

Appendix 3

List of Codes

Step 3: Exact formulation of definitions of all (upper and sub) categories, typical text passages ("anchor examples") and coding rules produces a coding-guide which makes the structuring work more precise.

- The second analyst counter-coding 10% of the material with the final list of codes
- Coding of all material with the revised category system with MAXQDA soft VERBI Software GmbH, Berlin, Germany

UC	Sub-categories	Definition of category / Coding rules	Anchor Examples
1.Protective measures of the occupational groups against sexual harassment		All subcodes under this topic describe protective measures taken by doctors and nurses who are already institutionalized/ integrated into the structures. Techniques and measures in the team by superiors and individuals Techniques and measures for self-protection. The perpetrator groups are identified on a horizontal/vertical level and on a patient/relatives level.	This upper category is not coded

<p>SC 1.1. Institutionalized protection (Structural levels)</p>	<p>This subcode contains all statements by doctors and nurses on protective measures that are already structurally integrated. This subcode can be linked to the subcode "Prevention structure" if the information also represents important prevention measures.</p> <p>Coding rule: Known offers and measures that can be used by all employees and are integrated into the structures.</p> <ul style="list-style-type: none"> - De-escalation training - Gender violence awareness program - Central representatives/counselling center 	<p>“De-escalation training also addressed sexual harassment.” (Doctor 1)</p> <p>“I know there's a women's commissioner and that I can find their number on the intranet.” (Nurse 11)</p>
<p>SC 1.2. Protection of superiors/senior positions</p>	<p>This subcategory contains all statements by the physicians and nursing staff regarding superiors/managers as possible contact persons. Caution: This subcode could be linked to the subcode "Prevention seniors/Leadership culture" if the information also represents important prevention measures.</p> <p>Coding rule: Current Protection by superiors against sexual harassment/discrimination.</p>	<p>“As a senior physician, I am known for addressing the perpetrators and resolving complaints of sexual harassment. Everyone knows that I comply with my duty of confidentiality.” (Doctor 15)</p> <p>“I speak directly to the perpetrator and tell them very clearly that sexual harassment is completely unacceptable (...)” (Doctor 13)</p>
<p>SC 1.3. Team Protection</p>	<p>This subcategory contains all statements by the occupational groups on protective measures in the team. Measures coded are those which are established in the teams and/or are applied on agreement. All statements on inter-professional support and protection are coded. Statements on (psychological) relief by the teams are also coded here.</p>	<p>“I offer to talk with the victims if I’m a witness of sexual harassment by colleagues or doctors.” (Nurse 5)</p> <p>“Patient room-changes in escalating situations are established in our team. Or we get help from doctors who tell the patient to behave himself.”</p>

		<p>Coding rule: The subcode contains all arrangements, support and relief by the team, including support in inter-professional cooperation.</p>	<p>(Nurse 9)</p> <p>“With some colleagues we discuss incidents during the break and what we can do against it, as a kind of self-help group.” (Nurse 9)</p>
	<p>SC 1.4. Protection strategies team/ patient treatment</p>	<p>The subcode contains self-protection techniques, learned methods and behaviors as well as experiences of the professional groups that use them in escalating situations and sexual harassment.</p> <p>Coding rule: The subcode contains verbal/non-verbal strategies and techniques towards patients/relatives.</p>	<p>“Aggressions of patients are not directed against me personally, I’m a representative of the institution.” (Nurse 4)</p> <p>“Set a clear stop signal and show that I do not want to be treated like this.” (Nurse 4)</p>
	<p>SC 1.5. Self-protection strategies in cases concerning colleagues/superiors</p>	<p>The subcode contains all statements of self-protection strategies by the occupational groups, that address sexual harassment and sexism towards colleagues/superiors and across occupations.</p> <p>Coding rule: Individual self-protection measures in situations with colleagues, superiors and in an inter-professional context</p>	<p>“I tell those in an obvious but non-verbal way, which makes it clear that they shouldn’t attack me.” (Doctor 12)</p> <p>“Private coaching helps me to appear self-confidently in male-dominated committees.” (Doctor 3)</p>

Prevention

UC	subcategories	Definition of categories/ Coding rules	Anchor Examples
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<p>2. UC Prevention</p>		<p>All subcodes under this upper category contain statements by physicians and nurses on prevention strategies that they believe should be introduced/implemented. Desired prevention strategies of the interviewees that should be implemented in the company.</p>	<p>This upper category is not coded</p>
	<p>SC 2.1. Strategy clinic management Board</p>	<p>The subcode contains all statements by respondents on the desired prevention strategy of the Board of Management. Strategic prevention defined by the Executive Board, which should help further develop the organization in the long term and be implemented in the departments at short notice. Caution: duplicates with the subcode "organizational development" are possible. Coding rule: Management Board strategies for reducing sexual harassment: institutional measures of the company are coded here. (short-term/long-term measures are coded) - Guidelines for fair play (e.g. short-term) - Complaints process - Gender parity in top positions (e.g. long-term-measures) - Reduction of short limited employment contracts - A ban on the clinic etc.</p>	<p>“A board statement on the zero tolerance policy on sexual harassment implies that taboo topics will be allowed to establish a low-discrimination culture.” (Doctor 13) “Guidelines on desired behavior and complaints procedure in case of sexual harassment.” (Nurse 13) “Gender parity in all management positions and committees is an important step towards gender equality and the prevention of sexual harassment.” (Doctor 14)</p>
	<p>SC 2.2. Senior positions (Leadership culture)</p>	<p>This subcode includes the role of leadership positions, their attitudes towards the role of the supervisor. Their role in the active intervention process and in the prevention of sexual harassment in the department. Superiors have set a good example in dealing with sexual harassment and to prevent and reduce sexual harassment / discrimination through. Senior leadership measures to create a non-discriminatory working atmosphere. Coding rule:</p>	<p>“Flat hierarchies and the appreciation of employees can contribute to an improved team culture.” (Doctor 6) “Seniors are role models and must implement the zero tolerance policy.” (Doctor 1)</p>

		All statements on the role model function of superiors and (desired) leadership culture, which can reduce sexual harassment by preventive means.	“The team leader should present information on the topic once a year on protection- possibilities and prevention-strategies.” (Nurse 11)
	SC 2.3. Personnel development through advanced training	This subcode contains all statements by the occupational groups on personnel development, which includes all forms/formats of further education and team development. Coding rule: Consulting formats, continuous training, compulsory training, short training courses e.g. - Communication trainings as a standard tool - Inter-professional trainings - Info Days on the topic	“Short info on the topic in journal clubs (...)” (Doctor 10) “Cross-professional training on the topic to reach a common understanding and to learn techniques and strategies (...)” (Doctor 1)
	SC 2.4. Prevention at the structural level	This subcode contains all statements by the interviewees, which are to be introduced into the central structures and can be used by all employees as an offer. All offers of measures that should be implemented in the central structures/on structural levels Coding rule: e.g. - Central offers addressed to all employees - Central representatives for consulting - Information with posters/flyer - Anonymous technical systems e.g. Whistleblower	“Anonymous, low-threshold reporting systems might be an important measure.” (Nurse 8) “Posters, information flyers, publishing consulting offers, this is a signal also for new employees that the topic is not taboo.” (Nurse 15) “Central representatives for consulting and support.” (Nurse 4)

	<p>SC 2.5. Organizational Development</p>	<p>This subcode contains all statements on the occupational groups' participation in departmental issues, participation in unit change processes and process optimization. In addition, it also contains the management board strategies that are decisive for the long-term development of the organization.</p> <p>Caution: duplicates with "Prevention Management Board" are possible</p> <p>Coding rule: Employees take part in the organization change process with short- and long- term measures - e.g. short-term measures: Workflow and process optimization in the department - e.g. long-term measures: gender parity in top positions; fill all the vacant positions</p>	<p>"I would like the company suggestion scheme, so that employees have more influence on workflows, their work processes and optimization." (Nurse 9)</p> <p>"Gender parity in all management positions and committees is an important step towards gender equality and the prevention of sexual harassment." (Doctor 14)</p>
	<p>SC 2.6. Safety systems and construction measures</p>	<p>The subcode contains information on building protection, technical protection, and security that covers all occupations.</p> <p>Coding rule: Safety system: technical, security, and construction shelter</p>	<p>"Protection instruments we can use in escalating situations, such as an emergency button, security, or an emergency code." (Nurse 1)</p>