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A SURVEY OF CANCER PROGRAM ADMINISTRATORS

by Marsha Fountain

In 1984, the results of a national survey of administrators of cancer programs were presented at the ACCC Fall Leadership Conference. With the maturing of cancer programs in hospitals, and the changing role of the administrative director, the Administrator Special Interest Group (SIG) of the ACCC requested that another survey be conducted. This article presents the results of that survey, which was completed in the Fall of 1990.

In an attempt to discover how the growing number of cancer programs and their increasing importance as a product line for hospitals has impacted the programs' administrative directors, a survey was conducted in conjunction with the ACCC Administrator Special Interest Group (SIG). The survey asked administrators of cancer programs across the country about their reporting structures, compensation, titles, degrees, previous experience, major challenges, and other pertinent aspects of their roles as administrative directors. This article details the results of the survey, based on responses from 64 ACCC delegate institutions (see "How the Survey Was Conducted").

Demographics

Responding hospitals ranged in bed size from 500 to 999 beds. The 1990 survey of community hospitals, conducted by the American Hospital Association, showed a much smaller average bed size (100 to 199 beds) than the bed size reported in this survey. In fact, hospitals with more than 500 beds account for only 5.4 percent of total U.S. hospitals. However, the delegate membership of the ACCC correlates to the hospital size reported in this survey—almost 58 percent of ACCC delegate institutions have 400 or more beds.

Almost exclusively, the respondents were community-based, not-for-profit hospitals. Seventeen percent of responding hospitals were teaching institutions; nine percent were freestanding cancer centers or clinics. This make-up also correlates with the membership of the ACCC.

Titles

The most common title of responding managers is "Administrative Director" or "Cancer Program Administrator" (33 percent). An additional 28 percent of respondents have been given the title "Director of Oncology," or "Director" of the cancer program/cancer center. Other titles included "Executive Director" or "Product Line Manager." (See Table 1)

In the 1984 survey, the most common titles were "Administrator," "Director," or "Coordinator" of oncology. Thus, titles do not appear to have changed significantly during the past six years.

Full-Time Managers

The majority of responding hospitals reported having a full-time administrative director of the cancer program (59 percent). An additional 25 percent of

How the Survey Was Conducted

All persons attending the Spring and Fall ACCC meetings in 1990 were asked to complete the administrator's questionnaire. In addition, numerous institutions were mailed surveys to attain a representative geographic distribution of respondents. A total of 69 institutions (19 percent of ACCC delegate institutions) responded to the survey. Percentages presented in this article are derived by including only the 64 hospitals that report having an administrative director for their cancer programs.

responding programs have directors who spend more than 50 percent of their time administering the cancer program. Only 9 percent of directors spend less than 50 percent of their time managing the program, compared to 26 percent of the 1984 survey respondents. Finally, 5 of the 69 responding institutions reported that they have not established such an administrative position for their cancer programs.

Reporting Structures

Organizationally, the administrative director most frequently reports to a Vice President of the hospital (36 percent). A significant number of directors also report directly to the CEO of the hospital (15.5 percent). An additional 14 percent of respondents report to an assistant vice president even though, in many institutions, the administrative director is at the same level as an assistant vice president and has the same responsibilities. Overall, however, it appears that administrative directors report fairly high up in the organization, as recommended by numerous product line management experts (see Table 2).

Responsibilities

Job responsibilities vary widely among survey respondents. Some administrative directors have no direct management responsibilities, while others manage the majority of cancer-related departments (see Table 3). Respondents state that the following departments report to the administrative director of the cancer program in more than 50 percent of institutions: tumor registry, research division/CCOP, outpatient clinic, ambulatory

oncology service, tumor board, marketing, education, and the cancer hotline.

Degrees/Experience

The percentage of directors with advanced degrees increased significantly since the 1984 survey. There was a 13 percent increase between 1984 and 1990 in the number of directors who have a master's degree (54 percent and 67 percent of respondents, respectively). In addition, 3 percent of 1990 survey respondents have doctorates, while none of the 1984 respondents held such an advanced degree (see Table 4). The majority of respondents (53 percent) have a nursing degree of some kind, from a diploma to a master's degree. The majority of directors also have previous management experience (91 percent). In fact, 22 percent of respondents have previous experience managing a cancer program.

The majority of administrative directors have one to two years tenure (37 percent), followed by less than one year (31 percent), three to four years (20 percent), and five or more years (12 percent).

Major Challenges

Respondents were asked to rate specific challenges that had been discussed at previous Administrator SIG meetings on a scale from 1 (less significant) to 6 (very significant). As expected, competition for market share was the leading challenge (an average significance rating of 3.85). This appears to correlate with information from an AHA survey in which 32 percent of all hospitals offer outpatient cancer care and one half of all hospitals plan to establish cancer programs. Cancer is clearly the program of the 1990s. Other significant challenges included relations with oncology physicians (2.93), obtaining organizational consensus (2.88), and third-party reimbursement (2.48). (See Table 5 for a complete list of challenges.)

Compensation

The average salary of administrative directors is between \$46K and \$55K. Salaries have significantly increased since the 1984 survey, when the average salary was \$30K and salaries ranged from \$13K to \$45K. (For a breakdown of salaries by region, see Table 6.)

TABLE 1: TITLES

Position	Percentage
Administrative Director/Cancer Program Administrator	33%
Director of Oncology/Cancer Program/Cancer Center	28%
Assistant Administrator of Cancer Program/Assistant Vice President	6%
Executive Director	6%
Cancer Program Manager	5%
Service Line Manager/Product Line Manager	3%
Vice President	3%
Miscellaneous Titles	11%
No Response	5%

TABLE 2: REPORTING STRUCTURES

Position	Percentage
Vice President	36.0
CEO/President	15.5
Assistant Administrator/Assistant Vice President	14.0
Chief Operating Officer	12.5
Medical Director	12.5
Senior Vice President/Executive Vice President	4.7
General Counsel	1.6
Director of Product Lines	1.6
Director of Physician Relations	1.6

TABLE 3: THE MANAGEMENT OF CANCER-RELATED DEPARTMENTS

Department	% Institutions With The Service	% Departments Reporting to Director
Marketing	100	92
Education	100	89
Research Division/CCOP	83	72
Registry (Data System)	95	64
Hotline	48	61
Outpatient Clinics	80	59
Tumor Board	98	54
Ambulatory Services	91	53
Cancer Committee	100	48
Radiation Oncology	95	46
Psychosocial Support	100	34
Chemotherapy	100	34
Hospice	80	28
Oncology Unit	92	24
Discharge Planning	98	14
Dietary	100	9
Pastoral Care	94	8
Pharmacy	100	6
Surgical Oncology	94	3

TABLE 5: MAJOR CHALLENGES

<u>Challenge</u>	<u>Significance Rating</u>
Competition for Market Share	3.85
Relations With Oncology Physicians	2.93
Obtaining Organizational Consensus	2.88
Third-Party Reimbursement	2.48
Technological Innovation	2.38
Funding for Clinical Research	2.18
Time Management	2.13
Recruiting Qualified Personnel	2.10
CEO/Administrator Relations	2.02
Relations With Non-Oncology Physicians	1.82
Development of Productivity Standards	1.68

TABLE 6: SALARIES BY REGION

<u>Region</u>	<u>SALARY RANGE (PERCENTAGE)</u>				
	<u>\$35K</u>	<u>\$35K-\$45K</u>	<u>\$46K-\$55K</u>	<u>\$56K-\$65K</u>	<u>\$65K</u>
Southwest	3.2	6.3	—	1.6	1.6
West	—	3.2	12.7	—	6.3
Northwest	—	3.2	4.8	—	—
Midwest	4.8	6.3	11.1	4.8	4.8
Southeast	—	3.2	4.8	1.6	—
Northeast	—	6.3	4.8	3.2	1.6
Total Percentage	7.9	28.6	38.1	11.1	14.3

AN ADMINISTRATIVE DIRECTOR PROFILE

If you were to create a profile of an average cancer program administrative director, many of the following characteristics would be evident, based on ACCC survey results:

- ✓ **Title:** Administrative Director
- ✓ **Reports To:** Vice President, Administration
- ✓ **Highest Degree:** MS
- ✓ **Background:** Nursing
- ✓ **Number of Years Tenure:** 1.5
- ✓ **Salary:** \$50,500
- ✓ **Hospital Size:** 600 beds
- ✓ **Community Size:** 500,000
- ✓ **Number of Cancer-Related Departments Under Direct Supervision:** 4
- ✓ **Primary Duties:** Marketing, Education, Program Planning, Construction/Renovation
- ✓ **Major Challenges:** Competition for Market Share, Relations with Oncology Physicians

TABLE 4: HIGHEST DEGREE

<u>Degree</u>	<u>Percentage</u>
Master's	67.2
Bachelor's	21.9
Diploma	3.1
Ph.D.	3.1
No response	3.1
None	1.6

Study data fail to show any correlation between salary and any other item. For instance, there was no correlation between salary and hospital bed size, number of departments reporting to the administrator, years in the job, or community size. The only correlation appears to be that most respondents with a salary of greater than \$56,000 are full-time administrators of programs in communities of greater than 500,000 and in hospitals with more than 499 beds. However, not all respondents managing programs in hospitals of more than 499 beds and in communities of more than 500,000 had salaries in that range.

Summary

Cancer program administrative directors are clearly moving into the mainstream of hospital administration. For many years, the cancer program director was a former head nurse who was given the responsibility to coordinate the oncology program. As hospitals began to focus on the oncology program as a major source of revenue, the importance of management increased significantly. In addition, it is evident that more sophisticated skills, such as budget management, construction agreements, capital equipment purchasing, and the development of financial pro formas and business plans are now required. This is evident in the increase in the advanced degrees now held by administrative directors. Future surveys of administrative directors should focus on job responsibilities as they relate to the total gross budget for oncology. As has been evidenced in previous ACCC meetings, administrative directors and their programs vary significantly with regard to control of the budget, size of the program, and sophistication of the program. ■

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