

Investigating the Relation of Glass Ceiling Beliefs and Subjective Career Success: Role of Social Support and Gender

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Received: August 18, 2023. Revised: November 25, 2023. Accepted: November 26, 2023.

Abstract

With the advancement in the economy, females' participation in the workforce is increasing but they are still underrepresented in senior positions. So, understanding their psychological viewpoints about the glass ceiling and its association with subjective career success (SCS) is important. This study aims to illuminate the association between glass ceiling beliefs and subjective career success through social support in the Indian healthcare sector. Social support is taken as a mediator in this study. The mediation and moderation approach was used to test the proposed model of the study. For the study, a sample of 300 doctors working in corporate hospitals was surveyed. Data were analyzed through structural equation modeling in AMOS to understand the relationship of all variables. The results found that social support mediates the relationship between optimistic glass ceiling beliefs and career success. Furthermore, the moderating impact of gender was also examined on the association of glass ceiling beliefs and subjective career success. The present study is the first to examine the connection between glass ceiling beliefs and subjective career success in the Indian Health sector through the mediation of social support and gender. Theoretical and practical implications are discussed.

Keywords: Glass ceiling beliefs, gender, mediation, social support, subjective career success.

JEL Classification Codes: I1, I14, J16

UDC: 331.1

DOI: <https://doi.org/10.17015/ejbe.2023.032.02>

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1. Introduction

In today's global world, females' equal participation in the labor force plays a significant role in developing the economy and supporting females' independence. According to a report of ILO global study trends (2017), there are 3 billion employed people worldwide, and 1, 2 billion among them are females. It can be seen across the world that the participation of females in lower and middle management is increasing (Bazazo et al., 2017; Yasin et al., 2019). However, the number of females in top senior positions is comparatively less than males. Even after having equal qualifications and skills, females are still struggling to achieve senior positions. There is an unequal representation of females in top positions. They face invisible barriers while climbing the ladder of organizational hierarchy. These barriers are known as the glass ceiling (Acker, 2009; Glass & Cook, 2016). Glass ceiling impedes females from attaining senior positions. It is a situation where females are kept away from senior positions and higher-paying jobs (Campos, 2016; Sidani et al., 2015). While talking about India, the situation is worse than in Western countries. According to a report by (Berlin et al., 2019), females are 25% part of India's workforce. And specifically in the health care sector, the number of females is increasing in medical schools and colleges but when it comes to joining the profession. The number of females is lower than males. In Indian hospitals, females are responsible for 70-80% of the care provided in hospitals. But women comprise only 25-35% of top managerial positions (TOI, 2016). The new term Glass Ceiling Belief given by (Smith, Crittenden, et al., 2012) gave a new avenue to researchers to understand the concept of the glass ceiling more thoroughly. These are the beliefs related to the perception of females towards the glass ceiling. There are four sets of beliefs, Denial, Resignation, Resilience, and Acceptance. Females' perception that they can break the glass ceiling results in subjective career success. They can attain senior positions. Similarly, their perception that there is no glass ceiling in the organization will also generate career success. On the other hand, the pessimistic beliefs of resignation and acceptance hamper career success negatively. Females face barriers and obstacles more than males to attain senior positions, which results in a reduction in their satisfaction with a career (Fathy & Kareem, 2020). There are numerous studies on the glass ceiling at the global level, but in India, the topic is still under-researched in many sectors, especially in the healthcare sector. This study aims to examine the glass ceiling from a psychological aspect i.e. glass ceiling belief and their relationship with subjective career success. In addition, on a call by (Fathy & Kareem, 2020), social support is also examined as a mediator between glass ceiling belief and career success. Previous studies have found a strong association between optimism/pessimism and social support (Burhanudin et al., 2020) and social support and career success (Greenhaus et al., 1990; Kang et al., 2015; Yarnall, 1998). Even social support was examined as a moderator between glass ceiling belief and subjective career success (Fathy & Kareem, 2020). However, to the best of our knowledge, this study is the first one to examine the role of social support as a mediator between glass ceiling belief and subjective career success. Therefore, in this study, we aim to

examine the direct and indirect association between glass ceiling beliefs, subjective career success, and social support. In addition, the study considers the perception of both males and females working in the healthcare sector, and the impact of gender is examined as a moderator on the relationship between glass ceiling beliefs and subjective career success. For this purpose, cross-sectional data from males and females working in corporate hospitals were collected from northern India.

1.1. Statement of the Problem/Research Gap

Corporate hospitals in India are emerging as organizations with greater gender parity as compared to many other industries. For women, it is easier to get employment in the healthcare sector, but moving up the ranks is not a smoother process (Business Standard, 2017). Hence it can be stated that women are witnessing a glass ceiling and they do not have many significant positions in healthcare organizations (Elacqua et al., 2009; Bhadra, 2011; Zhuge et al., 2011; Nandy et al., 2014; Bismark et al., 2015; Kaur & Mittal, 2022). Due to this, males and females may have different feelings about glass ceiling beliefs and their impact or relationship with their subjective career success. It is evident from the literature that numerous studies (Budhwar et al., 2005; Tlaiss & Kauser, 2010; Kiaye and Singh, 2013; Choi & Park, 2014; Rapp & Yoon, 2016; Sharma & Kaur, 2019) have been conducted on Glass Ceiling by many researchers in different sectors. However, very few studies (Hoss, 2006; Carnes et al., 2008; LaPierre & Zimmerman, 2012; Ellwood et al., 2019; Wolfert et al., 2019) have been conducted in the healthcare sector and specifically in corporate hospitals. It is easy to get employment in corporate hospitals, but difficult to move upwards as the process is not smooth for females. In addition, the majority of the studies are about "nursing staff" rather than the overall workforce of hospitals. These studies were mainly from developed countries like the USA, the UK, and others rather than from India, and the studies were mainly concerned with female employees only. Furthermore, Smith, Crittenden, et al. (2012), and Roman (2017) recommended that future studies should include both genders (male and female) for comparative analysis. In India, females are liable for 70-80% of the care offered in hospitals. On the other hand, they comprise only around 25-35% of top leadership and administrative positions (TOI, 2016). Moreover, taking into consideration social support; women had to call for support especially social support from their family, parents, and husbands (Chawla and Sharma, 2019; Xia et al., 2020) and organizational support to encourage women employees to create optimistic and positive glass ceiling beliefs (Tlaiss & Kauser, 2011; Nisha & Vasumathi, 2020). Thus, the present studies try to address all these research gaps.

2. Theoretical Background and Literature Review

2.1. The Role Congruity Theory

There is a vast gamut of proposed theoretical explanations for making sense of several beliefs linked with the glass ceiling. Smith, Crittenden, et al. (2012) stated that gender imbalance in organizations is the key reason for gender disparity in top

managerial positions. The theory provides a better understanding of the dynamics and diverse assessment of males and females at top managerial levels. It explains the undesirable performance appraisal of female executives in organizations as they are perceived as less suitable to occupy managerial positions compared to males (Eagly & Karau, 2002). More preference is given to male employees because it is assumed that they are better managers than females; hence the syndrome of “think managers think male” (Schein, 2007).

Based on the previous studies of the glass ceiling, the four-factor model of glass ceiling beliefs has been identified. Smith, Crittenden, et al. (2012) developed the career pathway survey by using the role congruity theory (Eagly & Karau, 2002) along with the concept of acceptance, resignation, and denial given by Wrigley (2002) to investigate the reason behind the glass ceiling. The study of Wrigley (2002) was focused on exploring females' perceptions about the glass ceiling, resulting in a detailed examination of glass ceiling beliefs. The Career Pathways Survey is established as a multi-factorial instrument to measure and evaluate glass ceiling beliefs of working females, i.e. denial, resilience, acceptance, and resignation to detect the cause behind the existence of the glass ceiling in organizations (Smith, Crittenden, et al., 2012). Two beliefs are optimistic and the other two are pessimistic. These glass ceiling beliefs can raise or reduce the intentions of career advancement opportunities for females.

2.2. Glass Ceiling Beliefs

The invisible career barriers causing the underrepresentation of females in top management positions is known as a glass ceiling, the term first used by Carol Hymowitz and Timothy D. Schellhardt in 1986 in their *Wall Street Journal* (Eagly & Carli, 2007). Glass refers to invisible or transparent and ceiling refers to a barrier that keeps away females from achieving the top positions. Although the term glass ceiling was quite familiar to researchers and scholars. However, (Smith, Caputi, et al., 2012; Smith, Crittenden, et al., 2012) introduced a new term glass ceiling beliefs. These are the beliefs related to the glass ceiling. (Smith, Caputi, et al., 2012) proposed that glass ceiling beliefs can raise or reduce the desire of females to get promoted. These beliefs may lead to career pathway choices. From a theoretical point of view, the career pathway is based on the theoretical framework of optimism and pessimism of females' likelihood of getting promoted to top senior management positions. (Scheier & Carver, 1992)'s theory of optimism the dispositional model, and the explanatory style model given by Seligman (1991) provided the base for conceptualizing the glass ceiling beliefs of females. The four-factor structure of glass ceiling beliefs includes Denial, Resignation, Resilience, and Acceptance. Denial is an optimistic belief that males and females face the same problems and hurdles to climb the top ladder. Resignation is a pessimistic belief that females face more obstacles than males and suffer more negative results than their male counterparts in seeking top positions. Resilience is also an optimistic belief which is defined as that female can break the glass ceiling and can attain senior positions with their ability.

Acceptance is a pessimistic belief that shows that females prioritize other life goals than careers, such as family. Females are not ambitious towards their careers, ignore their career goals, and prefer other life goals.

2.3. Subjective Career Success

Career success is the overall achievement of a person from his psychological and work-related outcomes (Seibert et al., 2001). Career success is measured in two ways: objective success and subjective success. Objective success is concerned with variables that measure objective and extrinsic success by others in terms like salary/remuneration and number of promotions, on the other hand, subjective success is related to intrinsic success perceived by an individual about himself such as his career achievement (Judge, 1995). Subjective career success refers to success as sensed, perceived, or felt by an individual. It is an individual's subjective evaluation of the present achievements concerning his personal goals and expectations (Seibert et al., 2001). It can be measured through the beliefs, opinions, emotions, or feelings of the individual and not through facts overall, it refers to all aspects which are relevant concerning one's career satisfaction (Greenhaus et al., 1990). Career satisfaction is the main indicator of subjective career success (Abele et al., 2011; Boudreau et al., 2001; Judge, 1995; Ng et al., 2005; Seiders et al., 2000). However, some researchers found four more predictors of subjective career success namely, work engagement, physical well-being, psychological well-being, and job happiness (Armstrong-Stassen & Cameron, 2005; Burke et al., 2006; Carr, 1997; Orser & Leck, 2010; Smith, Caputi, et al., 2012). All these indicators are related to performance at work.

2.4. Glass Ceiling Beliefs and Subjective Career Success

There is often a strong connection between glass ceiling beliefs and subjective career success. If individuals perceive or believe that there are invisible barriers limiting their career advancement (glass ceiling beliefs), it can influence their overall satisfaction with their career (subjective career success). This connection can be complex and may involve various psychological and organizational factors (Fathy & Kareem, 2020). The level of career success for males and females may be different. The reason may be that females' expectations are lower than males in aspects of the job, pay working environment because they mostly compare themselves with other females only. The other reason may be that females prefer positive organizational relations, balanced work, and family life while males prefer salary growth, career advancement, etc. So, for females, their perception of the career barrier plays a significant role in determining their career success. In the four-factor structure of glass ceiling beliefs, there are two optimistic and two pessimistic beliefs (Smith, Crittenden, et al., 2012). Denial and resilience are optimistic beliefs of the glass ceiling. Denial means both males and females have to face the same problems in their career advancement and it has a significant positive relationship with career success (Hirschi et al., 2018; Roman, 2017; Smith, Caputi, et al., 2012). Denial belief

makes females more confident and positive. Similarly, resilience and optimism also show a strong positive relationship with career success (Hirschi et al., 2018; Roman, 2017; Smith, Caputi, et al., 2012), as females believe that they can break the glass ceiling and achieve senior positions and it makes them satisfied towards their career (Kwok et al., 2015; Matos et al., 2010; Smith, Caputi, et al., 2012). While pessimistic beliefs show a negative relationship with career success. Thus, resignation is found to be negatively related to career success. Females accept that they have to face more obstacles than males to attain senior positions and it may result in remaining dissatisfied with their career or moving to another job. The other pessimistic belief acceptance also impacts negatively the career satisfaction of females (Roman, 2017; Smith, Caputi, et al., 2012). Females prefer their family and other personal goals over their career. The reason may be their twin responsibilities and family-work conflict. This acts as a barrier to their career progression and ultimately negatively impacts career success. The following hypotheses are framed based on the literature:

H1: Denial positively influences career satisfaction (H1a), work engagement (H1b), physical & psychological well-being (H1c), and job happiness (H1d).

H2: Resilience positively influences career satisfaction (H2a), work engagement (H2b), physical & psychological well-being (H2c), and job happiness (H2d).

H3: Resignation negatively influences career satisfaction (H3a), work engagement (H3b), physical & psychological well-being (H3c), and job happiness (H3d).

H4: Acceptance negatively influences career satisfaction, positively to work engagement (H4b), physical & psychological well-being (H4c), and negatively to job happiness (H4c).

2.5. Social Support as a Mediator

Social support is defined as the belief of individuals that they are valued, loved, and cared about as part of a social network. (Mahasha, 2016) defined social support as individuals' social relations and interactions with social networks that save them from stress. It can be linked to a positive output that leads to a positive state of mind and enables the person to deal with stress and negativity (Chawla & Sharma, 2019). On the contrary, lack of social support may result in psychological distress, unhappiness, cut from social networks, depression, etc. (Jiang, 2017; Xia et al., 2020). So from an employee's point of view, it can be viewed as support received from people surrounding the workplace. (Khan et al., 2016) stated that females demand support to deal with their responsibilities both at home and workplace. For females, social support is the ability to maintain a balance in their personal and occupational life. It is an important aspect to motivate females. Social support includes support at the workplace from supervisors, support from family, and social-environmental support (Jiang, 2017; Mahasha, 2016; Xia et al., 2020). There is little evidence of a relation between glass ceiling beliefs and social support. However, optimism is found to be positively related to social support (Burhanudin et al., 2020) and likewise

pessimistic belief will be negatively related to social support. (Karatepe & Olugbade, 2017) found that when females know that they are getting support from their supervisors and co-workers, it leads to satisfaction with their careers as they become able to manage their work-related problems. Various other studies strengthen this argument. (Greenhaus et al., 1990; Kang et al., 2015; Yarnall, 1998) also documented the positive relationship between social support and career success. Social support enhances career success among employees. Support received from family lessens work-family conflicts and leads to subjective career success (Cimirotić et al., 2017; Ezzedeen & Ritchey, 2009). On the other hand, the absence of support may lead to a generation of stress and a reduction in career success. Therefore, the study uses social support as a mediator between glass-ceiling beliefs and subjective career success.

H5a: Denial positively influences social support.

H5b: Resignation negatively influences social support.

H5c: Resilience positively influences social support.

H5d: Acceptance negatively influences social support.

H6: Social support positively influences career satisfaction (H6a), work engagement (H6b), physical & psychological well-being (H6c), and job happiness (H6d).

H7: Social support mediates the relationship of denial with career satisfaction (H7a), work engagement (H7b), physical & psychological well-being (H7c), and job happiness (H7d).

H8: Social support mediates the relationship of resilience with career satisfaction (H8a), work engagement (H8b), physical & psychological well-being (H8c), and job happiness (H8d).

H9: Social support mediates the relationship of resignation with career satisfaction (H9a), work engagement (H9b), physical & psychological well-being (H9c), and job happiness (H9d).

H10: Social support moderates the relationship of acceptance with career satisfaction (H10a), work engagement (H10b), physical & psychological well-being (H10c), and job happiness (H10d).

2.6. Moderation of Gender

The majority of the previous studies examined the perception of females regarding the glass ceiling but not of males (Roman, 2017; Smith, Caputi, et al., 2012) recommended that future studies should include both sexes for comparative analysis. A very small number of studies (Blessie & Supriya, 2018; Bush, 2020) have investigated the glass ceiling beliefs and their relationship with the subjective career success of both males and females in a single study. For males, success is focused on external objects like social status and material possessions, while females focus on

internal objects like accomplishments, personal recognition, and attainment of work-life balance (Evers & Sieverding, 2014). The level of subjective career success for males and females may be different. The reason may be that females' expectations are lower than males in aspects of the job, pay, and the working environment because they mostly compare themselves with other females only. The other reason may be that females prefer positive organizational relations, balanced work, and family life while males prefer salary growth, career advancement, etc. So for females, their perception of the career barrier plays a significant role in determining their subjective career success (Fathy & Kareem, 2020).

In the present study, the relationship between a continuous independent variable and the continuous dependent variable is examined with the moderation effect of a dichotomous variable i.e. gender. To test the hypothesis, the moderating effect of gender is examined on the relationship between four factors of glass ceiling beliefs (denial, resilience, resignation, and acceptance) and four factors of subjective career success (career satisfaction, work engagement, physical and psychological well-being, and job happiness).

H11: Gender moderates the relationship of denial with career satisfaction (H11a), work engagement (H11b), physical & psychological well-being (H11c), and job happiness (H11d).

H12: Gender moderates the relationship of resilience with career satisfaction (H12a), work engagement (H12b), physical & psychological well-being (H12c), and job happiness (H12d).

H13: Gender moderates the relationship of resignation with career satisfaction (H13a), work engagement (H13b), physical & psychological well-being (H13c), and job happiness (H13d).

H14: Gender moderates the relationship of acceptance with career satisfaction (H14a), work engagement (H14b), physical & psychological well-being (H14c), and job happiness (H14d).

2.7. Conceptual Framework

Based on the literature and proposed hypotheses, a conceptual framework is proposed in Figure 1.

3. Research Methodology

3.1 Sample

Primary data for the study was collected from doctors working in corporate hospitals of Punjab, Chandigarh Tricity, and Delhi NCR (Northern India). Corporate hospitals are chosen for this study because, in the overall service sector, the healthcare sector provides more job avenues to females. They are different from other hospitals because of their private corporate limited status.

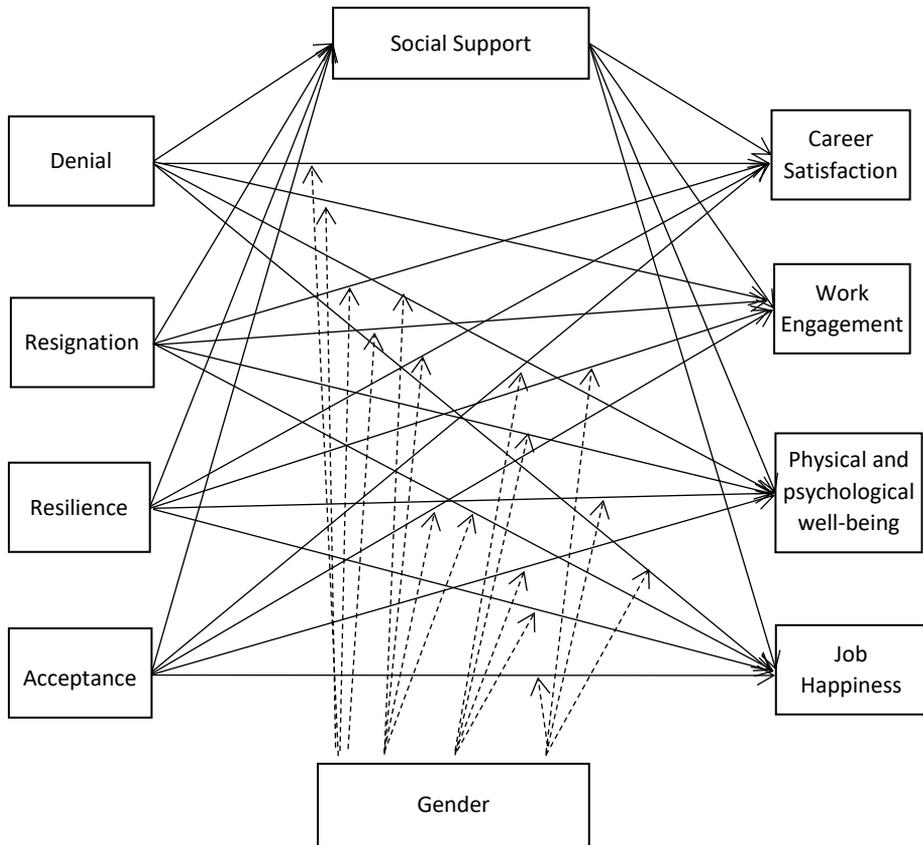


Figure 1: Study Model

They are formed under the Companies Act. and run on commercial lines for profit. Convenience and judgmental sampling techniques were used to collect data to make sure that enough responses were obtained (Creswell, 2002). For filling out the questionnaires, different doctors from different levels of management have been surveyed i.e. at the senior, middle, and junior levels. Some of the respondents filled out the survey right away, while others were requested to return after 15-20 days. The questionnaires were then recollected by visiting the respective hospitals again. No compensation was paid for the participation in the research as it was voluntary. An e-questionnaire was also constructed using Google Forms to perform an online survey. Social sites such as LinkedIn and Gmail were used for collecting data. In the online method, regular follow-up messages were sent to participants, requesting that they complete the questionnaires, to collect data on time.

The information about the total number of doctors was not available, but the approximate number of the total population of selected corporate hospitals was

1500-2000. A close-ended questionnaire survey was distributed to 460 participants and 354 responses were received, out of which 300 questionnaires were found suitable for data analysis.

3.2 Measurement Instruments

The measures for each variable used in the hypothesized model were carefully selected from existing literature and based on their relevance to the present study. The responses of all the measures were measured on a 5-point Likert scale ranging from strongly agree (5) to strongly disagree (1).

All four constructs of glass ceiling belief i.e. denial, resignation, resilience, and acceptance were measured by using a career pathway survey adapted from Smith, Crittenden, et al. (2012). For measuring career satisfaction, a 5-item scale given by (Greenhaus et al., 1990) was used. Work engagement was measured using a 9-item scale by (Schaufeli et al., 2006). 3 items were extracted from (Ware et al., 1996) for analyzing physical and psychological well-being. Job happiness was measured by using 5 items (Argyle & Lu, 1990; Lyubomirsky & Lepper, 1999; Singh & Aggarwal, 2018). Further for assessing social support, 5 items scale was used (Chang & Wu, 2013). The questionnaire was in English language.

Pilot Testing: Although all the scales are standardized but some modifications were performed to make them suitable for the healthcare sector and understandable for the participants. Thus, in the present study, the reliability of the questionnaire was tested by taking a sample size of 30 (10% of 300) (Treece, 1982; Connelly, 2008) for pilot testing. To measure the internal consistency among the scales Cronbach’s alpha was used. All the scales were found to be reliable as Cronbach’s values of each scale used were greater than the minimum threshold i.e. 0.60 (Bernstein & Nunnally, 1994). After confirming the results of the pilot testing, the questionnaires were distributed further to the respondents from selected corporate hospitals.

EFA: Then, EFA was conducted to assess the unit-dimensionality of the scale. To differentiate dimensions amongst variables, principal component analysis with varimax rotation was conducted. Factor loadings of all the items were greater than 0.5 i.e. the minimum threshold. Further, the reliability of the scales was assessed through Cronbach’s alpha and all values were found >.60 (Bernstein & Nunnally, 1994) which shows the good internal consistency of all the variables. Table 1 shows the Kaiser-Meyer-Olkin Measure of Sampling Adequacy and Bartlett's Test of Sphericity while Table 2 depicts factor loadings of all the statements.

Table 1. KMO and Bartlett's Test

Kaiser-Meyer-Olkin Measure of Sampling Adequacy		.814
Bartlett's Test of Sphericity	Approx. Chi-Square	4320.865
	Df	435
	Sig.	.000

(Source: Primary Data)

Table 2. Rotated Component Matrix with Cronbach’s alpha

Variables	Items	Factor Loadings								
		1	2	3	4	5	6	7	8	9
Denial (Cronbach’s alpha = .738)	D1	.756								
	D2	.746								
	D3	.698								
	D4	.700								
	D5	.777								
Resignation (Cronbach’s alpha = .897)	Rg1		.840							
	Rg2		.871							
	Rg3		.768							
	Rg4		.779							
	Rg5		.842							
Resilience (Cronbach’s alpha = .874)	RI1			.793						
	RI2			.905						
	RI3			.853						
	RI4			.739						
	RI5			.895						
Acceptance (Cronbach’s alpha = .897)	Ac1				.820					
	Ac2				.724					
	Ac3				.838					
	Ac4				.824					
	Ac5				.807					
Career Satisfaction (Cronbach’s alpha = .858)	CS1					.780				
	CS2					.772				
	CS3					.779				
	CS4					.804				
	CS5					.789				
Work Engagement (Cronbach’s alpha = .834)	WE1						.821			
	WE2						.854			
	WE3						.788			
	WE4						.832			
	WE5						.785			
	WE6						.844			
	WE7						.760			
	WE8						.768			
	WE9						.862			
PP Well-being (Cronbach’s alpha = .782)	PP1							.766		
	PP2							.792		
	PP3							.760		
Job Happiness (Cronbach’s alpha = .826)	JP1								.800	
	JP2								.828	
	JP3								.851	
	JP4								.816	
	JP5								.797	
Social Support (Cronbach’s alpha = .736)	SS1									.749
	SS2									.831
	SS3									.778
	SS4									.712
	SS5									.845

(Source: Primary Data)

4. Data Analysis

After collecting the data, it was coded and saved in SPSS 23. The data was put through various steps to examine the proposed model hypotheses. SEM (structural equation modeling) in AMOS 21.0 (Arbuckle, 2012) was used to examine the proposed structural model. Further, the mediation analysis was also carried out in AMOS 21.0. The requirement of sample size for conducting SEM has been met by maintaining a threshold of 200 (Hoogland & Boomsma, 1998; Kline, 2015). The reliability and validity of the scales were analyzed through Cronbach's alpha and CFA (confirmatory factor analysis) respectively (Byrne, 2011; Hooper et al., 2008). To examine the moderation effect of gender, the SPSS file was first split based on gender (male and female). Then, in the AMOS software, the groups of both gender categories were made. Afterward, to examine if there is a statistically significant difference among the parameters of both categories, a critical ratio of differences was tested, and the model was run.

5. Results

This study included 300 participants ranging in age from 20 years to 50 years. Table 3 depicts the demographic profile of participants by their gender, age, job level, qualification, and marital status. Table 4 describes the mean, standard deviation, and inter-correlation of the variables.

Table 3. Demographic Profile of Respondents

Demographic Variables	Categories	Frequency	Percentage
Gender	Male	161	53.67
	Female	139	46.33
Age	20-30	103	34.33
	30-40	110	36.66
	40-50	87	29
Job Level	Senior Level	45	15
	Middle Level	150	50
	Junior Level	105	35
Qualification	Graduate	58	19.3
	Postgraduate	204	68
	Specialization	38	12.7
Marital Status	Married	168	56
	Unmarried	132	44

(Source: Primary Data)

5.1. Measurement Model and Validity

The research model was analyzed using CFA to examine the overall model fit by accepting the opinions of various researchers (Boomsma, 2000; Schreiber, 2008). GFI, PGFI, CFI, and TLI are goodness of fit measurement indices that imply that there is strong evidence of uni-dimensionality in the model (Byrne, 2011). As shown in Table 5, all these values are greater than the minimum acceptable limits, and RMSEA

(0.071) was also within the specified range, thus acceptable. Further, the regression weights of all the statements were greater than 0.6. for achieving convergent validity of constructs, the factor loading of all the statements should be greater than 0.5 (Kline, 2015), CR>0.7 (Hair et al., 2010), AVE>.5 (Fornell & Larcker, 1981). Along with this, as shown in Table 6 all the values on the diagonals were greater than the corresponding row and column values showing the discriminant validity. The results of convergent and discriminant validity are shown in Table 6.

Table 4. Mean, Standard Deviation, and Inter-correlations among Variables

S. No.	Variables	M	SD	1	2	3	4	5	6	7	8	9
1.	Denial	3.34	.55	1								
2.	Resilience	3.54	.82	.22**	1							
3.	Resignation	2.37	.83	-.07	-.07	1						
4.	Acceptance	2.85	.75	.11	.23**	.18**	1					
5.	Career Satisfaction	3.54	.77	.62**	.22**	-.11*	-.15**	1				
6.	Work engagement	3.94	.61	.41**	.29**	-.07	.03*	.43**	1			
7.	PP Wellbeing	3.57	.52	.56**	.18**	-.06	.15**	.37**	.33**	1		
8.	Job Happiness	3.54	.56	.33**	.17**	-.13*	-.02	.36**	.24**	.30**	1	
9.	Social Support	3.14	.68	.35**	.26**	-.06	-.22**	.35**	.32**	.27**	.21**	1

N=300, **p < .01 *p < .05 (Source: Primary Data)

Table 5. Fit statistics of the model

Model Fit	Cut-off Criteria	Model Statistics
CMIN		1842.61
DF		1044
CMIN/Df	≤3 (Hair et al., 2010),	1.765
GFI	≥.8 (Homburg & Baumgartner, 1995)	.802
PGFI	≥.5 (Wu, 2009)	.712
CFI	≥.9 (Hair et al., 2010)	.914
TLI	≥ 0.90 (Byrne, 2013)	.907
RMSEA	≤.08 (Steiger, 1990)	.051

Table 6. Convergent and Discriminant Validity Statistic of Variables

	CR	AVE	MSV	MaxR(H)	De	Rl	Rg	Ac	CS	WE	PP	JH	SS
De	.888	.615	.315	.893	.784								
Rl	.944	.738	.098	.951	.313	.859							
Rg	.926	.715	.046	.932	.120	-.026	.846						
Ac	.910	.669	.091	.911	.302	.238	.215	.818					
CS	.924	.709	.160	.926	.352	.181	-.148	-.265	.842				
WE	.939	.633	.035	.944	.074	.138	.108	-.156	.077	.796			
PP	.843	.642	.086	.847	.293	.191	-.038	.134	.014	.186	.802		
JH	.890	.618	.219	.891	.468	.144	-.054	.008	.004	.007	.062	.786	
SS	.890	.620	.315	.894	.561	.289	-.102	-.243	.294	.183	.277	.232	.787

The data imputation was carried out using AMOS to impute the values of all the significant variables after the confirmatory factor analysis (CFA) procedure. On the final imputed values of each of these crucial variables, further analysis of hypothesis testing was conducted.

5.2. Structural Model

The proposed research model was further put for SEM analysis in AMOS after testing the reliability and validity. Table 7 depicts the results of SEM. It describes that denial and factors of subjective career success are significantly associated, thus acceptance of hypothesis H1 (a, b, c, d). Similarly, resilience was also found to be significantly related all the factors of subjective career success leading to acceptance of hypothesis H2 (a, b, c, d). However, resignation shows a negative significant relationship with career satisfaction (H3a) and job happiness (H3d). Acceptance is also found to be significantly associated with all the factors of subjective career success H4 (a, b, c) except job happiness (H4d). The results are also depicted in Figure 2.

Table 7. Results of Structural Model (Direct Effect)

H	Relationships	Estimate	S.E.	C.R.	P	Hypothesis Acceptance
H1a	CS <-- D	.776	.063	12.327	***	Yes
H1b	WE <-- D	.346	.060	5.815	***	Yes
H1c	PP <-- D	.483	.048	10.071	***	Yes
H1d	JH <-- D	.282	.059	4.795	***	Yes
H2a	CS <-- RI	.106	.042	2.510	**	Yes
H2b	WE <-- RI	.140	.040	3.514	***	Yes
H2c	PP <-- RI	.116	.035	2.497	***	Yes
H2d	JH <-- RI	.168	.039	2.721	**	Yes
H3a	CS <-- Rg	-.223	.040	-2.564	***	Yes
H3b	WE <-- Rg	-.023	.038	-.616	.538	No
H3c	PP <-- Rg	-.024	.030	-.787	.431	No
H3d	JH <-- Rg	-.345	.068	-4.744	***	Yes
H4a	CS <-- Ac	-.282	.045	-6.198	***	Yes
H4b	WE <-- Ac	-.164	.043	-2.492	**	Yes
H4c	PP <-- Ac	.160	.045	2.726	***	Yes
H4d	JH <-- Ac	-.068	.042	-1.590	.112	No
H5a	SS <-- D	.375	.065	5.745	***	Yes
H5b	SS <-- RI	.141	.045	3.120	**	Yes
H5c	SS <-- Rg	-.066	.043	-1.510	.131	No
H5d	SS <-- Ac	-.121	.049	-2.472	**	Yes
H6a	CS <-- SS	.211	.053	3.979	***	Yes
H6b	WE <-- SS	.159	.050	3.169	***	Yes
H6c	PP <-- SS	.251	.070	3.276	***	Yes
H6d	JH <-- SS	.132	.050	2.881	**	Yes

(Source: Primary Data)

Notes: 1. *** p -value < 0.01; ** p -value < 0.05. 2. D= Denial, Rg=Resignation, RI=Resilience, Ac=Acceptance, CS=Career Satisfaction, RI=Resilience, Rg=Resignation, SS=Social Support

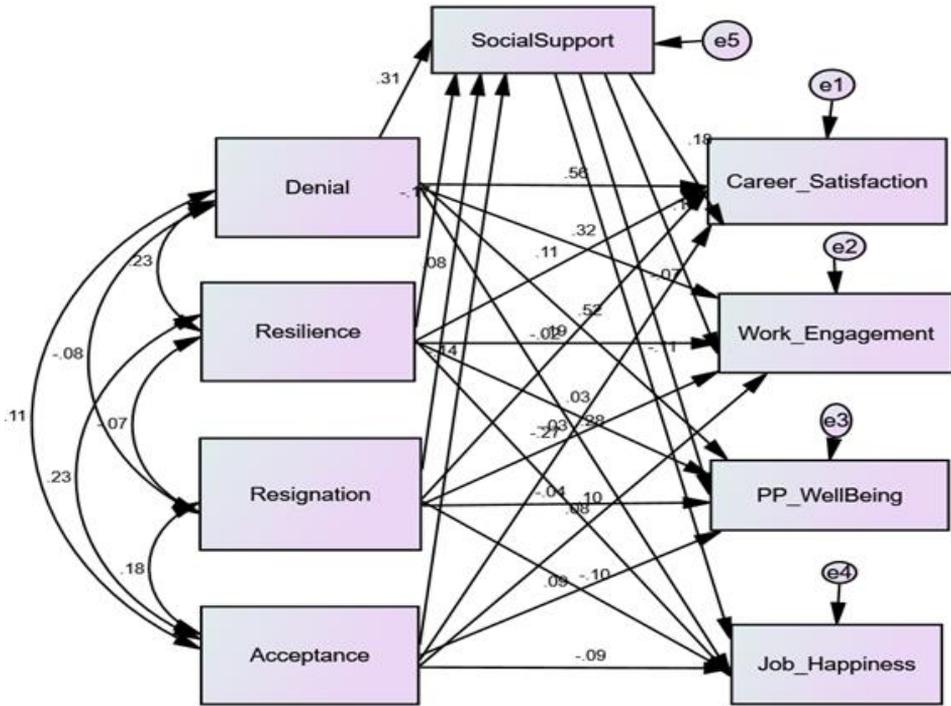


Figure 2. Results of Structural Equation Modelling

5.3 Mediation Analysis

After analyzing the direct effect, the model was put through mediation analysis. Table 8 depicts the statistical results of the mediation analysis. Hypothesis H7 predicted that social support mediates the relationship between denial and SCS (a, b, c, d). The results showed that the indirect effect of denial on all four factors of SCS is statistically significant. As the direct effect of denial after mediation is significant, it means social support is partially mediating the association of denial and SCS. Similarly, the indirect effect of resilience on SCS through social support was found to be significant as predicted in hypothesis H8 (a, b, d) except hypothesis H8c. and the direct effect of resilience with career satisfaction and work engagement after mediation is still significant, results in partial mediation of social support. However, social support acts as full mediation between resilience and job happiness because the direct effect becomes insignificant after mediation. Further, social support does not act as mediation between resignation and SCS, as all the statistical values are found to be insignificant. It leads to the rejection of hypothesis H9 (a, b, c, d). Social support is found to be partially mediating the association between acceptance and career satisfaction and fully mediating the relationship of acceptance with work engagement and job happiness (a, b, d). However, there is an insignificant indirect effect of acceptance on physical and psychological well-being.

Table 8. Mediation Effect of Social Support on Glass Ceiling Beliefs and Subjective Career Success

	Relationship (Social support as mediator)		Total effect	P value	Direct Effect	P value	Indirect effect	P value	Mediation remarks
H7a	CS	<-- D	.615	***	.559	***	.057	***	Partial
H7b	WE	<-- D	.372	***	.318	***	.055	***	Partial
H7c	PP	<-- D	.539	***	.518	***	.221	**	Partial
H7d	JH	<-- D	.312	***	.278	***	.034	**	Partial
H8a	CS	<-- RI	.144	***	.112	***	.032	***	Partial
H8b	WE	<-- RI	.220	***	.190	***	.030	***	Partial
H8c	PP	<-- RI	.037	.556	.025	.667	.012	.178	No
H8d	JH	<-- RI	.218	**	.099	.101	.019	**	Full
H9a	CS	<-- Rg	-.009	.813	-.024	.573	.015	.093	No
H9b	WE	<-- Rg	-.018	.742	-.032	.101	.014	.090	No
H9c	PP	<-- Rg	-.033	.576	-.038	.468	.005	.174	No
H9d	JH	<-- Rg	-.087	.127	-.096	.101	.009	.094	No
H10a	CS	<-- Ac	-.250	***	-.275	***	.025	***	Partial
H10b	WE	<-- Ac	-.056	.406	-.080	.232	.024	.***	Full
H10c	PP	<-- Ac	.096	**	.087	.078	.009	.180	No
H10d	JH	<-- Ac	-.075	.243	-.090	.169	.015	**	Full

Notes: 1. *** *p*-value < 0.01; ** *p*-value < 0.05

5.4. Moderation Analysis

The moderation effect of gender is analyzed to check the statistical difference between the perception of both males and females. Moderation impact was analyzed in AMOS as a categorical moderator with critical ratios. The results of the moderation effect are given in Table 9. In the case of denial, the moderation effect of gender exists on the relationship of denial with career satisfaction (H11a) and physical & psychological well-being (H11c). However, there is no moderation effect in the case of work engagement (H11b) and job happiness (H11d). Then, as predicted in hypothesis H12 there is a significant moderation effect of gender on the relationship of resilience with all factors of SCS (a, b, c, d). It means, there is a significant difference between the perception of male and female respondents, the moderation effect of gender exists. In the case of resignation, gender impacts the relationship of resignation with career satisfaction (H13a) and work engagement (H13b). However, there is no moderating effect of gender on the association of resignation with physical & psychological well-being (H13c) and job happiness (H13d). Further, the gender plays role of moderator on the relationship of acceptance with work engagement (H14b) and physical & psychological well-being only (H14c). However, there is no moderation effect of gender on career satisfaction (H14a) and job happiness (H14d). The moderation impact of gender is depicted in Figure 3.

Table 9. Moderation Effect of Gender on Glass Ceiling Beliefs and Subjective Career Success

H	Relationship (Gender as moderator)			Male		Female		Z Value	If z VALUE < 1.96 i.e., no significant difference
				Estimate	P	Estimate	P		
H11a	CS	<--	D	0.241	0.138	0.719	0.000	2.728***	Moderation
H11b	WE	<--	D	0.041	0.767	0.289	0.000	1.580	No Moderation
H11c	PP	<--	D	0.171	0.171	0.460	0.000	2.122**	Moderation
H11d	JH	<--	D	0.299	0.021	0.195	0.014	-0.682	No Moderation
H12a	CS	<--	RI	0.333	0.000	0.042	0.356	3.689***	Moderation
H12b	WE	<--	RI	0.326	0.000	0.005	0.924	3.462***	Moderation
H12c	PP	<--	RI	0.140	0.045	0.066	0.075	2.603***	Moderation
H12d	JH	<--	RI	0.237	0.001	0.023	0.683	2.841***	Moderation
H13a	CS	<--	Rg	0.145	0.008	-0.215	0.000	-4.848***	Moderation
H13b	WE	<--	Rg	0.084	0.071	-0.176	0.002	-3.518***	Moderation
H13c	PP	<--	Rg	-0.051	0.222	-0.018	0.669	0.560	No Moderation
H13d	JH	<--	Rg	-0.044	0.314	-0.081	0.193	-0.497	No Moderation
H14a	CS	<--	Ac	-0.356	0.000	-0.251	0.000	1.153	No Moderation
H14b	WE	<--	Ac	-0.191	0.002	0.029	0.657	2.479**	Moderation
H14c	PP	<--	Ac	-0.082	0.132	0.085	0.074	2.31**	Moderation
H14d	JH	<--	Ac	-0.043	0.450	-0.126	0.073	-0.924	No Moderation

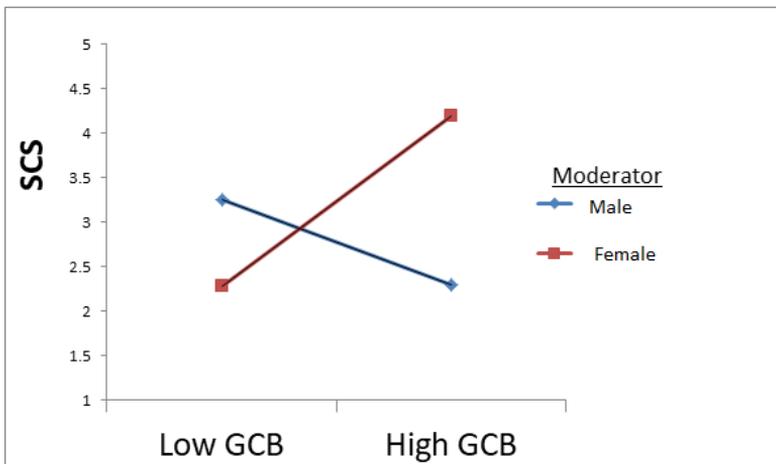


Figure 3. Moderation Impact of Gender

Thus, it is found that there is a significant moderation of gender between the relationship of denial and career satisfaction and denial and physical and psychological well-being only. However, in the case of the relationship of denial with work engagement and job happiness, there is no significant difference between male and female respondents, thus, no moderation effect.

Then, it is concluded that there is a moderation of gender in the relationship between resignation and career satisfaction and resignation and work engagement only. In the case of the relationship of resignation with physical and psychological well-being and job happiness, there is no significant difference between male and female respondents, thus, no moderation effect.

Thus, it is concluded that there is a significant difference between male and female respondents on the relationship of acceptance with work engagement and physical and psychological well-being only. In the case of the relationship of resignation with physical and psychological well-being and job happiness, there is no significant difference between male and female respondents, thus, no moderation effect.

6. Discussion

This study illuminated the effect of females' glass ceiling beliefs on career satisfaction in corporate hospitals. The present study aimed to examine the proposed model that includes glass ceiling beliefs, career satisfaction, and social support. The comprehensive model was developed to analyze the perception of females from a psychological point of view about these important constructs. Female employees working in corporate hospitals were used as the source of information. The present research used this model to analyze the association between the glass ceiling and career satisfaction through social support. More specifically, the study predicted that four sets of glass ceiling beliefs could predict career satisfaction through social support. In the first place, the association between glass-ceiling beliefs and career satisfaction was examined. It was predicted in hypotheses that denial and resilience being optimistic beliefs would be positively associated with career satisfaction and the pessimistic beliefs of resignation and acceptance would be negatively associated with career satisfaction. According to the results, Denial, resilience, and acceptance showed a significant relationship with career satisfaction as expected and the results are consistent with (Balasubramanian & Lathabhavan, 2018; Fathy & Kareem, 2020; Roman, 2017; Smith, Caputi, et al., 2012; Feng & Sumettikoon, 2022) except resignation. Resignation was found to have a negative relation with career satisfaction but statistically, it was found insignificant, so the hypothesis was rejected. The results are inconsistent with previous studies (Fathy & Kareem, 2020; Roman, 2017; Mohammadkhani & Gholamzadeh, 2016; Smith, Caputi, et al., 2012).

Further, (Chawla & Sharma, 2019; Seligman & Csikszentmihalyi, 2014) positive psychology approach helps in extending the focus on social support as a mediator between glass ceiling belief and career satisfaction. This is the first study to use social support as a mediator between glass-ceiling beliefs and career satisfaction. According to the results, two hypotheses of mediation analysis were accepted and two were rejected. Social support partially mediated the association between denial and career satisfaction. This result implies that social support will enhance the level of career satisfaction partially with the optimistic belief denial. Similarly, social support fully mediates the association between resilience and career satisfaction.

However, social support did not mediate the relationship between resignation and career satisfaction and acceptance and career satisfaction as their indirect effect was found to be insignificant. The results show the importance of social support in enhancing the optimistic beliefs of the glass ceiling. It means the social support given to females helps them in pursuing career progression without any obstacles with the optimistic belief that they can break the glass ceiling and it will generate more career satisfaction. The results would be consistent with the (Türe & Akkoç, 2020) study that found the mediating effect of social support on the psychological empowerment of females and their career satisfaction. It implies that when females get social support and believe that they can overcome the same hurdles as their male counterparts and can attain senior positions will raise satisfaction towards their careers.

The results of the present study revealed a significant difference between the perception of male and female doctors regarding glass ceiling beliefs and subjective career success. A study by (Blessie & Supriya, 2018; Bush, 2020; Kaur & Mahajan, 2021) supports the results that males and females have different perceptions regarding the glass ceiling and their careers, thus, the problems faced by them are also different. Female doctors were found to be less optimistic than male doctors and perceived the existence of a glass ceiling. Male doctors gave more agreement to the denial and resilience belief of the glass ceiling. However, both males and females did not agree with the resignation. It means they don't want to leave their jobs.

Then, the moderation analysis was performed to examine the impact of gender on the relationship between glass ceiling beliefs and subjective career success. While analyzing the moderation effect, the results show there is a significant effect of denial on all four factors of subjective career success in the case of females, however, in the case of males, denial significantly affects job happiness only. Thus, gender impacts the relationship of denial with career satisfaction and physical and psychological well-being only. However, in the case of the relationship of denial with work engagement and job happiness, there is no significant difference between male and female respondents, thus, no moderation effect of gender. The results are consistent with prior studies (Hirschi et al., 2018; Roman, 2017; Smith, Caputi, et al., 2012), which stated that the conditions are similar for males and females in the workplace. In the second relationship, there is a significant moderation effect of gender on the relationship of resilience and all four factors of subjective career success. So, there is a significant difference between the parameters of male and female respondents regarding resilience about the glass ceiling, thus moderation effect of gender exists. Women who are resilient toward the glass ceiling have an overall higher level of career success. The result of the study concluded women are more likely to be satisfied in their careers if they acknowledge but move past the glass ceiling.

Further, the results found that there is a moderation of gender in the relationship of resignation with career satisfaction and work engagement only. It means both males

and females have different perceptions about career satisfaction and work engagement concerning resignation belief. However, the perception of males and females is similar about resignation with physical and psychological well-being and job happiness. Hence, there is no moderation effect of gender. Male and female doctors perceive acceptance differently, so the moderation effect of gender exists on the relationship of acceptance with work engagement and physical and psychological well-being. However, there is no moderation effect on the relationship of acceptance with career satisfaction and job happiness. Thus, the result explains that females are more likely to achieve success in their careers if they admit but move past the glass ceiling.

7. Implications

7.1. Theoretical Implications

The present research generates novel contributions to the existing literature on the glass ceiling. First of all, the study helps to understand the psychological concept of the glass ceiling i.e. glass ceiling beliefs (Denial, Resilience, Resignation, and Acceptance) and their association with career satisfaction in the healthcare sector. Thus, this study contributes to the advancement of role congruity theory by demonstrating a strong association between glass ceiling beliefs and career satisfaction in the healthcare sector. The findings highlight the complexity of these beliefs and their impact on career outcomes, offering new perspectives for refining existing theoretical frameworks. Although there are pieces of evidence of the relationship between glass ceiling beliefs and SCS from the previous studies (Roman, 2017; Smith, Caputi, et al., 2012), however, this study is the first to examine the mediating role of social support between glass ceiling beliefs and subjective career success. The results of the mediation analysis add a new contribution to the literature that social support mediates the relationship of optimistic beliefs of the glass ceiling i.e. denial and resilience with SCS along with the pessimistic belief acceptance. However, on the other hand, resignation was found to be insignificant in indirect effect on career success resulting in no mediation effect of social support. Therefore, the findings of the study are in addition to the discussion of GCB and their effect on SCS with social support. This suggests that social support mechanisms play a crucial role in mitigating the impact of glass-ceiling beliefs on career outcomes. Theoretical frameworks related to social support in organizational contexts can be expanded to include its mediating effects on career success.

7.2 Practical Implications

The study will provide an understanding of females' and males' views and their perception of Glass ceiling beliefs. With the help of this study, they can find out which beliefs they need to keep, and which have to be changed to achieve senior positions. Hospitals and healthcare organizations can use the study findings to identify employees with optimistic and pessimistic glass-ceiling beliefs. This understanding can be crucial in designing targeted interventions and training programs to enhance

optimistic beliefs and mitigate pessimistic ones. Optimistic beliefs denial and resilience help them to break the glass ceiling and attain career success. These beliefs can be taken into consideration while providing training and promotion to females. Those having pessimistic beliefs can be given the training to examine the reasons for negative beliefs and how they can be reduced. The organization should put efforts to provide equal opportunities to both genders based on their capability. Additionally, administrations should develop and implement career development programs that specifically target the improvement of optimistic beliefs. This may include workshops, mentorship initiatives, and training sessions aimed at fostering a positive mindset among employees, particularly regarding career advancement opportunities.

Furthermore, the relationship between glass-ceiling beliefs and career satisfaction was studied in previous research. However, this study adds an entirely new dimension by analyzing social support as a mediator. The study found a strong impact of social support on career success (Barnett & Bradley, 2007; Türe & İrfan, 2020). Any changes in the attitude of gender impact the association between social support and SCS. This can be taken as a primary test or an observation tool to find out the attitudes of employees. The research about the association between glass ceiling belief and social support is new in the literature. Healthcare organizations can implement or enhance support mechanisms, such as mentorship programs, employee resource groups, and networking events, to foster a supportive work environment. The study provides a new dimension to improve glass ceiling beliefs and their association with subjective success factors by providing a new mechanism of social support. Social support raises the positive association between optimistic glass-ceiling beliefs and career satisfaction. This finding can be used by the organization to provide a supportive working environment and family-friendly policies and generate more public trust. Moreover, the study emphasizes the importance of addressing gender-related issues. Healthcare organizations should assess and strengthen their gender equality initiatives, ensuring that policies are in place to promote equal opportunities, fair representation, and advancement for both male and female employees.

8. Limitations and Future Research

Along with theoretical and practical contributions, the study has a few limitations that can be used as a future research avenue. Data were collected from northern India, raising the question of the generalizability of the study. So, in future research, scholars can replicate the study in different parts of the country or world to get more generalized findings. Further, the study was cross-sectional, and the results may be different over some time due to changes in beliefs and views with time. So, it is recommended to conduct a longitudinal study for better understanding. In this study only the females working in hospitals were taken, there may be a different perception of males about glass ceiling beliefs. Hence, future researchers can study the perceptions of both males and females and compare them. Because having male

participants in the research would provide a balanced view of the constructs. Even the study offers a large scope to replicate the model in other sectors. In addition, the study only considered four constructs of career aspects. In future work, researchers can take more career aspects to understand their relationships with glass ceiling beliefs and it will provide more insights into the research area. As the study used aspects of subjective career success-, future work can take objective aspects of career success like salary, promotion, etc.

9. Conclusion

It is concluded that glass-ceiling beliefs and career satisfaction show a strong association except for resignation. The GCB also predicts SCS through social support. Optimistic beliefs show a positive association with career success so they must be improved and on the other hand, pessimistic beliefs show a negative relationship with career satisfaction so they must be kept in check and reduced. The study is the first one to examine the mediating role of social support between glass-ceiling beliefs and career success. The study will help the organizations and individuals working there to understand their perception of these three constructs and where they have to change their attitude toward attaining career advancement. The study will also help the organization to develop better practices to ensure gender equality in the workplace providing equal opportunities to both males and females and encouraging the advancement of the organization as well as society.

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