FACTORS AFFECTING RESILIENCE AMONG LGBT HEALTHCARE PROFESSIONALS

Carl G. Streed Jr. M.D.
Fellow, General Internal Medicine & Primary Care, Brigham & Women’s Hospital

Mickey Eliason Ph.D.
Professor, Health Education, San Francisco State University
CARL G. STREED JR.

Chair, AMA Advisory Committee on LGBTQ Issues
Fellowship funded by HRSA T32HP10251
LEARNING OBJECTIVES

1. Identify key barriers to healthy and supportive work environments for LGBT healthcare professionals;
2. Identify opportunities for creating institutional support for LGBT colleagues;
3. Advocate for systemic change to support LGBT colleagues.
• Eckstrand L, Potter J Eds. *Trauma, Resilience, and Health Promotion for LGBT Patients: What Every Healthcare Provider Should Know.* In press
  • Resilience Development among LGBT Health Practitioners
RESILIENCE

• Bounce back from adversity, resist illnesses under adverse conditions, and function in stressful circumstances
• Stems from social support and resources in communities
• Hope and Optimism

# Joy in Work

## Human Needs

<table>
<thead>
<tr>
<th>Wellness + Meaning</th>
<th>Design</th>
<th>Leaders</th>
<th>Pebbles</th>
<th>Commensality</th>
<th>Habits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appreciation/Goals</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Equity/Autonomy</td>
<td>⭐️</td>
<td>⭐️</td>
<td>⭐️</td>
<td>⭐️</td>
<td>⭐️</td>
</tr>
<tr>
<td>Physical Health/Safety</td>
<td>⭐️</td>
<td>⭐️</td>
<td></td>
<td></td>
<td>⭐️</td>
</tr>
<tr>
<td>2nd Victim Support</td>
<td>⭐️</td>
<td>⭐️</td>
<td>⭐️</td>
<td></td>
<td>⭐️</td>
</tr>
<tr>
<td>Camaraderie</td>
<td>⭐️</td>
<td></td>
<td>⭐️</td>
<td></td>
<td>⭐️</td>
</tr>
<tr>
<td>Psychological Safety</td>
<td>⭐️</td>
<td></td>
<td>⭐️</td>
<td></td>
<td>⭐️</td>
</tr>
</tbody>
</table>

WORK STRESSORS

• Heavy workload; lack of control over the workload
• Time pressures
• Multiple roles
• Human pain and suffering

McCann et al. (2013). International Journal of Wellbeing, 3(1).
LGBT WORK STRESSORS

- Invisibility
- Loss of referrals
- Fear of being outed
- Overt discrimination or hostility towards LGBT
- Fear of being fired

Dhaliwal et al. (2013). BMC Research Notes, 6, 154.
ADDRESSING A RESEARCH GAP

• Standardized resiliency scale (Brief Resilience Scale; Smith et al, 2008)
• Common experiences of LGBT health professionals in the workplace drawn from the research literature
• Socio-demographic & workplace/discipline characteristics.
• Open-ended questions about negative/positive experiences in the workplace and respondents’ management of them.
BRIEF RESILIENCE SCALE

• Three positively worded items on the scale.
• Each statement was rated from 1 (strongly disagree) to 5 (strongly agree).
  • I tend to bounce back quickly after hard times
  • It does not take me long to recover from a stressful event
  • I usually come through difficult times with little trouble.
STUDY SAMPLE

• 277 healthcare providers solicited for online survey via GLMA newsletter, professional networks, and snowball sampling.
  • Age 18-74 (mean 38)
  • Medicine (n = 118); nursing (n = 84); and others (PA, mental health professionals, pharmacists, PTs, etc)
  • 22% were students, 14% residents/interns, 3% postdocs, and the rest practicing providers
  • 42% terminal degree (MD, PhD, JD, etc), 28% master’s degree, 28% bachelor’s degree
SAMPLE CHARACTERISTICS

- 80% white
- 14% transgender / gender non-conforming
- By sexual identity:
  - 62% lesbian/gay;
  - 10% bisexual;
  - 10% heterosexual;
  - 18% other (queer, genderqueer, other terms)
LOW RESILIENCE

- Using cut-off score indicating neutral or low resilience, 25% of the sample was low in resilience
  - By sexual orientation
    - 23% lesbian / gay
    - 35% heterosexual
    - 5% bisexual
    - 24% of “other”
  - By profession:
    - 21% medicine
    - 28% nursing
  - By current gender identification

![Bar chart showing the distribution of resilience by gender and gender identity.](chart.png)
## LOW VS HIGH RESILIENCE

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Low Resilience (n=53)</th>
<th>High Resilience (n=175)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean age</td>
<td>39.2 (12.5)</td>
<td>37.3 (11.7)</td>
</tr>
<tr>
<td>Number of years in job</td>
<td>5.1 (5.8)</td>
<td>5.8 (7.2)</td>
</tr>
<tr>
<td>% White</td>
<td>76%</td>
<td>80%</td>
</tr>
<tr>
<td>**Current Gender Identification: ***</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>29%</td>
<td>71%</td>
</tr>
<tr>
<td>Male</td>
<td>14%</td>
<td>86%</td>
</tr>
<tr>
<td>Transgender/Gender nonconforming</td>
<td>35%</td>
<td>65%</td>
</tr>
<tr>
<td>% in urban area</td>
<td>59%</td>
<td>73%</td>
</tr>
<tr>
<td><strong>Job Satisfaction * (higher score = more satisfied)</strong></td>
<td>1.6 (0.6)</td>
<td>2.0 (0.8)</td>
</tr>
<tr>
<td>% dissatisfied with their job *</td>
<td>12%</td>
<td>4%</td>
</tr>
<tr>
<td># LGBT positive events at work *</td>
<td>8.1 (2.6)</td>
<td>7.3 (2.5)</td>
</tr>
<tr>
<td># LGBT negative events at work *</td>
<td>28.8 (8.4)</td>
<td>30.9 (6.2)</td>
</tr>
</tbody>
</table>
### AGENCY POLICIES

<table>
<thead>
<tr>
<th>Statement</th>
<th>Yes</th>
<th>No</th>
<th>Don’t Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nondiscrimination policy includes sexual orientation</td>
<td>71%</td>
<td>4%</td>
<td>16%</td>
</tr>
<tr>
<td>Nondiscrimination policy includes gender identity</td>
<td>46%</td>
<td>14%</td>
<td>31%</td>
</tr>
<tr>
<td>Setting has welcoming and inclusive climate</td>
<td>70%</td>
<td>24%</td>
<td>7%</td>
</tr>
<tr>
<td>Setting has LGBT events</td>
<td>50%</td>
<td>43%</td>
<td>7%</td>
</tr>
<tr>
<td>Setting has LGBT Advocacy group</td>
<td>53%</td>
<td>36%</td>
<td>11%</td>
</tr>
<tr>
<td>Setting has LGBT social group</td>
<td>49%</td>
<td>40%</td>
<td>11%</td>
</tr>
<tr>
<td>Institution has benefits for same-sex partners</td>
<td>53%</td>
<td>20%</td>
<td>26%</td>
</tr>
<tr>
<td>Institution has employee LGBT training</td>
<td>36%</td>
<td>41%</td>
<td>23%</td>
</tr>
</tbody>
</table>
STRESS IN THE WORKPLACE

- Anti-LGBTQ comments: 14%
- Witnessed poor tx patient: 8%
- Witnessed harassment of LGBTQ employee: 8%
- Treated differently for being advocate: 13%
- Stereotypical comments coworkers: 35%
- Told "too sensitive": 17%
POSITIVE EVENTS IN WORKPLACE

- pro-LGBTQ comments: 39%
- witnessed good tx of LGBTQ families: 58%
- witnessed good tx of LGBTQ patient: 61%
WHO PROVIDES SUPPORT AGAINST STRESS?

- Professional organizations/networks: 33%
- Boss/supervisor: 35%
- Coworkers: 42%
- Close LGBT friends: 76%
- Family of origin: 46%
- Partner/family of choice: 77%
## LOW VS HIGH RESILIENCE

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Low Resilience (n=53)</th>
<th>High Resilience (n=175)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall work-related stress * (higher scores = more stress)</td>
<td>75.1 (15.6)</td>
<td>67.3 (19.3)</td>
</tr>
<tr>
<td>LGBT-work related stress *</td>
<td>50.6 (25.3)</td>
<td>27.8 (27.5)</td>
</tr>
<tr>
<td>Stress has affected mental health % yes *</td>
<td>71%</td>
<td>45%</td>
</tr>
<tr>
<td>Stress has affected physical health *</td>
<td>42%</td>
<td>16%</td>
</tr>
<tr>
<td>Stress has affected job satisfaction *</td>
<td>63%</td>
<td>42%</td>
</tr>
<tr>
<td>Stress has adversely affected relationships with coworkers *</td>
<td>67%</td>
<td>44%</td>
</tr>
<tr>
<td>Stress has affected job promotion/loss of job *</td>
<td>31%</td>
<td>17%</td>
</tr>
<tr>
<td>Stress has affected burn out *</td>
<td>60%</td>
<td>31%</td>
</tr>
<tr>
<td>Sum of stress-related problems *</td>
<td>15.6 (3.6)</td>
<td>14.5 (3.8)</td>
</tr>
</tbody>
</table>
## COMPARISON ACROSS FIELDS

<table>
<thead>
<tr>
<th>Variable</th>
<th>Medicine (n=137)</th>
<th>Nursing (n=84)</th>
<th>Other (n=56)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current gender identity: *</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>39%</td>
<td>62%</td>
<td>46%</td>
</tr>
<tr>
<td>Male</td>
<td>50%</td>
<td>23%</td>
<td>40%</td>
</tr>
<tr>
<td>Trans/gender nonconforming</td>
<td>11%</td>
<td>16%</td>
<td>14%</td>
</tr>
<tr>
<td>Mean Age (SD) *</td>
<td>34.9 (11.0)</td>
<td>41.0 (12.2)</td>
<td>39.5 (12.6)</td>
</tr>
<tr>
<td>People of color *</td>
<td>25%</td>
<td>10%</td>
<td>29%</td>
</tr>
<tr>
<td>Identified as L, G, or B</td>
<td>71%</td>
<td>76%</td>
<td>71%</td>
</tr>
<tr>
<td>Stress related to LGBT issues</td>
<td>30.2</td>
<td>30.4</td>
<td>28.7</td>
</tr>
<tr>
<td>Not satisfied with their job/education</td>
<td>4%</td>
<td>9%</td>
<td>6%</td>
</tr>
<tr>
<td>Workplace is welcoming and inclusive</td>
<td>55%</td>
<td>27%</td>
<td>18%</td>
</tr>
<tr>
<td>Out to most/all coworkers</td>
<td>77%</td>
<td>71%</td>
<td>80%</td>
</tr>
</tbody>
</table>
PARADOX

• Providers lower in resilience actually had more favorable work environments with more LGBTQ inclusive policies, but self-reported more stress and more adverse consequences of stress.
LIMITATION

• Sample size did not allow for enough power to study effects of ethnicity, occupation, age, and sexual/gender identification, although those who identified as gender queer/queer and trans reported the lowest levels of resiliency.

• Lack of cisgender, heterosexual comparator group
NARRATIVE FINDINGS

• Positive events
  • Pro-LGBT comments
  • Appropriate treatment of LGBT patients and families

• Unacceptably high levels
  • Discriminatory policies
  • Workplace harassment
  • Differential treatment
FUTURE WORK

• Is resilience an inborn personality trait or determined by the environment?
• Some suggestion that the more forms of oppression one has, the more likely they may be low in resilience.
• Interventions need to be at multiple levels:
  • Systematic changes in society to lessen stigma
  • Institutional changes in workplaces to increase knowledge of LGBTQ issues
  • Interpersonal changes in employees to make local level workplaces welcoming and inclusive
  • Individual interventions to build/increase resiliency
OPPORTUNITIES

• Societal/Public Policy
  • Employment non-discrimination

• Organizational and Professional Factors
  • Policies inclusive of sexual and gender minorities
  • New hire orientation
  • Appropriate mechanisms for reporting abuse/discrimination
  • Adequate facilities
OPPORTUNITIES

• Community Factors
  • Community support can compensate for the negative effects of family rejection
  • Buffers negative consequences of discrimination

• Individual Factors
  • Disclosing sexual identities fosters social integration
