

The Impact Of Glass Ceiling On Work Engagement And Psychological Health Of Female Faculty And Female Doctors In Universities And Hospitals: Role Of Emotional Intelligence

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ABSTRACT

This study investigated the impact of the glass ceiling on the work engagement and psychological health of female faculty and female doctors and examined the role of emotional intelligence between the variables. The glass ceiling presents challenges that intensify at senior levels, potentially affecting work engagement and psychological health of female employees. The line graph visualized relationships and changes in data over time or sequential intervals of the variables. It represents continuous data with clarity and makes them particularly effective for identifying patterns and illustrating dynamic relationships between variables. By displaying data points connected by lines, they reveal trends such as high, low, or cyclic behaviours, enabling them to detect anomalies and predict future outcomes. Furthermore, their versatility makes a cornerstone in the graphical representation of these research findings. Self-administered questionnaires highlight the fluctuation of glass ceiling, work engagement and psychological health and emotional intelligence. The results show a significant negative relationship between the glass ceiling and work engagement and psychological health. Emotional intelligence plays a key role, helping female faculty and female doctors cope with the burnout and stress of career barriers and improving their engagement towards work at the organization. The study is limited to universities due to time and resources constraint. Recommending for longitudinal studies and considering other factors as well. This study uniquely explores the role of emotional intelligence in the impact of glass ceiling on work engagement and psychological health of female faculty and female doctors, suggesting gender equity and support to female faculty and female doctors in climbing the ladder in the educational institutions.

Keywords: Glass Ceiling, Work Engagement, Psychological Health, Emotional Intelligence, Female

faculty and female doctors , Universities and Hospitals.

INTRODUCTION

Glass ceiling is still a major challenge for women to be promoted into leadership positions regardless of the organization and industry being dominated by male professionals. Nonetheless, existing barriers remain unseen and contribute to the lack of women in the professor position in academic. This paper seeks to understand viable solutions that institutions can employ strategies to eliminate these barriers focusing on gender diversity, mood literacy, and employee encouragement. Leadership positions, particularly at the top level positions, continue to be predominantly occupied by men, leaving limited opportunities for women to break through. This phenomenon not only undermines gender diversity but also affects institution effectiveness and innovation. Gender equity in leadership is not merely a moral or social issue; it has been shown to contribute positively to organizational performance. Studies have demonstrated that organizations with diverse leadership teams tend to have better financial outcomes, enhanced creativity, and improved employee engagement (Kim & Lee, 2024). However, the challenges posed by the glass ceiling are multifaceted, involving cultural, structural, and individual factors. Organizational cultures often perpetuate traditional gender roles and norms, which can subtly discourage women from pursuing leadership roles. Moreover, women may face unique psychological challenges, such as burnout and stress, which can arise from the constant struggle to advance in a biased environment (Mayer & Salovey, 1995).

In this paper, we aim to investigate the impact on work engagement and psychological health female faculty and female doctors organization due to glass ceiling. The concept of "work engagement" was introduced by Schaufeli, Salanova, González-Romá, and Bakker (2002) as a "positive, fulfilling, work-related state of mind characterized by vigor, dedication, and absorption." It reflects the degree to which employees are physically, emotionally, and cognitively connected to their job roles. Research often shows that work engagement and psychological health tends to be lower in the presence of glass ceiling perceptions. For example, Rodriguez and Brown (2021) found that employees who identified as victims of the glass ceiling experienced reduced engagement, feeling undervalued and denied advancement opportunities. Similarly, Patel and Singh (2024) reported that female faculty and female doctors facing glass ceiling challenges exhibited diminished work engagement, which adversely impacted their performance and the quality of care provided to patients. Female academics facing the glass ceiling report higher levels of stress and anxiety compared to their male peers (Kim et al., 2022). Similarly, a study by Gupta and Sharma (2023) found that female physicians affected by the glass ceiling exhibited more depressive symptoms and experienced reduced job satisfaction. Collectively, these studies underscore the importance of systemic organizational changes and individual skill development in overcoming the barriers posed by the glass ceiling.

Objectives

- To investigate the impact of glass ceiling on work engagement and psychological health of the female faculty and female doctors in universities and hospitals.
- To examine the role of emotional intelligence between glass ceiling and work engagement and psychological health of female faculty and female doctors.

Research Questions

- How does glass ceiling impact the work engagement and psychological health of female faculty and female doctors in universities and hospitals.
- What is the role of emotional intelligence between glass ceiling and work engagement and psychological health of female faculty and female doctors.

LITERATURE REVIEW

Feminists first used this metaphor to describe barriers in high-achieving women's professional careers. According Sharma and Kaur (2019) despite the fact that various researchers have done research in India, only 3 researches (Kaur & Jindal, 2009; Sharma & Sehrawat, 2014; Thapar & Sharma, 2017) were undertaken in the northern Indian state of

Punjab that did not employ any standardized scale to determine the existence of GC. Prasad and Sundari (2020) discuss the Glass Ceiling effect on women in the family, organizations (both public and private), and society. An intangible barrier that women are experiencing in advancing their career growth and profession. Further, it discussed that this occurred due to the barriers in mindset and career paths, or the "invisible glass" in front of women subordinates and the Indian society has not been able to overcome the ancient system's mindset of keeping women "at home" or "behind the curtain". Sidhu *et al.* (2021) investigate whether the degree of strategic change at a firm is impacted by board gender diversity or the variety in the gender composition of directors on the corporate board. Initially, it asserts that gender status differences and bias will result in less strategic change as a board's decisions begin to adopt the perspective of a smaller but substantially more influential group (the boys club). Further, it argues that should a board have a female chair rather than a male chair, a recession in the shadow of gender stereotypes will reverse the negative effect of board gender diversity on strategy change? Their investigation broadens the theoretical bandwidth diversity of the board gender study as well as provides a vision for future research, which could form the exercise and strategy for a firm implication problem.

The impact of glass ceiling that we are going to investigate are work engagement and psychological health. Psychological health refers to the condition of a person who is mentally ill. Soumya and Sathiyaseelan (2021) explained that Mental/Psychological health issues are as important as physiological health and should be taken care of equally. The initial line of care provided by mental health specialists or first responders in situations involving emotional breakdown, conflict, crises, or trauma is known as psychological first aid, and it is necessary. Conflicts and increased turnover are the effects of increased turnover that we will investigate. Dissatisfaction reduced work and organizational engagement. Kaur and Sharma (2019) state that the female employee encountered high rates of work conflict, high anxiety and depression levels, and unwanted treatment, resulting in low levels of commitment at their workplace. Thus, conflict leads the employees in a negative direction, and dissatisfaction reduces work engagement. Unfair gender work conditions and cultures at the organization create obstacles for female employees to achieve significant levels of work involvement due to their complex outcomes. Arasu Balasubramanian and Lathabhavan (2017) suggested longitudinal Studies for further investigation in the particular field of military, air force, etc. Women who go through GC are devastated and rebellious (they do not follow what authority or society wants them to do), both at work and in their personal lives.

Mittal and Kaur (2021) said GC permeates each industry. According to the health industry, women account for 75% of the global health care industry. According to TOI (2016) story, 51% of female students were enrolled in healthcare institutions in 2014 - 15. The number of women working as medical professionals, however, is much lower than the rate of men (Mittal and Kaur 2021). Women provide between 70 and 80 percent of the treatment in hospitals in India. However, women account for only 25–35% of top leadership and administrative designations (Mittal and Kaur 2021). Maheshwari and Lenka, (2022) found out that social norms also create organizational barriers in the form of "think manager think male" stereotype and discriminatory corporate policies. According to Saleem, Rafiq and Yusaf (2017) females should be considered in selection and promotion decisions and the way women are viewed as: being made for domestic work, subject to discrimination and inequality, and facing barriers to climbing the ladder in hierarchy should change so that the contributions of women's potential, abilities, and competencies can be effective and beneficial as a whole. According to Miholić, Čalopa and Kokotec (2022) the more profitable firms are those with more than 1 female in higher position at boardroom focusing on the segments of average profitability, return on investment and lost in accounting period with scaling on credits.

Jauhar and Lau (2018) added valuable ideas towards the barrier of women's career advancement to higher levels of management, which can be practically referred to firms in planning their policies and useful for future researchers. It could be a great opportunity to investigate the "effects of the glass ceiling" in the relevant field. Ng and Sears (2017) intend to expand on previous studies on women in management by examining and specifically investigating organizational features and organizational plans, which will further investigate and search the literature on gender

diversity in corporate America. Faniko *et al.* (2017) propose that future researchers should investigate "whether woman managers demonstrate fewer QB-responses and more assistance for equality laws approaching junior women after we emphasize the personal sacrifices made by junior women for career success." Research may address this potential by reversing the manner in which future evaluations of support for quotas and self-group distance are conducted. YÖRÜK KARAKILIÇ (2019) According to the researcher, demographic characteristics such as "marital status and academic gaps," which are demographic characteristics, influenced attitudes against inequality; however, age was not even found to be a factor in views regarding women seeking higher jobs. Furthermore, government laws should be enacted to eliminate impediments to women, who constitute the equal rate in society, in the workplace, and legal legislation should be implemented to prevent discrimination against women, it was advised.

According to (MCFOW) a rising international analysis through the management consulting firm Oliver Wyman, just 33% of top-level jobs and 13% of CEO seats in the medical industry were held by women, and it typically takes a woman 4 to 5 years to get to the CEO position. Khuong and Chi (2017) state that the scope of future research can examine more with the glass ceiling but in other two regions (North and Central) to examine the changes and differences in results since the research was conducted in the south of the Vietnamese corporate. The target audience was women employees to distinguish the gender bias within the organization. There might be a scope to focus on the 'Glass ceiling effects in the particular organization' to discovered or find out the main reason for glass ceiling in Vietnamese corporations towards women and it might give importance in indicating the driven organizational engagement inside the Industrial standard. Choi (2019) suggests the future researcher could focus on the circumstances experienced by women in advancing their career growth and their social capital. Women were more likely to be promoted temporarily in comparison to men if they had been supported by their supervisor and advisor. Given the right role and the right supervisor or advisor, women have a lot of opportunities to advance in their careers and professions. Presenting the women themselves will make them more efficient and effective for the corporation.

Mwashita, Africa and Abrahams (2020) numerous organizations have shifted their focus into the discussion on freedom and justice, resulting in new labour legislation aiming to promote a more balanced environment for women. There are now more women working than ever before. However, the demands of the organizations continue to overwhelm them, and they continue to spend more time studying the rules than figuring out how to apply them to their benefit (Mwashita, Africa and Abrahams 2020). Jauhar and Lau (2018) added valuable ideas towards overcoming the barrier of women's career advancement to higher levels of management, which can be practically referred to firms in planning their policies and useful for future researchers. Their study suggest, it could be a vast opportunity to research and discover the effects of the "glass ceiling" in the relevant field. Also, family and society must support their leadership potential and entrepreneurship skills, as well as eliminate gender inequality, discrimination, and gender stereotypes. Individual medical records reviewed by [Timothy J. Legg, PhD, PsyD](#) - [Ann Pietrangelo](#) on June 16, 2020, state that persistent stress is known to have an impact on the immunological, digestive, and cardiovascular systems. Heart disease, high blood pressure, diabetes, difficulty managing daily activities, sleep issues, and other conditions can all be made worse by chronic stress. Psychological or mental illness results in physical health issues. Alkadry, Bishu and Bruns Ali (2019) urge taking forward the discussion regarding the authorization power in the U.S. of the 'City Manager." Because the future investigator could investigate the cause beyond the imbalance, that individual can think of including expertise, qualification, pay scale, and flexibility. Studying the city manager's salary gives us knowledge on how their salary has been planned and their variables.

RESEARCH METHODOLOGY

The aim of the study was to compare glass ceiling, emotional intelligence and Work engagement and psychological health of the female faculty and female doctors in universities.

The target population of this study comprised of female faculty and female doctors because, the study aims to find out the impact of the glass ceiling on female faculty and female doctors work engagement and psychological health. Female faculty and female doctors were used because they often face such barriers within the profession as per

literatures. The sampling technique, adopted in this study, was stratified random sampling because it allows the target group of respondents who are relevant to the objectives of the study which was selected. This approach made it possible to select participants who qualify the requirements of the study while, at the same time making the selection process random to minimize selection bias. Self-administered questionnaires in the form of close-ended questionnaires were employed as major data collection tools and distributed through online survey to 125 and out of which 103 responses were received. These tools were carefully designed to gather information on the four main variables of interest: glass ceiling, work engagement and psychological health and emotional intelligence. All the variables were evaluated on a five Likert scale in which the respondents were required to responded to statements related to the constructs by using strongly disagree, disagree, neutral, agree and strongly agree options. This technique provide an objective way of measuring what are normally inconceivable as this put to scale perception and experiences into measurable knowledge.

DATA ANALYSIS AND FINDINGS

Demographic Characteristics

The demographic characteristic of the study are represented in the form of tables and figures:

Table 1: Distribution of age (Author own work)

Items	Values	Frequency	Percent
Age	26-35	33	32.03
	36-45	30	29.12
	46-55	27	26.21
	56 – and above	13	12.62

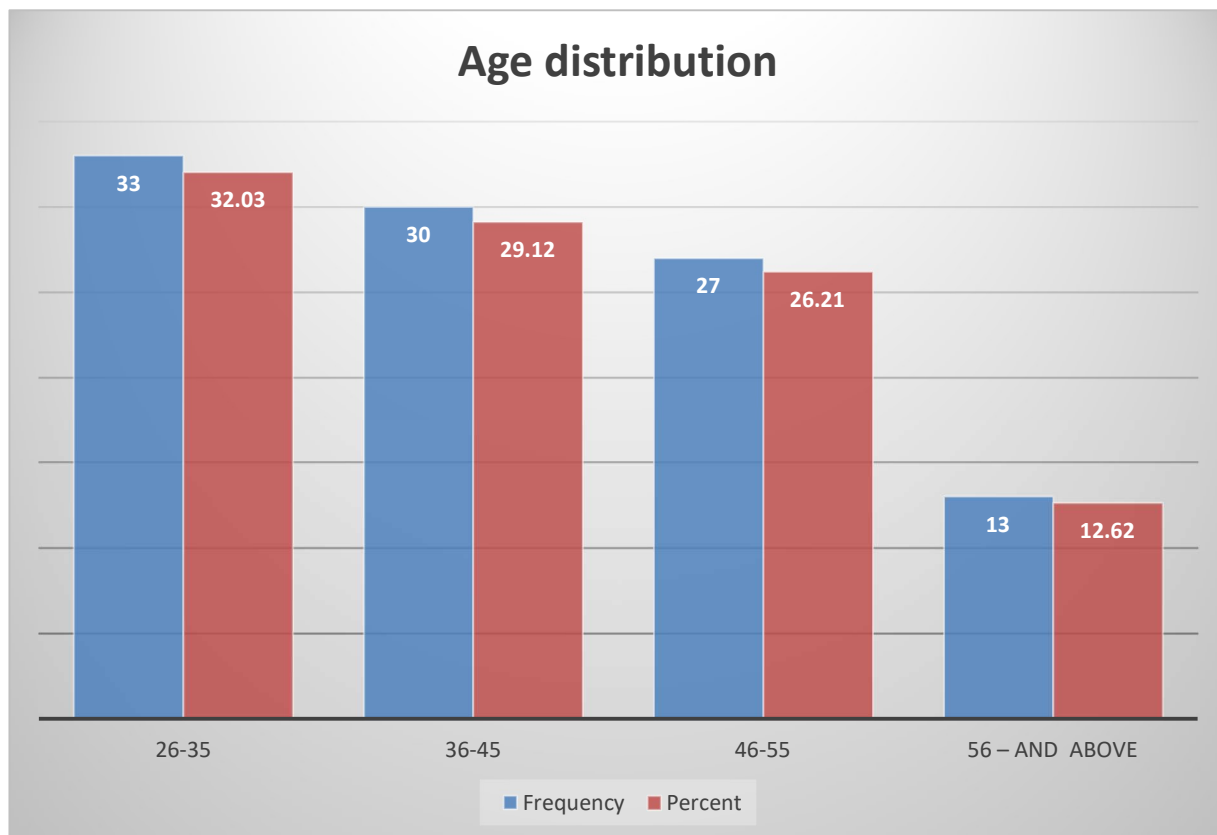


Figure 1: Age distribution of the study (Author own work)

Table 1 and figure 1 provides information about the distribution of individuals across different age groups, highlighting the frequency and percentage of each group. The data is organized into four age categories: 26–35, 36–45, 46–55, and 56 and above. Each category is associated with the number of individuals falling within that range (frequency) and their proportional representation in the overall population (percentage).

The age group 26–35 has the highest frequency, with 33 individuals, accounting for 32.03% of the total. This indicates that the majority of the population is within this younger adult category. Following closely is the 36–45 age group, which consists of 30 individuals and represents 29.12% of the total population. Together, these two groups make up approximately 61.15% of the entire sample, suggesting that the population is predominantly composed of individuals in their mid-20s to mid-40s.

The 46–55 age group has a smaller representation, with 27 individuals making up 26.21% of the total. This reflects a moderate drop in population size compared to the younger categories. Lastly, the 56 and above group is the smallest, comprising only 13 individuals and accounting for 12.62% of the population. This indicates a significant decline in representation as age increases.

Table 2: Distribution of level of Education (Author own work)

Items	Values	Frequency	Percent
Level of Education	Post-Graduation	20	19.41
	PhD	83	80.58
	Post – Doctorate	00	1.87

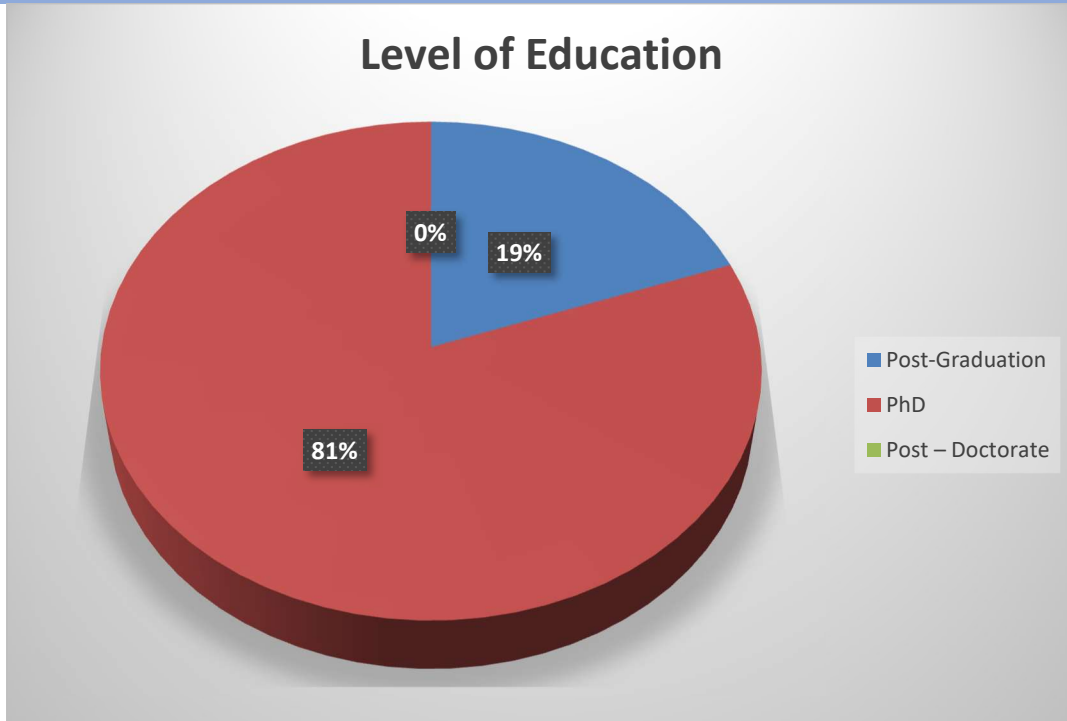


Figure 2: Respondent level of Education (Author own work)

Table 2 and figure 2 indicates that the majority of individuals hold a PhD, accounting for 80.58%, while 19.41% have completed Post-Graduation. A negligible 1.87% have achieved a Post-Doctorate level of education, reflecting a significant drop at the highest academic tier.

Table 3: Tenure in the Organization (Author own work)

Items	Values	Frequency	Percent
Tenure in the Organization	Less than 5 years	25	24.27
	5 -10 years	41	39.80
	11 - 15 years	27	26.21
	15 years and above	10	9.70

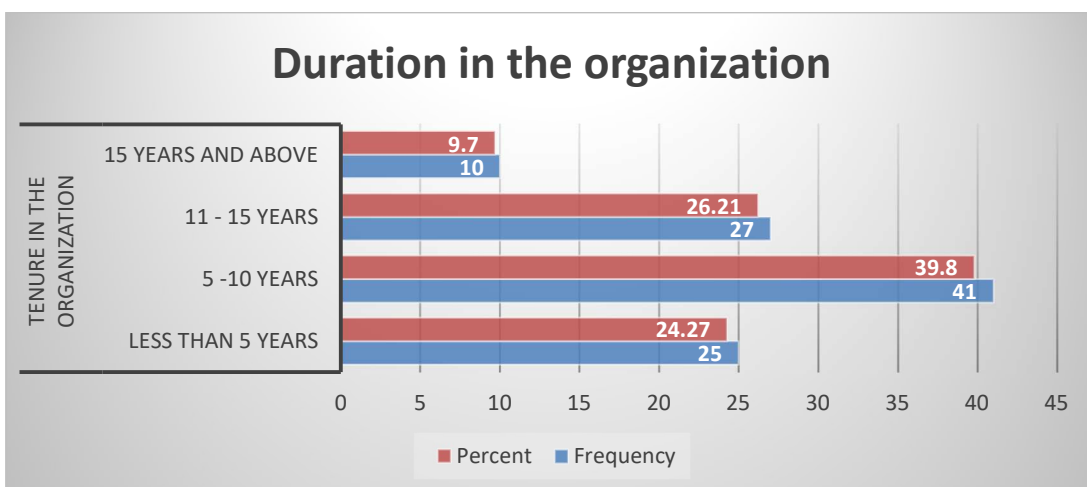


Figure 3: Tenure in the Organization (Author own work)

The Table 3 and figure 3 tenure data shows that the largest proportion of individuals, 39.80%, have been with the organization for 5–10 years. This is followed by 26.21% who have a tenure of 11–15 years, and 24.27% with less than 5 years. The smallest group, 9.70%, comprises those with 15 years or more of tenure, indicating fewer long-term employees.

Line graphs

Line graphs are indispensable tools in research for visualizing relationships and changes in data over time or sequential intervals. It represent continuous data with clarity makes them particularly effective for identifying patterns and illustrating dynamic relationships between variables. By displaying data points connected by lines, they reveal trends such as high, low, or cyclic behaviours, enabling to detect anomalies and predict future outcomes. Furthermore, their versatility makes a cornerstone in the graphical representation of this research findings.

Visualization of Glass Ceiling and Work Engagement

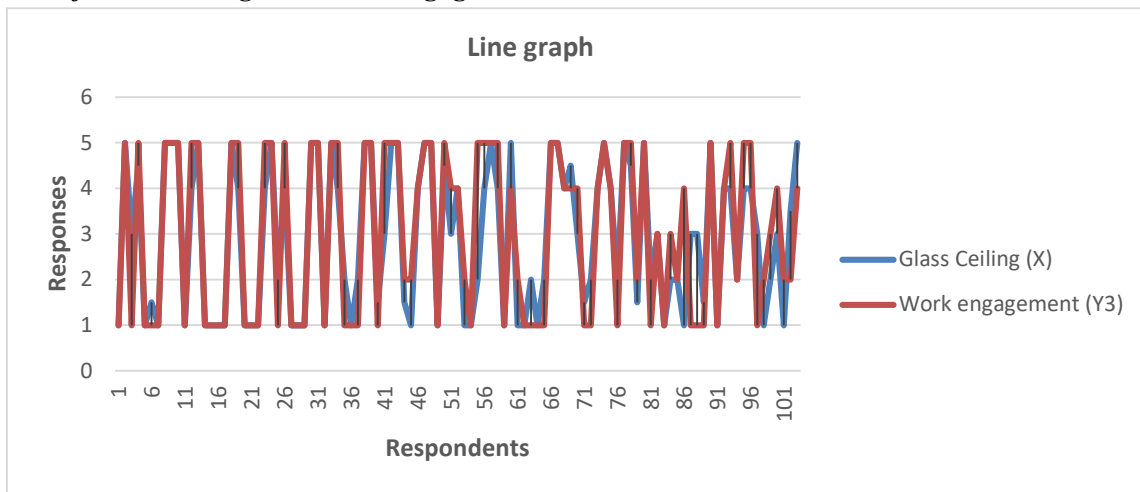


Figure 4: Line graph of Glass Ceiling and Work Engagement (Author own work)

The comparison of "Work Engagement" (blue) and "Glass Ceiling" (red) across the sample population reveals notable differences in variability and distribution. Work engagement exhibits significant fluctuations, frequently reaching higher values (up to 10), indicating that participants experience widely varying levels of involvement and enthusiasm in their work in but where there is glass ceiling the work engagement has reduced. This variability suggests that work engagement is a dynamic construct shaped by a combination of individual and contextual factors. Conversely, perceptions of the glass ceiling are consistently lower, with most values clustering between 1 and 3 because most of the faculty are not aware of glass ceiling. This indicates that while some participants perceive organizational barriers, these perceptions are less widespread, reflecting a relatively static construct.

The interaction between the two variables reveals minimal overlap, as work engagement peaks are generally independent of glass ceiling perceptions. This suggests that for most participants, work engagement is influenced by their perceptions of organizational barriers. However, further exploration is needed to identify potential subgroups or specific conditions where these variables might exhibit stronger relationships. Overall, the findings underscore the dynamic nature of work engagement compared to the more stable perception of the glass ceiling, offering valuable insights into their distinct roles and highlighting the need for further research into the interplay of these constructs in diverse contexts.

Visualization of Glass Ceiling and Work Engagement with Emotional Intelligence

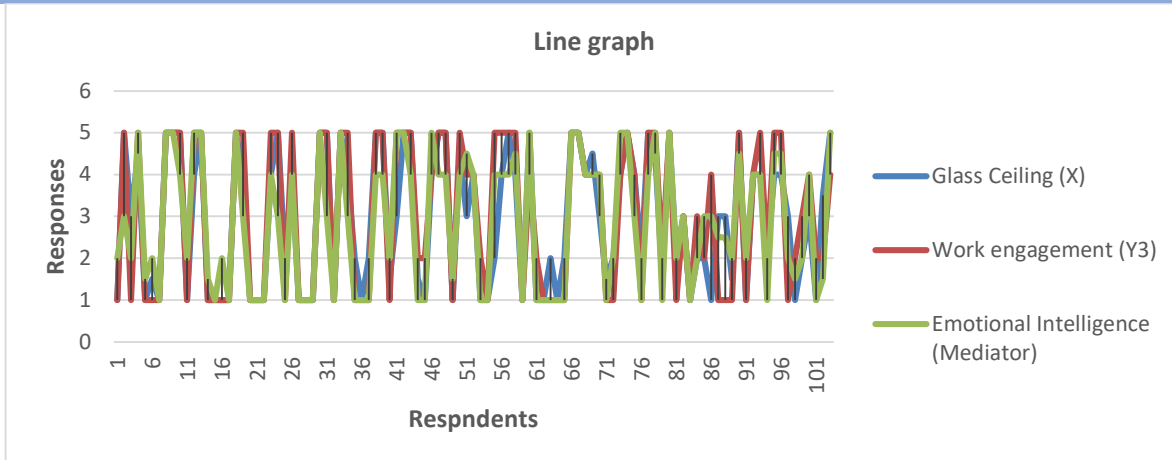


Figure 5: Line graph of Glass Ceiling and Work Engagement with Emotional Intelligence (Author own work)

The graph in figure 6 compares "Emotional Intelligence" (green), "Work Engagement" (blue), and "Glass Ceiling" (red) across the sample population, highlighting differences in variability and possible interrelationships. Emotional intelligence shows the greatest variability, often reaching the upper limit of the scale (up to 15), signifying it as a dynamic trait with notable diversity among participants. This wide distribution suggests that emotional intelligence may play a pivotal role in shaping workplace experiences. Work engagement, depicted by the blue line, demonstrates moderate variability with values ranging from low to mid-levels (1 to 10). Though less dynamic than emotional intelligence, its fluctuations indicate differing levels of engagement among individuals, with instances of overlap pointing to a potential positive correlation between high emotional intelligence and increased engagement in work.

Glass ceiling perceptions, represented by the red line, are more stable and generally restricted to lower values (1 to 3), indicating that these perceptions are relatively infrequent or less pronounced within the population. However, occasional spikes in glass ceiling perceptions coincide with decreases in work engagement, suggesting a potential negative impact for some individuals work engagement. Additionally, the minimal overlap between emotional intelligence and glass ceiling perceptions implies an indirect relationship, where emotional intelligence might help mitigate the adverse effects of perceived barriers on engagement. These findings highlight emotional intelligence as a key factor in workplace dynamics, warranting further statistical investigation to explore mediating or moderating effects and inform organizational strategies for improvement.

Visualization of Glass Ceiling and Psychological health

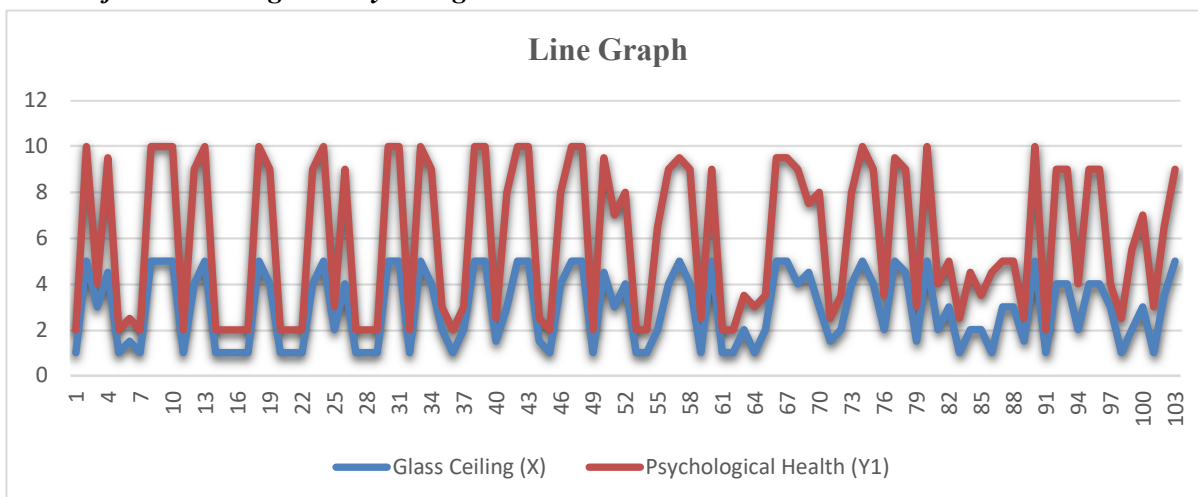


Figure 6: Line graph of Glass Ceiling and Psychological Health with Emotional Intelligence

The line graph shows the relationship between the glass ceiling (X) and psychological health (Y1) across 103 data points. It indicates a fluctuating yet generally inverse trend, where higher psychological health values often coincide with lower glass ceiling values, highlighting the potential adverse impact of the glass ceiling on psychological well-being. The patterns suggest variability in both variables but a consistent negative correlation.

Visualization of Glass Ceiling and Psychological health with Emotional Intelligence

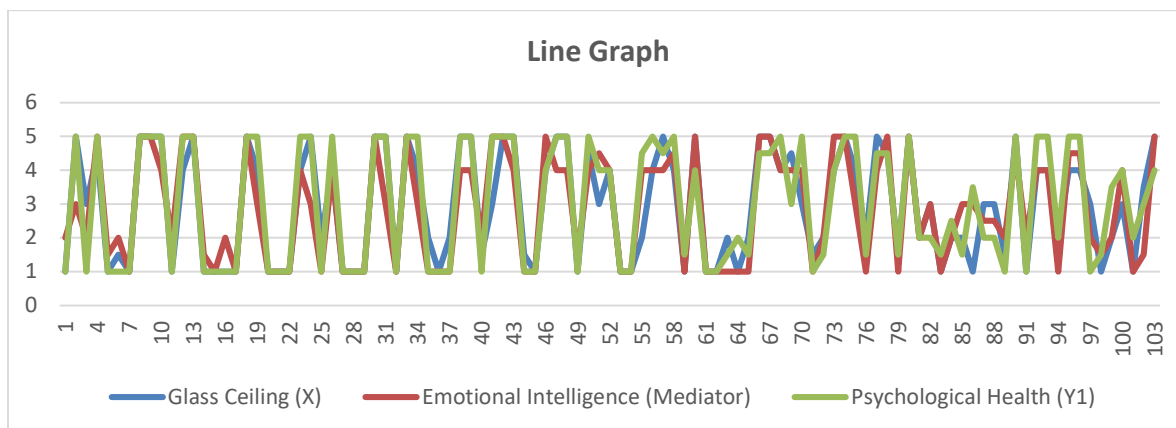


Figure 7: Line graph of Glass Ceiling and Work Engagement with Emotional Intelligence (Author own work)

The figure 7 illustrates the relationships between the glass ceiling, emotional intelligence as a mediator, and psychological health across 103 data points. The glass ceiling demonstrates an inverse relationship with psychological health, indicating that higher perceived glass ceiling effects are associated with reduced psychological well-being. Emotional intelligence acts as a mediator, showing a stabilizing influence on psychological health by potentially mitigating the negative impact of the glass ceiling. This highlights the critical role of emotional intelligence in buffering adverse organizational barriers and preserving psychological well-being.

DISCUSSION AND CONCLUSION

The findings of this study provide significant insights into the relationships between the glass ceiling, work engagement, psychological health, and the role of emotional intelligence in female faculty and doctors within universities and hospitals. The line graph shows the relationship between the glass ceiling (X) and psychological health (Y1) across 103 data points. It highlights a fluctuating yet generally inverse trend, where higher psychological health values often coincide with lower glass ceiling values, underscoring the adverse impact of the glass ceiling on psychological well-being. This pattern reveals variability in both variables but suggests a consistent negative correlation.

Furthermore, the graph illustrating the relationships between the glass ceiling, emotional intelligence as a mediator, and psychological health highlights the critical role of emotional intelligence. While the glass ceiling demonstrates an inverse relationship with psychological health, with higher perceived glass ceiling effects linked to reduced psychological well-being, emotional intelligence acts as a buffer. Emotional intelligence appears to stabilize psychological health by potentially mitigating the negative impact of the glass ceiling. This underscores its importance in preserving well-being and engagement in work despite organizational barriers.

From the findings of this study and the corresponding graphs, it is evident that the presence of the glass ceiling reduces work engagement for female faculty and doctors. Work engagement demonstrates moderate variability, with values ranging from low to mid-levels (1 to 10). While less dynamic than emotional intelligence, the fluctuations in work engagement indicate differing levels of individual commitment, with instances of overlap pointing to a positive

correlation between higher emotional intelligence and increased engagement in work. On the other hand, perceptions of the glass ceiling are generally stable and limited to lower values (1 to 3), suggesting that these perceptions, while present, are relatively infrequent or less pronounced. However, occasional spikes in glass ceiling perceptions coincide with decreases in work engagement, further reinforcing the notion of its negative impact.

Additionally, the minimal overlap between emotional intelligence and glass ceiling perceptions implies an indirect relationship, where emotional intelligence might help alleviate the adverse effects of perceived barriers on work engagement and psychological health. Overall, the role of emotional intelligence in mediating and mitigating the effects of the glass ceiling is critical in enhancing engagement and well-being for women in male-dominated institutions. These findings question the interpretation of the glass ceiling solely as a negative phenomenon, emphasizing the importance of emotional intelligence in transforming such challenges into opportunities for greater engagement and resilience.

LIMITATION AND RECOMMENDATION

Overall, the findings underscore the dynamic nature of work engagement and psychological health compared to the more stable perception of the glass ceiling, offering valuable insights into their distinct roles and highlighting the need for further research into the interplay of these constructs in diverse contexts. Additionally, the overlap between emotional intelligence and glass ceiling perceptions implies an indirect relationship, where emotional intelligence might help mitigate the adverse effects of perceived barriers on engagement. These findings highlight emotional intelligence as a key factor in workplace dynamics, warranting further statistical investigation to explore mediating or moderating effects and inform organizational strategies for improvement.

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