

Editorial

The Careers and Professional Well-Being of Women Oncologists During the COVID-19 Pandemic: Responding for Tomorrow

Shivani Majmudar^{1*}, MSJ; Stephanie L Graff^{2*}, MD; Marah Kays³, DO; Beatriz X Braz^{4,5}, MD; Laurie Matt-Amaral⁶, MD, MPH; Merry J Markham⁷, MD; Ishwaria M Subbiah⁸, MD, MS; Emily Bergsland⁹, MD; Shikha Jain¹⁰, MD

¹College of Medicine, University of Illinois at Chicago, Chicago, IL, United States

²Lifespan Cancer Institute, Legorreta Cancer Center, Brown University, Providence, RI, United States

³Department of Surgery, University of Minnesota, Minneapolis, MN, United States

⁴Department of Internal Medicine, Federal University of Ceará, Fortaleza, Brazil

⁵Department of Internal Medicine, University of Miami, Miami, FL, United States

⁶McDowell Cancer Center, Cleveland Clinic Akron General, Akron, OH, United States

⁷Division of Hematology & Oncology, University of Florida, Gainesville, FL, United States

⁸Division of Cancer Medicine, University of Texas MD Anderson Cancer Center, Houston, TX, United States

⁹Department of Medicine, University of California San Francisco, San Francisco, CA, United States

¹⁰Department of Medicine, University of Illinois at Chicago, Chicago, IL, United States

*these authors contributed equally

Corresponding Author:

Shikha Jain, MD

Department of Medicine

University of Illinois at Chicago

1740 W Taylor St

Chicago, IL, 60612

United States

Phone: 1 773 960 2567

Email: sjain03@gmail.com

Abstract

The COVID-19 pandemic exacerbated gender inequity in medicine, with women physicians reporting greater household responsibilities than their men counterparts and steeper barriers to career advancement. The pandemic highlighted the systemic assumptions and challenges faced by women physicians, which we anticipate is also true in our field of oncology. Prior literature suggests that women physicians were tasked with increased personal and professional responsibilities without compensation for their additional work, as well as derailments in career progression and significant burnout. Our aims are to highlight areas of opportunity to optimize the workplace experience of the oncology workforce and to invest in the professional well-being and sustainability of women oncologists as a step toward global workplace equity and future pandemic preparedness.

(*J Med Internet Res* 2023;25:e47784) doi: [10.2196/47784](https://doi.org/10.2196/47784)

KEYWORDS

oncology; women; gender equity; COVID-19; gender inequity; oncologist; health care; women physician; burnout; mental health; well-being

COVID-19's Impact on Women Oncologists

COVID-19 exacerbated gender inequity in medicine. Women physicians, despite already harboring a greater proportion of household and caregiver responsibilities, reported greater increases in household labor and childcare responsibilities than their men counterparts [1-3]. These factors resulted in women

physicians having less work-life integration and steeper barriers to career advancement [4]. We anticipate that women oncologists similarly faced these challenges during the COVID-19 pandemic, impacting their clinical and academic productivity, financial stability, mental health, and career progression.

Despite the variety of clinical practice, including academia, community, or other settings (such as government, hybrid, and industry), the coveted life-work balance is difficult to achieve.

More women physicians had historically modified—or were encouraged to modify—their professional careers to accommodate their personal responsibilities; this expectation holds true for all women, even those without children. The challenges of the COVID-19 pandemic had more physicians reaching for lifelines to reduce hours or limit leadership opportunities [5]. The authors previously conducted a survey of over 90 women in oncology (Multimedia Appendix 1), which revealed that the pandemic impacted the respondents' job responsibilities and career trajectories. Overall, 34% (33/99) of women oncologists were either assigned or volunteered to perform additional clinical duties, and 20% (20/99) stated that they already had left or were exploring options to leave clinical practice due to the pandemic. Furthermore, among those with school-age children, 50% (46/93) of women oncologists noted that they incorporated remote learning into their care but did not reduce their hours to do so. Finally, in terms of mental health, 69% (63/91) reported feeling somewhat or more significantly depressed during the first 6 months (March to August 2020) of the pandemic, 87% (79/91) perceived some or more significant anxiety, and 80% (73/91) experienced moderate to significant burnout. The long-term impact of pandemic-associated career changes on women and whether differences existed between women and men (or other underrepresented groups) need additional study. However, when these adjustments are disproportionately made among women physicians, it continues to stigmatize women in medicine and threatens overall career progression [6].

Recommendations for a Better Tomorrow

Equitable distribution of work remains paramount to career success, job satisfaction, and general workforce health, given how imbalances drive some away from the field. This includes both clinical responsibilities and academic opportunities. Prior reports suggest that as little as 12% of COVID-19–related research was authored by women [7]. Indeed, the seminal oncology paper on COVID-19 among patients with cancer included 27 women and 46 men among the authors (only 27/73, 37% women) [8]. Organizations should work to establish emergency protocols for overtime clinical coverage in case of another national health care crisis similar to the COVID-19 pandemic. There should be clear distributions of clinical time across tracks and career points in publicly available documents and established overtime pay metrics or other benefits to support the added clinical responsibilities [9]. Similarly, academic opportunity needs to be simultaneously protected for those preferring to continue their research focus within their primary research. Emerging opportunities for research on the intersection of a national health crisis and the physician's expertise need to be considered as an open call, similar to how a new job posting or departmental grant may be considered, potentially even giving

preference to junior faculty or groups who are underrepresented in medicine [8]. The responsibility to create equitable academic opportunities extends beyond academic centers and universities—it also falls to grant funders, publishers and editorial teams, and professional societies, who, as national representatives, should be champions for diversity. This would ultimately raise our collective competence and inspire innovation in our field.

Given the significant burden experienced by women oncologists and other women physicians more generally during the COVID-19 pandemic in caregiving and remote learning school responsibilities, health systems and academic centers—national leaders in care and learning—need to be positioned to support women physicians [1,4,10]. Health care facilities can partner with staff to create national crisis childcare, educational services, and older adult care support that would allow women physicians to serve in their field of expertise while providing safety for those they care for. Flexible work arrangements, emergency childcare or older adult care service benefits, childcare or older adult care marketplaces, and on-site care facilities are a few examples of successful models that would support a diverse workforce during times of national crisis.

Lastly, as the idiom says, “an ounce of prevention is worth a pound of cure.” Investing in whole-person health should be a full-time endeavor of our broader system to ensure the oncology workforce is physically and mentally fit to face a crisis. Women oncologists spent far less time on personal or self-care during the COVID-19 pandemic, which may have contributed, among many other factors, to increased anxiety, depression, and burnout [11]. Physicians should have access to an entire cadre of support services throughout their careers, which should include everything from mentorship and coaching to work-life concierge services such as the American Society of Clinical Oncology's recent partnership with SafeHaven [12], meal preparation or delivery services, fitness services, or retreats across a spectrum of activities. Vacation and family leave policies should be reviewed and modified for optimal employee health and well-being in the modern age; this time should not only be compensated and normalized but encouraged [9].

Although further studies are warranted to determine the impacts of COVID-19 on women oncologists, we can already recognize the lasting effects on career adjustments, personal lives, and trauma. As a broader body of evidence suggests, the pandemic highlighted areas of improvement that should be prioritized among the oncology workforce; this would enable us to prepare for subsequent waves of change the future is sure to hold. The profession of medicine should allow women and men alike to share the joys of patient care and their lives equally. By investing in health today, we can ask our physicians to rise to challenges tomorrow and ensure that they will be ready.

Conflicts of Interest

SLG is a consultant at Pfizer, Daiichi Sankyo, Eli Lilly, AstraZeneca, Genentech, SeaGen, Novartis, and Menarini. She owns stock in HCA Healthcare and receives travel support from Paxman. SJ is a guest coeditor of the Women in Medicine and Science theme issue in the *Journal of Medical Internet Research*. The other authors have no conflicts of interest to declare.

Multimedia Appendix 1

Self-reported pandemic impact on women oncologists.

[\[DOCX File , 14 KB-Multimedia Appendix 1\]](#)

References

1. Jolly S, Griffith KA, DeCastro R, Stewart A, Ubel P, Jagsi R. Gender differences in time spent on parenting and domestic responsibilities by high-achieving young physician-researchers. *Ann Intern Med* 2014 Mar 04;160(5):344-353 [doi: [10.7326/m13-0974](https://doi.org/10.7326/m13-0974)]
2. Krukowski RA, Jagsi R, Cardel MI. Academic productivity differences by gender and child age in science, technology, engineering, mathematics, and medicine faculty during the COVID-19 pandemic. *J Womens Health (Larchmt)* 2021 Mar;30(3):341-347 [FREE Full text] [doi: [10.1089/jwh.2020.8710](https://doi.org/10.1089/jwh.2020.8710)] [Medline: [33216682](https://pubmed.ncbi.nlm.nih.gov/33216682/)]
3. Manzo LKC, Minello A. Mothers, childcare duties, and remote working under COVID-19 lockdown in Italy: cultivating communities of care. *Dialogues Hum Geogr* 2020 Jun 10;10(2):120-123 [doi: [10.1177/2043820620934268](https://doi.org/10.1177/2043820620934268)]
4. Matulevicius SA, Kho KA, Reisch J, Yin H. Academic medicine faculty perceptions of work-life balance before and since the COVID-19 pandemic. *JAMA Netw Open* 2021 Jun 01;4(6):e2113539 [FREE Full text] [doi: [10.1001/jamanetworkopen.2021.13539](https://doi.org/10.1001/jamanetworkopen.2021.13539)] [Medline: [34129021](https://pubmed.ncbi.nlm.nih.gov/34129021/)]
5. Brubaker L. Women physicians and the COVID-19 pandemic. *JAMA* 2020 Sep 01;324(9):835-836 [doi: [10.1001/jama.2020.14797](https://doi.org/10.1001/jama.2020.14797)] [Medline: [32735329](https://pubmed.ncbi.nlm.nih.gov/32735329/)]
6. Soares A, Thakker P, Deych E, Jain S, Bhayani RK. The impact of COVID-19 on dual-physician couples: a disproportionate burden on women physicians. *J Womens Health (Larchmt)* 2021 May;30(5):665-671 [FREE Full text] [doi: [10.1089/jwh.2020.8903](https://doi.org/10.1089/jwh.2020.8903)] [Medline: [33751922](https://pubmed.ncbi.nlm.nih.gov/33751922/)]
7. Frederickson M. COVID-19's gendered impact on academic productivity. GitHub. 2020 May 14. URL: <https://github.com/drfreder/pandemic-pub-bias/blob/master/README.md> [accessed 2020-05-27]
8. Kuderer NM, Choueiri TK, Shah DP, Shyr Y, Rubinstein SM, Rivera DR, COVID-19 and Cancer Consortium. Clinical impact of COVID-19 on patients with cancer (CCC19): a cohort study. *Lancet* 2020 Jun 20;395(10241):1907-1918 [FREE Full text] [doi: [10.1016/S0140-6736\(20\)31187-9](https://doi.org/10.1016/S0140-6736(20)31187-9)] [Medline: [32473681](https://pubmed.ncbi.nlm.nih.gov/32473681/)]
9. Graff SL, Wildes T, Duma N, Dizon DS, LoConte NK, Mitchell E, et al. Understanding modern medical centers: beyond Simone-intersectional maxims for a new era. *J Clin Oncol* 2023 Mar 01;41(7):1350-1358 [doi: [10.1200/JCO.22.01060](https://doi.org/10.1200/JCO.22.01060)] [Medline: [36166718](https://pubmed.ncbi.nlm.nih.gov/36166718/)]
10. Cardel MI, Dean N, Montoya-Williams D. Preventing a secondary epidemic of lost early career scientists. effects of COVID-19 pandemic on women with children. *Ann Am Thorac Soc* 2020 Nov;17(11):1366-1370 [FREE Full text] [doi: [10.1513/AnnalsATS.202006-589IP](https://doi.org/10.1513/AnnalsATS.202006-589IP)] [Medline: [32667850](https://pubmed.ncbi.nlm.nih.gov/32667850/)]
11. Garrido P, Adjei AA, Bajpai J, Banerjee S, Berghoff AS, Choo SP, et al. Has COVID-19 had a greater impact on female than male oncologists? results of the ESMO Women for Oncology (W4O) survey. *ESMO Open* 2021 Jun;6(3):100131 [FREE Full text] [doi: [10.1016/j.esmoop.2021.100131](https://doi.org/10.1016/j.esmoop.2021.100131)] [Medline: [34144778](https://pubmed.ncbi.nlm.nih.gov/34144778/)]
12. A SafeHaven for clinicians: ASCO members in the U.S. now have access to clinician well-being resources. ASCO Connection. 2023 Feb 28. URL: <https://tinyurl.com/fe2rys37> [accessed 2023-03-28]

Edited by T Leung; this is a non-peer-reviewed article. Submitted 01.04.23; accepted 07.08.23; published 21.08.23.

Please cite as:

Majmudar S, Graff SL, Kays M, Braz BX, Matt-Amaral L, Markham MJ, Subbiah IM, Bergsland E, Jain S
The Careers and Professional Well-Being of Women Oncologists During the COVID-19 Pandemic: Responding for Tomorrow
J Med Internet Res 2023;25:e47784
URL: <https://www.jmir.org/2023/1/e47784>
doi: [10.2196/47784](https://doi.org/10.2196/47784)
PMID: [37603399](https://pubmed.ncbi.nlm.nih.gov/37603399/)

©Shivani Majmudar, Stephanie L Graff, Marah Kays, Beatriz X Braz, Laurie Matt-Amaral, Merry J Markham, Ishwarina M Subbiah, Emily Bergsland, Shikha Jain. Originally published in the Journal of Medical Internet Research (<https://www.jmir.org>), 21.08.2023. This is an open-access article distributed under the terms of the Creative Commons Attribution License (<https://creativecommons.org/licenses/by/4.0/>), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work, first published in the Journal of Medical Internet Research, is properly cited. The complete bibliographic information, a link to the original publication on <https://www.jmir.org/>, as well as this copyright and license information must be included.