

LETTER TO THE EDITOR

Response to “Gender and Minority Considerations in Pharmacy School Student Wellbeing”

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We are grateful to Dr. Walker-Randle, a recent pharmacy graduate, and her co-author, Dr. McCarthy, for advancing the discussion about student pharmacist wellbeing. We also appreciate Dr. Walker-Randle sharing her experiences as a wife, mother, and underrepresented student pharmacist, and the negative impact of these experiences on her wellbeing during pharmacy school. Stories such as hers are critical to fostering inclusive dialogue on what it means to cultivate a culture of wellbeing, specifically related to well-described issues of sexism and racism within health professions graduate education and academia.¹⁻⁴

Particularly, we want to highlight and echo the concerns raised about clinical case discussions that use race signifiers and portray race as a “non-modifiable, biological risk factor.” We and many others⁵⁻⁹ contend that these signifiers inaccurately portray the role of race in disease and therapeutics, perpetuate harmful racial biases, and should not be used within health care professions education. Not only does the use of race-based medicine and therapeutics harm our patients, but as Dr. Walker-Randle notes, they can perpetuate the racial trauma experienced by health professions students.

In response to concerns about gender and race as it relates to our study, we revisited the dataset of student reflections, examining them exclusively through the lens of gender, gender role, race, ethnicity, and cultural background to ensure specificity and inclusiveness. We found that with regard to gender roles and caregiving, both female and male student pharmacists (four women, three men) described challenges in tending to the relationship needs of family or caregiving (eg, guilt when unable to spend time with husband; frustration about not

being present with wife because of out-of-class meetings; concern from a male student about challenges in caring for his parents). With regard to racial, ethnic, linguistic, or cultural identity, three students described challenges related to immigrant status (living far from family, English as their second language, culture shock), and one student described worries that the local Hmong community was smaller than that in his hometown. No student described experiencing microaggression, harassment, discrimination, or exclusion based on gender or race. In contrast, the themes we described, workload, learning environment, meaningful pharmacy school experiences, relationships, and personal factors spanned the essays.

Within the literature, strong evidence exists that women and underrepresented members of the health care and academic communities face challenges in training and work that are related to gender and race.^{1-4,10} Why, then, were the roles of gender and race consistently not discussed by students in our study? As Drs. Walker-Randle and McCarthy note, the lack of attention to gender issues by students in our study is particularly surprising, given that 76% of study participants identified as female.

Knowing that the question asked influences the answers given, our team revisited the essay prompt. In developing the prompt, we aimed to provide a broad list of example issues that might influence student wellbeing. We did this to create a “safe space” within the prompt that validated challenging pharmacy school experiences and encouraged students to consider the breadth of their pharmacy school experiences. The prompt listed home/caregiving responsibilities; culture of the institution; spoken and unspoken rules of engagement; and professional/unprofessional treatment of students, colleagues, and patients as potential influencers of wellbeing. However, the prompt did not explicitly list identity (gender, sexual orientation, race, ethnicity, religion, disability) as a possibility, which we now recognize was an important limitation in our study design. Without explicit suggestion

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from the prompt that it was safe, reasonable, and acceptable to write about the role of their gender or underrepresented identities, students might not have felt comfortable with or even feared backlash for writing about their experiences or submitting their essays for study participation.^{11,12}

Our study team consisted of six women, three of whom identify as underrepresented in health care. Our team included two undergraduate students, one community pharmacist/PhD candidate, one academic pharmacist, and two academic physicians. Although not part of our study, anecdotally, all members of our study team have shared privately that they have experienced sexism, racism, and/or discrimination related to our identities within our academic training and careers.

We agree with Walker-Randle and McCarthy that gender and underrepresentation considerations in student pharmacist wellbeing require dedicated study and follow-up institutional action. Addressing issues of diversity, equity, and inclusion is critical to wellbeing work within health professions education. Until we understand and respond to the perspectives of those who face the greatest inequities within the pharmacy learning community, we will not be able to achieve a true culture of wellbeing for our students.

REFERENCES

1. Carvajal MJ, Armayor GM, Deziel L. The gender earnings gap among pharmacists. *Res Social Adm Pharm.* 2012;8(4):285-297.
2. Rees CE, Monrouxe LV, Ternan E, Endacott R. Workplace abuse narratives from dentistry, nursing, pharmacy and physiotherapy students: a multi-school qualitative study. *Eur J Dent Educ.* 2015;19(2):95-106.
3. Monroe K, Ozyurt S, Wrigley T, Alexander A. Gender equality in academia: bad news from the trenches, and some possible solutions. *Perspectives on Politics.* 2008;6(2):215-233.
4. Patton TO. Reflections of a black woman professor: racism and sexism in academia. *Howard Journal of Communications.* 2004;15(3):185-200.
5. Roberts DE. What's wrong with race-based medicine?: genes, drugs, and health disparities. *Minnesota Journal of Law, Science & Technology.* 2011;12(1):1-21.
6. Tsai J, Ucik L, Baldwin N, Hasslinger C, George P. Race matters? examining and rethinking race portrayal in preclinical medical education. *Acad Med.* 2016;91(7):916-920.
7. Okah E, Westby A. What's race got to do with it? why we care about how race is used in medical research, practice and clinical decision-making, and why you should, too. *Minnesota Family Physician.* 2019;3(4):16-18.
8. Chadha N, Kane M, Lim B, Rowland B. Towards the Abolition of Biological Race in Medicine: Transforming Clinical Education, Research and Practice: Executive Summary. <https://www.instituteforhealingandjustice.org/executivesummary>. Accessed October 6, 2020.
9. Boyd RW, Lindo EG, Weeks LD, McLemore MR. On Racism: A New Standard For Publishing On Racial Health Inequities. Health Affairs blog. https://www.healthaffairs.org/doi/10.1377/hblog20200630.939347/full/?utm_medium=social&utm_source=twitter&utm_campaign=blog&utm_content=Boyd&. July 2, 2020. Accessed October 6, 2020.
10. Wargo KA, Owens RE. Transgender students in pharmacy school, part 1: what academic administrators need to know. *Currents in Pharmacy Teaching and Learning.* 2017;9(6):951-956.
11. Phelan JE, Rudman LA. Reactions to ethnic deviance: the role of backlash in racial stereotype maintenance. *J Pers Soc Psychol.* 2010;99(2):265-281.
12. Tinkler JE. How do sexual harassment policies shape gender beliefs? an exploration of the moderating effects of norm adherence and gender. *Soc Sci Res.* 2013;42(5):1269-1283.