

Healthcare and Life Sciences Practices

Women in the healthcare industry: An update

Although healthcare continues to outpace other industries in the representation, hiring, and advancement of women, the latest data show there is still plenty of room for improvement.

by Gretchen Berlin, Nicole Robinson, and Mayra Sharma



Our most recent analysis of women in healthcare is based on data gathered for the *Women in the Workplace 2022* report published by McKinsey and LeanIn.Org.¹ In this article, we examine female representation, attrition, promotion rates, and external hiring; the barriers to advancement for women of color; and threats to recent gains (see sidebar, “About the research”).

Representation

Healthcare continues to outpace other industries in the representation of women; however, women (especially women of color) remain underrepresented at senior levels in healthcare organizations (Exhibit 1).

Increased representation. Women’s representation in healthcare has increased across all levels compared with last year, with the most marked advancement in senior vice president positions (an increase of up to ten percentage points). At all levels, women’s representation in healthcare remains higher than in corporate America overall. The representation of women of color in healthcare is the same or higher at all levels (except for C-suite roles) compared with corporate America.

Lack of representation in senior levels. Women’s representation in healthcare remains high early in the pipeline, including in entry-level (75 percent), manager (70 percent), and senior manager or director (61 percent) roles, and has risen substantially compared with years past. But the representation of women drops in each successive career level to a low of 32 percent at the C-suite level. For example, although 70 percent of managers are women, just 45 percent of vice presidents (two levels higher) are women—a drop-off of 25 percent. Similar to last year, promotion rates, retention, and external hiring have not kept pace to improve representation at more senior management levels.

About the research

This article is based on data collected for the *Women in the Workplace 2022* report, published by McKinsey in partnership with LeanIn.Org. The data behind this report are based on a survey of 333 companies across the United States and Canada. The analysis builds on similar research that McKinsey and LeanIn.Org have conducted annually since 2015, as well as on 2012 research from McKinsey.

For the 2022 report, data about pipeline representation were collected from year-end 2021. These data reflect not only the representation of women and men as of December 31, 2021, but also personnel changes (for example, those resulting from promotion, hiring, and attrition) during 2021. HR leaders and professionals provided information on policies, programs, and priorities at their companies. These data sets, representing point-in-time snapshots, reflect the responses of companies and the experiences of employees when the survey was conducted.¹

Visit [womenintheworkplace.com](https://www.womenintheworkplace.com) to see the healthcare organizations that have agreed to publicly share that they have participated in the healthcare benchmark.

¹ Submitted data were checked for consistency, and inconsistent data were excluded as needed during the rigorous quality control process. A minimum of five organizations are required to create an industry benchmark. If this minimum is not met, there will be an N/A for that benchmark metric.

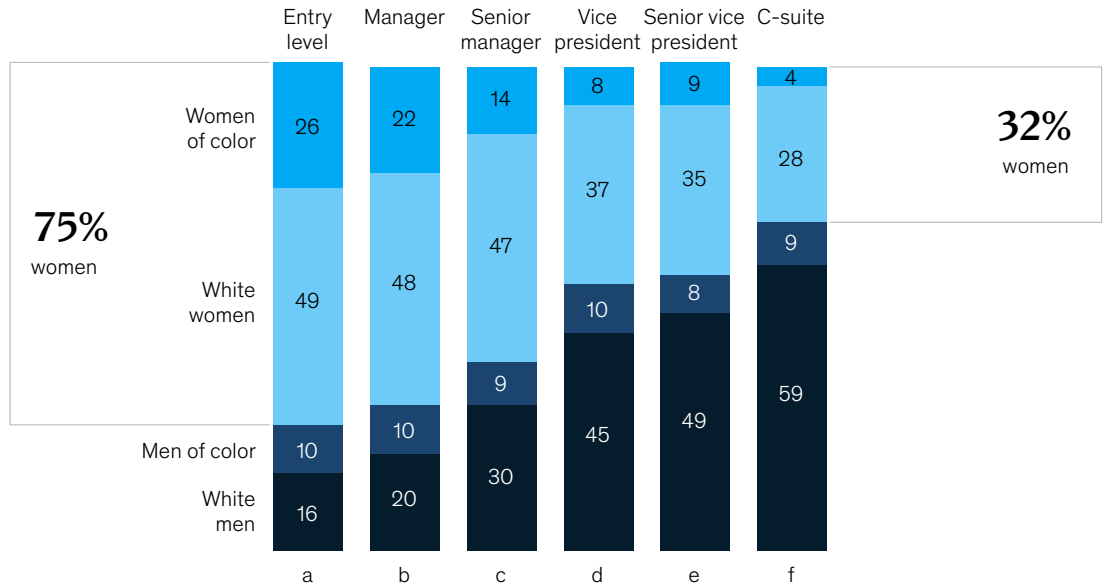
Lack of diversity, particularly in senior levels. Women in senior-level roles in healthcare are predominantly White. For example, only 4 percent of C-suite healthcare executives are women of color. Similarly, 32 percent of healthcare board

¹ *Women in the Workplace 2022*, a joint report from McKinsey and LeanIn.org, October 18, 2022.

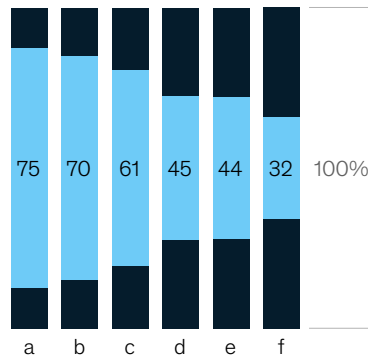
Exhibit 1

The representation of women in healthcare decreases across employment levels but continues to outperform other industries.

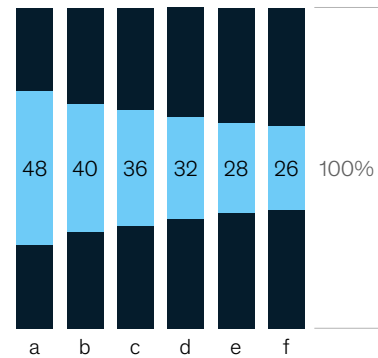
Employees in healthcare at each employment level, 2022 report,¹ % share



Women across healthcare,² %



Women across all industries,² %



Note: Figures may not sum to 100%, because of rounding.

¹Percentage of White women and percentage of women of color may not sum to overall percentage of women because overall figure includes employees with race not reported.

²Aggregate results from participating companies in healthcare (19 companies submitted pipeline data).

Source: Women in the Workplace 2022 pipeline data for Canada and the US

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members are women; of those, only 8 percent are women of color. Women of color experience the steepest drop in representation throughout

the pipeline. Representation of women of color drops steadily—and more sharply than overall industry averages—at each successive career

step, from entry level (26 percent) to C-suite roles (4 percent).

Attrition

Higher rates of attrition. Our 2022 data show that women in healthcare are leaving their jobs at higher rates on average than in previous years. Attrition was especially acute at the entry and C-suite levels (Exhibit 2). The female attrition rate at the C-suite level more than doubled from the previous year, rising from 6.4 percent to 16.6 percent. It was also about five percentage points higher than for C-suite men and C-suite women across all industries.

Promotions

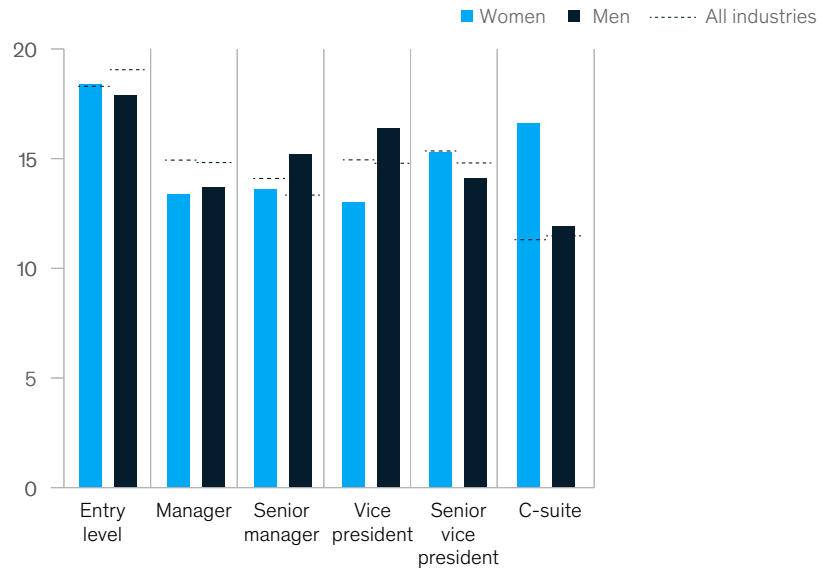
Lower promotion rates. Internal promotion rates for women in healthcare are lower than the average for women in all industries at every level. Men were promoted at higher rates than women into manager, vice president, and senior vice president roles, while women were promoted at higher rates than men into senior manager or director and C-suite roles (Exhibit 3). Promotion rates for women (and men) decreased at year-end 2021 through the vice president level, compared with the prior two years. Notably, women were promoted at higher rates to the senior vice president and C-suite levels compared with year-end 2020, although this is still a decrease from the promotion rate for women to C-suite roles at year-end 2019.

In healthcare, a broken rung persists at the manager level: only 2.0 percent of men and

Exhibit 2

The attrition rates of women in healthcare were higher compared to men in healthcare for senior roles.

Attrition rates in healthcare in 2022 report,¹ % who left the company by level²



¹Aggregate results from participating companies in healthcare (19 companies submitted pipeline data).

²Attrition rate defined as people who left the company (voluntarily or involuntarily) divided by the total number of employees at the beginning of the year within each level.

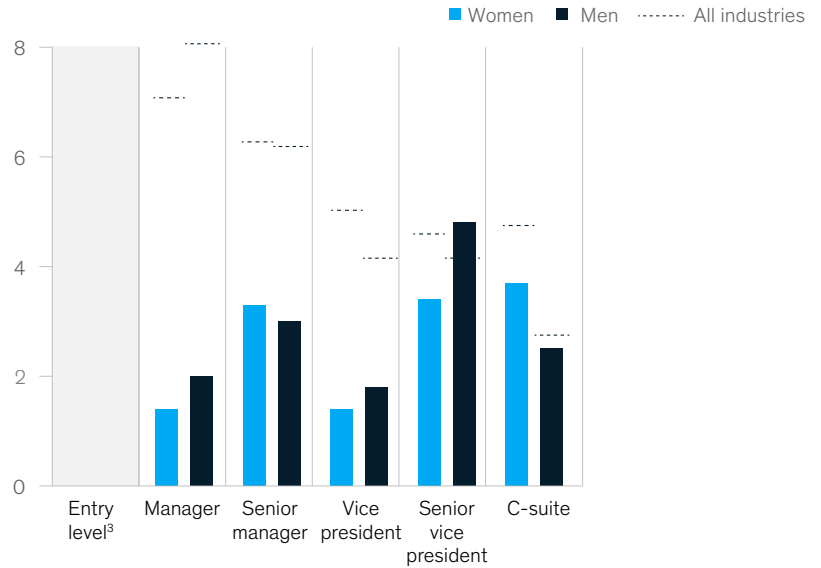
Source: Women in the Workplace 2022 pipeline data for Canada and the US

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Exhibit 3

Promotion rates for women in healthcare are generally far lower than those of other sectors.

Internal promotion rates in healthcare in 2022 report,¹
 % promoted into level²



¹Aggregate results from participating companies in healthcare (19 companies submitted pipeline data).
²Promotion rate defined as the number of people promoted into the level divided by number of people at the beginning of the year in the previous level.
³Entry level not included because employees are typically hired externally into this level.
 Source: Women in the Workplace 2022 pipeline data for Canada and the US

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1.4 percent of women are promoted to manager roles, compared with 8.3 percent of men and 7.2 percent of women across all other industries.

External hiring

Increased external hiring. At junior levels, more than half of all external hires in healthcare are women (75 percent of entry-level workers, 66 percent of managers, and 58 percent of senior managers or directors) (Exhibit 4). Healthcare companies can keep a critical eye on the ratio of women’s representation at a given level and the share of women hired into that level. When the share of externally hired women is lower than the share of women currently in that level, as is the case at the manager through SVP levels in

the healthcare industry, this runs the risk of being dilutive to women’s representation over time.

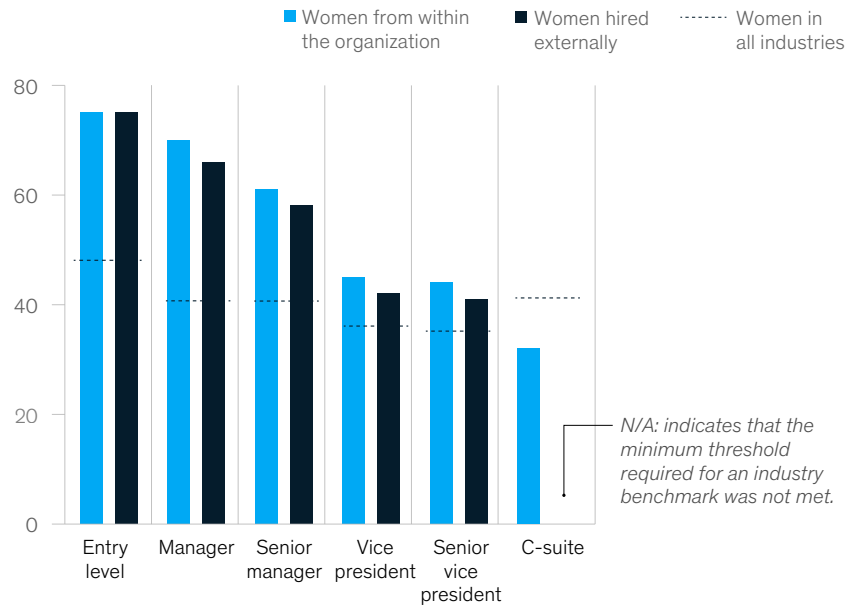
At senior levels, women make up less than half of external hires in healthcare (42 percent of vice presidents and 41 percent of senior vice presidents). As with the more junior levels, these hires also run the risk of being dilutive to women’s representation at those levels over time (assuming all other representation flows stay constant).

Women continue to have higher levels of representation, hiring, and advancement in healthcare than in corporate America overall. Even so, the latest data show that the industry has plenty of room for improvement.

Exhibit 4

In healthcare, the percentage of women hired externally is generally slightly lower than the percentage of women hired from within the organization.

Women hired at specific levels in 2022 report,¹ % share²



¹Aggregate results from participating companies in healthcare (19 companies submitted pipeline data).
²Hiring share defined as the number of women hired divided by the total number of external hires.
 Source: Women in the Workplace 2022 pipeline data for Canada and the US

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April 8, 2022

The healthcare sector is examining how to better hire and promote women to the highest levels.

Women have long found a path toward advancement in healthcare and life sciences—from Virginia Apgar, who developed a standard in the 1950s to assess newborn health, to Tu Youyou, who earned the Nobel Prize in medicine in 2015 for her discovery of a treatment for malaria.² Women

currently account for more than half of all entry-level employees in the sector and have made progress in advancing to management, according to our previous analysis of women in healthcare.

However, the COVID-19 pandemic has created a seismic shift in the workforce, with a specific impact on women. Millions of Americans have resigned from their jobs, and many have cited unmanageable workloads or a need to care for family as important factors in their decision. The healthcare sector is no exception.³ Our most recent analysis is based on the seventh annual Women in the Workplace data (for

² Women have been awarded Nobel Prizes 59 times: 18 in peace, 16 in literature, 12 in physiology or medicine, seven in chemistry, four in physics, and two in economic sciences.

³ On subsequent references, “healthcare sector” reflects employees at payers, providers, and life sciences companies.

Women in healthcare are twice as likely as men to cite parenthood and increased home responsibilities as reasons for missing out on opportunities for promotion.

2021), by McKinsey and LeanIn.Org. That research looks at drop-offs in female representation, promotion rates, and external hiring at the highest

levels in healthcare; at the barriers to advancement for women of color;⁴ and at threats to recent gains (see sidebar, “About the research”). In many cases,

⁴ In this article, “women of color” may include respondents who identified themselves as American Indian or Alaskan Native, Asian, Black or African American, Hispanic or Latino/Latina/Latinx, Middle Eastern or North African, and Native Hawaiian or Other Pacific Islander, as well as those who identified themselves as of mixed race.

About the research

This article is based on data collected for the *Women in the Workplace 2021* report, published by McKinsey in partnership with LeanIn.Org. The data behind this report are based on a study of 423 companies across Canada and the United States.¹ The analysis built on similar research that McKinsey and LeanIn.Org have conducted annually since 2015, as well as on 2012 research from McKinsey.

Separately and in addition, more than 65,000 employees from 88 companies were surveyed on their workplace experiences. In this 2021 Employee Experience Survey, 5,994 respondents worked in the healthcare sector (including providers, payers, and life sciences companies). Within this group, we interviewed women of different races and ethnicities, LGBTQ+ women, and women with disabilities at all

levels of their organizations, working either remotely or on-site.

For the 2021 report, data about pipeline representation were collected from March to August 2021. These data reflect not only the representation of women and men as of December 31, 2020, but also personnel changes (for example, those resulting from promotion, hiring, and attrition) during 2020.

From June to August 2021, human-resources leaders and professionals provided information on policies, programs, and priorities at their companies. In addition, from May to July 2021, employees were surveyed on their workplace experiences. These data sets, representing point-in-time snapshots, reflect the responses of companies and the experiences of employees when the survey was conducted.

The nursing survey was in the field from February to March 2021 and again from November to December 2021. A representative sample of frontline registered nurses was recruited and verified by Dynata using proprietary data from professional organizations and state licensure records. Frontline nurses were screened to ensure that they spent at least 70 percent of their working hours delivering direct patient care and that they had at least one year of work experience. The 396 survey responses collected from February to March 2021 and the 710 responses collected from November to December 2021 were weighted by the respondent’s primary work setting to align with the actual distribution of the nursing workforce (from the US Bureau of Labor Statistics).

¹ The healthcare companies in the study included four payers, 26 providers, and 21 biotech or pharmaceutical- or medical-products companies.

these outcomes are correlated with the effects of the COVID-19 pandemic, including reports of increased responsibilities at home and higher levels of burnout.⁵ Parents in particular struggle with both of these problems. For example, our analysis shows that women in healthcare are twice as likely as men to cite parenthood and increased home responsibilities as reasons for missing out on opportunities for promotion.

In previous work, we have discussed how COVID-19 could reshape the broader healthcare workforce and the potential impact of that shift on women. In this article, we start with the good news: in 2021, women in healthcare had higher representation at the managerial level and lower rates of attrition than they did in previous years. We also focus on the looming challenge of retention and on the risk that women of color will miss out on advancement opportunities. Finally, we offer strategies for improving retention and representation, as well as a goal to prepare for the shift to the next normal in an era of endemic COVID-19.

Reasons to celebrate

As a whole, healthcare continues to outperform other sectors in the representation of women, who make up more than two-thirds of entry-level employees in healthcare organizations (Exhibit 1). We identified three important shifts in 2021: increased representation of women at specific managerial levels, lower rates of attrition among women in healthcare than in other sectors, and increased external hiring of women at specific levels of the pipeline.

Increased representation

In healthcare, the representation of women at the senior-manager or director level improved by four percentage points on average, to 53 percent, in 2021. That is 18 percentage points higher than the average across all sectors. The gap in female representation in healthcare between managers

and senior managers or directors was smaller than it had been in 2019.

Lower rates of attrition

On average, in 2021 women left jobs in healthcare at lower rates than women in other sectors, men in healthcare, and women in healthcare in previous years. In particular, the female attrition rate at the C-suite level was approximately half of what it was in 2019 (Exhibit 2). While many factors probably contributed to this outcome, our employee sentiment survey indicates two possible reasons: more women than men reported being somewhat or very happy with their companies, and more women than men would recommend their companies as great places to work. In addition, fewer women of color in healthcare management roles had left by the beginning of 2021 than had in 2019.

Increased external hiring

Hiring from outside an organization can be one strategy to increase representation. In 2021, external hiring of women at the manager through vice-president (VP) levels increased in healthcare from 2019. These numbers compare favorably with the averages across all sectors, in which women account for 34 to 47 percent of external hires.

Critical challenges

Despite the reasons to celebrate women's success in healthcare, critical challenges remain. The ongoing stress of the COVID-19 pandemic threatens to undo progress in promotion and attrition rates, potentially setting female representation and advancement in healthcare back by several years. If women leave the workforce, miss out on promotions, or both, that will hinder efforts to reach gender parity in the C-suite.

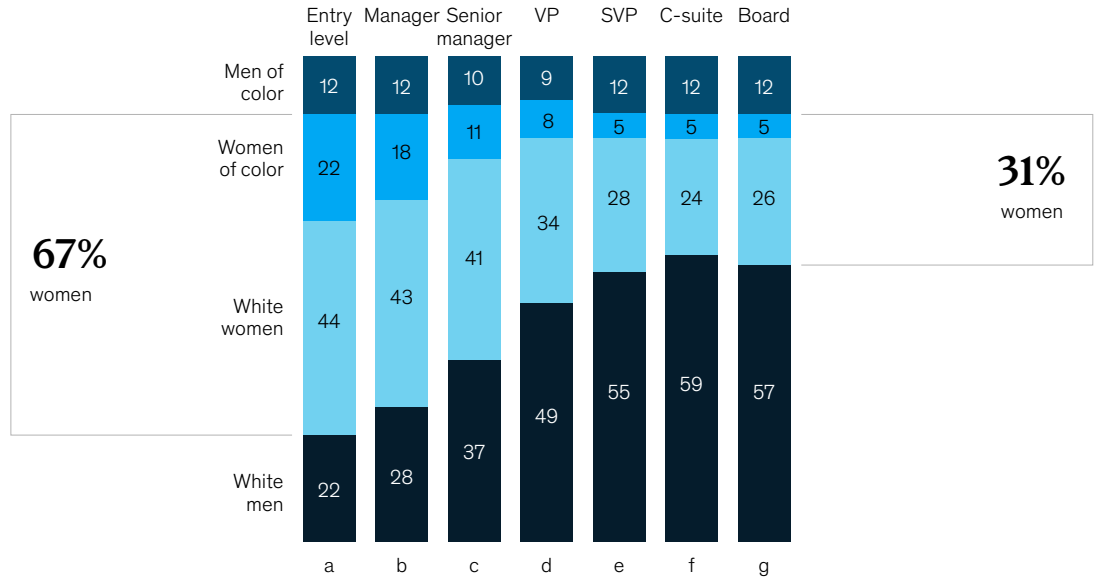
We examine three crucial areas: drop-offs in representation at specific levels of the pipeline, in promotion rates, and in external hiring; barriers

⁵ Employees surveyed were asked to identify the frequency of burnout (a combination of emotional and physical fatigue, compounded by a sense of a lack of accomplishment or fulfillment in one's healthcare role), as well as how often they felt exhaustion, job negativity, stress, and impact on work efficacy because they were juggling responsibilities.

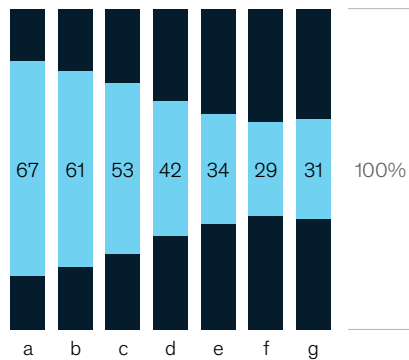
Exhibit 1

The representation of women decreases across employment levels in healthcare but continues to outperform other industries.

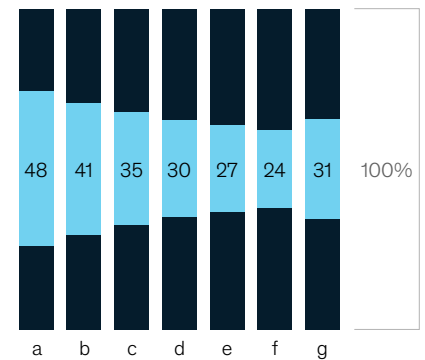
Employees within each employment level in 2021,¹ % share



Women across healthcare,² %



Women across all industries,² %



Note: Numbers may not sum to 100%, because of rounding.

¹Sum of percent of White women and percent of women of color may not sum to overall percent of women, because overall figure includes employees with race not reported.

²Aggregate results from participating companies in healthcare (51 companies submitted pipeline data).

Source: 2021 Women in the Workplace pipeline data for US/Canada

to advancement for women of color; and potential threats to recent gains in female representation, including increased home responsibilities and levels of burnout, correlated with the COVID-19 pandemic.

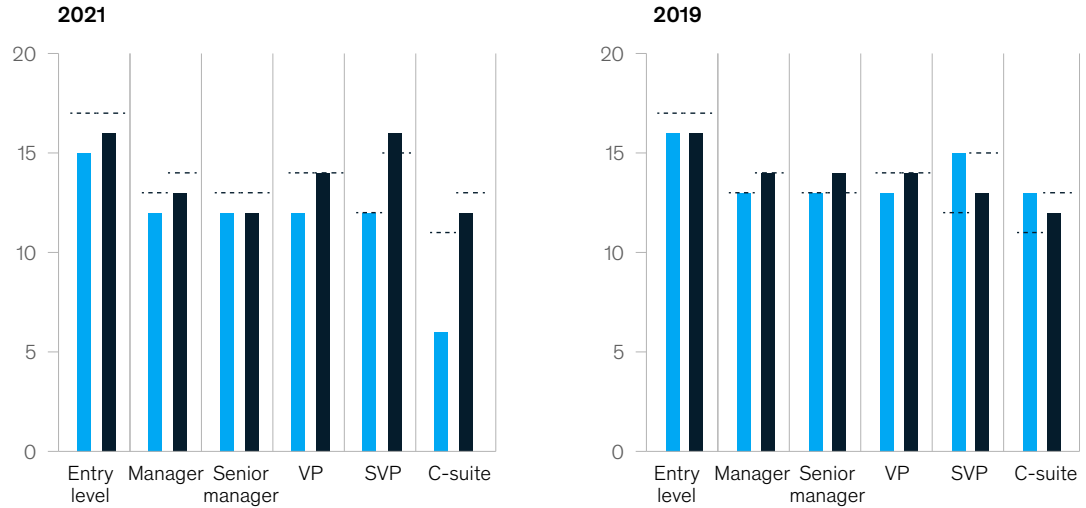
Drop-offs in representation at specific levels of the pipeline

The representation of women declines at each successive step, from the entry level (67 percent)

Exhibit 2

Attrition rates of women in healthcare were on par with or lower than those for women in other sectors, men in healthcare, and women in healthcare in 2019.

Attrition rates in healthcare,¹ % who left the company by level² ■ Women ■ Men - - - - All industries



Note: Numbers may not sum to 100%, because of rounding.

¹Aggregate results from participating companies in healthcare (51 companies submitted pipeline data).

²Attrition rate defined as people who left the company (voluntarily or involuntarily) over the total number of employees at the beginning of the year within each level.

Source: 2021 Women in the Workplace pipeline data for US/Canada

to the C-suite (29 percent). Representation drops particularly sharply—by eight to 11 percentage points—at each level from manager to senior vice president (SVP). Clearly, promotion rates, retention, and external hiring have not kept pace to improve representation at more senior management levels.

While promotion rates for women in healthcare were on average on par with or slightly lower than those for men through the SVP level, the gap between men and women was larger in the C-suite (Exhibit 3). Previously, women had been promoted at higher rates to the SVP and C-suite levels: an 8.3 percent promotion rate for women to the C-Suite in 2019, compared with 0.8 percent in 2021. This effect can compound over time, resulting in lower representation for women at the highest levels.

External hiring is one of the quickest strategies to increase the representation of women at the top.

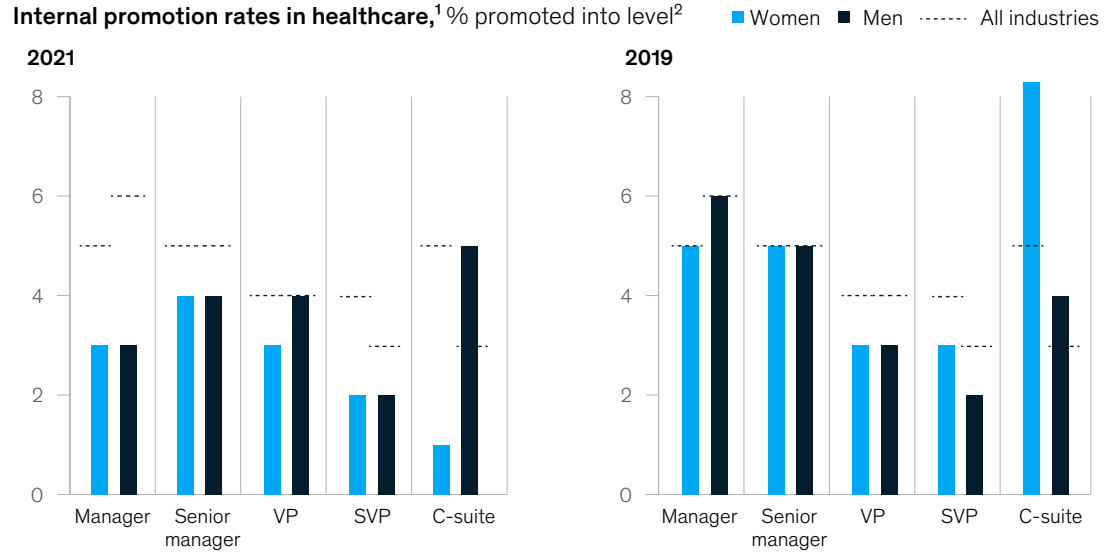
There is room for improvement here: external hiring of women in healthcare is on par with the share of women already in healthcare organizations, and men account for a larger share of external hires than women from the VP level through the C-suite (Exhibit 4). External hiring of women in C-suite positions in particular decreased to 33 percent in 2021, from 42 percent in 2019. Across all sectors, women make up 36 percent of external hires. As a result, current external-hiring trends are likely to further widen the gaps in female representation, especially in senior levels.

Barriers to advancement for women of color

In healthcare, women of color make up almost a fourth of entry-level positions but occupy only 5 percent of C-suite ones. The attrition rates for women of color at the level of manager (28 percent) and senior manager or director (17 percent) are particularly alarming. Attrition among women

Exhibit 3

Promotion rates in healthcare for men and women in 2021 have dropped overall since 2019 and are now generally below those of other sectors.



Note: Numbers may not sum to 100%, because of rounding. Entry level not included, because employees are typically hired externally into this level.
¹Aggregate results from participating companies in healthcare (51 companies submitted pipeline data).
²Promotion rate defined as the number of people promoted into the level over the number of people at the beginning of the year in the previous level.
 Source: 2021 Women in the Workplace pipeline data for US/Canada

of color at the entry levels will probably hurt representation at more senior levels in future years.⁶ Compared with White women, White men, or men of color, proportionally more women of color reported spending time on diversity, equity, and inclusion

(DEI) efforts, but they are the least likely to say that these efforts are well resourced at their companies. They also are the least likely to report that their managers consistently created an environment where people can discuss challenging topics.

Across all sectors, women make up 36 percent of external hires. Current external-hiring trends are likely to further widen the gaps in female representation, especially in senior levels.

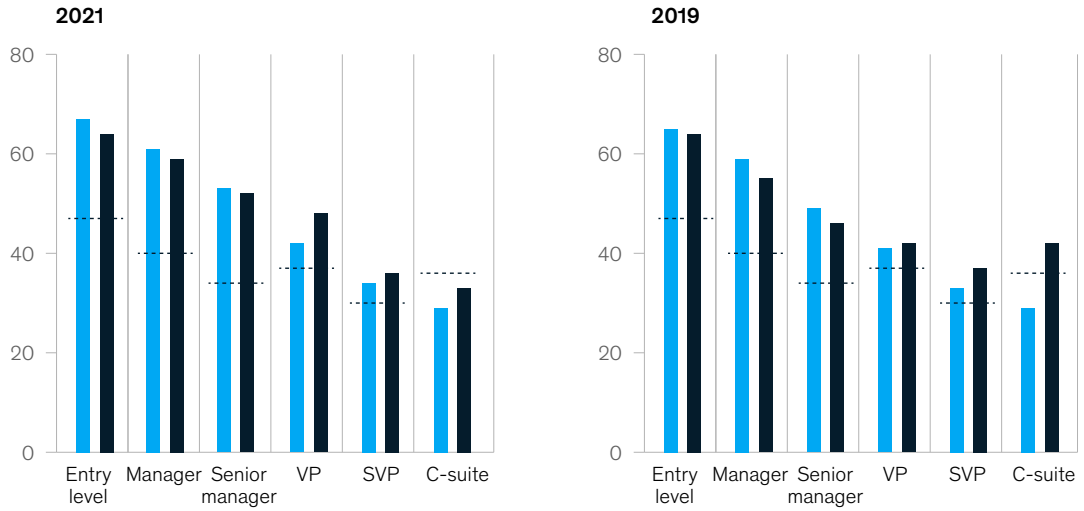
⁶ By comparison, men of color have remained, on average, between 10 and 12 percent representation across all levels and years.

Exhibit 4

In healthcare, the percent of women hired externally was roughly on par with those selected within the organization at the same level.

Women within specific levels,¹ % share²

■ Women from within the organization ■ Women hired externally Women in all industries



¹Aggregate results from participating companies in healthcare (51 companies submitted pipeline data).

²Hiring share defined as the number of women hired over the total number of external hires.

Source: 2021 Women in the Workplace pipeline data for US/Canada

Respondents to our survey said that they frequently do not feel supported in their DEI work—in fact, 16 percent of women reported that when they spoke out against bias, they experienced retaliation. A larger share of women than of men reported taking on DEI work. Fifty-one percent of women said that they carved out time to learn about the experiences of women of color by reading, listening to podcasts, or attending events. Only 35 percent of men did.

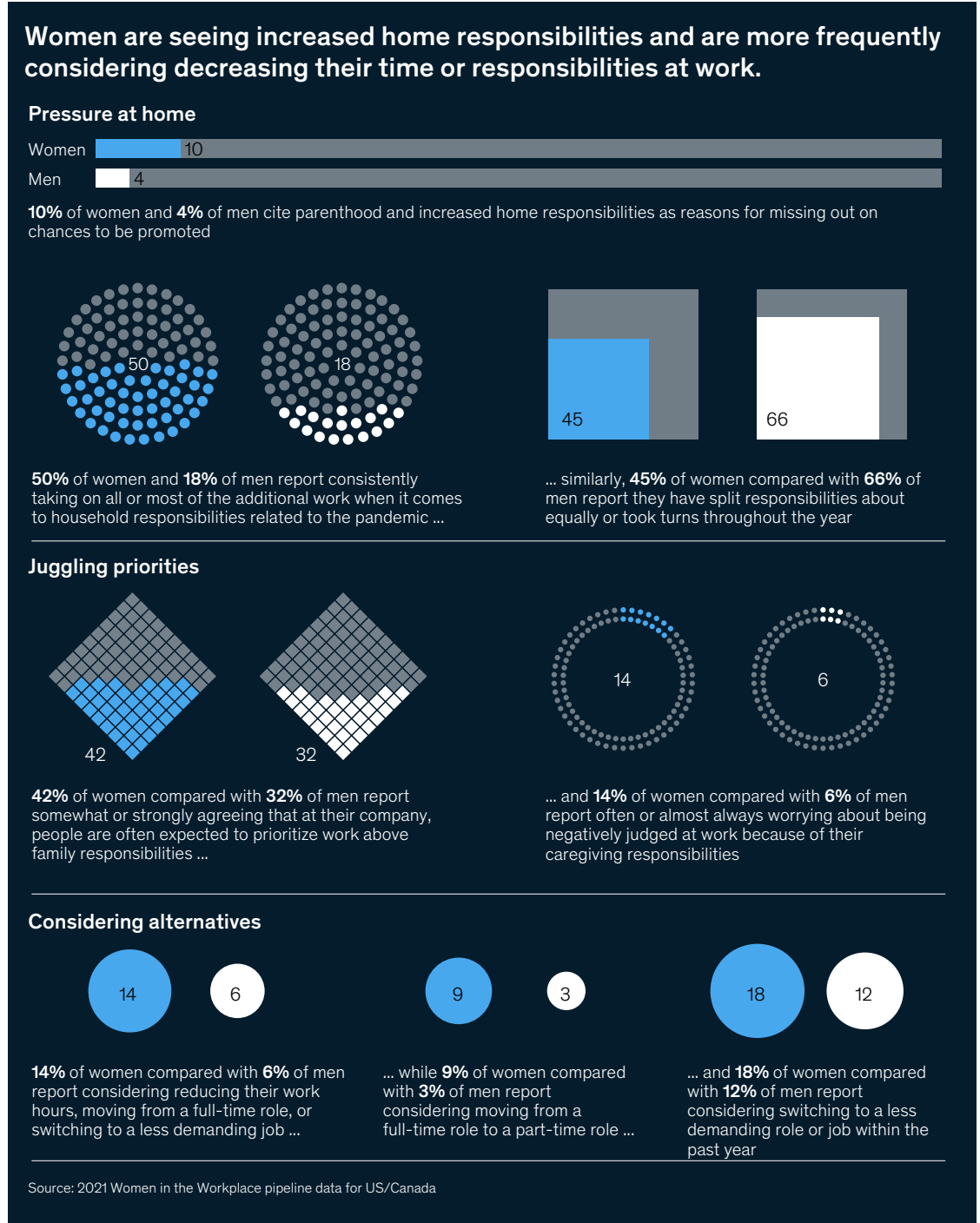
Pandemic fallout

In the COVID-19 era, employed women have faced increasing pressures and challenges, according to results from our employee experience survey. Women across all sectors have shouldered more household responsibilities, and more women reported feelings of burnout.

The problems are seemingly more acute for women in healthcare, who have fewer opportunities to work remotely, report feeling greater pressure to prioritize work over family, and seem to be “pushing through” burnout and missing fewer workdays than women in other sectors. Although this may have been celebrated in moments of crisis, executives and organizations can evaluate how to encourage women in healthcare to recharge. Otherwise, they may find that the pandemic’s headwinds are correlated with, if not causing, a more challenging path for women to become top executives in healthcare (Exhibit 5).

The employee experience survey indicates that women in healthcare feel burned out at work more frequently than men do and have missed more days of work as a result (Exhibits 6 and 7). The recent

Exhibit 5



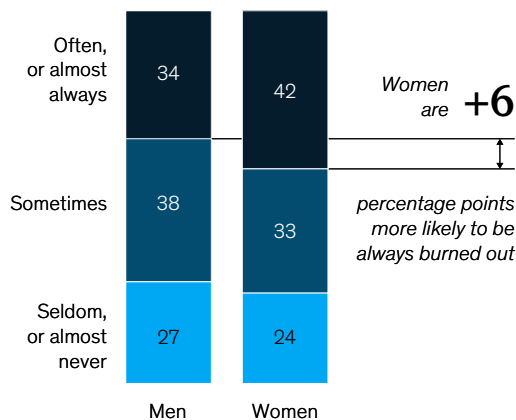
increase of burnout levels in healthcare may raise attrition in the future. In 2021, levels of burnout for women in healthcare resembled those of women in

other sectors: across all levels, the same proportion of women (42 percent) in healthcare and all other sectors reported “often/almost always” feeling

Exhibit 6

On average, women in healthcare feel burned out more often than men do.

Burnout in healthcare,¹ % share



Note: Numbers may not sum to 100%, because of rounding.

¹Question: In the last few months, how often have you felt burned out at work? (0% of men and women responded "not sure").

Source: 2021 Women in the Workplace pipeline data for US/Canada

burned out at work. However, women in healthcare appear to be pushing through this burnout: six percentage points fewer women in healthcare than in all other sectors reported that they had missed one or more days of work as a result of burnout, stress, or mental-health issues. Over time, women who do not take time off to address their mental health may leave.

In addition, our 2021 employee experience survey found that 53 percent of women and 47 percent of men in healthcare reported feeling stressed at work in the past few months.⁷ Thirty percent of women in healthcare reported feeling "pressured to work more" in the past few months, compared with 25 percent of men in healthcare. As the pandemic continues, these challenges may be worsening, especially for nurses. McKinsey's survey of nurses, conducted in February 2021 and in November 2021,

reflected the strain.⁸ The November 2021 results indicated that more than 32 percent of surveyed nurses may leave their current positions providing direct patient care within the year—a substantial increase over 22 percent in the spring. Of nurses reporting an intention to leave, 60 percent said that they had become more likely to do so after the start of the COVID-19 pandemic. Since the pandemic began, a higher proportion of female than male nurses have said that they are likely to leave.

This finding is consistent with a recent McKinsey survey conducted across employees in healthcare and social assistance: in mid-2021, 36 percent of the respondents said that they were at least somewhat likely to leave their current jobs within the next three to six months. Forty-two percent of the healthcare and social-assistance workers who had already quit did so without having new jobs.

The experience survey data paint an unprecedented picture: women are nearing a tipping point, and their professional advancement is being affected. If these challenges are not addressed, they could jeopardize the progress that women in healthcare have made in recent years.

Actions to take

Employers can consider three specific actions to retain and promote women in healthcare: mitigate attrition; use open positions to advance DEI goals, with external hiring and equitable promotions as mechanisms for change; and maintain a deliberate focus on opportunities for women of color.

Mitigate attrition

Employers can take several steps to mitigate attrition: for example, they can ensure reasonable workloads, encourage clear boundaries for availability, and provide greater flexibility at work (such as flexible working hours, options to transition to part-time work or to a more time-flexible role, or remote-work options). Women said that these

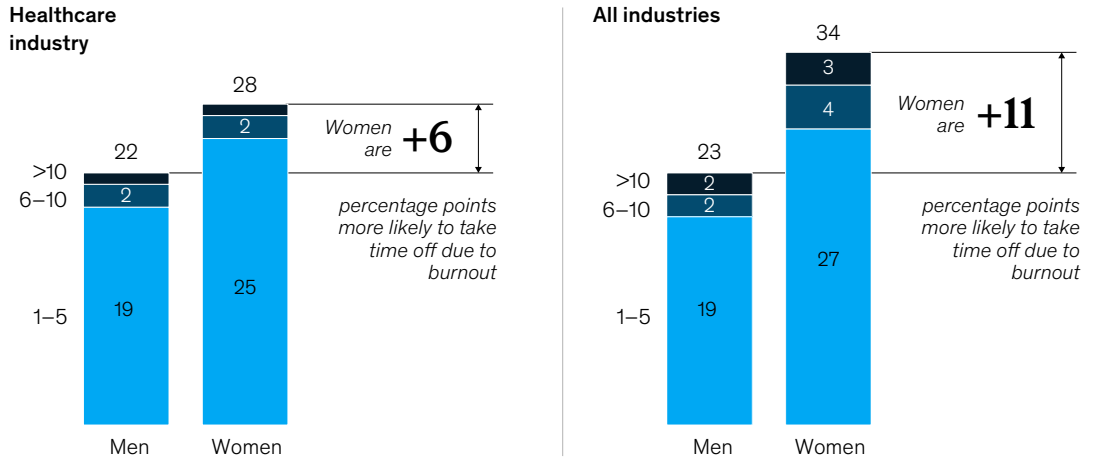
⁷ The survey was in the field during July and August 2020, n = 5,425.

⁸ The number of respondents was 396 in the February survey and 708 in the November one.

Exhibit 7

Women are more likely than men to take time off due to feeling burned out, but women in healthcare are considerably less likely to do so than women elsewhere.

Days off caused by burnout,¹ % share



¹Question: In the last year, about how many days of work have you missed due to burnout, stress, and/or mental-health issues? ("No days," "not sure," and "prefer not to say" not shown).
Source: 2021 Women in the Workplace pipeline data for US/Canada

factors could dissuade them from reducing their hours or leaving the workforce.

In addition, people-focused managers can be trained to recognize and acknowledge the additional burdens of the pandemic period and to connect team members with relevant support resources. Appropriate steps might include communicating consistently about mental-health counseling benefits and stress management programs. In healthcare particularly, employees may feel pressure to be available 24/7. Thirty percent of women (and 23 percent of men) said that helping employees to set boundaries for availability would be a meaningful action for employers to take.

This is, of course, in addition to best standard-practice elements of a superior employee experience. These include social experience (people and relationships, teamwork, and social

climate), organization experience (purpose, technology, and the physical environment), and the work experience (work organization, work control and flexibility, and growth and rewards)—as described in our previous work.

Use open positions to advance DEI goals

If your company faces rising attrition rates, look at the potential opportunities: stability is a goal, but open positions can be a chance to evaluate ways of making promotions and external hiring more equitable.

As we show in our previous work on women in healthcare, helpful actions include bias training, objective criteria for evaluation and promotion, diverse slates for promotions, and greater transparency and reporting. Requesting a diverse selection of candidates for open roles can be a powerful driver for change at every level. When two or more women are put forward for consideration,

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the odds that a woman will be promoted rise dramatically.⁹ It is equally important to ensure that women and people of color within the organization are ready now or ready soon to fill these openings. In addition to preparing internal succession candidates, companies may want to reexamine external hiring, including whether it is an adequate component of specific recruitment efforts.

If multiple leadership roles in an organization or team are open, it is especially important to take a holistic perspective. In these situations, think about building the best leadership team as a whole—with leaders whose perspectives, experiences, and backgrounds complement one another and reflect the broader employee, customer, or patient populations—rather than making a series of independent hiring decisions. These senior placements are a visible signal of organizational priorities to the rest of the workforce.

Maintain deliberate focus on opportunities for women of color in healthcare

Companies may consider comprehensively examining their evaluation and promotion processes, when biases and barriers often disproportionately affect women of color. In addition, they may pay careful attention to retaining critical talent and to addressing the reasons that women—particularly women of color at the

manager, senior manager/director level—cite for reducing their workloads or for leaving.

If healthcare companies truly wish to improve the representation of women of color, they may choose to hold managers and senior leaders more accountable by making the diversity of their organizations more transparent or making diversity goals a component of performance reviews (for example, sponsorship of lower-tenured colleagues from underrepresented groups).

No matter their gender, race, or career dreams, healthcare workers join the sector with a desire to help people recover from illness and to live healthy lives. Yet the past two years have taken a toll on employees, and in particular those on the front lines of the pandemic. Gender parity and proportionate representation of women of color in healthcare at the top levels remains aspirational. Although there are reasons to celebrate, healthcare stakeholders may consider what they can do to rebalance the scales. While we cautiously watch the experience of women in healthcare during the ongoing pandemic, we feel optimistic about the healthcare sector's potential to remain a leader in the representation and experience of diverse leaders.

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⁹ Cynthia DuBois, "The impact of 'soft' affirmative action policies on minority hiring in executive leadership: The case of the NFL's Rooney Rule," *American Law and Economics Review*, Spring 2016, Volume 18, Number 1; Elsa T. Chan, David R. Hekman, and Stefanie K. Johnson, "If there's only one woman in your candidate pool, there's statistically no chance she'll be hired," *Harvard Business Review*, April 26, 2016; Jean Martin, "A fairer way to make hiring and promotion decisions," *Harvard Business Review*, August 13, 2013.