

# Gender Bias in Healthcare Workforce Recruitment: Current Status and the Case for National Reform

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*Abstract- Gender bias in healthcare recruitment remains a significant challenge, hindering the advancement of a diverse and equitable workforce. This article critically examines the prevalence of gender disparities in hiring, promotion, and leadership representation within the healthcare sector. Drawing upon recent studies and data, the analysis highlights how structural, cultural, and systemic factors perpetuate these disparities, ultimately impacting workforce productivity, patient outcomes, and organizational performance. Case studies reveal both the detrimental effects of unchecked bias and the successes of targeted interventions. The article advocates for a comprehensive national reform strategy encompassing transparent hiring practices, mandatory bias training, and standardized diversity metrics. This proposed initiative aims to foster inclusivity, enhance healthcare delivery, and contribute to long-term economic and social benefits. Immediate and collaborative action between the public and private sectors is essential to drive sustainable progress in building a more equitable healthcare workforce.*

**Indexed Terms- Gender Bias, Healthcare Recruitment, Workforce Diversity, National Reform, Inclusive Hiring Practices, Healthcare Leadership, Bias Training, Workforce Equity.**

## I. INTRODUCTION

Gender diversity in the healthcare workforce is essential for enhancing patient outcomes, setting foundations for innovation, and improving workplace culture. Women constitute approximately 67% of the global health and social care workforce, providing essential health services to around 5 billion people worldwide with annual contributions valued at over US\$3 trillion annually (World Health Organization, 2024). Hallet et al. (2024) found that hospitals with over 35% female surgeons and anesthesiologists

experience a 3% decrease in 90-day postoperative major morbidity, indicating that gender-diverse medical teams improve patient outcomes.

Despite progress toward gender equality, significant gender bias persists in healthcare recruitment and career advancement (Winkel et al., 2021). Women are often underrepresented in senior roles, holding only about 25% of leadership positions in health and care, despite making up 67.2% of the workforce. This disparity is further evidenced by the gender pay gap in the health sector, which stands at approximately 25%, higher than the average for other sectors (World Health Organization, 2024).

This article aims to assess the prevalence of gender bias in healthcare workforce recruitment by presenting relevant statistics and case studies that highlight existing disparities. Furthermore, it seeks to advocate for a comprehensive national reform initiative to address and mitigate these biases, fostering a more inclusive and equitable healthcare environment.

Addressing gender bias in healthcare recruitment has significant implications for the broader healthcare system. Promoting gender equity can lead to enhanced efficiency, ensure innovation through diverse perspectives, and ensure equitable access to professional opportunities. A more balanced workforce composition can improve patient care quality, drive institutional advancements, and reflect the diverse patient populations healthcare systems serve. Implementing national reforms to combat gender bias is not only a step toward workplace fairness but also a strategic move to strengthen the resilience and responsiveness of healthcare systems.

## II. LITERATURE REVIEW

### Historical Context

The underrepresentation of women in healthcare leadership roles has deep historical roots, influenced

by societal norms, cultural biases, and systemic barriers that have evolved.

In the early 20th century, societal expectations largely confined women to domestic roles, limiting their access to higher education, politics, and professional careers, including in healthcare (Oswald, 2023). Those who did enter the medical field were often funneled into nursing or support roles, with limited opportunities for advancement into leadership positions. Cultural, traditional, and racial stereotypes contributed to the segregation by viewing leadership and decision-making as traits naturally associated with men (Chanda & Ngulube, 2024). The mid-20th century saw increased advocacy for women's rights, usually referred to as the second wave of feminism, leading to greater participation of women in the workforce, including healthcare, including the introduction of the Equal Pay Act in 1963 and the Civil Rights Act, 1964 (Elinor Burkett & Laura Brune, 2024). Despite this progress, leadership roles remained predominantly occupied by men. Structural barriers, such as lack of mentorship, limited access to professional networks, and organizational cultures resistant to change, continued to impede women's advancement (Chanda & Ngulube, 2024). Despite facing barriers and stereotypes, women advanced careers in medicine and representation in healthcare, significantly shaping healthcare. Notably, Marie Curie's research on radioactivity and Gerty Cori's work on carbohydrate metabolism earned them Nobel Prizes, highlighting their pivotal contributions to medical science (ProLink, 2024). In 1986, the NIH set a policy encouraging the inclusion of women in studies, which was later outlined in the NIH Guide in 1987 and reinforced by a 1989 Memorandum on Inclusion. By 1990, the GAO reported issues with the policy's implementation, prompting the establishment of the ORWH and the significant Women's Health Initiative in 1991, and 1993, Congress made the inclusion policy law through the NIH Revitalization Act.

#### Current Status

Although women are the majority in public health, their presence in high-responsibility and decision-making roles is minimal, especially in county hospitals, necessitating equality policies to address this gender gap (Pérez-Sánchez et al., 2021). There are

ongoing gender disparities in healthcare recruitment, particularly concerning hiring practices, pay gaps and representation in leadership. Male physicians consistently earn higher wages than their female counterparts in all medical specialties, and specialties dominated by men tend to have significantly higher pay compared to those where women are the majority. While both men and women in nursing face workplace gender discrimination, men generally receive preferential treatment in career advancement and are more readily accepted by managers, patients, and colleagues (Gauci et al., 2023). Additionally, gender discrimination among women healthcare workers has been linked to negative impacts on job satisfaction, mental health, and career development, further perpetuating disparities in the field (Hennein et al., 2023). According to Kostiuhenko et al. (2020), addressing gender inequality in healthcare requires legal measures to ensure decent work for women in the medical profession. These measures should include removing employment barriers, supporting women's careers, achieving gender parity in management positions, setting minimum healthcare wages at the national average, creating an entity to address gender discrimination cases, and establishing salary bonuses for women healthcare workers with children, among other legal mechanisms.

#### Causes of Gender Bias

Gender bias in healthcare recruitment arises from a complex interplay of structural, cultural, and systemic factors that collectively hinder the equitable representation of women in the healthcare workforce.

#### *Structural Factors*

Institutional policies and practices can inadvertently favor male candidates, perpetuating gender disparities. Recruitment criteria often emphasize traditionally male-dominated specialties or leadership styles, disadvantaged to women by prioritizing traits stereotypically associated with men, such as assertiveness, while potentially overlooking collaborative or empathetic leadership qualities more commonly attributed to women (Leafe, 2024; Tremmel & Wahl, 2023). Additionally, hierarchical structures within healthcare institutions may limit women's opportunities for advancement, particularly when senior positions are predominantly occupied by

men, thus creating a cycle that perpetuates male dominance in leadership roles (Baduge et al., 2024).

#### *Cultural Factors*

Prevailing societal norms and stereotypes significantly contribute to gender bias, as associations of leadership and technical expertise with men can lead to biased perceptions during hiring and promotion processes, resulting in the undervaluation of women's competencies and potential (Nelson, 2020). Additionally, a workplace culture that tolerates gender bias or fails to promote inclusivity can discourage women from pursuing or remaining in healthcare careers, especially in leadership roles (Leafe, 2024).

#### *Systemic Factors*

Broader systemic issues contribute to gender bias, such as the lack of supportive policies for balancing work and personal responsibilities disproportionately affects women, who often bear greater caregiving duties and are thus deterred from pursuing demanding roles perceived as incompatible with family obligations (Ono et al., 2020). Additionally, inadequate access to mentorship and sponsorship opportunities impedes women's career progression, as mentors and sponsors provide crucial guidance, advocacy, and networking opportunities for advancement (Ceylan & Mnzile, 2024). Insufficient measures to address and prevent workplace harassment create hostile environments that undermine women's confidence and career aspirations, leading to attrition and decreased representation in the workforce (International Labour Organization, 2023).

#### *Impacts of Gender Bias*

Gender bias in healthcare recruitment has far-reaching consequences: Hennein et al. (2023) highlight that gender discrimination against female healthcare workers can lead to social and professional isolation, hindered career development, and unfair salary disparities. Gender bias in healthcare can have serious consequences beyond just causing frustration and emotional distress. Those who frequently encounter this bias may lose trust in healthcare professionals, leading them to avoid routine health checkups (Raypole, 2022). Moreover, biases can result in a lack of diverse perspectives in clinical decision-making, potentially compromising the quality of patient care (Zawn, 2021). Organizations that fail to address

gender disparities may also experience reduced productivity, innovation, and overall effectiveness (Pytlik, 2023). Addressing these issues is crucial for creating a more equitable and effective healthcare system.

### III. PREVALENCE OF GENDER BIAS IN HEALTHCARE RECRUITMENT

Gender bias in healthcare recruitment manifests through disparities in hiring rates, promotion opportunities, and compensation between men and women.

#### *Statistical Analysis*

*Hiring and Representation:* Women make up a large part of the healthcare workforce but are often in lower-paid roles like nursing and midwifery, while men dominate higher-paying medical positions, with women being less likely to hold specialties except in fields like pediatrics, general practice, and gynecology (Ayaz et al., 2021). A 2023 McKinsey report shows that women's representation in healthcare is strong at the early career stages, with high percentages in entry-level, manager, and senior manager or director roles. However, this representation declines significantly in higher positions, with only 32% at the C-suite level; for instance, although 70% of managers are women, only 45% of vice presidents are women (McKinsey, 2023).

*Leadership Positions:* Despite their majority in the workforce, women's representation in leadership roles remains limited. Pérez-Sánchez et al. (2021) highlight a significant gender disparity in healthcare leadership, noting that while women make up 70% of the global health workforce, they hold only 26% of leadership positions. Additionally, women are more commonly found in lower-tier roles such as subdirectories and section chiefs rather than higher-tier positions, despite constituting the majority of medical personnel. According to the Aliabadi Education Team, although more women are entering the medical field, they comprise only about 40% of physicians and surgeons, but dominate 90% of nursing roles. Additionally, there is a significant underrepresentation of women in decision-making positions, with women leading just 19% of hospitals, holding 13% of healthcare CEO

roles, and making up 33% of senior leadership positions.

*Wage Disparities:* Although women make up 77% of healthcare workers in the United States, gender inequality adversely affects their pay and career progression, resulting in a persistent wage gap between men and women in the sector (Dill et al., 2024). Gupta et al. (2022) found that health policy researchers' wages were 21.1% lower than those in the male-dominated economics policy field, with women overall earning 3.2% less than men due to unexplained factors.

#### Sectoral Differences

*Nursing:* Nursing is predominantly female, with women comprising the vast majority of the workforce. However, Recent studies have shown that male nurses are more likely to hold senior positions and receive promotions more quickly and at a younger age compared to female nurses, who, after accounting for hours worked and experience, earn only 91% of what their male counterparts make on average (Gauci et al., 2023). The phenomenon is referred to as the "glass escalator" effect, which describes how men in female-dominated occupations often experience career advantages, rising more quickly to leadership positions than their female counterparts, even though men are less likely to enter these fields (Brandford & Brandford-Stevenson, 2021).

*Medicine:* In medical professions, women are underrepresented in certain specialties and leadership roles. Women have bravely pioneered surgery and surgical specialties, overcoming the lack of mentors, role limitations, and the challenge of balancing home and work life (Singh et al., 2021). Schizas et al. (2022) highlighted that biases against female surgeons, both implicit and explicit, significantly hinder their training and career progression, resulting in underrepresentation in leadership and senior academic positions. Additionally, a lack of effective mentorship, work-life imbalances due to caregiving responsibilities, inadequate parental leave policies, and financial disparities further compound the challenges faced by female surgeons, affecting their professional and personal lives.

*Administration:* In healthcare administration, a disparity exists where men predominantly occupy top executive roles despite the significant presence of women (Mose, 2021). Lack of leadership opportunities for women in healthcare diminishes their career satisfaction, lowers morale, and results in a significant reduction in lifetime earnings (World Health Organization, 2023). This underrepresentation in decision-making positions contributes to ongoing gender biases in organizational policies and practices.

#### Geographical Variation

*Global Perspective:* Gender disparities in healthcare are a global issue, with variations across regions. Achieving gender equality among healthcare professionals will enhance care quality and health outcomes, and addressing gender norms and inequalities is essential for meeting the Sustainable Development Goals in universal health (Karaçam et al., 2023). Women account for 67% of the global health and social care workforce, yet an estimated 75% of leadership roles in health and care are held by men (S&P Global, 2024).

*Regional Differences:* In certain regions, cultural norms and systemic barriers further exacerbate gender biases. For instance, in some countries, women may have limited access to education, as countries lose between US\$15 trillion and \$30 trillion in lifetime productivity and earnings due to girls' limited educational opportunities and barriers to completing 12 years of education (World Bank, 2023). Women in India's and Kenya's health sectors face numerous obstacles in their careers, such as limited professional opportunities, inadequate infrastructure, and organizational barriers like lack of capacity building and networking, restrictive policies, gender quotas, and heavy work burdens. Additionally, issues like verbal/sexual harassment, professional hierarchies, gender-based occupational segregation, and the burden of unpaid care work further hinder their advancement to leadership positions (Saville et al., 2024).

## IV. CASE STUDY

Case Study: Addressing Hiring Disparities at Maua Methodist Hospital

Maua Methodist Hospital (MMH) faced notable disparities in hiring practices, impacting workforce diversity and overall job performance. This study by Fadhili et al. (2021) aimed to determine how diversity management affects job performance at MMH by examining various dimensions of diversity. The case study assesses the impact, evaluates and identifies diversity dimensions on job performance. The study was grounded in Social Identity Theory, Similarity/Attraction Theory, and Resource-Based Theory. Using a descriptive research design, data was collected from 317 employees with a sample of 170 respondents selected via the Yamane formula. A structured questionnaire was used for data collection, and analysis was performed with SPSS version 25.0. The study found that improved decision-making processes and more inclusive HR practices concerning age, gender, and ethnicity ensured non-discrimination. Through providing equal career growth opportunities, higher employee commitment, output, and creativity were achieved. Additionally, enhancing promotion and recruitment processes and developing training programs positively impacted job performance. Overall, the study concluded a positive relationship between diversity management and job performance, with primary dimensions of diversity being the most significant factor. However, secondary dimensions of diversity had a negative significant relationship with job performance, and the role of primary dimensions in recruitment remained unclear but boosted employee motivation. To further improve job performance at MMH, enhancing the role of primary dimensions of diversity in recruitment and promotion processes is recommended. By addressing these disparities, MMH can ensure a more diverse and effective workforce, ultimately leading to improved job performance and organizational success. Addressing gender bias in healthcare recruitment is crucial for fostering equitable and effective healthcare systems. A recent study explored the potential of personality-based algorithms to mitigate gender discrimination in hiring processes across various occupations, including healthcare.

#### Case Study: Implementing Personality-Based Algorithms to Reduce Gender Bias

Kubiak et al. (2023) examined 208 predictive models created for 18 employers, tested on a global sample of 273,293 potential candidates. Although hiring

algorithms offer potential solutions, they are often perceived as amplifying human biases. As a result, talent specialists tend to rely on expert recommendations, while candidates often question the fairness of these tools due to a lack of transparency and control over standardized assessments. However, evidence suggests that algorithms built on gender-blind data, such as personality traits—which are generally similar between genders and predictive of performance—can help reduce gender biases in hiring. The findings indicated that personality-based algorithms could aid organizations in screening candidates during the early stages of selection while minimizing the risks of gender discrimination. Mean weighted impact ratios of 0.91 (Female-Male) and 0.90 (Male-Female) were observed, with similar results across 21 different job categories, indicating a reduction in gender bias. This approach demonstrates that using gender-blind data, such as personality assessments, can help mitigate hiring biases. By adopting these algorithms, healthcare organizations can enhance fairness and inclusivity in their recruitment processes, leading to a more diverse and equitable workforce. This case study highlights the potential of innovative technological solutions in addressing gender bias in healthcare recruitment, promoting diversity, and improving organizational outcomes.

## V. THE CASE FOR NATIONAL REFORM

Addressing gender bias in healthcare recruitment necessitates a comprehensive national strategy to ensure equitable representation and capitalize on the benefits of a diverse workforce.

### A. Why National Reform is Necessary

*Limitations of Piecemeal Solutions:* Organization-specific initiatives, while beneficial, often lack the scope and consistency required to effect widespread change. To achieve gender equity, institutions must commit to changing their policies and practices, as their influence is crucial for creating widespread change and addressing regional disparities (Medical News Today, 2024). Gadsden et al. (2024) present a Theory of Change (ToC) that outlines pathways for positive change in medical research, policy, and practice by addressing sex and gender biases, providing a clear framework for achieving impact.

*Economic and Social Benefits:* A diverse healthcare workforce enhances cultural competency, leading to improved patient care and satisfaction (Vella et al., 2022). Kaur & Arora (2021) emphasize that gender diversity fosters innovation, creativity, and problem-solving, enhancing organizational performance, reputation, productivity, decision-making, and economic prosperity by reducing gender inequalities in health.

*B. Key Components of a National Initiative Policy*

*Transparent Hiring Practices:* Mandating openness in recruitment processes can help eliminate biases, ensuring all candidates are evaluated fairly based on merit. Kubiak et al. (2023) propose that using personality-based algorithms can aid organizations in early-stage candidate screening, thereby reducing the potential for gender discrimination. When women have access to salary information, they are more likely to negotiate for higher pay, which helps level the playing field and reduces gender bias by making it harder for employers to justify paying women less than men for the same job (Austin, 2024).

*Gender Targets for Leadership Roles:* Implementing gender targets can accelerate the inclusion of women in leadership positions, promoting balanced representation. Formal mentoring programs and job sharing enhanced women's skills, productivity, and leadership opportunities, fostering key network connections and making leadership roles more attainable (Mousa et al., 2021).

*Bias Training:* National Training Programs: Developing standardized training for recruiters and hiring managers can raise awareness of unconscious biases, fostering more equitable recruitment practices. Effective UB training not only raises awareness of biases and their impacts but also helps attendees manage and change their behaviors, track progress, access stereotype-challenging information, and connect with diverse experiences, requiring ongoing education and structural changes like standardized hiring processes, eliminating self-assessments in performance reviews, and incentivizing diversity improvements (Gino & Coffman, 2021).

*Standardized Metrics:* *Regular Reporting:* Requiring healthcare organizations to report gender diversity metrics promotes accountability and enables the monitoring of progress toward equity goals. Transparent, verifiable metrics reported to communities can build trust and show an organization's openness to change; healthcare organizations serious about addressing health inequities should adopt self-monitoring health equity metrics in their daily operations (Evenson et al., 2024). *Incentivizing Diversity:* *Financial Incentives and Recognition:* Offering rewards to organizations that achieve diversity objectives encourages the adoption of inclusive practices and highlights the value of gender equity. Diversity and inclusion enable organizations to acknowledge and leverage differences for profitability, as diverse teams make better, more effective decisions and perform faster with fewer meetings (Kaur & Arora, 2021). Gender equality, smart recruiting, and inclusive hiring practices ensure a diverse workforce that drives innovation, better decision-making, and business success (Matsh, 2023).

*C. Potential Challenges*

*Resistance from Stakeholders:* Implementing national reforms may encounter opposition due to entrenched biases, fear of change, or perceived threats to existing power structures. Despite significant efforts to address gender inequalities in public health, insufficient resources, weak organizational mechanisms, and lack of political commitment have led to fragmented actions and a gap between rhetoric and reality (Crespí-Lloréns et al., 2021).

*Resource Allocation and Implementation Logistics:* Coordinating a nationwide initiative requires substantial resources and careful planning to ensure effective execution and sustainability. Boosting female representation in these roles is a societal challenge that necessitates the creation and implementation of equality policies to reduce the gender gap (Pérez-Sánchez et al., 2021).

VI. BENEFITS OF ADDRESSING GENDER BIAS

Addressing gender bias in healthcare recruitment offers substantial benefits in workforce productivity, patient outcomes, and economic impact. Gender-diverse teams have been shown to improve decision-making and overall performance (Keller, 2024). By fostering an inclusive environment, healthcare organizations can attract top talent more effectively, leading to a sustained competitive advantage. Diverse perspectives also contribute to comprehensive problem-solving and drive innovation, resulting in enhanced collaboration and increased productivity within healthcare settings (Eagle Gate College, 2024). Moreover, workforce diversity directly correlates with improved patient outcomes. Studies have demonstrated that patients generally receive better care when treated by diverse healthcare teams, as diversity enhances cultural competency and communication between providers and patients. Conversely, a lack of diversity can negatively impact patient care and satisfaction (Khuntia et al., 2022). This improved understanding and responsiveness to patients' needs contribute to higher-quality healthcare delivery.

From an economic standpoint, inclusive recruitment practices generate cost savings and operational efficiencies. Organizations that prioritize diversity in hiring experience heightened productivity and a stronger market position (Khuntia et al., 2022). Furthermore, inclusive workplaces foster higher employee satisfaction and loyalty, leading to reduced turnover rates and lower recruitment and training expenses (Mathisen et al., 2021; Al-Suraihi et al., 2021). Collectively, these benefits underscore the critical importance of addressing gender bias to enhance healthcare performance, patient care, and economic sustainability.

## VII. RECOMMENDATIONS FOR IMPLEMENTATION

To effectively address gender bias in healthcare recruitment, a multi-faceted approach involving governments, healthcare organizations, and recruiters is essential. Governments should enforce transparent hiring practices and establish gender diversity targets to ensure equitable representation. They should also mandate regular reporting of gender diversity statistics to monitor progress and accountability and provide

financial incentives and public recognition for organizations that achieve or exceed diversity goals. Healthcare organizations should conduct comprehensive reviews of recruitment and promotion practices to identify and rectify biases. They should implement mandatory training programs to educate staff on recognizing and mitigating unconscious biases and establish mentorship and sponsorship initiatives to support the career advancement of underrepresented genders. Recruiters should craft job postings that appeal to a diverse applicant pool by avoiding gendered language and emphasizing an inclusive workplace culture. They should assemble recruitment teams with diverse backgrounds to reduce the influence of individual biases and adopt blind recruitment processes that conceal applicants' gender information during initial screening stages to prevent bias. Collaboration between the public and private sectors is crucial to ensure the successful implementation and sustainability of these reforms. Through working together, stakeholders can create a cohesive strategy that promotes gender equity across the healthcare industry.

## CONCLUSION

Gender bias in healthcare recruitment persists as a significant barrier to achieving a diverse and equitable workforce. The disparities in hiring practices, promotion opportunities, and leadership representation undermine the principles of fairness and also impede the overall effectiveness and quality of healthcare delivery.

A national initiative is imperative to standardize and enforce measures that address these biases comprehensively. Such an approach ensures consistency across regions and institutions, fostering an environment where equitable practices become the norm rather than the exception. Immediate and collaborative action is essential to drive sustainable progress, through the implementation of these recommended reforms, stakeholders can work towards a healthcare system that values diversity, promotes inclusivity, and delivers superior patient care.

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