

# It's All About Respect

One nurse's opinion about how we're perceived by the media, the public, and the physicians with whom we work

BY GENEVIÈVE M. CLAVREUL, RN, PHD

**WATCHING ANY OF THE PRIME-TIME** medical-themed shows, you could be led to believe that nurses are just cute props used to break up the monotony of the actors portraying the real healthcare workers—doctors, residents and interns. In some shows, you'd be hardpressed to see any job that a nurse does. It seems like it's really the doctors who administer shots, take blood pressure readings, and answer the patient's call button at 0100 hours.

Thank goodness this seeming lack of respect and low regard for nurses and their role in healthcare only seems to extend to scriptwriters and the Hollywood elite, because survey after survey continues to show that the public holds nurses at higher esteem than even the venerable physician. After all, the public—our patients—see what they see, which is the nurse walking the halls 24/7, answering call lights, and often doing the “heavy-lifting” that Hollywood prefers to assign to the physician, but in reality is done by the nursing team.

Which view is really correct? Do we get the respect we deserve?

Sometimes on the hospital floor, nurses are treated poorly by physicians and administration. Walk into almost any nurse's breakroom and you can hear snatches of conversations of how nurses may have been overlooked, demeaned, or belittled by a doctor. Our profession has come so far and yet it still faces a day-to-day battle for respect. Could it be that so little has changed?

When I entered RN school as a LPN, some of my peers advised me to pursue a BSN and to eschew the Associate degree. Their reasoning? Doctors have their MD and they only respect those with higher degrees of education. So what are they saying—out with the Diploma- and Associate-prepared nurse, since these degrees were suddenly not worth the paper they were printed on after all?!?! A nurse needs a Bachelor or even Masters degree to be competent?! Just for an added measure, let's throw in certifications, the nifty initials one can add after their name to show additional education or specific training.

It's so simple, the recipe for respect. Or is it?

So many of my readers call, write or email me regarding my column, and so often express feelings of frustration regarding this issue. Some nurses blame the media for helping to perpetuate the “handmaiden” image of yesterday's RN. However, I must say, as one of those “yesterday RNs,” I don't think I ever felt disrespected at the time. On the contrary, I



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always thought I enjoyed a collegial relationship with the physicians with whom I worked, though I could not always say the same for my fellow nurses. Let me set the record straight, I have run into my share of difficult physicians; however, I have always relied on my skills and knowledge to define me rather than letting their treatment define me, and, in my experience, that is what is required to initiate a change in attitude.

It is also important to point out that respect and friendship are not necessarily the same, because you may respect someone without liking them. Respect is the act of showing admiration and deference toward someone. Therefore, it is

important to separate wanting to be liked by the physicians or your peers versus being shown respect.

Do some physicians seem to take a perverse delight in putting down a nurse and the work that nurses do—yes. Though I think that physicians who ascribe to this behavior system are becoming a vanishing species, but there are holdouts and sometimes it takes what may seem “extreme” measures to re-educate the few that remain in the population.

**During my days** as the head nurse at the Pediatric Intensive Care Unit (PICU) at Columbus Medical Center, I had to provide a physician with just such a learning experience. The physician had ordered Valium to be administered to one of our patients. Since I was not only familiar with the patient, but also with what equipment our unit had at its disposal, I informed the physician that we did not have a ventilator available, and I encouraged him to think of alternatives.

Certain that he would take my advice, I turned my attention back to the needs of the nurses in my unit and our patients. It wasn't long before the nurse who had been assigned the patient informed me that the doctor had ordered the Valium for the tiny child and asked for my help—the physician expected the nurse to provide manual bag-mask ventilation.

Without hesitation I firmly but politely informed the physician that if he wanted Valium for the patient then he

would be expected to do the “hand-bagging” since the nurse had several patients assigned to her and our unit had no one to spare to do the manual task, nor any more ventilators available.

Calling what he thought was a bluff, he ordered the Valium, and I asked the nurse to get the necessary equipment to intubate and prepare the patient to be manually ventilated via bag-mask. The physician observed the procedure and once he was sure that the patient was ready, he turned to leave. I stopped his departure and asked the nurse to let the doctor relieve her. I sensed his shock, but insisted that he be the one to perform the manual task. Never again did he order high doses of Valium for one of our PICU patients without



first checking to see if there was a ventilator available.

When the relationship between physician and nurse is collegial and at its most optimum such “hard knock” lessons are not needed. Hospitals that encourage a positive relationship also benefit since not only do physicians and nurses feel integral to the healthcare team, nurses enjoy a similar sense of respect from their fellow nursing team members. However where there are strained or non-existent collegial relationships, especially among people of different authorities and professional expertise, you will find nurses who express feelings of demotivation, lack of appreciation for their work and position, and poor job satisfaction. When this is the work environment, either real or imagined, then nursing management can and should play a key role in helping to take corrective action.

**When a nurse is confronted** with an environment where they feel the physician lacks respect for them, they should try some of the following steps.

In the best-case scenario, the nurse will feel comfortable or safe bringing the subject up for discussion with the physician directly and then the two individuals are able to have a productive discussion. Unfortunately, too often the nurse feels unsure or unable to approach the physician directly, in which case, the nurse should seek out advice from a nurse in the nursing management chain of command—the charge nurse, head nurse, Director of Nursing (DON) and so forth. A nurse can also reach out to the hospital’s Human Resources Department as they are expected to be in the business of dealing with employee issues. The Nursing Education Department may be a resource to provide learning opportunities for both nurses and physicians.

When the Chief Nursing Officer (CNO) is a strong and skillful leader, you will find a nursing management team that has the ability to take a stand for the nursing staff at the hospital. You may also find that the “dead weight” on the nursing staff moves on, since the mediocre, lazy or less skilled nurses learn that there is an expectation of performance and they will either rise to the occasion or look for work elsewhere.

There are always likely to be those physicians who, regardless of all the education and enlightenment that they are exposed to, may still refuse to change their ways. This is the time we all hope for a miracle tomorrow. However, it is equally important that nurses never lower their professional standards and behavior to the level of the “misbehaving” physician. To do so only validates the physician’s belief that nurses are “less professional” than they.

Respect from our peers, superiors and subordinates is something we all strive to achieve. So while TV script writers, directors and producers may put physicians on a pedestal on shows like *House*, *Grey’s Anatomy*, *Scrubs* and *ER*, those of us living in the real world know that physicians are only one part of the team. **WN**



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