

The role of pharmacists in closing the gender pain gap

Report from an international insight board

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FIP Development Goals



International
Pharmaceutical
Federation

Colophon

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About this report

This report outlines the insights, potential lessons learned and ideas for ways forward for the pharmacy profession regarding the gender pain gap. The issues were discussed at the FIP insight board on the gender pain gap organised at the FIP Congress 2022 in Seville, Spain.

The insight board collected views from experts on the following topics:

- Pharmacists' awareness of gender inequalities in pain research;
- Pharmacists' awareness of gender gaps in treatment offers for pain management;
- Pharmacists and unconscious bias towards women in pain management;
- Knowledge, attitudes and practices that pharmacists have to close the gender pain gap; and
- How pharmacists can be supported with, for example, training, tools to address gender inequalities in pain management, closing the gender pain gap and achieving behavioural change towards women.

The participants considered various issues and questions during the meeting:

- Identifying pain symptoms and the influence of gender in pain management;
- Pharmacists' knowledge and training status on unconscious bias towards women in pain management;
- Knowledge, attitudes and practices that pharmacists have and can develop further to close the gender pain gap; and
- How to support pharmacists to address gender inequalities in acute pain management, close the gender pain gap and change approaches towards pain in women.

The literature was evaluated beforehand and key available research findings were extrapolated. Then, discussions were focused on the areas above, recorded and reported in this document. Insights from the participants and any quotes published in this report remain anonymous and non-attributable.

The evidence and insights highlight the existence of gender differences in pain experiences and pain management. A key principle was established: the clinical goal of pain management must be to provide quality, fair and equitable patient-centred treatment. A gender responsive pharmaceutical care approach is required to ensure gender-based differences in physiological pain mechanisms or psychosocial factors are managed equitably. Pharmacists play a key role in pain management, including medication counselling and referrals, and thus they must be unbiased but also be gender-responsive in pain management during their practice.

It should be noted that the views expressed during the insight board are those of the individuals based on their expertise and experience. They do not represent FIP policy or positions, although they may build on existing positions and statements. Reports from FIP insight boards seek to provide qualitative viewpoints and descriptive observations, not generalisable or global or fully evidenced report. These findings can inform further policy development or confirm positions already held but they do not occupy the status of a full FIP report. FIP will use the insights in this report to consider what further support will be required by pharmacists to support evidence-based decision making and appropriate patient-centred care.

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1 Is the gender pain gap reflected in research, publications and treatment offers?

Research has shown that women may receive less intensive, less effective and lower quality treatment due to stereotyped responses attributed to women, such as dramatising, overemphasising their experiences of pain, being more willing to report pain, inaccurately reporting pain or being less tolerant to pain than men.¹ It results in the underestimation and undertreatment of women's pain worldwide. This is often referred to as the "gender pain gap".

There are several examples showing gender pain differences between men and women. According to a survey by the Autoimmune Association, nearly 80% of people with autoimmune diseases are women. Many women are told that their pain and other symptoms are "all in their heads" or are labelled as "chronic complainers".²

Pain is invisible and often complex, and includes biological, physiological and social factors.³ A patient's experience of pain is also unique, subjective, must be highly individualised and requires patient-centred care.⁴ Therefore, its management must solve all these factors for patients' satisfaction with the professional treatment system and to inform and tailor their search for alternatives pain relief choices.³

A review of 12 studies showed that female patients do not have similar signs and symptoms to male patients.² Female patients receive less effective pain relief or less treatment with opioid medicines for their pain management.² They are more likely to be prescribed antidepressants and to receive mental health referrals.²

The term "implicit bias" means "describing the attitudes or stereotypes that affect our understanding, actions and decisions in an unconscious manner". When it becomes consciously and openly expressed, it is described as "explicit bias".⁵ The biases we have, especially implicit bias, can affect a healthcare professional's behaviour and their treatment of other people.⁵ However, according to a study conducted among pharmacy students, there were three groups of patients who, respectively, believe that implicit bias affects their actions, believe that implicit bias does not affect their actions, and who do not believe in implicit bias.⁵

Pharmacists play a key role in pain management, including medication counselling, medicines selection, dispensing and referring patients to other healthcare professionals when needed. Pharmacists' bias impacts how they deliver care for their patients. It has further influence on healthcare professional-patient interactions and impacts patients' perception of care as well as medication adherence.⁵ Therefore, pharmacy curricula and continuous professional development programmes must be able to provide adequate self-awareness and training to manage patient's pain without any bias.⁵

Besides implicit bias, another issue affecting pain can be microaggression, described as the every-day, subtle, intentional or unintentional interactions or behaviours that communicate some sort of bias toward historically marginalised groups.⁶ For example, someone commenting on how well an Asian American speaks English, which presumes the Asian American was not born in America is a microaggression.⁶ For pain, saying "she always exaggerates her pain" is another example of microaggression.⁷

"Are you talking more about pain itself or are you talking about more on the impact on the life? If you are talking about function, that language is automatically more personal, and person centred, and I think it is more likely to reduce the gender pain gap."

In conclusion, awareness about both implicit bias and microaggression will be important to close the gender pain gap among patients. To address gender bias in health care and to support healthcare professionals in providing more equitable care that is more capable to meet the need of all patients, men and women,⁵ pharmacists must be aware of the gender stereotypes in pain conditions, be able to address gender inequalities in acute pain management and achieve behavioural change towards women.^{5,8}

2 Identifying pain symptoms and the influence of gender in pain management

What are common pain complaints and symptoms you hear from your patients in your daily practice?

Generally, where they observe their pain mostly in their back, legs or knees, patients do not always know how to self-manage their pain. During holidays, it is often observed that they report stomach pain, for example during Christmas holidays.

The common pain complaints and symptoms that community pharmacists hear from their female patients are migraine, menstrual pain, headaches, dental pain, osteoarthritis, rheumatoid arthritis, ear pain, paediatric pain, sore throat, sinusitis, fibromyalgia, chronic fatigue syndrome, haemorrhoid pain, gastrointestinal pain, back pain, neuropathic pain, injury related pain, musculoskeletal pain, gout pain, burn pain, kidney, urinary tract infection burning pain, bladder pain, neuropathic pain, diabetic ulcers, mouth ulcers, skin ulcers, tonsillitis, chest pain, cancer pain, child birth, obstetrics and pelvic pain.

Moreover, according to a hospital pharmacist, much of the pain reported is from patients' backs, knees and hands, although some may not be able to report exactly where their pain is.

What are your perceptions about the influence of gender in how people identify symptoms of their pain, and how they manage their pain management? Can you provide real-life examples from your daily practice to illustrate your responses to these questions?

In some cultures, men see their pain as a sign of weakness, which is often a societal norm or a biased view. Because men are seen to ignore their pain it can be underestimated or indeed misinterpreted and based on this bias. The pain may become severe or become serious. For men, their pain must affect their quality of life so that they can seek help.

There is also bias towards women in some cultures that believe women seek attention through reporting pain. Usually, if men feel pain, they manage it at home with their caregiver, often their partner. This may increase the number of women coming for pain management for their family, including partners, compared with men, and this may be creating a bias towards women.

It was reported that patients ask for higher doses of painkillers because they believe that works better than a low dose. Also, the use at home of pain medication from a first aid box makes pain relief easily accessible to patients. Hence, before patients come to a pharmacy, they have probably already taken some painkillers, and have come for restock.

Based on different cultures there may be differences in openness of self-care and symptom management. In some cultures, men get painkillers from a pharmacy for their female partners. Self-care and symptom management can also be affected by who is around the patient; it might be someone from whom the patient may hide their pain or to whom they feel embarrassed to express their pain. Also, cultural differences on whether the pain is explicit or implicit affects the delivery of pain care. For example, in Japan, people do not buy over-the-counter medicines. They visit physicians a lot because it is cheaper. The selection of self-management versus doctor visits for seeking health varies among different countries.

Many patients are not comfortable talking about pain in pharmacies; they just want to receive their medicines.

Paracetamol is used a lot in women's pain management. Women tend to prefer paracetamol over other painkillers and they tend to take a higher dosage.

Women suffer from period pain and autoimmune disease pain, and most symptoms are self-managed. Some female patients are not comfortable talking to pharmacists because they have had some difficult experiences in the past. Time is an issue for pharmacists. Because of their busy schedule, pharmacists may not be able to engage with these patients and have a quality discussion with them to identify their pain symptoms in depth.

"We never thought about gender pain gap, we never talked about it, we only learned the prevalence of pain."

For academics: what is the research evidence on the impact of gender on pain experience?

Little research in pharmacy has been done to identify and address the gender pain gap and further investigations and awareness are much needed. In parallel, although the gender pain gap may be touched upon in pharmacy curricula alongside topics like women's health, curricula in general do not focus much on this topic. Education systems may be regarded as more scientifically oriented rather than social elements in different parts of Europe. There are efforts to get women's health courses into curricula. Awareness of the gender pain gap is important, so that academics can advocate for this course to be incorporated when curricula are updated or reviewed.

3 Pharmacists and unconscious bias towards women in pain management

What unconscious bias have you observed in pharmacy towards women in the area of pain management?

A commonly accepted way to deal with bias is to accept that it exists and then to measure it, but cultural elements can be an issue for pharmacists to admit that they have bias.

How do you even measure bias and then convince people that it exists and needs to be addressed? It may be achieved by anonymous interviews. For example, online tools can be used to address the issue anonymously, and can include tests to measure how much implicit bias a pharmacist has.

Bias towards chronic pain patients is considered to be common, based on reflections from insight board participants. Patients prefer to come to pharmacies to get help with their diseases. Patients with chronic pain tend to get support from pharmacists by having a quick conversation with them and asking how they can cope with their pain, rather than go to a doctor to determine the origin of their pain and get into an in-depth discussion about their pain.

Sometimes there is not enough time for pharmacists to engage with patients at work, which may lead to some bias.

The gender pain gap may not be a gender issue only; it can include culture and race. It is important to identify bias towards patients with different gender or sex identifications and different races.

What is your understanding of the gender pain gap? What undergraduate education, continuous education, extracurricular activities, research and publications have you encountered?

Pharmacists reported that they had not received education about the gender pain gap or how pain should be managed in women. Pharmacists reported that they had only learned about the prevalence of pain in women and men. Expansion of the knowledge in pain management with social elements may help closing the gender gap.

How do you see the gender pain gap affecting how pharmacists deliver pharmaceutical services, and the patient-pharmacist relationship, and therefore patient health outcomes?

Pharmacists do not consciously have bias towards patients from different cultures. However, bias may occur towards patients depending on how often those patients visit and interact with the pharmacist.

Pharmacists should consider that pain is a biological phenomenon, and it may not require a medicinal treatment, but perhaps an exercise programme could be the key to treat the pain. Therefore, when a patient comes to the pharmacy and asks for a medicine, alternative solutions may be offered to the patient beyond medicinal treatment.

“The gender pain gap is very much linked with culture and context. It is much more complex for pharmacists to understand their unconscious bias.”

4 What can pharmacists do to help close the gender pain gap?

Do pharmacists have the necessary knowledge, attitudes and practices to close the gender pain gap?

Pharmacists reported that the gender pain gap was not covered well during pharmacy education. Pharmacy students should be made aware of implicit and explicit biases. If pharmacists treat patients differently, they should be made aware of their bias and why that specific patient has been treated differently.

Participants agreed that pharmacists' knowledge is not sufficient on pain management and practices to close the gender pain gap will require increasing awareness through education. If pharmacists increase the quality of communication with their patients, gender bias can be overcome. Achieving behavioural change is the goal to overcome gender biases.

Can you provide three conditions which should be met to ensure pharmacists are addressing the gender pain gap in their practice?

Pharmacists should come closer to patients and the public with good communication skills, so that they can become aware of their own biases and correct them.

Behavioural change is the goal to overcoming bias among pharmacists. Practice, education and science perspectives should also be identified from the gender pain perspective to overcome bias.

Pharmacists should act as patient advocates and speak up about the gender pain gap.

“The gender pain gap is not issue that should be owned by only pharmacists. It is a health care system issue. Interprofessional approaches are needed.”

Public messaging on the gender pain gap as an issue should be done with a health care mind-set. Relevant stakeholders, including policy makers, patients and caregivers, should be targeted about the issue.

To treat people equally, increasing knowledge on gender gaps should be the foundation. Self-assessment can be done through a continuing professional development tool developed for pharmacists, which can be designed using technology. Pharmacists can support their patients and overcome bias when they are aware of their own bias and know how to address it through these tools.⁹

Pharmacists' culture and upbringing can affect their bias towards patients with pain. It is important to understand all biases and how pharmacists are affected by them. The problem needs to be further researched.

5 How can pharmacists be supported to close the gender pain gap

What is the role of interprofessional practice and education in addressing the gender pain gap?

Pharmacists may be more open to acknowledge their own bias because of their position at the heart of communities, by the fact that patients can walk into pharmacies for advice with no appointment required, and because of the personal approach they take as they deliver pharmaceutical services.

Physicians training may open them to bias because their practice focuses on categorising patients, for example, as male or female.

Developing a comprehensive and multidisciplinary pain management plan that pharmacists can follow up with patients, similar to smoking cessation programmes, may help pharmacists to manage pain without gender bias.

Bias is not only a pharmacy issue. Health care is delivered through teamwork, and bias should be addressed for every member of the healthcare team, namely, doctors, pharmacists, nurses and others.

The gender pain gap must be closed across the entire health system. Patients have easier access to pharmacies and may tend to speak about their pain with their pharmacists more than they do with their physicians. Physicians' bias towards their patients and actions that need to be taken within the entire health system chain should be investigated.

How can pharmacists be supported to address gender inequalities in pain management?

Biases in all areas of practice should be considered and go beyond just gender and pain management.

Self-assessment tools can be embedded into daily practice and used by pharmacists. These include COVID-19 related tools (e.g. for contact tracing), as pharmacists have access to a wider patient population and pharmacists have knowledge about using these tools already. The tools can be offered to patients too, so they can communicate their pain differently. The general population has access to COVID-19 related tools.

Pharmacists can be helped to acknowledge their bias through workshops where experts can set the stage and pharmacists can be supported to do more reading and research. Monitoring pharmacists' practice can identify patterns relevant to the gender pain gap. Pharmacists' awareness can be increased through occasions where pharmacists and patients can be educated together. Pharmacists can also raise awareness by helping patients to describe and discuss their pain.

Pharmacists need more research and tools for understanding and then addressing the gender pain gap. Existing implicit and explicit bias tools may not be sufficient to support pharmacists in all the issues. Pharmacists are generally the first point of entry to the health system for patients. Pharmacists can be trained to ask patients pain-specific questions that are gender neutral or gender-responsive.

“To close gender pain gap, we can start with acknowledging the issue, then providing professional development and education on it, and it maybe a workshops that will do”

Case studies can be provided to patients. Simulations or game-based learning can increase the achievement of learning outcomes. Public health awareness campaigns may encourage patients to seek help for their pain. Public campaigning through the press can support patients, regardless of their gender, to talk about their pain.

Education at all levels, including undergraduate education and continuous professional development, can help patients to become aware of their own biases. Awareness leads to action. Self-assessment can be a useful tool for pharmacists and if these tools can be designed together with new technologies supporting patients and overcoming their biases can be done more easily.

An app that guides medication management for pain for women could be designed. The tool could also support patients to understand, communicate and describe their pain better.

6 Conclusions

Regarding the gender pain gap, self-awareness and training are not issues owned only by pharmacists; they should be shared with all healthcare professionals and the public. Pharmacists can be supported to address the gender pain gap through education and partnerships. Good understanding of the variety of pain symptoms can support unbiased pain management.

There are social norms and stigmas surrounding talking about pain that make patients keep quiet about it. Pharmacists do not have much understanding about the gender pain gap. It is important to expand knowledge to all gaps in pain management, not just in the gender pain gap. Addressing issues is very much linked with cultural context, and this tends to make it more complicated.

If pharmacists are to treat their patients equally, they can start with small steps. Pharmacists and pharmacy students can be educated about bias and the factors unconsciously affecting pharmaceutical services on pain management. Creating protocols for pharmacists to manage pain in a gender neutral and responsive way, as well as providing tools to measure and evaluate pharmacists' interventions, is necessary to approach the problem.

Pharmacists also have a responsibility to educate the public on where and how to seek help for pain management, thus further addressing the gender pain gap. This fits closely with the FIP Equity Rx workstream, FIP Development Goal (DG) 10 (equity and equality), alongside access to medicines, devices and services (DG 18), people centred care (DG 15), and advancing integrated services (DG7), as identified on the front cover of this report.

At the start of the report, it is noted that the views expressed during the insight board are those of the individuals based on their expertise and experience. They do not represent FIP policy or positions, although they may build on existing positions and statements. FIP will use the insights in this report alongside a digital event that colleagues can engage with to consider what further support will be required by pharmacists to support evidence-based decision making and appropriate patient-centred care. From this, a programme of support to develop resources including CPD will be devised and promoted to ensure pain management.

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