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## **A Study on Physician Bullying as Gender Harassment to Female and Male Operating Room Nurses in Minnesota (Part I)**

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The first of a kind study of physicians' bullying behavior to female *and* male operating room registered nurses in Minnesota demonstrated that while both genders experience and witness bullying by physicians – there are differences based on the gender of the nurse.

This research study was designed to examine physicians' bullying to nurses through a gendered lens to determine if the bullying that is reported to occur in ORs fits the definition of gender-based sexual harassment according to the law. The research was designed around legal parameters to make the research relevant to the law. In order for behavior to constitute illegal sexual harassment, it must fit the following parameters. It must be: 1) unwelcome, 2) severe and/or pervasive enough to interfere with an individual's job or work performance, 3) based on a reasonable person/woman/victim standard, and 4) sexual and/or gender based. Most of the sexual harassment that reaches the media deals with traditional sexual harassment, as in unwanted sexual attention or sexual coercion. Gender based sexual harassment – referred to as gender harassment – is less well known yet the most common type of sexual harassment.

Gender harassment is behavior that does not have to be sexual in nature but occurs due to a woman's (or man's) gender; it is characterized by hostile and degrading comments, jokes, and body language usually towards women, about women, or towards a particular woman. Yelling, being ignored, having her competence questioned, infringing on body space, name calling, sarcasm, pushing, hitting, and other intimidating and bullying behavior may constitute gender harassment.

Sometimes it is not the behavior alone that determines if the incidents are hostile, but consideration of the environmental context is required to make the determination. The healthcare system, particularly within the OR, includes the gender-typing of the occupation (e.g. female nurses and male physicians), stereotypical gender composition of other work groups, hierarchy, patriarchy, and an organizational climate regarding gender, which work together to increase the risk of gender harassment occurrence.

### **List of Behaviors Nurses Experienced and Witnessed**

1. Jokes said at my expense
2. Demeaning or derogatory remarks or name calling
3. Ignored or excluded from professional camaraderie
4. Object thrown in room or at me
5. Slapped, struck or grabbed
6. Silent treatment
7. Not given praise I deserved
8. Rude and/or disrespectful treatment
9. Hostile gestures, glaring, hostile body language
10. Yelled or shouted at in a hostile manner
11. Contributions ignored
12. Prevented from expressing myself – being told to shut up or being interrupted
13. MD flaunt his/her status or treat me in a condescending manner
14. Shoved, pushed, or bumped into with unnecessary force
15. Reprimands, criticism, or put downs in front of others
16. Sexist or negative remarks or jokes about women
17. Sexist or negative remarks or jokes about men
18. Unfair blame or scapegoating
19. Sexual remarks, jokes or innuendo
20. Threats with physical harm

Various courts have ruled that behavior that is not sexual could be gender-based harassment if it demonstrates unequal treatment that would not have taken place if it was not for that employee's gender. Because gender harassment may be severe and or pervasive enough to interfere with a woman's (or man's) ability to do her job, the behavior meets the legal standard for employment discrimination.

Men may also experience gender harassment, often by other (heterosexual) men. The results of this research did not demonstrate male gender harassment based on the legal parameters. More research is occurring regarding the sexual harassment of men including gender harassment.

A survey was sent to a randomized group of female and all male RNs who practice perioperative nursing or are CRNAs in Minnesota. Looking back over the last year, nurses indicated how often they personally experienced each of 20 bullying behaviors by physicians, how severe they found each behavior to be, and the gender of the physician exhibiting the behavior. In addition, the nurses indicated how often they witnessed those same 20 behaviors, how severe they found each behavior to be, and again, the gender of the physician bully. (See end of this paper for list of behaviors.) Previous research indicated that when individuals witness bullying or sexual harassment, it impacts them as though the behavior had been directed at them. In addition, civil rights law recognizes that you do not need to be the direct recipient of sexual harassment in order to be victimized by it and to have legal recourse.

Male RNs were significantly more likely to *experience* three of the 20 behaviors (# 1, 7, 17 of list at the end of this paper) more often than their female colleagues and to *witness* one of the 20 (# 1) significantly more. The women did not report experiencing or witnessing any of the behaviors significantly more often than the men. However, female RNs significantly reported 11 of the behaviors they experienced (# 1, 6, 7, 8, 9, 10, 11, 13, 16, 18, 19), and 14 of the behaviors that they witnessed (# 1, 2, 3, 6, 7, 8, 9, 10, 11, 13, 15, 16, 17, 19) as more severe than the men. The male nurses did not identify any of the behaviors as significantly more severe than their female colleagues. Female RNs were significantly more likely than male RNs to experience the following 11 (of 14) behaviors as an interference with their job and work as a result of experiencing *and* witnessing the abusive physician behavior:

1. Is a serious strain on daily work
2. Reduces efficiency
3. Is a serious problem
4. Decreases morale
5. Reduces job satisfaction
6. Increases errors
7. Contributes to staff turnover
8. Contributes to absenteeism
9. Contributes to nursing shortage
10. Interferes with work relationships
11. Diminishes teamwork

Female RNs were significantly more likely to identify male physicians as the most likely perpetrator of abuse for all 20 behaviors that they both experienced and witnessed. Male RNs identified male physicians as the most likely bully in 11 of the behaviors they experienced and 13 of the behaviors they witnessed. However, male RNs were significantly more likely to indicate that both genders equally bullied them for the remainder of the 20 behaviors they experienced and witnessed.

What do these results mean – how does this translate into gender harassment? The law indicates that for sexual (or other protected class) harassment to occur the behaviors must be unwelcome, which they were to both the men and women. But there the similarities between the male and female RNs stop. The behavior must be severe and/or pervasive enough to interfere with an individual's ability to do her or his job. There was a statistical difference between the male and female nurses in that the male nurses did not view the physicians' bullying as severe whereas the female nurses identified more than half of the behaviors as severe. Pervasiveness was measured by the behaviors the nurses both experienced *and* witnessed. For example, a nurse may experience name calling, jokes made at her expense, intimidating behavior, and her contributions being ignored once a month; but she may also experience other behaviors such as sexist jokes and condescending comments every week or every day. Couple this with her having to witness, (she is forced to by her mere presence in the OR) colleagues experience the same treatment over the course of a year--this demonstrated pervasive behavior. Additionally, male RNs believed they are treated better, and female nurses believed that as women they are treated worse because of their gender. The men were significantly more likely to see that their gender also provided them with job advantages over their female counterparts. Both male and female nurses indicated that there is a camaraderie between the male nurses and the male physicians that does not exist between the female nurses and the male physicians. All of this together – unwelcome behavior by men that is severe and/or pervasive enough to interfere with her work, combined with male nurses experiencing better treatment and job advantages was examined using the standard of the *reasonable woman*. In other words, a reasonable woman would feel (and would a jury agree?) that the behavior she was subjected to would constitute gender harassment. Yes, this research indicated that female RNs are subjected to sex discrimination and/or gender-based sexual harassment—a violation of the Civil Rights Act Title VII and therefore illegal.

Many nurses indicated that there had been a positive change in the climate in their OR and the physicians were being held accountable for their behavior. Unfortunately, they were outnumbered by the female and male nurses who told painful stories of abuse by physicians. A common theme in their stories was the lack of follow through by management and administration to nurses' complaints about the bullying and harassment. The courts are very clear in their rulings on such things as it relates to sexual harassment - management must take appropriate steps to intervene and make the behavior stop. If that does not occur, it increases the liability to the hospital and the physician.