Société Internationale d'Urologie Journal

Article

Work–Life Integration, Professional Stress, and Gender Disparities in the Urological Workforce: Findings from a Worldwide Cross-Sectional Study

Antonio Minore [1], Loris Cacciatore [1], Luca Cindolo [2], Stavros Gravas [3], Jean de la Rosette [4,5], Maria Pilar Laguna [5], Zhenjie Wu [6], Troy Gianduzzo [7], Claudia Gonzalez Alfano [8], Helen O'Connell [9], Leticia Ruiz [10], Nikolaos Liakos [11], Carmen Gonzalez Enguita [12], Jose Ignacio Nolazco [13], Dean Elterman [14] and Silvia Secco [15,*]

1 Fondazione Policlinico Campus Bio-Medico, University of Rome, 00128 Rome, Italy; antonio.minore@unicampus.it (A.M.); loris.cacciatore@unicampus.it (L.C.)
2 Centro Urologico Europeo, CURE Group, 41125 Modena, Italy; lucacindolo@gmail.com
3 Department of Urology, Medical School, University of Cyprus, 2029 Nicosia, Cyprus
4 Bashkir State Medical University, 450008 Ufa, Russia
5 Department of Urology, International School of Medicine, Istanbul Medipol University, Istanbul 34810, Turkey; plaguna@medipol.edu.tr
6 Department of Urology, Changzheng Hospital, Naval Medical University, Shanghai 200003, China
7 Department of Urology, Royal Brisbane and Women's Hospital, Brisbane, QLD 4029, Australia
8 Hospital Pacífica Salud, Punta Pacífica, Panama City 0831-01593, Panama; claudiagonalfa02@gmail.com
9 Department of Urology, Western Health, Melbourne, VIC 3011, Australia
10 Department of Urology, Hospital Punta Pacifica, Panama City 0831-01593, Panama
11 Department of Urology, University of Freiburg Medical Center, 79106 Freiburg, Germany
12 Urology Service, University Hospital Fundación Jiménez Díaz, 28040 Madrid, Spain; cgenguita@fjd.es
13 Department of Urology, Mass General Brigham, Harvard Medical School, Boston, MA 02114, USA; jnolazco@bwh.harvard.edu
14 Division of Urology, Department of Surgery, University Health Network, Toronto, ON M5T 2SB, Canada
15 Niguarda Cà Granda Hospital, 20162 Milan, Italy
* Correspondence: silvia.secco@ospedaleniguarda.it

Academic Editor: Philippe E. Spiess

Received: 16 July 2025
Revised: 2 December 2025
Accepted: 9 December 2025
Published: 18 December 2025

Citation: Minore, A.; Cacciatore, L.; Cindolo, L.; Gravas, S.; de la Rosette, J.; Laguna, M.P.; Wu, Z.; Gianduzzo, T.; Gonzalez Alfano, C.; O'Connell, H.; et al. Work–Life Integration, Professional Stress, and Gender Disparities in the Urological Workforce: Findings from a Worldwide Cross-Sectional Study. *Soc. Int. Urol. J.* **2025**, *6*, 74. https://doi.org/10.3390/siuj6060074

Abstract

Background/Objectives: Physician burnout and mental health issues are widespread, with over 50% experiencing burnout and nearly 25% suffering from depression, trends that have worsened since 2018. High-demand specialties like urology face additional stressors, including increasing workloads and technological changes. Gender disparities further exacerbate these challenges, with female urologists reporting higher burnout and work–life balance struggles. To evaluate perceptions of work–life balance, career satisfaction, and workplace experiences among urologists worldwide, and to provide potential strategies to improve physician well-being, promote gender equity, and support the sustainability of urology. **Methods:** A web-based, cross-sectional survey was conducted from March to June 2025, involving urologists, residents, and fellows globally. The 30-item questionnaire covered demographics, working conditions, work–life balance, and gender-related workplace issues. Data were analyzed using descriptive statistics stratified by gender, age, role, and region. **Results:** We received replies from 390 doctors in urology. Work-related stress was reported by 87.4% (340). A total of 17.7% (69) felt their career progression to be fully compatible with their personal life, while 42.3% (165) perceived a significant imbalance. Female urologists experienced higher perceptions of inequality in career and work–life opportunities. Over 50% expressed willingness to reduce workload for family reasons, highlighting systemic barriers. Burnout was most prevalent among younger urologists (<50 years), with persistent gender disparities across regions. **Conclusions:** Work–life imbalance and burnout remain major concerns for urologists globally, especially among female and early-career physicians. Addressing these issues requires institutional policies promoting flexibility, gender equity, and targeted support. Further research is needed to develop effective interventions to sustain a resilient urological workforce.

Keywords: work–life balance; urology; burnout; mental health; physicians; female; gender

1. Introduction

Quality of life, physician burnout, and mental health challenges continue to be pressing issues across the healthcare system [1], with recent data revealing alarming rates: over 50% of physicians report experiencing burnout, and nearly 25% suffer from depression, trends that have worsened since 2018 [2].

These issues are particularly severe in high-demand specialties such as urology [3], where increasing workload, complex technological innovations, and evolving clinical expectations contribute to a stressful professional environment [4]. In fact, urology appears to be one of the most severely affected specialties, with European urologists reporting burnout rates of up to 54% and those working in the United States up to 68% [5].

This is particularly relevant to trainee programs as these are typically highly demanding in terms of workload with a non-negligible rate of burnout derived from the stressful work conditions [6].

Furthermore, gender disparities within the field exacerbate these challenges, especially in recent years, with female urologists reporting higher levels of burnout, workplace bias, and work–life balance struggles compared to their male counterparts [7].

Many efforts have been made to highlight the high burnout rate among urologists and the importance of improving workload management [8,9]. A review of these studies suggests that the greatest burnout scores were in urologists who practiced in academic institutions, were younger than age 45, or in residency [8,9].

On the other hand, little has been reported about work–life balance in general and gender related work issues. The survey aimed to capture a broad picture of the current state of the profession worldwide, identifying key factors influencing job satisfaction, work-related stressors, gender-specific challenges, and the impact of these elements on retention and professional development.

2. Material and Methods

A cross-sectional, web-based survey methodology was applied aiming to explore the current status of work–life balance and gender equality among urologists across the globe (Supplementary File S1). A comprehensive flowchart of the adopted methodology is presented in Figure 1. The survey was conceptualized and designed by an international working group composed of urologists and researchers with recognized expertise in medical workforce studies, gender equity, and occupational well-being in healthcare.

The questionnaire was developed following a comprehensive literature review and expert consensus to ensure content validity. It consisted of 30 items, combining multiple-choice and open-ended questions. The survey was divided into four main thematic domains:

1. demographic and professional background,
2. working conditions and hours,
3. perceived work–life balance, and
4. perceptions and experiences regarding gender equity within urological departments.

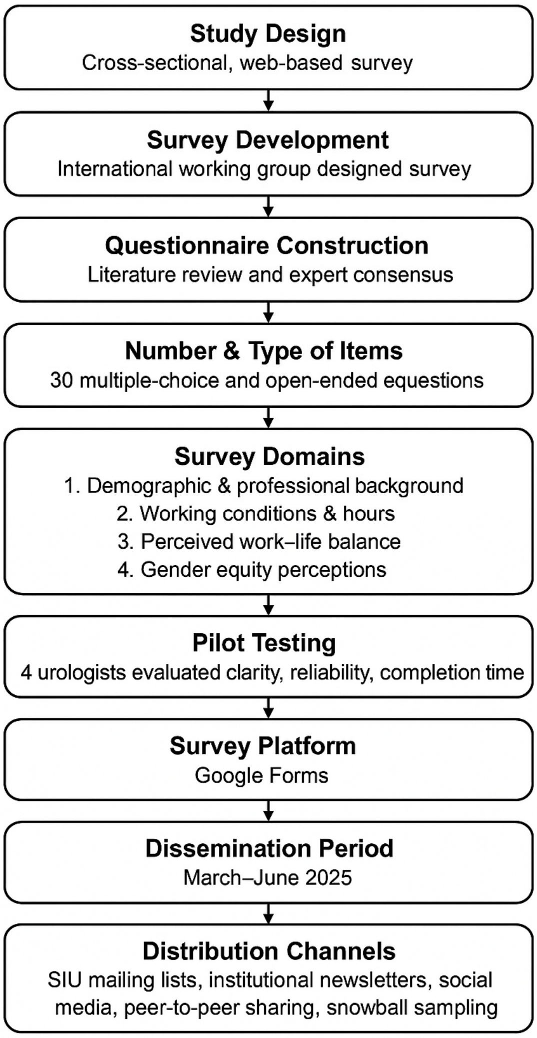

Figure 1. Flowchart summarizing the survey's design, development, domains, pilot testing, dissemination, and analysis. SIU: Société Internationale d'Urologie.

The survey was built using the Google Forms platform and underwent a pilot test involving 4 urologists to assess clarity, reliability, and completion time. Feedback from the pilot phase was incorporated before launching the final version of the survey.

Survey dissemination took place between March and June 2025. Multiple channels were used to maximize global spread, including official mailing lists of the *Société Internationale d'Urologie*, institutional newsletters, and professional social media platforms such as LinkedIn and Twitter (X). In addition, peer-to-peer networking and snowball sampling methods were encouraged, allowing respondents to forward the survey link to colleagues within their professional network. Participation was entirely voluntary, and respondents were given the possibility to be included as collaborators of the publication by sending their own general data and email address.

Inclusion criteria required that participants were practicing urologists, urology residents, or fellows at the time of survey completion.

Descriptive statistics were used to summarize the responses. The survey protocol was conducted in accordance with the Declaration of Helsinki.

3. Results

A total of 390 urologists from diverse geographic regions responded to the survey. The majority of respondents were male (78.2%, n = 305), while female respondents represented

20.8% (n = 81), and a small minority identified themselves as non-binary or other gender identities (n = 3). In terms of age distribution (Figure 2), the most represented groups were 30–39 years and 40–49 years, followed by 50–59 years, 60 years and over, and under 30 years. Respectively, those groups represented 30.8% (n = 120), 26.2% (n = 102), 17.2% (n = 67), 16.4% (n = 64), and 9.2% (n = 36) of respondents.

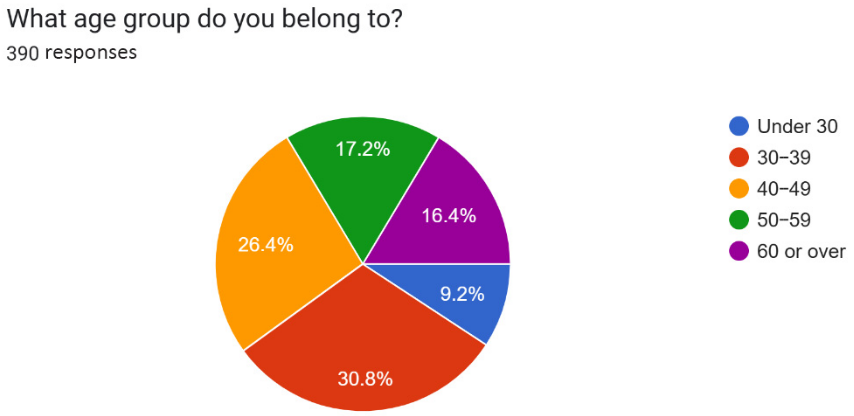

Figure 2. Diagram of age of respondents.

The respondents practice in 50 different countries, demonstrating the large worldwide spread that the survey obtained. In terms of proportion of responses, 20.8% came from Italy (n = 81), followed by 7.7% from Australia (n = 30), 6.4% from the United States (n = 25), and 3.3% from Japan (n = 13). Other countries represented included South America, Belgium, Canada, Spain, Sweden, Norway, Egypt, India, South Korea, and many more, indicating broad international participation.

Regarding professional roles, the largest subgroup consisted of practicing urologists (n = 149), followed by attending surgeons (n = 82), chief/directors (n = 72), residents (n = 69), and fellows or those holding other academic positions (n = 21).

In terms of family responsibilities, the majority of respondents reported childcare responsibilities, while 34.4% (n = 134) stated having care responsibilities of other family members. Notably, 73.8% (n = 288) of respondents indicated that they would be willing to reduce their workload to have more time to spend on family or caregiver responsibilities, while 11.6% (n = 45) reported an unwillingness to limit their career for family-related reasons, and 14.1% (n = 55) were unsure. On the other hand, 47% (n = 183) of respondents were willing to limit their career to pursue their personal hobbies or interests. Regarding surgical education and skills acquisition, only a minority 32.6% (127) reported not having been involved in a structured training program. A notable proportion of participants expressed moderate-to-high confidence in their surgical skills, with 50.4% (n = 196) and 26.5% (n = 103) describing themselves as "confident" or "extremely confident", respectively, while 4.1% (n = 16), 6.7% (n = 26), and 12.1% (n = 47) reported being "not confident at all", "slightly confident", or "neutral", respectively, about their surgical proficiency.

When evaluating the perceived balance between career progression and personal life, only 17.7% (n = 69) felt that their career advancement was fully compatible with maintaining a healthy work–life balance. In contrast, 42.7% (n = 166) perceived a clear imbalance, and 31.9% (n = 124) reported a partial or somewhat-balanced situation. Additionally, 7.7% (n = 30) were unsure.

A high proportion (43.1%, n = 168) of respondents reported that they did not perceive to have the same opportunities as their colleagues to maintain a healthy work–life balance; furthermore, only 10% (n = 39) affirmed that they always had equal opportunities for work–life balance, while 39.2% (n = 153) stated they had these opportunities only to some extent, and 7.2% (n = 28) remained unsure.

Regarding stress levels at work (Figure 3), a significant proportion of respondents reported experiencing moderate-to-very-high levels of work-related stress, with many, especially among the youngest participants, highlighting heavy workloads, time pressures, and administrative burdens as key contributing factors. Despite these challenges, when asked whether they would recommend a career in urology to medical students, the majority of respondents answered positively, though the majority of them do not have much time for personal interests outside of work (Figure 4). Consequently, as shown in Figure 5, only 16.2% (n = 64) of respondents have never experienced burnout, while the majority of the cohort experienced it with different mental and/or physical symptomatology/sensations (Figure 6). This phenomenon was particularly consistent in the youngest generation, with only 11% of <50 years old respondents reporting no burnout (n = 25 out of 225)

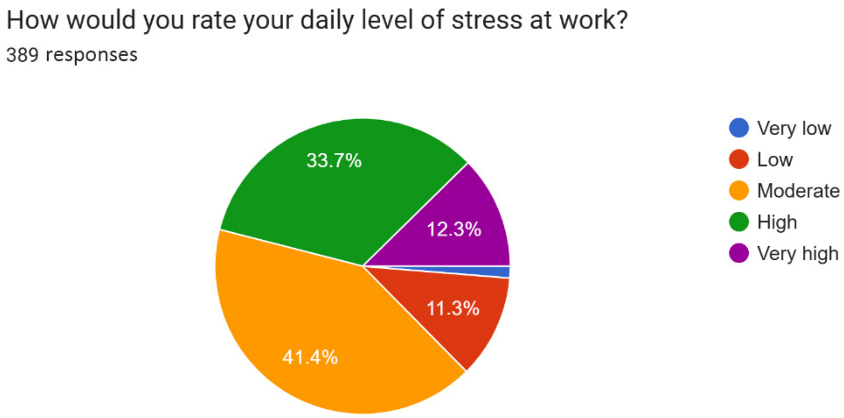

Figure 3. Rates of daily stress at work.

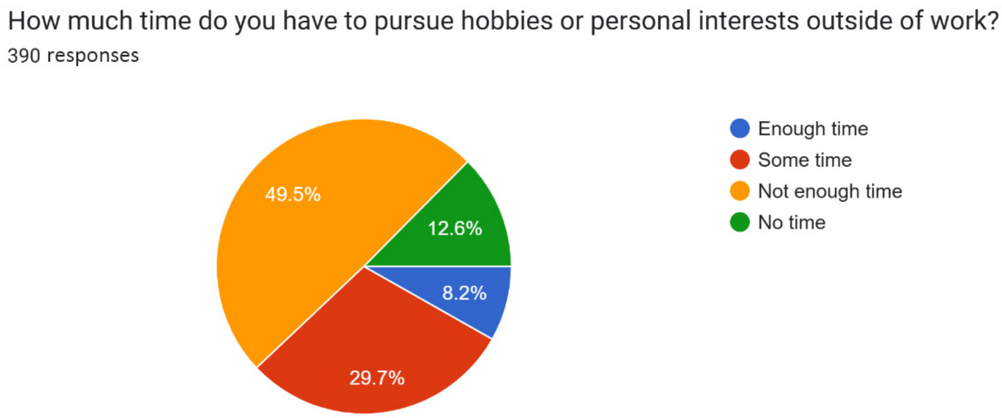

Figure 4. Rates of time for personal interests outside of work.

When responses were stratified by gender, our analyses found that 48% of female responders were attending surgeons (n = 39), 35% residents (28), and 7.5% chief/directors (n = 6); even if those who achieved leading positions reported having been involved in a structured training program, we noted that females were more likely to perceive inequalities in both work–life balance opportunities and career advancement when compared to their male colleagues.

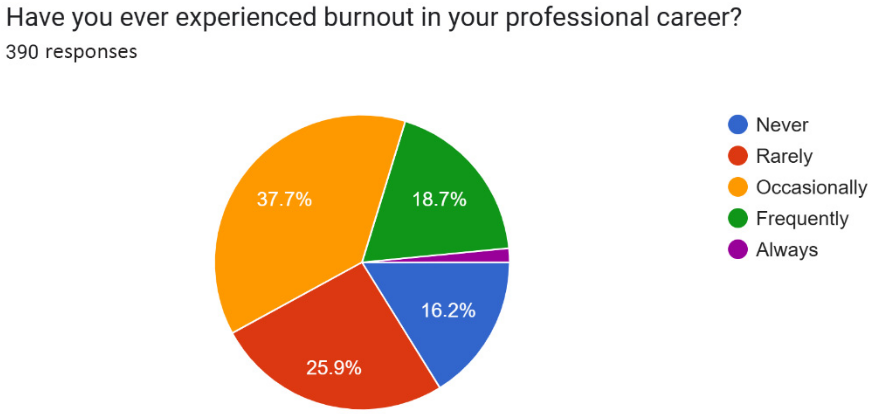

Figure 5. Rates of experiencing burnout during respondents' careers.

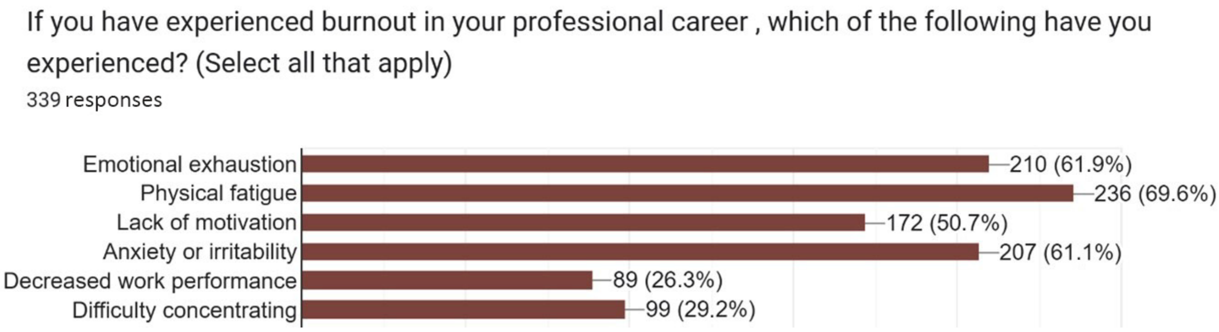

Figure 6. Burnout experiences.

4. Discussion

This global survey aimed to explore the work–life balance in urology and is the first to explore the state of surgical education, gender inequalities, and physicians' willingness to amend their workload activities. Understanding these perceptions is essential in developing effective interventions that support work–life balance, reduce burnout, and foster a healthier, more resilient urological community globally.

To date, researchers are increasingly highlighting the impact of the adverse experiences physicians face in practicing medicine, referred to as "adverse occupational experiences" [1,6,10]. These experiences can lead to serious outcomes, including depression and burnout. Although burnout is not classified by the World Health Organization as a medical condition, it is recognized as an occupational phenomenon [11]. Indeed, it is included in the 11th Revision of the International Classification of Diseases (ICD-11) as a syndrome resulting from chronic workplace stress that has not been successfully managed, characterized by feelings of energy depletion or exhaustion, increased mental distance from one's job, or feelings of negativism or cynicism and reduced professional efficacy [11,12]. Early detection and intervention are therefore essential. If left unaddressed, burnout can compromise patient safety by increasing the likelihood of medical errors [13].

According to our respondents, a non-negligible proportion of urologists complain of a scarce work–life imbalance and would limit, if they had the option, their own career to spend more time on their personal interests or to care for their families.

For these aforementioned reasons, the results of this global survey underscore the critical challenges of physician burnout and work–life imbalance—issues that are becoming increasingly prevalent and recognized within urology and the broader healthcare system [8,9]. These concerning trends reflect a healthcare environment under significant pressure, driven by growing workloads, administrative demands, and the rapid pace of technological change—all of which contribute to the high levels of occupational stress reported by urologists in our study.

Our data align with broader trends, revealing that a significant proportion of urologists worldwide report experiencing moderate-to-very-high levels of work-related stress [8,9,13]. Heavy workloads, administrative pressures, the aggression derived from the communication of bad news to patients, and the need to keep pace with rapidly evolving surgical and diagnostic technologies are well-documented contributors to burnout in surgical specialties, including urology [10,14].

The persistently high stress levels—despite growing awareness and institutional efforts—underscore the urgent need for effective, systemic solutions. In this context, substantial investment in the healthcare workforce is essential. Such investment yields not only financial returns but also improvements in productivity and clinical quality. By prioritizing the well-being of healthcare professionals, these measures can have long-lasting positive effects, enhancing quality of life and significantly reducing the incidence of burnout [15] that could improve the healthcare assistance quality.

Gender disparities within urology are another prominent theme in our findings, consistent with previous literature. Our survey demonstrates that female urologists perceive greater barriers to career progression and work–life balance, in line with recent studies that found little representation of females in oncological trial programs and as mentors in the endourological field [16,17]; furthermore, our results corroborate findings from Harris et al., who noted that burnout rates among women have increased substantially over recent years, rising from 35.3% in 2016 to 49.2% in 2021 [10].

The gender gap in perceived opportunities for work–life balance, leadership support, and career advancement was evident, with female urologists reporting higher levels of dissatisfaction and stress, similarly to what the recent American Urological Association (AUA) census has continuously underlined, stressing the need to focus attention on female rate growth in urological departments [18]. However, due to the limited number of female respondents, these findings require cautious interpretation and warrant further investigation in gender-stratified analyses.

The underrepresentation of women in urology is evident—only 12.1% of total urologists in the United States were women according to the 2024 AUA census—and it remains a barrier to achieving gender equity in the field [18]. Apparently, the trend is starting to shift positively: the proportion of women among urology trainees and practicing urologists across Europe has increased between 2012 and 2022, with a particularly notable rise in trainees. However, there are still variations between countries. Although these trends are encouraging, achieving full gender parity in urology will still take many years of ongoing progress [19].

According to recent reports, nearly 70% of female urologists work more than 50 h per week, often juggling personal responsibilities with limited familial proximity or support. Many delay childbearing until after training, and reliance on external childcare is nearly universal [20]. These factors contribute to a higher perceived imbalance and increased burnout among women, which our data also suggest.

In addition, the perception of gender equity varies across subspecialties, with male urologists more likely to perceive an equitable environment than their female counterparts, as demonstrated by Westring et al. [21]. Their study, using the Culture Conducive to Women's Academic Success instrument, revealed that women perceive significant barriers in accessing leadership roles, fair compensation, and work–life balance support. The discrepancy between male and female perceptions of workplace equity and opportunities for career advancement underscores the importance of addressing systemic biases and fostering a culture that supports gender diversity and inclusion [22]. These results are more relevant as an increase in female rates among urologists is currently being observed, with some countries in which they exceed 50% of the total, stressing the need for urgent policies that warrant a balance between work and personal life, and indicating variability in perceived readiness and self-efficacy within the global urological community.

In addition to gender-specific issues, our survey highlights the high levels of burnout among early-career urologists (<50 years), above all among the residents, in line with previous studies [5,10], even if the lack of a standardized and validated tool to assess burnout constitutes a limitation of our findings. Early career practitioners often face the pressures of establishing a practice, acquiring surgical skills, and balancing their personal life, all within a competitive and rapidly evolving environment [23]. This group's vulnerability underscores the need for targeted mentorship, flexible scheduling, and institutional support to promote resilience and career longevity [24].

Our survey harbors some significant limitations: first, the lack of standardized tools to evaluate outcomes such as burnout may impact the reliability of our results; second, the low representation of female respondents limits the generalization of the gender disparities; third, the scarce diffusion of the questionnaire in some countries, especially less-developed countries, and the different rate of respondents in some countries made it impossible to depict the state of work–life balance conditions or gender disparities in some areas.

Despite the increasing recognition of these issues, efforts to mitigate burnout and improve work–life balance remain inconsistent and often insufficient. A lot of effort has been put into creating organizational strategies such as workload redistribution, administrative support, mentorship programs, and flexible scheduling that may significantly reduce burnout and improve satisfaction and quality of life of physicians. Moreover, fostering an inclusive culture that promotes gender equity and supports family responsibilities is essential for long-term improvement. Recognizing that many physicians, regardless of gender, value quality of life and work–life balance is crucial, and understanding whether male urologists also wish to "sacrifice" their careers for more time with family and personal life is equally important for shaping future institutional policies.

5. Conclusions

This global survey highlights that work–life imbalance and burnout remain critical concerns for urologists, particularly among women and early-career professionals. The findings reveal significant variation across gender, roles and regions, and emphasize the growing need for institutional policies that support flexibility, promote gender equity and accommodate caregiving responsibilities. Although many urologists are willing to adjust their workload to achieve better work–life integration, structural and cultural barriers persist. Given the limited representation of female respondents, further gender-stratified research is needed.

Addressing these multifactorial challenges is essential to promote physician well-being and ensure the sustainability of the global urological workforce.

Supplementary Materials: The following supporting information can be downloaded at: https://www.mdpi.com/article/10.3390/siuj6060074/s1, File S1: Full questionnaire used in our survey, including all items related to demographic characteristics, working conditions, work–life balance, and perceptions of gender equity among urologists.

Author Contributions: Conceptualization, L.C. (Luca Cindolo) and S.S.; methodology, A.M., L.C. (Loris Cacciatore), L.C. (Luca Cindolo) and S.S.; validation, S.G., J.d.l.R., M.P.L., Z.W. and T.G.; formal analysis, A.M. and L.C. (Loris Cacciatore); writing—original draft, A.M., L.C. (Loris Cacciatore), L.C. (Luca Cindolo) and S.S.; data curation, C.G.A., H.O. and J.I.N.; writing—review and editing, L.R., N.L. and C.G.E.; supervision, D.E. and S.S. All authors have read and agreed to the published version of the manuscript.

Funding: This research received no external funding.

Institutional Review Board Statement: Not applicable.

Informed Consent Statement: This was a spontaneous survey, and no informed consent is required. This is not a clinical study but a report about the attitudes of urologists regarding their work-life balance.

Data Availability Statement: The data reported in this paper are available from the corresponding author upon request. Data is not publicly available due to privacy or ethical restrictions.

Acknowledgments: All participants.

Conflicts of Interest: The authors declare no conflicts of interest.

References

1. Pulcrano, M.; Evans, S.R.T.; Sosin, M. Quality of Life and Burnout Rates Across Surgical Specialties: A Systematic Review. *JAMA Surg.* **2016**, *151*, 970–978. [CrossRef] [PubMed]
2. MEDSCAPE 2023—UROLOGY. Available online: https://www.medscape.com/slideshow/2023-lifestyle-urologist-6016095?reg=1 (accessed on 15 July 2025).
3. Berg, S. Top 10 Physician Specialties with the Highest Rates of Depression. Available online: https://Www.Ama-Assn.Org/Practice-Management/Physician-Health/Top-10-Physician-Specialties-Highest-Rates-Depression (accessed on 15 July 2025).
4. Parmar, M.; Pierorazio, P.M. Maintaining Mental Health: Mindfulness Techniques for Clinicians. *Eur. Urol. Oncol.* **2024**, *7*, 1183–1184. [CrossRef] [PubMed]
5. Pang, K.H.; Webb, T.E.; Esperto, F.; Osman, N.I. Is Urologist Burnout Different on the Other Side of the Pond? A European Perspective. *Can. Urol. Assoc. J.* **2021**, *15*, S25–S30. [CrossRef] [PubMed]
6. Harris, A.; Golan, R.; Kraft, K.; North, A.; Modi, P.; Meeks, W.; Galen, E.; Helsel, A.; Koo, K. Burnout in Urological Education: An In-Depth Study of Residents and Fellows in the 2021 AUA Census. *J. Urol.* **2024**, *212*, 205–212. [CrossRef] [PubMed]
7. Wiemer, L.; Knipper, S.; Herlemann, A.; Welte, M.-N.; Siech, C.; Greiser, E.-M.; Müller, K.; Bellut, L.; Schönburg, S.; Walach, M.; et al. Balancing family and career for female physicians in Germany: Insights from a survey of female urologists. *Urologie* **2025**, *64*, 157–164. [CrossRef] [PubMed]
8. Del Carmen, M.G.; Herman, J.; Rao, S.; Hidrue, M.K.; Ting, D.; Lehrhoff, S.R.; Lenz, S.; Heffernan, J.; Ferris, T.G. Trends and Factors Associated With Physician Burnout at a Multispecialty Academic Faculty Practice Organization. *JAMA Netw. Open* **2019**, *2*, e190554. [CrossRef] [PubMed]
9. Franc-Guimond, J.; McNeil, B.; Schlossberg, S.M.; North, A.C.; Sener, A. Urologist Burnout: Frequency, Causes, and Potential Solutions to an Unspoken Entity. *Can. Urol. Assoc. J.* **2017**, *12*, 137–142. [CrossRef] [PubMed]
10. Harris, A.M.; Teplitsky, S.; Kraft, K.H.; Fang, R.; Meeks, W.; North, A. Burnout: A Call to Action From the AUA Workforce Workgroup. *J. Urol.* **2023**, *209*, 573–579. [CrossRef] [PubMed]
11. Burn-Out an "Occupational Phenomenon": International Classification of Diseases. Available online: https://Www.Who.Int/News/Item/28-05-2019-Burn-out-an-Occupational-Phenomenon-International-Classification-of-Diseases (accessed on 15 July 2025).
12. ICD-11 International Classification of Diseases 11th Revision The Global Standard for Diagnostic Health Information. Available online: https://Icd.Who.Int/En/ (accessed on 15 July 2025).
13. Nakdali Kassab, B.; Segura Heras, J.V.; Gómez Garberí, M.; Pacheco Bru, J.J.; Ortiz Gorraiz, M.A.; Mira Solves, J.J. Burnout Syndrome among Urologists in Spain: Prevalence, Risk Factors, and Implications for Mental Health. *Actas Urol. Esp. (Engl. Ed.)* **2025**, *49*, 501793. [CrossRef] [PubMed]
14. Marrone, M.; Pititto, F.; Paladini, E.; Pulin, G.; Bellacicco, R.; Bello, S.C.; Elia, G.; Violante, M.G.; De Leo, A.; Grattagliano, I.; et al. Bad news, bad behavior: The communication of bad news and aggressive behavior in healthcare. A multicenter retrospective Italian study. *J. Patient Saf. Risk Manag.* **2025**, *30*, 252–265. [CrossRef]
15. Ritenour, C.W.M.; Thoman, E.; Eyrich, N.W. The Business Case for Addressing Healthcare Workforce Well-Being. *Urology* **2025**, *203*, 109–114. [CrossRef] [PubMed]
16. Alhajahjeh, A.; Abdulelah, A.A.; Hmeidan, M.; Kakish, D.; Sukerji, R.; Qtaishat, L.; Awamlh, B.; Dobbs, R.W.; Al Sukhun, S.; Laguna, P.; et al. Gender Inequality in Genitourinary Malignancies Clinical Trials Leadership. *World J. Urol.* **2024**, *42*, 174. [CrossRef] [PubMed]
17. Baqain, L.; AlMajali, R.; Onder, N.K.; Dobbs, R.W.; Nguyen, T.T.; Semins, M.; Averch, T.D.; Lee, D.I.; Shahait, M. Who Are the Mentors of the Future Endourologist? An Analysis of Endourological Society Program Directors. *J. Endourol.* **2024**, *38*, 408–414. [CrossRef] [PubMed]

18. Morin, J.; Ali, N.; North, A.; Kraft, K.H.; Modi, P.; Harris, A. An AUA Workforce Report: Data From the AUA Census Regarding Workplace Experiences Based on Gender. *Urol. Pract.* **2024**, *12*, 3–6. [CrossRef] [PubMed]
19. Sierra, A.; Pagés, R.; Sinha, M.; Juliebø-Jones, P.; Bosschieter, J.; Rassweiler, M.-C.; Xavier Keller, E.; Panthier, F.; De Coninck, V.; Esperto, F.; et al. Gender Demographics in Urology in Europe: Trend Analysis over a 10-Year Period. *Eur. Urol. Focus* **2025**, *11*, 273–278. [CrossRef] [PubMed]
20. Mavedatnia, D.; Ardestani, S.; Zahabi, S.; Neocleous, P.; Madou, E.; Dzioba, A.; Strychowsky, J.E.; Graham, M.E. The Experiences of Motherhood in Female Surgeons: A Scoping Review. *Ann. Surg.* **2023**, *277*, 214–222. [CrossRef] [PubMed]
21. Westring, A.F.; Speck, R.M.; Dupuis Sammel, M.; Scott, P.; Conant, E.F.; Tuton, L.W.; Abbuhl, S.B.; Grisso, J.A. Culture Matters: The Pivotal Role of Culture for Women's Careers in Academic Medicine. *Acad. Med.* **2014**, *89*, 658–663. [CrossRef] [PubMed]
22. Ebert, K.M.; Michel, K.F.; Peters, C.E.; Egan, J.; Miller, C.; Baldea, K.G.; Hartman, N.C.; Grimsby, G.M. Perceptions of American Urologists on Parental Leave: The Need for Transparent and Equitable Policies. *Urology* **2025**, *202*, 133–138. [CrossRef] [PubMed]
23. Tat, R.M.; Golea, A.; Vancu, G.; Grecu, M.-B.; Puticiu, M.; Hermenean, A.; Rotaru, L.T.; Butoi, M.A.; Corlade-Andrei, M.; Cimpoesu, D. Burnout, Work Addiction and Stress-Related Growth Among Emergency Physicians and Residents: A Comparative Study. *Behav. Sci.* **2025**, *15*, 730. [CrossRef] [PubMed]
24. Prabahara Sundar, P.; Garcia, J.L.; Iding, N.; Cannon, S. Support for the Struggling Learner in Urology. *Curr. Urol. Rep.* **2025**, *26*, 42. [CrossRef] [PubMed]