Gender Differences in Compensation, Job Satisfaction and Other Practice Patterns in Urology

E. Sophie Spencer, Allison M. Deal, Nicholas R. Pruthi, Chris M. Gonzalez,
E. Will Kirby, Joshua Langston, Patrick H. McKenna, Maxim J. McKibben,
Matthew E. Nielsen, Mathew C. Raynor, Eric M. Wallen, Michael E. Woods,
Raj S. Pruthi and Angela B. Smith*

From the Department of Urology (ESS, NRP, EWK, JL, MJM, MEN, MCR, EMW, MEW, RSP, ABS) and Department of Epidemiology, Gillings School of Global Public Health (MEN), University of North Carolina at Chapel Hill, Cancer Outcomes Research Group, Biostatistics and Clinical Data Management (AMD) and Cancer Outcomes Research Group, Multidisciplinary Genitourinary Oncology (MEN, EMW, MEW, RSP, ABS), Lineberger Comprehensive Cancer Center, Chapel Hill, North Carolina, Department of Urology, Northwestern University, Chicago, Illinois (CMG), and Department of Urology, University of Wisconsin, Madison, Wisconsin (PHM)

Abbreviations and Acronyms

APP = advanced practice provider

AUA = American Urological Association

WRVU = work relative value unit

Purpose: The proportion of women in urology has increased from less than 0.5% in 1981 to 10% today. Furthermore, 33% of students matching in urology are now female. In this analysis we characterize the female workforce in urology compared to that of men with regard to income, workload and job satisfaction.

Materials and Methods: We collaborated with the American Urological Association to survey its domestic membership of practicing urologists regarding socioeconomic, workforce and quality of life issues. A total of 6,511 survey invitations were sent via e-mail. The survey consisted of 26 questions and took approximately 13 minutes to complete. Linear regression models were used to evaluate bivariable and multivariable associations with job satisfaction and compensation.

Results: A total of 848 responses (660 or 90% male, 73 or 10% female) were collected for a total response rate of 13%. On bivariable analysis female urologists were younger (p <0.0001), more likely to be fellowship trained (p=0.002), worked in academics (p=0.008), were less likely to be self-employed and worked fewer hours (p=0.03) compared to male urologists. On multivariable analysis female gender was a significant predictor of lower compensation (p=0.001) when controlling for work hours, call frequency, age, practice setting and type, fellowship training and advance practice provider employment. Adjusted salaries among female urologists were $76,321 less than those of men. Gender was not a predictor of job satisfaction.

Conclusions: Female urologists are significantly less compensated compared to male urologists after adjusting for several factors likely contributing to compensation. There is no difference in job satisfaction between male and female urologists.

Key Words: urology, sex, job satisfaction, socioeconomic factors, physician's practice patterns

THE barriers preventing women from entering medicine have been substantially reduced and approximately 50% of students entering U.S. medical schools are now female.[1] Coinciding with an increase in the number

of female medical students, the number of women entering the field of urology has increased significantly, although urology remains largely male dominated. Since 1981 the number of female urologists has increased from 34 to 512, representing a relative increase of more than 1,000% but an absolute increase of only 5%.[2] Despite an increase in the number of female urological residents, female urologists still comprise less than 10% of the urology workforce.[3]

With the increasing number of women entering urology, interest in the impact of gender on job satisfaction, work hours and compensation has become apparent. Traditionally, female physicians have been reimbursed at lower levels than their male counterparts, with lower income among female urologists also reported.[4] Furthermore, monetary compensation and the level of reported satisfaction appear to be positively correlated, although specific analyses did not directly associate dissatisfied female physicians with less income.[5]

Given the rapidly changing landscape for women in urology, we further characterized gender differences in income, workload and job satisfaction by conducting a survey of urologists currently practicing in the United States. We examined the current state of the female urological workforce and potential explanatory factors affecting income and job satisfaction.

MATERIALS AND METHODS

We collaborated with the AUA to query its domestic membership of practicing urologists regarding socioeconomic, workforce and quality of life issues. A quantitative survey was designed by the AUA and 6,511 survey invitations were sent to all members via e-mail. Although we do not know the exact gender distribution of survey invitations, the AUA is currently comprised of 92.3% male and 7.7% female urologists, and survey invitations likely paralleled these proportions. The survey consisted of 26 questions and took approximately 13 minutes to complete. A total of 848 responses were collected for a response rate of 13%. Our sample size allowed confidence intervals around percentages to be calculated with high precision. The maximum width of a 95% exact binomial confidence interval is ±3.4%.

Survey questions addressed several provider related demographics, including age, gender and years in practice. Additional practice based questions included provider compensation, workload, training, practice focus and practice characteristics. Payer mix was not assessed. Questions related to career differences included practice type and career satisfaction with possible answers described in parentheses, such as 1) What is your current employment status? (academic, employed, self-employed) 2) How would you rate your current satisfaction with work? (very satisfied, somewhat satisfied, ambivalent, somewhat unsatisfied, very unsatisfied) and 3) Would you

choose medicine again as a career? (yes, no, unsure). Factors such as prior year's compensation, average weekly hours worked and average monthly number of call days allowed free text responses. Survey responses were compared between currently practicing female and male urologists.

Exact 95% binomial confidence intervals were reported for percentages as appropriate. Multivariable linear regression models were used to evaluate associations of compensation and job satisfaction with gender, after controlling for covariates of interest, with p <0.05 considered statistically significant. Of note, years in practice and age were collinear and, therefore, could not be included in the model together. Therefore, each model was fit separately with age or years in practice, and AICs were compared. Given that age provided the lowest AIC, age was included in the analysis in lieu of years in practice. All analyses were conducted using SAS® v9.3 statistical software.

RESULTS

A total of 733 providers completed the job satisfaction question and are included in these analyses, of whom 90% were male and 10% were female (table 1). Median respondent age was 49 years, with 7% younger than 37 years, 26% between 37 and 45, 31% between 46 and 54, 28% between 55 and 64, and 8% of respondents 65 years old or older. The majority of respondents worked in urban (47%) or suburban (38%) practices, and half were self-employed, followed by employed (30%) and academic (21%). Approximately 40% of survey respondents were fellowship trained, and the majority (62%) used an advanced practice provider in their practice, defined as an advanced practice nurse or physician assistant. Ancillary income was reported by 42% of respondents. Respondents also reported a median of 7 calls per month, $385,000 annual salary ($128 per hour) and 60 hours worked per week.

Female respondents were significantly younger than their male counterparts with a median age of 42.0 vs 50.0 years (p <0.0001, table 1). Additionally, women reported fewer years in practice compared to men (p <0.0001). Approximately two-thirds of female providers were employed or in a self-employed practice with the remaining 28.8% in an academic setting. Women were more likely to be employed in a practice or academic setting compared to their male counterparts (p=0.008). Correspondingly, male respondents were significantly more likely to be self-employed (50.9% vs 32.9%).

The majority of female respondents reported practicing in an urban location with a larger proportion compared to male respondents (56.2% vs 46.2%). However, the differences in practice location were not statistically significant (p=0.25). With regard to gender differences in fellowship training,