

Female Professionals' Experiences whilst Accessing and Undergoing Fertility Treatment: Voice and (In)Visibility in the Workplace

L. Buchanan⁽¹⁾, K. Thory⁽²⁾,

(1) Lisa Buchanan, 07925 152 460, lisa@buchananshaw.co.uk

(2) Dr Kathryn Thory, 0141 553 6199, Kathryn.thory@strath.ac.uk

To date, fertility treatment (FT) and its impacts on professional women is a little researched topic in gender and organisation studies. This seems surprising given that a growing number of women are accessing fertility treatment in the UK (HFEA, 2014) and as the worlds of medicine and the workplace continue to collide then it is no longer enough to allow women's reproductive health to be excluded from workplace discourse. This research explores three main research questions. Firstly, how do female professionals experience voice and (in)visibility whilst going through FT? Secondly, how does voice/silence and (in)visibility link to power and lastly, how are these dynamics played out whilst women access and undertake FT?

To explore these questions, the research draws on the concepts of voice/silence and (in)visibility to illuminate the challenges women face at work whilst accessing and undergoing fertility treatment. Several theories illustrate themes of workplace exclusion and inequality or the silencing of women through a culture of accepted male norms (Gatrell, 2011, Jansen and Davis, 1998, Simpson and Lewis, 2005, Lewis and Simpson, 2012). This study places fertility treatment in the context of liberal feminist and post-structuralist understandings of voice and visibility to interrogate the literature and understand how they inter-relate, whilst helping us understand women's fertility treatment journey at work.

The research makes use of 'surface' and 'deep' conceptualisations where surface voice/visibility refers to 'states of inequality' and deep relates to 'underlying processes' which sustain silence and keep issues hidden from view (Simpson and Lewis, 2007:4). At a surface level, the concept of voice helps us understand if women's fertility treatment stories are heard or neglected and what type of material support they received (Simpson and Lewis, 2005, 2010). At a deeper level, the concept of silence points to gender power relations which silence non-male discourses surrounding procreation and how women's fertility issues are silenced so as not to disturb the male norm. At a surface level, the concept of visibility refers to how women undergoing fertility treatment marks them out as different (visible) from the male norm as women deal with the process of undergoing treatment. This often involves feelings of exposure and standing out at work. At a deeper level, (in)visibility refers to the discourses of male hegemonic power which make women visible because they are outside the male norm and at the same time they are invisible as they are de-centred from male power (invisibility underpins power).

The research strategy was developed using qualitative, narrative analysis techniques. This approach was underpinned by post-structuralism, one of the main research philosophies that enable the researcher to develop ideas about people's use of language and discourse to shape and construct their realities (Gavey, 2011, Jonker and Pennick, 2010). Nineteen women from the UK, Ireland and the US were interviewed using a semi-structured set of questions.

Disclosure became a key element of exploring surface and deep themes of voice. In terms of the type of disclosure, nine women made formal disclosures to their line manager, while the remainder (10) made an informal disclosure to a colleague or work friend. There were three main responses to (non)disclosure described as problematic for women. Broadly speaking these can be categorised into concern about how she would be perceived in her role and its impact on her job prospects, silencing through a male-centric view of the workplace and lastly, the reflection that the general lack of voice and legislation afforded to the issue of fertility treatment means that women were subjected to many insensitive and ill-conceived responses that perpetuate silence.

Drawing on surface (in)visibility, the findings illustrate a variety of responses to the challenges women faced to be present/visible at work and thus avoid standing out whilst going through fertility treatment. At this level, absence from work was equated with unreliability, poor image and stilted career progression. Their responses included strategies to avoid detection through treatment, being ever-present at work, hiding emotions, maintaining a strong division between home and work life, taking very little time off work and fitting in appointments around leave and/or work commitments. On a deeper level of (in)visibility we have also learned that being ever-present is expected in the workplace and that the most common behavioural response was to blend in with the male norm and not to seek any changes to working practices. At a deeper level, some women chose to challenge the norms – giving them voice and visibility - by speaking out, challenging practices and asking for time off. By challenging the masculine rules of the game, they have taken their place as professional women in the workplace and are getting what they need. However, we learn that women's agency is limited at the organisational level despite their having gained professional and managerial status and therefore, it must be concluded that structural barriers still have stronghold in this area of gender (in)equality.

The study offers a unique contribution to the literature on voice and visibility because it extends the application of these theoretical concepts into a new and growing area for professional women. In doing so it theoretically develops the themes of deep voice and visibility by highlighting women's use of power to challenge gendered organisational norms and demonstrates the interplay of voice and visibility as mutually constituent concepts. It also makes a call to employers to think about new ways to tackle gender equality at work.

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