

The following article is an overview of my research and was published in the Minnesota Nurses Association official publication, *Minnesota Nursing Accent* in November/December, 2008, Vol. 80, No. 6.

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

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Part I of this article provided the quantitative results of the study on physician gender harassment to operating room nurses in Minnesota hospitals. Part II deals with the qualitative component in which the nurses responded to two write-in questions. One question asked nurses to write about an experience that had the greatest effect on them. The second question was open-ended requesting that nurses discuss their reaction to the research, tell more about their experiences, or discuss anything else that they thought was important for the researcher to know.

The nurses' quotes in this article are documented the way they were written by the nurses including spelling, grammar and punctuation. Because there is a limitation allowed in the length of this article, only a sampling of quotes will be included. To read a comprehensive review of the nurses' stories, visit Strauss's website listed at the end of this article. Nurses' answers to the questions will follow the common themes from the two questions.

Verbal and non-verbal abusive behavior. These behaviors ranged from passive conduct, such as being ignored, to more aggressive behavior including being yelled and sworn at by surgeons and anesthesiologists. Sometimes the abusive behavior was condescending and demeaning and demonstrated a lack of appreciation for the nurse's knowledge, as this woman reflected, "I asked a surgeon a question about a surgical procedure he was going to perform. He replied, 'you just wouldn't get it.'" One female nurse spoke adamantly about being the brunt of a surgeon's abuse:

Screamed at by a surgeon because he felt I had made an error in weighing breast tissue during a breast reduction procedure; quote: "You had better be goddamn sure that tissue is correct. I think you really screwed that up! What the hell!"

Several nurses expressed concern in how abusive physician behavior could compromise quality patient care as one woman shared, "Surgeon would not give me a dose for [drug], kept telling me to give it. I repeatedly requested a dose. After 3 times, he glared, yelled, and swore at me to give 'the damn drug.'"

A common theme interwoven throughout the nurses' stories was that the physicians' behavior was not a one-time event but rather repeated behavior, as this male nurse described:

One particular plastic surgeon is very demeaning and condescending to the extent that a list is kept with whom did he work with last so it could be kept on a rotating basis as not to subject the same people to his cruel manner. This treatment of staff has gone on for years.

One female nurse stated that, "Tantrums are common place in the OR [by physicians]." Nurses, especially when they first begin their OR practice, were often surprised at the behavior of physicians:

When I first started in the OR, I was appalled by the behavior of the surgeons. I couldn't believe what they got away with. .. I think the general public would be surprised by the behavior of surgeons witnessed in the ORs.

Physical and threatening behavior. This behavior took many forms such as throwing items in the OR or at a nurse, kicking objects, and intimidating and threatening behavior such as angrily approaching and getting too close to the nurse. One female nurse expressed concern about a different kind of danger—blood borne contagion, “He swears, throws 4x4s around. Bloody 4 x 4s flying around is dangerous.” This woman declared:

A surgeon was working Christmas Eve, was mad he didn’t have his team because he is very particular. He was grabbing the scrub’s hand and pushing it away. He was kicking the IV pole by the patient’s head to get anesthesia’s attention and to get our attention to remove tubing in his way. He also threw scissors across the room because the scissors was too dull.

While most of the complaints by the nurses involved male physicians as the abusers, this female CRNA experienced physical abuse by a female physician. “A female anesthesiologist slapped my hand while I was intubating a patient because I didn’t do it her way.” A new nurse in surgery said, “The doctor asked for a retractor, which I gave to him, and he blew up, swearing and shouting and throwing instruments towards me.”

Gender and sexual behaviors. This theme contained the most commentary reflecting the sexism that appeared to be inherent in the OR milieu. Sexual behavior was another common denominator frequently discussed by both the male and female nurses.

Statements and behavior that were sexist and/or sexual were asserted by both female and male nurses. Sometimes the nurses were the direct target of the remarks and incidents while at other times they were the witnesses to a co-worker’s victimization. The following incident was described by a female nurse that occurred to a female resident while assisting the male surgeon during a procedure:

I went into an OR and the surgeon was directing the resident to pick up/hold tissue with a Bickel forcep. The surgeon [male] yelled at the resident saying, “Pick it up and hold it like you mean it—don’t hold it like you’re holding a foreskin or something.” The surgeon continued to demonstrate and told the female resident, “you wouldn’t hold a cock like that—grab onto it.”

A male nurse’s sexual orientation was the target by another surgeon, described by the female nurse who witnessed it:

A male doctor was harassing a gay male nurse when he (nurse) and I were discussing patient care. The doctor took an esophageal dilator, put it between his legs and “stroked” it while calling out the male nurse’s name. I was mortified, mostly because of how humiliating it must have been for the nurse.

It isn’t just the physicians who make sexual comments or tell sexual jokes, “I am a female, patient was female, circulator was female. Two surgeons, scrub tech and two company reps were male. They were telling drinking stories, then stag party stories, which turned into a very graphic story about a female stripper.”

Some of the comments made and conduct displayed by surgeons depicted sexist attitudes towards women or were indicative of the OR culture, as this woman reflected, “There is a good old boys club, female RNs do not get in.”

By far, most of the complaints by both female and male nurses were attributed to the behaviors of male physicians. This male CRNA's experience, however, was one of the few exceptions:

A female anesthesiologist would daily berate me. Tell me that I didn't know anything because I was a male. She would use the most vile, vulgar profanity. She would then explain that she was a "real" doctor and was the only one with the knowledge and experience to provide anesthetic.

Many male nurses related incidents that they witnessed involving a male physician conducting himself inappropriately with a female nurse. Some of the incidents included unwanted sexual attention, making sexual comments, and in this case, a "Surgeon telling filthy jokes. I felt it was neither the time nor the place. I was somewhat uneasy because of opposite sex in the room. My sense was they felt they needed to tolerate the behavior due to their lower status."

Both female and male nurses discussed the difference in the way each gender is treated by male physicians with male nurses generally receiving *friendlier* treatment than their female colleagues, as exemplified in this female nurse's statement, "One inequality I did notice at the hospital is that male nurses develop almost a 'buddy' relationship with male MDS—fishing trips, etc." A male RN agreed with her, "With the gender issue, I feel as a male, I do seem to get treated with better respect." The male nurses were more likely to see the benefits of being male in their relationship with male physicians, Many more males than females commented on being treated better than their female peers as stated by this man, "As a male, I feel the surgeons, especially males, expect more from you than a female nurse. And as a male, I think I am respected more than a female RN." One male nurse had a very different view than his male peers:

I think it is a huge misconception that men in nursing are treated differently than their female counterparts. It has been my experience that I have been treated worse and more harshly... As a result of my experiences, I cannot in good faith advise any young person to go into nursing or nurse anesthesia.

Female RNs addressed gender differences in aggressive treatment by physicians to nurses, "I think male doctors and male nurses bond differently than male to female. I believe that some male doctors think they can intimidate some females easier." Male nurses agreed as demonstrated by this man's perspective, "What I've noticed throughout my career is male MDs don't treat RNs the same. They're somewhat more aggressive toward female RNs than male RNs." Another male nurse believed that because of his gender, stereotypical expectations are placed on him:

The reality is at times I get treated differently, sometimes better, because of my gender. Other times, I think I am asked indirectly to be tolerant of sexist comments/behavior (i.e. a joke is told is almost a litmus test for whether or not I am okay with the undertone)...So as a man, I feel sometimes as though I work harder to try to know more overcompensate) to alleviate my fear of being treated better because of my gender.

Blame the nurse. Throughout the responses, nurses identified incidents in which the nurse was blamed for whatever went wrong during the surgical procedure: a broken or ineffective instrument or piece of equipment, an OR room not being available on time, when the surgeon made an error, and if the surgeon was struggling with the surgical procedure itself.

Public displays of abuse. With rare exception, a physician's abusive behavior is done in public with many other OR team members present such as the CST, CRNA, perhaps a physician's assistant or RN first assistant, there may be medical device representatives present, and the RN circulating nurse; and, of course, the patient who may be sedated but not yet anesthetized, or may not be sedated at all.

Physicians' responses. This category was filled with stories about physician's behaviors including how doctors retaliated against the nurse if she or he directly confronted the physician about his or her behavior, or if the nurse informed management about the abusive behavior. An exception includes this surprising event told by a female nurse who asserted that the surgeon had been ignoring her contributions during the day, then, "made a cutting comment to me that especially hurt my feelings. I addressed it, was apologized to and the next thing I know, had flowers delivered personally to our door at home along with a fun visit with me and my family."

Female physicians tended to be better thought of than male physicians, at least by female nurses. One female nurse stated, "female surgeons usually are more interested in you as a person and are less abrasive in the workplace," to statements regarding physician age, "Younger anesthesiologists are more receptive, respectful, and easier to work with than the older more experienced MDAs." and, "I find that the older MDs were very abusive compared to the new and younger MDs."

Patient involvement. Nurses described numerous acts by physicians that involved patients in a variety of ways. Sometimes it was comments made about a patient, but often it was abusive behavior directed towards a nurse in front of patients and their families. There were a couple of times when the patient either confronted the abusive physician, informed management about the abuse, or both. One female nurse cited such an incident when a male surgeon, "was screaming at me and the patient reported it. No charge from surgery"

Nurses' responses. This theme included the nurses' emotional responses from being targeted as well as detailing their behavioral responses. Behavioral responses ran the gamut from ignoring it and walking away from the abuser to confronting the doctor and reporting the behavior to management, to acknowledging it will never change and focusing on the patient, to quitting.

Frequently the action of choice was no action at all. One female nurse shared her experience when a physician threw a knife across the room during a surgical procedure, "Everyone knew what happened that day, but nothing was ever done about it because that is his reputation." However, this female CRNA stated, "I just duck behind the drapes," when she identified a male plastic surgeon's rude behavior. Another woman questioned why physicians are allowed to behave the way they do, "I find in nursing we let physicians get away with terrible behavior that would be unacceptable in any other situation. Why do we do this?" Quitting their jobs was a response identified by many nurses. One nurse indicated she was aware of three nurses quitting in a year due to having to deal with just one surgeon.

Female nurses wrote of many emotions after being targeted by the abuse. After three surgeons, in three different incidents, yelled and threw instruments in the OR or at an employee, three different nurses made the following comments, (a) "at first I was frightened, then stunned, then mad;" (b) "I was shocked and a little afraid but just continued to do my job. I felt a little better after he apologized;" (c) "Horror."

A pattern that emerged from several male nurses, often CRNAs, was their observations of female nurses being treated abusively by physicians, including having instruments thrown at them.

Nurses' responses. The responses of the nurses to the abusive incidents demonstrated a variety of coping mechanisms including everything from being *thick skinned*, to quitting, to focusing on the patient. One female nurse attempted to write about an incident in which she was victimized and found it too painful, "The incident occurred about a year ago. I tried to 'write it out' for you, but find I am still unable to talk about it."

Nurses talked about the desire to quit or that they were looking forward to retirement to get away from the abuse. Sometimes trying to create a more respectful environment where everyone is treated respectfully requires more than a nurse may have in her, "It is sometimes too much energy and effort to always hold others accountable for their unkind words and actions."

Management and administration responses. With rare exception, the nurses' stories were about management's lack of discipline to abusive physicians, failure to ensure abusive behavior stopped when and if the physician was confronted, and lack of management support to the OR staff when they reported inappropriate physician behavior. Often nurses indicated that the abusive behavior was typical of a certain physician, implying that if management didn't know, they should have, or that management wouldn't intervene because of the physician's political and/or financial power within the organization. There were, however, some exceptions with some nurses praising the responses from their organization's management as reflected in this nurse's statement, "We have had physicians 'escorted' from the premises for the kind of behavior your survey is studying."

In contrast to the above actions, were the absent or ineffective management responses as this female nurse acknowledged, "Surgeon is rude, loud, abrasive to staff... Usual behavior for this doctor. Management knows—wants his business." A similar statement was made by another female nurse when referring to a male surgeon who has both financial and political power within the community and the hospital, "The facility does not stand up to this bully. He brings in business and is on a disciplinary physicians committee."

One female nurse cited an incident in which a surgeon verbally attacked her, grabbed her by the shoulder, and pushed her around in front of the director. "She [director] was a direct witness to this assault and did nothing about it!!"

Nurses repeatedly discussed how surgeons are lauded by management and how the nurses were expected to take the abuse as this female nurse reflected, "Management says to expect it. Whatever the surgeon wants and says, you just put up with it." This female nurse believed, "The difficult surgeons are treated like gods by the management...I've brought my complaints to the medical director who promptly told me, 'I can't do anything about it.' There is NO management support."

There is retaliation against those who speak up, "The people who have attempted to report hostile situations have had to endure 'retaliation.' Our administration does not support them—as a result, we have lost 5 surgical techs in the past year."

One hospital implemented a new code of conduct for physicians that resulted in this female nurse's statement about the effectiveness of the document, "I have made numerous reports to our president for violations by MDs of our new 'Physician Code of Conduct Policy,' but have not seen real action."

Management has actually stated that nothing of consequence would happen to the surgeons because they are the ‘money makers.’ The following nurse discussed the financial aspect as well as a bartering game administrators play with the physician:

Administration bluffs with threats that are rarely followed through. Administration also enters into bartering with the surgeon—you take the anger management [class] and we’ll give you the added staff you say contributed to your getting angry—face saving.

Respectful environment. Many nurses discussed how respectful their OR staff and physicians were, that theirs was a coveted place of employment where respect flourished, and the environment was safe. Other nurses discussed how their OR environment had improved over the years.

Study comments. Both female and male nurses expressed their thanks for this research. A female nurse stated that “This is a very hush-hush environment that exists, I’m sure, in every operating room across the country on some scale. For us all to be a team centered on patient care, it’s high time it was addressed and acted on.” Another female nurse responded from a visceral stance, “It really made me think about my work environment. I could feel my BP rise and tightness in my stomach.”

Other female and male nurses expressed a sense of hopelessness as exemplified by this female nurse, “Good luck figuring out a strategy to change human nature and years of established rituals and behaviors.” Two male nurses shared similar views, “This research won’t alter anything,” and “There is no amount of research that will ever make a difference.” While another nurse had a totally opposite view, “As I told you in my e-mail, what you are trying to prove or disprove is simply not tolerated. You are barking up a leafless tree and I don’t know where you are going with this.”

Abuse as the norm. Nurses indicated that the constancy of the abuse was a catalyst for quitting and counting the days until retirement, “I have been an OR nurse for close to 30 years, and in the past have had instruments thrown, doors slammed, etc. The verbal abuse never ends. Four more years to retirement and I cannot wait!” As a result, nurses sometimes came to believe that the abuse is part of the job:

I’ve been in nursing for 30 years, being treated disrespectfully by physicians—especially male physicians are routine or just the norm. I’m actually more shocked or surprised by a physician’s respectful or kind behavior. Poor treatment is just considered part of the job.

Power and Hierarchy. Power and hierarchy were represented widely in the nurses’ stories. “The OR is very much a hierarchy or cast system and not a team.” The nurses associated the hierarchical relationship between physicians and nurses with feeling *less than*, as this female nurse indicated, “Sometimes working with physicians is like being a second class citizen.”

Conclusion

These themes from the nurses' own words provide a rich narrative to the quantitative data discussed in part I of the article. As evident in the nurses' stories, gender bias appears an inherent aspect of the OR climate in Minnesota Hospitals. Also apparent is the seemingly lack of accountability by management to intervene on physician behavior to make it stop. Several male nurses also spoke to their own victimization due to sexual stereotypes or sexual orientation. Whether the abusive behavior is gendered or not, as nurses, you do not have to accept it and there are steps you can take to fight your victimization as outlined in the side box.

If you've experienced harassment and/or bullying at work, please tell me about it. You can send your story, questions, concerns, thoughts etc. to me via my email at [Susan Strauss](#).