The pandemic has seen the careers of female physicians working in oncology suffer as they have taken on more domestic responsibilities during lockdowns. Recent studies have indicated the trend may be global and long lasting.

A <u>new paper published in JCO Global Oncology</u> showed that the pandemic had an adverse impact on careers on female physicians in India. A survey of more than 1000 Indian physicians found that 90% of female physicians reported an increase in domestic responsibilities during the lockdown compared to 82% of male physicians.

Meanwhile, a survey by the <u>Women for Oncology Committee</u> of the European Society for Medical Oncology (ESMO) has concluded that the Covid-19 pandemic may have had a long-term impact on careers of female oncologists. It found that, of the 649 respondents, 83% said the pandemic had affected them negatively, with 85% of women reporting negative impact compared to 76% of men.

The picture in India

The Indian study was led by Sabita Jiwnani, Associate Professor at the Department of Surgical Oncology, Tata Memorial Hospital, Mumbai, who was prompted to conduct the survey based on her own experience and that of her peers.

The announcement of an Indian national Covid-19 lockdown on 23rd March 2020 caused a complete upheaval in Jiwnani's life. Apart from her duties at the hospital, she now had to shoulder domestic chores.

Like many urban working women, Jiwnani had relied on household staff to help with cooking, household and driving tasks, but post-lockdown none of the staff could come to work. She found herself carrying out most of the domestic work at home as well as schooling her 10-year-old son.

"I was struggling to finish work at home, never mind being able to go to work," said Jiwnani, whose husband, also a cancer surgeon, was supportive, she says, but "inept at household tasks". Jiwnani says she managed from March to July, when the lockdown ended, by taking half- and full-days' leave. This was feasible as, during these months, her hospital received half the number of patients they usually did, and had flexible work timings.

The survey she conducted found that her situation was replicated elsewhere, with a higher percentage of female than male physicians solely responsible for domestic chores (38.7% vs 23.7%) and for managing their children's education (74% vs 31%).

Six out of ten female physicians in India felt that Covid-19 had had a negative impact on their professional work compared to four out of ten male physicians, according to the study.

Married women were almost twice as likely as married men to take leave, or work reduced hours, to cope with the added domestic burden (29.3% vs 15.9%). Twice as many women than men had to quit their jobs to manage their responsibilities at home (3.5% vs 1.5%).

The survey aimed to find out about the impact of the pandemic and the subsequent lockdown on domestic responsibilities of physicians, to evaluate whether there are gender-based differences and to understand the difficulties and challenges faced by physicians during this time. It was e-mailed to several thousand physicians who had previously attended oncology meetings organised by the Tata Memorial Centre, India's leading cancer centre, and was also widely shared on WhatsApp by multiple physician groups.

Of the 1,041 responses received, 643 identified themselves as men and 393 as women.

Global picture

Similar results have been reported by global studies. The ESMO survey received 649 responses, of which two-thirds came from oncologists based in Europe (66%), with the remainder being based in Asia (17%), Central and Southern America (8%), North America (4%), Africa (3%) and Australia (1%).

That survey, <u>published</u> in ESMO Open, found that the effect of the Covid-19 pandemic on female oncologists may be long term. In terms of the immediate impact, women were more likely than men to report that their personal life and their family life were impacted by the Covid-19 pandemic (89% vs 78% and 84% vs 77%, respectively).

Women were also more likely to report having spent an increased amount of time during lockdowns on hospital tasks (53% vs 46%) and laboratory tasks (33% vs 26%). They were also more likely than men to report having spent less time on science (39% vs 25%) and on personal care (58% vs 39%).

Significantly, this trend seems to have continued even after lockdowns ended, with 42% of women compared to 23% men spending less time on science and 55% of women compared to 36% men spending less time on personal care.

This may have long-lasting career consequences, especially for those women who are at key stages of their careers, the authors wrote. "The gender gap for promotion to leadership positions may widen further as a result of the pandemic," they said.

Given that female oncologists are already <u>under-represented</u> in leadership roles and more slowly promoted to senior faculty positions, the loss of research time may affect careers of women in oncology, said the authors.

Jiwnani says there is a lot that hospitals can do to improve gender parity: paid maternity and paternity leave, providing supervised creches at workplaces, flexible working hours and flexibility to attend academic and administrative meetings remotely.

"More importantly, we need to recognise and appoint women as leaders, such as heads of clinical departments, in administration and human resource development departments, so that they better recognise and solve the difficulties that women employees face," she said.