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Original Article

Invisible Barriers: Experiences of Women Leaders in Healthcare Administration

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What is already known on this topic?

- *Women in healthcare comprise most of the workforce but are significantly underrepresented in leadership roles.*
- *The "glass ceiling" describes the invisible barriers that prevent women from reaching senior management positions.*
- *Gender-based discrimination, societal stereotypes, and unequal opportunities are persistent challenges for women in career advancement.*

What does this study add to this topic?

- *This study offers a detailed exploration of mid-level female managers' experiences with the glass ceiling in healthcare.*
- *It identifies education, professional experience, and social networks as key career progression factors.*
- *The research highlights how gender roles and stereotypes create a sense of hopelessness, steering women toward alternative career paths like academia or the private sector.*
- *It emphasizes the role of systemic barriers in shaping women's career aspirations and decisions.*

ABSTRACT

Objective: In the professional realm, many women perceive themselves as lagging behind their male colleagues despite having equivalent qualifications and education. They often experience concerns about advancing to higher positions, primarily due to societal and male-dominated attitudes. The obstacles women face in securing leadership roles are often attributed to an intangible yet pervasive barrier, commonly referred to as the glass ceiling. This issue is prevalent in professional life. In this context, the study seeks to conduct a comprehensive and in-depth examination of the career advancement experiences of female health managers.

Methods: This phenomenological qualitative study involved in-depth, semi-structured interviews with 12 mid-level female managers working in the healthcare sector. Data were collected between January 1 and February 29, 2024, from tertiary healthcare institutions in Ankara, Türkiye. Data collection and analysis were conducted simultaneously and dynamically. Inductive thematic, content, and descriptive analytical methods were used to analyze the qualitative data. Findings were supported by meaningful expressions. The MAXQDA Analytics Pro 2020 software was utilized for qualitative data analysis.

Results: The findings reveal that female health managers shape their careers based on education and experience but face a sense of hopelessness in achieving their career goals due to societal role-imposed inequities. This sense of hopelessness often drives female health managers to pursue academic careers or work independently in the private sector.

Conclusion: The study highlights the importance of addressing the causes of inequities in women's career development through broader and more analytical research. It advocates for the implementation of specific measures by health administrators and policymakers to eliminate these disparities and support women in their career journeys.

Keywords: Health Services Administration, gender equity, health personnel, qualitative research, employment disparities

Introduction

Efficient and effective utilization of resources is a cornerstone of economic development and growth. Within this framework, human resources play a pivotal role in organizational success. The industrialization process has facilitated women's active participation in the labor force. However, an analysis of labor distribution reveals a persistent global inequality favoring men.[1] This structural imbalance not only restricts women's participation in the workforce but also reinforces and deepens gender-based inequalities.

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Historically, particularly throughout the 19th and 20th centuries, female labor was perceived as a cost-effective, low-bargaining, and easily replaceable resource compared to male labor. While modern societal norms increasingly recognize women's participation in the workforce, driven by economic necessities or the pursuit of higher education, the broader acceptance of women's vertical career advancement remains limited.

This phenomenon significantly exacerbates gender inequality.[2] One of the most prominent metrics for assessing gender disparities is the Global Gender Gap Report published by the World Economic Forum. The 2024 edition of the report estimates that closing the global gender gap will take approximately 134 years. By evaluating gender equality across 146 economies, the report provides a comprehensive analysis of progress in nearly two-thirds of global economies. However, it is emphasized that no country has yet achieved complete gender parity. Notably, Türkiye ranks 127th out of 146 countries in the Global Gender Gap Index, highlighting its position among nations with significant gender inequality.[3]

The increasing prominence of the service sector, coupled with the advent of technological innovations that have diminished the necessity of physical strength in occupational settings, has given rise to a multitude of employment opportunities for women. Nevertheless, these advancements have not been accompanied by a commensurate expansion in women's access to managerial roles at a similar rate. In healthcare institutions, a critical service sector component with a predominantly female workforce, women continue to encounter significant barriers to accessing senior leadership roles. The 2024 World Economic Forum Global Gender Gap Report underscores this disparity, revealing that women account for only 32% of leadership positions globally.[3]

Despite the prevalence of women in the healthcare sector, there is a significant disparity in career advancement opportunities.[4-6] Although women constitute approximately 75% of the healthcare workforce, their representation in senior leadership roles remains disproportionately low, at only 12%.[7] Maqsood, Younus, Naveed, Chaudhary, Khan, and Khosa[8] highlight that in the United States, women represent 36% of medical residency participants, with the highest proportions in pediatrics and obstetrics-gynecology (64%) and the lowest in surgical subspecialties. Female residents' distribution includes over 25% in internal medicine, 16% in pediatric subspecialties, 14% in family medicine, and 7% in psychiatry, while their presence in surgical subspecialties is less than 1%.[9] Similarly, Kaur and Mittal[5] reported that women occupy 33% of leadership roles and a mere 13% of Chief Executive Officer (CEO) positions in healthcare organizations.

As seen in the literature,[4-6] the healthcare sector was chosen for the glass ceiling study due to its pronounced gender disparities in career advancement despite women comprising approximately 75% of the workforce.[7] Women remain significantly underrepresented in leadership, holding only 12% of senior management positions and merely 13% of CEO roles.[5] These statistics indicate the presence of structural barriers that limit women's career progression. Given these inequalities, the healthcare sector serves as a critical area for examining the glass ceiling phenomenon and understanding the challenges faced by women in leadership.

Similar to global trends, despite the predominance of women in the healthcare workforce in Türkiye, their representation in senior management positions remains disproportionately low. A recent study of data from 2021 indicates that women represent only 30% of managerial positions within the central and provincial organizations of the Ministry of Health in Türkiye.[10] The persistence of these structural obstacles highlights the necessity of investigating the glass ceiling phenomenon within the Turkish healthcare sector, further emphasizing the significance of this study. This disparity is often explained through the concept of the glass ceiling, which describes the invisible yet pervasive barriers that hinder women's career progression.[11,12]

The glass ceiling concept has been defined in various ways. It was first introduced in 1986 in a Wall Street Journal report on women in business, highlighting how organizational traditions and stereotypes prevent women from reaching top leadership roles. Since then, it has described an organizational and perceptual phenomenon, referring to the invisible yet powerful barriers that hinder women and other minority groups from advancing to senior positions.[13,14]

The glass ceiling metaphor illustrates the significant challenges women and minorities face in advancing to the highest levels of organizational hierarchies in the labor market.[15] While they may achieve promotions up to a certain point, breaking through to higher levels is often is exceptionally difficult.[16] Wirth[17] describes the glass ceiling as invisible and artificial barriers, shaped by organizational biases and stereotypes, that hinder women from reaching senior management positions.

The Federal Glass Ceiling Commission[18] defines the glass ceiling as "an invisible yet unbreachable barrier that prevents minorities and women from climbing to the highest rungs of the corporate ladder, regardless of their qualifications or achievements." Similarly, Cotter et al[19] characterize the glass ceiling as a distinct form of inequality based specifically on gender or race, setting it apart from other workplace disparities.

The glass ceiling phenomenon is a multifaceted and complex issue based on individual, political, institutional, and societal factors. One of the primary reasons for this is the societal roles ascribed to women.[5] These factors collectively create an invisible yet powerful barrier to women's career advancement.[20] Despite the high levels of female employment in the healthcare sector, the underrepresentation of women in senior management positions is a tangible indicator of these barriers.[19]

This situation illustrates how societal norms impose constraints on women's roles, thereby making these barriers more apparent. This study aims to investigate the experiences of female mid-level managers in healthcare regarding glass ceiling syndrome, analyzing both the challenges they face and the strategies they employ to navigate them. By focusing on the healthcare sector, the research seeks to provide a more comprehensive understanding of women's managerial experiences within this field. In this context, the main research question guiding the study is "How do mid-level female healthcare managers experience and interpret the barriers and opportunities related to their career advancement within healthcare organizations?

Materials and Methods

All stages of this qualitative study were conducted in alignment with the Standards for Reporting Qualitative Research.[21]

Research Design

This study employs a qualitative research approach that is grounded epistemologically in interpretive philosophy. Specifically, an inductive interpretive phenomenological design was employed.[22,23] The study aimed to explore the concept of the "glass ceiling in healthcare" in a multidimensional manner based on data collected through semi-structured interviews. In this context, the "glass ceiling in healthcare" is defined as the perceived barriers faced by mid-level female managers working in the healthcare sector that hinder their career advancement.

Participants

The focus, theoretical framework, and data requirements are crucial in defining the population and sample in qualitative research. The literature recommends a participant range of 3-4 to 19 for qualitative studies, though no strict limits are applied.[22,24] In this study, the number of participants was determined based on the point of data saturation, which occurs when no new themes emerge during analysis. To identify this point, data collection and analysis were conducted simultaneously.

Using these principles, 12 mid-level female healthcare managers with substantial knowledge and experience participated in the study. Participants were selected through purposive sampling and snowball sampling methods to ensure the inclusion of individuals with relevant expertise and insights. The criteria for participant selection in this study were as follows:

- A minimum of 1 year of experience as a female manager in a healthcare institution,
- Currently holding an active managerial position in a healthcare institution,
- Voluntary agreement to participate in the study.

Table 1 shows that the study included twelve (12) female healthcare managers. Details about their institutions have been omitted, and pseudonyms have been used to ensure participant confidentiality.

Data Collection Tools and Procedures

The study data were collected using a semi-structured interview form designed by the researchers based on a literature review consisting of 8 central questions. The data were gathered between January 1 and February 29, 2024, from female managers working in tertiary healthcare facilities in Ankara.

Ethical approval was obtained from the Çankırı Karatekin University Health Sciences Ethics Committee (Date: 20.12.2023; Approval no.: 37). To ensure objectivity, different researchers conducted the data collection and analysis. Appointments with participants were arranged via email or phone prior to the interviews. Interviews were conducted at a time and location chosen by the participants, following their informed consent. The semi-structured interviews conducted with the participants lasted between 8 and 33 minutes.

Data Analysis

The researchers adopted a bracketing approach, which involves the deliberate exclusion of their personal experiences from the study's design, data collection, analysis, and interpretation stages. Data collection and analysis were carried out simultaneously until data saturation was reached.

Interviews were transcribed using the Microsoft Office 365 Word Dictation Tool and converted into Word documents. Transcription was performed by a female researcher involved in the study, and the responsible researcher reviewed the transcripts for accuracy. Verified transcripts were shared with all twelve (12) female healthcare managers to confirm content accuracy.

The validated transcripts were analyzed using MAXQDA Analytics Pro 2020 (VERBI Software, Berlin, Germany). for coding and theme development. The relationships between themes, the thematic map, and the coding frequencies were also generated using MAXQDA Analytics Pro 2020. The analysis followed a systematic process: initial reading, identification of main themes, re-reading segments within themes, continued coding, and refinement of main and sub-themes.[23] Relationships between themes were established through a final review of the thematic content.

An independent researcher, unaffiliated with the study, reviewed the themes, sub-themes, relationships, and content to ensure accuracy and reliability. The analysis was finalized upon the completion of this review. The findings were presented using thematic, descriptive, and content analysis approaches.[25]

Rigour and Trustworthiness

This study ensured methodological rigor by adopting strategies aligned with the four trustworthiness criteria proposed by Guba and Lincoln:[25] credibility, dependability, confirmability, and transferability. Credibility refers to the accuracy and authenticity of the findings; dependability addresses the consistency of the research process over time. Confirmability ensures that the results are shaped by the participants' experiences rather than the researcher's bias. Transferability concerns the extent to which the findings can be applied to other contexts.[25]

Credibility: Credibility was enhanced through the development of the semi-structured interview guide based on an extensive literature review and expert feedback, the concurrent conduct of data collection and analysis to refine emerging themes and determine data saturation, verbatim transcription of all interviews followed by participant verification (member checking), and an independent qualitative research expert's review of the coding framework and thematic structure.

Dependability: Dependability was supported by providing a transparent and detailed account of the research design, participant selection process, data collection, and analysis procedures. This was achieved through systematic management of coding and theme development using MAXQDA Analytics Pro 2020, and by

Table 1. Descriptive Findings of the Research Participants

Pseudonym	Age	Position	Education	Tenure	Coding %
Manager_1	37	Assignment Unit Manager	Bachelor's Degree	6	70
Manager_2	42	Payroll Unit Manager	Bachelor's Degree	3	57
Manager_3	33	Medical Devices and Biomedical Unit Manager	Bachelor's Degree	5	84
Manager_4	41	Home Healthcare Unit Manager	Master's Degree	3	52
Manager_5	32	Private Hospitals Unit Manager	Bachelor's Degree	7	68
Manager_6	28	Licensing Unit Manager	Master's Degree	1	56
Manager_7	46	Health Professions Unit Manager	Master's Degree	10	61
Manager_8	50	Pharmacy Unit Manager	Master's Degree	15	48
Manager_9	35	Financial Services Unit Manager	Bachelor's Degree	4	72
Manager_10	48	General Medicine Unit Manager	Doctoral Degree	6	47
Manager_11	38	Unit Coordinator	Doctoral Degree	4	59
Manager_12	42	Payroll Unit Manager	Bachelor's Degree	3	69

involving an independent researcher to assess coding consistency and thematic accuracy.

Confirmability: Confirmability was strengthened by applying a bracketing approach throughout the research process, which involved setting aside the researchers' personal experiences and assumptions. This approach maintained an audit trail of analytical and procedural decisions, and grounded all interpretations in the participants' own words through the extensive use of direct quotations.

Transferability: Transferability was facilitated by presenting a rich description of the research context, participant characteristics, and healthcare settings, employing purposive and snowball sampling to recruit participants with substantial managerial experience in healthcare, and providing detailed thematic presentations supported by illustrative excerpts. By systematically applying these strategies, the study ensured that its findings are trustworthy, robust, and meaningful for understanding the experiences of female mid-level healthcare managers regarding the glass ceiling phenomenon.

Role of the Researchers

This section outlines the researchers' backgrounds, which may have influenced the study findings. The lead researcher is male, with 13 years of experience as a lower-level manager in the healthcare sector. He holds a PhD in health management and currently serves as an academic.

The second researcher is female, with 8 years of experience as a human resources manager in healthcare. She holds a PhD in social policy and continues to work as an academic and a mid-level manager.

Results

Descriptive Results

The mean age of the female healthcare managers interviewed was 36.33 (±6.45) years, and their mean experience in managerial roles was 5.58 (±3.62) years. The themes derived from the analysis are summarized in Table 2.

The study identified 4 main themes: Career Advancement (11/12), Inequality of Opportunity (12/12), Hopelessness (8/12), and Career Goals (7/12). The findings are organized and presented under these themes (Figure 1).

Theme I: Career Advancement

This theme highlights the key factors influencing participants' career progression. An analysis of female mid-level healthcare managers revealed that education (9/12), experience (9/12), gender (10/12), and social networks (3/12) were identified as significant contributors to their advancement.

Table 2. Descriptive Findings on Research Themes

Themes	Sources	References
Glass Ceiling	12	96
• Career Advancement	11	42
✓Education	9	18
✓Experience	9	15
✓Gender	10	24
✓Social Networks	3	3
• Inequality of Opportunity	12	54
✓Stereotypical Roles	10	17
✓Gender	12	32
• Hopelessness	8	11
• Career Goals	7	12
✓Academic Career	5	8
✓Private Sector	3	5

Education was identified as a key factor in career advancement for female managers. Half of the participants hold postgraduate degrees, while many are pursuing further education. This finding aligns with their future aspirations, as a notable proportion (8/12) expressed an interest in academic careers. The participants' relevant statements are presented below:

> Manager_1: "Many factors influence career advancement. First and foremost, education and skills are important. Receiving a good education in the relevant field and continuously improving oneself, in my opinion, increases the chances of promotion."

The findings indicate that female managers focus significantly on postgraduate education for career advancement. In this context:

> Manager_3: "I want to pursue a master's degree and a doctorate. I aim to become an academic in the future."

> Manager_10: "An academic career provides individuals with leadership and management skills, offering a significant advantage in attaining higher positions within organizations."

Experience emerged as another significant factor in career advancement for female managers, according to the findings of this study:

> Manager_6: "In the future, I see myself as a more experienced professional in my current position, but I also aim to advance my career by moving to a different organization."

> Manager_1: "In the future, I aim to improve my current experience and expertise in higher-level positions, playing an active role in decision-making processes."

Although female managers perceive education and experience as crucial factors for career advancement, they also report hopelessness due to inequality of opportunity. The primary factor contributing to this inequality is gender.

> Manager_5: "In the future, I would like to take on a role contributing to the management processes of private hospitals or the establishment of quality standards. However, all of this is only possible if I don't have a male competitor. This reality sometimes shatters all my dreams."

> Manager_4: "I believe there are invisible barriers preventing women from advancing in the workplace. That's why I don't think I can progress in my organization and have decided to prepare for a specialization exam."

The term "invisible barriers" mentioned by Manager_4 directly reflects the glass ceiling phenomenon.

> Manager_4: "I believe that the factors influencing career advancement are not limited to skills and experience alone. In my experience, demographic characteristics such as gender play a significant role."

> Manager_3: "In my opinion, education is the most important factor in career advancement. Without education and knowledge, it is impossible to progress. However, in some organizations, career advancement depends entirely on being male."

As evidenced by the statements above, female managers experience hopelessness due to perceived gender discrimination. Another

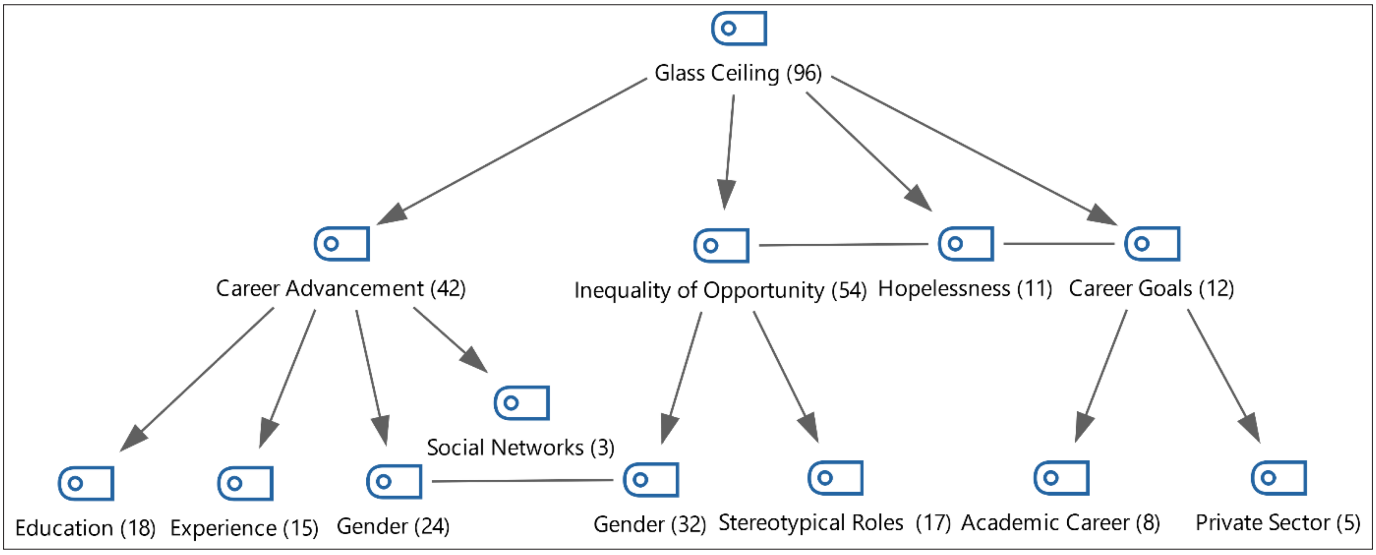

Figure 1. Research themes and relationships (coding frequency).

significant factor influencing career advancement for the female managers in this study is social networks (3/12). The participants working in the healthcare sector emphasized that career advancement is shaped by individuals' social relationships and the influence of these connections. Regarding this finding, participants stated:

> Manager_1: "In addition, building good relationships in the workplace provides access to career opportunities; connections and references can be helpful during the promotion process."

> Manager_4: "In other words, beyond just doing your job well, who you know and the type of connection you have with them can also be a decisive factor in the promotion process."

A significant portion of female managers who experience hopelessness due to inequality of opportunity seek career advancement opportunities in academia and the private sector. This finding will be discussed under the theme of "Career Goals."

Theme III: Inequality of Opportunity

The perspectives of female healthcare managers on equality of opportunity in career advancement are summarized under the theme of "Inequality of Opportunity" (12/12). All participants agreed that equality of opportunity is lacking, emphasizing that women face inequality primarily due to their gender and the stereotypical roles assigned to them. Relevant participant statements are presented below:

> Manager_9: "To advance in your career, being a man is almost a prerequisite. Even if women are better qualified, their careers are often limited to mid-level managerial roles."

> Manager_2: "It is difficult to say that career opportunities are equal. Women, in particular, face significant barriers when trying to reach managerial positions."

The concept of barriers stands out in participants' statements. Female healthcare managers, while not pointing to specific incidents, perceive a lack of equality of opportunity compared to their male colleagues. The primary factor behind this inequality is the social roles assigned to women, with stereotypical roles being the most significant. Supporting participant statements include:

> Manager_6: "Unfortunately, the risk of having children is viewed as a burden by many managers, often limiting opportunities for career advancement."

> Manager_2: "Women in the workplace frequently face dual pressures from family responsibilities and social expectations, which act as significant barriers to their career progression and attainment of managerial positions."

Theme IV: Hopelessness

A key finding of this study is the hopelessness experienced by female managers due to perceived inequality of opportunity in career advancement. Participants' statements reflecting this sense of hopelessness were categorized under the theme of "Hopelessness" (8/12). Examples include:

> Manager_2: "Even as a manager, I sometimes feel discriminated against in decision-making processes and promotion opportunities compared to my male colleagues. This affects my ability to achieve my career goals, so I don't make detailed career plans."

> Manager_12: "While education, skills, and experience are important for career advancement, I have very little hope of progressing as a woman in my current organization."

Female managers experiencing hopelessness often direct their career aspirations toward the private sector or academic careers.

Theme V: Career Goals

With regard to future aspirations, the theme of "Career Goals" (7/12) emerged from the statements of female managers in the healthcare sector. Due to perceived inequality of opportunity, participants often set career goals outside their current organizations. Many desired to utilize their education and experience in academic careers or the private sector. Statements from participants planning academic careers are presented below:

> Manager_10: "Academic careers play a significant role in career advancement. Academic titles and higher education levels enhance an individual's expertise and competencies, bringing them greater professional respect."

> Manager_3: "In the future, I see myself in a higher-level position, such as an academic. I also believe that gender-based discrimination is less prevalent in academia or at least not as pronounced as it is here."

Similarly, statements from participants considering careers in the private sector include:

Manager_11: "There are no female senior managers in my environment—all are men. Female managers are more often seen in the private sector."

Manager_12: "I don't see myself staying in this organization in the future. I envision myself as a human resources manager or coordinator in the private sector. Here, no one would promote me to director or head of personnel affairs."

Female managers in this study perceive the private sector and academia as fields with fewer barriers to opportunity.

Discussion

This study analyzed the barriers perceived by mid-level managers in the healthcare sector during their career advancement. Education emerged as the most critical factor for career progression among female managers. This finding aligns with the fact that 50% of the participants hold postgraduate degrees while others are actively pursuing advanced education. Furthermore, the presence of academic careers as a key goal among participants highlights the importance of education in their professional advancement. Higher education levels enhance individuals' chances of attaining managerial positions and play a vital role in overcoming barriers like the glass ceiling.[19,26,27] Bergman and Hallberg[28] found that the professional skills women acquire through education can help reduce the disadvantages associated with their gender and parental roles. Clevenger and Singh[29] highlighted in their study that the increase in women's education levels has also led to a rise in their participation in the workforce. Education provides individuals with technical skills and opportunities to develop strategic analytical thinking and build professional networks, which are essential for achieving career goals. The literature frequently emphasizes the significant role of postgraduate education in enabling women to access top management positions.[16]

In their study, McManus and Sproston[30] found no evidence that female doctors face a "glass ceiling" barrier. Similarly, Millath et al[27] argued that education in the healthcare sector functions as a limiting factor for the impact of the glass ceiling. The literature also demonstrates that education is a driving force in enabling women to attain leadership positions.[31] In this context, education is considered to play a central role in helping female managers working in the healthcare sector overcome the glass ceiling and advance their careers. This study found that all female managers considered gender, specifically being male, as a significant factor in career advancement. This situation was perceived as an example of unequal opportunities. Some participants described this as an "obstacle" or an "invisible barrier," reflecting the concept of the "glass ceiling." Female employees face disadvantages compared to men in both social life and the workplace due to their gender.[7,26,27] Gender-based discrimination against women in labor markets is most evident in recruitment, promotion, and pay processes.[4,27] Women's access to managerial positions in the healthcare sector is often limited by gender roles, structural barriers, and biases.[32] Motherhood and domestic responsibilities emerge as significant obstacles in this context. Work-life balance has been identified as the most critical barrier to career advancement for healthcare professionals.[6] The role of motherhood and domestic responsibilities not only drains time and energy but also creates a stereotype that restricts career development for women.[9] A study conducted in the United Kingdom on medical students revealed that female students shape their career preferences based on their desire to start a family in the future.[33]

Another significant finding of this study is that female healthcare managers who experience despair due to unequal opportunities or gender discrimination tend to shift toward academic careers or the private sector. The primary reason for this inclination is the perception that academic advancement is subject to specific criteria and is, therefore, considered a more objective pathway. This finding is also consistent with the emphasis female healthcare managers place on education as a priority for career progression. Gender stereotypes continue to influence all segments of society today.[4,34] Stereotypical traits attributed to women have traditionally led to professions like teaching being seen as compatible with domestic responsibilities and suitable working hours. Recently, academia has also begun to be regarded from a similar perspective. Despite women's employment in Türkiye remaining around 30%, the steady rise in the presence of women in academia since the 1940s is remarkable. The proportion of female academics has grown from 19% in the 1960s to 40% today.[26] As women have embraced the power of educational equality, they have increasingly pursued further education with a strong desire to learn. The growing trend of women planning academic careers further underscores this shift, which may be driven by the perception that academic promotion criteria are more objective. The study also found that female healthcare managers are increasingly moving toward the private sector. This shift is interpreted as their belief that the private sector allows them to better utilize better and showcase their experience and expertise.

Furthermore, some female healthcare professionals in the private sector were noted to focus on independent work. Rios-Avila et al[35] found that while the glass ceiling effect exists in both the public and private sectors, it is more pronounced in the public sector. The private sector exhibits a more flexible and dynamic structure than the public sector. This environment, which emphasizes workforce skills and qualifications, provides a platform where achieving success is relatively more straightforward. With the influence of digitalization, women can fulfill both professional and familial responsibilities while working from home.[36] However, women in the private sector still face significant challenges, including unequal opportunities, gender-based discrimination, and difficulties in balancing work and family life.[35]

This study employed a phenomenological qualitative research method within an interpretive philosophical framework. The findings are based on the emotions and thoughts of twelve female healthcare managers. The researcher conducted the analysis and interpretation of these emotions and thoughts. Consequently, the findings are limited to the participants' perspectives and the researcher's interpretations.

Limitations and Strengths

Despite its limitations, this study has notable strengths. It focuses specifically on mid-level female managers in the healthcare sector, a group that is often overlooked in research. The use of a qualitative phenomenological approach is appropriate for exploring personal experiences in depth. This method allowed for detailed insights into how participants perceive and respond to career-related barriers.

Conclusion

This study examined the barriers perceived by female healthcare managers in career advancement. It revealed that education and experience are considered the most critical factors for career progression, with female managers actively shaping their careers based on these beliefs. Many participants had advanced education levels, with some continuing their studies. However, female healthcare managers face unequal opportunities due to socially attributed roles, which result in feelings of hopelessness. As a result, some shift their career goals towards academia or independent roles in the private sector.

Healthcare managers and policymakers must address these perceptions of inequality by developing social policies that promote equal

opportunities and gender equity. Such policies are strategically important. This study recommends further research to explore the underlying causes of unequal opportunities faced by females.

Data Availability Statement: The data that support the findings of this study are available on request from the corresponding author.

Ethics Committee Approval: Ethics committee approval was received for this study from the Çankırı Karatekin University Health Sciences Ethics Committee (Approval no: 37; Date: 20.12.2023).

Informed Consent: Written informed consent was obtained from the participants who agreed to take part in the study.

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