National Policy Recommendations for Reducing Gender Bias in U.S. Healthcare Recruitment and Advancement

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Abstract- Gender bias remains a pervasive challenge in U.S. healthcare recruitment and advancement, limiting opportunities for women and underrepresented genders while undermining the sector's potential for diversity, equity, and inclusion. This article examines the extent of gender disparities in healthcare hiring and promotion, emphasizing the importance of equitable practices for the sector's effectiveness and sustainability. The primary objective is to present actionable policy recommendations at federal, state, and institutional levels to address these biases. Through a comprehensive literature review, quantitative data analysis, and case studies, the study highlights systemic barriers, such as implicit and explicit biases in recruitment practices, wage disparities, and underrepresentation in leadership roles. The findings emphasize the pressing need for interventions, including blind recruitment processes, standardized promotion criteria, gender bias training programs, and regular pay audits. The methodology employed involves an evidence-based approach, integrating statistical analyses and case study evaluations to provide a deep foundation for policy development. Key findings reveal that targeted interventions can enhance gender diversity in healthcare leadership and reduce wage disparities, contributing to improved organizational performance and patient outcomes. Addressing gender bias encompasses both matters of social justice and a strategic imperative for optimizing healthcare delivery and workforce efficiency. This study contributes to the growing discourse on gender equity in healthcare by offering practical solutions that align with broader efforts to foster an inclusive and effective healthcare system.

Indexed Terms- Gender Bias, Healthcare Recruitment, Gender Equity, Workforce Diversity, Implicit Bias, Policy Recommendations, Healthcare Leadership, Wage Disparities, Inclusion in Healthcare, Healthcare Workforce Advancement.

I. INTRODUCTION

Gender bias continues to be a widespread problem in the recruitment and promotion processes within the U.S. healthcare sector, negatively impacting both its efficiency and diversity. Despite making up 70% of the global health workforce, they frequently hold low-status positions with minimal or no pay and are significantly underrepresented in leadership roles (Health Policy Watch, 2024). The representation of women in medical college staff leadership roles remains similar to historical patterns, with 18% as department chairs, 47% as associate deans, and 52% as assistant deans, with little impactful progress on their inclusion (Iyer et al., 2024). This disparity reflects systemic inequities and hampers the healthcare system's ability to leverage diverse perspectives essential for comprehensive patient care. The underrepresentation of women in leadership is further compounded by challenges such as unequal pay and limited opportunities for advancement. Studies indicate that women in health fields face poor work environments, including unequal pay and limited career advancement opportunities (ALobaid et al., 2020). While women represent a significant portion of the healthcare workforce, they remain underrepresented in executive-level roles (Mose, 2021). These challenges deter qualified individuals from pursuing or continuing careers in healthcare and perpetuate a cycle of inequity that affects the overall quality of care provided.

This article aims to propose actionable policy recommendations at federal, state, and institutional levels to mitigate gender bias in healthcare hiring and promotion. This will be achieved by addressing systemic barriers and implementing equitable practices, the healthcare sector can move towards a more inclusive and effective workforce, ultimately enhancing patient outcomes and ensuring innovation.

II. LITERATURE REVIEW

Historical Perspectives on Gender Bias in Healthcare Recruitment

Historically, the medical profession has been male-dominated, with women facing significant barriers to entry and advancement. The journey of women in medicine began with surmounting educational barriers, exemplified by Elizabeth Blackwell, who, as the first woman to earn a medical degree in the United States in 1849, encountered immense resistance, with universities often rejecting female applicants based solely on their gender, and once admitted, women continued to endure unwelcoming environments and a lack of support throughout their medical training (ChenMed et al., 2024). In the 19th and early 20th centuries, pioneering women like Dr. Miranda Stewart, who served as a highly accomplished British military surgeon under the guise of "Dr. James Barry," began entering the medical field. It was only after Dr. Stewart died in 1865 that the truth of her gender was discovered, highlighting both the groundbreaking and regressive nature of her career as she chose to be a military doctor not to advocate for women's rights but simply to fulfill her role (Temkin et al., 2024). Employers often depend on gender stereotypes and different expectations for men and women, which perpetuates gender inequality in workplaces. Despite societal progress towards gender equality, the norm of the "ideal worker" and unconscious biases continue to disadvantage women, particularly in hiring and career advancement, as highlighted in Joan Acker's work on gendered organizations and the "paradox of meritocracy" (Birkelund et al., 2022). In the 20th century, significant advancements in medical science coincided with the increasing participation of women in healthcare roles, with pioneers like Marie Curie and Gerty Cori making groundbreaking contributions despite facing gender barriers. Marie Curie's research on radioactivity revolutionized radiology and earned her two Nobel Prizes, while Gerty Cori's work on carbohydrate metabolism led to the discovery of the Cori cycle and won her the Nobel Prize in Physiology or Medicine, highlighting the crucial impact of women in reshaping healthcare (ProLink, 2024). A significant shift from past decades, women now outnumber men in U.S. medical schools, accounting for 54.6% of students, having first achieved a majority in the 2019-20 academic year (Association of American Medical Colleges, 2024). However, this increase in female medical students has not yet translated into proportional representation in leadership roles. This historical underrepresentation has contributed to systemic biases that persist in recruitment and promotion practices within the healthcare sector.

Current State of Gender Bias in Healthcare

Recent studies have revealed persistent gender disparities in healthcare hiring and promotions, demonstrating how deep-rooted biases continue to shape career trajectories in the sector. Pérez-Sánchez et al. (2023) emphasize that despite efforts to promote gender equality, significant gaps remain in terms of wage disparities and promotional opportunities. Similarly, Dill and Frogner (2023) found that men working in female-dominated healthcare professions tend to receive higher wages and are more likely to advance into leadership positions compared to their female counterparts, perpetuating long-standing inequities in career progression.

Gender bias is also evident within clinical practice, influencing both patient care and professional relationships. According to Masibo et al. (2024), while professional competence in nursing remains consistent across genders, factors such as self-image, workplace conditions, and professional development opportunities are significantly shaped by gendered expectations. These findings underscore the influence of gender stereotypes in determining career advancement opportunities for both male and female nurses, further entrenching inequitable workplace dynamics.

Implicit and explicit biases remain pervasive in healthcare recruitment and promotion practices. Implicit biases, such as the perception of men as inherently more competent leaders, continue to influence hiring decisions and career mobility. Explicit biases, including discriminatory hiring practices and performance evaluations, create additional barriers to achieving gender equity in the workforce. Friedmann and Efrat-Treister (2023) found that male managers often prioritize a female candidate's willingness to work long hours—an expectation rooted in traditional gender roles—while female managers place greater emphasis on problem-solving abilities, a more gender-neutral criterion.

Furthermore, the role of social contexts and organizational norms in perpetuating gender bias is highlighted by Nentwich et al. (2021), who argue that recruitment in gendered organizations is shaped by prejudiced language, credibility concerns, and the reinforcement of established cultural expectations. Their research underscores the need for comprehensive anti-bias initiatives that address formal policies and the everyday interactions and identity work that contribute to systemic bias. These studies collectively highlight the multifaceted nature of gender bias in healthcare, emphasizing the urgent need for targeted interventions to create a more equitable and inclusive professional landscape.

Policy Gaps and Existing Interventions
Despite the recognition of gender bias in healthcare, policy interventions remain insufficient. While some institutions have implemented measures to promote gender equity, such as mentorship programs and diversity training, these efforts often lack standardization and enforcement. Chen et al. (2025) emphasized that mentorship plays a crucial role in advancing surgical specialties, and their program highlights the global demand for mentoring relationships among medical students.

Crespí-Lloréns et al. (2021) identified several challenges in policy-making, including a lack of awareness and capacity, under-financing, bureaucratization, a shortage of relevant data, and the absence of women's participation in decision-making. A review of existing policies reveals gaps in addressing systemic issues, including the absence of comprehensive strategies to tackle unconscious bias and the lack of accountability mechanisms to ensure policy adherence (HRbrain, 2024). Furthermore, the underrepresentation of women in clinical trials has historically led to a lack of gender-specific data, impacting evidence-based policy formulation (Bierer et al., 222). Addressing these gaps is crucial for developing effective interventions to reduce gender bias in healthcare recruitment and advancement.

III. METHODOLOGY

This article employs a mixed-methods approach to compile and analyze data on gender bias in healthcare recruitment and advancement. The methodology is designed to ensure a deep foundation for the proposed policy recommendations by incorporating quantitative data, qualitative insights, and case studies.

Data Sources
Primary data was gathered through a thorough review of peer-reviewed studies, industry reports, and governmental publications on gender disparities in the U.S. healthcare sector. Key sources include academic journals that provide empirical evidence of bias in hiring and promotion, industry white papers that explore organizational practices, and policy evaluations from healthcare institutions.

Case Study Selection Criteria
The case studies included in this article were selected based on specific criteria to ensure relevance and depth:
Demonstrated Outcomes: Case studies were chosen to illustrate both successful implementations of gender-equity policies and progress that highlight critical challenges.

Diversity in Scale and Scope: Selected cases represent a range of healthcare institutions, including large hospital systems, smaller clinics, and specialized practices, to capture varying organizational contexts.

Traceable and Transparent Data: Priority was given to examples with documented results and publicly available information, ensuring accountability and reliability.

Applicability to Policy Recommendations: Cases were evaluated for their relevance to the proposed interventions, such as blind hiring practices, standardized promotion criteria, and gender bias training programs.

Analysis Framework
The article uses a comparative framework to juxtapose quantitative data with qualitative insights from case studies. Statistical trends were analyzed to identify systemic patterns of bias, while qualitative data was used to explore the lived experiences of healthcare professionals and the organizational cultures that shape recruitment and advancement practices. Synthesizing these diverse data sources, the methodology provides a comprehensive and firm

understanding of gender bias in healthcare, enabling the formulation of evidence-based and actionable policy recommendations.

IV. POLICY RECOMMENDATIONS

A. Federal-Level Recommendations

Implementing federal-level recommendations would create a more equitable healthcare workforce, ensuring that employment practices are fair and that opportunities for advancement are accessible to all, regardless of gender.

1. Strengthening Equal Employment Opportunity (EEO) Regulations

Mandating Regular Gender Audits in Healthcare Organizations: To promote transparency and accountability, the federal government should require healthcare institutions to conduct regular gender audits (Vian, 2020). These audits would assess disparities in hiring, compensation, and promotion practices. Implementing such measures aligns with the American Medical Association's principles opposing workplace exploitation and discrimination based on personal characteristics.

Incorporating Gender Equity Metrics in Federal Funding Criteria for Healthcare Institutions: Federal funding agencies should integrate gender equity metrics into their grant and funding allocation processes (Genderaction, 2021). Through evaluating institutions on their commitment to gender equity, including representation in leadership roles and equitable pay practices, the government can incentivize organizations to adopt fair employment practices. This approach is consistent with the National Strategy on Gender Equity and Equality, which emphasizes transparency and accountability in compensation decisions to prevent discrimination.

2. Support for Workforce Development Programs
Creating Federal Grants for Leadership Training Programs Targeting Underrepresented Genders: The federal government should establish grant programs aimed at developing leadership skills among women and other underrepresented genders in healthcare (Mousa et al., 2021; Funds for NGOs, 2024). Such initiatives could be modeled after existing programs like the Career Development Grants offered by the American Association of University Women (AAUW), which support women advancing their careers in fields including health and medicine (Yale School of the Environment, 2024).

Encouraging STEM and Healthcare Career Pathways for Women: To address the underrepresentation of women in certain healthcare professions, federal agencies should fund and promote programs that encourage women to pursue careers in STEM and healthcare fields (National Science Foundation, 2024; National Center for Biotechnology Information, 2020). This includes providing scholarships, mentorship opportunities, and educational resources to support women from diverse backgrounds. The Office on Women's Health administers grant programs supporting innovative projects that address critical women's health issues, which can serve as a framework for such initiatives (Office on Women's Health, 2024).

B. State-Level Recommendations

State-level interventions, including pay transparency legislation and anti-bias training mandates, are essential in reducing gender bias and creating a more inclusive and equitable healthcare workforce.

1. Legislation for Pay Transparency
Mandating public reporting of gender pay gaps in healthcare organizations is a crucial step toward achieving wage equity. Several states, including California and New York, have enacted pay transparency laws requiring employers to disclose wage data based on gender, which has proven effective in narrowing pay disparities. Pay transparency laws were introduced to combat the gender pay gap, with 2021 data revealing that women earned 77 cents for every dollar earned by men (Deel, 2024). California's pay data reporting law, SB 1162, was signed into law on September 27, 2022, and took effect on January 1, 2023, requires employers with 100 or more employees to report pay data by gender, race, and ethnicity (California Civil Rights Department, 2023). A report from the National Women's Law Center (2023) found that such measures contribute to increased accountability and encourage organizations to implement fairer compensation policies. In the healthcare sector, pay transparency legislation can help identify and address disparities that disproportionately affect women and

underrepresented gender groups in leadership and specialized roles. Requiring public disclosure of gender pay gaps will empower employees and pressure healthcare organizations to adopt equitable compensation structures.

2. Anti-Bias Training Mandates

Requiring state healthcare boards to implement comprehensive anti-bias training for hiring managers is another essential policy measure to combat gender discrimination in recruitment and promotion. Bias training can raise awareness and enhance our ability to recognize biases in both ourselves and others, promoting a more inclusive and equitable environment (Gopal et al., 2021). Vela et al. (2022) suggest that implicit biases still impact hiring decisions, resulting in fewer women in leadership roles, and highlight that systemic changes both within and outside the healthcare system are necessary to effectively address biases and reduce health inequities. States such as Michigan and Illinois have already mandated implicit bias training for healthcare professionals as part of their licensing requirements, recognizing the critical impact of such initiatives on fostering equitable work environments. Michigan's implicit bias training requirement, which took effect in 2022, applies to all healthcare professionals seeking licensure or renewal and aims to address systemic discrimination within the field (Ruprecht, 2021). Implementing similar mandates across states can ensure that hiring managers are equipped with the necessary tools to recognize and mitigate biases, ultimately promoting a fairer hiring process within healthcare organizations.

C. Institutional-Level Recommendations

1. Bias-Free Recruitment Practices

Adoption of Blind Recruitment Processes to Reduce Gender Bias in Candidate Evaluation: Implementing blind recruitment processes, where identifiable information such as names, gender, age, and educational background are concealed during the initial stages of hiring, can significantly mitigate unconscious biases (Vivek, 2022; Shiftbase, 2024). This approach ensures that candidates are evaluated primarily on their skills and qualifications, promoting a more equitable hiring process. Research indicates that blind recruitment is an effective method to minimize bias in recruitment and selection processes.

Case Study: Success of Blind Hiring Practices in a Major Healthcare System

HR Magazine. (2024) describes the successful application of Blind Hiring by O2 in Virgin Media O2 has adopted a blind recruitment strategy for apprenticeships and entry-level roles, focusing on candidates' skills and strengths rather than their work experience. This approach has led to high job satisfaction, with 98% of hires reporting positive experiences. The strategy was implemented in response to findings that 74% of 25-to-34-year-olds were rejected from entry-level roles due to insufficient experience. Karen Handley, head of future careers, noted that the company has been practicing blind recruitment for years to promote inclusivity. Virgin Media O2 does not require CVs or prior work experience for apprenticeship, graduate, or internship roles; instead, they assess skills, strengths, and motivations. This has resulted in 93% engagement from future careers cohorts and a commitment to creating 200 apprenticeship, graduate, and intern roles in 2024. The company provides personalized feedback, coaching calls, and clear role descriptions to support candidates. The case emphasized the importance of involving line managers in the recruitment journey to showcase the effectiveness of blind recruiting. The future careers committee, composed of apprentices, interns, and graduates, consults on application processes and organizes induction days. Virgin Media O2 plans to leverage government-funded initiatives like the apprenticeship levy to offer a broader range of apprenticeships, ultimately supporting reskilling and upskilling (HR Magazine, 2024).

Case Study: Deloitte UK's Blind Recruitment Initiative

Deloitte UK implemented a blind recruitment strategy to address unconscious bias in its hiring process, resulting in notable increases in workforce diversity. By removing personal identifiers such as names and genders from candidates' resumes, hiring decisions were based solely on qualifications and experience. The firm also standardized assessment tools to objectively evaluate candidates, further minimizing bias. Within two years of implementing this approach, Deloitte UK's office saw a 33% increase in female hires and a 20% rise in ethnic minority hires. These measures helped ensure a fairer and more inclusive

recruitment process, highlighting the importance of blind recruitment practices in promoting equity in hiring (Langley, 2024).

2. Mentorship and Sponsorship Programs

Establishing Institutional Programs for Mentoring Underrepresented Genders: Healthcare institutions should develop structured mentorship and sponsorship programs aimed at supporting women and other underrepresented genders(Schwartz et al., 2024). Such programs can provide guidance, networking opportunities, and career development resources, ensuring an environment conducive to professional growth. According to a study by Vassallo et al. (2021) on the Franklin Women Mentoring Programme, 96% of mentees experienced enhanced knowledge and skills in workplace inclusivity, as well as 82% improvements in supervisory and team management.

Data on the Impact of Mentorship in Advancing Gender Equity: Evidence, like those from the research of Mcilongo & Strydom (2021) suggests that mentorship programs positively influence career progression for women in healthcare. The same study indicated that mentoring is acknowledged as an effective development strategy and affirmative action tool, providing essential support and advancement opportunities for women and other historically marginalized groups. Additionally, mentors reported an increased understanding of diversity and inclusion concepts, highlighting the reciprocal benefits of such programs (Marshall et al., 2022).

V. SUPPORTING DATA AND CASE STUDIES

Gender disparities in healthcare are well-documented, particularly concerning compensation and leadership representation. Quantitative data and case studies illustrate these challenges and highlight successful interventions aimed at promoting gender equity. Despite women making up a significant portion of the healthcare workforce, a persistent wage gap remains, according to Skinner et al. (2023), over a 40-year career, female physicians earn approximately $2 million less than their male counterparts. This disparity spans various specialties and persists even after adjusting for factors such as hours worked and years of experience. Additionally, women are underrepresented in healthcare leadership roles, While

women make up 71% of the global workforce and 59% of graduates in medical, biomedical, and health sciences, they hold only 25% of senior leadership roles (Forbes, 2022). This underrepresentation limits diverse perspectives in decision-making processes and perpetuates systemic inequities.

Case Studies of Successful Interventions

Closing the Gender Pay Gap: Between 2010 and 2018, the Department of Health and Human Services (DHHS) implemented policies that reduced the gender pay gap from 13% to 9.2% among its employees. While factors such as occupation, pay plan, and location explain over half of the gap, and job grade controls further reduce it, the unexplained portion in 2018 was estimated to be between 1.0% and 3.5%. Over the last two decades, the gender pay gap in the US has narrowed, with the female/male earnings ratio increasing from around 60% before the 1980s to about 79% by 2014, partly due to the 2009 Lily Ledbetter Fair Pay Act (Chen et al. 2021). The strategies included standardized pay scales and transparent compensation practices, demonstrating the effectiveness of organizational commitment to pay equity. In 2021, the EU average gender pay gap was 12.7%, with the highest disparities found in Estonia (20.5%), Austria (18.8%), Germany (17.6%), Hungary (17.3%), and Slovakia (16.6%), while countries like Luxembourg have closed the gap entirely. Reducing the gender pay gap not only promotes gender equality but also stimulates the economy, with assessments showing that a one percentage point reduction could increase the gross domestic product by 0.1% (European Parliament, 2020). By using high-quality data to understand the drivers of their gender pay gap, employers can create targeted action plans to achieve the most effective results.

Improving Gender Diversity in Leadership: World Economic Forum (2023) explored Novo Nordisk, a global healthcare company headquartered near Copenhagen, Denmark, recognized the underrepresentation of women in senior leadership positions and initiated targeted programs to address this imbalance. By focusing on inclusivity and creating pathways for female advancement, the company significantly diversified its leadership. Despite many initiatives promoting diversity and inclusion, there was still room for improvement by the

end of 2020, with women holding only 35% of senior leadership roles. In August 2021, the Executive Management set diversity and inclusion targets, defining gender balance as a range between 45%-55% to accommodate flexibility for men, women, and non-binary individuals. The company aimed to achieve a minimum of 45% women in senior leadership positions by the end of 2025, using a forecasting model based on historical turnover and gender distribution data. This effort led to notable improvements, including an increase in the Inclusion Index from 78% in 2021 to 82% in 2022 and identifying a 0.6% equal pay gap out of 43,000 positions, with corrective actions implemented. Novo Nordisk's gender-equity initiatives have significantly improved gender diversity in leadership roles through targeted recruitment practices, serving as a model for other organizations aiming for gender equity (World Economic Forum, 2023).

VI. DISCUSSION

Gender bias in healthcare recruitment and advancement has far-reaching implications, affecting the careers of healthcare professionals, the quality of patient care, and the overall effectiveness of health systems. Addressing these biases is crucial for ensuring an equitable and efficient healthcare environment.

Gender bias in healthcare manifests in various ways, including disparities in hiring practices, wage gaps, and underrepresentation in leadership roles. These inequities can lead to decreased job satisfaction, higher turnover rates, and a lack of diverse perspectives in decision-making processes (Zawn, 2021). Such biases can compromise patient care quality, as diverse healthcare teams are essential for addressing the needs of a varied patient population. Gender inequity remains a challenge in the health workforce, with too few women making critical decisions and leading the work (Women in Global Health, 2022).

Evaluation of Proposed Policies
Implementing policies that promote gender equity can address these disparities effectively. The WHO recommends that gender inequities be identified and included in all strategic agendas in the health sector (World Health Organization, 2021). By adopting a gender perspective, policymakers can better address the challenges that women in the health sector face (Analyne et al., 2024). These policies can lead to more equitable hiring practices, fair compensation, and increased representation of women in leadership positions, thereby enhancing the overall resilience and effectiveness of health systems.

Challenges and Limitations in Policy Implementation
Despite the potential benefits, several challenges hinder the implementation of gender-equitable policies. Deeply ingrained societal norms and stereotypes perpetuate gender biases, making it difficult to change organizational cultures. Health systems often uphold traditional gender roles, neglect gender inequalities, and lack gender responsiveness, resulting in women health workers having less authority and facing devaluation and abuse (Jasmine et al., 2024). A shortage of relevant data on gender disparities can impede the development and assessment of effective policies (World Bank, 2023), while resource constraints, such as under-financing and lack of capacity, present significant barriers (Lane et al., 2020). Additionally, organizations may resist altering established practices due to a lack of awareness or acknowledgment of existing biases (Cheraghi et al., 2023; Vela et al., 2023). This resistance can stem from bureaucratization and the absence of women's participation in decision-making. Addressing these challenges requires a multifaceted approach, including education and training to shift cultural perceptions, investment in data collection and analysis, allocation of necessary resources, and strong leadership commitment to fostering an inclusive and equitable healthcare environment.

CONCLUSION AND FUTURE DIRECTIONS

Addressing gender bias in healthcare recruitment and advancement is imperative for ensuring an equitable and effective healthcare system. Implementing comprehensive gender equity policies can mitigate disparities, enhance workforce diversity, and improve patient care outcomes.

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comprehensive gender equity policies can limit disparities, enhance workforce diversity, and improve patient care outcomes. Key policy recommendations include the implementation of blind recruitment processes to reduce unconscious biases, the establishment of transparent promotion criteria to ensure equal opportunities for career progression, regular gender bias training to foster an inclusive workplace culture, and equitable pay audits to identify and rectify gender-based pay discrepancies. Achieving gender equity in healthcare requires concerted efforts from federal and state governments, healthcare institutions, and professional associations, with collaboration among these stakeholders being crucial to dismantling systemic biases. Further research is needed to assess the long-term impacts of gender-equity policies on healthcare outcomes and to explore how intersecting identities compound experiences of bias in healthcare recruitment and advancement. This method of addressing gender bias in healthcare is a multifaceted endeavor that creates systemic change, informed by deep research and sustained by collective action, leading to a more equitable and effective future for the healthcare sector.

Need for Collective Efforts

Achieving gender equity in healthcare necessitates concerted efforts at multiple levels. Federal and state governments must enact legislation and policies that ensure equitable practices and provide accountability frameworks. Healthcare institutions should commit to internal reforms, adopting and enforcing policies that promote diversity and inclusion. Professional associations can play a crucial role in setting industry standards and advocating for systemic changes. Collaboration among these stakeholders is vital to dismantle systemic biases and build a healthcare workforce that reflects the diverse populations it serves.

Further Research

Future research should explore the long-term impacts of gender-equity policies on healthcare outcomes, as while immediate benefits are evident, longitudinal studies are necessary to understand their sustained effects on healthcare delivery and patient outcomes. Also, an intersectional analysis of biases is crucial to uncover how intersecting identities—such as race, ethnicity, and gender identity—compound

experiences of bias in healthcare recruitment and advancement, leading to more targeted and effective interventions. Addressing gender bias in healthcare requires systemic change, informed by deep research and sustained by collective action, to foster an inclusive culture and move towards a more equitable and effective future for the healthcare sector.

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