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Sexual harassment of women at workplace mainly in the medical stream

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Abstract: Sexual harassment in the workplace is an important topic to discuss, one that is all too often swept under the rug. Workers have always had to balance their need for income against their desire for healthy working conditions. This balancing act is becoming more difficult as the world moves toward a single global marketplace with intense competition. Both men and women need steady, well-paid employment to guarantee a future for themselves and their children. At the same time, pressure to maximize profits has created a marketplace where good jobs are hard to find and keep. Fewer and fewer employers readily offer regular, permanent, well-paid employment. In the industrialized countries, labour organizations are weakened by pressures from global competition, while developing countries may attract investment by weak protections for the workforce.

Keywords: women, sexual harassment, medical, workplace.

Introduction

Sexual harassment is defined as "unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature such that submission to or rejection of this conduct explicitly or implicitly affects an individual's employment, unreasonably interferes with an individual's work performance, or creates an intimidating, hostile, or offensive work environment."

In the United States, sexual harassment does not necessarily have to cause economic suffering or threats/acts of firing. The behavior of the harasser must be unwelcome. Sexual harassment can be from a supervisor, a supervisor from another department, a co-worker, a client, or customer. In recent years, the percentage of sexual harassment charges filed by men has risen.

Today, women make up about 42% of the estimated global working population, making them indispensable as contributors to national and global economies. This paper examines how workplace culture affects meanings of sexual harassment in two jobs which replicate women's traditional gender roles. Based on sex role spillover theory, it is hypothesized that nurses and waitresses would experience sexual harassment similarly. After ten in-depth interviews with waitresses and eight in-depth interviews with women nurses, it was discovered that although both workplaces normalize sexual behaviors sexual harassment in waitressing and nursing vary according to three factors: the level of intimacy employed at work, worker expendability, and the relationship of power between worker and patient/customer. Explaining how sexual harassment varies by work norms in jobs that are typically classified as women's work further clarifies how work norms impact workers' perceptions of sexual behaviors, which will help clarify meanings of sexual harassment for individual workers. Understanding the specificities of sexual harassment in two examples of women's work also extends sex role spillover theory to include workplace culture.

Virtualy everyone would agree that doctors and nurses are health care workers. However, even here there may be controversy. Do we include among our doctors those who practice chiropractics and homeopathy? Do we include nursing aides and orderlies when we talk about nurses? When it comes to other jobs created by the developments in technology and in the division of labour, there is even less consensus. Increasingly, many of these more controversial jobs are described as ancilary. The Romanow Report on the Future of Health Care in Canada, for example, makes a distinction between those who provide direct care and those who are engaged in ancilary services. While not offering a clear definition of ancil ary services, the Report does describe them as services "such as food preparation, cleaning and maintenance". Clerical workers and laundry workers would also seem to fit in with this understanding of ancilary, given that these workers too do not provide 'direct' care. But the lines between the two kinds of

work remain blurred. For instance, some of those who provide homemaking services do food preparation and cleaning but also may provide some direct care. At the same time, personal care providers who work in homes and hospitals do cleaning and food preparation, fitting them into both categories as well.

Well, without going all out to accuse men of gross misconduct and abuse of position, women too can be perpetrators of sexual harassment. Amazingly, when sexual harassment allegation is made by a woman, we easily discard it as a mere claim to seek public sympathy or dismissed it as a cynical ploy to hurt the reputation of the alleged perpetrator. It should be investigated as it might contain some grains of truth. Sexual harassment is so pervasive that, in student girls are pressured by some lecturers/teachers for sex as a quid pro quo in our universities/colleges, some medical doctors are constantly harassing young nurses and even patients, some pastors harassing women who go for prayers and deliverance, women traders suffer in the hands of customs/revenue officials. Everyone seems to be at it. It's so disgusting to see some 'potbelly' politicians and government officials old enough to be grandfathers of some of these young women, subject them to horrifying sexual assaults, exploitation and harassment. Sexual harassment is so endemic in our society.

Discrimination and harassment against women are not only appalling but against the law. Our women suffer disparaging and lewd comments, groping, pestering, psychological and emotional abuse and exposure to explicit sexual contents [soft and hardcore porn] at workplace. Many women suffer from lack of promotions, some underpaid, and some lose positions after taking time off to deliver. These are serious problems in sex discrimination laws and employment laws alone cannot bring a substantial change. We need Government's intervention to create a conducive, welcome and accepted work environment. We also need to change our mindset and sexual attitudes towards women at work. Women have the right to dignity and respect in their workplaces and in their daily lives. It's time for women to stand up against the sexist culture that normalises the sexual objectification of women and the gender discrimination that have gripped our society.

Sex Discrimination

Sex discrimination exists when a person or group of people are treated unfavorably solely on the basis of their sex. In the U.S., it is illegal to discriminate based on sex including hiring, firing, pay, job assignments, promotions, layoff, training, and benefits. Sex discrimination includes sexual harassment, hiring discrimination and pregnancy discrimination

Sex discrimination creates inequalities between men and women: including vertical segregation by occupation, pay discrimination, and the unequal division of unpaid work between men and women.

Sex discrimination cases are the second most common discrimination charges brought to the EEOC.

Emotional abuse is one of the most prevalent forms of abuse of women by their intimate partners and its damage is unquestionably severe, undermining a woman's sense of worth, agency, and independence.

It also diminishes a woman's ability to care and provide for her children and to participate in the work force. Emotional abuse crosses all social classes, ethnic groups, sexual orientations and religions. The common denominators of abusers are personal, social and psychological, not demographic.

Sex Discrimination in India

- Article 15(1) of of India's constitution prohibits discrimination based on gender.
- 17% of working women in India have experienced some form of sexual harassment at work.
- In 2013, India passed the Anti Sexual Harassment of Women at Workplace Act. The Act defines sexual harassment in the workplace and intends to minimize any bias or influence by people in positions of authority to intervene in cases of sexual harassment.
- In a recent ICRW and UN Women Survey, 95 percent of women and girls feel unsafe from unwanted sexual harassment in public spaces in the city of Delhi.
- 63 percent of women in the Delhi survey were afraid to go out after dark alone and 21 percent stated they do not go out at all.

Historical Acceptance of Women's Marginalized Position

The marginal role of women and cultural practices that uphold this status are plentiful in history. Tennyson espoused "women as lesser men" and virtually all societies saw women as property. This can be seen today in bride price and dowry practices in some cultures. Arranged marriages still exist in many societies where the woman has a minimal say in her future.

Marriage vows until recently stated that women must love, honour and obey (italics mine) their husbands while losing their own name in the contract. In European society and its colonial mutations in North America, not only did the woman lose her name, but her matrilineal descent couldn't be traced. This loss of identity was reflected in laws that did not prevent a man from raping his wife with impunity. Freud further marginalized the female psyche by presenting the idea of penis envy. Women's right to vote is a recent phenomenon historically. In medical research, the male body has been the norm. In Judeo-Christian theology, god is male and evil has been manifested in Eve. Christianity split womanhood down the middle in the form of the whore/Madonna.

In terms of employment, history discusses the male workplace. The story of women's work encompasses the nursery, kitchen and delivery room. In Canada, women make only two-thirds of the male income today.

The Family and Socialization

The family as a site for women's oppression has been stated in the literature and encompasses two arenas: financial structure and the devaluing of domestic work and parenting. These include feminine nurturance, romantic love, self-sacrifice, maternalism, masculine protection and financial support. Gender polarity establishes dominance and control as central aspects of the masculine and as inappropriate in the feminine. An analysis of patriarchy as a condition of abuse explains why women appear to accept psychological abuse to some extent.

Gallop (1985) identifies that the family is and always has been the "privileged locus of the exploitation of women". Although marriage has a protective effect on men, it has been found to be "detrimental for women in terms of both mental and physical health".

Biases in Literature

The major sources of data on woman abuse have not included world majority women including immigrant, native, lesbians and older women. Many surveys were done by telephone or mail out documents, both of which excluded poor women without telephones or adequate levels of literacy. Native women on reservations were excluded due to geography or inaccessibility. This lack of attention created inconsistencies in research and research that generalizes abuse across cultures often does not mention those who are marginalized.

In addition, much of the literature makes non-dominant groups homogeneous. Ethnic minorities or world majority peoples are lumped together including aboriginal peoples. In fact, like other ethnic minorities, American and Canadian are heterogeneous. Assumptions as to whether a culture is matrilineal/matrilocal or patrilineal/patrilocal is also not dealt with adequately in the literature. Many cultures place a high value on community responsibility and inter-dependence rather than individualism and independence as seen by radical feminist approaches.

It is important to note here that words used in this literature review may need some explanation to further explain and to attempt to avoid bias. The word "traditional" may be seen as representing traditional cultures and therefore presents bias. It would seem appropriate therefore to define tradition as a social custom passed down from one generation to another through the process of socialization. Traditions represent the beliefs, values and ways of thinking of a social group.

"Western feminist discourse runs the risk of assuming the image of the 'average third world woman'. This 'average third world woman' leads an essentially truncated life based on her feminine gender (read: sexually constrained) and her being "third world" (read: ignorant, poor, uneducated, tradition-bound, domestic, family-oriented, victimized, etc.) This, I suggest, is in contrast to the (implicit) self-representation of Western women as educated, as modern, as having control over their own bodies and sexuality, and the freedom to make their own decisions...This mode defines women primarily in term of their object status.

Feminist theories which examine these cultural practices as 'feudal residues' or labelled 'traditional,' also portray third world women as politically immature women who need to be versed and schooled in the ethos of Western feminism. These theories need to be continually challenged."

Impact of Emotional Abuse

Initial Denial by the Abused Woman

In the early stages of abuse, a woman will project a positive image of her partner to herself and others. Often others feel uncomfortable challenging her denial or validating her experience of abuse. Eventually her sense of self and subjectivity are destroyed and the more she adapts the more she loses her unique self.

The impact of spousal intermittent emotional (italics and words mine)support in an abusive relationship and the woman's perception that the relationship is working indicates that abused women may offer benign explanations for her partner's negative actions and her propensity to depress.

The shame and guilt experienced by the victim results in passivity and a sense of helplessness. Depression becomes normalized due to its duration. Some women find eating as a form of comfort.

Power and Anxiety

Due to socialization patterns, girls often repress or deny their own aggression or assertiveness and the need to be independent and powerful are projected onto men. Being powerful seems unfeminine and women fear acting powerfully may alienate them from traditional women and men. Even acting out one's own self interest is experienced by women as being selfish or aggressive. The anxiety between power and passivity can prove highly destructive when coupled with emotional abuse. Anxiety can be explained plausibly as anticipated unfavourable appraisal of one's current activity by someone whose opinion is significant. The dichotomy intrinsic in this situation is extreme when there is tension between loving a person and at the same time feeling hostile towards him.

Disintegration of the Self

As the abuse escalates, the woman finds that she begins to experience psychic numbing, fragmentation of thoughts, and estrangement from her own body. (Loring, 1997) The emotional exhaustion experienced by the victim is brought on by a cycle of debility, dependency and dread. As the oppression and fear continues and perhaps escalates, the woman may come to feel fatigued, passive, and unable to act, unable to think concretely, and has poor memory.

Sex Segregation in Medical Institutes & Health Care Centres

The health care profession, to this date, is essentially sex-segregated, as 84% of physicians are male and 97% of nurses are female.

Among practicing physicians, women are clustered in the four lowest-paid specialties: general family practice, pediatrics, psychiatry, and internal medicine. Together, these specialties account for 70% of all women physicians. In addition, a 1986 study showed that while women are more likely to go into these specialties, women of color are even more so. Surgery and its various specialties, which not only command the highest incomes but also the highest public confidence, are comprised of only 8% women.

The nursing profession, still essentially a female domain, has historically been undervalued, underpaid, and denied power within the medical hierarchy. This is despite the fact that nurses represent the largest group of health care professionals. While this report focuses on women physicians, we recognize that the problems of sex segregation, wage discrimination, and male domination of the health care industry also adversely affect women in the field of nursing.

Medical Organizations Are Imbalanced

Women in national organizations fare no better. The American College of Obstetricians and Gynecologists (ACOG), whose sole mission is to provide health care to women, has never had more than two women in its top 17 offices at any one time in its 41-year history

And the biggest medical bastion of them all, the American Medical Association (AMA), which claims to speak for all doctors, has never had a woman executive officer in its 144-year history. In fact, the AMA never even had a woman on its board until 1989.

When women's lives hang in the very balance, we can't stand by and wait as women are relegated to the bottom ranks of medicine. Time alone does not achieve equality. Women, especially women in medicine, must act now if we are to safeguard the health of generations to come.

Conclusions

The doctor–nurse relationship has traditionally been a man–woman relationship. This article examines what happens to the doctor–nurse relationship when both are women: how do female doctors experience their relationship to female nurses? The results show that in the experience of many doctors, male and female, the doctor–nurse relationship is influenced by the doctor's gender. Female doctors often find that they are met with less respect and confidence and are given less help than their male colleagues. The doctors' own interpretation of this is partly that the nurses' wish to reduce status differences between the two groups affects female doctors more than male, and partly that there is an ''erotic game'' taking place between male doctors and female nurses. In order to tackle the experience of differential treatment, the strategies chosen by female doctors include doing as much as possible themselves and making friends with the nurses. The results are considered in light of structural changes both in society at large and within the health services, with emphasis on the recent convergence of status between the two occupational groups.

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