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## Background

- The COVID-19 (C19) pandemic has presented numerous challenges since its onset in March 2020.
- The Canadian Association of Medical Oncologists (CAMO) has been examining the effects of C19 on the workforce to understand the impact that the pandemic has had on the medical oncology (MO) community through a survey series, there have been three surveys distributed thus far.
- There are concerns about professional burnout and wellbeing during the C19 pandemic as well as concerns about medical oncologists considering leaving the profession.
- This survey examines how C19 has impacted the wellness and resilience of Canadian MOs and will assess the impact that C19 may have on MO workforce capacity going forward.

## **Methods**

- In March 2022, an English-language, multiple-choice survey was distributed by email to MOs identified through CAMO and the Royal College of Physicians and Surgeons directory (n=477).
- This survey was the 4<sup>th</sup> in a series of surveys by CAMO assessing the impact of C19. Previous surveys were sent in May 2020, July 2020, December 2020.
- Descriptive statistics and univariate comparative statistical analyses were planned.

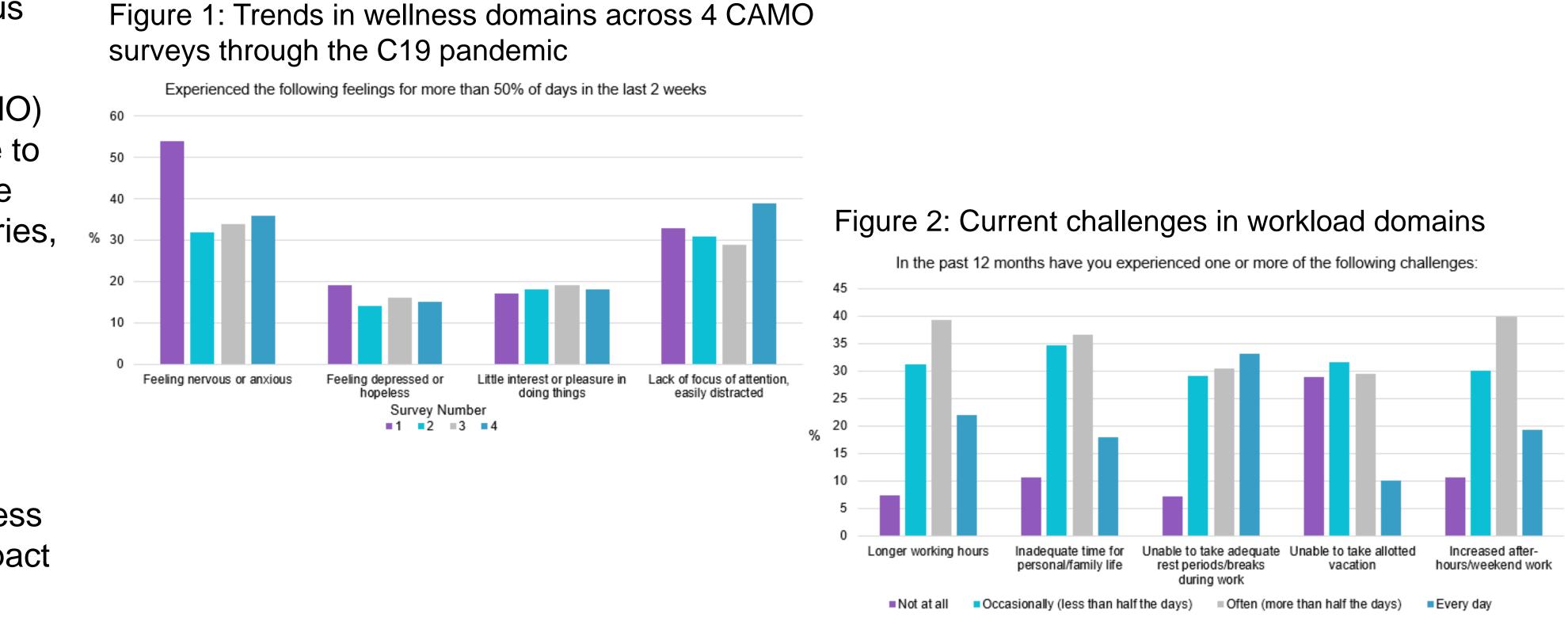
## Results

Baseline Characteristics						
	Survey 1 (n=159)	Survey 2 (n=157)	Survey 3 (n=124)	Survey 4 (n=151)		
Practice setting						
Comprehensive Cancer Centre	87%	86%	81%	88%		
Community Practice – Urban	11%	12%	16%	11%		
Community Practice – Rural	2%	2%	2%	1%		
Years in practice						
<5 years	25%	22%	26%	19%		
5-10 years	19%	17%	24%	18%		
10-15 years	15%	15%	11%	18%		
>15 years	41%	46%	39%	46%		
Province						
British Columbia	26%	19%	23%	31%		
Alberta	24%	13%	15%	14%		
Saskatchewan/Manitoba	9%	8%	8%	9%		
Ontario	28%	38%	34%	31%		
Quebec	6%	14%	8%	5%		
Newfoundland	3%	2%	2%	3%		
Maritimes	4%	6%	10%	6%		
CAMO Member	60%	65%	67%	63%		

 Table 1: Baseline characteristics

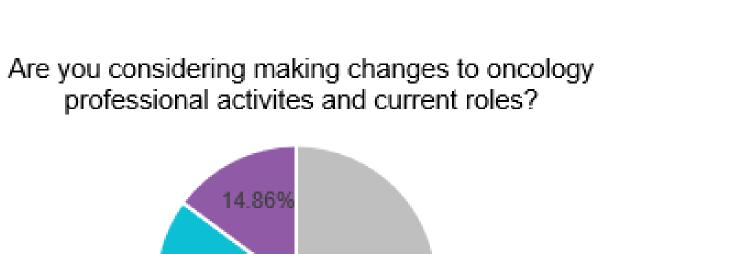
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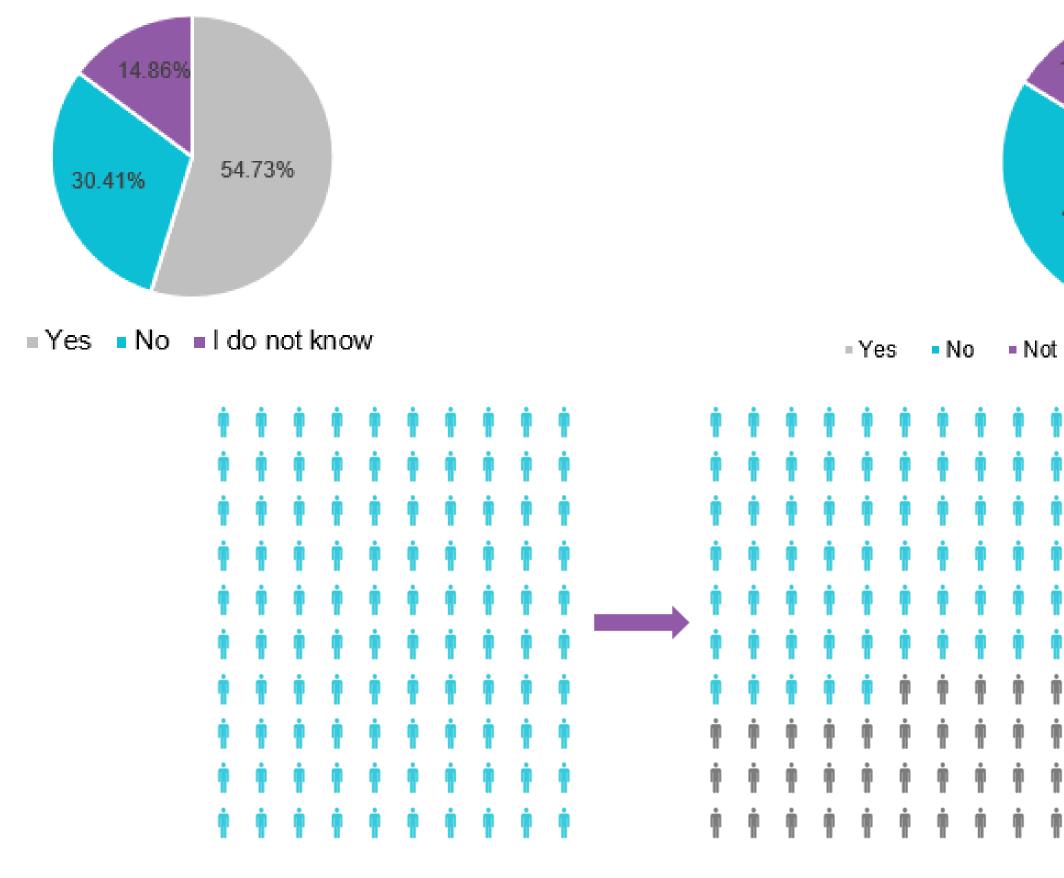
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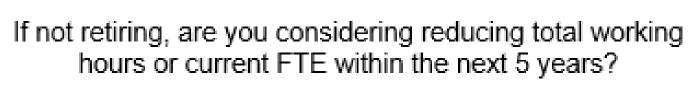


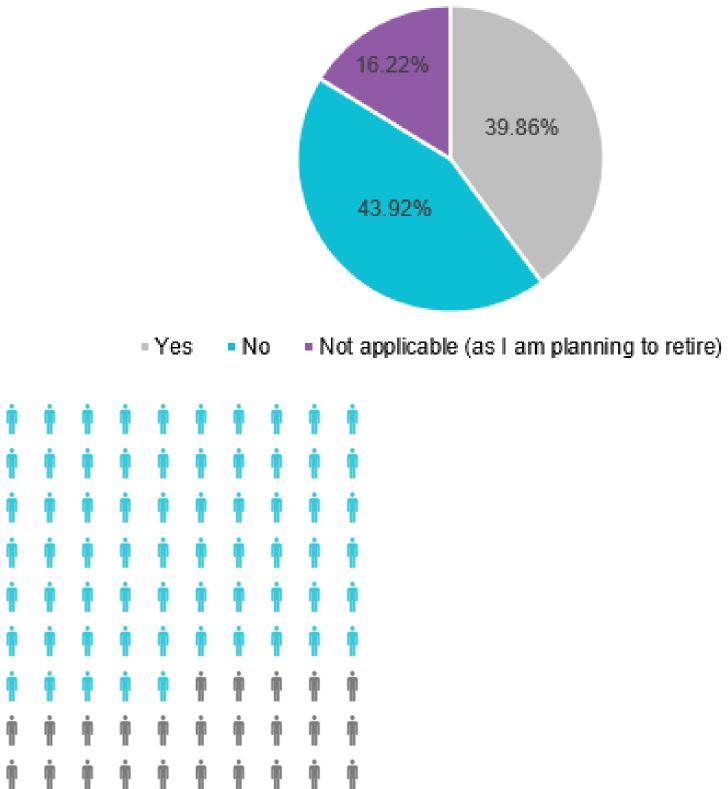
### Results

- Response rate was 32% (n=151).
- Physical (60%) and mental (60%) wellness were reported as the biggest personal challenges.
- 47% reported dissatisfaciton with their current work-life balance.
- 83% reported that their workload has increased since the beginning of C19.
- 56% are considering retiring or reducing total working hours in the next 5 years and 35% have considered leaving MO entirely.









## Results

- (p=0.045).

### Table 2: Univariate analysis of categorical variables among respondents that are considering leaving medical oncology

	Considering oncology	Considering leaving medical oncology		Considering reducing hours/FTE	
Gender					
Female	53%	p=0.23	59%	p=0.69	
Male	45%		40%		
Age					
<40	12%	p=0.03*	20%	p=0.43	
>40	88%		80%		
Practice setting		'			
Comprehensive cancer center	94%	p=0.08	89%	p=0.58	
Other	6%		11%		
Years in practice		·			
<10	23%	p=0.01*	30%	p=0.045*	
>10	77%		70%		
Feel valued by institution		·			
Yes	27%	p=0.98	24%	p=0.36	
No	73%		76%		
Feel valued by public					
Yes	38%	p=0.70	45%	p=0.26	
No	62%		55%		

## Conclusion

- among Canadian MOs.
- workforce.

### Career length >10 years and age >40 were associated with considering leaving MO (p=0.01 and p=0.03 respectively).

 Career length >10 years was associated with consideration of reducing total working hours within the next 5 years

• The timing of this survey corresponded with the transition of the C19 pandemic becoming endemic.

 There are concerns identified with physical and mental wellness, workload escalation and job dissatisfaction

• One-third of respondents are considering leaving MO practice, associated with >10 years in practice which suggests potential loss of senior, experienced workforce.

 In the face of escalating demand for MO services with rising cancer incidence, prevalence and treatment complexity, proactive assessment and implementation of wellness, retention and workload modification strategies are needed to ensure the stability of the Canadian MO

