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GENDER BIAS IN HEALTHCARE PERSPECTIVE OF HEALTHCARE WORKERS

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Abstract

Background: *Currently the gender bias has evolved into an important issue even for healthcare and not only affects the patients' quality care but also workplace environment existing among professionals.*

Objectives: *To examine how healthcare workers perceive gender bias in patient care and treatment decisions; to investigate the impact of gender bias on healthcare workers' career advancement and workplace dynamics; and to assess the coping mechanisms employed by healthcare workers in response to gender bias.*

Study Design: *Cross-sectional study*

Place and Duration of Study: *This study was conducted in Omar Hospital and Cardiac Centre, Jail Road Lahore from March 2025 to September 2025.*

Methods: *During study 422 healthcare workers (HCWs) i.e., doctors, nurses, administrative staff and allied professionals were enrolled. Consecutive sampling technique was employed. Researcher collected data using both quantitative and qualitative methods. Data was analyzed using SPSS version 27.0.*

Results: *Out of 422 HCWs, 53.3% were females and mean age was 28.32+7.146 years. Among these healthcare workers, 24.4% males and 42.9% females were agreed that gender plays a role in patient care, 26.8% males and 24.0% females were agreed that gender has influenced their career growth in the healthcare sector, 25.1% males and 34.4% females agreed that both genders receive equal pay and benefits for equivalent roles, 30.2% males and 26.7% females felt comfortable while discussing issues related to gender bias in their workplace and 4.0% males and 15.9% females experienced burnout due to gender-related issues in their workplace while 10.7% males and 12.5% females healthcare workers reported that their mental health was affected by gender bias.*

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Conclusion: *Study concluded that gender bias was found in both genders but it was more prevalent among female than male healthcare workers.*

INTRODUCTION

Gender bias has now evolved into a critical issue even for healthcare and affects not only quality patient care but also the workplace environment existing amongst professionals. This conscious or unconscious conduct triggers unequal treatment; hence, it has implications for healthcare outcomes, career advancement, and the overall experience of both patients and healthcare workers.[1] Knowing how health professionals perceive and experience gender bias could facilitate work toward more equitable health systems. Because of gender bias, healthcare organizations result in disparities in managing patients.[2] The health workforce is equally susceptible to gender bias, where female health workers experience wage disparity, little opportunity for leadership positions, and even stereotyping influencing their functions.[3] Such disparities erode trust in the health system, not only in impairing patient outcome but particularly among women and other marginalized populations.[4]

Gender bias extends in workplace dynamics of the hiring practices, promotion, and leadership opportunities. In this regard, only 18% of hospital CEOs are female, with only 16% of deans of medical schools, according to surveys from the American Medical Association, or AMA, despite the fact that women comprise nearly half of the medical workforce.[5] This underrepresentation is further compounded by the gender pay gap, as it has been observed that female physicians can earn up to 25% less than their male colleagues, even appropriately adjusted for specialty and years of experience.[6] Similarly, in the case of nursing, with male nurses being fewer, they have more often supervisory and leadership roles compared to female nurses.[7] These disparities lead to a culture that perpetuates gender roles, which then limit the professional development of female healthcare workers and instill deep-seated stereotypes about the capabilities and roles that women should play in healthcare settings.[8]

Numerous studies have assessed the gender bias effects from the perspective of the health workers themselves. In one study of 1,500 HCWs conducted in United Kingdom, 72% of female respondents felt that their sex had hurt their career prospects, while only 28% of male respondents did.[9] Furthermore, female health workers were more likely to report feeling undervalued or passed over for promotions, with many citing leadership compositions dominated by men as a major obstacle to career growth.[10] These findings are corroborated by international studies that disclose the way gender bias in healthcare workplaces negatively affects the career path of women, their job satisfaction, and well-being. In response to these kinds of issues, some healthcare organizations started to institute the gender sensitivity training as well as policies aimed at reducing bias. The effectiveness remains somewhat limited caused by deep-rooted cultural values and systemic barriers.[11]

The objectives of study were to investigate how HCWs perceive the gender bias in patient care and treatment decisions, to investigate the impact of gender bias on HCWs' career advancement and workplace dynamics and to assess the coping mechanisms employed by healthcare workers in response to gender bias.

Thus, the rationale behind this study is, while much attention has been paid to how gender bias affects patient care, less is known about how healthcare workers themselves experience and perceive these biases in their day-to-day work. The present study tried to investigate the exact challenges faced by healthcare workers, the coping mechanism they use, and perhaps the solutions they see for the creation of an equitable environment in health care.

MATERIAL AND METHODS

It was a cross-sectional study that investigated the perceptions & experiences of HCWs regarding gender bias in healthcare settings. The target population was HCWs from public & private

health facilities of district Lahore. The population included was doctors, nurses, administrative staff and allied health professionals. This study was conducted in Omar Hospital and Cardiac Centre, Jail Road Lahore from March 2025 to September 2025.

The sample size was calculated using the following formula:

$$n = \frac{Z^2 \times p \times (1-p)}{d^2}$$

Where:
- **n** is the required sample size.
- **Z** is the Z-value (1.96 for a 95% confidence level).
- **p** is the estimated proportion of the population that perceives gender bias (set at 50% to maximize the sample size).
- **d** is the margin of error (set at 5%).

Therefore, adjusted sample size was 384 respondents. To account for potential non-response, a 10% increase was made, resulting in a final sample size of 422 healthcare workers. During study consecutive sampling technique was employed.

Inclusion criteria:
- HCWs (doctors, nurses, allied professionals and administrative staff) working in public and private health facilities of Lahore.
- Minimum two years professional experience in healthcare sector.
- Willingness to participate in the study.

Exclusion criteria:
- The HCWs who were recently on long-term leave / not practicing actively.
- Those unwilling to participate or provide consent.

Researcher collected the data using both quantitative and qualitative methods. A structured questionnaire was administered to 422 HVWs to collect quantitative data regarding their perceptions of gender bias in patient care and workplace dynamics. The questionnaire included sections on demographic details, experiences with gender bias, and its impact on patient care and career progression. The data collection process adhered strictly to privacy and confidentiality guidelines. Participants were informed about the purpose of the study, and their responses were anonymized to protect their identity. All data collected was stored securely, ensuring only authorized personnel have access.

Quantitative data was analyzed using SPSS version 27.0. Descriptive statistics such as frequencies, percentages, and means were calculated to summarize the data. Inferential statistics, including t-tests and chi-square tests, were used to compare differences in gender bias perceptions between male and female healthcare workers and P-value less that 0.05 was considered statistically significant.

Prior to the study, ethical approval was sought from the relevant institutional review boards. All participants were fully informed regarding study's aims, techniques, and their rights, including right to withdraw at any time. Informed consent in writing was acquired from all study participants.

RESULTS

Table-1 describes that among 422 healthcare workers, 397 (94.1%) were up to 40 years old, only 25 (5.9%) were above 40 years old and mean age was 28.32+7.146 years.

Among these healthcare workers, 197 (46.7%) were males and more than half 255 (53.3%) were females.

Most of the healthcare workers 379 (89.6%) had up to 10 years work experience and only 43 (10.1%) had above 10 years work experience and mean experience was 5.38±5.519 years.

Out of 422 healthcare workers, 118 (28.0%) studied up to Matric / A level, 218 (51.7%) had graduation degrees, 68 (16.1%) had done their postgraduation and 18 (4.3%) had Masters degrees.

Result shows that out of 422 healthcare workers, 228 (54.0%) were single, 186 (44.1%) were married and 6 (1.4%) divorced while 2 (0.5%) were widowed.

Table-2 depicts that among 422 healthcare workers, 24.4% males and 42.9% females were agreed that gender plays a role in patient care (P=0.000). Among them, 25.1% males and 21.6% females observed differences in care between male and female patients (P=0.006). Out of these healthcare workers, 20.1% males and 25.2% females said that gender influence patient care in their workplace (P=0.000).

Result shows that among 422 healthcare workers, 26.8% males and 24.0% females were agreed that gender has influenced their career growth in the healthcare sector (P=0.008). There were 31.3% males and 24.4% females who observed/experienced differential treatment in the assignments/responsibilities based upon gender (P=0.000). Among these healthcare workers, 19.2% males and 20.3% females faced discrimination related to their gender (P=0.012). Out of 422 healthcare workers, 21.4% males and 24.6% females believed that both male and female healthcare workers receive equal treatment in performance reviews (P=0.016). Among them, 35.5% males and 39.6% females reported that leadership roles are equally available to all genders in their workplace (P=0.649). However, 23.7% males and 18.2% females said that they have ever been overlooked for promotion due to their gender (P=0.001). Result further shows that, 25.1% males and 34.4% females agreed that male and female healthcare workers receive equal pay and benefits for equivalent roles (P=0.001). Among healthcare workers, 30.2% males and 26.7% females felt comfortable while discussing issues related to gender bias in their workplace (P=0.002).

Table-2 further highlights that out of 422 healthcare workers, majority (19.0% males and 22.5% females) used coping strategy "ignore it" to generally cope with instances of gender bias in their workplace while remaining proportion in both genders used coping strategy such as discuss with peers, report to higher authorities and seek support from mentors (P=0.016). But 31.1% males and 33.4% females did not seek any professional support (e.g., counselling) to cope with gender bias (P=0.412). There were only 8.1% males and 10.4% females who relied on specific strategies or personal practices to manage stress related to gender bias (P=0.544). Among these healthcare workers, 23.3% males and 14.9% females confirmed the availability of any formal support systems in their workplace to help employees dealing with gender bias (P=0.000). Out of 422 healthcare workers, only 14.7% males and 8.0% females found their workplace's resources or policies effective in addressing gender bias (P=0.000).

Among 422 healthcare workers, 14.0% males and 15.9% females experienced burnout due to gender-related issues in their workplace (P=0.969). Result shows that 22.7% males and 23.3% females said gender bias impacted their career progression (P=0.000). Among these healthcare workers, 10.7% males and 12.5% females reported that their mental health was affected by gender bias (P=0.863). Out of 422 healthcare workers, 11.1% males and 11.6% females faced barriers in leadership due to gender (P=0.611).

Table-1: Demographic information (n = 422)

Age, n(%)	
<40 years	397 (94.1%)
>40 years	25 (5.9%)
Mean±SD	28.32±7.146
Gender, n(%)	
Male	197 (46.7%)
Female	225 (53.3%)
Years of experience, n(%)	
≤10 years	379 (89.6%)

>10 years	43 (10.1%)
Mean±SD	5.38±5.519
Education, n(%)	
Matric / A level	118 (28.0%)
Graduate	218 (51.7%)
Postgraduate	68 (16.1%)
Masters	18 (4.3%)
Marital status, n(%)	
Single	228 (54.0%)
Married	186 (44.1%)
Divorced	6 (1.4%)
Widowed	2 (0.5%)

Figure-1: Age of healthcare workers

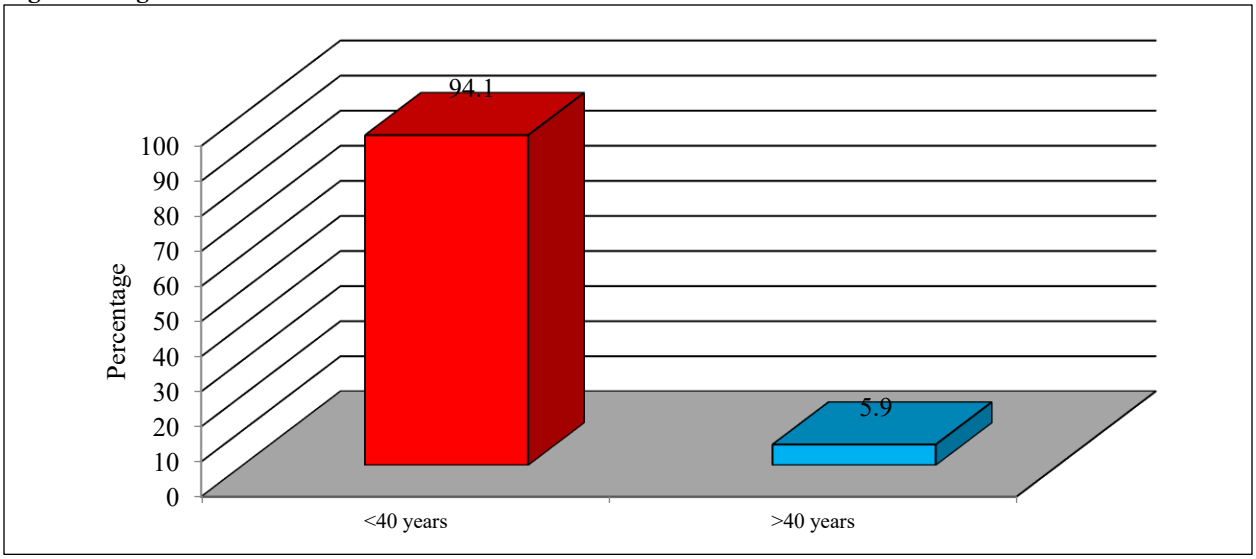


Figure-2: Gender of healthcare workers

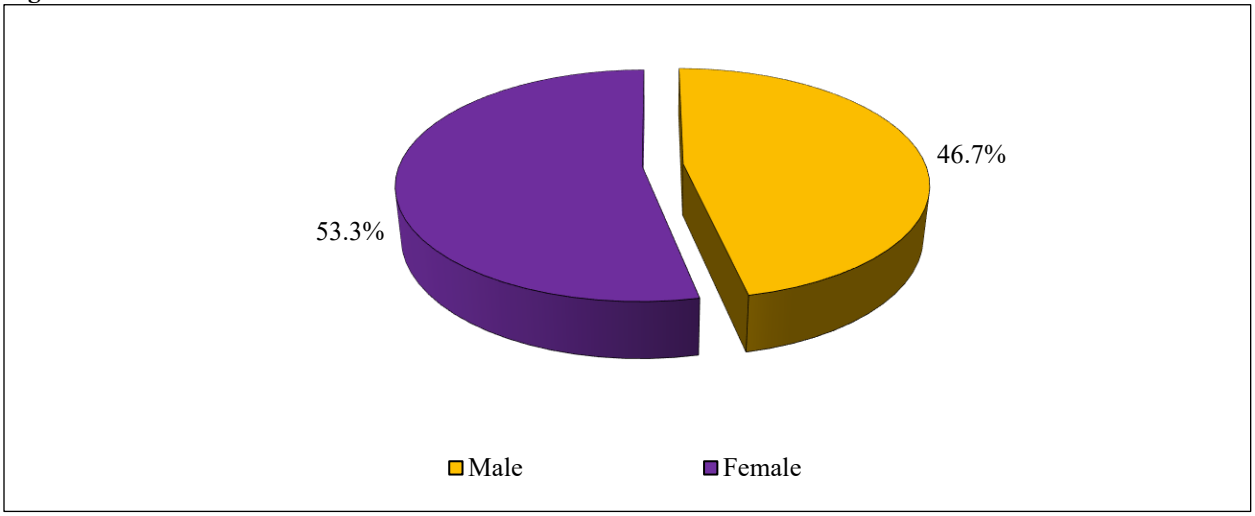


Table-2: Differences in gender bias perceptions between male and female HVWs

	Male	Female	Total	P-value
Perception of gender bias in patient care				
To what extent do you agree that gender plays a role in patient care? (Role of gender)				
• Strongly disagree	19 (4.5%)	33 (7.8%)	52 (12.3%)	0.000
• Disagree	13 (3.1%)	44 (10.4%)	57 (13.5%)	
• Neutral	62 (14.7%)	70 (16.6%)	132 (31.3%)	
• Agree	54 (12.8%)	63 (14.9%)	117 (27.7%)	
• Strongly agree	49 (11.6%)	15 (3.6%)	64 (15.2%)	
• Total	197 (46.7%)	225 (53.3%)	422 (100.0%)	
Have you witnessed differences in care between male and female patients? (Observed differences)				
• Yes	106 (25.1%)	91 (21.6%)	197 (46.7%)	0.006
• No	91 (21.6%)	134 (31.7%)	225 (53.3%)	
• Total	197 (46.7%)	225 (53.3%)	422 (100.0%)	
How frequently does gender influence patient care in your workplace? (Influence frequency)				
• Never	56 (13.3%)	43 (10.2%)	99 (23.5%)	0.000
• Rarely	56 (13.3%)	76 (18.0%)	132 (31.3%)	
• Sometimes	49 (11.6%)	80 (19.0%)	129 (30.6%)	
• Often	12 (2.8%)	21 (5.0%)	33 (7.8%)	
• Always	24 (5.7%)	5 (1.2%)	29 (6.9%)	
• Total	197 (46.7%)	225 (53.3%)	422 (100.0%)	
Workplace dynamics and gender bias				
Do you feel that your gender has influenced your career growth in the healthcare sector? (Career growth impact)				
• Strongly agree	37 (8.8%)	32 (7.6%)	69 (16.4%)	0.008
• Agree	76 (18.0%)	69 (16.4%)	145 (34.4%)	
• Neutral	33 (7.8%)	44 (10.4%)	77 (18.2%)	
• Disagree	34 (8.0%)	69 (16.4%)	103 (24.4%)	
• Strongly disagree	17 (4.0%)	11 (2.6%)	28 (6.6%)	
• Total	197 (46.7%)	225 (53.3%)	422 (100.0%)	
Have you observed or experienced differential treatment in assignments or responsibilities based on gender? (Assignment differences)				
• Yes	132 (31.3%)	103 (24.4%)	235 (55.7%)	0.000
• No	65 (15.4%)	122 (28.9%)	187 (44.3%)	
• Total	197 (46.7%)	225 (53.3%)	422 (100.0%)	
How often have you faced discrimination related to your gender? (Micro aggressions)				
• Never	81 (19.2%)	70 (16.6%)	151 (35.8%)	0.012
• Rarely	35 (8.2%)	69 (16.4%)	104 (24.6%)	
• Sometimes	54 (12.8%)	65 (15.4%)	119 (28.2%)	
• Often	14 (3.3%)	14 (3.3%)	28 (6.6%)	
• Always	13 (3.1%)	7 (1.6%)	20 (4.7%)	
• Total	197 (46.7%)	225 (53.3%)	422 (100.0%)	
Do male and female healthcare workers receive equal treatment in performance reviews? (Performance review equality)				

• Strongly Disagree	28 (6.6%)	16 (3.8%)	44 (10.4%)	0.016
• Disagree	38 (9.0%)	43 (10.2%)	81 (19.2%)	
• Neutral	41 (9.7%)	62 (14.7%)	103 (24.4%)	
• Agree	72 (17.1%)	95 (22.5%)	167 (39.6%)	
• Strongly Agree	18 (4.3%)	9 (2.1%)	27 (6.4%)	
• Total	197 (46.7%)	225 (53.3%)	422 (100.0%)	
Are leadership roles equally available to all genders in your workplace? (Leadership opportunities)				
• Yes	150 (35.5%)	167 (39.6%)	317 (75.1%)	0.649
• No	47 (11.1%)	58 (13.8%)	105 (24.9%)	
• Total	197 (46.7%)	225 (53.3%)	422 (100.0%)	
Have you ever been overlooked for promotion due to your gender? (Promotion overlooked)				
• Yes	100 (23.7%)	77 (18.2%)	177 (41.9%)	0.001
• No	97 (23.0%)	148 (35.1%)	245 (58.1%)	
• Total	197 (46.7%)	225 (53.3%)	422 (100.0%)	
Do you feel that male and female healthcare workers receive equal pay and benefits for equivalent roles? (Pay and benefits)				
• Strongly agree	27 (6.4%)	35 (8.3%)	62 (14.7%)	0.000
• Agree	79 (18.7%)	110 (26.1%)	189 (44.8%)	
• Neutral	30 (7.1%)	62 (14.7%)	92 (21.8%)	
• Disagree	31 (7.3%)	14 (3.4%)	45 (10.7%)	
• Strongly disagree	30 (7.1%)	4 (1.0%)	34 (8.1%)	
• Total	197 (46.7%)	225 (53.3%)	422 (100.0%)	
Do you feel comfortable discussing issues related to gender bias in your workplace? (Comfort discussing bias)				
• Very Comfortable	80 (19.0%)	53 (12.5%)	133 (31.5%)	0.002
• Somewhat Comfortable	47 (11.2%)	60 (14.2%)	107 (25.4%)	
• Neutral	58 (13.8%)	84 (19.8%)	142 (33.6%)	
• Uncomfortable	9 (2.1%)	20 (4.8%)	29 (6.9%)	
• Very uncomfortable	3 (0.7%)	8 (1.9%)	11 (2.6%)	
• Total	197 (46.7%)	225 (53.3%)	422 (100.0%)	
Coping mechanisms for gender bias				
How do you generally cope with instances of gender bias in the workplace? (Coping strategy)				
• Ignore it	80 (19.0%)	95 (22.5%)	175 (41.5%)	0.016
• Discuss with peers	27 (6.4%)	54 (12.8%)	81 (19.2%)	
• Report to higher authorities	60 (14.2%)	46 (10.9%)	106 (25.1%)	
• Seek support from mentors	30 (7.1%)	30 (7.1%)	60 (14.2%)	
• Total	197 (46.7%)	225 (53.3%)	422 (100.0%%)	
Have you sought any professional support (e.g., counselling) to cope with gender bias? (Professional support)				
• Yes	66 (15.6%)	84 (19.9%)	150 (35.5%)	0.412
• No	131 (31.1%)	141 (33.4%)	272 (64.5%)	
• Total	197 (46.7%)	225 (53.3%)	422 (100.0%)	
Do you rely on any specific strategies or personal practices to manage stress related to gender bias? (Stress management)				

• Yes	34 (8.1%)	44 (10.4%)	78 (18.5%)	0.544
• No	163 (38.6%)	181 (42.9%)	344 (81.5%)	
• Total	197 (46.7%)	225 (53.3%)	422 (100.0%)	
Are there any formal support systems in your workplace to help employees dealing with gender bias? (Support system)				
• Yes	98 (23.3%)	63 (14.9%)	161 (38.2%)	0.000
• No	63 (14.9%)	98 (23.3%)	161 (38.2%)	
• Not sure	36 (8.5%)	64 (15.2%)	100 (23.7%)	
• Total	197 (46.7%)	225 (53.3%)	422 (100.0%)	
How effective do you find your workplace's resources or policies in addressing gender bias? (Effectiveness of policies)				
• Very effective	62 (14.7%)	34 (8.0%)	96 (22.7%)	0.000
• Somewhat effective	20 (4.7%)	47 (11.2%)	67 (15.9%)	
• Neutral	92 (21.8%)	122 (28.9%)	214 (50.7%)	
• Ineffective	13 (3.1%)	19 (4.5%)	32 (7.6%)	
• Very ineffective	10 (2.4%)	3 (0.7%)	13 (3.1%)	
• Total	197 (46.7%)	225 (53.3%)	422 (100.0%)	
Impact on mental health and career				
Have you experienced burnout due to gender-related issues in your workplace? (Burnout from gender issues)				
• Yes	59 (14.0%)	67 (15.9%)	126 (29.9%)	0.969
• No	138 (32.7%)	158 (37.4%)	296 (70.1%)	
• Total	197 (46.7%)	225 (53.3%)	422 (100.0%)	
Has gender bias impacted your career progression? (Career progression impact)				
• Strongly disagree	24 (5.7%)	29 (6.9%)	53 (12.6%)	0.000
• Disagree	72 (17.0%)	69 (16.4%)	141 (33.4%)	
• Neutral	57 (13.5%)	90 (21.3%)	147 (34.8%)	
• Agree	24 (5.7%)	35 (8.3%)	59 (14.0%)	
• Strongly agree	20 (4.7%)	2 (0.5%)	22 (5.2%)	
• Total	197 (46.7%)	225 (53.3%)	422 (100.0%)	
Has your mental health been affected by gender bias? (Mental health impact)				
• Yes	45 (10.7%)	53 (12.5%)	98 (23.2%)	0.863
• No	152 (36.0%)	172 (40.8%)	324 (76.8%)	
• Total	197 (46.7%)	225 (53.3%)	422 (100.0%)	
Have you faced barriers in leadership due to gender? (Leadership barriers)				
• Yes	47 (11.1%)	49 (11.6%)	96 (22.7%)	0.611
• No	150 (35.6%)	176 (41.7%)	326 (77.3%)	
• Total	197 (46.7%)	225 (53.3%)	422 (100.0%)	

DISCUSSION

Gender bias has now evolved into a critical issue even for healthcare and affects not only quality patient care but also the workplace environment existing amongst professionals. The current study was carried out to know the gender bias in healthcare perspective of healthcare workers. To acquire appropriate outcomes 422 healthcare workers were included in the study and found that significant majority (94.1%) of healthcare workers were up to 40 years old with mean age 28.32+7.146 years. A similar study conducted by

Iroegbu-Emeruem and colleagues (2023) reported that more than half (61.2%) of healthcare workers were up to 40 years old.[12] In another study, Karaçam et al. (2023) highlighted that mean age of healthcare workers was 30.5±6.73 years.[13]

As far as gender of the healthcare workers is concerned, study demonstrated that female healthcare workers (52.3%) were more than male healthcare workers (46.7%). The study done by Karaçam et al. (2023) also showed similar scenario and reported that female healthcare workers (89.3%) were more than male healthcare workers (10.7%).[13] The findings of our study elucidated that more than half (54.0%) of healthcare workers were single while 44.1% and 1.4% were married and divorced/widowed, respectively. However, a study performed by Iroegbu-Emeruem and colleagues (2023) confirmed that only 23.0% healthcare workers were single while 69.1% and 7.9% were married and divorced, respectively.[12]

It was found during study that majority of healthcare workers (79.8%) were undergraduate and 20.4% were postgraduate. But a study undertaken by Regenold and teammates (2021) exhibited different scenario that 68.3% healthcare workers were postgraduate and 31.7% were undergraduate.[1] Similarly, in our study majority of healthcare workers (89.6%) had up to 10 years work experience but Regenold and teammates (2021) reported that majority of healthcare workers (56.1%) had above 10 years work experience.[1]

Gender bias is one of the leading issues among healthcare workers. In spite of advances in the medical science as well as growing understanding regarding human rights, the gender bias remains an important challenge that affect both males and females in different ways and causes misdiagnoses, late treatments as well as adverse health outcomes.[14] Our study showed that 24.4% male and 42.9% female healthcare workers believed that gender plays a role in patient care and 25.1% males and 21.6% females observed differences in care between male and female patients while 20.1% males and 25.2% females reported that gender influence patient care in their workplace. A study undertaken by Iroegbu-Emeruem and colleagues (2023) reported that among female healthcare workers, 60.0% had no difficulty while dealing male patients. However, 92.0% healthcare workers asserted that they experienced discrimination as patients preferred male doctor for the consultation.[12]

Gender based issues affect career development that causes gender inequality as well as injustice.[15] Our study revealed that 26.8% males and 24.0% female healthcare workers were agreed that gender has influenced their career growth in the healthcare sector. Iroegbu-Emeruem and colleagues (2023) reported in their study that 31.5% participants were agreed that for females doctors the career opportunities are restricted and 41.8% were discouraged to start a specific specialty due to their gender. Among these healthcare workers, 33.3% reported that males have better opportunities (promotion/advancement) at their workplace, while, almost 90% females had doubt about their clinical ability or undervalued due to their gender.[12]

The findings of our study highlighted that among healthcare workers, 31.3% males and 24.4% females observed or experienced differential treatment in assignments/responsibilities based upon gender while 19.2% males and 20.3% females faced discrimination related to their gender. The results of a study conducted by Khan and fellows (2025) elucidated that will of boss is influenced by their gender and determines appreciation/discrimination at workplace. Female healthcare workers reported that gender of boss plays a significant part in distribution of the credit as well as favoritism. Male healthcare workers acknowledged the effect of having female boss and express the contentment when taking merit-based decisions.[16]

Study revealed that 21.4% males and 24.6% females believed that both male and female healthcare workers receive equal treatment in performance reviews. A study carried out by Iroegbu-Emeruem and colleagues (2023) indicated that about 24.8% female doctors reported that more is expected from them at workplace due to their gender while 24.2% females reported negative work evaluation caused by their gender.[12]

It is important to mention here that 35.5% male and 39.6% female healthcare workers reported that leadership roles are equally available to all genders in their workplace. Iroegbu-Emeruem and colleagues (2023) reported in their study that 15.2% female healthcare workers reported to receive less mentoring/instructions/support when compared with male healthcare workers while 20.6% were given more adverse tasks at workplace.[12] Our study further showed that 23.7% males and 18.2% females were overlooked for promotion due to their gender, however, 30.2% males and 26.7% females felt comfortable while discussing issues related to gender bias in their workplace. The findings of our study also highlighted that 25.1% male and 34.4% female healthcare workers believed that both genders receive equal pay and benefits for equivalent roles. A study performed by Brooy and comrades (2025) asserted that at health facilities the gap in gender pay is observed globally.[17] Jena and companions (2016) elucidated in their study that among all rank of healthcare workers, the salaries of females were less than the males.[18] Another study performed by Warner and Lehmann (2019) highlighted that female earn less than male healthcare workers because they check few patients and work less hours.[19]

During study coping mechanisms for gender bias were assessed, study disclosed that among healthcare workers, 19.0% males and 22.5% females used coping strategy "ignore it" to generally cope with instances of gender bias in their workplace while remaining proportion in both genders used other strategies. Majority of both genders did not seek any professional support (e.g., counselling) to cope with gender bias. However, 23.3% males and 14.9% female healthcare workers confirmed the availability of any formal support systems in their workplace to help employees dealing with gender bias.

When the impact of gender bias on mental health and career was evaluated, study indicated that 14.0% male and 15.9% female healthcare workers experienced burnout due to gender-related issues at their workplace. The findings of a study performed by Qamar and coworkers (2024) also corroborated that overall burnout was more among female than male healthcare workers.[20] Sudol and associates (2021) reported in their study that among healthcare workers, 94.0% underwent gender bias and it was linked to enhanced burnout risk. [21] Our study divulged that almost both genders equally reported that gender bias impacted their career progression. The findings of our study also confirmed that mental health of 10.7% male and 12.5% female healthcare workers was affected due to gender bias. A similar study carried out by Hennein and collaborators (2021) stated that gender bias is a salient in the hospitals which is related to adversative mental health.[22] Our study also provided almost similar scenario for both genders that 11.1% male and 11.6% female healthcare workers faced barriers in leadership due to gender. A study conducted by Malik and partners (2023) stated that gender bias is a global phenomenon and the managerial positions are generally held by males. Equal research opportunities are available for both sexes but females are not able to access them caused by their family commitments and personal issues. Thus, adequate policies should be made to promote the work-life balance for females.[23]

CONCLUSION

Present study assessed the gender bias in healthcare perspective of healthcare workers. Study concluded that gender bias was found in both genders but it was more prevalent among female than male healthcare workers. Further studies are needed on large scale to overcome the problem of gender bias among healthcare workers.

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