Resilience and LGBTQ Health Care Professionals

Jenny Siegel, MD
Assistant Professor of Medicine, Boston University School of Medicine
Section of General Internal Medicine, Boston Medical Center
Medical Director, Center for Transgender Medicine & Surgery
Jennifer.siegel@bmc.org

Carl G Streed Jr., MD, MPH
Assistant Professor of Medicine, Boston University School of Medicine
Section of General Internal Medicine, Boston Medical Center
Research Lead, Center for Transgender Medicine & Surgery
@cjstreed Carl.streed@bmc.org
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• LGBTQ+ Community here at BUMC

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Objectives

- Review terminology of sexual and gender minorities (i.e. LGBTQ+)
- Develop awareness of minority stressors that may impact the professional lives of LGBTQ+ health providers
- Explore strategies to augment resilience among LGBTQ+ individuals and allies in the workplace using case-based discussions
- Deploy ecological interventions in your setting to improve the experience of LGBTQ+ students, trainees, colleagues
Where "women" are from

Where "men" are from

Where "people who can't be adequately classified using a contrived binary taxonomy" are from
Multiple Dimensions

- Sexual Orientation Identity
- Sex Assigned at Birth
- Gender Identity
- Gender Expression
- Romantic & Sexual Attraction
- Sex/Gender of Sexual Partners
- Gender Expression
Current Terminology

The Gender Unicorn

Gender Identity
- Female/Woman/Girl
- Male/Man/Boy
- Other Gender(s)

Gender Expression
- Feminine
- Masculine
- Other

Sex Assigned at Birth
- Female
- Male
- Other/Intersex

Physically Attracted to
- Women
- Men
- Other Gender(s)

Emotionally Attracted to
- Women
- Men
- Other Gender(s)

To learn more, go to: www.transstudent.org/gender

Design by Landyn Pan and Anna Moore
Current Terminology

**Sexual orientation** - inherent or immutable enduring emotional, romantic or sexual attraction to others
  - Sexual behavior: MSM, WSW, other
  - Identity: gay, lesbian, bisexual, straight, queer, other

**Cisgender** - gender identity is aligned with sex assigned at birth.

**Transgender** - umbrella term for people whose gender identity and/or expression is different from cultural expectations based on the sex they were assigned at birth.
  - MTF (male to female), FTM (female to male)
  - AMAB (assigned male at birth), AFAB (assigned female at birth)

**Nonbinary/gender non-conforming/gender diverse** – all terms that describe those who do not have a binary gender identity
How Many?
# How Many?

## Sexual Orientation and Gender Identity

Pursuant to House of Delegates Resolution 603

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<th>Gender Identity</th>
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<tr>
<td>Female</td>
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<tr>
<td>Prefer not to say</td>
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<tr>
<td>Non-binary/third gender</td>
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<tr>
<td>Genderqueer</td>
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<tr>
<td><strong>Total</strong></td>
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<table>
<thead>
<tr>
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<tr>
<td>Prefer not to say</td>
<td>92</td>
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<tr>
<td>Yes</td>
<td>17</td>
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<td><strong>Total</strong></td>
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<table>
<thead>
<tr>
<th>Sexual Orientation</th>
<th>Total</th>
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<tbody>
<tr>
<td>Straight/Heterosexual</td>
<td>8311</td>
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<tr>
<td>Prefer not to say</td>
<td>402</td>
</tr>
<tr>
<td>Gay or lesbian</td>
<td>326</td>
</tr>
<tr>
<td>Bisexual</td>
<td>100</td>
</tr>
<tr>
<td>Queer</td>
<td>22</td>
</tr>
<tr>
<td>Prefer to self-describe as</td>
<td>11</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>9172</strong></td>
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Information about the sexual orientation or gender identification of respondents is in aggregate, de-identified form and is based upon information that was provided voluntarily and which is stored securely in order to preserve its confidentiality.

4/25/2019 5:12:33 AM
Counts Refreshed Daily
Background Information

The individual responses provided below will not be shared with or reported to your medical school. The data will only be reported in aggregate.

How do you self-identify?

- Bisexual
- Gay or lesbian
- Heterosexual or straight

If one of the above three identities did not best describe you, then with what identity do you feel more comfortable?

I self-identify as:
2018 Graduation Questionnaire: 15,299 respondents

Gender Identity
- 0.4% Transgender
  - Gender identity different from their sex assigned at birth

Sexual Orientation
- 93.2% Heterosexual or Straight
- 3.9% Gay or Lesbian
- 2.9% Bisexual
Why is this important?
Discrimination in Healthcare

• 16% of LGBTQ people report being personally discriminated against because they are part of the LGBTQ community when going to a doctor or health clinic;
• 22% of transgender individuals avoided doctors or health care out of concern they would be discriminated against;
• 31% say they have no regular doctor or form of health care.
Pediatrician refuses to treat baby with lesbian parents and there’s a medical setting occurred.

OCR Director Severino said, “Laws protecting religious freedom and conscience rights are just empty words on paper if they aren’t enforced. No one should be forced to choose between helping sick people and living by one’s deepest moral or religious convictions, and the new division will help guarantee that victims of unlawful discrimination find justice. For too long, governments big and small have treated conscience claims with hostility instead of protection, but change is coming and it begins here and now.”

By Sarah McBride, Laura E. Dug

December 2014

shedu healt workers with moral or religious objections
The department argued in its memo that key government agencies needed to adopt an explicit and uniform definition of gender as determined “on a biological basis that is clear, grounded in science, objective and administrable.” The agency’s proposed definition would define sex as either male or female, unchangeable, and determined by the genitals that a person is born with, according to a draft reviewed by The Times. Any dispute about one’s sex would have to be clarified using genetic testing.
Minority Stress Model

Adapted from Hatzenbuehler (2009); Meyer (2003)

Environmental Circumstances

Minority Status

Minority Identity

General Stressors

Distal (External) Minority Stressors (stigma, discrimination, violence, abuse)

Proximal (Internal) Minority Stressors (internalization of negative societal attitudes, rejection sensitivity)

Resilience Development

Health Outcomes

Adapted from Hatzenbuehler (2009); Meyer (2003)
What do LGBTQ Health Professionals Face?

- Lack of training of co-workers and supervisors
- Unsupportive coworkers or institutions
- Discriminatory behaviors in the workplace
- Patients’ attitudes and behaviors
Lack of Training

• Only a handful of studies but they consistently find that healthcare professional training still ignores or barely addresses LGBTQ+ people and issues
  • Anderson et al 2009: dental schools
  • Obedin-Maliver et al 2011: medical schools
  • Lim et al 2013: nursing schools
Discriminatory Behavior

- 1994 GLMA Survey
- 711 LGBT physicians
  - 22% not out at work
  - 34% verbally harassed
  - 37% socially ostracized
  - 52% witnessed poor treatment of LGBT patients
  - 88% heard disparaging remarks about LGBT people

Schatz & O’Hanlan, 1994
Discriminatory Behavior

- 2009 GLMA Survey
  - 1994 study repeated and expanded
- 427 physicians
  - 15% verbally harassed
  - 15% socially ostracized
  - 34% witnessed poor treatment of LGBT patient
  - 36% witnessed disrespect of family members of LGBT patient

Eliason, Dibble, & Robertson, 2011
Discriminatory Behavior

- GLMA Survey of Nurses
  - The majority said that their work environment was “friendly” but qualified the statement (“at least there is no overt harassment”)
  - Defined a “gay-friendly” work environment as:
    - Having inclusive policies
    - Having openly LGBTQ coworkers
    - Being in a geographic region that is more accepting

Eliason, DeJoseph, Dibble, et al., 2011
Discriminatory Behavior

- Dental Schools
  - 39% of dental students thought environment not inclusive
  - 20% witnessed poor treatment of LGBTQ patients
  - 53% heard disparaging remarks about LGBTQ people by faculty
  - 87% heard disparaging remarks from peers
  - 88% said their program did not prepare them to work with LGBTQ patients

Anderson, Patterson, Temple, & Inglehart 2009
Discriminatory Behavior

- 30% of heterosexual patients would change their provider if they found out the provider was LGBT
- 35% of heterosexual patients would switch clinics/practices if they found out that the practice hired openly LGBT providers

Lee et al 2007
Mixed Methods survey sent to GLMA news email, professional networks, and snowball sampling
Survey assessed sociodemographic factors, workplace characteristics, resilience, stress, social support.

- 277 respondents, age 18-74 (mean age = 38)
- 80% White
- 22% students, 17% residents/interns/postdocs
- 14% transgender or genderqueer/gender non-conforming
25% report low resilience (BRS ≤ 3)

Respondents dichotomized into low/high resilience did not differ in:

• Age
• Number of years in job
• Ethnicity
• Being out to coworkers, supervisors, or patients
• Feelings of being treated differently because of sexuality/gender
• Number of inclusivity indicators of the workplace
• Support from others for stress (total score)
Resilience

Low resilience by profession:
- MD/DO/PA: 21%
- Nurses: 23%
- Other: 28%

- Female: 29%
- Male: 14%
- Trans/Genderqueer: 35%
# Resilience

<table>
<thead>
<tr>
<th></th>
<th>Low Resilience</th>
<th>High Resilience</th>
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<tbody>
<tr>
<td>Feels burned out</td>
<td>60%</td>
<td>31%</td>
</tr>
<tr>
<td>Job dissatisfaction</td>
<td>12%</td>
<td>4%</td>
</tr>
<tr>
<td>General work stress (0-100 scale)</td>
<td>75</td>
<td>67</td>
</tr>
<tr>
<td>LGBTQ-related work stress</td>
<td>51</td>
<td>28</td>
</tr>
<tr>
<td>Stress affected physical health</td>
<td>42%</td>
<td>16%</td>
</tr>
<tr>
<td>Stress affected mental health</td>
<td>71%</td>
<td>45%</td>
</tr>
<tr>
<td>Stress affected relationships with coworkers</td>
<td>67%</td>
<td>44%</td>
</tr>
<tr>
<td>Stress affected promotion/job loss</td>
<td>31%</td>
<td>17%</td>
</tr>
</tbody>
</table>
Resilience

More LGBTQ positive events at work
Fewer LGBTQ negative events at work


Coping With Stress as an LGBTQ+ Health Care Professional.

Eliason MJ¹, Streed C Jr², Henne M³.
Consequence of Coming Out at Work

- Of 149 who responded:
  - 38% of those were not out
  - 38% reported no negative consequences
  - 24% had a negative consequence including: misgendering, harassment, refusal of tenure/promotions, loss of patients (or not being referred patients), loss of job
Complexity of Coming Out at Work

• “Patients have refused to be seen by me on my obvious queer appearance (masculine-presenting female-identified)”

• “I work in mental health, so self-disclosure is not appropriate”

• “My clinic is pretty conservative and lots of the staff members are fundamentalist Christians. I am out to my good friends, but not to all. There is a lot of overt talk about God and religion at work.”

• “My immediate supervisor told me that he is a conservative Christian and that these ideals inspire him to make decisions at work. He also made disparaging comments about LGBTQ coworkers.”
Coping Mechanisms

**Healthy (394 mentions)**
- Becoming an advocate/educator about LGBTQ+ issues
- Humor
- Support of a community
  - Peers, Professional Orgs
- Self-care
  - Exercise, Meditation
  - Creative arts

**Unhealthy (50 mentions)**
- Ignoring/repressing
- Alcohol
Coping Mechanisms

another day of outward smiles and inward screams.
Summary

**Good news:** things have improved!

**Bad news:** 25% of LGBTQ+ providers show poor resilience and are at risk for mental and physical health problems, and job burnout. Much of this is not related to whether the institution has LGBTQ inclusive policies or a welcoming climate.
Summary

- Transgender and genderqueer professionals experience the greatest level of stress and are more likely to lack resiliency.

- Institutions still lack training on LGBTQ issues and one in three LGBTQ professionals works in a setting that is not welcoming or inclusive.

- Institutional factors were not associated with resilience in this study.
You are interviewing a candidate for a junior faculty position in your section. He openly identifies as a gay man. He asks you about the climate for sexual minorities in your workplace. He is also considering starting a family with his partner and wants to know if his employee benefits would allow him to take parental leave in the future.

- What is the climate in your workplace? How do you know? How might you find out?
- What do you know about local policies re: family leave, benefits for same-sex partners, coverage of transgender health services? How could you learn more? How do you think this may impact the wellbeing of LGBTQ+ members of your section?
You are an attending physician on MP2. Your team consists of a senior resident and two interns. One of the interns identifies as genderqueer and uses they/them pronouns. When discussing a challenging patient, the resident and intern disagree and the resident repeatedly refers to the intern as “him”. Later during bedside rounds, a patient wonders aloud “are you a girl or a boy”?

• How might you handle this situation? What might you say? When?
• How can you demonstrate your support for this intern?
• What questions do you have about pronouns?
You are a cardiology fellow and identify as lesbian; you are married to a cisgender female and have been together for years. Sometimes when patients notice your wedding band they ask about your husband. You often change the subject to focus on their health concerns. You are also a bit stressed as you are about to start your electrophysiology rotation and know that your attending is rumored to be conservative – you are unsure if she will judge you and are considering trying to not mention your partner at all during the next month.

• How is minority stress impacting this physician?
• What are some positive coping strategies she can consider? Negative ones to avoid?
• What can be done to improve her experience during fellowship?
Case Discussions

You run a genetics basic science laboratory and have worked with a gifted post-doc, John, for the last two years. More recently, you have noticed John’s hair growing longer and that John has been wearing long skirts to work. Last week John approached you and revealed that he has long identified as a woman and is now undergoing hormone treatment and, in fact, would like to be addressed with she/her pronouns and is using the name Joan. Joan further reveals that she is worried about statements in the news that gender affirming health services may not be covered by her insurance in the future.

• How can you support employees in the workplace who might be undergoing gender transition/gender-affirming treatment?
• How might the news/national policy be impacting Joan’s health and well-being?
Case Discussions

• Large Group Debrief
Recommendations: Social Ecological Model

Adapted from McLeroy, Steckler, Bibeau. (Eds.) Health Education Quarterly 1988
Recommendations: Individual

- Creating more support for LGBTQ people at work
  - Finding supportive network, building time for self-care into workday
  - Reflection, giving feedback to institutions, etc.

- Mentoring/support other individuals in the community

- Training to become advocates/educators for those who want it

- Accessing professional help (LGBTQ informed/competent) for those with PTSD and low resilience as a result of lifelong exposures to trauma
Recommendations: Institution

• Required training in LGBTQ+ health/wellbeing
  • At orientation, computer modules, other

• Inclusive policies
  • Family leave, insurance coverage, etc.

• Welcoming climate
  • Participation in Pride, Trans day of remembrance, LGBTQ individuals in marketing materials, etc

• Cross-discipline LGBTQ+ alliances (e.g. schools/hospital)

• Include LGBTQ+ examples when training re: bias, micro-aggressions
Recommendations: Broader Community

• Eliminate disciplinary silos in healthcare:
  • Need coalitions of LGBTQ healthcare professions in medicine, nursing, PA, PT, dental schools, social work, psychology, etc
  • Coalition building between all local health institutions
  • Partner with outside community/advocacy organizations (e.g. PFLAG, HRC, etc)
Recommendations: Society/Policy

- Tap the advocacy/education coping mechanism and develop training programs for LGBTQ healthcare provider advocates
  - Leadership training programs
  - Mentoring
  - Special programming at conferences to train LGBTQ people in higher level advocacy
- **Vote** and help others in learn about issues facing LGBTQ+ population
- Healthcare institutions can take clear positions on issues impacting health of LGBTQ+ population (e.g. Yes on #3)
- Develop coalitions with other civil rights organizations
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