

Previous steps - The process of structuring content analysis essentially comprised of these preliminary steps

1. Familiarizing with the interview material
2. Derivation of upper categories from the interview guideline (deductive category)
3. All relevant passages, i.e. text passages that contain a statement about the upper categories and the question were marked.

Appendix 1

Qualitative content analysis - paraphrasing of the extracted material - doctors/nurses

In order not to lose any possible statements to represent subcategories during the material screening, the occupational groups are analyzed separately in this step.

Step - Analysis of subcategories

The interview-text passages are collected and assigned to the upper categories, in order to differentiate the topic-related upper categories into corresponding subcategories (inductive categories-development).

- Paraphrasing means to rewrite the text in such a way that only a brief, content-limited statement remains.
- At the end of this working phase, paraphrases emerge in the "Generalization" column, which substantively express the same content.
- These redundant paraphrases are shortened, deleted or rearranged in the next step - the Reduction 2

Interview/Line	Categories	Paraphrase	Generalization	Reduction 2
Upper Category Protection (Interview Question)				
(Ä1-57) (Ä4-65) (Ä3-54) (Ä6-45) (Ä6-46) (Ä8-42) (Ä10-89)	SC 1 Existing trainings and programs against violence	<ul style="list-style-type: none"> - Interprofessional de-escalation training, anti-violence programs offer protection and security in dealing with sexual harassment - Representatives of the anti-violence programs are potential contact persons, as they are trained in sensitive conversation management - Anti-violence programs and their representatives are multipliers and contact persons for taboo topics - Trustworthy contact persons and discretion through central contact persons, e.g. women's representatives, violence protection officers, employee representatives – 	<ul style="list-style-type: none"> Trainings and programs offer techniques for safety in patient situations and dealing with sexual harassment Representatives of anti-violence programs are potential contact persons and multipliers In addition to the central contact persons, all staff representatives must also be involved in the topic 	<ul style="list-style-type: none"> SC_D 1.1. Institutional protection through programs and trainings SC_D 1.2. Contact persons and multipliers in the gender-violence program SC_D 1.3. Central representatives as contact persons inside the organization

		these are considered potential contact persons		
(Ä7-63) (Ä10-93/97) (Ä11-59) (Ä14-26/27) (Ä1-66)	SC 2 Protection by superiors	The (female) senior physicians have women's issues and sexual harassment in mind and are named as persons of trust	Senior physicians as persons of trust and as possible contact persons	SC_D 2 Trust and protection by (female) superiors
(Ä2-35) (Ä3-57) (Ä1-57) (Ä8-54)	SC 3 Protective measures in teams are based on agreements between individual doctors and/or nurses	- Mixed gender teams on night-shift - Transparency through open doors in treatment rooms - Male colleagues as support/assistance	Agreements and measures for protection which exist in individual teams, but are not institutionally implemented	SC_D 3 Individual agreements on protective measures in teams
(Ä1-65/73) (Ä13-81) (Ä6-49) (Ä8-49)	SC 4 Relief and protection by individual colleagues and/or the team	Relief by communicating experiences with colleagues - Team Supervision provides relief and open communication on incidents	Relief through communication of experiences with colleagues/the team Existing consulting formats such as Team Supervision are important for discussing sexual harassment or for developing common strategies	SC_D 4.1. Relief through communication with colleagues SC_D 4.2. Existing consulting formats, e.g. Team Supervision
(Ä1-59/60) (Ä4-83)	SC 5 Techniques and strategies for self-protection in patient settings	Technique of the "representative position" and inner distance. Technique: sexual devaluation or aggression is	Learned techniques and experiences are applied in patient settings	SC_D 5.1. Learned techniques and experiences are applied in patient settings

		<p>not person-related, but as a representative for the institution.</p> <ul style="list-style-type: none"> - Setting boundaries and prohibiting sexual harassment - Using the Status and Power of Medicine to ban sexual harassment 	<p>Highlighting the dominance and status of medicine</p>	<p>SC_D 5.2. Highlighting the dominance and status of medicine and setting boundaries</p>
<p>(Ä6-34) (Ä7-59) (Ä11-56) (Ä13-24/28/70) (Ä2-21) (Ä6-49) (Ä9-70) (Ä3-24/69)</p>	<p>SC 6 Self-protection measures in situations with colleagues or superiors</p>	<p>Setting clear boundaries: verbal and non-verbal Address the harasser directly or at a later stage on the situation in which an assault took place.</p> <ul style="list-style-type: none"> - Individual coaching (gender-specific) programs at the workplace 	<p>Clarifying sexual harassment by colleagues according to the situation, e. g. by addressing directly</p> <p>Coaching for self-confidence in male-dominated committees/ commissions</p>	<p>SC_D 6.1. Individual self-protection measures at horizontal or vertical level</p> <p>SC_D 6.2. External gender-specific trainings</p>
Interview/Line	Categories	Paraphrase	Generalization	Reduction 2
Upper Category Prevention (interview question)				
<p>(Ä1-74) (Ä6-67) (Ä13-92/98) (Ä14-65/68/70) (Ä12-48) (Ä15-85) (Ä11-79) (Ä12-78) (Ä3-79/80)</p>	<p>SC 1 Measures of Prevention Clinic Management, Board of Directors</p>	<p>Instill a culture of correctness by the Executive Board in order to initiate a change in values and a non-discriminatory corporate culture.</p> <p>Ensuring non-tolerance of sexual harassment by the</p>	<p>- Clinic management or Executive Board sends a clear signal through a public zero tolerance policy.</p> <p>A non-discriminatory and taboo-free corporate culture</p>	<p>SC_D 1.1. Clear and visible positioning of clinic management removes taboos on sexual harassment</p> <p>SC_D 1.2.</p>

(Ä6-62/63)		<p>clinic management. The statement implies that taboo topics are allowed, that they can be openly discussed and this can promote a change in values in the corporate culture.</p> <ul style="list-style-type: none"> - Directive or Guideline on the protection of sexual harassment, a structured complaint procedure. - Public notification of contact points and complaint procedures. 	<p>requires regulations; all employees must be informed of them.</p> <ul style="list-style-type: none"> - Formal regulations for the protection and prevention of sexual harassment by the clinic management - Preventative measures against sexual harassment and discrimination create a change in values 	<p>Prevention through non-discriminatory culture and a change in values</p> <p>SC_D 1.3. Institutionalized formal regulations for protection and prevention must be drawn up.</p> <p>SC_D 1.4. Public announcement of regulation and procedures</p>
<p>(Ä3-27/61/62/76) (Ä1-88) (Ä11-77) (Ä14-89) (Ä14-72/80/89)</p>	<p>SC 2 Strategic measures on gender parity</p>	<ul style="list-style-type: none"> - Gender-equitable hiring of all management positions/bodies - Diversity in management positions - Measures to protect against sexual harassment during pregnancy and gender-specific discrimination in order to reconcile work and family life 	<ul style="list-style-type: none"> - Gender equality as a strategic corporate goal - Put a stop to discrimination during pregnancy in order to reconcile work and family life 	<p>SC_D 2.1. Management strategies for gender parity and diversity in management positions</p> <p>SC_D 2.2. Special prevention strategies to reconcile family and career</p>

<p>(Ä1-74/75) (Ä3-74) (Ä8-49/62) (Ä9-26/27/109/110) (Ä10-97) (Ä13-151)</p>	<p>SC 3 Role model function at senior management level</p>	<ul style="list-style-type: none"> - Senior managers and superiors must implement the desired zero tolerance attitude and remove taboos through the role model function - Managers must implement the corporate strategy of removing taboos-topics in the clinic departments - A leadership style based on democracy and participation can reduce sexual harassment/discrimination of sexual harassment - Flat hierarchies and a democratic-participative leadership can limit/prevent sexual harassment 	<ul style="list-style-type: none"> - Leadership of correctness in dealing with employees and the role model function of managers in case of sexual harassment or discrimination - Clear attitude of managers against sexual harassment and knowledge of institutional regulations and intervention procedures in case of sexual harassment. - Flat hierarchies can reduce sexual harassment and discrimination in the department 	<p>SC_D 3.1. Implementation of the zero tolerance policy by the clinic management</p> <p>SC_D 3.2. Managers create a change in values through a culture of correctness</p> <p>SC_D 3.3. Managers are familiar with regulations and intervention measures</p> <p>SC_D 3.4. A leadership style based on democracy and participation can reduce sexual harassment/discrimination</p>
<p>(Ä1-55) (Ä3-77/78) (Ä6-44/59/60) (Ä9-112/114) (Ä10-108) (Ä13-95) (Ä15-85/97)</p>	<p>SC 4 Personnel development through advanced training - (Structural level)</p>	<ul style="list-style-type: none"> - Training on correct handling and mindfulness, de-escalation, anti-discrimination, mental health, burn out etc. 	<ul style="list-style-type: none"> - Advanced training in social communicative competences for all employees - Compulsory further training for supervisors 	<p>SC_D 4.1. Training courses on sexual harassment and social communicative competences for all employees</p> <p>SC_D 4.2.</p>

		- Compulsory further training for managers on the subject of sexual harassment		Compulsory training for managers in sexual harassment
(Ä3-74) (Ä9-107-109) (Ä12-79) (Ä14-49) (Ä2-43)	SC 5 Organizational development (departments)	- Creating flat hierarchies. Participation of all employees in the team - Sexual harassment & soft skill topics to be covered in team meetings - All employees can participate in departmental activities such as processes, process optimization, change process, changes in organizational units.	- Flat hierarchies and a leadership style based on democratic and participatory components	SC_D 5.1. Flat hierarchies and a leadership style geared to democratic and participatory components SC_D 5.2. Space and time for social communicative topics in meetings SC_D 5.3. Participation in unit change processes – process optimization
(Ä3-87) (Ä11-63) (Ä12-108)	SC 6 Low-threshold, anonymous hotlines (Structural level)	Anonymous reporting systems e.g. Hotlines Contact points at the institute		SC_D 6.1. - Low-threshold and anonymous reporting systems e.g. Whistleblower-software
(Ä12-89) (Ä2-68) (Ä-96)	SC 7 Official complaints offices, contact points on the subject (Structural level)	The offers and working methods of the complaints office must be publicly visible.	- Contact points for sexual harassment can provide public relations and prevention work	SC_D 7.1. Contact points/ complaint offices can use public relations work to protect and prevent sexual harassment

		<p>In addition, extensive preventive measures can be provided by counselling centers.</p> <p>A transparent complaints procedure is particularly important in this context: Presentation of the process from counseling to labor law sanctions.</p>	<p>- A transparent complaints procedure is particularly important in this context</p>	
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Qualitative content analysis - Paraphrasing of the extracted material – Nurses

Interview/ Line	Categories	Paraphrase	Generalization	Reduction 2
Upper category - Protection (Interview Question)				
(PK5-54/63/68) (PK8-26)	SC 1. Institutionalized Protection (Structural level)	<p>- Women's representatives; Anti-violence programs and the representatives are named as possible contact persons</p> <p>- Existing training courses on how to deal with sexual</p>	<p>- The Women's and Equal Opportunities Commissioner as a contact point.</p> <p>- Training in dealing with sexual harassment and other</p>	<p>SC_N 1.1. Institutionalized contact points and offers for protection within the company</p> <p>SC_N 1.2. Institutionalized training and anti-violence programs</p>

		harassment (de-escalation, Anti-violence program)	forms of boundary violations and anti-violence program	
(PK4-44/92) (PK7-64)	SC 2 Protection by superiors	- Confidential superiors and contact persons for the clarification of incidents	- Superiors as confidants, intervention and follow-up measures	SC _N 2.1. Supervisors as trusted third parties must recognize sexual harassment, intervene and take measures.
(PK3-32) (PK4-47) (PK5/51)		- Aftercare for incidents	- Aftercare for incidents	SC _N 2.2. Supervisors should be aware of the measures for aftercare
(PK9-76/96/97) (PK10-62)	SC 3 Protective measures – Perpetrator colleagues/superiors	- Conversation with trustful colleagues; Communication about sexual harassment in the team.	- Relief by colleagues/team and increased sense of protection	SC _N 3.1. Communication in the team offers relief and protection
(PK3-21) (PK2-38/70) (PK7-59) (PK11-66)	SC 4 Relief and protection by individual colleagues and/or team	- Measures for switching patient rooms, strong male colleagues on duty; same-sex care; protection of trainees - Clear agreements between nurses and doctors	- Regulations and agreements in the team. Protection in organizational units	SC _N 4.1. Protection against sexual harassment by team agreements SC _N 4.2. Protection in treatment of patients SC _N 4.3. Interprofessional clear agreements to reduce sexual harassment
(PK4-21-26/68) (PK3-39/40) (PK5-41-46) (PK4-20) (PK3-32)	SC 5 Techniques and strategies for self-protection - in treatment of patients	- Representative position, I am not the direct target - Verbalize Stop, stop - distance - Show limits - Clear signals - Direct response.	Individual measures and techniques for protection against sexual harassment	SC _N 5.1. Techniques for Individual Protection

(PK10-63)		<p>Nonverbal: Dominance in facial expressions and gestures, certain occurrence; Ignoring it; Having thick skin;</p> <p>- Calm and friendliness as de-escalation: Focus on tasks;</p> <p>- Talk to friends, family about border violating events.</p> <p>- “Shaking events off” through sports activities.</p> <p>- Countering stress with part-time working hours.</p>	Individual relief measures	SC_N 5.2. Relief and maintenance of mental health
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Interview/ Line	Categories	Paraphrase	Generalization	Reduction 2
Upper-category – Prevention (Interview question)				
(PK4-94) (PK13-74) (PK11-64) (PK4-23/24) (PK59) (PK10-67) (PK2-68/69) (PK4-55) (PK9-104/113)	SC 1 Clinic Management	<p>- A culture of appreciation and openness to taboo topics.</p> <p>Visible through Directive, complaint procedure, handling guideline</p> <p>- Medicine and care on an equal footing-</p>	<p>- A change in values from top down: setting an example. Implement procedures and guidelines</p> <p>- Equal recognition of the professions and inter-</p>	<p>SC_N 1.1. Strategies of Prevention through removal of taboos and change of values</p> <p>SC_N 1.2.</p>

		<p>Strengthening the nursing profession - reducing hierarchies.</p> <ul style="list-style-type: none"> - Equal distribution of resources for all occupational groups in the clinic - Increase the number of staff, thus increasing the quality of care and the safety 4-eye-principle - Procedure for house ban should be known to all occupational groups 	<p>professional reduction of hierarchies.</p> <ul style="list-style-type: none"> - Aligning human resources to safety, quality and protection - Regulations for house bans 	<p>Equal treatment and appreciation of all professions in the clinic</p> <p>SC_N 1.3. Jobs that rely on safety, quality and protection</p> <p>SC_N 1.4. Duty of care and protection through house bans</p>
<p>(PK9-102/105/111) (PK11-63)</p>	<p>SC 2 Strategies on the Management level /senior managers/Organizational level)</p>	<ul style="list-style-type: none"> - Culture of appreciation, recognition, respect among all employees - Ongoing information sessions - obligatory info days - Commissioner for taboo topics -Flat hierarchies in teams 	<ul style="list-style-type: none"> - Implementation of the given value change and removal of taboos by superiors - Supervisors' duty to provide information on taboo topics - Contact persons for taboo topics in the team 	<p>SC_N 2.1. Implementation of the given value change through senior managers</p> <p>SC_N 2.2. Ongoing information on sexual harassment and taboo issues contact person in the department</p> <p>SC_N 2.3.</p>

				Flat hierarchies preventive sexual harassment and discrimination
(PK2-107-109) (PK3-73) (PK14-100) (PK6-53) (PK10-84) (PK2-71) (PK10-69) (PK15-42)	SC 3 Personnel development through advanced training - (Structural level)	<ul style="list-style-type: none"> - Overcoming Language Barriers - Language Courses. Dealing with cultures - Offer continuous soft skills training - Professional understanding of gender and gender care - Handling difficult patients - Supervision in special risk units - Case counselling as a method for all - Trainings for new employees on the company strategy against sexual harassment 	<ul style="list-style-type: none"> - Offer continuous training in social and communicative competence in teams and for all employees - Training on cultural diversity to counteract escalations due to barriers - Case counseling as an offer for all employees 	<p>SC_N 3.1. Personnel development through advanced training in social communicative competence</p> <p>SC_N 3.2. Awareness training against all forms of discrimination</p> <p>SC_N 3.3. Offers for special consultation methods</p> <p>SC_N 4.4. Training and information new employees against sexual harassment</p>
(PK2-77-84) (PK-55) (PK6-24) (PK12-111)	SC 4 Process-optimization (Organizational Development)	<ul style="list-style-type: none"> - Participation in optimization of processes and new procedures - Evaluation and case discussions for difficult situations in the units 	<ul style="list-style-type: none"> - Process optimization in the inter-professional team in order to reduce tensions between the professions 	<p>SC_N 4.1. Process-optimization in the organizational units</p>

		- Inter-professional process optimization for acute problems		
(PK4-95/97) (PK8-28/31) (PK9-118)	SC 5 Central Contact Persons Anonymous reporting systems (Structural level)	- Moderation, clarification and discussion by external contacts e.g. Women's and Equal Opportunity Officers, Staff Representatives - Anonymous, low-threshold notification, hotline and statistics on cases	- Central representatives for counselling and as experts on the topic - Anonymous technical reporting system (e.g. Whistleblower)	SC_N 5.1. Central Representatives for consulting and support SC_N 5.2. Anonymous, low-threshold consultation and reporting systems (technical)
(PK1-48/69) (PK2-27/37)	SC 6 Safety systems, structural measures	Emergency button, Room layout and visibility in treatment rooms, Lighting		SC_N 6 Safety systems and structural measures