified as working mothers, (five of the fifteen), the reactions were generally in agreement with those of the questionnaire respondents. They admitted that often affairs became hectic and that little could be accomplished other than working and keeping house. There seems to be little time for outside professional reading and attendance at professional meetings is sporadic. However, they were quite emphatic in their statements of satisfaction with pharmacy as a career. They were unanimous in stating that they would recommend pharmacy to their daughters or to other girls with scientific aptitudes.

Education

The majority (81.0%) of the lay pharmacists were practicing with a Bachelor of Science in Pharmacy degree. (Table 7). Eight of the women have a Master of Science degree in some area of pharmacy and one other was mid-way in her studies for a masters degree at the time she answered the questionnaire. Seven of the eight Master of Science degrees were held by single women, five of these being chief pharmacists. There were three lay pharmacists having a Doctor of Pharmacy (Pharm. D.) degree as their highest degree, two of whom were single. Only five of the pharmacists indicated that they had served a hospital pharmacy residency, three of whom were single. There is no way from this study to measure the factors determining pursuit of advanced degrees; however, it is evident that the single women in this survey were more highly educated in pharmacy than the married ones.

Most of the lay respondents indicated that they served their internship in a hospital setting with some indicating that their internship time was split between a hospital pharmacy and a retail pharmacy. This high number of hospital internships might be surprising except for the fact that those who interned in hospitals indicated that they continued to work there after becoming registered.

Among those interviewed, there were no advanced degrees and only one pharmacist (single) was in the process of study for one.

TABLE 7

DEGREE OF EDUCATION OF LAY PHARMACISTS BY MARITAL STATUS

Highest Degree Held	Marital Status			
	Single*		Married *	
	Number	Per Cent	Number	Per Cent
B. S. in Pharmacy	27	69.23	46	90.20
M.S. in Pharmacy	7	17.95	1	1.96
Pharm. D.	2	5.13	1	1.96
Ph. D.	1	2.56	0	0.00
Other	2	5.13	3	5.88

* For this table, all divorced women were counted with the single pharmacists and all widowed women with the married pharmacists.

Turnover

In an attempt to determine the prevalence of turnover among the lay pharmacists, the respondents were asked several questions about present and past positions held in pharmacy. Fourteen of the ninety lay pharmacists indicated that they were still working in

their original location although some had been promoted since beginning work there. Of these fourteen, everyone had been working for at least two years, and three had been in the same hospital for over twenty years. On the opposite end of the scale, six of the respondents had been in their position for only a year or less and all six indicated that they had held six or more positions in pharmacy. Three of these were married and three were single. The average length of working time in the present position was seven and one-third years* compared to a national figure cited on page 4 for all professionals of 3.7 years.

The major reasons given for leaving the previous position are listed below.

1. Pregnancy
2. Chance for advancement
3. To enter hospital pharmacy (from retail)
4. Husband was transferred
5. Marriage
6. To return to school
7. Pay
8. Miscellaneous

Miscellaneous reasons included illness, desire for a change in atmosphere, increased duties at home, disagreements with supervisors in hospital and retail work, and completion of internship.

Entrance into Hospital Pharmacy

Satisfaction with hospital work seemed to be unanimous among all respondents for various reasons. Reasons for entering hospital

*The average length of working time was obtained by adding the number of years worked in the present position and dividing by the number of respondents.

pharmacy and for many, remaining in hospital pharmacy can be classified loosely into five groups.

1. Professional challenge - the largest number of lay pharmacists indicated that they felt that the practice of pharmacy is at its professional best in a hospital setting. Only in a hospital they felt, is there a real professional challenge.

2. Hours - the second largest group felt that the working hours in hospital pharmacy are ideal for women. Some bluntly stated that free week-ends, evenings, and holidays attracted them to hospital pharmacy. Others felt that it is not so strenuous or demanding on women as is retail pharmacy.

3. Hospital environment - this group is divided into two subgroups. One subgroup of women simply enjoyed working in a hospital environment and the other subgroup consists of women who did not like retail work and consequently were in hospital pharmacy.

4. Chance - seven respondents stated that they began working in a hospital pharmacy through chance - there was a position open for full or part-time work so they took it.

5. Miscellaneous - six of the answers could not be assigned to a specific group and were classified as miscellaneous.

Reasons for Present Practice

In reply to the question "Why-are you presently practicing?", all but two of the lay pharmacists answered. The answers were classified into six groups (Table 8). It is evident that the majority of lay pharmacists are working for support of themselves or their families or for the extra income needed to maintain the high standard of living to which many Americans have grown accustomed in recent years.

TABLE 8
REASONS OF LAY PHARMACISTS FOR PRESENT PRACTICE

	Number	Per Cent**
Economic Necessity *	42	46.67
Extra Income	3	3.33
Satisfaction	13	14.44
Extra Income and Satisfaction	22	24.44
Part-time to "Keep Up"	2	2.22
Not Practicing	6	6.67
Unanswered	2	2.22

* In computing the answers all single or self-supporting women were counted as working because of economic necessity only, even though many indicated that satisfaction was also a major reason for their present practice in hospital pharmacy. It is noted that satisfaction is most probably a reason for hospital pharmacy practice in most cases or the individual would be in some other branch of practice.

**Due to rounding off of percentages, the total will not be 100 per cent.

Among the women interviewed, five of the married women were working to support a husband still in school. Three of these were married to medical students and the other two to law students. All stated that they wished to quit working when their husbands completed school and then continue only in part-time practice. Three of the other four married pharmacists were working strictly for the satisfaction of working and had been working for this reason for many years. The fourth was working to supplement the family income.

Organization Membership

Although the mailing list for the questionnaires was taken directly from the membership directory of the American Society of Hospital Pharmacists, which requires membership in the American

Pharmaceutical Association, six of the lay respondents did not indicate membership in the American Pharmaceutical Association and nine failed to indicate membership in the American Society of Hospital Pharmacists. (Table 9).

There was no significant difference between the lay respondents when separated by marital status except on the state level where one-half of the single women and only one-third of the married women indicated membership in their respective state pharmaceutical associations and state societies of hospital pharmacy. However, on the local level, married women were better represented than the single lay pharmacists.

TABLE 9

ORGANIZATION MEMBERSHIP OF LAY RESPONDENTS
CLASSIFIED BY MARITAL STATUS

Organization	Marital Status					
	Single		Married		Other*	
	Number	Per Cent	Number	Per Cent	Number	Per Cent
APhA **	34	94.44	46	95.85	4	50.00
ASHP	34	94.44	44	91.66	4	50.00
SPhA	18	50.00	16	33.33	3	37.50
SSHP	18	50.00	16	33.33	3	37.50
ACA	2	5.56	3	6.25	1	12.50
Local Group	19	52.77	29	60.41	0	0.00

*For this table, Other includes all divorced or widowed pharmacists.

**Definitions of organization abbreviations are:

APhA - American Pharmaceutical Association

ASHP - American Society of Hospital Pharmacists

SPhA - State Pharmaceutical Association (State being any of the fifty)

SSHP - State Society of Hospital Pharmacists

ACA - American College of Apothecaries

Although very few of the pharmacists indicated that they had ever held an office in any of the professional organizations, the majority of those who had held office were single.

Among the chief pharmacists, all indicated membership in the American Pharmaceutical Association and all but one of them were members of the American Society of Hospital Pharmacists. 61.76 per cent of the chief pharmacists were members of their local pharmacy group and 58.82 per cent of them were members of the State Society of Hospital Pharmacists in their state. This compares to 53.33 per cent and 40.00 per cent respectively of the total lay pharmacists' representation in the societies.

Most of the lay respondents indicated that they had attended several institutes or workshops within the past three years, the average number being one per year per person. However, attendance at the local pharmacy meetings was not as faithful. More than fifty per cent of the married respondents and forty per cent of the single respondents attended less than one-half of the meetings scheduled by their local society.

The interviewed respondents largely stated that they had little trouble in attending meetings which they wished to attend. Three who had more home responsibilities than the others stated that attendance was more difficult but not impossible. One chief pharmacist who was interviewed stated that she attended all local meetings and expected her staff to do the same, married or unmarried. She, as well as both the women on her staff were or had been officers in their local group. Individual interest rather than inability to attend seemed to be the key factor in attendance, especially at the local level.

Publications

Contributions to the literature by the lay respondents were not numerous. Among the married pharmacists, three have made contributions to the pharmacy literature by publication or paper presentation. Among the three, there were five publications and twenty-five paper presentations. One single lay pharmacist had published three papers and presented five.

Supervisor Preferences

When asked to state a preference on the sex preferred in a supervisor, one-third of the lay pharmacists stated specifically that they preferred male supervisors and 43.3 per cent stated that they had no preference as to the sex of their supervisor (Table 10). Only four (4.4%) of the respondents indicated a preference for a woman as supervisor. Most of the respondents felt that men were easier to get along with and were more understanding than women supervisors.

As a comparison, although ten of the chief pharmacists preferred men as supervisors, only three stated that they preferred to supervise men. In quite the reverse, only two chief pharmacists preferred women as supervisors but eleven stated that they preferred to supervise them (Table 11). The same number indicated no preference on the sex of their supervisors or those whom they supervise. Reasons for preference of supervising women were that women are "neater," "more co-operative," and "more meticulous" than men. There also seemed to be a feeling on the part of some that supervision of men by a woman was awkward.

TABLE 10

PREFERENCE OF LAY PHARMACISTS ON SEX OF SUPERVISORS
(classified by position title)

Sex Preferred	Position Held									
	Chief Pharmacist	Asst. Chief Pharmacist	Staff Pharmacist	Part-time Pharmacist	Other	Number	Per Cent	Number	Per Cent	
Male	10	4	8	5	3	28.57	40.00	36.36	35.71	33.33
Female	2	0	0	2	0	5.71	0.00	0.00	14.28	0.00
No Preference	17	3	9	6	4	48.57	30.00	40.91	42.86	44.44
No Response	3	1	0	1	2	8.57	10.00	0.00	7.14	22.22
Undecided**	3	2	5	0	0	8.57	20.00	22.73	0.00	0.00

*Due to rounding off of decimals, all percentages do not total 100 per cent.

**All respondents who stated that they had worked for only one sex and thus could not give an answer on preference were classified as undecided.

TABLE 11
SUPERVISION PREFERENCES OF CHIEF PHARMACISTS

Sex Preferred	As Supervisors		To Supervise	
	Number	Per Cent	Number	Per Cent
Male	10	28.57	3	8.57
Female	2	5.71	11	31.43
No Preference	17	48.57	17	48.57
No Response	3	8.57	4	11.43
Undecided*	3	8.57	0	0.00

*All respondents who stated that they had worked under or supervised only one sex and thus could not give an answer on preference were classified as undecided.

Only two of the lay pharmacists interviewed preferred women as supervisors, stating that it is "easier" and "more fun" to talk to a woman. Most stated that they could probably supervise either men or women and most of those in supervisory positions were supervising one or more male staff members with no obvious difficulty.

In relation to preferences in subordinates by the chief pharmacists, eighteen (51.4%) of them had one-half or more of their full-time professional staff positions filled by men. This was evenly divided *between nine married chief pharmacists and nine single chief pharmacists.* Nine other pharmacists had no full-time help, giving eighteen out of a possible twenty-six (69.2%) of all lay chief pharmacist respondents supervising a staff fifty per cent or more of which was male.

Staffing

It is difficult to judge staffing patterns by the responses received from the lay chief pharmacists. Of the thirty-five chief pharmacists, nine (25.7%) of them work alone or with only part-time help. In most cases this is due to the size of the hospital instead of inadequate staffing patterns. The remaining twenty-six work predominantly in hospitals from two hundred through four hundred beds in capacity with one or two full-time professional pharmacists on the staff (Figure 3). Twenty-six of the chief pharmacists employ part-time professional help to augment or complete the work schedule.

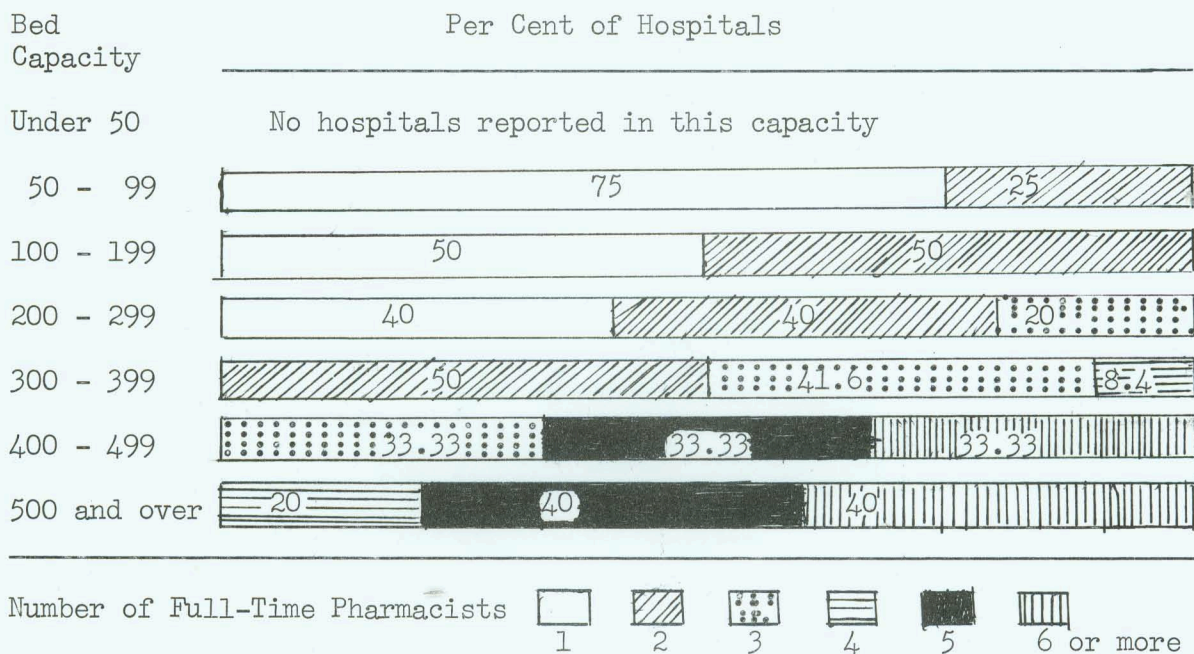


Figure 3. Staffing Pattern of Full-Time Pharmacists in Hospitals (as reported by lay chief pharmacists)*

*One chief pharmacist of a long-term hospital was not reported in this figure. She was the only respondent working in a long-term hospital and was the only pharmacist in her hospital of over 500 beds.

Diversity in Positions

Eleven of the thirty-six chief pharmacists held administrative positions in a department other than pharmacy. (Table 12). Purchasing and central sterile supply were the major departments outside of pharmacy which were administered by the pharmacist.

TABLE 12

ADMINISTRATIVE POSITIONS HELD BY LAY CHIEF PHARMACISTS IN DEPARTMENTS OTHER THAN PHARMACY

Department supervised	Number	Per Cent
Purchasing	9	25.71
Central Sterile Supply	5	14.28
Business Office	2	5.71
Administration	2	5.71
Central Stores	1	2.86
Other	1	2.86

Although twenty-five of the chief pharmacists were responsible for only their own department, five were also responsible for one other department, four were responsible for two other departments, and one was responsible for three other departments. One chief pharmacist in a 116 bed hospital was administratively responsible for four departments other than pharmacy.

If placed on an average, each lay respondent chief pharmacist is administratively in charge of 1.8 departments. These figures do not reflect cases in which the pharmacist does the purchasing for pharmacy only and not for the entire hospital.

Salary

Annual salaries on the average ranged between \$8,000 for staff pharmacists to \$10,500 for chief pharmacists. However, when computing these averages, respondents indicating a salary of above \$12,000 per year were counted as receiving \$12,000. Some few respondents indicated unusually low salaries of from \$6,000 to \$7,000 per year, but most of the staff pharmacists indicated salaries up to \$10,000 per year for a 40 hour work week. Many of the chief pharmacists reported salaries of \$12,000 and above. For the most part salaries were felt by the respondent to be average for the region in which she worked although in some cases reports from the same area were contradictory.

Most of the women interviewed seemed to feel that a man would be paid more for the same job - if not immediately, within a short time period after beginning work. Several said that pay discrimination was not practiced, but men worked only part-time because they could not get as high a salary as they wished full-time. This seems to indicate that an all-woman staff tends to lower the pay scale. One chief pharmacist stated that at times in her experience, men working with women were paid more because they demanded more. She stated that few women ever demand more salary than they are offered. Another chief stated that her administrator had endorsed a raise for a man in her pharmacy because "he supports a family" to which she replied that she had recommended the raise because she felt that he should be "paid for the job."

Over all, most of the interviewed respondents seemed satisfied with their salaries while readily admitting that perhaps the position would pay more if a man occupied it.

Administrative Relations

Pharmacy and Therapeutics Committee

The majority of chief pharmacists reported that the meetings of the pharmacy and therapeutics committee were held quarterly. Two did not indicate a regularly scheduled time for the meetings. Thirty of the thirty-five chief pharmacists stated that they received co-operation from their committees. Three indicated that they did not receive co-operation but only one of these gave a reason why she did not receive co-operation. She stated that the doctors were too busy "playing politics" around the hospital to co-operate. Three others said that they received co-operation from the committee but added qualifications. These were:

"great help from the doctors, but none from administration."

"they co-operate as long as they are not asked to do anything."

"yes and no."

Department Heads

All of the respondents felt that they were accepted by other department heads. Some qualified their acceptance with statements such as,

"It took time."

"I had a harder time when I was young and unproved."

"All but the Director of Nursing."

"Administrator, Business manager, and Director of Nursing feel somewhat superior."

"I had to overcome the prejudice of being the only lay woman among Sisters."

Nursing Service

Relations between the pharmacy service and nursing service rated as good for the most part. The two complaints from nurses cited most often by the respondents were (1) that pharmacy was "too strict" with procedures, forms, stock, etc. and (2) "losing" the drug some place between pharmacy and the nursing unit. One respondent stated that recent racial unrest in her city had placed strains on the pharmacy-nursing service relationship. Most stated however, that relations with the nursing hierarchy were good, if they were not always as good with the floor nurses.

Changes

Fourteen (40.0%) of the thirty-five chief pharmacists either stated that no particular changes were planned for the immediate future or failed to give any answer to the question about planned future changes. The remaining twenty-one gave a variety of plans ranging from enlargement and remodeling of the pharmacy to initiation of a drug information system. Several changes most frequently mentioned were:

- (1) Initiation of a patient medication profile.
- (2) Obtaining an original of the doctor's orders.
- (3) Institution or expansion of Unit-Dose.
- (4) Begin an I.V. additive program.

Sister Pharmacists

Introduction

One hundred and twenty-seven Sister pharmacists were sent questionnaires. Answers were received from fifty-seven of the nuns, three of which were discarded. Those discarded were replies from Sisters who were no longer responsible for pharmacy service and were semi-retired. Two of the Sisters included in the data were no longer responsible for pharmacy service but were in another position in the same hospital and completed most of the questionnaire. Of the two, one Sister is now hospital administrator and the other is responsible for the clinical laboratory. Besides these two, only one Sister pharmacist who responded was not a chief pharmacist, and she was the director of out-patient pharmacy service.

Hospital Size

The majority of the Sister pharmacists work in hospitals between two hundred and five hundred beds of capacity with very few of them working in hospitals of over five hundred beds (Table 13).

Age

Many of the Sister pharmacists did not indicate their age on the questionnaire. However, the exact age of the Sister pharmacists is not regarded as of importance because such little stress is placed on it within the religious orders. For reference, the Sister pharmacists were separated into two groups by age - above or below fifty years. This particular age was selected because it separates the respondents also into two groups according to their probable dates of education -

before and after World War II. In some cases, where age was not given, a relatively early or late college graduation date was used to differentiate between the two groups. Using the described technique, the groups yielded 23 (42.6%) Sister pharmacists below fifty and 31 (57.3%) above fifty.

TABLE 13
HOSPITAL BED CAPACITY
REPRESENTED IN RESPONDENT SISTER PHARMACISTS

Bed Capacity	Under fifty years of age		Over fifty years of age	
	Number	Per Cent*	Number	Per Cent
Under 50	0	0.00	1	3.23
50 - 99	3	13.04	3	9.68
100 - 199	3	13.04	4	12.90
200 - 299	7	30.43	8	25.80
300 - 399	4	17.39	8	25.80
400 - 499	4	17.39	5	16.12
500 and over	2	8.69	2	6.45

*Due to rounding off of decimals, the percentage will not total 100 per cent.

Education

Table 14 shows the diversification of education among the Sister pharmacists. Those over fifty years of age hold a greater number of different degrees. While all twenty-three of the younger nuns hold a Bachelor of Science in Pharmacy, only twenty-seven (87.07%) of the older ones hold this degree. As shown, two hold the degree of Pharmaceutical Chemist, and six hold the degree of Pharmaceutical Graduate.

Some of the Sister pharmacists hold more than one pharmacy degree (eg. Ph.G., B.S. and M.S.). This situation is more prevalent among the older nuns. Several of the nuns over fifty indicated that they had been in other fields previous to pharmacy. Other degrees held were: Bachelor of Science in Education, Bachelor of Science in Home Economics (Dietary), Bachelor of Science in Chemistry and Master of Science in Chemistry. There was one who specialized in Medical Technology and three also held degrees in nursing. One point of interest is that five (16.1%) of the older Sister pharmacists and only three (13%) of the younger Sister pharmacists had served a hospital pharmacy residency.

TABLE 14

DEGREE OF EDUCATION OF RESPONDENT SISTER PHARMACISTS

Degree Received	<u>Under fifty years of age</u>		<u>Over fifty years of age</u>	
	Number	Per Cent	Number	Per Cent
Pharmaceutical Graduate	0	0.00	6	19.35
Pharmaceutical Chemist	0	0.00	2	6.45
Bachelor of Science in Pharmacy	23	100.00	27	87.07
Doctor of Pharmacy	0	0.00	1	3.23
Bachelor of Arts	1	4.35	1	3.23
Bachelor of Science (any field)	0	0.00	3	9.68
Master of Science (any field)	6	21.75	2	6.45
Master of Arts	1	4.35	0	0.00
Doctor of Science	0	0.00	1	3.23

Turnover

Eighty-two per cent (19) of the younger nuns and seventy-one per cent (22) of the older nuns indicated that they have served in two or fewer positions in hospital pharmacy. It was generally stated that movement in positions or hospitals is controlled by superiors depending on the needs of the several hospitals. The younger nuns indicated an average length of time of 7.8 years in their present positions while the older groups had a much longer average stay of 13.8 years. Only six of the younger nuns (26.08%) and four (12.8%) of the older nuns had held their present position for a shorter time than they had served at the hospital. Several in the older group indicated that they were in charge of the hospital pharmacy while in pharmacy school and had remained there ever since graduation. Two of the older nuns had served in nine and twelve positions respectively, but otherwise no one had moved more than four times to a new position.

Entrance Into Hospital Pharmacy and Present Reason for Practice

One respondent stated that the reason for entrance and present practice of hospital pharmacy should be obvious for a religious. Most of the nuns stated however, that they were in pharmacy because they had an aptitude for science and pharmacy had been recommended to them. Only one of the respondents entered religious life as a pharmacist. All stated that they were presently practicing hospital pharmacy because that was what their superiors wished. Some few stated preferences in future years to move to some field of work other than pharmacy, but most indicated that they were satisfied with their work.

Organization Membership

One of the fifty-four Sister pharmacists failed to indicate membership in the American Pharmaceutical Association and the American Society of Hospital Pharmacists although the mailing list was taken from the membership directory of the American Society of Hospital Pharmacists for which membership in the American Pharmaceutical Association is also required.

Sister pharmacists had a higher percentage representation than the lay pharmacists in all the organizations except the state pharmaceutical associations. There is no significant difference between the two age groups of Sister pharmacists as far as membership (Table 15). However, a larger percentage of the younger Sisters indicated that they were holding or had held offices within the various groups than did among the older nuns.

TABLE 15

ORGANIZATION MEMBERSHIP OF RESPONDENT SISTER PHARMACISTS

Organization*	Under fifty years of age		Over fifty years of age	
	Number	Per Cent	Number	Per Cent
APhA	23	100.00	30	96.77
ASHP	23	100.00	30	96.77
SPhA	11	47.82	8	25.80
SSHP	18	78.26	16	51.61
ACA	3	13.04	0	0.00
DIA**	2	8.69	1	3.22
Local Group	14	60.86	16	51.61

*Organization abbreviations are explained with Table 9.

**DIA (not explained earlier) refers to the Drug Information Association.

Although some of the Sister pharmacists indicated that they had attended no state or national seminars or workshops, most of them indicated that they had attended at least one such meeting, with one-third of the respondents attending four or more. The average number of meetings attended was three over a three year period, or one meeting a year.

Publications

Contributions to pharmacy literature were much more numerous among the Sister pharmacists than among lay pharmacists. Seven of the thirty-one nuns over fifty years of age (22.5%) had published or presented papers and seven of the twenty-three nuns under fifty years of age (30.4%) had published or presented papers. Thus a total of fourteen (25.9%) of the Sister pharmacists had published or presented papers compared to four (4.4%) of the lay pharmacist respondents.

Supervisor Preferences

Many of the Sister pharmacists did not answer the question pertaining to preference of the sex of a supervisor. Seven (30.4%) of the younger nuns and fifteen (48.4%) of the older nuns failed to respond. More were willing to state a preference on the sex preferred for their subordinates. Only three (12.9%) of the younger group and nine (29.03%) of the older group failed to respond to the second question of the pair.

Although there is no definite preference indicated by the Sister pharmacists, it is interesting to note that there is a greater preference for women supervisors among the nuns than among the lay pharmacists (Table 16). As is shown in the table, the Sister pharmacists were not

TABLE 16

SUPERVISION PREFERENCES OF SISTER PHARMACIST RESPONDENTS

Sex Preferred	Prefer As Supervisors			Prefer As Subordinates		
	Under fifty years of age	Over fifty years of age		Under fifty years of age	Over fifty years of age	
	Number	Per Cent*	Number	Per Cent	Number	Per Cent
Male	5	21.73	5	16.13	7	30.43
Female	2	8.70	3	9.67	2	8.70
Either	4	17.39	5	16.13	9	39.13
Undecided**	5	21.73	3	9.67	2	8.70
No Response	7	30.43	15	48.38	3	13.04
					10	32.25

*Due to rounding off of decimals, the total of the percentages will not equal 100 per cent.

**All respondents who stated that they had worked for only one sex and thus could not give an answer on preference were classified as undecided.

as particular about whom they supervised as they were about their supervisors.

Those who preferred women as supervisors gave three main reasons:

1. They were more accustomed to women supervisors in the convent.
2. A woman is "more sensitive to personal need."
3. A woman is "more understanding."

On the other side, the ones preferring men as supervisors stated that :

1. Men are easier to please and to work for - they don't stress details.
2. Men are more businesslike and less emotional.
3. Men are more objective and approachable.

The major point stressed however, was the lack of emphasis on details with male supervisors. On stating a preference for female employees however, attention to detail was listed as a major reason for preference.

Those who preferred women as subordinates stated that they are more "efficient," "more docile," and will take orders. It must be noted however, that women were not preferred over men as employees. In fact, the situation seems reversed especially among the younger group. Men were preferred as subordinates because:

1. They are objective.
2. They work faster than women.
3. They are not as sensitive, moody, or emotional.
4. They do not cause trouble in scheduling and off time.
5. They remain longer.

One respondent stated that although she had no preference on the sex of her subordinates, she always tried to hire men because "let's face it, they stay longer."

Thirteen (56.5%) of the younger nuns had fifty per cent or more of their full-time staff positions filled by men. Omitting the seven who were managing without a staff, leaving sixteen eligible, 61.2 per cent of the younger nuns had over one-half of their staff positions filled by men. Among the nuns over fifty years old, six (19.35%) had a staff at least one-half of which was male. Omitting the five who work alone, six of twenty-six (23.07%) hire a staff fifty per cent of which is male. These figures correspond to the answers given by the Sister pharmacists on supervision preferences, the younger nuns having a higher preference for male subordinates than the older Sister pharmacists.

Among the entire respondent group of fifty-four, only four of the Sister pharmacists directly supervised another Sister pharmacist as a staff member.

Staffing

Of the fifty-four respondents, eighteen of them operate the pharmacy with no full-time professional help (Fig. 4). Among this group, there was a tendency to hire many part-time professionals. There is no way of knowing whether this is due to financial reasons, lack of sufficient demand by the hospital for full-time help, or scarcity of pharmacists in the area. Otherwise, the full-time professional staffs compare favorably or even are greater than those of the lay respondents as shown in Figure 3 earlier.

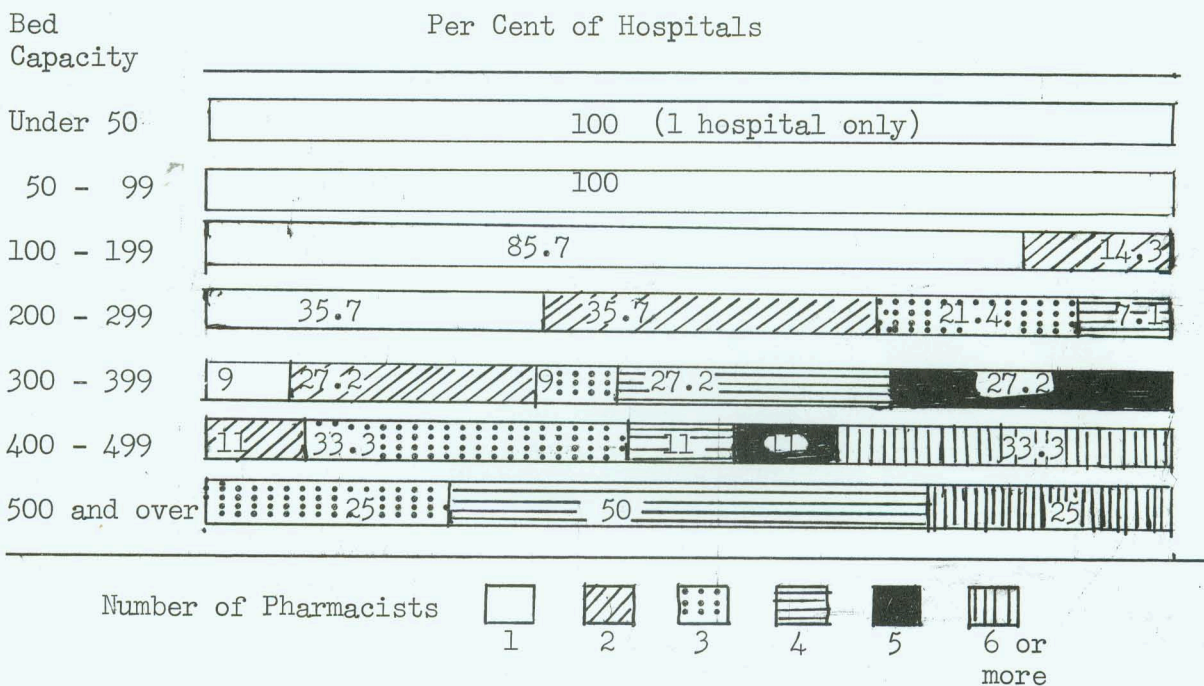


Figure 4. Staffing Pattern of Full-Time Pharmacists in Hospitals (as reported by Sister pharmacists)

One of the Sister pharmacists interviewed stated that she felt that while in the past the Sister pharmacist was expected to assume a great part of the working burden in the pharmacy besides directing the department, more and more of the religious orders have begun to realize the value of having the Sister pharmacist act as a director with a normal forty to forty-eight hour work week. By hiring a professional staff, they can not only preserve their leadership investment in the Sister pharmacist, but can also extend pharmacy service within the hospital.

Diversity of Positions

Although many of the respondents indicated that they were in charge of purchasing **drugs** for the hospital, very few of them listed other departments as coming under their administration. Eight of the Sister pharmacists above fifty indicated that they were administratively responsible for other departments besides pharmacy. However, none of the nuns in the younger group had other administrative tasks. Central sterile supply was the other department most frequently supervised.

Salary

Twenty-seven (50.0%) of the Sister pharmacists indicated that they received a salary from the hospital. Using these twenty-seven responses only, the average salary received was \$9,160 for the work performed as chief pharmacist. The other twenty-seven stated that they received no salary. The salary received is a book figure rather than an actual monetary receipt and several of the nuns stated that although they knew that there was a salary allotted them, they themselves did not know the actual figure. This was more representative of the older Sisters than the younger ones. As stated in one of the interviews, the religious orders seem to be realizing the worth of their trained leadership and are now giving a specified value to the Sister pharmacists' services on the books.

One of the Sister pharmacists interviewed stated that although she preferred to pay her pharmacists a high salary and do without some of the more expensive facilities, many Sister pharmacists were not aware of the current pay scale in pharmacy and consequently were underpaying their staffs. There was no way in the questionnaire as distributed to determine the relevance of pay scales.

Administrative Relations

Pharmacy and Therapeutics Committee

As with the lay pharmacists, the majority of the Sister pharmacists stated that the meetings of the pharmacy and therapeutics committee were held quarterly. However, nine (16.66%) of the committees held meetings monthly. Seven (12.96%) of the Sisters stated that they did not receive co-operation from their committee. Of these, one committee met quarterly, three semi-annually, two "never," and one every four months. Those who said that they received no co-operation stated:

"The doctors are not in favor of any change."

"They don't take an interest - they're indifferent."

"We need a new chairman."

Most however, if they had any complaints, did not mention them on the questionnaire.

Department Heads

All of the Sister pharmacists stated that they were accepted by other department heads on an equal basis. In fact, except for one who had her "doubts" about a new assistant administrator, there were no comments at all other than the simple answer of "yes."

Nursing Service

Relations with nursing service were rated from "good" to "excellent" in most cases. However, there were three who rated relations "fair" and one who rated them "poor." The two comments presented for the low rating were:

1. A lack of understanding of each others problems.

2. (In a smaller hospital) The nurses still attempt to handle dispensing on their own and resent a discipline to better standards.

The major complaints of nurses about pharmacy resemble those among lay pharmacists except the Sister pharmacists listed more complaints. They stated that nurses complained that pharmacy (1) was "too strict" on medication control, narcotic records, and forms in general, (2) takes too much time processing medication orders (3) does not keep long enough hours, (4) should floor stock more items and (5) "loses" the patients' medications.

Changes

Anticipated changes were many and varied. Some were merely beginning to make changes and advances by delivering narcotics and typing a drug list. Most however, had long range plans for development of pharmacy service with such ideas as (1) obtaining an original copy of the physicians' order, (2) instituting a unit-dose system to some degree if not completely, (3) installation of an I.V. additive system, (4) training technicians and (5) expansion of the drug information function.

The Religious as a Pharmacist

Often, as stated in answers to the questionnaires, Sister pharmacists studied pharmacy originally because their order needed a pharmacist at that particular time. This is especially true among the older nuns. Although most of them stated that they adjusted quickly to the change, it was disclosed through interviews that some of the Sister pharmacists find it difficult to adjust to such a singular health profession that is, unlike the lay pharmacists,

secondary to their religious calling. The factors that may lead to this difficult adjustment were classified into four groups by interview.

(1) Confinement - In the past, the Sisters have spent every possible moment in the pharmacy. This often involved twelve hours a day and calls at night, seven days a week. This situation, it was stated, is being solved now by having secular ownership of the hospital and religious control. This has led to establishment of specified hours and salary for the Sister pharmacist.

(2) Uniqueness - Almost always, the Sister pharmacist is the only pharmacist in a hospital religious community comprised of nurses, laboratory personnel and administrative personnel. Her problems and goals often are not understood by those in her religious community. She has no person to relate with or to in her professional role.

(3) Lack of understanding by administration - In the past, the religious hospital hierarchy was often someone elevated from within the hospital community. She was more prone to view problems from the nurse's angle or from the opinion which she formed in the department in which she worked. This opinion was seldom favorable to pharmacy. Often this view was unintentionally biased in favor of nursing opinions and views simply because of the greater abundance of nursing personnel surrounding the administrator. As with the first problem, this is being solved to some extent by secular ownership, more formal training of the hospital administrator, and often lay administrators.

(4) Inexperience - Mistakes made by the young and inexperienced Sister pharmacist thrust suddenly into an area of great responsibility often discourages her. So much more is expected of the young religious sooner than it is expected of the young secular that failure to meet all expectations may act as a deterrent to her acclimation and adjustment.

CHAPTER V

SUMMARY AND CONCLUSIONS

Lay Pharmacists Summary

Ninety lay women pharmacists in an eight state area replied to a questionnaire concerning their professional and personal lives and their relation to the practice of hospital pharmacy. Seventy-three of these women worked in hospitals with a capacity under five hundred beds. Five of the remaining seventeen working in hospitals larger than five hundred beds were chief pharmacists.

Sixty per cent of the respondents were under forty years of age. However, when age was related to position titles, sixty-five per cent of the chief pharmacists were thirty-five years of age or older, while the greater percentage of staff pharmacists were between twenty-six and thirty-six years of age.

Using gross figures, more of the respondents were married than were single. Among those practicing pharmacy full-time, however, the single women outnumbered the married ones due to the fact that twenty-nine per cent of the married respondents worked part-time only.

Most of the fifty-four married respondents completed school before marriage. One-fourth of them are married to pharmacists, and another one-fourth have husbands who are practicing one of the various professions both inside and outside of the health field.

Twenty-nine (53.7%) of the married pharmacists have children. Thirteen of the twenty-nine work part-time only. Almost all of the mothers returned to part-time or full-time practice within six months after the birth of the last child, utilizing baby-sitters, relatives, or child care centers for the care of the children not in school. There were several problems related to maintaining a professional career and a home simultaneously that were listed by the mothers. The more prevalent ones were listed in the text of Chapter Four.

More than eighty per cent of the lay pharmacists held only the degree of Bachelor of Science in Pharmacy. Most of the respondents with degrees more advanced than the Bachelor of Science were single. The scope of this study does not provide for measurement of the factors determining the pursuit of advanced degrees. The majority of the respondents served at least part of their pharmacy internship in a hospital setting but only five of the ninety had served a hospital pharmacy residency.

The average job tenure among the lay respondents was seven and one-third years. The major reasons for leaving a job were related to home responsibilities, including pregnancy, marriage, and the husband's transfer, or to securing a better position.

Satisfaction with pharmacy, especially hospital pharmacy, as a career for women was expressed by the respondents. The women felt that hospital pharmacy is ideally suited to women and encouraged the entrance of more women into the field.

The professional atmosphere associated with pharmacy practice in a hospital and the good hours and working conditions were the principle reasons given for practicing in a hospital rather than in

some other area of pharmacy. The majority of the respondents were working for self-support or for supplement of family income.

Although there is no significant difference in organization membership on the national level, single women are much better represented than the married women in the state organizations. Conversely, representation in the local groups is higher among the married women than among the single respondents; but attendance is not regular and seems to be a matter of individual interest. The greater interest in state associations may be determined somewhat by the single woman's greater freedom of time and travel as compared to that of the married woman.

Publications among the lay women pharmacists were very few in number. The study did not reveal whether this was due to lack of interest, lack of incentive, lack of time, or some other reason.

The majority of the respondents had no preference on the sex of their supervisor. However, one-third of them stated specifically that they preferred men as supervisors. Although almost one-third of the chief pharmacists preferred men as supervisors, they preferred to supervise women. The reasons for both preferences were largely connected with a woman's alleged attention to detail in her work and the work of her subordinates. The majority of chief pharmacists supervised one or more male pharmacists. Eighteen chief pharmacists supervised a staff in which fifty per cent or more of the full-time positions were filled by men.

In hospitals under four hundred beds in capacity, only one of the women chief pharmacists had more than two full-time pharmacists on the staff. In hospitals above four hundred beds, a larger staff

was utilized. Many of the chief pharmacists rely on part-time help to complete the work schedule. It could not be determined if this type of staffing pattern is due to a shortage of pharmacists, a lack of hospital finances, a lack of pharmacy staff positions because of or despite the presence of a woman chief pharmacist, or just poor administrative staffing.

Eleven of the thirty-six chief pharmacists were administratively responsible for departments other than pharmacy - most frequently purchasing and central sterile supply.

Annual salaries averaged from \$8,000 to \$10,500, and were felt to be representative of the area by the respondents. Most, however, felt that a man could demand and get more money for the same job.

Relationships of the women chief pharmacists with the rest of the hospital were good. There were some complaints about the pharmacy and therapeutics committee. Acceptance by other department heads did not seem to be a problem and relations between pharmacy service and nursing service were rated "good" by most.

Forty per cent of the chief pharmacists stated that no changes in pharmacy service were anticipated in the near future. The remaining sixty per cent listed a variety of ideas being contemplated. These are given in Chapter Four.

Sister Pharmacists Summary

Fifty-four Sister pharmacists are included in the data obtained. Of the fifty-four, fifty-one are chief pharmacists, one is director of out-patient pharmacy service and two are in other fields in the same hospital in which they were formerly chief pharmacists. Only

four of the respondent Sister pharmacists worked in hospitals of over five hundred beds in capacity.

The Sister pharmacists were divided into two age groups - under and over fifty years of age. Twenty-three of the nuns were below fifty and thirty-one were above fifty.

The younger nuns seem to be trained specifically for work in hospital pharmacy, with the majority holding a Bachelor of Science in Pharmacy as their only degree. The older nuns had a greater variety of academic degrees outside of pharmacy. Many of them had performed non-academic, teaching, or technical jobs within the hospital or in other religious institutions before attending pharmacy school.

The average job tenure for the younger nuns is 7.8 years while among the older Sister pharmacists, the average is 13.8 years. Change in position comes slowly and is usually controlled by superiors according to hospital need. Entrance of a Sister into pharmacy is also controlled. Nuns are usually selected to study pharmacy because of a scientific and administrative aptitude in the Sister and an immediate or future need in a hospital for a Sister pharmacist.

The younger Sister pharmacists have a higher percentage membership at all levels of pharmacy organizations. Likewise, more of the nuns under fifty indicated that they were holding or had held offices within these organizations.

One-fourth of the Sister pharmacists have published or presented papers. Although several of the older nuns have made many contributions to the literature, the younger nuns have a higher over-all percentage contribution.

There was little response to questions concerning supervisor preferences. This could partially be due to the years of discipline to obedience without question experienced by the Sister pharmacist. Fifteen per cent had served only under women supervisors and were undecided about which sex they preferred, while another forty per cent did not answer the question about supervisor preferences at all. The ~~non~~ response percentages were lower for preferences of the sex of subordinates with only six per cent in the undecided groups and 22.5 per cent not responding. There was a higher preference for women supervisors and male subordinates among the Sister pharmacist respondents than among the lay respondents.

Thirteen of the sixteen younger nuns who supervised full-time staff pharmacists had a staff dominated by men, while only one-fourth of the older nuns hired a majority of men on their staff. The Sister pharmacists hired many part-time pharmacists, but also tended to have more full-time pharmacists on the staff than did the lay pharmacists.

Although eight of the Sister pharmacists above fifty supervised other departments as well as pharmacy, none of the younger nuns had extra administrative tasks. There were no explanations of why they did or did not supervise other departments.

Only fifty per cent of the Sister pharmacists knew the actual amount of the annual salary allotted them by the hospital. The average salary received by this fifty per cent was \$9,160. Some were aware that a salary was budgeted for them but did not know the amount.

Twelve of the Sister pharmacists stated that the pharmacy and therapeutics committee was un-co-operative. However all felt that they were accepted as equals by the other department heads. In most

cases, relations between pharmacy and nursing service were rated as "good." There was one "poor" rating and three "fair" ratings among the Sister pharmacists.

The changes in pharmacy service planned by the Sister pharmacists were very similar to those of the lay chief pharmacists.

Conclusions

Because of the small sample size and the method of sample selection, the conclusions made in this study cannot validly be applied to all women in hospital pharmacy. However, the results of this study compare closely with previously published conclusions and statistics presented in Chapters I and II.

The results indicate that women pharmacists tend to regard hospital pharmacy as a good profession to practice while single as well as a profession that lends itself well to "coming back" or part-time practice after marriage. It is a career which they can continue after marriage at a reduced level of activity with lessened demands on their time or energy. Those who wish to maintain a normal level of professional activities besides acknowledging home responsibilities seem to be able to do so with little conflict. With the exception of strenuous demands from the home which are not necessarily limited to the female sex, individual interest and commitment to hospital pharmacy seem to be the determining factors in maintaining professional competence.

The results of this study indicate that being female in itself has few noticeable adverse effects on the problems of administration and that women pharmacists can experience relatively smooth relations

in supervision of personnel. As more women pharmacy graduates enter hospital pharmacy and remain in practice, it may be expected that more women will become administratively responsible for the pharmacy department rather than remaining in the position of a staff pharmacist. This will probably occur principally among single women or older married women.

At present it seems that the younger nuns practicing pharmacy within the hospitals operated by their orders are the most aggressive and moving groups among women hospital pharmacists. They are no longer expected by the hospital to perform most of the dispensing work alone, and are allowed more time and freedom for innovations. In an effort to improve service and standards within the hospitals, the orders are pushing for better and more modern pharmacy service. The Sister pharmacists will either respond in kind or eventually be replaced by a lay pharmacist. It seems that the younger Sister pharmacists are moving to take their places in hospital pharmacy and will contribute much to the profession in the coming years.

There is a possibility of role conflict for the Sister pharmacists but this should not be any more detrimental to them than family responsibilities to the lay pharmacists, if indeed the conflict exists at all.

APPENDIX A

QUESTIONNAIRE

Title _____

 If you are a member of a religious order, please check here.1. ABOUT YOUR HOSPITAL

Please complete the following data about your hospital.

1. Bed size: _____

2. Type of service provided:

_____ Short-term (general); _____ Short-term (special)

_____ Long-term (general); _____ Long-term (special)

3. Ownership:

_____ Governmental (federal); _____ Governmental (non-federal);

_____ Community; _____ Church; _____ Private (non-profit);

_____ Private (profit); _____ Other (please specify) _____

4. Is the hospital affiliated with a medical school in the area? _____

Is it a University hospital? _____

5. Are training programs available for any of the following?

_____ Medical interns; _____ Residents; _____ Pharmacy residents;

_____ Diploma nurses; _____ Practical nurses; _____ Radiology technicians;

_____ Nurse anesthetists; _____ Others (please specify below).

6. The Active medical staff numbers _____.

II. ABOUT YOU

The major interest in my thesis is "who" the ~~woman~~ hospital pharmacist is and how she relates to her professional surroundings. The questions in the following section apply to these aspects.

1. Age _____; 2. Marital status: Single _____; Married _____;
Divorced _____; Separated _____; Widow _____.
- 2a. If married, did you marry (before, after, during) undergraduate pharmacy school? (underline one)
- 2b. What is your husband's occupation? _____
3. Year of graduation from Pharmacy school _____
4. Please indicate all degrees earned (E) and any honorary degrees conferred (H).
____ Ph.G.; ____ Ph.C.; ____ B.S. Pharm.; ____ Pharm.D.; ____ M.S.;
____ D.Sc.; ____ Ph.D.; ____ Other (please specify).
5. Where did you serve your pharmacy internship? ____ a community pharmacy;
____ a hospital; ____ none.
6. Have you served a residency in hospital pharmacy? ____ Yes; ____ No.
If so, where? _____
7. How many positions have you held since graduation? _____
____ Hospital; ____ Community pharmacy; ____ Others (please specify)
Which came first? _____
8. Were any or all of these positions in the same vicinity? (i.e. same city, county, section of state or within 200 miles of original position.) If no, please state distances _____
9. Why did you leave your last position?
10. How long have you been affiliated with the hospital in which you are now working? _____ months _____ years.
11. How long have you held your present position in this hospital?
_____ months
_____ years
12. Why did you choose to work in a hospital?

II. ABOUT YOU (cont.):

13. Why are you presently practicing? (e.g. economic necessity, extra income, satisfaction)
14. I hold membership in the following organizations: (please underline those if an office or committee appointment was held.)
 ___ APhA; ___ ASHP; ___ State PhA; ___ State SHP; ___ ACA;
 ___ DIA; ___ Local group.
15. How often does you local hospital pharmacy group meet:
 (If you have one.) _____
16. How many of these meetings have you attended in the last year? _____
17. Have you attended any institutes or seminars sponsored by the ASHP, APhA, CHA, or State group in the past 3 years? _____
 If so, how many? _____
18. Have you published or presented any papers? _____
 Number published _____ Number Presented _____
19. In the pharmacy, what is your major area of responsibility?

20. Do you make routine visits to the nursing units? _____
 If so, How often? _____
21. Are you responsible for teaching any group within the hospital?
 ___ If so, Whom? _____
22. What are your plans for the next several years relating to your profession? (i.e. change of position, advancement, etc.)
23. How much might these plans be changed by marriage, children or other social obligations?

Salary assumes a dominant role in most occupations today. Pharmacy is reputed to be a high income profession. Women in many positions are concerned about salary discriminations. I would like to know if this discrimination is notable in hospital pharmacy. In regard to this, would you please answer the following questions.

24. At your present salary level, what would be (or is) you annual income from hospital pharmacy practice?
 ___ Under \$5,000; ___ \$5-6,000; ___ \$6-7,000; ___ \$7-8,000;
 ___ \$8-10,000; ___ \$10-12,000; ___ Over \$12,000.

II. ABOUT YOU (cont.)

25. To the best of your knowledge, this income for the position you hold in your geographical area of the country is:
 _____ Average; _____ Above average; _____ Below average.
26. When was your last salary increase? _____
27. From your past experience, does it make a difference whether your supervisor is a man or a woman? _____
 Which do you prefer? _____ Why? _____

The following sections are designed for certain situations. If these are applicable to you, please answer them.

Section III is for Chief Pharmacists or Directors of Pharmacy Service.

Section IV is for those of you who have children at home or at one time worked while children were at home.

If you have any comments on the questionnaire or on a specific question, please feel free to comment at the end of the questions.

III. FOR CHIEF PHARMACISTS

1. What is the size of your professional staff? _____ Full Time;
 _____ Part Time.
2. What is the size of your non-professional staff? _____ Full Time;
 _____ Part Time.
3. Please complete the following information about your professional staff:

SEX	AGE	MARITAL STATUS	HOURS/WEEK	LENGTH OF EMPLOYMENT	SALARY RANGE/YEAR
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____

(use back if necessary)

III. FOR CHIEF PHARMACISTS (cont.)

4. From your experiences, which do you prefer to supervise,
Men or Women? _____
Why? _____
5. How often does the Pharmacy and Therapeutics Committee meet?
____ Monthly; ____ Quarterly; ____ Semi-annually; ____ Other.
6. Do you receive co-operation from the committee in implementing
your ideas to extend or improve pharmacy services?
____ Yes ____ No.
If no, can you identify a reason for this?
7. In addition to pharmacy do you have major responsibility in one
or more of the following departments?
____ Purchasing; ____ Central supply; ____ Business office;
____ Administration; ____ Central stores; ____ Other (please specify)
_____.
8. Do you feel that you are accepted as an equal by other
department heads?
____ Yes ____ No
Comments?
9. Nurses are often the most critical and influential of hospital
groups. What is the most frequent complaint about pharmacy
that you hear from them?
- How do you rate your over-all pharmacy relationship with the
nurses?
____ Excellent; ____ Good; ____ Fair; ____ Poor.
- Is there any particular reason for your answer? _____

10. Are you planning any major changes in any aspect of pharmacy
service in your hospital, and if so, What?

IV. FOR MOTHERS

1. How many children do you have? _____ Ages? _____
2. How long after the birth of your last child did you return to work?
3. What arrangements have you made for the child (-ren) when you are working and they are at home?
____ Baby sitter; ____ Relative; ____ Neighbor; ____ Oldest child;
____ Hours do not conflict; ____ Other (please specify).
4. Have you encountered any special problems by combining a career with raising a family? Your comments would be helpful.

Any comments which you may have on the questionnaire or a specific question are welcome.

THANK YOU

APPENDIX B

INTERVIEW

1. Do you feel that being a woman has in any way interfered with your ability to advance in hospital pharmacy?
2. Which would you prefer to work under (or for) a man or woman supervisor? - Which would you prefer to supervise?
3. Do you judge your salary to be commensurate with salary levels for pharmacists at your level regardless of sex?
4. Have you experienced any resistance to your role as a pharmacist which you believe to be based on your sex - from other pharmacists, from physicians, from nurses, or from patients?
5. Have you experienced any difficulty in the practice of pharmacy because of interruptions or difficulties arising from your role as wife, mother, or from other family or social obligations?
6. Do you feel that your position as a professional person has influenced your role as a wife, mother; religious; in the community?
7. Would you recommend that girls with a scientific aptitude enter pharmacy?

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