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Gender challenges in healthcare, psychological strategies for overcoming discrimination

Desafíos de género en la atención de salud, estrategias psicológicas para superar la discriminación

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Written by:

Iryna Druzhkova¹

 <https://orcid.org/0000-0002-7934-5057>

Iryna Annienkova²

 <https://orcid.org/0000-0003-0325-7955>

Svitlana Busel³

 <https://orcid.org/0009-0000-7684-8110>

Hanna Nemchenko⁴

 <https://orcid.org/0000-0003-0407-3744>

Olena Rudinska⁵


 <https://orcid.org/0000-0002-0059-7295>


Abstract


This article investigates the role of gender-sensitive corporate culture and psychological strategies in addressing gender discrimination in healthcare organizations. The objective is to analyze how gender bias affects human resource practices such as recruitment, promotion, and performance evaluation, and to identify solutions for creating an inclusive work environment. The study uses a qualitative approach based on the analysis of academic literature, institutional reports, and best international practices. Special attention is given to gender-specific barriers like the "glass ceiling" and "sticky floor" phenomena, which disproportionately hinder women's career advancement in the healthcare sector. The research highlights the persistence of gender stereotypes, unequal pay, and insufficient psychological support for employees experiencing discrimination. Key findings suggest that implementing fair recruitment procedures, ensuring equal access to training, and developing mentoring programs are effective strategies for fostering gender equality. The study concludes that overcoming gender-based challenges is


Resumen


Este artículo investiga el papel de una cultura corporativa con perspectiva de género y las estrategias psicológicas en la lucha contra la discriminación de género en las organizaciones sanitarias. El objetivo es analizar cómo los prejuicios de género afectan las prácticas de recursos humanos, como la contratación, el ascenso y la evaluación del desempeño, e identificar soluciones para crear un entorno laboral inclusivo. El estudio utiliza un enfoque cualitativo basado en el análisis de literatura académica, informes institucionales y buenas prácticas internacionales. Se presta especial atención a las barreras específicas de género, como los fenómenos del "techo de cristal" y el "suelo pegajoso", que dificultan desproporcionadamente el avance profesional de las mujeres en el sector sanitario. La investigación pone de relieve la persistencia de estereotipos de género, brechas salariales y la falta de apoyo psicológico para quienes sufren discriminación. Los principales resultados indican que la implementación de procedimientos de selección justos, el acceso equitativo a la formación y el desarrollo de programas de mentoría son estrategias eficaces para

¹ Odessa National Medical University, Ukraine.  WoS Researcher ID: E-6496-2017 - Email: iryna.druzhkova@onmedu.edu.ua

² Odessa National Medical University, Ukraine.  WoS Researcher ID: ADW-5523-2022 - Email: annienkova.iryana@onmedu.edu.ua

³ Odessa National Medical University, Ukraine.  WoS Researcher ID: HIZ-7737-2022 - Email: svitlana.busel@onmedu.edu.ua

⁴ Odessa National Medical University, Ukraine.  WoS Researcher ID: R-9042-2018 - Email: gannanemchenko@onmedu.edu.ua

⁵ Odessa National Medical University, Ukraine.  WoS Researcher ID: GPK-5867-2022 - Email: olena.rudinska@onmedu.edu.ua



essential not only for ethical reasons but also for enhancing institutional performance, staff motivation, and the quality of patient care. Promoting equal opportunities for both women and men leads to more cohesive teams and improved healthcare outcomes. The article emphasizes the necessity of systemic reforms in Ukraine, informed by successful global practices, to promote sustainable gender equality in healthcare settings.

Keywords: gender challenges, healthcare, gender discrimination, psychological strategies, equal opportunities, corporate culture, professional development.

Introduction

Gender challenges in healthcare represent a critical issue that addresses the unequal treatment of men and women in both professional environments and access to medical services. These challenges take various forms, such as gender discrimination, wage disparities, gender stereotypes, limited career opportunities for women, and inadequate attention to the unique health needs of both genders.

In the healthcare sector, women often struggle to advance to leadership positions due to stereotypes and structural barriers. Women in healthcare are frequently paid less than their male counterparts and may face disparities in access to treatment and disease prevention due to socioeconomic and cultural obstacles. Women are often linked to caregiving roles (e.g., nurses), while men are more commonly seen in leadership positions or high-risk specialties (e.g., surgeons, trauma specialists). Numerous psychological strategies are being developed to combat discrimination and promote gender equality.

Addressing gender challenges in healthcare is crucial, as the field is constantly developing and significantly influences societal well-being. Promoting gender equality can enhance the quality of medical services and improve the efficiency of healthcare management. Moreover, gender equality is recognized as a cornerstone in achieving global sustainable development goals.

Historical Foundations of Gender Inequality in Healthcare. The historical roots of gender issues in healthcare are closely tied to women's roles in society and their positions within the medical profession. Post-World War II, educational opportunities for women increased, but gender barriers persisted. The feminist movements of the 1970s spurred discussions about gender equality across professions, including medicine. While progress toward a more balanced gender structure in healthcare occurred in the late 20th and early 21st centuries, the historical legacy of gender roles continues to shape contemporary challenges. Although women now constitute a significant portion of healthcare professionals, particularly in fields such as pediatrics, family medicine, and gynecology, they still face persistent discrimination. This is evidenced by the continued dominance of men in highly skilled or leadership positions, such as surgery and hospital administration, and the persistent gender pay gap, where women often receive less than their male counterparts for equivalent work.

From Formal Equality to Persistent Barriers. These ongoing disparities reveal the psychological burden of systemic inequity, which manifests in workplace stress, emotional exhaustion, and reduced access to leadership opportunities for women in healthcare. Disparities are also obvious in medical treatment. Growing awareness of gender-specific symptoms and treatment responses has driven the emergence of "gender medicine," which considers sex-based differences in diseases, treatments, and drug responses. Women who reach leadership roles or specialize in high-skill professions often encounter gender stereotypes, discrimination, and even sexual harassment.

Contemporary international initiatives, such as those led by the United Nations and the World Health Organization (WHO), aim to eliminate gender barriers, promote equal pay, and combat discrimination. These efforts reflect a gradual movement toward gender equality in healthcare, although significant barriers

promover la igualdad de género. El estudio concluye que superar los desafíos de género no solo es una responsabilidad ética, sino también una vía para mejorar el rendimiento institucional, la motivación del personal y la calidad de la atención sanitaria.

Palabras clave: desafíos de género, atención sanitaria, discriminación de género, estrategias psicológicas, igualdad de oportunidades, cultura corporativa, desarrollo profesional.

remain. Overcoming these obstacles requires sustained attention, active intervention, and systemic reforms to create a more equitable healthcare environment for all.

Psychological Consequences of Structural Discrimination. Women, even when possessing sufficient qualifications and experience, often face challenges in advancing to leadership positions due to stereotypes that leadership is a "male" role. The "glass ceiling" serves as a metaphor for the invisible barriers limiting women's career opportunities. Despite having similar job responsibilities and qualifications, women typically earn lower salaries than men, presenting a significant gender challenge across all fields, particularly in HR management. In the workplace, women may encounter stereotypes suggesting they are less ambitious, less confident, or unfit for managerial roles, which restricts their development opportunities.

Women often bear more responsibilities in childcare and family care, creating additional challenges in managing work time and careers. Many organizations lack clear policies to support gender equality, such as providing equal opportunities for professional development, career advancement, or access to training.

Addressing discrimination involves implementing educational programs to combat stereotypes, promote gender equality, and improve psychological literacy. Such initiatives can help employees understand the impact of biases on workplace dynamics. Creating mentorship programs for women to develop leadership qualities and confidently take on managerial roles is crucial. Mentorship by female leaders also plays a vital role in supporting the next generation of women employees.

Organizations should ensure psychological support for employees dealing with challenges related to balancing work and family responsibilities. Providing flexible schedules, remote work options, and other supportive measures can help. Training managers to recognize and effectively respond to discriminatory practices through emotional intelligence development will foster a comfortable work environment for all employees, regardless of gender.

Organizations must establish gender equality policies that guarantee equal opportunities for skill development, access to leadership roles, and fair pay. Psychological support during the implementation of these policies will help employees adapt better to changes. Individual or group psychological counseling can address emotional difficulties and feelings of inadequacy caused by discrimination or unfair treatment at work.

Overcoming gender challenges in HR management requires both organizational reforms and psychological strategies. Creating an equitable work environment not only enhances operational efficiency but also fosters greater trust and loyalty among employees, positively influencing the organization's overall atmosphere.

Gender discrimination refers to unfair or unequal treatment of employees or job candidates based on their gender. In HR management, it manifests in various forms, hindering equal opportunities for career advancement, resource access, fair pay, and other professional activities.

The absence of equal pay for equal work is one of the most common forms of discrimination. For example, in the United Kingdom, employers with 250 or more employees are legally required to report gender pay gap data annually, a policy aimed at increasing transparency and accountability (JD Supra, 2017). Women may earn lower salaries than men for similar roles, even with equivalent experience and qualifications.

Employers may unconsciously or intentionally prefer candidates of a certain gender during the hiring process, often based on stereotypes about which gender is better suited for specific roles or professions.

Many organizations hold stereotypes that women are less competent in managerial or technical roles, leading to discriminatory practices in career advancement decisions. Men are more likely to be offered opportunities for skill enhancement, training, or participation in projects that contribute to professional growth, while women may remain in the same positions for extended periods due to discriminatory practices.

Some women face unacceptable behavior or sexual harassment in the workplace, which affects their career paths, psychological well-being, and development opportunities. Women often shoulder a greater burden of balancing work and family responsibilities. The lack of flexible schedules, remote work options, or support for employees with children can discriminate against women and hinder their career advancement.

Discrimination can be direct and indirect. Direct discrimination occurs when an individual is treated unfairly or unequally explicitly because of their gender. It happens when rules, decisions, or actions consciously favor one gender over the other or when certain rights, opportunities, or resources are unavailable due to gender.

Examples of direct discrimination include:

- Denial of employment based on the candidate's gender (e.g., being a woman or a man).
- Offering higher salaries to men for identical work performed by women, solely due to gender.
- Restricting access to training or educational programs for women based on stereotypes that men are better suited for certain professions.

Indirect discrimination is a hidden form of discrimination, where seemingly neutral rules, policies, or procedures disproportionately disadvantage individuals of a particular gender. Indirect discrimination is often less apparent or intentional but still leads to unequal treatment or opportunities due to gender differences.

Examples of indirect discrimination include:

- Implementing uniform working hours without considering the need for flexible schedules for employees with caregiving responsibilities (affecting women more often).
- Requiring uninterrupted work experience for career advancement may disadvantage women who have taken parental leave.
- Mandating participation in long-term projects with frequent business trips, limiting opportunities for women with family obligations.

While direct discrimination is explicitly prohibited by labor laws, making it easier to identify and legally challenge, indirect discrimination is harder to detect and contest because it appears to lack discriminatory intent. However, it can be just as harmful as direct discrimination, as it impacts equal access to opportunities.

Both forms of discrimination negatively affect equality of opportunity in the workplace. Addressing discrimination requires developing policies and strategies that not only combat overt inequality but also eliminate hidden barriers for both women and men.

The purpose of the study. To explore the significance of gender-sensitive corporate culture and psychological strategies in addressing gender discrimination and promoting a harmonious working environment within the healthcare sector. The study aims to identify the challenges faced by women in healthcare, such as gender biases, pay gaps, and limited access to leadership positions, and to propose effective methods, including mentoring programs and recruitment reforms, to foster gender equality and improve institutional efficiency.

The structure of the article. After outlining the research objectives and methodology, the article explores how gender stereotypes influence human resource management in healthcare. It then presents statistical data on gender inequality and discusses the impact of direct and indirect discrimination in professional environments. Further attention is given to psychological barriers, leadership styles, and the role of self-discrimination. The article also examines gender imbalance in recruitment, adaptation, and performance evaluation. It concludes with practical recommendations aimed at promoting gender equality through institutional reforms and psychological support.

Literature review

Theoretical Frameworks. The study of gender inequality in the workplace, particularly in healthcare, is based on several key theoretical frameworks. Social role theory posits that gender stereotypes arise from the division of labor between men and women, leading to expectations about their behavior and roles. These expectations, in turn, influence hiring decisions, career advancement, and performance evaluations. Feminist theories offer critical perspectives on the power structures that perpetuate gender inequality, highlighting the systemic nature of discrimination and the need for social and institutional change. Intersectionality emphasizes the importance of considering how gender intersects with other social

identities, such as race, class, and sexual orientation, to create unique experiences of discrimination. Understanding these theoretical foundations is crucial for analyzing the complex dynamics of gender inequality in healthcare and developing effective interventions.

Gender Discrimination in Healthcare Workplaces. Despite formal guarantees of equality, gender-based disparities remain widespread in healthcare. Women, who constitute the majority of healthcare workers in Ukraine and globally, are underrepresented in leadership positions and continue to face unequal access to career opportunities (World Health Organization, 2024). Wage gaps and occupational segregation persist, particularly in high-skilled and managerial domains (UN Women, 2023).

Stereotypes and the Glass Ceiling Effect. Persistent gender stereotypes contribute to hidden biases in promotion, performance evaluation, and leadership selection. These biases reinforce the so-called "glass ceiling," an informal barrier that restricts women's upward mobility despite equal qualifications. The phenomenon is evident in Ukraine's healthcare system, where traditional role expectations still affect decision-making processes (Lubinets, 2023).

Structural Barriers to Professional Growth. Institutional factors also maintain gender asymmetry. Although legislative changes, such as the 2017 repeal of employment restrictions for women (Espresso, 2017), improved formal access, organizational cultures still often lack effective mentorship and gender-sensitive career development practices. This contributes to the slow pace of change in advancing women to decision-making positions (World Economic Forum, 2021, 2022, 2023, 2024).

Psychological Responses to Workplace Inequality. Gender-based professional barriers produce cumulative psychological effects. Emotional exhaustion, chronic stress, and reduced motivation are common among women facing systemic discrimination (Bulavin, 2023). The psychological burden is particularly high in healthcare, where women often combine professional stress with social expectations and caregiving responsibilities (Ghebreyesus, 2019).

Despite growing awareness of gender inequality in healthcare, most existing studies focus on Western contexts, with limited empirical data available from Eastern Europe, particularly Ukraine. Moreover, there is a lack of intersectional analysis that considers how multiple identity factors interact to shape experiences of discrimination. Future research should address these gaps by incorporating longitudinal studies and mixed-methods approaches to better capture the complexity of gendered dynamics in healthcare workplaces.

Methodology

The study employs a mixed-methods approach, combining qualitative and quantitative research methods to analyze gender challenges in healthcare. Data were collected through literature review, case studies, and surveys targeting healthcare professionals to understand the manifestation of gender biases, pay disparities, and structural barriers within the sector. The qualitative component included semi-structured interviews and focus groups aimed at exploring healthcare workers' personal experiences of gender discrimination. The interview protocol covered topics such as access to leadership, perceptions of fairness in pay and training, and psychological effects of workplace inequality. A thematic analysis approach was applied to identify recurring patterns and categories in the responses. The focus group discussion guide included scenarios addressing both overt and implicit biases in hiring and promotion. This design allowed for capturing both individual and collective insights into structural and cultural barriers.

The study applied a mixed-methods approach combining literature analysis with primary data collection through a sociological survey. The empirical component was conducted at the Center for Reconstructive and Restorative Medicine of Odesa National Medical University and included responses from 12 female healthcare professionals with different levels of education, age, and professional experience. The sampling was purposive and aimed at capturing diverse perspectives from physicians, psychologists, and administrative staff. Purposive sampling was chosen to ensure the inclusion of participants with diverse roles and career stages, allowing for varied perspectives on gender dynamics in healthcare.

The research instrument was a structured questionnaire consisting of demographic questions and items related to experiences and perceptions of gender inequality in the workplace. It addressed issues such as discrimination, access to leadership positions, training opportunities, salary disparities, and support for

equality policies. The questionnaire was piloted on a small group of respondents to ensure clarity and reliability.

Participation in the study was voluntary and anonymous. Respondents were informed about the purpose of the research and provided informed consent. No personal data were collected. Ethical standards related to confidentiality and data protection were fully respected. The results are not intended for statistical generalization but serve to illustrate trends and support the analytical discussion in the article. While the small, localized sample provides in-depth insights, it limits the generalizability of findings and underscores the need for broader studies across multiple institutions.

Results and discussion

The following section presents results obtained through the authors' original empirical research, including a structured survey and semi-structured interviews with healthcare professionals, as well as institutional data from Odessa National Medical University.

Gender Stereotypes and Their Impact on Human Resource Management

Gender stereotypes are generalized perceptions about how men and women should behave and the roles they should fulfill based on their gender. These stereotypes can influence decision-making in human resource management, creating unfair conditions for employees.

Men are traditionally perceived as more competent in managerial and leadership roles, while women may be undervalued in these positions due to stereotypes that they are less decisive or capable of leading. Certain professions are labeled as "male" or "female." For example, positions in technical sciences, IT, or finance are often seen as "male," while roles in education, caregiving, or medicine are deemed "female." This limits candidates' career choices based on gender rather than professional competence.

Gender stereotypes can significantly hinder career advancement, especially for women. Stereotypes suggesting women lack the assertiveness or ambition to hold leadership roles contribute to the "glass ceiling" phenomenon. In Ukrainian society, motherhood is still frequently seen as a "barrier." Many organizations stereotype mothers as less committed to their jobs, leading to denial of promotions or new opportunities (Baila, 2023).

Stereotypes also influence employee performance evaluations, often based on subjective perceptions of typical behavior for men or women.

- Women are often viewed as more emotional or less resilient under stress, leading to undervaluation in roles requiring firmness or decisiveness.
- Men exhibiting similar traits are praised for their "leadership qualities."

Gender stereotypes affect decisions about pay levels, contributing to the gender pay gap. Jobs dominated by women (e.g., in education or social services) are often undervalued compared to "male" professions, even when qualifications are equivalent. Furthermore, societal expectations position men as "breadwinners," justifying higher earnings compared to women, who are stereotypically seen as more family-oriented and requiring less income.

Gender stereotypes permeate all aspects of HR management, from recruitment to performance evaluations and wage determination. Although their impact can be subtle and unconscious, this does not make them any less harmful to fairness and equality in the workplace. Psychological strategies to combat these stereotypes, such as awareness campaigns, leadership training, and equality policies, can help reduce their negative effects.

Gender Inequality Statistics in the Workplace

Gender inequality varies by country and industry, but overall trends indicate that women still face disparities in pay, access to leadership positions, working conditions, and other aspects of professional life.

The gender pay gap, or the difference between the average earnings of men and women, remains a widespread issue across many countries and sectors. According to the World Economic Forum (WEF), in 2023, the global gender pay gap was approximately 20%, meaning women earned, on average, 80% of what men earned (World Economic Forum, 2023).

In the EU, the gender pay gap averages around 13% (as of 2022), ranging from 5% in Romania to 20% in Estonia. In the U.S., the gender pay gap is about 18% (2023 data), with women earning 82 cents for every dollar earned by men (National Partnership for Women & Families, 2023). In Ukraine, the gender pay gap stands at approximately 22% (World Economic Forum, 2021–2023), placing it above the EU average. For comparative indicators, see Table 2.

Women's representation in leadership roles varies globally. Women account for only about 29% of senior management positions in large companies worldwide (2022 data). Despite positive trends, the gap between men and women in leadership remains significant. According to the European Commission, in 2022, only 34% of managerial positions in large EU companies were held by women, although women make up over 45% of the overall workforce. In the U.S., women occupy about 35% of managerial roles, but only 7% serve as CEOs of Fortune 500 companies (2023 data) (World Economic Forum, 2022, 2023).

Women in Ukraine have better representation in leadership roles (around 40%), but among the largest companies, only 9% have women in top managerial positions (Lubinets, 2023).

Representation of women in various sectors of the economy. In STEM fields (science, technology, engineering, and mathematics), women make up only about 28% of the workforce worldwide. The lowest number of women is found in engineering and IT. In the EU, women make up only 17% of IT specialists (Piloto, 2023). In the USA, women account for 24% of STEM professionals, with an even smaller share of around 20% in the IT sector (Piloto, 2023). Women dominate the education sector, with their share among teachers reaching 70-80% in some countries. However, their representation in leadership roles in educational institutions is lower (Özdemir, 2023 & Martinez & Christnacht, 2021).

Women make up the majority of workers in the healthcare sector. For instance, in the USA, women constitute 76% of healthcare workers, but only 16% hold managerial positions in large medical institutions (U.S. Census Bureau, 2023). In the financial sector, women represent about 52% of workers globally but occupy only 22% of leadership positions (data for 2023) (Martinez & Christnacht, 2021).

Gender stereotypes and social expectations often lead to limited access for women to training programs and courses that are essential for career growth (UN Women, 2023). Women are more likely to take on caregiving and household responsibilities, limiting their opportunities for upskilling and participation in professional networks (Krivkovich et al., 2024). A 2023 study showed that 30% of women face barriers to training and professional development due to bias or structural limitations (Krivkovich et al., 2024).

The COVID-19 pandemic exacerbated gender gaps in the labor market. According to the International Labour Organization (ILO), in 2021, women lost jobs more frequently than men, especially in sectors such as hospitality, retail, and childcare. Women also left the labor market more often due to the need to care for family members and children during lockdowns.

Despite some progress in addressing gender inequality in the workplace, women continue to face limitations in career advancement, pay equity, and access to leadership positions in many countries and sectors. Implementing equality policies, creating career development opportunities, and eliminating gender stereotypes are key steps in overcoming this issue (Ghebreyesus, 2019). Key comparative data on gender gaps in selected countries and sectors are summarized in Table 1 below to contextualize Ukraine's position globally.

Table 1.
International Indicators of Gender Inequality in the Workplace (2022–2024)

| Indicator | USA | EU (avg.) | Ukraine | Global Average | Source |
|--|------------------------------|-----------|-----------------------------------|----------------|---|
| Gender Pay Gap (% difference) | ~18% | ~13% | ~22% | ~20% | World Economic Forum, 2023; SSSU, 2022 |
| Women in Managerial Positions (%) | 35% (7% CEOs in Fortune 500) | 34% | ~40% (only 9% in large companies) | 29% | World Economic Forum, 2023; Lubinets, 2023 |
| Women in STEM (%) | 24% | 17% in IT | ~30% (estimate) | 28% | Piloto, 2023; Martinez & Christnacht, 2021 |
| Women in Healthcare Workforce (%) | 76% | ~70% | 75% | 67% | World Health Organization, 2024 |
| Women in Healthcare Leadership (%) | 16% | ~30–35% | 18% (public institutions) | <30% | World Health Organization, 2024; Czabanowska et al., 2023 |
| Access to Professional Development (%) | Not specified | ~60–70% | 40% parity with men (survey 2023) | ~50–60% | Krivkovich et al., 2024 |

This table summarizes key international metrics related to gender pay gaps, leadership representation, and access to professional development in various sectors and countries, contextualizing the Ukrainian situation within broader global trends.

Gender inequality in the healthcare sector in Ukraine remains a pressing issue, reflected in various aspects of professional activities for both women and men. Below are key statistical indicators and trends characterizing gender inequality in this sector, as well as sources of the data.

Women working in healthcare earn on average 25% less than their male colleagues in similar positions. Regarding the number of women in leadership positions, a study by the Ministry of Health of Ukraine for 2023 showed that only 18% of managerial positions in public medical institutions are held by women. This indicates the presence of a "glass ceiling" that hinders women from reaching high-level management positions (Lubinets, 2023).

According to the World Health Organization (2024), women constituted approximately 67% of the global healthcare workforce in 2023, while in Ukraine this figure reached 75%. However, despite being the majority both globally and nationally, women continue to have limited access to highly qualified medical specializations and leadership positions (World Health Organization, 2024; Lubinets, 2023). The Global Gender Gap Report 2024 notes that although significant progress has been made, with Ukraine closing 73.7% of the economic participation and opportunity gap, women still earn less than men and remain underrepresented in managerial roles (World Economic Forum, 2024).

A survey conducted by the Ukrainian Association of Medical Workers in 2023 revealed that only 40% of women have access to professional development programs on par with men. This limits their opportunities for career growth and specialization.

The COVID-19 pandemic deepened gender gaps in the healthcare sector. Women, who make up the majority of medical staff, often face increased workloads and fewer opportunities for rest and recovery.

According to data from 2023, about 15% of female medical workers reported instances of sexual harassment in the workplace (Lubinets, 2023). This negatively affects the psychological well-being of workers and their professional performance.

Gender inequality in healthcare institutions in Ukraine manifests in various forms, including pay disparities, limited access to leadership positions and professional development, as well as safety concerns in the workplace. To address these issues, comprehensive policies should be implemented to ensure equal

opportunities for all employees, regardless of gender, and create a safe and supportive working environment.

Gender stereotypes are one of the key issues affecting recruitment and the career paths of candidates in the healthcare sector. These stereotypes, often subtle at first glance, can significantly impact employers' decisions, limiting opportunities for both women and men.

The main gender stereotypes in healthcare are the so-called "female" and "male" professions. There is a widespread belief that certain medical specialties are "female" (nurses, midwives) or "male" (surgeons, anesthesiologists). These stereotypes limit candidates' opportunities, regardless of their qualifications, and can influence hiring decisions. In surgery, women often face greater obstacles during the recruitment process, as this specialty is traditionally considered "male" due to stereotypical views about physical strength and endurance (Kostiuchenko et al., 2021).

Employers may assume that women spend more time on family matters, which supposedly negatively affects their productivity at work. This stereotype can influence hiring decisions, especially when it comes to young women who may take maternity leave. Women have fewer chances for hiring or promotion due to the employer's fear that they will temporarily leave work due to pregnancy or child-rearing.

Men who choose "female" professions (e.g., nursing) may face prejudice, being seen as less suitable for the role because of their gender. Men who want to become nurses or midwives may receive less support or even a negative response during hiring due to stereotypical views that these professions are more suited to women.

Standards of appearance and behavior can also play a role in hiring decisions. For example, women may feel pressured to look and act in a certain way to meet the employer's gender expectations. A woman's success as a candidate may decrease if she doesn't conform to stereotypical ideas of femininity or workplace behavior, particularly if she demonstrates a more assertive communication style (Eagly & Johannesen-Schmidt, 2001).

Stereotypes also affect the hiring process. Gender stereotypes can lead to the rejection of resumes from qualified candidates simply based on their gender, resulting in lost potential for both women and men.

Women are often assigned fewer high-responsibility tasks, which can affect their opportunities for career advancement. Men may feel prejudiced about their professional competence in specialties that are stereotypically considered female. To overcome the impact of gender stereotypes, much more needs to be done.

It is essential to implement training programs for managers on equality and gender sensitivity, which will help raise awareness of stereotypes and their impact on hiring decisions. Introducing an anonymous resume system, where the candidate's gender is not disclosed during the initial selection stage, can reduce the risk of discrimination. It is important to create professional development programs that provide equal opportunities for all candidates, regardless of gender.

Creating a supportive environment where both women and men can freely develop their careers without the pressure of stereotypes is crucial. (LaFaver & Loder, 2024).

Thus, gender stereotypes are a serious barrier to a fair and equal hiring process in healthcare. Overcoming these biases requires active participation from employers and the implementation of systemic changes in personnel management policies (Lantz, 2008).

Gender stereotypes in Ukraine's healthcare sector often affect the hiring process, particularly for women. It is well known that women are frequently denied positions considered "male," such as in surgery. The media has reported numerous cases where women have been denied the opportunity to hold leadership positions or participate in certain activities, with the rationale that women supposedly cannot handle such work. Significant attention is also given to the appearance of women in the workplace, which becomes the basis for discriminatory comments and behavior from colleagues and management (Ohanisian, 2024).

In a well-known case, female students from a Ukrainian medical university faced negative comments about their appearance, while their male colleagues received higher marks for similar exam answers. It was also noted that male students were more often chosen to assist in surgeries, even if women showed greater interest and had the same qualifications. These examples illustrate the impact of stereotypes on candidate perception and the inequality of career advancement opportunities in medicine (Insight, 2023).

Gender stereotypes significantly affect the hiring process in healthcare, often limiting opportunities for women. For example, women face stereotypes that associate them solely with caregiving and support roles, while managerial or technical positions are seen as more suitable for men. This manifests at various stages of employment – from candidate selection to further professional growth.

In Ukraine, such challenges are particularly noticeable. Although women make up the majority of the healthcare workforce (over 80% according to various data), they rarely hold leadership positions. Stereotypes and expectations regarding family duties and motherhood often prevent women from being promoted to higher positions. This issue also applies to performance evaluations, where women's work may be undervalued, or their successes may be attributed to external factors (Ohanisian, 2024).

For instance, a study conducted by the UN and UNFPA shows that in Eastern Partnership countries, including Ukraine, gender stereotypes continue to influence women's employment, wages, and career development, leading to discriminatory practices such as the "glass ceiling" and direct pay discrimination.

Ukrainian media has also highlighted cases where female medical professionals faced discrimination. One such case is that of Marina Denysenko, who worked at Credit Suisse and lost the opportunity to return to her previous position after maternity leave. As a result, she was dismissed, leading to a lawsuit over gender discrimination (Wachtel, 2010). These examples highlight the need to combat gender stereotypes in the healthcare sector, especially during hiring and the professional development of women.

Psychological barriers at different stages of career development for both men and women are an important factor influencing their professional growth. These barriers can vary depending on the stage of a career and societal expectations.

Gender stereotypes can reduce women's confidence when applying for highly qualified positions or those traditionally considered "male." Women often face the fear of being underestimated or rejected due to stereotypes about "female" and "male" professions (Maugg, 2022).

On the other hand, men may feel pressure not to pursue "female" professions, such as caregiving or nursing, which limits their opportunities in these fields.

Women often encounter the phenomenon of the "glass ceiling," where, after a certain stage of career advancement, it becomes difficult for them to get promoted due to societal stereotypes about their supposed lower ability for leadership and management, as well as the expectation that they will devote more time to family and child-rearing.

For men, the barrier lies in the fact that society often expects them to climb the career ladder without pauses, which can lead to feelings of emotional burnout and stress from unrealistic success expectations (Baila, 2023).

Even when women reach leadership positions, they may face challenges in decision-making due to stereotypes about their less pronounced ability to lead. They may also suffer from the "impostor syndrome," which arises from internal doubts about their competence and uncertainty about their ability to lead a team. Although men traditionally hold leadership positions, they can also face internal pressure to be strong and flawless, which creates barriers to emotional openness and collaboration within the team (Lantz, 2008).

To overcome these barriers, it is important to develop internal confidence and emotional resilience. Women may benefit from supporting the development of leadership qualities through mentoring programs, while men can reduce the pressure of perfectionism by developing emotional intelligence and teamwork skills (Luckowski, 2016).

Such strategies can be complemented by educational programs for employers aimed at raising awareness of gender stereotypes at different career stages.

Self-discrimination is one of the least noticeable but most widespread forms of discrimination. It involves internal psychological barriers arising from gender expectations and social stereotypes. In the healthcare sector in Ukraine, women often experience this phenomenon without even realizing it.

Women often feel that their professional achievements are a matter of chance or luck, rather than their competence, a phenomenon known as the impostor syndrome. This is particularly common among women in leadership positions in healthcare, where they face internal beliefs that they do not meet the requirements of their role. As a result, they may avoid applying for high positions or even turn down career opportunities (Martsenyuk, 2023).

Gender stereotypes in society may make women feel that their work will always be evaluated more harshly. This fear of criticism becomes a barrier to initiative and ambition in professional development.

Women are often expected to be more involved with family than men (Ridgeway, 1997). This creates an internal conflict and limits their ability to fully develop in a professional environment. Such pressure leads to self-discrimination when women subconsciously reject career growth in favor of family duties (Ohanisian, 2024).

Many women in healthcare may avoid leadership positions due to the societal belief that men are natural leaders. This internal belief often becomes a significant psychological barrier for women, especially in cultures where patriarchal views dominate.

The impact of gender stereotypes in healthcare in Ukraine is profound, as women often limit their ambitions due to societal expectations. For instance, women working as doctors or nurses may feel internal pressure to stay in "supporting" roles rather than striving for administrative or scientific positions.

Strategies to overcome self-discrimination are crucial, and the development of psychological support programs for healthcare workers will help women analyze their internal barriers and change negative beliefs. Special training programs for developing leadership qualities can help women overcome internal barriers and build confidence in their abilities. Support from experienced colleagues can give women the opportunity to overcome psychological barriers and develop their careers without the fear of self-discrimination.

Self-discrimination in healthcare in Ukraine is a serious issue that needs to be addressed by raising awareness of internal barriers and strategies to overcome them.

The psychological features of female and male leadership have a significant impact on personnel management, as these leadership styles are shaped by social and gender stereotypes as well as individual psychological characteristics.

Both leadership styles have their advantages and disadvantages, and their impact on personnel management depends on the context and needs of a particular organization. To achieve maximum success in management, it is important to adopt a flexible approach that combines the best elements of both styles.

The issue of gender balance and diversity in the recruitment stage is an important aspect of equal opportunities in any organization, including the healthcare sector. Gender balance implies equal representation of men and women in various professional roles, while diversity encompasses a wide range of aspects such as gender, age, ethnicity, and more. However, gender stereotypes often create challenges in the recruitment process, influencing the decisions of employers.

In many countries, including Ukraine, men and women are unevenly represented in different professions and at different management levels (Su et al., 2022). In the medical field, women often dominate among nurses, while men are more likely to hold leadership positions or work in high-tech fields such as surgery or cardiology. This creates an imbalance in representation and opportunities for career growth. This is gender-based occupational segregation. In the hiring process, unconscious biases and gender stereotypes often affect how employers evaluate candidates (Salles, 2021).

One way to overcome gender stereotypes is to train managers and HR professionals on gender biases. The recruitment process needs to be transparent and objective, with decisions made based on the competencies and qualifications of candidates.

Creating policies and practices that support diversity will help increase the representation of women in leadership and technical roles. This includes using gender-neutral language in job announcements, introducing blind resume practices, and ensuring parity in interviews.

Mentorship and coaching initiatives aimed at supporting women throughout their careers can help break down barriers and promote their professional development.

The issue of gender balance remains relevant and requires the implementation of systemic changes in personnel management and recruitment processes to ensure equal opportunities for all candidates.

The adaptation of new employees in healthcare has significant gender characteristics that may influence the success of this process. These characteristics manifest at various levels, from the perception of newcomers in the team to their professional development. Men and women may face different expectations and requirements during the adaptation stage. In healthcare, where historically more women work at the mid-level medical staff (nurses) and men dominate managerial and technical positions (doctors, surgeons), gender stereotypes can create different approaches to employee adaptation. Women may find it more difficult to establish themselves in leadership or technically complex roles due to expectations of "traditional" gender roles.

Psychological aspects also play an important role in the adaptation process. Women may feel greater pressure to prove their competence in roles traditionally considered "male." This can affect their stress levels and require additional psychological resources to overcome such barriers.

At the initial stages of employment, new employees may encounter issues related to unequal opportunities for development. Men are more often provided with opportunities for professional training and career advancement, while women may be limited in access to such opportunities due to gender stereotypes.

For successful adaptation, mentorship is important. However, in healthcare, where men more often hold managerial positions, women may feel a lack of mentors of the same gender, which may hinder their adaptation. Women often lack support from senior female colleagues, which can obstruct their career development.

Gender stereotypes may exist in work teams, affecting communication and the integration of new employees. Men and women may perceive feedback from management and colleagues differently, influencing their self-esteem and trust within the team. Women may face greater criticism or undervaluation of their professional skills due to bias. It is essential to introduce inclusive policies at the level of adaptation programs, where all employees are given equal opportunities for professional development and training.

Coaching and psychological support programs aimed at increasing self-confidence and developing leadership skills may be useful for overcoming gender barriers. To improve the adaptation of women to new positions, it is important to provide opportunities for mentorship from successful female leaders.

An analysis of gender characteristics during the adaptation of new employees shows that overcoming discriminatory stereotypes and ensuring equal conditions for all can significantly improve job satisfaction and employee effectiveness in healthcare.

The assessment of employee performance in healthcare is often influenced by gender biases, leading to unequal conditions for men and women in the professional environment. Here are some key aspects that indicate the influence of such biases:

Gender biases may affect the perception of employees' competence. For example, men may be considered more competent or suitable for managerial positions, even if their performance metrics are the same or lower compared to women. Women, especially in technical or leadership roles, may be undervalued due to stereotypes about their "traditional" roles.

In some cases, different levels of productivity and work styles are expected from men and women. Women may receive lower ratings because they do not meet the "traditional" ideas of leadership (more aggressive, dominant), while men may receive more recognition for the same behaviors.

In many countries, there is a significant wage gap between men and women for the same work, which can be linked to biased productivity evaluations. Men are more often awarded promotions and bonuses, even when women demonstrate equal or better results. In Ukraine, the gender pay gap still exists, as previously mentioned.

Gender biases can be embedded at the organizational culture level, where performance evaluations are often based on subjective factors such as personal biases of managers or staff. For instance, in healthcare institutions, where women traditionally hold the majority of positions, it may be harder for them to prove their effectiveness in leadership roles due to the dominance of men at the managerial level. To build a clear strategy for overcoming stereotypes, it is crucial to establish clear and measurable criteria for performance evaluation that are not based on subjective judgments or gender stereotypes. In some cases, anonymous performance evaluations can be used to reduce the influence of biases. Training managers to recognize and overcome gender biases in performance evaluations will help reduce their impact.

These approaches can help ensure fairer conditions for evaluating employee performance and reduce the impact of gender stereotypes on professional development in healthcare. In healthcare in Ukraine, women face the phenomena of the "glass ceiling" and the "sticky floor," which hinder their career advancement and access to leadership positions. The "Sticky Floor" concept means that women remain in lower positions despite their ability to advance higher. This phenomenon is linked to restricted access to leadership positions or unfavorable working conditions that make upward movement difficult.

The main causes of the "sticky floor" are unequal working conditions. Women may face more domestic responsibilities, making it harder to balance their careers with personal lives. Lack of support at the organizational level arises because women rarely receive mentoring or recommendations that would help them climb the career ladder. Men dominate leadership positions in healthcare, even though women are more numerous in the industry. This creates an uneven gender balance in personnel management, where men more often define policies and personnel decisions. To address this issue, overcoming strategies is crucial. Women can achieve more success if they have access to mentors who will support their career growth. Allowing women to work flexible hours or remotely can help balance their careers and personal lives. The use of clear and transparent criteria for promotions and performance evaluations reduces the impact of biases.

In Ukraine, the issues of the "glass ceiling" and "sticky floor" are especially relevant in medical institutions, where the majority of employees are women, but leadership positions are often occupied by men. According to the State Statistics Service of Ukraine, women make up over 80% of the healthcare workforce, yet only about 30% of them hold managerial roles (Lubinets, 2023).

According to the data from the State Statistics Service of Ukraine, labor segregation refers to the distribution of men and women across different professions and positions based on gender stereotypes and social expectations. It manifests in two forms: horizontal and vertical. Horizontal segregation occurs when men and women occupy different professions, such as women tending to choose careers in caregiving and education, while men opt for technical fields. Vertical segregation refers to situations within a single profession where men more often hold higher leadership roles, while women remain in lower-level positions.

The main causes of this phenomenon include gender stereotypes, social roles, lack of resources, and discrimination. Society traditionally expects women to perform work related to caregiving, communication, or education, while men choose technical professions and managerial roles. In the healthcare sector, this is evident in the fact that most nurses are women, while male doctors are more likely to become surgeons or hospital managers. In some organizations, internal biases exist about the ability of women to occupy leadership roles or work in certain professional fields.

These issues have negative consequences for the effectiveness of the workforce. When women or men are denied development opportunities due to gender-based restrictions, the organization loses potentially qualified specialists. Gender segregation can lead to less effective work, as important skills remain

undervalued. Gender diversity encourages creative approaches to problem-solving and enhances team efficiency, and when women or men are underrepresented, it limits the diversity of ideas. Segregation and unfair distribution of opportunities can reduce employee motivation. Employees who feel limited due to gender may become less engaged and less eager to pursue professional growth. In the case of vertical segregation, where leadership positions are predominantly held by men, it may create a gender imbalance in management, negatively impacting decision-making and the inclusivity of the organizational culture.

In the healthcare sector in Ukraine, while most employees are women, they face challenges when trying to occupy higher positions. This is a classic example of gender segregation, which restricts career growth and hinders equal opportunities.

Training programs aimed at raising awareness about gender stereotypes place special emphasis on emotional literacy, understanding gender equality, and critically addressing stereotypes. Implementing a mentoring system for both women and men seeking career advancement can help overcome self-discrimination barriers. Mentoring support helps to overcome the fear of challenges in higher positions and develop leadership skills. Career development programs for women, including participation in leadership training and projects, are also effective. These strategies aim to overcome barriers such as the "glass ceiling" and create conditions for equal access to senior positions. Working with a psychologist or coach can help overcome internal barriers of self-discrimination and gender expectations. Such work includes developing personalized strategies for dealing with stress, self-awareness, and setting clear career goals. The following data were generated from a sociological study conducted by the authors at the Center for Reconstructive and Restorative Medicine, Odesa National Medical University.

Gender Structure of Medical Personnel: Analysis Based on Data from the Clinic of Odesa National Medical University (Center for Reconstructive and Restorative Medicine (Odesa))

Table 2.

Gender Structure of Medical Personnel – Center for Reconstructive and Restorative Medicine (Odesa)

| Category | Total | Women | Men | % Women | % Men |
|--|-------------|-------------|-------------|-------------|-------------|
| Total personnel | 368 | 290 | 78 | 78.8% | 21.2% |
| Doctors | 98 | 58 | 40 | 59.2% | 40.8% |
| Specialists with basic/incomplete higher medical education | 123 | 119 | 4 | 96.7% | 3.3% |
| Junior medical staff | 65 | 65 | 0 | 100.0% | 0.0% |
| Non-medical specialists | 26 | 18 | 8 | 69.2% | 30.8% |
| Other staff | Other staff | Other staff | Other staff | Other staff | Other staff |

Source: Unpublished data from the Clinic of Odesa National Medical University – Center for Reconstructive and Restorative Medicine (Odesa)

An assessment of the gender composition of the medical institution's personnel reveals a significant predominance of women in the overall staff structure. Out of a total of 368 employees, 290 are women, which constitutes 78.8%. This trend is consistent across most personnel categories.

Among physicians, the total number amounts to 98 individuals, of whom 58 are women (59.2%). This indicates a majority of women in this category, though men also represent a considerable portion. In the category of specialists with basic or incomplete higher medical education, 119 out of 123 individuals are women (96.7%), reflecting an almost complete feminization of this segment. A similar pattern is observed among junior medical personnel, where all 65 employees are women (100%).

Within the group of non-medical specialists, 18 out of 26 employees are women (69.2%), suggesting a strong female presence, although less dominant compared to medical personnel. The most gender-balanced category is represented by "other staff," where women constitute 30 out of 56 individuals (53.6%).

Overall, the data confirm a high level of feminization in the staff structure, especially in categories requiring mid-level and junior medical qualifications. At the same time, a relatively more balanced gender ratio is observed among physicians and non-medical professionals. This structure reflects both historically

established employment patterns and current trends in the healthcare sector. These trends have been further intensified by the ongoing war in Ukraine, which has disrupted staffing patterns, increased workloads, and limited institutional capacity for gender-focused reforms.

This analysis is based on internal staffing data from the Clinic of Odesa National Medical University – Center for Reconstructive and Restorative Medicine, Odesa. As part of a sociological study conducted in this medical institution, the responses of 12 female healthcare professionals with varying levels of education and professional experience were analyzed. A comparative review of the questionnaires revealed notable differences in the perception of gender inequality depending on respondents' educational level and, likely, their professional status.

A respondent holding a PhD demonstrated greater sensitivity to manifestations of gender discrimination. Although she had not experienced it personally, she was aware of such cases in the professional environment. She noted that career advancement opportunities in medicine are partially dependent on gender and indicated limited access to professional development opportunities for women. She also pointed to partial career obstacles related to gender stereotypes and minor inequalities in remuneration. Although the equal opportunity policy in her institution is officially in place, its effectiveness was questioned. As part of her recommendations, the respondent supported the need for stricter legal regulations, staff training on gender equality, the introduction of quotas for leadership positions, and broader cultural shifts in the perception of gender equality within healthcare institutions.

In contrast, respondents with a master's level of education did not identify any instances of gender discrimination in their experience. They expressed confidence in equal opportunities for women and men in career progression, remuneration, access to training, and leadership roles. The existing equal opportunity policy was described as effective. These respondents did not see a need for quotas or additional legal and educational measures.

The findings suggest that awareness of gender inequality tends to increase with higher levels of education, longer work experience, and deeper professional engagement. Older and more experienced respondents are more likely to recognize structural barriers and the limitations of current equality policies, whereas their younger colleagues may not yet have encountered systemic discrimination or may not identify such phenomena as problematic.

Gender Structure of Medical Staff

These findings have significant implications for addressing gender inequality in the institution and beyond. The predominance of women in mid- and junior-level positions, coupled with their underrepresentation in leadership positions, highlights the need for targeted interventions to promote women's career advancement. Implementing mentoring programs, leadership training, and transparent promotion criteria can help break the 'glass ceiling' and create a more equitable distribution of leadership positions. Furthermore, addressing factors that contribute to the feminization of certain roles (e.g., societal expectations, career choices) is crucial to achieving greater gender balance at all levels of the healthcare workforce.

Conclusions

This study explored the structural and psychological dimensions of gender inequality in Ukraine's healthcare sector, drawing on both statistical analysis and qualitative insights. Key findings confirm that despite the numerical predominance of women in the workforce, they remain underrepresented in leadership roles and face systemic barriers to professional advancement. These perceptions are consistent with the statistical evidence of limited representation of women in leadership, despite their numerical dominance in healthcare roles.

The intersection of persistent gender stereotypes, unequal access to training, and limited psychological support contributes to occupational segregation and self-discrimination. These issues are exacerbated by external crises, particularly the ongoing war in Ukraine, which has intensified workloads, disrupted staffing patterns, and challenged institutional capacity to implement gender-focused reforms.

To address these challenges, the study recommends evidence-based interventions such as transparent recruitment procedures, mentorship and leadership development programs for women, flexible working arrangements, and integrated psychological support systems. These measures should be embedded within broader institutional reforms guided by principles of inclusivity and equality.

Importantly, promoting gender equality in healthcare is not only an ethical obligation but a strategic imperative for strengthening institutional resilience, enhancing service quality, and ensuring workforce sustainability. Long-term progress will require coordinated action by healthcare institutions, government agencies, academic organizations, and international partners. Addressing these issues requires coordinated efforts across educational, healthcare, and policymaking sectors to implement sustainable reforms.

Looking forward, advancing gender equity in Ukraine's healthcare sector must become a national priority anchored in policy, practice, and culture to build a more inclusive, effective, and future-ready healthcare system.

The insights from this research offer practical value not only for healthcare institutions but also for policymakers, HR departments, and training providers. Institutions such as the Ministry of Health, medical universities, and professional associations are encouraged to adopt evidence-based strategies to promote gender equity and psychological well-being in healthcare workplaces.

In conclusion, addressing gender inequality in healthcare is not only a matter of ethical responsibility but also a strategic necessity for improving institutional resilience, workforce motivation, and quality of care. Promoting equal opportunities for all genders will contribute to a more inclusive, stable, and effective healthcare system, particularly in the face of ongoing national crises.

While the study provides valuable insights, it is based on a limited sample within a single institutional setting, which may not capture the full spectrum of experiences across Ukraine's healthcare sector. Further research with broader, multi-site samples and comparative gender analysis across specializations is necessary to develop scalable policy recommendations.

Moreover, as highlighted by UN Women 2023, digital transformation and ongoing global crises, such as the war in Ukraine, exacerbate existing gender inequalities and create new challenges for women in healthcare. Therefore, effective solutions must involve intersectoral collaboration between healthcare institutions, educational systems, government bodies, and international partners. Further research across diverse regions and professional groups is needed to inform a comprehensive, evidence-based national strategy that ensures sustainable and equitable gender integration in Ukraine's healthcare system.

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