Table 1. Summary Table of Reports of Studies Investigating Healthcare Workers Responses to Sexual Harassment, 2005-2018

Citation	Purpose	Design	Setting, Population, Sample	Sexual Harassment Variables/Measures	Responses to Sexual Harassment Variables/Measures	Incidence/ Prevalence of Sexual Harassment	Responses to Sexual Harassment
Levin & Traub (2006)	To investigate the extent and nature of the experiences of inappropriate sexual behaviors (ISB) by qualified speech-language pathologists and/or audiologists (SLP/As) as well as students studying speech-language pathology and/or audiology in South Africa.	Cross-sectional survey	Members of the South African Speech Language and Hearing Association (SASLHA) Third and fourth year students at all South African universities that train SLP/As South Africa 56 qualified SLP/As and 62 student SLP/As	Types of ISB experienced by clients, family, colleagues, or employers: mild (e.g., suggestive story, offensive joke), moderate (e.g., crude sexual remarks, being deliberately touched), severe (e.g., having others' genitals exposed, forceful attempts to fondle) (The Experience of Inappropriate Behavior in the Workplace, adapted from McComas et al., 1993, and Williams, de Seriere, & Boddington., 1999)	Effects: work performance, physical stress, emotional stress Ways ISB was managed (Same survey[1])	55% of the qualified SLP/As and 45% of the student SLP/As had experienced ISB at least once in their lives 55% of the qualified SLP/As and 42% of the student SLP/As had experienced mild ISB 41% of the qualified SLP/As and 16% of the student SLP/As had experienced moderate ISB 26% of the qualified SLP/As and 8% of the student SLP/As had experienced severe ISB Sources of harassment: 35% of qualified SLP/As and 30% of student SLP/As were harassed by	Effects work performance: distraction (8.9% qualified SLP/As, 12.9% student SLP/As); decreased motivation (5.4% qualified SLP/As, 3.0% student SLP/As); resignation (7.1% qualified SLP/As); Physical stress: insomnia (7.1% qualified SLP/As, 1.0% student SLP/As) and fatigue (3,6% qualified SLP/As, 1.0% students SLP/As) Emotional stress: nervousness (17.9% qualified SLP/As, 17.7% student SLP/As); doubt (7.1% qualified SLP/As, 1.6% student SLP/As); guilt (10.7% qualified SLP/As, 3.2% student SLP/As); embarrassment (0.0% qualified SLP/As, 14.5% student SLP/As); self consciousness (10.7% qualified SLP/As, 3.2% student SLP/As); avoidance (8.9% qualified SLP/As, 19.4% student SLP/As); loss of confidence (1.7% qualified SLP/As, 1.6% student SLP/As); feeling uncomfortable (14.3% qualified SLP/As, 22.6% student SLP/As); feeling anxious (7.1% qualified SLP/As, 3.2% student SLP/As) Methods of dealing with ISB: ignore (30.3% qualified SLP/As, 38.7% student SLP/As); discuss ISB with clients (19.6% qualified SLP/As, 6.4% student SLP/As), supervisors (14.2% qualified SLP/As), clinical tutors (11.2% student SLP/As); calling on co-professionals to manage the ISB (3.6% SLP/As), termination of intervention with a client (1.7% qualified SLP/As) Felt handled the situation appropriately (37% qualified SLP/As, 37% student SLP/As)

						clients– other sources were parents, spouses, and children of clients 8.9% of qualified SLP/As were harassed by employers and colleagues in senior positions 5.3% of the qualified SLP/As had been severely harassed by hospital porters	
Wilkinson, Gill, Fitzjohn, Palmer, & Mulder (2006)	To determine the consequences for, and coping methods used by, medical students who experience adverse experiences during training. Adverse experiences could include been yelled or sworn at, humiliated or degraded; experienced unfair treatment because of gender; experienced unfair treatment because of race; been threatened with physical harm; been physically hit; experienced discomfort listening to sexual humour or experienced	Cross-sectional survey	The four medical schools in New Zealand 1,384 medical students	Sexual humour Unwanted sexual advances (Researcher-developed survey)	Impact of the worst episode (Same survey[1])	28% had experienced discomfort listening to sexual humour during the course of medical school 14% had experienced unwanted sexual advances during the course of medical school Sources of unwanted sexual advances: senior doctor (8%), registrar (8%), house surgeon (5%), medical student (47%), nurse (7%), patient (54%),	Percentage of respondents who rated single episode that bothered them most as 4 or 5 on a 5-point scale (not at all upsetting or important to very upsetting or important): experiencing unwanted sexual advances (39%) and experiencing discomfort from sexual humour (17%). Discomfort from adverse experience that bothered participants the most: sexual humour - put behind me immediately (71%), several hours to get over (18%), several days to get over (4%), at least a month to get over (4%), will always be with me (1%); unwanted sexual advances - put behind me immediately (41%), several hours to get over (23%), several days to get over (20%), at least a month to get over (7%), will always be with me (7%). Consequences of the adverse experience that affected participants the most: sexual humour - episode motivated me to learn more (10%), avoided department/person (41%), sought help/talked to others (23%), was put off this area medicine (10%), took time off medical school (3%), considered quitting (4%), became more

	unwanted sexual advances by a senior doctor, registrar, house surgeon, fellow student, nurse, or patient.					not stated (0%)	assertive (13%), became more withdrawn/isolated (10%), felt I was improved/a better person (8%), confronted the person (6%); unwanted sexual advances - episode motivated me to learn more (2%), avoided department/person (61%), sought help/talked to others (50%), was put off this area medicine (9%), took time off medical school (7%), considered quitting (5%), became more assertive (45%), became more withdrawn/isolated (16%), felt I was improved/a better person (14%), confronted the person (20%).
Çelik & Çelik (2007)	Identify the prevalence and sources of sexual harassment against nurses in Turkey, its consequences, and factors affecting harassment experiences.	Cross-sectional survey	8 Ministries of Health hospitals in Turkey 622 nurses	Types of sexual harassment: unwanted sexual jokes, stories, questions, or words; receiving unwanted mail or telephone calls; being shown someone's body sexually; having the participants' body touched; or experiencing an attempted assault and sources of sexual harassment (colleagues, physicians, other hospital personnel, patients, or patients' relatives (Sexual Harassment Questionnaire: researcher-developed survey)	Physical and mental health, headaches, work productivity, thoughts of leaving nursing (Same survey[1])	37% had ever experienced sexual harassment Sources: other nurses (51.1%), physicians (77.1%), other hospital personnel (29.4%), patients (43.3%), patients' relatives (34.2%)	All participants who were sexually harassed said that sexual harassment affected their mental and physical health negatively. Negative effects: disturbed mental health (44%), headache (40.3%), decreased work productivity (45.0%) and thoughts of leaving nursing (37.2%). More than one-third reported sexual harassment affected their social life, relationships, and family life negatively. Feelings after sexual harassment: (69.7%), fear (23.4%), helplessness (17.3%), depression (10.8%), belittlement or humiliation (10.8%). Coping methods: "do nothing" (59.3%), putting up a barrier (43.3%), pretending not to see the harassment (30.7%), using drugs to aid in sleeping (24.2%), reporting to a manager (21.6%).
MacKusick & Minick (2010)	Identify the factors influencing the decision of RNs to leave clinical nursing practice.	Phenomenology	Southeastern United States 10 licensed RNs with a minimum of 1 year of clinical practice and no clinical practice in the last 6 months	Semi-structured interviews including questions about why the participants decided to leave bedside nursing		Participants described sexual harassment by colleagues and physicians	Unfriendly workplace included incidents of sexual harassment or gender abuse with co-workers. These behaviors were accepted as the norm on their units and influenced decision to leave nursing. Participants described how managers did not address inappropriate behaviors.

Pai & Lee (2011)	To determine the risk factors and mental health consequences of physical and psychological violence for clinical nurses working in healthcare settings in Taiwan.	Cross-sectional survey	Taiwan Nurses Association 521 nurses	Sexual harassment: unwanted, unreciprocated or unwelcome behavior of a sexual nature that is offensive to the person involved and that that causes that person to feel threatened, humiliated or embarrassed (Workplace Violence Questionnaire, ILO/ICN/WHO/PSI, 2003)	Post-traumatic stress disorder: rehearsal, avoidance, super-alert, effort Responses Research-developed survey compatible with diagnostic criteria for PTSD: four items measured on a 5-poiint Likert scale (1 = not at all bothered, 5 = extremely bothered).	12.9% of participants had experienced sexual harassment in the last 12 months Perpetrator of sexual harassment: patient/client (44.8%), relatives of patients (11.9%), staff member (7.5%), external colleague/ worker (22.4%), management/ supervisor (13.4%)	40.3% of participants exposed to sexual harassment had a PTSD score higher than 14 (range 4 to 20; score over 14 indicates presence of PTSD). 57.5% of participants exposed to sexual harassment reported that no action was taken after the nurse reported the incident to the manager or the staff member. Actions taken included: took no action (26.9%), tried to pretend it never happened (28.4%), told the person to stop (68.7%), told friends/family (76.1%), sought counseling (16.4%), told a colleague (70.2%), reported it to the senior staff member (70.2%), transferred to another position (1.5%), sought help form association (7.5%), completed incident/accident form (20.9%), pursued prosecution (17.9%). No action was taken to investigate (57.5%). **Author- How is this different than your 2nd statement? Please advise if we should further define or remove.**

Talas, Kockõz, & Akgüç (2011)	Identify the proportion of staff subjected to the types of violence, its sources, factors affecting violence experiences, reporting the incidence and emotions of the victims after violence	Cross-sectional survey	Emergency departments of six hospitals (three university, three state) in Ankara, Turkey 270 staff (physicians, nurses, health officer/technicians, clerks, security officers, housekeepers)	Sexual harassment: being subjected to unwanted sexual jokes, stories, questions or words; being unwillingly asked out; receiving unwanted mail or telephone calls; being shown someone's body sexually; having their body touched, or experiencing an attempted assault) (36-item questionnaire consisting of 28 close-ended and 8 open-ended items; based on the literature and adapted from Senol-Celik and Bayraktar questionnaire, 2004)	Coping methods Emotions (Same survey[1])	15.9% of participants had experienced sexual harassment in the previous year Sources: patients (81.4%), patient's companions (100.0%), physicians (13.9%), nurses (13.9%), managers of nursing (2.3%), managers of physicians (11.6%), medical office and emergency medical technicians (4.6%), clerks (4.6%), security officers (6.9%), housekeepers (0.0%)	Coping methods following sexual harassment: do nothing and keep silent (37.2%), put up barriers (13.9%), pretend not to see the abuse (4.6%), report violence/abuse to manager (34.9%), report to police (0.0%), show similar behavior (0.0%), distancing oneself and leaving the scene (37.2%), no response (4.6%). Emotions experienced after sexual harassment: disappointment (74.4%), sadness (86. 0%), powerlessness (39.5 %), low self-esteem (23.2%), anger (81.4%), fury/hate (72.0%), animosity (41.8%), anxiety (58.1%), helplessness (44.2%), despair (37.2%), failure (37.2%), stock/astonishment (55.8%), feel lowly (23.2%), guilt or shame (20.9%), fear (51.7%), and disgust (62.8%).
Ulusoy, Swigart, & Erdemir (2011)	Describe the sexual harassment of female doctors-in-training by male patients and their relatives in Turkey.	Cross-sectional survey (with open-ended items)	Hospital in Turkey 49 doctors-in-training	Occurrence and types of sexual harassment: gazing at the doctor in a lewd manner, asking about private sexual matters, asking for dates, making threats or swearing in a sexual nature, touching the doctor's body, exhibition or attempted exhibition of genitals, stalking the doctor, requesting that the	Reactions (methods of coping) Precautions taken (Same survey[1])	67.3% had been sexually harassed by a patient or a patient's relative at some point in their career	Coping with or reacting to the sexual harassment: discharging or asking to discharge the harasser (24.2%), stopping all contact with the harasser (24.2%), showing rejection verbally or physically (21.2%), behaving as it nothing had happened (21.2%), asking for help from managers or colleagues (12.1%), showing a sense of humor, trying to make a joke, trying to turn the conversation to a different subject (9.1%), showing a hostile attitude (6.1%). Precautions taken: the patient-doctor relationship - paying attention to one's own verbal and non-verbal communication, behaving or talking with patients and relatives seriously, preserving the professional relationship; dressing - paying attention to clothes; wearing high collars, long

				doctor touch the patient's private parts, making sexual jokes or remarks, hugging in a sexual manner, trying to pull the doctor into the patient's bed, attempting rape (Researcher-developed survey, with open-ended items)			skirts, pants, long-sleeved shirts; not wearing tight or eye-catching clothes; not being alone with patients - asking a nurse or another health care work to remain in the room during the examination of male patients; placing physical barriers between the doctor and patient or relatives - trying to be close physically to patients or relatives, arranging the doctor's chair and table at a distance from the patient
Demir & Rodwell (2012)	To test a full model of the antecedents to and consequences of various forms of workplace violence, considering psychosocial factors, for nursing staff.	Cross-sectional survey	Large Australian hospital 207 nurses and midwives	Internal (to the organization – e.g.,) coworker, supervisor) verbal sexual harassment External (to the organization – e.g., patients, visitors, family) sexual harassment Adapted version of scale by Hesketh et al. (2003)	Work attitudes: organizational commitment Scale by Allen and Meyer (1990) Job satisfaction Scale by Brayfield and Rothe (1951) Psychological distress Kessler-10 (Kessler & Mroczek, 1994) Negative affectivity Positive and Negative Affect Schedule (PANAS) (Watson, Clark, & Tellegen, 1988)	2.0% experienced internal verbal sexual harassment 2.9% experienced external verbal sexual harassment	External verbal sexual harassment was associated with organizational commitment with negative affectivity as a significant covariate [F(1,202) =6.54, p,.051]. External verbal sexual harassment was associated with job satisfaction levels with negative affectivity as a significant covariate [F(1,200)=7.60, p < .051). External verbal sexual harassment was associated with psychological distress with negative affectivity as a significant covariate [F(1,196)=5.63, p < .05).
Johnson (2013)	Find out the prevalence of unwarranted sexual behaviors against student nurses in	Cross-sectional survey with intervie	Delta region of Nigeria 41 nursing students	Sexual harassment and related factors (Researcher-developed survey	Feelings Ways of coping (Same survey[1])	14.60% strongly agreed and 9.80% agreed in response to the question "Have	Coping strategies: did nothing (2.4%), were shocked (22.0%), ignored it (9.8%), complained to staff (19.5%), left the scene (31.7%), joked (2.4%), and complained to family member or friend (51.2%).

	Nigeria.	w		and Interview)		you been a victim of sexual harassment?" Sources of sexual harassment in the last six months: doctor (4.9%), lecturer (14.5%), co-worker (0.0%), co-student (29.3%), patient (2.4%), refused/missing (48.8%)	Feelings: anger (53.7%), frustration (12.2%), fear (17.1%), helpless (7.3%), depressed (24.4%), and humiliation (17.1%).
Takaki, Taniguchi, & Hirokawa (2013)	Investigate associations of workplace bullying and harassment with headache, stiffness of the neck or shoulders, lumbago, and pain of two or more joints.	Cross-sectional survey	35 healthcare or welfare facilities in Japan 1,642 workers (professional caregivers, nurses, clerks, nutritionists, and others)	Sexual harassment in the context of employment (Negative Acts Questionnaire, (Einarsen & Raknes, 1997)	Frequency of pain in last month Four-point scale developed by researchers	Mean sexual harassment score on scale of 3 to 15: 3.38 for men and 3.25 for women	Headache, stiffness of neck and shoulders, lumbago, and pain of two or more joints were significantly positively associated with sexual harassment in women [prevalence ratio (PR) at 95% confidence interval (CI) = 1.08, 1.03, 1.05, 1.09 respectively]. Lumbago and pain of two or more joints were significantly positively associated with sexual harassment in men [PR at 95% CI = 1.07 and 1.13 respectively].
Kvas, & Seljak (2014)	Explore violence in nursing as experienced by nurses in Slovenia.	Cross-sectional survey	National Register of qualified nurses and midwives in Slovenia 692 nurses	Experiences of sexual violence: unwanted sexual advances in verbal, non-verbal or physical form that injures a person's dignity, such as unnecessary touching, fondling, sexual innuendo, sending email with sexual content, suggestive remarks and comments, sexually insinuating comments or	Actions following violent acts Reasons for inaction (Same survey[1])	11.4% of participants had experienced sexual violence in the past year.	Actions following sexual violence: formal written report (8.7%); oral report/discussion with a superior (24.3%); notified the professional association/union (8.7%); discussed it with co-workers/colleague (40.5%); did nothing/discussed it with nobody (17.9%). Reasons why participants did not report acts of sexual violence: because nothing would change or because of prior negative experience (51.7%); fear of losing one's job (25.0%); fear of the person initiating violence (15.0%); belief that the victim caused the violence (1.7%); other (6.7%).

				gestures, sexist jokes, forced sexual intercourse, attempted rape or rape (Workplace Violence in Nursing, researcher-developed survey)			
Gleberzon, Statz, & Pym (2015)	To survey a group of female chiropractors and inquire as to whether or not they have been sexually harassed by their patients.	Cross-sectional survey	The Canadian Memorial Chiropractic College (CMCC) 19 female faculty members	Experience of sexual harassment while in a clinical setting: suggestive looks; sexual remarks; suggestive physical gestures; receiving inappropriate gifts; pressure for romantic dates; exposure of body part in a sexually suggestive way; inappropriate brushing, touching, or grabbing; unwanted contact; unwanted communication; and other compliments on make-up/hair (Modeled on survey used by Phillips & Schneider, 1993)	Response to harassment (Same survey[1])	11 participants experienced sexual harassment while in a clinical setting. Sources: 8 were harassed by patients and 3 by other chiropractors or office staff.	Number of participants who responded to the harassment in the following ways: ignored or continued care (3); gave a verbal warning (3); immediate dismissal (0); delayed dismissal after attempted continued care (1); legal action (0); and contacted malpractice carrier (0).
Boafo, Hancock, & Gringart (2016)	To document the incidence, sources, and effects of workplace verbal abuse and sexual harassment against Ghanaian nurses.	Cross-sectional study	12 public hospitals in five regions of Ghana (2 teaching 5 regional, 5 district hospitals) 592 professional nurses	Sexual harassment Adapted from International Labour Organisation, International Council of Nurses, the World Health Organization, and the Public Services	Reactions to sexual harassment (same survey[1])	12.2% of participants exposed sexual harassment in the past 12 months. Perpetrators: patient (11.3%), patient's	Reponses to sexual harassment: took no action (23.6%); told the person to stop (55.6%); told family/friends (8.3%); told a colleague (40.3%); sought transfer to another unit (1.4%); completed an incident form (1.4%); sought help form association (11.1%); tried to pretend it never happened (11.1%); tried to defend myself physically (47.2%); sought counseling (1.4%); reported to a senior staff/in-charge (4.2%); pursued prosecution (1.4%); took action to

				International health sector workplace violence questionnaire (ILO et al., 2003).		relations (18.3%), doctor (54.9%), nurse (7.0%), other staff (8.5%).	investigate the incident (4.2%). Reason for not reporting incidents of sexual harassment: it was not important (80.6%); such abuse is part of the job (11.3%); I felt ashamed (22.6%); I was afraid of negative consequences (3.2%); no action will be taken if reported (19.4%); did not know to whom to report (53.2%); other reasons (9.7%). Effects: repeated disturbing memories (33.8%); avoided thinking or talking about the incident or having feeling related to it (46.4%); and being "super alert" or watchful and on guard (66.2%).
Nielson, Kjær, Aldrich, Madsen, Friborg, Rugulies, & Folker (2017)	Investigate the experience and handling of sexual harassment from patients in care work.	Exploratory qualitative	Hospital emergency department (1), hospital neurology department (1), nursing home (2), psychiatric residential facility (4), community health and rehabilitation center (1), residential care facility for patients with traumatic brain injury (1) in Denmark. 39 care workers; 38 female, 1 male; 1 managers, 6 shop stewards, 3 safety representatives, and 19 employees. Included 13 trained nurses, 11 eldercare workers, 9 pedagogues (teachers), 5 physio- and ergo therapist, and 1 medical doctor.				Sexual harassment is a complex and multifaceted phenomenon. Themes and subthemes include the following: (1) Ambiguity in meaning and language: (a) a multifaceted phenomenon, (b) unclear terminology, (c) blurred lines (2) Care workers reactions and responses: (a) emotional reactions including fear, shock, insecurity, powerlessness, shame, and self-blame; (b) normalization; (c) withdrawal, avoidance, and disclosure; (d) standing up for oneself (3) Organizational measures and workplace culture: (a) attitudes toward sexual harassment; (b) guidelines and policies; (c) support and shielding; and (d) ensuring that patients sexual needs are met

Yang, Stone, Perini, & Morris (2018)	Investigate the incidence, type, related factors, and effects of workplace violence on mental health nurses as well as identifying coping strategies	cross-sectional survey	Mental health hospital in Wuhan, China 290 Chinese nurses	Sexual harassment: verbal sexual harassment, sexual harassment with bodily touch (Researcher-developed questionnaire)	Burnout: emotional exhaustion, depersonalization, reduced personal accomplishment (The Maslach Burnout Inventory – General Survey, Schutte, Toppinen, Kalimo, & Schaufeli, 2000)	Percentage of participants who had at least one incident of sexual harassment (63.4%), verbal sexual harassment (53.4%), and sexual harassment with bodily touch (42.9%). Incidence of sexual harassment by perpetrator: patients (M = 1.24, SD = 1.34), visitors (M = 1.7, SD = 0.29), not indicated M = 1.08, SD = 1.02).	Annual frequency of sexual harassment was significantly correlated with emotional exhaustion (r=0.253, p=.0.000) and depersonalization (r=0.179, p=0.000). Nurses who reported at least one sexual harassment incident had significantly higher emotional exhaustion scores than those who did not report sexual harassment (Z=2.95, p=0.000).