Sexual harassment and nurse anesthetists

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Sexual harassment has emerged as an unpleasant but important subject for nurses. And, while most instances of sexual harassment take place in business settings or on college campuses, a number have occurred involving nurse anesthetists.

Sexual harassment is prohibited under Title VII of the Civil Rights Act and Title IX of the Education Amendment of 1972. However, there is a real difference of opinion about exactly what constitutes harassment. Clark describes it as "...harassment in which the faculty member covertly or overtly uses the power inherent in the status of a professor to threaten, coerce or intimidate a student to accept sexual advances or risk reprisal in terms of a grade, a recommendation or even a job."  

The Equal Employment Opportunity Commission (EEOC) defines the problem as "any unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature that affect employment decisions or create an intimidating, hostile or offensive working environment." Oshinsky defines sexual harassment as "not a sexual issue but as an issue of power." The National Advisory Council on Women's Educational Programs provides a general definition: "Academic sexual harassment is the use of authority to emphasize the sexuality or sexual identity of a student in a manner which prevents or impairs that student's full enjoyment of educational benefits, climate, or opportunities."

At least two basic elements emerge from the various definitions: (1) sexual harassment appears to be an imposition of power in an uneven situation, and (2) the sexual advances are unwelcome. Sexual harassment is a form of "academic malpractice" in school settings because it deprives students of the opportunity to study in a wholesome environment free from undue pressure. And while individual cases differ, more damage seems done to student nurse anesthetists than to CRNAs because of the uneven balance of power and the vulnerability of younger students.

By way of contrast, it might be useful to define what sexual harassment is not. If two individuals are involved in an activity by complete mutual consent, strictly speaking, it is not sexual harassment. One individual recounted an instance when a physician, who had undergone two intensive hours in the operating room, asked a nurse for a back-rub to help him relax. If the nurse provides this extra service with complete willingness, it is not harassment.
Two individuals may exchange affectionate hugs in the hallway and if done freely, the act would not constitute harassment. Even a fully completed sexual affair between two consenting adults is not harassment if it is mutually voluntary. Such behavior may be considered immoral and unprofessional but it would not fit under the category of sexual harassment. The actions become harassment only if the person in power uses coercion and his or her position to force an unwelcome sexual advance.

Like most complicated problems, sexual harassment has its gray areas. While a student and faculty member may engage in a form of sexual activity voluntarily, the person who succumbs often does so out of fear or because an administrator or faculty member has power. Harassment can range from verbal innuendoes to unwelcome physical advances, and one person's compliment might be another's harassment. Patricia MacCorquodale states "I think it's the trickiest issue in sexuality today."2

**Why does it happen?**

The causes of sexual harassment seem to be quite diverse. While some say it has to do primarily with the power relationship between teacher/director and student or nurse, others simply see it as an unfortunate manifestation of human weakness. One faculty member put it this way: "For us the danger is Pygmalion fantasy. Those of us who teach college students deal with young people when they are most physically beautiful, most open to new thought and experience. All the while, we get older. It's quite a lure. We meet them vulnerably, because we can see in them our past youth and thus an ideal and ghostly image of ourselves."1

The most common form of sexual harassment in a school setting involves male faculty members and younger female students, although there are cases of males sexually harassing other males and also of females manifesting forms of lesbianism. Rarely do there seem to be instances of female faculty members imposing sexual advances on younger male students.

**Categories of sexual harassment**

The National Advisory Council on Women's Educational Programs proposes five categories of sexual harassment. The first includes sexist remarks—an area that seems similar to racial discrimination because the perpetrator attempts to demean another individual solely because of gender. For example, one student related: "Later on Dr. X took me aside and explained to me how women rarely make good field geologists. This he maintained, was due to their difficulty in perceiving things in three dimensions. He contended that when figuring out Graduate Record Exam (GRE), Scholastic Aptitude Test (SAT), and the American College Test (ACT) scores, etc., the 'educators' take this inherent deficiency into account."1 Strictly speaking then, demeaning remarks made by a member of one sex to a member of the other sex can be considered sexual harassment.

The second category includes offensive but normally sanction-free behavior. Manifestations can include off-color jokes, suggestive anecdotes, crude sexual remarks or offensive stories related in class. While this category provides the most common and grayest area relating to the problem, the basic criterion for sexual harassment seems to be whether the recipients object to such remarks. If two or more medical personnel are exchanging off-color stories voluntarily, there is no sexual harassment. But if one individual finds the material offensive and unwelcome, the incident would be considered sexual harassment.

The third category relates to promises of rewards for sexual favors and is basically an attempt to purchase sexual behavior with a guarantee of better grades or special favors. In a learning setting, the National Advisory Council on Women's Educational Programs places this form in the same category as prostitution on the street, with the only real difference being the form of barter—grades instead of money.

The fourth category deals with threat of punishment. Unlike the promise of reward, the person harassed is either blatantly or subtly told that she or he will somehow suffer negative consequences from not consenting to sexual advances. For instance, one nurse complained to a doctor about his suggestive comments and was later ostracized by the same physician.

The final and most obvious category deals with crimes and misdemeanors. If such an incident were reported to police, it would be considered a crime. Since a large number of nurse anesthetists do not come forward and accuse agitators of sexual harassment, many instances often go unreported. Although 81% of women interviewed in one study (non-nurse anesthetists) indicated they had been victims of some kind of sexual harassment, only 18% actually complained about the incidents.8

There are a number of reasons for this reticence to complain. Some student nurses fear that they might be perceived as "making waves" and thus jeopardize their academic careers. Other
CRNAs are convinced that nothing will really happen to the perpetrator, especially if that individual is in a position of authority. Still others fear that the matter will be treated lightly or not at all. Some even worry about being blamed for encouraging the advancements in the first place.

During the past year, a charge of sexual harassment was leveled against the head of a hospital anesthesiology department. And while at least five nurses collectively brought the charges, other nurses held back from saying anything about the alleged instances of harassment. (This case is currently in litigation.)

Dealing with the problem of sexual harassment

A number of potential solutions have been proposed for coping with sexual harassment, but those which seem particularly successful are the following seven: 1.

1. Institutions should develop a clear policy prohibiting sexual harassment.
2. A grievance procedure should be established to handle complaints. Such a procedure is most successful when it involves two steps. First, there should be a mechanism to resolve complaints informally, followed by a formal procedure if the first step is not successful.
3. This policy should be publicly communicated to students, staff, faculty members and administrators.
4. There should be a stated faculty and personnel code of conduct with specific information about sexual harassment.
5. Special pamphlets might be distributed which would include advice to students and employees about their rights as well as advice on how to handle and possibly avoid sexual harassment.
6. Materials on sexual harassment should be included in student handbooks.
7. Counselors should be alerted and preferably trained in dealing with sexual harassment.

In implementing these procedures, it seems essential that the problem be emphasized more than once. Upon entrance into a nurse anesthesia program, students should be alerted to the possibility of such a problem and presented with avenues of recourse. Administrators, faculty, and head nurses should encourage students to voice complaints when there is strong suspicion of sexual harassment.

The best systems appear to be those which increase awareness, produce well defined forums for complaint and tailor specific sanctions to the nature of the incidents. An inadvertent and flip-pant suggestive comment obviously ought to be treated much differently from an overt and unwelcome sexual advance.

Conclusion

The medical profession is universally respected but, unfortunately, sexual harassment occurs in hospitals and schools of anesthesia in approximately the same proportion as on college campuses or in business settings. Such behavior not only hampers student learning and interferes with the practice of nursing, but it can also harm patients if it is conducted in a medical center setting. It is a serious problem, warranting continuous vigilance and effective measures.

REFERENCES


AUTHOR

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