



Research Week 2021

Perceptions and Experiences of Gender Equity in Pediatric Urology

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Keywords

Gender equity; Organizational culture; Pediatric urology; Physician workforce

Abstract

Introduction

In 2019, women comprised 9.9% of practicing urologists in the United States, increased from 7.7% in 2015. AUA match data supports acceptance into urology has not been a major barrier to entry (83% female match rate, and 85% overall). While these statistics represent progress toward a more gender diverse workforce in urology there are still large disparities in overall representation, compensation, and leadership advancement, particularly in the academic environment for female physicians. Pediatric urology is one of the more common fellowships for female urologists to complete, making it an ideal population to evaluate the climate for women physicians and compare perceptions and experiences of gender inequity based on characteristics including gender, faculty status, parental status, and years in practice.

Methods

An IRB approved survey was sent out to the Society of Pediatric Urology (SPU) list-serve of active members. We utilized a validated study, the Culture Conducive to Women's Academic Success (CCWAS, higher scores indicating better perceived culture toward women). Subcategories (equal access, work-life balance, freedom of gender bias, and leadership support) were also analyzed. Descriptive statistics were used for demographics. CCWAS scores were analyzed using Wilcoxon Rank-Sum and Kruskal-Wallis tests.

Results

A total of 121 physicians completed the survey (response rate, 121/355 (34%), [35.3%] female; [64.7%] male). There was a statistically significant difference in total CCWAS score between male and female genders. Male physicians perceived practice culture toward women as more favorable/equitable than their female colleagues, (median[interquartile range] CCWAS score, 208.0 [189.0-228.0] vs 164.0 [136.0-190.3]; $P < .0001$). This discrepancy in perception between genders was consistent across subcategories; equal access, work-life balance, freedom of gender bias, and leadership support. There was no significant difference in CCWAS scores based on years in practice, parental status, or academic versus private practice. Respondents could provide additional comments, which were reported in qualitative manner.

Conclusion

The results from this study suggests that there is gender-based differences in how gender inequities are perceived versus experienced in pediatric urology. Recognition of these differences is the first step in identifying opportunities for improvement.