Impact of Glass Ceiling on Mental Health Status among Private Sector's Working Women

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ABSTRACT

Persistent Glass Ceiling effect in organizational hierarchies has become a significant barrier for women, particularly in the private sectors. Purpose of the study was to investigates that how systemic barriers of career advancement affect psychological well-being of working women. Objectives of the study explore the impact of glass ceiling issues on mental health status of working women in private organizations. Using a sample of 150 female employees from various private organizations with age of 35 to 55 Mean = 1.40 Sd= .492. Measures were applied for data collection a) Demographic information form b) Glass Ceiling Scale (GCS), developed by Hameed and Gul-e-Rana (2005) c) Scale of mental health was developed by Sofia Tabassam (1997). Correlation method multiple regression analysis was applied to calculate the relationship between glass ceiling and mental health. Findings of the study indicate a strong correlation between glass ceiling and mental health, which indicates that women were reporting higher levels of stress, anxiety, and job dissatisfaction.

Introduction

The term "glass ceiling" describes the unseen obstacles that stop women and other minority groups from reaching top leadership roles in organizations, even when they are completely qualified. The concept of "Glass Ceiling" was introduced by Morison in 1980. It is like an unseen curtain that overshadows the women talent, skills and averts them to hold upper-level positions. The "glass ceiling" refers to unseen barriers that block women from achieving higher leadership and management roles, even when they have required qualified or skilled. Studies demonstrated that "glass ceiling" is the presence invisible barriers, such as unconscious bias, male-dominated leadership, and structural barriers, that hinder individuals from achieving professional advancement (Hewlett, Perraino, Sherbin, Sumberg, 2011; Patton et al., 2017). This phenomenon remains particularly pronounced in private sectors were organizational hierarchies and male-

controlled norms often dominate decision-making processes. The glass ceiling is not a singular obstacle but a web of institutional biases, gender stereotypes, and structural inequalities that hinder women from achieving career growth at the same rate as their male complements. This structural form of discrimination is prevalent in both public and private sectors. However, private sector working women face unique challenges, often compounded by corporate cultures that emphasize competition, profit, and rigid hierarchies.

In Pakistan, these challenges are particularly pronounced, were cultural and societal norms intersect with organizational practices to impair gender disparities which is result of stress and frustration have significant psychological effects on women, impacting their mental health. In private sectors, women are facing challenges stemming from the glass ceiling, including limited access to leadership roles, and exclusion from key decision-making networks.

Studies have shown that these issues are exacerbated by cultural and organizational practices that unconsciously favor to male employees, creating environments where women are systematically overlooked for promotions and leadership opportunities (Baxter & Wright, 2000). This difference can lead to lower job satisfaction, higher turnover rates, and limited career aspirations for women, negatively impacting both individual careers and organizational performance. Furthermore, the existence of the glass ceiling in private sectors highlights the intersectionality of discrimination. Women from diverse backgrounds—particularly those belonging to racial minorities or different socio-economic classes—experience compounded disadvantages. As Crenshaw (1989) argues, the intersectionality framework is crucial for understanding how overlapping identities can influence the severity of discrimination experienced by women in corporate settings. Person's living expenses are covered by their employment, and each nation's level of self- sufficiency is based on the caliber and productivity of its labor force. Advanced industrial societies have undoubtedly benefited from the skilled, motivated, and trained human resources that they have access to. To utilize people's abilities employment must be in line with both individual's natural traits and the needs of the community.

The mechanisms of glass ceiling can be various uncertain of the superior's assessment, unjustified fear of competition that is imposed based on the principles of nepotism or other self-interested motives, prolonged waiting for the obtaining the appropriate professional rank, decision-making based on unclear criteria when selecting candidates for higher management positions, Studies based on oral testimonies of women who have left the effects of these mechanisms show how demotivating and negative its impact is (Essig & Soparnot, 2019;

David & Woodward, 1998; Enwise, 2003) Glass ceiling badly effect the women career advancement. More specifically, women of Pakistan are still facing these invisible barriers at middle and high level during their career growth.

The involvement of women in formal activities, namely the world of work, is increasing with fierce competition between men and women. This is due to the existence of women who are highly educated and supported by high intelligence (IQ). In addition, women have smart brains and are good at dividing time. However, the performance of women so far has not been matched by the number of women occupying upper management levels.

This article aims to explore the key factors contributing to the persistence of the glass ceiling in private sectors, the impacts it has on the professional growth of women, and potential strategies for addressing these systemic barriers.

Literature Review

Gender-based discrimination that obstructs women's career progression (Cotter et al., 2001; Ramzan & Khan, 2024). Generally observed in corporate and governmental structures, glass ceiling effect is now recognized as a pervasive issue across various sectors, particularly in private organizations where corporate cultures can be more resistant to gender equality reforms (Elacqua et al., 2009).

In the academic literature there are three basic directions in which the authors use this term. The first direction uses the term glass ceiling to explain the lack or absence of women in the upper management echelons of organizations, analyzing its effects on management positions, top management, management hierarchies and income distribution (Benschop & Brouns, 2009; Cotter et al., 2001). The glass ceiling in organizations represents inequalities that are of gender or racial origin, which cannot be explained by other professional characteristics for advancement required by the employer; are greater at higher levels of resources (earnings, power); are reflected in the chances of promotion to higher levels regardless of the proportion of employees, and which; are increased during the career (Babic & Hansez, 2021; Cohen et al., 2020).

Other researchers analyze the perception of individuals and groups about the existence of the glass ceiling and believe that women are actually know about glass ceiling and try to manage their career and perception of fear of advancement (Kim & Starks, 2016).

The intersection of gender discrimination, the glass ceiling, and mental health issues among working women has been extensively studied, with a focus on the unique stressor's women face in the workplace. Nelson and Hitt (1992) provide an essential framework for understanding how organizational environments shape women's mental health. They highlight the importance of examining gender differences in work-related stressors, strains, and the resources available for managing these challenges.

In private sectors, where the glass ceiling is prevalent, women often experience heightened stress due to limited career advancement opportunities, unequal pay, and discriminatory practices. Nelson and Hitt's (1992) study on gender differences among professional personnel suggests that women are more susceptible to stressors related to workplace inequality. The stressors specific to women, including role overload, lack of control, and exclusion from leadership roles, are closely tied to mental health outcomes, such as anxiety and depression (Akram & Abdelrady, 2023, 2025). Studies have shown that women in the private sector often face systemic barriers that limit their access to executive positions. This occurs despite the growing participation of women in the workforce and their increasing educational qualifications (Smith, 2012). A review by Oakley (2000) suggests that organizational cultures, informal networks, and male-dominated leadership conduits are primary contributors to the glass ceiling effect. These barriers are especially prominent in private firms, where there is often less public accountability and fewer gender diversity policies in place compared to the public sector (Wright & Baxter, 2000).

The relationship between workplace discrimination, including the glass ceiling, and mental health outcomes has been well-documented. Gender-based barriers in the workplace lead to increased levels of stress, anxiety, and depression among women (Sanchez & Brock, 1996). According to a study by Eagly and Carli (2007), women who perceive themselves as facing a glass ceiling report significantly higher levels of psychological distress than those who do not. The stress associated with career stagnation, combined with the challenges of balancing work and personal life, creates a substantial burden on mental health (Akram et al., 2022, 2021, 2020; Ramzan et al., 2025, 2023,

2021). These mental health issues can, in turn, affect job performance, further perpetuating the cycle of career stagnation and psychological distress (Bobbitt-Zeher, 2011). Javaid et al. (2024) assessed stress causing factors and language related challenges and gave valuable insights. Javaid et al. (2023) also mediated the role of mindfulness between quality of life and workplace stress among working women and found significant positive correlation (Gul et al., 2023) which is investigated in family violence (Javaid et al., 2024).

In the private sector, where performance pressures are high and leadership opportunities are often limited, the glass ceiling effect can have particularly severe consequences for women's mental health.

Research by Clark and Watson (1991) demonstrated that women in high-stress occupations, especially those facing gender discrimination, are at a greater risk for developing long-term mental health issues. Moreover, private organizations are less likely to offer comprehensive mental health support or work-life balance initiatives, exacerbating the psychological toll of glass ceiling barriers (Powell, 1999).

These failures to not reach the career advancement level due to lack of diversity in leadership position (Ayala, Skarupski, Bodurtha, 2019). Some scholars noted that the participation of women is less than men participants in public sector organizations. Women still experience fewer social contacts than male workforce. Thus, the lack of social contacts and social capital will limit to women career success. It is quite tough for women to get career success and motivation to increase career advancement (Choi, 2019).

Method

Objectives

To Study the Effect of the Glass Ceiling on Mental Health status among Private Sector Working Women

Sample

Purposive sampling technique was applied for data collection while of 150 female employees from various private organizations with age of 35 to 55 were selected from various private sector's organizations.

Measures

a) Demographic information form

The demographics of the current study are age, organization, designation, education, number of family members dependent, family system, and family support and organization

b) Glass Ceiling Scale (GCS), developed by Hameed and Gul-e- Rana (2005)

c) Scale of mental health was developed by Sofia Tabassam (1997)

Statistical Analysis

Analysis of the data were computed by Statistical package for social Sciences (SPSS-23)

Results & Discussion

Table 1

Descriptive Statistics for Mental Health Scale (MHS) and Gender Discrimination Scale (GDS) (N=150)

	MHS	GDS
N	150	150
Mean	33.13	86.35
SD	14.929	30.644

In this table study explore the effect of Glass ceiling on working women's mental health work in private sector. And results also show association among gender discrimination.

Table 2

Cronbach Alpha Coefficient of Scale of Mental Health (SMH) and Gender Discrimination (GDS) on Sub Scales of Glass Ceiling

Glass Ceiling			
		(*n*=150)	
Sub Scales	k	α	M/(SD)
SMH		.76	33.13/ (14.93)
GDS		.79	86.35/ (30.64)

Note: k Shows no. of items

Table 2 shows that Cronbach alpha Coefficient for sub scales for Glass Ceiling ranged from .76-.79. it showing adequate reliability for all sub scales, The study reveals that effect of glass ceiling on working women's mental health work in private sector show the association among gender discrimination. Especially in Pakistan's private sector led barriers to professional inactivity and personal distress for women, emphasizing the need for organizational reforms. Revising workplace policies to provide equal career opportunities and address gender-based challenges could help improve mental health outcomes and create a more inclusive environment for female employees.

The findings show that as women perceive more gender-based barriers, their mental health declines, with symptoms such as stress, anxiety, and depression becoming more common. Additionally, cultural factors like work-life balance struggles and traditional gender roles also contribute to psychological challenges. These results underscore the importance of implementing transparent promotion systems, mentoring programs, and strict anti-discrimination policies to reduce the negative impact of the glass ceiling and support women's well-being in the workplace.

This study highlights the significant impact of the glass ceiling on the mental health of women working in Baluchistan's private sector. The findings reveal a strong link between workplace barriers and adverse psychological effects, emphasizing the need for targeted organizational reforms. Transparent promotion policies, mental health support systems, and efforts to reduce gender-based career constraints are crucial for improving women's well-being and promoting workplace equality.

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