

Special Issue Call for Papers

**Exploring the complex nexus of gender, health, and marginalised identities at work:  
Intersectionality and beyond**

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Gender, health, and identity are interrelated. Yet, gendered health issues are often othered, discounted, discredited, and marginalised in organisations; they tend to be taboo and stigmatised (Atkinson et al., 2021; Beck et al., 2018; Gatrell, 2011; Mavin & Grandy, 2016; McFadden & Crowley-Henry, 2016; Ryan et al., 2022; Steffan, 2021; Whiley et al., 2023). The domains of gender, health, and identity intersect in multifaceted and nuanced ways, including but not limited to pregnancy, maternity, and breastfeeding (Gatrell, 2011; Wilkinson, 2023; Whiley et al., 2021), (in)fertility and childlessness (Griffiths, 2021; Wilkinson & Rouse, 2023), neurodiversity (Smyth et al., 2015), sexual orientation (Hoskin, 2020), and many more. They are further complicated by socio-cultural, historical, and economic systems (Mabaso et al., 2023), including patriarchy, legacies of colonialism and the rise of neoliberalism, intensifying their marginalisation. Too often, negative characterisations of gendered healthcare issues, and the outcomes associated with them, lead to ignorance, judgement, or disbelief on the part of managers and colleagues (Porschitz & Siler, 2017). In turn, it deepens the sense of (un)belonging for those who occupy such abject and liminal positionalities, and can constitute identity threat (Mumford et al., 2022).

Judgements from others and feelings of (un)belonging and self-stigma are often exacerbated by an absence of appropriate organisation policy or legislative protections for specific gendered health experiences in the workplace, even for relatively privileged employees in developed countries (Wilkinson et al., 2023). This leads to secrecy and silence (Sabat et al., 2022), activities aimed at 'making up for' any perceived shortfall in performance or commitment (Gatrell, 2011), or ultimately often decisions to downsizing careers or exit work altogether (Kossek et al., 2017). Additionally we acknowledge that policies tend to have middle class, heteronormative, and formal labour market biases (Jaga & Ollier-Malaterre, 2022). Low-income workers, and women in particular, in precarious and informal work often face multiple and intersecting vulnerabilities, including food and economic insecurity, and disproportionate demands for caregiving which can negatively impact their health due to stress and limited access to healthcare. These vulnerabilities often stem from entrenched oppressive structures.

Much of the limited research to date on gender and health at work has focused on the lived experience of the individuals affected. We know less about the values, experiences, and challenges of other organisational stakeholders, including line managers, HR professionals, senior managers, those

in new 'champion' roles, staff network leads, and policy makers. Consequently, there is an urgent need to understand effective legislative, policy, and supportive measures that could reduce stigma, judgement, and discrimination. We invite submissions of conceptual, theoretical, and empirical papers that critically explore gendered health experiences at the intrapersonal, interpersonal, and organisational levels. Submissions could cover psychological, social, economic, or structural aspects but it is important to adopt a pluralist lens, including but not limited to intersectionality, Critical Femininities, and post/decolonial approaches (e.g., Hoskin and Blair, 2022; Idahosa & Mkhize, 2021; Jaga, 2020; Manning, 2021). Studies that give voice to marginalised communities, topics, and approaches are especially welcome (e.g., Gaete et al., 2023).

Possible topics include (but are not limited to):

- (in)fertility and childlessness,
- miscarriage and child loss,
- abortion and decisions to be childfree,
- parenthood and division of (un)paid labour,
- menstruation and menopause,
- breastfeeding, pumping, chest feeding, and bottle feeding,
- (a)sexuality,
- sexual health and (a)gendered illness experiences,
- gender identity,
- (a)gendered occupational risks,
- gender-based violence,
- gender sensitive health policies,
- gender and neurodiversity,
- gender and mental health,
- gender-responsive health legislation,
- hegemonies and health, e.g., neoliberalism, patriarchy, cisnormativity, heteronormativity,
- health system inadequacies and inequalities and impact on people's experiences at work,
- gender, health and temporalities.

### **Submission Information**

Submissions should be made electronically through the **Submission System**

<https://submission.wiley.com/journal/gwao>. Please refer to the **Author Guidelines**

<https://onlinelibrary.wiley.com/page/journal/14680432/homepage/forauthors.html> before

submission. Please select the 'Original Article' as the article type on submission. On the Additional Information page during submission, select 'Yes, this is for a Special Issue' and the Special Issue title from the dropdown list, 'Exploring the complex nexus of gender, health, and marginalised identities at work: Intersectionality and beyond'. For questions about the submission system please contact the Editorial Office at [gwooffice@wiley.com](mailto:gwooffice@wiley.com).

For enquiries about the scope of the Special Issue, please contact your queries to the Guest Editors, Dr. Lilith A. Whiley ([l.whiley@sussex.ac.uk](mailto:l.whiley@sussex.ac.uk)) and Dr. Krystal Wilkinson ([k.wilkinson@mmu.ac.uk](mailto:k.wilkinson@mmu.ac.uk)).

**Deadline for submissions: 30 June 2024**

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