

Barriers to a Career in Pharmacy: An Hispanic Perspective

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SUMMARY. The underrepresentation of minority and Hispanic students in the pharmacy profession not only reflects the inequities in access to this profession, but also a maldistribution of pharmacy services to the minority population. Financial, cultural and motivational issues play a part in impeding the accession of more Hispanic students into the profession of pharmacy. A lack of role models and professional images of pharmacy also act as barriers to the selection of pharmacy as a career option. Real or self-imposed language barriers restrict a student's performance in the standardized PCAT examination as well as in didactic and clinical course work. The APhA proposes vigorous, long-term programs in recruitment, establishing a network of minority role models and the development of recruitment guidelines for colleges of pharmacy.

The purpose of this article is to provide an overview of some of the issues impacting on minority and, specifically, Hispanic student entry into the pharmacy profession. There is a paucity of information addressing this issue. Studies that have looked at minority student characteristics, motivation for seeking careers in pharmacy and recruitment tools for minority students can be counted on one hand. All authors admit that there are low numbers of minority pharmacists and/or students in pharmacy (1-3).

The issue of underrepresentation of minorities in the health professions

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has come of age. It has been identified as one of the priorities to be addressed by the 1991 American Pharmaceutical Association (APhA), House of Delegates at its annual meeting in New Orleans.

Equity in education is not the only reason for the increased awareness for the need to increase minority participation in the health professions. Equity in access to health care by the minority population of our society is another reason for concern. Walker suggests that the low number of minority pharmacists results in a maldistribution of pharmacy services to minorities in our society. His figures indicate that in 1972, only 2,400 of the 121,000 (1.98%) of the licensed pharmacists in the United States were Black (2). This observation is reinforced by Weinert et al., who conclude that minority pharmacy graduates are more likely to pursue careers in minority environments than their nonminority counterparts (4).

Hispanic membership in the profession of pharmacy has also been well below what one might expect from such a prominent sector of our population. A review of the number of degrees conferred on Hispanic students from 1976 through 1988 reveals that a total of 111,057 Baccalaureate and Doctoral pharmacy degrees were awarded. Only 4,388 or 3.95% of all degrees were awarded to Hispanic students (5).

The Educational Affairs Policy Committee for the APhA has cited several reasons for the scarcity of minority students in the profession. Among the reasons identified were:

- high cost of education
- lack of scholarship programs
- image that pharmacy is not an active participant in health care
- lack of minority role models in pharmacy
- lack of awareness of pharmacy as a profession (1).

These reasons have been echoed by other authors addressing the issue of minority education in the health professions. For minorities in our society, the realities of daily life and scarcity of resources sometimes serve as absolute barriers and limit the length, extent and possibilities of higher education (6). The choice between utilization of family resources for survival versus the "luxury" of investing in the future (in the form of professional education) is brutally clear. The financial burden of formal pharmacy education often limits this profession to the wealthy few. However, there are other factors that influence the selection of a career in pharmacy.

The image of pharmacy within the Hispanic community, according to the Educational Affairs Policy Committee, is "as a drug-keeper, a busi-

nessman whose drugs are overpriced . . . usually not an active participant in a community's health care'' (1). Such unfavorable views of pharmacy would certainly preclude it as a choice for members of that culture.

A study of Mexican-American pharmacy students by Hanson and Kirk also emphasizes the cultural impact on the perception of pharmacists. Their study indicates that Hispanics may hesitate in seeking health care due to cultural dissimilarities between Hispanics and health care providers (3). Avoiding interactions with health professionals, or seeing only Anglos in those roles does not reinforce these professions as viable alternatives to the Hispanic student.

Career alternatives, even for those few Hispanics that manage to enter the profession of pharmacy, are also limited. Hanson and Kirk pointed out that the primary goal of Mexican-American pharmacy students was to own a community pharmacy. They indicated that this goal was most prevalent because it is the role with which these students were most familiar (3).

There is relatively little information regarding the images that people in our society have on the various professions. The image problem that pharmacy has is not limited to the Hispanic culture. Poirier and Lipetz, in their description of a course on images of health professions in the media, emphasize the lack of images of pharmacists in the media (7). They relate that even when an issue was directly related to pharmacy, the media generally selected physicians, research scientists, or pharmaceutical company spokespeople as the drug experts (7).

In our materialistic and success-oriented society, image and prestige of occupations play a role in career selection. An occupation's prestige is generally ascribed by its image in society. One would predict that young people would select high prestige professions more often than not (8). However, occupational prestige in itself may serve as another barrier to health care professions education for minority students. Although higher education, and, specifically, health professions education, may promote a great deal of economic progress, high levels of social conflict can emerge due to the dichotomies between cultures (9). Potential students may feel that by selecting a high prestige occupation, they are stating their dissatisfaction with their cultural heritage and family life-style. Rather than turn their backs on their culture, they may select occupations that are more congruent with their social norms.

Further, for a person to select a career, the expected occupational role must be congruent with the person's concept of self (8). Therefore, selection of a career must be consistent with the self-picture. If Hispanics do not see themselves as pharmacists, they will not become pharmacists.

Anticipated failure or the perception that the minority student will not be successful in completing professional program requirements adds to the barriers in career selection (2).

In addition to barriers in selecting pharmacy as a career, there are barriers to minority and Hispanic students in the admissions process. Educators have become increasingly aware of the limitations in interpreting the results of standardized examinations. Critics claim that these examinations are culturally biased toward the middle-class white student. This bias may also be observed in performance levels in the Pharmacy College Admissions Test (PCAT). Based upon generalizations from other standardized examinations, it could be predicted that minority students will score lower in the reading and verbal abilities section of this exam. In fact, at Southeastern University of the Health Sciences, College of Pharmacy, where 31% of the applicants for academic year 1991/92 are Hispanic, verbal ability and reading scores are often well below the fiftieth percentile. However, upon interviewing the candidate, significant language deficiencies are not apparent. Hence, PCAT scores used in conjunction with other admission criteria can serve as another barrier to admission.

Once enrolled in a pharmacy curriculum, minority and Hispanic students are faced with other barriers. As already mentioned, the cultural perception of health care and the role of the pharmacist within the health care system will impact on an Hispanic student's perception of their future professional role. If they see the role of the pharmacist as limited to community practice, they will only aspire to that role. Walker's study showed that minority students (Black, Hispanic or American Indian), were generally unaware of career opportunities in pharmacy outside of the traditional community and hospital settings (2).

These role limitations can impact on the extent to which students perform in a variety of courses. If the student does not perceive benefit to the subject under study, the tendency is to ignore and not internalize that material, thus leading to mediocre academic performance.

One of the areas of importance in pharmacy education is training students for effective patient counseling. Counseling is the most important and most difficult skill for the health care professional to master. It involves the sharing of concerns regarding feelings and problems, and requires active listening by the participants (10). Effective communication requires that students learn to interact with others at various levels: whether with a patient, other student, college faculty or other health care professionals. Interactions and patient counseling can be either in written or oral format, but most often involve both types.

Some Hispanic students exhibit real or self-imposed language barriers.

For students where English is a second language, this barrier can be very real. The differences in terminology, the varying level of sophistication in both written and oral communication techniques as well as lack of understanding, dramatically impact on student performance, especially in the more clinical, patient-oriented courses.

Self-imposed language barriers are seen in students who are uncomfortable with their accent or are unsure of their vocabulary. Often, this self-imposed barrier impedes the student's progress. College-based faculty, as well as preceptors in experiential rotations, may misinterpret the student's hesitancy as a sign of being unprepared or lacking sufficient knowledge.

Further, students with language barriers have a tendency to assume a nonassertive communication style. This style implies a negative self-worth and is generally inappropriate when dealing with patients and other health care practitioners (10). Students need to communicate in an assertive manner; a manner where personal desires and goals are stated without infringing on others (10). This style, however, must be learned and practiced for the student to become comfortable with it.

The conversion of highly technical medical jargon into patient-oriented language is also a barrier observed in patient education. English speaking students have difficulty expressing technical concepts they have learned in school to the average lay patient. On the other hand, bilingual students may be most effective in the provision of health care and counseling patients of similar ethnic background. As with their English speaking counterparts, however, translation of technical medical terms learned in English into patient-oriented language poses the initial barrier. Compounding this barrier is the need to translate patient instructions into a different language.

Having identified some of the barriers to minority enrollment and success in pharmacy programs, how can we begin to address these issues?

Recommendations from the APhA Policy Committee on Educational Affairs include that the APhA:

1. support a vigorous long-term program for recruitment of minority students into the profession.
2. encourage the development and updating of comprehensive minority-aimed recruitment materials.
3. encourage professional association at the local, state and national level to create a network of minority pharmacist role models.
4. support the development of minority recruitment guidelines for colleges of pharmacy (1).

These recommendations, from a national pharmacy organization, are seen as steps in increasing national and professional awareness of these issues. The difficulty arises in the implementation of these recommendations. How do we get more minority students interested in pharmacy? How can we recruit them into our profession? Are scholarship monies available to help defray the cost of a pharmacy education? Will more visible role models impact on career choices?

Clearly the answers to these questions as well as solutions to the issues in minority pharmacy education requires a multifaceted approach that begins with the individual practitioner. The first steps will be made on this long journey when Hispanic and other minority pharmacists follow their sense of duty to their heritage and their profession to begin promoting and sponsoring their kind in the profession of pharmacy.

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