It's Not Just "Bad Apples" — It's Also About the Barrel: Critically Analyzing Organizational and Social Factors in Sexual Harassment Rates and Outcomes

by

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DEDICATION

To the countless individuals who have been mistreated on the basis of systemic oppression related to gender, race, and sexual orientation.

And to Tarana Burke. Thank you for your lifetime of activism to address sexual harassment, violence, and abuse.

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ABSTRACT

Sexual harassment is jarringly common in the workplace and is associated with a number of negative psychological and occupational outcomes. Decades of sexual harassment research point to power, male-dominated workplaces (i.e., organizations where men hold most high-power positions), and climate (i.e., the norms about how employees relate to one another at work) as critical factors that predict the *frequency* of workplace sexual harassment. My research extends this literature by taking a more nuanced approach to examining the ways in which power and climate contribute to sexual harassment rates and outcomes. In a sample of over 3,000 doctors and nurses at Michigan Medicine, I found that perceptions of an uninclusive climate (e.g., more racist, sexist, and homophobic, and more of a masculinity contest) mediated the associations between increased sexual harassment and decreased job satisfaction and sense of safety at work, and increased turnover intentions. This research is critically important as it extends our understanding of the specific mechanisms through which sexual harassment harms its targets. Accordingly, my findings call organizations to not only prevent sexual harassment at work, but also to take action to address organizational factors that contribute to its harms. Furthermore, like other forms of workplace mistreatment, sexual harassment fundamentally seeks to maintain power and hierarchy (especially related to gender), and individuals who challenge this hierarchy are disproportionately targeted with sexual harassment. I found that LGBTQ employees, doctors with multiple marginalized identities, and individuals with gender nontraditional careers—female doctors and male nurses—experienced more sexual harassment than their counterparts.

As my dissertation clearly and powerfully illustrates, we cannot address sexual harassment without considering organizational and social factors.

CHAPTER I.

Literature Review

Recently, the #MeToo and #TimesUp movements have called national attention to sexual harassment and the general public appears to be awakening to the ubiquity of this pernicious form of workplace mistreatment. Meanwhile, psychologists and other social scientists have been researching sexual harassment for decades. This body of research reveals that although it may be tempting to view sexual harassment as interpersonal behavior occurring within a dyad of abuse, organizational and social contexts strongly influence the frequency and outcomes of sexual harassment (e.g., Fitzgerald, Gelfand, & Drasgow, 1995; Hulin, 1993; Hulin, Fitzgerald, & Drasgow, 1996). The majority of studies in this domain have focused on identifying organizational factors that *predict* sexual harassment, such as an organization's hierarchical structure and the power dynamics it imbues (e.g., Buchanan, Settles, & Woods, 2008; Settles, Buchanan, & Colar, 2012; Cleveland & Kerst, 1993; Ilies, Hauserman, Schwochau, & Stibal, 2003), the extent to which it is male dominated—i.e., where men hold most positions of power—and endorses masculine norms (i.e., Glick, Berdahl, & Alonso, 2018; Ilies et al., 2003; Kabat-Farr & Cortina, 2014; NASEM, 2018), and its workplace climate, i.e., the norms about how employees relate to one another at work (Ostroff, Kinicki, & Muhammad, 2013; Pirola-Merlo, Härtel, Mann, & Hirst, 2002; Schneider, Ehrhart, & Macey, 2011).

Although the sexual harassment literature has provided a strong argument for the importance of organizational factors in predicting sexual harassment, pressing questions remain

regarding climate's potential role in linking sexual harassment with negative outcomes at work. Of particular relevance are climates related to inclusion and masculinity, which, due to their links with status and respect (Berdahl, Cooper, Glick, Livingston, & Williams, 2018; Nishii, 2013), likely shape one's sexual harassment experiences. Research has also identified that holding a formal position of power at work protects one from being harassed and facilitates one's ability to harass others (e.g., Buchanan et al., 2008; Cleveland & Kerst, 1993; Settles et al., 2012). But people can hold (or lack) other forms of power that may shape the way formal power functions. Specifically, social power—or the power and status afforded due to one's social group memberships—is an important predictor of sexual harassment, with members of marginalized groups reporting higher rates compared to their socially dominant counterparts (Berdahl & Moore, 2006; Konik & Cortina, 2008; Settles et al., 2012). However, with the exception of a few studies of powerful women (e.g., Grauerholz, 1989; Taylor, Hardin, & Rode, 2017), to date, most analyses of formal and social power in sexual harassment have proceeded separately, leaving their intersections largely unexamined (e.g., does having one or more subordinated identities weaken the protective effect of formal power?).

The aim of this project is to address these conceptual and analytic gaps by examining how formal and social power (and their intersections) predict sexual harassment rates, and how climate may mediate the associations between sexual harassment and negative psychological and workplace outcomes. Additionally, by identifying potential underlying mechanisms that link sexual harassment with negative outcomes, this research can inform organizational intervention efforts to appropriately respond to sexual harassment and protect employees from its negative impact. I examine these relations among doctors and nurses; by doing so, I consider their distinct locations in terms of formal organizational power. Furthermore, positions of power in health care

are historically and presently male-dominated (NASEM, 2018; Nye, 1997), leading it to be particularly apt to answer questions about how climates that endorse traditional masculinity may contribute to negative outcomes following sexual harassment.

In this paper, I will first define sexual harassment and note its prevalence and outcomes. Then, I will detail how social and formal power contribute to sexual harassment and the role that traditional masculinity plays in this process. Finally, I will discuss how experiences of sexual harassment may lead individuals to perceive their workplace climates as less inclusive and more of a masculinity contest, which, in turn, may contribute to negative outcomes following sexual harassment.

Sexual Harassment: Theory, Prevalence, and Outcomes

Sexual harassment is a form of discrimination that "perpetuates, enforces, and polices a set of gender norms at work that seek to feminize women and masculinize men" (Franke, 1997, p. 693). Many scholars, particularly those working in legal studies and the social sciences, have begun to research, conceptualize, and theorize about sexual harassment (Fitzgerald et al., 1995). Indeed, there are numerous theories about sexual harassment, some focusing on scientifically classifying these behaviors (e.g., Fitzgerald et al.'s 1995 "Tripartite Model"), others focusing on defining these behaviors in relation to the law (see Holland & Cortina, 2016, and Fitzgerald & Cortina, 2017, for a review), and still others attempting to explain why sexual harassment occurs (e.g., Berdahl's 2007a Sex-Based Harassment Theory). Despite these variations, these theories unite in their inclusion of both sexual advances and hostile gender-based behavior under the umbrella of "sexual harassment."

Psychological researchers and theorists note that sexual harassment has three underlying dimensions: gender harassment, unwanted sexual attention, and sexual coercion (Fitzgerald et

al., 1995; Fitzgerald, Drasgow, Hulin, Gelfand, & Magley, 1997; NASEM, 2018). *Gender harassment* reflects comments and behaviors that are not sexual in nature but are instead hostile or demeaning towards a given gender group, such as comments that women don't belong in certain types of careers. These actions do not attempt to establish a sexual relationship with the target, but instead function as "put-downs" with the intent of insulting the target. *Unwanted sexual attention* reflects sexual advances and behaviors (such as repeated requests for dates) that are unwelcome and interfere with one's job and psychological well-being. Finally, *sexual coercion* is as it sounds, with threats of job-related sanctions or benefits contingent upon cooperation with sexual advances. These last two dimensions of sexual harassment—unwanted sexual attention and sexual coercion—function as "come-ons" with the intention of starting an unwanted sexual relationship with the target.

These three dimensions of sexual harassment identified by psychologists can also be mapped onto legal conceptualizations of sexual harassment. In terms of the law, sexual harassment is divided into two subtypes: hostile work environment and quid pro quo. *Hostile work environment* harassment encompasses behaviors that interfere with one's ability to perform their job or are psychologically threatening (Fitzgerald et al., 1995; Fitzgerald et al., 1997). This category reflects gender harassment and unwanted sexual attention. During *quid pro quo harassment,* job outcomes are contingent upon engagement in sexual behaviors. This category is the common prototype of sexual harassment, though it occurs least often, and reflects sexual coercion (Fitzgerald et al., 1995; Fitzgerald et al., 1997). Importantly, both of these legal categories constitute sex discrimination and are consequently illegal under Title VII, which prohibits employment discrimination on the basis of sex, race, color, religion, and national origin (EEOC, 2016).

The field of sexual harassment research is rapidly progressing as scholars continue to untangle and understand this phenomenon. Some social scientists suggest additional forms of sexual harassment that can be connected to the overarching three-dimensional framework. For example, *gender non-conformity sexual harassment* is a subtype of gender harassment that refers to behavior that challenges or criticizes a woman's femininity or a man's masculinity (Konik & Cortina, 2008; Rabelo & Cortina, 2014). Scholars have also deployed intersectionality theory—which explicates the co-constitutiveness of social groups and systems of power based on race, class, gender, sexuality, and other social dimensions (Combahee River Collective, 1977/1995; Crenshaw, 1992)—in order to better understand sexual harassment within the context of other social group dynamics. For example, *racialized sexual harassment* reflects mistreatment that is simultaneously based on race and gender (Buchanan, 2005; Buchanan & Ormerod, 2002), and can involve both "come-ons" (e.g., comments about a Black woman's "sexy Black ass") and "put-downs" (e.g., intrusive questions and comments about Black women's hair and hygiene). Table 1 depicts some of the most common subtypes and classifications of sexual harassment.

Research consistently finds that sexual harassment is strikingly common in the workplace, and that individuals from marginalized groups (e.g., women, people of color, and LGBTQ employees) experience higher rates of sexual harassment than their socially dominant counterparts. For example, 58% of women and at least 50% of trans and gender nonconforming employees are harassed at work, compared to 13-31% of cisgender men (Aggarwal & Gupta, 2000; Grant et al., 2011; Ilies, et al., 2003; U.S. Merit Systems Protection Board [USMSPB], 2004). Social dynamics related to sexual orientation and race also influence sexual harassment rates: on average, 77% of lesbian, gay, bisexual, and queer-identified employees report sexual harassment at work compared to 30% of straight/heterosexual employees (Konik & Cortina,

2008), and Black men and women report more sexual harassment than White men and women, respectively (Berdahl & Moore, 2006; Settles, Buchanan, & Colar, 2012).

Thus, the social power afforded by one's social group memberships critically shapes sexual harassment, with increased social power and status protecting against sexual harassment and decreased social power and status associated with increased rates of sexual harassment. Moreover, individuals who have multiple marginalized or subordinated identities face a double-jeopardy of mistreatment and report disproportionately high rates of sexual harassment (Berdahl & Moore, 2006; Buchanan, Bergman, Bruce, Woods, & Lichty, 2009; Cortina, Swan, Fitzgerald, & Waldo, 1998; Konik & Cortina, 2008; McLaughlin, Uggen, & Blackstone, 2012). For example, studies consistently find that Black women report higher rates of sexual harassment compared to White women (e.g., 62% of Black women compared to 56% of White women; Berdahl & Moore, 2006; Cortina et al., 1998; McLaughlin et al., 2012), and queer women report higher rates compared to straight women (e.g., 81% of queer women compared to 51% of straight women; Cortina et al., 1998). Indeed, gender, race, and sexual orientation (among other social distinctions) critically and simultaneously shape sexual harassment.

Across targets, sexual harassment is associated with a number of negative mental health outcomes, such as depression and anxiety (Ho, Dinh, Bellefontaine, & Irving, 2012; Reed, Collinsworth, & Fitzgerald, 2016), and physical health problems, such as headaches and sleep problems (Celick & Celick, 2007; de Haas, Timmerman, & Höing, 2009; Takaki, Taniguchi, & Hirokawa, 2013; van Roosmalen & McDaniel, 1999). Sexual harassment also has negative professional consequences, including decreased job satisfaction (Sojo et al., 2016) and feelings of safety at work (Rosenthal, Smidt, & Freyd, 2016), and increased turnover intentions (Willness, Steel, & Lee, 2007). The negative effects of sexual harassment in the workplace also

extend beyond its specific targets: research finds that employees who witness others' sexual harassment report increased organizational withdrawal (Miner-Rubino & Cortina, 2007) and decreased psychological well-being (Silverschanz, Cortina, Konik, & Magley, 2008). Finally, sexual harassment is simply bad for business—negative organizational outcomes include increased team conflict and lower team financial performance (Raver & Gelfand, 2005), lost productivity (Willness et al., 2007), and a damaged reputation (Porath, MacInnis, & Folkes, 2011).

Overall, scholars and theorists have generated many useful frameworks for conceptualizing and understanding sexual harassment, and hundreds of studies have documented its prevalence and negative outcomes. This body of work has laid the foundation for further study and researchers have begun to excavate the complex layers of sexual harassment: the role of gender hierarchy in shaping its motivations, contextual factors that influence its emergence, and the specific mechanisms that connect sexual harassment with negative outcomes. I will discuss these factors next.

Social Power and Masculinity: The Individual Level

Contrary to lay beliefs that sexual harassment is largely driven by sexual desire or attraction (Brassel, Settles, & Buchanan, 2019; Herrera, Herrera, & Exposito, 2016), scholars recognize that its motives are rooted in power and status, reflecting multifaceted social dynamics and intergroup relations (e.g., Berdahl, 2007a, 2007b; Fitzgerald & Cortina, 2017; Street, Gradus, Stafford, & Kelly, 2007). Indeed, sexual harassment perspectives that focus on power/status related to masculinity and gender hierarchy have come to permeate the literature and are strongly supported empirically and theoretically (Burn, 2019). Among these perspectives, Berdahl's (2007a) Sex-Based Harassment Theory is particularly strong in its ability

to identify and succinctly explain the ways in which social power and status drive sexual harassment. In her theory, Berdahl (2007a) argues that defending the distinctiveness of gender groups—and social hierarchies built upon them—is at the core of sexual harassment. Her theory builds upon a key finding in social psychological research: people are motivated to protect and defend their social group's boundaries and status (Pratto, 1999; Tajfel & Turner, 1986). Berdahl (2007a) notes that because our social system privileges men and masculinity over women and femininity (Connell, 1995; Connell & Messerschmidt, 2005; Nentwich & Kelan, 2014), men in particular are motivated to protect and advance their heightened gender status by sexually harassing people—typically women—who challenge the gender status quo. Put simply,

> Sexual harassment occurs because the motive for social status takes shape in a context of gender hierarchy. The fact that social status is stratified by sex motivates and enables individuals to defend their status based on sex by derogating others' status based on sex (Berdahl, 2007a, p. 644).

Men are the most common perpetrators of sexual harassment (Cortina & Berdahl, 2008; Gutek, Choen, & Konrad, 1990; Holland & Cortina, 2016; Magley, Hulin, Fitzgerald, & DeNardo, 1999; Waldo, Berdahl, & Fitzgerald, 1998), and although they do harass other men, they more frequently target women (Cortina & Berdahl, 2008; Gutek, et al., 1990; Holland & Cortina, 2016). This pattern may be explained by the high, yet fragile, status of masculinity in most Western cultures. Researchers and scholars often describe Western standards of manhood as hegemonic: attainable by only a select few and characterized by heterosexuality, social dominance, and a denial of femininity (Connell, 1995; Connell & Messerschmidt, 2005; Kimmel, 2000; Levant, Rankin, Williams, Hasan, & Smalley, 2010; Pleck, 1995; Tarrant, 2009). Adhering to these standards of manhood can be difficult, motivating some men to be constantly

vigilant about whether or not their behavior and appearance aligns with social expectations (Vandello, Bosson, Cohen, Burnaford, & Weaver, 2008). Accordingly, manhood is a precarious status that must be constantly "proven" and is never fully or permanently achieved (Vandello et al., 2008; Vandello & Bosson, 2013). Within this cultural context, men may use sexual harassment as a means of demonstrating their own masculinity and status, and more firmly place themselves in men's broader social group. For example, by derogating women through comments that they don't belong or over-sexualizing and objectifying them, men can assert their social dominance as well as attempt to maintain traditional gender roles by keeping women "in their place."

Indeed, within the context of gender hierarchy, masculinity and social status go hand-in-hand. In this way, masculinity is imbued with social power and reinforcing women's lower social status relative to men helps to maintain the distinct high status of men's social group (Berdahl, 2007a). Research finds that individuals who threaten men's social power in any of a variety of ways are subjected to higher rates of sexual harassment (Berdahl, 2007b; Fitzgerald & Cortina, 2017). For example, women are more likely to experience sexual harassment when they challenge gender hierarchy by endorsing non-traditional gender beliefs (e.g., feminist attitudes), possessing masculine personality characteristics, having a masculine gender presentation, or pursuing a career in a male-dominated field (Berdahl 2007b; Dall'Ara & Maass, 1999; Hitlan, Pryor, Hesson-McInnis, & Olson, 2009; Holland & Cortina, 2013; Leskinen, Rabelo, & Cortina, 2015; Siebler, Sabelus, & Bohner, 2008; Street et al., 2007; NASEM, 2018). Clearly and creatively illustrating this phenomenon, Maass, Cadinu, Guarnieri, and Grasselli (2003) found that men who completed an image-sharing task sent more offensive and pornographic images to women who identified as feminists compared to women who held traditional gender beliefs.

Indeed, gender traditionalism is essential to maintaining gender hierarchy, and sexual harassment often has the explicit aim of reinforcing traditional gender roles. As McLaughlin et al. (2012) note, "sexual harassment [acts] as a tool to police appropriate ways of 'doing gender' in the workplace and to penalize gender nonconformity" (p. 626). This gender policing motivation is a useful framework for understanding sexual harassment toward not only women as a broader group, but also men and LGBTQ employees. Men who are perceived as feminine are often targeted with sexual harassment, typically involving comments that they are "not man enough" (DeSouza & Solberg, 2004; Waldo et al., 1998). Indeed, punishing perceived femininity in other men with sexual harassment serves to maintain traditional gender roles and gender hierarchy by subjecting men who don't conform to traditional masculinity to public ridicule, thereby maintaining the boundaries of "appropriate" masculine behavior for membership in men's in-group.

Moreover, gender traditionalism appears to be especially important for understanding sexual harassment toward LGBTQ employees, because conceptions of gender and sexual orientation are deeply intertwined (Connell, 1995; Franke, 1997; Garnets, 2000; Konik & Cortina, 2008; Mahalik et al., 2003; Steinem, 1978; Valdes, 1996; Worthen, 2013). Providing behavioral support for this scholarly understanding, research by Rabelo and Cortina (2014) found that gender-based harassment and sexual orientation-based harassment co-occur so often that they are "two sides of the same coin" in the lives of queer women and men (p. 378), and were rooted in perceptions of gender nonconformity. Furthermore, scholars note that many cisgender heterosexual men in particular find that gay men and trans and gender nonconforming people raise their anxieties about whether or not they, personally, are effectively meeting standards of masculinity and presenting like "real men" (Falomir-Pichastor & Mugny, 2009;

Worthen, 2013). In this way, gender traditionalism and masculinity also reflect sexual orientation, with heterosexuality as a critical component of traditional standards of manhood (Connell, 1995; Connell & Messerschmidt, 2005; Kimmel, 2000).

These findings for sexual harassment toward LGBTQ employees make plain the interrelation between gender and other social dynamics in sexual harassment rates. As noted above, people of color—especially women of color—also experience disproportionately high rates of sexual harassment (Berdahl & Moore, 2006; Buchanan et al., 2009; Cortina et al., 1998; McLaughlin et al., 2012; Settles, et al., 2012). Applying an intersectional lens to standards of masculinity can help explain this phenomenon. As Connell (1995; Connell & Messerschmidt, 2005) explains, hegemonic masculinity best reflects White heterosexual men's social dominance, imbuing dominant standards of masculinity with race in addition to sexual orientation, and reflecting their associated power dynamics and social hierarchies. Furthermore, intersectionality theory notes that because gender, race, and sexual orientation are concurrently experienced, sexual harassment and other forms of gender mistreatment can simultaneously reflect racial dynamics and be used to reinforce racial hierarchy (Berdahl & Moore, 2006; Combahee River Collective, 1977/1995; Crenshaw, 1989, 1992). Indeed, scholars must also consider the influence of race and sexual orientation in sexual harassment research (Berdahl & Moore, 2006; Cortina et al., 1998; Rabelo & Cortina, 2014; Settles et al., 2012). However, few studies have analyzed sexual harassment in consideration of social factors beyond gender, rendering a desperate need for this work.

In sum, like other forms of mistreatment, sexual harassment fundamentally seeks to maintain power and hierarchy (particularly related to gender) and individuals who challenge this hierarchy or have lower social power experience disproportionate rates of sexual harassment.

Furthermore, as Berdahl et al. (2018) note, the strong pressures on men to prove that they are "real men" are pervasive, and shape their behavior at work. These pressures may be especially exacerbated in male-dominated organizations and those with strong power differentials between employees, where these norms of masculinity can proliferate and become conflated with formal power and workplace success. I will discuss these factors next.

Formal Power and Masculinity: The Organizational Level

People can challenge gender hierarchy through not only their behavior, appearance, and personality, but also through their jobs because occupations themselves are gendered. Occupations become gendered through both the proportion of men or women employed in them as well as the characteristics believed necessary to do the job (Shinar, 1975). Research consistently finds that workplaces with a disproportionate number of men and the extent to which occupations are characterized as masculine are strong predictors of sexual harassment, with rates of sexual harassment consistently higher in these contexts than others (Berdahl, 2007a; Fitzgerald & Cortina, 2017; Hulin et al., 1996; Ilies et al., 2003; Kabat-Farr & Cortina, 2014; NASEM, 2018; Pryor, LaVite, & Stoller, 1993; Street et al., 2007; Willness et al., 2007). Additionally, organizations with large power differentials—where resources are disproportionately given to those with higher rank—tend to also have higher rates of sexual harassment (Ilies et al., 2003; NASEM, 2018; Niebuhr & Boyles, 1991). Scholars note that these high rates may be explained, in part, by the increased salience of one's gender, power, and status in these contexts (e.g., Ilies et al., 2003; Kabat-Farr & Cortina, 2014). Power and status are interlocking and self-reinforcing aspects of hierarchy, especially within the workplace, but they can be distinguished in that power typically refers to "one's control over valued resources" and status typically refers to "the respect one has in the eyes of others" — though respect from others

is, itself, a resource (Magee & Galinsky, 2008, p. 351). To the extent that one holds more power and/or status, they also tend to have greater potential to influence outcomes and maintain systems of hierarchy (Magee & Galinsky, 2008). Furthermore, previous research has identified that individuals who have higher status in their organizations also tend to perceive themselves as having more power in that context——that is, a greater ability to make decisions and influence outcomes relevant to oneself and others (Anderson, John, & Keltner 2012).

Scholars, alternately foregrounding power and/or status, have suggested that these core elements of influence and hierarchy are fundamental to the emergence of sexual harassment (e.g., Berdahl, 2007b; Fitzgerald & Cortina, 2017). Empirical data support these scholarly understandings. For example, Ilies et al. (2003) compared the frequency of sexual harassment across different fields and found that rates were higher in fields with strong power differentials, such as the military (69%) and academia (58%), compared to other fields, such as the government (43%) and private sector (46%). Furthermore, the legal field also has large power and status differentials (Kabat-Farr & Cortina, 2014), and research finds that up to 66% of women lawyers experience or observe sexual harassment at work (Cortina et al., 2002; Laband & Lentz, 1998).

Indeed, in workplace contexts where power and status are disproportionately distributed, largely shape organizational functioning, and/or operate with minimal oversight, the potential for abuses of power increases (NASEM, 2018). Increased power and status not only facilitate one's ability to sexually harass others (Cleveland & Kerst, 1993), but also serve as a form of protection from being personally targeted with sexual harassment (Buchanan et al., 2008; Settles et al., 2012). This can, in part, be explained by findings from social psychological research, which reveal that individuals with greater power and status tend to engage in more discriminatory

behavior than those with less power and status (Sachdev & Bourhis, 1991). Importantly, the health care field, the context of this research, has been characterized by high power and status differentials (Hart, 2015; NASEM, 2018; Porter, 1991), and sexual harassment rates are predictably higher in this context (Mathews et al., 2019).

Power, Status, and Sexual Harassment in Health Care

Power and status are part of a larger suite of factors that contribute to sexual harassment, and a recent report on sexual harassment by the National Academies of Sciences, Engineering, and Medicine (NASEM, 2018), found that academic medicine (from which Study 1 participants were drawn) is characterized by at least four of the factors that lead to higher rates of sexual harassment: male-dominated environment, with men in most positions of power and authority; hierarchical structure, with dependent relationships between faculty and trainees; organizational tolerance for sexual harassment (e.g., failure to consistently sanction perpetrators and take complaints seriously); and isolating training environments (e.g., hospital rooms, labs).

> In academic medicine, there are clear hierarchical roles and the training encourages a respect and trust of those at the top of the hierarchy: starting with attending physicians, followed by fellows, residents, and interns, and then medical students at the bottom. When hierarchy operates out of habit rather than as something that is constantly reflected on and justified due to experience or expertise, misuses of power can increase (NASEM, 2018, p. 55).

Indeed, hierarchy is particularly strong within academic medicine. The NASEM report also revealed that mistreatment is commonplace across all levels of the medical hierarchy but particularly frequent for women in medical school, who were 220% more likely than those in non-STEM fields to have experienced sexual harassment from faculty or staff. Moreover,

research by Jacobs and colleagues (2000) found that fully 92% of female medical faculty members reported witnessing sexually harassing behavior at work, with 47% personally experiencing it. Unfortunately, sexual harassment is just one of many forms of gendered mistreatment and disparities within this context; studies find that in academic medicine (as well as science and engineering), women (compared to men) are less frequently sought as experts for conference presentations (Isbell, Young, & Harcourt, 2012), seen as less competent (Grunspan, Wiggins, and Goodreau, 2014) and less employable (Moss-Racusin, Dovidio, Brescoll, Graham, & Handelsman, 2012), and experience their departments as less inclusive and supportive (Fox, Deaney, & Wilson, 2010). Therefore, these high rates of sexual harassment dovetail with other aspects of physicians' and medical trainees' work context, such as its strong hierarchical structure, as well as rude, dismissive, and aggressive interpersonal conduct, negative perceptions of work climate, job stress, gender and racial discrimination by patients and patients' families, and burnout (Bradley et al., 2015; Ekici & Beder, 2014; Hu et al., 2019; Linzer et al., 2009; NASEM, 2018; Perumalswami et al., 2019).

Yet, these findings pale in comparison to the staggering amounts of overt mistreatment nurses face at work. A recent meta-analysis conducted by Spector, Zhou, and Che (2014) found that in addition to sexual harassment, nurses commonly experience physical violence (including physical injury resulting from an assault) as well as nonphysical violence, such as bullying, incivility, and verbal abuse. Indeed, scholars note that incivility is a growing problem in nursing (Deedrick & Sanchez, 2018), and studies have identified that verbal abuse is a particularly common type of mistreatment for nurses; Sofield and Salmond (2003) found that 91% of the nurses they surveyed had experienced verbal abuse *within the past month*—commonly from physicians and patients—which was significantly associated with increased turnover intentions.

Nurses also report increased work stress (Bégat, Ellefsen, & Severinsson, 2005; D'ambian & Andrews, 2014; Humpel & Caputi, 2001), burnout (Butterworth, Carson, Jeacock, & White, 1999), perceptions that their efforts are under appreciated by clinical staff (Hart, 2015; Lewis & Urmston, 2000), and dissatisfaction with working hours (Burke, McKee, Wilson, Donabue, Batenhorst, & Patbak, 2000).

Considering this context of increased incivility and hostility—a workplace climate that contrasts with inclusion—it is unsurprising that sexual harassment rates are particularly high among nurses. Additionally, because of these very characteristics, health care is a fruitful context for studying sexual harassment. Whereas 47-82% of female medical faculty report being targeted with sexual harassment (Jacobs et al., 2000; Jagsi et al., 2016; NASEM, 2018; Phillips & Schneider, 1993), studies find rates as high as 64-91% among nurses (Bronner, Peretz, & Ehrenfeld, 2003; Hibino, Hitomi, Kambayashi, & Nakamura, 2008; Kisa & Dziegielewski, 1996). These results may reflect the differences in power and status afforded to doctors and nurses (Hart, 2015; Nugus, Greenfield, Travaglia, Westrbrook, & Braithwaite, 2010; Porter, 1991), and are consistent with studies that report that across a variety of workplace settings, having greater organizational power and status protects employees from being targeted with sexual harassment (e.g., Buchanan et al., 2008; Cleveland & Kerst, 1993; Settles et al., 2012). However, to my knowledge, research has yet to empirically test for differences sexual harassment rates between doctors and nurses, rendering a glaring gap in the literature that my dissertation will fill.

The Interrelation of Formal and Social Power

I would now like to turn my discussion of power and status at work toward the interplay between formal and social power and status. As noted above, in organizations that are male-

dominated and/or have high power differentials, power and status are built into employee relationships. Researchers explain that within such contexts, men may feel particularly motived to protect and defend their status in men's social group, further contributing to increased sexual harassment rates (Berdahl, 2007a, 2007b; Fitzgerald & Cortina, 2017; Franke, 1997; NASEM, 2018). The phenomenon of contrapower harassment, wherein supervisors are harassed by a subordinate, illustrates this interplay of power well. This type of harassment is especially likely to occur when male subordinates harass their female supervisors, often with the aim of social isolation and putting them "in their place" (McLaughlin et al., 2012). This research demonstrates that although on the whole holding more formal power tends to protect people from experiencing sexual harassment, social power dynamics related to gender complicate this relationship—highlighting how one's social location can amplify or weaken the buffering effect of formal power on sexual harassment. Scholars note that contrapower harassment can be explained by the carryover of men's social power and status into the workplace, giving them a sense of power relative to their female bosses and leading them to feel comfortable engaging in such behavior (McLaughlin et al., 2012; Rospenda, Richman, & Nawyn, 1998). Although these men do not have formal organizational power, they possess social power associated with their male gender and these harassers also tend to be well-connected to influential men in their organizations (Rospenda et al., 1998). Therefore, it follows that rates of contrapower harassment are higher in organizations with a disproportionate number of men (McLaughlin et al., 2012).

Furthermore, researchers find that Black women's experiences of contrapower harassment reflect their unique social location and underline the ways in which race shapes sexual harassment. Buchanan (2005) found that the Black women in her study were expected to be subservient and seductive—consistent with stereotypes of Black women—regardless of their

organizational rank. In her research, Black women detailed experiences of White male and female subordinates leveraging social power to harass and publicly disrespect them. For example, an assistant dean had the following interactions with her White female secretary:

> The first thing my secretary did was say that she wasn't going to make the coffee. She said, "Oh there's no coffee today, you should make it." ME? I'm not making the coffee! Literally the dean had to stand there and say, "you make the coffee" to my secretary. Well, one day she was there and she had to get some stuff that I needed, some files. She was throwing them at me and they were hitting the floor. And she was looking at me like, "you black B—, how dare you" (Buchanan, 2005, p. 308).

Although they possess formal power in these situations, Black women experience a double-jeopardy of mistreatment due to their multiple subordinated identities (e.g., being Black and being a woman, specific stereotype expectations of subservience).

Indeed, contrapower harassment demonstrates the dynamic interplay between formal and social power, suggesting that the buffering effect of holding increased formal power is dampened and shaped by holding lower social power. Despite the evidence suggesting that holding power at work is a leading factor that perpetuates sexual harassment, organizational and legal theories of harassment often do not attend to the ways in which social power dynamics interact with formal power dynamics to shape harassment (Rospenda et al., 1998). My dissertation will address this conceptual and intersectional gap by testing the interaction between formal and social power in producing sexual harassment. As detailed below in "The Present Research" section, I will analyze the interaction between social and formal power in two ways: 1) by examining the way in which social power may be a stronger buffer against sexual harassment for employees who have more formal power due to organizational structures and values (i.e., doctors

compared to nurses; Hart, 2015; Porter, 1991), and; 2) by conducting a more nuanced exploratory analysis amongst nurses to examine the ways in which having more power and control over one's own and others' outcomes at work—which I call personal workplace power—may interact with social power to predict sexual harassment.

Next, I will discuss how employees perceive their organizational contexts following gendered mistreatment, and the relationships between these perceptions, sexual harassment, and negative psychological and occupational outcomes.

Gendered Mistreatment and Climate Perceptions

Psychological climate refers to an employee's perceptions of the norms, practices, structures, and events of their work environment (King, Hebl, George, and Matusik, 2010; Parker et al., 2003). When shared by many employees, a collective *organizational climate* emerges, reflecting a shared set of expectations, attitudes, and norms about how employees relate to one another at work (Ostroff et al., 2013; Pirola-Merlo, Härtel, Mann, & Hirst, 2002; Schneider, Ehrhart, & Macey, 2011). When it comes to sexual harassment research, "organizational climate for sexual harassment" dominates the literature, focusing on organizational responses if sexual harassment is reported (e.g., risk of retaliation; Hulin et al., 1996) and the contingencies between behavior at work and organizational outcomes, such as rewards or sanctions (Fitzgerald et al., 1997; Naylor, Pritchard, & Ilgen, 1980). Studies consistently find that organizational climate for sexual harassment is one of the strongest predictors of both sexual harassment at work (Fitzgerald & Cortina, 2017; NASEM, 2018) and negative outcomes following sexual harassment, such as decreased job satisfaction (e.g., Estrada, Olson, Harbke, & Berggren, 2011; Fitzgerald et al., 1997).

However, organizational climate for sexual harassment is a relatively narrow construct and although it is certainly critical to examine climate factors related to the explicit organizational practices for handling sexual harassment at work, studies suggest that other elements of climate are also important to consider. This small body of work reports that individuals who experience more sexual harassment also tend to perceive that organizational norms for interpersonal treatment are unfair, and that they are less accepted and respected by their colleagues (Cortina et al., 1998; Donovan, Drasgow, & Munson, 1998). Research by Settles, Cortina, Malley, and Stewart (2006) found that sexual harassment is also correlated with perceptions that one's workplace has a sexist climate (with gender inequities in resource allocation and colleagues holding sexist beliefs) and a more negative climate overall (i.e., hostile and disrespectful). Thus, scholars have begun to examine how sexual harassment is associated with and predicts other aspects of climate; however, this literature is limited and in need of further examination.

Research on other forms of gendered mistreatment—such as hiring discrimination and tokenism—can be informative for investigating the ways in which sexual harassment might be linked with negative climate. For example, Settles, Cortina, Buchanan, and Miner (2012) found that in a sample of women scientists and engineers, those who experienced more gender discrimination reported decreased job satisfaction, and these relationships were mediated by perceptions of a more negative general climate. Additionally, King and colleagues (2010) found that women who reported mistreatment on the basis of being underrepresented at work (i.e., tokenism) also perceived their workplace climate to be inequitable toward women, which, in turn, was associated with negative outcomes. The authors explain that "token women may feel

scrutinized as a function of the increased visibility that their gender provokes and then might evaluate the organization's gender norms as unfair" (p. 492).

Thus, the limited research in this domain suggests that women perceive their workplace climates to be less equitable and inclusive following experiences of gendered mistreatment, which may be a critical link in explaining its negative outcomes (e.g., decreased job satisfaction and increased turnover intentions). However, these studies have not examined sexual harassment explicitly, and instead focused on gender discrimination more broadly (Settles et al., 2012) or gendered token effects (King et al., 2010). I argue that, similar to these forms of gendered mistreatment, more frequent experiences of sexual harassment will be associated with more negative perceptions of climate, which will contribute to negative outcomes following sexual harassment. Psychological climate has yet to be conceptualized as a mediator of the sexual harassment—negative outcomes link. Rather, research to date has largely conceptualized climate as a predictor of sexual harassment, and therefore may be underestimating how it contributes to the consequences of mistreatment.

Outcomes of (Un)Inclusive Climates

Perceptions of one's workplace climate are a strong predictor of outcomes on the job, and negative perceptions are associated with increased turnover intentions and decreased job performance, job satisfaction, organizational citizenship, safety, and organizational effectiveness (Schneider et al., 2011a). Climates can be conceptualized and defined relative to all sorts of workplace phenomena, including diversity, inclusion, and innovation, to name just a few (see Ostroff et al., 2013, for further review and discussion). Climate facets related to inequality may be most relevant for understanding sexual harassment. These inequality-oriented climates have been conceptualized as "diversity climates" (e.g., McKay et al., 2007), "climates of inclusion"

(e.g., Nishii, 2013), "psychological climate of gender inequity" (e.g., King et al., 2010), and "sexist climates" (e.g., Settles et al., 2006). Though they tap slightly different phenomena (e.g., the integrity of diversity programming vs. allocation of resources), all examine the extent to which organizational norms and practices are perceived by employees as unfair and discriminatory, which is associated with negative outcomes at work.

Diversity climates, specifically, are characterized by personnel practices that appreciate individual and demographic differences, and have been linked with a number of individual and organizational outcomes (see McKay & Avery, 2015, for a review). In a study of nurses, Sliter, Boyd, Sinclair, Cheung, and McFadden (2014) found that lower diversity climate perceptions were associated with decreased work engagement and, through their association with increased conflict among coworkers, increased burnout. Less diverse climates are also associated with increased turnover intentions (Kaplan, Wiley, & Maertz, 2011) and actual turnover among racial/ethnic minorities (Buttner & Lowe, 2017; McKay et al., 2007), as well as decreased psychological safety and organizational citizenship (Singh, Winkel, & Selvarajan, 2013), organizational commitment (Singh & Selvarajan, 2013), and job satisfaction (Hofhuis, van der Zee, & Otten, 2012).

Similarly, Nishii (2013) introduced the concept of an "organizational climate for inclusion" as perceptions that one's workplace is not relationally biased and that resources are not tied to identity group status. Nishii (2013) found that organizational climate for inclusion was positively associated with job satisfaction, perceived organizational support, commitment, and citizenship behavior, and negatively associated with turnover intentions. Importantly, she found that interpersonal biases are reduced in inclusive climates, such that gender diversity is associated with *less* conflict in these contexts. In inclusive climates, employees feel that they can

enact core aspects of themselves and their multiple identities without fearing undue consequences (Ramarajan, 2009) and an organizational climate for inclusion promotes the acceptance of all employees and their talents (Nishii, 2013). In such workplaces, employees perceive that they are on the same team and social group boundaries between groups are lowered (Mor Barak et al., 2016). Inclusive climates have been associated with decreased turnover intentions and increased organizational commitment (Hwang & Hopkins, 2012). In contrast, in uninclusive climates, group boundaries can separate employees from one another, foster miscommunication and distrust, and lead to conflict and turnover (Bernstein, Sacco, Young, Hugenberg, & Cook, 2010; Mor Barak et al., 2016).

Research also suggests that organizations with norms that reflect toxic masculinity — that is, "the need to aggressively compete and dominate others" (Kupers, 2005, p. 713)—are uninclusive. These organizations have been characterized as "masculinity contests," with social and formal expectations that conflate traditional masculine characteristics of dominance, emotional suppression, and competition with successful job performance (Berdahl et al., 2018; Glick, Berdahl, & Alonso, 2018). As Glick, Berdahl, and Alonso (2018) found during their development of the Masculinity Contest Culture scale (MCC), such workplaces can be described along four dimensions: show no weakness (e.g., "expressing any emotion other than anger or pride is seen as weak"), strength and stamina (e.g., "people who are physically smaller have to work harder to get respect"), put work first (e.g., "to succeed you can't let family interfere with work"), and dog eat dog (e.g., "you've got to watch your back"). These dimensions reflect a climate that is dominance-oriented, competitive, and interpersonally hostile—i.e., not inclusive––and the authors found that these masculinity contest cultures are most common in workplaces that have historically employed primarily men, have fewer women in leadership, and have higher

rates of sexual and racial/ethnic harassment. They also found that perceiving one's workplace as a masculinity contest is associated with increased burnout and turnover intentions, and decreased job satisfaction, psychological health, and general health. Thus, these workplace norms are not only associated with more sexual harassment, but also with numerous negative outcomes for employees.

Research finds that the pressures of masculinity encourage men to engage in "bad but bold" behaviors (Glick et al., 2004, p. 713) such as sexual harassment, physical aggression, cutthroat competition, and extreme work hours (Berdahl, 2007a; Bosson et al., 2009; Cooper, 2014; Williams, 1999). It is possible that individuals who are targeted with increased sexual harassment at work may be more inclined to see their workplaces as encouraging norms of toxic masculinity, such as social dominance and competition (Berdahl, 2007a; Kuper, 2005), and as more of a zero-sum game where the rules are defined by masculine norms (e.g., displaying strength, showing no weakness or doubt). In this way, targets of sexual harassment may be more likely to identify status and competition norms at work, in part because they have been on the receiving end of them. Furthermore, targets of identity-based mistreatment at work are also more likely to perceive their workplaces as unfair and inequitable (Cech & Rothwell, 2020; King et al., 2010; Settles et al., 2012), and, in turn, may be more likely to perceive their workplace as endorsing masculinity contest norms that establish and maintain dominance and hierarchy (e.g., "If you don't stand up for yourself, people will step on you" and "It's important to be in good physical shape to be respected").

Although masculinity contest norms reflect underlying hypermasculine standards, they do not explicitly reference gender. Scholars have also examined climates that more explicitly reflect gendered mistreatment and found that they, too, are associated with negative outcomes. For

example, Settles and colleagues found that more sexist climates, characterized by frequent sexist comments and gender inequities in mentoring and promotion, were associated with less job satisfaction among women scientists (Settles, Cortina, Stewart, & Malley, 2007; Settles, et al., 2013), and feeling less satisfied and more excluded at an academic conference among both men and women (Settles & O'Connor, 2014). Similarly, King and colleagues (2010) found that sexist climates that have organizational policies and practices that unfairly favor men (termed "psychological climate of gender inequity") linked the experiences of underrepresented women with negative outcomes at work, such as decreased job satisfaction, increased job stress, and increased turnover intentions.

Overall, uninclusive workplace climates, including masculinity contest cultures, are associated with a number of negative outcomes for employees and their organizations. Although many researchers have begun to study the negative outcomes associated with these workplace contexts, few have examined them in relation to sexual harassment. Indeed, research has demonstrated the links between sexual harassment and negative workplace outcomes, as well as psychological climate and workplace outcomes, yet little research has combined these understandings to conceptualize climate as a mediating process in the sexual harassment—negative outcome relationship. Additionally, the burgeoning literature on masculinity contest cultures has yet to examine it as mediating processes linking sexual harassment with negative outcomes. Thus, by conceptualizing perceptions of climate and masculinity contest culture as mediators between sexual harassment and negative outcomes, my dissertation will bridge these literatures and address these conceptual and analytic gaps.

CHAPTER II.

The Present Research

In my dissertation, I will examine two general sets of relationships: 1) less inclusive climates as mediators of the relationship between sexual harassment and negative occupational (e.g., job satisfaction, turnover intentions) and psychological (e.g., perceptions of safety at work) outcomes; and 2) how social (i.e., identity-based) and formal (i.e., organizationally-based) power individually and interactively affect sexual harassment frequency.

To my knowledge, this is the first project to conceptualize and analyze inclusive climate and masculinity contest culture as mediators of the associations between sexual harassment and negative outcomes. Although it makes intuitive sense that sexual harassment would be linked with decreased job satisfaction, perceptions of safety at work, etc., few studies have identified the underlying mechanisms through which this relationship occurs. Within this small body of work, studies have typically focused on appraisals of sexual harassment as the mediating mechanism responsible for negative outcomes, such as the extent to which targets perceive sexual harassment negatively (e.g., as upsetting, offensive, demoralizing.; Hitlan, Schneider, & Walsh, 2006; Woods, Buchanan, & Settles, 2009; Wright & Fitzgerald, 2007) or as causing problems for their daily life (e.g., "the extent to which sexual harassment in the past year had been a problem for them personally," Rosen & Martin, 1998). My research pushes the extant paradigm of sexual harassment research to examine how, exactly, perceptions of *organizational factors* (i.e., inclusive climate, masculinity contest culture) contribute to the harm caused by sexual harassment.

Further, research indicates that women and people from marginalized groups (e.g., people of color, LGBTQ employees) not only experience more mistreatment than their counterparts, but that these effects are exacerbated in hypermasculine contexts (Berdahl, 2007b; Cech, Blair-Loy, & Rogers, 2018; Cech & Pham, 2017; Clancy, Lee, Rodgers, & Richey, 2017; Rospenda et al., 1998; Street et al., 2007). Thus, I expect that employees from these social groups that have relatively lower social power will report more sexual harassment than their counterparts (i.e., men, White employees, and cisgender heterosexual employees). Additionally, because formal organizational power is a key factor that shapes experiences of sexual harassment (McLaughlin et al., 2012; Rospenda et al., 1998), I plan to examine these associations amongst employees at different positions in their organizational power hierarchy: doctors and nurses. I expect that nurses, who have relatively lower formal power compared to doctors, will experience more frequent sexual harassment than doctors. Finally, I will examine the intersection between formal and social power in sexual harassment rates to see how one's social power influences the protective effect of having formal power. I expect that social power will decrease sexual harassment rates for all participants, but that this effect will be stronger for participants with more formal power (i.e., stronger for doctors compared to nurses). In order to expand the extremely limited literature on how one's perceptions of their power at work are related to social power and sexual harassment, I will also examine the interaction of these power factors in sexual harassment rates. By examining power through this set of analyses, this project extends and provides important nuance to the ostensibly simple relationship between power and sexual harassment.

Hypotheses

Across these studies, I examine four hypotheses:

Hypothesis 1a. Perceptions of a less inclusive climate will mediate the relationship between sexual harassment and its outcomes (i.e., decreased job satisfaction and perceptions of safety at work, and increased turnover intentions), such that experiencing more sexual harassment will be associated with perceiving workplace climate as less inclusive, which will, in turn, be associated with worse outcomes. (Tested in Studies 1 & 2.)

Hypothesis 1b. Similarly, Masculinity Contest Culture (MCC) will mediate the relationship between sexual harassment and negative outcomes, such that more sexual harassment will be associated with increased perceptions of work as a masculinity contest, which will, in turn, be associated with worse outcomes. (Tested in Study 2.)

Hypothesis 2. I expect that women, people of color, and LGBTQ employees will experience more sexual harassment than male, White, and cisgender heterosexual employees, respectively. (Tested using the combined data from Studies 1 & 2.)

Hypothesis 3. I expect that nurses will experience more sexual harassment than doctors. (Tested using the combined data from Studies 1 & 2.)

Hypothesis 4. I expect that holding more social power will be associated with decreased sexual harassment rates for all participants, but that this effect will be stronger for participants with more formal power. (Tested using the combined data from Studies 1 & 2.)

I will also conduct an exploratory analysis of the associations between social power, personal workplace power, and sexual harassment among nurses in order to capture a more nuanced measure of workplace power within nurses themselves. (Tested in Study 2.)

Study 1: Doctors

Method

Participants and Procedure

In June of 2018, we invited all 2,723 faculty members who had been employed at the University of Michigan Medical School (UMMS) for at least one year to participate in an online study of "civility and respect in our institution." Of these, 918 faculty members initiated surveys (33.7%). In order to explicitly examine sexual harassment amongst physicians rather than medical faculty at-large, the final analytic sample comprised 535 doctors (i.e., those with an MD) who provided complete data and passed two attention-check questions. The survey was approximately 15 minutes long, administered online via Qualtrics, and participants were not compensated. Participants ranged in age from 29 to 78 years old, with an average age of 47.96 years (*SD* = 10.52). A total of 260 (48.1%) participants identified as women and 275 (50.9%) identified as men; although our survey questionnaire also included trans man, trans woman, gender nonconforming, and a write-in response, none identified with these gender options. In terms of race, 407 (75.4%) identified as White, 71 (13.1%) as Asian/Asian American/Pacific Islander, 13 (2.4%) as Hispanic/Latinx, 14 (2.6%) as Multiracial/Multiethnic, 12 (2.2%) as Black/African American, less than 5 (< 1%) as Native American/American Indian, and less than 5 (< 1%) as "other." This sample was overwhelmingly straight/heterosexual, with 511 (94.0%) identifying as heterosexual. There was little sexual diversity: 5 (0.9%) identified as bisexual and there were less than 5 (< 1%) participants who identified as lesbian, gay, asexual, or "other". In terms of job characteristics, 257 (47.6%) had senior status (i.e., associate or full professors) and 283 (52.4%) had junior status (e.g., assistant professor). Table 2 presents additional demographic and job characteristics for this sample. (Table 3 presents the demographic and job characteristics of nurses, who participated in Study 2.)

Measures

Sexual Harassment. We administered a modified version of the 20-item Sexual Experiences Questionnaire (SEQ; Stark, Chernyshenko, Lancaster, Drasgow, & Fitzgerald, 2002) that we adapted to reflect the unique work environment of academic medicine. The SEQ measures three subtypes of sexual harassment: gender harassment, unwanted sexual attention, and sexual coercion. In this behaviorally-based measure (which does not use the term "sexual harassment"), participants were asked to indicate how often Michigan Medicine staff, students, or faculty had engaged in specific "UNWANTED behaviors SINCE JUNE 2017" on a scale of (0 = *Never*, 1= *Once or Twice*, 2 = *Sometimes*, 3 = *Often*, 4 = *Many Times*). Two items were dropped because 100% of our sample indicated that they had never experienced these behaviors: "Exposed or sent pictures of their genitals to you" (unwanted sexual attention) and "Offered you something you wanted at work in exchange for doing something sexual" (sexual coercion). The remaining 18 items were averaged such that higher scores reflect more frequent experiences of sexual harassment. Our measure had good reliability with a Cronbach's alpha of .77. See Appendix A for the full scale.

Psychological Climate. To assess perceptions of the workplace climate at Michigan Medicine, we created a measure based on the Texas A&M University Campus Climate Survey (Hurtado, 1998). We asked participants to use a 5-point Likert-type scale to rate their work environment on 10 semantic pairings, including disrespectful–respectful, unfair–fair, racist–nonracist, sexist–nonsexist, homophobic–nonhomophobic, etc. Items were scored and averaged such that higher scores reflect a more positive psychological climate. Our measure had excellent reliability with a Cronbach's alpha of .92. See Appendix B for the full scale.

Job Satisfaction. We measured job satisfaction using three items from the Michigan Organizational Assessment Questionnaire (Cammann, Fichman, Jenkins, & Klesh, 1979; Cook, Epworth, Wall, & Warr, 1981). Participants were asked to indicate the extent to which they agreed with three statements about their job on a Likert-type scale of (1 = *Strongly Disagree,* 5 = *Strongly Agree*). An example item is "All in all, I am satisfied with my job." Items were scored and averaged such that higher values reflect more job satisfaction. Our measure had good reliability with a Cronbach's alpha of .88. See Appendix C for the full scale.

Turnover Intentions. We measured participants' turnover intentions using four items, three of which were drafted for this study in order to reflect the unique environment of academic medicine (e.g., "How often have you thought about changing your area of specialty?"; 1 = *Never*, 5 = *Always*). We drew and additional item from the Turnover Intentions subscale of Balfour and Wechsler's (1996) measure of workplace commitment: "I often think about quitting this job" (1 = *Strongly Disagree*, 5 = *Strongly Agree*). Because items had differing response scales, they were standardized (z-scored) and averaged such that higher scores indicate greater turnover intentions. This measure had good reliability with a Cronbach's alpha .75. See Appendix D for the full scale.

Sense of Safety at Work. We assessed participants' sense of safety at work with a single item, adapted from Clancy et al. (2017): "I feel safe at Michigan Medicine." Participants responded on a five-point Likert-type scale (1 = *Strongly Disagree,* 5 = *Strongly Agree*).

Preliminary Analyses

Table 4 displays the means, standard deviations, and correlations for all study variables; Table 5 displays the incidence rates of sexual harassment for women and men. Because the climate measure was developed for the present study—though based on Hurtado (1998)—I

conducted an exploratory factor analysis on its items to determine their underlying structure. In this analysis, I used a promax method for factor rotation because I expected that the latent factors would be associated, and model fit was assessed via maximum likelihood estimation. The Kaiser-Meyer-Olkin measure of sampling adequacy was .93, far exceeding the recommended cutoff of .60, Bartlett's Test of Sphericity was significant, χ^2 (45) = 5003.68, p < .001, and the item communalities were all above .3, demonstrating their shared common variance.

Examination of the eigenvalues and scree plot revealed that psychological climate had 2 factors: Positive Climate and Inclusive Climate. The first factor, Positive Climate, was responsible for 58% of the variance; the second factor, Inclusive Climate, was responsible for 10% of the variance. This two-factor solution accounted for 68% of the variance and was selected based on these criteria. All items had primary loadings of over .71. Although all items also had cross-loading factors above .3, their primary loadings were quite strong, providing further support for the 2-factor structure. See Table 6.

Thus, I computed two sub-scales: Positive Climate and Inclusive Climate. The internal consistency of each sub-scale was examined using Cronbach's alpha, revealing excellent reliability, with .93 and .86 for Positive Climate and Inclusive Climate, respectively. Positive Climate was the average of the extent to which participants evaluated their workplace as friendly, respectful, cooperative, supportive, fair, tolerant, and considerate; higher scores indicated a more positive climate. Inclusive Climate was the average of the extent to which participants evaluated their workplace as nonracist, nonsexist, and nonhomophobic; higher scores indicated a more inclusive climate. These sub-scales were correlated at $r = .59$, $p < .001$.

Before conducting hypothesis-testing, I also examined my predictor and meditator variables' correlations with one another (i.e., scores on the SEQ and Psychological Climate

overall, as well as Positive Climate and Inclusive Climate) and with outcomes for collinearity. Based on their zero-order correlations, presented in Table 4, I determined that the overall Psychological Climate scale was collinear with Job Satisfaction, $r = .65$, $p < .001$, and Sense of Safety at Michigan Medicine, $r = .62$. Positive Climate was also collinear with Job Satisfaction, $r = .70$, $p < .001$, and Sense of Safety at Michigan Medicine, $r = .63$. However, Inclusive Climate was not collinear with Job Satisfaction, $r = .34$, $p < .001$, or Sense of Safety at Michigan Medicine, $r = .40$, $p < .001$. Thus, in order to interpret the theoretical and statistical meaningfulness of inclusive climate, I have analyzed Hypothesis 1a (that more negative perceptions of climate will mediate the link between sexual harassment and negative outcomes) using only the Inclusive Climate sub-scale.

Results

To test Hypothesis 1a (that more negative perceptions of climate will mediate the link between sexual harassment and negative outcomes), I conducted a path analysis in Mplus Version 7.0 (Muthén & Muthén, 1998-2012). In this model, scores on the SEQ were the predictor variable, inclusive climate was the mediator, and job satisfaction, sense of safety at work, and turnover intentions were the outcomes. Participants' race, gender, LGBTQ status, and seniority at Michigan Medicine were statistically accounted for as covariates according to their theoretical and statistical associations with these variables (Buchanan et al., 2008; Clancy et al., 2017; King et al., 2010; Settles et al., 2012; Woods et al., 2009).

Examination of fit indices indicated that this model fit the data: SRMR = .03, CFI = .98, RMSEA = .09, model χ^2 (5) = 24.89, $p < .001$, baseline model χ^2 (20) = 876.44, $p < .001$. Although the Chi Square analyses both reached significance, I have determined that the model

overall has acceptable fit due to these estimates' susceptibility to large sample sizes (Hu & Bentler, 1999; Quintana & Maxwell, 1999) and the fit of the other indices.

I found that my results supported my hypothesis. See Figure 1. More frequent sexual harassment had a significant indirect association with all outcomes through inclusive climate. Specifically, perceiving a less inclusive climate mediated the relationships between more frequent sexual harassment and decreased job satisfaction (indirect effect = -.15, 95% CI[-.20, -.10]), decreased sense of safety at work (indirect effect = -.16, 95% CI[-.20, -.11]), and increased turnover intentions (indirect effect =.12, 95% CI[.07, .16]). Additionally, I found that that more frequent experiences of sexual harassment were directly associated with decreased perceptions of inclusive climate and perceptions of safety at work, and increased turnover intentions. Finally, although the zero-order correlation between sexual harassment and job satisfaction was significant (r = -.23, p < .001), there was no direct effect in this model, indicating that inclusive climate completely mediated the association between sexual harassment and decreased job satisfaction. Thus, H1a was supported: more frequent experiences of sexual harassment were associated with perceiving one's climate as less inclusive, which, in turn, was associated with decreased job satisfaction and sense of safety at work, and increased turnover intentions.

Study 2: Nurses

Method

Participants and Procedure

The method for Study 2 was nearly identical to that of Study 1. In September of 2019, we invited all 6,996 members of the nursing staff (e.g., Registered Nurses (RNs), Licensed Practical Nurses (LPNs), Advance Practice RN (APRNs), Nursing Aides) employed at Michigan Medicine for at least one year to participate in an online study of "civility and respect in our

institution." Participants had the opportunity to enter a lottery to win one of 40 $50 checks. A total of 3,406 (48.7%) initiated surveys and 3,058 (43.7%) provided complete data and passed two attention-check questions, constituting the final analytic sample. The survey was approximately 20 minutes long and administered online via Qualtrics.

Participants ranged in age from 20 to 76 years old, with an average of 43.64 years (*SD* = 12.05). A total of 2,861 (87.7%) identified as women, 299 (9.8%) identified as men, 5 (0.2%) identified as gender nonconforming, and 73 (2.3%) did not report their gender. In terms of race, 2,558 (83.6%) identified as White, 136 (4.4%) as Black/African American, 114 (3.7%) as Asian/Asian American/Pacific Islander, 54 (1.8%) as Multiracial/Multiethnic, 43 (1.4%) as Hispanic/Latinx, 14 (0.5%) as Middle Eastern, 13 (0.4%) as Native American/American Indian, 19 (0.5%) as "other", and 107 (3.5%) did not indicate their race. This sample was also overwhelmingly straight/heterosexual, as 2,775 (90.7%) identified as heterosexual, 36 (1.2%) as bisexual, 34 (1.1%) as lesbian, 15 (0.5%) as gay, 10 (0.3%) as asexual, 5 (0.2%) as pansexual, less than 5 (< 1%) as queer, 21 (0.7%) as "other," and 158 (5.2%) did not report their sexual orientation. In terms of job characteristics, 1,647 (53.9%) were RNs or LPNs working at the bedside, 360 (11.8%) were RNs or APRNs working in an administrative role, 308 (10.1%) were APRNs working in direct patient care, 196 (6.4%) were Nursing Assistants, Techs, or Aides, 152 (5.0%) were LPN or RNs working in ambulatory care, and 380 (12.4%) indicated "other." Table 3 presents additional demographic and job characteristics for this sample.

Measures

This study used the same measures as Study 1 (described above), with two additions: the Masculinity Contest Culture scale and Personal Workplace Power. Additionally, the full SEQ was retained in this sample because participants did experience all items on the scale. The

measures from Study 1 had good reliability in this sample as well, with the following Cronbach's alphas: SEQ = .83, Job Satisfaction = .84, Turnover Intentions = .77.

Masculinity Contest Culture. I administered a 12-item modified version Glick et al.'s (2018) Masculinity Contest Culture Scale–Short Form (MCC) in order to examine the extent to which participants perceived their workplaces as masculinity contests along four dimensions: show no weakness, strength and stamina, put work first, and dog eat dog. The original MCC-Short Form is an 8-item measure that asks participants to indicate the extent to which each statement describes their work environment on a 5-point Likert-type scale ranging from 1 (*Not at all true of my work environment*) to 5 (*Entirely true of my work environment*); an example item is, "In my work environment, expressing any emotion other than anger or pride is seen as weak" (show no weakness dimension). This measure was adapted in the present study in order to match psychometric best practices and suit the study sample. Specifically, each subdimension of the original MCC is measured using 2 items; however, psychometric best practices require 3. Thus, I used factor loadings to add an additional item from the full Masculinity Contest Culture scale to each sub-dimension. Additionally, we exchanged one of the original items from the dog eat dog dimension on the short form ("You're either 'in' or you're 'out,' and once you're out, you're out) for another item from the dog eat dog dimension on the full measure ("You can't be too trusting.") in order to increase the legibility of the measure. All items were scored and averaged such that higher scores reflect increased perceptions of work as a masculinity contest. The 12-item measure had excellent reliability with a Chronbach's alpha of .91. See Appendix E.

Personal Workplace Power. I measured the amount of power participants had at work using three items. I drew the first from Guterman and Bargal (1996), "I feel that I have a great deal of power and influence at work," and the remaining two were drafted for the present study

based on Pudrovska and colleagues' (2001, 2005) measure of perceived control: "I have a great deal of control over what happens to me at work," and "I have a great deal of control over what happens to others at work." Participants were asked to respond to each statement on a 5-point Likert-types scale of 1 (*Strongly Disagree*) to 5 (*Strongly Agree*). Items were averaged such that higher scores indicate greater personal workplace power at work. This measure had good reliability with a Chronbach's alpha of .82. See Appendix F.

Preliminary Analyses

Table 4 displays the means, standard deviations, and correlations for all study variables; Table 5 displays the incidence rates of sexual harassment for women and men. I again conducted an exploratory factor analysis on the Psychological Climate measure to determine its underlying structure in this sample, using the same procedure as in Study 1. I found nearly identical results. The Kaiser-Meyer-Olkin measure of sampling adequacy was again .93, far exceeding the recommended cutoff of .60, Bartlett's Test of Sphericity was significant, χ^2 (45) = 19978.12, $p <$ .001, and the item communalities were all above .3, demonstrating their shared common variance.

Examination of the eigenvalues and scree plot revealed the Psychological Climate measure again had 2 factors: Positive Climate and Inclusive Climate. The first factor, Positive Climate, was responsible for 56% of the variance; the second factor, Inclusive Climate, was responsible for 11% of the variance. This two-factor solution accounted for 67% of the variance and was selected based on these criteria. All items had primary loadings of over .76. Although all items also had cross-loading factors above .3, their primary loadings were quite strong, providing further support for a 2-factor structure. See Table 6.

The internal consistency of each sub-scale was examined using Cronbach's alpha, revealing excellent reliability, with .94 and .84 for Positive Climate and Inclusive Climate, respectively. Thus, I computed two sub-scale composites for the Psychological Climate measure. Positive Climate was again the average of the extent to which participants evaluated their workplace as friendly, respectful, cooperative, supportive, fair, tolerant, and considerate; higher scores indicated a more positive climate. Inclusive Climate was again the average of the extent to which participants evaluated their workplace as nonracist, nonsexist, and nonhomophobic; higher scores indicated a more inclusive climate. These sub-scales were correlated at $r = .52$, $p < .001$.

I again examined my predictor and meditator variables' correlations with one another (i.e., scores on the SEQ and Psychological Climate overall, as well as Positive Climate, Inclusive Climate, and Masculinity Contest Culture) and with outcomes for collinearity. Based on their zero-order correlations, presented in Table 4, I determined that the overall Psychological Climate scale was collinear with the Masculinity Contest Culture Scale, $r = -.70$, $p < .001$. Positive Climate was also collinear with the Masculinity Contest Culture Scale, $r = -.69$, $p < .001$. However, Inclusive Climate was not collinear with the Masculinity Contest Culture Scale, $r = -.46$, $p < .001$, or with any other measure. Thus, in order to interpret the theoretical and statistical meaningfulness of both inclusive climate and masculinity contest culture, I have analyzed Hypothesis 1a using the Inclusive Climate sub-scale.

Results

I simultaneously tested Hypothesis 1a (that more negative perceptions of inclusive climate would mediate the link between sexual harassment and negative outcomes) and Hypothesis 1b (that perceiving work as more of a masculinity contest would mediate the link between sexual harassment and negative outcomes) using a path analysis in Mplus Version 7.0

(Muthén & Muthén, 1998-2012). In this model, scores on the SEQ were the predictor variable, inclusive climate and masculinity contest culture were the mediators, and job satisfaction, sense of safety at work, and turnover intentions were the outcomes. Participants' race, gender, LGBTQ status, and specific position at UMHS (e.g., Nursing Assistant vs. RN) were statistically accounted for as covariates according to their theoretical and statistical associations with these variables (Buchanan et al., 2008; Clancy et al., 217; King et al., 2010; Settles et al., 2012; Woods et al., 2009). Examination of fit indices indicated that this model fit the data: SRMR = .04, CFI = .93, RMSEA = .08, model χ^2 (16) = 276.89, $p < .001$, baseline model χ^2 (39) =3878.08, $p < .001$. Although the Chi-square analyses both reached significance, I have determined that the model overall has good fit due to these estimates' susceptibility to large sample sizes (Hu & Bentler, 1999; Quintana & Maxwell, 1999) and the fit of the other indices.

My results largely supported my hypotheses. I found that that more frequent experiences of sexual harassment were directly associated with decreased perceptions of inclusive climate, increased perceptions of masculinity contest culture, decreased job satisfaction and sense of safety at work, and increased turnover intentions. See Figure 2. More frequent sexual harassment also had a significant indirect association with all outcomes. Specifically, perceiving a less inclusive climate mediated the relationships between more frequent sexual harassment and decreased job satisfaction (indirect effect = -.04, 95% CI [-.06, -.03]), decreased sense of safety at work (indirect effect = -.06, 95% CI [-.07, -.04]), and increased turnover intentions (indirect effect = .03, 95% CI [.01, .04]). Perceiving work as more of a masculinity contest mediated the relationships between more frequent sexual harassment and decreased job satisfaction (indirect effect = -.14, 95% CI [-.16, -.12]), decreased sense of safety at work (indirect effect = -.12, 95%

CI [-.14, -.10]), and increased turnover intentions (indirect effect =.16, 95% CI [.14, .18]) as well.

Thus, H1a was supported: more frequent experiences of sexual harassment were associated with perceiving one's climate as less inclusive, which, in turn, was associated with decreased job satisfaction and sense of safety at work, and increased turnover intentions. H1b was also fully supported: more frequent experiences of sexual harassment were associated with perceiving work as more of a masculinity contest, which, in turn, was associated with decreased job satisfaction and sense of safety at work, and increased turnover intentions.

To conduct an exploratory analysis examining the associations between social power, personal workplace power, and their interaction on sexual harassment, I ran a regression analysis. In order to measure social power, I computed a composite variable that represented a count of the number of privileged identities participants' held in terms of gender (1 = man, 0 = woman), race (1 = White, 0 = person of color), and LGBTQ status (1 = cisgender heterosexual, 0 = LGBTQ). This composite method has been used in previous research on how one's social location influences their workplace experiences (Settles et al., 2019) and allows for consideration of multiply marginalized groups with small sample sizes. The predictor variables in the regression were this measure of social power (grand mean-centered), participants' scores on the personal workplace power scale, and their interaction. Scores on the SEQ were the outcome. The model was significant, $R^2 = .04$, $F(3, 2836) = 37.45$, $MSE = 2.05$, $p < .001$. Results revealed that increased personal workplace power significantly predicted less sexual harassment; however, social power and its interaction with personal workplace power were not significant. See Table 7.

Analyses Across Samples

I tested the remaining hypotheses using the combined data from nurses and doctors. I simultaneously tested Hypothesis 2 regarding social power (that women, people of color, and LGBTQ employees would experience more sexual harassment than their counterparts) and Hypothesis 3 regarding formal power (that nurses would experience more sexual harassment than doctors) using a factorial ANOVA. In this model, participants' gender (dummy-coded: 1 = women, 0 = men), race (dummy-coded: 1 = person of color, 0 = White), LGBTQ status (dummy-coded: 1 = LGBTQ, 0 = cisgender heterosexual), and position (1 = doctor, 0 = nurse) were the predictor variables. I conducted a power analysis to determine the necessary cell size needed to test the interactions between these variables, which revealed that a minimum of 98 participants per cell was required to test their two-way interactions. Therefore, I specified the interactions that met this requirement in the model as well: race x gender, race x position, and gender x position. See Table 8 for a breakdown of participants per cell. The outcome variable for the ANOVA was scores on the SEQ. For measurement consistency across samples, I used only the 18 items that both doctors and nurses experienced.

The results of this analysis partially supported my hypothesis. Participants' LGBTQ status and the interaction between gender and position were significantly associated with sexual harassment; however, the main effects of race and position were not significant, nor was the race x position interaction or the race x gender interaction. See Table 9. Examination of means indicated that LGBTQ participants experienced significantly more sexual harassment compared to cisgender heterosexual participants. A follow-up ANOVA was conducted to probe the gender x position interaction, revealing that sexual harassment significantly differed along the lines of two groups, $F(3, 3360) = 11.70$, $MSE = .06$, $p < .001$: gender traditional employees (female nurses and male doctors) reported less sexual harassment compared to gender nontraditional

employees (female doctors and male nurses), *p*s ≤ .002. Sexual harassment frequency did not differ within either of these groups (i.e., female nurses and male doctors did not differ from one another, $p = 1.00$; neither did female doctors and male nurses, $p = 1.00$). See Figure 3.

In order to more precisely measure race differences in sexual harassment in consideration of small sample sizes, I conducted an additional ANOVA with participant race recoded so that people of color were differentially collapsed across groups. Specifically, I computed an underrepresented minority variable [0 = White, 1 = Asian/Asian American/Pacific Islander, 2 = underrepresented minority (URM; i.e., Black or Latinx)], which served as the predictor variable, participant gender, LGBTQ status, and position were covariates, and scores on the SEQ were the outcome variable. I found that although race reached significance in the overall model [$F(2, 3141) = 3.01$, $MSE = .061$, $p = .049$], follow up comparisons revealed that group differences only trended toward significance (see Table 10): URM ($M = .19$, $SD = .27$) and White employees ($M = .17$, $SD = .25$) reported marginally more sexual harassment than Asian/Asian American/Pacific Islander employees ($M = .14$, $SD = .20$; $p = .060$ and $p = .082$, respectively), and URM and White employees did not differ from one another ($p = 1.00$).

Thus, Hypothesis 2 was partially supported: LGBTQ employees experienced more sexual harassment than cisgender heterosexual employees, and among doctors alone, women experienced more sexual harassment than men. However, although the follow-up tests for race revealed intriguing trends, there were no statistically significant differences between racial groups. Finally, Hypothesis 3 was also partially supported: among men alone, nurses experienced more sexual harassment than doctors; however, among women alone, doctors experienced more sexual harassment than nurses.

To test Hypothesis 4 (that the buffering effect of social power on sexual harassment rates would be stronger for those with formal power), I conducted a regression with formal power, social power, and their interaction on sexual harassment rates. I ran a regression rather than an ANOVA in order to examine the compounding effect of social power. Specifically, I used the social power composite variable described above, which reflects a count of the number of privileged identities participants' held in terms of gender (1 = man, 0 = woman), race (1 = White, 0 = person of color), and LGBTQ status (1 = LGBTQ, 0 = cisgender heterosexual). This composite method has been used in previous research on how one's social location influences their workplace experiences (Settles et al., 2019) and allows for consideration of multiply marginalized groups with small sample sizes.

The regression results largely supported my hypothesis (see Table 11), $R^2 = .004$, $F(3, 3362) = 4.00$, $MSE = .07$, $p = .007$. Formal power was significantly associated with sexual harassment, and social power was marginally significant. The interaction between formal and social power was also significant. To decompose the interaction, I conducted simple slopes analyses following the recommendations of Aiken and West (1991), whereby I dummy-coded participants' position and conducted two analyses alternating doctors and nurses as the referent group. For doctors, holding more social power was significantly associated with decreased sexual harassment, $b = -.05$, $\beta = -.10$, $t(3362) = -2.87$, $p = .004$. However for nurses, social power was not associated with sexual harassment, $b = .01$, $\beta = .02$, $t(3362) = 1.14$, $p = .256$ (see Figure 4). Thus, my fourth hypothesis was supported, but in an unexpected way: compared to their counterparts, doctors with more privileged identities (i.e., those with more social power) experienced less sexual harassment; however, there was no association for nurses.

CHAPTER III.

Discussion

In my dissertation, I sought to complicate and extend the literature on sexual harassment by examining two cornerstones of the phenomenon—power and climate—in novel and important ways. Specifically, much of the sexual harassment literature has examined climate using the meaningful but narrow, retaliation-focused construct of organizational climate for sexual harassment (Hulin et al., 1996). In my dissertation, I investigated more nuanced aspects of climate, and demonstrated that employee perceptions of its inclusiveness (i.e., nonracist, nonsexist, and nonhomophobic work environments) and masculinity contest norms mediated the associations between sexual harassment and negative psychological and professional outcomes.

Additionally, I bridged the literatures on the ways in which social power (i.e., being a member of a socially dominant group—such as being a man compared to a woman, being White compared to a person of color, and being cisgender heterosexual compared to LGBTQ) and formal power (i.e., holding more power within one's organization, such as being a doctor compared to a nurse) contribute to sexual harassment by examining their intersections. My results revealed that the intersection between gender and formal power was especially important for sexual harassment, with gender nontraditional employees (i.e., those who challenge gender hierarchy: male nurses and female doctors) targeted with significantly more sexual harassment than their gender traditional counterparts (i.e., those who do not challenge gender hierarchy: female nurses and male doctors). These findings provide important nuance to the ostensibly simple relationships between holding more social or formal power and decreased sexual

harassment: I found that women who had more formal power but less social power (female doctors) and men who had more social power but less formal power (male nurses) reported more sexual harassment than their counterparts. Thus, formal power was not protective for female doctors, nor was social power for male nurses.

Work as a meaning-making process: How perceptions of organizational factors link sexual harassment with negative outcomes

My first hypothesis had two parts: H1a) I expected that more frequent experiences of sexual harassment would be associated with perceiving one's climate as less inclusive, which would, in turn, be associated with decreased job satisfaction and perceptions of safety at work, and increased turnover intentions; H1b) I similarly expected that more frequent experiences of sexual harassment would be associated with increased perceptions of masculinity contest culture, which would, in turn, be associated with worse outcomes. I tested Hypothesis 1a amongst both doctors and nurses working at Michigan Medicine, and Hypothesis 1b amongst nurses alone, and found that my results largely supported my predictions.

Specifically, among doctors, perceptions of a less inclusive climate (i.e., more racist, sexist, and homophobic), mediated the associations between increased sexual harassment and more negative outcomes, providing full support for Hypothesis 1a. Unfortunately, I was unable to test Hypothesis 1b for doctors because the existing dataset did not include the Masculinity Contest Culture scale (Glick et al., 2018). However, among nurses, I tested Hypotheses 1a and 1b simultaneously in a single path analysis with both inclusive climate and masculinity contest culture as mediators. I found that my hypotheses were fully supported: decreased perceptions of inclusive climate and increased perceptions of masculinity contest culture mediated the link between sexual harassment and negative outcomes.

I also found amongst both doctors and nurses that sexual harassment was directly associated with decreased sense of safety at work and increased turnover intentions — associations that are consistently found in the sexual harassment literature (e.g., Dionisi, Barling, & Dupre, 2012; Sojo et al., 2016; Holland & Cortina, 2013; Lim & Cortina, 2005; Lonsway, Paynich, & Hall, 2013; Rosenthal, Smidt, & Freyd, 2016; Sims, Drasgow, & Fitzgerald, 2005; Willness, Steel, & Lee, 2007). Furthermore, I found amongst doctors that uninclusive climate completely mediated the association between sexual harassment and decreased job satisfaction: although sexual harassment had a negative zero-order correlation with job satisfaction amongst both doctors and nurses, and a negative direct effect in the path analysis for nurses, there was no direct effect in the path analysis for doctors. Meaning, uninclusive climate completely mediates the effect of sexual harassment on decreased job satisfaction for doctors. Thus, uninclusive climate is a particularly important variable for understanding the association between sexual harassment and decreased job satisfaction amongst doctors.

On the whole, my findings for the associations between sexual harassment, psychological climate, and negative outcomes are consistent with the literature and may be explained by decreased perceptions of one's workplace as fair and equitable. Indeed, across many studies, researchers have found that discrimination and bias at work are associated with such perceptions. For example, King et al. (2010) found that experiences of tokenism at work—wherein underrepresented individuals experience social isolation and increased visibility—were associated with perceptions that one's climate is inequitable. Settles et al. (2012) also argue that gender mistreatment at work, such as discrimination in hiring, promotion, salary, and access to resources, may increase targets' feelings of alienation from their coworkers in addition to increasing perceptions that one's work environment is poor. Furthermore, research by Cech and

Rothwell (2020) found that LGBT employees reported more negative experiences at work across a variety of domains (e.g., decreased pay and access to resources) and decreased respect from one's supervisor, and that these experiences were associated with perceiving one's work environment as less of a meritocracy. This collection of studies demonstrates that experiencing identity-based mistreatment at work is associated with perceiving the workplace as less fair and equitable, which may be the mechanism that links more frequent experiences of sexual harassment (a phenomenon that is highly and often explicitly gendered) with perceiving work as not only more sexist, but also more racist and homophobic.

As my findings suggest, and the literature supports, experiencing one form of identity-based mistreatment—e.g., sexual harassment—can be associated with an increased awareness of other forms of identity-based mistreatment (e.g., racial discrimination, sexual prejudice). For example, Kane (2000) conducted a literature review on variations in gender-related attitudes across racial/ethnic groups and found that African Americans, who have been subjected to historical and continued systemic mistreatment, are more likely than Whites to recognize and criticize gender inequality. Additionally, Cech (under review) found that compared to White men, White women were more likely to recognize a chilly race climate in their organizations, and White (2006) found that LGBTQ African American feminists (n = 50 women; n = 50 men), were more likely to critically engage in a wide range of activism for gender equity compared to their cisgender heterosexual counterparts. Indeed, as many scholars have argued, understandings and experiences of gender are fundamentally shaped by one's other social identities and the power and privilege vs. marginalization and disadvantage imbued by them (i.e., intersectionality theory; Anzaldúa, 1987; Collins, 2000, 2005; Combahee River Collective, 1977/1995; Crenshaw, 1989; Kane, 2000; Settles et al., 2008; etc.). Thus, it follows that increased

experiences of sexual harassment would be associated with perceiving bias in one's climate related to race and sexual orientation as well as gender.

Furthermore, Cech (under review) notes that personal experiences of devaluation, even those that are not identity-based or linked with marginalization, are associated with recognizing bias at work. She found that White men who personally experienced some form of workplace mistreatment (e.g., unfair performance evaluations) were more likely to recognize their coworkers' race- and gender-based mistreatment. As Cech articulates, these findings contribute to a broader framework of workplace bias as a meaning-making process: employees utilize their understandings of workplace meritocracy and personal experiences of mistreatment to recognize and interpret instances of bias they witness at work. Here, I found that experiences of sexual harassment were linked with negative outcomes in part through employee perceptions of their work environment as less equitable—that is, as more racist, sexist, and homophobic. These findings are consistent with the Theory of Workplace Adjustment (Dawis & Lofquist, 1984), which articulates that negative climate is associated with employees feeling that they don't fit and belong in the workplace, often resulting from a mis-match between employee and organizational values. Across samples of marginalized groups, studies find that decreased perceptions of one's fit with an organization links climates of inequality with negative outcomes of decreased job satisfaction and increased turnover intentions (e.g., Lyons, Velez, Mehta, & Neill, 2014; Velez & Moradi, 2012)

Overall, my findings highlight the importance of organizational factors in shaping experiences of sexual harassment at work, consistent with long-standing scholarly arguments that sexual harassment cannot be fully understood without considering workplace context (e.g., EEOC, 2016; Fitzgerald & Cortina, 2017; Fitzgerald et al., 1997; Hulin et al., 1996; NASEM,

2018; Naylor, Pritchard, & Ilgen, 1980). For example, studies have found that factors such as increased organizational climate for sexual harassment (i.e., the likelihood of retaliation if one reports sexual harassment; Hulin et al., 1996), a greater proportion of men in one's work group (e.g., Kabat-Farr & Cortina, 2014), and the degree to which men hold organizational positions of power (e.g., Ilies et al., 2003), all contribute to increased sexual harassment rates. Yet, many of these studies have solely focused on how organizational factors contribute to the *emergence* of sexual harassment at work; my dissertation extends this literature to demonstrate how experiences of one's workplace context contribute to the *harm* associated with sexual harassment. This is not to say that organizational factors are unimportant predictors of sexual harassment, but rather that employee experiences of organizational context must also be examined as mediators of its harms.

My findings also support the burgeoning theoretical framework of the workplace as a site of masculinity contest (Berdahl et al., 2018). In their influential paper introducing the concept of masculinity contest cultures, Berdahl and colleagues (2018) note that a key reason for stalled gender equity at work is that many workplaces utilize ostensibly gender-neutral practices for getting ahead that actually reflect traditionally masculine expectations of dominance, competition, and hegemonic masculinity (e.g., "You've got to watch your back" and "Admitting you don't know the answer looks weak"; Glick et al., 2018). Masculinity contest cultures are correlated with increased gender-based zero-sum thinking (i.e., women's status gains at work are directly linked with men's status losses), sexual and racial harassment, toxic leadership, bullying, burnout, and turnover intentions, as well as decreased psychological safety, work-life balance, organizational commitment, job satisfaction, and psychological and general health (Glick et al., 2018; Kuchynka, Bosson, Vandello, & Puryear, 2018). Furthermore, experimental research has

documented that in masculinity contest cultures, men are especially likely to sexually harass other men when their own masculinity is threatened (Alonso, 2018).

In my dissertation, I extended this literature to show that increased perceptions of work as a masculinity contest mediate the associations between increased sexual harassment and negative outcomes of decreased job satisfaction and sense of safety at work, and increased turnover intentions. To my knowledge, this is the first study to conceptualize and empirically test how masculinity contest culture *links* workplace mistreatment with negative outcomes. Additionally, the fact that I found this significant effect for sexual harassment among nurses is novel and provides strong support for how masculinity contest cultures can contribute to the consequences of mistreatment even in fields that are not hypermasculine, such as nursing (Meadus, 2000). It's important to note that nurses, on average, did not strongly perceive their workplace as a masculinity contest (M = 2.31, SD = .85, on a 5-point Likert-type scale), but nevertheless, those who experienced more sexual harassment perceived their workplaces as more of a masculinity contest, which played a critical role in explaining the way that sexual harassment harms its targets.

Indeed, as noted above, workplaces are a space of gendered meaning-making (Cech, under review; Ely & Kimmel, 2018). Although it is perhaps counterintuitive to find masculinity contest cultures operating in nursing, the fact that increased perceptions of work as a masculinity contest link sexual harassment with negative outcomes makes sense when one considers that maintenance of gender hierarchy is the fundamental goal of sexual harassment (Berdahl, 2007a). Thus, it follows that individuals who experience more sexual harassment—i.e., mistreatment on the basis of upholding traditional gender roles and the superior status of manhood and masculinity above womanhood and femininity—view their workplace as more strongly

endorsing and rewarding standards of masculinity that involve status and dominance. Previous research has found that experiencing more identity-based mistreatment at work is associated with perceiving one's workplace as unfair and inequitable (Cech & Rothwell, 2020; King et al., 2010; Settles et al., 2012). My findings suggest that experiencing more sexual harassment may enable targets to more clearly see and identify unfair status- and power-oriented behaviors and norms in their workplace, explaining part of the associations between sexual harassment and negative outcomes. Future research using experimental and/or longitudinal designs should explore such possibilities.

My findings for masculinity contest culture amongst nurses also suggest that organizational norms may be especially important for shaping sexual harassment experiences—perhaps above and beyond broader occupational norms. On the whole, nursing as an occupation has been characterized by traditionally feminine traits, such as caring, altruism, nurturance, and domesticity (McLaughlin, Muldoon, & Moultray, 2010; Miers, 2000; O'Conner, 2015); yet, compared to their counterparts, nurses who experienced more sexual harassment at work also described their work environments as more of a masculinity contest. In this way, they may be perceiving their organizational context—their immediate work environment—as more of a masculinity contest, but it's unclear whether or not they perceive their occupational context—the broader field of nursing—in a similar way. Future research should examine these associations, as they could be important for determining the extent to which occupational perceptions contribute to sexual harassment's harms. Such a comparison would also be useful for doctors, as medicine as a broader field is characterized by hypermasculine norms (Nye, 1997).

Indeed, medicine and science have been historically described as "masculine fields of honor," wherein traits or behaviors that breach expectations of self-determination and

independence of any kind (e.g., reciprocity, empathy, mutualism) are perceived not only as weak, but also as fundamentally violating "the credibility of a man's observations and judgments and, therefore, his reliability as a witness to the events of the natural world" (Nye, 1997, p. 68). Presently, medicine continues to be characterized by many of the same qualities that define masculinity contest cultures, such as competition and a survival-of-the-fittest mentality, strong hierarchy, and constructions of the ideal worker as putting their career first (Ely & Kimmel, 2018; Hu et al., 2019; NASEM, 2018; Perumalswami et al., 2019). Indeed, the norms that characterize masculinity contests in one's work environment appear to generalize beyond the walls of the hospital to the broader field of medicine. Thus, whereas the discrepancy between organizational and occupational norms for nurses suggests that their related perceptions may differentially shape nurses' experiences of sexual harassment, the similarity in norms at both the organizational and occupational level for doctors make such distinctions difficult. Indeed, disentangling the effects at the organizational- vs. occupational-level is ripe for future research.

Who's got the power?: Social and organizational group differences in sexual harassment

I also examined the ways in which social and formal power shape the frequency of sexual harassment. I hypothesized that individuals with less social or formal power would experience more sexual harassment (H2 and H3 respectively). In H2, I zeroed in on social power: I expected that women, people of color, and LGBTQ employees would experience more sexual harassment than men, White, and cisgender heterosexual employees, respectively. In H3, I focused on formal power: I expected that nurses would experience more sexual harassment than doctors. I tested these hypotheses simultaneously in order to examine the effects of social and formal power in consideration of one another and their interactions. Overall, I found partial support for my hypotheses. In terms of social power, I found that LGBTQ employees did experience more

sexual harassment than cisgender heterosexual employees, supporting my hypothesis. However, I did not find a significant effect of race on sexual harassment rates. Furthermore, I found that the interaction between gender and formal power was critical for accurately capturing sexual harassment frequency, yielding two distinct groups: gender traditional employees (i.e., female nurses and male doctors), and gender nontraditional employees (i.e., male nurses and female doctors). I will discuss these results by first addressing my main effect findings for LGBTQ employees and people of color, and then turning to the interaction between gender and formal power.

My findings for LGBTQ employees are largely consistent with the literature. Theory and empirical research have long noted that sexual harassment targets those who directly or indirectly challenge gender hierarchy and its resulting social power dynamics (e.g., Berdahl, 2007a, 2007b; Dall'Ara & Maass, 1999; Hitlan, Pryor, Hesson-McInnis, & Olson, 2009; Holland & Cortina, 2013; Leskinen, Rabelo, & Cortina, 2015; NASEM, 2018; Siebler, Sabelus, & Bohner, 2008; Street et al., 2007). Traditional gender roles are largely built upon heterosexual relationships and standards of masculinity are strongly linked with heterosexuality, rendering nonheterosexuality a form of gender nonconformity (Baber & Tucker, 2006; Donaldson, 1993; Rabelo & Cortina, 2014). Thus, consistent with theory that sexual harassment is a means of enforcing gender hierarchy, I found that LGBTQ employees experienced more sexual harassment than their cisgender heterosexual counterparts. My findings dovetail with other research in this domain. Though severely understudied, LGBTQ employees report higher rates of sexual harassment than cisgender heterosexual employees (Cortina et al., 1998; Konik & Cortina, 2008). For example, Cortina and colleagues (1998) found that 81% of lesbian and bisexual women had experienced sexual harassment compared to 51% of heterosexual women.

Konik and Cortina (2008) also found that 77% of lesbian, gay, bisexual and queer-identified employees were harassed at work compared to 30% of heterosexual employees, and in their report of the 2015 U.S. Transgender Survey, James et al. (2016) found that at least 50% of trans and gender nonconforming people experience harassment, which is likely an underestimation.

Scholars have long argued that gender and sexual orientation are intricately intertwined (Connell, 1995; Franke, 1997; Garnets, 2000; Mahalik et al., 2003; Steinem, 1978; Valdes, 1996), and that critically engaging with gender is necessary for analyzing the stereotypes and workplace mistreatment of LGBTQ employees (Konik & Cortina, 2008; Rabelo & Cortina, 2014; Valdes, 1996; Worthen, 2013). Indeed, Rabelo and Cortina (2014) found that gender harassment (the subtype of sexual harassment that focuses on sexist and gender-based derogation) co-occurs so frequently with heterosexist harassment (a close cousin to sexual harassment involving explicitly heterosexist behavior, such as homophobic comments or being ignored due to nonheterosexuality) that they are "two sides of the same coin" for LGBTQ employees (p. 378). Thus, as these findings make plain, gender is a critical part of LGBTQ employees' mistreatment at work.

Unfortunately, the high rates of sexual harassment among LGBTQ employees are consistent with the disproportionate negative outcomes they face on the job. For example, drawing upon data from over 37,000 employees in STEM, Cech and Pham (2017) found that compared to their cisgender heterosexual counterparts, LGBTQ employees reported decreased job satisfaction, access to resources, satisfaction with working conditions, and perceptions that their organization supports diverse workers. Clearly, gendered mistreatment can be a vehicle for expressing prejudice toward LGBTQ employees, specifically, which Cech and Pham (2017) deftly articulate:

> Not only is LGBT status an important social category in its own right, but the results here suggest that consideration of LGBT status sheds light on gender inequality as well. Our results suggest that devaluation as a result of the norms of the gender structure—not just the devaluation of femininity—reproduces inequality in STEM environments (p.17).

However, I did not find empirical support (i.e., statistical significance) for my prediction that people of color would experience more sexual harassment than White employees. There are a number of factors that could explain this null result, but I first and foremost want to underline the uniqueness of this sample (i.e., doctors and nurses) and its overwhelming demographic homogeneity (e.g., 82% White). Therefore, the non-diversity of this sample makes it ill equipped to definitively answer questions about race. Nevertheless, although most studies report compelling findings that underrepresented racial minorities, particularly Black women, experience more sexual harassment than White people (e.g., Berdahl & Moore, 2006; Buchanan et al., 2009; Buchanan, Settles, & Woods, 2008; Buchanan, Settles, Woods, & Colar, 2010; Buchanan & West, 2009; Cortina et al., 1998; Krieger et al., 2006; Mclaughlin et al., 2012; Mecca & Rubin, 1999; Settles et al., 2012; Wyatt & Riederle, 1995), other research finds null results or even the opposite effect depending on context and the specific type of harassing behavior (e.g., 44% for people of color compared to 43% for White people; Clancy et al., 2017; Buchanan et al., 2008). Indeed, there are inconsistencies in the small body of literature on race differences in sexual harassment.

Additionally, qualitative research suggests that harassment from patients, which was not examined in the present research, may be useful for clarifying racial dynamics in mistreatment at work. Mapedzahama, Rudge, West, & Perron (2012) found that Australian Black migrant nurses frequently experienced candid racism from their patients, such as comments that they should "go back to [their] country" and "don't even touch my skin" as well as repeated requests that they wash their hands (p. 159). These nurses reported that the hospitals rarely took action to address

this discrimination, because it was perceived as harmless behavior that was "unintended and performed by someone (albeit white) endeavouring to cope with their vulnerabilities and ill-health. Thus, the care and satisfaction of the racist patient remain paramount and their racist act dismissed" (p. 159). Unfortunately, most research on race and racism in healthcare has focused on provider-to-patient racism (e.g., Johnstone & Kanitsaki, 2009), and these findings are the only study of race-based patient-to-provider mistreatment I could find in the literature. Nevertheless, they suggest that patients may be an under-explored avenue of workplace mistreatment for health care professionals of color, and future research should examine how race shapes patient-to-caregiver experiences of sexual harassment.

Although my follow-up analyses for racial group comparisons only trended toward significance, I found an interesting pattern of results that's worthy of note: underrepresented minorities (i.e., Black and Latinx employees) and White employees experienced marginally more sexual harassment than Asian/Asian American/Pacific Islander employees. However, the *p*-value for underrepresented minorities compared to White employees was categorically not significant ($p = 1.00$). Other research has found a similar pattern of results: Cortina and colleagues (1998) found that compared to Asian American women, Black and Latina women were 1.3 times more likely to be sexually harassed, and White women were 1.2 times more likely to be harassed. Taken together, these findings suggest that underrepresented minorities, specifically, rather than people of color as a broader group, may be especially likely to experience sexual harassment at work. Moreover, Black and Latinx doctors are particularly underrepresented in academic medicine, likely rendering them vulnerable to high rates of sexual harassment compared to Asian American and White doctors, who are not underrepresented in this field (Hassouneh, Lutz, Beckett, Junkins, & Horton, 2014; Lett, Orji, & Sebro, 2018).

Additionally, the unique stereotypes attached to distinct racial groups are important factors to consider when studying differences in sexual harassment among people of color (Cortina et al., 1998; Ghavami & Peplau, 2012; Rosette et al., 2018). Indeed, stereotypes have been deployed as a useful framework for understanding sexual harassment (e.g., Buchanan, Settles, Wu, & Hayashino, 2018; Clancy et al., 2017; Rosette et al., 2018), and the similarity in frequency toward Black and Latina women could be shaped by their shared stereotypes as loud, curvy, and hypersexual (Ghavami & Peplau, 2013). These stereotypes contrast with socially dominant standards of femininity that emphasize submissiveness, a small physical stature, and sexual restraint—characteristics that are more aligned with stereotypes of Asian American and White women (Ghavami & Peplau, 2013). Furthermore, research on sexual harassment subtypes reveals that Black women experience higher rates of sexual advance forms (i.e., unwanted sexual attention, sexual coercion) compared to White women (Buchanan, Settles, & Woods, 2008; Buchanan & West, 2009; Mecca & Rubin, 1999; Wyatt & Riederle, 1995), and that White women experience higher rates of gender harassment compared to Black women (Clancy et al., 2017; Buchanan et al., 2008). These patterns of harassment can be understood through stereotypes as well (Rosette et al., 2018). Because Black women are stereotyped as hypersexual and agentic, they may be more likely to be targeted with sexual advances and less likely to be targeted with gender harassment that implies that women are too fragile. In contrast, because White women are stereotyped as communal and passive, they may be more likely to be targeted with gender harassment. I did not find significant differences between racial groups for overall experiences of sexual harassment, but future research should explore whether or not there are differences in sexual harassment subtypes by race.

Finally, my hypothesis about women experiencing more sexual harassment than men was partially supported. Specifically, this prediction was borne out only amongst doctors: female doctors experienced more sexual harassment than male doctors. Yet, my results did not support my hypothesis about gender differences in sexual harassment amongst nurses: I found that male nurses experienced more sexual harassment than female nurses. Although I did not explicitly predict this interaction (a somewhat embarrassing oversight), these findings are consistent with theory that sexual harassment is fundamentally about reinforcing gender hierarchy (Berdahl, 2007a). Indeed, I found that individuals who challenged the gender hierarchy—the male nurses and female doctors—experienced significantly more sexual harassment compared to those who did not challenge gender hierarchy—the female nurses and male doctors. Thus, as these findings illustrate, the interrelation of gender and power critically shapes sexual harassment.

These findings are consistent with scholarly arguments that "instead of viewing sexual harassment as inherently driven by sexual desire… sexual harassment occurs because the motive for social status takes shape in a context of gender hierarchy" (Berdahl, 2007a, p. 644). As Sex-Based Harassment theory (Berdahl, 2007a) makes plain, the primary motive behind sexual harassment is a desire to protect and advance one's gendered social status within the context of gender hierarchy. In the United States and most Western cultures, gender is hierarchically organized with men and masculinity granted greater power and status compared to women and femininity (Connell, 1995; Connell & Messerschmidt, 2005; Nentwich & Kelan 2014). Within this context, individuals who challenge gender hierarchy—particularly the social status and value of masculinity—are punished with sexual harassment (Berdahl, 2007b). Indeed, my results dovetail with the literature, which demonstrates that gender nontraditional women and men are targeted with increased sexual harassment.

Like other "uppity women," female doctors are likely harassed in order to "put them in their place" (Berdahl, 2007b, p. 425; Hitlan, Pryor, Hesson-McInnis, & Olson, 2009; Holland & Cortina, 2013; Siebler, Sabelus, & Bohner, 2008). For example, in a study conducted by Maass et al. (2003), men were randomly assigned to receive a message from a woman who was studying economics and intended to become a bank manager and advocated for women's rights (gender nontraditional condition), or from a woman who was studying education and intended to be an elementary school teacher and believes that lawyers should be men (gender traditional condition). They found that the gender nontraditional woman was harassed significantly more than the gender traditional woman, captured by the amount of offensive pornography participants sent to the target. These results are not an anomaly—Berdahl (2007b) notes that women who violate expectations of womanhood and femininity by displaying behaviors, characteristics, or an appearance that is traditionally associated with masculinity are harassed more than their counterparts.

Additionally, Berdahl (2007b) found that women with more traditionally masculine personality characteristics (e.g., assertive, competitive, dominant) were sexually harassed more than women with more traditionally feminine personality characteristics (e.g., affectionate, compassionate, yielding), with rates of 83% vs. 69%, respectively. She also found that those who worked in traditionally masculine fields and organizations were more likely to be sexually harassed compared to men in these fields as well as both women and men in traditionally feminine occupations and organizations. My results are consistent with this literature: female doctors, who represent women working in a high-power, traditionally masculine field (NASEM, 2018), experienced more sexual harassment than male doctors and female nurses. Indeed, "a

drive to maintain the most highly rewarded forms of work as domains of masculine competence underlies many, if not most, forms of sex-based harassment on the job" (Schultz, 1998, p. 1755).

Protecting masculinity and men's social status fundamentally drives sexual harassment. At the same time, there is a deep complexity to these constructions of gender that needs to be unpacked in order to fully explain why male nurses were targeted with more sexual harassment than female nurses or male doctors. To begin, masculinity and manhood are precarious statuses that are not seen as intrinsic parts of men but rather as characteristics to be "earned and maintained through publicly verifiable actions" (Vandello & Bosson, 2013, p. 101); this contrasts with constructions of womanhood as deeply innate and inherent to female-bodied individuals (Vandello & Bosson, 2013). Thus, full access to men's higher social status and privilege is contingent upon alignment with strict masculine norms of social dominance, heterosexuality, and a denial of femininity (Berdahl, 2007; Holland et al., 2016). Because nursing has been a historically feminine pursuit (Meadus, 2000), male nurses may not have access to the full social power and privilege afforded to men who may more strongly align standards of masculinity by pursuing a more traditionally masculine career.

Indeed, there are gradations to male power and privilege. Masculinity is hegemonically organized in most Western cultures—including the U.S.—bestowing certain men with greater access to male privilege than others, and only a select few are able to attain standards of masculinity (Connell, 1995; Connell & Messerschmidt, 2005; Herek, 2007; Kimmel, 2000; Levant, Rankin, Williams, Hasan, & Smalley, 2010; Pleck, 1995; Tarrant, 2009). Therefore, those who do not portray traditional expectations of masculinity are not only targeted with increased sexual harassment (Berdahl, Magley, & Waldo, 1996; DeSouza & Solberg, 2004; Stockdale, Visio, & Batra, 1999; Waldo et al., 1998), but also may be perceived as generally

challenging men's collective social status (Bosson et al., 2005; Vandello & Bosson, 2013). In this way, male nurses could be perceived as not only effeminate, but also as challenging the value of masculinity by pursuing a traditionally feminine career. Illustrating the interconnection between status and masculinity, research by Moss-Racusin, Phelan, and Rudman (2010) found that modest men were perceived as violating both prescriptions and proscriptions of masculinity: they were see as lacking agentic characteristics linked with high status as well as displaying weakness and uncertainty. They also found that modest men were also targeted with backlash in terms of likability and hirability.

Within this framework of masculinity and gender hierarchy, it follows that men who enter a traditionally feminine field such as nursing would experience more sexual harassment than male doctors or female nurses, who have more gender-role consistent careers. Perceptions of femininity have been identified as a critical component of the sexual harassment of men (Lee, 2000), who experience heightened backlash and mistreatment for challenging gender hierarchy through real or imagined violations of traditional masculinity. Indeed, when men are sexually harassed, it is often on the basis of not being perceived as "man enough" (Berdahl & Moon, 2013; Clancy et al., 2017; DeSouza & Solberg, 2004; Holland, Rabelo, Gustafson, Seabrook, & Cortina, 2016; Waldo et al., 1998). For example, Berdahl and Moon (2013) report that men who engaged in traditionally feminine parenting behavior by taking time off work to care for children experienced more workplace sexual harassment than both gender traditional fathers who spent little time on childcare and men without children. The authors note that these findings are likely due to increased perceptions of caregiving fathers as "failed men" (Berdahl & Moon, 2013, p. 348). Thus, my findings tie into a broad body of literature that documents the ways in which men and women are harshly punished for gender nonconformity. Indeed, scholars articulate how

sexual harassment serves as a tool of gender policing in the workplace, rigidly preserving traditional ways of "doing gender" (McLaughlin et al., 2012, p. 626). In this way, the increased sexual harassment of female doctors and male nurses serves to maintain gender hierarchy.

At the same time, however, my results diverge from previous work in that female doctors did not experience significantly more sexual harassment than male nurses, their gender nontraditional counterparts (e.g., Berdahl, 2007b). The burgeoning literature on the workplace as a site of masculinity contest may illuminate some of the ways in which men's status *as men* may not universally protect them from mistreatment. Ely and Kimmel (2018) note that research is only just beginning to delve into "the complexity of emotions, motives, and expectations that accompany men's 'gender doings' at work…masculinity contest cultures are predicated—and prey—on men's insecurity" (p. 629). Indeed, as Alonso (2018) found, men sexually harass other men in order to reassert their masculinity when it is threatened. Because nursing is a traditionally feminine field (Meadus, 2000), and men are penalized especially harshly for violations of gender roles (Brumbaugh, Sanchez, Nock, & Wright, 2008; Talley & Bettencourt, 2008; Wellman & McCoy, 2013), men's greater social power on the whole may not be protective in situations of real or imagined gender nonconformity, rendering male nurses vulnerable to harassment.

In sum, my results challenge simple, universal expectations about gender differences in sexual harassment that do not consider how gender operates in one's more immediate organizational context as well as within structural systems of gender hierarchy and inequality. Somewhat ironically, I myself fell prey to such an unsophisticated prediction of gender within this very project, as my second hypothesis simply expected that women would experience more sexual harassment than men.

But really, who's got the power?: Social power augments formal power's protection

In my fourth hypothesis, I expected that increased social power would be associated with decreased sexual harassment and that this effect would be stronger for doctors, due to their increased formal power compared to nurses. To test this hypothesis, I conducted a regression analysis with participants' formal power, social power, and their interaction on sexual harassment frequency. I conducted the analysis in this way in order to examine how increased social power—that is, holding social power across multiple dimensions of identity—may function differently for doctors compared to nurses. Additionally, by measuring social power in this way, I'm better able to capture participants' social location by considering multiple systems of privilege and inequality (Settles et al., 2019). I found partial support for my hypothesis: increased social power was indeed protective against sexual harassment for doctors, but contrary to my expectations, it was not protective at all for nurses.

Broadly, social power and mistreatment are shaped by one's various, overlapping social group memberships. As double-jeopardy theory articulates (Beal, 1970; Berdahl & Moore, 2006), people with multiple marginalized identities often experience increased discrimination because they are targeted with mistreatment along multiple axes of identity and oppression. For example, Clancy and colleagues (2017) found that women of color—who are marginalized on the basis of both their race and their gender—had the highest rates of harassment, assault, and other negative workplace experiences in STEM compared to other employees. Additionally, Cech and Rothwell (2020) found that racial/ethnic minority LGBTQ employees—who are marginalized on the basis of both their race and their LGBTQ status—reported more negative workplace experiences than White LGBTQ employees. They also found that LGBTQ women reported more negative experiences than LGBTQ men. Indeed, as these findings illustrate, negative workplace experiences compound as one's marginalized social identities increase. In

the present research, I found that doctors with more privileged social identities experienced less sexual harassment than those with fewer privileged social identities.

The phenomenon of contrapower harassment—wherein female supervisors are harassed by male subordinates—can help illuminate the significance of social power in shaping doctors' experiences of formal power. Specifically, research on contrapower harassment reports that women who hold positions of formal power are subjected to high rates of sexual harassment from their subordinates compared to men in similar positions (Rospenda et al., 1998). For example, McLaughlin, Uggen, and Blackstone (2012) found that female supervisors were more likely to experience sexual harassment than male supervisors or female nonsupervisors. In this way, formal power was less protective for female supervisors, who lack relative social power due to their gender, compared to male supervisors. Additionally, research by Cech and Pham (2017) found that LGBTQ employees' experiences of workplace mistreatment did not decrease with increased organizational power, highlighting the importance of social group membership in the way that formal power functions. Pittman (2010) found that women of color faculty experienced high rates of gendered racism from their White male students, often in the form of challenging their scholarly expertise, authority, and teaching competency, as well as making both "subtle and not so subtle threats to their persons and their careers… consciously or unconsciously, [using] their own position in the matrix of domination at the intersection of white and male privilege to undermine the authority of women of color faculty" (pp. 183-184). Though understudied, research suggests that some men may also experience contrapower harassment. In a qualitative study, Rospenda et al (1998) found that one Black male faculty member described experiences of repeated unwanted sexual advances from his male secretary, noting that expectations of Black masculinity and the taboo of homosexuality made him reluctant to report the mistreatment. As

these findings illustrate, power dynamics related to social identity shape the extent to which one is able to fully access the formal power that comes with their position. My results for doctors are consistent with this literature, which reports that on the whole, the protection of formal power is diminished for employees with less social power.

However, I was surprised to find that social power was unrelated to sexual harassment amongst nurses. There are a couple of important aspects of healthcare that may clarify these null results: healthcare's exceptionally hierarchical structure, and the gendered nature of the fields of medicine and nursing. Indeed, medicine is extremely hierarchical (NASEM, 2018) and doctors hold disproportionate power in healthcare settings compared to nurses (Nugus et al., 2010). Thus, within this organizational context of strong power differentials, social power may not be as protective for nurses, who lack the formal power that shapes so much of their workplace. Furthermore, historically, most nurses have been women and most doctors have been men (Meadus, 2000). And although on the whole men hold more social power than women, men are particularly punished for engaging in stereotypically feminine pursuits (e.g., Brumbaugh, Sanchez, Nock, & Wright, 2008; Talley & Bettencourt, 2008; Waldo et al., 1997; Wellman & McCoy, 2013). Thus, social power may be less protective for men within the context of nursing compared to other positions of comparable organizational power (e.g., administrative staff). Because my sample was overwhelmingly White and straight-identified, gender was the primary dimension along which differences in social power were measured. Indeed, it is difficult to get a clear picture of how social power functions in this gendered context with little representation of racial and LGBTQ diversity. Future research with more diverse samples in terms of race and LGBTQ status are needed in order to more fully understand how social power related to these factors compounds.

I also conducted an exploratory analysis of social power and formal power *within* the nursing sample. In a regression, I examined social power, personal workplace power (measured via the extent to which one has control and influence over their own and others' work experiences), and their interaction on sexual harassment frequency. I found interesting results that further contextualize my null findings for social power amongst nurses in the previous analysis: increased personal workplace power was significantly associated with decreased sexual harassment, but social power and their interaction were not significant. These findings suggest that workplace power is particularly important for nurses' experiences of sexual harassment, perhaps above and beyond social power. Thus, although nurses possess less power at work in comparison to doctors (Hart, 2015; Nugus, Greenfield, Travaglia, Westrbrook, & Braithwaite, 2010; Porter, 1991), power gradations within nursing still shape sexual harassment frequency, and those with more power are protected from sexual harassment.

Taken together, my results reveal how organizational and social factors shape one another in terms of sexual harassment, with social power functioning differently at varying levels of formal power. Indeed, as scholars have long argued, sexual harassment is an intersectional phenomenon (e.g., Berdahl & Moore, 2006; Buchanan, 2005), wherein one's experiences are shaped by the co-constitutive nature of their multiple social identities and, as evidenced here, their professional identities as well (i.e., doctor vs. nurse). As my findings make clear, scholars (and practitioners alike) cannot accurately capture sexual harassment without considering social power in conjunction with organizational power, because sexual harassment—like all things—operates in an intersectional matrix of power and oppression.

Limitations and Future Directions

Despite the many strengths of these studies, there are, of course, some limitations to note. First and foremost, these samples lack racial and sexual diversity, and gender diversity beyond the binary. I have detailed above the ways in which a diverse sample would have enabled a more nuanced assessment of how race shapes sexual harassment, primarily through a greater ability to examine distinct racial groups and their intersections with gender. Yet, I want to reiterate the importance of such an analysis before conclusions can be drawn about race and sexual harassment. In contrast to my results, many previous studies have found important and complex distinctions between racial groups on sexual harassment rates (e.g., Berdahl & Moore, 2006; Buchanan et al., 2008; Buchanan et al., 2009; Buchanan et al., 2010; Buchanan & West, 2009; Cortina et al., 1998; Krieger et al., 2006; Mclaughlin et al., 2012; Mecca & Rubin, 1999; Settles et al., 2012; Wyatt & Riederle, 1995).

Similarly, the small sample size of LGBTQ employees [N = 119 total (3.3% of 3,598 participants); n = 13 doctors (2.4% of 540 doctors), n = 106 nurses (3.5% of 3,058 nurses) meant that I was unable to examine the intersections of LGBTQ status with position, race, or gender. At the same time, the fact that it was a significant predictor speaks to the strength of its association with sexual harassment. Although I strongly urge researchers to examine how LGBTQ status intersects with other social and organizational factors to shape sexual harassment experiences overall, the extant literature does suggest that the frequency of sexual harassment does not significantly differ for LGBTQ women and men (e.g., Konik & Cortina, 2008; James et al., 2016), and that LGBTQ employees' experiences of mistreatment do not decrease with organizational status (Cech & Pham, 2017). This is not to say that the nature of sexual harassment is indistinguishable for these groups, but rather that, on the whole, these findings

suggest that sexual harassment is a major form of injustice for LGBTQ employees across dimensions of difference. Future research among more diverse samples should examine how LGBTQ employees of varying race/ethnicities, gender identities, and organizational statuses experience other aspects of sexual harassment beyond its frequency, such as the specific subtypes of sexual harassment (e.g., gender harassment, sexual coercion), associations with sexual harassment's numerous negative outcomes, and perceptions of their workplace following this mistreatment.

Finally, previous work reports that Michigan Medicine is not notably different from other large academic medical centers (Vargas et al., 2019), and therefore, these findings may generalize to similar contexts. However, future research is needed to determine how generalizable they are to other health care settings. Academic medicine is characterized by strong power hierarchies and male-dominated leadership, similar to the military and academia broadly, which also have high rates of sexual harassment (Ilies et al., 2003; NASEM, 2018). Because these characteristics (along with isolating work and training environments) have been identified as critically important for sexual harassment (NASEM, 2018), similar organizations and fields likely also have high rates of sexual harassment. In contrast, Ilies et al. (2003) found that rates of sexual harassment were lower in the private sector and government. Thus, future research examining similarities and differences in sexual harassment in academic medical centers compared to private medical practices is needed in order to more clearly delineate which aspects of health care contribute to sexual harassment across a variety of settings (e.g., hierarchical structure, isolating work environments such as hospital rooms), and which are unique to the academic medical context (e.g., training environment).

The present work also had some design limitations. Namely, this is a cross-sectional study and as such, causal relationships were not assessed. A longitudinal design would be able to more precisely examine how experiences of sexual harassment could lead to perceiving one's climate as less inclusive and more of a masculinity contest. Parsing apart the causal and multi-level relationships between these factors is a critical next step for future research, particularly how individual-level perceptions of masculinity contest culture might differ from organizational-level, aggregated measures of masculinity contest culture in their relationship to sexual harassment. It is possible, for example, that whereas organizational-level masculinity contest culture might *predict* sexual harassment, individual perceptions of these norms might increase *following* sexual harassment. However, with a cross-sectional, individual-level design, I was unable to test such possibilities and therefore cannot make causal claims about the relationships amongst the variables in my study; future research using longitudinal or experimental designs are needed in order to draw firm conclusions about this temporal process. Nevertheless, the mediational analyses presented in the present research indicate that perceptions of one's workplace as less inclusive and more of a masculinity contest do explain part of the associations between sexual harassment and negative outcomes at work, providing important nuance to the ways in which organizational factors contribute to the harms of sexual harassment. These cross-sectional findings are novel contributions to the literature.

Additionally, there were some inconsistencies in measurement between studies, such that certain predictions that are likely relevant to both nurses and doctors (e.g., masculinity contest culture) were only tested amongst nurses. This is an unfortunate narrowing of the present analyses that should be addressed in future research. Because medicine has been a traditionally hypermasculine domain (NASEM, 2018), masculinity contest norms likely play an important

role in doctors' experiences of sexual harassment. As described above, medicine is described as not only a "masculine field of honor," but also as competitive and driven by hierarchy and beliefs that the ideal worker puts their career first (Ely & Kimmel, 2018; Hu et al., 2019; NASEM, 2018; Nye, 1997; Perumalswami et al., 2019). Thus, medicine is ripe for future research in this domain, particularly that which examines how masculinity contest culture may also link more frequent experiences of sexual harassment with negative outcomes at work amongst doctors.

I was also unable to examine personal workplace power (i.e., the extent to which one is able to influence or control their own and others' workplace experiences) amongst doctors. Medicine is an extremely hierarchical field (NASEM, 2018) and within this context, increased personal workplace power is most likely also associated with decreased sexual harassment for doctors. Future research should examine this association, and perhaps compare how personal workplace power may function differently for doctors and nurses, who have different levels of organizational power (Hart, 2015; NASEM, 2018; Porter, 1991). On the one hand, because medicine is predicated on large power differentials, personal workplace power may be more strongly associated with decreased sexual harassment rates for doctors. On the other hand, the lack of significance of compounding social power in shaping nurses' sexual harassment rates suggests that factors related to one's status at work may be especially important for understanding their sexual harassment experiences. Future research should examine and disentangle these possibilities.

Finally, there was a limitation in my conceptualization of this project that deserves attention. My hypothesis regarding the straightforward association between gender and sexual harassment was, admittedly, an ironic oversight considering my lengthy literature review

regarding the ways in which context and the gendered nature of one's work environment shape their experience of sexual harassment. As detailed above, sexual harassment seeks to police and maintain gender hierarchy (Berdahl, 2007a; Burn, 2019; Franke, 1997; McLaughlin et al., 2012), a motive that clearly and strongly explains why male nurses experienced more sexual harassment than female nurses (though my blanket hypothesis about gender simply asserted that women would experience more sexual harassment than men). Future sexual harassment research must think more critically about the complex interplay between social and formal power—without such a lens, important distinctions and nuances that significantly shape sexual harassment may be overlooked and go unexamined. It is also critically important that researchers across domains name such lapses when they do occur so as not to speciously portray themselves (and science, for that matter) as all-knowing and free of bias (see Lloyd, 1993/2002, for further discussion).

Public Significance and Practice Implications

As my findings make plain, we cannot conceptualize or address sexual harassment without considering organizational and social factors. Thus, employers who focus solely on eradicating the "bad apples" in their organization are not only misguided in how they imagine the *emergence* of sexual harassment itself (see Fitzgerald & Cortina, 2017, for a review), but also sidestep the deep consequences and insidious ways that organizational norms contribute to the harms of sexual harassment. As my findings document, the consequences of sexual harassment are not simply contained to a dyad of abuse, but are also reflected in the everyday norms and practices of one's work environment. Specifically, increased perceptions of one's workplace as racist, sexist, homophobic, and a masculinity contest were important mechanisms explaining sexual harassment's associations with decreased job satisfaction and perceptions of safety at work, and increased turnover intentions. Thus, employees' experiences of their workplace as less

inclusive contribute to the negative outcomes of sexual harassment. If organizations want to retain their talented employees and take sexual harassment seriously, they are charged with not only preventing it, but also acknowledging, reflecting on, and addressing how aspects of their organization itself hurt sexual harassment targets. Such harms may extend to others in the workplace, as employees who witness their coworkers' sexual harassment also perceive their workplaces to be less fair (EEOC, 2016).

Furthermore, scholars have noted that LGBTQ-supportive workplaces must not only prevent discrimination against LGBTQ employees, but also actively create climates that support them (Velez & Moradi, 2012). As my findings reveal, and data from the Human Rights Campaign (2020) confirm, we have a long ways to go before even clearing that first step. Within the US, only 21 states have LGBTQ-inclusive anti-discrimination policies (HRC, 2020), rendering LGBTQ employees particularly vulnerable to mistreatment and discrimination. Indeed, I found very high rates of sexual harassment amongst LGBTQ employees: 79% had been sexually harassed at work *within the past year*. Thus, my findings echo scholars' and activists' urgent calls for better, more pervasive anti-discrimination policies for LGBTQ workers (Brassel, Settles, & Buchanan, 2019; HRC, 2020; Velez & Moradi, 2012).

Similarly, female doctors as a broader group were targeted with high extremely high rates of sexual harassment: 80% had been sexually harassed within the past year. These findings have strong implications for the retention and development of female doctors' careers. Although growing in representation within medicine, women are still targeted with pervasive messaging that they do not belong in STEM fields (Penny, Jeffries, Grant, & Davies, 2014; Settles et al., 2006). Thus, the high frequency of sexual harassment amongst female doctors—particularly in the form of gender harassment by being mistreated, ignored, or talked down to because of their

gender (see Table 5)—is deeply troubling for the advancement of female doctors. Previous research has found that such identity-based mistreatment is not only associated with a number of negative occupational outcomes (including turnover intentions), but is a strong predictor of why underrepresented groups exit STEM fields (Beasley & Fischer, 2012) or do not enter them at all (Thomas & Erdei, 2018). Thus, if medical systems are truly committed to diversity, equity, and inclusion—and therefore the recruitment and retention of female doctors—they must take serious, actionable steps to address sexual harassment.

Additionally, in my (largely White and cisgender heterosexual) sample of male nurses, the overwhelming majority (74%) had experienced sexual harassment within the past year. These high rates are not only striking in and of themselves and call sexual harassment intervention efforts to critically consider harassment toward this group, but they also have implications for men's recognition of and advocacy to prevent bias at work broadly. Burgeoning research reveals that White men who personally experience negative treatment at work—including general forms of negative treatment, such as social ostracism—are more likely to recognize gender and racial biases as well (Cech, Blair-Loy, & Rogers, 2017; Cech, under review); this is an important finding considering that White men are less likely to recognize bias at work compared to women and people of color (Cech, under review; Cundiff & Vescio, 2016; Gong, Xu, & Takeuchi, 2017). Thus, male nurses—who, at least in certain hospital systems such as Michigan Medicine, are disproportionately White—may be poised to recognize and name inequality at work, because, as my study reveals, increased sexual harassment was associated with perceptions of one's work environment as racist, sexist, and homophobic.

My findings for male nurses also have implications for advocacy to prevent sexual harassment. Men who understand how sexism can be harmful for both men and women are more

likely to advocate for feminist changes (Bojin, 2012), and research has identified that individuals who personally experience negative treatment are more likely to report instances of bias directed toward others when they witness them at work (Ferguson & Barry, 2011). Thus, male nurses, if mobilized, could be an overlooked force for advancing diversity, equity, and inclusion at work precisely because they are likely to have experienced mistreatment, which is associated with recognizing other forms of bias, such as gender- and race-based harassment and hostile climates toward women and people of color (Cech, under review; Duncah, 1999; Ferguson & Barry, 2011; Flood, 2011; Swank & Fahs, 2013; White, 2006). Additionally, when one considers the "glass escalator" phenomenon—which describes how men in traditionally feminine fields, such as nursing, tend to quickly rise to high-paying specialties and administrative positions because they are seen as better leaders and more competent than women (Williams, 1992, 2013)—these men may be more likely to hold positions of organizational power, which they could wield to advance organizational change in bias reduction.

Indeed, those who hold organizational power may have a strong ability to affect change and address sexual harassment. Previous research has found that strict management norms against sexual harassment and leadership styles that emphasize respect are key factors that deter sexual harassment at work (Robotham & Cortina, 2019; Willness et al., 2007). Indeed, in their study of active duty women and men, Robotham and Cortina (2019) found that leadership behaviors that promote respect (e.g., "Your supervisor ensures that all assigned personnel are treated fairly," p. 7), predicted decreased sexual harassment above and beyond leadership behaviors specifically oriented toward preventing sexual harassment. Meaning, leader behaviors—including those that promote respect generally—are critical factors for reducing sexual harassment. My findings call leaders to focus on promoting respectful and fair workplace

norms in order to not only prevent sexual harassment, but also to ameliorate its negative consequences. Additionally, leaders should be aware of not only the critically important role that climate plays in predicting and mediating sexual harassment and negative outcomes, but also of their unique position and ability to shape climate norms. Leaders must, therefore, take action and speak up to promote respectful and fair behaviors at work, and to counter perceptions that sexual harassment and other problematic workplace behaviors are acceptable behavior.

Concluding Remarks

As Dr. Peter Glick noted in his presentation during the Interdisciplinary Committee on Organizational Studies speaker series at the University of Michigan, "Swamp creatures really only thrive in the swamp" (2019, no page). As my findings reveal, the organizational swamp of masculinity contest culture and uninclusive climates also contributes to the harms caused by sexual harassment. Thus, sexual harassment policies that focus on "bad apples" alone simply will not suffice. By identifying perceptions organizational inclusiveness as a vital mechanism underlying the harm of sexual harassment, my dissertation provides a much-needed intervention point for organizations, who are called to not only take action to prevent sexual harassment but also to address organizational factors that contribute to its negative consequences.

Additionally, the evidence from the present study provides a clean, clear, and strong argument that sexual harassment is a means of gender policing at work, targeting employees who challenge gender hierarchy through gender nontraditional career paths (i.e., female doctors and male nurses) or through the complex links between sexual orientation and constructions of gender (i.e., LGBTQ employees). Furthermore, my research contributes to the scant literature on the interaction between formal and social power on sexual harassment rates. I found that increased social power (the compounding effect of having multiple privileged identities)

protected doctors from sexual harassment, but was not protective for nurses. Indeed, as Pyke (1996) notes, positions of formal power themselves are often tied to a "white heterosexual masculine ethic" (p. 545), which exacerbates inequality and excludes many who do not fit these characteristics. My study makes an important contribution to our understanding of sexual harassment by revealing the inextricable links between social and formal power at work, and the necessity of considering social and organizational factors in order to get a full picture of workplace sexual harassment.

APPENDICES

Appendix A

The Sexual Experiences Questionnaire (Stark et al., 2002)

Instructions:

Thinking about UNWANTED behaviors SINCE JUNE 2017, how often have Michigan Medicine staff, students, or faculty:

1	*2*	*3*	*4*	*5*
Never	*Once or Twice*	*Sometimes*	*Often*	*Many Times*

1. Mistreated, slighted or ignored you because you are a woman/man?
2. Made offensive sexist remarks (for example, suggesting that people of your sex are not suited for the kind of work you do)?
3. Put you down or been condescending to you because of your sex?
4. Displayed or distributed stories, pictures, or words that insult or disrespect women generally?
5. Displayed or distributed sexually explicit stories, pictures, or pornography?
6. Told sexual stories or dirty jokes?
7. Tried to get you in a conversation about sex?
8. Made offensive remarks about your appearance, body, or sexual activities?
9. Made gestures or used body language of a sexual nature that embarrassed or offended you?
10. Tried to start a romantic relationship after you told the person that you didn't want the relationship?
11. Continued to ask you for dates, drinks, dinner, etc., even though you said "No"?
12. Stared or looked at you in a sexual way?
13. Intentionally touched in any way your thigh, breast, butt, or genitals?
14. Touched another part of your body in a way that suggests sexual interest?
15. Tried to touch, fondle, kiss, or grope you?
16. Exposed or sent pictures of their genitals to you?
17. Offered you something you wanted at work/school in exchange for doing something sexual?
18. Implied you would receive a professional reward if you did something sexual?
19. Made you worry you might be treated badly if you did not do something sexual?
20. Treated you badly for refusing something sexual?

Appendix B

Psychological Climate

Instructions:

How would you describe your work environment at Michigan Medicine on the following dimensions?

1	***Unfriendly***	**1**	**2**	**3**	**4**	**5**	***Friendly***
2	*Disrespectful*	1	2	3	4	5	*Respectful*
3	*Competitive*	1	2	3	4	5	*Cooperative*
4	*Not Supportive*	1	2	3	4	5	*Supportive*
5	*Narrow-Minded*	1	2	3	4	5	*Tolerant*
6	*Unfair*	1	2	3	4	5	*Fair*
7	*Hostile*	1	2	3	4	5	*Considerate*
8	*Racist*	1	2	3	4	5	*Non-Racist*
9	*Sexist*	1	2	3	4	5	*Non-Sexist*
10	*Homophobic*	1	2	3	4	5	*Non-Homophobic*

Note. Items 1 through 7 constitute the Positive Climate subscale; items 8 through 10 constitute the Inclusive Climate subscale.

Appendix C

Job Satisfaction (Cammann et al., 1979; Cook et al., 1981)

Instructions:

Please rate the extent to which you agree or disagree with the following statements about your job:

1	*2*	*3*	*4*	*5*
Strongly Disagree	*Disagree*	*Neither Agree nor Disagree*	*Agree*	*Strongly Agree*

All in all, I am satisfied with my job
*In general, I don't like my job
In general, I like working here

* = *reverse-scored item*

Appendix D

Turnover Intentions

Three original items drafted for this study:

1	*2*	*3*	*4*	*5*
Never	*Once or Twice*	*Sometimes*	*Often*	*Many Times*

1. How often have you thought about changing your area of specialty?
2. How often have you thought about moving to a different institution?
3. How often have you thought about leaving the medical field?

Instructions for Item 4 (Balfour & Weschler, 1996): Please rate the extent to which you agree or disagree with the following statement about your job:

1	*2*	*3*	*4*	*5*
Strongly Disagree	*Disagree*	*Neither Agree nor Disagree*	*Agree*	*Strongly Agree*

4. I often think about quitting this job.

Appendix E

Masculinity Contest Culture Scale (Glick et al., 2018)

1	2	3	4	5
Not at all true of my work environment				*Entirely true of my work environment*

In my work environment:

(*Show no weakness factor*)
1. Admitting you don't know the answer looks weak
2. Expressing any emotion other than anger or pride is seen as weak
3. People who show doubt lose respect

(*Strength and stamina factor*)
4. It's important to be in good physical shape to be respected
5. People who are physically smaller have to work harder to get respect
6. Athletic people are especially admired

(*Put work first factor*)
7. To succeed you can't let family interfere with work
8. Taking days off is frowned upon
9. To get ahead you need to be able to work long hours

(*Dog eat dog factor*)
10. You can't be too trusting
11. If you don't stand up for yourself people will step on you
12. You've got to watch your back

Appendix F

Personal Workplace Power Scale

The first item was drawn from Guterman & Bargal (1996) and the remaining two were drafted for the present study based on Pudrovska et al.'s (2001, 2005) measure of perceived control.

Instructions:

Please indicate the extent to which you agree or disagree with the following statements about your job:

1	*2*	*3*	*4*	*5*
Strongly Disagree	*Disagree*	*Neither Agree nor Disagree*	*Agree*	*Strongly Agree*

1. I feel that I have a great deal of power and influence at work.
2. I have a great deal of control over what happens to me at work.
3. I have a great deal of control over what happens to others at work.

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Table 1.

Subtypes of sexual harassment

Harassment Subtype	Definition	Example
Gender Harassment		
Sexist Gender Harassment	Derogatory, sexist behavior and commentary[1,2]	Comments that women are incompetent or don't belong at work, being condescending or paternalistic toward women
Crude Gender Harassment	Vulgar, insulting behavior that is not sexually advancing[1]	Crass jokes about women or images of women at work, offensive sexual stories or jokes
Gender Nonconformity Harassment	Negative treatment due to nonadherence to traditional gender norms[3,4]	Challenges to or criticisms about a woman's femininity or a man's masculinity
Sexual Advance Harassment		
Unwanted Sexual Attention	Attempts at sexual contact that are unwelcome, inappropriate, and/or offensive to the recipient[2,3]	Pressure for dates, unwanted touching, sexually suggestive comments
Sexual Coercion	Subtle or explicit threats or bribes that the target's employment is contingent upon sexual cooperation[2,5]	Threats of termination if sexual demands are not met, offering a promotion in exchange for sexual behavior
Intersectional forms of Sexual Harassment		
Racialized Sexual Harassment	Demeaning, inappropriate, and/or offensive conduct that infuses race and gender[6,7]	Sexually suggestive or insulting comments that simultaneously combine race and gender (e.g., "I bet you're a *slave* to sex"[6], comments about one's "exotic" appearance, repeated questioning about and/or unwanted touching of one's hair)

Note. [1]Leskinen & Cortina, 2014; [2]Fitzgerald et al., 1995; [3]Konik & Cortina, 2008; [4]Rabelo & Cortina, 2014; [5]Leskinen et al., 2011; [6]Buchanan & Ormerod, 2002; [7]Buchanan, 2005

Table 2.

Demographic and job characteristics of doctors (Study 1)

Variable	*n* (% of doctor sample)
Demographic Characteristics	
Gender[1]	
Women	260 (48.1%)
Men	275 (50.9%)
Race	
Asian/Asian American/Pacific Islander	71 (13.1%)
Black/African American	12 (2.2%)
Hispanic/Latina(o)	13 (2.4%)
Middle Eastern	11 (2.0%)
Native American/American Indian	< 5 (<1%)
White	407 (75.4%)
Multiracial/Multiethnic	14 (2.6%)
None of These Categories	< 5 (<1%)
Socioeconomic Status Growing Up	
Very poor, not enough to get by	< 5 (< 1%)
Barely had enough to get by	23 (4.3%)
Had enough to get by, but no extras	180 (33.3%)
Had more than enough to get by	195 (36.1%)
Well off	134 (24.8%)
Very wealthy	5 (0.9%)
Sexual Orientation[2]	
Asexual	< 5 (< 1%)
Bisexual	5 (0.9%)
Gay	< 5 (< 1%)
Heterosexual	511 (94.0%)
Lesbian	< 5 (< 1%)
None of These Categories	< 5 (< 1%)
Age (in years)	*M* (47.96), *SD* (10.52)
Degree(s) Obtained[3]	
MD or equivalent (e.g., DO, MBBS)	540 (100%)
PhD or equivalent (e.g., DPhil, PsyD)	69 (12.8%)
JD or equivalent (e.g., LLB)	< 5 (<1.0%)
Master's Degree	119 (22.0%)
Job Characteristics	

Variable	*n* (% of doctor sample)
Status at Michigan Medicine	
Senior Status	257 (47.6%)
Junior Status	283 (52.4%)
Department	
Medical	184 (34.1%)
Women, Children, or Families	153 (28.3%)
Hospital-Based	104 (19.4%)
Surgical	88 (16.3%)
Basic Science	7 (1.3%)
Faculty Track	
Clinical	363 (67.2%)
Instructional (Tenure Track)	160 (29.6%)
Research	8 (1.5%)
Other/Don't know	8 (1.5%)
Work Location[3]	
Outpatient Clinics	411 (76.1%)
Inpatient Wards or Units	387 (71.7%)
Laboratory	105 (19.4%)
Interact with Patients	
Yes	511 (94.6%)
No	28 (5.2%)

Note. Senior Status = Associate or Full Professor; Junior Status = Assistant Professor, Lecturer, Instructor, Research Scientist, or Research Investigator.

[1]Gender was measured with a diversity of options, also including trans woman, trans man, and gender nonconforming; however, no participants selected these options

[2]Sexual orientation was measured with a diversity of options, also including pansexual and queer; however, no participants selected these options

[3]Participants could select multiple degrees and work locations

Table 3.

Demographic and job characteristics of nurses (Study 2)

Variable	*n* (% of nurse sample)
Demographic Characteristics	
Gender	
Women	2681 (87.7%)
Men	299 (9.8%)
Gender nonconforming	5 (0.2%)
Race	
Asian/Asian American/Pacific Islander	114 (3.7%)
Black/African American	136 (4.4%)
Hispanic/Latina(o)	43 (1.4%)
Middle Eastern	14 (0.5%)
Multiracial/Multiethnic	54 (1.8 %)
Native American/American Indian	13 (0.4%)
White	2558 (83.6%)
None of These Categories	19 (0.6%)
Socioeconomic Status Growing Up	
Very poor, not enough to get by	40 (1.3%)
Barely had enough to get by	258 (8.4%)
Had enough to get by, but no extras	1187 (38.8%)
Had more than enough to get by	1137 (37.2%)
Well off	310 (10.1%)
Very wealthy	8 (0.3%)
Sexual Orientation[1]	
Asexual	10 (0.3%)
Bisexual	36 (1.2%)
Gay	15 (0.5%)
Heterosexual	2775 (90.7%)
Lesbian	34 (1.1%)
Pansexual	5 (0.2%)
Queer	< 5 (< 1%)
None of These Categories	21 (0.7%)
Age (in years)	*M* (43.64), *SD* (12.05)
Education	
GED or High School Diploma	433 (14.2%)
Diploma Nursing Program	126 (4.1%)
Associate's Degree	658 (21.5%)
Bachelor's Degree	1839 (60.1%)

Variable	*n* (% of nurse sample)
Master's Degree	612 (20.0%)
PhD	24 (0.8%)
Doctorate of Nursing Practice (DNP)	34 (1.1%)
Job Characteristics	
Position at Michigan Medicine	
LPN or RN working at the bedside	1647 (53.9%)
RN or APRN working in an administrative role	360 (11.8%)
Advance Practice RN (APRN) working in direct patient care	308 (10.1%)
Nursing Assistant, Tech, or Aide	196 (6.4%)
LPN or RN working in ambulatory care	152 (5.0%)
Other	380 (12.4%)
Patient Populations[2]	
Adults	2440 (79.8%)
Pediatrics	1202 (39.3%)
Psychiatry	164 (5.4%)
Care Level[2]	
Intensive Care	644 (21.1%)
General Care	908 (29.7%)
Step-Down or Moderate Care	536 (17.5%)
Rehabilitation	113 (3.7%)
Other	224 (7.3)
Work Location[2]	
Inpatient	1754 (57.4%)
Outpatient Clinics	816 (26.7%)
OR (Operating Room)	367 (12.0%)
Diagnostic or Procedure area	319 (10.4%)
Home care	61 (2.0%)
Laboratory	5 (0.2%)
Other	399 (13.0%)
Interact with Patients	
Yes	2967 (97.0%)
No	88 (2.9%)
Supervisor Gender	
Woman	2496 (81.6%)
Man	439 (14.4%)
Multiple Supervisors	74 (2.4%)
Coworker Gender	

Variable	*n* (% of nurse sample)
Almost all men	< 5 (< 1%)
Mostly men	31 (1.0%)
About equal numbers men and women	1284 (42.0%)
Mostly women	1352 (44.2%)
Almost all women	353 (11.5%)

Note.

[1]To minimize the risk of identification, I have indicated " < 5 (< 1%)" when fewer than five participants selected a demographic category.

[2]Participants could select multiple patient populations, care levels, and work locations

Table 4.

Means, standard deviations, and correlations for all study variables. Doctors' correlations are presented below the diagonal; nurses' are presented above the diagonal.

	Sexual Harassment	Inclusive Climate	Job Satisfaction	Turnover Intentions	Sense of Safety	Masculinity Contest Culture[a]	Personal Workplace Power[a]	Nurses *M*(*SD*)
Sexual Harassment		-.38*	-.23*	.26*	-.25*	.41*	-.19*	.18(.26)
Inclusive Climate	-.51*		.31*	-.31*	.33*	-.46*	.23*	4.28(.82)
Job Satisfaction	-.23*	.34*		-.67*	.44*	-.41*	.47*	4.03(.71)
Turnover Intentions	.30*	-.33*	-.68*		-.37*	.46*	-.44*	.00(.77)
Sense of Safety	-.32*	.38*	.54*	-.44*		-.40*	.39*	3.92(.80)
Masculinity Contest Culture[a]	–	–	–	–	–		-.43*	2.31(.85)
Personal Workplace Power[a]	–	–	–	–	–	–		2.72(.83)
Doctors *M*(*SD*)	.19(.23)	3.92(.86)	4.06(.78)	.03(.75)	4.29(.86)	–	–	–

Note. *ns* for Doctors = 529-540; *n*s for Nurses = 2842-2951. Turnover Intentions is a composite based upon standardized items, so the mean = 0.

[a]Doctors did not complete the Masculinity Contest Culture and Personal Workplace Power scales.

*$p < .001$.

Table 5.

Incidence rates of sexual harassment at the intersection of gender and position

	Women		Men	
	Doctors (n = 260)	Nurses (n = 2681)	Doctors (n =275)	Nurses (n = 299)
Sexist Gender Harassment	79.6%	41.9%	49.6%	57.2%
1. Mistreated, slighted, or ignored you because you are a [woman/man]?	70.4%	35.4%	34.2%	44.9%
2. Made offensive sexist remarks (for example, suggesting that people of your sex are not suited for the kind of work you do)?	38.5%	13.1%	18.5%	30.7%
3. Put you down or been condescending to you because of your sex?	68.1%	20.7%	22.2%	29.3%
4.Displayed or distributed stories, pictures, or words that insult or disrespect women generally?	30.4%	15.4%	22.2%	13.9%
Crude Gender Harassment	45.0%	46.9%	46.9%	58.9%
5. Displayed or distributed sexually explicit stories, pictures, or pornography?	4.6%	6.3%	1.1%	8.2%
6. Told sexual stories or dirty jokes?	38.1%	42.6%	39.3%	52.5%
7. Tried to get you in a conversation about sex?	9.2%	18.8%	14.5%	28.2%
8. Made offensive remarks about your appearance, body, or sexual activities?	13.1%	14.1%	14.9%	18.9%
9. Made gestures or used body language of sexual nature that embarrassed or offended you?	6.2%	9.4%	9.5%	13.6%
Unwanted Sexual Attention	17.7%	12.5%	8.4%	15.0%
10. Tried to start a romantic relationship with you after you told the person that you didn't want the relationship?	0.4%	2.0%	2.5%	3.6%
11. Continued to ask you for dates, drinks, dinner, etc., even though you said "no"?	0.8%	1.9%	1.5%	2.9%

	Women		Men	
	Doctors (n = 260)	Nurses (n = 2681)	Doctors (n =275)	Nurses (n = 299)
12. Stared or looked at you in a sexual way?	16.5%	10.8%	5.5%	12.9%
13. Intentionally touched in any way your thigh, breast, butt, or genitals?	1.2%	1.6%	1.1%	5.0%
14. Touched another part of your body in a way that suggests sexual interest?	2.3%	2.1%	2.5%	6.8%
15. Tried to touch, fondle, kiss, or grope you?	1.9%	1.2%	1.5%	2.5%
16. Exposed or sent pictures of their genitals to you?	0%	0.4%	0%	1.4%
Sexual Coercion	0.0%	0.4%	0.4%	1.1%
17. Offered you something you wanted at work in exchange for doing something sexual?	0%	0.2%	0%	0.7%
18. Implied that you would receive a professional reward if you did something sexual?	0%	0.1%	0%	0.4%
19. Made you worry you might be treated badly if you did not do something sexual?	0%	0.1%	0%	0.4%
20. Treated you badly for refusing to do something sexual?	0%	0.1%	0.4%	0.7%
Incidence Rate of Any Sexual Harassment Across Subscales	80.0%	60.9%	64.4%	73.5%
Gender Harassment Subscale (Sexist and Crude Gender Harassment Combined)	79.6%	60.9%	64.4%	73.5%

Table 6.

Factor loadings and communalities based on factor analysis with promax rotation for 10 items from the Psychological Climate measure

	Doctors			Nurses		
	Positive Climate	Inclusive Climate	Communality	Positive Climate	Inclusive Climate	Communality
1. Unfriendly—Friendly	**.86**	.49	.74	**.84**	.47	.71
2. Disrespectful—Respectful	**.83**	.56	.69	**.87**	.47	.75
3. Competitive—Cooperative	**.74**	.51	.55	**.76**	.43	.58
4. Not Supportive—Supportive	**.86**	.59	.74	**.88**	.46	.78
5. Narrow-Minded—Tolerant	**.73**	.57	.55	**.79**	.51	.63
6. Unfair—Fair	**.82**	.54	.67	**.82**	.43	.68
7. Hostile—Considerate	**.87**	.58	.73	**.81**	.50	.65
8. Racist—Non-Racist	.54	**.83**	.69	.46	**.83**	.68
9. Sexist—Non-Sexist	.57	**.80**	.65	.52	**.77**	.60
10. Homophobic—Non-Homophobic	.50	**.85**	.72	.40	**.83**	.66
Number of Items	7	3	–	7	3	–
Cronbach's α	.93	.86	–	.94	.84	–
M (*SD*)	3.82 (.84)	3.92 (.85)	–	3.66 (.87)	4.28 (.82)	–

Table 7.

Regression for sexual harassment on personal workplace power, social power, and the personal workplace power x social power interaction

Predictors	*b* (*β*)	$t_{(df = 2836)}$	*p*
Intercept	.16	36.14	< .001
Personal Workplace Power	-.05 (-.19)	-10.15	< .001
Social Power	.01 (.03)	1.45	.147
Personal Workplace Power x Social Power	.02 (.03)	1.41	.159

Table 8.

Breakdown of the total, combined sample of participants at the intersections of gender with race and LGBTQ status

	Women *n* (% of total sample)	Men *n* (% of total sample)	Total Sample *n* (% of total sample)
Race			
Person of color	396 (11.0%)	99 (2.8%)	497 (13.8%)
White	2498 (69.4%)	465 (12.9%)	2972 (82.6%)
Unreported	47 (1.3%)	10 (0.3%)	129 (3.5%)
LGBTQ Status			
LGBTQ	88 (2.4%)	24 (0.7%)	119 (3.3%)
Cisgender Heterosexual	2749 (76.4%)	530 (14.7%)	3284 (91.3%)
Unreported/Missing	104 (2.8%)	20 (0.6%)	195 (5.4%)
Position			
Doctor	260 (7.2%)	275 (7.6%)	540 (15.0%)
Nurse	2681 (74.5%)	299 (8.3%)	3058 (85.0%)
Unreported/Missing	–	–	–

Note. The total sample consisted of 3,598 participants; however row totals do not reflect the sum of women and men in each category because not all participants reported their gender, race, and/or sexual orientation.

Table 9.

Factorial ANOVA for position, gender, race, LGBTQ status, and position x gender, position x race, and gender x race interactions on sexual harassment

	Sexual Harassment		
	M (SD)	*F*	*p*
Position		.684	.408
Doctor	.20 (.23)		
Nurse	.18 (.26)		
Gender		.106	.745
Women	.18 (.25)		
Men	.19 (.25)		
Race		.094	.760
Person of Color	.18 (.26)		
White	.18 (.25)		
LGBTQ Status		10.04	.002
LGBTQ	.27 (.27)		
Cisgender Heterosexual	.17 (.25)		
Position x Gender[1]		32.65	<.001
Female Doctors	$.25_a$ (.26)		
Male Doctors	$.14_b$ (.19)		
Female Nurses	$.17_b$ (.25)		
Male Nurses	$.24_a$ (.30)		
Position x Race		2.12	.146
POC Doctors	.18 (.20)		
White Doctors	.20 (.23)		
POC Nurses	.18 (.27)		
White Nurses	.17 (.25)		
Gender x Race		1.32	.251
Women of Color	.18 (.21)		
White Women	.17 (.25)		
Men of Color	.20 (.17)		
White Men	.19 (.26)		

Note. The degrees of freedom were 1 and 3,211.

[1]For each Position x Gender sub-column, means with different subscripts are significantly different from each other at $p < .002$.

Table 10.

ANOVA for position, gender, race, and LGBTQ status on sexual harassment

	Sexual Harassment		
	M (SD)	*F*	*p*
Position		3.78	.054
Doctor	.20 (.23)		
Nurse	.18 (.26)		
Gender		.11	.738
Women	.18 (.25)		
Men	.19 (.25)		
Race		3.01	.049
URM	.19 (.27)		
AAPI	.14 (.20)		
White	.17 (.25)		
LGBTQ Status		8.87	.003
LGBTQ	.27 (.27)		
Cisgender Heterosexual	.17 (.25)		

Table 11.

Regression for sexual harassment on formal power, social power, and the formal x social power interaction

Predictors	*b* (*β*)	$t_{(df = 3362)}$	*p*
Intercept	.19	29.88	< .001
Formal Power	.02 (.04)	2.38	.018
Social Power	-.02 (-.04)	-1.86	.064
Formal x Social Power	-.03 (-.05)	-3.04	.002

Note. Formal power was coded such that -1 = nurses, 1 = doctors.

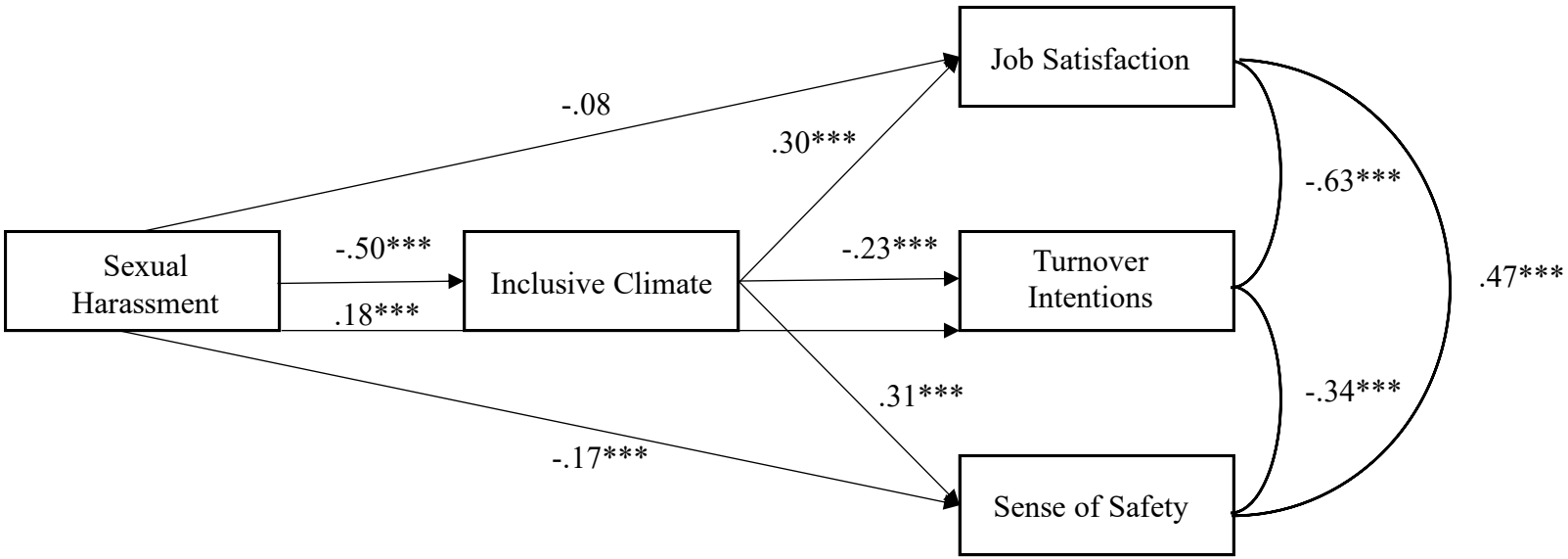

Figure 1. Path analysis for doctors' associations between sexual harassment and job satisfaction, turnover intentions, and sense of safety at work, as mediated by perceptions of inclusive climate. Standardized coefficients are presented.
*$p < .05$, **$p < .01$, ***$p < .001$

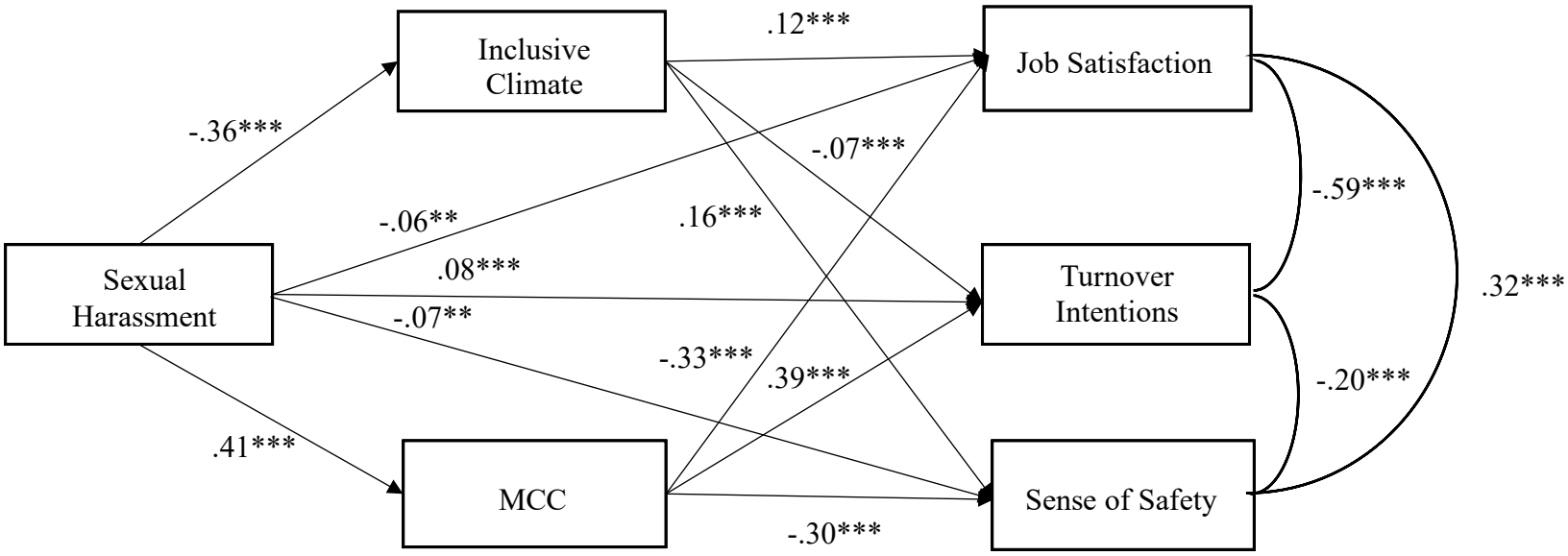

Figure 2. Path analysis for nurses' associations between sexual harassment and job satisfaction, turnover intentions, and sense of safety at work, as mediated by perceptions of inclusive climate and masculinity contest culture. Standardized coefficients are presented.
$*p < .05$, $**p < .01$, $***p < .001$.

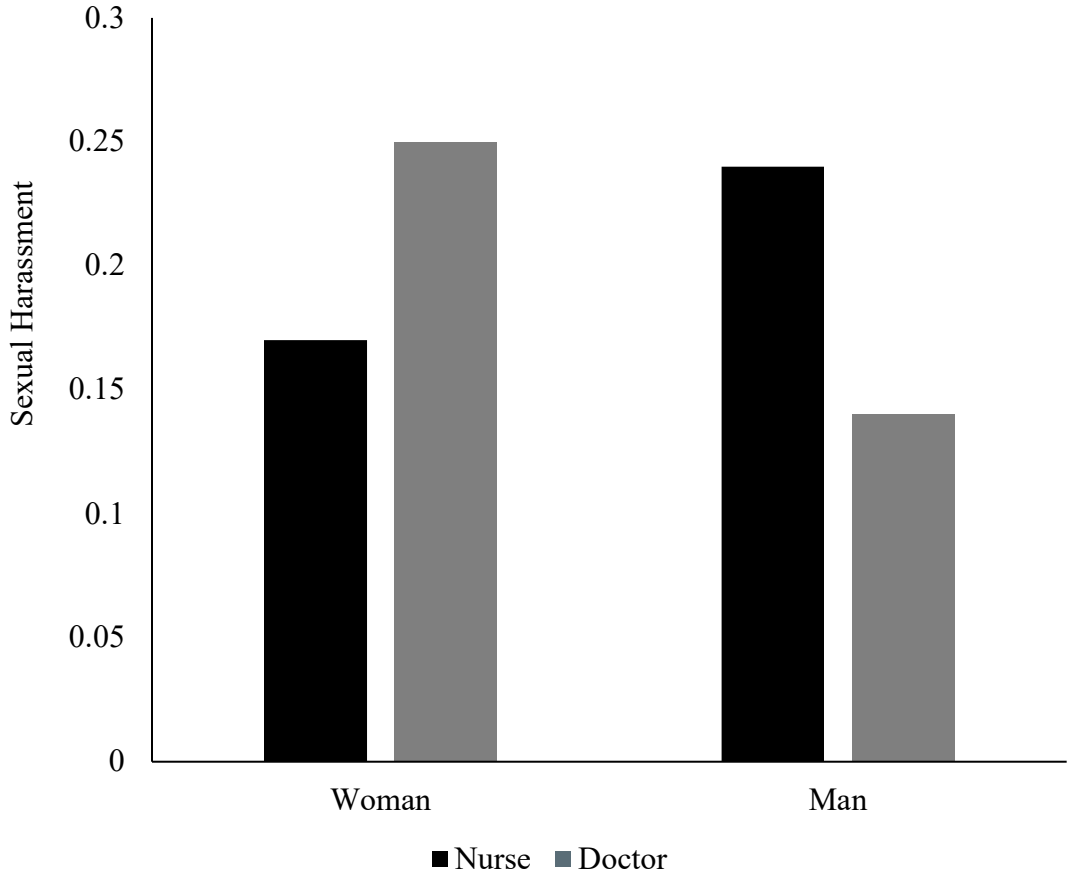

Figure 3. Frequency of sexual harassment at the intersection of gender (woman, man) and position (nurse, doctor).

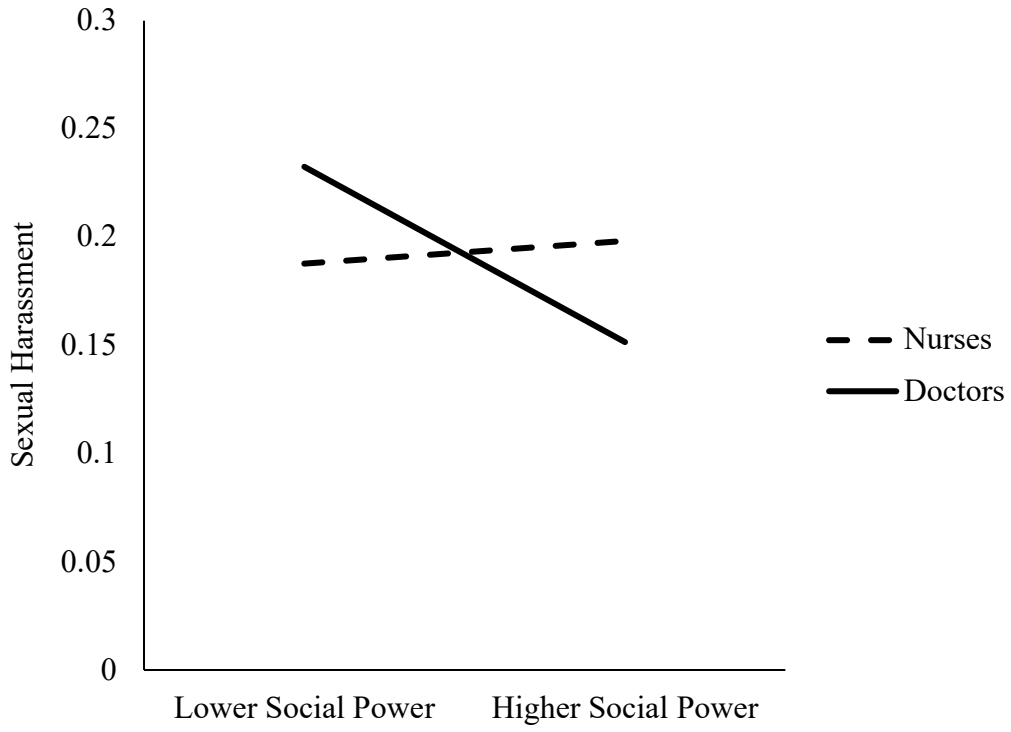

Figure 4. Predicting sexual harassment frequency from nurses' and doctors' levels of social power. Low and high social power are defined as 1 standard deviation below and above the mean, respectively.