

#MenToo: Men's Experiences of Sexual Harassment Within a Woman-Dominated Setting

by

Allura Casanova

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Doctoral Committee:

Professor Lilia Cortina, Chair
Professor Isis Settles
Professor Abigail Stewart
Professor Daphne Watkins

Allura S. Casanova

alcas@umich.edu

ORCID iD: 0000-0001-6700-2148

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Dedication

I would like to dedicate my dissertation to my parents, raising me in a non-traditional household was one of the most crucial things driving my research. Having a mom as the breadwinner and a stay-at-home dad allowed me to have an open mind and question the gender roles that we were taught throughout our lives. I study men's experiences because I wanted to understand how difficult it can be for men to go against expected masculinity norms. I witnessed firsthand how my father has stayed strong throughout all the degrading comments and looks directed at him. For so long we assumed that men don't know how to be amazing caretakers, this is why I strive every day to prove that people's assumptions of gender are false.

Lastly, during the hardest times of my recovery, I was surprised to know that I truly have a community by my side. Sometimes we do not realize it right away, but I was glad to know my community is one that loves me and has helped me to grow into the scholar I am today. Thank you everyone, from your favorite Nuyorican from the Bronx.

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Abstract

Sexual harassment is a serious problem in many different contexts and can result in a multitude of negative outcomes. It is an issue that many workplaces need to be aware of because it can lead to low retention rates, decreased job performance, and poor employee mental health (Cortina & Areguin, 2021; Magley et al., 1999; Willness et al., 2007). However, a large amount of sexual harassment research has focused primarily on women's experiences, while men have been mostly viewed as perpetrators. Though there has been more progress in researching men's experiences of sexual harassment, most of the research has focused on predominately white- and man-dominated contexts while hinting at—but never confirming—the role gender and masculinity play. I seek to understand men's experiences of sexual harassment within the woman-dominated profession of nursing by investigating 1) what percentage of men in nursing experience harassment, 2) what leads men to label their experiences as “gender” or “sexual harassment,” 3) whether gender context (gender workplace breakdown) and culture (masculinity contest culture) is correlated with experiences of harassment, and 4) whether marginalized men report higher rates of masculinity contest culture and harassment.

The current study uses data collected in 2019 from nurses at a U.S. university hospital in the Midwest. Men were asked about negative workplace experiences of sexual harassment from July 2018-July 2019 and negative outcomes associated with sexual harassment (e.g., poor mental health). Men were shown harassment scales that focus on behaviors that connote different aspects of harassment (e.g., have people told sexual stories or dirty jokes?). **Exploratory findings:** My results indicate that men in nursing experience high rates of gender harassment

from coworkers and patients/patients' families (50-75%). Other forms of harassment were not as frequent but still significant, including sexual advance harassment (12%-15%), heterosexist harassment (21-28%) and racialized sexual harassment (26-31%). I found that patients/patients' families were frequently reported as perpetrators (36-40%). When looking at the gender of the perpetrators, both men (47%) and women (48%) were harassers. However, when it came to labeling their experience, only 8% of men labeled it as "sexual harassment" and 12% labeled it as "gender harassment." **Explanatory findings:** A binary logistic regression analysis revealed factors that led men to label their experiences of gender harassment. These included women perpetrators and gender harassment from patients/patients' families. Experiences of sexual advance harassment from coworkers or patients/patients' families were the sole predictors of men labeling their experiences as "sexual harassment." Linear regression showed that a greater presence of MCC and a more woman-dominated workplace were correlated with more experiences of gender harassment. MCC also predicted higher rates of heterosexist harassment and racialized sexual harassment. In the last analysis, I tested for moderation to determine if MCC was associated with harassment and whether marginalized identities moderated this relationship. I found that marginalized identities did not moderate this relationship but had a direct relationship with racialized sexual harassment.

These findings speak to the importance of understanding men not solely as perpetrators of harassment and to the importance of the role gender has within the workplace. Organizations that want to increase their gender diversity should acknowledge that as men continue to enter non-traditional jobs, they are targeted for doing "women's work." Future qualitative research is needed to fully explore men's experiences in nursing to move towards an inclusive work environment.

Chapter 1 Introduction

Sexual harassment has been defined in many ways; however, the most widely cited definition comes from the Equal Employment Opportunity Commission (EEOC), which is responsible for enforcing federal laws around discrimination in employment (U.S. Equal Employment Opportunity Commission, n.d.). Sexual harassment is defined by the EEOC on its website as follows:

Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature constitute sexual harassment when (1) this conduct explicitly or implicitly affects an individual's employment, (2) unreasonably interferes with an individual's work performance, or creates an intimidating, hostile, or offensive work environment. (*Facts About Sexual Harassment | U.S. Equal Employment Opportunity Commission*, n.d.)

Yet, subsequent research has shown that sexual harassment is much more complicated, and that the EEOC (1980) definition can create misunderstandings as to what specific actions or behaviors constitute sexual harassment. Fitzgerald (1990) provided a more comprehensive, behavioral definition of sexual harassment, explaining that there are three different categories: sexual coercion, unwanted sexual attention, and gender harassment. Sexual coercion, generally the least common form of sexual harassment, involves “implicit or explicit demand for sexual favors through the threat of negative job-related consequences or the promise of job rewards” (Schneider et al., 1997, p. 402). Unwanted sexual attention occurs when the harasser makes “expressions of romantic or sexual interest that are unwelcome, unreciprocated, and offensive to

the recipient” (Leskinen et al., 2011, p. 26). Some research combines sexual coercion and unwanted sexual attention into the category of “sexual advance harassment,” with both of these types of harassment involving unwanted sexual advances or “come-ons” (Leskinen et al., 2011; Lim & Cortina, 2005); this is the approach I follow in this study. Lastly, gender harassment has two different types, sexist and crude; both forms of gender harassment revolve around disparagement based on gender. Sexist gender harassment generally involves “demeaning jokes or comments about [gender]” (Committee on the Impacts of Sexual Harassment in Academia et al., 2018, p. 25; Fitzgerald et al., 1995, p. 430); examples could be saying a woman is not smart enough to be in a leadership position or that men can’t do a “woman’s job.” Crude gender harassment is defined as “the use of sexually crude terms that denigrate people based on their gender (e.g., using insults such as “slut” to refer to a woman or “pussy” to refer to a man)” (Committee on the Impacts of Sexual Harassment in Academia et al., 2018, p. 25; Fitzgerald et al., 1995, p. 430). Gender harassment is the most common form of sexual harassment and includes “a broad range of verbal and nonverbal behaviors not aimed at sexual cooperation but that convey insulting, hostile, and degrading attitudes about women” (Fitzgerald et al., 1995, p. 430). Additionally, Lim and Cortina (2005) have specified that gender harassment does not need to be sexual in nature (but it can be). It also need not be directly targeting: gender harassment includes actions that are not directed at anyone but that can be heard by anyone within proximity, (sometimes referred to as “ambient” harassment; Cortina & Areguin, 2021).

1.1 Men’s Experiences of Sexual Harassment

Some assumptions people make when conceptualizing sexual harassment include but are not limited to: sexual harassment is only possible when women are the victims and men are the perpetrators; men can’t get harassed; men like being harassed (Berdahl et al., 1996); and sexual

harassment is primarily sexual in nature (Berdahl, 2007a). Even though there are three different forms of sexual harassment, all of them have primarily been described in terms of how women experience them. Men frequently experience sexual harassment, but their experiences are often not measured in an effective way. We collect a more accurate representation of people's experiences when we ask about individual behaviors (e.g., has anyone ever stared at you in a sexual way?) that are considered sexual harassment rather than asking men "have you been sexually harassed?" Men are more likely to respond to questions about specific behaviors rather than yes/no questions about harassment. Approximately 11-29% of men in college and in the workforce recounted experiencing at least one sexually harassing behavior that is now considered unwanted sexual attention (Waldo et al., 1998). This contrasts strongly with a study conducted across multiple countries around the world; when men were asked a direct question about experiencing unwanted sexual attention, only 0.8% replied "yes" (Reuter et al., 2020). Research has shown that men are less likely to tell anyone about their unwanted sexual experiences and that fewer men than women seek professional support after being harassed (Banyard et al., 2007; Bergman et al., 2002). These gender differences suggest that sexual harassment of men is more complex than a simple yes/no question.

There is little research focusing on men's experiences of sexual harassment, but studies do suggest that men experience high frequencies of sexual harassment (Kearney & Rochlen, 2012). As with research on the sexual harassment of women, men's experiences have been investigated in terms of three broad categories of behavior: sexual coercion, unwanted sexual attention, and gender harassment.

1.1.1 Sexual Coercion

Some research exists on sexual coercion of men, specifically regarding Hispanic college men experiencing woman-initiated sexual coercion. Contrary to the belief that men cannot be victims of sexual coercion, Hispanic men have reported that they do believe men can be victims of sexual coercion, but they are more likely to call it *sexual pressure* (Stephens & Eaton, 2014). When talking about their own personal experiences of sexual coercion, there are several different tactics that men report that women use when trying to sexually coerce men. These can be sexually explicit verbal or physical tactics. These tactics are specifically used to wear down men or target men's "natural desire for sex" even if a man is unwilling or hesitant (Stephens & Eaton, 2014). These forms of coercion include but are not limited to belittling ("you aren't a real man"), physical teasing (touching a man's genitals or thighs), blackmail ("I'll tell your girlfriend you did it anyway"), threats of personal [self] harm ("I'm just going to get piss drunk and do it with anyone then"), and sexualized verbal teasing ("I know you really want it, you are just denying yourself") (Stephens & Eaton, 2014). These tactics specifically target masculinity beliefs around sexual behavior but also threaten a man's manhood (e.g., "You are not a *real* man"). Sexual coercion/sexual pressure can be particularly dangerous for men regardless of how much they endorse hegemonic masculine norms, as woman-initiated sexual coercion conveys the underlying message, "Have sex with me or you are not a man." However, this research on sexual coercion/pressure is limited to young men in college, focusing heavily on social settings (e.g., parties), and not on working-adult men in employment settings.

1.1.2 Unwanted Sexual Attention

When talking about sexual coercion of or unwanted sexual attention to men, the conversation becomes difficult given the expectation for men to prove their manhood by having sex or getting multiple sexual partners. Contrary to this expectation, college men have reported

that experiencing sexual attention is unwanted and unpleasant (Banyard et al., 2007). Though research looking specifically at unwanted sexual attention directed towards men is limited, there are certain social groups that are more likely to be targeted, leaving them vulnerable to experiencing unwanted sexual attention. These include being a temporary worker (Reuter et al., 2020), such as a seasonal worker who only is employed during Christmas; being in a position of less power (Snyder et al., 2012), where you are a customer service representative versus being the manager of the customer service department; or identifying as a sexual or gender minority (Fileborn, 2014); for example, someone can choose to target a worker who is gender non-conforming or bisexual and may be vulnerable due to a toxic workplace climate.

1.1.3 Gender Harassment

Gender harassment is the most common form of sexual harassment. Men primarily experience gender harassment that targets conceptions and ideas around gender roles and masculinity. Men report that gender harassment comes in the form of general lewd language and personal comments, negative stereotyping of men, and harassment for deviating from men's gender roles (Berdahl et al., 1996). The purpose of gender harassment is to target masculinity expectations, which polices men into following hegemonic masculine norms. For example, men usually try to put down other men or make comments related to a man's gender (Berdahl et al., 1996).

1.2 Applying Masculinity and Gender Theory

It is apparent that gender plays a role in sexual harassment and other forms of harassment that target men's identity and conformity. However, it can be difficult to understand the complexities influencing the sexual harassment of men without applying the theory and rationale

of hegemonic masculinity. All men are pressured to conform to an ideal masculinity referred to as *hegemonic masculinity*, defined as the most desired or honored form of masculinity at any given point in time (Connell, 2003). This means there is an idealized image of a man that has very specific qualities all men must conform to; however, very few men are able to embody this model (Connell & Messerschmidt, 2005). Currently, in the United States, a White, western, heteronormative version of masculinity is what is dominant (P. S. Cheng, 2011), and any man who does not embody this dominant form, whether due to stereotypes, job choice, or other conflicting identities, is discriminated against for not conforming to gender norms. Though other masculinities also exist, hegemonic masculinity is considered a dominant form that occupies the top of a masculinity hierarchy and is privileged above all other forms of masculinities as well as femininities (Demetriou, 2001).

1.2.1 How Does Masculinity Play Out in the Workplace?

Men in nursing are perceived to violate hegemonic masculinity due to the nature of their profession, which is women-dominated and prioritizes feminine qualities. Men have traditionally been represented through images of dominant, strong, and capable men (Mahalik et al., 2003; Richards Solomon, 2014); when they deviate from those ideals, they may be subject to disapproval or discrimination. In fact, in a nursing study conducted in Spain, though men were found to have better self-perceived physical and mental health (compared to women), they had lower conformity to gender norms than men, on average, and lower job satisfaction and higher alcohol consumption compared to women nurses (Limiñana-Gras et al., 2013). Due to not conforming, men nurses have been “othered” by women nurses (Harding et al., 2008; Herakova, 2012) and forced to assimilate by trying to overcompensate through fulfilling cultural expectations of nurses (e.g., displaying medical expertise, providing emotional support) and

trying to demonstrate masculinity by portraying their job as a “high status” position (Herakova, 2012). This shows that men nurses may be putting up a façade to appear extremely competent at their job, appear unbothered, and show no faults so that they are no longer ostracized by fellow nurses, other coworkers, or even people outside their workplace.

Masculinity is heavily tied to men’s experiences of sexual harassment given its relation to workplace culture and climate. Berdahl (2007) theorized that sexual harassment occurs not because of sexual desire but because of power. When men are targeted, it is to enforce gender roles; therefore, any man who does not conform to masculine norms will experience sexual harassment. Masculinity is also engrained within workplace culture because the workplace is a context where men feel pressure to prove themselves. Berdahl and colleagues (2018) refer to this concept as *Masculinity Contest Cultures* (MCC), “a zero-sum competition played according to rules defined by masculine norms” (p. 424). People who emerge as winners in high-MCC contexts have shown that they are “real men” and deserve status and resources (Berdahl et al., 2018).

MCC has four different dimensions: *show no weakness, strength and stamina, put work first* and finally, *dog-eat-dog*. The MCC element of *show no weakness* is defined by having “swaggering confidence while also suppressing feminine emotions” (Berdahl et al., 2018, p. 433). The second MCC element of *strength and stamina*, “associates achieving workplace respect and status with being physically strong” (Berdahl et al., 2018, p. 433). The third MCC element of *put work first* is defined as “not letting any outside or personal sources interfere with work” (Berdahl et al., 2018, p. 433). The final MCC element of *dog-eat-dog* involves “characterizing the workplace as hypercompetitive where winners dominate and exploit the losers” (Berdahl et al., 2018, p. 433).

MCC as a contextual workplace factor is associated with many harmful effects on employees, such as sexual harassment, ethnic harassment, and high turnover rates (Glick et al., 2018). MCC is still a new concept that has primarily been tested within men-dominated workplaces, workplaces with an even distribution of men and women employees, and workplaces with few women in leadership roles (Glick et al., 2018). It is unclear if MCC exists in women-dominated workplaces and if so, if it is associated with sexual harassment and other variations of harassment in these settings. It would not be surprising if the prevalence of MCC is linked with detrimental outcomes for men because previous studies have found that masculine work culture in general has multiple negative effects on men, including mental health issues and limits on men's ability to talk about vulnerabilities related to mental health (Glick et al., 2018; Seaton et al., 2019); perceptions of toxic leadership (Matos et al., 2018); and pressure on men to constantly prove themselves (Glick et al., 2018; Payne, 2018). This connection between MCC and negative outcomes seems to be prominent, but it needs to be further explored within woman-dominated environments.

1.2.2 How Does Gender Play Out in the Workplace?

Gender is a factor related to higher rates of sexual harassment, and has generally been measured through masculine work culture, and man-dominated work environments. Having a man-dominated workplace can foster more masculine culture in the workplace, but is it solely the larger number of men that fuels negative outcomes such as MCC endorsement and job dissatisfaction? A man-dominated workplace, also referred to as men's numerical dominance, means that men greatly outnumber employees of other genders (Haas & Timmerman, 2010). A high proportion of men in the workplace combined with masculine work culture may lead to women being more harassed (Haas & Timmerman, 2010). Having many men in one workplace

can lead coworkers to pressure other men to conform to a masculine work culture (Seaton et al., 2019). In my dissertation, I will test whether this factor, gender workplace breakdown, plays a role in harassment of men within a woman-dominated workplace.

This concept of gender expectations being forced upon people in the workplace is not a novel idea; however, it has primarily been studied through women's experiences in men-dominated workplaces. Nieva and Gutek (1981) first theorized this concept, which they called "*sex-role spillover*":

All occasions when conflicts between the woman's sex role and work role occur, it seems that her sex status becomes excessively salient, to the consequent underemphasis of her occupational status...a woman worker soon learns that if she steps outside of the few areas that have been defined as appropriate to her sex, she will find herself walking on a tightrope...in contrast, for individuals with the appropriate statuses, the path to success is clear. (p.60)

Essentially, individuals who go against gender roles by not acting "appropriately" at work or going into a non-traditional job are subject to disapproval from others (Nieva & Gutek, 1981). This expectation for women to conform to gender expectations can be further amplified through the gender breakdown of their workplace. Women in men-dominated and women-dominated workplaces are both subject to sex-role spillover (e.g. required to be attractive and pleasant); however, in men-dominated environments women are more likely to be sexually harassed (Gutek & Morasch, 1982). This pattern, revealed decades ago still continues to occur to this day, as women are more likely to experience sexual harassment (specifically gender harassment) if they are in a man-dominated workplace compared to a woman dominated workplace (Kabat-Farr & Cortina, 2014).

It is unclear if men in women-dominated workplaces experience higher rates of harassment than those in men-dominated or gender-diverse workplaces. Previous research has indicated that men actually benefit from being a gender minority, because underrepresentation is linked to decreased levels of sexual harassment (Kabat-Farr & Cortina, 2014). However, this same article also argued that men within women-dominated workplaces experienced an increased rate of gender harassment from both men and women, while in a man-dominated workplace men were more likely to experience gender harassment from other men (Kabat-Farr & Cortina, 2014).

Due to the sparsity of sexual harassment research specifically on men in women-dominated work environments, it is difficult to assume that this same trend (of men-dominated workplaces and increased sexual harassment) also occurs among men within a woman-dominated context. When looking at the gender breakdown of the workplace, it has been shown that when compared to women in gender parity (even gender breakdown) workplaces, women within women-dominated environments experience lower rates of sexual harassment (Raj et al., 2020). The same pattern was seen for men, where men in a man-dominated workplace experienced less harassment than men within a gender parity work environment (Raj et al., 2020). Unfortunately, there was no information reported on harassment rates for women in men-dominated environments and men in women-dominated environments. However, it is already known that women experience extremely high rates of sexual harassment in men-dominated environments. It is possible to assume that men may experience the same pattern.

I will explore the ways gender manifests within the workplace and its influence on sexual harassment and other forms of harassment directed towards men nurses. In the third chapter of my dissertation, I will explore workplace gender through 1) masculine work culture, measured

through the prevalence of masculinity contest culture norms, and 2) the gender breakdown of the workplace. I will test whether these two factors are associated with higher rates of sexual harassment and varieties of harassment.

1.2.3 Influence of Masculinity on Marginalized men

Marginalized identity can be a factor in certain men being targeted for harassment. Perpetrators of sexual harassment have been shown to target people of marginalized identities (Buchanan et al., 2018; Richardson & Taylor, 2009). Similarly, employees of an organization can participate in *selective incivility*, described as subtle, rude, or discourteous behavior that is often ambiguous and is disproportionately targeted at people from undervalued social groups (Cortina, 2008; Lim & Cortina, 2005). Selective incivility has often been demonstrated with racial and gender minority victims; however, scholars have argued that this theory needs to be tested on other people with multiple marginalized identities (e.g., sexual orientation) and that intersectionality should be used to expand identity categories beyond race and gender (Brassel et al., 2020; Cortina et al., 2013; Konik & Cortina, 2008).

The theory of intersectionality was originally created from Black feminism (Combahee River Collective, 1977/1995) and was grounded in the experiences of Black women (Collective, 2014). This theory focuses on understanding a person by considering their multiple overlapping identities and how these influence their lived experiences (Crenshaw, 1991). Intersectionality is about understanding how oppression is more complicated for those of marginalized identities because power is often afforded to people unevenly; thus, we must focus on how each of their identities can influence men's experiences in a hierarchical workplace like a healthcare setting. For example, a man who comes from a low socio-economic status and who is the sole breadwinner of his household may be less likely to report harassment when it is apparent that his

workplace will not reprimand the perpetrator. Being left to fend for himself, he cannot risk losing his job because it is never assured that there will be another job to transfer to. It is important to understand how oppression and privilege can work in different contexts, especially in the workplace, where there may be more to lose.

Marginalization is a concept that is similar to intersectionality but that looks at identity in a different way by focusing instead on power. Koe and Griffin (2020) summarize that “by definition, marginalized groups are those that have been historically disenfranchised and therefore experience systemic inequality; that is, they have operated with less power than have systemically privileged groups” (p. 2). Marginalization focuses on understanding dynamics between minority and majority identities. Marginalization is not solely created by numerical dominance but also when the identity of a group of people is problematized and exaggerated by a dominant group (Coston & Kimmel, 2012). The dominant group has the need to feel superior but justifies this need by making the smaller group feel inferior; the dominant group can view the marginalized group as a threat to hegemony (Cheng, 1999). However, for marginalized men, privilege and oppression are complicated in a different way compared to women and gender minorities. Though the identity of being a cis-gender man is associated with privilege, it does not always equate to the same amount of power and dominance. Coston and Kimmel (2012) argue that privilege can be viewed as a “zero-sum quantity,” meaning you either have privilege or you don’t; thus, men have this advantage in society. However, having a marginalized identity or masculinity can emasculate a man who does not conform to the expectations of a dominant group (Coston & Kimmel, 2012). The main point is that marginalization does not entirely capture the complexity of intersectionality, but in this dissertation, I argue that not all men are awarded privilege in a clear-cut manner and that this can be seen in how marginalized men are treated.

Through the lens of sex-role spillover, masculinity contest culture, and marginalized masculinities, I will look at five different marginalized identities among men: minority racial/ethnic identity, minority sexual orientation, non-native speaker of English, immigrant, and low-income background. I investigate how marginalized men may experience gendered workplace culture differently than non-marginalized men. Additionally, I test whether men with marginalized identities are harassed more often due to masculinity norms in the workplace.

1.3 Varieties of Harassment

As discussed at the beginning of this dissertation, in contrast to the substantial literature on the sexual harassment of women, there is a dearth of sexual harassment research centered on the experiences of men (Berdahl et al., 1996; Kearney & Rochlen, 2012; Stephens & Eaton, 2014). Research is even scarcer when we take into consideration men of marginalized identities. Based on what we see for women with marginalized identities, it seems warranted to assume that men of marginalized identities may experience higher levels of sexual harassment and harassment specifically targeting their identities; however, their experiences have not been explored to the same degree that those of women of marginalized identities have. Some studies have analyzed racial minority men and their experiences of sexual harassment but have not deconstructed how men of color's experiences may differ from those of White men. Men's masculinity can be challenged simply due to their race or another identity category. Masculinity is important to consider when we look at other oppressed identities as well; sexual minority men may be targeted for harassment because their simple existence challenges masculine ideals. Being anything besides heterosexual contradicts masculine norms, strict rules targeting those who do not conform (Mahalik et al., 2003). The following sections highlight various forms of harassment men of marginalized identities may experience, with the purpose of understanding

different varieties of masculinity (which can manifest in different ways in the workplace) and their connection to sexual harassment.

1.3.1 Racialized Sexual Harassment

It is not uncommon for workplaces that have high rates of sexual harassment to have other forms of negative workplace behavior. For example, workplaces that are high in masculinity contest norms are also likely to have organizational dysfunction, a negative climate, poor coworker behavior, poor individual outcomes, and both sexual and racial/ethnic harassment (Berdahl et al., 2018; Glick et al., 2018). Sexual and racial harassment are particularly important when focusing on men of color, because these men can be subjected to unique forms of harassment; therefore, we must consider intersectionality.

Intersectionality considers how people of marginalized identities experience oppression in unique forms (Crenshaw, 1991). Failure to recognize and consider intersectional dynamics can result in not seeing the “full picture” of someone’s lived experiences. For example, racial minority women experience sexual harassment based on their intersecting oppressed gender and racial identities. Women of color often are subject to a “double jeopardy” of simultaneously experiencing sexual and ethnic harassment (Berdahl & Moore, 2006). *Racialized Sexual Harassment* is an example of this unique type of harassment where race-based and sex-based harassment is interwoven (N. T. Buchanan & Ormerod, 2002). Black women have described experiences of racialized sexual harassment that can vary in degree; *covert* racialized sexual harassment, which was the most frequently reported, included an overall bias against Black women (for example, requiring anything that could be interpreted as “serving,” such as Black women making coffee for White men). Subtly overt racialized sexual harassment refers to behaviors that were described as sexually harassing but not directly racist (stereotype-based

comments telling a Black woman she looks like she is available for sex). Overt racialized sexual harassment includes obvious racist and sexist intentions (comments from a colleague about a woman's "sexy Black ass") (N. T. Buchanan & Ormerod, 2002).

It is unknown whether racialized sexual harassment is experienced by men of color. Men of color hold a unique position because they have an oppressed identity as members of a racial minority but a privileged identity as men. However, it is not uncommon for men of color to be fetishized or hypersexualized; we see this specifically through stereotypes of Asian men being sexualized by White women as "trophy boyfriends" because they are perceived to be more "exotic" than White men and are sexualized for White pleasure (Liu & Chang, 2007). To put it simply, because Asian men are believed to be foreign, feminine, and different from White men, they can be hypersexualized through fetishism. This is also the case for Black men, where media representations of Black men often portray them as violent, aggressive, criminal, or overly sexual (Goodwill et al., 2018). It is possible that men of color also experience harassment that is both race-based and sex-based in nature, like harassment of women that is based on multiple stereotypes; therefore, racialized sexual harassment of men is something I will explore in my study.

1.3.2 Heterosexist Harassment

Sexual minorities also experience harassment that is often thought of as homophobia; however, it has been argued that a more appropriate understanding of the discrimination/harassment sexual minorities face within the workplace is heterosexism. *Heterosexism* is defined as "an ideological system that denies, denigrates, and stigmatizes any non-heterosexual form of behavior, identity, relationship or community" (Herek, 1992, p. 89). Simply put, it is not just a fear of homosexuality but a normalization and favoring of

heterosexuality that condemns anything else not fitting this “norm.” Heterosexist harassment (HH) is a more inclusive term since it includes a wider range of experiences of discrimination (which can include homophobia), and it can be both explicit (direct malicious intent such as gay bashing) and implicit (less about antigay comments and more of a lack of inclusivity) (Waldo, 1999). HH can also include ambient HH, such as actions that are not directed at anyone but that can be heard by anyone within proximity, and personal HH, which targets individuals directly (Silverschanz et al., 2007). As with sexual harassment, experiencing any form of HH can lead to lower job satisfaction, greater psychological distress, decreased health satisfaction (Waldo, 1999), anxiety, depression, and substance abuse (Silverschanz et al., 2007).

Some contextual factors have been shown to be associated with heterosexism and can either lead to higher or lower prevalence of this harassment type. For example, in terms of job gender context (the gender breakdown of a workplace), a more man-dominated workplace is linked to higher rates of direct HH, while a more woman-dominated workplace is associated with lower rates (Waldo, 1999). One thing to note is that HH is not exclusive to sexual minorities, because straight people can also experience this phenomenon. Straight people can constantly be subjected to heterosexist jokes or can be punished using HH if they appear or behave in ways that are not typical of gender norms (Silverschanz et al., 2007). This is a result of sexual orientation and gender expression being conflated. Therefore, anyone can be a target of HH regardless of their sexual orientation.

1.3.3 Gender Policing Harassment

Another form of gender harassment that more directly targets people who do not conform to gender norms is gender policing harassment (GPH). Like heterosexist harassment, where people are targeted when deviating from dominant heterosexual norms, GPH occurs when

perpetrators find the actions of the victim “questionable” and see them as deviating from traditional gender roles (Konik & Cortina, 2008). For men, this can occur if someone appears not to be “masculine enough” (Waldo et al., 1998) or fails to demonstrate the dominance typical of traditional masculinity (Franke, 1996; Konik & Cortina, 2008). Men and women have shown similar rates of experiencing GPH; but this is to be expected considering that gender harassment and GPH are strongly associated (Konik & Cortina, 2008). Additionally, GPH has similar negative outcomes as other forms of sexual harassment; like people who experience heterosexist harassment and gender harassment, men and women who experience GPH report higher rates of job burnout, lower job satisfaction and more job stress (Rabelo & Cortina, 2014). Sexual minorities tend to report higher rates of GPH, but heterosexuals also report experiencing GPH (Rabelo & Cortina, 2014).

It is important for me to note here that both gender harassment and GPH focus on gender identity and rejection of those who diverge from traditional gender norms. The main difference is that gender harassment can be (but not always) more implicit when a perpetrator is harassing a man into following gender norms (e.g., an interviewer telling a childcare worker they do not expect him to do well in this business). In contrast, perpetrators of GPH explicitly target people who deviate from gender roles, and directly tell them they are (e.g., directly telling a man that he is “not a man”). The directness of GPH is best captured in Berdahl and Moon’s (2013) study on “not man enough” harassment in a woman-dominated workforce; they focus on men within three different categories: men who work but have no children, men who work but contribute little childcare, and finally men who work and take on most of the childcare responsibilities. Men who participated in most of the childcare reported the highest levels of GPH¹ (Berdahl & Moon,

¹ Berdahl and Moon (2013) refer to this form of harassment as “Not Man Enough Harassment”; while the items I use for this form of harassment are called Gender Policing Harassment (Konik & Cortina, 2008, Berdahl & Moore,

2013). Meanwhile, men with little investment in childcare were less likely to experience GPH (Berdahl & Moon, 2013). Berdahl and Moon (2013) argue that the reason for higher GPH directed toward high childrearing men is due to these men violating traditional gender roles while being within a woman-dominated workforce. Gender policing harassment is a form of workplace mistreatment to punish those who have violated enforced gender roles (Berdahl, 2007a; Berdahl & Moon, 2013). My overall argument is that these two types of harassment (gender policing harassment and gender harassment) heavily overlap, because they have the same end goal, which is to push the victim into acting “the way they should” by subjecting them to sex-based harassment. Due to this similarity, I will be combining gender harassment and GPH for my analyses in my dissertation.

1.4 Contextual Factors Related to Sexual Harassment

There are a few contextual factors linked with higher rates of sexual harassment and a variety of negative beliefs around victims that complicate societal discourse around sexual harassment. Sexual harassment is complex, and there are many aspects that allow it to persist even with laws in place to prevent further occurrences. One specific environmental factor known to be associated with higher rates of sexual harassment is masculine job gender context (e.g., how masculine in nature a job is; if the job is predominately held by men) (Fitzgerald et al., 1999).

As noted in my earlier section on masculinity and gender theory, MCC norms are often present in men-dominated workplaces. However, MCC norms are upheld not just by men; women can also endorse the ideals of MCC because it is tied to workplace culture (Glick et al.,

2006; Waldo et al., 1998). Both are highlighting the same concept of men experiencing sex-based harassment for not following gender norms.

2018). MCC has been associated with several negative organizational dynamics (e.g., toxic leadership), dominative coworker behaviors (e.g., sexual harassment), negative individual work attitudes (e.g., turnover) and poor personal well-being (Glick et al., 2018). MCC norms merge masculine norms with successful job performance; therefore, MCC may exist not only in men-dominated workplaces but in women-dominated workplaces as well, though this has not been demonstrated empirically.

1.4.1 Hierarchy and Power in the Workplace

It has already been established that masculine work culture is present in men-dominated environments (Glick et al., 2018). However, this is a new concept that needs to be further explored before we can conclude that MCC is prevalent in the workplace in general. Therefore, my goal for the first part of my dissertation is to explore masculinity contest culture in the feminine profession of nursing. Healthcare is an ideal setting for investigating how common MCC is in different work environments because, even if the specific profession of nursing is woman-dominated and feminine characteristics (such as caring and empathizing) are expected of nursing staff, it is still embedded in a hierarchy. This is demonstrated with newly qualified doctors who are taught the professional hierarchy within a hospital; they are taught (by both doctors and nurses) to distinguish between “nurses’ jobs” and “doctors’ jobs,” where the former profession completes more tedious tasks (e.g., taking the temperature, inserting a cannula) for the latter (Burford et al., 2013). Nurses being viewed as subordinates is consistent throughout their careers.

Hierarchy exists when just looking at the profession of nursing alone as well. Nurses tend to gain higher status based on education level, licensure, and years of experience (*The Hierarchy*

of Nursing | Levels of Nursing, n.d.). Nurses can be ranked from the bottom—licensed practical nurses or licensed vocational nurses—to the top, which is the chief nursing officer (*The Hierarchy of Nursing | Levels of Nursing*, n.d.). However, this becomes further complicated by gender when looking at power dynamics between men and women nurses. Though the profession of nursing is predominately more women than men, men tend to hold more senior positions, get paid more, and have more power within the workplace (Brown, 2009). This is apparent among nursing students, where women students view themselves as more competent in value-based nursing care, documentation, and administration than men nursing students, and men students only see themselves more competent in documentation and administration of nursing (Carlsson, 2020). This is highly reflective of traditional gender roles where women are seen to be better at feminine caring roles while men are expected to be better at leadership roles.

Gender is heavily present within the workplace, especially in the profession of nursing, which has traditionally been a woman-dominated occupation. Considering that the masculine work culture of MCC is prevalent in men-dominated workplaces, it is possible that it can be present in women-dominated workplaces as well. The hospital is a place of hierarchy, where power displays are common and gender norms that place men over women are present even in a woman profession. MCC reflects a high-stakes environment where workers show their competency and worth through competition with other workers (Berdahl et al., 2018). I expect MCC will be present in nursing, but it may differ from other workplaces due to the nature of the job.

In the first part of my dissertation, I will also explore the influence MCC has on the sexual harassment of men in nursing. As previously stated, MCC has been linked with negative outcomes in the workplace such as sexual harassment. Though men have generally been given

higher positions of power in nursing, those who are not in formal leadership roles are violating gender norms expected of men and may be subject to gender harassment. Traditionally in research focusing on women, it has been found that women experience higher rates of sexual harassment than men; however, early research on men nurses has shown that men nurses are almost as likely to experience gender or sexual harassment as women nurses (Grieco, 1987); however, measurement of sexual harassment in that study suffered for many flaws. Another study found that men are more likely to be verbally threatened and physically intimidated, and have experienced more attempted assaults than women nurses (McKenna et al., 2003). The research in this area needs to be expanded to understand men nurses' experiences of sexual harassment and masculinity within the workplace.

1.4.2 Who are the Perpetrators?

Sexual harassment is often perceived in a heterosexualized manner, reflecting assumptions that men are the perpetrators, women are the victims, and men sexually harass women because of sexual desire. As stated before, women and men can be and have been sexually harassed, and sexual harassment is used as a tool to enforce and regulate the power men have within the workplace. Sexual harassment focuses on subordinating not only women but also men who deviate from gender norms and traditional masculinity (Berdahl, 2007a). Previous literature has shown that men do in fact tend to be the more common perpetrators of harassment of both women and men, especially within a man-dominated workplace (Berdahl et al., 1996; Waldo et al., 1998). Who perpetrates harassment of men within a woman-dominated context?

Contrary to prior research on sexual harassment in men settings, where generally it is men who target other men, recent literature has found more mixed results. Within a court system in which most of the employees were women, it was found that men reported similar rates of

gender harassment by women (41%) and men (52%) perpetrators, and the same pattern held for sexual advance harassment (56% of men reported men perpetrators and 42% of men reported women perpetrators) (Kabat-Farr & Cortina, 2014). However, within a men-dominated environment like the military, men reported more men perpetrators (54%) of gender harassment than women perpetrators (15%), and more women perpetrators (73%) for sexual advance harassment than men perpetrators (27%)² (Kabat-Farr & Cortina, 2014). A key difference between the two environments is that one is women-dominated while the other is men-dominated. It is possible that the gender breakdown may affect who targets men and with what sorts of behaviors.

Another aspect that may affect who is the perpetrator is the specific profession. Many professions have hierarchical systems in which people who have more education or more experience tend to have a higher position of power. We see this with patients, where many admit they have often felt beneath medical professionals because of the idea that nurses and physicians “know more” about a patient’s condition than the patient does (Griscti et al., 2017). However, in many professions that deal with people outside of the organization (such as customers, clients, patients, etc.) this power dynamic can become blurred; we see this with women physicians and their interactions with patients. Many women in the medical field report high rates of gender-based discrimination (McKinley et al., 2019) and sexual harassment (Schneider et al., 1997; Viglianti et al., 2018) from patients. This is referred to as *contrapower harassment*, “where the harasser does not appear to have power over the victim initially...[but] there is some way of obviating the formal power of the target” (Schneider et al., 1997, p. 670). Perpetrators in contrapower harassment situations tend to use lower-risk anonymous actions (e.g., vulgar

² The sexual advance result should be interpreted with caution, however, based on data from only 33 men (out of a sample of 10,235 men).

comments on evaluations); however, incivility, sexist comments, and sexual harassment are also likely to occur (Benson, 1984; DeSouza, 2011). Contrapower harassment is often dismissed as not serious; for example, patient-initiated sexual harassment directed at women physicians and nurses has been viewed as a hazard that comes with the job, where medical staff are expected to “just deal with it” (Viglianti et al., 2018).

Women have experienced contrapower harassment even when in positions of power in medicine, but this phenomenon can look very different for men in the same predicament. In healthcare, men are often in positions of power; however, men nurses continue to remain a minority group not only in the U.S. but all over the world (Purnell, 2007, Chapter 12). Men nurses are harassed, but not in the same ways as women nurses. Women nurses experience both gender and sexual advance harassment, while the harassment men nurses encounter specifically centers around stereotypes of men, and masculinity assumptions. In a sample of 18 men nurses, all men in this study were accused of being gay and stereotyped as sexual predators, and they constantly encountered sexist comments from both staff and patients (Harding, 2007; Harding et al., 2008). They were additionally kept out of spaces designed for nurses (e.g., lounge area), not educated properly in nursing school, turned away by patients (refusing to be cared for by a man nurse), and accused of sexually harassing their patients (Harding, 2007; Harding et al., 2008). As men in a woman-dominated profession, being caring and sensitive to their patients leaves them in jeopardy of violating masculinity norms because they are “acting feminine” and are therefore questioned. Patients also have misconception that men nurses are “perverts” or sexual predators for performing common tasks (e.g., giving physically incapacitated people urinals, inserting a suppository), where every action a man performs is interpreted as sexual instead of professional.

Unfortunately, because research on the perpetrators of harassment of men nurses is limited, it is unclear to what extent other men, women, staff, or patients harass them. The literature centered around contrapower harassment is limited to the experiences of women. Therefore, in the second part of my dissertation I will explore who targets men within a woman-dominated profession.

1.4.3 Labeling Sexual Harassment

Another issue with understanding men's experiences of sexual harassment is the problem of labeling or identifying sexual harassment. Though sexual harassment has been defined in law by the EEOC and in research by social scientists, the reality is that the definition of sexual harassment has changed constantly through the years. Madson and Shoda (2002) have argued that understanding and identifying sexual harassment is complex because organizations make their own harassment policies (thus, there is no consistent policy), and legal definitions and guidelines are always shifting. This can make it difficult for people to understand whether they have experienced sexual harassment and if they can openly label it as such.

Based on what is known about labeling sexual harassment, there are significant gender differences between men and women. Women are five times more likely to label an experience as sexual harassment than men (Dardis et al., 2018). There are certain factors that increase likelihood of women and men identifying sexual harassment; however, this is better understood for women. Women are more likely to label an experience as sexual harassment if they have evaluated it negatively, been targeted by men harassers, experienced assault, or experienced sexual harassment frequently (Dardis et al., 2018). Men and women will label their experiences as sexual harassment if they see them as offensive, threatening, or disturbing (more so with men), or if the perpetrator had a higher position in a hierarchy (Dardis et al., 2018).

Research centered around identifying or labeling sexual harassment has generally been done more on women than men. However, we may be able to understand the gender dynamics that intervene in men's willingness or ability to identify sexual harassment. For women, many do not label an experience as harassment because it does not reflect their own personal definitions of sexual harassment, or because they may face retaliation from the organization or the perpetrator (Magley et al., 1999). Men, on the other hand, may misidentify their experiences of harassment as something else (e.g. bullying, hazing, racial discrimination) (Dardis et al., 2018; Kearney & Rochlen, 2012); men may not see themselves as victims, because societal understandings of sexual harassment only portray men as perpetrators. Men also may be dealing with masculinity expectations that enforce ideals that men should always be strong and dominant; by admitting sexual harassment even to oneself (through self-labeling) they would be violating these expectations. The issue is, regardless of whether people label their harassment as such, they still experience negative psychological, health, and work outcomes (Magley et al., 1999).

Thus, is it important to understand what factors increase the likelihood of men identifying sexual harassment. People who understand that they have been harassed and label their experience that way are more likely to seek mental health care services (Dardis et al., 2018). Hence, I will look at two different factors to see what increases the chance of men identifying sexual harassment; these factors are sexual harassment type (gender harassment, sexual advance harassment) and the perpetrator's gender (men, women).

Chapter 2 Methods

2.1 The Current Study

In the current study, I conducted a secondary analysis of data from a 20-minute online survey that was administered to nurses and related occupations within the University of Michigan's hospital system (primarily referred to as "Michigan Medicine"). The survey inquired about experiences of sexual harassment from July 2018-July 2019 and negative outcomes associated with sexual harassment (e.g., poor mental health, low job satisfaction). To investigate men nurses' experiences of sexual harassment, I asked the following research questions. Some are purely exploratory, aimed at describing the phenomenon. Others are aimed at testing hypotheses derived from prior research and theory.

Exploratory Research Questions

1. How do gender and sexuality-based harassment manifest for men in nursing?
 - 1a:** How common are gender harassment, sexual advance harassment, heterosexist harassment, and racialized sexual harassment?
 - 1b:** Who perpetrates these behaviors towards men?
2. To what extent do men label these behaviors as a) sexual harassment and b) gender harassment?
3. How do Masculinity Contest Culture norms manifest for men in nursing?

Research Questions with Hypotheses

1. What factors influence men labeling sexual harassment?

Hypothesis 1a: Perpetrators who are men will reduce the likelihood that men will label sexual harassment as sexual harassment, while women perpetrators will increase that likelihood. Perpetrators who are patients or patients' families will increase the chance of men labeling it as harassment.

Hypothesis 1b: If men report experiencing sexual advance harassment, they will be more likely to label it as sexual harassment. If they experience gender harassment, they will be less likely to label it as gender harassment.

2. How do workplace gender breakdown and culture (MCC) influence the harassment of men in nursing?

Hypothesis 2a: Men who report a woman-dominated workplace (compared to gender-balanced workplace) will report higher rates of sexual harassment and specialized forms of harassment.

Hypothesis 2b: Greater masculinity contest culture norms will be associated with higher levels of sexual harassment and variations of harassment.

3. Does having a marginalized identity moderate the relationship between gender workplace culture and harassment of men?

Hypothesis 3: Marginalized identity (race, sexual orientation, immigrant, non-native speakers, low-income background) will exacerbate the relationship between job gender culture and sexual harassment. This pattern will repeat for specialized forms of harassment.

2.2 Methods

2.2.1 Procedures

This survey data was collected as a second part of an ongoing 3- part research project centered around experiences of workplace mistreatment and harassment of healthcare workers. All nursing personnel who had worked at the University of Michigan Health System (UMHS) for 1-year qualified for this study. As compensation, participants were given the opportunity to be selected in a raffle where 40 people would receive a \$50 check. The study was determined to be exempt from the institutional review board. A multidisciplinary research team created and sent out an email link for this online Qualtrics survey. Participants were recruited to complete a 20-minute online survey about their “*experiences with civility and respect in our institution*, in order to identify concerns and potential areas for improvement”. There was no mention of sexual harassment or any other forms of harassment to avoid demand characteristics. The team sent reminder emails every week for 3 weeks to any participants with incomplete surveys and nonrespondents. 6,086 Michigan Medicine employees within nursing were asked to take this online survey. A total of 2,980 employees responded, making the final response rate for the overall sample 49%.

2.2.2 Participants

Out of the 2,980 respondents, 299 were men, meaning men made up 10% of the total sample. I excluded 14 surveys from the final sample because they were incomplete, leaving a final sample of 285 men. These men had the following job titles: nursing assistant, tech, or aide (11.2%), registered nurses or licensed practical nurse (RN/LPN, 66%), Advance Practice RN working in direct patient care (APRN, 9.1%), and RN or APRN working in an administrative

role (ADMIN, 13.7%). The age of the participants ranged from 22-70 (averaging 43.62), and almost half of the participants identified as first-generation college graduates (48.4%). Most of the participants were White (86.2%), and the rest of the sample was Asian (5%), Black (4.3%), Hispanic (1.8%), Middle Eastern (1.4%), Native American (0.4%), and multiracial/multiethnic (0.7%). The sample was predominately straight (92.4%); others identified as gay (5%), bisexual (0.7%), Queer (0.4%) or did not disclose (1.4%). When looking at socio-economic status growing up, our participants varied: very poor, not enough to get by (2.1%), barely had enough to get by (9.5%), had enough to get by (46.3%), had more than enough to get by (35.4%), and well off (6.7%). Ninety-one percent of participants reported being born in the U.S., and the rest were immigrants (8.1%). Lastly, most participants reported English as their native language (93.7%). Participants also reported their supervisors' gender as men (19.1%), women (77.4%) or both (3.5%).

2.2.3 Measures

Sexual Experiences Questionnaire. Participants were given a 20-item Sexual Experiences Questionnaire (SEQ) (Stark et al., 2002) and asked whether they experienced any of the listed actions during the past year. Behaviors on the scale are broken down into four different types of sexual harassment (sexist gender harassment, crude gender harassment, unwanted sexual attention, and sexual coercion), which have been verified in previous studies (Holland et al., 2016; Leskinen et al., 2011; Stark et al., 2002). I condensed the different harassment types into two subscales: (1) *gender harassment* (crude and sexist gender harassment, measured by nine items) ($\alpha = 0.81$) and (2) *sexual advance harassment* (unwanted sexual attention and sexual coercion, measured by eight items) ($\alpha = 0.83$). Additionally, I included the gender policing scale (four items) ($\alpha = .90$) into the gender harassment scale. Given the nature of the gender policing

scale, its items are conceptually related to gender harassment questions. Sexist and crude gender harassment are both “put down” forms of sexual harassment (Leskinen et al., 2011); this is also the case for gender policing, which I will now refer to as gender non-conformity harassment to help associate it with gender harassment. I combined them all into one gender harassment subscale, which includes the final three gender harassment types: crude gender harassment, sexist gender harassment, and gender non-conformity harassment ($\alpha = 0.85$). Unwanted sexual attention and sexual coercion were combined as the two “come on” forms of sexual harassment. This will be done for every analysis that includes sexual advance harassment.

Participants were presented with the prompt “Thinking about UNWANTED behaviors SINCE JULY 2018, how often have UMHS staff, students, or faculty...” and then rated how often each of the specific actions occurred on a scale from 1 (*Never*) to 5 (*Many Times*). Examples of gender harassment include “repeatedly told sexual stories or jokes that were offensive to you” (crude) and “treated you “differently” because of your gender (e.g., mistreated, slighted, or ignored you)?” (sexist). The gender policing subscale included three items from its original scale (Konik & Cortina, 2008) including, “Questioned your manhood?”, “Treated you negatively because you were not ‘masculine enough’?”, and “Criticized you for not acting ‘like a real man’?”. One item was used from the sexual harassment of men scale (Berdahl & Moore, 2006; Waldo et al., 1998), which was “Made you feel like you were not tough enough (for example, assertive, strong, or ambitious enough)?”. An example of unwanted sexual attention includes “made unwanted attempts to establish a romantic sexual relationship with you despite your efforts to discourage it” and sexual coercion includes items like “made you feel like you were being bribed with some sort of reward or special treatment to engage in sexual behavior.” All SEQ items appear in Appendix A.

Heterosexist Harassment. We measured harassment targeting sexual orientation using three items ($\alpha = 0.70$) from the original five-item Heterosexist Harassment Scale (HH), which has been validated in prior research (Konik & Cortina, 2008). Participants were given the following prompt: “Thinking about UNWANTED behaviors SINCE JULY 2018, how often have UMHS staff, students, or faculty...”; they then answered on a scale from 1 (Never) to 5 (Many Times). Example items include “Called you or someone else ‘dyke,’ ‘faggot,’ or some similar slur in your presence?” or “Made offensive remarks to you about your sexual orientation?” The complete scale appears in Appendix B. The same three-item scale was used when participants were asked about patients they encountered ($\alpha = 0.84$). The patient version of this scale appears in Appendix B.

Racialized Sexual Harassment. We measured racialized sexual harassment using the Racialized Sexual Harassment Scale (RSHS), which has been validated in prior research (Buchanan, 2016). The original scale consisted of a 21-item survey that contained questions around racialized harassment, sexual harassment, and a combination of both. Our survey contained a shortened version of the RSHS to reduce the amount of time participants had to spend on the questions making the final scale seven items ($\alpha = 0.858$). The shortened version contains questions that indicate harassment based on race AND gender. Participants rated how often they had experienced unwanted behaviors within the past year from 1 (Never) to 5 (Many Times). A sample item from this scale includes “Said things to insult you or other people based on gender AND race (for example, White women are dumb, Black women are angry, Asian men are wimpy, etc)?”. The complete scale appears in Appendix B1. The same seven-item scale was used when participants were asked about patients they encountered ($\alpha = 0.92$). The patient version of this scale appears in Appendix C.

Patient Sexual Experiences Questionnaire. This scale is a shortened eight-item version of the SEQ described above. It includes two items for each form of harassment (sexist gender harassment, crude gender harassment, unwanted sexual attention, and sexual coercion). Participants were only shown this scale if they responded yes to the following question: “Do your job duties include interacting with patients?” They were then presented with the prompt, “Thinking about UNWANTED behaviors SINCE JULY 2018, how often have UMHS Patients or Patients’ families...” They then rated how often each of the specific actions occurred on a scale from 1 (*Never*) to 5 (*Many Times*). Again, I combined the questions about sexist gender harassment, crude gender harassment, and gender policing harassment into one patient gender harassment subscale ($\alpha = 0.89$). Sexual coercion and unwanted sexual attention subscales were also combined into a patient sexual advance harassment subscale. However, due to reliability issues ($\alpha = 0.62$), I ran descriptive statistics to see how many participants indicated that they experienced sexual coercion (1-item), and only one person out of 285 mentioned they had experienced sexual coercion from patients/patient’s families. Therefore, I only used unwanted sexual attention items, which provided greater reliability ($\alpha = 0.69$). This made the final Patient SEQ a seven-item scale. The complete patient SEQ appears in Appendix D.

Masculinity Contest Culture Scale. We measured masculine norms within the healthcare work environment using the Masculinity Contest Culture (MCC) scale, previously developed and validated (Glick et al., 2018). The original scale consists of 20 items that measures four different dimensions of MCC: *show no weakness* (having a swaggering confidence while also suppressing feminine emotions), *strength and stamina* (associates achieving workplace respect and status with being physically strong), *put work first* (not letting any outside or personal sources interfere with work), and *dog-eat-dog* (characterizing the

workplace as hypercompetitive, where winners dominate and exploit the losers). We included a shortened version with 12 items (three items per dimension) to reduce the length of our survey and improve the participant response rate ($\alpha = 0.90$). Participants were presented with the prompt, “In my work environment...” and rated the prominence of each item from 1 (Not at all true of my work environment) to 5 (Entirely true of my work environment). Sample items from this scale include “It’s important to be in good physical shape to be respected,” “Taking days off is frowned upon,” and “You can’t be too trusting.” The complete MCC scale appears in Appendix E.

Workplace Gender Breakdown. We measured the gender breakdown of the workplace with an item that inquired about how many men or women were in their workplace. Participants were given the following prompt: “On a typical day, what’s the gender breakdown of the people you work with?”. They then rated the gender breakdown of the people within their workplace from 1 (Almost all men) to 3 (About equal numbers of men and women) to 5 (Almost all women). This scale appears in Appendix F.

Labeling Sexual Harassment. Participants were also asked to report whether they had experienced sexual or gender harassment, using the following items: “Have you been sexually harassed at UMHS SINCE JULY 2018?”, and “Have you experienced gender harassment at UMHS SINCE JULY 2018?”. Participants then answered yes or no for each question. These items appear in Appendix G.

Perpetrator. Participants who indicated that they had experienced any form of harassment were then asked about specific circumstances about their experience, this included details around the perpetrators. I used 2 individual questions that asked participants to describe some identities of the perpetrators. Participants were given one prompt “You may have

encountered these UNWANTED behaviors from one or many people. Did anyone from the following groups act this way?”. Participants were presented multiple options for identity of perpetrator which included fellow coworkers and other hospital staff, patients, and patients’ families. Participants also were shown a second prompt “Did anyone from the following gender groups engage in these UNWANTED behaviors?”. Two options were shown including “men” and “women”. Participants then answered yes or no for each question. Every item is outlined in appendix H.

Marginalized Identity. In this study, participants were asked to report various demographics (e.g., race, gender, sexual orientation). I used these items to create a new scale called “marginalized identity,” based on five different demographics: race, sexual orientation, income growing up, being born outside the U.S. and non-native English speaker. These items are show in detail in Appendix I.

For race, participants were asked about their racial/ethnic identities using the prompt: “Which of the following racial/ethnic categories describes you the best?” They then were given the following options: 1) “Asian /Asian American/Pacific Islander”; 2) “Black/African American”; 3) “Hispanic/Latinx”; 4) “Middle Eastern”; 5) “Native American/American Indian”; 6) “White”; 7) “Multiracial/Multiethnic (please describe)”; and 8) “None of these categories describe me. I identify as (please describe).”

For sexual orientation, participants were asked about their sexual orientation identity using the following prompt: “Which of the following best describes your current sexual orientation?” They were given the following options: 1) “Heterosexual”; 2) “Lesbian”; 3) “Gay”; 4) “Bisexual”; 5) “Pansexual”; 6) “Queer”; 7) “Asexual” and 8) “None. I identify (please describe).”

For income background, participants viewed the following prompt: “How would you describe your economic resources when you were growing up?” Participants had the following options to choose from: 1) “very poor, not enough to get by”; 2) “barely had enough to get by”; 3) “had enough to get by”; 4) “had more than enough to get by”; and 5) “well off”.

For country of Birth, participants were presented the following prompt: “Were you born in the U.S?” and could chose yes or no.

For primary language, participants were shown the following prompt: “Is English your native language?” They were shown two answer options which were: 1) “Yes”, and 2) “No.”

To create the marginalized identity scale, each of the described identities above were recoded into two conditions, 0 = non-marginalized identity and 1 = marginalized identity. Given the predominately White sample (86.2%), race was scored as a binary variable for analyses: 0 = White 1 = racial/ethnic minority. Multiracial/Multiethnic men were coded as racial minority, unless they indicated multiple White ethnic identities (e.g., Italian & German). For sexual orientation, participants that identified as straight/heterosexual were coded as 0 and those that identified as part of the LGBTQ+ community were coded as 1. Turning SES growing up into a binary variable is complicated because nurses in the U.S. often come from working class backgrounds. For example, a sample of nursing students in the U.S. reported 48% of nursing students came from disadvantaged backgrounds and needed financial aid, and 72% had to work during college (Fortes et al., 2022). Thus, the idea of marginalized identity in SES growing up becomes complicated. To determine what was a marginalized income background for nurses in this study, I compared SES growing up and found that those who chose option 1 (“very poor...”) and option 2 (“barely had enough...”) represented 11.6% of the nurses in this study. Men who picked “very poor” or “barely had enough” income growing up were coded as 1. Everyone else

was coded as 0. Those born within the U.S. were coded as 0 and immigrants were coded as 1. Finally, those who spoke English as a 1st language were coded as not marginalized (0) and those who were non-native English speakers were coded as marginalized (1). I combined these identities by using an additive approach that gives each participant a higher score for each marginalized identity (e.g., White, heterosexual, native English speaker, upper middle-class man = 0, White gay man = 1, Black gay man = 2, Foreign born, non-native English-speaking man = 2). The higher number of marginalized identities these men had, the higher their score (See Table 20). I recognize this scoring approach does not differentiate between aspects of identity and does not capture the full understanding of how privilege and oppression works in this setting; however, it avoids small cell sizes and ensures adequate power for meaningful analyses.

2.3 Control Variables

To account for the possibility that men's experiences of harassment are attributable to their job rank and tenure, I controlled for these factors in all analyses.

Job Position. We measured job position using a five-item scale that included different types of positions in nursing. Participants were asked about their job position using the prompt: "Please indicate which of the following best describes your current position in the University of Michigan Health System (UMHS)"; they then were given the following options: 1) "Nursing Assistant, Tech, or Aide"; 2) "Registered Nurse (RN) or Licensed Practical Nurse (LPN)"; 3) "Advance Practice RN (APRN) working in direct patient care (e.g., nurse practitioner, nurse midwife, nurse anesthetist, clinical nurse specialist, etc.)"; 4) "RN or APRN working in an administrative role (e.g. supervisor, director, CNO, etc.)"; and 5) "Other (please specify)." Participants who chose "other" were then re-coded into one of the first four categories with the advice of medical professionals.

Job tenure. Participants were asked about job tenure, or how long they had been at the organization. We measured job tenure using a single item with the following prompt: “What year did you begin working at UMHS? (YYYY).” Participants were only allowed to provide a year for their start date. To compute job tenure, I subtracted their start date from the year this study took place (2018). For example, someone who began working in 2005 would have a job tenure of $2018 - 2005 = 13$ years.

Chapter 3 Results

Using SPSS v.28, I conducted descriptive, frequency, correlation, linear regression, and binary logistic regression analyses. Additionally, to run moderation analyses, I used SPSS PROCESS v.4.1 macro (Hayes, 2022). Additional covariates included in the analysis were job tenure and job position.

2.4 Descriptive Findings

Table 1 shows the descriptive statistics and Pearson's correlation between all the variables within my dissertation. Gender harassment, sexual advance harassment, heterosexist harassment, racialized sexual harassment, and gender harassment from patients/patients' families were positively associated with MCC. All harassment types from both coworkers and patients/patients' families were positively associated with labeling sexual harassment and gender harassment. All harassment types (coworkers and patients/patients' families) were associated with women perpetrators, patient perpetrators, and patients' family perpetrators. However, only gender harassment, heterosexist harassment, racialized sexual harassment from coworkers and patients/patients' families and labeling gender harassment were positively associated with men perpetrators. Men having a marginalized identity were positively associated with MCC, and racialized sexual harassment from coworkers and patients/patients' families. Job tenure was negatively associated with gender harassment (coworkers/patients/patients' families), racialized sexual harassment (patients/patients' families), labeling sexual harassment, and patient perpetrators. Heterosexist harassment and racialized sexual harassment from patients/patients'

families were negatively associated with position. Lastly, patients' family perpetrators were positive associated with gender workplace breakdown.

Table 1 Descriptive Statistics for Harassment, MCC, Perpetrators, Marginalized Identity, and Controls

Measure	M	SD	1	2	3	4	5	6	7	8	9	10	11	12
1. Gender Harassment	1.35	0.42	-											
2. Sexual Advance Harassment	1.04	0.16	.51**	-										
3. Heterosexist Harassment	1.14	0.40	.49**	.28**	-									
4. Racialized Sexual Harassment	1.17	0.40	.51**	.44**	.55**	-								
5. Masculinity Contest Culture	2.34	0.82	.44**	.15**	.20**	.20**	-							
6. Gender Harassment (PPF)	1.29	0.49	.45**	.24**	.31**	.34**	.16**	-						
7. Sexual Advance Harassment (PPF)	1.06	0.21	.38**	.58**	.24**	.30**	.06	.51**	-					
8. Heterosexist Harassment (PPF)	1.25	0.59	.28**	.26**	.31**	.24**	.09	.76**	.54**	-				
9. Racialized Harassment (PPF)	1.23	0.53	.29**	.30**	.23**	.52**	.09	.65**	.42**	.68**	-			
10. Labeling Sexual Harassment	0.08	0.27	.29**	.48**	.17**	.22**	.05	.47**	.57**	.42**	.32**	-		
11. Labeling Gender Harassment	0.12	0.33	.39**	.24**	.15*	.21**	.10	.36**	.25**	.27**	.26**	.41**	-	
12. Woman Perpetrator	0.48	0.50	.38**	.24**	.27**	.30**	.16*	.43**	.33**	.39**	.32**	.31**	.36**	-
13. Man Perpetrator	0.47	0.50	.16*	-.03	.19**	.19**	.09	.31**	.03	.29**	.28**	.10	.18**	.60**
14. Patient Perpetrator	0.41	0.50	.22**	.18**	.13*	.20**	.14*	.51**	.32**	.44**	.46**	.32**	.30**	.41**
15. Patients' Family Perpetrator	0.37	0.48	.26**	.18**	.16**	.23**	.13*	.48**	.24**	.31**	.40**	.23**	.24**	.42**
16. Gender Workplace Breakdown	0.55	0.50	.09	.11	-.01	.03	-.01	.05	.09	.01	.04	.10	.10	.07
17. Marginalized Identity	0.48	0.86	.06	-.03	.04	.14*	.18**	.12	.02	.09	.13*	.08	.09	.08
18. Job Tenure	10.72	8.55	-.13*	-.16	-.04	-.07	-.01	-.21**	-.08	-.11	-.14*	-.14*	.01	-.06
19. Position	2.25	0.83	.05	-.03	-.01	-.03	.06	.03	-.05	-.13*	-.06	-.04	.01	.07

** . Correlation is significant at the 0.01 level(2-tailed). * . Correlation is significant at the 0.05 level(2-tailed). MCC = Masculinity Contest Culture PPF = Patients and Patients' Family

Every number was rounded up at the hundredths place after the decimal.

Table 1 (continued)

Measure	M	SD	13	14	15	16	17	18	19
1. Gender Harassment	1.35	0.42							
2. Sexual Advance Harassment	1.04	0.16							
3. Heterosexist Harassment	1.14	0.40							
4. Racialized Sexual Harassment	1.17	0.40							
5. Masculinity Contest Culture	2.34	0.82							
6. Gender Harassment (PPF)	1.29	0.49							
7. Sexual Advance Harassment (PPF)	1.06	0.21							
8. Heterosexist Harassment (PPF)	1.25	0.59							
9. Racialized Harassment (PPF)	1.23	0.53							
10. Labeling Sexual Harassment	0.08	0.27							
11. Labeling Gender Harassment	0.12	0.33							
12. Woman Perpetrator	0.48	0.50							
13. Man Perpetrator	0.47	0.50	-						
14. Patient Perpetrator	0.41	0.50	.40**	-					
15. Patients' Family Perpetrator	0.37	0.48	.41**	.76**	-				
16. Gender Workplace Breakdown	0.55	0.50	-.01	.07	.16**	-			
17. Marginalized Identity	0.48	0.86	.10	.09	.04	-.05	-		
18. Job Tenure	10.72	8.55	-.02	-.16**	-.12	.07	-.10	-	
19. Position	2.25	0.83	.10	-.01	.04	.10	.05	.09	-

** . Correlation is significant at the 0.01 level(2-tailed). * . Correlation is significant at the 0.05 level(2-tailed). MCC = Masculinity Contest Culture PPF = Patients and Patients' Family

Every number was rounded up at the hundredths place after the decimal.

2.5 Exploratory Research Questions Results

2.5.1 How do gender and sexuality-based harassment manifest for men in nursing?

To understand the frequency of different forms of harassment that men in nursing experience, I ran a frequency analysis on gender harassment, sexual advance harassment, heterosexist harassment, and racialized sexual harassment. I used a presence/absence indicator to determine the frequency of each harassment type. When focusing on harassment from coworkers, experiences of gender harassment were substantially higher than any other form of harassment. Out of the 285 men in this study, 207 (74.7%) experienced gender harassment, while 41 (15%) men reported experiences of sexual advance harassment. A total of 59 (21.3%) of men experienced heterosexist harassment and 75 (26.3%) men reported experiencing racialized sexual harassment. Table 2 reflects a summary of harassment from coworkers.

Table 3 summarizes a frequency analysis of multiple forms of harassment participants experienced from patients and patients' family members (exploratory research question 1a). When measuring the frequency of harassment, I again used a presence/absence indicator to determine the frequency of each harassment type. The most experienced form of harassment was gender harassment, followed by racialized sexual harassment and heterosexist harassment; however, the least experienced form of harassment was sexual advance harassment. When looking at gender harassment solely from patients/patients' families, out of the 285 men, 138 (51.5%) reported experiencing gender harassment. A total of 32 (11.9%) men reported experiencing sexual advance harassment; 75 (28%) of these men indicated that they experienced heterosexist harassment, and lastly 82 (31.2%) men reported experiences of racialized sexual harassment from patients/patients' family members.

Table 2 Frequency Statistics for Different Forms of Harassment (Coworkers)

Table 2

Frequency Statistics for Different Forms of Harassment (Coworkers)

Measure	N	Yes
Gender Harassment	207	74.7%
Sexual Advance Harassment	41	15%
Heterosexist Harassment	59	21.3%
Racialized Sexual Harassment	75	26.3%

Table 3 Frequency Statistics for Different Forms of Harassment (Patients and Patients' Families)

Table 3

Frequency Statistics for Different Forms of Harassment (Patients and Patients' Families)

Measure	N	Yes
Gender Harassment	138	51.5%
Sexual Advance Harassment	32	11.9%
Heterosexist Harassment	75	28%
Racialized Sexual Harassment	82	31.2%

2.5.2 Who Perpetrates These Behaviors Towards Men?

Tables 4, 5, and 5a summarize a frequency analysis of perpetrator gender, coworkers and patients or patients' family members who perpetrated sexual harassment (exploratory research question 1b). When measuring the breakdown of the perpetrators, I used a presence/absence indicator to determine the frequency of each group. Many participants experienced harassment from coworkers, patients, and patients' families. When looking at sexual harassment solely based on gender of the perpetrator, out of 223 men who reported the gender of the perpetrator(s), 106 (47.5%) indicated that the perpetrator(s) were women, compared to 105 (47.1%) indicating men. Participants were asked about the breakdown of coworkers who perpetrated harassment. Out of the total 225 men that responded, nurses (34.5%) and unlicensed assistive personnel (28.1%) were the most frequently reported perpetrators. The next frequently reported coworkers were

medical residents/fellows, faculty, advance practice providers, administrative, custodial and technicians with a rounded range of 5-16%. Lastly, students and medical vendors were the least reported perpetrators (0-1%). Of the 221 men who reported harassment from patients and patient’s family members, 116 (40.7%) of these men indicated that sexual harassment came from patients, and 105 (36.8%) from patients’ family members.

Tables 4-6 show the perpetrator demographics for gender, coworkers, patients, and patient’s family members. These results show that men nurses have been targeted by perpetrators inside and outside of their workplace and by both men and women. However, based on available data I was not able to separate and identify the gender breakdown of coworkers, patients, and patients’ families. Men are likely overrepresented among perpetrators relative to their numbers in this population; in nursing, men generally only represent 9.1% of the larger population of nurses (Smiley et al., 2018).

Table 4 Frequency Statistics for Harassment Perpetrators (Everyone)

Table 4
Frequency Statistics for Harassment Perpetrators (Everyone)

Measure	N	Yes
Women	106	47.5%
Men	105	47.1%

Table 5 Frequency Statistics for Harassment Perpetrators (Coworkers)

Table 5
Frequency Statistics for Harassment Perpetrators (Coworkers)

Measure	N	Yes
Medical Students	2	0.9%
Nursing Students	0	0%
Other Students	3	1.1%
Medical Residents and/or Fellows	24	10.7%
Medical Faculty	35	15.6%
Advance Practice Providers	22	9.8%
Nurses	77	34.5%
Unlicensed Assistive Personnel	63	28.1%

Administrative Staff	25	11.2%
Custodial Staff	11	4.9%
Technicians	26	11.7%
Vendors (e.g., equipment sales rep)	3	1.3%

Table 6 Frequency Statistics for Harassment Perpetrators (Patients and their Families)

Table 6
Frequency Statistics for Harassment Perpetrators (Patients and their families)

Measure	N	Yes
Patients	116	40.7%
Patients' Families	105	36.8%

2.5.3 To What Extent Do Men Label These Behaviors as Sexual Harassment and Gender harassment?

Table 7 summarizes a frequency analysis of the number of men who labeled their experiences of harassment as “sexual harassment” or “gender harassment” (exploratory research question 2). Though many men reported experiencing gender harassing conduct from coworkers, patients, and patients’ families, out of the 268 who responded to this question, 32 (11.2%) of them labeled their experience as gender harassment. For the 265 who responded to the labeling sexual harassment question, only 21 (7.4%) of these men labeled their experience as sexual harassment.

Table 7 Frequency Statistics for Labeling Harassment

Table 7
Frequency Statistics for Labeling Harassment

Measure	N	Yes
Sexual Harassment	21	7.8%
Gender Harassment	32	12%

2.5.4 Supplementary Descriptive Analyses

I conducted an additional frequency analysis on gender harassment, sexual advance harassment, heterosexist harassment, and racialized sexual harassment from coworkers and patients and their families. I used a presence/absence indicator to determine the frequency of each harassment type and compared White men to men of color (see table 8). When focusing on harassment from coworkers, both men of color and White men experienced gender harassment more than any other form of harassment. Out of all the men of color who responded, 28 (75.7%) experienced gender harassment, while 6 (15.8%) reported experiences of sexual advance harassment. These rates were parallel for White men, where 178 (74.6%) White men reported gender harassment and 33 (14%) reported sexual advance harassment. A total of 4 (10.5%) men of color experienced heterosexist harassment and 17 (44.7%) men of color reported experiencing racialized sexual harassment. White men had a higher frequency of heterosexist harassment than men of color with 54 (22.7%). Lastly, White men reported lower frequencies of racialized sexual harassment than men of color, with 69 (29.2%) men.

Table 8 Frequency Statistics of Harassment for Men of Color and White Men (Coworkers)

Table 8

Frequency Statistics of Harassment for Men of Color and White Men (Coworkers)

Measure	Men of Color		White Men	
	N	%	N	%
Gender Harassment	28	75.7%	178	74.6%
Sexual Advance Harassment	6	15.8%	33	14%
Heterosexist Harassment	4	10.5%	54	22.7%
Racialized Sexual Harassment	17	44.7%	69	29.2%

Percentages above are the number of men who were harassed out of the total men within these different groups: Men of Color (N = 38), White Men (N = 236)

Table 9 summarizes a frequency analysis of multiple forms of harassment participants experienced from patients and patients' family members, again comparing men of color to White

men. The most experienced form of harassment for both men of color and White men was gender harassment, followed by racialized sexual harassment and heterosexist harassment; the least experienced form of harassment was sexual advance harassment. When looking at gender harassment solely from patients/patients' families, 20 (51.3%) men of color reported experiencing gender harassment, compared to 132 (54.3%) White men. A total of 6 (15.4%) men of color and 42 (17.3%) White men reported experiencing sexual advance harassment. Around 13 (33.3%) men of color and 77 (31.7%) White men reported heterosexist harassment from patients and their families. Lastly, 18 (46.2%) men of color indicated that they experienced racialized sexual harassment, which is a higher percentage than the 84 (34.6%) White men who indicated racialized sexual harassment.

Table 9 Frequency Statistics of Harassment for Men of Color and White Men (Patients and Patients' Families)

Table 9

Frequency Statistics of Harassment for Men of Color and White Men (Patients and Patients' Families)

Measure	Men of Color		White Men	
	N	%	N	%
Gender Harassment	20	51.3%	132	54.3%
Sexual Advance Harassment	6	15.4%	42	17.3%
Heterosexist Harassment	13	33.3%	77	31.7%
Racialized Sexual Harassment	18	46.2%	84	34.6%

Percentages above are the number of men who were harassed out of the total men within these different groups: Men of Color (N = 39), White Men (N = 236)

Table 10 compared the number of men who reported each harassment type to the number of men who labeled their experiences of harassment as gender harassment and sexual harassment. The men who experienced gender harassment from coworkers (N = 207) and

patients and families (N = 138) had a lower likelihood of labeling compared to those who experienced sexual advance harassment. Only 32 men labeled their experiences as gender harassment, which totaled to 16% out of the total men that experienced it. However, men who experienced sexual advance harassment from coworkers (N = 41) and patients and their families (N = 32) had a total of 21 men labeling their experience as sexual harassment, amounting to 51% out of the men that experienced it.

Table 10 Frequency Statistics of Experiences and Labeling Gender and Sexual Harassment

Table 10

Frequency Statistics of Experiences and Labeling Gender and Sexual Harassment

Measure	Coworkers		Patients		Labeling	
	N	%	N	%	N	%
Gender Harassment	207	74.7	138	51.5	32	15.46%
Sexual Advance Harassment	41	15	32	11.9	21	51.22%

Percentages above are the number of men who were harassed and those who labeled their harassment compared to those who didn't.

2.5.5 How do Masculinity Contest Culture Norms Manifest for men in Nursing?

Table 11 summarizes preliminary descriptive results showing the prevalence of MCC (through means) in general and for the four dimensions of MCC (show no weakness, strength and stamina, put work first, and dog eat dog). This scoring takes the average response to each set of items, rated on a scale from 1 (Not at all true of my work environment) to 5 (Entirely true of my work environment). This analysis showed that men in nursing report some presence of MCC in general (M = 2.35) but believe that certain dimensions are more common than others in their work environment. Specifically, dog eat dog (M = 2.81) and put work first (M = 2.46) had higher scores than show no weakness (M = 2.10) and strength and stamina (M = 2.03). This suggests

that men nurses perceive some level of masculinity contest culture in their work environments, especially “dog-eat-dog” norms.

Table 11 Descriptive Statistics for Masculinity Contest Culture

Table 11
Descriptive Statistics for Masculinity Contest Culture

Measure	M	SD
Masculinity Contest Culture (General)	2.35	0.83
Show No Weakness	2.10	0.98
Strength and Stamina	2.03	0.92
Put Work First	2.46	1.03
Dog Eat Dog	2.81	1.09

To better understand the prevalence of MCC norms in nursing, I conducted an exploratory analysis (independent samples t-test) to determine if any of the MCC means were significantly different for non-marginalized men and marginalized men. For the first dimension, show no weakness, there were significant differences ($t(273) = -2.42, p = 0.02$) in the scores, with the mean score for non-marginalized men ($M = 2.02, SD = 0.92$) lower than marginalized men ($M = 2.32, SD = 1.06$). The magnitude of the effect was modest (Cohen's $d = .30$). For the second dimension, strength and stamina, there were significant differences ($t(273) = -2.19, p = 0.03$) in the scores; the mean score for non-marginalized men ($M = 1.94, SD = 0.84$) was lower than marginalized men ($M = 2.20, SD = 1.03$). The magnitude of the difference in means was small (Cohen's $d = .28$). For the third dimension, put work first, there were significant differences ($t(273) = -1.95, p = 0.05$) in the score, with mean scores for non-marginalized men ($M = 2.36, SD = 1.02$) lower than marginalized men ($M = 2.62, SD = 1.02$). The magnitude of the difference in means was again small (Cohen's $d = .25$). For the fourth dimension, dog eat dog, there were significant differences ($t(273) = -3.70, p < .001$) in the scores; the mean score for non-marginalized men ($M = 2.64, SD = 1.05$) was lower than marginalized men ($M = 3.15, SD =$

1.10). The magnitude of the differences in the means was medium ($d = .48$). In summary, marginalized men perceived higher levels of MCC across all four dimensions, than non-marginalized men (see table 12).

Table 12 Results of Independent Samples T-Test Examining Different Dimensions of MCC

Table 12

Results of Independent Samples T-Test Examining Different Dimensions of MCC

Group	Non-Marginalized Men		Marginalized Men		<i>t</i> (40)	<i>p</i>	Cohen's <i>d</i>
	M	SD	M	SD			
Show no Weakness	2.02	0.92	2.32	1.06	-2.42	.02*	-.313
Strength and Stamina	1.94	0.84	2.20	1.03	-2.19	.03*	-.282
Put Work First	2.36	1.02	2.62	1.02	-1.95	.05*	-.252
Dog Eat Dog	2.64	1.05	3.15	1.10	-3.70	<.001**	-.478

Mean values for each dimension of the analyses are shown for the non-marginalized and (*n* = 187) and marginalized men (*n* = 88), and **p* < .05. All numbers are rounded up. MCC = Masculinity Contest Culture

2.6 Research Questions with Hypotheses

2.6.1 *What Factors Influence Men Labeling Sexual Harassment?*

To address Hypotheses 1a and 1b, I performed a binary logistic regression to determine if two sets of independent variables—perpetrator (man, woman) and sexual harassment type (gender harassment and sexual advance harassment from coworkers, gender harassment and sexual advance harassment from patients/patients' families)—would lead men to label their experiences of harassment as “gender harassment” and/or “sexual harassment”. Additionally, job tenure and position were control variables. This analysis included only the participants who indicated they had experienced at least one form of sexually harassing behavior ($n = 204$) from coworkers and/or patients.

When testing perpetrator type as a predictor for men labeling gender harassment, I found the full model was significant, $\chi^2(8, N = 202) = 35.60, p < .001$. This suggests that that model was able to differentiate between men who labeled their experiences as “gender harassment” and those who did not. The model correctly classified 89.1% of all cases, and the amount of variance explained in labeling ranged from 16.2% (Cox & Snell R^2) to 29.7% (Nagelkerke R^2); see Table 13 for the results of all individual predictors. The results for perpetrator type suggest that when participants experienced harassment from women, they were 7.83 times more likely to label their experiences as “gender harassment”. The results for harassment type indicate that when participants experienced any form of gender harassment from patients/patients' family, they were 2.45 times more likely to label their experiences as “gender harassment”. In summary, if the perpetrator was a woman or if participants experienced gender harassment from patients or families, men were more likely to label their experiences as “gender harassment”. However, perpetrators who were men were not significant predictors of labeling. Additionally, gender

harassment from coworkers and sexual advance harassment from coworkers and patients/patients' families were not significant predictors in men labeling gender harassment.

When testing perpetrator type as a predictor for men labeling sexual harassment, I found the full model was significant, $\chi^2 (8, N = 203) = 55.50, p < .001$. This suggests that that model was able to differentiate between men who labeled their experiences as “sexual harassment” and those who did not. The model correctly classified 93.6% of all cases, and the amount of variance explained in labeling ranged from 23.9% (Cox & Snell R^2) to 50.4% (Nagelkerke R^2); see Table 14 for the results of all individual predictors. When testing harassment type as a predictor for men labeling sexual harassment, if participants experienced any form of sexual advance harassment from coworkers, they were 34.11 times more likely to label their experiences as “sexual harassment.” The results also indicated that when participants experienced any form of sexual advance harassment from patients/patients' family, they were 14.57 times more likely to label their experiences as “sexual harassment”. In summary, experiencing any form of sexual advance harassment, from coworkers or patients and their families, significantly predicted men's labeling. However, gender of the perpetrator and gender harassment from coworkers and patients/patients' families were not significant predictors in men labeling sexual harassment. Lastly, it is important to note that these results should be interpreted with caution due to the larger confidence intervals (see table 14).

Table 13 Binary Logistic Regression Perpetrator Predicting Labeling Gender Harassment

Table 13

Binary Logistic Regression Perpetrator Predicting Labeling Gender Harassment (N = 204)

Dependent Variable Predicting	Gender Harassment						
Predictor (Perpetrator)	β	SE β	Wald χ^2	df	p	Odds Ratio	CI
Constant	-4.17	0.91	20.88	1	<.001	0.02	-
Women	2.63	0.72	13.39	1	<.001*	13.92	[3.40, 57.03]
Men	-0.52	0.52	1.02	1	.31	0.59	[0.22, 1.62]
Patients	1.19	0.62	3.65	1	.06	3.29	[0.97, 11.17]
Patients' Families	-0.23	0.54	0.18	1	.67	0.79	[0.27, 2.30]
Job Tenure	0.05	0.03	2.88	1	.09	1.05	[0.99, 1.11]
Job Position	-0.11	0.25	0.18	1	.68	0.90	[0.55, 1.48]

The results show outcomes 95% CI and *p < .05.

All numbers are rounded up to the nearest hundredth.

Table 14 Binary Logistic Regression Harassment Type Predicting Labeling Gender Harassment

Table 14

Binary Logistic Regression Harassment Type Predicting Labeling Gender Harassment (N = 204)

Dependent Variable Predicting	Gender Harassment						
Predictor (Harassment Type)	β	SE β	Wald χ^2	df	p	Odds Ratio	CI
Constant	-6.14	1.53	16.236	1	<.001	0.002	-
Gender Harassment (C)	1.19	0.53	5.072	1	.02*	3.29	[1.17, 9.27]
Sexual Advance Harassment (C)	1.08	1.40	.593	1	.44	2.95	[0.19, 46.24]
Gender Harassment (PPF)	1.22	0.46	7.135	1	.008*	3.37	[1.38, 8.24]
Sexual Advance Harassment (PPF)	-0.45	1.02	.193	1	.66	0.64	[0.09, 4.70]
Job Tenure	0.04	0.03	1.910	1	.17	1.04	[0.98, 1.11]
Job Position	-0.19	0.28	.452	1	.50	0.83	[0.48, 1.44]

The results show outcomes 95% CI and *p < .05. C = Coworkers, PPF = Patients and Patients' Families.

All numbers are rounded up.

2.6.2 How do Workplace Gender Breakdown and Culture (MCC) Influence the Harassment of Men in Nursing?

I conducted a series of multiple linear regressions to test whether gendered culture and gender breakdown were associated with increased levels of harassment (table 15). Independent variables in this analysis were gender workplace breakdown and masculinity contest culture (collapsing across the four MCC dimensions to form a single scale). The dependent variables were gender harassment, sexual advance harassment, heterosexist harassment, and racialized sexual harassment (each analyzed in a separate model). Lastly, job position and tenure were used as control variables. Job tenure was a significant predictor of gender harassment, such that job tenure had a negative relationship with gender harassment, $\beta = -.13$, $SE = .003$, $p < .05$. Thus, newer employees reported higher rates of gender harassment. When looking at the direct effect of masculinity contest culture on the various forms of harassment, I found that there is a positive relationship with gender harassment, $\beta = .41$, $SE = .03$, $p < .001$, but not sexual advance harassment, $\beta = .09$, $SE = .01$, $p = .14$. MCC also had a positive relationship on heterosexist harassment, $\beta = .14$, $SE = .03$, $p < .05$, and racialized sexual harassment, $\beta = .16$, $SE = .03$, $p < .05$. In summary, men that reported higher masculinity contest culture also reported experiencing higher rates of gender harassment, heterosexist harassment and racialized sexual harassment.

When testing gender workplace breakdown as a predictor for harassment, I found a positive association between gender workplace breakdown and gender harassment, $\beta = .08$, $SE = .05$, $p = .03$. However, gender workplace breakdown was not significant with sexual advance harassment, $\beta = .10$, $SE = .02$, $p = .09$, heterosexist harassment, $\beta = -.04$, $SE = .04$, $p = .57$, and racialized sexual harassment, $\beta = .03$, $SE = .05$, $p = .68$. Thus, men in women-majority contexts

reported more gender harassment, but not any other form of harassment (after accounting for masculinity contest culture).

Table 15 Results of Linear Regression Analysis of Gendered Workplace Culture and Context

Table 15

Results of Linear Regression Analysis of Gendered Workplace Culture and Context

Dependent variable model predicting	Gender Harassment				Sexual Advance Harassment			
Predictor	B	SE	β	p	B	SE	β	p
Constant	0.62	0.15	-	<.001	1.020	.036	-	<.001
Masculinity Contest Culture	0.20	0.03	0.41	<.001*	.016	.010	.092	.14
Gender Workplace Breakdown	0.08	0.04	0.13	.03*	.029	.017	.102	.10
Job Tenure	-0.01	0.003	-0.13	.02*	-.002	.001	-.117	.06
Job Position	0.01	0.03	0.02	.71	-.005	.011	-.031	.61
Dependent variable model predicting	Heterosexist Harassment				Racialized Sexual Harassment			
Constant	1.02	0.09	-	<.001	1.04	0.10	-	<.001
Masculinity Contest Culture	0.06	0.03	0.14	.02*	0.07	-0.03	0.16	.01*
Gender Workplace Breakdown	-0.03	0.04	-0.04	.57	0.02	0.05	0.03	.68
Job Tenure	-0.002	0.003	-0.04	.53	-0.003	0.003	-0.07	.26
Job Position	0.002	0.03	0.004	.95	-0.01	0.03	-0.02	.74

The results show outcomes at 95% CI and *p < .05. All numbers are rounded up. For gender workplace breakdown, higher scores indicate more woman-dominated settings.

2.6.3 Does Having a Marginalized Identity Moderate the Relationship Between Gender Workplace Culture and Harassment of Men?

To test whether men’s marginalized identities moderated the relationship between MCC and harassment, I conducted a moderated regression analysis using PROCESS v.4.1 macro (Hayes, 2022), with marginalized identity as a moderator of the relationship between masculinity contest culture and harassment (research question with hypothesis 3). In the first step, two variables were included: MCC and Marginalized Identity, along with two control variables: job tenure and position. Results indicated that the main effect of MCC ($\beta = .20, p < .001$) and job tenure ($\beta = -.01, p < .05$) on gender harassment were significant (see table 16), such that men who reported higher rates of MCC or shorter job tenure experienced higher rates of gender harassment. However, the main effect of marginalized identity ($\beta = .02, p = .82$) was not significant. These variables accounted for 20% of the variance within gender harassment, $F(5, 249) = 11.56, p < .001$. In the second step, the interaction term between MCC and marginalized identity was added to the regression model to account for gender harassment. I found that the interaction between MCC and marginalized identity was not significant, $\Delta R^2 = .0002, \Delta F(1, 249) = .06, p = .81$. Thus, men’s marginalized identity was not a significant moderator of the relationship between MCC and Gender Harassment.

Table 16 Gender Harassment Rates Predicted from MCC and Marginalized Identity

Table 16

Gender Harassment Rates Predicted from MCC and Marginalized Identity

Predictor	β	SE	95% CI		p
			Lower	Upper	
Masculinity Contest Culture	0.20	0.03	0.73	1.12	<.001**
Marginalized Identity	0.02	0.08	-0.13	0.17	.82
MCC x Marginalized Identity	-0.01	0.003	-0.06	0.05	.81
Job Tenure	-0.01	0.003	-0.01	-.001	.02*

Position	0.01	0.03	-0.05	0.06	.81
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** $p < .001$, * $p \leq .05$, MCC = Masculinity Contest Culture

Table 17 summarizes regression results testing whether marginalized identity moderates the relationship between MCC and sexual advance harassment (research question with hypothesis 3). To test whether men’s marginalized identities moderated the relationship between MCC and sexual advance harassment, I conducted a second moderated regression analysis. In the first step, two variables were included: MCC and Marginalized Identity, and two control variables: job tenure and position. Results indicated that the main effect of MCC ($\beta = .02$, $p < .05$) job tenure ($\beta = -.002$, $p < .05$) on sexual advance harassment were significant, such that men who reported higher rates of MCC or were not employed very long also reported higher rates of sexual advance harassment. However, marginalized identity ($\beta = .01$, $p = .60$) was not a main effect for sexual advance harassment. These variables accounted for 3% of the variance within sexual advance harassment, which was not significant $F(5, 249) = 1.95$, $p = .09$. In the second step, the interaction term between MCC and marginalized identity was added to the regression model to account for sexual advance harassment. I found the interaction between MCC and marginalized identity was not significant, $\Delta R^2 = .0003$, $\Delta F(1, 249) = .64$, $p = .43$. Again, I found that marginalized identity was not a significant moderator of the relationship between MCC and sexual advance harassment.

Table 17 Sexual Advance Harassment Rates Predicted from MCC and Marginalized Identity

Table 17

Sexual Advance Harassment Rates Predicted from MCC and Marginalized Identity

Predictor	β	SE	95% CI		p
			Lower	Upper	
Masculinity Contest Culture	0.02	0.02	0.0003	0.05	<.05*
Marginalized Identity	0.01	0.03	-0.04	0.07	.60

MCC x Marginalized Identity	-0.008	0.01	-0.03	0.01	.43
Job Tenure	-0.002	0.001	-0.004	-0.0001	.04*
Position	-0.01	0.01	-0.03	0.009	.29

** $p < .001$, * $p \leq .05$, MCC = Masculinity Contest Culture

Table 18 summarizes regression results testing whether marginalized identity moderates the relationship between MCC and heterosexual harassment (research question with hypothesis 3). To test whether men’s marginalized identities moderated the relationship between MCC and heterosexual harassment I conducted a moderated regression analysis using marginalized identity as a moderator of the relationship between MCC and heterosexual harassment. In the first step, two variables were included: MCC and Marginalized Identity, and two control variables: job tenure and position. Results indicated that the main effect of MCC ($\beta = .08$, $p < .05$) on heterosexual harassment was significant, such that men who reported higher rates of MCC saw higher rates of heterosexual harassment. However, the main effect of marginalized identity ($\beta = .14$, $p = .07$) was not significant. These variables accounted for a nonsignificant 3% of the variance within heterosexual harassment, $F(5, 250) = 1.73$, $p = .13$. In the second step, the interaction term between MCC and marginalized identity was added to the regression model to account for heterosexual harassment. However, the interaction between MCC and marginalized identity was not significant, $\Delta R^2 = .0003$, $\Delta F(1, 250) = 5.49$, $p = .09$, $\beta = -.05$, $t(250) = -1.70$, $p = .13$.

Table 18 Heterosexual Harassment Rates Predicted from MCC and Marginalized Identity

Table 18

Heterosexual Harassment Rates Predicted from MCC and Marginalized Identity

Predictor	β	SE	95% CI		p
			Lower	Upper	
Masculinity Contest Culture	0.08	0.03	0.02	0.14	.01*
Marginalized Identity	0.14	0.07	-0.009	0.28	.07
MCC x Marginalized Identity	-0.05	0.03	-0.10	0.007	.09

Job Tenure	-0.002	0.003	-0.007	0.004	.53
Position	0.001	0.03	-0.05	0.05	.97

** $p < .001$, * $p \leq .05$, MCC = Masculinity Contest Culture

Table 19 summarizes regression results testing whether marginalized identity mediates the relationship between MCC and racialized sexual harassment (RQWH 3). To test whether men’s marginalized identities moderated the relationship between MCC and racialized sexual harassment, I conducted a moderated regression analysis using marginalized identity as a moderator of the relationship between MCC and racialized sexual harassment. In the first step, two variables were included: MCC and Marginalized Identity, and two control variables: job tenure and position. Results indicated that the main effect of MCC ($\beta = .09$, $p < .05$) and marginalized identity ($\beta = .20$, $p < .05$) on racialized sexual harassment were significant, such that men who reported higher rates of MCC or had a marginalized identity experienced higher rates of racialized sexual harassment. These variables accounted for 7% of the variance within racialized sexual, $F(5, 249) = 3.62$, $p = .004$. In the second step, the interaction term between MCC and marginalized identity was added to the regression model to account for racialized sexual harassment. However, the interaction between MCC and marginalized identity was not significant, $\Delta R^2 = .01$, $\Delta F(1, 249) = 3.63$, $p = .06$.

Table 19 Racialized Sexual Harassment Rates Predicted from MCC and Marginalized Identity

Table 19

Racialized Sexual Harassment Rates Predicted from MCC and Marginalized Identity

Predictor	β	SE	95% CI		p
			Lower	Upper	
Masculinity Contest Culture	0.09	0.03	0.03	0.16	<.05*
Marginalized Identity	0.20	0.08	0.05	0.35	<.05*
MCC x Marginalized Identity	-0.50	0.03	-0.11	0.002	.06
Job Tenure	-0.003	0.003	-0.008	0.003	.32
Position	-0.02	0.03	-0.08	0.03	.45

**** $p < .001$, * $p \leq .05$, MCC = Masculinity Contest Culture**

Chapter 4 Discussion

The purposes of this study were to investigate the sexual harassment experiences of men in nursing and to understand different contextual factors around sexual harassment in that setting, including who the perpetrators are, what influences whether men label their experiences as harassment or not, and how gender influences these dynamics. Due to the lack of research on men's experiences of harassment in nursing, this dissertation was separated into two sections. The first was exploratory, to begin describing and understanding this phenomenon. The second was driven by hypotheses that originated from prior research and theory around sexual harassment and gender beliefs in the workplace.

2.7 Findings for Exploratory Research Questions

My analyses revealed that men in nursing experience high rates of sexual harassment and other variations of harassment. Overall, gender harassment was the most prevalent, with around 75% of men reporting some form of gender harassment from coworkers, followed by racialized sexual (26.3%), heterosexist (21.3%) and sexual advance harassment (15%). While previous literature discusses the consistently high levels of sexual harassment nurses are subjected to, rarely does this literature focus on men. Yet, the reality is that sexual harassment has been a long-standing issue for both men and women in this profession.

A systematic review of the literature on harassment of women nurses around the world stated that rates of sexual harassment ranged from 10% - 87 % (Kahsay et al., 2020); however, sexual harassment was defined in different ways in this article. Kahsay and colleagues used broader categories such as "sexual violence," "sexual assault," or "sexual harassment" (2020),

which yielded many articles that primarily focused on what this dissertation would consider sexual advance harassment. One of the few sexual harassment studies that included men reported that 60% of men and women registered nurses reported experiencing sexual harassment (Duldt, 1982). Others reported a mixture of gender and heterosexist harassment, where coworkers and patients/visitors directly and indirectly accused men of being incompetent at “women’s work” and asserted stereotypes that these men were sexual predators and/or gay, and where women coworkers in particular refused to allow these nurses into their space (Harding, 2007; Harding et al., 2008).

My findings show that men in nursing are harassed at similar rates to women though this is rarely reported in the literature. The lack of reporting may be due to the low percentage of men nurses in the U.S., which has only recently increased from 9.6% in 2018 (NurseJournal.org, 2021) to 13.3% in 2021 (U.S. Bureau of Labor Statistics, n.d.). This increase may be due to the need for U.S. healthcare workers to combat the coronavirus outbreak in 2020. Regardless, while men usually have privilege in many situations, this is not as clear cut in this setting; for example, men who are nurses or nursing students are often isolated and excluded from discussions in classes and at work (Harding et al., 2008; Kelly et al., 1996). My research adds to the sexual harassment literature around men’s experiences in general, but more specifically in nursing.

In general, the types of harassment men in this study experienced intersected with gender in some way, which suggests that men may be targeted for violating gender roles. Historically, nursing has been considered a woman’s job due to job requirements and society’s association of caring and kindness with feminine characteristics. Perpetrators of heterosexist harassment focus on any indication of deviating from heterosexuality; thus, having any identity besides heterosexuality is seen as unmasculine. Additionally, due to the conflation of gender presentation

and sexual orientation, any indicator of men demonstrating femininity or stereotypes of queer men may be targeted.

Racialized sexual harassment includes racial variations of sexual harassment experienced by both men and women (N. T. Buchanan & Ormerod, 2002); this construct also includes aspects of both race and sexual harassment scales (N. Buchanan, 2016). This study used a modified racialized sexual harassment scale, which was a smaller subset of the original (N. Buchanan, 2016) and only used items that represented racialized gender harassment rather than racialized sexual advance harassment. Unlike the broader sexual harassment literature, where there has been evidence that women-dominated contexts lead to lower frequencies of harassment, racialized sexual harassment does not show the same pattern. This has been seen in the harassment of Black women, who were targets of racialized sexual harassment perpetrated by White women in an all-women environment (N. T. Buchanan & Ormerod, 2002). Considering that many men in this study experienced racialized sexual harassment, this form of harassment can occur in a woman-dominated profession. Yet, men of color experienced more racialized sexual harassment than White men; this suggests that men of color could be targeted due to their marginalized race and gender status.

In addition to harassment from coworkers, men also were targeted by patients and their families; again, gender harassment (51.5%) was the most frequently experienced form, and sexual advance harassment was the least frequent (11.9%). Literature on women shows that nurses are frequently harassed by patients and other visitors; around 41% mention some form of harassment by patients, and 27% report harassment from patients' families (Kahsay et al., 2020). Another study mentions coworkers (82%) as primary perpetrators, and others such as supervisors (other healthcare workers), volunteers, or patients (18%) (Maselli, 2021).

I argue that men nurses being targeted by patients/visitors is an example of contrapower harassment focused on men as victims. In the literature review, I explained the concept of contrapower harassment, which in this context would suggest that men nurses have higher status and power over patients/visitors due to being medical specialists and due to being men (conferring broader gender privileges). In a previous contrapower harassment study with eight participants, women in formal positions of power within academia such as faculty and those in academic administration experienced more cases of harassment by those beneath them compared to men (Rospenda et al., 1998). Many women in that study mentioned the complexity of their situation and discussed being unable to resolve the problem without support from other faculty members or higher-ups who were men. One of the participants was a White man who was a faculty member and a victim of harassment; in this situation, he described being able to handle the situation easily by just talking to colleagues and firing the person who had harassed him (Rospenda et al., 1998). Another participant was a Black man who was being harassed by another man; this participant mentioned that he did not address the issue because he knew doing so would lead to further racial marginalization (Rospenda et al., 1998). It is important to add that Rospenda and colleagues (1998) had an uneven sample of women and men (6:2), so it is unclear if women encounter contrapower harassment more frequently than men. Reminiscent of the two men in Rospenda and colleagues' (1998) study, my participants' experiences show that being a man in a higher position of power does not shield nurses from harassment. Patients and their families were more likely to target men who have a marginalized identity; 46% of men of color experienced racialized sexual harassment, compared to 35% of White men.

Another finding from my study relates to perpetrator gender; men said they were targeted by both men (46%) and women (46%). Due to the phrasing of the question, I was not able to differentiate perpetrators by both gender and role (e.g., coworkers, patients, patients' families)

simultaneously. I was also unable to check the gender of the perpetrator based on harassment type (e.g., gender harassment). Regardless, these findings provide an interesting outcome similar to that of a study by Kabat-Farr and Cortina (2014), who found that within a woman-dominated workplace, men were harassed by both women and men almost equally. This tells us that as reported in other sexual harassment literature (Alonso, 2018; Berdahl et al., 1996; Waldo et al., 1998), men tend to harass other men regardless of workplace gender breakdown.

Men reported MCC norms within their woman-dominated workplace, which contributes to previous MCC literature that focused on men-dominated workplaces (Berdahl et al., 2018). “Dog-eat-dog” and “Put work first” were the two most frequently reported dimensions of MCC, and marginalized men reported higher rates of MCC than non-marginalized men. As noted earlier, one goal of this project was to contribute to the literature on MCC to provide further insight into how this gender work culture influences men’s experiences. In the original MCC validation and development article, Glick and colleagues (2018) found that MCC scores were higher in blue collar jobs than white collar jobs; pink collar jobs were not mentioned because they were excluded from both participant samples in the exploratory and confirmatory factor analyses. A pink collar job is one traditionally held by women, such as clerks, secretaries, and nurses (Barbara, 2020). This study demonstrates that masculinity contest culture is not unique to man-dominated workplaces or solely to jobs traditionally held by men. One possible explanation for its presence in nursing could be the transition of nursing from pink-collar to white-collar work (Basu et al., 2015), due to education requirements and the variety of different positions in nursing. Another possibility could relate to the hierarchy within the hospital or other healthcare settings. Berdahl et al. (2018) argued that hierarchical organizations are also associated with MCC because of the need to compete with others to gain promotion and favor. The biggest mean difference between marginalized and non-marginalized men was on the MCC dimension “Dog-

eat-Dog,” which aligns with the competition aspect. Men as gender minorities within the field of nursing are already considered “incompetent” due to the gendered assumption that women are the ones who do care and service work. Marginalized men often must prove their masculinity outside of the workplace due to having identities that create conflict with hegemonic masculinity (e.g., being low-income goes against the breadwinner aspect).

In summary, these results suggest that MCC is present within the workplace regardless of whether the job is considered “feminine” and is traditionally held by women. Berdahl and colleagues (2018) theorized that MCC is not dependent on the number of men in the workplace or restricted to jobs traditionally held by men. Instead, it is the existing workplace culture and organization norms that foster these masculinity contests (Ely & Kimmel, 2018), which then lead to other negative organizational outcomes such as toxic leadership, lack of psychological safety and sexual harassment (Glick et al., 2018).

2.8 Findings From Research Questions with Hypotheses

Despite the high levels of harassment from both coworkers and patients and their families, when participants were asked very direct questions like “Did you experience sexual/gender harassment?” there was a clear discrepancy between the experiences they reported and the labels they applied. Only a small percentage of harassed men labeled their experiences as gender or sexual harassment, which is consistent with previous literature on labeling. Women are more likely than men to label an experience as sexual harassment (Dardis et al., 2018; Shepela & Levesque, 1998); however, other factors need to be considered. For example, in general, many victims, regardless of gender, are not believed when they report instances of sexual harassment, which may contribute to reluctance to report or label. In the past, when women did label their experiences, they were assigned a majority of the blame by both men and women (Marin & Guadagno, 1999). Another study focused on women’s self-labeling indicated that regardless of

how someone labeled their experiences, they still endured the same stressful outcomes (Magley et al., 1999). It is important to note that most labeling literature within the last two decades has primarily focused on women as victims, leaving it unclear if men's experiences with labeling are similar.

When investigating different factors that increase men's labeling, I found that men were more likely to label experiences as gender harassment if they were perpetrated by women or patients. These findings partially supported my original hypothesis that the gender and type of perpetrator helped men recognize their experiences of harassment. Unfortunately, I was unable to differentiate the gender of perpetrators within the category of coworkers and within the category of patients and visitors. There is a possibility that men may be overrepresented here, considering that most of the participants reported a workplace with mostly or all women. It is also possible that the even breakdown of perpetrator gender men reported overall (46% men and 46% women) includes other coworkers in different departments and/or patients and visitors.

Recent sexual harassment literature around perception has found that people are more likely to perceive sexual harassment perpetrated by men when the victim is a woman (McLoughlin & Volkom, 2020). Additionally, sexual harassment perpetrated by a man is recognized more frequently than harassment perpetrated by women (McLoughlin & Volkom, 2020). In an experimental study, participants were given a vignette where a woman or man would tell a sexual joke to their coworker. Participants perceived the man perpetrator as sexually harassing; however, when the woman told the joke, participants perceived a stronger intent to harass their man coworker (Hehman et al., 2022). Additionally, participants believed the man (when in a victim position) would view his coworker's comment as a joke (Hehman et al., 2022). Sexual harassment scenarios are considered "real" only if the perpetrator is a different gender than the victim; this may explain why men within this study only labeled their experience of

gender harassment if they were targeted by a woman. Another possibility is that men do not consider gender harassment from another man to be harassment. This is often referred to as “locker room talk,” which is considered casual sex talk and jokes made around other men, often at women’s expense (Dellinger & Williams, 2002).

My study provides some additional insight into how MCC affects men; as with women who are targeted, this workplace culture encouraged perpetrators to target men who violated gender norms. When examining the influence of gender context and culture on men’s experience of harassment, it was clear that MCC played a big role in increasing sexual harassment. Men reported some presence of MCC, and results indicated that higher MCC was associated with higher rates of gender, heterosexist, and racialized sexual harassment. This finding is interesting because previous MCC literature found that workplaces with high levels of MCC were associated with sexist work norms and that this relationship was partially mediated by men’s zero sum-thinking (Kuchynka et al., 2018). Zero-sum thinking is a mindset in which any workplace progress made by women only happens at the expense of men (Kuchynka et al., 2018). Based on Kuchynka and colleagues’ (2018) findings, MCC creates an environment that encourages and reinforces men’s hostile and sexist attitudes towards women. However, MCC is not one-dimensional; everyone is affected by it, and it promotes a hostile work environment that sets every employee against each other.

In previous sexual harassment literature, men having numerical dominance in the workplace has been linked to higher sexual harassment of women; however, it is unclear if this same pattern is seen in men in woman-dominated workplaces. I tested the impact of numerical dominance on men and learned that men who worked with mostly or almost all women experienced higher levels of gender harassment from coworkers than those in a gender-parity workplace, though the association was small. Past research has indicated that unlike men, women

benefit from working in a context where their gender is in the majority (Raj et al., 2020), meaning that they are less likely to be harassed. Additionally, Raj and colleagues (2020) found that women and men are at risk of being harassed more in a workplace with an even gender breakdown (compared to same gender). Unfortunately, the researchers in this study did not analyze men in women-dominated occupations due to small sample size. Considering that women reported more risk of harassment in man-dominated workplaces (Raj et al., 2020), it is possible that we are seeing the same pattern in my data. Men and could be subjected to more harassment because they are in fact a gender minority, and coworkers could be implicitly stereotyping men as “unfit” for this occupation.

One consistent observation is that gender can truly influence one’s workplace and coworkers, and in this study, there are indications that power is the underlying factor. Though nursing has been considered a feminine job, the men in this study reported some presence of MCC, which highlights the irony of doing traditionally feminine work in a masculine work culture. It is possible that the hierarchy within healthcare and the hospital creates strong power dynamics between employees. Earlier, I mentioned that the dog-eat-dog dimension of MCC had greater salience than any other dimension and overall MCC. It is possible that the hierarchy within the hospital plays a role in encouraging a hypercompetitive workplace. Men tend to benefit from being the gender minority in nursing and other woman-dominated occupations because they are still seen as leaders (Kabat-Farr & Cortina, 2014; Simpson, 2004), and are associated with a more careerist attitude (Simpson, 2004) – meaning that their main concern is to gain professional advancement by any means. For coworkers, sexual harassment and these other forms of harassment could be used to “get head” of others, and thus a man who is already violating gender norms is an easy target.

Additionally, having a marginalized identity did not exacerbate the relationship between MCC and harassment, but marginalized men did report significantly more racialized sexual harassment. Having multiple marginalized identities correlates with experiences of racialized sexual harassment among men; this pattern is consistent with previous literature specifically on Black women. In a study on Black women who brought a sexual harassment class-action lawsuit against their employer, researchers found that Black women experienced both sexual harassment and racialized sexual harassment (N. T. Buchanan & Fitzgerald, 2008). It is possible that marginalized men, specifically men of color, are experiencing harassment that targets two aspects of their identity simultaneously. Marginalized men hold precarious positions because any deviation from hegemonic masculinity can be interpreted as “losing” (Berdahl et al., 2018). We see this with men of color, where just being a racial minority in the predominately White U.S. is seen as a deviation. One explanation may be that men nurses pursue assimilation rather than dominance because they don’t wish to be discredited by others who may think their gender disqualifies the education and skill they have (Herakova, 2012). We see this with women when they are the gender minority and must prove themselves and conform to masculine norms because coworkers see them as unfit (Berdahl, 2007b). Men are privileged; however, privilege is not always clear cut. Women who challenge gender norms by having more masculine traits are targeted more through sexual harassment (Berdahl, 2007b). Due to their profession being seen as feminine, and their identities that may contradict masculine norms, men nurses’ masculinity may similarly be open to scrutiny.

2.9 Implications for Research, Practice, and Policy

2.9.1 Research

The results found in this study contradict older sexual harassment literature that says harassment rates are very high for women but not for men. When scholars research sexual harassment, it is crucial to approach it with the idea that people of different genders experience harassment differently and that we should continue to use and adapt forms of measurement or scales that truly capture how gender manifests differently in harassment perpetration and experiences. My first suggestion for future research is that scholars should investigate sexual harassment of marginalized men, especially men of color. After the #MeToo movement, where sexual harassment and sexual violence targeting women became salient around the world (Bhattacharyya, 2018; Lin & Yang, 2019), men may have become better educated about what behaviors constitute sexual harassment. Unfortunately, many men view #MeToo as an “attack on men” (Menegatti et al., 2022) or see men as victims in cases where men are accused of being perpetrators (Lisnek et al., 2022), which completely negates the purpose of #MeToo (Lisnek et al., 2022). However, liberal men compared to conservative men are more sensitive towards women’s issues and are more likely to participate in activism in support of women (Lisnek et al., 2022). It is possible that liberal men may recognize when others sexually harass them or other men, though this has yet to be determined. Regardless, by acknowledging that men can be victims of sexual harassment and that anyone can be a perpetrator, we recognize the bigger picture: that sexual harassment is about power and maintaining a gender hierarchy. I am *not* suggesting that we should ignore and minimize women’s experiences of sexual harassment or that men aren’t perpetrators. Instead, I suggest we ask this question: How can we address the issue of sexual harassment and help men (especially men who feel threatened due to toxic masculinity) recognize this is a social problem that affects everyone? Attitudes towards men as victims of sexual harassment haven’t changed. A study focusing on participants’ attitudes towards victims found that women are perceived to suffer more than men and to need more time

than men to heal from a sexual harassment experience (Cesario, 2020). Thus, not acknowledging that men can be targets serves to police gender and reinforce hegemonic masculinity that tells men they can't be victims.

Sexual harassment becomes even more complicated when marginalized men are targeted, especially for men of color. We saw this when Terry Crews, an African American actor and celebrity, came forward about his experience as a victim of sexual abuse; he also said that he was threatened that there would be consequences for speaking up (ET Canada, 2018). When senator Feinstein asked Terry Crews "Why weren't you [violent]? You're a big powerful man, why didn't you (gestures pushing someone)?" (ET Canada, 2018), she reinforced the belief that it is physically impossible for men to be harassed or that they always have control and power in any situation. Curry (2019) argued that people in the U.S. are unable to recognize when a Black man is a victim of sexual violence. He additionally mentioned that Terry Crews, unlike White women victims, did not get the same public support, and that this was due to Crews' harassment not being "significant" enough to ruin the career of his attacker and due to the sexual abuse of Black men not seen as serious (Curry, 2019). The experience Terry Crews had is similar to the racialized sexual harassment of women of color (N. T. Buchanan & Ormerod, 2002); however, it is complicated further due to his gender. Future research should explore in depth what racialized sexual harassment is like for men of color, while also considering how masculinity and privilege are not always awarded evenly.

My second recommendation centers on the labeling of harassment. It was apparent that many men in my study experienced harassment; however, very few recognized or admitted to experiencing sexual harassment behaviors. There is a sparse amount of literature on labeling sexual harassment, but what is currently available is primarily focused on women rather than men (Dardis et al., 2018; LeMaire et al., 2016; Magley et al., 1999). If men don't realize the

severity of sexual harassment and that anyone regardless of gender can experience negative outcomes, they aren't going to join causes like the #MeToo movement and make the problem known. For organizations to better address sexual harassment directed at men, it is important to give everyone the tools to recognize these behaviors. Therefore, my suggestion is to use experimental methodology to investigate different factors that help men recognize all forms of sexual harassment.

My third recommendation is to test for the presence of MCC within different organizations. In fact, the original study and validation of the MCC examined multiple workplaces; however, it never compared employees within one organization (Glick et al., 2018). Glick and colleagues (2018) mention the limitation of comparing different workplaces and predict that conducting a study within a single organization may reduce the variability in the scores they found. Additionally, other literature focusing on MCC used Amazon Mechanical Turk, college alumni, or a professional STEM network to recruit participants, but did not clarify what types of organizations they were testing MCC in (Kuchynka et al., 2018; Regina & Allen, 2022). Another study on MCC required participants to be enrolled in a four-year college program or have a BS/BA degree (Matos et al., 2018). These studies fail to target people who do not have a bachelor's degree (e.g., associates, certificate, high school) and those who can't afford the constantly increasing price of postsecondary education. MCC is theorized to emerge in man-dominated occupations and organizations (Berdahl et al., 2018; Glick et al., 2018); however, this study demonstrates that MCC can exist even within a woman-dominated workplace. Research on MCC emphasizes that gender manifests within the workplace and that even within a woman-dominated workplace, MCC is still present. I suggest that another environment in which to test for MMC should be academia. The research culture in academia pushes for high publication

rates and large H-Index factors and emphasizes that scholars should “compete” to be awarded grant money; these are all competitive norms that align with MCC.

My last recommendation is for researchers to consider whether MCC is a form of masculinity in the workplace or if it is just a dominant work culture across all (or most) workplaces. Future research should examine whether employees are actual contributors to this competitive work culture. One reason why MCC norms exist in the workplace has been found to be due to pluralistic ignorance, which is a concept where people believe their own endorsement of a norm is weaker than that of others (Prentice & Miller, 1993). Munsch and colleagues (2018) tested MCC with this concept and found that workers across the U.S. believed their coworkers endorsed two dimensions of MCC, dog-eat-dog and show no weakness, more than they did. Additionally, childless women exhibited more pluralistic ignorance than childless men, and childless men exhibited less pluralistic ignorance with the dog-eat-dog dimensions than all other participants (Munsch et al., 2018). Munch and colleagues (2018) concluded that childless men did not endorse MCC because they believed other colleagues also disliked MCC. None of the MCC items mention men specifically; most items discuss the workplace culture and whether employees follow MCC. However, there is a possibility that people automatically associate competition with men due to historical exclusions of women from certain workplaces. Many disciplines and workforces are increasingly becoming more diverse, so one might assume that their work cultures are changing. I am suggesting that even when gender diversity in jobs has completely changed, it doesn't mean the preexisting mentality or culture of the workplace has. Thus, to make the workplace climate welcoming and safe, a deeper dive into workplace culture is needed. By targeting toxic workplace culture present across many jobs, we can avoid continuing practices that recreate inequities.

2.9.2 Practice

Effects of MCC and sexual harassment include low retention rates, high turnover, and occupational hazards. Past research has shown that women nurses frequently experienced harassment and were expected to “deal with it” or were ignored (Dan et al., 1995). This study also indicated that harassment from physicians and patients was considered merely an occupational hazard (Dan et al., 1995) that came with the job. There is no denying that nurses are crucial to health care; thus, harassment being seen as a minor and insignificant issue is not something we should overlook since it may help drive them out of their jobs. Many nurses around the world have reported occupational hazards (both physical and mental) such as burnout, excessive fatigue, exposure to blood-borne pathogens or chemicals, and pain throughout the body (Masoudi Alavi, 2014). These occupational hazards have led to a high turnover rates (Dan et al., 1995; Masoudi Alavi, 2014). Similar to women, men also experience these occupational hazards; however, if we are trying to recruit more men into this woman-dominated field, having low organizational tolerance of harassment could help.

Higher ups and other administrators in healthcare need to recognize the impact of hostile work conditions like MCC and sexual harassment. One solution could be to reflect on themselves and begin to change along with their employees. Considering that men nursing students are treated differently, leading them to feel isolated and discouraged (Kelly et al., 1996), one possible solution to help men transition from student to nurse might be to create a positive workplace culture that supports them instead of leaving them to adjust alone. Sergent and Laws-Chapman (2012) suggest that a positive workplace culture begins with improving staff well-being through emotional resilience training. Emotional resilience is defined as the ability to respond to stress, unexpected events, and crises (*What Is Emotional Resilience?*, n.d.). Management that is emotionally aware can set the tone of the workplace and help new employees transition successfully and productively (Sergeant & Laws-Chapman, 2012). The

Guy's and St Thomas' NHS Foundation Trust, one of the largest employers in the field of health and well-being in the UK, participated in the five-day *Preceptorship Programme*, which was tested among new nurses and their managers (Boorman, Steven, 2009). This emotional resilience training included a six-step process: 1) developing self-awareness by understanding and celebrating your values, needs and strengths, 2) recognizing the triggers that create adverse and negative emotional responses in you, 3) understanding your default responses to stress, 4) being able to link a negative trigger to a value in order to attribute the cause of stress and create strategies to better cope, 5) reframing your thoughts to create alternative choices and link them to your own values, and lastly 6) observing how the change in your behavior impacts you and others (Sergeant & Laws-Chapman, 2012). Results from a follow-up survey indicated that employees who participated in this program wished to have more development and team building resources because they wanted to better understand each other and learn how to prevent burnout and cope with stress (Sergeant & Laws-Chapman, 2012). If management in hospitals were to take this approach, it could help new nurses transition better into the workforce and create a stronger community where all employees care about their own well-being and others'.

Emotional resilience alone is not a one-size-fits-all solution to negative workplace culture and sexual harassment, which is why I recommend assessing how employees fail to recognize their own implicit bias. There are multiple reasons why men do not feel comfortable reporting harassment. In general, when men report instances of sexual harassment, they are rarely taken seriously and often do not feel heard. Many workplaces' sexual harassment training seminars solely center around women's experiences and rarely demonstrate how harassment varies when people of different genders are targeted. In addition to emotional resilience training, employers should consider consulting or hiring a specialist that specializes in understanding men's

experiences of harassment in the workplace. This person could be more aware of barriers to men's reporting and make suggestions on ways to undo current exclusive practices.

Lastly, I recommend emphasizing the importance of gender within the workplace to all employees. Masculinity and gender expectations need to be acknowledged within health care because these expectations prevent men from applying to jobs or positions in nursing. Of course, this does not mean men themselves do not have confidence in their own masculinity or even subscribe to traditional gender norms. But gendered workplace cultures such as masculinity contest culture may cause additional stress to men who are already in violation of hegemonic masculinity due to being in a non-traditional job. Also, the disproportionate gender breakdown in nursing is an issue in many Western countries (North America, Europe, Australia), Asia, and Africa; this is due to nursing being perceived as feminine and designated as "women's work" (Hollup, 2014). However, recruiting more men into nursing is possible and can have positive outcomes. A study in Mauritius found that there was a 50/50 breakdown of men and women in nursing due to multiple reasons, including sex segregation (only women can treat women though there are some exceptions), culture, and a worry about sexuality/sexual touches (Hollup, 2014). In Mauritius, nursing is a highly respected position that isn't gender specific, requires some form of education, and has a connection to the government. Mauritians still carried some bias as patients believed men would be more likely to sexually touch them or that male patients would touch nurses (Hollup, 2014). However, women nurses saw men as equally capable and nurses in general reported that patients also feel more at ease when they were being treated by someone of the same sex (Hollup, 2014). The relevant takeaway from Hollup's (2014) study is that nursing does not need to be considered masculine or feminine but instead just an occupation. I am not recommending gender segregation but instead suggesting that gender diversity in nursing is possible and can be beneficial for many people.

2.9.3 Policy

Policies that help men recognize their experiences and feel comfortable voicing their experiences and concerns are needed. Sexual harassment is not solely “sexual”; many other factors are at play, including the gendered nature of the workplace, and the fact that sexual harassment can be perpetrated by people of the same gender or other genders.

Employers or employees should recognize that sexual harassment is not an “occupational hazard” but a real workplace concern; not acknowledging the impact is problematic behavior that reinforces a hostile work environment. Sexual harassment can create an occupational hazard if, “the two factors that must be shown in claims of hostile work environment are that the harassment unreasonably interfered with work and that the harassment would affect a reasonable person’s work”(Burkhardt & Nathaniel, 2013, p. 252). When the impact of sexual harassment is not recognized in workplaces, many victims of harassment who interact with patients or customers are forced to accept the message that sexual harassment “is just part of the job” (Kane-Urrabazo, 2007; Ruchti, 2008); this can discourage people from stepping forward about their experiences.

2.10 Limitations

Recently, there has been more attention to studying men as victims of harassment, and this dissertation questions the narrative that views sexual harassment only in terms of women being targeted by perpetrators who are men. While this study contributes greatly to research on men in organizations, it is also important to discuss its limitations. First, I want to acknowledge that though this dissertation focuses solely on the experiences of cis-gender men, gender was often measured as a problematically binary category. This means that theories, scales, and even some of my research questions do not acknowledge the complexity of gender in different spaces.

It may be due to the data used in this study, which offers a secondary data analysis, but there were no transmen in the original dataset, and there were no questions that targeted the gender presentation or expression of my participants. It is important to create gender-inclusive measures because binary measures can reinforce discrimination and bias that already occurs constantly for transgender, nonbinary, and gender-diverse individuals (Cameron & Stinson, 2019). There were multiple options for reporting participants' gender in this survey (e.g., man, woman, gender nonconforming, transman, etc.), which is a first step. However, when measuring gender workplace breakdown, the options reinforced a gender binary (e.g., almost all women, about equal numbers of men and women, almost all men). In future studies, consulting other feminist scholars who use gender-inclusive practices would address these issues.

Exploring the experiences of a more diverse group of men would provide the opportunity to better understand how marginalized men are affected by sexual harassment and MCC. Marginalized men reported higher levels of perception of MCC, and more noticeably regarding the dog-eat-dog dimension. During the original development of the MCC scale, most participant samples were 70% White, middle-aged men (Glick et al., 2018). A diverse sample will continue to test and show that MCC is a consistent and widespread issue that applies to everyone regardless of their personal identities.

Another limitation is using self-report surveys. While they are insightful in illuminating employees' lived experiences, there are many components that can influence participants' responses. One is the social desirability bias, which is the inclination to not report socially undesirable attitudes and behaviors and instead report more desirable attributes (Latkin et al., 2017). It is possible that men downplayed the severity of harassment they experienced because they knew others might perceive them differently. Additionally, the data used in this study did not question participants about whether they themselves had perpetrated harassment of

employees or how strongly they endorsed MCC norms. Future studies could use qualitative interviews to understand men's experiences and perception in more depth.

2.11 Concluding Thoughts

Sexual harassment continues to be a serious issue that has an impact on everyone regardless of gender. For our workplaces to improve, we need to disrupt culture and practices that allow sexual harassment to thrive and stay unchecked. Though men have continuously been perpetrators of harassment, keeping an open mind that men can also be targeted and become victims allows us to focus instead on the bigger picture of toxic workplace culture. Masculinity contest culture highlights a competitive norm where everyone is out to "fend for themselves" and anyone can endorse it. As women continue to enter men-dominated workplaces, we should also allow the reverse for men. By assuming men cannot do "women's work," we continue to allow gender norms to be reinforced through sexual harassment, which serves as the policing mechanism. Increasing gender diversity is the first step, and creating an inclusive environment that has low tolerance for sexual harassment could improve the workplace and employee retention.

Appendices

Appendix A

Sexual Harassment

Sexual Experiences Questionnaire (Stark et al., 2020)
Gender Policing Harassment (Konik & Cortina, 2008)

Prompt: Thinking about UNWANTED behaviors SINCE JULY 2018, how often have UMHS staff, students, or faculty:

<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>
<i>Never</i>	<i>Once or Twice</i>	<i>Sometimes</i>	<i>Often</i>	<i>Many Times</i>

Sexist Gender Harassment

1. Mistreated, slighted or ignored you because you are 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?

Crude Gender Harassment

5. Displayed or distributed sexually explicit stories, pictures, or pornography?
6. Told sexual stories or dirty jokes?
7. Tried to get you into 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?

Gender Policing Harassment

10. Questioned your manhood?
11. Treated you negatively because you were not “masculine enough”?
12. Criticized you for not acting “like a real man”?
13. Made you feel like you were not tough enough (for example, assertive, strong, or ambitious enough)?

Unwanted Sexual Attention

14. Tried to start a romantic relationship after you told the person that you didn’t want the relationship?
15. Continued to ask you for dates, drinks, dinner, etc., even though you said “No”?

16. Stared or looked at you in a sexual way?
17. Intentionally touched in any way your thigh, breast, butt, or genitals?
18. Touched another part of your body in a way that suggests sexual interest?
19. Tried to touch, fondle, kiss, or grope you?
20. Exposed or sent pictures of genitals to you?

Sexual Coercion

21. Offered you something you wanted at work in exchange for doing something sexual?
 22. Implied you would receive a professional reward if you did something sexual?
 23. Made you worry you might be treated badly if you did not do something sexual?
 24. Treated you badly for refusing to do something sexual?
-

Note. Sexist Gender Harassment, Crude Gender Harassment, and Gender Non-Conforming Harassment were combined into one subscale of Gender Harassment. Unwanted Sexual Attention and Sexual Coercion were combined into one subscale of Sexual Advance Harassment.

Appendix B

Heterosexist Harassment

Heterosexist Harassment (Konik & Cortina, 2008)

Prompt: Thinking about UNWANTED behaviors SINCE JULY 2018, how often have UMHS staff, students, or faculty:

<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>
<i>Never</i>	<i>Once or Twice</i>	<i>Sometimes</i>	<i>Often</i>	<i>Many Times</i>

Heterosexist Harassment (from patients)

1. Told offensive jokes or remarks about lesbian women, gay men, or bisexual people (for example, “fag” jokes)?
2. Made offensive remarks to you about your sexual orientation?
3. Called you or someone else “dyke” “faggot”, or some similar slur in your presence?

Appendix C

Racialized Sexual Harassment

Racialized Sexual Harassment (Buchanan, 2005)

Prompt: Thinking about UNWANTED behaviors SINCE JULY 2018, how often have UMHS staff, students, or faculty:

<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>
<i>Never</i>	<i>Once or Twice</i>	<i>Sometimes</i>	<i>Often</i>	<i>Many Times</i>

Racialized Sexual Harassment

1. Said things to insult you or other people based on gender AND race (for example, White women are dumb, Black women are angry, Asian men are wimpy, etc.?)
2. Told jokes or stories that described you or other people negatively based on gender AND race
3. Displayed pictures, memes, or cartoons that portrayed you or other people negatively based on gender AND race?
4. Made comments about your body and other people's bodies that emphasized gender AND race (for example, comments about Black women's "Black Ass")?
5. Called you or other people insulting names based on both gender AND race (e.g., "mamacita", "geisha")
6. Made comments about your or other people's clothing/accessories emphasizing both gender AND race (for example, for Black women, comments about clothing with animal prints or lots of color)
7. Said they expected you or other people to behave in certain ways because of both gender AND race (for example, expected a Black or Latina woman to wear inappropriate clothes, expected a Latino man to be unfaithful in relationships, expected a White man to act entitled, etc.)

Appendix D

Harassment from Patients & Patients' Families

Prompt: Thinking about UNWANTED behaviors SINCE JULY 2018, how often have UMHS Patients or Patients' families:

<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>
<i>Never</i>	<i>Once or Twice</i>	<i>Sometimes</i>	<i>Often</i>	<i>Many Times</i>

Sexual Experiences Questionnaire

1. Made offensive sexist remarks (for example, suggesting that people of your sex are not suited for the kind of work you do)? (GH - Sexist)
2. Put you down or been condescending to you because of your sex? (GH - Sexist)
3. Told sexual stories or dirty jokes? (GH – Crude)
4. Made offensive remarks about your appearance, body, or sexual activities? (GH – Crude)
5. Continued to ask you for dates, drinks, dinner, etc., even though you said “no”? (USA)
6. Intentionally touched in any way your thigh, breast, butt, or genitals? (USA)
7. Touched another part of your body in a way that suggests sexual interest? (USA)
8. Questioned your manhood? (GNC)
9. Treated you negatively because you were not “masculine enough”? (GNC)
10. Criticized you for not acting “like a real man”? (GNC)
11. Made you feel like you were not tough enough (for example, assertive, strong, or ambitious enough)? (GNC)

Heterosexist Harassment (from patients)

12. Told offensive jokes or remarks about lesbian women, gay men, or bisexual people (for example, “fag” jokes)?
13. Made offensive remarks to you about your sexual orientation?
14. Called you or someone else “dyke” “faggot”, or some similar slur in your presence?

Racialized Sexual Harassment

15. Said things to insult you or other people based on gender AND race (for example, White women are dumb, Black women are angry, Asian men are wimpy, etc.?)

16. Told jokes or stories that described you or other people negatively based on gender AND race
17. Displayed pictures, memes, or cartoons that portrayed you or other people negatively based on gender AND race?
18. Made comments about your body and other people's bodies that emphasized gender AND race (for example, comments about Black women's "Black Ass")?
19. Called you or other people insulting names based on both gender AND race (e.g., "mamacita", "geisha")
20. Made comments about your or other people's clothing/accessories emphasizing both gender AND race (for example, for Black women, comments about clothing with animal prints or lots of color)
21. Said they expected you or other people to behave in certain ways because of both gender AND race (for example, expected a Black or Latina woman to wear inappropriate clothes, expected a Latino man to be unfaithful in relationships, expected a White man to act entitled, etc.)

Note. GH = Gender Harassment, GPH = Gender Policing Harassment, USA = Unwanted Sexual Attention, SC = Sexual Coercion. Sexist GH, Crude GH, and GPH were combined into one subscale of GH. USA and SC were combined into one subscale of Sexual Advance Harassment.

Appendix E

Masculinity Contest Culture

Masculinity Contest Culture (Glick et al., 2018)

Prompt: In my work environment:

1	2	3	4	5
<i>Not at all true of my work environment</i>				<i>Entirely true of my work environment</i>

Show no Weakness Subscale

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 Subscale

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 Subscale

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 Subscale

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

Gender Workplace Breakdown

Prompt: On a typical day, what's the gender breakdown of the people you work with?

<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>
<i>Almost all men</i>	<i>Mostly men</i>	<i>About equal numbers of men and women</i>	<i>Mostly women</i>	<i>Almost all women</i>

Appendix G

Labeling Sexual Harassment

Labeling Sexual Harassment

Prompt: Have you been sexually harassed at UMHS SINCE JULY 2018?

1. Yes
2. No

Labeling Gender Harassment

Prompt: Have you experienced gender harassment at UMHS SINCE JULY 2018?

1. Yes
2. No

Appendix H

Perpetrator Type

Circumstances – Perpetrator Identity

Prompt: You just answered a series of questions about UNWANTED behaviors you might have experienced or witnessed at UMHS SINCE JULY 2018. You may have encountered these UNWANTED behaviors from one or many people. Did anyone from the following groups act this way?

Answer Choices:

1. Yes
2. No

Patient(s)?

Patients' families?

Medical student(s)?

Other students?

Medical resident(s) and/or fellow(s)?

Medical faculty?

Advance practice providers (e.g., CRNAs, NPs, PAs)?

Nurse(s)?

Unlicensed assistive personnel (e.g., nursing techs, medical assistants)?

Administrative staff (e.g., clerical staff)

Custodial staff?

Technician(s)?

Vendors (e.g., pharmaceutical reps, equipment sales reps)?

Other position (please describe):

Circumstances – Perpetrator Gender

Prompt: Did anyone from the following gender groups engage in these UNWANTED behaviors?

Women

1. Yes
2. No

Men

1. Yes
2. No

Appendix I

Marginalized Identity (Individual Item Breakdown)

Race

Prompt: Which of the following racial/ethnic categories describes you the best?

1. Asian/ Asian American/ Pacific Islander
2. Black/ African American
3. Hispanic/ Latinx
4. Middle Eastern
5. Native American/ American Indian
6. White
7. Multiracial/Multiethnic (please describe)
8. None.I identify as (please describe)

Sexual Orientation

Prompt: Which of the following best describes your current sexual orientation?

1. Heterosexual
2. Lesbian
3. Gay
4. Bisexual
5. Pansexual
6. Queer
7. Asexual

8. None. I identify (please describe)

Income Growing Up

Prompt: How would you describe your economic resources when you were growing up?

1. Very poor, not enough to get by
2. Barely had enough to get by
3. Had enough to get by, but no extras
4. Had more than enough to get by
5. Well off
6. Very wealthy

Born in the U.S.

Prompt: Were you born in the U.S.?

1. Yes
2. No

Non-Native English Speaker

Prompt: Is English your native language?

1. Yes
2. No

Table 20 Appendix I *Marginalized Identity Variable*

Table 20

Identity Type	Item Recode
Race	
Asian/ Asian American/ Pacific Islander	1
Black/ African American	1
Hispanic/Latinx	1
Middle Eastern	1
Native American/American Indian	1
White	0
Multiracial/Multiethnic	1
Sexual Orientation	
Heterosexual	0
Lesbian	1
Gay	1
Bisexual	1
Pansexual	1
Queer	1
Asexual	1
SES/Income Growing Up	
Very poor, not enough to get by	1
Barely had enough to get up	1
Had enough to get by, but no extras	0
Had more than enough to get by	0
Well off	0
Very wealthy	0
Born in the U.S.	
Yes	0
No	1
Non-Native English Speaker	
Yes	1
No	0

0 = Non-Marginalized Identity, 1 = Marginalized Identity

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