

## VIEWPOINT

# Pragmatic Solutions to Counteract the Regressive Effects of the COVID-19 Pandemic for Women in Academic Oncology

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**Women in academic medicine** are playing an outsized role in responding to the novel coronavirus disease 2019 (COVID-19), as frontline health care workers, extraprofessional caregivers, researchers, and community mobilizers. At the same time, the imbalanced gender distribution of necessary service tasks places women in academic medicine at risk for an amplification of preexisting disparities in career experiences and outcomes. These issues are particularly relevant in academic oncology where gender imbalance already prevails. Across 265 academic programs in the US, women currently comprise 37% of faculty positions in academic medical oncology but hold only 21% of leadership positions. In academic radiation oncology, women comprise only 31% of faculty positions and 12% of leadership positions.<sup>1</sup> If not adequately addressed, the effect of COVID-19 is likely to widen these gaps and may compromise the quality of clinical care and research outputs that academic oncologists provide to the public.

High rates of burnout were already reported among oncology specialists prepandemic, with burnout more likely among female oncologists.<sup>2</sup> As oncologists grapple with the inevitable increases in psychosocial distress of patients, excess mortality rates following delayed diagnoses, and widening disparities in outcomes, burnout is likely to be amplified in the COVID-19 era.

Moreover, as clinical and caregiving responsibilities dominate, scholarly activity and career advancement will also suffer as a consequence. This is particularly likely for those on clinician-educator tracks and those who have primary responsibility for extraprofessional caregiving, both of which are groups known to be disproportionately populated by women.<sup>3,4</sup> During the pandemic, publications with a female first author have declined,<sup>5</sup> and women may also be outpaced for competitive grant applications. Institutions are beginning to consider the effect on research funding, publications, and promotions as a result of COVID-19 by starting to develop metrics and accountability for dealing with reductions in academic productivity. However, there is an additional pressing need to sustain the myriad responsibilities in academic medicine, including clinical care, teaching, research, and university service.

In a recent report on gender parity, McKinsey & Company found that a proactive approach to gender equality is likely to yield the greatest societal and economic benefits.<sup>6</sup> By contrast, if employers do nothing, we can expect to see increased numbers of women drop out of the labor market permanently—at a time when a robust oncology workforce is essential. Although we applaud recent attention to the adoption of progressive leave policies, it is also critical that institutions adopt solutions to support women in academic medicine to re-

main in the workforce. Recognizing that equity is successfully enacted when all groups are given the number and types of resources to achieve equal results, we aim to provide examples of pragmatic solutions that can be enacted by institutions to support women in academic oncology facing substantial new demands in the wake of COVID-19-related disruptions to sustain career advancement.

First, the rapid adoption of flexible remote work schedules presents an opportunity for institutions to discover tailored responses to workplace challenges and addresses the desire for greater work-life integration that preceded the pandemic. Much has been made of the negative impact of electronic medical records on physician well-being, but the pandemic has highlighted the possible ways such technological advances can be leveraged to enhance flexibility. In the best of scenarios, the ability to work remotely may even promote work-life integration and wellness. For this potential to be realized, however, alternate work schedules need to be destigmatized in academia to avoid bias against those who take advantage of them and empower more physicians to adapt their schedules to enhance both productivity and wellness.

Second, as oncologists face increasing clinical demands and institutional pressure to generate relative value units, requests for increased clinical service need to be managed with an equity-based approach to ensure that all faculty are able to maintain protected time for research. Programs that support clinical efficiency and productivity, such as access to medical scribes, should be prioritized. Creative ideas like time banking can help to allocate support resources and recognize typically uncompensated service tasks that often fall disproportionately to women.<sup>7</sup> Such resources might also be provided preferentially to those facing the greatest challenges from COVID-19-related disruptions and extraprofessional caregiving responsibilities.

Third, as institutions implement furloughs and layoffs, reductions or transitions in support staff will translate into increased burden on faculty from administrative tasks, which in academia can lead to increased burnout.<sup>2</sup> Institutions should implement transparent systems for allocating support and avoid layoffs that result in increased physician time spent on administrative tasks and retraining. Such initiatives that are likely to benefit all physicians may also promote gender equity by yielding a larger expected benefit for the group known to be at higher risk of burnout at baseline—women.<sup>2</sup>

Fourth, oncology researchers rely on private and public funding to maintain protected time for creative work. We urge federal and private funding agencies to consider extending funding periods to allow for missed

time related to the pandemic due to personal reasons, increased clinical demands, or research delays. To avoid an exacerbation in the gender disparities in academic research careers that predated the pandemic, institutions should activate equity-oriented solutions to cover funding gaps. Investment to sustain already precarious early careers affected by decreased productivity related to the pandemic is critical.

Fifth, as the pandemic affects research productivity and funding opportunities, oncologists may feel pressure to switch from a research-based career track to a clinical or educator track. Lost academic productivity due to pandemic-related disruptions either in the workplace or at home must be mitigated by adoption of equity metrics and policies. For example, pandemic-related activities should be recognized as university service, and lost productivity should be considered by promotion committees.

Sixth, as women in academic oncology balance competing priorities, we expect that they have also absorbed responsibility for unpaid labor at home. Even in highly educated and gender-egalitarian societies, and even among high-achieving physicians, women perform more household work than men.<sup>3</sup> Institutions can support increases in unpaid labor by formation of strategic partnerships with

services that support household tasks. Examples may include food delivery and errand services, childcare solutions, and tutoring for children affected by school closures.

Finally, interventions toward gender parity must address attitudinal biases, addressing entrenched, widespread beliefs about gender in academic medicine. As an example, we must not assume that those with caregiving responsibilities will choose to opt out of research and leadership opportunities, and we must continue to nominate and select for these opportunities based on merit. Both men and women should be required to complete implicit bias training to learn to recognize and combat these insidious assumptions.

We currently face the risk that pandemic-related disruptions will undo years of progress toward a gender-balanced workforce in academic oncology. To avoid the deleterious effects of inaction, it is necessary to activate solutions that do not arrest careers or result in the attrition of women from the workforce. We call on universities and cancer centers to consider pragmatic solutions that systematically counteract the regressive effects of the pandemic. Recognizing that in times of stress, biased decision-making processes are likely, women must have a seat at the table for decisions related to the design of institutional policies and responses to unprecedented circumstances.

#### ARTICLE INFORMATION

**Published Online:** February 11, 2021.  
doi:10.1001/jamaoncol.2020.7681

**Conflict of Interest Disclosures:** Dr Jaggi reported grants from the National Institutes of Health, grants from Doris Duke Charitable Foundation, grants from Greenwall Foundation, grants from Blue Cross Blue Shield of Michigan, grants from Genentech, personal fees from Vizient, personal fees from Dressman Benziger Lavelle, personal fees from Sherinian & Hasso, and other compensation from Equity Quotient (stock options as adviser) outside the submitted work; and uncompensated founding member of TIME'S UP Healthcare and member of the Board of Directors of the American Society of Clinical Oncology. Dr Keenan reported grants from the Conquer Cancer Foundation, American Society of Clinical Oncology. Dr Van Loon reported grants from the US National Cancer Institute, National Institutes of Health, and grants from Celgene

Cancer Carelinks. No other disclosures were reported.

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