

## RESEARCH ARTICLE

# Glass Ceiling Phenomenon in Nursing: A Scoping Review

Lovie Japhet S. Lopez, MAN, RN<sup>1</sup>, Loraine C. Ramos, MAN, RN<sup>2</sup>, Bella Faith A. Masong, MAN, RN<sup>3</sup>  
Judilyn R. Tabin, MAN, RN<sup>4</sup>, Erlinda C. Palaganas, PhD, RN, FAAN<sup>5</sup>

## Abstract

Glass ceiling is the unseen barrier that prohibits women and minorities in achieving a higher potential in the workplace. This barrier influences the well-being and prosperity of women and minorities resulting to career stagnation and inability to earn a higher income. Despite the abundance of literature on the issue, there is a dearth of comprehensive information that examines the organizational, cultural, and individual factors that contribute to the glass ceiling phenomenon in the healthcare industry. The main goal of this study is to do a full scoping review to find and map all the existing healthcare settings that contribute to the glass ceiling effect. A total of 28,184 hits resulted in the search of the published and grey literature. Nine articles passed the full-text review and were further reviewed. Data were synthesized and interpreted to determine the experiences of nurses about the glass ceiling phenomenon.

Findings: Gender discrimination, bias, and stereotyping prevent nurses from learning executive summary skills, maintain the gender wage gap, and lead to unequal treatment of women and men in the health workforce; structural and systemic barriers within healthcare organizations can restrict their access to these higher-level positions; underrepresentation of women in leadership roles leads to lack of mentors; and lack of work-life balance due to limited flexible work arrangements.

**Keywords:** *Glass ceiling, barrier, hindrance, gender bias, gender discrimination, gender inequality, nurses*

## Introduction

### Background

Women still face the "glass ceiling" in today's society, despite improvements in the workplace. The "glass ceiling" is the unseen barrier that prohibits some professionals from reaching accomplishments, promotions, and success in the workplace. Understanding the realities of women and underrepresented groups in corporate organizations requires a fundamental knowledge of the glass ceiling theory (Ptyza & Alston, 2021).

Unconscious prejudice towards workers who are different from the dominant population due to their gender, age, and/or ethnicity causes the glass ceiling effect. When talented professionals are passed over for promotions in favor of less qualified people who do belong to the organization's dominant group, this might have the "glass ceiling" effect. Throughout the

business world, systemic racism and sexism also have this effect. It should be highlighted that women continue to be disproportionately underrepresented in positions of power even after significant endeavors have been made to advance variety in the working environment and in spite of regulations requiring equal chances for people. This discovery is a representation of the glass ceiling, or vertical discrimination against women in the workplace. It is stated that qualified minority workers who are able to overcome these intangible obstacles are "breaking the glass ceiling" (Alston & Ptyza, 2021; Babic & Hansez, 2021).

Unlike other sectors, the active population in hospital and hospital sectors were women but despite the majority, the women on insight face various problems along the career due to the presence of glass ceiling effect (Millath et al., 2017).

<sup>1</sup> Corresponding author, Instructor I, University of Northern Philippines (UNP); Email: loviejaphetlopez24@gmail.com

<sup>2</sup> Health Education and Promotion Officer III of Baguio General Hospital and Medical Center

<sup>3</sup> Instructor II, Ifugao State University (IFSU)

<sup>4</sup> Instructor I, University of Northern Philippines (UNP)

<sup>5</sup> Professorial Lecturer, UP Baguio and UP Manila; Visiting Professor, School of Advanced Studies, Saint Louis University, Baguio City.

The nursing glass ceiling was the subject of an integrative review by Contrera and Yaez (2022). Crossetti's five steps were used to do the integrative review. Words like nursing, board of directors, nursing supervision, leadership, gender inequality, and sexism were used as descriptors. These words were checked in the DeCS thesaurus, linked with Boolean, and used on WoS, PubMed, Scopus, SciELO, and BVS databases. Chosen articles showed a low level of women medical caretakers in administrative positions, featuring the way that men get better compensation, proficient development, and better and more noticeable positions. According to the analysis of the articles, there is a phenomenon known as the "glass ceiling effect," in which women nurses face greater obstacles than male nurses to achieving managerial positions for what appears to be a solely gender-based reason.

The impacts of the discriminatory constraint on women and minorities can straightforwardly influence their well-being and prosperity. As a result of their career stagnation and inability to earn a higher income, they may experience a variety of conflicting emotions, such as self-doubt, feelings of isolation, resentment, and anger (Pietrangelo, 2020).

Glass ceilings are indeed an invisible problem that limits the advancement of women in their professional aspirations (Carli & Eagly, 2001; Powell & Butterfield, 2015; Ridgeway, 2001; Sharma & Kaur, 2019). Despite the abundance of literature on the issue, there is a dearth of comprehensive information that examines the organizational, cultural, and individual factors that contribute to the glass ceiling phenomenon in the healthcare industry. Therefore, the main goal of this study is to identify and map the existing evidence of the glass ceiling experiences of nurses, including organizational, cultural, and individual factors.

### Review Question

The Joanna Briggs Foundation (JBI) suggests the PCC (Population, Concept, Context) system to distinguish the key concepts in the primary scoping review questions.

**Topic:** The glass ceiling phenomenon in the nursing profession.

**Primary review question:** What are the glass ceiling experiences of women nurses working in healthcare settings?

<b>P (Population/Participants)</b>	Nurses
<b>C (Concept)</b>	Glass-ceiling experiences
<b>C (Context)</b>	Working in Healthcare Settings

### Objectives

This scoping review aims to identify and map the existing evidence of the glass ceiling experiences of nurses, including organizational, cultural, and individual factors.

### Eligibility Criteria

**Participants.** The participants included in the review are nurses working in healthcare settings. According to Merriam-Webster (n.d.), a nurse is a qualified healthcare professional who works either independently or under the supervision of a doctor, surgeon, or dentist and is skilled in promoting and maintaining health. Republic Act 9173 of the Philippines states that in any healthcare context, a nurse must initiate and deliver services to individuals, families, and communities. Infancy, childhood, toddlerhood, preschool, school age, youth, adulthood, and old age are all included in the care provided. Nurses work alongside other medical professionals to provide preventive, curative, and rehabilitative elements of treatment. They are also responsible for promoting health and preventing illness. Nurses working as a private nurse or family nurse are excluded from the review.

**Concept.** The term "glass ceiling" portrays a figurative imperceptible wall that keeps members of minorities from getting elevated to administrative and chief-level situations inside an organization or area. The articulation is regularly used to show the difficulties minorities and women experience while endeavoring to progress to higher positions. These individuals are bound to be kept from prevailing through acknowledged standards and oblivious predispositions rather than through obviously determined corporate guidelines on the grounds that the hindrances are most often unwritten (Kagan, 2022). The concept "glass ceiling" refers to artificial, unseen, and unbreachable barriers that keep women and minorities from rising to upper ranks, regardless of their qualifications and advancements and it reflects discrimination (Cotter et al., 2001).

**Context.** Healthcare settings are institutions that provide medical care. According to Christensen et al. (2018), the phrase "healthcare setting" refers to a wide range of healthcare-related facilities and services, including acute care hospitals, urgent care centers, rehabilitation centers, nursing homes and other long-term care facilities, specialized outpatient services (such as hemodialysis, dentistry, podiatry, chemotherapy, endoscopy, and pain management clinics), and outpatient surgery centers.

### Types of Sources

This scoping review considered systematic and integrative reviews, including randomized controlled trials, and non-randomized controlled trials. Also, analytical observational

examinations, including prospective and retrospective cohort studies, case-control studies, and analytical cross-sectional investigations, were considered for incorporation. This review considered descriptive observational study design, including case series, individual case reports, and descriptive cross-sectional studies, for incorporation.

Studies that concentrate on qualitative data, such as phenomenology, grounded theory, ethnography, qualitative description, action research, and feminist research, were also considered.

Moreover, depending on the study question, systematic reviews that satisfy the topic of interest and the inclusion criteria will also be taken into consideration.

## Methods

The scoping review was conducted in accordance with the JBI methodology for scoping reviews. Using a broader search method, scoping research allows for reproducibility, transparency, and reliability based on the state of the literature at the time of the study (Audate et al., 2019). Scoping reviews help to summarize essential evidence on a topic without necessarily going through the process of a formal systematic review. The information provided through scoping reviews is frequently used in the knowledge-to-action cycle and is applied to practice, policy formulation, and research. Briefly, the search strategy included a set of keywords on the glass ceiling phenomenon in nursing identified with the help of a library specialist for electronic bibliographic search. An additional file shows the keywords in detail.

## Identification and Selection of Evidence

The search method aimed at finding both published and unpublished research. Five electronic databases, including PubMed, Healthsource: Nursing, MEDLINE (Embase), CINAHL, and Google Scholar, were used to conduct a limited

initial search of original peer-reviewed articles published in English-language journals from January 2017 to December 2022. In writing a review in humanities and social sciences, the important consideration is the perspective or the number of studies that have been conducted on the topic. The researchers decided to search the recent five years to avoid searching obsolete studies and scope the recent ones. Manual searching was also conducted through the references in the studies. On the experiences of nurses working in healthcare settings experiencing the "glass ceiling," systematic and integrative reviews, including randomized and non-randomized controlled trials, analytical observational examinations, descriptive observational studies, and qualitative studies were included. The study covered both English- and non-English-language papers with English translations. A comprehensive search technique was developed using the text words found in the titles, abstracts, and index keywords of pertinent papers.

Search phrases like Glass-Ceiling, Nurse, Working in Healthcare setting, and "barriers" were used between March and April 2023 in the databases. To reduce or widen the search, respectively, as considered essential, the boolean operators "and" and "or" were utilized. For choosing acceptable search phrases, the MESH Thesaurus was helpful.

Table 1 shows the different search terms used in screening literature from the different databases.

## Data Extraction

All identified articles from the searches were compiled after the search, and duplicates were eliminated. Studies found through database searches had their relevance determined after a review of their titles, abstracts, and research descriptions. After completing a literature search for pertinent research, the screening process determined which studies met the inclusion criteria and were included in the scoping review. The retrieval of a complete text report of pertinent studies was done. The

Table 1. Search terms

CONCEPT A	CONCEPT B	CONCEPT C
<b>Nurses</b>	<b>Glass Ceiling Experience</b>	<b>Working in Healthcare Settings</b>
Registered nurse(s)	Career Progression Barrier	Working in Hospitals
Nurse Practitioners	Career Progression Limit	Employed in Healthcare Institutions
Nursing Practitioners	Promotion Barriers/Limit/Hindrance	Staff in Healthcare Institutions
	Gender Discrimination/ Gender Bias/ Gender Inequality	Healthcare Setting

Table 2. Search strategy

Search Number	Search Terms
1	("Nurses" OR "Nurse Practitioners" OR "Nursing Practitioners") AND ("Glass Ceiling Experience" OR "Career Progression Barrier" OR "Career Progression Limit" OR "Gender Discrimination" OR "Gender Bias" OR "Gender Inequality")
2	("Nurses" OR "Nurse Practitioners" OR "Nursing Practitioners") AND ("Working in Tertiary Hospitals" OR "Working in Hospitals")
3	S1 AND S2
4	S3 AND ("meta-analysis" OR "systematic review" OR "experimental" OR "RCT" OR "trial" OR "quasi-experimental")

Table 3. Search Matrix

Search		Database	Number of Hits	Number of Abstracts Read	Full Text Read	No. of Eligible Articles
#1	20 March 2023	PubMed	224	21	10	2
#2	20 March 2023	Healthsource: Nursing	11,314	18	2	1
#3	25 March 2023	MEDLINE (Embase)	16,231	16	4	1
#4	10 April 2023	Google Scholar	401	20	10	3
#5	10 April 2023	CINAHL	8	5	3	0
#6	10 April 2023	Other Sources (Cited References)	6	4	2	2

Table 4. Eligible articles from various database searches and search term combinations.

Search	Eligible Articles (Total = 9) *=Duplicates (Total = 0)
#1 PubMed	1. Women's Experiences of workplace gender discrimination in nursing: An integrative review, Gauci, P. et.al., 2021 2. Workplace gender discrimination in the nursing workforce—An integrative review: Gauci, P. et al., 2022
#2 Healthsource: Nursing	1. Similarly Different: Exploring How Male Nurses in CAMHS Experience Difference in Their Gender Performance/ Holyoake, D., 2020
#3 MedLine	1. Gender equity in planning, development and management of human resources for health: A scoping review/ Amaout, N., et.al., 2019
#4 Google Scholar	1. Challenges Faced by Female Healthcare Professionals in the Workforce: A Scoping Review/ Alobaid, A. et.al., 2020 2. Is Glass Ceiling a Myth or Reality? A Systematic Review in Healthcare Sector/ Kaur, N. & Mittal, E., 2022 3. Professional Success of Men in the Nursing Workforce: An Integrative Review/ Smith, B. et. al., 2021
#6 Others	1. A Longitudinal Investigation of the Glass Ceiling in Nursing: Drake, HM, Fielden, Sandra, Crozier, S and Hunt, Ciaranne (2019) 2. Gender Equity and Impedes of Career Progression in the Nursing Profession in Khomas Region of Namibia: Mwetulundila, P. et al., 2021

final scoping review included a complete report on the search and research inclusion process outcomes.

### Ethical Consideration

Since there was no direct interaction with human participants, no ethical approval was required. Articles that qualify include ethical remarks, where appropriate. Data processing at the aggregate level limited the likelihood of participant identification.

### Reporting Review Findings

The findings of this study are presented in two parts: the result of the search strategy and the research findings relevant to the research aim and question. The result of this scoping review is presented in both tabular and narrative forms to illustrate the individual findings (tabular form) and the synthesized evidence of the selected articles (narrative form). This form of detailed result presentation will allow future researchers to map the available evidence and identify gaps in the literature (Peters et al. 2020).

## Findings

A total of 28,184 hits resulted in the search of the published and grey literature. Eighty-four articles were reviewed for abstract, and 31 articles were full text reviewed. After which, nine (9) articles passed the full-text review and were further reviewed by two members of the research team. Articles that did not meet the eligibility criteria were excluded from the study: 23 articles where the context of interest is different from the study; 29 articles where the setting (not a healthcare setting), 16 population of the study was not healthcare staff, and 7 were duplicates. Only nine articles met the eligibility criteria and are included in this review. Relevant information extracted from the articles includes the aims, study population/participants, study location, research question, methods, and results. Data were synthesized and interpreted to determine the experiences of nurses about the glass ceiling phenomenon.

Table 5 shows a total of nine articles included in the review (i.e., five integrative or systematic reviews, two scoping reviews, and two qualitative studies). The survey instruments used in the quantitative studies include areas such as respondents' demographics, glass ceiling, barriers to professional promotion, and achievements. For studies with qualitative design, the interview guides included open-ended questions on the experiences, perceptions, and solutions to the glass ceiling phenomenon. Results showed that family obligations, the environment, and the social and personal barriers all have an impact on nurses' experiences of the "glass ceiling" in health care settings.

### Barriers to Career Advancement

Findings from the abovementioned studies demonstrated that there is a constellation of barriers at work in nursing leadership that marginalize and exclude female nurses from decision-making roles and career progression. Gender discrimination, bias, and stereotyping prevent nurses from learning executive summary skills, maintain the gender wage gap, and lead to unequal treatment of women and men in the health workforce. The result of the studies is congruent with the study of Staff (2016), that the major contributing factor to the glass ceiling are lack of flexible working provisions to care for family, absence of paid maternal leave policies for women, tenacious wage gap, inability to access informal networks for promotion, comparatively lower levels of career ambition and confidence, absence of promoters of their skills and abilities to aid them climb the organizational ladder, and gender stereotypes and communication differences.

Two out of the eight studies stated that men have easier access to promotion than women, which is a substantial obstacle to women achieving nurse leadership roles. It was perceived that there were fewer "hoops to jump through" for men, opening up opportunities for them to move swiftly up the ladder. This could be attributed to the multifactorial facets such as limited opportunities for advancement among women, underrepresentation in leadership roles, work-life balance challenges, and gender stereotypes and gender biases. Kaur and Mittal (2022) identified the general categories of barriers hampering career advancement in the healthcare sector among women which are organizational, interpersonal and societal or cultural barriers. Existing organizational biases are biased recruitment and selection practices, lack of equal training opportunities, lack of support from top management, adverse working environment, and lack of mentor or role model. On the other hand, personal biases are female biases directed to themselves such as lack of confidence and enthusiasm or lack of taking challenging jobs which is also associated with the societal or cultural barrier which promote male dominance in the society (Kaur & Mittal, 2022).

### Effects of Glass Ceiling

**Limited opportunities for advancement:** Nurses may face challenges when trying to move up the career ladder into positions such as nurse managers, administrators, or advanced practice roles. Structural and systemic barriers within healthcare organizations can restrict their access to these higher-level positions. These barriers can include biases in hiring and promotion decisions, a lack of mentorship and sponsorship opportunities, and limited access to professional development programs.

Table 5. Summary of the studies included in the review

Title	Author	Date	Study Location	Aim	Study Design	Participants	Results
Women's Experiences of workplace gender discrimination in nursing: An integrative review	Gauci, P. et.al.	2021	Healthcare	Identify the major forms of workplace gender discrimination experienced by female nurses and examine explanations and practices which contribute to gender-based employment discrimination on salary and seniority.	Integrative Review	Female Nurses	Three main topics on gender discrimination in the workplace and female nurses were found in this integrative review. The gender pay gap and career advancement, the first two themes, highlight the ways in which discrimination against female nurses occurs in the workplace. Gender disparities in seniority and compensation have been explained by the third theme, human capital.
Workplace gender discrimination in the nursing workforce- An integrative review	Gauci, P. et al.	2022	Healthcare	To critically synthesize the literature that explores the experiences of workplace gender discrimination from the perspective of registered nurses	Integrative review	Male and Female nurses	This integrative review exploring the experience of workplace gender discrimination for the registered nurse workforce found that most studies, thus far, have focussed on men in nursing. This review suggests that managers, patients, and other health professionals generally welcome males in nursing and give them preferential treatment when it comes to career advancement.
Similarly Different: Exploring How Male Nurses in CAMHS Experience Difference in Their Gender Performance	Holyoake, D.	2020	Child and Adolescent Mental Health Nursing	To explore concepts of gender differences for nurses working in Child and Adolescent Mental Health Nursing	Qualitative (Ethnography)	Male Nurses	Gender is an enormously complex system, which nursing continues to simply brush to one side or at least scrub from the fabric. The study showed that male nurses are expected to adhere to masculine signification and show also the feminine side in their practice.

Gender equity in planning, development and management of human resources for health: A scoping review	Arnaout, N., et.al.,	2019	Healthcare system	To map studies on gender equity in healthcare systems in terms of workforce planning, development, and management, as well as to identify barriers and facilitators for integrating gender equity into the healthcare systems.	Scoping Review	Healthcare workers	Aspects in gender equity as a result of the review are: family/work balance and reasonable work hours, pay and benefits, mentorship, professional development and training, recruitment, retention, work experience and spouse support in both sexes.
Challenges Faced by Female Healthcare Professionals in the Workforce: A Scoping Review	Alobaid, A. et.al	2020	Healthcare in general	RQ: What challenges do female healthcare professionals face in the workforce?	Scoping Review	Healthcare Workers	Thematic headings: family responsibilities, workplace environment and stereotyping. With regard to family responsibilities, women health professionals struggle to balance their work and home, being torn between opposing expectations of their professions and family duties. In the workplace environment women, faced major barriers in achieving fairness and equal opportunities in leadership and stereotyping where the healthcare sector like the Middle East, would continue to under-represent women in the workplace due to cultural beliefs.
Is Glass Ceiling a Myth or Reality? A Systematic Review in Healthcare Sector	Kaur, N. & Mittal, E.	2022	Healthcare sector	RQ: Is there still a glass ceiling that exists in the healthcare sector? What are the barriers affecting the perception of the glass ceiling in the healthcare sector?	Systematic Literature Review	Healthcare Workers	A glass ceiling exists. Barriers resulting from the glass ceiling are organization barriers, societal/ social barriers and personal barriers.

Professional Success of Men in the Nursing Workforce: An Integrative Review	Smith, B. et. al.	2021	Healthcare Sector	RQ: Professional success of men in the nursing profession, what are the enablers and/or challenges to professional success	Integrative Review	Male nurses	Female nurses were left behind because male nurses were more successful, indicated by higher representation in senior positions, high-status nursing specialties, and professional development opportunities.  This is also a double-edged sword because men experienced nursing care refusal by patients and a disproportionate assignment of tasks related to manual handling or managing challenging patients.
A Longitudinal Investigation of the Glass Ceiling in Nursing	Drake, HM., Fielden, S., Crozier, S., and Hunt, C.	2019	Healthcare (Mental health nurses)	Explore changes in attributional constructs of sense-making in perceptions and lived experiences of the glass ceiling in a cohort of female mental health nurses in the National Health Service (NHS).	Qualitative exploratory design: multi-faceted development programme	Female mental health nurses	Participants in the program had different attributional definitions of sense. In comparison to the matched control group, with respect to the glass ceiling over time, e.g., causing insights and awakenings and re-evaluating the glass ceiling above when promoted.
Gender Equity and Impedes of Career Progression in the Nursing Profession in Khomas Region of Namibia	Mwetulundila, P. et al.	2021	Health care	This study strives to explore the magnitude of women's participation in decision-making and to ascertain impediments that hinder their ascension towards career progression.	Integrative review	All professional nurses	The review came to the conclusion that there was no gender balance in nursing. Lack of confidence within women themselves who culturally believe that they must know their place in society and women are socialized to believe not to grab opportunities. Human resource policies are family oriented and non-discriminatory in nature such as maternity leave for 3 months and breastfeeding breaks.

Mwetulundila et al. (2021) stated that few variables, according to respondents, are known to hinder women's job advancement. However, it was shown that organizational structure appeared to influence both male and female nurses' career advancement. Thirty-eight percent of respondents said that human resources regulations had little bearing on how women advance in their careers. In addition, 27% of the respondents emphasized that a number of social and cultural elements inherent in institutional structures have an impact on women's professional advancement.

**Underrepresentation in leadership roles:** The nursing profession is predominantly female, yet women are underrepresented in top leadership positions within healthcare organizations. When there are few women in leadership positions, aspiring female nurse leaders may have limited visibility to role models who have successfully advanced in their careers. This lack of visibility makes it difficult for them to envision and pursue leadership roles. It also perpetuates the perception that leadership roles are more suited to men, reinforcing the glass ceiling effect.

Recent studies have found that women are still underrepresented in leadership positions in the healthcare sector (Abelson et al., 2016; Bismark et al., 2015). There is still a long way to go before gender parity in healthcare CEO roles is achieved, but women are making progress (Hoss et al., 2006). However, despite having equal credentials and traits, women are less likely to be promoted to upper management positions than their male counterparts. The healthcare industry has seen structural changes, but men still hold the powers of authority (Tracey, 2006).

Diverse international studies from the systematic review by Kaur and Mittal (2022) have identified organizational, interpersonal, cultural, and societal barriers as factors that prevent women from climbing the leadership ladder. Organizational barriers consist of a lack of equal training and development, a lack of opportunities, a lack of role models, a lack of senior or colleague support, exclusion from social groups, a lack of internal and external networks, acknowledgments, opportunities, or resources (Eiser & Morahan, 2006; Hoss et al., 2006; Johns, 2013; Longo & Straehley, 2008; Spina & Vicarelli, 2016; Weil & Mattis, 2003). Women's lack of confidence and self-doubt regarding their ability to manage senior leadership positions are interpersonal obstacles (Bismark et al., 2015; Chisholm-Burns et al., 2017; Eiser & Morahan, 2006; Johns, 2013; Spina and Vicarelli, 2015; Millath et al., 2017). Cultural and societal barriers include gender stereotypes, a male-dominated society, societal expectations for women to juggle family and career, and the perception that women are less

competent and unfit for leadership roles in industry (Bismark et al., 2015; Chisholm-Burns et al., 2017; Eiser & Morahan, 2006; Hoss et al., 2006; Johns, 2013; Longo & Straehley, 2008; Millath et al., 2017; Muraya et al., 2019; Spina & Vicarelli, 2016; Wolfert et al., 2019).

**Work-life balance challenges:** Nursing is known for its demanding and often unpredictable work schedules, which can make it difficult for nurses, particularly women, to balance work and family responsibilities. The limited availability of flexible work arrangements and policies can further impede career advancement, as nurses may face barriers to pursuing additional education, taking on leadership roles, or participating in professional organizations.

The demands of their careers and obligations to their families make it challenging for women in the health sector to balance work and home, according to Alobaid et al. (2020). A study found that most (95%) Nigerian female medical professionals acknowledged the detrimental effects of their line of work on their household as part of a patriarchal culture (Alobaid et al., 2022, as cited in Adisa [2014]).

**Stereotypes and biases:** Deep-seated stereotypes and biases can contribute to the glass ceiling effect for nurses. For example, traditional gender roles and societal expectations may associate nursing primarily with women, leading to the perception that men are more suitable for leadership roles in healthcare. These stereotypes can influence promotion decisions and limit opportunities for nurses to break through the glass ceiling.

A scoping study by Alobaid et al. (2022) uncovered two studies on the topic of stereotyping; both Yamazaki et al. (2011) and Tlaiss (2013) argued that stereotyping has deep roots in sociocultural practices and does not occur in isolation. Most Western countries encourage women to participate in the workforce (Hodges, 2019), but certain cultures and communities, including Japan and the Middle East, are more traditional in this regard. Tlaiss (2013) found that traditional views would continue to keep women from working in the healthcare field in the Middle East. Due to women's cultural and political representation, the work environment, society, and familial responsibilities all have an impact on the cultural perspective on gender in Japan (Yamazaki et al., 2011). The dominant culture in both countries is patriarchal and male, with the belief that women's primary role is in the household (Echabe, 2010; Metcalfe, 2008).

It is important to note that while the glass ceiling effect is prevalent, there are ongoing efforts to address these issues

and promote gender equality and diversity in nursing leadership. Organizations, professional associations, and policymakers are working towards creating more inclusive environments, providing mentorship opportunities, advocating for fair pay, and implementing policies that support work-life balance.

## Discussion

The findings of this scoping review emphasize the persistence of the glass ceiling effect within the nursing profession. Nurses face various barriers that hinder their career progression, including gender disparity, stereotypes, limited mentorship and networking opportunities, work-life balance challenges, and educational constraints. Addressing these issues requires a multi-faceted approach involving healthcare organizations, nursing leadership, policymakers, and professional nursing associations.

Healthcare organizations need to strengthen the equitable policies and practices that promote diversity and inclusion. This includes implementing mentorship programs, providing leadership training opportunities, and creating transparent career advancement pathways. Addressing biases and stereotypes within the healthcare system is crucial, and efforts should be made to challenge and eliminate discriminatory practices.

Nursing leadership plays a pivotal role in advocating for gender equality and breaking down the glass ceiling. Leaders can actively promote and support talented nurses, provide mentorship, and encourage networking opportunities. They should also work towards creating a supportive work environment that values work-life balance and provides opportunities for professional growth.

Policymakers and professional nursing associations can contribute by advocating for policy changes that support gender equity, promote educational opportunities, and address issues related to work-life balance. Collaboration between stakeholders is essential to create a culture that values the contributions of nurses and provides equal opportunities for career advancement. This may include flexible mentorship programs, customized learning and development activities, and equal opportunities for women and men in the promotion. According to Bvorel (2019), by avoiding the stereotyping of nurses, nurse managers and leaders may serve as role models for promoting equality and diversity in healthcare environments. By declaring that racism, prejudice, harassment, and intolerance are intolerable in the workplace, they may dismantle obstacles. When nurse diversity is recognized, acknowledged, and accepted, nurse managers and leaders may foster a peaceful workplace.

## Conclusion and Recommendation

The glass ceiling effect remains a significant challenge for nurses working in healthcare settings. This scoping review has highlighted the gender disparities, biases, limited mentorship, work-life balance challenges, and educational barriers.

The following recommendations are drawn based from the findings of this review:

1. Increase education and awareness: Many nurses may not be aware of the concept of the glass ceiling or how it may be affecting their opportunities for advancement. Education and awareness campaigns could help to raise awareness of the issue and encourage nurses to advocate for themselves and their colleagues.
2. Establish mentorship programs: Mentorship programs can provide nurses with role models and support as they navigate their careers. Organizations could establish formal mentorship programs or encourage informal mentorship relationships between more experienced and less experienced nurses.
3. Address bias and discrimination: Bias and discrimination are often cited as factors contributing to the glass ceiling effect. Healthcare organizations could implement diversity and inclusion training programs for staff and leadership to address these issues and promote a more equitable workplace. With the deep-seated stereotypes and biases in the society which also contributes to the glass-ceiling effect in the nursing profession, promoting a more inclusive society through a whole-of-government and whole-of-society approach should be strengthened. This will sensitize the homes, the schools, the workplaces and the community as a whole in addressing these gender issues including the glass ceiling effect in the nursing profession. Continuous integration of gender sensitivity and gender and development orientation programs should be regularly conducted.
4. Provide leadership training: Many nurses may have limited opportunities for leadership training or development, which can impede their ability to advance to higher-level positions. Healthcare organizations could provide leadership training programs or encourage nurses to participate in external leadership development opportunities. Opportunities for leadership training should be inclusive and flexible such as giving the training through online in longer periods of time which will also provide ample time for working mothers to accomplish.

5. Work-life balance in the workplace: Working women are expected to be working at home after working in the healthcare setting. Promoting work-life balance from the top management to the supervisory level should be implemented. Work extensions should be avoided if not necessary to prevent compromise on women nurses. Understanding the situations of women in the healthcare setting is essential to be able to provide opportunity for development.
6. Data collection and analysis involving understanding the glass ceiling effect: To be able to recognize the presence of gender stereotypes and gender biases in the workplace, a good data bank is needed. This should include the sex-age-civil status- disaggregated data to be able to extract and recognize gender issues. This data bank should be integrated in the analysis among the managerial staff.
7. Conduct further research: while there is some existing literature on the glass ceiling of nurses in healthcare, local research should also be conducted to be able to fully understand the glass ceiling experiences of nurses in the Philippines context. Research on understanding the different factors and variables contributing to the glass ceiling in the nursing profession and to identify the different programs and interventions aimed in addressing the issue.

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### ABOUT THE AUTHORS



**Lovie Japhet S. Lopez**, RN, MAN, is a full-time faculty of University of Northern Philippines (UNP) and presently holds an Instructor I position. He finished his Bachelor of Science in Nursing in 2014 at St. Paul College of Ilocos Sur and earned his Master of

Arts in Nursing, Major in Maternal and Child Nursing in 2021 at the College of Nursing of the University of Northern Philippines. He is currently taking the degree of Doctor of Philosophy in Nursing at Saint Louis University- School of Advanced Studies in Baguio City, Philippines. His research interests include clinical practice, nursing education and professional development.



**Loraine Chao-ayan Ramos**, RN, MAN is currently the Health Education and Promotion Officer III of Baguio General Hospital and Medical Center. She finished her Bachelor of Science in Nursing at Benguet State University, La Trinidad Benguet in 2007 and

her Master of Arts in Nursing at Baguio Central University in 2015. She is pursuing her Doctor of Philosophy in Nursing-Research Track at Saint Louis University. Her research interests are public health, gender and development and health promotion.



**Bella Faith A. Masong**, RN, MAN, is a full-time faculty member of Ifugao State University (IFSU) and presently holds an Instructor II position. She obtained her Bachelor of Science in Nursing degree in 2008 at the University of the Cordilleras and earned her Master of Arts in Nursing degree in 2021 from Ifugao State University. She is presently enrolled in a Doctor of Philosophy program in nursing at Saint Louis University, Baguio City, Philippines. Her current research interest stems from topics within the framework of health promotion and population health. Topics that explore vulnerable communities, disease prevention, access to care, and social determinants of health.



**Judilyn R. Tabin**, RN, MAN, is a full-time faculty of University of Northern Philippines (UNP) and presently holds an Instructor I position. She finished her Bachelor of Science in Nursing (2005) at University of Northern Philippines and earned her Master of Arts in Nursing (2021) at the College of Nursing, University of Northern Philippines. She is currently pursuing her Doctor of Philosophy in Nursing at Saint Louis University in Baguio City, Philippines. Her research works focus on geriatric care and maternal health.



**Erlinda C. Palaganas**, PhD, RN, FAAN, is a retired professor of the University of the Philippines. She continues to serve as a professorial lecturer with the PhD Programs of UP Baguio and UP Manila, and the School of Advanced Studies of the Saint Louis University, Baguio City. She earned her Bachelor of Science in Nursing from the UERMMCI-CON, her Master of Public Health from the UP Manila College of Public Health, and her PhD in Nursing from the University of Sydney, Faculty of Nursing, NSW, Australia. Her research interests include issues surrounding the social determinants of health, often using the social critical lens of conducting research. She is considered the prime mover of Qualitative Research in the nursing and health related field in the country.

Where the needs of the world  
and your talents cross, there lies  
your vocation.”

– Aristotle