

In Her Own Words:

Nurse Victim Shares Story of Workplace Sexual Harassment

by Anonymous

The following is a factual account of my experience being victimized by on-the-job sexual harassment and sexual assault, and the retaliation that followed my reporting of it. It is an example of at least one healthcare organization's failure to protect the rights of a victim of sexual harassment and assault. The event took place at a major Boston healthcare organization's hospital in 2015. I am a BSN-prepared nurse working more than 25 years in the operating room, and I have also worked in the capacity of nurse manager and supervisor during my career.

During the summer of 2015, the supervising anesthesiologist of the operating room where I was working began making me uncomfortable with sexual statements directed to me as well as staring up and down my body in a very sexual manner. Even

with my disengagement and negative responses to his sexual statements, his behavior

escalated to two occurrences of physically assaulting me in the fall of 2015.

In one assault he forcefully, physically restrained me while stating, "I could make this job happen for you if you really want it."

This occurred during an interview with him while I was a candidate for a nurse manager position in the operating room.

Another event occurred in the OR, during a case. The physician turned his back to the patient under his care and repeated sexual remarks to me while his leg was pushing me against a wall. I had no way to retreat. I defended myself on both occasions and coworkers noticed that it was unwanted physical aggression. One of these assaults was captured on video. His inappropriate sexual language towards me, lack of physical boundaries, very large physical size, and powerful political position in the hospital was very intimidating to me both physically and professionally. I was fearful for my safety, as well as for the safety of my patients, and I now believed that his behavior was not accidental in nature, but predatory. At this time, I had completed successful interviews for the position of operating room nurse manager with nurse leaders, the chief medical officer, and surgeons throughout the hospital. I had been told I was the lead candidate for the OR nurse manager position.

As an operating room nurse, it is at the core of my beliefs to protect patients in their most vulnerable states. Aligning with my core belief of protecting patients, I knew I needed to report this physician's behaviors to a superior in the hospital who could intervene on behalf of my personal safety as well as advocate for quality patient care.

I reported his sexually harassing behavior, verbally, to his manager and the CMO of the hospital. In my report I made it clear that this behavior was repetitive and escalating, and that these were serious incidents that needed to be

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corrected. Due to this physician's lack of appropriate physical boundaries, I asked for a plan to ensure my safety by not allowing this physician to work with me in the future. I was sensitive to the possible ramifications of such a report, and communicated that no one needed to lose their job if corrective actions could change his threatening behavior.

My complaint was forwarded to human resources to whom I retold the details. They assured me an investigation would follow. The results of the investigation substantiated my complaint. I was told a surveillance video corroborated my account. The human resources representative told me the physician would be apologizing to me. When I asked to view the video, I was told it was unavailable.

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I was asked if I wished to continue my candidacy for nurse manager, to which I replied yes. However, I stipulated that my request to not work with the offending physician be honored. Within weeks of my complaint I received a forced, insincere apology from the physician which was further intimidating and victimizing to me. Adding insult to injury, a new nurse manager candidate was interviewed and hired.

I began to be disciplined for minor infractions at work. In addition, the physician who assaulted me began looking up and down my body again in an intimidating and sexual way and would change the OR assignments to work in my area of the OR.

I began to fear I was being retaliated against for my complaint. Through the astute observations and help of another physician and friend in the hospital, I gained support. Although the hospital administration had told me to be silent about my harassment and assault, at the urging of a sympathetic physician, as well as nurse coworkers and friends, I began to tell other nurses in my department about my harassment. I asked if they had experienced or witnessed similar behavior from this, or any other, physician.

I learned the harassing physician had said and done things to several nurses, and had also jeopardized the privacy of a patient. Two of the nurses reported his behavior to human resources with no consequences to the harassing physician. Nurses stated to me they felt their complaints fell on deaf ears, and they feared possible retaliation and loss of their jobs if they spoke up, as they saw was happening to me.

In the many months that followed, I was put on administrative leave twice for discussing my sexual harassment complaint with friends and staff. My nursing and physician coworkers were directed by hospital administration not to talk to me at work. Through video surveillance I was monitored during my work and when coworkers spoke to me they were subsequently interrogated by administration.

The sympathetic physician who spoke out and intervened on my behalf was similarly disciplined for minor infractions. The hospital administration was systematically isolating me and disciplining my supportive coworkers in an effort to silence me. With legal support, I filed complaints with the Mass. Commission against Discrimination, National Labor Relations Board, and Mass Board of Registration in Medicine. Through successful representation by attorney Kevin Powers of Boston, the case was resolved to my satisfaction.

For eight months I continued to request not to work with the harassing physician; those requests were denied. The harassing physician continued to assign himself in my work area and intimi-

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Stats & Info to Know

“Sexual harassment, as defined by World Health Organization (WHO) and its partner organizations, is ‘any unwanted, unreciprocated, and unwelcomed behavior of a sexual nature that is offensive to the person involved, and causes that person to be threatened, humiliated, or embarrassed.’ It’s likely that most nurses have experienced unwanted approaches, sexually based comments, or inappropriate jokes—perhaps even unwanted physical contact—at some point in [their] careers.”¹

“A survey of U.S. academic medical faculty members found that 30% to 40% of women in healthcare experienced sexual harassment, and those who complained or reported it received negative consequences to their careers. Moreover, 60% of trainees and medical students also experienced sexual harassment. However, most did not report the incidents.”¹

“An international review of nurse exposure to physical and nonphysical violence, bullying, and sexual harassment in 38 countries found that about 25% of the nurses reported sexual harassment. The highest rates for physical violence and sexual harassment occurred in Anglo countries—Australia, Canada, England, Ireland, New Zealand, and the United States.”¹

“In Massachusetts, Chapter 151B of the General Laws is the statute that makes sexual harassment in the workplace unlawful. There are two main categories of sexual harassment from which employers need to protect employees, one of which is known as ‘hostile work environment; harassment. Hostile work environment discrimination includes sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature that interfere with an individual’s work performance by creating an intimidating, hostile, humiliating or sexually offensive work environment. To create a hostile work environment, the behavior must be severe and pervasive ...”²

“Employers are [also] strictly liable for hostile work environments created by managers and persons with supervisory authority, regardless of whether the employer knows of the conduct. An employer may also be liable if an employee who is not a supervisor or a manager, such as a co-worker, creates a hostile work environment.”²

1. Suzanne Carroll, RN, MS, AOCN®; ONS Voice, March 7, 2018; <https://voice.ons.org/stories/is-sexual-harassment-of-nurses-prevalent-in-health-care>.
2. Regina Ryan, Attorney at Law; MUNICIPAL ADVOCATE Vol. 29, No. 2; www.mma.org/wp-content/uploads/2018/07/advocate_v29n2_law_sexual_harassment.pdf.

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date me. I was supported by many physicians and nursing staff who altered their assignments to accommodate me working in an area away from the harasser. It was one year and three months after my harassment event that I was fired as a result of circumstances around a coworker staff nurse who erroneously altered my patient medical record entries without my permission. Despite my complaints to hospital administration, the nurse and physician harasser are still employed by the healthcare organization.

My simple request to protect myself and patient care by working free from sexual and physical harassment evolved into a fight to keep my job. As a result of the pernicious retaliation against me by the hospital administration and the hospital's HR department, I had no choice but to file suit against the hospital to protect my professional reputation and to enforce the state's anti-retaliation law.

Not in my wildest dreams did I imagine that in 2015 these rights would be in jeopardy. That a physician would use sexual harassment and assault as a means to empower himself during an interview speaks to personal weakness and ineffective professional skills. The bigger crime is that a healthcare institution would choose to empower and protect these behaviors by continuing his employment and discrediting my professional contributions and reputation. Not only did this assaultive experience disrespect me personally, it also disrespects and weakens the professional nurse/doctor relationship, which is based on the intellectual, collegial, supportive mission of providing quality patient care.

This healthcare organization failed enormously to protect my rights against sexual harassment and assault, and in doing so it jeopardized all healthcare workers and, with them, patients. Despite this institution having knowledge of multiple complaints against the physician for sexually harassing behaviors, they chose to ignore the opportunity to change the behavior. It is unacceptable to expect the burden of an employee's illegal behavior to be solely carried by the victim. Healthcare institutions need to be held accountable for their ineffective observance of the law.

During my harassment I was repeatedly told by hospital administration not to discuss the harassment, with which I initially complied. I was cooperating with administration, expecting a fair and just solution. I have learned from this experience that silence empowers injustice. Nurses, physicians, and all hospital staff need to communicate and exercise their freedom of speech in order to put hospital administrations on notice to uphold the law.

Many nurses, doctors and healthcare workers understand that operating rooms, emergency rooms, and healthcare facilities in general can be very stressful environments to work in. At times, under stressful conditions, doctors, nurses, and patients may act out in isolated acts of disrespect to those around them. Under some circumstances, an isolated disrespectful remark is unintentional, and professionalism dictates that it not be taken in personal context. However, it is important to understand and distinguish that *unwanted* sexual advances, sexual harassment, and assault are distinctly different unlawful behaviors.

It is my opinion that it is the responsibility of a competent hospital administration to report to local law enforcement authorities when positive investigations of repeated sexual harassment and

sexual assaults occur within their confines. Additionally, they should responsibly advise the victims of their right to notify the local police authorities. Nurses and many other healthcare professionals report such assaults and harassment, in the workplace, under the assumption that the healthcare organization will appropriately discipline this unlawful behavior and protect the victim from further harassment and assault. Nurses and all healthcare workers must be informed that they can report this criminal behavior to local law enforcement.

The #MeToo movement has been influential in exposing problems of sexual harassment and assault within business organizations. I write about my experience because I know I am not alone. The healthcare industry is not immune to problems with sexual harassment and assault. Nurses need to be informed and speak up to support the ideals of the #MeToo movement in an effort to bring about the change that is needed to correct the problems. In the healthcare organization where my harassment took place, many staff members had previously observed or experienced sexually harassing behavior from the physician who harassed me. Many coworkers did not report out of fear of retaliation and/or loss of their jobs. The culture of fear of reporting needs to be eradicated via institutional policy changes and judicial oversight. Nurses and all healthcare workers can change institutional policy by speaking up. Unchecked sexual harassment and sexual assault undermine the delivery of quality care for all nurses, doctors, and patients.

Editor's Note: *The MNA met with this nurse and reviewed all relevant documents related to their situation, and we have jointly decided not to publish their name for fear of further retaliation. It is important to note that their case before the National Labor Relations Board was settled. Their complaint against the physician has yet to be decided by the Board of Registration in Medicine. It is astounding that this serial offender is still practicing at the same facility. ■*

