Coping Strategies and Perceived Barriers of women hospitality workplaces employees to sexual harassment in Bahir Dar city, Northwest Ethiopia: A Ground Theory Approach

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Abstract

Background: Coping strategies of sexual harassment are determined by the person, environment, and cognitive reappraisal. Consequently, the issue of how women victims cope with the problem is still unsettled worldwide. Women were disproportionately victims of sexual harassment in the hospitality industries, and the issue of response is at an earlier phase in low and middle-income countries, and particularly in Ethiopia. Thus, this study was aimed to develop a context specific and data-driven coping strategy framework for sexual harassment victimization against women working in the hospitality workplaces.

Methods: We conducted a qualitative, grounded theory approach to guide the study process. The data were collected from women, managers, cashiers, and customers. We use a semi-structured, specific audience, and focus group discussion guides. A constant comparative approach was used to summarize data and describe meanings. ATLAS. ti version 8.4.24 software package was used for data coding categorizing, and visualizing networks.

Results: The analysis provided a context specific coping strategic framework, which consists of, closely interconnected, four dimensions practiced by women hospitality employees. The dimensions were normalization, engagement, help-seeking, and detachment with the respective barriers. The normalization dimension encompasses silence, acceptance, denial, refusal, grief, and tolerance. Likewise, the engagement dimension consists of confrontation, negotiation, retaliation/threatening, and discrimination of the perpetrators. The help-seeking dimension also involves elements such as discussing with friends, complaining to supervisors, consulting professionals, and accusing the perpetrators. Finally, the detachment dimension entails job-hopping, job withdrawal, work withdrawal, and distancing. A variety of barriers deterred all dimensions. However, normalization was facilitated by some factors, and adverse outcomes ended the engagement dimension of coping.

Conclusion: The sexual harassment coping capacities of women employees have been unclear, which left no whole for the stakeholders to intervene. The new coping strategic framework can serve as a valuable guide to design context-specific interventions that make the women and the stakeholders prevent sexual harassment, decrease the barriers, and alleviate effects.

Plain English Summary

The widespread of workplace sexual harassment in the world, together with the increased undesirable consequences that affect workplace employees, particularly women and the younger generation, in the social, economic, cultural, and political dimensions has attracted the attention of researchers. Workplace sexual harassment has been mentioned as an essential underlying factor for work dissatisfaction, posttraumatic stress disorder, physical injury, deteriorated well-being of employees, and other reproductive health-related issues. Among the reproductive health issues, transactional sexual practice, commercial sex work, menstrual abnormality, and acquiring STIs/HIV are prominent concerns. Though

WSH is common in all job categories and both in the male and female gender, usually, it is more common in women employees, particularly in settings such as hospitality workplaces. Despite the evidence of irreversible consequences of WSH in workplaces, less attention was given to how women employees of hospitality workplaces respond and cope with the problem. No-governmental and governmental organizations did not realize the depth of the problem in hospitality workplaces. Thus, this study aimed to develop a context specific and data-driven coping strategy framework for sexual harassment victimization against women working in the hospitality workplaces, in Bahir Dar city, Ethiopia. We conducted in-depth interviews, Focus group discussions, and key informant interviews. The participants of the study were 45 women employees who had the experience of workplace sexual harassment, five workplace managers, four cashiers, and four customers. In the interviews, we focused on how women employees respond and cope with sexual harassment while they are at work. Besides, we asked the facilitators and barriers of responding/coping with sexual harassment in their workplaces. We used qualitative research to generate a theory that explains the strategies of coping strategies and barriers that deter the response. We propose strategies that can improve the interventions to cope with workplace sexual harassment or eliminate the barriers.

In our theory, we point out that the assumption that women will automatically respond while she faces sexual harassment consideration of coping is a single act or a process considering reporting as a last resort are not correct. Our findings showed that women would try to normalize, engage, seek-help, and detach from the issue sequentially. Thus, we found that the new coping strategic framework can serve as a valuable guide to design context-specific interventions that make the women and the stakeholders prevent sexual harassment, decrease the barriers, and alleviate effects.

Background

States worldwide, such as USA [1], India [2], African Union [3], Philippines [4], and European Union [5], defined sexual harassment (SH) as a situation "where any kind of unwanted verbal, non-verbal or physical behavior of a sexual nature occurs, with the intent or effect of violating the dignity of a person, in particular when creating an intimidating, hostile, degrading, humiliating or offensive environment." It was also defined widely, as we do in the current paper, as includes sexual assault, rape attempts, and rape [6]. In short, workplace sexual harassment (WSH) is a condition of an unwelcome sexual advance, request for sexual favors, or hostile verbal or physical conduct that affects one's work performance or employment [7, 8]. Currently, the literature provides convincing evidence for the persistence and pervasiveness of WSH [8–11]. WSH against women can have overwhelming effects on women's safety, health, well-being, and, ultimately, their participation in the work [8, 12]. Grossly, the consequences of WSH can be emotional, psychological, professional, and health-related [8, 13], which incur costs globally, and too much cost in low and middle-income countries (LMICs) [14]. Besides, it needs well-established social assets, including social networks and tailored reproductive health knowledge, to decrease its risk among the vulnerable [15].

One of the embodiments of WSH is in the hospitality workplace [10–12]. Given the increasing number of hospitality industries and the enrolment of more women than men, there is a growing concern that WSH may be increasing in prevalence and severity of its impacts [12]. Even though WSH could affect women everywhere in the world, those who are working in the hospitality industries are the most vulnerable, unorganized (female, young, and minorities) with income insecurity that emphasizes their dependency on supervisors, managers, and customers [16]. However, due to the difference in perception, experience, and coping strategies based on factors such as gender, context, and ideology, the WSH is still a debatable and unsettled issue worldwide, and in LMICs in particular [8, 17].

Sexual harassment in the hospitality workplaces could be caused by the structure, manager, and beliefs and norms in the hospitality workplace [16]. The structural causes are either related to the structure of the hospitality workplace or its employment. On the other hand, the managerial causes could be either from seeing violent behavior as an acceptable managerial practice or perceiving SH as a direct result of failed management and weak leadership. Furthermore, universal norms and beliefs of the hospitality workplaces include the belief of aggressive behaviors as part of the job in the hospitality industry; the belief that staff should obey guests' wishes ('the customer is always right' norm), and the belief that the manners of customers are acceptable and should be tolerated [16]. These causes, the involvement of brokers in the perpetrators' group, and the engagement of employees in transactional sex practice made the issue too worse than ever. Consequently, sexual harassment results in negative impacts either to the organizations or to the individuals.

The individuals (i.e., employees, supervisors, customers, and witnesses) could be affected. Nevertheless, the effect is worse among the victims (employees) [18]. The effects include feelings ranging from embarrassment and anger to disgust, adverse feelings about work, feeling cheap, and being flattered. It also affects an individual's employment (in terms of security and promotions), interferes with an individual's work performance, intrapersonal well-being, and interpersonal relations due to significant psychological upset [19]. Further, it creates an offensive work environment, especially for women. When accumulated at a firm level, the individual's consequences for employees led to higher absenteeism, increased staff turnover, reduced productivity, poor industrial relations, a growing number of complaints and litigation, and poor public relations [20]. From a sector perspective, the high rates of violence and harassment create a sexualized and risky image for hotels as a working environment and deter potential workers who cannot tolerate these kinds of behaviors [21].

Given the ubiquity, multi-directional cause, and multiple and all-rounded effects of sexual harassment, the ways victims respond/cope were different [8]. Coping refers to attempts to neutralize stress, or as any action that protects people from being psychologically or emotionally harmed [22]. The choice of specific coping strategies used in response to SH varied significantly depending on occupational status, gender, climate, harassment severity, and power differential. These strategies could be determined by the personal (the target's occupational status within the organization, race, and gender), environmental (the climate of the organization in which the harassment occurred, the severity of the harassment incident, and the difference in power between the perpetrator and the target), and cognitive (cognitions, arousal,

and emotional reactions) factors [23, 24]. There are also debates about whether coping is a single act or a process [8]. Similarly, studies consider reporting as a last resort [8, 17, 25].

In Ethiopia, despite the criminal code proclamation number 414/2004 prohibits SH and prescribes simple imprisonment for the perpetrator [26] and considered as a prohibited act of workplace under proclamation number 1156/2019 [27], until quite recently, SH in the hospitality workplace is a hidden problem. Although the tourism and hospitality sector contributed 4.1% of the total gross domestic product and 8.4% of the total employment, only a few studies have reported the magnitude of workplace violence among commercial sex workers (CSW) [28, 29], health care providers [30–32], restaurant workers [33], university students [34], and female faculty and staff [35] in limited areas of Ethiopia. However, none of these studies recognized the coping strategies of the employees, and they centered on communities that relatively get attention. Nonetheless, these issues are essential steps towards designing effective SH prevention programs among women working in hospitality workplaces in the country. However, most projects that focus on reducing reproductive health problems such as HIV/AIDS, unsafe abortion, and unwanted pregnancy did not give attention to the WSH.

Therefore, this study aimed to understand the coping strategies, barriers, and facilitators as a base for informing the development of data-driven and context-specific coping strategic framework dimensions, which provide potential SH prevention pathways among women who have been working in hospitality workplaces of the urban city administration, northwestern Ethiopia.

Methods

Study setting

This qualitative grounded theory approach was conducted in Bahir Dar city, the capital of Amhara regional state, Ethiopia. Most of the hospitality workplaces are situated in the town, mainly because the recreation centers of the city are favorable for enjoyment. The population of the Bahir Dar city is 311,724, (253, 104 urban, and 58,620 rural). It is one of the tourist destinations cities in the state. In the city, rural to urban migration is on the increase, and the number of people eating, drinking, and enjoying outside their homes expected to increase, which in turn demands more hotels, restaurants, and cafeterias. The estimated number of women working across these different facilities ranges between 12 and 40. We chose all hospitality workplaces as the setting for this research. We did not know each workplace conditions at the selected hospitality workplaces. They were screened based on their compliance conditions imposed by the Ministry of labour service authority and the willingness of hospitality workplace management to participate in this study.

Design
This qualitative study was conducted within the framework of Strauss and Corbin's grounded theory. This method recognizes the existence of multiple socially constructed realities. It aims to elaborate interpretations that can clarify the behaviors of the study participants and describe processes. The grounded theory is suitable to explore in those areas or fields that have not been examined previously or

that need to be explored in greater depth/ even from a new perspective [36]. We employed the "Consolidated criteria for reporting qualitative studies (COREQ)" 32-item checklist for reporting [37].

Population and sampling

We collected the data using focus group discussions (FGD), in-depth interviews (IDI), and key informant interviews (KII). Ten in-depth interviews (IDIs) and six focus group discussions (FGDs) were conducted with women hospitality workplace workers. These workers had at least 6-months working experience in the hospitality industry. The participants were currently working in the hospitality workplaces in the study area. Women who work in hospitality workplaces were identified and contacted to be questioned. Non-governmental organization's community workers living in the city where the study participants live, help us in reaching the females. Thirty-five female hospitality workplace workers participated in the FGDs. Five participants were in two FGDs, 7 participants were in one FGD, and 6 participants were in the other three FGDs. Concerning KIIs, a total of 13 Key-informant interviews (KIIs) (five managers, four cashiers, and four customers) were conducted. Four hospitality workplaces were visited to conduct interviews with the supervisors. Initially, the willingness to be questioned by the managers/supervisors was denied. Nevertheless, finally, with the help of personal networks and by convincing management that the researcher was a Ph.D. student with ethics approval from the University, permission was granted. The hospitality workplace managers welcomed an interview after knowing the identity of the researcher.

The purposeful sampling method was used for the initial interviews, and according to the emerging codes and categories, the required data were collected by using theoretical sampling. Participant selection, data collection, and data analysis continued until theoretical saturation was reached, and a detailed and accurate description of experiences was obtained.

Data collection and Procedure

This study employed a qualitative ground theory. Data were collected through direct FGDs, IDIs, and KIIs. Multiple data collection methods were applied to reduce biases that may appear for using a single method [38, 39]. It also enables us to avoid the limitations of using any single method. FGDs were first directed to place issues in a group context where adult females who were comfortable with each other could share their experiences and their ideas. Following the FGDs, the IDIs were conducted with separate female workers where they were able to squeeze out more in-depth their workplace experiences. Both IDIs and FGDs were done to realize the individual and group perspectives of their experiences of sexual harassment during work. In contrast, KIIs were undertaken to understand better workplace relations and power dynamics related to the issue of sexual harassment at work from the perspective of hospitality workplace supervisors/managers, cashiers, and Customers.

Data were collected from January to August 2019. The expanded data collection period was primarily due to difficulties in accessing women due to their very long working hours. Similarly, it was due to problems in accessing KIIs due to competing priorities for their time.

Interview guides were intended to elicit discussion with study participants. The guides for IDIs and FGDs were similar, but a distinct interview guide was developed for KIIs. The issues covered were employees,

managers, coworkers, and customers' practice of response to SH. Similarly, it included barriers and facilitators of employees to respond to those experiences. Furthermore, the ideas of what could be done to prevent or better to respond/cope up WSH was included. All guides were pre-tested with five people who have comparable demographic profiles. The pre-test was planned to assure their suitability to improve the guidelines and interview techniques for the local setting. These masses were not included as study participants. All discussions were conducted in Amharic, the local language. In-depth Interviews and FGDs with women were conducted in a location convenient to the study participants. The IDIs and FGDs were held in a hotel where female workers feel comfortable and secure. The study participants wanted to ward off their work surroundings to have free discussions about their experience of coping with SH. The researchers also wanted to evade the formality of the hospitality workplace environment. The researchers conducted the FGDs in a way that was hired to do the treatment safely and competently. The researchers also tried to make the location in the average place where all participants can get access to transport. KIIs were conducted in a private office that was voluntarily provided by the hospitality workplace Managers/supervisors. Assignments were made over the phone for each participant. Four researchers conducted the FGDs and the IDIs (two for each): one facilitated the discussions. At the same time, the other assisted with the logistics of getting together the women and taking notes as required. All interviews were audio-recorded with consent from participants. Each interview and FGD lasted approximately 60 to 105 minutes, with an average interview time of 80 minutes. FGD participants were offered tea, coffee, water, and soft drink to express appreciation for their time and covered their transportation costs. IDI participants were also provided tea, chocolate, water, and soft drink to show appreciation for their time and covered their transportation costs. Both FGDs and IDIs were conducted during the daytime and in the evening (until 8:00 PM).

Data analysis

All recorded interviews and FGDs were recorded, transcribed, approved by the researchers, and then analyzed line-by-line. The texts were cross-checked with audio files for accuracy and consistency before coding. The copies were prepared by a research assistant who is a university graduate with experience in conducting qualitative research and preparation. Data were analyzed by following a ground theory analysis approach suggested by Corbin and Strauss [40]. Data collection and analysis were performed simultaneously such that the data from each interview were analyzed before the next interview was started. Unanswered questions from the prior interview were emphasized more in the next interview. Accordingly, the first interviews directed the next ones. We used open coding, axial coding, and selective coding in the current study.

First, open coding was done by line-by-line coding after each interview. At this stage, we fractured the data to compare incident to incident and to look at similarities and differences in beginning patterns in the data. Codes were immediately built in the English language to facilitate the involvement of all authors. The first two transcripts were coded autonomously by two people, the first Author (MD) and the research assistant who are fluent in Amharic and English. Until consensus was got on the code-book, several meetings were directed with all the authors. We followed the constant comparative method for data collection and analysis [40]. Along with the interview sessions and regular discussions with the

authors, we built the code-book. At this stage, a total of 403 initial codes were salvaged inductively. Similar codes were merged, and meanings were assigned to the data, resulting in 46 subcategories, which then were grouped into four categories based on their commonalities.

We used the paradigm scheme of Strauss and Corbin for axial coding to identify the core categories, theoretical data saturation, constant comparative analysis, constant sensitivity, and memoing [40], which provides general building blocks to formulate a specific hypothesis. These identified blocks are normalization, engagement, help-seeking, and detachment. At this stage, relationships were identified between the categories, and the analysis was refined.

Finally, we commenced selective coding, referring to the process of integration and refining the theory using a storyline as a tool. A core phenomenon was carefully chosen through several team meetings. It must be central and connected to all the others, frequently appear in the data, be logical and reliable, have explanatory power, and be able to explain variations [40]. All authors discussed the relation of each category to each other until the storyline was well-defined. Finally, we refined the scheme, validated to maintain internal consistency, and logic. To organize the data, we used ATLAS. ti 8.4 computer software.

Rigour

We followed Guba and Lincoln's criteria for dependability and authenticity [41]. We triangulated the researchers, data collection techniques, and data. For confirmation of the contents, the transcriptions were sent by e-mail to the people participating in the interview and focus group discussion. The analysis was supported by the memorandums written during the entire analytical process. To avoid biases related to their experiences of the phenomenon under study, the researchers applied reflexivity during the analysis [42].

Results

Sociodemographic Characteristics
Fifty-eight women, managers, cashiers, and clients participated in the FGDs, IDIs, and KIIs. These were forty-five women, five managers, four Cashiers, and four clients. The participant women's age ranged from 18 to 30 years. The key informants involved managers, cashiers, and customers that work as a merchant, tour guide, and driver.

Coping Strategic dimensions and barriers
The findings are organized in a framework named workplace sexual harassment coping strategic framework. This strategic framework was developed following coding and clustering of codes about the responses of women towards sexual harassment victimization. The identified coping dimensions were (1) normalization, (2) engagement, (3) help-seeking, (4) detachment. Normalization or social normalization is the process through which ideas and behaviors that may fall outside of social norms come to be regarded as "normal." Engagement is oriented toward addressing sexual harassment. These might include confronting the source or the perpetrators of the sexual harassment (e.g., challenging the perpetrators about sexist behavior, including accusing of what his unwanted behavior, confrontation,

discriminating, refusal, denial, and threatening). Help-seeking is a strategy that includes informal social support seeking, informal organizational support seeking, and formal organizational support seeking. The informal social support seeking might include talking with friends, /someone for advice/support, and talk with family for understanding/support. The informal organizational support seeking includes talking with the supervisor/someone in management and report the situation informally. Finally, formal organizational support seeking is making a formal complaint. Finally, detachment, in this case, refers to the act to leave the situation or the perpetrators. It includes job mobility, keeping distance, and job and work withdrawal to cope with sexual harassment (Fig. 1).

Normalization

The finding shows that normalization was the most frequently discussed coping dimension in the case of sexual harassment, and it contains several coping elements that include acceptance, ignorance, silence, negotiation, tolerance, and sorrow. Many participants described that they fear of being charged for things that they did not do, future revenge, and job loss in cases of the perpetration by the customers, agents, coworkers, and immediate bosses (supervisor, manager, owner). They believed that acceptance and ignorance of comments about physical attributes, tolerating touches and insults, tolerating gestural signals, and crying in case of hitting/slapping/pinching plays essential roles in coping with SH

"Some of us have a family. So, due to fear of losing the job, community discrimination, and our real boyfriends/husband, we respond to the perpetrators (customer, coworker, manager) positively and appoint the perpetrators to get us somewhere outside our workplace, willing to take phone numbers and promise to continue without our interest." (30 years, FGD, four years' experience in a cafeteria)

Another participant added:

"It is so difficult to accuse. If we take the case to court, they will ask three witnesses. The bad thing is that no one will give a witness because they will be afraid of the future. The criminal one will release from prison soon. Then he will attack these individuals who gave witness. So, people who are around during the event will try to manage the case at the spot .no one is willing to take the case to court. Even the managers will respond negatively to the event. He will worry about the turbulence in the hotel. Not worried about the victim waitress". (25 years, IDI, three years experience in a restaurant)

Some participants mentioned that some aspects of normalization dimensions, such as silence, were interpreted as agreement or acceptance of the requests of sexual harassment:

"I did not keep silent for such an act. I know that there are waitresses who stay quiet for sexual harassment acts. Nevertheless, the implication of being silent for customers/perpetrators is acceptance of the request and the laws. I also think that keeping quiet is accepting him. So, remaining silent is not profitable for waitresses." (22 years, IDI, one and half years experience in a hotel)

Conversely, some participants mentioned that some factors facilitated them to stick in this dimension of coping (Fig. 1). These were: promised to be promoted to a better job position, getting good

recommendations, self-confidence and high morale, religious beliefs, and positive thinking and optimism.

Engagement

The analysis showed that engagement was found to be one of the crucial dimensions to cope with, recover from, and adapt the effects of sexual harassment. This dimension encompasses a broad scope of sexual harassment coping elements such as accusing, confronting, discrimination, denying, refusing, and threatening the perpetrators. The respondents mentioned pinching the breasts and slapping the hips, insulting, requesting for dates and sexual intercourse, and forceful kissing are the typical sexual harassments in hospitality workplaces. Thus, they thought that the elements under this dimension were crucial.

"I confront the perpetrator, discuss, and convince them that what they are doing is wrong and unacceptable. I also threaten them that I would expose him to the community. I would tell them that I know them before and that they have wife and children. These acts make them ashamed. This action would protect my friends and me in my institution." (21 years, IDI, 1-year experience in a restaurant)

Furthermore, the FGD and IDI participants mentioned that there was the distribution of bad rumors about them, they were fired from the job, they were kicked, raped, slapped, insulted, and reduced their income as a result of practicing the coping elements of this dimension.

"Mostly, if we refuse to accept their request, they would not come to our institution. Mostly it will reduce the income of the organization and might create bad rumors about the waitresses in the organization." (26 years, IDI, two years experience in the cafeteria)

Help-seeking

This coping dimension revolves around the factors that determine women's adaptation and coping strategies, which need third party involvement. This dimension includes informal social support seeking, informal organizational support seeking, and formal organizational support seeking. The informal social support seeking includes talking with friends, /someone for advice/support, and talk with family for understanding/support. The informal organizational support seeking includes talking with the supervisor/someone in management and report the situation informally. In conclusion, formal organizational support seeking is making a formal charge. The other component of this proportion was the religious aspect, such as praying.

"… Mahbere Hiwot (local non-governmental organization) had around five affiliation health centers. So, every woman who faced rape, infection, and other health problems as a result of sexual harassment can access the services from these health centers. Therefore, if we are openly brought the case, we can get any health services from the health centers. Nevertheless, most of the time, we will keep the event secret." (20 years, FGD, two years experience in a bar)

Detachments

Many FGD and IDI participants, as well as key informants, explained that the inactivity of the aforementioned coping strategies, bureaucracy, lack of complaints Procedure in organizations, managers' influence, unfair treatment, and legal personnel's perception were the situations in this patriarchal

community. In reaction, women gave the operating area and place, withdraw from their task, and hold on their distance from the culprits.

"If the perpetrator is the manager, he will fire both the victims and the witnesses. Due to this and the lack of pieces of evidence, we did not report to anybody. It is also not a common practice among waitresses. Our last resort is to leave the job and compete in another place." (29 years FGD, two years experience in a bar)

There was a general agreement that these coping strategies were insufficient to cope with sexual harassment in hospitality workplaces. The lack of knowledge about sexual harassment, lack of complaint procedures, lack of strategies and policies, insufficient managerial skill, the presence of women who practice transactional sex, unfair treatment of women based on gender, victim-blaming, financial problem, and social discrimination were the challenges.

"For those who need to submit the complaint, the statutory institutions want witnesses, and it is unlikely to get any solution for acts such as touching, winking, and fondling. Those who see this act are not willing to be a witness due to the fear not to be fired. Nevertheless, even there is a witness, we are not ready to file a complaint. This non-accusation is due to our perception of the long process of the complaint. Mostly, we thought that the legal process takes time and money. The legal bodies act if they see someone is hitting us. I do not think that there is a legal issue for sexual harassment. I think the legal process is not giving solutions. Some of the coworkers are acting like relationship creator. The other issue is that there are waitresses who are acting as a commercial sex worker." (21 years, IDI, 1-year experience in a restaurant)

To surmount these roadblocks, many IDI and FGD participants suggested various interventions based on the source of the barriers, such as organizational, stakeholders, government, and victim. Since most of the problems are linked to the hospitality workplaces, almost all participants indicated that the organizations should adjust work shift for female workers, establish formal complaint process and training systems, formulate disciplinary procedures, improve wearing style and wage of employees, and establish regular psychological counseling for employees. They also suggested interventions such as posting awareness creation posters, respect employee rights, and improvement of employees' management.

"I think awareness creation of sexual harassment before joining the work, formulation, and implementation of rules and regulations as well as complaining procedures, as well as posters to aware customers about sexual harassment and its impacts, can play significant roles." (21 years, IDI, 1-year experience in a cafeteria)

Another participant added:

"One solution may be correcting all factors that push the customer towards sexual violence like the uniform-wearing style. Besides, there should be clear regulations in the hotels." (22 years, FGD, two years'

experience in a restaurant)

Several of the participants also suggested other stakeholders monitor actively and regularly, to work on integration, to dedicate promotional calendar, to change the attitude of the community, to empower women employees, and to consider SH prevention standards in their hospitality workplaces leveling criteria.

"I believe these organizations should be audited what they are doing in places such as restaurants, hotels, and other hospitality industries." (25 years, FGD, four years experience in a restaurant)

"No, there is no. Nevertheless, we will be happy if we exist. We request the stakeholders to control the salary scale and the influences of managers and the business owners on waitresses. We are neglected groups. No one asks our working conditions and the impacts we faced." (25 years, FGD, two years experience in a cafeteria)

Another participant added:

"As far as I know, waitresses are perceived to be wrong and responsible for all negative results. Whatever the cause, customers are always right, which is illegal. There should be regulations that state the rights and responsibilities of the waitresses. We know our responsibility and working bit accordingly; We do not know our rights. Owners are worried about the duties of the waitresses but not on our right. For every negative consequence, the responsible body should be identified." (22 years, FGD, three years experience in a grocery)

Furthermore, they suggest the victims struggle for their rights through establishing an organization that could fight for their rights and consults legal bodies, psychologists, and health care professionals while they faced serious SH.

"I did not see any in my organization. I think the solution is protecting ourselves. Even the police will not respond to any sexual harassment activities, which happen in Infront of them. Also, the polices are the perpetrators on the road. The other solution is praying." (26 years, FGD, five years experience in a restaurant)

Figure 1 shows the coping strategies and its perceived barriers that emerged from the analyzed qualitative data. The coping strategy contains four strategic dimensions for these specific women hospitality workers. These coping strategic dimensions are organized step-by-step approach considering the severity of the sexual harassment, the involvement of victims, perpetrators, the hospitality workplaces, other organizations, and people. Moreover, the qualitative facts influenced the leveling of the dimensions and the state of the links between them. Hence, normalization and engagement dimensions were manged by either the individual employees (potential victims) or the perpetrators and applied for the minimum to moderate sexual harassment acts. In contrast, help-seeking and detachment dimensions were manged by the victims, the perpetrators, the organizations, and other stakeholders' involvement and applied for relatively severe forms of sexual harassment. This coping strategy was developed through the interactive

process among investigators who deeply immersed themselves in the data set and was subjected to critics and continuous feedbacks from experts, stakeholders, and representatives of the study communities.

Discussion

This qualitative study explored coping strategies and perceived barriers to sexual harassment among women employees of Bahir Dar city hospitality workplaces, Northwest Ethiopia. To establish a productive coping strategy for WSH, understanding how women hospitality employees cope with sexual harassment is crucial. It is also vital to understand what barriers deter their coping strategies. Coping WSH and barrier elimination attempts require context-driven strategies that are articulated through an in-depth understanding of local views and indigenous response to WSH practices and respective barriers. Generally, the determinants of coping with SH and the barriers are all local, with specific characteristics that must be realized for appropriate standards to reduce the risk of SH [23]. However, most interventions of SH prevention programs are guided by a broader global, regional, or national level framework [12], which lacks essential elements of sensitivity and compatibility to the local needs, priorities, and aspirations of the target community [43]. Such a top-down approach often fails to recognize the vital role of communities and ignores the potential of local knowledge, resources, and capacities, and they may even saliently increase women employees' vulnerability to multidimensional impacts of sexual harassment [3, 12, 44].

Given that the determinants, characteristics of vulnerability factors, and barriers are variable based on occupation, gender, and cognition of the victims [23, 24], SH reduction interventions that drive from the contextually irrelevant strategies are fundamentally ineffective [17, 22, 23]. We argue here that the interventions targeted in reducing WSH and its impacts shall be supported by scheming and applying advanced strategies identified by a scientific, research-oriented, and evidence-based coping strategies. This study inductively constructed coping strategies and its barriers that can address the gaps in the science of WSH coping strategies, which often guided by a limited understanding of the nature of the perpetrators, the causes of sexual harassment, the challenges of coping, and socioeconomic characteristics of victims in a specific setting. Thus, the findings of this study and the new framework are useful to design and apply circumstantial and locally appropriate coping strategies to increase women employees' capacity to withstand the consequences of WSH.

The results of the current study consist of four dimensions (normalization, engagement, help-seeking, and detachment) of coping with WSH with perceived barriers in each dimension application. The strategy shows the relationship among these coping dimensions in the context of hospitality WSH. It accentuates understanding of what makes women employees unable to adapt to the specific dimensions of coping, which in turn makes the women employees less vulnerable to future risks and vulnerability and creates a specific opportunity for future interventions.

In this strategy, normalization (avoiding or minimizing conflict) has been identified as one of the most important coping strategies and constitutes elements of responses of SH and perceived barriers. At this stage, women employees come to see their experience as usual and compare their experience favorably with others. Consequently, they accept, keep silent, ignore, avoid, deny, tolerate, or sorrow while they face SH at their workplace. Employed women were challenged by the perception that some activities such as tolerance and silence are the indication of interest and facilitated by rewards such as promotion, useful recommendation, self-confidence, firm moral, religious beliefs, positive networks and, positive thinking and optimism. Evidence also supported that normalization was preferred due to the perception of hospitality employees' acceptance of SH is inevitable, seeing the components of normalization elements of coping responses as critical job-related skills, lack of preventative strategies by management, and an absence of sanctions for guests who harassed them [45]. However, these components of the normalization strategy dimension were applied more for all types of perpetrators-more for the managers, supervisors, owners, and coworkers. In line with passive coping strategy [46], victims at this stage gently refused perpetrators' behavior. Normalization is the preferred dimension of coping by most victims. It contradicted the recommendation that suggests a firm and negative stance for the perpetrators [47].

Nevertheless, in settings such as hospitality workplaces, customers, or other perpetrators (coworkers and supervisors), confrontation is considered as wrong, and women may experience negative consequences of SH due to their firm responses [46]. Also, sexual harassment, even severe SH, was ignored and normalized at this stage. In line with other studies [16, 17, 22, 48], the possible reason was power differentiation. The implication of this finding is the perceptions that the situation never happened, the complainant herself was complicit, or it could not have been that bad were as a result of normalization and is one dimension of coping. In this regard, the provision of tailored interventions such as psychosocial that buffer any negative mental health consequences of SH, women empowerment, and awareness creation training could build the employees' capacity for the choice of the appropriate coping strategies. In fact, given the existence of deep-rooted and general beliefs and norms of WSH, the challenges to intervene at this stage are tough. This challenge calls for active awareness creation movements about sexual harassment.

Engagement is among the essential coping strategy elements that appeared from the present data. Engagement consists of response components such as confronting, refusing, discriminating, threatening (blackmailing) or negotiating of the perpetrators. It is the least used dimension. The potential reasons for its least usage were the barriers and consequences of engaging in this dimension of coping strategy. The barriers were lack of knowledge on some legal backgrounds, lack of facilities to help in such stressful situations, and inaccessibility of surroundings.

On the other hand, the feared consequences of applying this dimension of coping were the distribution of wicked rumors, loss of a job, rape, physical harm, false accusation, income reduction/demotion, and verbal insults. Evidence also showed that women who confronted their harasser would be evaluated negatively by men and would be ascribed to more instrumental traits than women who did not confront the harasser, irrespective of the type of SH [17]. Women who confronted perpetrators were also

considered as lacking the femininity and perceived as impertinent [17, 49]. Evidence also supports that retaliation, threatening the perpetrator in this study, is one of the coping methods of sexual harassment [50]. These findings imply that women's beliefs about the negative consequences and reactions deter many women from confronting the harasser and reporting the incident [17, 51]. Thus, ensuring legal mitigation mechanisms and awareness creation about the formal way of complaining sexual harassment victimization would minimize the risks encountered by the women. Moreover, ensuring context-specific solidarity techniques would increase women employees' confidence and workplace communication with supervisors [52].

In the emerged coping strategy, help-seeking was the third dimension and appeared as a cornerstone. It contains essential response elements such as informal social support-seeking, informal organizational support seeking, and formal organizational and legal support-seeking. However, those who practiced and interested to practice this dimension of coping strategy faced challenges such as the inappropriate perception of legal bodies, deep-rooted beliefs, and norms of the organization, insufficient managerial skill, lack of complaint procedure, lack of financial resources and lack of societal acceptance/support. Evidence supports that the factors that most differentiated help-seeking dimension users from others were judgment and extent of the condition (i.e., Help-seekers found it to be far more frustrating, offensive, disturbing, and so forth, and the situation had persisted for weeks to months)[53]. Consistent with a study conducted in Australia [54], despite the presence of explicit legal frameworks for preventing and responding to WSH, women employees preferred the extra-legal help-seeking practices in this study. As stated, the potential reasons for the preference of extra-legal help-seeking were bureaucracy-complex and time taking rules and regulations applied rigidly, the power difference between the victim and the perpetrator, corruption, fear of job loss, judicial reluctance and perception, and inadequate legal assistance and high cost. This finding implies that in addition to the low awareness about the legality of SH, the implementation procedure also deters women from formal legal help-seeking behavior. Thus, interventions that include awareness creation to legal bodies would help to increase the legal help-seekers. This finding was beyond the limit of this research, and future researchers would see the challenges and solutions of the legal response to sexual harassment.

The fourth and final dimension of coping strategy that emerged in this study was detachment. This dimension consists of job-hopping, job withdrawal, work withdrawal, and distancing from the perpetrators. However, those who practiced and planned to practice this dimension faced challenges such as being hunted by the perpetrators, Lack of employment opportunities, Engaging in Commercial sex work, and Lack of financial resources. This dimension of coping with WSH was less addressed. However, in this study, the detachment was mentioned as the most frequent coping dimension. Consistent with the study on coping strategies of workplace incivility [53], the detachment dimension practitioners in this study shared specific characteristics with the minimization dimension practitioners. However, unlike the mentioned study, the detachment dimension practitioners in this study did not consider the SH as mild, and the response was for the more powerful perpetrators. The finding of this dimension of coping implies that unemployment and other unemployment-related risks such as engaging in commercial sex work could increase. Thus, more organizations should avail counselors available and implement employee

assistance programs targeted to employees, helping them contain the emotional and occupational sequelae of workplace victimization [28].

In summary, this study depicts that even silence is a coping strategy. It also explained that the participants could use more than one dimension and components at the same time or step-by-step. Furthermore, the barriers were significant for the shift from one dimension of coping to the other. Generally, this strategic framework could help in the development of context-specific WSH interventions. Nevertheless, future researchers should confirm the applicability of the framework using empirical studies.

However, this study has potential limitations. As the study participants were women who work in hospitality workplaces, the views of men and other workplace contexts were not included, and this might limit the adaptability of the new conceptual framework. The framework is developed based on the perceptions and perspectives of women employees, supervisors, cashiers, and customers of hospitality workplaces and readers bear this in their mind in interpreting the findings. Coping strategies should be shaped by the perspectives, realities, and priorities of the targets, which ensure receptivity and acceptability of the proposed strategic interventions. The strategic framework did not differently treat people with disabilities; instead, it suggests interventions at individual, organization, and community levels, which could benefit hospitality workplace women employees generally. Moreover, the study did not cover large geographical areas, which might limit the scope of application of the strategic framework.

Conclusion

Multiple barriers have challenged the response of women employees to SH. The written report described that coping is multidimensional, having four interrelated dimensions with complex interactions and relationships, informing that women employee may be enhanced by playing at different response pathways as possible entry levels for interference. The analysis indicated that coping does not live in a single category; instead, the entire framework together, interacting with one another, constitutes coping. The framework is context specific, and it is advantageous to guide SH response development to enable women employees to cope up, adjust to, and recover from the impacts of sexual molestation. Building coping strategies against WSH requires interventions that strengthen the four components in concert and at multiple levels (individual, hospitality workplaces, and legal bodies). All coping strategic dimensions would cause a stronger influence on both women employees and hospitality workplaces. However, strategic dimensions, such as normalization and engagement, would cause a more substantial influence on women employees. Therefore, any intervention needs to debate the barriers, facilitators, and outcomes related to response elements. While the framework offers suitable direction to understand, lead up and design context specific response planning, it is likewise essential to test the applicability, conceptual and statistical relationship among the coping strategic dimensions through appropriate sample size and study method.

Abbreviations

AIDS: Acquired Immune Deficiency Syndrome; BCC: Behavioral Change Communication; CIRHT: Center for International Reproductive Health Training; CSW: Commercial Sex Worker; FGDs: Focus Group Discussions; IRB: Institutional Review Board; KIIs: Key informant Interviews; LMICs: Low-income and Middle-income Countries; MoSHE: Ministry of Science and Higher Education; Ph.D.: Doctor of Philosophy; SH: Sexual Harassment; WSH: Workplace Sexual Harassment

Declarations

Acknowledgments

Authors' Contributions

MD initiated the concept and developed the proposal, and involved in data collection, transcription, data coding, analysis and write up of the draft manuscript. He was also involved in the data collection, transcription, and translation of the interviews. MD, GT, and ZB were involved in the review of the analyzed data and final manuscript preparation. All authors read, agreed, and approved the last version of the manuscript and approved both to be personally responsible for the author's contributions and ensure that questions linked to the accuracy or truthfulness of any part of the work, even ones in which the author was not personally involved, were appropriately investigated, resolved, and the resolution documented in the literature.

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Availability of data and materials

The authors deposit the raw data analyzed in the current study in the data archives of Jimma University. The de-identified data is accessible upon reasonable request through the authors. Please e-mail me at muliedile@gmail.com.

Ethics approval and consent to participate

We received ethical approval from the Institutional Review Board (IRB) of Jimma University and Institutional review Committee (Ref N<u>o</u>-RP/366/10) of Debre Tabor University. The World Health Organization's ethical and safety recommendations for exploring sensitive topics were observed [55]. Well-versed written consent was taken from each study participant. Similarly, written permission was approved to record the conversation. To uphold the seclusion, anonymity, and confidentiality of data, we explained to each of the respondents that his or her identity and the evidence he or she would furnish would be secret. It was further clarified to the participants that only the researchers who are directly involved with this study would have access to the information. This explanation helped to create an environment where women felt safe discussing personal experiences of their work. Confidentiality was maintained after the data were collected by de-identifying the field notes, transcripts, audio recordings, and any subsequent publications. In this article, the researcher used generic terms such as 'study participants' and 'female workers' instead of their names. Despite steps taken to assure that participants felt safe and comfortable sharing information with researchers, still, some participants were reluctant to reveal their experience. It was explained that in that location were no 'right' or 'wrong' answers. The study participants have the right to terminate the interview/withdraw her from the subject field at any time. The privacy and confidentiality were ensured in each interview and FGD. Moreover, by conducting FGDs and IDIs away from their work, participants were assured. So that they freely discussed the issues without fear of such conversations being monitored by their supervisors.

Consent for publication

Not applicable

Competing interests

The author (s) declared no potential conflicts of interest concerning the research, authorship, and publication of this article.

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Tables

Table 1. Sociodemographic profile of women hospitality workplace employees involved in the focus group discussion and in-depth interviews in Bahir Dar, January to August 2019 (n = 45).

	IDIs (n=10)	FGDs (n=35)
Mean age (SD)	24.4(±4.88)	24.83 (±3.30)
Educational status		
Primary education	1	4
Secondary education	8	28
College and above	1	3
Mean years (SD) of experience	2.8(2.15)	2.42 (±1.64)
Raised area		
Urban	3	26
Rural	7	9

IDIs: in-depth interviews; FGDs: focus group discussions

Table 2. Background information of the Key informants involving in in-depth interviews from supervisors, cashiers, and customers of hospitality workplaces in Bahir Dar, January to August 2019 (n = 13).

ID	Sex	Age	Profession/position	Educational level	Experience
KIca1	Female	21	Cashier	10th grade	2 years
KIca2	Female	25	Cashier	10th grade	5 years
KIca3	Female	18	Cashier	8th grade	6 years
KIca4	Female	23	Cashier	Degree holder	1 year
KIcu1	Male	68	Merchant	4th grade	NA
KIcu2	Male	30	Driver	10th grade	NA
KIcu3	Male	31	Driver	10th grade	NA
KIcu4	Male	23	Tour guider	10th grade	NA
KIm1	Male	20	Supervisor	Diploma holder	2 years
KIm2	Male	29	Manager	Degree holder	6 years
KIm3	Male	27	Manager	Degree holder	7 years
KIm4	Male	35	Manager	Degree holder	10 years
KIm5	Male	26	Manager	Degree holder	4 years

Note. KI: key informant; Ca: cashier; Cu: customer; m: manager; NA: not applicable
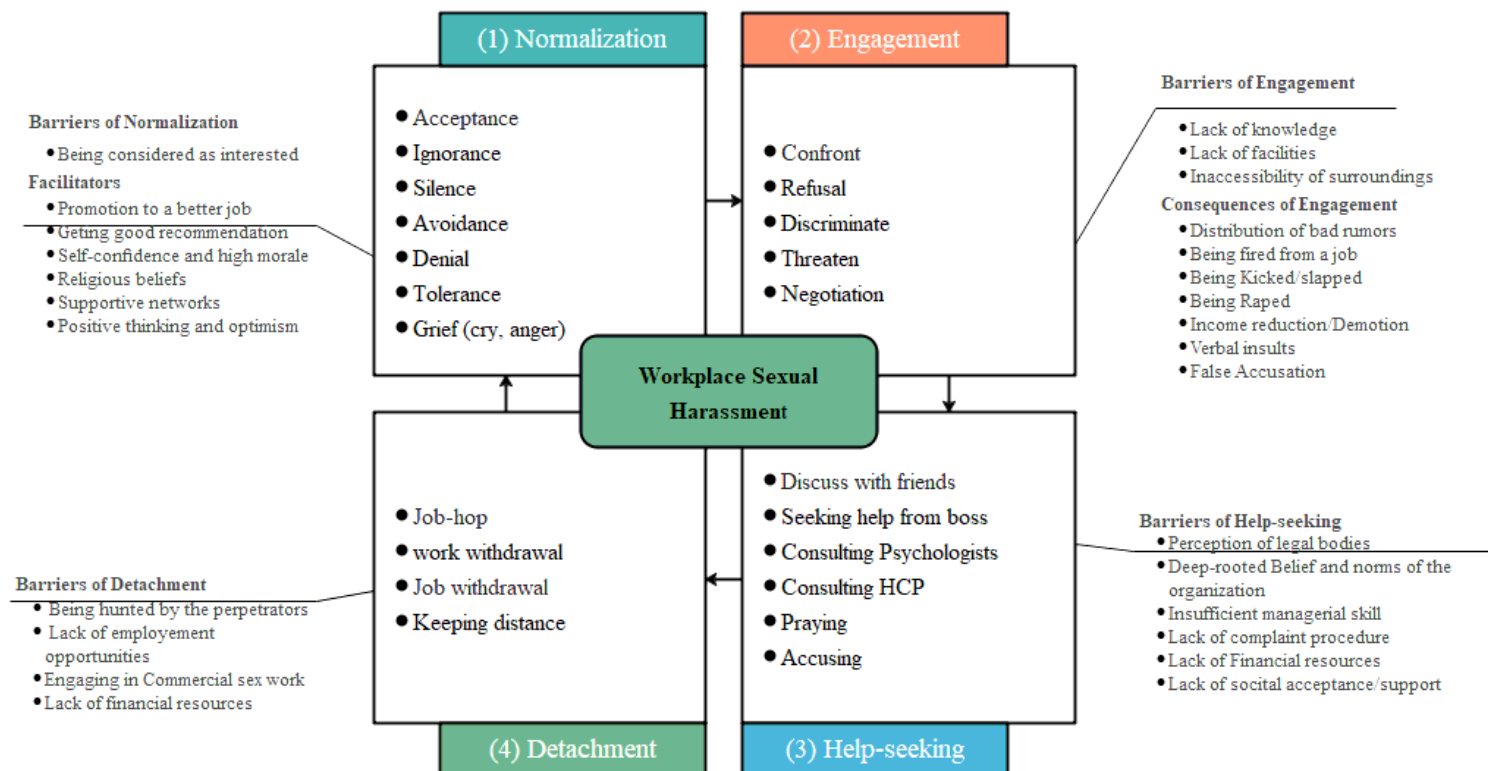
Figures

Figure 1

Strategic coping dimensions and barriers of sexual harassment among women working in hospitality workplaces, Bahir Dar, Northwest Ethiopia.

Supplementary Files

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