



## FOCUS ISSUE – Celebrate Diversity with the AUA

### The Time is Now: Salary Equity for Women Urologists



**Simone Thavaseelan, MD**  
Warren Alpert School of Medicine, Brown University



**Elizabeth Timbrook Brown, MD, MPH**  
MedStar Georgetown University Hospital

While urology is a unique field, it is similar to every other specialty and economic sector where a salary gap exists between male and women urologists. In 2016, median salary among female urologists was \$81,578 less than male urologists.<sup>1</sup> After controlling for age, number of hours worked per week, practice setting and type, fellowship training, call frequency and ancillary income, being female was still predictive of lower income. Women urologists are more likely to have partners involved in full-time work compared to male urologists and therefore must simultaneously manage personal, parental and family work burden, which disproportionately falls to them.<sup>2</sup>

In 2015 and 2018, Spencer et al<sup>3</sup> and Porten et al<sup>3</sup> surveyed female urologists and found 55% of women had completed fellowships and were more likely to work in academics compared to 35% of male urologists, which is counterintuitive to the pay gap roadblock; additional specialized training should lead to higher earnings. They noted that women in almost every age group spent more time engaged in nonclinical medical endeavors

like administrative, research and training roles, which are inherently reimbursed less than clinical practice. Women may preferentially seek academic employment due to interests in research or teaching compared to private practice. By comparison, male urologists are more likely to be self-employed (51% vs 33%) and private practice physicians generally earn more than those in academia.<sup>1</sup>

Studies on the average number of hours worked between male and female urologists have shown women work similar hours to men. Saltzman et al found that 70% of female survey respondents worked >50 hours per week.<sup>4</sup> Furthermore, of the 20% who reported working part-time, 14% continued to work over 50 hours per week. Porten et al. confirmed that male and female urologists work roughly the same number of hours, after adjusting for age, practice type, subspecialty, and number of inpatient procedures.<sup>3</sup> Other authors have also supported this finding.<sup>4</sup>

Women are more likely to underreport their hours as compared to men.<sup>5</sup> Female urologists spend more time per patient, and therefore, on average, see fewer patients per day.<sup>6</sup> Fewer patients visits or fewer patients referred with surgical diagnoses may translate to fewer surgeries scheduled, and subsequently a lower reimbursement. Women are also less likely to negotiate contracts or ask for a raise compared to men, resulting in lower starting salaries that widen the compensation gap over the lifetime of a career. This was

recently supported by the 2018 AUA resident census data in which female residents graduate with lower starting salary expectations compared to their male colleagues. Furthermore, women who assert themselves during work based negotiations are more likely to experience negative repercussions.<sup>7</sup> Compensation to women urologists by industry via analysis of the open payments database shows that on average women urologists earned half as much as men in industry reported payments.<sup>8</sup> As striking as these data are, the intersectionality of gender and race results in a compounding discrimination for underrepresented minorities, especially Black women urologists.<sup>9</sup>

So how do we address and rectify the inequity? We need to change policy, practice and institutional culture with deliberate active allyship for gender equity.

At the individual level, urologists of both genders without direct influence on compensation can amplify women: they can cite, promote, mentor, sponsor and hire women in their spheres of influence.<sup>10</sup> They can give credit to women during meetings, at author attribution and in institutional outcomes. They can seek to recognize their bias and select women for leadership opportunities with direct financial or decision authority. They can avoid denying or rationalizing the reality of the gender pay gap and advocate for blinded review of salary equity and standardized pay structures.

At the institutional level, practice managers, CFOs and chairs can examine their practices' gender equity through the lens of an ethical code of conduct for business practice. They can report the results of salary assessment by gender to all stakeholders and investigate causes

of disparities. They can implement strategies to narrow the gap by analyzing compensation by gender, sharing uncompensated citizenship work and burdens, and maximizing resources such as block time, ancillary staff and extenders across genders. They can track these outcomes and make the results transparent.

While none of this comes easily, we believe that these steps are imperative to achieving salary equity in the field of urology. It is time. ♦

1. Spencer ES, Deal AM, Pruthi NR et al: Gender differences in compensation, job satisfaction and other practice patterns in urology. *J Urol* 2016; **195**: 450.
2. Velez D, Ashok A, Greenberg R et al: Rising tides: challenges and opportunities for women in the urologic workforce. *Urology* 2020; doi: 10.1016/j.urology.2020.07.014.
3. Porten, S, Gaither TW, Greene KL et al: Do women work less than men in urology: data from the American Urological Association census. *Urology* 2018; **118**: 71.
4. Saltzman A, Hebert K, Richman A et al: Women urologists: changing trends in the workforce. *Urology* 2016; **91**: 1.
5. Akers MD and Eaton TV: Underreporting of chargeable time: the impact of gender and characteristics of under reporters. *J Manage Issues* 2003; **15**: 82.
6. American Urologic Association: 2018 The State of the Urology workforce and Practice in the United States. American Urological Association 2018. Available at <https://www.auanet.org/research/research-resources/aua-census/census-results>. Accessed March 31, 2020.
7. Riley Bowles H, Babcock L and Lai L: Social incentives for gender differences in the propensity to initiate negotiations: sometimes it does hurt to ask. *Organizational Behavior and Human Decision Processes* 2007; **103**: 84.
8. Velez D, Mehta A, Rotker K et al: Gender disparities in industry payments to urologists. *Urology* 2020; doi: 10.1016/j.urology.2020.05.074.
9. Ly Dan P, Seabury Seth A and Jena Anupam B: Differences in incomes of physicians in the United States by race and sex: observational study. *BMJ* 2016; **353**: i2923
10. Silver J et al. Her Time Is Now Report, Version 2. She Leads Healthcare 2020. Available at <https://sheleadshhealthcare.com/>. Accessed February 7, 2021.