

**Occupational Health,
Psychosocial Risks and
Prevention Factors in
LGBTQIA+ Populations
in Portugal**



HENRIQUE PEREIRA | IARA TEIXEIRA

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Henrique Pereira and Iara Teixeira

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Índice

About the Editors	7
Introduction	11
Chapter 1	
Occupational Health, Psychosocial Risks and Prevention Factors in Lesbian, Gay, Bisexual, Trans, Queer, Intersex, Asexual, and Other Populations: A Narrative Review	15
<i>António Oliveira, Henrique Pereira, Felipe Alckmin-Carvalho</i>	
Chapter 2	
Psychosocial Determinants of Occupational Health Through the Lenses of Gender Identity and Sexual Orientation	39
<i>António Oliveira, Iara Teixeira, Felipe Alckmin-Carvalho, Henrique Pereira</i>	
Chapter 3	
Measuring LGBTQIA + Inclusive Workplace Climate Practices: The Perspectives of Sexual Minorities in Portugal	93
<i>Iara Teixeira, Felipe Alckmin-Carvalho, Henrique Pereira</i>	
Chapter 4	
Lived experiences of sexual minorities in their achievement of leadership and psychosocial well-being in organizational settings	125
<i>Renata Della Torre, Henrique Pereira</i>	
Chapter 5	
“Each Step Brings a New Anxiety” - The Work Trajectories of Trans Women in Portugal: Implications for Mental Health	187
<i>Iara Teixeira, Felipe Alckmin-Carvalho, Henrique Pereira</i>	
Chapter 6	
Strategies for Creating Safer and More Inclusive Work Environments	231
<i>Henrique Pereira and Iara Teixeira</i>	

Introduction

Occupational health is a critical aspect of overall well-being, encompassing the physical, mental, and social dimensions of health in the workplace. In recent years, increasing attention has been paid to the psychosocial risks faced by marginalized groups, including LGBTQIA+ populations, who often encounter unique challenges in professional settings. In Portugal, while significant strides have been made in legal protections and societal acceptance of LGBTQIA+ individuals, disparities in workplace experiences remain prevalent.

Psychosocial risks – such as discrimination, harassment, job insecurity, lack of social support, and barriers to career advancement – can significantly impact the mental health and productivity of LGBTQIA+ workers. These risks may manifest more acutely in environments that lack inclusive policies or cultural competence. Understanding and addressing these factors is essential not only for promoting equality and human rights, but also for fostering healthier, more supportive workplaces.

The historical context of LGBTQIA+ rights in Portugal reveals a complex and multifaceted

journey marked by social stigma, legal challenges, and a gradual shift toward acceptance and equality over time. Throughout much of the 20th century, LGBTQIA+ individuals faced significant discrimination and societal homophobia, which were deeply rooted in conservative cultural norms and a troubling lack of adequate representation in both healthcare and legal frameworks. These pervasive issues often resulted in a sense of isolation for many individuals, who felt compelled to hide their identities due to the fear of severe repercussions from society at large. However, as the decades progressed, there began to emerge pockets of resistance and activism that played a pivotal role in challenging the prevailing

attitudes and demanding change, culminating in a broader recognition of LGBTQIA + rights as human rights within the national discourse.

The transition towards a more inclusive society began in the late 20th century, influenced by broader movements for civil rights and the push against homophobic attitudes. Significant milestones in this evolution included the decriminalization of homosexuality in 1982 and the formal recognition of same-sex relationships through civil unions in 2001. These legal advancements were pivotal in reducing societal stigmas and promoting positive attitudes towards same-sex parenting and personal relationships. Although the path towards complete equality is ongoing, the legal recognition provided a foundation for improving health outcomes and mitigating psychosocial risks associated with discrimination.

The combination of legal reform and increasing public awareness has led to improved societal attitudes towards LGBTQIA + individuals, although challenges remain. Current studies highlight that homophobia still exists and persists among certain segments of the population, impacting access to adequate healthcare and social services. Understanding this context is crucial for developing effective prevention strategies and health interventions tailored to the unique experiences of LGBTQIA + individuals in Portugal. Continued efforts must focus on addressing both historical and contemporary barriers to ensure the well-being of these populations while fostering a more inclusive society.

Health disparities in LGBTQIA + populations, particularly in Portugal, manifest through a combination of psychosocial stressors and adverse health outcomes. Numerous studies have illustrated the elevated rates of anxiety, depression, and suicidality among sexual minorities, which are often exacerbated by minority stress theory, whereby individuals experience chronic stress due to their marginalized status. Sexual minorities, including gay and bisexual men, often report higher instances of doctor-diagnosed mental health conditions, such as anxiety and depression. These mental health challenges are further linked to substance use and the experience of bidirectional partner violence, highlighting the complex interplay between mental distress and relationship dynamics within these communities. Moreover, the COVID-19 pandemic has underscored the severity of these disparities.

The interconnectedness of identity, societal acceptance, and mental health outcomes necessitates a multifaceted approach to address these disparities. Psychosocial risks in the workplace are a significant concern for LGBTQIA+ populations, particularly in the context of Portugal, encompass a variety of stressors, including discrimination, stigmatization, and a lack of supportive workplace policies, which can adversely affect the mental health of individuals within these communities. Individuals from sexual minorities experience heightened levels of anxiety, depression, and suicidal ideation, often exacerbated by occupational environments that fail to foster inclusivity. Discrimination in hiring practices and promotion processes, as well as the lack of representation, can create a hostile or uncomfortable atmosphere, resulting in chronic stress responses that may affect overall health and well-being.

Furthermore, the implications of these psychosocial risks are particularly pronounced in demanding occupations, such as healthcare, where the balance between professional responsibilities and emotional resilience is critical. Professionals in high-stress environments often encounter psychosocial hazards, which can be intensified for LGBTQIA+ workers due to their unique vulnerabilities. The intersectionality of occupational stressors and the systemic barriers that sexual minorities face can lead to increased burnout and job dissatisfaction. Effective monitoring and control strategies are necessary to mitigate these risks, including the implementation of inclusive policies, support networks, and training programs aimed at promoting awareness and understanding of LGBTQIA+ issues within organizational frameworks.

In addressing these psychosocial risks, the need for a multi-faceted approach becomes evident. Training initiatives focused on diversity and inclusion, alongside robust support systems, serve as protective factors that can enhance workplace environments for LGBTQIA+ individuals. By recognizing and addressing the specific challenges faced by these populations, organizations can foster a healthier workplace atmosphere that not only mitigates risks but also promotes resilience, leading to improved health outcomes and a more productive workforce.

Hence, this book explores the intersection of occupational health and psychosocial risks among LGBTQIA+ populations in Portugal. It aims

to identify specific risk factors, evaluate existing preventative measures, and propose strategies for creating safer and more inclusive work environments. By centering the experiences of LGBTQIA+ individuals, this discussion contributes to a broader effort to ensure that occupational health frameworks are equitable, comprehensive, and responsive to the needs of all workers.

Chapter 1

Occupational Health, Psychosocial Risks and Prevention Factors in Lesbian, Gay, Bisexual, Trans, Queer, Intersex, Asexual, and Other Populations: A Narrative Review

António Oliveira, Henrique Pereira, Felipe Alckmin-Carvalho

Abstract

Despite advances in legislation and social attitudes, workplace discrimination against sexual and gender minority populations remains prevalent, posing significant psychosocial risks. This study aims to explore the occupational health challenges faced by LGBTQIA+ populations, examining factors of discrimination, support, and prevention strategies. Methods: A narrative review of articles from the Scopus, PubMed, and Web of Science databases was carried out, focusing on studies published between 2011 and 2024. Articles in English, Spanish, and Portuguese were considered. Results: 359 studies were identified, and 11 articles were selected for analysis. The findings reveal pervasive discrimination experienced by LGBTQIA+ workers in the workplace, impacting their mental health and job satisfaction. Factors influencing disclosure of sexual or gender identity at work were identified, including workplace characteristics and anti-discrimination policies. Conclusions: Promoting inclusive and supportive work environments is crucial to the well-being of LGBTQIA+ employees. Recommendations include strengthening anti-discrimination protections, improving education and training on LGBTQIA+ issues, and promoting explicit communication about support and equality. Despite progress, more research is needed to address gaps

in understanding and effectively promote the occupational health of sexual and gender minority populations.

Keywords:

occupational health; psychosocial risks; LGBTQIA + ; prevention factors; narrative review

1. Introduction

The acronym LGBTQIA+ (Lesbian, Gay, Bisexual, Trans, Queer, Intersex, Asexual, and others) encompasses a wide range of identities related to sexual orientation, gender identity, and gender expression, including those who do not identify within binary classification logic (Parent et al., 2013). Despite the existence of various terms and acronyms used to represent sexual and gender minorities, such as “LGBT” and “LGBTB”, we have chosen to use “LGBTQIA+” to reflect the diversity of gender identities and sexual orientations more comprehensively. A recent study evaluating the prevalence of individuals belonging to the LGBTQIA+ population across more than 30 countries found that an average of 9% of adults identify as part of this community (IPSOS, 2023).

Regardless of the terminology used, individuals who self-identify and are part of the LGBTQIA+ community today face various forms of violence and marginalization in multiple contexts. These forms of violence can vary, including physical, verbal, symbolic, explicit, or implicit assaults, as well as microaggressions, such as isolation, hypersexualization, and derogatory comments, among others (Mendoza-Pérez et al., 2024). Although underrepresented in work contexts, it is estimated that up to 5.9% of all workers identify as LGBTQIA+, with more than one in four (30%) experiencing at least one form of workplace discrimination (Sears et al., 2021). Flage (2020) discovered that in the recruitment processes for workers in OECD countries, openly LGBTQIA+ candidates face discrimination similar to that experienced by ethnic minorities. Discrimination is more intense for low-skilled candidates and is more prevalent in Europe than in North America.

This high prevalence is attributed to the social stigma against LGBTQIA+ individuals, which has an adverse and pervasive impact on their physical and mental health. It increases the risk of conditions such as pathological stress, depression, anxiety, social isolation, obsessive-compulsive disorders, and the abusive consumption of alcohol and other substances. Additionally, it can lead to self-destructive behaviors, including suicidal ideation, suicide attempts, and suicide itself (Mendoza-Pérez et al., 2024; Flage, 2020; Mendoza-Pérez & Ortiz-Hernández, 2020; Nadal et al., 2016). The level of stigma faced, in its various manifestations, depends on numerous individual and collective variables, such as the degree of a country's commitment to affirmative legislation and policies that protect these individuals, promote their social inclusion, and safeguard their rights and dignity.

The stigma faced by the LGBTQIA+ population has deep historical roots. Non-heterosexual orientations, as well as non-binary, fluid, or transgender expressions, have been classified as pathologies, crimes, moral deviations, and sins (Sumerau et al., 2018; Moon, 2014; Ogunbajo et al., 2022; Ben-Lulu, 2022; ILGA-Europe, 2023). The HIV/AIDS epidemic, which began in the 1980s with a higher incidence among American gay men, reinforced the stigma associated with homosexuality and bolstered the narrative of prejudice against this population (Alckmin-Carvalho et al., 2023; Alckmin-Carvalho et al., 2024).

Although significant advancements have been made in protecting LGBTQIA+ rights (ILGA-Europe, 2023; Amorim et al., 2021; Greene-Rooks et al., 2021), sexual and gender diversity is still criminalized and explicitly punished in some countries, sometimes including the death penalty. A study published by ILGA World in 2020 (Mendos et al., 2020) provides a concerning analysis of the criminalization of homosexual expressions in various countries around the world. Currently, 67 UN Member States have laws that criminalize same-sex relationships and minority gender expressions. Among these countries, six UN Member States – Brunei, Iran, Mauritania, Nigeria (only in the 12 northern states), Saudi Arabia, and Yemen – prescribe the death penalty as a legal punishment for consensual same-sex acts. This application of the death penalty is confirmed with full legal certainty. Additionally, there are five other UN Member States – Afghanistan, Pakistan, Qatar, Somalia (including Somaliland), and

the United Arab Emirates – where some sources suggest that the death penalty might be applied for such conduct, although there is less legal clarity on this issue in these countries (Mendos et al., 2020).

Even in Western countries where laws are designed to protect the rights of the LGBTQIA+ population, such as Brazil and other Latin American countries, studies indicate that this population continues to face significant challenges. For instance, although homosexuality is not considered a crime or pathology in Brazil, and expressions of homophobia and transphobia have been criminalized (Gomes & de Araújo, 2023), the country leads global statistics in absolute numbers of deaths due to homophobia/transphobia. In 2022, there were 273 violent deaths of LGBTQIA+ individuals in Brazil, with 83.5% being homicides, 10.9% suicides, and 0.6% other causes (Acontece Arte e Política LGBTI+ et al., 2023). Therefore, it is evident that there is a discrepancy between the laws protecting the rights of the LGBTQIA+ population and the attitudes of institutions and society.

Chronic exposure to physical, verbal, or symbolic violence has been associated with an increased prevalence of psychopathologies in the LGBTQIA+ population. The Minority Stress Theory (Meyer, 2003), which is the theoretical perspective underpinning the present study, has been influential in guiding research on the health and well-being of sexual and gender minorities. The model was later expanded to include gender minorities, particularly describing the role of gender non-affirmation as a stressor (Frost & Meyer, 2023).

This model highlights that minority stress differs from general stress because it originates from prejudice and stigma. Meyer (2003) described both distal and proximal stress processes. Distal stressors include discriminatory policies and laws, acute life events, chronic stress, and daily experiences of discrimination or microaggressions. Proximal stressors arise from a socialization process in which sexual and gender minorities learn to reject themselves for being LGBTQIA+, develop expectations of being stigmatized, and/or hide their LGBTQIA+ identity as a form of protection (Frost & Meyer, 2023).

Discrimination and harassment are documented in international studies, highlighting their ongoing and prevalent nature in various work settings, such as in the United States (Sheridan et al., 2019; Resnick &

Galupo, 2019). Nevertheless, in Portugal, as in many Western countries, individuals who self-identify as LGBTQIA+ often face discrimination, stigmatization, and other psychosocial risks (Pereira & Monteiro, 2017). Nearly half of these workers – 3.9 million – live in U.S. states without legal protections (Conron & Goldberg, 2020). A large study with LGBTQIA+ workers revealed high rates of unfair treatment and workplace harassment (Sears et al., 2021).

Previous studies have shown that LGBTQIA+ workers are at higher risk of experiencing physical and mental health problems (Pereira & Costa, 2016; Pereira, 2021). In addition, psychological distress has been identified as a significant indicator of lower occupational health and well-being (Pereira et al., 2022).

Notwithstanding the advancements in visibility and human rights, there are still considerable gaps in research into occupational health and working conditions related to negative outcomes for LGBTQIA+ workers. According to EU-OSHA (2022), large-scale surveys rarely consider sexual orientation or gender identity, and LGBTQIA+ workers often conceal their identities to avoid victimization, reinforcing invisibility and hampering research efforts.

On the topic of occupational health, psychosocial risks, and prevention factors in LGBTQIA+ populations, we found the review by Di Marco et al. (2021), which focused on managing sexual and gender identity in the workplace. However, their review lacks methodological transparency, weakening its internal validity. Therefore, we believe our study is a pioneer in conducting a narrative review that addresses this gap, guided by the question: “What are the psychosocial risks faced by the LGBTQIA+ population in the workplace, and what are the preventive factors that can avoid or mitigate their negative effects on occupational health?”

In this regard, our narrative review assumes relevance both socially and scientifically. Socially, it addresses a significant gap in understanding the challenges faced by the LGBTQIA+ population in the workplace, highlighting the importance of recognizing and addressing the discrimination and psychosocial risks that these workers often encounter. By bringing these issues to light, the review contributes to the promotion of equity and justice in the workplace. From a scientific perspective, the review provides a comprehensive synthesis of existing

literature on the topic, identifying research gaps and areas that require further investigation. In doing so, it not only drives scientific research in this field but also fosters greater awareness of the unique needs of LGBTQIA+ workers and their importance for public health overall, guiding interventions aimed at multiple levels, including public policies. We reiterate that despite positive social changes, inequalities persist, underscoring the ongoing need for research and effective interventions to reduce minority stress and protect the health of sexual and gender minority populations.

2. Materials and Methods

This narrative review sought to expand upon the existing literature by analyzing articles from the Scopus, PubMed, and Clarivate Web of Science databases. An initial research strategy was applied, adopting keywords that would allow for the delimitation of the search. The following keywords were used: “LGBT”, “LGBTT”, “LGBTQIA +”, “sexual minority”, and “sexual orientation”, coupled with “occupational health”, “occupational risk”, “moral harassment”, “psychosocial risks”, “prevention”, and “work environment”. Filters were utilized to select open-access articles. The inclusion criteria for the studies were:

- a) Articles published between 2011 and 2024 were included if their main theme focused on occupational health issues, risk factors, and prevention of physical and mental health problems among the LGBTQIA+ population in the workplace, regardless of the research design.
- b) Articles published in English, Portuguese, and/or Spanish were included.
- c) Articles with open access were searched in the Scopus, Clarivate Web of Science, and PubMed databases.

Excluded from the search were book chapters, books, theses, and dissertations, as well as articles behind paywalls. Research published in languages other than those specified in the inclusion criteria was

also excluded. As a result of the bibliographic search process, 359 articles were identified from the databases searched, with 321 being excluded. Thirty-eight full-text articles were read to determine eligibility in response to the research question. The 27 articles were excluded on the basis of specific criteria, such as not focusing on occupational health, psychosocial risks, and the working conditions of the LGBTQIA + population, and studies that addressed the LGBTQIA + population in a tangential way without a direct link to the work environment. In addition, articles indexed in more than one of the databases consulted were excluded. This process resulted in the selection of 11 articles that provide a solid and up-to-date basis for understanding the working conditions and occupational health of LGBT-QIA + workers, ensuring the validity and applicability of the review's conclusions. Therefore, 11 articles were selected for analysis in this narrative review.

From the selected articles, we crafted a detailed table to record essential information, such as the publication title, authors' names, publication year, employed methodology, sample, and key findings or conclusions. Subsequently, we conducted a thorough reading of the full texts, discussing the content of each article to assess how they addressed the initially proposed research question.

3. Results

The main results obtained for the articles considered in this narrative review can be seen in Table 1 below.

Table 1. Articles selected for the narrative review (n = 11).

Title/Authors	Objectives	Methods	Main Results	Conclusions
Baker & Lucas (2017) Is it safe to bring myself to work?	To explore LGBTQ workers' experiences of dignity in the workplace.	Qualitative study using in-depth interviews.	Findings showed LGBTQ employees experienced dignity through authenticity, recognition, and inclusion.	Workplace dignity is essential for LGBTQ individuals' well-being.
Pagliaccio (2024) Workplace experiences of LGBTQIA + trainees, staff, and faculty	To examine workplace experiences of LGBTQIA + individuals in academia.	Mixed-methods: surveys and interviews.	Reported challenges included discrimination and lack of representation.	Institutional change is needed to improve inclusivity.
Beatriz & Pereira (2023) Workplace Experiences in Portugal	To assess the workplace experiences of LGBTQIA + individuals in Portugal.	Survey-based quantitative study.	High prevalence of discrimination and concealment strategies.	Supportive environments improve well-being.
Markovic et al. (2021) Outness in Austrian workers	To analyze workplace characteristics associated with 'outness' among LGBTQ workers.	Cross-sectional survey data.	Higher outness was associated with supportive environments.	Fostering inclusion promotes authenticity.
Pereira et al. (2022) Impact of Psychological Distress	To evaluate distress and occupational well-being of LGBTQIA + individuals.	Quantitative analysis of survey responses.	Distress negatively affected job satisfaction and well-being.	Addressing mental health is crucial for LGBTQIA + inclusion.

Title/Authors	Objectives	Methods	Main Results	Conclusions
Di Marco et al. (2021) Discrimination and exclusion at work	To investigate exclusion and voice of LGBT workers.	Review-based study.	Evidence of widespread exclusion across Europe.	Organizational responses are often insufficient.
Nowack & Donahue (2020) Value discrepancies and outcomes	To assess outcomes of value discrepancies between LGBT employees and organizations.	Quantitative survey method.	Discrepancies led to higher stress and lower satisfaction.	Value alignment supports mental health and retention.
Sheridan et al. (2019) Harassment across service occupations	To analyze harassment experiences of LGBT workers in different professions.	Survey of health and social care workers.	Higher harassment in certain service sectors.	Training and policy enforcement recommended.
Lloren & Parini (2017) LGBT-supportive workplace policies	To examine effects of LGBT-supportive policies.	Comparative analysis of case studies.	Policies shaped positive experiences for LGBT staff.	Institutional support is key to inclusion.
Galupo & Resnick (2016) Microaggressions in the workplace	To assess LGBT microaggressions and their effects.	Qualitative thematic analysis.	Microaggressions impacted mental health and engagement.	Need for microaggression awareness and training.
Eliason et al. (2011) LGBT physicians' experiences	To explore workplace experiences of LGBT physicians.	Survey and interviews.	Findings revealed discrimination and pressure to remain closeted.	Creating safer environments supports openness and retention.

Table 1 provides a description of the selected articles examining the experiences of LGBTQIA+ individuals in the workplace in terms of the nationality of participants, main trends in objectives, methods, results, and conclusions. Regarding the nationality of the assessed population, most studies were carried out in European countries, such as Portugal, Switzerland, and Austria, or in the United States. Only the study of Pereira et al. (2022) evaluated psychosocial issues related to the occupational health of the LGBTQIA+ population from a developing country – Brazil. Based on our inclusion and exclusion criteria, we did not identify articles published in underdeveloped countries or in countries where sexual and gender diversity are prohibited, criminalized, and punished.

The objectives of the selected studies, although varied, had a common interest in understanding the experiences of LGBTQIA+ individuals in the workplace. Most studies assessed the frequency and most common forms of experiences of discrimination or prejudice related to different sexual and gender orientations, including covert, explicit forms of violence, as well as microaggressions faced by individuals belonging to the LGBTQIA+ community in institutions and companies (Sheridan et al., 2019; Di Marco et al., 2021; Baker & Lucas, 2017; Pagliaccio, 2024; Beatriz & Pereira, 2023; Galupo & Resnick, 2016).

Some of these studies had as an additional objective identifying possible associations between frequency and forms of discrimination and the level of distress, psychopathologies, and satisfaction with work and career reported by LGBTQIA+ individuals (Pereira et al., 2022; Beatriz & Pereira, 2023; Galupo & Resnick, 2016). Other studies sought to identify associations between work-related variables, such as company values, level of institutional support, affirmative diversity policies, and anti-discriminatory policies, and the frequency of disclosure of sexual or gender identity (Baker & Lucas, 2017; Pagliaccio, 2024; Markovic et al., 2022; Lloren & Parini, 2017). One study aimed to investigate organizational characteristics that favor this process of disclosure of sexual or gender identity (Markovic et al., 2022), and one study aimed to explore whether LGBT-supportive policies are effective in reducing discrimination in the workplace, as well as the impacts of these affirmative policies on the well-being and psychological health of LGBT individuals (Lloren & Parini, 2017).

The methods used in the studies varied, but most employed quantitative approaches (Sheridan et al., 2019; Pereira et al., 2022; Di Marco et al., 2021; Pagliaccio, 2024; Beatriz & Pereira, 2023; Markovic et al., 2022; Nowack & Donahue, 2020; Lloren & Parini, 2017), using online questionnaires to evaluate variables related to the typification and frequency of the most prevalent forms of discrimination faced by LGBTQIA+ individuals in the workplace and its possible correlations and associations with mental health outcomes and job satisfaction. Two studies used an exclusively qualitative approach (Baker & Lucas, 2017; Galupo & Resnick, 2016), while one study had a mixed design (Beatriz & Pereira, 2023). Finally, a literature review study was selected (Di Marco et al., 2021).

The number of participants varied widely between studies, ranging from small specific groups to large national cohorts, reflecting the diversity of the studied populations and the breadth of methodological approaches. Although gay, bisexual, lesbian, transvestite, and transsexual participants were included in most studies, the greatest representation was of gay men, and the smallest was of transsexuals and transvestites, both in research with a qualitative design (e.g., Baker & Lucas, 2017) and quantitative research (e.g., Lloren & Parini, 2017).

In general, the results of the studies indicated a high prevalence of various forms of discrimination against sexual and gender minorities in the workplace, as well as associations of these phenomena with lower satisfaction with work and with the career and the institution, and lower probability of disclosure of sexual or gender identity. Furthermore, some studies also report correlations between non-disclosure of sexual or gender identity and reduced psychological and professional well-being (Baker & Lucas, 2017; Pagliaccio, 2024; Markovic et al., 2022; Lloren & Parini, 2017). The results also indicated significant associations between experiences of discrimination, prejudice, and violence in the workplace and higher levels of burnout, depressive and anxiety symptoms, and lower levels of work-related quality of life, engagement, and self-efficacy referred to by LGBTQIA+ individuals (Pereira et al., 2022). The conclusions highlight the importance of inclusive and supportive work environments and underscore the need for more robust and inclusive policies, training, and education on LGBTQIA+ issues, as well as the

creation of safer and more welcoming work environments (Sheridan et al., 2019; Pagliaccio, 2024; Beatriz & Pereira, 2023). The implementation of structural changes and the promotion of a supportive culture are highlighted as essential for improving the experience and well-being of LGBTQIA+ workers (Baker & Lucas, 2017; Pagliaccio, 2024; Beatriz & Pereira, 2023; Nowack & Donahue, 2020).

4. Discussion

This narrative review provides a compilation of data in an emerging area, laying the groundwork for future innovative studies. Unlike a systematic review of available data, the narrative review seeks to offer a careful and rigorous interpretation of existing knowledge. With this approach, we believe we can make a significant contribution to the advancement of research in this field (Eliason et al., 2021).

Our findings indicate a significant underrepresentation of LGBTQIA+ individuals from underdeveloped and developing countries, which impose the most barriers to the insertion and development of sexual and gender minorities in formal work environments. All the selected studies, whether qualitative or quantitative, exhibited a cross-sectional design. None of the analyzed studies tested evidence-based interventions aimed at reducing various forms of prejudice directed at LGBTQIA+ individuals in the workplace. Assessing manifestations of stigma and discrimination in the work environment is the first step in characterizing the reality faced by these individuals. However, beyond this assessment, the development and evaluation of the effects of such interventions through clinical trials with appropriate methodologies is the next necessary step to reduce their occurrence and mitigate their effects.

The studies presented show a multiplicity of challenges faced by LGBTQIA+ individuals in their workplaces and in different professional and geographical contexts, including Austria, Brazil, the United States, Portugal, and Switzerland. These challenges range from non-disclosure of their sexual orientation and/or gender identity to the experience of discrimination and microaggressions, which contribute to the development of psychosocial risks that directly affect the well-being, productivity, and

mental health of these sexual minority workers. Understanding these data highlights the critical importance of implementing protective measures in the workplace to mitigate these risks and promote a more inclusive and healthier environment (Di Marco et al., 2021).

Psychosocial risks represent a significant concern in the workplace, with discrimination manifesting itself through exclusion, unfair treatment, or hostility based on personal characteristics such as gender identity, sexual orientation, ethnicity, religion, or disability. The absence of adequate support in the workplace further amplifies these challenges, increasing the prevalence of conditions such as depression, anxiety, and burnout among affected workers (Pereira et al., 2022). A closer look at these data reveals an interconnection between several elements, including organizational factors, inclusion policies, individual experiences, and occupational and mental health. Even in regions with anti-discrimination laws, as exemplified by Portugal (Pagliaccio, 2023) and Florida, in the United States of America (Carpenter et al., 2022), it is possible to identify a disparity between the legal protection established and its effective application in work environments. It is against this backdrop that Pagliaccio (2023) highlights the importance of supportive work environments for LGBTQIA+ workers, revealing that non-disclosure of sexual or gender identity in the workplace was prevalent despite openness in personal settings.

In addition, the studies highlight the need to recognize this significant impact on the mental health and well-being of LGBTQIA+ workers. Pereira et al. (2022), Baker and Lucas (2021), and Pagliaccio (2023) point out that LGBTQIA+ workers face threats to their dignity arising from inequalities related to their gender and sexuality, resulting in feelings of diminished self-esteem and respect. These threats manifest themselves in a variety of ways, including social harm, violations of autonomy, setbacks in career progression, and even physical harm. In response, these workers employ a variety of strategies to protect their dignity. Some seek safe spaces within their organizations or communities, while others may hide or downplay their sexual identity to avoid facing threats. However, some individuals emphasize their instrumental value, ignoring devaluations based on their identity. In addition, certain individuals take on roles as agents of change, actively working to promote safe environments where authentic gender identities and sexualities can be openly welcomed.

Microaggressions and threats to dignity, as highlighted by Baker and Lucas (2021) and Galupo and Resnick (2016), represent another important aspect to consider. These subtle forms of discrimination can undermine workers' self-esteem and well-being, creating a hostile and damaging work environment.

In their thematic analysis, Galupo and Resnick (2016) identify three distinct categories of microaggressions that affect the LGBTQIA+ community in the workplace. These categories include situations that promote a hostile or heterosexist work environment, those that are rooted in the organizational structure and reflect power inequalities, and those related to workplace policies. On the other hand, Nowack and Donahue (2021) focus on the consequences of LGBTQIA+ value incongruence, emphasizing the importance of supportive policies and practices for all employees. These authors showed that higher levels of LGBTQIA+ value incongruence were associated with higher resignation intentions and a decreased perception of organizational support. However, no significant associations were found between LGBTQIA+ value incongruence and counterproductive workplace behaviors, depression, or anxiety. In addition, perceived organizational support was found to mediate the relationship between LGBTQIA+ value incongruence and intentions to leave. These results suggest that organizational policies and practices that demonstrate commitment to the LGBT community can be beneficial to all employees, regardless of their sexual orientation or gender identity. These results underline the tangible real-world impacts for individuals and employers, strongly indicating that organizations that do not promote a culture of sexual diversity and inclusion risk facing significant repercussions, contrary to the belief that this may have minimal effects on their workforce. In addition, the authors suggest that companies that support the LGBTQIA+ community may be viewed more positively by customers.

The theoretical implications of these results are diverse. Firstly, they reinforce the importance of the Minority Stress Theory (Meyer, 2003), which posits that LGBTQIA+ individuals face chronic social stressors due to stigma and discrimination, affecting their mental and physical health (Brooks, 1981). Additionally, these results contribute to the Intersectionality Theory, which emphasizes how intersecting identities

of race, gender, sexuality, and class shape experiences of marginalization and oppression, recognizing that various forms of discrimination interact and intensify threats to dignity (Crenshaw, 1989). Furthermore, the studies indicate the necessity of an organizational focus on creating inclusive policies and support practices that consider the unique experiences of LGBTQIA+ employees. By promoting an inclusive work environment, organizations not only improve employee well-being and satisfaction but also strengthen the perception of organizational support, reducing turnover intentions and fostering a more positive and productive workplace (Meyer, 2003).

The study by Eliason et al. (2021) revealed that although rates of discriminatory behavior have decreased compared to previous reports, significant challenges remain for LGBTQIA+ professionals in the workplace. Many still face issues such as refusal of referrals by heterosexual colleagues, harassment by peers, social exclusion, derogatory comments, witnessing discriminatory care, and disrespect for partners and colleagues of LGBTQIA+ patients. Furthermore, in their study, a minority of LGBTQIA+ doctors reported having received formal education on LGBTQIA+ issues during their training. Although conditions have improved somewhat for LGBTQIA+ doctors, discrimination and exposure to negative comments remain prevalent. The results highlight the need for more concerted efforts to incorporate LGBTQIA+ educational content within broader diversity training initiatives.

As strategies for tackling these risks and promoting prevention factors, Di Marco et al. (2021) highlight the need for organizational initiatives to combat heteronormativity. Markovic et al. (2023), Galupo and Resnick (2016), and Baker and Lucas (2021) highlight the importance of implementing best practices and specific policies for organizations to deal with these issues, fostering support for the LGBTQIA+ community through educational programs on diversity and inclusion, and stressing the need for explicit inclusion in diversity curricula and structural changes in organizations. The implementation of anti-discrimination measures can foster a sense of comfort among LGBTQIA+ employees in disclosing their sexual orientation and gender identity in the workplace, thus improving the promotion of diversity in the professional environment (Markovic et al., 2023). The effective implementation of clear policies and awareness

programs is crucial to creating an organizational culture that values and respects diversity, thus promoting a more welcoming and safer working environment for all employees. It is essential that workplace diversity statements are aligned with existing policies and that they are applied effectively to ensure an inclusive and equitable working environment for all employees (Galupo & Resnick, 2016).

The limited studies available have evaluated the experiences of stigma and discrimination reported by transgender individuals in workplace environments. For instance, in the study by Lloren and Parini (2023), this subpopulation, which is known to be more exposed to violence and discrimination (United Nations, 2015; Winter et al., 2016), was not considered. The integration of transgender individuals into the formal labor market is more recent and challenging compared to that of gay, lesbian, or bisexual individuals. The entry of the transgender population into formal work environments has lagged behind the inclusion of gay, lesbian, or bisexual individuals (Assis et al., 2022; UNESCO, 2022).

Primarily, direct and covert discrimination, the lack of effective public policies, and the absence of specific inclusion legislation are determining factors that hinder the entry of transgender individuals into the formal labor market (Assis et al., 2022). Many employers still harbor prejudices, and the acceptance of these individuals is often conditional on their not “revealing” their gender identity, thereby perpetuating a hostile and exclusionary work environment (UNESCO, 2022; Vartabedian, 2023). Therefore, new qualitative and quantitative studies are needed to evaluate the specific experiences of prejudice and violence faced by transgender and non-binary individuals in the workplace to develop more effective policies for their inclusion (Assis et al., 2022; Silva & Miskolci, 2023; Vartabedian, 2023).

Furthermore, the implications of psychosocial risks on the turnover intentions and productivity of LGBTQIA+ workers indicate that supportive policies not only foster diversity but can also improve talent retention and organizational effectiveness. This underlines the importance of investing in inclusive practices not only for ethical reasons but also as an effective human resource management strategy (Di Marco et al., 2021). Additionally, they reinforce that policies supporting the LGBTQIA+

community are not only essential for LGBTQIA+ employees but also beneficial for all employees, as supported by previous research. The existence of such policies correlates with decreased discrimination in the workplace and improved perceptions of the organization. Lloren and Parini (2023) indicate that organizations with policies supporting the LGBTQIA+ community have reduced levels of workplace discrimination based on sexual orientation. In addition, LGBTQIA+ workers in these organizations are more likely to report positive feelings about the work environment.

Therefore, we highlight the challenges faced by LGBTQIA+ workers in the workplace, revealing psychosocial risks and consistent patterns of discrimination, exclusion, and adverse impacts on mental health and well-being. We identify the critical importance of specific policies to support LGBTQIA+ people and education on diversity and inclusion, along with the promotion of an organizational culture that values diversity to create more inclusive and safe work environments. In addition, we emphasize the need for more longitudinal research and effective interventions to promote equality and the integration of LGBTQIA+ workers.

By adopting and implementing evidence-based policies and practices, we can aspire to create work environments where LGBTQIA+ workers feel safe, respected, and empowered to reach their full professional potential. It is imperative that organizations actively recognize subtle forms of discrimination and exclusion and act to promote inclusion and diversity at all levels.

As with previous studies confirming the persistence and severity of discrimination faced by LGBTQIA+ workers in the workplace (Badgett et al., 2007; Grant et al., 2011; Human Rights Campaign Foundation, 2018; Di Marco et al., 2021), we reinforce the understanding that discrimination and social stigma are central factors contributing to occupational health problems, as well as negatively influencing well-being in the workplace. The identification of distal stressors, such as discriminatory policies and inadequate legislation, and proximal stressors, such as daily microaggressions and lack of social support, as key factors in understanding the adverse effects on the health of sexual minorities (Meyer, 2003) has led to the postulation that social stigma

and discrimination have direct impacts on the mental health of these LGBTQIA+ workers (Hatzenbuehler, 2009).

In addition to confirming existing theoretical models, the study offers unique contributions by highlighting the ways in which specific characteristics of work environments, such as anti-discrimination policies, organizational support, and inclusive culture, can mitigate or amplify the impacts of minority stressors on occupational health (Meyer, 2003). This suggests that targeted interventions to promote more inclusive and supportive work environments are needed to improve the well-being and mental health of LGBTQIA+ workers.

In this regard, we propose some general suggestions and practical examples of how to improve and increase awareness within organizations regarding LGBTQIA+ workers: use inclusive language in all communications and materials; implement training within the organization on sexual diversity and gender identity; provide specific training for managers on LGBTQIA+ issues; and support coming-out measures and gender affirmation interventions (ILO, 2015).

Future research should cover topics such as microaggressions, homonegativity, intersectionality (ethnicity, migration, religion, etc.), adaptation to the post-pandemic period, and the economic difficulties faced by the LGBTQIA+ population. Furthermore, in this integrative literature review, we identified the underrepresentation of transsexual and transvestite individuals, as well as individuals from less socioeconomically developed and less progressive countries, such as Latin Americans and Africans. Additionally, it is essential to focus on the positive aspects of the experiences of workers belonging to sexual and gender minorities, developing new, more effective research methodologies for hidden populations, such as Respondent-Driven Sampling (RDS) and Mixed Methods Approaches.

This study is not without limitations. The results may be biased by the diversity of methods used in the research. Additionally, only articles published in indexed scientific journals in the Scopus, PubMed, and Web of Science databases with open access were considered in this review, implying that other forms of literature were not examined. Furthermore, inclusion and exclusion criteria were applied, recognizing that different criteria could result in diverse conclusions. Another limitation of this study is the absence of a comprehensive analysis of the impact of psychosocial

risks on the occupational health of the LGBTQIA+ community in other countries. Thus, it is relevant to note that the topic of LGBTQIA+ response strategies to psychosocial risks and prevention factors in the workplace remains underexplored in many countries, particularly in some parts of the world, such as the Middle East and Africa, where they are not represented. This gap in our research highlights the need for further exploration of this area in diverse global contexts.

5. Conclusions

The studies analyzed reveal a series of challenges faced by LGBTQIA+ workers in their work environments, highlighting the persistence of discrimination, exclusion, and microaggressions in different professional and geographical contexts. These challenges not only affect the psychological and emotional well-being of individuals but also have direct impacts on occupational health, increasing the prevalence of conditions such as depression, anxiety, and burnout. In addition, the psychosocial risks associated with discrimination and exclusion in the workplace represent a significant concern, which can be mitigated by implementing comprehensive support policies and promoting inclusive work environments. The lack of formal education on LGBTQIA+ issues during professional training also emerges as a risk factor, highlighting the need for specific educational programs to sensitize and empower both workers and employers. Faced with these challenges, it is crucial to adopt effective preventive measures, which include implementing anti-discrimination policies, creating a safe and welcoming work environment for all employees, and investing in psychosocial support programs. Only in this way will it be possible to promote an organizational culture that values diversity and contributes to the well-being and productivity of all LGBTQIA+ workers. Despite progress, more research is needed to address gaps in understanding and effectively promote the occupational health of sexual and gender minority populations. Additionally, we reiterate that the results described here should be interpreted without generalizations due to the diversity of methodologies that were used.

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Chapter 2

Psychosocial Determinants of Occupational Health Through the Lenses of Gender Identity and Sexual Orientation

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Abstract

Understanding the determinants of the occupational health of specific populations and their work-related vulnerabilities is important for developing more effective psychosocial interventions. The aims of this study were (1) to explore differences in occupational health between groups of men versus women and heterosexual versus LGBTQIA+ individuals living in Portugal; (2) to assess whether belonging to LGBTQIA+ groups or being a woman predicts worse occupational health; and (3) to evaluate differences in absenteeism frequency and possible predictors based on sexual orientation and gender. This cross-sectional quantitative study involved 577 participants living and working in Portugal (mean age: 41.62 years, SD = 11.41). To assess occupational health, we used the Copenhagen Psychosocial Questionnaire (COPSOQ III – Middle Version). Women and LGBTQIA+ individuals reported poorer occupational health compared to men and heterosexual individuals, although greater discrepancies were observed in LGBTQIA+ individuals, especially in mental health indicators. Gender and sexual orientation were found to have modest but statistically significant effects on occupational health. The absenteeism frequency was higher among women. Our data suggest improvements in terms of women's occupational health in Portugal, but not gender equality, which indicates that there are still points to

be improved. These findings also suggest the persistence of stigma related to sexual diversity and its effects on the occupational health of LGBTQIA+ and underscore the need for more inclusive workplace policies in Portugal.

Keywords:

occupational health; gender identity; sexual orientation; psychosocial determinants; homonegativity; sexual-related stigma; gender inequality

1. Introduction

Work has historically been essential for human development, providing sustenance and opportunities for personal fulfillment. However, precarious working conditions can lead to significant physical and mental health problems. Occupational health refers to the state of complete physical, mental, and social well-being of workers, not merely the absence of disease or infirmity. It aims to promote and maintain the highest degree of physical, mental, and social well-being among workers in all occupations, in addition to preventing work-related accidents or diseases (WHO, 1995). Historically, occupational health research focused on physical and environmental aspects to protect workers from hazards (Sorensen et al., 2021). However, in recent decades, work-related illnesses, especially those related to psychosocial risks, have increased exponentially (Di Tecco et al., 2023). These risks include tangible factors like workload, and intangible ones, like autonomy and social support (Cox et al., 2000; Bakker & Demerouti, 2017). The International Labour Organization (ILO, 1984) notes that psychosocial risks arise from complex interactions between workers and their environments, affecting performance, job satisfaction, and overall health. In recent years, it has become clear that in industrialized nations, the nature of workplace risks has changed. While physical hazards, such as those related to the working environment, used to be the primary concern, the focus has now shifted more toward psychosocial risks. These include factors like time constraints, the need to multitask, the overall intensity of work, and bullying and pressuring employees for results (Rugulies, 2019).

International statistics highlight the severe impact of working conditions on health and the global economy. The ICOH Congress (2022) reports approximately 2.9 million work-related illnesses and deaths annually worldwide, along with 402 million non-fatal injuries resulting in at least four days of absence. Prolonged exposure to long working hours and substances like particles, gases, and fumes are the primary causes of mortality, leading to thousands of deaths. Economically, occupational accidents and diseases represent an annual loss of 5.4% of the global GDP (ICOH Congress, 2022). Furthermore, more recently, psychosocial determinants¹ of occupational health have been investigated. A comprehensive study developed by the European Agency for Safety and Health at Work (EU-OSHA, 2022) involving over 27,000 salaried workers from all EU countries, as well as Iceland and Norway, revealed alarming results on workplace mental health. The authors found that 27% of European workers experience stress, anxiety, or depression related to or exacerbated by work. Irregular work schedules and high workplace pressure were identified as some of the most harmful psychosocial factors.

The social and legal framework for work in Portugal has evolved to provide greater protection against discrimination based on sexual orientation, gender identity and expression, and gender characteristics. Law No. 93/2017 establishes a legal framework to prevent and combat discrimination based on race and ethnic origin, nationality, and descent, and promotes a more inclusive work environment (Diário da República, 2017). However, additional legislation and public policies have been implemented to ensure specific protection for LGBTQIA+ people in the workplace. The Commission for Citizenship and Gender Equality (CIG) plays a crucial role in promoting measures to combat discrimination and protect the rights of LGBTQIA+ individuals in the workplace. In the area of occupational health, LGBTQIA+ workers face specific challenges that affect their well-being. Studies show that more than half of LGBT people and about 70% of transgender people have reported experiencing harassment or discrimination at work, which negatively affects their mental health (União Geral de Trabalhadores [UGT], 2020). To address these challenges, the Ministry of Health has established a monitoring group to implement the Health Strategy for LGBTI+ People, strengthen inclusive health policies, and reduce barriers to accessing health services

(Serviço Nacional de Saúde [SNS], 2023). Therefore, implementing effective occupational health policies that address the specific needs of LGBTI+ workers is essential to promoting more inclusive and healthy workplaces in Portugal.

A study by Perista et al. (2016) revealed significant exposure to physical and psychosocial risks in positions that involve frequent social interactions, especially in emotionally stressful situations, since these assignments are highly demanding in terms of socioemotional skills, such as self-control, problem-solving ability, communication skills, and empathy. In this same study, although the self-reported levels of harassment, bullying, and violence were relatively low, the authors suggest this may be due to underreporting and underestimation (Perista et al., 2016).

These findings highlight the need to examine how psychosocial risk factors affect various demographic groups differently, such as gender and sexual minorities. Gender, as a social and cultural construct, plays a significant role in shaping individual and collective experiences in the workplace (Ridgeway, 2011; C. Santos & Hilal, 2017; Thistle, 2006; Dernberger & Pepin, 2020). Gender expectations and norms influence professional opportunities, stress levels, and social interactions in the work environment (Eagly & Wood, 2012). Studies show that women and LGBTQIA+ individuals face unique and additional challenges, including pay inequality, a lack of representation in leadership positions, social discrimination, stigma, prejudice, microaggressions, and higher exposure to harassment (ILO, 2016; EIGE, 2021; Pereira & Monteiro, 2017; Oliveira et al., 2024). These gender dynamics not only affect the mental and physical health of these workers but also impact organizational productivity and well-being (Cordero et al., 2024; Reichelt et al., 2020). For instance, the underrepresentation of women in leadership roles and their concentration in lower-paid, less prestigious jobs exacerbate their vulnerability to adverse psychosocial conditions (Lundberg, 2018). Additionally, the accumulation of tasks and the need to balance work and family responsibilities, such as domestic and childcare activities, increases stress levels among women (Cordero et al., 2024; da Silva et al., 2021). Furthermore, several studies indicate that gender inequalities in social and work terms have been worsened by the COVID-19 pandemic,

especially in low- and middle-income countries (Reichelt et al., 2020; Alon et al., 2020).

Regarding sexual minorities, studies show a positive association between interpersonal discrimination and negative health outcomes among LGBTQIA+ individuals (De Oliveira Paveltchuk & Callegaro Borsa, 2019; Oliveira et al., 2024). The workplace environment and climate can significantly influence the mental health outcomes of LGBTQIA+ workers (Pereira & Monteiro, 2017; Pereira & Costa, 2016). Studies in various countries have consistently shown that LGBTQIA+ individuals tend to have less favorable mental health outcomes compared to their cisgender heterosexual colleagues (De Oliveira Paveltchuk & Callegaro Borsa, 2019; da Silva et al., 2021; Alibudbud, 2023; Oliveira et al., 2024).

Meyer's (2003) theory of minority stress provides a valuable framework for understanding this disparity. According to this theory, sexual minorities experience elevated levels of stress due to chronic exposure to stigma, discrimination, and prejudice. These stressors are cumulative and often occur in multiple domains of life, including the workplace. Such stress can lead to significant mental health challenges, as minority stress impairs coping mechanisms and social support, exacerbating psychosocial risks and increasing vulnerability to conditions such as anxiety, depression, and burnout. The theory also highlights that the stress experienced by LGBTQIA+ people is not only a result of overt discrimination, but also of internalized stigma and expectations of rejection, which can influence their behavior and interactions at work.

Therefore, attention to the mediating role of sexual and gender minority status in the association between work-related occupational health measures and psychosocial risks and preventive factors is essential, both for humanitarian and economic reasons. An organizational environment that supports these populations can enhance their job satisfaction (Velez et al., 2013), and policies that promote a supportive environment for minorities can be a competitive advantage for organizations (Trau & Härtel, 2007). This has significant implications for health, social, and work-related interventions, as well as policy measures, especially in Portugal, where the literature is limited (Mendes & Pereira, 2021), discriminatory workplace experiences are common (Beatriz & Pereira,

2022), and psychological distress significantly predicts lower occupational health and well-being (Pereira et al., 2022).

In this context, this study proposes a comprehensive quantitative and cross-sectional examination of the work environment and occupational health among sexual and gender minority workers in Portugal. The aims of this study were (1) to explore differences in occupational health between groups of men versus women and heterosexual versus LGBTQIA+ living in Portugal; (2) to assess whether belonging to LGBTQIA+ groups or being a woman predicts worse occupational and mental health scores; and (3) to evaluate possible predictors of absenteeism among participants.

This study proposes the following hypotheses: (1) LGBTQIA+ and women workers exhibit lower levels of occupational health and well-being related to work and lower levels of mental health, compared to heterosexual individuals and men; (2) belonging to the LGBTQIA+ community or being a woman predicts lower scores in occupational health and mental well-being, with these groups exhibiting a higher risk of mental health issues compared to heterosexual men; and (3) there will be a higher level of absenteeism among LGBTQIA+ and women, related to worse mental health indicators.

2. Materials and Methods

2.1. Study Design

This is a cross-sectional, comparative, and predictive study. Our research was funded by RESTART, a program of the Foundation for Science and Technology, Portugal (grant number: 2023.00018.RESTART).

2.2. Sample and Procedures

To determine the appropriate sample size for this study, we conducted a sample size calculation based on statistical criteria to ensure the representativeness and reliability of the results. We used a power approach to define the number of samples needed to detect significant

effects, considering a significance level of 5% ($\alpha = 0.05$) and a minimum statistical power of 95%. Based on these parameters, the calculation indicated a sample size of 385 participants, selected to minimize Type I and II errors and provide a robust foundation for inferential analysis. The final sample consisted of 577 active individuals aged 18 or older, living in Portugal, fluency in reading the Portuguese language and with a formal study or work relationship with an employer or educational institution for at least 6 months. To ensure a representative and diverse sample of LGBTQIA+ participants, we adopted specific inclusion criteria. In addition to the above criteria, participants were required to self-identify as part of the LGBTQIA+ community. There were no geographical restrictions to ensure a wider range of participants.

Anticipating the possibility that some LGBTQIA+ workers might be hidden and difficult to reach, three sampling techniques were used: one involving direct contacts with organizations, another through formal/informal associations and groups (such as Dezanove, ILGA-Portugal, Opus Gay, and other community groups), and a third using purposive online methodologies to recruit participants through social networks and email lists. We also conducted active outreach on social media, using specific hashtags to reach people from different backgrounds, sexual orientations, and gender identities. To ensure broad diversity, we took steps to include participants from different age groups, gender identities, sexual orientations, and socioeconomic backgrounds. In addition, we aimed to minimize selection bias by providing access to the questionnaire through multiple channels and platforms, including an accessible form, to ensure that people with varying levels of access to technology could participate. These measures were designed to ensure a faithful and inclusive representation of diversity within the LGBTQIA+ community.

Data collection took place between April 2024 and September 2024. For the purposes of this study, participants under the age of 18 and those who were not part of the working population (such as the unemployed and pensioners) were excluded. Subsequently, the questionnaire was distributed via a link sent by email, accompanied by detailed information about the study procedure and the conditions of participation.

2.3. Instruments

Sociodemographic Questionnaire: developed by researchers to characterize the sample in this study and provided information such as age, gender, sexual orientation, marital status, academic qualifications, place of residence, socioeconomic status, professional/occupational status, and absences from work in the last year, as well as a self-assessment of physical and mental health, which was answered on a *Likert* scale, ranging from “Very Poor” to “Excellent”.

Copenhagen Psychosocial Questionnaire – COPSOQ III (Middle Version): The third version of the instrument was developed by Burr et al. (2019) and it is a tool developed to assess various psychosocial aspects of the work environment and their impact on workers’ health and well-being. COPSOQ III (*Middle Version*) addresses topics such as psychological demands, control over work, social support, quality of relationships at work, job insecurity, compensation, recognition at work, value conflicts, and organizational justice, as well as aspects related to health and well-being, such as fatigue, musculoskeletal pain, and psychological aspects such as stress and depression. The original instrument was tested in six countries and in most studies, it presented satisfactory psychometric properties (Burr et al., 2019). The Portuguese version of COPSOQ III (*Middle Version*) was developed by Cotrim et al. (2022) and showed excellent reliability ($\alpha = 0.913$). The questionnaire is structured in 85 items classified in 31 dimensions that allow for a comprehensive analysis of psychosocial conditions in the workplace. All items were measured using a 5-point Likert scale, from “never” to “always” and from “none” to “extremely”. The dimension “self-rated health” is measured with a 5-point scale from “Excellent” to “Poor”.

2.4. Data Analysis

Statistical analyses were carried out in SPSS, version 29, and significance was set at 5% ($p < 0.05$). Descriptive analyses included the classification of means, standard deviation, maximum, minimum, and proportion scores for sociodemographic variables, psychosocial risks,

and self-assessment of physical and mental health status. Data normality was assessed using the Shapiro–Wilk tests, and homogeneity of variance was assessed using Levene’s test.

After confirming the normality of the data, we conducted a second stage of analysis that involved bivariate and multivariate analyses. Specifically, we utilized Chi-square tests to evaluate the differences between groups for sociodemographic data and Student’s *t*-test to assess the differences between COPSQ scores. Effect sizes were calculated using Cohen’s *d* and Cramér’s *V*, with the following benchmarks: for Cohen’s *d*, small (0.2–0.5), medium (0.5–0.8), and large (> 0.8); and for Cramér’s *V*, small (< 0.30), medium (< 0.50), and large (> 0.50), as suggested by Cohen (1988).

Additionally, linear regressions were employed to examine the influence of mental health, physical health, stress, sleeping troubles, burnout2, and depressive symptoms on absenteeism regarding gender and sexual orientation. For the analysis divided by gender, only cisgender men and women were considered, due to the small number of respondents who identified themselves as transgender, agender and gender fluid, and non-binary.

2.5. Ethical Considerations

Ethical principles were respected, and the study was approved by the Ethics Committee of the University of Beira Interior (No. CE-UBI-Pj-2024-022). In our research, we adhered to all ethical criteria to ensure the protection of the participants’ rights, safety, and well-being. We obtained informed consent from all participants, ensuring they were fully informed about the study’s objectives, procedures, risks, and benefits. Our research is scientifically justified, with anticipated benefits outweighing the minimized risks. We rigorously maintained the confidentiality and privacy of participant data. Participant selection was conducted fairly and equitably, without any form of discrimination. We ensured transparency in the dissemination of results, adhering to the ethical principles established by international guidelines, such as the Declaration of Helsinki (WMA, 2013).

3. Results

3.1. Sociodemographic Information

Table 1 presents the sociodemographic characteristics of a sample of 577 participants, with an average age of 41.62 years ($SD = 11.41$). Most of the participants are women (73.1%), with smaller representations of men (25.7%), and a minimal portion of non-binary (0.7%), agender (0.2%), and transgender individuals (0.4%). In terms of sexual orientation, most of the respondents identify as heterosexual (84.3%), with minorities identifying as gay (4.6%), lesbian (1.8%), bisexual (6.5%), and other sexual orientations (2.8%). The marital status of the participants is diverse, with a large portion being married to opposite-sex partners (37%), followed by single individuals without a partner (19.6%) and single individuals with a partner (17%). The participants also vary in their educational attainment, with 42.9% holding a master's degree and 25.8% having a bachelor's degree. Regarding residence, 43.3% of the participants live in small towns, while 34.7% reside in large cities. Most of the participants classify themselves as belonging to the middle socioeconomic level (59.4%), and 93.4% of the respondents are employed. For the self-rated physical health, 47.1% of the respondents rate their health as good, followed by 34.1%, who rated it as average. Similarly, for the self-rated mental health, the majority of participants also describe their health as good (42.1%) or average (36%). The absenteeism data show that most of the participants had low absenteeism, with 61.3% rarely or never missing work, and 26.3% missing work only a few times. A smaller portion reported more frequent absenteeism, with 9.6% missing work sometimes, 2.5% often, and just 0.2% almost always absent.

Table 1. Sociodemographic Characteristics

Variable	Category	N	%
Gender (n = 576)	Woman	421	73.1
	Man	148	25.7
	Non-binary	4	0.7
	Fluid	0	0
	Agender	1	0.2
	Trans man	1	0.2
	Trans woman	1	0.2
Sexual Orientation (n = 568)	Heterosexual	479	84.3
	Gay	26	4.5
	Lesbian	10	1.7
	Bisexual	37	6.5
	Pansexual	11	1.9
	Asexual	1	0.2
	Queer	4	0.7
Marital Status (n = 576)	Single without a partner	113	19.6
	Single with a partner	98	17
	Married to a same-sex partner	7	1.2
	Married to an opposite-sex partner	213	37
	In a domestic partnership with a same-sex partner	7	1.2
	In a domestic partnership with an opposite-sex partner	98	17
	Divorced/Separated from a same-sex partner	4	0.7
	Divorced/Separated from an opposite-sex partner	32	5.6
	Widowed from a same-sex partner	1	0.2
Widowed from an opposite-sex partner	3	0.5	

Variable	Category	N	%
Educational Attainment (n = 574)	Up to 9 years of schooling	7	1.2
	Up to 12 years of schooling	75	13.1
	Graduate degree	148	25.8
	Master degree	246	42.9
	Ph.D. degree	97	16.9
	Other	1	0.2
Place of Residence (n = 573)	A small rural area	57	9.9
	A large rural area	69	12
	A small town	248	43.3
	A large city	199	34.7
Socioeconomic Status (n = 577)	Low	24	4.2
	Low-middle	115	19.9
	Medium	343	59.4
	Upper-middle	90	15.6
	High	5	0.9
Employment Status (n = 577)	Students	38	6.6
	Student-employed	71	12.3
	Self-employed	67	11.6
	Employee	401	69.5
Self-Rated Physical Health (n = 577)	Very Poor	11	1.9
	Poor	55	9.5
	Average	197	34.1
	Good	272	47.1
	Excellent	42	7.3

Variable	Category	N	%
Self-Rated Mental Health (n = 577)	Very poor	10	1.7
	Poor	72	12.5
	Average	208	36
	Good	243	42.1
	Excellent	44	7.6
Absenteeism (Last Year) (n = 551)	Never or Almost Never	338	61.3
	Few times	145	26.3
	Sometimes	53	9.6
	Often	14	2.5
	Always or Almost Always	1	2

To provide a clearer understanding of the sample characteristics, we conducted Chi-square analyses on key sociodemographic variables. These analyses allowed us to explore potential differences between the groups of interest – women versus men (Table 2), and heterosexual versus LGBTQIA+ individuals (Table 3). Given the aims of the study, which involve comparing these groups across various outcomes, this preliminary assessment of sociodemographic distinctions helped contextualize the composition of our sample and ensure a thorough examination of the relevant factors.

Table 2. Sociodemographic Characteristics by gender.

Variable	Category	Gender		Chi-Square (χ^2)	p	Cramér's V
		Women (%)	Men (%)			
Sexual Orientation (n = 568)	Heterosexual	88.2	76.9	207.858	< .001**	.271
	Gay	-	17			
	Lesbian	2.4	-			
	Bisexual	6.8	4.8			
	Pansexual	1.9	.7			
	Asexual	.2	-			
	Queer	.5	.7			
Marital Status (n = 576)	Single without a partner	18.8	20.9	25.879	.99	-
	Single with a partner	17.1	16.9			
	Married to a same-sex partner	1	2			
	Married to an opposite-sex partner	37.3	37.2			
	In a domestic partnership with a same-sex partner	.7	2.7			

Variable	Category	Gender		Chi-Square (χ^2)	p	Cramér's V
		Women (%)	Men (%)			
Marital Status (n = 576)	In a domestic partnership with an opposite-sex partner	17.1	16.2			
	Divorced/Separated from a same-sex partner	.7	.7			
	Divorced/Separated from an opposite-sex partner	6.4	3.4			
	Widowed from a same-sex partner	.2	-			
	Widowed from an opposite-sex partner	.7	-			
Educational Attainment (n = 573)	Up to 9 years of schooling	.5	3.4	20.188	.73	-
	Up to 12 years of schooling	13.6	11.6			
	Graduate degree	25.3	27.2			
	Master degree	44.2	39.5			
	Ph.D. degree	16.2	18.4			
Other	.2	-				

Variable	Category	Gender		Chi-Square (χ^2)	p	Cramér's V
		Women (%)	Men (%)			
Place of Residence (n = 572)	A small rural area	10.7	7.6	10.635	.77	-
	A large rural area	11.4	14.5			
	A small town	44.8	39.3			
	A large city	33.1	38.6			
Socioeconomic Status (n = 576)	Low	3.8	5.4	27.690	.11	-
	Low-middle	19.2	20.3			
	Medium	62.5	53.4			
	Upper-middle	14.3	18.2			
	High	.2	2.7			
Employment Status (n = 576)	Students	5.9	7.4	31.538	.007*	.13
	Student-employed	11.4	14.9			
	Self-employed	10.7	14.2			
	Employee	72	63.5			

Variable	Category	Gender		Chi-Square (χ^2)	p	Cramér's V
		Women (%)	Men (%)			
Self-Rated Physical Health (n = 569)	Very Poor	1.4	3.4	26.252	.15	-
	Poor	9.7	7.4			
	Average	34.0	35.1			
	Good	46.8	48.6			
	Excellent	8.1	5.4			
Self-Rated Mental Health (n = 569)	Very poor	1.4	2.7	26.441	.15	-
	Poor	12.6	11.5			
	Average	35.9	36.5			
	Good	43.0	40.5			
	Excellent	7.1	8.8			

Variable	Category	Gender		Chi-Square (χ^2)	p	Cramér's V
		Women (%)	Men (%)			
Absenteeism (Last Year) (n = 543)	Never or Almost Never	59.9	65.3	45.543	< .001**	.14
	Few times	27.3	24.3			
	Sometimes	10.0	8.3			
	Often	2.8	1.4			
	Always or Almost Always	-	.7			

*p < .05 **p < .001

Table 3. Sociodemographic characteristics by sexual orientation.

Variable	Category	Sexual Orientation		Chi-Square (χ^2)	p	Cramér's V
		Heterosexual (%)	LGBTQIA+ (%)			
Marital Status (n = 568)	Single without a partner	15.9	39.3	110.375	< .001**	.44
	Single with a partner	14.6	30.3			
	Married to a same-sex partner	-	5.6			

Variable	Category	Sexual Orientation			Cramér's V
		Heterosexual (%)	LGBTQIA+ (%)	Chi-Square (χ^2)	
Marital Status (n = 568)	Married to an opposite-sex partner	42.8	-		
	In a domestic partnership with a same-sex partner	-	6.7		
	In a domestic partnership with an opposite-sex partner	18.2	10.1		
	Divorced/Separated from a same-sex partner	.6	1.1		
	Divorced/Separated from an opposite-sex partner	6.5	-		
	Widowed from a same-sex partner	.2	-		
	Widowed from an opposite-sex partner	.6	-		
				5.678	.33
Educational Attainment (n = 565)	Up to 9 years of schooling	1.5	-		
	Up to 12 years of schooling	11.6	19.1		
	Graduate degree	26.7	21.3		
	Master degree	42.9	42.7		
	Ph.D. degree	17.2	16.9		
	Other	.2	-		

Variable	Category	Sexual Orientation		Chi-Square (χ^2)	p	Cramér's V
		Heterosexual (%)	LGBTQIA+ (%)			
Place of Residence (n = 564)	A small rural area	10.1	9.1	9.978	.01*	.13
	A large rural area	13.0	6.8			
	A small town	44.7	35.2			
	A large city	32.1	48.9			
Socioeconomic Status (n = 577)	Low	3.5	5.6	14.904	.005*	.16
	Low-middle	17.5	32.6			
	Medium	62.8	42.7			
	Upper-middle	15.2	18.0			
	High	.8	1.1			
Employment Status (n = 568)	Students	4.0	21.3	67.493	< .001**	.34
	Student-employed	9.4	28.1			
	Self-employed	12.5	5.6			
	Employee	74.1	44.9			
Self-Rated Physical Health (n = 568)				3.045	.55	-
	Very Poor	1.9	2.2			

Variable	Category	Sexual Orientation		Chi-Square (χ^2)	P	Cramér's V
		Heterosexual (%)	LGBTQIA+ (%)			
	Bad	8.8	13.5			
	Average	33.8	34.8			
	Good	47.8	44.9			
	Excellent	7.7	4.5			
Self-Rated Mental Health (n = 568)				19.209	.001**	.18
	Very Poor	1.7	2.2			
	Poor	11.1	21.3			
	Average	33.8	47.2			
	Good	45.1	25.8			
	Excellent	8.4	3.4			
Absenteeism (Last Year) (n = 551)				5.776	.21	-
		Never or Almost Never	62.9	52.3		
		Few times	25.1	33.0		
		Sometimes	9.0	13.6		
		Often	2.8	1.1		
	Always or Almost Always	.2	-			

*p < .05 **p < .001

The Chi-square analysis revealed significant differences between gender groups across sexual orientation, employment status, and absenteeism (Table 2). We found differences for sexual orientation with a Cramér's V of 0.271, indicating a small effect size with more women identifying as heterosexual and bisexual than men.

In terms of the employment status, a larger proportion of women were employed compared to men. Men were more likely to be self-employed and employed students than women, who were slightly more represented as students (Cramér's V of 0.13). In relation to the absenteeism in the last year, women reported more absences than men for this sample (Cramér's $V = 0.14$).

Although statistically significant, all the effect sizes were small. The small effect sizes suggest that other variables, such as workplace policies, job types, caring responsibilities, and organizational culture, may play a more important role in generating these patterns.

We used a Chi-squared analysis to test for differences between heterosexual and LGBTQIA+ participants. The LGBTQIA+ participants were analyzed in the same category as there were not enough participants in each subgroup to perform more robust analyses. Significant differences were found between the groups by sexual orientation (Table 3). The marital status distribution differed substantially between these groups. A higher proportion of LGBTQIA+ individuals were single without a partner or with a partner, compared to the heterosexual respondents. The heterosexual individuals, on the other hand, were more likely to be married than the LGBTQIA+ individuals (Cramér's $V = 0.44$). For the place of residence (Cramér's $V = 0.13$), a larger proportion of the LGBTQIA+ individuals resided in large cities compared to the heterosexual individuals, while the heterosexual individuals were more likely to live in small towns compared to the LGBTQIA+ individuals.

The socioeconomic status also differed between the groups, with a small effect size (Cramér's $V = 0.16$). The LGBTQIA+ individuals were more likely to fall into the low-middle and low socioeconomic categories compared to the heterosexual individuals, while the heterosexual individuals were more represented in the medium category. There was a significant difference in the employment status (Cramér's $V = 0.34$). The LGBTQIA+ individuals were more likely to be students and employed

students compared to the heterosexual individuals. On the other hand, the heterosexual individuals were more likely to be employed compared to the LGBTQIA+ individuals.

Finally, for the self-rated mental health, significant differences were observed between the heterosexual and LGBTQIA+ respondents (Cramer's $V = 0.18$). More heterosexual individuals rated their mental health as "good", compared to the LGBTQIA+ individuals, in line with this, more LGBTQIA+ individuals reported their mental health as "poor" compared to the heterosexual individuals.

Although these differences were statistically significant, the effect sizes varied. A larger effect was observed for the marital status (Cramer's $V = 0.44$), suggesting notable behavioral differences between the heterosexual and LGBTQIA+ participants. The employment status also showed a moderate effect (Cramer's $V = 0.34$). However, the effect sizes for socioeconomic status (Cramer's $V = 0.16$), self-rated mental health (Cramer's $V = 0.18$), and place of residence (Cramer's $V = 0.13$) were small. This suggests that although the differences are measurable, their practical implications may be limited and warrant further investigation in different workplace contexts.

3.2. Comparative Analysis of Mean Differences Between Gender and Sexual Orientation Groups

This section will initially present the results pertaining to gender differences, subsequently followed by an examination of the findings related to differences among the sexual orientation groups. These comparisons allow us to investigate potential differences in various work-related psychosocial factors. Significant differences were found between the gender groups for three dimensions: emotional demands, control over working time, and burnout (Table 4).

Table 4. Mean scores by gender (n = 569) in psychosocial dimensions using COPSOQ III.

Dimensions	Gender									
	Total (n = 577)		Women (n = 421)		Men (n = 148)		t	p	d	
	M	SD	M	SD	M	SD				
Quantitative Demands	2.79	.86	2.78	.89	2.82	.78	-.412	.68	-	
Work Pace	3.18	.95	3.19	.94	3.15	.95	.442	.65	-	
Cognitive Demands	3.78	.70	3.79	.70	3.79	.73	.048	.96	-	
Emotional Demands	3.35	1.00	3.41	.98	3.21	1.03	2.100	.03*	.20	
Influence at Work	3.41	.89	3.39	.88	3.46	.91	-.802	.42	-	
Development Possibilities	4.02	.88	4.03	.87	3.99	.94	.518	.60	-	
Control Over Working Time	3.73	.91	3.69	.93	3.86	.85	-2.008	.04*	.19	
Meaning of Work	4.03	.91	4.07	.90	3.94	.95	1.479	.14	-	
Commitment to the workplace	3.53	.87	3.53	.87	3.53	.87	.092	.92	-	
Predictability	3.33	1.00	3.35	.99	3.31	1.04	.443	.65	-	
Recognition	3.64	1.02	3.65	1.01	3.65	1.05	.053	.95	-	
Role Clarity	4.04	.80	4.05	.77	4.00	.89	.647	.51	-	
Role Conflicts	2.92	.79	2.90	.80	2.99	.75	-1.235	.21	-	
Quality of Leadership	3.34	.98	3.32	.97	3.43	1.00	-1.185	.23	-	
Social Support from Colleagues	3.62	.86	3.66	.86	3.51	.84	1.726	.08	-	

Dimensions	Gender									
	Total (n = 577)		Women (n = 421)		Men (n = 148)		t	p	d	
	M	SD	M	SD	M	SD				
Social Support from Supervisors	3.13	1.03	3.13	1.02	3.16	1.07	-.304	.76	-	
Sense of Community at Work	3.79	.89	3.80	.90	3.78	.84	.245	.78	-	
Job Insecurity	2.64	1.21	2.65	1.19	2.56	1.26	.787	.43	-	
Insecurity over Working Conditions	2.05	.91	2.05	.87	2.06	.99	-.072	.94	-	
Quality of Work	3.81	.77	3.81	.76	3.80	.82	.142	.88	-	
Horizontal Trust	2.59	.77	2.57	.76	2.62	.78	-.789	.431	-	
Vertical Trust	3.64	.87	3.68	.82	3.56	.97	1.311	.19	-	
Organizational Justice	3.29	.87	3.26	.84	3.39	.98	-1.425	.15	-	
Work-Life Conflict	3.05	.99	3.04	.99	3.08	.99	-.480	.631	-	
Job Satisfaction	3.49	.83	3.47	.81	3.54	.89	-.897	.37	-	
Self-Rated Health	3.45	.73	3.46	.73	3.43	.74	.142	.88	-	
Self-Efficacy	3.86	.64	3.87	.64	3.85	.60	.311	.75	-	
Sleeping Troubles	2.83	.99	2.84	.98	2.80	1.00	.438	.662	-	
Burnout	3.08	.95	3.13	.92	2.94	1.00	2.084	.03*	.20	
Stress	3.12	.85	3.14	.83	3.09	.89	.562	.57	-	
Depressive Symptoms	2.62	.96	2.61	.94	2.62	1.02	-.110	.91	-	

* p < 0.05 ** p < .001

For emotional demands, the women reported higher levels compared to men (3.41 vs. 3.21; $p = 0.03$, $d = 0.20$), with a small but significant effect size. Similarly, the women reported less control over their working time (3.69 vs. 3.86; $p = 0.04$, $d = 0.19$) compared to the men, also with a small but significant effect size. Finally, the women reported higher levels of burnout compared to the men (3.13 vs. 2.94; $p = 0.03$, $d = 0.20$), again with a small effect size. In all cases, the effect sizes were small but statistically significant, indicating that while gender plays a role in these occupational health outcomes, other factors may have a greater impact.

Table 5 examines the differences between sexual orientations concerning psychosocial dimensions and well-being. For the influence at work, the effect size was small, indicating a significant difference, with the LGBTQIA+ individuals reporting lower levels of influence compared to the heterosexual participants (3.19 vs. 3.45; $p = 0.01$, $d = 0.29$). Similarly, a small-to-medium effect size was observed for the control over working time, where the LGBTQIA+ individuals reported less control than their heterosexual counterparts (3.47 vs. 3.78; $p = 0.009$, $d = 0.32$). A moderate effect was noted in the meaning of work, with the LGBTQIA+ participants experiencing less meaning (3.70 vs. 4.09, $p = 0.002$, $d = 0.39$) compared to the heterosexual individuals. Additionally, commitment to the workplace showed a similar pattern, with a small-to-medium effect size, where the LGBTQIA+ participants demonstrated lower commitment compared to the heterosexual individuals (3.24 vs. 3.58; $p < 0.001$, $d = 0.37$). For the quality of work, a small-to-medium effect was observed, with the LGBTQIA+ individuals reporting lower quality than the heterosexual individuals (3.61 vs. 3.85; $p = 0.01$, $d = 0.30$).

Table 5. Mean scores by sexual orientation (n = 568) in psychosocial dimensions and health and well-being using COPSOQ III.

	Sexual Orientation					
	Heterosexual (n = 479)		LGBTQIA + (n = 89)		t	p
	M	SD	M	SD		
Dimensions						d
Quantitative Demands	2.79	.85	2.79	.91	.05	.96
Work Pace	3.18	.94	3.20	.96	-.116	.90
Cognitive Demands	3.80	.69	3.73	.74	.846	.39
Emotional Demands	3.37	.97	3.29	1.14	.656	.51
Influence at Work	3.45	.89	3.19	.87	2.482	.01*
Development Possibilities	4.02	.87	4.07	.95	-.570	.56
Control Over Working Time	3.78	.87	3.47	1.05	2.655	.009*
Meaning of Work	4.09	.86	3.70	1.10	3.217	.002*
Commitment to the Workplace	3.58	.84	3.24	.98	3.434	< .001**
Predictability	3.37	.99	3.15	1.03	1.846	.065
Recognition	3.67	1.01	3.52	1.08	1.214	.225
Role Clarity	4.06	.80	3.93	.82	1.409	.159
Role Conflicts	2.90	.76	3.04	.89	-1.379	.171
Quality of Leadership	3.37	.97	3.18	1.02	1.704	.08
Social Support from Colleagues	3.60	.86	3.74	.83	-1.421	.156

	Sexual Orientation						
	Heterosexual (n = 479)	LGBTQIA + (n = 89)					
Social Support from Supervisors	3.14	1.03	3.14	1.02	-.008	.99	-
Sense of Community at Work	3.81	.89	3.68	.88	1.249	.21	-
Job Insecurity	2.62	1.19	2.74	1.31	-.852	.39	-
Insecurity over Working Conditions	2.07	.91	1.98	.92	.477	.400	-
Quality of Work	3.85	.75	3.61	.83	2.521	.01*	.30
Horizontal Trust	2.59	.77	2.62	.79	-.376	.70	-
Vertical Trust	3.66	.84	3.47	.99	1.707	.09	-
Organizational Justice	3.30	.86	3.23	.96	.691	.49	-
Work-Life Conflict	3.06	.99	3.04	.99	.163	.87	-
Job Satisfaction	3.50	.83	3.37	.84	1.351	.17	-
Self-Rated Health	3.49	.72	3.21	.73	3.300	<.001**	.39
Self-Efficacy	3.87	.61	3.75	.76	1.451	.15	-
Sleeping Troubles	2.81	.97	3.03	1.00	-1.979	.04*	.22
Burnout	3.06	.94	3.15	1.02	-.747	.45	-
Stress	3.08	.85	3.43	.81	-3.592	<.001**	.42
Depressive Symptoms	2.57	.94	2.92	1.03	-3.132	.002*	.35

*p < .05 **p < .001

Significant differences were also found for the self-rated health, with a medium effect size. The LGBTQIA + participants rated their health lower compared to the heterosexual participants (3.21 vs. 3.49; $p < 0.001$, $d = 0.39$). Furthermore, the analysis highlighted that the LGBTQIA + participants reported higher levels of stress than the heterosexual participants (3.43 vs. 3.08; $p < 0.001$, $d = 0.42$). Lastly, for depressive symptoms, a small-to-medium effect size ($d = 0.35$) was identified, with the LGBTQIA + participants showing higher symptoms compared to the heterosexual participants (2.92 vs. 2.57; $p = 0.002$).

The moderate effect sizes for the meaning of work and self-rated health suggest that these differences may have practical implications for job satisfaction and general well-being. However, further research is needed to explore the extent of these effects. Conversely, the small-to-moderate effect sizes found for control over working time, commitment to work, and quality of work indicate that these differences, although significant, may be affected by other workplace factors such as organizational climate, support networks, and job security.

3.3. Regression Analysis of Variable Relationships

Based on the variables that showed significant differences between the groups, we conducted a linear regression analysis to examine the predictive power of gender and sexual orientation on these variables. Table 6 shows the results for gender as a predictor.

Table 6. Linear Regression gender as a predictor of emotional demands, Control Over Working Time and Burnout.

Variable	β	R^2	F(df)	p
Emotional Demands	-.094	.007	5.163(1.574)	.023*
Control Over Working Time	.065	.002	2.419(1.574)	.12
Burnout	.069	.010	6.819(1.574)	.009*

* $p < .005$

The regression analysis indicates that gender had a small but statistically significant negative association with emotional demands ($\beta = -0.094$, $p = 0.023$), explaining 0.7% of the variance ($R^2 = 0.007$). The relationship between gender and control over working time did not reach statistical significance ($p > 0.05$), explaining only 0.2% of the variance. This suggests that gender alone may not be a strong determinant of the perceived control over work schedules, and other workplace factors – such as job role, industry, and organizational policies – may have a greater influence. However, gender is positively and significantly associated with burnout ($\beta = 0.069$, $p = 0.009$), with the model explaining 1.0% of the variance ($R^2 = 0.010$). These findings suggest that, in our sample, gender plays a significant role in predicting emotional demands and burnout but not the control over working time.

Regarding sexual orientation as a predictor (Table 7), the sexual orientation was found to have a small but statistically significant effect on several work-related and health outcomes. Specifically, individuals from sexual minority groups reported lower scores in influence at work ($\beta = -0.102$, $p = 0.01$), control over working time ($\beta = -0.148$, $p < 0.001$), meaning of work ($\beta = -0.122$, $p = 0.004$), commitment to the workplace ($\beta = -0.120$, $p = 0.004$), quality of work ($\beta = -0.109$, $p = 0.009$), and self-rated health ($\beta = -0.161$, $p < 0.001$). These results indicate that the LGBTQIA+ workers who answered our questionnaire perceive less autonomy and meaning in their work and experience worse health compared to their heterosexual counterparts.

Table 7. Linear regression with sexual orientation as predictor of influence at work, control over working time, meaning of work, commitment to the workplace, quality of work, self-rated health, sleeping troubles, stress, and depressive symptoms.

Variable	β	R^2	F(df)	p
Influence at Work	-.102	.01	5.951(1.566)	.01*
Control Over Working Time	-.148	.02	12.613(1.566)	<.001**
Meaning of Work	-.122	.01	8.483(1.566)	.004*
Commitment to the Workplace	-.120	.01	8.232(1.566)	.004*

Variable	β	R²	F(df)	p
Quality of Work	-.109	.01	6.775(1.566)	.009*
Self-Rated Health	-.161	.02	15.092(1.566)	< .001**
Sleeping Troubles	.100	.01	5.679(1,566)	.01*
Stress	.168	.02	16.339(1.566)	< .001**
Depressive Symptoms	.155	.02	13.904(1.566)	< .001**

* $p < .05$ ** $p < .001$

In terms of health and psychological outcomes, sexual orientation was positively associated with sleeping troubles, stress, and depressive symptoms. The LGBTQIA+ individuals reported higher levels of these symptoms compared to the heterosexual participants. However, the effect sizes were small (R^2 values ranging from 0.01 to 0.02), indicating that while the differences were statistically significant, their practical impact may be limited and require further exploration in workplace settings.

3.4. Analysis of Correlations Between Psychopathology and Absenteeism

We conducted correlation analyses using the variables depression, stress, mental health, physical health, and sleep problems. These analyses were performed separately for women, men, LGBTQIA+ individuals, and heterosexual individuals to evaluate the relationships between psychopathology and absenteeism within each group. For women, absenteeism is negatively correlated with mental health ($r = -0.24$, $p < 0.001$) and physical health ($r = -0.28$, $p < 0.001$), and positively associated with stress ($r = 0.18$, $p < 0.001$), sleeping problems ($r = 0.11$, $p < 0.05$), burnout ($r = 0.18$, $p < 0.001$), and depressive symptoms ($r = 0.23$, $p < 0.01$). For men, absenteeism also shows significant negative correlations with mental health ($r = -0.27$, $p < 0.001$) and physical health ($r = -0.22$, $p < 0.001$), but higher correlations with stress ($r = 0.27$, $p < 0.001$) compared to women, and no significant association with sleeping problems. For heterosexuals,

the results mirror those of men and women, with absenteeism negatively associated with mental health ($r = -0.25, p < 0.001$) and physical health ($r = -0.27, p < 0.001$), and positively correlated with stress ($r = 0.20, p < 0.001$), sleeping problems ($r = 0.12, p < 0.001$), burnout ($r = 0.20, p < 0.001$), and depressive symptoms ($r = 0.23, p < 0.001$). However, for the LGBTQIA+ individuals, absenteeism did not show statistically significant correlations with any of the analyzed variables, including mental and physical health, stress, sleep disorders, burnout, and depressive symptoms ($p > 0.05$). This suggests that absenteeism in this group may be influenced by workplace-specific or structural factors that were not captured in this study, such as job security, organizational climate, or coping mechanisms.

For all groups, mental health is strongly positively correlated with physical health and negatively correlated with stress, burnout, and depressive symptoms, though the strength of these correlations varies: For women, mental health is highly negatively correlated with depressive symptoms ($r = -0.64, p < 0.001$) and burnout ($r = -0.51, p < 0.001$). For men, the relationship between mental health and stress is particularly strong ($r = -0.68, p < 0.001$), as is the correlation with depressive symptoms ($r = -0.68, p < 0.001$), indicating a greater impact of mental health on stress and depressive outcomes. Among the heterosexual participants, mental health also shows strong negative correlations with depressive symptoms ($r = -0.62, p < 0.001$) and burnout ($r = -0.52, p < 0.001$), similar to women. For the LGBTQIA+ individuals, mental health has the strongest correlations with depressive symptoms ($r = -0.72, p < 0.001$) and burnout ($r = -0.64, p < 0.001$), suggesting that mental health issues are particularly predictive of depressive symptoms in this group.

Stress is significantly correlated with absenteeism in women ($r = 0.18, p < 0.001$), men ($r = 0.27, p < 0.001$), and heterosexuals ($r = 0.20, p < 0.001$); however, no statistically significant correlation was observed for the LGBTQIA+ individuals. This may suggest that absenteeism in this group is influenced by different stressors or coping mechanisms not captured in the current analysis. Stress also has strong positive correlations with burnout across all the groups, but is particularly high for men ($r = 0.68, p < 0.001$) and heterosexual individuals (r

= 0.70, $p < 0.001$), suggesting that stress is more tightly linked to burnout in these groups compared to women ($r = 0.67, p < 0.001$) and LGBTQIA+ individuals ($r = 0.60, p < 0.001$).

Burnout correlates strongly with depressive symptoms across all the groups, with the strongest correlation observed in men ($r = 0.70, p < 0.001$) and LGBTQ individuals ($r = 0.72, p < 0.001$), compared to women and heterosexual individuals, where the correlations are slightly lower ($r = 0.66, p < 0.001$ for both).

Given the observed associations between absenteeism and the studied variables, we conducted a hierarchical linear regression to explore their potential predictive power in absenteeism. The analysis was carried out separately for women, men, heterosexual individuals, and LGBTQIA+ individuals. The hierarchical regression analyses for both men and women indicate that mental health initially plays a significant role in predicting absenteeism, although its effect diminishes in later models. For women, mental health was a significant negative predictor in Model 1 ($\beta = -0.240, p < 0.001$) and decreased in Model 2 ($\beta = -0.136, p = 0.01$), becoming non-significant in subsequent models. Similarly, for men, mental health significantly predicted absenteeism in Model 1 ($\beta = -0.270, p = 0.001$) and Model 2 ($\beta = -0.213, p = 0.01$), but also became non-significant in later models. Notably, physical health consistently predicted lower absenteeism for women across all the models (e.g., Model 3, $\beta = -0.215, p < 0.001$), while it did not have a significant effect for men. Additionally, stress, sleeping troubles, burnout, and depressive symptoms were not significant predictors of absenteeism for either gender in any of the models, highlighting the importance of mental and physical health, particularly for women, in determining absenteeism outcomes (Table 8).

Table 8. Hierarchical linear regression with mental health, physical health, stress, sleeping troubles, burnout, and depressive symptoms as predictors of absenteeism regarding gender.

	Women								
	Model 1			Model 2			Model 3		
	β	t	p	β	t	p	β	t	p
Absenteeism									
Mental Health	-.240	-4.921	< .001**	-.136	-2.483	.01*	-.095	-1.571	.11
Physical Health				-.215	-3.935	< .001**	-.213	-3.906	< .001**
Stress							.086	1.567	.11
Sleeping Troubles									
Burnout									
Depressive Symptoms									
R2	.05			.08			.09		
F(df)	24.212(1.397)			15.481(1.396)			2.456(1.395)		
	Model 4			Model 5			Model 6		
	β	t	p	β	t	p	β	t	p
Absenteeism									
Mental Health	-.101	-1.646	.10	-.095	-1.519	.13	-.057	-.849	.39
Physical Health	-.216	-3.939	< .001	-.214	-3.893	< .001**	-.214	-3.889	< .001
Stress	.097	1.670	.096	.081	1.176	.24	.061	.875	.382
Sleeping Troubles	-.033	-.581	.56	-.036	-.638	.52	-.042	-.734	.46
Burnout				.032	.460	.64	-.006	-.086	.931
Depressive Symptoms							.110	1.498	.135
R2	.09			.09			.09		
F(df)	.338 (1.394)			.212 (1.393)			2.245 (1.392)		

	Men								
	Model 1			Model 2			Model 3		
Absenteeism	β	t	p	β	t	p	β	t	p
Mental Health	-.270	-3.341	.001	-.213	-2.369	.01	-.124	-1.088	.27
Physical Health				-.126	-1.399	.16	-.105	-1.146	.25
Stress							.143	1.264	.208
Sleeping Problems									
Burnout									
Depressive Symptoms									
R2	.06			.07			.07		
F(df)	11.160(1.142)			1.956(1.141)			1.599(1.140)		
	Model 4			Model 5			Model 6		
Absenteeism	β	t	p	β	t	p	β	t	p
Mental Health	-.139	-1.200	.232	-.133	-1.126	.26	-.150	-1.219	.22
Physical Health	-.113	-1.221	.22	-.110	-1.186	.23	-.111	-1.219	.22
Stress	.158	1.376	.17	.140	1.092	.27	.160	1.188	.23
Sleeping Problems	-.069	-.756	.45	-.076	-.808	.42	-.069	-.716	.47
Burnout				.038	.312	.756	.059	.461	.645
Depressive Symptoms							-.069	-.505	.614
R2	.07			.06			.06		
F(df)	.571 (1.139)			.097 (1.138)			.255 (1.137)		

In terms of the analysis for the heterosexual and LGBTQIA+ individuals (Table 9), we found that distinct patterns emerged between the heterosexual and LGBTQIA+ individuals regarding the predictors of absenteeism. For the heterosexual individuals, mental health was a significant negative predictor in the initial model ($\beta = -0.251$, $p < 0.001$), indicating that better mental health is associated with lower absenteeism, although this effect diminished across the subsequent models. Physical health also consistently predicted lower absenteeism ($\beta = -0.206$, $p < 0.001$) throughout all the models. Additionally, stress showed a marginally significant positive effect in one model ($\beta = 0.109$, $p = 0.05$). In contrast, for the LGBTQIA+ individuals, none of the variables – including mental health, physical health, stress, sleeping troubles, burnout, and depressive symptoms – emerged as significant predictors of absenteeism across any model. In contrast, for the LGBTQIA+ individuals, none of the analyzed variables were statistically significant predictors of absenteeism in any model. This suggests that absenteeism may be influenced by other workplace-related or contextual factors not included in this study.

Table 9. Hierarchical linear regression with mental health, physical health, stress, sleeping troubles, burnout, and depressive symptoms as predictors of absenteeism regarding sexual orientation.

Heterosexuals	Model 1			Model 2			Model 3		
	β	t	p	β	t	p	β	t	p
Absenteeism									
Mental Health	-.251	-5.530	<.001**	-.109	-3.100	.002*	-.109	-1.922	.05*
Physical Health				-.206	-4.102	<.001**	-.201	-3.995	<.001**
Stress							.093	1.767	.078
Sleeping Troubles									
Burnout									
Depressive Symptoms									
R2	.06			.09			.09		
F(df)	30.584(1.456)			16.828(1.455)			3.122(1.454)		

OCCUPATIONAL HEALTH, PSYCHOSOCIAL RISKS (...) IN PORTUGAL

	Model 4			Model 5			Model 6		
	β	t	p	β	t	p	β	t	p
Absenteeism									
Mental Health	-.115	-2.013	.04*	-.106	-1.819	.07	-.083	-1.337	.18
Physical Health	-.205	-4.053	< .001**	-.203	-4.009	< .001**	-.202	-3.992	< .001**
Stress	.109	1.925	.05*	.076	1.134	.257	.061	.882	.37
Sleeping Troubles	-.041	-.768	.44	-.049	-.904	.36	-.056	-1.041	.29
Burnout				.059	.888	.37	.034	.491	.62
Depressive Symptoms							.077	1.122	.26
R2	.09			.09			.09		
F(df)	.590(1.453)			.788(1.452)			1.258(1.451)		

LGBTQIA +	Model 1			Model 2			Model 3		
	β	t	p	β	t	p	β	t	p
Absenteeism									
Mental Health	-.135	-1.265	.20	-.051	-.416	.67	-.008	-.057	.95
Physical Health				-.171	-1.398	.16	-.169	-1.375	.17
Stress							.075	.573	.56
Sleeping Troubles									
Burnout									
Depressive Symptoms									
R2	.007			.01			.01		
F(df)	1.599(1.86)			1.954(1.85)			.328(1.84)		

	Model 4			Model 5			Model 6		
	β	t	p	β	t	p	β	t	p
Absenteeism									
Mental Health	-.008	-.053	.95	-.032	-.195	.84	.004	.020	.98
Physical Health	-.169	-1.367	.17	-.173	-1.390	.16	-.172	-1.375	.17
Stress	.075	.570	.57	.099	.693	.49	-.172	-1.375	.17
Sleeping Troubles	.000	.001	.99	.010	.081	.93	.088	.609	.54
Burnout				-.069	-.451	.65	.017	.140	.88
Depressive Symptoms							-.101	-.599	.55
R2	-.002			-.012			-.02		
F(df)	.000(1.83)			.203(1.82)			.206(1.81)		

4. Discussion

This study proposes a comprehensive quantitative and cross-sectional examination of occupational health among sexual and gender minority workers in Portugal. Our primary objectives were to explore differences in occupational health between men and women, as well as between heterosexual and LGBTQIA+ individuals residing in Portugal, and to assess whether belonging to LGBTQIA+ groups or being a woman predicts lower occupational health scores. Additionally, we aimed to investigate differences in absenteeism across these groups and to identify potential predictors of absenteeism.

4.1. Occupational Health Through the Lenses of Gender Identity

When comparing occupational health by gender, our results show slightly lower scores for women across nearly all domains. However, only the domains indicating higher emotional demands³, reduced control over work hours, and elevated burnout scores reached statistical significance. These findings support our first hypothesis and align with prior studies examining occupational health through a gender perspective (Cordero et al., 2024; da Silva et al., 2021). Higher emotional demand, reduced perception over time control, and increased burnout among women may be related to additional responsibilities beyond the workplace, including household and childcare tasks that are typically assigned to women due to social expectations and stereotyped views of gender roles (Cordero et al., 2024; Dernberger & Pepin, 2020; Eagly & Wood, 2012).

No significant differences between men and women were observed in the other 28 occupational health domains, suggesting progress toward greater gender equity in Portuguese workplaces. While advancements in task division and occupational health have likely occurred in recent decades, a state of “gender flexibility” rather than equality has been achieved in many Western countries, indicating that ongoing efforts are needed to minimize remaining gender-related discrepancies, even if they are smaller than they were in the past (Dernberger & Pepin, 2020).

A regression analysis was conducted to assess the predictive power of gender on worker health. Our results indicated a modest but statistically significant effect of gender on several work- and health-related outcomes, which contradicts our second hypothesis. We had anticipated a stronger predictive power of gender on the occupational health of the participants evaluated. Specifically, we expected that being a woman would predict lower occupational health scores, a finding that proved to be only partially accurate. While we found significant differences in some occupational health domains – particularly those related to workload and burnout, the effect size was small. This result suggests that gender-based occupational health inequalities in Portugal may be diminishing. Furthermore, the significant differences observed could be related to uncontrolled variables in our study, given the low predictive power of gender in our regression analysis.

It is plausible that job insecurity contributes to slightly lower occupational health scores among women. A large study evaluating job insecurity and mental health in 22,555 workers across 22 European countries including Portugal found significantly higher precarious employment scores for women (mean = 32.31, SD = 0.33) compared to men (mean = 27.32, SD = 0.32), though the differences were smaller in Southern Europe, including Portugal [mean = 28.81 SD = 0.32 for men, mean = 30.24 SD = 0.31 for women] (Padrosa et al., 2022). The authors found significant differences only in the wage disparity domain (mean = 34.17, SD = 0.84 for men vs. mean = 43.83, SD = 0.97 for women), indicating greater income precarity for women, with minimal gender differences in vulnerability factors such as managerial respect, work schedule predictability, exercise of rights, and representativeness (Padrosa et al., 2022). Thus, although studies in developing countries, such as Brazil and Mexico, still report significant gender disparities in worker occupational health (Sousa & Araújo, 2024; Biswas et al., 2021), these differences in Portugal, though persistent, appear to be much less significant.

4.2. Occupational Health Through the Lenses of Sexual Orientation

Our analysis of LGBTQIA+ occupational health reveals several specific discrepancies when compared to the heterosexual group. The LGBTQIA+ participants reported significantly lower levels of workplace influence, control over work hours, job meaning, and work commitment. Additionally, they exhibited higher rates of sleep disturbances, depressive symptoms, stress, and self-reported physical health concerns. These findings support our first hypothesis and are consistent with previous Portuguese studies (Mendes & Pereira, 2021; Pereira et al., 2022).

These results also align with findings reported in other Western countries. A recent narrative review by Oliveira et al. (2024) analyzed outcomes of eleven studies on occupational health, psychosocial risks, and preventive factors among LGBTQIA+ workers. Despite changes in legislation and social attitudes in some countries, discrimination against LGBTQIA+ individuals persist in workplace environments, often in the form of microaggressions, negatively impacting well-being, occupational health, and job satisfaction. The review emphasized that LGBTQIA+ individuals face additional psychosocial challenges, including decisions about whether to disclose their gender identity or sexual orientation, often influenced by factors such as the presence of anti-discrimination policies and the degree of institutional support. Oliveira et al. (2024) therefore underscore the need for inclusive and equitable work environments that explicitly support LGBTQIA+ employees and periodically evaluate subtle and less evident forms of discrimination.

A regression analysis was conducted to evaluate the predictive power of sexual orientation on the participants' occupational health. Our findings indicated a modest but statistically significant effect of sexual orientation on nine work- and health-related outcomes. We had anticipated a stronger predictive power of sexual orientation, especially in mental health domains such as depression, stress, burnout, and sleep problems. Although we found lower occupational health scores for the LGBTQIA+ population, our regression analysis revealed a low predictive power of sexual orientation in this outcome, suggesting that other uncontrolled variables in our study may be responsible for these discrepancies.

The absence of equity and inclusion in the workplace can generate additional stressors for individuals from marginalized groups, such as LGBTQIA + individuals. These stressors may contribute to higher levels of psychosocial stress, anxiety, depression, and feelings of isolation. Discrimination, prejudice, and exclusion, present in non-inclusive work environments, have the potential to aggravate these problems, compromising the well-being of workers (Cordero et al., 2024; Reichelt et al., 2020; Oliveira et al., 2024). In contrast, an inclusive work environment, which values diversity and promotes equity, can contribute to strengthening the sense of belonging and support among employees, resulting in mental health benefits and a healthier and more productive environment (Oliveira et al., 2024).

Another fundamental factor is the organizational climate and inclusion policies within companies, which, when inadequate, may contribute to exacerbating mental health challenges faced by LGBTQIA + workers. Research has shown that organizations with inclusive policies and a supportive workplace culture significantly reduce stress levels and improve the psychological well-being of LGBTQIA + employees (Deloitte, 2023; Oliveira et al., 2024). Furthermore, external support networks, such as family and social support, play a crucial role. LGBTQIA + individuals with robust external support demonstrate greater resilience and better coping mechanisms in dealing with workplace stressors (Chan et al., 2022). Finally, workplace norms and culture directly impact the comfort and acceptance levels experienced by LGBTQIA + employees, highlighting that the cultural and social context of a workplace can mitigate or amplify the adverse effects of a non-inclusive environment (Mara et al., 2021).

4.3. Absenteeism

Our third objective was to compare the frequency of absenteeism among the analyzed groups and to assess whether the self-reported signs and symptoms of psychopathologies, such as depression, stress, burnout, and sleep problems, could be associated absenteeism. Our results revealed higher absenteeism scores among women but not between LGBTQIA + individuals, compared to men and heterosexual participants.

This result corroborates our hypothesis about greater absenteeism among women, reiterating results from previous studies (Deloitte, 2023; Gonçalves & Zanatti, 2023; Velez et al., 2013). However, the similar frequency of absenteeism among LGBTQIA+ and heterosexual individuals contradicts our hypothesis according to which LGBTQIA+ individuals would present higher absenteeism scores. Our initial hypothesis about higher absenteeism among LGBTQIA+ individuals was grounded from the perspective of minority stress (Frost & Meyer, 2023). This theory proposes that people belonging to marginalized or stigmatized groups, such as LGBTQIA+ individuals, face disproportionate levels of stress and have mental health and quality of life indicators lower than those found in individuals not belonging to minority groups, and that these socially produced vulnerabilities increase the risks of psychopathologies (De Oliveira Paveltchuk & Callegaro Borsa, 2019; da Silva et al., 2021; Alibudbud, 2023). Our impression was that greater psychosocial vulnerability might be associated with a higher probability of absenteeism and absences from work for mental health reasons, which was not confirmed by our results.

We suggest that, despite significant mental health challenges, some LGBTQIA+ individuals may find solace in the workplace, using it as a refuge from external stressors. Furthermore, they may engage in overcompensation behaviors to cope with internalized homonegativity. Overcompensation related to low self-esteem and homonegativity may manifest in many ways, such as heightened productivity, perfectionism or strong commitment with work, functioning as a protective mechanism against sexual stigma perceived in their community and self-stigma. However, although the mechanism of overcompensation is associated with high productivity and quality of work (overachieving), at the individual level, it may produce self-esteem that is overly influenced by performance and results, which hinders the formation of a relatively stable positive identity (Bridge et al., 2019, 2022). In addition, overcompensation can make it difficult to identify aspects of internalized homonegativity, which may reduce the likelihood of seeking psychotherapeutic treatment. Finally, the mechanism of overcompensation can jeopardize self-care in order not to compromise the productivity of the individual, who may, for example, continue to work even during periods of physical and mental illness. We believe that these mechanisms can explain, at least partially, why this

population did not present higher rates of absenteeism despite reporting elevated levels of occupational health problems. This hypothesis will be investigated in a new qualitative study, currently underway, associated with the same research project from which this article originated.

In addition, we found a significant negative correlation between women's mental and physical health and absenteeism. We also found significant and positive correlations between stress, sleep disorders, burnout and depressive symptoms, and absenteeism in this group of participants. These results suggest that the overload of Portuguese women with several demands parallel to and additional to work demands can produce overload of responsibilities, stress, and other mental health problems, conditions that increase the probability of absenteeism. These findings highlight the importance of greater equity in the division of tasks among the Portuguese population, the importance of measures to recognize overload among women, and instruments/strategies for the identification and management of this condition and prevention of mental health problems and absenteeism.

From a sexual orientation perspective, absenteeism among heterosexual workers was a significant predictor of depressive symptoms, but for LGBTQIA + people, this association was not verified. In the comparison between heterosexuals and LGBTQIA + people, the results do not support our hypothesis, since no significant differences in absenteeism were observed between these groups. Interestingly, in the case of the LGBTQIA + population, absenteeism did not show a significant correlation with any of the variables analyzed, including mental and physical health, stress, sleep disorders, burnout, and depressive symptoms. This finding suggests that absenteeism in this population may be influenced by factors external to the health variables investigated, indicating that the determinants of this phenomenon may be different for LGBTQIA + individuals.

In addition to the immediate benefit of inclusive policies, the reduction in absenteeism directly impacts productivity and organizational costs, since prolonged absences represent significant financial losses, as revealed in a recent study of 1292 Canadian workers. The main results of this study revealed that the psychological distress associated with absenteeism generates high annual costs for employers, specifically, \$2337 for women and \$2796 for men (Gilbert-Ouimet et al., 2024).

Studies indicate that the stress caused by discrimination is one of the main factors for the development of psychopathologies in LGBTQIA + people, such as anxiety and depression, conditions that affect attendance and performance. By promoting a welcoming and prejudice-free work environment, companies favor the well-being of LGBTQIA + employees and reduce indirect costs linked to psychopathologies and high turnover, showing that inclusive policies are essential not only for social justice, but also as an economic strategy to optimize resources.

Companies that adopt a culture of mental health support not only contribute to the well-being of their employees, but also become more attractive to talent, making it easier to attract and retain qualified professionals. In addition, by creating a more positive and collaborative work environment, these organizations strengthen employee commitment and motivation, resulting in a more productive and healthier organizational climate. The promotion of mental health in the workplace, as highlighted by the World Health Organization and International Labour Organization (2021), is therefore an effective strategy to improve the overall performance of the company and the well-being of its employees.

4.4. Practical Implications

This research highlights the need for workplace interventions that promote inclusion and equity in terms of gender identity and sexual orientation, although our study suggests that this second category requires more concentrated efforts, as they have greater discrepancies in Portugal. Although progress has been made in terms of mitigating intolerance and violence against sexual and gender minorities in the workplace, our study corroborates previous studies and indicates that inequalities based on sexual orientation and gender persist in companies and educational and health institutions. The creation and periodic improvement of affirmative legislation and policies on sexual and gender diversity, developed and sustained by countries, such as the criminalization of homophobia and the explicit valuing of sexual diversity, is an important step towards ensuring the human rights of LGBTQI + individuals and gender minorities. However, studies indicate that this measure alone does not guarantee

the protection of these individuals (Oliveira et al., 2024; Di Marco et al., 2021; Lloren & Parini, 2017; Grenier & Hixson-Vulpe, 2017). There is vast literature indicating the discrepancy between the laws protecting the rights of the LGBTQIA + population and the attitudes of institutions and society, highlighting the need for continued efforts to safeguard and promote the human rights of this community, which has historically been exposed to stigmatization and various forms of social injustice due to the marginalization of their identities, including in the employment context.

Among the measures recommended for companies and institutions, we highlight the need to ensure representativeness; decision-makers should actively strive to hire individuals of different sexual orientations and gender identities, including transgender individuals and cross-dressers, who still face many difficulties in entering the formal labor market (K. M. D. O. Santos & Oliveira-Silva, 2021; Abreu et al., 2023). It is necessary to make it possible for women, regardless of their sexual orientation, and other LGBTQIA + individuals to compete on equal terms for management positions, since they remain underrepresented in the power spaces of companies and other institutions. Ensuring the representation of these individuals in these spaces increases the likelihood of inclusive policies being implemented and improves the sense of security and belonging of sexual and gender minorities in companies and institutions. In addition, organizational initiatives to combat heteronormativity and sexism, as well as the implementation and enforcement of anti-discrimination policies, should be explicitly included among companies' values. Training should be provided on a regular basis, and the appreciation of sexual and gender diversity should form part of diversity and inclusion education programs for company employees, including those in senior positions. Finally, formal channels for reporting cases of homophobia, transphobia or misogyny should be developed, and employees should be made aware of this alternative. To discourage homonegativity, transphobia or misogyny, witnesses to these situations should be encouraged to take a stand, to create an organizational climate of intolerance towards discriminatory behavior.

The creation of psychologically safe work environments, with adequate social support and clear anti-discrimination policies, is essential to improve the mental health and well-being of LGBTQIA + workers and

women. The literature already suggests that organizations that implement such inclusive policies tend to have a more satisfied and productive workforce (Trau & Härtel, 2007). In addition, our study highlights the importance of preventive approaches in the management of workers' health. Identifying and mitigating the psychosocial risks faced by sexual and gender minorities should be a priority in workplace health policies. The literature indicates that the prevention of psychosocial risks not only improves worker well-being, but also reduces costs related to occupational diseases and absenteeism (Sorensen et al., 2021). Finally, the discussion presented in this study emphasizes that occupational health interventions should be adapted based on the specific needs of different population groups. Implementing strategies that consider the lived experiences of women and LGBTQIA+ individuals in the workplace is not only a matter of social justice but also of organizational efficiency and improved public health.

4.5. Limitations and Future Perspectives

Although we have achieved the objectives proposed in our article, our study is not without limitations. The cross-sectional nature of our research prevents the determination of causality between the factors analyzed and the occupational health outcomes. Furthermore, the LGBTQIA+ category encompasses a diversity of identities and experiences and, due to the small sample size for the subgroups, our study treated this population as a single group. However, different subgroups within the LGBTQIA+ community may face different challenges. Future research should analyze each subgroup separately to identify specific vulnerabilities and needs. The data collection via the online questionnaire resulted in the exclusion of individuals without access to the internet or with less technological familiarity. This implies the underrepresentation of a portion of the Portuguese population that lives in a condition of digital exclusion, usually associated with poverty or advanced age. Studies aimed at understanding the determinants of occupational health among this population are necessary. In addition, the occupational health of our participants was assessed based on self-reports, which may be

biased by the social desirability and self-assessment capacity of each individual. In addition, in the composition of our sample, we found an underrepresentation of men and individuals with less schooling, which limits the generalization of the results to other populations. We suggest, therefore, the replication of this study with more representative samples of the Portuguese population, in order to increase the external validity of the results. Furthermore, the study being carried out in Portugal implies that the conclusions may not apply to other socio-cultural and legislative contexts in other countries of the European Union. Finally, our study did not include transgender individuals and cross-dressers, which fails to capture the unique occupational health challenges faced by this population, which studies indicate are much more vulnerable to discrimination and prejudice in several countries, including Portugal (Neves et al., 2023). To address this gap, future studies should evaluate the occupational health of these individuals, as well as compare these conditions with other groups, to produce valuable insight that supports public policies sensitive to the nuances and specificities of this population.

5. Conclusions

Our study responds to a call for investigation of occupational health inequalities among sexual and gender minorities in Portugal. Our data suggest improvements in terms of women's occupational health in Portugal, but not gender equality. They indicate that there are still points to be improved. They also suggest the persistence of the inequity of occupational health of LGBTQIA+ individuals and underscore the need for more inclusive workplace policies for sexual minorities in Portugal.

Notes

1. Psychosocial determinants are factors related to social interactions, working conditions, social support and other aspects of the psychosocial environment that influence an individual's health and well-being. These factors are associated with a range of health

outcomes, including cardiovascular disease and mental health problems (Siegrist & Marmot, 2004).

2. Burnout, especially its central component of emotional exhaustion, is one of the most commonly used indicators of poor mental health in occupational and organizational psychology. This phenomenon results from persistent and chronic occupational stress (Maslach & Leiter, 2016). Given the emotional, physical, and psychological burden it causes, burnout is a significant predictor of heart disease, chronic pain, gastrointestinal problems, depression, and even mortality (Salvagioni et al., 2017).
3. Emotional demands in the workplace refer to factors that require emotional effort due to human interaction (De Jonge & Dormann, 2003).

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Chapter 3

Measuring LGBTQIA + Inclusive Workplace Climate Practices: The Perspectives of Sexual Minorities in Portugal

Iara Teixeira, Felipe Alckmin-Carvalho, Henrique Pereira

Abstract:

Despite advances in diversity policies, many LGBTQIA + employees still experience exclusion, discrimination, and difficulty expressing their identities at work. This study investigated the organizational climate regarding LGBTQIA + inclusion and how it relates to reported prejudice. Seventy-nine non-heterosexual participants (mean age 31.59, SD = 10.13) completed the LGBT-Inclusive Workplace Climate Questionnaire and a sociodemographic form. Analyses included descriptive statistics, Spearman correlations, Mann–Whitney U tests, regression, and moderation. Although most organizations mentioned inclusion policies, these were not always visible in practice. Discrimination was reported across cases, though women indicated fewer negative experiences and greater openness about identity. Supervisor and coworker support appeared related to reduced perception of discrimination. No significant interaction emerged in the moderation model; both support and openness had independent effects. These results reinforce the relevance of everyday support and real inclusion efforts in shaping the experience of LGBTQIA + individuals in professional settings.

Keywords:

LGBTQIA + inclusion; workplace culture; organizational climate; psychological safety; leadership; anti-discrimination policies.

1. Introduction

In recent years, workplace inclusion for LGBTQIA+ individuals has become a key issue due to organizations' growing commitment to diversification and equal opportunities. Fostering inclusion is a key organizational asset that facilitates innovation, employee engagement, and performance (Foster et al., 2020). Though gains have been made on legislative and social fronts, studies indicate that many LGBTQIA+ individuals still face discrimination, harassment, and exclusion in the workplace (Ellsworth et al., 2020; Oliveira et al., 2024), as well as greater difficulty in reaching leadership positions, which can be seen in the lower representation of this population in positions of power in institutions (Della Torre & Pereira, 2024). Chronic exposure to violence stemming from sexual prejudice, including microaggressions, has a significant impact on mental health and affects job satisfaction and career progression (Della Torre & Pereira, 2024; Oliveira et al., 2024).

Organizational climate is defined as employees' shared perceptions of workplace norms, policies, and practices (Mathew & Selvi, 2007). According to Fletcher and Everly (2021), it is a major factor in employee experience and well-being. According to Lardier et al. (2020), an LGBTQIA+ inclusive climate may help employees feel valued and respected, unlike biased environments that lead to negative outcomes. For Ueno et al. (2020), LGBTQIA+ individuals assess workplace inclusion not only through their own experiences but also by observing those of other sexual minority employees. This indicates that when individuals see any acts of prejudice or discrimination at work, this can have psychological effects even on those who are not the target of that prejudice or discrimination. Data suggest that environments like these create a sense of anxiety, distress, and lack of safety for LGBTQIA+ employees, leading to similar exclusionary feelings of distress (Sheridan et al., 2017). Additionally, the perpetuation of these acts sends implicit messages to all employees that this conduct is accepted, which potentially perpetuates discrimination and weakens institutional efforts at diversity and inclusion (Ng et al., 2024).

To support this assertion, Oliveira et al. (2024) underscores the significant influence of organizational climate on occupational health

for LGBTQIA+ individuals. Their narrative review indicates that harsh, unwelcoming environments can lead to psychological distress, identity concealment and job dissatisfaction. In contrast, inclusive climates with supportive leadership, diversity policies, and emotional safety serve as protective factors for well-being and belonging at work.

Recent research shows how leadership, psychological safety, and HR practices may help shape LGBTQIA workplace experiences. Lathabhavan and Mishra (2024) found that inclusive leadership and psychological empowerment enhance job satisfaction and overall well-being of LGBTQIA employees. Similarly, Maji et al. (2023), based on a systematic review of 101 studies on the LGBTQIA+ community at work from studies carried out in 18 different countries, attested to the prevalence of discrimination, microaggressions, and unsafe climates in the workplace. Moreover, inclusion and experiences of discrimination are strongly influenced by organizational justice and perceptions of fair treatment that employees perceive to be legitimate policies that effectively protect them against discrimination (Le et al, 2020).

In the model proposed by Roberge et al. (2021), an inclusive organizational climate requires having a common in-group identity, weak fault lines, inclusive human resource policies and practices, functional communication, and inclusive leadership. While this may not be a complete framework for defining inclusiveness, their conceptual model nonetheless highlights the key antecedents that appear crucial for promoting inclusivity in organizations.

Inclusive practices such as policies against discrimination, gender-neutral restrooms, and LGBTQIA+ employee groups can significantly reduce prejudice and enhance organizational commitment at the same time (Opall, 2021). Contrary to this, such unavailability keeps the channels toward exclusion open and seriously weakens employee satisfaction by significantly reducing employee productivity across the organization (Reetu et al. 2020). Moreover, Cruz-Zuniga et al. (2022) highlight how an unsupportive work environment hinders personnel adjustment, with negative consequences of such processes for workers observed in work, physical, and psycho-physiological conditions. This highlights the importance of fostering an inclusive organizational climate to ensure employees can thrive both personally and professionally.

In the Portuguese context, growing academic attention has been devoted to the workplace health and working lives of LGBTQIA+ employees. Oliveira et al. (2025) highlight those psychosocial risks such as discrimination, identity concealment, and lack of support are salient predictors of negative occupational health outcomes, while inclusive settings act as protective factors. Similarly, Baptista and Costa (2024) highlight the structural barriers of trans individuals in entering and integrating into the labor market, reaffirming the importance of institutional support and anti-discrimination measures in professional integration efforts. In addition, Saleiro (2021) also observes a gap between Portugal's progressive legislation and the everyday workplace realities of LGBTQIA+ individuals, emphasizing that legal rights alone do not eliminate daily interactions with exclusion and prejudice (Saleiro, 2021). These observations underscore the need to investigate organizational climate not only in structural terms but also in how inclusion is experienced daily.

With this background, the current study seeks to explore the linkages between organizational climate and LGBTQIA+ inclusion through the analysis of employee perception of discrimination, support, and organizational practices. The general objective of this study was to evaluate the characteristics of the organizational climate related to the inclusion of LGBTQIA+ individuals, and their relationship with experiences of prejudice reported by this population in the workplace.

The specific aims were: (a) To assess the frequency of prejudice experienced by LGBTQIA+ people in the workplace; (b) to assess possible gender differences in experiences of prejudice in the workplace; (c) to assess associations between situations of discrimination, harassment, and bullying; supervisor support; coworker support; the grievance process; and disclosure and outness; and (d) to assess variables related to organizational climate that are predictors of discrimination, harassment, and bullying of LGBTQIA+ individuals.

2. Materials and Methods

2.1 Study Design

This crosssectional, exploratory, quantitative study assessed variables related to the organizational climate of LGBTQIA + individuals living and working in Portugal. Our research was funded by RESTART, a program of the Foundation for Science and Technology, Portugal (grant number: 2023.00018.RESTART).

2.2 Sample and Procedures

A power analysis was conducted with G*Power 3.1 (Faul et al, 2009) to determine the minimum sample size necessary for a multiple regression with two predictors (Supervisor Support and Coworker Support). Assuming a medium effect size ($f^2 = 0.15$), an alpha level ($\alpha = .05$), and a power of 0.80, the required minimum sample size was calculated to be 68. The study included a sample of 79 non-heterosexual and cisgender individuals aged 18 or older, all residing in Portugal, proficient in Portuguese, and with a minimum of six months of formal affiliation with an employer or educational institution. This was a non-probabilistic sample, selected according to convenience criteria. Given the specific focus on the LGBTQIA + community, three recruitment methods were employed to effectively reach participants: direct outreach through relevant organizations, engagement with formal and informal LGBTQIA + groups and associations (ILGA-Portugal, Dezanove, and Opus Gay), and targeted online recruitment via social media and email lists. Data were collected online between April and July 2024, utilizing platforms such as Facebook, LinkedIn, Instagram, and WhatsApp. Participants completed the survey in approximately 20 minutes.

Individuals under 18 or not currently employed (retired or on temporary leave from work) were excluded. The inclusion and exclusion criteria were not assessed a priori. However, after filling in the data, 13 individuals were excluded due to not having an employment relationship

at the time of completing the questionnaire and six were excluded for not identifying themselves as cisgender.

2.3 Instruments

2.3.1. LGBT-Inclusive Workplace Climate Questionnaire (Carreiro, 2014): The questionnaire employed in this study was developed by Carreiro (2014) based on Waldo's conceptual framework (Waldo, 1999), enriched by theories such as Meyer's (1995) Minority Stress Theory, Cupach and Tadasu's (1993) Identity Management Theory, and Dawis and Lofquist's (1984) Theory of Work Adjustment. It is designed to evaluate sexual identity management, workplace climate, and factors fostering inclusivity for LGBTQIA+ individuals (Anderson et al., 2001; Liddle et al., 2004).

The instrument comprises five sections: (1) Workplace Climate for LGBT People (divided across three factors – Discrimination, Harassment and Bullying, Supervisor Support and Coworker Support), (2) LGBT-Inclusive Human Resources Policies and Practices, (3) Job-Gender Context, (4) Disclosure and Outness, and (5) The Grievance Process. All items are evaluated on a 5-point Likert scale (1 = strongly disagree to 5 = strongly agree). A unique component, HR policies and practices, utilizes a checklist format, where participants respond “yes” or “no” to each item.

The overall reliability of the scale for our sample was .84. Although the scale does not have a cut-off point, higher scores on the Discrimination, Harassment, and Bullying factor reflect *lower* perceived discrimination, whereas higher scores on the remaining factors denote greater support, openness/visibility, and a more effective grievance process.

2.3.2 Sociodemographic Questionnaire: Included questions addressing the following variables: age, gender, sexual orientation, marital status, place of residence, educational level, and socioeconomic status. The questionnaire also included the following work-related variables: employment status, employment relationship, occupation, work in shifts and organization dimension. For the variable occupation, due to the high variability of the responses, we had to group the responses as follows: The

administrative and financial categories included office and management workers, as well as those in accounting. The education and research participants were professors and researchers. The healthcare group consisted of doctors, pharmacists, psychologists and physiotherapists. The customer service roles included salespeople, call center agents, and bartenders. Additional participants with diverse professional backgrounds were categorized under others.

1.4 Data Analysis

Data analysis began with descriptives analysis and Shapiro–Wilk tests to the main variables. Due to violations of the normality assumption ($p < .005$), non-parametric analyses were employed to ensure the robustness and reliability of the results. The descriptive analyses were conducted for means, standard deviation, theoretical median, maximum and minimum scores. Descriptive analyses were also used to describe the proportions of affirmative and negative responses to HR policies and practices and the Job-Gender Context.

In terms of inferential analyses, the Spearman correlation was used to explore relationships between the subscales of Discrimination, Harassment & Bullying, Supervisor Support, Coworker Support, The Grievance Process, and Disclosure and Outness. Correlation strength was classified as 0–.30 (weak), .30–.70 (moderate), and .70–1 (strong). To enhance interpretability, 95 % confidence intervals for Spearman's ρ were estimated using bootstrapping (1,000 resamples). The Mann–Whitney U test was performed to assess group differences between women and men. Additionally, a hierarchical regression analysis of Supervisor and Coworker Support Predicting Perceived Discrimination was performed. Variance inflation factors (VIF) were reported to assess multicollinearity. Also, a moderation analysis using PROCESS Macro for SPSS (Hayes, 2022) with the disclosure and outness as moderators of the relationship between supervisor support and the perception of discrimination, harassment and bullying. Conditional effects were tested at low (-1 SD), average (mean), and high ($+1$ SD) levels of disclosure. The explained variance (R^2) and significance levels were reported for all models.

The r coefficient was calculated to measure the effect size of the differences between men and women. The formula $r = Z / \sqrt{N}$ was used, where Z represents the standardized measure of the Mann-Whitney test and N is the total sample. The interpretation followed Cohen's (1988) recommendation, where: $r \approx 0.1$ (small), $r \approx 0.3$ (medium), and $r \geq 0.5$ (large).

All statistical procedures were performed in SPSS 29; bootstrap confidence intervals and graphs were produced in R 4.3.3 (boot, ggplot2). The predictors in the moderation model were mean centered before calculating the interaction. Bootstrap estimators used 1 000 bias-corrected and accelerated resamples and a fixed random seed (12 345). Internal consistency was acceptable for all subscales (Cronbach's $\alpha = .77-.88$).

2.5 Ethical Considerations

All ethical guidelines were strictly followed, and the study received approval from the Ethics Committee of the University of Beira Interior, Covilhã, Portugal (Protocol No. CE-UBI-Pj-2024-022). Participants provided informed consent after receiving comprehensive information about the study's goals, procedures, potential risks, and expected benefits. Confidentiality and privacy were rigorously safeguarded, with all data handled securely. Participant selection was conducted impartially and equitably, ensuring no form of discrimination. The study also upheld transparency in communicating its findings, aligning with ethical standards outlined in the Declaration of Helsinki (*World Medical Association* [WMA], 2013).

3. Results

3.1. Sociodemographic information

The sample consisted of 79 participants, with a mean age of 31.59 years ($SD = 10.13$) and an average tenure of 6.1 years in their current role ($SD = 7.75$). The sample was predominantly composed of female participants, with a diverse range of sexual orientations, the majority identifying as bisexual or gay. Most respondents reported being single, either with or without a partner, were highly educated (most had a master's level or above), and lived in urban locations (i.e., either small towns or large cities) with lowermiddle to middle socioeconomic status. In terms of employment, most respondents were either employed or students who were employed with a majority having a permanent

position. The majority of the sample was made up of education and research professionals and health professionals. Most were not employed in shift work and worked in medium or larger organizations. Table 1 presents the demographic characteristics of the sample in detail.

Table 1. Sociodemographic information

Variable	Category	N	%
Gender (n = 79)	Female	46	58.2
	Male	33	41.8
Sexual Orientation (n = 79)	Gay	24	30.4
	Lesbian	10	12.7
	Bisexual	35	44.3
	Pansexual	7	8.9
	Asexual	1	1.3
	Queer	2	2.5
Marital Status (n = 79)	Single without a partner	30	38.0
	Single with a partner	24	30.4
	Married	11	13.9
	In a domestic partnership	13	16.5
	Divorced/Separated	1	1.3
Educational Attainment (n = 79)	Up to 12 years of schooling	14	17.7
	Graduate degree	18	22.8
	Master degree	34	43.0
	Ph.D. degree	13	16.5

Variable	Category	N	%
Place of Residence (n = 78)	A small rural area	7	9.0
	A large rural area	6	7.7
	A small town	28	35.9
	A large city	37	47.4
Socioeconomic Status (n = 79)	Low	4	5.1
	Low-middle	25	31.6
	Medium	35	44.3
	Upper-middle	14	17.7
	High	1	1.3
Employment Status (n = 79)	Student-employed	23	29.1
	Self-employed	5	6.3
	Employee	51	45.9
Occupation (n = 79)	Administrative and Financial	15	19.0
	Education and Research	31	39.2
	Healthcare Professionals	18	22.8
	Customer Services Roles	10	12.7
	Others	5	6.3
Employment contract (n = 79)	Permanent	35	44.3
	Fixed term	18	22.8
	Temporary	3	3.8
	Independent contractor agreement	9	11.4
	Not applicable	11	13.9
	Other types	3	3.8
Work in shifts (n = 77)	Yes	14	18.2
	Not	63	81.8

Variable	Category	N	%
Organization Dimension (n = 77)	Up to 10 persons	14	18.2
	11-250	21	27.3
	251-500	9	11.7
	More than 501	33	42.9

3.2. Psychosocial Workplace Variables and Gender Differences in Scores

This section explores the relationships among key psychosocial variables in the workplace, including Discrimination, Harassment, and Bullying; Supervisor Support; Coworker Support; Grievance Process; and Disclosure and Outness. Additionally, we examine whether scores on these variables differ significantly between men and women. These analyses aim to provide insights into potential gender-based disparities in the perception and experience of workplace dynamics.

Table 2. Gender Differences in Psychosocial Workplace Variable Scores

Variables	Possible Score	Total		Female (n = 46)	
		M	SD	M	SD
Discrimination, Harassment & Bullying	10-50	36.45	6.00	36.45	6.00
Supervisor Support	3-15	10.26	2.39	10.26	2.39
Coworker Support	7-35	23.86	5.24	23.86	5.24
Grievance Process	5-25	16.40	3.21	16.40	3.21
Disclosure and Outness	6-30	20.80	5.07	20.80	5.07

Male (n = 33)					
Variables	M	SD	Mann-Whitney	p	r
Discrimination, Harassment & Bullying	33.40	6.08	517.000	.02*	.25
Supervisor Support	9.36	2.27	612.000	.13	-
Coworker Support	22.69	5.97	691.500	.16	-
Grievance Process	15.22	4.34	462.000	.20	-
Disclosure and Outness	18.06	5.63	544.000	.04*	.23

*p < .05

The study revealed significant gender differences in dimensions of discrimination, harassment, and bullying, and levels of disclosure and outness, according to data shown in Table 2. Women perceived significantly lower levels of discrimination, harassment, and bullying than their men counterparts, demonstrating that women perceived less discrimination than men ($U = 517.000$, $p = .02$, $r = .25$). Additionally, women participants reported greater levels of disclosure and outness than men participants, also statistically significant ($U = 544.000$, $p = .04$, $r = .23$). Although the effect sizes are small to medium, they reveal consistent gender differences: women not only perceive the environment as less discriminatory but are also more likely to disclose their identity.

Table 3. Correlations between key psychosocial variables

	Discrimination, Harassment & Bullying	Supervisor Support	Coworker Support	Grievance Process
Discrimination, Harassment & Bullying	-			
Supervisor Support	.74**	-		
Coworker Support	.72**	.68**	-	
Grievance Process	.68**	.72**	.56**	-
Disclosure and Outness	.75**	.67**	.80**	.59**

**p < .001

Table 3 shows the Spearman correlations. Discrimination, harassment and bullying were positively associated with supervisor support ($\rho = .74$, 95 % CI [-.82, -.65], $p < .001$) and coworker support ($\rho = .72$, 95 % CI [-.82, -.60], $p < .001$), indicating that employees who perceive greater amounts of supervisor and coworker support experience fewer negative workplace experiences. We also found a significant positive correlation between discrimination, harassment and bullying, and the grievance process ($\rho = .68$, 95 % CI [-.80, -.53], $p < .001$), indicating that an effective grievance process is a potential buffering agent. Disclosure and being out was also strongly associated with coworker support ($\rho = .80$, 95 % CI [.70, .87], $p < .001$), and inversely associated with discrimination, harassment and bullying ($\rho = .75$, 95 % CI [-.83, -.63], $p < .001$). This suggests that if employees are comfortable being out about their identities, they will receive higher levels of support and will experience lower levels of discrimination. Supervisor and coworker support were themselves highly correlated ($\rho = .68$, 95 % CI [.54, .80], $p < .001$), suggesting that multiple forms of supervisor and peer support are linked.

To further investigate the significant relationships found, we performed a hierarchical regression with supervisor support and coworker support as predictors for discrimination, harassment, and bullying. The results (Table 4) suggest that organizational support plays a huge role in the perception of discrimination, harassment, and bullying. In the first model, supervisor support explained 50.9% of the variation in the perception, on Model 2, as we added Coworker Support, both predictors remained significant with an explanation of 59.0% of the variation. Although there was no multicollinearity: the variance-inflation factor (VIF) was 2.05 for Supervisor Support and 2.05 for Coworker Support, far below the standardized cutoff of 5; meaning both predicted variables contributed unique information to the analyses

Table 4. Hierarchical Regression Analysis of Organizational Support Predicting Perceived Discrimination

Discrimination, Harassment and Bullying	Model 1			Model 2		
	B	p	t	β	p	t
Supervisor Support	.713	< .001	8.871	.421	< .001	3.971
Coworker Support				.408	< .001	3.847
R2 Adjusted	.509			.590		
F(df)	78.702 (1.76)			14.803 (1.75)		

We evaluated whether disclosure/outness moderates the link between supervisor support and perceived discrimination, harassment, and bullying. Predictors were mean centered prior to calculating the interaction term (Supervisor Support \times Disclosure). The overall model was significant, $F(3, 75) = 47.1, p < .001$, explaining $R^2 = .65$ (adjusted $R^2 = .64$) of the variability in perceived discrimination. Supervisor Support remained a robust negative predictor ($\beta = -0.39, t = -4.24, p < .001$), and there was a protective main effect of disclosure/outness ($\beta = -0.49, t = -5.50, p < .001$). However, the interaction term was not significant ($\beta = -0.08, t = -1.57, p = .12$), establishing that the magnitude of the supervisor-support effect did not differ reliably at each level of disclosure. Conditional-slope probes verified that supervisor support predicted lower discrimination at three levels of disclosure (low level: $\beta = -0.49, p < .001$; average level: $\beta = -0.39, p < .001$; and high level: $\beta = -0.29, p = .010$), where the overlapping confidence intervals are still in line with no significant interaction.

3.3. Job-Gender Context

In this part of the analysis, we focus on perceptions of gender representation and leadership within the workplace. The findings include responses to statements regarding the typical presence of personnel of the respondent's gender in their role and workplace, as well as the gender of

their direct supervisors. These insights provide a deeper understanding of gender dynamics and representation in professional settings, emphasizing potential disparities and norms in organizational structures (Table 5).

Table 5. Perceptions of Gender Representation and Supervisor Gender in the Workplace

	Strongly Disagree	Disagree	Neither disagree nor agree	Agree	Strongly Agree
At my workplace, personnel of my gender typically do not hold my job	38 (48.1%)	21 (26.6)	13 (16.5)	5 (6.3%)	2 (2.5%)
At my workplace, personnel of my gender are uncommon	40 (50.6%)	16 (20.3%)	11 (13.9%)	8 (10.1%)	4 (5.1%)
What is the gender of your direct supervisor?	Female	Male	Do not know or do not want to answer		
	44 (55.7%)	29 (36.7%)	6 (7.6%)		

The data highlights a general perception of adequate gender representation among participants in their respective roles but with nuances suggesting some gender-based limitations in the workplace. Despite nearly half of respondents strongly disagreeing with the statement that “personnel of my gender typically do not hold my job,” indicating they feel represented, a significant minority expressed neutrality or agreement, suggesting that while gender representation may be adequate overall, certain positions might still lack balanced visibility for all genders. The statement, “At my workplace, personnel of my gender are uncommon,” returned similar results, indicating that although gender inclusivity may be present, specific departments or roles may still have underrepresentation challenges. This interpretation is reinforced by the data on the gender of direct supervisors, where a slight majority of participants report a woman supervisor, yet a substantial report a male supervisor, suggesting a relatively balanced distribution

of leadership by gender. However, the 7.6% of respondents who opted not to disclose their supervisor's gender may hint at potential discomfort or sensitivity around gender dynamics in leadership. Overall, while the data suggests an improving trend in gender representation, it also reveals underlying gaps and areas where inclusivity may be strengthened, especially regarding specific roles or departments.

3.4. LGBTQIA + – Inclusive HR Policies and Practices

This section examines the availability and implementation of LGBTQIA + inclusive policies, practices, and resources in the workplace. Participants were asked about various initiatives, including anti-discrimination policies, benefits parity, inclusive language, and access to LGBTQIA + networks and counseling. The results highlight the extent to which employers are fostering an inclusive environment for LGBTQIA + employees and addressing their specific needs.

Table 6. Availability of LGBT-Inclusive Policies, Practices, and Resources in the Workplace

Items	Yes	No
1 – At my workplace, diversity is included in the mission statement and/or set of core values (n = 78)	50 (64.1%)	28 (35.9%)
2 – At my workplace, employees are provided with information about my employer's anti-discrimination policy. (n = 79)	26 (32.9%)	53 (67.1%)
3 – At my workplace, employees are provided with information about my employer's LGBT network (n = 79)	15 (19.0%)	64 (81.0%)
4 – At my workplace, LGBT employees are provided the same spousal benefits as heterosexual employees regardless of current legislation in my country. (n = 76)	62 (81.6%)	14 (18.4%)
5 – At my workplace, LGBT employees are provided the same parental leave benefits as heterosexual employees regardless of current legislation in my country. (n = 76)	60 (78.9%)	16 (21.1%)
6 – At my workplace, social events are organized that involve the partners and families of LGBT employees (n = 84).	30 (38.5%)	48 (61.5%)

Items	Yes	No
7 – At my workplace, LGBT-inclusive language is used in internal communication (n = 79)	24 (30.4%)	55 (69.6%)
8 – At my workplace, LGBT-inclusive language is used in external communication. (n = 79)	25 (31.6%)	54 (68.4%)
9 – At my workplace, transgender people are provided with inclusive health benefits (e.g., coverage for sexual reassignment surgery; medical treatments; counseling; short-term disability; paid medical leave.) (n = 78)	22 (28.2%)	56 (71.8%)
10 – At my workplace, gender-neutral language is used. (n = 79)	11 (13.9%)	68 (86.1%)
11 – At my workplace, there are gender-neutral public restrooms. (n = 79)	22 (27.8%)	57 (72.2%)
12 – At my workplace, there are gender-neutral dress codes. (n = 79)	26 (32.9%)	53 (67.1%)
13 – My employer has done enough to create an environment where LGBT people are comfortable being open about their sexual orientation/gender identity. (n = 78)	36 (46.2%)	42 (53.8%)
14 – At my workplace, the following policies, practices and/or resources are in place/available:		
14.1 – LGBT diversity policy/strategy (n = 79)	25 (31.6%)	54 (68.4%)
14.2 – LGBT employee satisfaction surveys (n = 79)	6 (7.6%)	73 (92.4%)
14.3 – Diversity audits (n = 77)	8 (10.4%)	69 (89.6%)
14.4 – Accessibility to LGBT networks and groups. (n = 79)	21 (26.6%)	58 (73.4%)
14.5 – LGBT information readily available. (n = 77)	24 (31.2%)	53 (68.8%)
14.6 – On-site counseling for LGBT employees (n = 78)	14 (17.9%)	64 (82.1%)
14.7 – Formal grievance process for LGBT employees (n = 79)	10 (12.7%)	69 (87.3%)

Items	Yes	No
14.8 – Spousal benefits for LGBT employees, their partners and families (n = 78)	27 (34.2%)	51 (65.4%)
14.9 – Parental leave for LGBT employees (n = 77)	41 (53.2%)	36 (46.8%)
14.10 – Other benefits for LGBT employees (e.g., legal protection, if not offered by country where I am employed) (n = 77)	19 (24.7%)	58 (75.3%)
14.11 – None of these (n = 55)	19 (34.5%)	36 (65.5%)

The data on Table 6 reveals significant gaps in workplace inclusivity and support for LGBTQIA+ employees across various organizational policies, practices, and resources. While a majority (64.1%) of respondents indicated that diversity is part of their workplace's mission or core values, only 32.9% reported receiving information on anti-discrimination policies, and even fewer (26.6%) had access to information about an LGBTQIA+ network, suggesting limited communication and reinforcement of these values. Although some organizations offer equitable spousal and parental leave benefits for LGBTQIA+ employees regardless of national legislation, many other supportive measures are less prevalent. For instance, only 38.5% of workplaces include LGBTQIA+ partners and families in social events and fewer than a third report the use of inclusive language in both internal (30.4%) and external (31.6%) communications.

Moreover, specific resources for transgender employees are limited, with only 28.2% of workplaces offering inclusive health benefits, and the presence of gender-neutral facilities is similarly lacking, with just 27.8% reporting gender-neutral restrooms and 32.9% implementing gender-neutral dress codes. The data also points to broader gaps in policy support: only 31.6% have an LGBTQIA+ diversity strategy, 7.6% conduct LGBTQIA+ employee satisfaction surveys, and just 10.4% perform diversity audits. Additionally, accessibility to LGBTQIA+ networks remains low, with only 26.6% having such networks readily available.

These results suggest that while some workplaces have taken steps to support LGBTQIA+ employees, there is a lack of comprehensive and

consistent implementation of inclusive policies, resources, and practices. This inconsistency likely impacts LGBTQIA + employees' comfort in being open about their identity, as only 46.2% feel that their employer has done enough to foster an inclusive environment. Addressing these gaps could be essential for organizations aiming to create genuinely inclusive workplaces where LGBTQIA + employees feel fully supported and valued.

4. Discussion

This study aimed to explore how organizational climate impacts LGBTQIA + employee experiences, focusing on discrimination, support, and inclusive measures. The findings reinforce how an inclusive organizational climate is of paramount importance in promoting equality and improving the experience of LGBTQIA + employees. Study participants reported experiences of discrimination, harassment and bullying in the workplace. We found that perceived support from both supervisors and colleagues is strongly correlated with lower rates of discrimination, harassment, and bullying, thus creating a less hostile environment and allowing greater openness to LGBTQIA + people about their gender identity and sexual orientation.

For our sample, women reported lower levels of perceived discrimination and higher perceived support. Finally, one of the most important findings is that although most companies have guidelines on diversity and inclusion, only a minority have mechanisms for implementing these guidelines and promoting a more equal environment.

Given the exploratory nature of this study and the use of a non-probability sampling strategy, the results should be interpreted with caution and within the contextual limitations of the Portuguese LGBTQIA + working population.

Gender Dynamics in the Experience of Discrimination

The women in the study reported less discrimination and greater ease in being open about their sexuality in the workplace. This situation can be explained in a multifactorial way, influenced by social, cultural, and organizational issues.

Women may feel more comfortable and accepted because organizational environments are already better prepared for women, due to gender equity programs that began to be implemented before programs for inclusion based on sexual orientation. In addition, gender equity programs include non-hetero women. Studies such as Mills and Oswin (2024) found that in environments where the female presence is already well accepted and has greater representation, lesbian and bisexual women are less afraid to be open about their sexuality.

On the other hand, the expectation that men follow traditional norms of masculinity means that any deviation from this norm is punished, leading men to hide their sexual orientation more and suffer greater discrimination when they reveal it (Sibande & Gobind, 2024).

Non-heterosexual women often 'pass' more easily, not being immediately read as lesbians and are often fetishized, which can lead to a perception of greater acceptance that however does not represent respect and equality, but an objectification (Chowdhury & Brooks, 2024).

The study by Rivero-Díaz et al. (2020), when analyzing the organizational climate for LGBTQIA+ people, concluded that lesbian and bisexual women also find it easier to find female support networks within the company, while gay and bisexual men are more isolated. This shows the great role that support plays concerning climate.

Organizational and Social Support in Building an Inclusive Environment

Our findings suggest that, in this sample, organizational support plays an important role in reducing perceived discrimination and harassment among LGBTQIA+ employees. Supervisor support emerged as a consistent predictor of reduced perceived discrimination across all levels of organizational openness, highlighting its broad protective value. Moreover, even in more open organizational environments, supervisor support remained a significant predictor, suggesting its benefits are not dependent on levels of disclosure. This is likely, based on the somewhat positive inclusion of other individuals in the workplace. This is consistent with Eisenberger's theory of perceived organizational support, which states that when workers feel like their organization values them and cares about their well-being, they are more likely to feel safe, treated

equitably, and less vulnerable to discrimination (Eisenberger et al., 1986). In addition to that comfort and security, feeling supported by the organization can engender trust and reflection toward psychological safety, especially for individuals affiliated or identified with historically marginalized groups.

Recent studies support this pattern, for instance, Webster et al. (2018) conducted a meta-analysis showing that supportive relationships in the workplace, especially with coworkers and supervisors, are closely linked to better job satisfaction, lower psychological stress, and fewer experiences of discrimination. Interestingly, interpersonal support had a stronger impact than formal policies alone, highlighting the power of everyday human connection in shaping the workplace climate.

Social support is also thought to mitigate the mental health effects of discrimination. Cabral and Pinto (2023) conducted a cross-sectional study and reported that LGBTQIA individuals who experienced discrimination were more likely to experience shame, anxiety, and depression, all of which were less severe among those with strong social support. This highlights the protection that emotional support provides in a hostile environment. Social support from coworkers is arguably even more powerful. According to Markovic and Grabovac (2022), being aware of the support and acceptance of one's coworkers decreases the feeling of isolation and increases feelings of belonging, which subsequently decreases the perception of vulnerability to discrimination. Peer support for inclusion can often be a quiet force.

Finally, when LGBTQIA+ employees feel their identities are cherished, not just accepted, they are more likely to see opportunities for advancement and less discrimination. A study conducted by Lathabhavan and Mishrashowed (2024) showed that LGBTQIA+ employees who felt that their employers valued their unique view reported higher career satisfaction and less marginalization. Overall, these insights tell us the same thing: having the right policies in place is not sufficient to create an inclusive workplace. A truly inclusive workplace relies upon creating authentic, human relationships of support and care up and down the organization.

Challenges in the Implementation of Inclusion Policies

Our results showed what many LGBTQIA+ workers experience in practice: a discrepancy between discourse and practice in companies. Many companies have diversity policies in their statutes, but in practice, they don't have the actual mechanisms to implement actions that translate into real inclusion. This means that LGBTQIA+ employees don't feel supported, even if the company has an official policy stating that it supports them (Nowack & Donahue, 2020).

The use of equality speeches without real implementation action can also be linked to "pinkwashing", when inclusion speeches are used only to improve the company's image in society, but do not translate into egalitarian measures within the company itself. The study by Dutta and Srinivasan (2024) analyzed the impact of multinational diversity programs and found that the implementation of these policies is only superficial and does not translate into real changes in the company's organizational culture or the perception of the climate of LGBTQIA+ employees.

One of the main reasons for not implementing the policies is the lack of leaders and managers prepared to do so. Without training, ideas will only be theoretical or have little impact in practice, as policies are only effective when leaders are trained to actively apply them (Lathabhavan & Mishra, 2024). This training includes identifying and punishing micro-aggressions suffered by LGBTQIA+ employees daily.

Furthermore, if companies implement policies and even create a mechanism to enforce them, but do not keep track of the impact to check whether they are effective, they may end up with structural problems.

By monitoring effectiveness and allowing employees to provide feedback and suggestions, companies can be more effective and promote equality (Gosar, 2023). To create a truly inclusive organizational climate, companies need to go beyond lip service and take measures that have an impact on employees' daily lives. Managers need to be trained to ensure that equality policies are applied and guarantee a safe environment for everyone, effective whistleblowing channels need to be created so that employees can report situations of discrimination without fear of retaliation, and the entire workforce needs to be engaged so that diversity is not just a commitment of HR, but of all employees.

Best Practices for LGBTQIA + Inclusion

The results of this study suggest several actionable strategies organizations can implement to maintain a more inclusive, respectful, and equitable workplace for LGBTQIA + employees. Inclusion must extend beyond policy and should be integrated into the organizational culture, day-to-day actions, and interpersonal relationships. Based on our data and larger research base, we recommend the following best practices:

1. **Train Leadership to be Active Allies for Inclusion.**
Supervisors and managers need to learn to be inclusive allies. Our findings, and findings from other studies (such as Yu et al., 2024), show that supportive supervisors diminish the experience of discrimination and help create a safer environment. Leadership training needs to include instruction on how to recognize and respond to microaggressions, practice allyship, and promote psychological safety.
2. **Enable and Model Support Between Colleagues.**
Peer support is also very important. Being accepted by colleagues diminishes feelings of isolation and vulnerability among LGBTQIA + employees. Organizations can encourage inclusive team-building practices and allow authentic dialogues around diversity to occur. Informal support and employee resource groups (ERGs) are essential to the building of the community (Theriault, 2017).
3. **Create and disseminate tangible, enterprise-wide policies.**
Policies that support LGBTQIA + acceptance, including non-discrimination policies, all-gender restrooms, inclusive language, and equitable benefits for parental and spousal policies, need to be easily accessible and enacted consistently (Dagar & Shrotiya, 2025). A disparity exists between policy and practice, as seen in this study, while many organizations have established official policies, an implementation mechanism is lacking. Policies must be understandable and acted upon.
4. **Develop a culture of openness and authenticity.**
Employees who feel they can be open about their identity report lower levels of perceived discrimination and higher levels of

support. Creating an environment of respectful disclosure (as opposed to disclosure that occurs under duress) requires a trusting environment, confidentiality, and visible organizational commitment, such as representation in leadership and storytelling of multiple voices (Lathabhavan & Mishra, 2024).

5. Implement effective grievance and feedback mechanisms.
Only a modest number of participants reported access to formal channels for lodging grievances relating to LGBTQIA+ incidents. Having clear, anonymous, and responsive grievance procedures allows employees to report discrimination, without the threat of retaliation. Likewise, feedback mechanisms allow organizations to assess inclusion efforts, and monitoring the performance of inclusive practice over time is vital to the assessment process (Hur, 2020).
6. Evaluate inclusion continually, not periodically.
Diversity audits, employee satisfaction surveys, and conversations with LGBTQIA+ employees need to be incorporated into a regular review process. Inclusion is not a destination, but a continued commitment. Striving for influence and measuring impact over time means assessment of inclusion remains responsive, relevant, and grounded in employee experience (Hudson & Bruce-Miller, 2022).

Limitations and Future Directions

Although the current study sheds significant light on LGBTQIA+ inclusion in the workplace, it is important to note some limitations. First, the study utilized a cross-sectional design, which limits the ability to make causal claims or consider how perceptions of workplace climate and support may change over time. Future research could examine longitudinal designs that can capture shifts in inclusion dynamics and organizational culture over time. Second, the sample did not include any transgender participants, which is a notable limitation. Trans individuals often experience different, and in many cases, more extreme discrimination and exclusion in workplaces. Their absence in the study indicates that the results do not reflect the full range of experiences of the LGBTQIA+ community. Future research could help address

these gaps by focusing on the inclusion of transgender, non-binary, and gender-diverse participants to gain an intersectional understanding of workplace inclusion.

Additionally, the small sample size and the absence of subgroup representation limit the generalizability of the findings. The sample needs to be larger and more diverse to facilitate in-depth exploration of the diverse experiences of individuals across sexual orientations and gender identities. The present study also did not consider external contextual variables that may influence perceptions of inclusion and discrimination, such as geography, organizational size, or sector. It could be interesting to compare perceptions of inclusion and discrimination in traditionally conservative sectors (e.g., finance, law, or manufacturing) with more progressive sectors (e.g., technological, educational, or artists) to explore variations in the respective contexts and offer more individualized approaches to inclusion interventions. Finally, this study focused on perceptions of inclusion, and it did not explore, in any depth, whether or how any formal organizational policies were carried out, or their effectiveness. Future studies should contemplate rigorously assessing organizational-level data (e.g., policy audits, HR practices, and leadership behaviors) to bridge the gap between formal organizational inclusion efforts and employees' lived experience of realities. Addressing these limitations in future studies will be vital for future empirical research aimed at fostering a more inclusive evidence-based agenda for promoting LGBTQIA + equity in the workplace.

While the results offer valuable insights into LGBTQIA + workplace experiences, they do not allow for broad generalizations beyond the study sample. Instead, they serve as a foundation for future, larger-scale investigations

5. Conclusions

Findings from this exploratory study suggest that organizational climate may significantly influence the workplace experiences of LGBTQIA + individuals in Portugal, although further research with broader samples is needed. While countless organizations tout inclusive

policies, our data reveal a disconnect between strategic intent and support in practice. Discrimination, harassment, and experiencing invisibility all remain a part of the employment experience of many LGBTQIA+ professionals. Support from supervisors and peers was identified as a key protective factor and was significantly correlated to lower levels of perceived discrimination and open expressions of sexual and gender identity. Furthermore, inclusive workplace environment enhanced the perceived positive nature of support, cultivating circumstances in which LGBTQIA+ individuals can flourish personally and professionally. Overall, this study indicates the need for organizations to move beyond symbolic statements of diversity to implement intentional, measurable actions toward inclusion and equity. Training for leadership, peer support for employees, grievance processes, and ongoing reflectivity about practices of inclusion are important first steps toward creating truly inclusive workplaces. The promotion of psychological safety and authenticity must be core values of organizational Culture – only then can diversity and inclusion efforts be effective and just.

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Chapter 4

Lived experiences of sexual minorities in their achievement of leadership and psychosocial well-being in organizational settings

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Abstract

The lack of studies on LGBTQIA+ people in leadership positions constitutes an investigative gap, which seems contradictory given that 7–15% of the population identifies with part of this community. The present study aimed to describe and explore the narratives of sexual minorities in leadership positions in Brazil and Portugal by comparing the two contexts and analyzing the psychological implications and well-being of this notably underrepresented population. To achieve that, a qualitative study was developed through an electronic interview, from which we obtained 45 participants, from which it was possible to identify 11 regular themes (LGBTQIA+ negativity, Health Impacts, LGBTQIA+ Identity, Impact of LGBTQIA+ identity on leadership, Intersectionality, Organizational Climate, Professional development, Personal characteristics, Social support, Coping strategies and Inspirational leadership). LGBTQIA+ negativity emerged as the most frequently mentioned theme. The results show that people still use avoidance mechanisms or counterfeit their LGBTQIA+ identity at work, while there are people who choose to have their LGBTQIA+ identity visible and use this as a tool to break heterosexist patterns, promoting equality and respect in the organizational environment through a queer leadership. It was possible to analyze the practices of leaders through the lens of queer theory, and we were able to

observe that sexual minorities in Portugal and Brazil are united not only by language but also by similar experiences marked by discrimination and challenges, generating a major psychological impact. Despite these difficulties, these leaders tend to use their personal principles, showing characteristics of authentic leadership.

Introduction

Although 7–15% of the population across 30 countries identify as part of the LGBTQIA+ community (IPSOS, 2023), the visibility of leaders from this community is notably underrepresented (Shanaev et al., 2022), as demonstrated by the phenomenon of the “gay glass ceiling”, which shows that sexual minorities are usually more represented in basic positions and functions but are underrepresented in top management positions (Aksoy et al., 2019; Frank, 2006). Thus, despite the belief that sexual and gender identity are irrelevant to understanding leadership challenges, this statement proves to be unfounded in a world where LGBTphobia, heterosexism (Baker and Greene, 2007), and heteronormativity exist, as it reveals an ideological structure that rejects, defames, and stigmatizes any behavior, identity or community that does not follow a heteronormativity pattern (e.g. heterosexual and cisgender persons) (Herek, 1990), forcing LGBTQIA+ people to navigate through these circumstances in their socioprofessional trajectories.

Social identity theory and the categorization process postulate concepts necessary to understand individual and group processes in various contexts, such as work and how people distinguish themselves from another group, based on various demographic categories; therefore, sexual minorities are seen as the “outgroup” since they generally violate dominant heteronormative standards. Despite this, they can generate efforts for their social categorizations to improve their self-concept and that of the members of their group (Herek, 1990; Melton and Cunningham, 2014), for example, through reaching top career and leadership positions. Thus, the importance of studying leadership processes in LGBTQIA+ people arises since leadership identity comes from our personal narratives that allow the definition of leadership styles

(George et al., 2007), as well as the interaction between personality, career, LGBTQIA+ identity (Boatwright et al., 1996), and gender identity.

In contrast to general stress, which anyone can face, minority stress involves stressful situations based on prejudice and stigma against, for example, sexual minorities such as LGBTQIA+ people (Frost and Meyer, 2023). Given that LGBTQIA+ people are exposed to excessive stress because they are targets of stigmatization by the dominant heterosexist culture, which tends not to represent these people, they often witness external and objective stressful situations (chronic and acute), shaped by expectations of stressful events, states of vigilance, internalization of negative social attitudes (Meyer, 2003), economic difficulties, discrimination, turbulent interpersonal relationships (Chrobot-Mason et al., 2001) and fewer occupational opportunities (Smith et al., 2020), which can lead to negative physical and/or psychosocial impacts, impoverishing quality of life in general and quality of life at work in particular (Mendes and Pereira, 2021), activating mechanisms of survival and even leading these people to change their behaviors to fit into heteronormative principles (Melton and Cunningham, 2014).

Therefore, many individuals choose not to reveal their sexual orientation and/or gender identity, aiming to reduce stressful events and negative consequences (Meyer, 2003; Wax et al., 2018) that can put them at risk of safety, such as harassment, verbal aggression, occupational and social exclusion, fear, pressure to hide LGBTQIA+ identity and dismissal, which are the most reported by LGBTQIA+ people in work contexts (Beatriz and Pereira, 2023). Despite these consequences of coming out, Driscoll et al. (1996) found that lesbian women who exhibited their sexual orientation seemed more satisfied and mitigated the impact of homophobia in the workplace, a finding also confirmed by Law et al. (2011), who demonstrated that disclosure of the LGBTQIA+ identity had a positive relationship with job satisfaction and affective commitment and a negative relation with job anxiety. However, the decision to come out also depends on the organizational climate and the perception that individuals will not be discriminated against or suffer sanctions, enabling LGBTQIA+ individuals to be authentic of their identity and reveal their LGBTQIA+ identity at work (Wax et al., 2018). Therefore, it is clear that the decision to come out depends on several internal and external

variables, given that sexual minorities have fewer opportunities to express their LGBTQIA+ identity at work as they go against heteronormative standards (Melton and Cunningham, 2014).

In Brazil, there has been an evolution regarding the rights of sexual minorities (Malta et al., 2023), such as the creation of the National Council to Combat Discrimination in 2001 (Mello et al., 2012) and Law n° 7.716, which clarifies the penalties to be applied to the practice of discrimination based on sexual orientation and/or gender identity. Despite being a secular estate, there are numerous barriers that hinder social progress, created by social conservatives and political leaders, some of whom are openly hostile to sexual minorities (Malta et al., 2023), as well as some religious leaders who propagate speeches about the pathologization of LGBTQIA+ identities (Keske and Marchini, 2019). It is expected that due to this hostile climate, LGBTQIA+ Brazilians will find themselves mostly in basic and entry-level positions (54%), while only 13% will hold management or C-level positions (Diversidade23, 2020), in line with the expected gay glass ceiling effect. Furthermore, Brazil continues to be the country with the most records of murders against LGBTQIA+ people in the world (Gastaldi et al., 2022).

Regarding legal advances in the European Union and in Portugal in particular, there has been an increase in anti-discrimination policies and changes to the labor code (Comissão para a cidadania e igualdade de género, n.d.), with inclusion in the Charter of Rights Fundamentals of the EU postulate Article 21 – stating nondiscrimination, anti-discrimination policies (European Union Agency for Fundamental Rights, n.d.). Although in Portugal there are educational projects for organizations about the LGBTQIA+ community, such as ADIM, this study found that sexual minorities hear rumors about the LGBTQIA+ identity of other workers, feel that they must hide their identity at work, and end up “returning” to the closet when they start working, with only 28% of participants claiming to have their LGBTQIA+ identity visible in all contexts (Pichardo Galán et al., 2019). A report collected in 2019 showed that 40% of LGBTQIA+ respondents stated that they felt discriminated against in at least one of their everyday contexts, with 20% being discriminated against in the workplace in Portugal (ILGA Portugal, 2020). Portugal, despite being

in 11th place in the analysis of the “Equality and nondiscrimination” indicator at the European level (ILGA-Europe, 2022), there is still evidence of the underrepresentation of LGBTQIA+ leaders (Lourenço et al., 2021; Shanaev et al., 2022; Aksoy et al., 2019). We believe that this happens due to leadership roles that are stereotypically associated with masculine social roles, as if it were necessary to have heteronormative characteristics typically associated with men to occupy such positions (Fasoli and Hegarty, 2020), derived from systemic patriarchal beliefs that justify male privilege (Catalano and Griffin, 2016).

Another reason that seems to keep LGBTQIA+ people away from leadership positions (or, at least, from being visible in these positions) is the status beliefs that sexual minorities have, which can influence how they perceive their work capabilities (Childers, 2000) and self-internalize sexual stigma (Salvati et al., 2023; Wang et al., 2022), as well as the accumulation of the idea of pathologizing LGBTQIA+ identities (Herek, 1990; Meyer, 2007) and the systematic exclusion of discourses and expressions of the LGBTQIA+ community (Meyer, 2007).

Regarding possible external reasons that can lead to the exclusion of sexual minorities from top positions, the main reason is related to the heterosexist ideological system that privileges heterosexuality and oppresses others (Herek, 1990; Meyer, 2007). Brodmann et al. (2021) found that leaders who have higher levels of power tend to feel insecure about being involved in pro-LGBTQIA+ policies, as it could displease elements that are against this implementation (e.g. local religious communities). Thus, heteronormativity acts as a forced norm of conformity, caring the assumption that heterosexuality is the reference (Rumens et al., 2019) through binary beliefs (Meyer, 2007) and normative behavioral attitudes, generating a stigmatizing cultural context that disavows social membership and pathologizes sexual minorities through prejudice and sexist ideologies that prohibit nonheterosexual identities or behaviors (Habarth, 2015).

Therefore, LGBTQIA+ employees are perceived as violators of heteronormative systemic contexts, especially when they aspire to occupy leadership positions, due to the existence of some degree of inherent visibility (Wang et al., 2022). A study by Morton (2017) revealed that gay leaders were considered less competent than heterosexual leaders

and that participants who had higher sexual prejudice scores evaluated homosexual leaders more negatively.

Although lesbian leaders are less visible than gay men are, due to their intersectional identities (Fasoli and Hegarty, 2020), sexual minorities, who are also part of racial or ethnic minority groups, end up facing and suffering the harm of racism and/or xenophobia in addition to LGBTphobia (Baker and Greene, 2007). For example, Akysoy et al. (2019) found that gay men who were racial minorities had significantly less access to reaching top career positions. Furthermore, it is important to study cases of people who find themselves on the fringes of intersectionality to consider the particularities of the experiences of various types of people (e.g., LGBTQIA+ people from ethnic and racial minorities), as they challenge and break the categories of identity socially constructed in their subjectivities (Gamboa et al., 2021).

Pellegrini et al. (2020) found that LGBTQIA+ prejudice was negatively correlated with leadership effectiveness and that heterosexual leaders were considered more effective based on a stereotypical description of participants as “feminine” or “masculine”. Shanaev et al. (2022) also found discrimination among recruiters based on the disclosure of participants’ LGBTQIA+ identity who were as qualified as heterosexuals, regardless of whether the recruiter believed this was the reason. Regarding LGBTQIA+ employees themselves, Salvalti et al. (2023) reported that internalized sexual self-stigma had a negative and significant impact on the perception of self-efficacy.

While some people believe that sexual orientation and gender identity do not and should not interfere in labor relations and leadership policies and practices, authentic leadership comes from the life history of leaders and their personal experiences so that they can impact the world (George et al., 2007). The affirmation of real identity brings awareness and practice of individual values and principles, despite the risks and consequences, since many leaders report that their motivation to reach the top of their careers is related to the need to overcome difficult situations in their lives (George et al., 2007), such as episodes of prejudice, violence, illness, and other adverse experiences. Thus, according to Meyer (2007), queue theory helps to understand how hegemony privileges and acts through gender categories, taught in various social structures, perpetuates the

permanence of certain groups in power, mainly heterosexuals, cisgender men and those whose gender identity/expression conforms to social and cultural expectations (Catalano and Griffin, 2016).

In this study, we will use the concept of queer leadership, considering the active role of leaders who have made their LGBTQIA+ identities visible (Renn, 2007) and apply practices that challenge heteronormativity in organizational spaces (Pryor, 2019), using it with the purpose of creating more liberating, diversity-inclusive and socially just environments (Meyer, 2007) by challenging the status quo (Fine, 2017; Riggles and Rostosky, 2011).

The current literature shows that Portuguese and Brazilian LGBTQIA+ workers have greater levels of burnout, depressive and anxiety symptoms and lower levels of work engagement, occupational self-efficacy, and work-related quality of life than normative populations (Pereira et al., 2021). Additionally, these workers suffer from marginalization (Fassinger et al., 2010; Smith et al., 2020; Salvati et al., 2023) and have higher rates of suicide ideation and attempts, mood disorders, substance use (Plöderl and Tremblay, 2015; Meyer, 2007), and anxiety situations such as fear of rejection and isolation, difficulties in establishing work partnerships, and job loss are also commonly reported (Pichardo Galán et al., 2019), all of which are influenced by the discriminatory social conditions they experience (Meyer, 2003).

Since disclosing an LGBTQIA+ identity may have a direct impact on the self, people who are not publicly out of the closet tend to constantly consider the possibility that their identity will be discussed, causing stress (Fassinger et al., 2010) and leading to decreased self-confidence related to task effectiveness (Barreto et al., 2006), the use of avoidance or counterfeiting strategies (Woods, 1992) and constant vigilance (Boatwright et al., 1996; Ragins, 2008) aiming to protect themselves. However, studies show that exposing individuals' LGBTQIA+ identity can lead to a series of benefits, such as a feeling of freedom or relief (Beatriz and Pereira, 2023), greater psychological adjustment (Chrobot-Mason et al., 2001), and tension and prejudice reduction, depending on the organizational context (Baker and Greene, 2007).

Despite these obstacles, companies are more valued when there are LGBTQIA+ executives on their teams, as well as when they have higher levels of the financial index (ROA) compared to companies without

LGBTQIA+ executives (Lourenço et al., 2021). We posit that this results from the contributions that sexual minorities have to offer to organizations, as they tend to have different perceptions, challenging conventional wisdom, having a greater understanding of other minorities, having higher levels of creativity and greater innovation, obtaining favorable reputations, being able to maintain more qualified employees in companies, and improving team performance and group cohesion by expanding the inclusion of their employees (Fassinger et al., 2010; Lourenço et al., 2021). In contrast, Brodmann et al. (2021) found that powerful CEOs with lower levels of inclusion of sexual minorities had higher market returns.

Considering that research on sexual minorities in leadership positions in Portugal and Brazil, as well as their individual experiences and impact on psychological well-being, is scarce and still very superficial, we developed the present study, which was initially conceived in Portugal but was later circulated in Brazil, as these two countries have the same language, are culturally similar, are active members of the Portuguese-speaking world (Pereira et al., 2021) and are increasingly closer to each other, thanks to globalization and mass immigration. Thus, this study aimed to describe and explore the narratives of individuals who self-identify as LGBTQIA+ by analyzing the development of identity and leadership processes in organizational contexts, considering the implications for health and psychological well-being, and aiming to fill some gaps in this unexplored topic.

This qualitative study, which we consider crucial, is natural since most studies focus on evaluating the effects of policies to support LGBTQIA+ people rather than their representation in top careers (Shanaev et al., 2022). Due to this research gap, sexual and gender minority leaders may have little understanding of how their sexual orientation and/or gender identity can influence their subordinates (Wang et al., 2022) and society.

Method

We used content analysis to explore and describe the narratives of individuals who self-identify as LGBTQIA+ in relation to their organizational leadership processes and understand how they negotiate

their identities and practices in the work environment, also analyzing implications for psychological well-being.

For this study, the ethical principles of anonymity, confidentiality and informed consent were guaranteed, as well as COREQ criteria and precepts (Tong et al., 2007), such as the use of a pilot study, identification of the researchers' credentials, clarification of the study objectives, methodological guidance, dissemination and collection of data via the internet, collection of sociodemographic data, discussion about data saturation, presence of two coders who are the authors of this article, use of data analysis software data, and creation of themes derived from the data, among other criteria. When doubts arose regarding the established categories, the team met to discuss how to reach a consensus on resolving these doubts.

Participants

The convenience sampling included people who (a) self-identified as LGBTQIA + ; (b) had access to the internet; (c) were over 18 years of age; (d) were or had been in a leadership position in an organization; and (e) resided in Portugal or Brazil. A total of 54 people responded to the electronic interview; however, 9 individuals who did not meet the requirements were excluded, leaving a total of 45 participants.

The convenience sampling included 45 valid participants, ranging from 21 to 63 years ($\mu_{\text{age}} = 39.42$; $SD = 10.32$), 24 from Portugal (53.3%) and 21 from Brazil (46.7%). Regarding gender identity, the sample comprised 23 women (51.1%), 21 men (46.7%), 1 nonbinary (2.2%), 6 trans individuals (13.3%), 1 man and 5 women. The majority said that they were gay (31.1%) or polysexual (bisexual and pansexual), followed by lesbian (24.4%) and heterosexual (13.3%).

Most participants were single and not in a relationship (31.1%), had a master's or postgraduate degree (48.9%), lived in a large city (64.4%) and had an average socioeconomic level (37.8%). Most participants stated that they were employed (42.2%), held managerial positions (44.4%), had tenure-track contracts (40.9%), did not work by shifts (81.8%), worked in private institutions (68.9%), and worked in the

tertiary sector (77.3%), and most companies had between 11 and 250 workers (31.1%) or more than 501 people (31.1%).

Finally, participants mentioned working 39 h ($\mu_{\text{workload}} = 39.47$; $SD = 19.73$), with an average duration of experience of 6 years ($\mu_{\text{experience}} = 6.89$; $SD = 8.56$), and the participants' average satisfaction with their performance in the context of their organization was quite positive ($\mu_{\text{satisfaction}} = 7.63$; $SD = 2.11$; range of 1–10). The complete descriptions of sociodemographic characteristics by country are found in Table 1.

Table 1 Sociodemographic variables by country

($n = 45$, $\mu_{\text{age}} = 39.42$; $SD = 10.32$; $\mu_{\text{workload}} = 39.47$; $SD = 19.73$; $\mu_{\text{experience}} = 6.89$; $SD = 8.56$; $\mu_{\text{satisfaction}} = 7.63$; $SD = 2.11$).

Variable	Category	Portugal	Brazil	n	%
Gender Identity	Woman	2	9	18	40.0
	Trans woman	2	3	5	11.1
	Man	10	10	20	44.4
	Trans man	1	0	1	2.2
	Nonbinary	0	2	2	4.4
Sexual orientation	Heterosexual	4	6	10	22.2
	Bisexual/ Pansexual	6	10	16	35.6
	Gay	10	7	17	41.1
	Lesbian	0	1	1	2.2
Marital status	Single without a relationship	7	4	11	24.4
	Single in a relationship	4	3	7	15.6
	Stable union same gender	3	4	7	15.6
	Stable union different gender	0	1	1	2.2

OCCUPATIONAL HEALTH, PSYCHOSOCIAL RISKS (...) IN PORTUGAL

Variable	Category	Portugal	Brazil	n	%
Marital status	Married same gender	1	0	1	2.2
	Married different gender	0	1	1	2.2
	Divorced same gender	0	1	1	2.2
	Divorced different gender	0	1	1	2.2
Academic qualifications	High school	1	1	2	4.4
	Graduate degree	8	8	16	35.6
	Bachelor's degree	3	2	5	22.2
	Master's degree	6	3	9	20.0
	Doctorate	2	1	3	6.7
Professional status	Student	2	0	2	4.4
	Worker/Student	0	2	2	4.4
	Employee	5	12	17	37.8
	Self-employed	7	10	17	37.8
	Retired	0	1	1	2.2
	Unemployed	1	1	2	4.4
Residence	Small rural area	1	1	2	4.4
	Small city	5	9	14	31.1
	Big city	14	15	29	64.4
Socioeconomic status	Low	3	7	10	22.2
	Low-mid	3	10	13	28.9
	Average	8	7	15	37.8
	Medium-High	1	1	2	4.4
	High	0	2	2	6.7

Variable	Category	Portugal	Brazil	n	%
Leadership position	Executive Director	0	1	1	2.2
	Community Leader	1	2	3	6.7
	Political/Legal Leader	2	1	3	6.7
	Healthcare Leader	1	0	1	2.2
	Artistic Leader	1	0	1	2.2
	Professor/Researcher	2	2	4	8.9
	Manager	1	0	1	2.2
Employment relationship	Fixed-term contract	3	5	8	17.8
	Tenure-track	10	8	18	40.0
	Services provision	1	1	2	4.4
	Not applicable	3	6	9	20.0
	Other	0	1	1	2.2
Work shifts	Yes	8	7	15	33.3
	No	9	17	26	57.8
Nature of the Organization	Private	14	17	31	68.9
	Public	9	2	11	24.4
	Other	1	2	3	6.7
Sector	Primary	0	1	1	2.2
	Secondary	2	2	4	8.9
	Tertiary	19	15	34	77.3
	Other	3	2	5	11.1

Variable	Category	Portugal	Brazil	n	%
Number of workers	Up to 10 people	5	7	12	26.7
	11 to 250 people	6	8	14	31.2
	251 to 500 people	3	0	3	6.7
	More than 501 people	9	5	14	31.1
	Not applicable	1	2	3	4.4

Regarding the leadership positions occupied by the participants, categorical analysis of the responses to an open question was carried out, and categories were created that described different positions considering their similarities. The following seven categories were found: executive director, community leader, political/legal leader, manager, healthcare leader and artistic leader. The “Executive Director” category represents owners of organizations, CEOs, general directors, and presidents who represent individuals at the top of the company’s operational hierarchy. In the “community leader” category, we considered individuals who work and have worked in NGOs and companies focused on activities relevant to the LGBTQIA+ community, while “political and legal leaders” were participants who worked in the political area or as legal specialists. The “professor/researcher” category concerned positions linked to education and science. “Artistic leaders”, on the other hand, represented people who occupied positions linked to artistic expressions such as theater and other arts. The “healthcare leaders”, included participants who worked as physical and mental health caregivers. Finally, “manager” positions included participants who were managers, coordinators, supervisors, and analysts, among others, who were not specified or did not fit into the other categories.

Instruments

Before participating in the study, participants read an introduction about the study, its objectives, and participation criteria and provided

informed consent. Afterwards, they responded to our survey, which was divided into two sections: the first part referred to the sociodemographic questionnaire, and the second part was the electronic interview.

The sociodemographic questionnaire collected information about age, gender identity, sexual orientation, marital status, academic qualifications, residence status, socioeconomic status, professional status, leadership role, length of experience in that role, employment relationship, shift work, weekly working hours, nature of the organization (private, public or other), sector of activity, size of the company and, finally, there was a Likert-type question about the level of current satisfaction with their performance in the context of the organization (1 = “completely dissatisfied”; 10 = “completely satisfied”).

In the electronic interview (Table 2), eight open-ended questions were formulated, with the guidance that they could express themselves freely and without inhibitions about the questions that had professional career, organizational climate, affirmative identity and respect as central topics, difficulties, problem-solving strategies, impact on well-being, intersectionality, and extraprofessional demands.

Table 2 Questions formulated in the interview guide.

Question	Text
Question 1	Tell us a little about yourself and how you arrived at this leadership/coordination/top of your career position, in your context or organization, as an LGBTQIA+ person? What importance do you attribute to these experiences and how were they influenced by your identities (professional vs sexual or gender)? How do they fit into your leadership philosophy?
Question 2	How do you describe the organizational climate in your context? Overall, is it competitive, inclusive, collaborative, or not at all? And, more specifically, in relation to the organizational climate toward LGBTQIA+ people? What is your role in managing this climate (for example, policies to eliminate sexual discrimination in the organization)?

Question	Text
Question 3	Regarding your leadership/coordination or top of your career, as an LGBTQIA + person, do you consider that this identity is visible and respected within the organization? Have you ever directly felt any type of discrimination? Are there other LGBTQIA + people or employees in the organization who see you as a role model or inspiration? What kind of challenges or problems are there (if any) in your organization arising from this visibility?
Question 4	When dealing with possible difficulties in the leadership/ coordination process of your organization as an LGBTQIA + person, what types of strategies or resources did you use to resolve any resistance based on homophobia or transphobia? What type of support did you seek? What do you consider having been essential in resolving these barriers?
Question 5	No matter how motivated you are to perform a certain leadership or coordination role, it is natural for feelings of frustration or difficulties to occur, which, in turn, may create some type of impact on your physical and psychological well-being. What is it like (or was it) in your case, as an LGBTQIA + person? Where did you find the strength to deal with these difficulties and create a safer leadership space? How were you able to transform some of these barriers into personal growth, resilience, or activism?
Question 6	As an LGBTQIA + person in a leadership context, you may have to deal with issues of intersectionality. For example, being LGBTQIA + and a woman, or a younger or older person, who has some type of physical disability or a minority race/ethnicity, or who has a certain type of academic training, etc. If this scenario applies to your case, how do you consider that this intersectionality interferes (or not) with the exercise of your leadership/coordination?
Question 7	If your leadership role involves some type of extra-professional demands (workaholism, media coverage or social exposure, etc.), what impact does this have on the various spheres of your personal life? (For example, relationships/family, leisure activities, well-being, physical and mental health, etc.)
Question 8	Is there anything else on this topic you would like to add?

Procedures

The data were collected from September 26 to November 24, 2023. Participants were invited to participate through mailing lists, publications and messages disseminated on social networks, including groups focused on LGBTQIA+ people and companies that serve this audience. Approximately 300 direct contacts were established to request participation in the interviews (messages and emails), from which it was possible to obtain 54 participants, corresponding to a response rate of 20%, which is expected for this type of collection (Menon and Muraleedharan, 2020).

The invitation sent contained a description of the research and a link hosted on the Microsoft Forms platform, with the title “Sexual Minority Leadership Experiences and Psychosocial Well-Being in Organizations.” All participants were informed that the responses collected would be anonymous, confidential, voluntary, and intended for data processing for future publications. Furthermore, the participants agreed to an informed consent before providing their personal responses.

Data analysis

The data were composed of direct transcriptions imported from the information provided by interviews, and thematic analysis was used to identify repeated patterns of meaning that constitute similar ideas (Braun and Clarke, 2022). This analysis consisted of the following steps: familiarization with the data, creation of initial codes, search for themes, review of themes, definition and naming of themes and production of the report (Braun and Clarke, 2006). During this process, the Consolidated Criteria for Reporting Qualitative Research (COREQ) criteria (Tong et al., 2007) were considered reliability criteria to guarantee credibility, reliability, confirmability and transferability. In this study, an inductive approach, also known as the bottom-up approach, was chosen. This choice is aligned with the objective of exploring in depth the leadership experiences of LGBTQIA+ people who participated, thus allowing a focus on the subjective experiences reported without imposing

a preexisting frame of reference. Regarding the level of identification of themes, the study followed a predominantly semantic approach, with a codebook being created to facilitate the interpretation of data in a more consistent and reliable way, as well as better identification and categorization of themes. These categories allowed the comparison and contrast of responses between participants, the identification of patterns, and differences. For the present study, we chose to use the codebook due to its ability to combine the reliability of coding with more reflective elements of thematic analysis (Braun and Clarke, 2022). This approach proved to be advantageous, as it allowed data analysis to be relatively objective and at the same time involved a certain controlled subjectivity. Throughout the presentation of the results, supporting quotes from different participants are also provided as a way of adding transparency to the findings and interpretations of the data. We also used MAXQDA software, version 24; IBM SPSS Statistics software, version 29, with the aim of assisting in the statistical analysis; and Microsoft Excel 365 software, which had all the data collected.

Results

There were 11 themes that appeared regularly. Topics that were mentioned fewer than 5 times were excluded from our analysis. After an in-depth analysis of the data obtained, we carried out a comparative analysis between the subthemes of participants comparing Portugal and Brazil (see Table 3). To illustrate the subthemes found, we took excerpts directly from the online interviews together with the identification of sexual orientation, gender identity, age, and nationality, and fictitious names were assigned to the participants.

Table 3 Key themes Identified by country (frequencies).

Theme	Subcategory	Portugal	Brazil
LGBTQIA + negativity	Absence of negativity	33	25
	Modern negativity	16	41
Health Impacts		25	25
LGBTQIA + Identity	Out of the closet	29	26
	In the closet	5	2
	Activism	10	6
Impact of LGBTQIA + identity on leadership	Organizational engagement of LGBTQIA + Identity	4	12
	Organizational disengagement of LGBTQIA + Identity	5	8
Intersectionality	Gender	11	20
	Age	2	4
	Race/Ethnicity	2	9
Organizational Climate	Friendly climate	6	5
	Hostile climate	6	11
Professional development	Promotion	2	4
	Labor Transition	6	4
	Professional Breakup	2	5
	Corporate	25	12
Personal Characteristics	Emotional intelligence	6	5
	Professionalism	19	9
Social Support	Social support	10	16
	Lack of Support	8	5

Theme	Subcategory	Portugal	Brazil
Coping Strategies	Focused on emotion	13	3
	Focused on the problem	8	4
	Other answers	3	6
Inspirational leadership	Represents a Role model	9	9

LGBTQIA + negativity

As expected, the most cited topic was LGBTQIA + negativity, which encompasses discrimination, as well as other minority groups. LGBTQIA + individuals experience more barriers, violence, and marginalization than cisgender and heterosexual individuals, which can directly affect their ability to maintain a good rhythm of work activities (Allan et al., 2015).

The theme “LGBTQIA + negativity” was explored by participants in two different forms: modern negativity, which involves different forms of discrimination and micro aggressions in the form of cover discrimination (e.g., jokes), overt discrimination (e.g., verbal violence) (Morrison and Morrison, 2002), structural forms of discrimination present in heterosexism, and the absence of discrimination. While overt discrimination and covert discrimination were reported to be directly experienced by the individual or witnessed, heterosexism was described as eminent and structurally implanted within society or organizational culture.

Modern negativity

Modern negativity toward the LGBTQIA + community refers to negative affect, cognitions, and behaviors aimed at people perceived as LGBTQIA + (Morrison and Morrison, 2011). According to the findings of Beatriz and Pereira (2023), one of the methods of modern negativity is expected to occur in an overt way, including homophobic and transphobic comments mentioned directly to them or other discriminatory acts based on sexual and/or gender identity, according to the findings of Beatriz and Pereira (2023).

“I have already felt discrimination, due to issues of age, gender, and sexual orientation. It’s always a challenge to maintain your identity...” – (Camila, 40 years old, woman, Brazilian, lesbian, Manager).

Other forms of modern discrimination englobes covered forms of discrimination (García-Berbén et al., 2022). As in the studies by Beatriz and Pereira (2023), this type of LGBTQIA+ negativity occurs in the form of jokes, gossip, and exclusion, which occur in the workplace in a covered or subtle way or even in the absence of LGBTQIA+ individuals, as if their aggressors knew the consequences of their discourses and actions toward sexual minorities and chose convenient moments in the workplace, away from these individuals, to express their prejudices:

“Problems of discrimination tend to occur in the absence of people who are out of the closet, like me, during work conversations and can occur in the presence of young professionals who are not yet out of the closet, who may feel excluded or offended.” – (José, 41 years old, man, Portuguese, gay, Health Leader).

“Although my identity is fully visible, it isn’t respected in my workplace. Discrimination occurs in a covered way, manifesting itself through subtle jokes and comments, even if they aren’t directed directly at me, but predominate in the office environment.” – (Felipe, 35 years old, man, Brazilian, gay, Manager).

This participant, in addition to citing that she does not feel discriminated against in the workplace, acknowledges that this may be a sporadic circumstance due to her passability, but does not exclude this from happening in her workplace:

“I don’t feel discrimination from my colleagues, superiors, or subordinates, but I see it as a result of passingFootnote1and from the work I have already done. Prejudice, when it occurs, comes in a covered way.” – (Amanda, 32 years old, trans woman, Brazilian, lesbian, Political/Legal Leader).

Other participants cited the presence of a heterosexist culture in some workplaces, considering that this type of discrimination occurs in a more structured way and involves members and practices that contemplate patriarchal and heteronormative values and norms (Cabral and Pinto, 2023).

“The more characteristics considered worse for society one holds, the harder it is, like my example: being a woman, a lesbian and an immigrant.” – (Manuela, 45 years old, woman, Brazilian, lesbian, Manager).

This participant still demonstrates his dissatisfaction with the way the current LGBTQIA + community acts against heterosexist standards, citing that there are still rights and public policies to be achieved to achieve equity:

“... the current LGBTQIA + community thinks that everything is done and that they no longer need to fight for the human rights of LGBTQIA + people, but everything is not done. What is done needs constant policing, because adverse forces have always been moving against the human rights of this and other communities, called minorities.” – (Miguel, 55 years old, man, Portuguese, gay, Community Leader).

Some participants preferred to simply mention that they are not respected in the workplace. This may occur out of fear that your report could be exposed in some way and end up suffering from sanctions, or even as a strategy to avoid remembering potentially stressful events:

“My identity is visible, but it is not respected.” – (Pedro, 35 years old, man, Portuguese, gay, Manager).

However, this participant tried to justify that verbal violence came from illiteracy and ignorance on the part of its practitioners, which can be a way of mitigating the negative effects of discriminatory speeches through rationalization, as this excerpt demonstrates.

“Although the work climate is potentially more inclusive, there are more discriminatory speeches than behaviors, but I believe this is an indicator of a lack of knowledge on the subject.” – (Eduardo, 43 years old, man, Portuguese, bisexual, Professor/Researcher).

Absence of Negativity

Although the previous topics demonstrated that LGBTIQIA + participants experienced several situations of modern LGBTIQIA + negativity, discrimination and disrespect, some participants stated that their identity was respected in the workplace.

Those participants mentioned that they had never heard negative comments in the workplace:

“I have never had any problems regarding my sexuality in relation to my work or even in relation to my professional positioning.” – (Gustavo, 32 years old, man, Portuguese, gay, Executive Director).

However, it is necessary to highlight that this is the only LGBTIQIA + in her organization, demonstrating the underrepresentation that still exists in Brazilian organizations:

“There are no other LGBTIQIA + people in my workplace, but I am respected, I have never heard any discriminatory comments.” – (Yasmin, 43 years old, woman, Brazilian, lesbian, Manager).

Despite numerous European studies and research (e.g., ILGA Portugal, 2020 and Pichardo Galán et al., 2019), this participant reports that, in his opinion, the advancement of human rights in Europe has reached a point where LGBTphobia no longer exists:

“In Europe and in other countries, I know, discrimination no longer exists. Since the last 10 years, no one has suffered from this anymore.” – (Gabriel, 57 years old, man, Portuguese, gay, Executive Director).

This participant mentioned something that ends up becoming a common practice in large companies: sectors focused on diversity and inclusion practices, which seem to end up perpetuating respect in the workplace.

“Being part of a diversity and inclusion consulting ecosystem, I feel like my identity is respected and appreciated within the organization.” – (Larissa, 30 years old, woman, Brazilian, bisexual, Manager).

Health Impacts

The topic of “health impacts” was explored by participants regarding physical health and mental health. This finding was expected, as most research shows that due to minority stress, LGBTQIA+ individuals are more likely to develop health problems stemming from poor health habits, substance use, and emotional disorders (Teaster et al., 2016).

People who self-identify as LGBTQIA+ are more likely to experience suffering and mental disorders due to social minority stress (Meyer, 2003). The impact on mental health was frequently mentioned. In addition, many people seek psychological support to address psychological symptoms such as anxiety, fear, stress, pressure, exhaustion, depression, workaholism, burnout and eating disorders, which impact their mental health and professional performance.

“I have been receiving psychological support since I founded the company and for a period, I had psychiatric support to deal with the stress and pressure of having to work double time.” – (Júlia, 33 years old, woman, Brazilian, bisexual, Executive Director).

Portuguese people scored slightly above average in terms of workaholics; they also end up having reduced sleep and free time, as well as greater work and family conflicts, which can contribute to the worsening of other psychological symptoms due to the amount of time focused on work (Mónico and Margaça, 2021), which is in line with the report of this participant:

“I’m a workaholic, without a doubt. Since then, my depression and anxiety grew exponentially, especially during my nervous breakdown... From then on, it was 6 months in which I spent in survival mode and ended up having a nervous breakdown, which led me to request a medical leave for a while.” – (Isadora, 30 years old, woman, Portuguese, pansexual, Manager).

This participant mentioned how rumors about her LGBTQIA + identity in the workplace precipitated depression symptoms, which directly affected her emotional state and facilitated extensive damage on a psychological and physical level:

“I started having symptoms of depression again, with that came a lack of motivation to take care of myself and do better for myself, even related to leisure activities and physical well-being. This resulted in the development of binge eating, I gained almost 50 kilos, and this led to numerous health problems.” – (Isadora, 30 years old, woman, Portuguese, pansexual, Manager).

The impact on mental health, mainly stress, depression and anxiety, was so intense in this participant that she cited not only emotional issues but also the physical somatization of symptoms (e.g., which can be a result of chronic exposure to discrimination) (Briggs et al., 2018).

“I was very ill, I had to endure persistent diarrhea and back pain for several years, accompanied by weeks of almost no sleep and a deep sense of fear.” – (Sophia, 50 years old, woman, Portuguese, lesbian, Political/Legal Leader).

LGBTQIA + Identity

In terms of participants’ identity, participants who were out of the closet, those who were in the closet, and those who actively acted in the LGBTQIA + rights movement in the workplace appeared in three different ways. The choice of coming out or staying in the closet depends

on internal psychological factors, contextual factors of the organizations, and how they negotiate their identity in different contexts (Melton and Cunningham, 2014), as well as the perceived support and expected consequences (Ragins, 2008).

Although a majority of participants related that they chose to make their gender or sexual identity clear in the work environment and that some even became activists, it was expected that some individuals would choose to leave their LGBTQIA+ identity invisible.

Out of the closet

Most participants stated that they used self-affirmation of their identity, ranging from punctual exposure in the workplace to exposure in media related to top leadership positions.

“As I’m the founder of the company, I inherently occupy a leadership role, and that is why I have never had any problems about my sexuality. I believe that this has encouraged greater visibility of the company in the LGBTQIA+ community, attracting a more diverse group of employees.” – (Júlia, 33 years old, woman, Brazilian, bisexual, Executive Director).

However, despite understanding the benefits and need for exposure and visibility as LGBTQIA+ in influential positions, there were participants who complained about the lack of privacy and how exposure in the media affected them.

“Social and mediatic exposure affected all spheres of my life, made my intimate relationships difficult, got my family away from me and disrupted my physical and mental health. I paid a high price, but I don’t regret it, it was worth every gray hair.” – (Sophia, 50 years old, woman, Portuguese, lesbian, Political/Legal Leader).

“The absence of anonymity is what bothers me most, as well as the excessively high expectations that others place on me, taking me out of the space of human normality.” – (David, 63 years old, man, Portuguese, gay, Professor/Researcher).

Furthermore, there was a participant who reported that despite the need for LGBTQIA + leaders to be exposed in society, she would value her company being recognized for its results and not just for having a leader from the LGBTQIA + community:

“Being an entrepreneur, implies that I have social exposure, the biggest impact for me is being able to maintain my privacy. I understand the need to take a stand and raise the flag of diversity, but I want my company to be known for the excellent work that we do and not necessarily because it is founded and led by a lesbian woman.” – (Mônica, 38 years old, woman, Brazilian, lesbian, Executive Director).

As the literature shows, committing to the workplace can have several benefits (e.g., Driscoll et al., 1996; Law et al., 2011; Beatriz and Pereira, 2023; Chrobot-Mason et al., 2001; Baker and Greene, 2007). This participant also mentioned how committing is an act to inspire and contribute to the LGBTQIA + community:

“It’s a door that we open, not everyone can understand, but I usually say that assuming and supporting who you are is the best way to contribute to the transformation of society.” – (Camila, 40 years old, woman, Brazilian, lesbian, Manager).

This participant, despite having mentioned that he was “outed” through television, which results in interpersonal conflicts, ended up encountering greater consequences after this incident, which helped him to form new friendships with LGBTQIA + allies:

“At first it was complicated, my family didn’t know about my sexual orientation and this information appeared on television screens... A negative impact emerged within my community, where LGBTQIA + people stopped talking to me in that environment, however from allegedly heterosexual people, with whom I had little or no relationship, they started to greet me and include me in their conversations, because according to them, they liked my attitude when I appeared on TV, in other words,

I gained new friends.” – (Miguel, 55 years old, man, Portuguese, gay, Community Leader).

In the closet

However, it was expected that some participants would choose not to make their sexual and/or gender identity clear in the workplace. Unlike stigmas related to visible attributes, those who choose to keep their potentially stigmatized characteristics secret make this decision considering social interaction and analyzing the risks and benefits of the impact in the interpersonal environment, such as fear of rejection (Ragins, 2008). This participant chose to hide his LGBTQIA+ identity due to his interaction with his clients:

“We serve some Arab clients, for example, which makes it very difficult for me to express myself as LGBTQIA+, meaning I have to hide my opinion on different subjects at different times.” – (Mateus, 31 years old, man, Portuguese, gay, Manager).

It was expected that some participants would mention using avoidance and/or counterfeiting strategies, following what was proposed by Chrobot-Mason et al. (2001) as resistance to responding or participating in conversations that may involve the individual’s personal topics or changing the focus of the conversation to avoid revealing their sexuality, while the second is also an avoidance strategy but is performed through the false construction of a heterosexual identity, as the following participant reported:

“By being “invisible”, that is, not declaring myself bisexual, I maintained as much discretion as possible regarding my sexuality, since the organizational climate for an LGBTQIA+ person was totally embarrassing.” – (Bruno, 54 years old, man, Brazilian, bisexual, Manager).

At another point, this same participant adds:

“I tried not to show my bisexual identity, I acted as if I were straight, as far as possible.” – (Bruno, 54 years old, man, Brazilian, bisexual, Manager).

At another point, this participant also mentioned that his company has a clear heterosexist structure, so it is understandable that this individual analyzed the benefits and advantages of choosing to remain invisible, given that in Brazil, the culture is much more extremist in regard to LGBTphobia:

“Whenever I was in leadership positions in companies, I always chose to leave my LGBTQIA + identity invisibly, the environment of the organizations I worked for had a heterosexist culture.” – (Bruno, 54 years old, man, Brazilian, bisexual, Manager).

There were also participants who decided to hide their LGBTQIA + identity since they believe that the work environment is not a place to discuss private matters such as romantic relationships.

“I don’t know about other LGBTQIA + people because no one shows this side in a professional context, everyone likes what they like, but they don’t show it at work. I’ve never felt discrimination, but I also haven’t mentioned to anyone that I’m part of the community and I don’t know any colleagues who have.” – (Valentina, 28 years old, woman, Portuguese, bisexual, Manager).

Activism

Most LGBTQIA + identity theories postulate developmental processes that allude to intrapsychic processes in self-identifying with a gender category and/or sexual orientation (Renn, 2007). In the theme “LGBTQIA + identity”, activism processes were also included, given that, as proposed by Renn (2007), queer activism is inseparable from LGBTQIA + identity since it involves individuals who fight against heteronormative culture and commit to fighting for social change in different environments.

In this study, reports suggest how people engage to make a difference in their varied contexts, from small changes in coexistence to political changes in conventional forms (political and social) and even in artistic forms, as this participant demonstrates:

“We tried to make a collaborative project, but it turned out that only the same leaders continued working: the block’s board of directors, the creator, and another companion. As previously described, from 2017 onwards we began to actively fight against sexual discrimination and diversity, inside and outside Carnival.” – (Laura, 43 years old, woman, Brazilian, pansexual, Artistic Leader).

Some participants mentioned carrying out work in the LGBTQIA + community through the creation of companies aimed at this audience and of pro-diversity organizational policies and practices, as well as participation in pro-LGBTQIA + and anti-discrimination parades and protests.

“... I was a co-founder of the LGBTQIA + Pride March in a large city, and at the time I was the most experienced LGBTQIA + activist living in the city, so I was given some internal protagonism...” – (Miguel, 55 years old, man, Portuguese, gay, Political Leader).

Impact of LGBTQIA + identity on leadership

Embracing a queer leadership identity depends on the importance of individual attributes to sexuality and/or gender identity, while also developing an authentic leadership identity (Boatwright et al., 1996) and choosing how individuals negotiate their social world (Wax et al., 2018); thus, they choose to integrate their LGBTQIA + identity into organizational environments. Given that stressful situations can have a great psychological impact on individuals, the choice to integrate their personal stories and narratives can be a painful process, so it was expected that some individuals would choose to disengage from their LGBTQIA + identity.

Organizational engagement of LGBTQIA + Identity

The results indicate that most participants consider that there is an impact and engagement of their LGBTQIA + identity in their organizational roles, even if, at times, it is not so impactful in the work carried out but

rather present in everyday life despite the imminent difficulties provoked by prejudice.

These participants demonstrated how difficulties and prejudices served as motivation to achieve leadership roles and impact the world and described the process of authentic leadership in studies by George et al. (2007), as demonstrated by these participants:

“I got here because of long-term activism. Being LGBTQIA+ was, in this context, not only a source of insecurity and discrimination, but also one of the reasons I ended up where I am. Being visible as a lesbian was a positive aspect of achieving a political leadership position. It took many years to sow and care and then benefit from some of the social and political changes achieved.” – (Sophia, 50 years old, woman, Portuguese, lesbian, Political/Legal Leader).

“After 15 years working for other companies, I decided to open my own business. My identity is integrated into my leadership when taking affirmative actions towards this population.” – (Mônica, 38 years old, woman, Brazilian, lesbian, Executive Director).

It is evident that these participants, in line with the findings of Griffin (1992), explained that despite the discrimination they suffered due to their sexuality, they found good reasons to fight for pro-LGBTQIA+ social changes through empowerment.

Organizational disengagement of LGBTQIA+ Identity

On the other hand, some participants stated that they did not believe in an association or influence between their LGBTQIA+ identity and their leadership identity. Despite personal choice, this phenomenon is called “liberal homophobia”, in which cisgender and heterosexual individuals can talk about their families and partners, and LGBTQIA+ people may end up reducing LGBTQIA+ identity to their private gender, which creates inequality in relation to cisgender people. and heterosexuals (Pichardo Galán et al., 2019). This does not mean that these participants

are not living authentically and truthfully, as there is no obligation to always be fully exposed (Boske, 2022a).

“I reached this position thanks to my work, the fact of being gay has never harmed or benefited me in any way.” – (Martim, 56 years old, man, Brazilian, gay, Executive Director).

“I don’t think my sexual orientation has influenced how I work in any way.” – (Valentina, 28 years old, woman, Portuguese, bisexual, Manager).

Similar statements were found in other studies, since the insistence on the idea that LGBTQIA+ identity has no relation to being a good professional may be a protective and defensive response to the social stigma associated with these sexual minorities (Griffin, 1992) and can lead to excessive efforts to prove themselves to be careful professionals who operate their positions effectively, despite their sexuality, which goes against heteronormative standards.

Intersectionality

Intersectionality concerns individuals who are part of multiple identities that move along lines of marginalization and may involve race, ethnicity, gender, age, sexual orientation, and disability, among others, which affect the experiences of these individuals (Marshall et al., 2022). Therefore, it was expected that we would find reports of the experiences of people who place themselves on this fringe of intersectionality, from gender, ethnicity to race, and even age.

Gender

The most common subcategory was related to gender; there were participants who reported having witnessed or suffered from discriminatory acts related to gender, such as comments, harassment, violence, and intimidation, which manifested openly within the work environment against women.

“As a lesbian, in addition to homophobia, I face prejudice for being a woman. Many managers, mostly straight white men, make a point of making their opinion of me clear: a particularly limited person.” – (Camila, 40 years old, woman, Brazilian, lesbian, Manager).

This participant mentioned that the area of work in which she works is predominantly male, which was expected given that in 2023, 41% in the area of IT, science and mathematics involved women enrolled in Portugal (Pordata, 2023), but despite this, the demand for female employees is low (Gonçalves, 2024).

“Being in a dominantly male area (IT), being a woman had its challenges, for example, in some companies’ men didn’t see me as a leader just because I was a woman.” – (Valentina, 28 years old, woman, Portuguese, bisexual, Manager).

Age

Older people face social challenges arising from the stigma associated with aging (Pereira et al., 2024) related to the cognitive, physical, and emotional changes that occur (Teaster et al., 2016). We found that participants with several years of experience reported having experienced cases of agism.

“Despite adopting a jovial stance, people like me are seen as old-fashioned, outdated, and uninteresting. Age isn’t only in movement, but in society it is also a problem. We all suffer from ageism.” – (Miguel, 55 years old, man, Portuguese, gay, Community Leader).

This participant reported something that has been observed in other bibliographies: the marginalization of elderly workers that occurs through the dismissal of workers who had become old (Numhauser-Henning, 2021).

“We are living in a society that focuses on the new, the modern. This creates a generation gap, and we can see this within the corporate world.

Someone who has been with the company for 20 years is replaced by someone who has just arrived, as if creativity were only available to younger people.” – (Camila, 40 years old, woman, Brazilian, lesbian, Manager).

However, it is important to highlight that there were also younger participants who reported that their credibility was not recognized in the workplace by older workers.

“My age interferes a lot, I’m young and even younger than those who obey my orders.” – (Arthur, 23 years old, man, Brazilian, pansexual, Manager).

Race/Ethnicity

In regard to racism and xenophobia, which affect people who belong to racial/ethnic minorities, these people are mostly placed on the sidelines of those who have social power, even more so when they also belong to sexual minorities.

In Europe, racism has grown, and even though the number of immigrants has increased, such attitudes prove to be unfounded and irrational through stereotypical perceptions and artifices of experiences of those who are not white or European (Gaber, 2020).

“Intersectionality does interfere. I am a woman, a mother, a white person, but born in Angola and raised in the interior of Portugal.” – (Sophia, 50 years old, woman, Portuguese, lesbian, Political/Legal Leader).

Despite Brazil being a country made up mostly of black and brown individuals, they are still underrepresented in leadership positions. As if the delayed abolition of slavery and the underrepresentation were not enough, cases of racism grew by 64% in 2022 (Fórum Brasileiro de Segurança Pública, 2023).

“I have suffered various forms of discrimination and violence from my boss, but mostly because I’m a black person and not because of my

sexuality, once she is also from the LGBTQIA + community.” – (Elisa, 26 years old, woman, Brazilian, bisexual, Manager).

Organizational climate

The organizational climate is an important predictor of the hiring, retention, promotion, and experience of LGBTQIA + people (Fassinger et al., 2010; Childers, 2000), as well as job satisfaction (Allan et al., 2015). As expected, two antagonistic subcategories emerged regarding the organizational climate: friendly and hostile climates.

Friendly climate

A friendly organizational climate was mostly described as a collaborative, inclusive, rewarding place where they could coexist as a group. The presence of more LGBTQIA + individuals seems to have a positive effect on their perception in the workplace, promoting a collaborative and safe environment (Higa et al., 2014), which is confirmed by this participant:

“Given the nature of the organization, there are many queer elements in our group, which is perhaps why there is little or no discrimination in relation to sexual orientation and/or gender identity. In this way, I have always felt properly integrated and safe in this space, so I can’t identify challenges.” – (Alex, 24 years old, nonbinary, Portuguese, pansexual, Artistic Leader).

Another factor that seems to help promote a friendly environment at work is clear policies on discrimination, mobbing, and harassment (Higa et al., 2014).

“The climate is inclusive and collaborative. The company has very clear policies about any type of discrimination.” – (Martim, 56 years old, man, Brazilian, gay, Executive Director).

Hostile climate

The subcategory referring to a hostile organizational climate was also expected, as current literature demonstrates that sexual minorities face additional stress in the workplace, which can include workplace discrimination, lack of job support, and social exclusion that can directly affect the satisfaction and results expected in their positions (Allan et al., 2015).

A recent study carried out by Pichardo Galán et al. (2019) revealed that in some European countries, the climate is still frequently considered hostile, characterized by the presence of insults, mobbing, and dismissal, as well as modern methods of LGBTQIA+ negativity. This participant demonstrated his dissatisfaction with the measures taken during the COVID-19 pandemic, which is in line with the research findings of Haworth et al. (2023) about the lack of support for the LGBTQIA+ community during the COVID-19 pandemic:

“The climate is mediocre, there is a lack of serious and firm intentions in the comprehensive protection of the neediest LGBTQIA+ people. The example of COVID clearly illustrates this precariousness, since support was scarce, punctual, and insufficient. There are no reception structures capable of adequately meeting the needs and no psychological support to deal with the social group accordingly.” – (Miguel, 55 years old, man, Portuguese, gay, Community Leader).

This participant, despite not generalizing all of her working relationships as hostile, makes it clear that the rule is that a working climate is unfavorable:

“I don’t consider the climate to be a very collaborative in general, it really depends on the people you talk to and work with, but I believe that because my job is 100% remote this affects the collaboration a lot.” – (Elisa, 26 years old, woman, Brazilian, bisexual, Manager).

This participant also reported that competition is not absent within the LGBTQIA + community itself, where it is assumed that there would be a union:

“The climate is quite competitive, LGBTQIA + leaders have a small professional space, which means they end up competing with each other, sometimes for survival.” – (Leonardo, 40 years old, man, Brazilian, bisexual, Executive Director).

Professional development

The professional development of LGBTQIA + people can be complex due to their sexual minority status (Gedro, 2009). Thus, four types of professional career development were identified in the interviews, namely, transition, promotion, professional break and corporate communication, which varied according to career progression, organizational communication skills and work experience.

Promotion

In the topic of promotion, participants reported that they managed to reach their leadership positions through prolonged experience in companies and exceptional results derived from their professionalism.

“Since I started at the company in an operational role, my numbers were twice as high as other employees, which is why I gained recognition and promotions. Then they placed me in a leadership position of the team, and almost a year later, I received an invitation to carry out a selection process to become an account manager, then I passed in all the interviews and took the position.” – (Carolina, 42 years old, trans woman, Brazilian, heterosexual, Manager).

Labor transition

Another topic explored was labor transition, which included the need to change positions held or start a new career. The reasons adjacent to labor transition were diverse, as there were participants who changed sectors to be able to explore their maximum potential, while others decided that they were looking for another aspiration for their lives and others had their employment contracts cut by the organization:

“After the gender transition I was unemployed and realized that I needed to migrate to get a job. I started studying the dynamics of the rights of LGBTQIA+ people in Brazil and decided to work in this area. Over time I moved up positions until I reached where I am now.” – (Amanda, 32 years old, trans woman, Brazilian, lesbian, Political/Legal Leader).

“Within the same company, I ended up changing projects and then everything became easier after they saw my potential.” – (Isadora, 30 years old, woman, Portuguese, pansexual, Manager).

Professional breakup

Another subcategory mentioned was the professional termination and dismissal of participants, where the disorders varied between being initiated by the company or the employee, generally motivated by discrimination, harassment and retaliation. Although absurd, participants reported that when they were victims of discrimination and reported it, they ended up being fired.

“The harassment that men commit against women can put our careers at risk. In my case, when I didn’t give in to the harassment, I was retaliated, which made me choose to leave the company.” – (Manuela, 45 years old, woman, Brazilian, lesbian, Manager).

“...when I tried to report it to the company ombudsman, I was retaliated against and fired.” – (Victor, 29 years old, man, Brazilian, pansexual, Artistic Leader).

Corporate communication

We know that in the context of human communication, heteronormativity can generate conflicts in communication (Eguchi, 2006), such as the grammatical gender present in the Portuguese language, which divides personal characteristics in a binary way. As a subcategory of the theme “professional development”, we incorporated corporate communication methods that were cited by participants as methods of resolving work problems and seeking rights, visibility, and respect.

Although communication does not completely cease hostility and resolve conflicts, most problem-solving processes involve communication between at least two interlocutors who, if coordinated in balance, can share the same ultimate goal (Eisenkopf, 2018). These Portuguese participants cited knowledge of current readings as a means of educating and ending discriminatory situations:

“If there are suspicions of discrimination, what I have done is confront the individuals, making it very clear that discriminatory attitudes are illegal and that, as far as it depends on me, they will be duly reported and punished.” – (José, 41 years old, man, Portuguese, gay, Health Leader).

“My role has been to trigger discussion and conversations about discrimination, whenever there is an opportunity, making it clear what Portuguese legislation is and what role public institutions play in promoting inclusion.” – (José, 41 years old, man, Portuguese, gay, Health Leader).

This participant, on the other hand, demonstrated resilience in the face of discrimination, using open discourse and promoting queer practices and policies:

“Agribusiness companies are extremely competitive and very sexist. To overcome this, I promote open dialogues regarding diversity and seek to implement policies that combat prejudice through leadership training.” – (Tiago, 34 years old, man, Brazilian, gay, Professor/Researcher).

Communication aimed at visibility focuses on promoting discourses about inclusion and sexual and gender diversity. This participant uses the

art of Carnival to raise awareness about heterosexual allies being able to participate in the LGBTQIA + fight, even though it may go against more polarized discourses, especially in Brazil's context:

“The only time they tried to create problems for us was when a group of radfems questioned us about the straight cis man member. We were a block for diversity, and we saw this case as an opportunity to dialogue and be seen outside our bubble.” – (Laura, 43 years old, woman, Brazilian, pansexual, Artistic Leader).

Personal characteristics

Currently, professional life is characterized by high competition and situations that require high levels of engagement at work; therefore, effective leadership is also based on personal characteristics such as personality traits, the ability to deal with stressors, tolerance, and empathy (Dåderman et al., 2023).

Emotional intelligence

According to Boske (2022b), the concept of emotional intelligence changes between authors; for example, it is linked to the ability to evaluate emotional differences, identify one's own emotions, express empathy, and regulate emotions. Thus, we were able to identify such definitions through the participants' contributions, who cited their personal characteristics as empathetic, sensitive, self-confident, and self-demanding as necessary to address difficulties and remain focused on their goals.

These participants also focused on remaining confident during difficult times and dealing with situations with respect and empathy.

“...I followed with trust, respect, cordiality and empathy.” – (Laura, 43 years old, woman, Brazilian, pansexual, Artistic Leader).

“I consider that I have been using education, respect, tolerance, diplomacy together with cordiality and friendliness. I have also had strength, courage, and determination throughout my life, in particular since 2011.” – (Gabriela, trans woman, Portuguese, heterosexual, Executive Director).

These participants cited the need to understand and be sensitive to situations that go against the rights of the LGBTIQ+ community, probably aiming for education without coercion, through their personal values:

“My role was always positive. As I am part of the community, I was always sensitive to possible behavior and did my best to “educate” my subordinates accordingly.” – (Isadora, 30 years old, woman, Portuguese, pansexual, Manager).

“...this shaped my outlook towards a critical sense that is not very understanding of behaviors that don’t represent the best of the LGBTQIA + community.” – (Leonardo, 40 years old, man, Brazilian, bisexual, Executive Director).

Professionalism

In regard to this subcategory, we included self-descriptions that refer to the idea of responsibility, assertiveness, dedication, determination, perfectionism, and individual professional skills, among others, which individuals possess and use to be able to achieve their positions with professionalism and leadership and obtain the expected results at work.

“Many consider my way of working boring and perfectionist, so I end up being seen as the “boring” boss, but of course I like my workplace to be organized, clean and efficient.” – (Arthur, 23 years old, man, Brazilian, pansexual, Manager).

This participant also reported the need to break heterosexist standards, seeking relevance and power through their own empowerment:

“I arrived at this position because I didn’t accept the pattern of family poverty and the pattern of inertia of the imposed culture, also because of

the sacrifice I made reconciling work and studies, seeking information, good reading and inclusion in groups of people who could help and guide me towards an overall democratic vision, and also, because of my professional stance that demanded more attitude and qualifications from me, compared to other standardized young people.” – (Rafael, 52 years old, man, Portuguese, gay, Manager).

Social support

Social support mitigates the effects of discrimination, stigma, shame, and psychological symptoms and promotes coping and resilience skills (Cabral and Pinto, 2023). As it is an extremely important topic in terms of combating discrimination, venting emotions, and in everyday life in general, this topic was frequently mentioned, as was the lack of support in a few situations.

The majority of participants reported that they felt support from their main social groups, namely, family, the LGBTQIA+ community, and the work environment, which made them feel that they belonged to a community and that they could be authentic and honest about their opinions, as well as feel buffered by the negative impacts of discrimination.

“I found strength in my peers, but most of all in my husband. Being able to get home and discuss all aspects with him without filters helped me a lot...” – (Miguel, 55 years old, man, Portuguese, gay, Community Leader).

A different way of finding social support was cited by this participant, in line with studies by Pereira et al. (2024), who mention how faith provided her with comfort and good interpersonal relationships.

“Spiritual balance has helped a lot in difficult times, as has my family, especially my mother and my friends.” – (Gabriela, trans woman, Portuguese, heterosexual, Executive Director).

Lack of support

Some participants also reported a lack of support from institutions, their employees, friends, and family regarding both economic and emotional issues, which, in some cases, even led to isolation to avoid further discriminatory and embarrassing situations.

“I like the atmosphere at my agency, once I choose to work alone, due to multiple bad experiences in the corporate market.” – (Victor, 29 years old, man, Brazilian, pansexual, Executive Director).

Pereira et al. (2024) stated that psychological symptoms can directly impact the social skills of individuals, as participants reported the appearance of depressive and anxiety symptoms, and she had her relationship with her friends cut off, which is apprehensive, given that studies show that isolation can lead to self-harmful behaviors (Garcia et al., 2020):

“My interpersonal relationships suffered a lot, especially with people I considered very close, who worked with me and who ended up stopping talking to me completely.” – (Isadora, 30 years old, Portuguese woman, pansexual, Manager).

Coping strategies

Participants were asked to explore how they overcame difficult situations in the work environment. We used the theoretical model of Carver et al. (1989), who proposed two main ways to cope: problem-focused coping and emotion-focused coping, and a secondary way called “other responses”, which are considered dysfunctional.

Emotion-focused

Emotion-focused coping was the most commonly used strategy by our participants. This coping method encompasses the search for emotional social support, positive reinterpretation, acceptance, denial, and resort

to religion, which aims to manage the emotions of suffering rather than dealing with the stressor itself (Carver et al., 1989). Acceptance and positive reinterpretation are the most commonly used coping methods by our participants.

The acceptance method refers to accepting the reality of a stressful situation through a primary evaluation of the real event and secondary acceptance refers to the acceptance of an absence of active coping strategies (Carver et al., 1989), which is clearly described by this participant:

“Not all spaces fit us, we need self-knowledge to understand what is worth our presence and what is not. We need to understand our own limitations, just as it is important to understand the limitations of others.” – (Camila, 40 years old, woman, Brazilian, lesbian, Manager).

Positive reinterpretation, according to Carver et al. (1989), is an emotional strategy that aims to interpret a stressful situation in a more positive way and intrinsically leads a person to take other coping actions:

“I transformed all these ‘weaknesses’ into strengths, identity, fight, and unity.” – (Sophia, 50 years old, woman, Portuguese, lesbian, Political/Legal Leader).

Problem-focused

Problem-focused coping refers to a coping process; as the name suggests, this process is centered on the problem or stressful event, and different techniques can be used, such as planning, direct action, seeking assistance, excluding other activities, and forcing individuals to wait before acting (Carver et al., 1989).

The technique most commonly used by our participants was the planning technique, which refers to thinking about how they will be able to deal with the stressor through an action plan, steps to take and how to deal with the problem (Carver et al., 1989).

“I dealt with the frustrations by trying to remain calm, asking for opinions from several people and then creating a plan with next steps to resolve the situation” – (Valentina, 28 years old, woman, Portuguese, bisexual, Manager).

Inspirational leadership

The presence of role models in organizations can create a comfortable and welcoming environment for LGBTQIA+ people (Ferguson and Seery, 2022) so that they can be inspired and find the courage to follow their professional paths. In this category, participants reported how they believed they could inspire other LGBTQIA+ people in their contexts or even at the national level.

Represents a role model

One topic we looked at was participants feeling that they were role models or inspirations for their subordinates or the LGBTQIA+ community. Despite being aware of their ability to serve as role models, some reported a level of responsibility and constant self-awareness that, for example, they would help break prejudice and heterosexism.

“Being responsible for a team is a very difficult task because you become an example for people, and this can end up inhibiting you from being the way you are.” – (Luísa, 25 years old, woman, Portuguese, lesbian, Manager).

“As I am a publicly outed person and because we have collaborators from this community, I believe they see my experience as an inspiration.” – (Mônica, 38 years old, woman, Brazilian, lesbian, Executive Director).

Discussion

The purpose of this study was to analyze the narratives of the personal experiences of sexual minorities who occupy leadership positions in

Portugal and Brazil, to compare the two contextual realities and to analyze their impact on their psychological well-being. We also aimed to fill the current research gap on this topic, promote the creation of positive practices and policies for sexual minorities and demonstrate how leaders can be seen as positive and inspiring role models.

Currently, in Portugal and Brazil, there is significant progress in legislation that protects minorities in organizations against discrimination based on sex, gender, sexual orientation, and gender identity, with penalties of imprisonment and fines. However, despite legal and legislative advances in both Portuguese-speaking countries toward egalitarian practices in the workplace, this study makes clear that LGBTQIA + people continue to suffer discriminatory, vexatious, and violent acts, showing that not even leaders are exempt from this violence.

It was expected that themes relating to LGBTQIA + negativity would be mentioned more often by Brazilian participants since the cultural climate toward LGBTQIA + people is more conflictive, as it is a country marked by ambivalence and violence (Gastaldi et al., 2022). We believe that this might be one of the reasons why Brazilian participants reported more often choosing to stay in the closet and using less cooperative communication. Despite the discriminatory experiences reported, the majority considered the organizational climate to be more friendly than hostile. We assume that social support may have buffered the damage produced by discrimination and that medium-sized and large companies have an increased number of employees, which may demonstrate that discriminatory experiences are more punctual than collaborative and inclusive relationships. Furthermore, a portion of Brazilian interviewees who reported being in a hostile environment also mentioned professional disruption or job transition more often, usually related to experiencing modern LGBTQIA + negativity with greater recurrence.

Regarding the personal characteristics of the sample, we found that Portuguese participants described themselves as individuals involved in understanding diverse opinions, considering their own values, and being more able to balance their individuality and that of others. Additionally, they described themselves more often as professional individuals, focused on achieving objectives and capable of dealing with other opinions, aiming for greater business goods. This fact may be related to being

more open to receiving other opinions, using techniques focused on problem solving, and even accepting discriminatory opinions as merely adverse to theirs, allowing these “differences” not to interfere with their position. This hypothesis is in line with the coping strategies used, focused on emotion and problem-solving, demonstrating that they have a slightly larger repertoire in regard to dealing with problems directly and dealing with cognitive conceptualizations about the problem. Additionally, Brazilian participants described themselves as capable of self-evaluating emotions, as well as being empathetic and capable of managing their own emotions. Although all participants aligned with the concept of emotional intelligence proposed by Boske (2022a), Brazilian participants demonstrated more characteristics of introspection, focused on their personal emotional world, and ended up using distraction coping strategies, even though these strategies are considered “less useful” (Carver et al., 1989).

The results also demonstrated that Brazilian participants experienced more situations of intersectionality in regard to gender and race. We believe that this may be related to the higher rates of crimes against women in Brazil, considering that it has a more hostile and dangerous environment for women, as shown by the fact that in 2022, 73.685 cases of violence against women were registered in Brazil (Agência Gov, 2023), while in Portugal, 30.389 cases were registered (Comissão para a cidadania e igualdade de género, n.d.), not to mention unreported cases. Furthermore, data from “Panorama Mulheres 2023” show that only 17% of company presidency positions are held by women (Lopes, 2023), while in Portugal, 26.9% of decision-making leadership positions (partners, managers, and executive directors) are held by women (Estudos do Tecido Empresarial, 2023).

Regarding racial and/or ethnic intersectionality, Brazilian participants reported this topic more often, even though both countries have laws that punish racial discrimination with prison sentences and fines, with Brazil being a nonbailable and imprescriptible crime (Item XLII of Article 5 of the 1988 Federal Constitution). This fact may arise from the distant and structural cultural history of slavery (Coelho et al., 2023), resulting from the late extinction of slavery in 1888. Another reason may be that the Brazilian population is more racially diverse, comprising approximately

55% of black and brown people according to data from IBGE (2023), with a greater possibility of racial diversity in companies. Therefore, we can assume that there is an underrepresentation of people of races and ethnicities in Portugal other than white and Portuguese nationals in leadership positions since studies by Ramos et al. (2020) show that more than 30% of Portuguese participants believe that there is a natural superiority of certain ethnic-racial groups, making it necessary to produce more scientific content on ethnic-racial issues in the current Portuguese context.

Intersectionality regarding age was also expected since career progression usually takes a few years to achieve. Although our participants were able to achieve management and leadership positions, it was reported that younger and older participants had to deal with comments and opinions about their abilities derived from their age, were not taken seriously or had their opinions invalidated. Even though the older participants had to deal with agism, most of them mentioned that they managed to put queer policy and practice into action, which, according to Pryor (2021), are the result of the organizational phenomenon of LGBTQIA+ inclusive policies such as anti-discrimination laws, the implementation of LGBTQIA+ groups at work and educational training to better understand sexual minorities (Beatriz and Pereira, 2023), as reported by both community and political leaders who have greater visibility, as well as managers responsible for diversity sections and executive directors.

It was also expected that the subcategory “absence of negativity” would be most cited by Portuguese participants due to its high rank position in the “Equality and nondiscrimination” indicator (ILGA-Europe, 2022). Thus, these participants also considered that the climate was more friendly than hostile but reported more frequently opting to stay in the closet, while they reported the same amount as Brazilians being out of the closet. It seems that both groups have opportunities to be Queer Activists in their organizational environments when they choose to make their LGBTQIA+ identity visible, focusing on transforming historically oppressive cultural structures and decentralizing power (Renn, 2007) since there is greater openness to visibility and respect within organizations.

We also expected that some participants would choose to keep their LGBTQIA+ identity hidden, using counterfeiting and avoidance

techniques (Ragins, 2008; Woods, 1992; Chrobot-Mason et al., 2001). Portuguese participants mentioned opting to stay in the closet more often, despite being in an apparently more respectful and less conflicting culture. Some believe that the work environment is not the appropriate place to address personal matters; however, we believe that this choice may originate from the avoidance of the effects of direct discrimination and may go unnoticed. However, according to Ragins (2008), this choice can lead to having to address assumptions, as well as being involuntarily outed by third parties. Thus, these individuals are more likely to be on constant alert (Boatwright et al., 1996; Ragins, 2008) and have accumulated stress (Fassinger et al., 2010) compared to those who choose to come out of the closet.

Regarding the impact of LGBTQIA+ identity on leadership, Brazilian participants more often mentioned engagement and disengagement of the LGBTQIA+ identity in the workplace. This may be due to the extremism present in the Brazilian political context, where despite being marginalized, the Brazilian LGBTQIA+ population has continued actively fighting and seeking visibility for the community in this hostile context, using Queering Leadership strategies to center LGBTQIA+ experiences in their leadership practices, expanding efforts to rupture structural heterosexist culture institutions (Pryor, 2021) and opposing LGBTphobic acts, empowering LGBTQIA+ individuals and mobilizing the community (Gamboa et al., 2021).

Due to the potentially hostile climate in Brazil, it was expected that participants from this country would more frequently mention negative health consequences. Nevertheless, both Brazilian and Portuguese participants mentioned negative health impacts with the same frequency, focusing on psychological and somatization symptoms. This can be attributed to the adverse experiences that this minority group experiences since stigma increases emotional, cognitive, and interpersonal dysregulation (Frost and Meyer, 2023), which can be precipitated by experiences of discrimination (Meyer, 2003), demonstrating the transversality of prejudice against minorities' sexual relations in many different cultural contexts.

Overall, we were able to gain deep insights and contribute to the current investigative gap, as well as trigger clues of interest for future

scientific work and serve as information for policymakers in the areas of work, occupational health, social and educational equality. This study contributes to the possible minimization of discrimination in work-related contexts, offers a positive model for the LGBTQIA+ community of professional leadership experiences, and allows future public and private projects to operate in the areas of health, politics, and organizational resources from a reliable source of information, and provides an example of good practices for the inclusion and facilitation of leadership positions for sexual minorities.

We believe that this study may encourage other LGBTQIA+ individuals to adopt a positive, affirmative and self-conforming identity, since according to Riggle and Rostosky (2011), these help to root a sense of self and belonging, acting as a protective factor against discrimination and stigmatization in heteronormative contexts (Salvati et al., 2023), also suggesting the implementation of a positive attitude on the part of organizations toward the LGBTQIA+ community, enabling self-expression of their identity, aiming to reduce internalized sexual stigma and increasing the self-efficacy of its leaders (Salvati et al., 2023), which could therefore increase business revenues, increase the psychological well-being of its workers and reduce misinformation on this topic.

Despite its strengths, this study is not without limitations, including the data collection method, which was online via electronic interviews, and did not allow new clarifications to be obtained. Additionally, this was a convenience sampling method, with no possibility of probabilistic or generalizable sampling, due to the characteristics of having a similar personality profile and being willing to participate in a qualitative study, involving a lack of access to other perspectives and experiences. Finally, the cross-sectional nature of this study, which was composed of insufficient longitudinal data to analyze the evolution of the participants, limited our results.

Conclusion

Despite the social changes that began in the 1950s through the Stonewall riots in the United States and, more recently, legal changes

in Portugal and Brazil aiming to protect people who belong to sexual minorities and other fringes of intersectionality, there is still regularity and prevalence of discrimination, prejudice and stigma against sexual minorities (Frost and Meyer, 2023), forcing the continuation of the fight for rights, combined with visibility and the attempt to break persistent heterosexist patterns.

The literature review carried out, although initial, may provide a meeting of fundamental aspects of the pillars of queer theory, applied to queer leadership, and the queer policies that surround this theory in a practical and in-depth way, filling the current investigative gap and providing a basis for future studies in sexuality, organizational, social, and educational disciplines.

Sexual minorities who are leaders are more vulnerable to stigma, tension, stress, low self-esteem (Meyer, 2003; Pereira et al., 2018; Barreto et al., 2006; Fassinger et al., 2010), psychological symptoms and suicidal ideation (Meyer, 2007; Plöderl and Tremblay, 2015), even if they choose to keep their LGBTQIA+ identity a secret (Waldo, 1999), and experience difficulties in being authentic leaders since they are not living under mainstream discourse and internal norms (Fine, 2017). Therefore, the minority stress theory is useful for understanding and improving the well-being of sexual, gender, and racial minority populations (Frost and Meyer, 2023).

It is concluded that Portuguese and Brazilian sexual minority leaders are united not only by language but also by similar experiences, sharing an organizational climate that is more positive than negative, but both reporting discrimination, which has a negative impact on mental health. According to our participants, the LGBTQIA+ identity is more respected and visible than disrespected and invisible, they also report a large support network, both at family and social levels, and the majority report having an active role in the development of queer policies and practices in the work environment, being considered positive role models for other members of the community.

Regarding the main differences, we found that in Portugal, there is a greater absence of perceived discrimination and heterosexism, as our participants self-describe themselves as professional individuals who use more coping techniques focused on problems and emotions and

who use communication to seek greater LGBTQIA + visibility. For the findings from Brazil, we found that Brazilian participants self-described themselves as people who use emotional intelligence, as well as other coping techniques aimed at disengagement, but on the other hand, they sought to solve problems at work through active communication. Furthermore, Brazilians cited changes in their professional careers more often, reporting greater transition and separation from work.

Therefore, despite the difficulties and inherent prejudices that these individuals suffer, most of them continue to seek their rights, inclusion, professional development, and social justice. Despite their choices to come out of the closet or not, seek visibility or remain invisible, whether they choose to include their sexuality in their leadership practice, we can say that the majority of participants demonstrate that they use a narrative that is faithful to their principles and can be described as an authentic leader (George et al., 2007), since these individuals choose the best way to manage their identities, intrapsychic processes and leadership practices, aiming not only to protect their identities but also to work in a professional manner, whether or not they attribute their identity characteristics.

Thus, this research provides a structured basis so that it is possible to continue research into queer leadership and its impact on mental and physical health, requiring further exploration into more specific psychosymptomatology in these individuals, as well as, if necessary, the implementation of more studies on ethnic-racial minorities, mainly in Portugal.

Notes

1. We describe 'passing' as 'visual conformity with affirmed gender'" (To et al., 2020, p.3).

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Chapter 5

“Each Step Brings a New Anxiety” - The Work Trajectories of Trans Women in Portugal: Implications for Mental Health

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Abstract

Trans women face persistent barriers to accessing and remaining in the labor market, shaped by institutional transphobia, social stigma, and systemic neglect. This study aims to explore how the work experiences of trans women are intertwined with processes of psychological distress, coping and identity affirmation. This qualitative study was carried out based on semi-structured interviews with ten trans women living in Portugal. Through a Thematic Analysis, we identified four themes reflecting continuity, rupture, resistance, and resilience: (1) Exclusion and Disqualification, which includes rejection in hiring processes and daily hostility; (2) Survival Strategies and Informal Paths, which reveals sex work and informal work as responses to systemic barriers, and as a way to finance gender transition; (3) Suffering and Subjectivity, which describes the psychological cost of visibility, surveillance, and persistent loneliness; and (4) Support Networks and Opportunities, which reveals the transformative potential of care, whether through family, therapy, peer networks, or inclusive workplaces. Across all trajectories, work emerges as both a site of violence and a platform for survival, gender affirmation, and, eventually, belonging. Despite systemic barriers and emotional distress, participants demonstrated resilience through informal work paths and support networks, highlighting the urgent need for inclusive and affirming workplace policies.

Keywords:

Trans women; Labor market; Social exclusion; Employment discrimination; Transphobia.

Introduction

Work is one of the most important domains in people's lives, not only for economic reasons, but also crucial for well-being, self-esteem, self-efficacy, sense of belonging and identity (Nordin, 2015). Job opportunities depend on several variables, such as the level of formal qualifications, technical skills and socio-emotional skills. However, some characteristics of individuals may reduce their chances of accessing formal work. This is the case for socially marginalized minorities, such as the LGBTQIA+ population, who have historically found it difficult to enter the labor market, according to various studies (Suriyasarn, 2016; Kinitz et al., 2024). Specifically for trans people, these difficulties are related to social stigma as the main obstacle to professional qualification and access to job opportunities (Baptista & Costa, 2024; Liaw & Tharumaraj, 2023; Silva et al., 2020; Shircliff et al., 2023).

Trans is an umbrella term, whereby many different gender-variant individuals fall under the definition. Typically, an individual who identifies as trans does not identify with society's traditional, dichotomous, social constructions of gender. Included in the full spectrum of nontraditional gender identities are pre- and postoperative trans people and those who are uninterested in being read as cisgender (Papoulias, 2006; Murjan & Bouman, 2015).

For trans people, one of the main forms of discrimination can be verified from the realization of the additional barriers this population faces in accessing formal work, compared to the cis population (Beatriz & Pereira, 2023; Cancela et al., 2024; Leppel, 2021). Studies highlight that trans people face higher unemployment rates than the general population, even when they have qualifications, such as high level of formal education and experience, as well as greater job insecurity and less access to decent working conditions (Leppel, 2021; Baptista et al., 2023). Several recent studies indicate that when they manage to overcome the barrier of access

to work, trans people often encounters hostile work environments, with frequent overt violence, including hypersexualization, isolation and less evident forms of discrimination, such as microaggressions. The study of Rosich (2020) shows that approximately two-thirds of trans individuals report that they have experienced workplace discrimination. It comprises hostile treatment from co-workers and supervisors, incorrect use of pronouns, refusal to use one's social name, and restrictions on bathroom usage and dress codes in line with their gender identity (Redcay & Luquet, 2021; Beauregard et al., 2020). Furthermore, studies show that trans individuals who display greater gender nonconformity are at greater risk of harassment and discrimination than those with less gender nonconformity, often resulting in the need to hide their identity at work as a coping strategy, while simultaneously minimizing psychological strain and well-being (Waite, 2020; Baptista et al., 2023).

Adversities experienced by trans people in the workplace, in addition to adverse experiences related to lifelong Minority Stress (Frost & Meyer, 2023), internalization of transphobia (Inderbinen et al., 2021), anticipation of rejection, and social isolation, are associated with a greater likelihood of psychological distress, loneliness, lower quality of life, and lower life satisfaction (Waite, 2020; Zucchi et al., 2019). Furthermore, especially in the case of trans individuals whose social support network is unsatisfactory or insufficient, there is a high likelihood of psychopathologies, such as specific phobias, social phobias, panic disorders, obsessive-compulsive disorders, post-traumatic stress disorder (Millet, et al., 2017), eating disorders (Rasmussen et al., 2023) and depression (Zucchi et al., 2019). Studies also indicate a very high prevalence of psychoactive substance abuse disorder, such as tobacco, alcohol and other drugs among trans people, a phenomenon that researchers comprehend as a maladaptive coping strategy to manage suffering and other negative effects of chronic anxiety, lack of belonging, and loneliness (Stevens, 2012). In socially marginalized populations, such as transgender females, substance abuse increases the likelihood of social marginalization, socioeconomic vulnerability, and the emergence or worsening of psychopathologies due to the neurotoxic effects of substance abuse and its impact on increased impulsivity and reduced cognitive abilities relevant to adaptive functioning, such as planning and problem-solving skills.

Given that transgender populations are becoming more visible and seeking more support in Western societies in general, and in Portugal in particular, it is essential to further detail the experiences of trans women. Within the trans community, trans women are usually more vulnerable as they accumulate an intersection of prejudices regarding being a woman and being trans, a phenomenon known in feminist and gender studies as transmisogyny (Gill-Peterson, 2024). Trans women may face broader and deeper forms of exclusion in the world of work, compared to other gender identities, including trans men and even within the group of trans women, those whom society does not identify as a cis woman, those who do not have “passability”, face even higher rates of unemployment and rejection (Rosich, 2020). This systematic and structural exclusion of trans women not only affects their socio-economic status but generates a cycle of precariousness that denies them access to healthcare, hormone therapy, and psychosocial stability, causing adverse consequences for their physical and mental health (Baugher et al., 2024).

Specifically in Portugal, despite being the tenth country in Europe with the most legislation that protects the rights of the LGBTQIA+ population, research indicate that Portuguese work environments still reflect a cis-heteronormative culture that marginalizes LGBTQIA+ people, with a direct impact on their emotional well-being and quality of life at work (Beatriz & Pereira, 2023). The Law No. 25/2017 (Portugal, 2017), that states that all employment policies must be free from discrimination against a person based on their sexual orientation, gender identity, and/or sex characteristics, in all aspects of employment including hiring, the terms and conditions of employment, and termination. The law creates an obligation on employers to provide equal opportunity and provides employees with legal protections. However, legislation alone does not guarantee inclusion. Data from ILGA (2023) indicates that more than 70% of trans people have experienced some kind of discrimination in the recruitment process or, subsequently, at work. Moreover, recent national studies indicate persistent barriers for trans woman regarding employment stability, career progression, and inclusion in professional contexts (Baptista et al., 2023; Henriques & Pereira, 2024).

The difficulties of accessing and remaining in the world of formal employment may end up leading many trans women to turn to the

informal market to survive, with sex work being one of the main routes (Henriques & Pereira, 2024). In a considerable number of cases, it is not a matter of free choice, but often the only option left within an accumulation of rejections, stigmas, and “closed doors”. According to a study by Shircliff et al. (2023), experiences of discrimination in the workplace significantly increase the likelihood of trans women becoming involved in sex work.

Although there are some recent Portuguese studies on the experiences of the LGBTQIA+ population in the world of work (Baptista & Costa, 2024; Beatriz & Pereira, 2023) most of them are quantitative and do not focus on the specificities of the Trans people. Research aimed at exploring trans people narratives about work experiences in Portugal are scarce. This study specifically seeks to address this gap, by using narratives and qualitative interviews with adult trans women living in Portugal, with a varied background in the world of work. Based on in-depth interviews with trans women in Portugal, our article seeks to understand how work experiences are intertwined with processes of psychological distress, coping and identity affirmation. To the best of our knowledge, our study is the first to be carried out for this purpose in Portugal.

Method

This is a qualitative, exploratory research that aims to understand trans women’s experiences in the world of work in Portugal. The rationale for the methodology chosen is the need to access the nuances and specificities related to the difficulties of the trans-female population, which are not easily identified by quantitative studies. Our research was funded by RESTART, a program of the Foundation for Science and Technology, Portugal (grant number: 2023.00018.RESTART).

Participants and selection criteria

This research gathered participants who identify as trans women, who are over 18 years of age, residents of Portugal, and with previous experience in formal or informal labor market. The recruitment process involved collecting participant contact information from networks, collectives, and LGBTQIA+ associations, as well as relying on referrals from the first author’s network. During the initial interviews, the participants

were asked to suggest other trans women who could participate, which produced a snowball sample (Browne, 2005). The number of participants was defined based on the principle of theoretical saturation, which occurs when new data no longer makes relevant contributions to the analytical categories (Guest et al, 2006).

Data collection

Once potential participants were identified, an initial contact was made via email or phone to introduce the study and its objectives, and to explain how the interview would be conducted. Participants scheduled an interview time at their convenience using the Teams platform. The interviews were recorded with the participant's consent and then fully transcribed for analysis. The length of the interviews was not preestablished and lasted an average of one hour. Participants did not receive financial incentive for participating in the study.

The interviews were semi-structured, using a script that covered topics such as daily life at work, relationships with colleagues and superiors, perceived discrimination and well-being strategies. Despite not being the focus of the study, other topics such as access to healthcare and family relationships came up during the interviews and were considered in the analysis as elements that intersect the work experience. The semi-structured script that formed the basis for the interview included the following questions:

1. Could you tell me about your day-to-day work?
2. How would you describe your current working conditions?
3. How do you assess the impact of the demands of your job on your mental health?
4. Is there someone at work / or a support structure you can lean on in times of difficulty?
5. Have you ever had any difficulty reconciling work with your family/ personal issues?
6. Are you open about your gender identity in your work environment? How do you feel about this?

7. Do you believe that any difficulties you've had in your workplace may have been aggravated by your gender identity?
8. Have you ever noticed any different treatment of yourself or someone else at work because of your gender identity?
9. Is there any effort on the part of the workplace to create an inclusive and welcoming environment?
10. What challenges do you think an LGBTQIA+ person faces in their work environment that might be different from a heterosexual and cisgender person?

To characterize the participants, the following sociodemographic data was collected: age, sexual orientation, marital status, formal education, economic status (self-classified as low, low-middle, middle, middle-high or high), occupation, time in employment, contract type, gender transition time (in years) and employment admission (before/after gender transition).

Analysis procedures

The emerging content was analyzed using the Thematic Analysis technique (Braun & Clarke, 2021), with the support of NVivo software. which helped with the coding, organization and visualization of the emerging categories. Theoretical framework grounded in the theories of Minority Stress (Frost & Meyer, 2023) and Intersectionality (Crenshaw, 2013). The analytical process considered all the COREQ criteria (Tong et al., 2007), ensuring transparency and rigor in qualitative reporting, and followed the following steps: 1. Floating reading of the transcripts; 2. Initial coding of speech segments based on the themes in the script and the emerging themes; 3. Grouping codes into broader thematic categories and 4. Interpretation of the categories in the light of the study's theoretical assumptions.

The analysis sought to preserve the complexity and uniqueness of the narratives, without diluting the meanings in excessively abstract categories. The interviews were conducted, transcribed and analyzed by the first author, a 29-year-old cisgender woman, psychologist and researcher, Brazilian and immigrant, currently living in Portugal. The

emerging categories of analysis were discussed and validated with the two other authors of the study, two cisgender gay men, clinical psychologists and postgraduate professors, with research in the field of psychological distress and psychopathology related to processes of social marginalization.

Ethical considerations

All ethical policies were thoroughly implemented, and approval was sought from the Ethics Committee of the University of Beira Interior, Covilhã, Portugal (Protocol No. CE-XXXXXX). After being fully informed about the study's purpose, procedures, potential risks, and benefits, participants provided informed consent before the start of the study. All aspects of confidentiality and privacy were strictly maintained, and all data was securely stored. Lastly, the study respected transparency for reporting results, consistent with the Declaration of Helsinki (World Medical Association [WMA] 2013) ethical guidelines.

Results

The study included 10 self-identified trans women living in mainland Portugal, with ages ranging from 22 to 37 years old ($M = 29.10$; $SD = 4.79$). Four of the participants had access to higher education and four participants had permanent contracts. The sample had a wide variety of occupations, including formal and informal jobs. The socio-economic status was self-declared as low or middle by all the participants, with only one indicating a middle-high position. Current occupations included formal work (as an actuarial analyst, consultant and production assistant), work in low-paid sectors (as a cleaner, cashier and call center attendant), self-employment (including digital content production) and sex work. The time taken by the participants to transition varied from less than a year to 22 years. As for when they got their current job in relation to the transition, six reported getting it after starting the transition, three before, and one during the process. Table 1 shows a summary of sociodemographic information.

Table 1. Sociodemographic Information

Participant	Age	Sexual Orientation	Marital Status	Education	Economic Status	Occupation
P1	29	Heterosexual	Casual relationship	Technical training	Middle	Sex Worker
P2	29	Heterosexual	Early stage dating	Upper secondary education	Low	Cleaner
P3	31	Heterosexual, questioning	Dating	Bachelor's degree	Low	Production Assistant
P4	35	Heterosexual	Dating	Lower secondary education	Middle	Sex Worker
P5	22	Bisexual	Single	Bachelor's degree	Low-Middle	Call Center Agent
P6	37	Asexual	Single	Master's degree	Middle	Actuarial Analyst
P7	27	Heterosexual	Single	Bachelor's degree	Middle-High	Consultant
P8	24	Pansexual	Single	Technical training	Middle	Content Creator (OnlyFans ¹)
P9	32	Heterosexual	Single	Upper secondary education	Low	Entrance cashier (nightclub) and waitress
P10	25	Heterosexual	Engaged	Incomplete technical training	Low	Retail Worker

¹ OnlyFans is a content subscription platform where creators share photos, videos, and other materials, often of an adult nature, with paying subscribers.

Participant	Time in Employment	Contract Type	Transition time (in years)	Employment admission (before/after gender transition)
P1	9 years	N/A	3	After
P2	1 year	Self-employed under service contract	2	After
P3	3 years	Permanent Contract	1	Before
P4	22 years	N/A	22	After
P5	7 months	Fixed-term Contract	3	After
P6	5 years	Permanent Contract	1.5	Before
P7	3 years	Permanent Contract	Less than 1	Before
P8	1 year	N/A	3	After
P9	1 year and 2 months	Self-employed under service contract	3	After
P10	2 years	Permanent Contract	2	During

From the interviews, four main themes came up that highlight how complex it can be for trans women trying to find their place in the job market in Portugal. The organization of the findings has been structured into four analytical trajectories, which allow us to understand the participants' working paths based on interconnected experiences of exclusion, resistance, suffering and support. The trajectories and their main features are shown in Chart 1.

Trajectory	Description
1. Exclusion and Disqualification	Describes the initial moments of rejection when entering the formal labor market, as well as environments marked by hostility and marginalization. It shows how prejudice functions as both a barrier to entry and a continuous mechanism of exclusion in everyday professional life.
2. Survival Strategies and Informal Paths	Addresses the responses to persistent rejection. Many participants reported finding sustenance in the informal market – especially through sex work – and, in some cases, achieving a degree of economic autonomy in the absence of opportunities in the formal sector.
3. Suffering and Subjectivity	Explores the emotional and subjective impacts of systematic discrimination. The accounts reveal experiences of routinized fatigue, psychological distress, and the constant pressure to manage visibility and identity expression in both social and professional spaces.
4. Support Networks and Possibilities	Emphasizes the crucial importance of support – whether psychological, social, or institutional – for building resilience and sustaining viable life trajectories. Welcoming networks played a decisive role in breaking cycles of suffering and opening new possibilities.

Chart 1. Presentation of the trajectories identified and their main aspects.

In Figure 1 we present the thematic map showing these four trajectories and the connections between them. The themes are presented following the internal logic of each trajectory, in a manner that tries to respect the complexity and richness of the participants' experiences.

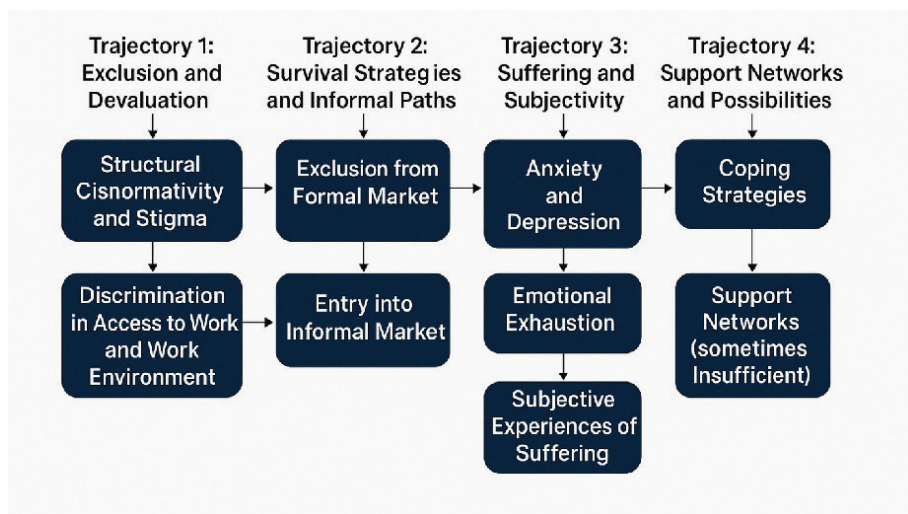


Figure 1. Thematic map representing the four trajectories and its connections

Trajectory 1: Exclusion and Dequalification

The participants' professional careers often begin in negation: access to work is made more difficult by discriminatory selection processes and environments marked by rejection. This initial trajectory reveals how the world of work, instead of including, often reinforces the exclusion of trans women.

Barriers to Labor Market Entry among Trans Women

"We trans people don't have the same opportunities as non-trans people." – (P1, Sex Worker)

Almost all the participants pointed out that access to the job market was one of the most difficult barriers they faced concerning work. They reported being blocked by the existing structural barriers before they can enter the market. Even those with training, experience, or good performance reported being rejected in interviews, and selection processes and devalued to the detriment of cis people, often hearing

directly from recruiters that the reason they were being rejected was because they were trans people.

“In the job market, the biggest difficulty is getting in. The first step is getting past the first step.” (P9, Entrance Cashier and Waitress)

Some participants noted that being trans was enough to disqualify them, regardless of qualifications.

“I’m a transwoman and I have my educational background. But if I go to the door of a company, an airline, I’m saying with conviction that I’m not going to get approval, as if I wasn’t a trans person.” (P1, Sex Worker)

Even in the rare cases in which they manage to get past the first stage and are then hired, the participants report that the standards are disproportionate.

“It’s quite difficult to pass an interview, even if you’re fully qualified. [...] In the workplace, people who fit the norm only have to be at 50%, while a trans person has to be at 100% or more.” “You always have to prove yourself, almost doubly, triply. You always have to prove your worth.” (P5, Call Center Agent)

This pressure leads to a sense of injustice and discouragement, even when performance is objectively good.

I was doing very well. For example, if I were an average cis girl, I wouldn’t just be securing my job, I’d be being praised. [...]I wouldn’t be getting questioned in front of my colleagues.” (P8, Content Creator)

The repeated exclusion led some to stop believing in the system altogether:

“Then I thought: ‘This place is going to work now, because it’s an art therapy center, with psychologists. [...]’ “But then I talked about gender identity and the man said: ‘Your problem is that as well as being a trans woman, you’re an immigrant and black.’” “That was a cold shower. I

collapsed. I had a lot of anxiety after I left. I thought: 'I think all interviews are going to be like this. I'm going to stop trying.' (P2, Cleaner)

Frustration also affects those who had established careers before the transition:

"I was someone who had my work contract, and everything was fine, I was working in my profession, which I liked." [...] "And then I thought: 'Damn it! When I've decided to be who I am, and I'm happy in this body, things don't work out.' [...] "It's that feeling of: now that everything is going right, nothing is going right." (P2, Cleaner)

In addition to direct exclusion, the participants point out that the work system was built without considering the existence of trans people, which creates unprepared and hostile environments:

"The structure of work, recruitment, it's all designed for heteronormativity." "Companies aren't prepared to receive trans bodies. [...] Or those that say they are, don't have the knowledge to deal with that body in practice." (P3, Production Assistant)

The fear of losing opportunities or being discarded after transitioning led some participants to postpone their transition or live in constant insecurity:

"I've always been very feminine, but I was always afraid of what would become of my life if I transitioned." (P10, Retail Worker)

Although many participants faced repeated refusals before gaining access to employment, some managed to access formal jobs. However, their narratives make it clear that entering the job market did not end the cycle of exclusion, but simply took it to another stage. What was waiting for them, in many cases, was an environment marked by constant stress, exclusion and vulnerability.

Experiences of Discrimination and Hostility in the Workplace

“There isn’t a day when I get home and feel good. There isn’t a day when I go to work, and I don’t experience transphobia at work. There isn’t a day.” – (P10, Retail Worker)

Even when they manage to overcome the barriers to accessing work, the participants face working environments marked by hostility, invisibilities, and constant microaggressions. In many cases, the presence of trans women is formally tolerated, but there is no institutional preparation or interpersonal support to guarantee a dignified work experience. Far from being respected, gender identity becomes a reason for surveillance, exposure, and vulnerability.

“[at the club] Everyone was LGBT, but at sushi [restaurant] they got pronouns wrong, asked stupid questions, made unnecessary jokes.” (P9, Entrance Cashier and Waitress)

Other statements reveal the anxiety caused by more subtle violence, such as not updating internal documents or procedural neglect:

“Every time I go through the turnstile at the cafeteria, it gives me anxiety. [...] The company always says it’s going to update the photo [for a post-gender transition photo], and it never does.” (P3, Production Assistant)

In some cases, discrimination goes as far as exclusion from collective spaces:

“The girls don’t take too kindly to me going to the toilet with them. [...] They said that in the summer when they take their tops off, I could be looking at their breasts.” (P3, Production Assistant)

Dehumanization is also expressed in looks, laughter and the feeling of being seen as something exotic or strange:

“It’s as if I were an animal at the zoo as if I were a lab rat. Sometimes I don’t even want to fight, I want to ask: what’s the point? Why does this bother you so much?” (P10, Retail Worker)

One of the consequences of chronic exposure to prejudice and social hostility is the anticipation of rejection and social isolation as a self-protection mechanism. This fear is also internalized in the form of self-censorship and isolation:

“I get sad, I become more reclusive. Sometimes I don’t even want to leave the store. I ask my friends to get me some water outside because I don’t want people to see me.” (P10, Retail Worker)

“I’ve adopted a character of being quiet there [...] If I talk, they’ll put me in that place of research all the time.” (P3, Production Assistant)

When they try to react or report, many face discredit, blame, or even dismissal. Companies not only fail to welcome but often punish attempts to demand respect.

“It used to be a case of changing pronouns in front of customers. [...] It happened a few times. After I complained, I was fired. [...] It felt like I was creating a case. But I just wanted to correct the person. [...] It makes it seem like trans people bring up bickering. But they don’t. It’s people who aren’t prepared to work.” (P8, Content Creator)

The participants point out that real inclusion requires structure, preparation, and cultural change. It’s not enough to hire people: you must guarantee respect and welcome in everyday life.

“There are basic things. Companies that hire trans people should already have a booklet: respect name, pronoun, access to the bathroom.” [...]“Regardless of what you believe at home or in your church, at work you respect the person you hire.” [...]“You can’t heal where you get sick.” (P8, Content Creator)

In response to ongoing rejection and hostile work environments, some participants described a turning point: the decision to leave formal employment altogether. The transition out of formal work was rarely planned, it was often the result of exhaustion, economic necessity, or an inability to continue masking their identities. These paths led to new forms of survival, as explored in the next trajectory.

Trajectory 2: Survival Strategies and Informal Paths

Here, we examine the ways in which the participants reinvent their existences after exclusion. Whether through sex work or informality, they build their own routes to survive, transition and assert their identities - even under unequal conditions and marked by stigma.

Sex Work: Constraints, Meanings, and Survival Strategies

“Desired but killed soon after. That’s our prerogative in life.” – (P9, Entrance Cashier and Waitress)

Sex work appeared in almost all the participants’ narratives, either as an occupation or as a path provided by society for trans women. Many said they had been pushed into this activity by exclusion from school, family, and formal work. The participants face a persistent stigma that associates trans women with sex work. Even when they occupy other social positions, their presence is read through the logic of sexualization. The judgment comes from society in general as well as from employers and co-workers.

“We’re seen as if we were sexual objects. [...] You’re trans, so you’re a whore” (P10, Retail Worker)

“People only see us as an object of desire [...], just a body, just our sex.” (P1, Sex Worker)

“The image of trans women is associated with prostitution. [...] Sometimes they think: ‘that one must work in prostitution, now she wants to work in a formal job.’” (P2, Cleaner)

This sexualized gaze also affects the way these women are treated in affective and digital relationships:

“In the [dating] apps, the messages I received were all about sex. Never in that place of construction. Out of 10, 9 will be about wanting sex right then and there.” (P3, Production Assistant)

“80% of these men who laugh, who point their fingers at me, are the same ones who message me on Instagram, on WhatsApp.” (P10, Retail Worker)

Faced with so many barriers, sex work often became the only space where being trans was expected, not denied – even if not fully accepted:

“I think a lot of trans women work at night partly because of this. Because those who go there know what they’re looking for. But those who go to the mall aren’t prepared to be assisted by a trans woman.” (P10, Retail Worker)

For many girls, this trajectory starts early, because of abandonment by family and the hostility of the school environment, turning dropping out inevitable.

“[...] prejudice already comes from home, or the school staff themselves. [...] When you’re trans, you can’t get into school, because you’re bombarded right from school. [...] Then you grow up and don’t get into university. [...] Then, my love, it’s just prostitution, because that’s what they expect of us.” (P9, Entrance Cashier and Waitress)

“The first time I did it I was 11. Then I took it up as a profession at 13 [referring to sex work].” [...] “My father left home when I was two. My mother left when I was about 9. We had to manage somehow to eat, to get dressed. [...] I met some older girls. They told me: ‘You’re too young. No one can give you a job, but they can give you money. So I tried to start earning my own money to support myself.’” (P4, Sex Worker)

Dropping out of school also appears in the account of a participant who tried to requalify professionally through a course, but ended up giving up because she could not stand the institutional violence.

“I thought ‘I’m going to try to do some training, maybe it will bring retraining.’ [...] I asked to always be addressed as female and as [social name]. On the first day, my dead name was there on the roll call. [...] Even after many requests, the coordinator replied: ‘I can’t’. It took my psychologist to send an email, explaining that it was psychological violence. Only then did they change the name. [...] Even so, I was treated like an ET [Extraterrestrial]. A trainer said in front of everyone: ‘I already know about your case’. The demonstration would be done on you while in the male body. I just left the room. I couldn’t stand being there.” (P2, Cleaner)

One participant reported tried to leave sex work in the hope of achieving the “ideal model” of life - with a house, a husband, a formal contract - but found that there was even more suffering, violence and frustration in these spaces.

“I was depressed because of this work. I cried a lot. But I thought: when I have my husband, a house, a permanent contract, I’ll be happy. [...] I had all that. I thought: now I’m happy. But then came the unhappiness that I didn’t know about. My partner just wanted sex. There was no dialog. [...] At work, I was harassed by the manager. I told them to fuck off and came back to this life by choice. [...] Today I like my job. The men who come to me treat me better than my own partner.” (P4, Sex Worker)

Sex work also appears as a space where bonds of care and affection were built. One participant spoke fondly of her relationship with her pimp, whom she considers a mother figure:

“She was the one who taught me to be quick, to do things. I saw her as a second mother. The first person who seemed to really care about me.” (P4, SEX WORKER)

But at the same time, the stories show the extreme risks and vulnerabilities to which they are exposed:

“I’ve already been abused. The client did what he wanted and then didn’t pay. Then he put a gun to my head and told me to get out of the car. [...] “I saw a girl die next to me, shot in the head. The car came back, lashed out, hit another girl on the head and drove off.” (P4, Sex Worker)

“We don’t have a day off. Not when it’s raining, not when it’s snowing. Sundays, holidays, always available. Our psychology is totally shaken. We have no stability. Today I do two clients and I can go two days without doing any.” (P1, Sex Worker)

Even acknowledging the risks, some participants point out that it’s preferable to be in an environment where you know what to expect, rather than dealing with the disguised violence of formal environments.

“It’s an addiction. I can’t leave the life I have today to go to a store door to earn minimum wage.” (P1, Sex Worker)

Despite experiences marked by stigma and violence, work - even in its most precarious forms - also appeared to be the only possible route to autonomy, security and affirmation of identity. Some participants mentioned that their desire to work was not limited to immediate survival, but also involved access to transition, self-care and the possibility of building a life with dignity.

Work as a Condition for Gender Affirmation and Well-being

“Being a transwoman is expensive” – (P10, Retail Worker)

For many participants, work is not merely a source of income but a material foundation for affirming their gender identity. Access to hormones, medical consultations, gender-affirming procedures, clothing, and aesthetic resources are all seen as essential – not as luxuries, but as basic tools for self-recognition and social legitimacy. Several participants described how the urgency to transition was tied to their financial possibilities.

“Because all the doors close, right? And we have longings, we’re in a hurry, because we need to transition.[...] Hormones are expensive. Surgeries are expensive. [...] We need money to complete our transition.”
(P9, Entrance Cashier and Waitress)

Formal employment, especially, was often described as a turning point – a condition that would allow them to build a routine, make plans, and feel more in control of their lives.

“To start organizing my life, I need to go back to the formal job market. A contract, a better salary, so everything else can follow.” (P2, Cleaner)

These everyday needs, like buying clothes, changing one’s wardrobe, or accessing personal care, were described as deeply linked to well-being and identity, not superficiality.

“This desire to be able to go somewhere better is also about that: it impacts my quality of life. [...] I want to have more clothes. I don’t see it as vanity. For my well-being, it’s important. I want a wardrobe where I can see myself in it.” (P2, Cleaner)

At the same time, several participants emphasized that work is, first and foremost, a matter of survival. Before thinking about gender expression, what’s at stake is having food, shelter, and a sense of stability.

“If I need to eat, I need to work. If I need to dress, I need to work. If I need a roof over my head, I need to work.” (P2, Cleaner)

Taken together, these reflections show how work intersects with multiple dimensions of life. Not only survival, but also care, dignity, and identity. Being excluded from the labor market means being denied all of that at once.

Although work - formal or informal - makes transition and livelihood possible, it also carries a deep emotional burden. Insecurity, instability and the constant need for performance and vigilance. In the third trajectory, we explore how these professional experiences directly affect

mental health and the way the participants construct (or try to protect) their subjectivities.

Trajectory 3 – Suffering and Subjectivity

This trajectory reveals the most intimate and lasting effects of exclusion: anxiety, sadness, fear and loneliness. It's not just about being out of the market, but about being exposed to a system that demands constant silence, passability and performance. Here, pain takes shape in the words and bodies of the participants.

Mental Health Impacts of Labor Exclusion and Stigma

“Our mental health is completely shaken. [...] This is not just my issue. It's something we all go through.” – (P1, Sex Worker)

Daily exclusion, the fear of not being recognized and repeated episodes of transphobia have a profound impact on the mental health of the participants. Even among those who continue to work on the formal market, emotional suffering is constant, marked by anxiety, exhaustion, depressive episodes and feelings of loneliness. The need for permanent self-control, to “educate others” and to hide parts of oneself to survive makes the workplace - and often public life as a whole - a place of wear and tear. Although some report coping strategies, the predominant tone is one of accumulated tiredness and persistent loneliness. The accumulation of transphobic episodes, the fear of being “found out” and the constant surveillance produce a continuous feeling of physical and emotional exhaustion.

“Then I went into exhaustion. It was two weeks straight, non-stop. I cried, I cried, I had an anxiety attack. [...] The physical tiredness, then the mental tiredness. I thought: ‘My God, aren't things going to get better? [...] It's very repetitive being in places. It's at the bank, it's at the help desk, it's at the interviews. Unconsciously this causes a lot of exhaustion.”
(P2, Cleaner)

“I feel that the stress itself, in a way, causes my mental health to go up and down at times.” (P5, Call Center Agent)

“It’s something that attacks my anxiety. [...] We have to produce content, look at the camera as if we were well, regardless of our emotional state.” (P8, Content Creator)

Job insecurity also directly interferes with the possibility of making the transition:

“I really wanted to have hormone treatment, but because of my job, I’m holding off on it, because otherwise it will affect me at work.” (P1, Sex Worker)

Some participants reported looking for ways to cope with their suffering through psychological support or friendship networks. However, they also mentioned resources such as medication to sleep and use of other psychotropic substances.

“These things we go through, in this world we live in, end up leading us to seek refuge. Refuge in alcohol, drugs, sleeping pills. [...] I’m dependent on sleeping medication. I take a lot of it. I can’t sleep without it.” (P1, Sex Worker)

In addition to explicit episodes of violence, the participants reported that veiled prejudice - indifference, silence, looks - can be even more painful. Added to this is the constant burden of having to justify themselves, explain their existence or educate others.

“I think this form of prejudice is more painful than being called a faggot, a little faggot. [...] This open indifference just because I am who I am, I think it hurts more.” (P1, Sex Worker)

“Veiled prejudice seems to hurt more. When the person says it to your face, you can react. But veiled prejudice... it’s the worst there is.” (P2, Cleaner)

“Like the attempts to educate the person, to respond, to impose oneself. [...] Nobody wants to be rigid with everyone all the time.” (P8, Content Creator)

“I went looking for an organization, I wanted to do some training. [...] But they said: ‘You have to help us. It’s a new situation’. [...] I’m sorry, but having been through everything, am I going to have to explain what it means to be a trans woman? How to behave? How to be welcomed?”
(P2, Cleaner)

At times, suffering leads to existential questioning and a painful sense of inadequacy:

“I question myself. Sometimes I wonder why I was born this way. It would be easier if I wasn’t trans. I wouldn’t be going through this.” (P1, Sex Worker)

Loneliness emerged as a cross-cutting theme. Whether in the workplace, in emotional relationships or living with other trans people, many reported feeling out of place, misunderstood and invisible.

“I’m someone who has this emotional dependency on wanting to be loved. And I’m not. It’s sad, isn’t it? But it’s real.” (P1, Sex Worker)

“It’s very much this loneliness. [...] Because even cis women won’t understand you 100%. Neither will cis men. Sometimes not even another trans girl, depending on their experience [...]“At the beginning of the transition, everything seems very new, everything seems very alone.” (P8, Content Creator)

“Trans loneliness is an issue. [...] Not just at work, but also in the romantic-affective field. [...] The concern I have most is loneliness, not trans life.” (P9, Entrance Cashier and Waitress)

“For girls who don’t have a support network or friends, it’s complicated. It seems that the transition is lonelier.” (P2, cleaner)

These accounts reveal how labour, while necessary for survival and gender affirmation, often brings with it a constant undercurrent of emotional depletion – one that stretches far beyond the workplace and into the most intimate dimensions of life. Among the most exhausting demands is the need to control how one is seen: to navigate visibility, to perform femininity, and to anticipate how gender expression will be

judged in every interaction. It is to this daily negotiation of recognition and appearance that we now turn.

Visibility, Gender Expression, and Recognition Dynamics in Employment

Each step brings a new anxiety that I didn't even know I had. [...] The fear of discrimination determines the pace of social transition.” (P7, Consultant)

Recognition in the workplace was never just about being hired. For the participants, it was about how their bodies were read, how their gender was perceived, and how much of themselves they were allowed to show. Some described being employed precisely because they were “unreadable” – their trans identity went unnoticed, and that invisibility became a strategy of survival.

“It was never a very present situation, because I always went very unnoticed. It took a while for people to notice.” (P4, Sex Worker)
“I hear that a lot – that I have a lot of passability, so I didn't get caught up in much transphobia.” (P8, Content Creator)

Coming out at work was rarely a neutral act. It came with anxiety, fear, and sometimes the certainty of losing one's job. Some chose to be transparent from the start, seeking honesty even in unsafe environments.

“I felt like my coat had been taken off. I was literally naked. [...] But I preferred to be honest from the start. I'd rather be in a place that suits me than lie and suffer later.” (P2, Cleaner)
Others, having a diversity department in their work, showed how they could make the coming out more progressive and planned, and even positive consequences, such as institutional support.

“I started to coming out at the beginning of the year. They still called me by my old name. [...] After September, I made the official change and then they accepted it well.” (P6, Actuarial Analyst)

“I spoke to the inclusion department, then HR and the bosses. It was an important step.” (P7, Consultant)

“Little by little I gained confidence and started telling people. [...] It was one of the best chances I’ve ever had.” (P5, Call Center Agent)

Still, even in companies considered inclusive, there were signs of segregation and symbolic violence. Being given a separate bathroom, being forced to wear a badge with a deadname (name given at birth), or being subtly asked to conform to “neutral” gender standards revealed how fragile that inclusion could be.

“The factory provided a bathroom just for me. I saw it as segregation. [...] I kept wearing men’s clothes and a badge with the deadname on it.” (P3, Production Assistant)

A powerful source of pressure was the expectation to perform femininity in a very specific way. Gender expression became tied to aesthetics, and aesthetics to financial access. Participants highlighted how the pressure to “look and to behave like a woman” was not only socially imposed, but class based, highlighting issues related to rigid and stereotypical gender roles.

“You have to be feminine, extremely. [...] Not everyone has 100 euros to get waxed. [...] Even cis women – being a woman isn’t about being extremely feminine. That’s something imposed.” (P10, Retail Worker)

This pressure extended to self-image. Some described how beauty filters distorted their perception of reality, making it harder to accept themselves without layers of digital polish.

“I looked at my photo and said: ‘Wow, how ugly I look.’ My friend said: ‘You’ve gotten so used to filters that you’re creating another image.’ [...] We’re always trying to please others.” (P10, Retail Worker)

For many, the street was not a place to exist – it was a stage, where they had to be constantly ready and “flawless” to avoid harassment or worse.

“When you’re on the street, you don’t relax. You must look as feminine as possible. I don’t go unnoticed. I’m 1.80m tall, my hair is down to my waist. I parade.” (P10, Retail Worker)

Visibility, however, was not always a choice. Some hide who they were – either by decision or under pressure from others – as a way to stay safe or remain employed.

“I have a friend who works at the mall. She’s trans, but she doesn’t come out as trans.” (P10, Retail Worker)

“A teacher told me I had to change my posture, be more masculine, not wear make-up. [...] And it worked.” (P3, Production Assistant)

Even those who “passed” feared the moment when their identity might become visible again, related to the possible consequences of greater visibility of gender identity.

“Nowadays, people see me as a cis man. But I know that the time will come when I will be visibly trans. And I’m afraid the doors will close.” (P7, Consultant)

The tension between expressing oneself and protecting oneself was palpable. Many participants struggled with what it meant to transition for themselves versus adapting to others’ expectations – especially in environments where economic survival depended on being desirable.

“I don’t want to transition to please men. I want to transition based on what I believe it means to be a woman. But on OnlyFans, for example, we’re held hostage to pleasing the gaze of others.” (P8, Content Creator)

Others talked about this duality as something they carried in their bodies – one version at home, another on the street.

“I love my hair, but I don’t like society seeing me with it. At home I relax, but on the street I have to look like something else.” (P10, Retail Worker)

While psychological pain, loneliness and fear deeply marked the participants’ working lives, experiences of care and support also emerged in the midst of their suffering. Whether through family, therapy, colleagues or institutions, some narratives point to gaps of welcome and reconstruction. It is in this movement that the last trajectory is inscribed: that of support networks and safer possibilities of existence.

Trajectory 4: Support Networks and Possibilities

In this trajectory, we pay attention to the networks and relationships which, when present, act as a sustaining force in the face of violence and suffering. The participants report experiences of family support, professional support and community ties that allowed them to build alternatives, even if partial, to exist more peacefully in the world of work.

Support Networks and Institutional Gaps

“Pain brings us together. [...] We sympathize with each other’s pain.”
– (P6, Actuarial Analyst)

Despite the prevalence of experiences of exclusion, some participants also reported significant experiences of welcome and support. These experiences - when they occur - not only relieve suffering but become pillars in affirming identity and rebuilding self-esteem, quality of life, and well-being. Support can come from family, friends, therapists or community and organizational spaces. When present, this support transforms not only the individual trajectory, but also the perception of social belonging.

Family support, where it existed, was described as profoundly transformative. In some cases, mothers and fathers went from initial shock to active engagement:

“My parents were incredible. [...] There was fear, but also the certainty that parents who are parents, love. [...] My mother is super proactive: she’s in a group of families with trans children, she looks for information, she participates. [...] If you’d told me this five years ago, I wouldn’t have believed it was possible.” (P7, Consultant)

In other cases, family was synonymous of conflict and abandonment, as the first site of rejection:

“If I’d had a decent father and mother, my intelligence would have been put to better use.” (P4, Sex Worker)

“My family turned their backs on me. They told me: ‘If you want to be like that, you’ll have to get your way.’” (P4, Sex Worker)

“They made transphobic comments on Facebook. After that, they broke off relations. [...] I preferred to spend Christmas in another city.” (P6, Actuarial Analyst)

“My mother said she would never see me as a woman. But she said: ‘My love doesn’t change; I just don’t understand it.’” (P2, Cleaner)

Some experiences show the coexistence of affection and resistance:

“My mother made me comfortable when they weren’t at home. My father and brothers... I was even slapped because I liked to play with dolls.” (P3, Production Assistant)

Psychological support was described almost by every participant as a fundamental tool for self-acceptance and emotional reconstruction.

“The transition only happened when I started going through analysis. My process was very beautiful.” (P2, Cleaner)

“Therapy is an intrinsic thing for trans people. [...] Society isn’t cured, so we need to learn to deal with it.” (P8, Content Creator)

However, not all access was positive. One participant describes the impact of transphobic professionals:

“My first psychologist was transphobic, but I only realized it after two months. [...] I had a mini-crisis because it felt like I had to pull rabbits out of a hat to prove who I was. As if it were a fetish, a confusion, an invention. [...] Later, fortunately, I found the right specialists - but it wasn't without pain.” (P7, Consultant)

Support networks among trans people were described as fundamental to emotional and material survival. Community spaces and connections between peers created solid bonds during exclusion.

“I joined Casa T², which was an association of immigrant trans people. There we didn't pay rent, and we created a support network. Today I have a wide circle of friendships with LGBT people in Portugal.” (P9, Entrance Cashier and Waitress)

“It was when I told a former colleague that she gave me the link to a platform [referring to TransParente³ platform] [...] From then on I followed it and I really identify with the content.” (P7, Consultant)

“I said: I can't wait any longer. The dysphoria was too great. I started therapy at an LGBT center, Centro Bússola⁴. It was very good.” (P2, Cleaner)

Some participants reported positive experiences in companies with inclusive policies and welcoming managers. These environments helped reduce the impact of transphobia and made everyday life safer:

“My company provides health insurance, it covers endocrinology, psychology, psychiatry. That helps immensely. It has an inclusion

² Casa T is a community-based housing project that provides shelter and support for trans people, migrants, and others in vulnerable situations. @casa_t_lisboa on Instagram

³ TransParente is a Portuguese initiative that promotes the rights, visibility, and empowerment of trans and non-binary people through advocacy, education, and community support. <https://transparente.com.pt/>

⁴ Bússola is a national support structure in Portugal offering free psychological counseling, assistance to victims of violence, and informational guidance for LGBTQIAP+ people, both online and in person. @bussola.cpf on Instagram

department, does Pride Month activities, and respects diversity.” (P7, Consultant)

“I have two supervisors. One accompanied me from the start. He said: ‘If there’s any disrespect, come and talk to me’.” (P5, Call Center Agent)

“All my colleagues respect me. [...] It’s a rainbow - I’m trans, my friend is a lesbian, so is my colleague.” (P10, Retail Worker)

On the other hand, others point out the total lack of empathy:

“The bosses only care about profit. [...] They don’t care about mental health, about the environment.” (P9, Entrance Cashier and Waitress)

Although support doesn’t always come from everywhere, when it does, it stands out as an emotional and social protection factor. In contrast to loneliness, support appears as a concrete possibility of continuity, reconstruction and affection.

“The only person who really supports me is my husband. Everyone respects me, but I only really get support from him.” (P10, Retail Worker)

“You know, not everyone knows how to deal with a trans person. [...] When you transition, you have almost no female friends.” (P3, Production Assistant)

“It’s very isolating. [...] We used to meet up, go out... Now the dynamic has changed.” (P2, Cleaner)

Some participants show resilience in the face of exclusion and project hope for others to come:

“[referring to being forced to use a bathroom just for her] I understood it as segregation, but it’s okay. I’m opening the door for others. Maybe the next one will be much calmer.” (P3, Production Assistant)

The trajectories presented should not be understood as linear or mutually exclusive stages. They often overlap, coexist or are repeated throughout the participants’ professional lives. Together, they outline a

collective journey marked by systematic exclusion, but also by resistance, reinvention and a desire for dignity.

Discussion

This study sought to understand how the structural and symbolic exclusion experienced by trans women in the labor market impacts their mental health, highlighting the social and institutional mechanisms that sustain the precariousness of their professional trajectories. The interviews showed the complexity of a trans person's experience and highlighted the impossibility of understanding aspects related to entering and remaining in the labor market in isolation from other sociodemographic characteristics and experiences in other areas of life. All of life is connected and permeated by work and struggle. The results showed that trans women face numerous barriers in accessing and remaining in work, there is a cycle of structural violence that keeps these women on the margins of society and causes great mental suffering.

Regarding the socio-demographic data, it is noteworthy that all the women who obtained a university degree did so before the transition. In addition, only three have permanent contracts and only one of these was during the transition. The sociodemographic data is clear proof of what emerged unanimously in the participants' speeches: after gender transition, the job market closes and/or repels trans women. Studies such as Köllen's (2018), point out that transition represents an ambiguous point for those who transition. If on the one hand it is essential for their gender affirmation, and reduction of psychological distress related to gender dysphoria, on the other it represents a greater level of difficulty in accessing formal education and job opportunities.

The link between sociodemographic data and the narrative of the participants suggests other important nuances. Participants with a higher education degree and a permanent job (P6; P7) reported they had more access to psychological and institutional support but were not immune to identity, insecurity and fear of future discrimination.

In addition, the analysis indicates that participants in jobs with greater interaction with the public seem to suffer more discrimination, while

places with the presence of LGBTQIA + colleagues are perceived as more welcoming. This is in line with a study by Granberg et al. (2020) which shows that occupations with more interaction with the public are associated with more episodes of direct discrimination, especially for those who occupy low-skilled positions. This prevalence can be explained by the fact that, in these environments, the visibility of trans identity is more exposed and less mediated by institutional diversity protocols. In addition, public service jobs generally involve an implicit ideal of “professional presentation” based on cis and heteronormative norms, which increases surveillance of trans bodies. In these contexts, transgression of gender expectations can be perceived as “deviance” or “impropriety”, leading to explicit rejection by employers and clients.

The analysis of the participants’ sociodemographic data indicates that higher education and permanent contracts (P6, P7) reported more stable access to psychological and institutional support. However, none of them felt completely safe. Insecurity, fear of exposure and constant remarks about the body and gender performance were cited as being recurrent. This feeling of constant alertness is in accordance with the notion of “identity management under attack” outlined by Beauregard et. al. (2020). On the other hand, those who had made transitions before having some kind of stability in the job market (P1, P2, P5, P8, P9, P10) reported experiences of explicit discrimination in selection processes and in everyday work life. The way they were perceived socially influenced their chances of getting a job. Many reported experiences of family exclusion, abandonment, dropping out of school and not being able to obtain financial means, which accentuates this exclusion. Studies such as those carried out by Olson et al. (2011) and Luz et al. (2021) show that, in contexts of lack of support, the transition in the early stages of life is usually linked to disruptions that compromise the educational and professional path.

As Drydakís (2020) notes, the positive effects of transition, such as improved self-esteem, mental health and well-being, depend heavily on the presence of ongoing support in environments such as school, work and the community, and are often negated in contexts marked by institutionalized transphobia. This was identified in our participants’ speeches when they reported abandonment and family conflicts, difficulty staying in school due to institutional violence and feelings of loneliness.

Throughout the interviews, mental health emerged as one of the central themes; not an isolated issue, but an aspect linked to the whole experience of exclusion. The participants reported varied and constant symptoms - such as latent anxiety, insomnia, panic attacks, and a continuous state of emotional alertness. Many reported difficulties relaxing, sleeping without interruption, or simply feeling safe in the spaces they occupy. One of them reported the daily use of sleeping medication and alcohol as a way of “calming down” and dealing with the emotional pressure generated by everyday life. Such manifestations do not occur out of the blue; they accumulate in contexts that require screaming silence, vigilance and mediated adequacy to the point of exhaustion. These experiences are in line with studies such as those by Meurer-Lynn (2015), Ferreira et al. (2023) and Kinitz et al. (2024), which reveal that psychological stress among trans people does not only arise from isolated situations of discrimination, but from prolonged institutional hostility, which permeates the world of work, access to basic rights and the way their bodies are read and regulated on a daily basis.

A particularly delicate point was the relationship between appearance and passability. Some participants noted that being “read” as cisgender made them feel less explicitly rejected. For this group, however, this condition brought with it intense pressure to be considered esthetically pleasing, which requires time, financial resources and emotional strain. Other participants who did not express their gender as expected by society reported more experiences of exclusion, disqualification and transphobic comments among their work groups. This situation confirms what Ussher et. al (2022) write about passability as an informal criterion for acceptance - and at the same time, oppression.

Sex work was addressed in some of the speeches, but the most outstanding concept was the idea that this work is normally expected of trans women by society, as if it were the only option. The participants mentioned how much they were bothered and revolted by this symbolic imposition. As Yatirajula et al. (2024) refers, based on the results of a qualitative study conducted in India with the transgender population, sex work is, to a large extent, less a free decision and more a consequence of the lack of real futures in a labor market sedimented by cisgender normativities.

Even in the tough challenges to which they were subjected, many participants expressed strength and resilience in the face of exclusion. This strength did not emerge overnight but flourished in the midst of possible gaps of care, support and resistance. In the midst of daily precariousness and surveillance, some of them manage to develop strategies to keep going, relying on friendship networks, trans collectives, health services or family ties that resisted breaking up. This support, even if scarce, was described as vital in order not to “fall apart” and to keep believing that a safer place might be possible.

Participants who had some kind of support - emotional, affectionate or institutional - reported feeling more protected from the violence of everyday life. This didn't eliminate suffering, but it cushioned the impact of rejection and gave a greater sense of belonging. Studies such as those by Wilson et al. (2016) and Bockting et al. (2013) affirm that peer support is a powerful force of resistance, helping to minimize the damage caused by stigma and promoting mental health. Similarly, Puckett et al. (2019) point out that family support, more than any other type, is strongly connected to lower levels of depression and anxiety, as well as greater resilience to cope with life.

More than resistance, these lives reveal a desire to continue living with dignity. Resilience, in this case, is not about living without pain, but about constructing meanings amid a brutal reality, by creating small spaces of care and staying ahead, even when the world stubbornly pushes them away.

The data analyzed also confirms the importance of understanding these experiences from theoretical frameworks that help to name the suffering and the structure that sustains it. The minority stress model (Frost & Meyer, 2023), for example, allows us to recognize how continuous exposure to hostile contexts, marked by discrimination, stigma, and constant need for vigilance, generates cumulative impacts on the mental health of participants. This suffering does not arise solely from specific events, but from the persistence of exclusionary social relations that permeate everyday life. At the same time, the lens of intersectionality (Crenshaw, 2013) makes it clear that these impacts are not distributed evenly: factors such as social class, family support, skin color, timing of transition, and access to formal education directly influence how

each participant experiences the world of work and the place assigned to them. The testimonies reveal that it is not possible to isolate gender from other dimensions of life, and that it is precisely at the intersection of multiple inequalities that the most acute situations of suffering arise, but also, in some cases, possible strategies for resistance.

The evidence presented in this study reinforces that work is not just a question of income or employability. It is also a marker of belonging, visibility and dignity. Besides being a way to pay for the gender affirmation process and increase the possibility of financial independence, which reduces the risk of exposure to gender-based violence. There is an urgent need to think about public policies and institutional practices that recognize this complexity beyond superficial inclusion logic. The necessary transformation involves active listening, institutional acceptance, a review of cisgender norms and the creation of real care networks. Only in this way will it be possible to build a world of work where being trans is not a risk, but a legitimate possibility.

Limitations and Future Directions

This study is not without limitations. Even though we believe that the empirical contributions of our interviewees were sufficient, the reduced number of 10 participants prevents it from representing the experiences of all self-identified trans women working in Portugal. Additionally, varied transition times, differentiated education levels, and mostly urban sociodemographic profiles mean that the trajectories of other trans women were not represented in this study. Furthermore, implications for mental health were discussed based on disclosed information, with no intention to provide a formal mental illness diagnosis. Our sample consisted mainly of young transgender women living in Portugal's most populous urban centers. Future studies must take in account older transgender people living in smaller, more conservative, and less progressive cities.

Another aspect to consider is the time frame of the survey: as it was carried out during a period after the pandemic and when, in economic terms, companies were restructuring, it may be that the respondents had

an even higher level of perceived job insecurity and emotional distress than in other periods. It is also important to note that the participants had varying levels of access to support networks, which may have contributed to the difference in their ways of coping and telling their stories.

For future research, we suggest extending the diversity of profiles, incorporating other gender identities, people from different racial and ethnic backgrounds and participants from marginalized and/or rural regions. It would be interesting to investigate in greater depth the impact of institutional employment inclusion programs, the effectiveness of diversity protocols in the workplace and the impact of public policies on the mental health of trans people. Longitudinal studies could even contribute to a broader understanding of tracking the professional and subjective trajectories of these populations.

Our study was conducted shortly before the election of Donald Trump, whose main political agenda includes the persecution of rights recently acquired by the transgender population, both in the United States and in other countries that are aligned or economically dependent on the United States. We suggest further studies to assess the psychosocial effects of this sociopolitical change on the transgender population.

Conclusion

This research has identified that the exclusion experienced by trans women in the labor market is not limited to a lack of formal ties or access to the market. It is a process of everyday breakdown that is sustained by cisgender norms that operate in discourses, institutional structures and interpersonal relationships. In essence, work, for the participants, is more than just a source of income, but a central space for affirming identity, dignity and belonging and, at the same time, also a space for suffering.

The data also showed that gender transition, instead of being understood as a right, still functions tacitly for them as a criterion for exclusion. In practice, transition restricts access to a space where work and life meet, exposing these women to surveillance, aesthetic pressure and symbolic violence. Even those with more schooling or formal employment feel insecure about what they do, as if they were

constantly being watched. In this scenario, mental health is marked by an incessant cycle of effort, silence and resistance.

At the same time, the study highlighted powerful forms of resistance. Support networks, collectives, emotional ties and experiences of solidarity act as central elements in maintaining self-esteem and mental health. The resilience of these women should not be romanticized, but seen as an active reaction to a system that often denies them even recognition.

These results reinforce the urgent need for public and institutional policies that not only include but also embrace and transform. We need to rethink workplaces as possible spaces of dignity for trans people and break with the logic of superficial inclusion, moving towards effective practices of listening, reparation and care.

Contributing to the field of gender, work and health studies, this research provides a portrait of the barriers and strengths encountered by trans women in the workplace and reaffirms that no policy can be transformative if it does not listen to the lived experiences of those who struggle to exist daily.

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Chapter 6

Strategies for Creating Safer and More Inclusive Work Environments

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Creating safer and more inclusive work environments for LGBTQIA+ individuals is a critical concern in today's professional landscape. Despite significant advancements in the recognition and rights of LGBTQIA+ individuals in many parts of the world, workplaces continue to grapple with pervasive challenges that hinder LGBTQIA+ employees' full participation and success. The inclusion of LGBTQIA+ persons within the workforce is not merely a matter of compliance with anti-discrimination laws; it transcends legal frameworks and delves into the essential realm of human dignity, respect, and equality.

Modern organizational success increasingly hinges on the diversity of its workforce, as diverse teams foster innovation, creativity, and a broader range of perspectives that drive business growth. Therefore, organizations must implement robust strategies that promote a culture of acceptance, ensure adequate support systems, and effectively address the unique challenges faced by LGBTQIA+ employees. This book outlines critical action areas to equip organizations with the knowledge and tools necessary to cultivate an environment where all employees, regardless of their sexual orientation or gender identity, can thrive and contribute to their fullest potential. Through a combination of understanding LGBTQIA+ inclusion, confronting current challenges, legal compliance, fostering an inclusive culture, implementing effective recruitment strategies, and establishing support systems, organizations can move towards a

work environment that not only acknowledges but celebrates diversity, ultimately resulting in improved employee satisfaction, retention rates, and overall organizational performance.

LGBTQIA+ inclusion in the workplace is paramount for promoting diversity and fostering an environment where all employees can thrive. A diverse workforce that includes employees of varying sexual orientations and gender identities enhances creativity and innovation and drives better business outcomes. Additionally, creating a culture of inclusion leads to improved employee morale and satisfaction, as individuals feel valued and respected for their authentic selves. This directly correlates with increased employee engagement, retention rates, and productivity levels, which are crucial for overall organizational success. The importance of LGBTQIA+ inclusion also extends to aligning with consumer values; an inclusive workplace can bolster a company's reputation, impacting not only the organizational culture but also the bottom line, making it essential for businesses seeking to thrive in a competitive landscape.

We hope that this book may be a useful tool in addressing and mitigating discrimination against LGBTQIA+ employees, but also the lack of representation, and the negative mental health impacts of LGBTQIA+ individuals in work environments in Portugal. Also, we believe that it can help consolidate an inclusive legal framework and policies in the country, inform anti-discrimination laws, and help company policies supporting LGBTQIA+ rights, through the creation of an inclusive culture in organizational settings. Also, we expect this book to help foster diversity training programs and employee resource groups, recruitment and retention strategies, inclusive job descriptions, diverse interview panels, retention programs for LGBTQIA+ employees, support systems for LGBTQIA+ employees, mentorship programs, counseling and support services, health and wellness initiatives, and inclusive health benefits, mental health awareness programs, communication and awareness, internal communication strategies, external branding and advocacy, employee surveys and feedback, diversity metrics and reporting, and overall inclusive practices.

The future of LGBTQIA+ inclusion in workplace environments is poised for significant advancements, driven by emerging trends and a global perspective focused on equity and representation. One notable

trend is the increasing integration of intersectional approaches within diversity and inclusion strategies, recognizing that individuals identify across multiple axes of identity, such as race, gender identity, and socioeconomic status, necessitating more nuanced policies. Advocates for LGBTQIA+ rights are increasingly pushing for comprehensive legislation that encompasses not only workplace protections but also broader civil rights, thereby fostering safer environments and equitable opportunities. Furthermore, globalization is influencing corporate policies, as multinational organizations expand their focus on LGBTQIA+ issues beyond their home countries, promoting inclusive practices worldwide and aligning with global human rights standards. This shift not only enhances the reputation of organizations but also reflects a growing consumer demand for corporate social responsibility.

Technology plays a crucial role in this evolution, with digital platforms facilitating the sharing of resources and best practices among companies spearheading LGBTQIA+ initiatives. Building a diverse workforce is enhanced by the development of data-driven recruitment tools, which can mitigate bias and enable a broader reach to underrepresented communities. Moreover, the implementation of mental health initiatives tailored to the LGBTQIA+ community is gaining traction, with companies increasingly offering resources specifically targeting mental wellness challenges faced by LGBTQIA+ employees. Lastly, ongoing education and training initiatives must evolve to address the latest societal shifts and increase awareness, ensuring that LGBTQIA+ inclusion remains at the forefront of organizational agendas. Overall, the landscape for LGBTQIA+ inclusion is ever evolving, necessitating proactive measures and strategic foresight from organizations to create workplaces that reflect a commitment to diversity, equity, and inclusion.

In conclusion, creating safer and more LGBTQIA+ inclusive work environments is not only a moral imperative but also a strategic advantage for organizations in today's diverse and interconnected world. The implementation of comprehensive inclusion strategies – ranging from robust anti-discrimination policies to targeted recruitment and retention initiatives – plays a crucial role in attracting top talent and fostering employee loyalty. By ensuring that LGBTQIA+ employees feel respected and valued, organizations can enhance employee satisfaction

and productivity, ultimately driving business success. Moreover, the inclusion of LGBTQIA+ individuals reflects positively on a company's reputation, appealing to a broader customer base and aligning with socially conscious consumer values. To sustain these efforts, continuous assessment of workplace culture and the adoption of innovative practices are essential, as emerging trends and ongoing dialogues regarding LGBTQIA+ rights signal the need for adaptability and commitment. Organizations must prioritize ongoing education, awareness, and open communication to cultivate an authentic commitment to inclusion that transcends compliance and becomes embedded in organizational ethos. As businesses look to the future, embracing the diversity of their workforce, including sexual orientation and gender identity, will be vital for their resilience and competitiveness in a complex marketplace.