Gender equality in the field of healthcare

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Abstract. *Gender equality refers to equal rights pertaining to men and women in their private and professional lives. The objective of this paper is to analyze policies focused on equal representation of women and men in the fields of ICT in healthcare at the global and national levels. The analyzed sample was collected from publicly available data provided by the UN, WHO, OECD, Development, Eurostat, and the Croatian Bureau of Statistics, mostly covering the period between 2015 and 2023, depending on the publication, with the most recent statistics from 2023. Quantitative research methods were employed, with the most commonly used statistical techniques being descriptive statistics, time series analysis, and comparative statistics based on secondary data sources. Results showed a slight rise in women's equality in healthcare, depending on the development level of their respective areas. While our paper presents data and analysis on gender equality among medical doctors at global, European, and Croatian levels, the rapid growth of ICT in healthcare, combined with insights from other professions, highlights significant potential for advancing gender equality in this area within Croatia's healthcare system. More ICT efforts are needed to utilize these data for training and awareness.*

Keywords. Gender Equality, Healthcare, ICT, Information and Communication Technology, Croatia

1 Introduction

According to the European Institute for Gender Equality (2022) gender equality is the cornerstone of European policies and is of utmost importance for further development of any society. It reflects itself in equal opportunities for men and women in all spheres of life and includes equal pay for the same level of education, elimination of gender stereotypes, representation in decision-making, and prevention of gender-based violence (European Commission, 2021).

Women have increased their education and representation in professions so far dominated by men in the areas of Science, Technology, Engineering and Mathematics – STEM (UNESCO, 2017).

Information and communication technology in healthcare includes digital solutions for secure data processing, analysis of health information, and more efficient management of the healthcare system that improve the quality and accessibility of healthcare services. Despite the growing demand for professionals in the fields of information and communication technology in healthcare, women remain significantly underrepresented (OECD, 2018)

The gender gap is defined as the measurable disparity between women and men in the fields of information and communication technology in healthcare, and often stems from systemic discrimination, stereotypes, and unequal access to rights and resources (Gender Equality Strategy 2020-2025, 2020).

Gender equality in healthcare is one of the most important factors influencing health and high-quality healthcare. Despite slight progress made towards greater gender equality at work in healthcare, women are still encountering obstacles preventing them from equal promotion in their careers (World Health Organization, 2021). Hence, the principles of gender equality in the fields of information and communication technology within healthcare should be aligned with those upheld in STEM disciplines. (UNESCO, 2017). Gender bias in healthcare is opposite and describes the discrimination according to gender in the healthcare services with the goal to prevent, diagnose, and treat illness and injury in order to maintain or improve health (Bargeri et al, 2025).

The identified research question will be answered by analysing the theoretical background in healthcare at the global, European, and Croatian levels, with the

goal of identifying disparities and proposing actionable measures for the improvement of the status of gender equality in healthcare in the Republic of Croatia. The management of information in health care organizations supported by information and communication technology needs to be an important part of the health care organization's strategy (Fierz, 2004).

1.1 Gender Equality

Gender equality has been achieved when women and men have equal rights, responsibilities, and opportunities in all parts of society and when different interests, needs, and priorities of men and women are valued equally (Official European Union websites).

The European Union has developed different varieties of gender regimes, reflecting diverse institutional approaches among member states, which significantly influence the effectiveness of gender equality policies (Walby, 2004).

Despite growing global awareness, gender equality in science, medicine, and global health remains far from achieved, with systemic biases and structural barriers continuing to limit women's representation and advancement in leadership roles (Shannon et al., 2019).

Although there are certain positive signs of progress when it comes to representation of both genders in managerial roles within organizations, the term 'Glass Ceiling' used when referring to preventing women from being promoted to higher hierarchical levels in workplaces still exists (Nedović et al., 2015). Research has shown that women are as successful in performing their jobs as men; in spite of that, they still occupy a very small percentage of managerial positions. Legal standards on this issue have not been implemented, and actors of this breach have not been subject to any sanctions (Burušić-Barčan & Burušić., 2021).

Major obstacles faced by women in their careers can be classified into three groups: social, organizational and personal. (Pološki Vokić et al., 2017):

Considering the leadership style, the difference between women and men can vary and depends on numerous factors such as personal characteristics, social expectations, etc. Research results demonstrate that the style of female leaders is significantly different from the style of male leaders. (Nidogon Višnjić et al., 2018).

1.1.1 Gender Equality Policies

Gender equality policies refer to contemporary political measures whose goal is to promote the protection of women's rights as universal human rights (European Institute for Gender Equality, 2008).

Initiated by international human rights movements and organizations like the United Nations, gender equality policies emerged as an important global management aspect (United Nations, Gender Equality Policy). Namely, the UN policy on gender equality includes the Convention on the Elimination of All Forms of Discrimination against Women and mandates that states enact all adequate measures to abolish discrimination. The Sustainable Development Goals, SDG Agenda 2030, and their Goal 5, pursue achieving gender equality and empowering all women and girls (Gender Equality Policy Hub, 2020; Welch et al., 2022).

The UN Gender Equality Strategy (2022-2025) has set an ambitious plan to identify new solutions in achieving gender equality.

In its programmes and activities, the Strategy has included gender-responsive policies that address impediments based on gender, observe gender differences, and develop systems sensitive to gender inequalities (INEE Guidance Note on Gender, 2019).
Different gender equality policies have become an integral part of different UN organizations, states, and associations' strategies:

- The Gender-responsive Policy (INEE Guidance Note on Gender, 2019)
- The Gender Transformative (European Institute for Gender Equality, 2016)
- The Gender Diversity Policy (The Fundamental Principles of the International Red Cross and Red Crescent Movement, 2020)
- The Gender-Neutral Policy (European Institute for Gender Equality, 2017)
- The Gender Inclusive Policy (Thailand Policy Lab, 2023)

Some of the different gender equality polices are listed above.

1.1.2 Promoting Gender Equality in Healthcare

Gender equality policies impact equal access to medical services, healthcare quality, and medical outcomes for men, women, and gender-diverse persons. Promoting gender equality in the healthcare not only ensures equity but also increases the overall efficiency of healthcare system and improves medical outcomes for everyone.

Addressing gender equality issues at the global, EU, and national (Croatia) levels, while focusing primarily on gender equality, some topics also cover broader workforce, digital transformation, and policy issues that affect gender equality outcomes. This distinction highlights the complexity of advancing gender equality in healthcare and ICT (Information and Communication Technology) across multiple levels.

1.1.2.1 Global State of Affairs

World Health Organization (WHO) has adjusted its activities to the Sustainable Development Goals, in particular SDG 3, which focuses on ensuring healthy lives and promoting well-being for all at all ages, and SDG 5, aiming at achieving gender equality and empowering all women and girls. (Welch et al., 2022). Within the Commission on the Status of Women (CSW), the WHO, Global Healthcare Professional Network (GHP Network), and Women in Global Health WGH (2023) presented a report describing social and economic factors (projected stereotyping) due to which there are so few women occupying managerial positions in global healthcare. Global research results indicate that women take up 67% of the global workforce in healthcare and social care, but only 25% of them hold high managerial positions. Over 80% of nurses and more than 90% of midwives perform most of their unpaid care work in homes, families, and communities, and make the majority of decisions regarding purchasing and using healthcare services. The financial value equivalent of women contributing to healthcare systems is estimated at over 3 trillion USD every year.

On the global level, healthcare is mostly led by men; the heads of 69% of healthcare organizations are men, who, at the same time, in 80% of cases act as Chairmen of these organizations' Board of Directors. Such stereotyping significantly contributes to salary differences among genders, with the gender gap amounting to 25%, which is higher than in other sectors. These facts are even more evident considering the estimate that over 40 million new jobs will have become a necessity in healthcare and social security sectors by 2030, and that currently there is already an 18-million-shortage of healthcare workers. Having regard to all of the above, unless target measures are put in place to address the gap, the estimated period for achieving workplace gender equality is 202 years (Women in Global Health, 2023)

WHO plays the key role in the development of standards and guidelines on gender-sensitive healthcare services and supports national initiatives to strengthen the response of the healthcare sector to promote gender equality in the development of the healthcare workforce (World Health Organization, 2020).

1.1.2.2 EU State of Affairs

According to the European Institute for Gender Equality (2022) the EU healthcare sector workforce is dominated by women, and 78% of the EU-28 workers are women. When positions of women and men in healthcare are compared, vertical and horizontal professional segregation can be observed, and women are insufficiently represented in managerial positions.

The European Union aims to ensure equal opportunities for all, regardless of gender, to participate in the digital development closely linked to the quality of healthcare. Although women make up 51% of the EU population, only one in five specialists in the field of information and communication technology is a woman.

According to the Declaration on the Commitment to the Issue of Women in the Digital World (2019), women make up 52% of the European population, yet only 15% hold jobs related to information and communication technology.

In its core, the healthcare personnel crisis is a gender crisis, highlighted Roopa Dhatt, the co-founder of the Women in Global Health organization. The COVID-19 pandemic has additionally emphasized the existing inequalities: women, being 70% of healthcare staff, were more exposed to the virus, had worse access to the PPE, and were faced with a permanent gender wage gap (20% less compared to men). Therefore, gender equality in leadership when it comes to the representation of women would reflect their majority in the healthcare system (European Public Health Alliance, 2023).

Despite the current situation, the EU has achieved significant progress in gender equality in the last few decades through legislation, i.e., gender mainstreaming (International Union against Tuberculosis and Lung Disease, 2020) and special women empowering measures.

Furthermore, the (Gender Equality Strategy 2020-2025, 2020) aims at further development, and has combined gender mainstreaming basic guidelines with targeted actions, emphasized intersectionality, and complies with the EU's gender equality external policies (Gender Equality Strategy, 2020-2025, 2020).

1.1.2.3 Croatian State of Affairs

The results of the last research conducted on gender equality and discrimination in Croatia reflect the respondents' belief that progress has been achieved when it comes to improving gender equality in Croatia.

A strong example of commitment to promoting equal opportunities for all, regardless of gender, was provided by the Faculty of Organization and Informatics, University of Zagreb, in its (Gender Equality Plan for the period 2023–2030, 2023). In line with national and European strategies and the principles of the European Commission, the plan focuses on building a gender-sensitive and inclusive academic environment, increasing the representation of women in academic and teaching positions and in leadership roles, aiming to ensure balanced decision-making and leadership.

In Croatia, on 14th July 2003 Croatian Parliament adopted the Act on Gender Equality (Rodin & Vasiljevic, 2023).

Furthermore, in 2017, the Croatian Government's Office for Gender Equality issued a Manual on Gender Mainstreaming and Promotion of Gender Equality, a manual intended for coordinators in state administrative bodies, dealing with gender mainstreaming and reasons for including the gender perspective as a responsibility of public bodies. (Handbook on Gender Mainstreaming and Promotion gender equality, 2017).

Based on bibliography data and available statistics, the following goals have been identified for this paper.

The global goal is to present gender equality policies at different levels. Specific goals are to present information related to:

- At the global level, in accordance with publicly available information;
- At the European level using the example of the European Union;
- At the national level, in the Republic of Croatia.

The analysis indicators used details from the healthcare sector as an example.

2 Materials and Methods

In order to achieve the goals of this paper, which refer to the collection of secondary statistics on gender equality in healthcare, the used sample included global and national organizations performing healthcare activities.

The analysis included publicly available global data collected by the United Nations (UN), World Health Organization (WHO), European Commission (EC), and the Organization for Economic Cooperation and Development (OECD), publicly available European data from Eurostat, and those available nationally from the Croatian Bureau of Statistics. This sample was selected because it presents data on gender equality in healthcare (WHO), includes economic indicators (OECD), and enables comparisons at the national level (Croatian Bureau of Statistics).

The data, predominantly collected between 2015 and 2023, were analyzed using descriptive statistics, time series analysis, and comparative methods based on secondary sources.

3 Results and Discussion

Statistical gender equality indicators are presented through secondary statistical metrics for organizations operating within the global and European contexts.

3.1 Indicators of Global Gender Equality: UN, WHO, and OECD Data

WHO data (2019) show the percentage of women working in the healthcare sector being 70.3%, which is higher than the overall percentage of women working in all other business activities, i.e., 39.5% (International Labour Organization Geneva ILO Geneva, 2017).

In the OECD member states (OECD, Gender wage gap, GWG, 2023), the percentage of female doctors is 46%.

This is particularly emphasized in the fields of information and communication technology within the healthcare sector. Therefore, projections by the EU have presented that increasing the share of women in this sector to around 45% by 2027 could significantly boost Europe's GDP by as much as 260 to 600 billion euros, making Europe more competitive and prosperous (Women in Digital, European Commission, 2025).

Furthermore, the GWG in various business activities is different and shows higher income for men, defined as the difference between the median earnings of men and women relative to the median earnings of men (as per OECD definition).

In the European Union GWG is 10.8, and, in the OECD, member states the index is 11.4. This index has been slowly increasing in the OECD member states and the European Union. In 2005, the GWG in the EU Member States amounted to 14.1, and in 2022 to 10.8. In the OECD member states, the 2005 GWG was 16.0, and in 2022. 11.3. Data for Croatia are only partially available, and in 2010, the GWG was 3.8, whilst in 2022 it was 3.2 (OECD, Gender wage gap).

According to the World Economic Forum (2016) there is a difference between the number of completed informal and unpaid work hours of actively employed healthcare professionals. An average work day for a man is 7 hours and 47 minutes, and 1 hour and 30 minutes of unpaid informal time. For women, the completed paid hours amount to 8 hours and 39 minutes, and the unpaid informal time is 4 hours and 47 minutes.

3.2 Women and Men in Healthcare Systems of the European Union and Croatia

The example used in the analysis was taken from details available on the professionals actively employed in the healthcare system.

As defined by the Eurostat (2020) the EU healthcare sector employees cover 7% of the overall EU workforce, amounting to 14.3 million. Of the overall healthcare workforce, 78% are women over 22% men. The percentage of women employed in healthcare is slightly lower than the EU average, i.e., Croatia is ranked 11th on the list of lower percentages of women employed in healthcare. These details refer to all healthcare sector employees: doctors, caretakers, nurses, and other healthcare professionals.

According to the Gender Equality Act (2008), gender equality means that women and men are equally

present in all areas of public and private lives, have equal status and equal opportunities to enjoy their rights and benefit from their results.

The analysis of statistical indicators conducted on employees of the healthcare sector in Croatia has shown the following men-women ratio. Different sources explored different periods for results in Fig. 1 (1960-2022) and Fig. 2 (2022).

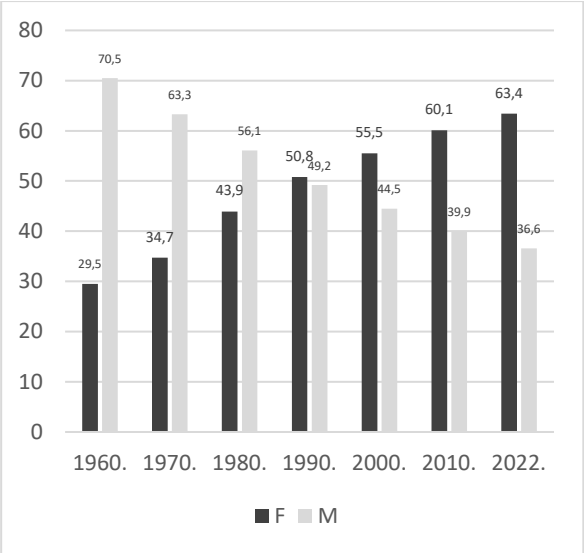

Figure 1. Doctors of medicine in Croatia from 1960 to 2022, the values shown are percentages (Croatian Bureau of Statistics, 2024)

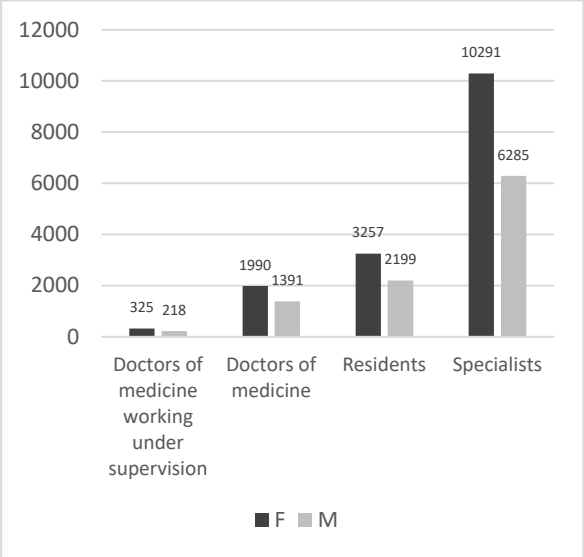

Figure 2. Doctors of medicine employed in the Croatian healthcare system in 2022 (Croatian Bureau of Statistics, 2022)

As shown in Fig. 1, Croatian Bureau of Statistics, 2024, the number of female doctors of medicine has gradually increased throughout the period from 1960 to 2022. In 1960 the ratio of female and male doctors of medicine was 29.5% to 70.5% respectively. In 1990, the percentage of female and male doctors of medicine was almost the same, 50.8% female and 49.2% male. Today, the percentage of female doctors is higher (63.4%) compared to 36.6% of male doctors. This data shows an increasing trend of women graduating from medical schools.

In 2022, the healthcare system employed 63.4% women compared to 36.6% men. There are 69.9% female Doctors of Medicine compared to 30.1% male Doctors of Medicine, 67.5% female Residents over 32.5% male residents. As shown in Fig. 2 Croatian Bureau of Statistics, 2022, the lowest value refers to female Specialists, 61.1%, compared to their male peers, 38.9%, although the area of Specialists also shows a dominant presence of women.

4 Conclusion

The key takeaway of this study is that despite progress, women in the healthcare remain underrepresented in leadership and ICT roles, facing wage gaps, stereotypes, and limited career advancement.

Gender inequality is still a challenge amongst healthcare workforce, at global, EU, and Croatian levels. Women in healthcare commonly occupy lower-ranked, less-paid, and often unpaid positions, without the possibility to make key decisions in this sector.

As stated in the Gender Equality Plan for the period 2023–2030, the Faculty of Organization and Informatics at the University of Zagreb FOI is developing a work culture of equal opportunities for professional development by integrating a gender perspective into educational content through training, workshops, and consultations, promoting the use of inclusive language, and continuously monitoring and evaluating the implementation of planned activities.

Organizations in the healthcare sector can, through additional efforts in the same direction, actively work on removing barriers that may affect the academic and professional advancement of women in the fields of information and communication technology in healthcare.

The focus of research conducted on the global healthcare workforce should be changed. It should prioritize countries with low and medium income, apply a gender and intersectional perspective, and include data classified by gender and gender roles.

Addressing gender inequalities in the healthcare workforce may considerably contribute to achieving Sustainable Development Goals. Letting the development of gender equality take its natural course is not an option. Countries should adopt policies that address fundamental causes of gender inequalities.

Gender equality in the fields of information and communication technology in healthcare is still a very poorly researched topic. Analyses and graphs on the current state of gender equality in healthcare at the global, European, and Croatian level, stated in our paper, refer exclusively to relationships, structure, and number in the profession of doctor of medicine. Concerning the accelerated development and greater

use of information and communication technology in modern healthcare, in correlation with the analysis of data from the literature and information on gender equality in other and sectors of healthcare, it also indicates that in Croatia there is great potential for improving equality in this segment of the healthcare system. The healthcare sector and ICT sector, as an important part of the healthcare system, represent the problem of gender bias and inequality between women and men in healthcare.

The findings of this research underscore the importance for Croatian healthcare professionals and policymakers to adopt gender-responsive and transformative measures that support equal pay, increase women's participation in leadership roles, and strengthen their presence in health-related ICT fields.

Methodology limitations of this paper refer to the fact that the analysis of statistical indicators was focused on organizations that were part of the eligible sample, and that the method of analysis was used only on that eligible sample. Furthermore, different organizations included in the analysis use different methodologies, and data should be interpreted taking into consideration all these facts.

Finally, the analysis of global and national secondary statistical data gives us an insight into the current state of affairs in healthcare. The presented data can inform targeted policy reforms, organizational strategies, and educational initiatives aimed at closing gender gaps, improving workplace equality, and ensuring that the healthcare system in Croatia fully benefits from the potential of its diverse workforce.

The paper provides a valuable descriptive overview by presenting and compiling important data, highlighting opportunities for further development through enhanced ICT efforts aimed at utilizing this information for training and awareness.

The research focusing on gender equality indicators may be continued in other business activities, such as education, social care, and the economy. However, available analyses indicate the need for additional efforts, especially in information and communication technology, to encourage the inclusion of women and better utilize their potential in the healthcare sector.

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