

Editorial

## Gender and Power ... and perhaps Temperament?

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In an article recently published in the *Journal*, Zelek and Phillips [1] attempt to identify some of the current context of the "doctor – nurse" game as "played" at a Canadian hospital in January 2000. Some readers may appropriately ask "What does this have to do with equity?", but personal experience suggests dysfunctional medical teamwork inevitably leads to diminishment in quality. The reasonable claim that lower quality medical care has a disproportionate effect on the less advantaged leads to the relevance of this topic to equity in health, in my opinion.

The interpretations made by these authors appear reasonably self-evident. Anyone who has worked on a hospital ward in the United States or Canada will likely recognize in these vignettes strong similarities to personal observations and/or experiences. *Res ipsa loquitur*. But in matters this complex do gender and power represent the only two important variables? I can't help but think that temperament makes a large difference in physician – nurse interactions. Little has been published in the medical literature about this subject, but unpublished data indicate major differences among various medical careers on a test such as the Myers-Briggs. Do differences in career choices by temperament play a hidden role in studies such as the one by Zelek and Phillips? Most observers would likely agree that a comparison of neonatology, pediatrics and surgery would demonstrate great differences in temperament between each group, both at the nurse and physician level. During the late 20<sup>th</sup> century as the proportion of women among matriculating medical students increased markedly, the specialty selections of graduating physicians also shifted considerably, with women selecting areas such as pediatrics disproportionately. Is it possible that we have experienced a differential temperament shift as well? Could historical tensions between male physicians and female nurses be about temperament mismatches as much as about gender and power? Perhaps future research in

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this area will go beyond the traditional binary perspective and examine a more complex, but richer terrain.

### References

1. Zelek B and Phillips SP **Gender and power: nurses and doctors in Canada.** *International Journal for Equity in Health* 2003, **2**:1