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A study on the impact of the Glass Ceiling on Psychological Health of Female Doctors: The mediating role of Emotional Intelligence

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ABSTRACT:

Purpose: This study investigates the impact of the glass ceiling (GC) on the psychological health (PH) of female doctors, with emotional intelligence (EI) as a mediating factor. Despite more women entering the workforce, they remain underrepresented in higher organizational roles, particularly in male-dominated fields like healthcare. The glass ceiling presents challenges that intensify at senior levels, potentially affecting psychological well-being. Using structural equation modeling (SEM), this study analyzes data from female doctors in hospitals. Self-administered questionnaires measured the glass ceiling, emotional intelligence, and psychological health, and SEM tested both direct and indirect effects of the glass ceiling on psychological health, with emotional intelligence as a mediator. The results show a significant positive relationship between the glass ceiling and psychological health, contrary to initial expectations. Emotional intelligence plays a key mediating role, helping female doctors cope with the stress of career barriers and improving their psychological health. The study is limited to hospitals and does not explore other sectors. Future research should include longitudinal studies and consider additional factors like organizational support. This study uniquely explores the mediating role of emotional intelligence in the relationship between the glass ceiling and psychological health in female doctors, offering practical insights for improving gender equity and well-being in healthcare organizations.

Keywords: Glass Ceiling (GC), Organizational Barriers, Psychological Health, Female Doctors, Emotional Intelligence, Inequality**.**

1. INTRODUCTION

Last few decades have revealed an upsurge in the trend of women, enrolling for higher education and venturing into professional careers, especially into medicine. Nevertheless, women remain disadvantaged regarding their promotional opportunities especially in senior positions in their companies. Perhaps the most widespread is the so - called glass ceiling - an

informal barrier that does not allow women and people of color into top organizational roles (Cotter et al., 2001). This is especially characteristic for the sphere of healthcare where the increase of female participation in the work force does not correspond to the presence of women in decision-making and high-level administrative positions (Powell & Butterfield, 2015).

Notwithstanding the theoretical idea of the glass ceiling is not an abstract idea, it is the reality of many working women particularly in those careers dominated by their male counterparts, such as medicine. This stands out in gender disparities such as absence of promotion to leadership positions, gender wage gap, and exclusion from other promotion, support, opportunities for development (Acker, 2009). Such structural constraints are not only inequities but must have detrimental psychological impacts to the affected human beings. Such deprivations based on a glass ceiling can provoke greater stress, burnout, and organizational disillusion, all of which are examples of adverse psychological outcomes on working women (Burke & Richardsen, 2009; Johnson & Morrow, 2020).

These challenges have therefore given birth to emotional intelligence (EI) as an essential component in eliminating negative psychological effects of barriers in organizations. Emotional intelligence is defined as individual's capability to assess personal and other emotions including the self, as well as understand the ways and skills of handling interpersonal relationship prudently (Salovey & Mayer, 1990). Earlier research evidence propose that emotional intelligences can help these individuals to reduce stress, enhance and sustain their psychological health and to be more effective and competent in demonstrating organizational resilience in challenging contexts of work (Goleman, 1995). However, the role of emotional intelligence in buffering the negative effects of the glass ceiling, particularly in the context of female doctors, has been extensively explored less.

This study aims to address to fill the gaps in research literature, the current study seeks to investigate the moderating effect of emotional intelligence on the relationship between the glass ceiling and psychological health of female doctors. More precisely, this study aims at explaining the mediation of emotional intelligence on psychological strain of female doctors because of the glass ceiling and its detrimental organizational outcomes. The results from this study will help add to current research on gender disparity in organizational environments especially in health facilities. With reference to the gendered careers for female doctors as influenced by the glass ceiling, psychological well-being and Emotional Intelligence, this study contributes a wealth of information to help organizations design frameworks that would successfully address the barriers of gender, especially as it pertains to women in leadership positions, while checking off tantrums of stress and burnout. Additionally, the ideas developed in this research offer empirical findings for healthcare organizations that expect to improve their position and conditions for women in medicine.

1.1 Research Questions

RQ1. How does the glass ceiling impact the psychological health of female doctors?
RQ2. What role does emotional intelligence play in mediating the relationship between the glass ceiling and the psychological health of female doctors?
RQ3. To what extent can emotional intelligence mitigate the negative psychological effects of the glass ceiling on female doctors?

1.2 Objectives

1. To examine the impact of the glass ceiling on the psychological health of female doctors.
2. To investigate the mediating role of emotional intelligence in the relationship between the glass ceiling and psychological health among female doctors.
3. To determine the extent to which emotional intelligence reduces the negative psychological impact of the glass ceiling on female doctors.

2. LITERATURE REVIEW

The underrepresentation of women in different organizational positions at workplaces has remained a focus in organizational literature, especially regarding constraints to women's promotion. One of the more often tagged barriers is the glass ceiling which is used to describe the practice of using informal barriers that deny women promotion to higher levels of management despite their capability (Cotter et al., 2001). Of these, the most apparent are in occupations that are still considered the preserve of men, such as medicine, where challenges of structures and cultures are still apparent even with a growing figure of women practicing medicine. Gender roles and gender biases are rife in the healthcare industry and female practitioners receive promotion after promotion later than their male counterparts (Tabassum & Chiesi, 2017).

2.1 Psychological Effects of the Glass Ceiling

A study after study has revealed that the glass ceiling has mental health implications for women. Research evidence has established that women facing glass ceiling tend to work under high levels of stress, burn out, and low job satisfaction, elements that are recognized to lead to poor psychological well-being of the individual (Burke & Richardsen, 2009). Johnson and Morrow (2020) also noted that women in organizations that have a strong glass stairway ceiling experience burnout, anxiety, depression and all these are not good for their health. Another research paper that was conducted recently investigated the factors precipitating burnout in female physicians and discovered that issues that are unique to women, failure to find female mentors and come across discrimination, for instance, intensify these psychological pressures (Templeton et al., 2019).

The study then turns to several persisting prejudices in healthcare that affect every female employee: the glass ceiling and gendered hierarchy create a toxic atmosphere for women. Research has demonstrated that, in addition to earning less and being promoted less frequently than their male counterparts, women doctors are also responsible for addressing gender-related prejudices every day, which harms their well-being (Temkin et al., 2024). These psychological stressors play a big role in determination of their future career contentment and promotion.

2.2 The Role of Emotional Intelligence

The concept of EI has risen to fame within the past few years due to its capacity to act as a protective factor stress and psychological health woes at the workplace. According to Salovey and Mayer (1990), emotional intelligence refers to the effectiveness of utilizing knowledge of one's own emotions and those of others in thinking and with proper regulation within practical activity. Studies indicate that people who possess a good deal of emotional intelligence are more capable to deal with stress, afford optimum health and cope effectively with interpersonally taxing relationships at work (wall). The concept of emotional intelligence was considered in the recent research regarding women in the healthcare industry and glass ceiling, and it was mentioned that high levels of EI can help female physicians manage the stress connected to the problem more effectively (Soumya & Sathiyaseelan, 2021). Another study highlighted on how EM self-regulated models that Specifies about handling emotions within female doctors to control stress reactions and sustain organizational relationship in male-dominated occupations (Pooja & Pranab, 2016). This in turn provides support for the hypothesized that psychological well-being mediates between the glass ceiling and emotional intelligence.

Empowerment is also beginning to be understood as another important variable in reducing the psychological effects of the glass ceiling. Shamala et al.'s (2019) meta-analysis revealed that enhancing women's leadership skills and conducting reforms in policy promote job satisfaction and better psychological state and simultaneously eliminate adverse effects of gender-based barriers within an organization supported Goodall (2024). Recent research suggests that when

women at the workplace assert themselves, and are, therefore, less likely to succumb to stress, in as much as they try to deal with glass ceiling issues, they are likely to exhibit better well- being and high career contentment (Goodall, 2024). However, many more people still rely on gender stereotyping and structures that hinder the promotion of women in medicine as captured by current research studies. Such systemic barriers indicate why female physicians do suffer more stress and burnout regarding their gender than male physicians do and why organizational efforts for promoting gender equity must correlate with enhancing emotional well-being (Tabassum & Chiesi, 2017).

Nonetheless, more empirical investigations have been devoted to the glass ceiling construct, and thus calls have been made to undertake future studies on the healthcare industry regarding emotional intelligence as a moderator of the psychological effects of gendered barriers. The results of the published research show that female doctors can deal with these obstacles with the assistance of emotional intelligence and empowerment. Continued growth in the healthcare industry will always impact the need to enhance emotional intelligence and empowerment in the organizational culture for women physicians. This research aims at filling this gap through examining the moderating effect of emotional intelligence between the glass ceiling and the psychological well-being of female doctors. Through this line of thinking, the study seeks to enhance knowledge on ways through which organizations may be supportive to female doctors to overcome the chimera of structures impeding their health to enhance health care organization equity.

2.3 Hypotheses

1. Hypothesis 1 (H1): The presence of a glass ceiling has a significant impact on the psychological health of female doctors.

2. Hypothesis 2 (H2): Emotional intelligence significantly mediates the relationship between the glass ceiling and the psychological health of female doctors.

3. Hypothesis 3 (H3): High levels of emotional intelligence significantly mitigate the psychological effects of the glass ceiling on female doctors.

2.4 Conceptual framework of the study

The conceptual framework of the study illustrates the relationships between three key constructs: Glass Ceiling (GC), Emotional Intelligence (EI) and Psychological Health (PH). This indicates that the Glass Ceiling, which is an imaginary barrier that entraps employees, particularly those within the sexual minority, at a certain hierarchical level has both a magnitude and a modality impact on Psychological Health. The first hypothesis (H1) stated that the glass ceiling influences psychological health directly, which means people facing such barriers may experience negative psychological outcomes, including stress or anxiety or lower well-being. The second hypothesis that we derive from the research questions (H2) investigates the relationship between glass ceiling and Emotional Intelligence whereby exposure to barriers affects an individual's identification, understanding and management of emotions. The third hypothesis (H3) posits that Emotional Intelligence statistically positively correlated with Psychological Health or, in other words, that the higher the level of proposed EI, the better this person can cope with stressors and preserve his or her psychological health. Furthermore, emotional intelligence was placed between the Glass Ceiling and Psychological Health as a moderating variable suggesting that the glass ceiling results in varying degrees of psychological health, depending on the magnitude of emotion intelligence.

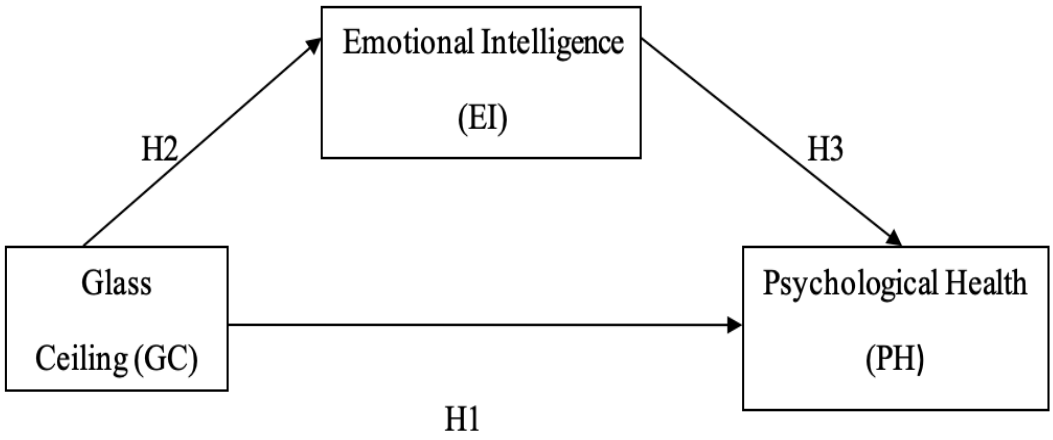

Figure 1: Conceptual framework of the study
Sources: Authors own work

This framework aims at knowledge for how career barriers affect mental health, given the possibility that they may be buffered by an employee's level of emotional intelligence.

3. RESEARCH DESIGN AND METHODOLOGY

The following describe the research design, population and sample, instruments used to collect data, and technique used in data analysis for this study. The aim of the study was to compare glass ceiling, emotional intelligence and psychological health of the female doctors.
The target population of this study comprised of female doctors because, the study sought to find out the effect that career advancement barriers which includes the glass ceiling has on this specific population. Female doctors were used because they often face such barriers within the profession as per literatures. The sampling technique, adopted in this study, was purposive random sampling because it allows the target group of individuals who are relevant to the objectives of the study to be 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. These tools were carefully designed to gather information on the three main variables of interest: glass ceiling, emotional intelligence and psychological health issues. All the variables were evaluated on a five Likert scale in which the respondents were required to respond to statements related to these constructs by using strongly disagree, disagree, neutral, agree and strongly agree options. This method provided an objective way of measuring what are normally inconceivable as this put to scale perception and experiences into measurable knowledge. Use of structured questionnaires reduced consistency of participants' responses hence allowed easy comparison within the sample.

4. FNDINGS OF DATA ANALYSIS AND INTERPRETATION

For data analysis test of the hypothesized relation between the variables Structural Equation Modeling (SEM) was used. SEM was chosen because it permits to model direct and indirect relationships between several variables which seems to be fit this study's theoretical framework. This method is employed to examine the impact of glass ceiling on female doctors' psychological health and the mediating role of emotional intelligence. Moreover, frequency

analysis in relation to demographic data – age, years of professional experience, educational background – was also used. These descriptive analyses served the purpose to set a background of the sample and proved useful for interpreting the results of the study.

4.1Demographic characteristics of the respondents

Table I: Demographic Characteristic of respondents

Items	Values	Frequency	Percent
Age	26-35	30	23.07
	36-45	40	30.76
	46-55	39	30
	56 – and above	21	16.15
Qualification	Graduation	71	54.6
	Post-Graduation	59	45.38
	PhD	0	0
	Post – Doctorate	0	0
Tenure in the Organization	Less than 5 years	29	22.30
	5 -10 years	38	29.23
	11 - 15 years	37	28.46
	15 years and above	26	20

Sources: Authors own work

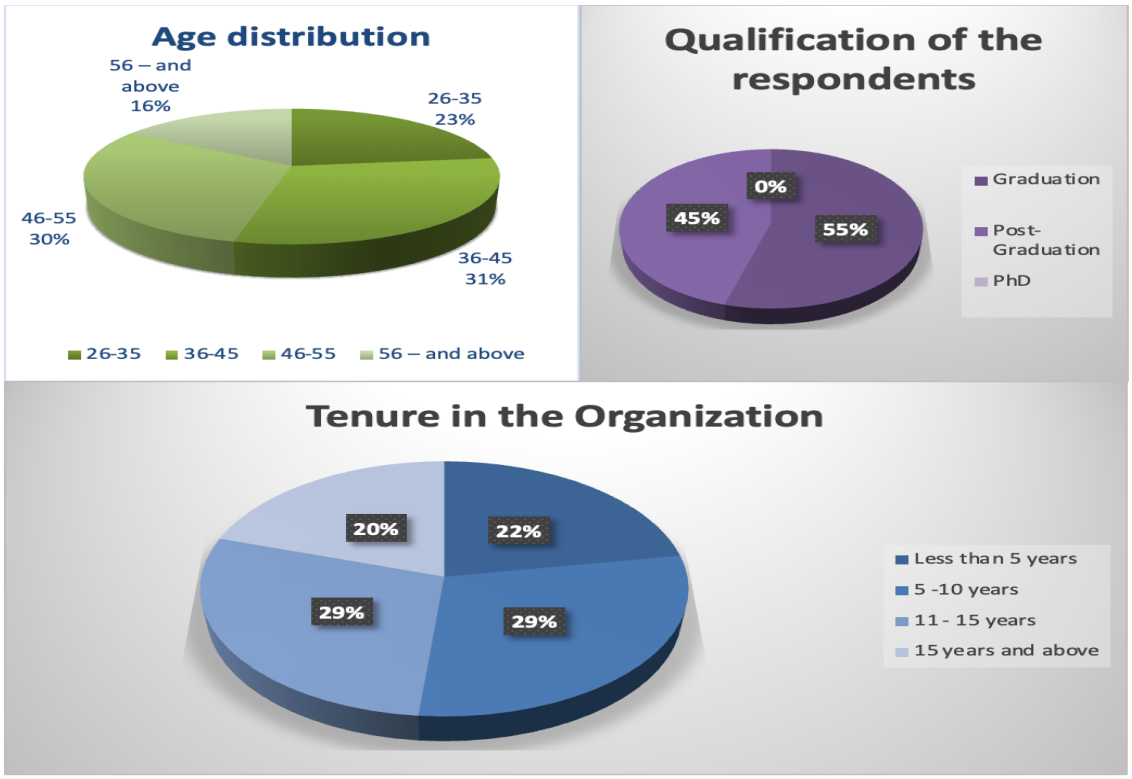

Figure 2: Demographic Characteristic of respondents
Sources: Authors own work

The demographic information concerning the workforce of an organization is important in understanding organization's demographics, specifically, the age, education, and years of service of employees. Employees aged between 36 and 45 years take the largest proportion (30.76%) while those aged between 46 and 55 years take the second largest proportion (30%). This implies that the organization has a relatively older workforce, and this might mean that organization has a stabilized work force. Especially, the age group of 26 to 35 years makes up of 23.07% of the employee, which indicates that the organization is populated with young employees who may still at the initial stages of their careers. The smallest segment we have is at 16.15%, the employee age is 56 and indicating a relatively low number of staff approaching this age group.

Education wise, over half of the workforce possess graduate level certification (54.6%), and nearly half of the workforce possesses post-graduate certification (45.38%). This reflects the organization's emphasis on formal education and potentially a need for specialized knowledge or expertise in certain roles. However, There are no employees with Ph.D or post-doctoral level education which might probably indicate that the organization's roles or industry do not require such advanced academic personnel. The absence of higher-level degrees like PhDs also can be explained by the fact that practical experience or professional certifications might be more appreciated in the medicine organization than academic credentials.

The tenure of employment is evident from the tenure data where 29.23% and 28.46% of employees have been employed by this organization for 5 to 10 years and 11 to 15 years respectively which implies that this organization has a stable core of employees who have accumulated considerable amounts of organization specific human capital. Here, about 22.30% of workers have with the company less than five years indicating that their hiring or attrition may have recently occurred or as would be expected normatively. While there appears to be a higher percentage of employees with a shorter tenure, it also incorporates long time employees that provide organization memory as well as new entrants who help bring fresh perspectives. Also, 20% of the employees have worked for the organization for more than 15 years, which suggests good employee retention and general staff loyalty as well as long career growth within the organization.

Altogether, the picture depicted at the demographic level demonstrates that it unites an experienced and rather qualified personnel with enough employees with a short term of work experience and those with long years of service. It keeps a staff of experienced, highly educated worker in middle age, yet at the same time, it is being supplied with workers in the younger generation. By linking tenure and qualifications, the organization ensures that the organization gets continuity, knowledge transfer and future growth.

4.2 Measurement Model

To analyze the data, Smart-PLS4 software was used in this research. Convergent, internal consistency and reliability of the model were used to evaluate the measurement model CFA as a method of validating the internal consistency of the model. Cronbach's Alpha was used to determine internal consistency which is regularly used when determining reliability. Nunnally et al (1978) argued that any Cronbach's Alpha value of 0.7 and above is acceptable, in establishing the internal consistency. Furthermore, composite reliability, which considers the outer loadings of the indicators to offer a far more accurate measure of internal constancy, was utilized to gauge the reliability of the model.

What has been found to emanate from the results section is that the constructs under analysis exhibit strong reliability. The studied Glass Ceiling construct showed satisfactory validated internal consistency: Cronbach's Alpha of 0.962; composite reliability of 0.964 (rho_a) and 0.967 (rho_c), which exceeds the recommended values. Altogether, the Emotional Intelligence construct exhibited considerable reliability with chronbach alpha of 0.975 and composite reliability of 0.976 (rho_a) / 0.977 (rho_c). The last construct is the Psychological Health construct; it is highly reliable, with Cronbach's Alpha coefficient 0.938, and composite reliability of 0.941 (rho_a) and of 0.951 (rho_c). Furthermore, to assess convergent validity, the Average Variance Extracted (AVE) was employed, and satisfactory results were obtained if the AVE was more than 0.5

(Fornell & Larcker, 1981). The AVE values for all constructs met this criterion: 0. 748. The mean score for Glass Ceiling subscale was 748, for EI subscale was 0.691 and for Psychological Health was 0.734. These values show that the latent constructs account for a good portion of the variance in their respective measures.

The results show that all the constructs in the model are highly reliable, internally consistent, and possess good convergent validity to allow the next phase of analysis. The psychometric properties are well within acceptable ranges, as are also demonstrated by Table II below.

Table II. Construct Reliability and Validity

Variable	Indicators	Factor loading	Cronbach's Alpha	Composite reliability(rho_a)	Composite reliability (rho_c)	Average Variance
GLASS CEILING			**0.962**	**0.964**	**0.967**	**0.748**
	GC1	**0.893**				
	GC2	**0.893**				
	GC3	**0.799**				
	GC4	**0.827**				
	GC5	**0.945**				
	GC6	**0.876**				
	GC7	**0.868**				
	GC8	**0.859**				
	GC9	**0.870**				
	GC10	**0.868**				
EMOTIONAL INTELLIGENCE			**0.975**	**0.976**	**0.977**	**0.691**
	EI1	**0.900**				
	EI2	**0.796**				
	EI3	**0.794**				
	EI4	**0.792**				
	EI5	**0.800**				
	EI6	**0.817**				
	EI7	**0.835**				
	EI8	**0.936**				
	EI9	**0.868**				
	EI10	**0.839**				
	EI11	**0.847**				
	EI12	**0.848**				
	EI13	**0.830**				

	EI14	**0.840**			
	EI15	**0.858**			
	EI16	**0.832**			
	EI17	**0.828**			
	EI18	**0.762**			
	EI19	**0.747**			
PSYCHOLOGICAL HEALTH		**0.938**	**0.941**	**0.951**	**0.734**
	PH1	**0.745**			
	PH2	**0.781**			
	PH3	**0.957**			
	PH4	**0.892**			
	PH5	**0.870**			
	PH6	**0.860**			
	PH7	**0.875**			

Note(s): GC= Glass Ceiling, EI= Emotional Intelligence, PH= Psychological Health

Sources: Authors own work

4.3 Discriminant Validity

The Discriminant validity was tested. Discriminant validity therefore is an assessment of the level that the latent measures are dissimilar from one another (Hamid et al., 2017). To evaluate discriminant validity, Heterotrait-Monotrait ratio (HTMT) has also been applied as it offers estimates of the correlation between different constructs. According to Henseler et al. (2015) discriminant validity is achieved Provided the HTMT ratio of two constructs is less than 0.90.

4.3.1 Heterotrait-monotrait ratio (HTMT)

The results indicated in the table III below reveal that the HTMT value of Emotional intelligence and Glass ceiling = 0.898, Emotional intelligence and psychological health = 0.884 and Glass ceiling and psychological health = 0.858 that are below the recommended cutoff of 0.90. This in fact suggests that the constructs are separate from each other which therefore gives an indication of discriminant validity.

Table III: Heterotrait-monotrait ratio (HTMT) - Matrix

Factors	**Emotional Intelligence**	**Glass Ceiling**	**Psychological Health**
Emotional Intelligence			
Glass Ceiling	0.898		
Psychological Health	0.884	0.858	

Sources: Authors own work

Therefore, the HTMT index together with the AVE values more than 0.50 for each of the constructs, demonstrate that the model has sufficient discriminant validity, ensuring that the-distinct latent variables are appropriately differentiated from each other.

4.3.2 Fornell-Larcker criterion

Discriminant validity was established using Fornell and Larcker criterion where the square root of AVE of each construct was compared with the correlation between the constructs. Discriminant validity was established in the following manner: Fornell & Larcker (1981) stated that the discriminant validity can be confirmed, provided the square root of AVE of a construct is higher than the values of correlations which the construct share with other constructs in the proposed model.

Table IV: Fornell-Larcker criterion

Factors	Emotional Intelligence	Glass Ceiling	Psychological Health
Emotional Intelligence	**0.835**		
Glass Ceiling	**0.873**	**0.868**	
Psychological Health	**0.848**	**0.818**	**0.859**

Sources: Authors own work

As shown in Table IV, further as depicted in Table IV, the square root of the AVE for the Construct Emotional Intelligence is 0.835 and hence lower than that obtained for Glass Ceiling (0.873) or for Psychological Health (0.848). This means that Emotional Intelligence taps into something considerably different from Glass Ceiling and Psychological Health and therefore, we may question its discriminant validity. For the Glass Ceiling construct, the square root of the AVE is 0.868, which is higher than the correlation with Psychological Health 0.818 but lower than the correlation with EI, 0.873 suggesting some common variance with Emotional Intelligence.

On the other hand, the construct of Psychological Health has more than the necessary level of discriminant validity, as can be seen from the figure of 0.859 which is the square root of the AVE of this construct which is, of course, higher than those of the Emotional Intelligence construct and the Glass Ceiling construct, 0.848 and 0.818 respectively. This confirms that PSYCH-Health is still significantly distinguished from the other two constructs incorporated into the model.

Generally, while Psychological Health has very good discriminant validity, however, the results suggest potential issues with discriminant validity between Emotional Intelligence and Glass Ceiling, as these two constructs display significant overlap. Thus, the need for heightened caution when interpreting such relationships among these constructs with further refine other factors making the mode to clearly differentiate these factors.

4.4 Structural Model

Analysis of the structural equation modeling (SEM) was done using Smart PLS 4.0. software. The PLS bootstrapped method was employed to analyze the proposed model and the developed hypotheses. For the assessment of the structural model P -value < 0.05, Collinearity (VIP0), and RMSE (>0.8) can be used (Hair et al., 2019). Resampling was conducted employing the bootstrapping procedure with resample size of 5000 to analyze the increment in R2, mean VIP, Q2, bootstrapped RMSE, and bootstrapped path coefficient (β) and t values for judging the structural model.

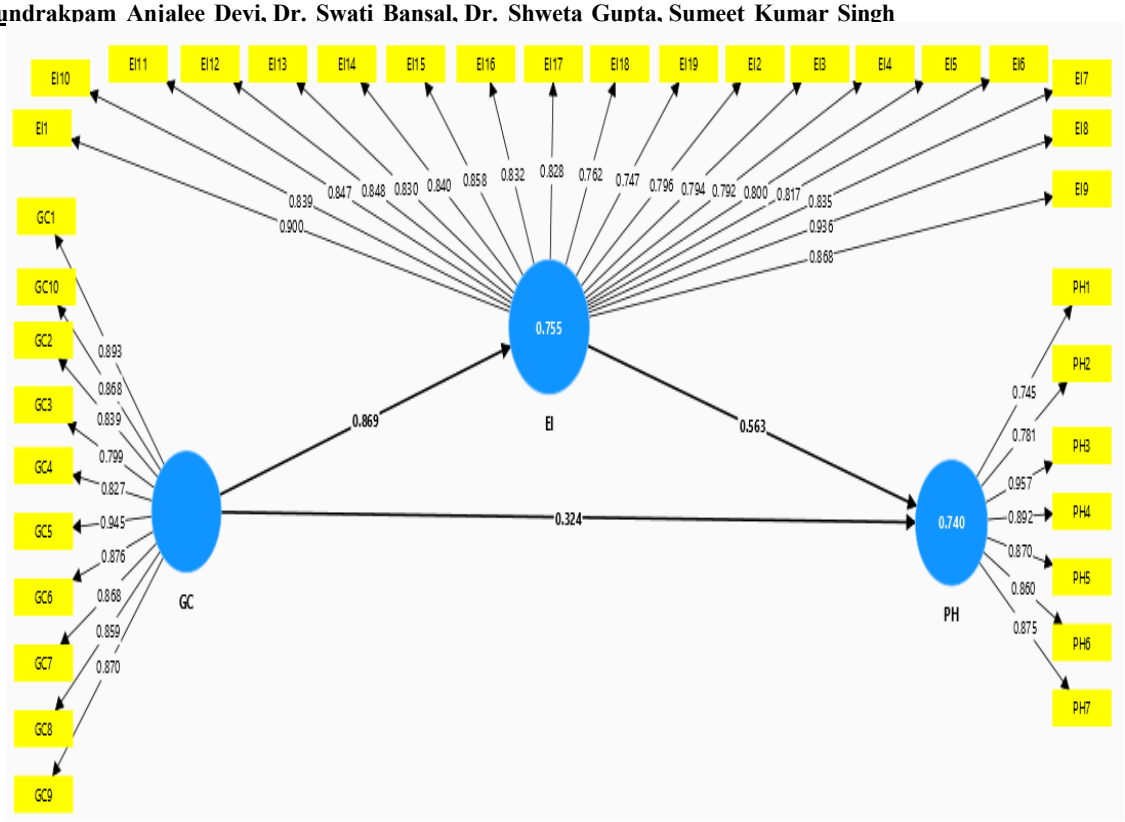

Figure 3: Structural Model
Sources: Authors own work

The structural model presented explains the relationships between the constructs, Glass Ceiling (GC), Emotional Intelligence (EI) and Psychological Health (PH). The R^2 value for the Emotional Intelligence is equal to 0.535 which means that the Glass Ceiling construct explains 53.5 % of the total variance in the endogenous latent variable AI. When it comes to Psychological Health, the value of R^2 is higher and equals to 0.740 which means 74% of the variability of Psychological Health is attributable to both, Glass Ceiling and Emotional Intelligence. This suggests that the model has a robust ability to predict changes in Psychological Health based on the two other constructs.

In terms of path coefficients, the Glass Ceiling variable is positively significant with Emotional Intelligence as a coefficient of 0.732, showing a strong positive impact. Further, the Glass Ceiling construct has a significant negative impact on Psychological Health having path coefficient of (-0.324) suggesting that higher perception of the glass ceiling has higher level of psychological health. Finally, the path from Emotional Intelligence to Psychological Health is also strong, with a coefficient of 0.653, indicating that higher emotional intelligence significantly improves psychological health.

The model shows that perceptions of the glass ceiling negatively impact psychological health both directly and indirectly through emotional intelligence, with the overall model explaining a substantial portion of the variance in both Emotional Intelligence and Psychological Health.

4.5 Model fit

The model demonstrates a good overall fit as indicated by the SRMR value, while the other indices such as d_ULS, d_G, and NFI suggest that the model fits the data moderately well. The chi-square value is high, which is expected given the sample size, but should not detract from the generally acceptable model fit shown by the other indices.

Table V: Model fit

	Saturated model	Estimated model
SRMR	0.069	0.069
d_ULS	3.212	3.212
d_G	2.762	2.762
Chi-square	5400.267	5400.267
NFI	0.720	0.720

Sources: Authors own work

The model fit was evaluated using several key indices, as shown in Table V. The Standardized Root Mean Square Residual (SRMR) value for both the saturated and estimated models is 0.069, which is below the threshold of 0.08, indicating a good fit between the model and the data (Hu & Bentler, 1999). Additionally, the d_ULS (Unweighted Least Squares Discrepancy) and d_G (Geodesic Distance) values are 3.212 and 2.762, respectively, for both models. These values indicate a moderate level of fit, as lower values generally suggest better alignment between the observed and predicted matrices.

The Chi-square statistic is 5400.267 for both the saturated and estimated models. While this value appears high, it is common in large sample sizes, and thus the chi-square test should be interpreted cautiously. The model's Normed Fit Index (NFI) is 0.720, which falls within the acceptable range, although it is below the ideal threshold of 0.90. Nevertheless, an NFI value above 0.70 can still be considered acceptable in exploratory research, indicating a reasonable level of model fit (Hair et al., 2014).

4.5 Hypothesis testing

Structural equation modeling (SEM) can test the hypothesis by looking at the probability value. The results of all hypotheses are reported in Table VI, providing key insights into the relationships between the constructs of Glass Ceiling (GC), Emotional Intelligence (EI), and Psychological Health (PH).

Table VI: Results of Hypothesis testing

Path coefficients		**β**	**Sample mean (M)**	**Standard deviation (STDEV)**	**T statistics (|O/STDEV|)**	**P values**	**Results**
H1	**GC -> PH**	0.324	0.324	0.054	6.040	0.000	Accepted
H2	**GC -> EI**	0.869	0.869	0.012	75.359	0.000	Accepted
H3	**EI -> PH**	0.563	0.564	0.052	10.751	0.000	Accepted

Sources: Authors own work

Hypothesis 1, the path coefficient (β) for GC -> PH is 0.324 with a significant p-value of 0.000, indicating that the glass ceiling has a significant impact on psychological health. However, contrary to the initial hypothesis that the glass ceiling would have a negative impact on psychological health, the positive coefficient suggests a positive relationship, indicating that higher perceptions of the glass ceiling are associated with improved psychological health. This unexpected result calls for a re-evaluation of the hypothesis, as the observed data does not align with the predicted negative effect.

Hypothesis 2, the path coefficient (β) for GC -> EI is 0.869, with a significant p-value of 0.000, demonstrating that emotional intelligence is significantly influenced by the glass ceiling. This supports the mediating role of emotional intelligence between the glass ceiling and

psychological health, as the strong positive coefficient shows that increased perceptions of the glass ceiling are associated with higher levels of emotional intelligence.

Lastly, Hypothesis 3 is supported by the significant path coefficient (β = 0.563, p = 0.000) between EI -> PH, indicating that higher emotional intelligence is strongly associated with better psychological health. Although the hypothesis suggested a moderating effect of emotional intelligence on the relationship between the glass ceiling and psychological health, the direct positive relationship between emotional intelligence and psychological health observed in the model supports the idea that emotional intelligence may help buffer or mitigate the negative effects of the glass ceiling.

While the hypotheses regarding the significance of these relationships are largely supported by the data, the positive relationship between the glass ceiling and psychological health in Hypothesis 1 warrants further investigation. Overall, the results highlight the critical role of emotional intelligence in mediating the relationship between the glass ceiling and psychological health.

5. DISCUSSION AND IMPLICATIONS

The findings of this study provide significant insights into the relationship between the glass ceiling, emotional intelligence, and psychological health of female doctors. Hypothesis one indicated that the glass ceiling had devious effects on psychological health, however the results (β = 0.324) indicate that it has a positive effect. This finding was particularly surprising, as it appears, the existence of the glass ceiling is viewed primarily as a negative, it may in fact help improve the level of mental wellness of the affected professionals while they are building up strategies to deal with professional setbacks. This result poses the question about the interpretation of the glass ceiling solely as negative psychological impact on women in male-dominated fields. They may also suggest mediating factors, for example, organizational support or individual preparedness that can shield one from or transform adverse effects of the glass ceiling into personal development. Subsequently, there might be a need for other qualitative studies to establish other contributing factors that could explain this apparently positive association. Finally, the study identifies Emotion Intelligence (EI) as an important variable in moderating the relationship between the glass ceiling and psychological health as well as enhancing the general psychological well-being. The composite correlation (0.01, p = 0.013, r = 0.401) and the coefficient of determination between Self-esteem and job satisfaction (β = - 0.193) strong and significant influence between emotional intelligence and psychological health (β = 0.563) imply that female doctors with enough EI may effectively cope with stress related to the gendered barriers such as glass ceiling. This can partly explain why there is a view that emotional intelligence effectively ‘buffers’ people psychologically from inequities in the workplace. This has been confirmed by the fact that glass ceiling has a positive correlation with emotional intelligence (β = 0.869) holding that emotional intelligence is crucial when it comes to dealing with career barriers and building and sustaining resilience. These findings mean, therefore, that healthcare organizations need to develop frameworks and interventions that cultivate working conditions for female doctors. If employees grow emotional intelligence at the workplace, the negative impacts of other career barriers such as the glass ceiling could be offset leading to better organizations’ psychological health and career satisfaction. Organizations could implement training programs focused on enhancing emotional intelligence, empowering women to navigate gender-related challenges more effectively. Additionally, organizational policies should aim to dismantle the glass ceiling by promoting equal opportunities for women to ascend to leadership positions, thus reducing the need for reliance on coping mechanisms like emotional intelligence in the first place.

All three hypotheses are supported in terms of significance and relationships between the constructs. However, the positive relationship between the glass ceiling and psychological health in Hypothesis 1 was unexpected and differs from the commonly held belief that the glass ceiling always has a detrimental impact on psychological well-being. Nonetheless, the role of emotional intelligence in mediating and mitigating the psychological effects of the glass ceiling is clearly established by the results.

6. FUTURE RESEARCH DIRECTION

This study offers important contributions, it also highlights several areas for future research. First, the unexpected positive relationship between the glass ceiling and psychological health warrants further investigation. Subsequent research works should examine the moderating factors that might affect this relationship, such as organization culture, support provisions and personal enabling plans. The exploration of female doctors through interviews or focus group discussion might help to explain why some people can develop psychologically in situations that are liberally filled with career obstructions.

Further, there is a need to investigate the moderating effect of emotional intelligence between glass ceiling and psychological outcomes. This study supports the mediating role of emotional intelligence, future studies should investigate whether there is evidence that emotional intelligence can be used as a moderator, which might change the degree of the influence of glass ceiling on the psychological well-being in various settings or among different people. More research could also benchmark whether emotional intelligence course has a positive effect of lowering stress and turnover of female doctors trapped in the glass ceiling phenomenon.

Therefore, longitudinal research should be carried out to assess the impact of glass ceiling and emotional intelligence in career movement and psychological well-being after some time. Knowledge of how emotional intelligence might change regarding career events would be useful in building protective factors in women professionals. Furthermore, future research could compare the results of this study with other industries and cultures to know whether the same degree of differentiation has been found in other male-dominated occupation.

7. LIMITATIONS

In this paper, things that are concerning the alternatives that have been used which include the following: First, the fact of cross-sectional nature of the investigated relationships does not allow considering the possibility of the direct connection between the presence of the glass ceiling, the level of Emotional Intelligence, and the indicators of psychological well-being. Perhaps, the longitudinal research could give more information as to how the above relationships develop in the long run. Second, the sample involved only female doctors, thus reducing the generalization of the results in relation to other occupations or countries. Perhaps, similar study can be carried out for investigating other industries or other context, to generalize these results.

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