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RESEARCH ARTICLE

TO DO OR NOT TO DO.. MENTORING IN #METOO ERA.

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Abstract

Being diplomatic is most cowardly way forward. As human, it's our responsibility to protect each other in this era from any form of harassment by whatever means it takes. In India, with increasing number of women entering medical profession; it is important for us to form environment by constructing policies and promoting cultural changes within academic institution to prevent any future abuse. Taking an example from other countries, this article is an attempt to analyse #metoo movement and focuses on developing leaders and biased free mentorship programs at institutional level.

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Introduction:-

"MeToo" as slogan is an attempt to increase awareness about sexual assault and harassment. It has gathered widespread media attention in past couple of years. As allegations against people from eminent profiles surfaced, conversations about sexual harassment and assault shifted to the broader issue of institutionalized sexism and discrimination against women in different industries.¹

The field of medicine is no exception. For decades, women in medical field have faced unwelcoming and hostile learning environment that has made it difficult to report transgression.² Although it's considered to be an era of feminization of medical field, female physicians are not only marginalized in leadership positions,³ they also make less money than their male counterparts even after analysis control for factors such as specialty, seniority, and number of working hours.⁴ They are less likely to have mentors who actively foster their careers as compared to men.⁵ Women tend to quit academic medicine at a higher rate than men do, and as a part of social construct, they bear more family responsibilities.⁶

The #MeToo and #Time's Up movements have allowed women to raise their voice against inappropriate gender-related treatment in and outside the workplace. Fnais *et al* (2014) in their study demonstrate the surprisingly high prevalence of harassment and discrimination among medical trainees, which has not declined over time. The authors recommended having both drafting of policies and promoting cultural change within academic institutions which would prevent future abuse and provide "judgment-free" help to someone in need.⁷

As a reaction, some men in leadership position now say they are afraid to engage in mentoring relationships with women. In a study, focused on participation of men in gender-equality initiatives, 74% of male senior business managers cited fear as a barrier to men's support for gender equality.⁸

Present day men fear fallacious allegations of sexual misconduct that could compromise their social and professional stature, even if they were found to be innocent.⁹ Young women on other hand, during critical periods of their

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professional development, are being denied mentorship, causing deprivation of career-enhancing experiences for them.¹⁰

Recognizing the crucial role of mentoring, it's important for both men and women to first understand psychology and consequences; when men in positions of power are "afraid" to mentor women. We live in what sociologists call a "culture of fear."¹¹ We are afraid of the situation, but our fears are out of proportion to reality. In present day situation, fear as a social constructivism leads to struggle against thinly disguised misogyny views of women. Such fear can play a destructive role in the field of medicine, in light of the legal and ethical constraints and obligations of clinical practice and training.

As a physician or mentor in academic medicine, refusing to see patients of a particular gender or limiting interactions with trainees or colleagues to only one gender would be unethical. Such act is not justifiable; just because they are terrified about being accused of sexual misconduct. Academic physicians have a professional and moral responsibility to mentor the next generation of medical professionals.

When we think of any change, we have long known that efforts to effect changes are often met with resistance, even when the changes make intellectual sense.¹² We tend to anticipate the worst possible outcome seeking change as a risk to our safety.

Men's fear of mentoring women has been described as a backlash to the #MeToo movement, which is a strong adverse reaction by a group of people who think that others have received undeserved benefits.¹³ and is an example of hostile sexism. It suppresses women by withdrawing mentorship opportunities from those who challenge the existing state of affairs. With increasing number of women entering medicine some men think that gender equality puts them at a disadvantage and women's advancement could come only at their expense.

Being petrified to mentor women is not simply about fearing false accusations of sexual misconduct. It is about disgracing women who speak out against sexual and psychological harassment.¹⁴ It also sidelines conversations about the serious consequences for women of limiting their mentorship opportunities, and it threatens to halt progress toward gender equality in forerunners.

As mentors, it's time to analyze our own fear reactions to assess what underlies for the future. We should think as to what excluding women from mentorship opportunities would mean and about the many benefits these opportunities will provide to academic institutions and health care organizations. Thus, institutions should implement strategies to help men move beyond fear and create an environment that supports mentorship opportunities. Such efforts include creating a "safe space".

Making the field of medicine more conducive for female professionals can be achieved by a number of steps which include more flexible working hours, working conditions and considerate criteria for family and medical leaves. All-encompassing framework of gender equality including well-defined character roles, channelizing government policies to build a system with inherent laws, and offering leadership development programs with implicit biased free training.

Among these recommendations, more emphasis should be given to professional advice and support. It should promote contemplation of one's self and address implicit stereotype towards women as it may be difficult to admit to implicit bias and accept views that do not match with recognition of personal or professional selves.^{15,16}

Conclusions and Recommendations:-

1. The focus of sexual harassment inquiry should be on creating hostile institutional environment. It should not lay stress on women's failure to report.
2. Institution heads should have a responsibility for developing fair, non-intimidating reporting procedures for sexual harassment and enforcing sexual harassment policies.
3. Institutions should develop leadership / mentorship development programs with biased free training.

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