

Background

- The field of urology has historically been male-dominated; however, the proportion of women entering training and practice continues to rise each year.
- As this demographic shift accelerates, it is increasingly important for institutions and organizations to understand the evolving policy priorities of female urologists.
- Beyond clinical training and research opportunities, factors such as family leave, reproductive rights, and financial protections play a critical role in shaping recruitment, retention, and long-term career satisfaction.
- Recognizing potential generational differences in these values is essential to ensuring that the specialty remains conducive for the next generation of urologists.

Methods

- An electronic REDCap survey was distributed via email to members of the Society of Women in Urology (SWIU), including medical students, residents, fellows, and attendings.
- Demographic variables included age, race/ethnicity, training level, and geographic region (AUA section).
- Respondents identified their top three policy priorities among predefined options and responded to binary and Likert-style questions regarding how policies influenced career decisions.
- Correlations between policy priorities were assessed to identify natural groupings of concerns.
- Analyses were performed using GraphPad Prism.

Female urology trainees prioritize reproductive rights, parental leave, and loan repayment, highlighting generational shifts to guide workforce advocacy

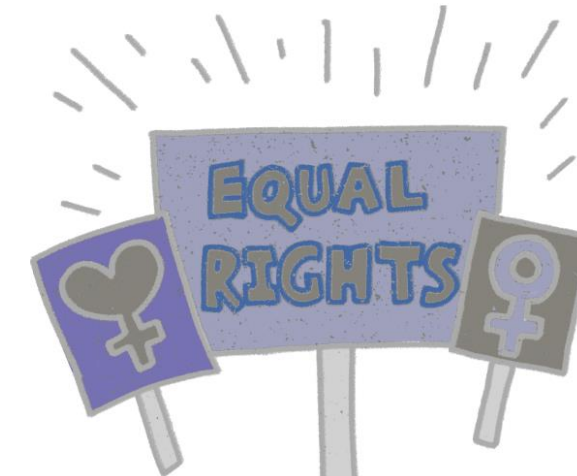
Assessed Healthcare Policies



Breastfeeding



Parental Leave



Reproductive Rights

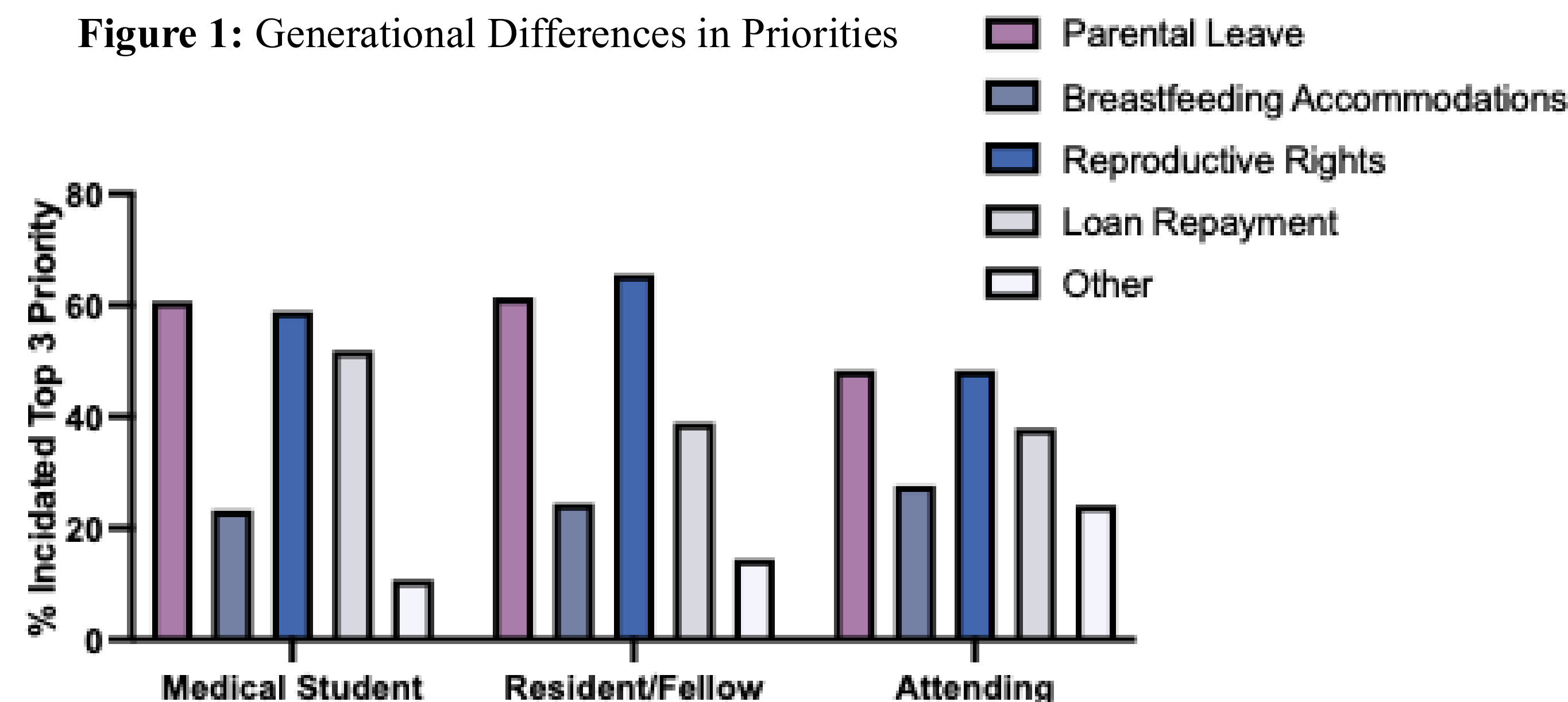


Loan Repayment

Table 1: Top Healthcare Policy Concerns Among Respondents

	Medical Student (avg age=26y)	Resident/Fellow (avg age=31)	Attending (avg age=41)	Chi-Statistic	p-value
Parental Leave	60.7% (n=34)	61.4% (n=54)	48.3% (n=14)	11.08	.0113
Breastfeeding Accommodations	23.2% (n=13)	24.4% (n=22)	27.6% (n=8)	2.57	.4623
Reproductive Rights	58.9% (n=33)	65.6% (n=59)	48.3% (n=14)	8.62	.0348
Loan Repayment Programs	51.8% (n=29)	38.9% (n=35)	37.9% (n=11)	8.90	.0307
Other (Specified in Comments)	10.7% (n=6)	14.4% (n=13)	24.1% (n=7)	3.91	.2711
Free Form Comments	LGBTQ	Admin, Flexibility	Research, Retirement	---	---
Important for Workplace Decision:					
Breastfeeding	58.7% (n=27)	62.2% (n=46)	66.7% (n=16)	1.55	.4620
Institutional Parental Leave	78.3% (n=36)	85.1% (n=63)	66.7% (n=16)	6.00	.0499
Geographic Parental Leave	78.3% (n=36)	79.7% (n=59)	79.2% (n=19)	1.37	.5040

Figure 1: Generational Differences in Priorities



Results

- We received 182 responses (14% response rate), spanning representation from all AUA regions.
- Reproductive rights and parental leave were positively correlated, forming a family-planning cluster, whereas loan repayment was relatively independent.
- Significant differences by career stage were observed for parental leave ($\chi^2=11.1$, $p=0.011$), reproductive rights ($\chi^2=8.6$, $p=0.035$), and loan repayment ($\chi^2=8.9$, $p=0.031$).
- There were no differences across geography or race.
- “Other” results for trainees centered around LGBTQ rights, whereas for attendings centered around research and work-life balance.

Conclusions

- This study highlights a shift in healthcare policy concerns among female urologists.
- Trainees heavily prioritize reproductive rights, parental leave protections, and loan repayment programs, citing direct rationale to training and career decisions.
- This deviates from the concerns of attending physicians in free form responses, who note systemic and practice sustainability issues.
- Initiatives such as the sample lactation policy for institutions outline more gendered-specific needs.
- Without these protections, programs and regions risk losing top female urology talent.

Acknowledgements

Thank you to the Society of Women in Urology for supporting this research initiative. For more information on some of the current advocacy work, scan the QR Code (Lactation Policy).

