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TENTATIVE DISSERTATION OUTLINE

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PROPOSAL

"Never mix business with pleasure."

---Anonymous

How do organizations manage sexuality? How is sexuality constructed, managed, and maintained in the workplace? If individuals "do gender," (West and Zimmerman, 1987), do they also "do sexuality," particularly, in the workplace (Giuffre and Williams, 1994)? In this proposal, I argue that the classical works in organization theory are inadequate for understanding the construction and maintenance of sexuality in organizations. I will review current theories that attempt to understand gender and sexuality in organizations, and propose an empirical study to address these issues. My goal is to better understand the relationship between sexuality and organizations, and, in particular, how sexuality is managed in work organizations. If I can show that sexuality affects workplace interactions, we will be able to better understand a complex and elusive form of power, which has yet to be explored.

ORGANIZATION THEORY

For decades, the study of organizations and organizational behavior was a male enterprise. With few exceptions, male investigators researched and wrote about male employees in organizations. Moreover, most theories of bureaucracies and organizations have de-emphasized gender and sexuality.

Although women were the subjects of one of the first series of studies credited with "discovering" the informal organizations--the famous Hawthorne study of the 1920s and 1930s (see Roethlisberger and Dickson, 1939; Mayo, 1946)--they were neglected during the following four decades. This neglect is reflected in the titles of some of the major works of this period: Robert Blauner's <u>Alienation and Freedom: The Factory Worker and His Industry</u> (1964), Melville Dalton's <u>Men Who Manage</u> (1959), William F. Whyte's <u>Men at Work</u> (1961), and William H. Whyte's <u>The Organization Man</u> (1956), to name only a few (Broom, Bonjean, and Broom, 1990:152). In particular, these theories ignored gender and sexuality as forms of power, and as central analytical concepts for understanding organizations.

In addition to being written primarily by and about men, most of the early organizational theorists, such as Weber (1946) and Taylor (1947), were concerned more with organizational structure and the fulfillment of complex goals, and less with individuals and individual characteristics such as gender, race, and sexual orientation, and emotions or other informal behaviors. It was not until the feminist movement of the 1970s and the increasing number of women in the paid labor force that researchers began to recognize the importance of gender and, to a certain extent sexuality, in the workplace (see Acker and Van Houten, 1974; Kanter, 1977 for the earliest works in this area). However, even more current organization theories ignore or de-emphasize sexuality. I will briefly review frameworks that offer potential in analyzing the management of sexuality in organizations, yet de-emphasize its importance: informal organizations, the new institutionalism, and occupational subcultures.

Argyris (1957; 1973), a proponent of the human relations school, was critical of the rational principles of the formal organization, and these principles are unhealthy to organization members. According to Argyris, human beings are predisposed to be independent, and one of the fundamental principles of organizations is that subordinates should be dependent upon their superiors. The formal organization requires individuals to work in institutions where they are dependent, passive, and in which they use few of their skills. Moreover, he argues that leaders in organizations ought to develop "warm relationships" with their subordinates--an idea that clearly goes against Weber and Taylor's ideal of the impartial leader.

Despite his criticisms of rational principles of the organization, Argyris ignores sexuality in the organization, and does not challenge the idea of managerial rationality. How do gender and sexuality fit into the composite of a healthy individual? What if the leader is a woman, and her subordinates are men? Is it possible, in the contemporary work world, for women superiors--given that this does not occur frequently--to have "warm relationships" with her male subordinates?

Another current organizational theoretical framework has ignored the management of sexuality: the new institutionalism in organization theory. New institutionalists reject the rational-choice models of classical theories, in part, by emphasizing culture and values (DiMaggio and Powell, 1992). New institutionalists question whether individual choices can be understood outside of the social and cultural contexts in which they are embedded. DiMaggio and Powell (1992)

argue, "Institutions do not just constrain options; they establish the very criteria by which people discover their preferences" (p.11). In this line of argument, there is potential for analyzing gender and sexuality. How are "preferences" shaped by gender and sexuality? Specifically, one could argue that the organizational context establishes how and why men and women understand and define pleasure and sexuality in work organizations. This framework, however, takes a gender-neutral approach to organizational contexts. How are organizational contexts shaped by cultural definitions of sexuality?

Finally, the framework of occupational subcultures offers potential for understanding sexuality in organizations, yet only briefly addresses it. Trice and Beyer (1993) argue that women's increased entry into the paid labor force is causing norms about appropriate sexual behavior between men and women to change. Despite the increase of men and women working together, they argue that there is still a taboo in many organizations regarding sexual relationships between co-workers. Most of their discussion, however, assumes that sexual behaviors occur only between men and women. That is, Trice and Beyer are talking primarily about heterosexual men and women, and heterosexual behaviors. In short, we need to address the importance of heterosexuality as a norm in workplaces--a point that I will return to again.

In addition, Trice (1993) and Trice and Beyer (1993) argue that there are occupational subcultures in every organization. Occupations are distinct and dynamic (sub)cultures in and of themselves--an idea that could be very useful for research on the management of sexuality in work organizations. The construction and maintenance of sexuality in an occupation in which sex is overt and a part of the job description, such as a strip tease dancer, is probably very different from the management of sexuality in an occupation where sexuality is covert, and not a part of the job description, such as a physician. However, the authors do not explicitly address this issue. I will now discuss current theories, which have attempted to take gender and sexuality into account in analyzing organizations.

GENDER IN ORGANIZATIONS

Kanter's (1977) influential research in <u>Men and Women of the Corporation</u> was one of the first attempts to understand gender as a crucial variable in the study of organizations. However, Kanter's theory itself is gender-neutral.   Kanter argued that placement in the organization

contributes to the organizational experiences. Qualities required of management are specifically constructed as masculine traits and, in the process of this construction, the occupation of management has become inherently masculine. Kanter concludes that it is not gender differences which determine work experiences, rather, it is responses to structural conditions. In particular, she argues that women have difficulties in moving up job ladders of corporations for three structural reasons: opportunity, power and numbers.

First, Kanter argues that any worker, male or female, who faces blocked opportunities, such as short job ladders and being passed over for promotions, has lower aspirations, such as low self-esteem. It is not that workers necessarily have lower aspirations before placement; rather, it is the structural condition of blocked opportunity itself that alters the personality. However, empirical research on this issue has shown mixed results. Markham et al. (1985) found that women did not necessarily have fewer promotion opportunities. However, men and women occupied different job ladders: women tend to start and end at lower statuses than men in large corporations.

Second, Kanter defines power as the "ability to get things done, to mobilize resources, to get and use whatever it is a person needs for the goals he or she is attempting to meet" (p.166). She argues that those members high in organizational power would tend to foster high group morale and high job satisfaction among subordinates, and behave in less "rigid, authoritarian" ways (p.248). Moreover, powerful managers tend to be well liked. Powerless supervisors, on the other hand, tend to be insecure, and less flexible in their management style. If women in management are evaluated negatively, it is not a reflection of true sex differences; rather, it is due to the structural condition of being powerless. In an empirical test of this hypothesis, South et al. (1982) found that women supervisors were evaluated more negatively; however, when differences in organizational power were held constant, the gender differences were greatly reduced. This research seems to support Kanter's hypotheses about power.

Finally, Kanter argued that proportions are influential in work experiences: tokens experience pressures that majority members do not. Minority group members are more visible, face more performance pressures, and receive less support from majority members. Most empirical research has not supported this hypothesis (an exception is MacCorquodale and Jensen, 1993). South et al. (1982a) found that women tokens did not face more severe organizational pressures

than nontokens. The authors suggest that "...increases in minority group representation tend to lower the quality of dominant-subordinate relations" (p.598).

Kanter argues that the process of tokenism, and the pressures of being a token, are applicable to men, such male nurses. Kanter has since been criticized for taking this gender-neutral approach (Williams, 1989; Zimmer, 1988). Williams' (1989) research on men and women in non-traditional occupations suggests that there is an asymmetry in tokenism: while women experience negative pressures and discrimination, token men actually experience a push up the job ladder. Thus, Kanter's theory ignores power differences between men and women.

While Kanter's focus is on gender, she briefly addresses sexuality when she discusses "corporate wives"--the wives of men in corporations. The wives in this study influenced their husband's careers in both subtle and direct ways. These women were responsible for social gatherings outside of work or entertaining other men in the corporation and their wives. This informal socializing during non-work hours helped the corporate men to appear "trustworthy," and as a stable, mature, family men--the type of men for whom the corporation was looking. In addition, the wives had primary responsibility for the housework and childcare, thus, giving their husbands more time to work outside the home and move up the corporate ladder.

The married corporate men in Kanter's study reinforced this "trustworthy, family man" ideal in various ways. They described placing pictures of their wives on their office desks. Moreover, sexual banter and talk of sexual pursuits were acceptable, but actual promiscuity was frowned upon. In short, there were clear boundaries on appropriate sexual behavior.

Assumptions about corporate wives affected the women in management. The women in the corporation did not have the equivalent or a "corporate husband." Most of these women were viewed as anomalies because they were trying to climb the job ladder, rather than entertaining with the corporate wives.

Kanter's findings suggest that heterosexuality is normal, even rewarded, in corporate organizations. Clearly, Kanter is addressing a specific sexual relationship: a heterosexual relationship. A family man is believed to be more trustworthy, and must be heterosexual. If married corporate men appear better suited to management, then single and/or homosexual men who are trying to climb the corporate ladders face unique pressures. As James Woods (1993)

illustrates, gay men in the professions have different experiences compared to their straight counterparts. In practical terms, gay men in the corporate world cannot leave pictures of their spouses or lovers on their desks. In fact, Woods found that gay men will often put pictures of "fictional girlfriends" their desks in order to avert any suspicion of their sexual orientation. These studies suggest that heterosexuality is an important norm in many organizations, particularly in the professions.

GENDERED ORGANIZATIONS

Other theories have attempted to deal more explicitly with the issue of gender and sexuality in organizations. In contrast to Kanter, Acker (1990) offers a theory of gendered organizations which is not gender-neutral. Acker defines a gendered organization as follows:

> To say that an organization...is gendered means that advantage and disadvantage, exploitation and control, action and emotion, meaning and identity, are patterned through and in terms of a distinction between male and female, masculine and feminine. Gender is not an addition to these ongoing processes, conceived as gender-neutral. Rather, it is an integral part of those processes, which cannot be properly understood without an analysis of gender (p.146).

In Acker's framework, gender is fundamental to any analysis of organizations, primarily because both patriarchy and bureaucracy affect women's place in the work organizations. Acker argues that the "gendering" in organizations occurs in at least five interacting processes. First, a gendered division of labor exists in all organizations. That is, men are usually in the highest organizational positions. For example, CEOs tend to be men. Second, ideology, such as dress and media representations, reinforces the gendered divisions of labor. The media often represents the "good manager" as a professional, unemotional, aggressive male. "Good secretaries" are represented as attractive, coffee-fetching women (Pringle, 1989). Third, informal, everyday interactions between men and women, such as sexual harassment and conversations, reinforce "women's place" in work organizations. Sexual harassment is particularly problematic, as it often keeps women out of non-traditional--higher paid, more prestigious--occupations. DiTomaso (1989) found that women in non-traditional occupations experience higher levels of sexual harassment than women in traditional occupations (see also Pringle, 1989). Empirical work shows that 25% to 75% of women in professions experience sexual harassment (Phillips and Schneider, 1993; Rosenberg et al., 1993). This research suggests that sexuality is used against women even when they have high social status

and economic power.   Fourth, individual identity, or the ways organization members present themselves is influenced by gender: men and women often attempt to present themselves as "appropriately" masculine or feminine, and redefine themselves according to the task at hand. Williams' (1989) work on female marines and male nurses clearly illustrates this process of self-definition. One women in the Marines described herself as "...a marine twenty-four hours a day, but I'm a woman always" (p.75). The women marines described wearing make-up, sitting with the knees together, and other stereotypically "feminine" behaviors. Finally, Acker argues that structure or what she calls "organizational logic" are framed by gender and sexuality.   Theories of organizations, starting with Weber, have only appeared to be gender-neutral. She argues:

> In organizational logic, both jobs and hierarchies are abstract categories that have no occupants, no human bodies, no gender...[F]illing the abstract job is a disembodied worker who can only exist for the work. Such a hypothetical worker cannot have other imperatives [such as desire or emotions which are not related to the job itself] of existence that impinge upon the job" (p. 149).

The "disembodied worker" is exemplified in Taylor's framework (Taylor, 1946). Some feminist theorists have criticized scientific management because its principles exclude the experience of most women (e.g. Hearn and Parkin, 1987). Hearn and Parkin (1987) argue, "The model of men and the model of masculinity [in scientific management] are precise, behavioral, controlled, and instrumental" (p.19).   Along these lines, Acker (1990) argues, "The abstract, bodiless worker [in classical organization theory], who occupies the abstract, gender-neutral job has no sexuality, no emotions, and does not procreate" (p.151). Many employed women, who often have "private-sphere obligations," do not fit this ideal worker.

In short, the underlying assumption in most theories of organizations is that there is a split between the public and private sphere. Theoretically, it may be possible to keep emotions, desire, sexuality, and "private lives" out of the workplace, and it may be an ideal to which many workers aspire. Practically speaking, however, we must explicitly address micro level, individual emotions, desires, and values. The rational, asexual, nonemotional male worker is a myth, and women's entry into organizations exposes this myth because women are defined primarily in terms of their sexuality, regardless of their organizational status. Women are viewed as representatives of the private sphere--irrational and emotionally sensitive--and are often defined in terms of their sexuality (e.g. Cockburn, 1991). Of course, we cannot talk about "all women's experiences": each woman's

experience in the workplace varies according to race, class and sexual orientation, and other social locations (e.g. Collins, 1991; Spelman, 1988).

Acker's theory takes us further than Kanter's framework, and contributes to our understanding of how organizations reproduce gender; however, the theory does not challenge the idea of the male-dominated bureaucracy itself. Jessica Benjamin (1988) argues that rationality, the basis of bureaucracy, only appears to be gender-neutral. Benjamin critiques Weber's theoretical framework because rationality, the basis of bureaucracies, tends to be associated with the public, masculine sphere, and excludes the experience of most women. Supposedly, the public sphere belongs to men, and the private, to women. Anything believed to be a part of the private sphere (such as domestic work, emotions, children, and sexuality) becomes irrational. It is not that women actually are more emotional than men; rather, the public/private split is a myth, especially for most women. Benjamin (1988) argues that "...the rationality that reduces the social world to objects of exchange, calculation, and control-is in fact a male rationality" (p.184). According to Benjamin, men are autonomous only because they deny women's subjectivity. She argues that male individuality is best illustrated in "rationality" in Western cultures. Rationality causes us to have impersonal social relations, and an urge to control other people. This desire for control is played out in sexuality, fantasy, and domination and subordination. If rationality is gendered, specifically, if it is masculine, then the basis of all bureaucracies is masculine. Thus, most women's experience is excluded from bureaucracies.

In addition to the lack of an explicit challenge to male-dominated bureaucracy, Acker's theory does not explicitly address race/ethnicity. It is not enough to argue that organizations are gendered because men and women of color experience additional pressures in organizations. Acker argues that there is a gendered division of labor in organizations, and men tend to be at the top of all organizational hierarchies. It is not only that men are in the upper echelons, but the top tends to be dominated by white men. Similarly, the occupation is nursing is female-dominated, but some researchers argue that women of color are assigned the less prestigious, and often "dirty" parts of the job (Glenn, 1992). Furthermore, myths about sexuality of men and women of color may affect their work experiences in different ways than for white men and women (Collins, 1991). Thus, gendering in organizations is more complex than something that occurs only between men and

women because the racial context affects interactions, ideologies, and divisions of labor in the workplace.

SEXUALITY IN ORGANIZATIONS

Generally, American organizational theorists have attempted to take into account gender and organizations, but have de-emphasized sexuality (an exception is Woods, 1993). British theorists have attempted to explicitly address sexuality in organizations (e.g. Hearn and Parkin, 1987). Burrell (1984), for example, argues that the management and "...suppression of sexuality.." is a primary goal of bureaucratic organizations (p.98). These theorists criticize the classical theories of Weber and Taylor, and the human relations school of thought for ignoring gender and sexuality (e.g. Acker, 1990; Hearn and Parkin, 1987; Pringle, 1989). In one of the few empirical studies on sexuality in the organization, Pringle (1989) argues that sexuality is not marginal to the bureaucratic organization, rather it is embedded. According to Pringle, the boss-secretary relationship goes against all of Weber's ideal type characteristics of the bureaucracy. She argues, "Despite the illusion of ordered rationality, workplaces do not actually manage to exclude the personal or the sexual" (p.89). She suggests that the expression of sexuality is actually asymmetrical in terms of gender: men can behave sexually and it goes unrecognized, while women are actually defined, a priori, in terms of their sexuality.

Similar to Pringle, James Woods (1993) argues that organizations and individuals in organizations are not asexual. The assumptions of many organizational policies are not asexual primarily because they are often heterosexist. For example, married heterosexual employees in most professions receive benefits for their family, whereas single men and women--heterosexual or homosexual--cannot have benefits for their lovers. Moreover, he argues that individuals do not "leave their sexuality at home" when they enter they public work world; sexuality is an important part of our identity no matter where we are. Therefore, on an individual and organizational level, the public sphere is sexualized. The author conducted seventy interviews with gay men who work in professional organizations. The men described the pressures they encounter in these "heterosexist organizations," and how they must try to "pass" for straight (what the author refers to as "counterfeiting strategies.") Woods found that both organizations and individuals construct and manage sexuality. In particular, heterosexuality was normative in the professional organizations in

both of these studies.

British theorists have conceptualized sexuality in one of two ways. First, in the Weberian framework, they argue that sexuality is opposed to rationality (e.g. Burrell and Hearn, 1989). Sexuality is part of the private sphere, and can be ignored. The second point of view is that the management of sexuality is more complex. Burrell (1984) argues that the suppression of sexuality in organizations coincided with the rise of the industrial economy. In this framework, it is not that sexuality is part of the private sphere, but that it is suppressed. Four processes--the rise of "the civilizing process," religious morality, rationality, and control of the time and body of the worker--contributed to the suppression of the sexuality of the worker.

Both British frameworks assume that sexuality is irrational, thus, keeping with the masculine view of rationality: sexuality is part of the private sphere, and should be regulated. It is the entrance of women into the public sphere that illustrates how sex and work are not separable for most women (e.g. Pringle,1989). Researchers argue that women are viewed as women first, and workers second (Crull, 1987; Gutek and Morasch, 1982; Hemming, 1985). That is, women are defined in terms of their sexuality, no matter what their organizational position. In fact, Gutek and Morasch (1982) argue that women's sex-roles "spill over" into the workplace: one's gender has implications for the work he or she performs that are not inherent in the job itself. If they are in male-dominated occupations, women are viewed as "role deviates." If they are in female-dominated occupations, women are devalued because the job itself is viewed as an extension of the appropriate feminine role. Although this framework ignores power--as most role theory does--it illustrates how the private sphere and public sphere are actually not two different arenas in women's lives: women are judged by others according to their supposed "private sphere characteristics." In all occupations, male or female-dominated, women are subject to sexual harassment. Sexual harassment is the clearest illustration of the problem of separating sexuality from work, particularly from women's perspective, because it is a problem of domination based on sexuality in work organizations (e.g. Schneider, 1982).

The theories discussed above which attempt to account for sexuality in organizations suggest that researchers need to ask: Who benefits from the construction and maintenance of sexuality in work organizations? The organization itself? Individuals in the upper echelons of the

organizational hierarchy (who tend to be men)?   In addition, we need to understand--theoretically and practically--what men and women want in terms of pleasure in the workplace, and how pleasure and desire managed in organizations. There are conflicting theoretical views of pleasure in the workplace. MacKinnon (1987), a legal feminist theorist, argues that all heterosexual relations at work are sexual harassment because sexuality is the primary source of domination for all women. In other words, there is no pleasure for women in the workplace because all pleasure is actually domination. In contrast, Pringle (1989) argues that both men and women derive pleasure from sex at work. That is, all sexual behaviors in the workplace are not exploitative to women. Moreover, research suggests that perceptions of acceptable and/or pleasurable forms of sex at work may be influenced by characteristics of the perpetrators of those behaviors: sexual orientation, race/ethnicity, organizational status, and whether the perpetrator was violent, influences whether sex at work is perceived as sexual harassment, or as pleasurable (Giuffre and Williams, 1994). However, the study was conducted in a nonprofessional, and highly sexualized work environment, the restaurant, and may not be applicable to other workplaces where sexuality is covert.

SEXUALIZED/DESEXUALIZED WORK ORGANIZATION

When analyzing sexuality, it is useful to explore what constitutes a sexualized workplace because we begin to understand the complexities of sexuality in organizations. What does it mean for a workplace to be more or less sexualized than another? Generally, researchers define the term "sexualized workplace" as a work environment in which sexual behaviors, sexual banter and innuendo occur often. Konrad and Gutek (1986) state that a sexualized workplace is one which has a "sexualized ambiance, a climate perpetuating a great deal of talking about [sex], sexual joking, and sexual behavior" (p.424). Furthermore, Gutek (1985) found that the proportion of men and women working in an occupation may influence the degree of "sexualization:" male-dominated workplaces tend to be more sexualized, while female-dominated work environments tend to be "asexual." However, beyond arguing that a sexualized workplace is one in which sexual innuendo and bantering occur frequently, these researchers do not explore the obverse: what constitutes a nonsexualized, or desexualized work organization? In Gutek's framework, the assumption is that a desexualized workplace is one which lacks a sexualized ambiance, and where sexual banter and innuendo rarely occur.

Empirical work suggests that working in a sexualized work organization seems to influence whether or not members are threatened by sexual behaviors in their work environment. That is, perceptions of sexual harassment are influenced by the culture of "compulsory jocularity" in a work organization (Pringle, 1988:93). Gutek (1985) and Konrad and Gutek (1986) found that people interpret behaviors as sexual harassment less often in sexualized workplaces, in which sexual banter and innuendo are generally accepted. As stated above, Gutek (1985) and Konrad and Gutek (1986), however, do not explore what constitutes a sexualized workplace, beyond stating that sexual banter and innuendo occur frequently in such an organization. Does someone work in a sexualized workplace when sex is part of his or her job description? If this were the case, we could probably agree that topless dancers and strippers are sexualized occupations; however, some occupations may be sexualized when the job description does not include specific references to sex. Moreover, how are pleasure and desire managed in these "sexualized organizations?" That is, do people enjoy the sexual banter and innuendo? If so, in what organizational contexts?

Another study, discussed above, suggests that "boundary lines" are drawn between legitimate--often pleasurable--and threatening sexual behaviors in sexualized work environments (Giuffre and Williams, 1994). In a study of restaurants, which are often very sexualized workplaces (Cobble, 1991), Giuffre and Williams found that perpetrators of the same race, organizational status, and sexual orientation may be "protected" from being viewed as sexual harassers. Identical sexual behaviors were perceived differently depending on the social context. Specifically, the race, sexual orientation, and organizational status influenced the labeling of sexual behaviors, and whether they were viewed as sexual harassment, or acceptable, and pleasurable aspects of the workplace. For example, some of the waitresses in the study claimed they enjoyed the pinching, fondling, and sexual jokes from their white male co-workers. The identical behaviors from Latino kitchen cooks, however, were labeled by these women as sexual harassment.

Other researchers argue that the concept of a sexualized workplace is more complex than simply "a sexualized ambiance." Hearn and Parkin (1987) argue that there are at least four types of sexualized work organizations (p.68):

(1) Sexploitation organizations-sexuality is overt, and exploited for the benefit of managers or owners. An example is the pornography industry.

(2) (Sexual) service organizations-sexuality is overt. The organization's goal is to serve clients for their sexual benefit. An example is sex therapy.

(3) Mutual (sexual) organizations-sexuality is overt. Members come together for their mutual sexual benefit. An example is a gay liberation organization.

(4) Subordinated or repressed (sexual) organizations-sexuality is covert, in contrast to the first three types of organizations. The sexuality of organization members is subordinated to the non-sexual organizational goal. Hearn and Parkin argue that this is the most common type of organization.

In contrast to Gutek (1985) and Konrad and Gutek (1986), Hearn and Parkin (1987) make a less benign argument: they attempt to analyze who benefits from the sexualization of a work organization. In this framework, the sexualized workplace is not characterized by simply a sexualized ambiance; rather, it is in the organization's interest that sexuality is constructed as it is. There is very little empirical research that examines the various types of sexualized work organizations and the issues raised by Hearn and Parkin (1987).

As an illustration of the complexities associated with the concept, "sexualized workplace," it is useful to consider a continuum of sexualized workplaces. What comes to mind at the sexualized extreme of the continuum, or the most sexualized? Perhaps the most obvious sexualized occupations are strip tease dancers and prostitutes, where sexuality is clearly a part of the job description.

Now think of the other extreme of the continuum, or an occupation in which sexuality is covert, even non-existent, or clearly not a part of the job description. Although this task may seem simple, most work organizations are probably sexualized to some degree. For example, computer engineer has a nonsexual job description: to fix computers. Yet, some "CDROM" computer packages are programmed to have erotica appear on the computer monitor. Another example of a seemingly nonsexualized occupation within an organization is physician. Their job description might be "those who practice medicine and aid in healing," which clearly is not sexual. Physicians must be sure that their dealings with patients are desexualized, or they will have their medical license revoked. Indeed, physicians in some states, such as male gynecologists, must have a female

nurse present during pelvic examinations. Gynecologists must be particularly careful to desexualize the exam (Emerson, 1970; Henslin and Biggs, 1991) by talking about other topics, not making eye contact with the patient, and having soft music in the background. Even though the exam is desexualized, the doctor may still engage in sexual innuendo with the nurses. One often hears of the "doctor-nurse" sexual innuendo, but a doctor telling sexual jokes in front of patients is generally thought to be unacceptable.

It may be that all work environments are sexualized in one way or another, even in those organizations where energy is spent desexualizing it. Indeed, the truly desexualized workplace may be a myth. Yet, theoretically very few theories can account for the management of sexuality in the workplace. If all workplaces are sexualized to some degree, then the implications are that sexual exploitation is a much more complex problem than previously thought, and sexuality is a central concept to the study of organizations. Moreover, it may be that only certain groups and/or individuals benefit from the degree of sexualization in a given work organization. If this is the case, we need to understand the conditions under which particular definitions of pleasure are viewed as more legitimate than others. I am not arguing that we should expunge all sexuality in the workplace, rather, sexuality is constantly negotiated, and the construction and maintenance of sexuality may depend on the organizational context.

The theories and research put forth by Acker, Pringle, Hearn and Parkin, and others (discussed above) suggest that the concepts of "sexualized" and "desexualized" workplaces are important theoretical and practical issues. What does it matter if all workplaces are sexualized, in one way or another? The researchers discussed here imply that it probably would not matter if there were no wage gap, if there were not an unequal division of household labor and child care, and if most women were not defined in terms of their "private sphere" obligations. Moreover, Pringle's (1989) research suggests that the degree of sexualization in a work organization would not matter if cultural definitions of sexuality were symmetrical. Pringle argues that women are defined in terms of their sexuality while men are not. For example, a supervisor in her study discussed desirable qualities in secretaries whom he interviews. He said he hoped that the secretaries were married so that they knew what it was like to "please a man." Men are not usually defined in this way.

Pringle, however, does not follow through with her critical analysis: sexuality is more

complex than simply being asymmetrical. Social constructions and cultural definitions of class, and race/ethnicity may influence experiences of sexuality at work. For example, there are myths about the supposedly overt sexuality of black men and women (Collins, 1991). These myths might affect their interactions with others in a work environment in direct or indirect ways. Similarly, there are stereotypes about gays and lesbians that may affect their work experiences. Individuals and organizations often focus on the sexual activity and/or relationships of homosexuals (Cockburn, 1991; Woods, 1993; see also Schneider, 1982).

PROPOSED THEORETICAL FRAMEWORK

This research is framed by the hypothesis that sexuality is managed, constructed, and maintained by organizations, and individuals in organizations--although it varies by organizational context. Within this framework, I argue that the truly asexual worker and organization are myths. Moreover, some individuals may benefit more than others by the construction and maintenance of sexuality.

In my opinion, sexuality has not been researched because it is very complicated and difficult to operationalize. In some theoretical frameworks sexuality has often been conflated with sex or gender (e.g. MacKinnon, 1987). However, it is generally accepted that sex is not the same as gender (e.g. Burrell and Hearn, 1989; Williams, 1989). That is, one's primary and secondary reproductive organs are not directly linked to behaviors we identify as masculine or feminine.

Although I am emphasizing sexuality in this research, it is difficult to analyze it as a distinct concept from gender because beliefs about masculinity and femininity are interrelated with heterosexuality: to be a masculine man or feminine woman is to be heterosexual (Segal, 1990). Moreover, some researchers argue that definitions of masculinity and femininity are more complex. A gay man can certainly be masculine, but the hegemonic norms surrounding masculinity prescribe that a masculine man is heterosexual (Connel, 1987; Segal, 1990)

In addition to being related to other analytical concepts, sexuality is difficult to operationalize because it is conceptualized in many different ways. Theoretically, the definition depends on one's unit of analysis. For example, one could focus on individuals, groups, and/or organizations. An individual has a sexual orientation, thus, sexuality is a large part of our identity. Individuals may dress and behave in ways that are considered sexual. Some groups have a group

identity based on sexuality. Organizations may have policies that exclude gays and lesbians.

In this study, I am assuming that sexuality is socially constructed, highly contextualized, and that there are specific norms regarding it. Although sexuality may be defined in different ways, I will emphasize how individuals and organizations manage, construct, and maintain sexuality at work. West and Zimmerman (1987) provide a useful framework for understanding the management of sexuality by individuals. The authors argue that people "do gender:" rather than being only a quality that individuals possess, people actively construct and maintain gender. Basing their framework on the work of Garfinkel (1967) and Goffman (1967), West and Zimmerman argue that "...gender itself is constituted through interaction" (p.129). That is, gender is an accomplishment. Every act of "doing gender" lends an air of legitimacy and inevitability to the existence of masculinity and femininity. An example of doing gender is door-opening behavior: a man and woman walk up to a door, and the man opens the door for the woman. In West and Zimmerman's framework, this act perpetuates the belief that men are stronger--a stereotypically masculine quality--than women. Whereas Goffman assumed that all people benefit from gendered interactions, West and Zimmerman argue that there are power differentials built into these interactions.

There has been little empirical work on "doing gender," and most of the empirical work that has been done does not explicitly address sexuality. For example, Hall's (1993a;1993b) research focuses on "doing gender" in restaurants. She argues that restaurants, as organizations, do gender "...by structuring interactions of women servers as sexual objects" (1993a:456). Servers do gender through 'emotional labor' (Hochschild, 1983): they use their bodies, emotions and personalities as a way of providing "good service" to customers. However, Hall (1993a;1993b) conflates gender with sexuality. The research does not address, for example, how the sexual orientation of the servers and customers influences the "job flirt" that occurred in the restaurants sampled (1993a:456).

Because I am assuming that sexuality is constructed and maintained, I argue that people "do sexuality"--specifically "do heterosexuality"--as well. Members of work organizations actively construct and maintain sexuality through their interactions with others. West and Zimmerman (1987) argue that doing gender gives legitimacy to it's existence. In this study, I will attempt to document and analyze the "kinds" of sexuality that are legitimate in an organization. Definitions

and constructions of sexuality will probably vary by workplace or the organizational context and the "occupational subculture" (Trice, 1993; Trice and Beyer, 1993). In most workplaces, however, there are very specific norms regarding what sexual behaviors are appropriate in various times and places. A prevalent norm is that sexual behaviors are more appropriate between heterosexual men and women than between gay men or between lesbians (e.g. Rich, 1980). Furthermore, there are norms about racial homogamy: same race intimate relationships are viewed as more acceptable than interracial relationships.

Giuffre and Williams' work suggests that forms of legitimate sexuality and pleasure are also contextualized, and depend on who is perpetrating the behavior. Some sexual behaviors in the workplace are perceived as more legitimate, more acceptable, and even more pleasurable, than other forms. Examples of "doing sexuality" are informal flirtations, pinching, fondling, and sexual jokes--those behaviors that reproduce the dominant cultural norms of heterosexuality. Of course, these behaviors can occur outside heterosexual relationships, but they tend to be defined as illegitimate when homosexuals engage in these behaviors in most work organizations. In sum, "doing sexuality," the accomplishment of heterosexuality, involves an interaction between two or more individuals, and the interaction must support norms about heterosexuality.

Woods' (1993) research about gay men who work in corporate organizations, mentioned earlier, illustrates how both gay and straight individuals, as well as organizations, "do sexuality." Most of the gay men interviewed tried to pass for heterosexual in their workplaces. Woods argues that these men used "counterfeiting strategies" in order to be hired, keep their jobs, be promoted, or receive salary increases. The men in the study told their co-workers and superiors stories about fictional dates with women, or actually went out with women in their workplace so that they would appear heterosexual. In essence, these men are doing sexuality: they are reproducing norms about heterosexuality, and appropriate workplace relationships.

In addition to individuals, I am assuming that organizations are gendered and sexualized, albeit to different degrees. Acker's (1990) framework, discussed above, is useful for understanding the gendered and sexualized nature of organizations. I will analyze the organizations in this study building on Acker's five processes of "gendering." In particular, I will focus on informal and formal rules and policies. Organizations may "do gender," in a sense, through policies which enforce sex

segregation, or only allowing men women to perform particular parts of a job. For example, male nurses are often encouraged to lift heavy objects, while female nurses are encouraged to do most of the actual talking with the patient (Williams, 1989). In addition, organizations may "do sexuality" through anti-fraternization policies or other formal rules or informal assumptions about appropriate relationships in the organization. A current example of this is the policy, which exclude gays in the military.

In sum, "doing gender" perpetuates the belief that some forms of masculinity and femininity are more legitimate than others, while "doing sexuality" perpetuates beliefs about appropriate expressions of sexuality and desire. The process of "doing sexuality" is important to explore because it makes the norm of heterosexuality more explicit. It is often difficult to recognize this norm because people often define their workplace relationships as pleasurable, and are resistant to expunging all sexuality from their work environments. While I do not wish to argue that all sexuality should be removed from the workplace, I believe that some people benefit from the norm of heterosexuality more than others. If I can show that doing sexuality affects workplace interactions, we will be exploring a complex and elusive form of power, which has yet to be understood. In analyzing how people do sexuality and how organizations facilitate this process, I will attempt to be sensitive to issues of race and class, in addition those of gender and sexuality.

PROPOSED RESEARCH

There has been very little empirical research on the construction, maintenance, and management of sexuality in organizations (exceptions are Cockburn, 1991; Pringle, 1989; Woods, 1993). This project represents an attempt to understand how individuals and organizations manage sexuality. Essentially, this research will undertake a case study of professional work organizations, where sexuality is covert, and must be managed: medical organizations. Earlier I summarized Hearn and Parkin's (1987) four types of sexualized organizations. The fourth type, "subordinated or repressed (sexual) organizations," seems to be the most interesting for a study of sexuality in organizations, and describes medical organizations. In these organizations, sexuality is covert, and the sexuality of organization members is subordinated to the non-sexual organizational goal. How is sexuality managed under these conditions by individuals and organizations? More specifically, how is sexuality managed in professional organizations?

Ideally, I would include a case study of "extreme" organizations in terms of the "sexualized workplace" continuum, discussed earlier. It would be interesting to look at an overtly sexualized workplace, such as the strip tease bar, in addition to a desexualized workplace, such as a physician's office. Theoretically and practically, however, it is difficult to construct a continuum, or ascertain what constitutes the appropriate "extreme" organization to contrast with the more obvious sexualized workplace.

PROPOSED CASE STUDY: THE DOCTOR-NURSE RELATIONSHIP

In this study, I will focus on the doctor-nurse relationship in a hospital, medical school, and nursing school. After I discuss these medical organizations, I will move to the doctor-nurse relationship.

Medical Organizations

Theoretically, any health care organization is interesting for a case study of the management of sexuality for several reasons. First, hospitals, and medical school nursing schools are bureaucracies. As with most bureaucratic organizations, there is a hierarchical division of labor, each position in the medical organization requires specialized training, and there are rules and regulations (Freidson, 1970; Starr, 1982). As stated above, theories of bureaucratic organizations have assumed that one's private life has no place in public organizations.

Second, sexuality must be managed in these environments, especially between the doctor and patient. In terms of Acker's five processes of gendered organizations, there are often formal and informal policies which prohibit sexual relations, particularly between the doctor and patient. In the specialty of gynecologists, for example, sexuality is discouraged during the pelvic exam (Fisher, 1986; Henslin and Biggs, 1991). Henslin and Biggs (1991) note that there is no eye contact between the doctor and patient because the drape sheet and/or gown hides the pelvic area from the patient, and the patient's upper half of the body from the doctor. In general, the physician and patient talk about everything--usually school or work--except what is actually occurring in the

exam: the patient is nude, vulnerable, and someone could easily "cross the line" of appropriate behavior. It would be awkward if a male gynecologist asked a woman for a date, even though he can ask her about her sex life as part of her medical history. Given that the physician must attempt to be "asexual" with his or her patient, does this implicit sexual ethic carry over to the other relationships in the office? Does a physician desexualize his or her interactions with nurses?

Third, medical organizations are interesting for a case study of the management of sexuality because they are considered professional organizations (Freidson, 1970; Hall, 1968; Starr, 1982). Wilensky (cited in Hall, 1968) argued that professions generally have the following structural characteristics: they create full-time occupations, establish a training school, form professional associations, and have a code of ethics. Professions also have attitudinal characteristics: a belief in service to the public, a belief in regulating colleagues, and autonomy (Hall, 1968). Moreover, there is often a belief that professionals are able to separate their private life from their public life (Woods, 1993). Hearn and Parkin (1987) argue that a "model of asexuality" may be stronger in professions, such as medicine (p.93). In other words, a professional can leave his private life-- emotions, desires, and sexuality--at home.   In addition to being professional organizations, hospitals and medical schools are interesting for researching sexuality because medicine is based on the principles of science. That is, medicine is based on principles of rationality, objectivity, and neutrality.   Mishler (1981) argues that medicine is dominated by the principles of biological sciences, and physicians often think of themselves as "bioscientists."   Ideal physicians, like scientists, are supposed to be rational, objective and neutral. Empirical research, however, suggests that physicians often do not attain this ideal. Fisher's (1986) work on medical decisions has shown that physicians are not always objective, and do not routinely persuade women to have medical procedures that are in the women's best interest. Fisher found that medical decisions are often based on class and race: patients with different cultural backgrounds but with similar medical histories often receive vastly different medical procedures. In short, her work suggests that "scientific decisions" may be value-laden.

Given that medical organizations are bureaucracies, professional, and medicine is based on scientific principles, it seems that medical organizations would be the least likely place to "find" examples of "doing sexuality."   Earlier I noted that some researchers have analyzed the

desexualized nature of the pelvic exam (Emerson, 1970; Fisher, 1986; Henslin and Biggs, 1991; Williams, Park and Kline, 1992). The patient-doctor relationship is the most obvious place that sexuality is managed. However, what happens in other relationships in medical organizations, specifically, the doctor-nurse relationship?

The Doctor-Nurse Relationship

Even though there are a variety of relationships in hospitals and other medical organizations, the doctor-nurse relationship is the ideal place to analyze the management of sexuality for several reasons. I will emphasize doctors and nurses for several reasons.

First, the doctor-nurse relationship is interesting for a study of sexuality in medical organizations because of the gendered and sexualized cultural definitions of what it means to be a nurse and doctor. The doctor-nurse relationship is intimately linked to beliefs and stereotypes about gender and sexuality. Pringle (1989) argues that the boss-secretary relationship is based on heterosexist assumptions. A similar dynamic seems to occur in the doctor-nurse relationship.

Physicians are stereotyped as being asexual, rational, professional, and able to be "detached yet concerned" (Ackerman-Ross and Sochat, 1980; Fidell, 1980), or what is often referred to as an "ideology of affective neutrality" (Parsons, 1951; Smith and Kleinman, 1989:57; Trice, 1993). In terms of Acker's five levels of analyses, physicians are usually culturally represented as white, upper class men. For example, most daytime soap operas are filled with "detached yet concerned," white, upper class, physicians. To "make it" as a physician, one must be willing to work long hours in residency, often working twenty-four hour shifts. This requires young doctors to have few non-work related responsibilities, such as childcare and domestic work.

In contrast to physicians, nurses are believed to be nurturing, passive, and caring--all of which are viewed as "natural" extensions of the female role (Melosh, 1982; Williams, 1989). Because nursing is associated with women and femininity, male nurses are often thought to be homosexual (Williams, 1989). Historically, nurses, unlike doctors, have fought to become a profession (Friedson, 1970; Melosh, 1982; Starr, 1982). They have had limited success and currently are considered semi-professions (Hodson and Sullivan, 1990). Other female-dominated

occupations have had similar conflicts over their definition as professional. For example, secretaries have experienced similar conflicts in attempting to become "professionalized" (Pringle, 1989). Pringle (1989) argues that part of the problem in defining clerical work as professional is that cultural definitions of what it mean to be a secretary are antithetical to what it means to be a professional. A similar dynamic may have occurred with nursing: nursing is thought to be an extension of the stereotypical feminine role. That is, supposedly, any woman can be a nurse, just like any woman is capable of being a flight attendant (Hochschild, 1983), waitress (Cobble, 1991), or secretary (Pringle, 1989). These occupations are female-dominated and believed to be natural extensions of the feminine role. Moreover, Pringle argues that a secretary is "everything a boss is not." Similarly, a nurse may be viewed as being everything a doctor is not--although, this belief may be changing as more men and women enter the occupations of nursing and physicians, respectively.

Second, because of the highly sex-segregated nature of the occupations, I would expect to find exaggerated norms of heterosexuality. Physicians are 88% male (with 2.8% black and 4% Hispanic) (U.S. Department of Labor, 1988). Registered nurses are 94.6% female (with 8.5% black and 2.7% Hispanic) (U.S. Department of Labor, 1988).

Third, the doctor-nurse relationship is ideal for analyzing the management of sexuality because they interact often, thus making more "opportunities" for personal interactions. Doctors and nurses interact much more frequently, for example, than doctors and administrators. Physicians and nurses spend long hours with one another, and often work under high stress. Hearn and Parkin (1987) argue that mere proximity and stress often lead to sexual interactions.

Finally, because doctors and nurses are not organizational equals, there are obvious power differentials in their interactions with one another. These four aspects of the doctor-nurse relationship make it ideal for a study of gender and sexuality in the workplace. For example, a female nurse "does gender" (West and Zimmerman, 1987) through her interactions with patients and doctors: she cares for, feeds, comforts and nurtures patients. She accepts "doctor's order" willingly, and might not challenge a physician's prognoses of patients (e.g. West, 1993; see also Goffman, 1961; 1967). Melosh (1982) argues that this process is complicated: nurses often find ways to challenge physicians, yet make it appear as though it was the physician's idea. A male nurse "does gender" by lifting heavy objects (Williams, 1989).

How do nurses and doctors--male or female--manage their personal relationships in a professional environment? Specifically, how do they "do sexuality," and does this vary according to gender? A stereotype is that nurses and doctors marry frequently. Moreover, nurses and doctors may engage in sexual banter and innuendo as a "back stage" activity. Are there anti-fraternization policies, which discourage sexual relations between workers in medical organizations?

Empirical work suggests that the management of sexuality may be different according to gender, at least in the physician-patient relationship. For example, Phillips and Schneider (1993) found that a 75% of female doctors surveyed reported sexual harassment from patients. In this study, all of the respondents were female, so there is not a comparable report for male physicians. Moreover, we do not know the percent of female physicians who have been sexually harassed by other physicians. However, the study does suggest that even in exams, which are normally highly desexualized, are, in fact, sexualized in some degree, and that this may vary by gender.

In addition to doctors and nurses, it would be interesting include male and female medical and nursing students in the study in order to understand how students are socialized to become doctor and nurses. What are students taught formally and informally about managing personal relationships in their profession? Lorber (1984) found that men and women have different experiences in medical school. Male medical students tended to receive faculty (usually male) sponsors, which helped their careers, whereas women did not. Another study suggests that medical school is not "desexualized." Komaromy et al. (1993) found that male and female faculty members experienced sexual harassment, usually by other faculty members. What do medical and nursing students learn about the management of sexuality in this type of environment?

CONTRIBUTIONS OF PROPOSED RESEARCH

In this study, I hope to shed light on the construction and maintenance of sexuality in work organizations. Moreover, I will attempt to show that people "do sexuality," in addition to doing gender. How and why people "do sexuality" is an important research question because perceptions and definitions of pleasure and sexuality may benefit some people, more than others. Moreover, I hope to elucidate the meaning of a sexualized and desexualized workplace. If the desexualized workplace is a myth, then we need to understand how every organization manages sexuality.

The contributions of the proposed research lie in several areas. First, this study will lend

insight to gender and sexuality in organizations. In particular, the concept of "sexualized workplaces" could enhance our understanding of coerced and uncoerced sexual behaviors in the workplace. Moreover, the research could suggest new theoretical frameworks in the study of sexuality and organizations. Second, this study could contribute to our understanding of occupations within organizations. Third, this research could enlighten research in medical sociology. There has been very little empirical research on sexuality in medical organizations. Finally, there are possible policy implications for rules, laws and policies, which govern sexual interactions in work organizations, such as anti-fraternization and sexual harassment policies.

RESEARCH PLAN

In order to understand the management of sexuality in the medical community, I will conduct in-depth interviews with at least twenty-five male and female doctors, twenty-five male and female nurses, and at least twenty male and female medical and nursing students from three medical organizations: a hospital, medical school, and nursing school. I will attempt to attain a sample that is diverse in terms of age, marital status, race/ethnicity, and sexual orientation. I will also conduct participant observations in the hospital and school. I hope to have access to classes so that I can observe and analyze the interactions between faculty and students. In addition, I will analyze the formal and informal rules and policies that govern sexuality in these work environments, such as anti-fraternization and sexual harassment policies. After I conduct most of the qualitative component of the study, I will conduct survey research of a sample of my population. In Tables 1 and 2 below, I list the proposed methods of study.

TABLE 1: Overview of Proposed Methods

PROPOSED METHODSRATIONALEIn-depth interviewsIn order to understand how people do sexuality, from their own points of view; in order to understand self-definitionEthnography/participant observationTo understand the context of the work site and/or organizationAnalyze formal policiesTo understand how the organization formally and/or informally manages sexuality (e.g. What is/is not prohibited? Between whom? Why?) Are policies enforced?

Quantitative/survey dataIn order to attain a more generalizable picture of my population--demographic and descriptive characteristics

TABLE 2: Proposed Respondents

SUBJECTS   REASONSPhysiciansDoctors are stereotyped as being rational, and asexual, especially with their patients. How do physicians desexualize their interactions with others, in particular nurses? How do physicians "do sexuality?"NursesNursing is stereotyped as a natural extension of femininity. How do nurses "do sexuality?" Medical and nursing students To understand how medical students are socialized, and taught to desexualize their interactions with physicians, nurses, and other members of the medical organization

Qualitative Methodology

Because I am assuming that sexuality is ambiguous, socially constructed, and highly contextualized, in-depth interviews and ethnography would best inform my theoretical questions. I will conduct in-depth interviews in order to understand how some people interpret sexuality in their work environment, or why they "do sexuality" from their own points of view. I will interview physicians and nurses who work in hospitals (see Table 1). Examples of possible questions or themes for the physicians and nurses are the following (see Appendix I, for the tentative question guide): What are your most fondest and most troubling experiences in medical/nursing school? Do you ever socialize with other doctors/nurses during non-work hours? Have you ever been sexually harassed? Do you ever talk or joke about sex? With whom? I will attempt to learn how private and personal relationships are played out in a professional environment.

In addition, I will conduct in-depth interviews with medical and nursing students (see Appendix II, for the tentative question guide). I will document and analyze how medical and nursing students are socialized to "do sexuality" in the workplace. I will ask questions about their relationships with professors and other students, and about their coursework. How are medical students taught to desexualize their interactions with others, if at all? Have they ever been sexually harassed? Do they ever talk or joke about sex? With whom?

Because I have experience with in-depth interviewing, I will be able to conduct and transcribe all of the interviews myself. I will analyze the qualitative data using Strauss's (1987)

guidelines in <u>Qualitative Analysis for Social Scientists</u>. After each interview is transcribed, the transcript will be read several times and analyzed into emergent conceptual categories.

After I conduct the in-depth interviews, I will do ethnographies of the workplaces/organizations, in order to understand the workplace culture and "language" and "...to see if people 'say what they mean and mean what they say'" (Schwartz and Jacobs, 1979: 46). I hope to observe several aspects of the hospital and attend several medical and nursing school classes. I will document how students are taught to desexualize their interactions, if at all. What do students learn, formally and informally from their professors? Physicians may not act sexually during the exam, such as not telling sexual jokes, but they may tell sexual jokes around their fellow medical students.

Finally, I will evaluate the formal and informal rules and policies associated with each workplace culture, such as any rules which prohibit sexual relations, and sexual harassment policies. I will examine the underlying assumptions of the rules and policies, and attempt to answer the following questions: What is done to eliminate sexuality in each occupation, if anything? Who benefits from these rules? Are the rules implicitly about protection from or by a particular group of individuals? What do these rules say about sexuality? What is allowed? When do people "cross the line" (according to the rules and policies, and in actuality)? What happens if people break the rules? Are some people punished more severely than others?

In addition to the underlying meaning of the rules, I will evaluate the rules and policies in a more practical sense. Are the policies written or "understood"? Are the policies enforced? Do people feel that they can use the rules and policies? Are there rules that prohibit all sexual relations between a doctor and nurse? An example of policies which implicitly prohibit sexual relations is the following: a male gynecologist (in some states) must have a female nurse or physician present when he does a gynecological exam. What are the underlying assumptions in this particular law?

Access may be difficult, yet not impossible, in medical and nursing schools and medical organizations. I assume that interviews with doctors may be more difficult to attain than with nurses, simply because of status differences, but I may be able to get access through one of my friend's physicians. Once I am in contact with doctors and nurses, they may be able to help me "snowball." I personally know two nurses, five physicians, and two clinic accountants, who will

help me gain access to the medical population. My committee members may also be able to help with access.

Another concern in this research may be ethical conflicts. Fisher (1986) and Scully (1980) found themselves in complicated ethical situations in their studies of medical organizations, and, in particular, doctors. They often did not agree with many of the doctor's treatment of patients. Of course, neither of the researchers verbalized their comments. I will not verbalize any of these issues either; however, I will keep a journal of my interpretations and experiences, and include these in my dissertation (ensuring anonymity).

Quantitative Methodology

There are no current data sets that deal with my specific topic: the management of sexuality in medical organizations. I will continue to look for a data set over the next year. I hope to attain descriptive and demographic characteristics of a sample of my population in order to make this research more statistically generalizable.

APPENDIX 1:

QUESTION GUIDE FOR DOCTORS AND NURSES

Introduction to the study and interview: I am interested in how personal and private relationships are played out in a professional environment. I chose to study medicine and nursing because personal, and often, intimate interactions occur in you work environment. I have four main groups of questions regarding your training, then question about your relationships with patients, co-workers, and doctors.

I. Background/General Questions
        A. When did you first decide to become a nurse/physician? What were the reactions of your friends/family to your decision to become a nurse/doctor?
        B. What was your image of nursing/medicine before you joined it? Did the occupation meet your expectations?

II. Training Experience
        A. What are your favorite/fondest memories about medical/nursing school? What are the worst/most troubling ones?
        B. In your opinion, were you ever treated differently because of your gender? Sexual orientation? Race/ethnicity?
        C. What do you think it takes to succeed in medical/nursing school? Is there a particular type of woman/man who is most/least likely to succeed?

III. Relationships with patients
        A. Describe an ideal patient. Describe the worst experience you have had with a patient.
        B. Do you see a difference in how male/female patients treat you? Do you think you treat male/female patients differently?
        C. What were you taught about dealing with uncomfortable situations with patients?
        What do you do to make patients more comfortable, especially when they are nude?
                1. How were you taught do deal with nudity? How were you taught to deal with any sexual responses or interactions from patients? For example, what were you told about catheterizing patients?
                2. What was your first experience giving a bed bath, or catheterizing a patient? Were you uncomfortable? Did your training prepare you for it?
                3. How do you handle these situations now?
        D. Do you ever joke with patients? If so, what are the jokes about?
        F. Are there any policies governing interactions with patients?
        G. Have you ever met with a patient during non-work hours? Do you ever/have you ever socialized with patients after work?
                If no > > Why not?

IV. Relationships with Co-workers (Other Nurses/Doctors (questions about those who hold the same occupation e.g. if I am interviewing a nurse, these questions will be about other nurses)
        A. How often do you come into contact with other nurses/doctors? Do you come into contact with nurses/doctors of race/ethnicities?
        B. Do you get along better with men or women nurses/doctors?
        C. In your opinion, what are some advantages/disadvantages to working with men/women?

D. Do you socialize with other doctors/nurses after work?
                If yes >>> What do you usually do?
                        1. Do you ever joke around? Are there any topics you avoid?
                        2. Have you ever dated another nurse/doctor? Do you know anyone who has? Is it acceptable? Were you ever warned against dating them?
        E. What were you taught (in medical/nursing school) about dealing with other doctors, if

anything?

   F. Do you ever feel excluded from any groups at work? Have you ever had any negative experiences because of your sex/sexual orientation/ race/ethnicity? Do you know anyone who has? If so, what happened?

V. Relationships with doctors/nurses (e.g. if I am interviewing a doctor, these questions will be about their relationships with nurses)
   A. How often do you come into contact with doctors/nurses during a regular shift?
     1. Do you work with male and female nurses/doctors?
      If yes >>> Do you get along better with male or female nurses/doctors?
     2. What are some advantages/disadvantages to working with male/female nurses/doctors?
     3. Do you socialize with doctors/nurses after work?
     If yes >>> What do you usually do?
     4. Have you ever dated another nurse/doctor? Do you know anyone who has? Is it acceptable? Were you ever warned against dating them?
     If no >>> Why not?
   B. What were you taught (in medical/nursing school) about dealing with nurses/doctors, if anything?
   C. Describe the ideal nurse/doctor.
   D. In your opinion, what could be done to improve relationships between doctors and nurses (if anything)?
   E. Are there any policies regarding relationships with your co-workers?
     1. Do you think there should be?

VI. Relationships with others
   A. Do you ever interact with administrators? If so, on what occasions?
     1. Do you ever socialize with administrators?
     2. Do you ever joke with them? If so, what are the jokes about?
   B. How often do you come into contact with the office staff/secretaries/administrative assistants?
     1. Do you ever socialize with them?
     2. Do you ever joke around? About what?

VII. General questions and issues (if they have not addressed these questions thus far)
   A. Have you ever been sexually harassed? If so, please describe what happened.
     1. Do you know anyone who has been sexually harassed?
   B. Are there sexual harassment and/or anti-fraternization policies where you work?
     1. Do you think there should be a policy?
   C. Has anyone ever filed a complaint, that you know of?

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