Chapter 19

Prophylaxis in Action: #MeToo for Women of Medical and Surgical Disciplines

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ABSTRACT

The empowerment of women as a consequence of the #MeToo initiative has undoubtedly impacted perpetrators, who are now at risk. It has also enabled an agenda for change that has visibly impacted the global workforce and placed a spotlight on the concept of authentic womanhood and the need for its protection. This is a prophylactic measure for the future, so other women who dedicate their lives to the service of others might not be subject to the violation and indignity in 21st Century workforces that has characterised generations of misogyny before them. This chapter seeks to illuminate the contexts, settings, and experiences of women working at the front line of medical care and their interactions with colleagues, and is balanced by an illumination of their male counterparts and their reactions to these reported perceptions.

INTRODUCTION

Where transcendence between the lines of human attraction to a colleague in the context of the workplace descends into the liminal shift towards sexual harassment, recent evidence of global contemporary debate prevails in modern societies (Barlow, 2018). Where people are physically assaulted or people are positively stereotyped and favoured in the workplace because of their willingness to undertake intimate relations with those in power, cultures are irrevocably damaged. The empowerment of women as a consequence of the #MeToo initiative, has undoubtedly impacted on the increasing level of vulnerability to exposure that these perpetrators are now at risk of (Ford, 2018). It has also enabled this to drive an agenda for change that has visibly impacted on the global workforce and placed a spotlight on the con-
cept of authentic womanhood and the need for protection of it. This is a prophylactic measure for the future, so that other women who dedicate their lives to the service of others might not be subject to the violation and indignity in 21st Century workforces that has characterised generations of misogyny before them (Lovell, 2018). This chapter, which focuses on European and United Kingdom perspectives, seeks to illuminate the contexts, settings and experiences of women working at the front line of medical care, their interactions with colleagues and is balanced by an illumination of their male counterparts and their reactions to these reported perceptions.

**Context and Intentionality in Workplace Sexism**

It is the ambiguity or nuanced nature of sexual harassment that moves discussion away from binary thinking around whether an act of predatory sexual nature has occurred to one of a much more nebulous dialogue around the appropriateness of human interaction, the context of it but more importantly the intentionality belying it, bearing in mind that flirtatious behaviour and even romantic and emotional attachment are very much equal realities of all global workplaces where men and women, work alongside one another (Bareket et al., 2018; Campbell et al., 2018).

Each presenting case of discrimination has its own particular set of variables, all of which are open to interpretation through lenses of scrutiny by people with differing sets of values, beliefs and ethical principles (Zarkov and Davis, 2018). If healthcare institutions are to protect their staff against extraneous variables such as these then there must be a zero tolerance of the acceptability of harassment in the workplace and all concerns regarding the possibility of this occurring there, must be forcefully addressed from the outset (Bates et al., 2018).

The systemic prevention of women ensuring their rights in the workplace is socially constructed around the concept of ‘girliness’. It is the bureaucratic approaches which have ensured the normalisation of deviance with male peers, resulting in a raft of sexism in the workplace that is avoided by little more than tokenism in practice. This has originated from a wider positional stance of sexism at an ontological level, which consequently became epistemologically aligned with exploitation, unwitting oppression and integration into societal expectation. The need for a systematic overhaul in the positionality of womanhood across global communities has never been more apparent (Supriya, 2018; Huff et al., 2018).

**Parameters of the Spectrum of Sexual Misconduct in the Workplace**

Defining and classifying behaviours that constitute sexual misconduct in the workplace Decisions about which category a behaviour falls into depend on the situation, the context and the overall tone of communication, delivery and nonverbal behaviours (McClure, 2019; Gertner, 2018). One of the greatest issues is that organisationally institutions fail to define exactly what these parameters ought to constitute in the workplace. In terms of classifying what is ‘non-offensive’ there are generally comments about personal appearance or clothing that ought not to enter the workplace but when they do not generally cause offence. Those comments that are cringe worthy or awkward in nature usually pertain directly to gender – for example ‘that’s a typical woman comment’ or ‘ladies before gentlemen, when inviting open discussion’. Those things which are offensive, but which may not necessarily have a sexual intentionality are things such as hugging people with complete disregard as to whether this is appropriate, referring to the physical attributes of women (for example dumb blonde jokes). Implying family issues are the only priority women have. The liminal threshold between being offensive and sexual misconduct lies...