

Women in Leadership in Oncology Pharmacy: A White Paper

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Executive Summary

Gender disparity is evident in leadership roles in education and business and many theories exist as to why fewer women occupy these positions than men. This trend can also be seen within healthcare where the majority of the healthcare workforce is represented by women, yet significantly fewer occupy leadership positions, particularly at executive and board levels. More specifically, as the field of oncology pharmacy continues to rapidly expand and evolve, what is the current state of women in oncology pharmacy leadership roles? This is a question that appears to be vital to the growth and development of individual oncology pharmacists and the profession.

In the fall of 2017, the Hematology/Oncology Pharmacy Association (HOPA) hosted a summit to explore leadership issues facing women in oncology pharmacy which have the potential to affect our membership and our profession. This meeting was held on September 14, 2017, prior to HOPA's Practice Management Program meeting in Chicago, IL, and included invited participants from across the fields of oncology and the field of pharmacy. The meeting is part of HOPA's strategic leadership initiative developed through the work of the HOPA Leadership Development Committee (LDC) in 2016 and it supported a primary goal of HOPA, which is to support oncology pharmacists as they assume leadership roles within their practices and within healthcare to assure oncology pharmacy is integrated into care. This summit was held to address an important aspect of leadership for membership.

The purpose of this white paper is to 1) summarize key issues that were identified through a membership survey; 2) review ongoing efforts to address the needs of female oncology pharmacists in leadership development; 3) serve as a call to action for individuals and professional organizations to assist with and disseminate these efforts and highlight available resources, and 4) to provide practical steps to meet these needs for individuals, training programs and institutions/employers.

Introduction

"No country can ever truly flourish if it stifles the potential of its women and deprives itself of the contributions of half of its citizens." -- Michelle Obama¹

Recent decades have seen great strides in women pursuing and obtaining leadership roles in healthcare, although opportunities for women still lag behind that of their male counterparts. The pharmacy profession has seen a huge shift from a predominantly male workforce with only 8% of pharmacists being female in 1960 to over half (58.1%) of the pharmacist workforce being comprised of females in the 2014 census.^{2,3} While the salary gap has also narrowed from 0.66 cents to the dollar for women compared to men in 1960 to 0.80 in 2014, inequality still exists. Looking at combined census data from 2000-2009, the portion of male pharmacists that identify as holding a manager role was 33.7% compared to 23.5% of women.² The number of women in executive or board level positions within

healthcare and related organizations is significantly lower, but these data are challenging to quantify when focusing specifically on pharmacy leadership. Despite positive forward progress women in pharmacy have made, there is still substantial ground to be gained.

The seminal paper on this topic for pharmacy was published in 2017 in the *American Journal of Health-Systems Pharmacy* by Chisholm-Burns and colleagues.⁴ It outlined a broad strategy for overcoming barriers to leadership from an institution/employer, individual, and professional/leadership organization perspective. While it may be slow coming, progress is being made within the grander healthcare arena. In May 2016, Redonda Miller, MD, was appointed as the first female president of Baltimore-based Johns Hopkins Hospital, according to The Baltimore Sun.⁵ In September 2017, ASCO recognized that women only made up 37% of its membership, 28% of board members, and 13% of past presidents, and convened a day-long Women in Oncology Strategic Planning Retreat and subsequently developed and launched a 5-year plan to prioritize supporting women in leadership positions.⁶ Milestones like these, continued conversations, and publications regarding women in leadership continue to broaden and bring light to these issues, however oncology pharmacy has only recently begun to address the issue of leadership training and women in leadership.

Barriers exist for women interested in leadership within many professions, and other medical oncology and pharmacy organizations such as the American Society of Clinical Oncology (ASCO) and the American Society of Health-System Pharmacists (ASHP) and these organizations have begun addressing these issues within their membership (Table 1). The representative organization for oncology pharmacists is HOPA, and although HOPA has had a historically strong female presence in its leadership, this does not necessarily represent the leadership opportunities for female HOPA members in their workplace or in other professional organizations.

There is a need for oncology pharmacists to expand the scope of their impact in healthcare, and this requires strong leadership from oncology pharmacists within their workplace, professional organizations, and their interdisciplinary activities. It is essential for oncology pharmacists and HOPA members to be able to meet these challenges. The declaration of this as a leadership issue for oncology pharmacy was brought forth by the HOPA LDC in 2014, which prompted HOPA's leaders to review literature and information offered by other organizations, garner feedback from HOPA membership, and actively engage oncology pharmacy leaders and partners in a dialogue to identify and prioritize issues. The challenge of engaging women in upper levels of healthcare leadership is not an issue relegated to one discipline or practice area, and HOPA plans to be involved in this conversation at all levels to advocate for its membership's needs and contribute to the growing body of literature on the subject.

The HOPA Women in Oncology Pharmacy Summit

HOPA's foundation is deeply rooted with the efforts of women and has historically had strong female leadership; two of the five founding board members, 48% of the founding members, and 40% of HOPA presidents in its 15-year history are women. This level of representation within HOPA, however, does not translate to the larger profession of oncology pharmacy. In 2013, the American College of Healthcare Executives (ACHE) reported that only 26% of hospital CEOs were women but women constitute over 75% of the healthcare workforce.⁷ In an effort to hear the opinions of our membership, an online survey was distributed to all HOPA members in the summer of 2017 by the HOPA LDC. This survey captured insight into the personal experiences and perceptions of a subset of members, encompassing both males and females with a wide range of years in practice (Table 2). Responses

illustrate not only the pervasiveness of barriers to leadership for women in oncology pharmacy, but also the notion this may not be a relevant issue for all HOPA members. Member comments on the survey proved invaluable, indicating significant adversities remain. These findings warranted further discussion and the LDC planned a summit to further explore challenges and opportunities for women.

The Women in Oncology Pharmacy Summit, conducted in the fall of 2017, was an opportunity to collaborate with a diverse group of experts from both oncology organizations and pharmacy organizations to develop a leadership strategy for HOPA (Table 3). Identifying and evaluating issues for women in leadership was the focus of this gathering. This summit provided an opportunity for participants to learn more broadly about the development of leadership resources for all members. Highly regarded for her work in this area, keynote speaker Marie Chisholm-Burns, PharmD, MPH, MBA, FCCP, FASHP, FAST, discussed data behind gender disparity in leadership, highlighting current issues for pharmacy practice. This presentation was followed by a series of dynamic round-table discussions where participants were challenged to identify issues important to HOPA members, as identified from the member survey and from their professional perspectives. One important outcome of the Women in Oncology Pharmacy Summit was to develop priorities for the continuation of ongoing efforts to broaden the reach of leadership development within the HOPA organization.

Our Findings from the Summit

The work of HOPA's Leadership Development Committee has helped to identify opportunities to further support the diverse HOPA membership in leadership development. HOPA members have an opportunity to have an important and influential impact on healthcare within their individual practice, organization(s), and profession. HOPA hopes to provide resources to all members so that they may be better prepared to take on a broader leadership role. The following are the predominant issues identified during the Summit and are important to consider in developing the next steps of HOPA's leadership strategy.

A. The definition of leadership is often unclear

The term *leadership* has various meanings to members throughout the organization. Although it is essential to understand terminology, it is also important to acknowledge that leadership is a broad term that is used in a variety of ways across different venues. One key finding from the Summit discussions is that the term leadership is often used interchangeably with management. Leadership is often associated with formal positions (e.g., board membership, committee appointments, Director or Supervisor) and, at times, with individual members (e.g., past leaders). Participants agreed that leadership occurs when someone sets an example or points the way to achieving missions, goals, or projects for a group. A leader does not have to be a formally appointed and there is no singular way to accomplish any goal. Another finding identified through the Summit is that the view of leadership within oncology pharmacy is often focused on leadership within the profession. It was recommended that members should be encouraged to identify opportunities for leadership beyond the profession. Leadership opportunities for HOPA members extend to organizational leadership positions, interdisciplinary leadership, and leadership across the broad spectrum of healthcare organizations and healthcare management. There is an opportunity to engage members in leadership development by more clearly identifying the broad scope of leadership opportunities for oncology pharmacists. It is important to maintain this as an ongoing message to HOPA membership with any leadership development efforts.

B. HOPA membership has divergent opinions of available leadership resources and barriers

The feedback from HOPA membership regarding leadership development for women was surprisingly polarized. There was great enthusiasm from many members, as there is a perceived void in resources for those that are interested in developing stronger leadership skills. Equally as strong were the opinions expressed by some members that this is not a pertinent issue, and that there are many resources available for members through other healthcare and business organizations. This divergence of opinion may reflect the diversity of membership. This may suggest that that some members have not witnessed barriers to ascend to leadership roles, however, 60% percent of members returning our initial survey had personally experienced or witnessed perceived discrimination for women to leadership opportunities. In addition, there may be the perception that the high percentage of women in HOPA leadership positions reflect the percentage of women in leadership positions within oncology pharmacy and healthcare organizations, which is not supported by census data.

Another potential reason for differing opinions regarding leadership barriers for women may be due to the variability in practice settings in which our members work. A 2018 survey by Rock Health, an independent corporation in digital health and health technology, showed that women in smaller companies are more likely than those at larger companies to agree their employers foster a supportive environment for women in leadership positions—possibly because the smallest companies can closely control company culture and foster individual growth.⁸ The lack of barriers seen in smaller, family-like organizations is likely quite converse to the many deeply-rooted barriers in large healthcare corporations or academic institutions that may exhibit an male-dominated mentality. Barriers can also change over the course of an individual’s career. The most common barrier reported by women age 20-29 is lack of self-confidence, whereas women age 30-49 most commonly report family obligations or time constraints as the prevailing barrier.⁸

One common thread in the Summit discussions is that there is a great opportunity to grow leadership development and support resources within our organization and to be an example of robust female leadership within healthcare. These resources should be widely available to membership but should include a focus on areas identified as important to both women and men. Additionally, HOPA represents a diverse membership with a wealth of knowledge and skills that should be tapped into when developing resources to assure these complement what is currently available while addressing unique aspects for oncology pharmacy.

C. Leadership resources should be formally integrated into oncology pharmacy training programs and made available for other members

HOPA has an opportunity as the leading oncology pharmacy organization to work collaboratively with PGY2 programs to integrate leadership development. Leadership development is being promoted in most schools of pharmacy and pharmacy residency programs in the United States as a requirement for career advancement. The American Society of Health-System Pharmacists (ASHP) Council on Pharmacy Management released a statement in 2011 declaring that all pharmacists have a professional obligation to serve as a leader.⁹ To emphasize this importance, ASHP and HOPA jointly prepared the 2016 revision to the required competency areas, goals, and objectives for PGY2-Oncology Pharmacy Residencies and listed “Leadership and Management” as one of the five required competency areas.¹⁰

However, integration of formalized leadership training into the post-graduate residency programs for oncology pharmacy seems sparse and inconsistent from our HOPA membership survey. Requested resources include a HOPA supported fundamentals of leadership course and identification of high-level resources within other professional organizations, literature and business, and ongoing leadership and career-development activities following residency training.

Formalized leadership training in oncology pharmacy residency programs can build a foundation for emerging young leaders, both men and women, for successful careers in various levels of management. A study from 2014 evaluating student characteristics associated with successful PGY1 residency matching found that women were more likely to match with a program of their choice. Of the 564 students surveyed, 64% were female and the match rate among those who applied was 75%.¹¹ Targeting leadership training toward residents has the potential to be extremely impactful in recruiting women leaders in our profession. HOPA and its members are highly invested in enhancing residency training to develop guidance and training requirements. This relationship places HOPA in an ideal position to establish materials fostering the development and implementation of leadership training into residency programs in a uniform and comprehensive manner.

D. Barriers exist and vary in scope and prevalence

Important barriers that were discussed during the Summit focused on the workplace advantages afforded to men, overt discrimination against women whether intentional or inadvertent, the continued presence of sexual harassment in the workplace, and work-life balance or family priorities preventing women from advancing in their careers, or the perception that family priorities would be an issue.

HOPA has an opportunity to develop leadership resources and tools to help membership break down these barriers. While many programs focus on overcoming the obstacles identified, it is essential that HOPA also commit to helping members eliminate the barriers from healthcare. A complete culture change will be necessary to realize many of these, and HOPA hopes to be a champion of these progressive changes as we move forward toward an era of gender equality.

Barriers for aspiring women leaders in oncology pharmacy

Collating the information gained from the Summit and the prior member survey in addition to available information on the state of healthcare leadership from authoritative sources, **six key barriers** surfaced.

1. A lack of focus on **succession planning** and consideration of women for leadership positions
2. Insufficient **formalized training** and **continued career development**
3. **Women bullying other women**
4. **Work-life balance**
5. **Sexual harassment**
6. Downstream effects on **self-worth and confidence** to pursue professional opportunities

Succession planning is not an embedded feature of many organizations, despite how critical it is to have leadership continuity. CEOs surveyed by the American College of Healthcare Executives (ACHE) in 2018 ranked the chief concerns of their job in order of importance. Succession planning and leadership were not among the top on their list, reflecting that leaders are pre-occupied with the daily operational pressures¹² (Table 4). Healthcare organizations do not seem to be sufficiently focusing on building “bench strength,” an oft-used sports analogy to describe the adaptability of a team to continue to

perform at a high level due to talented, practiced players sitting the bench and ready to step up when needed to replace key players. Succession planning from within the organization is a strong benefit to companies by keeping recruiting costs low, avoiding delays during transition, and maintaining forward progress toward goals. In fact, in a 2007 report, 70% of hospital CEOs say there is no routine succession planning within their facilities and 51% of system CEOs report that succession planning is not routinely conducted on a system level.¹³ With a CEO annual turnover rate of 18% in healthcare organizations, lack of succession planning can cripple an organization in this rapidly moving healthcare climate.¹⁴

Women are excellent options for internal succession planning. Women aspiring to be leaders are more likely to be promoted from within than hired externally, 54% vs 46% respectively in a survey conducted by Diversified Research group for the 2014 ASHP Women in Leadership Knowledge Café. Leaders hired from within tend to exhibit greater loyalty and devotion to their organization, resulting in longevity of the position. Women demonstrate the necessary leadership skills. In a survey of over 7,000 leaders in 2011, Zenger and Folkman report on 16 core leadership competencies that 30 years of research has shown to be most important to building effective leaders.¹⁵ Traditional views of women's leadership strengths are those "nurturing" and relationship-building qualities and while those did score highest for women, so did qualities such as initiative, self-development, drive for results, champions change, and solve problems/analyze issues. In fact, women scored higher than men in 12 of the 16 key competencies. Organizations can greatly benefit by taking internal inventory of their employee talent pipeline to identify and cultivate potential women leaders and plan for succession in the coming years.

After formal training programs, there is a need for a **continued career development** strategy focusing on women in the current practice of oncology pharmacy. Professional organizations like HOPA should provide training events or modules to enhance leadership skills in women who desire to pursue leadership roles. However, the more pressing need is the integration of career development within the workplace that encourages women who have already shown strong leadership traits and cultivates those skills while helping them plan for next steps in their career advancement. This can occur through formalized career development programs, but also relies on those in supervisory and management roles to encourage women and mentor them on a path to successful career advancement. Here is where inherent biases toward traditional male dominant roles and preference for historically "male" traits can hinder women in the rise to top positions. Predisposed notions and conscious or unconscious bias toward men can only be overcome through a change in culture and understanding. Diversity training has become more prevalent and is an excellent step in the right direction, but these ingrained barriers will take time and diligence to result in industry-wide culture change. Progress has been made toward this change, but women feel this change is far too slow and are pessimistic about its future pace. In the 2018 Rock Health survey, approximately 55% of female respondents believe it will take 25+ years to achieve gender parity in the workplace and only 5% believe it will happen in the next five years.⁸ This white paper along with continued efforts by HOPA hope to accelerate this change.

Finding a mentor and encouraging career growth for women is not only the responsibility of men and those in current leader roles, it is the responsibility as women, to support each other. Women can be both one another's greatest allies and greatest downfalls. This notion is reflected in a common Korean saying that translates to "women are women's enemies." The idea is so prevalent in society that some men have said that the main barrier to women becoming leaders is not male bias, but women themselves. Indeed, career obstacles sometimes come from other women.

Yeoja eui jeok eun yeoja “Women are women’s enemies” —a common saying in Korea

Some believe that the root of **women bullying other women** comes from the intense pressure placed on themselves, given historically scarce opportunities afforded to women – thus each opportunity becomes a competition among one another. Women may often view other successful women as a threat to their current or potential position. Another explanation for this behavior within corporate business structure is that, historically, “male” traits are rewarded with promotion, traits such as being outspoken, gaining the advantage (or upper-hand), having authoritative personalities, and having a commanding presence within a room or group. Women who have risen in a male-dominant society have had to develop these traits and often are perceived by other women as curt, inconsiderate, aggressive, antagonistic, or unfriendly, whether intentionally or not.

As ambitious, professional women in the field of oncology, the focus needs to be on lifting one another up, advocating for each other, promoting the abilities of female colleagues, and advocating for the ability of women leaders in all settings. Healthcare is a continuously growing industry with high turnover rates of CEOs and other key leadership roles that are expected to increase over the coming decades. There is not a finite number of roles to be divided amongst us, but rather there is room for all women to find their place within the spectrum of healthcare leadership. Encouraging each other, confronting bullying of all types, and creating a culture of empowerment is a paradigm which HOPA strongly supports and will work to engender within its members. The hope is that this paradigm of support for one another, powered by strong female role models in HOPA, can spread to other specialties, disciplines, and areas of practice.

“While we may be individually strong, we are collectively powerful.”
-Rakhi Voria, Worldwide Inside Sales Business Manager with Microsoft¹⁶

Work-life balance can pose a unique barrier faced by women in many professions, including pharmacy, due to the challenge of balancing time and resource limitations with family obligations. The topic of work-life balance was continually identified by HOPA members, and this included the balance of work and volunteering for professional organizations. Members were also concerned with the perception of superiors and colleagues that women with children may not be able to balance leadership roles due to conflicting priorities.

In one regard, since women are the child-bearers in a family choosing to have children, true unavoidable difficulties could exist, but with support should not become barriers to advancement. These difficulties can come in the form of health complications during pregnancy, sick children, perceptions of men that women may be hormonally compromised during pregnancy, or the assumption that women will not to return to work after maternity leave. The average length of maternity leave in the US is 10 weeks, which accounts for 0.4% of a career for someone working from age 18 to 65.¹⁷ Life and family obligations beyond pregnancy affect both men and women, whether caring for ailing parents or other family members, attending children’s activities or educational and health needs, as well as vacations, respite, and other time away from work.

A study in 2015 found that 70% of women feel unable to take time off work, compared to only 60% of men.¹⁸ Numerous reports continue to confirm that when a child is sick, the mother is often the one who forgoes work to care for them rather than the father. Perhaps with the gender wage gap, it is the most

financially sensible decision for the family. It's also possible that women feel more burdened by time constraints due to the amount of unpaid work, such as cooking, cleaning, and grocery shopping. The Washington Post reports that worldwide, women spend about 4.5 hours daily on these tasks, while men spend significantly less.¹⁹ Within the US, women spend an average of 2 hours and 12 minutes daily on housework compared to the 1 hour and 21 minutes that men do.

The choice of how, when, and if a person has a family, involvement in other personal activities, and the level of importance each of those plays in the prioritization of work and life is a highly personal decision. The focus of gender equality in the workplace should be that each employee and potential leader should feel an equal opportunity to balance those choices in a way that provides them with job and personal satisfaction. Gender alone should not influence the perception of whether an individual has adequate time or ability to become an excellent leader or fulfill the roles of a top management position. HOPA can play an important role by helping to provide resources for women to maintain their leadership skills, and both workplaces and HOPA can ensure that women feel they can maintain their career trajectory and pace if they choose to use allotted family or personal time.

Sexual harassment has existed as a barrier for women since women first entered the workforce and undoubtedly remains an issue in a variety of settings across healthcare, including oncology pharmacy. In 2016, the European Society for Medical Oncology's Women for Oncology (W4O) Committee undertook a survey of female and male oncologists and reported that 37.7% of respondents had encountered unwanted sexual comments by a superior or colleague.²⁰ This barrier goes beyond impairing a women's professional ambitions alone, but attacks her sense of safety, respect, and perception of value within the workplace. This issue, while historically quieted, has been gaining an open discussion platform in light of recent publicized offenders in the film, music, and sports industries, but remains an issue for the healthcare professions. This has been made apparent through numerous outlets, but notably the movement called #MeTooMedicine has encouraged brave women health care workers to share stories of personal harassment and discrimination. The frank discussion of this issue during the Women's Leadership Summit confirmed this is a continuing issue within our communities.

These long-standing challenges of sexual harassment in the workplace are finally being openly discussed in healthcare organizations and across public news outlets. This increased awareness may help enable women as a group feel safe to work into higher level positions but while it still exists, individual women will suffer emotional, psychologic, and professional damage. The fight to curtail the effect of sexual harassment is lengthy and multifaceted and will only result from a societal and workplace shift in culture focused on respect and equality. Discussions need to continue to bring light to this topic and with HOPA's effort to champion women leaders in oncology pharmacy, the organization's voice will continue to echo these concerns. Strategies for addressing harassment should be included in leadership development programs and support efforts to be made readily available in the workplace. Although these efforts will not answer the problems of the past, they may provide the opportunity to develop leaders with the ability to address the issues that arise.

Self-worth and confidence become internal barriers that women place on themselves as a result of each issue discussed above. Whether feelings of inadequacy result from being passed over for a position by a male counterpart or overt discrimination and workplace harassment based on gender, these events can continue to compound into an attitude that as a woman, you are undeserving of a leadership role. Confidence naturally increases gradually with experience, but each barrier encountered along the

journey can drastically hinder that progression or stop it entirely. Women also notoriously undervalue their skills and abilities. When selecting the top 5 barriers to career advancement, 71.2% of women cite “underselling skills” as a very significant barrier.⁸ In this same study, confidence as a barrier ranked very differently based on race, with 65.6% of Asian American women reporting confidence as a barrier compared to only 33.3% of African American women, and 55% of all women regardless of race.

Women may interpret their self-worth and confidence differently because of cultural norms, family upbringing, and prior work and life events. Many factors go into shaping a woman’s perception of her worth and abilities, so wide variability is bound to exist. As a society, the focus should be on improving organization succession planning, female bullying, perceptions of work-life balance interference, and occurrence of sexual harassment that can negatively impact how a woman views her ability when compared to that of a man. Leaders should encourage women to value the contribution they provide to the workplace. As healthcare’s need to adapt to the changing climate of oncology care increases, diversity in leadership from all groups will provide new and better ways to approach problems and to continue to provide outstanding care for our patients.

Charge to current health care leaders

Healthcare organizations and their leaders need to commit to change the paradigm of gender inequality in organizations to face the challenges of leadership deficits and cultivating talented women for top administrative roles. This commitment will require an emphasis on gender equality, diversity competency, expansion of leadership training for current employees, identifying and developing women with promising leadership potential, and creating a network of coaching and mentorship to increase organizational “bench strength.” Top organizational leaders need to emphasize qualified women as they focus on succession planning to adapt to the changing healthcare environment and avoid disruptive transitions. Strategies to encourage advancement opportunities for women and prohibit practices resulting in barriers should be developed, modified, or re-emphasized. Efforts should be made to retain high-performing female leaders and highlight their stories of success to inspire other women to step up. Long-standing work-place structure has led to numerous barriers for women to advance, and a conscious effort is necessary to repair this. Given the well-known leadership gap crisis, fostering women leaders needs to be a priority for all healthcare organizations.

Charge to women practicing in oncology pharmacy

Finding a solution to the current deficiency of women in leadership roles within healthcare administration and oncology pharmacy is great, and the responsibility does not fall to men and current leaders alone. Women need to collectively champion this change in the gender paradigm as well, to realize the opportunity of an equal presence at the top for women. Women who have experience navigating the current barriers and holding leadership roles should share their experiences, mentor aspiring women, and pass on the tools for success. Women who are working to climb the professional ladder need to take stock in and acknowledge their strengths, highlight and develop their abilities, identify and improve upon shortcomings, apply for higher positions, empower other women around you, and importantly, to not tear other women down along the way. Find a mentor, develop career goals, and take the necessary steps to work toward those goals. Women need to seek out training to develop themselves and maintain a strong network of successful people in oncology pharmacy, other healthcare disciplines, and leaders both in and outside the healthcare industry. HOPA is committed to

supporting women by providing these resources and facilitating the growth of our members as we all face the challenge of improving the status of women in oncology pharmacy leadership.

Conclusion

There is evidence that barriers exist in many settings for women pursuing leadership opportunities in oncology pharmacy. The Leadership Development Committee of HOPA, along with HOPA members, are moving forward with a number of strategies to enhance awareness of opportunities for leadership roles and training in leadership, currently with programs open to all HOPA members. Since the Women's Leadership Summit, the following programs have already been accomplished or in progress:

- A member roundtable discussion at the 2018 HOPA Annual Meeting (“Crucial Topics in Oncology Pharmacy Leadership”)
- A book club program at the 2019 HOPA Annual Meeting (book: “Dare to Lead” by Brene Brown)
- A continuing education program at the 2019 meeting with content on women in leadership (“Leadership: Shades versus Reality”)
- A pilot mentoring program has been started in the Spring of 2019 with Board members (mentors) and 5 mentees chosen from a pool of applicants, with plans to expand the program.
- The Recognition and Leadership committees are working on a new HOPA award for leadership to more formally recognize leaders within the organization.

Further discussions have involved better identifying and explaining leadership opportunities within HOPA and other oncology-related organizations, developing checklists to help members self-identify their preparedness for leadership roles, expanding methods of identifying leadership candidates within HOPA, and identifying leadership resources outside of HOPA. HOPA is committed to ongoing research measuring, monitoring, and impacting leadership opportunities and gender equality for all members

Leadership opportunities available to oncology pharmacists allow for expansion of their scope of impact in healthcare. This requires strong leadership within their daily work, their organization, and their interdisciplinary activities. It is essential for oncology pharmacists and HOPA members to be able to meet these challenges. Efforts in this vein apply to all oncology pharmacists including women and other underrepresented groups, and will strengthen all aspects of pharmacy's role in the healthcare landscape.

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Table 1: Organizations' Leadership Development Programs

Organization	Initiative or Program	Description	Access and fees
HOPA	Member roundtable discussion at the HOPA Annual Meeting	2018 topic: "Crucial Topics in Oncology Pharmacy Leadership"	Meeting registration
HOPA	Book club program	2019 HOPA Annual Meeting book: "Dare to Lead" by Brene Brown	Meeting registration
HOPA	Continuing education programs at the HOPA Annual Meeting	2019 meeting content: "Leadership: Shades versus Reality"	Meeting registration
HOPA	HOPA Mentor Program	Pairs members with senior board members for a one-year curriculum	Members only, by application
HOPA	Leadership Development Committee	Committee to maintain a process for developing a leadership pipeline within the profession	Members only, by appointment
HOPA	Pharmacy Leadership Award	In development	Members only
ASHP	ASHP Woman in Pharmacy Leadership Steering Committee	Developed to address the unique professional and leadership development needs of women in the pharmacy workforce	Members only, by appointment
ASHP	Fostering Women Leaders in a Knowledge Café and Webinar	A 90-minute recorded roundtable discussion with accompanying slides, handouts, and references. https://www.ashp.org/Pharmacy-Practice/Resource-Centers/Leadership/Women-In-Pharmacy-Leadership/Knowledge-Cafe	Member access only
ASHP	Women in Pharmacy Leadership Interview Series	Available as recordings or via a podcast series via iTunes (11 episodes). https://www.ashp.org/Pharmacy-Practice/Resource-Centers/Leadership/Women-In-Pharmacy-Leadership/Interview-Series https://podcasts.apple.com/us/podcast/ashp-women-in-pharmacy-leadership-interviews/id1121678778?mt=2	Recordings: member access only Podcast: open access, free
ASHP	Leadership Development online Resource Center	Compilation of current available pharmacy leadership resources for managers, practitioners, residents, and students https://www.ashp.org/Pharmacy-Practice/Resource-Centers/Leadership	Member-access only
ASHP	Section Advisory Group (SAG) on Frontline Leaders	Group charged with developing resources for creating and advancing innovative pharmacy practice models, advancements in pharmacy operations utilizing	Members only, by application

		technology, new products, and new applications, and for training and development of the next generation of frontline pharmacy employees through mentorship and experiential learning	
ASHP	Section Advisory Group (SAG) on New and Emerging Leaders	Group charged with generating ideas and resources on specific educational programming and developing resources to advance the roles for new and emerging leaders	Members only, by application
ASHP	Pharmacy Leadership Institute	A one-week executive-level leadership program in conjunction with the Boston University Questrom School of Business	Open access, by application \$1,800
ASHP	Pharmacy Leadership Academy®	A distance-learning program comprised of seven courses, each totaling fifteen continuing education (CE) hours	Open access, fees variable \$5,750 - \$7,350
ASHP	Conference for Pharmacy Leaders	Two-day meeting held annually in October featuring presentations by experts on current pharmacy practice management topics	Open access, fees variable \$615 - \$1,010
ASHP	leadersEDGE Webinar Series	Offers quarterly webinars focused on timely leadership issues	Open access Free
ASHP	Student Leadership Development Workshop	Tools to provide a three-hour live workshop at state and regional meetings	Open access Free
ASHP	Leadership Journal Club	A self-paced selection of articles focusing on six key concepts, designed to progress through sequentially	Open access Free
ASCO	<i>ASCO Connection</i> Women in Oncology Blog	Provides a dedicated space to share challenges, insights, and best practices regarding navigating careers, personal growth, and professional development https://connection.asco.org/authors/Women%20in%20Oncology	Open access to read Member only to contribute Free
ASCO	Women in Oncology Work Group	A section of ASCO's Professional Development Committee tasked with supporting opportunities specific to women in the field	Members only
ASCO	Women's Networking Center	Provides an informal setting for women to network during the ASCO Annual Meeting—and had nearly 700 visitors in 2017	Meeting registration
ASCO	Women's Mentoring Session at the AACR/ASCO Methods	Opportunity to network and discuss women's professional development issues	Meeting registration

	in Clinical Cancer Research Workshop		
ASCO	Women Who Conquer Cancer Mentorship Awards	Two annual awards (US and international) supporting the promising careers of women mentors in the field of oncology	Female member (all disciplines), by application
ASCO	Leadership Development Program	One-year program consisting of 5 live meetings (11 days total), projects, and conference calls	Physician member only, by application
ASCO	Health Policy Leadership Program	One-year program. ASCO's LDP is a required pre-requisite	Physician member only, by application
ESMO	Women for Oncology Committee	Supports female oncologists looking to achieve leadership positions.	Members only, by appointment
ESMO	Women for Oncology Initiative	A live forum at the annual meeting connects efforts and activities to foster gender equality	Meeting registration
ESMO	Women for Oncology Award	Annual award that recognizes an ESMO member who has significantly contributed to supporting the career development of women in oncology.	Members only, by application
ASTCT	ASBMT Leadership Course	One-year program consisting of a 1.5-day in person meeting, followed by a series of interactive webinars, and graduation at the Transplantation and Cellular Therapy Meetings of ASTCT and CIBMTR the following year. The program is intended for mid-career ASTCT members.	Members only, by application Free
ASTCT	Special Interest Group (SIG) for Women and Underrepresented Minorities (URM)	Launched in 2019 with plans to develop a formal mentoring program	Members only, by application
ACCP	Leadership and Management Certificate Program	Two-year curriculum includes 18.0 hours of core modules and 8.0 hours of elective programming. The curriculum is designed for those who are currently in leadership or management positions or who aspire to pursue leadership positions in the future.	Members only, by application \$150 application fee + cost of Spring and Fall meetings
AACP	Academic Leadership Fellows Program	One-year program consisting of four live sessions that supports and contributes to the development of leaders in academic pharmacy and higher education	Members only, by application \$9,950- includes meeting fees

Abbreviations: ASHP = American Society of Health-System Pharmacists; ASCO = American Society of Clinical Oncology, ESMO = European Society for Medical Oncology, ASTCT = American Society of Transplant and Cellular Therapy, ACCP = American College of Clinical Pharmacy, AACP = American Association of Colleges of Pharmacy

Table 2: HOPA Membership Survey on Women’s Leadership

Respondents (N = 160)*
<i>Do you perceive barriers in women’s leadership development in hematology/oncology pharmacy?</i> Yes – 52%
General Member Comments:
<ul style="list-style-type: none"> • May not be taken seriously or coached on opportunities for growth • Biggest barrier is other women with a tear-down approach • Expectations that women will put personal priorities ahead of professional priorities, assumptions of and considerations of work-life balance • Lack of opportunities and clearer paths one could pursue towards leadership development, lack of self-promotion • Do not have many mentors or role models for managing a career and family • Managers questioning ability to handle with family responsibilities – Providing education to existing leaders may be necessary
<i>Have you personally experienced or witnessed barriers in women’s leadership development in your training or current or past employment?</i> Yes – 60%
<ul style="list-style-type: none"> • Experienced themselves – 70% • Witnessed with a pharmacy colleague – 50% • Past Employer – 64% • Current Employer – 53% • Pharmacy School / Residency or Fellowship Training – 31%
General Member Comments:
<ul style="list-style-type: none"> • Women marginalize and ridicule other women in an effort to make themselves look better • Bullying of colleagues, women harshly criticizing women colleagues to prevent them from succeeding and advancing • Not considered for promotion into leadership position until self-advocated • Being passed over for a promotion due to being a mother of young children, obligations to work > 50-60 hours per week in management roles • Hospitals not supporting or encouraging leadership development • Women choosing not to apply because of fear of rejection, negotiating responsibilities, salary, hours, etc.

*Represents approximately 6% of total membership, approximately 8% of respondents were male.

Table 3: Participants of the Women in Oncology Pharmacy Summit

Jaime Anderson, PharmD, BCOP	Women in Leadership Summit Task Force Member
George Carro, RPh, MS, BCOP	Women in Leadership Summit Task Force Member
Marie Chisholm-Burns, PharmD, MPH, MBA, FCCP, FASHP, FAST	Academia, American Society of Health-System Pharmacists (ASHP)
Nicky Dozier, PharmD	Community Oncology Pharmacy
Rebecca Finley, PharmD, MS, FASHP	Academia
Michelle Galiato, RN, MSN	Oncology Nursing Society (ONS)
Susan Goodin, PharmD, BCOP	Cancer Center Pharmacy
Dave Henry, MS, BCOP, FASHP	Women in Leadership Summit Task Force Member
Jill Kolesar, PharmD, BCPS, FCCP	Academia, American College of Clinical Pharmacy (ACCP)
Laura Michaud, PharmD, BCOP, FASHP, CMQ	Women in Leadership Summit Task Force Lead
Jane Pruemmer, PharmD, BCOP, FASHP	Academia, Women in Leadership Summit Task Force Member
Rowena Schwartz, PharmD, BCOP	International Society of Oncology Pharmacy Practitioners (ISOPP), Women in Leadership Summit Task Force Member
Scott Soefje, PharmD, MBA, BCOP, FCCP	HOPA Board Liaison
Debbie Stockwell, PharmD, BCOP	Industry
Sandra Swain, MD, FACP, FASCO	Past President of American Society of Clinical Oncology (ASCO)