Chapter 15

Organizational Dynamics Around Sexual Harassment Interventions and Occurrences in Clinical Training Healthcare Environments

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ABSTRACT

The clinical training of healthcare professionals and the delivery of safe healthcare is reliant on a vigorous organizational safety culture, one where the workplace and medical training environment is free of

hostility and harassment. Sexual harassment and sexual misconduct are significant problems for women in healthcare. For all staff members, it is imperative that the hospital has clear, solid policies and, even more importantly, procedures and communication of those procedures for reporting problems concerning harassment. This research inquiry uses case study action research in the context of an OD intervention in school of health science and medical center that provides clinical and medical training and community patient care. The organization has significant organizational cultural issues around harassment. Results indicate the need for more proactive strategies around leadership and organizational cultural change that can apply to medical schools, schools of health science, and medical centers.

INTRODUCTION

Sexual harassment existed for numerous decades in the workplace (Cole, Burrell, & Springs, 2020). The healthcare industry features some of the most diverse and dynamic workplaces in the U.S. Women play a significant role in the industry (Jagsi et al., 2016, Littleton et al., 2019). Approximately 60% of the healthcare workforce are women (Littleton et al., 2019), a percentage exceeding general industry placement at the entry-level, management, senior management, vice president, senior vice-president, and C-suite Executives (Berlin, Darino, Greenfield, & Starikova, 2019). Despite these promising figures, significant problems continue to exist in the workplace that affects women's equality and rights (Cole, Burrell, & Springs, 2020). Even through signature movements such as #Metoo, sexual harassment, assault, and bullying behavior continues to permeate through the healthcare industry (Jagsi et al., 2016, Littleton et al., 2019). The root of such problems stems from inappropriate behavior stems from academia and extends to the workplace (Jagsi et al., 2016, Littleton et al., 2019).

The U.S. Merit Systems Protection Board (2018) has grouped these behaviors into three categories: gender harassment, unwanted sexual harassment, and sexual coercion. While sexual coercion and unwanted sexual attention are largely focused on by the public and in legal cases, research show that gender harassment is the most widely experienced by women (Leskinen, 2011). Women who are exposed to gender harassment are seven times less likely to identify that incident as sexual harassment in contrast to women who experienced sexual coercion or unwanted sexual attention (Holland, 2013). Consequently, gender harassment is wrongly assumed as less severe as other types of sexual harassment and may result in fewer cases reported (Kabat-Farr, 2019).

RESEARCH METHOD

This research inquiry uses case study action research in the context of an OD intervention. The process included a diagnostic, consulting, and recommendation phases that occurred in school of health science and medical center that provides clinical and medical training and community patient care.

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