

Workplace Climate for Sexual and Gender Minorities in Athletic Training

Lindsey E. Eberman, PhD, LAT, ATC*; Jessica R. Edler Nye, PhD, LAT, ATC†; Emma A. Nye, DAT, LAT, ATC†

*Department of Applied Medicine & Rehabilitation, Indiana State University, Terre Haute; †Grand View University, Des Moines, IA

Context: Sexual and gender minorities (SGMs) are individuals with sexual orientations, gender identities, or expressions (or a combination of these) that differ from cultural norms. Sexual and gender minorities often face workplace discrimination and report decreased physical and emotional well-being from discrimination.

Objective: To explore the workplace climate of SGM athletic trainers (ATs).

Design: Sequential mixed-methods study.

Setting: Web-based survey and interviews.

Patients or Other Participants: Criterion sampling of SGM ATs (117 survey participants and 12 interview participants).

Data Collection and Analysis: We modified the LGBTQ Inclusion Assessment and the Organizational Self-Assessment for the survey and developed a semistructured interview script (scale-level content validity index = 0.94). We used means \pm SDs, frequencies (%), and the consensual qualitative research tradition to characterize participant responses. Trustworthiness was established through reflexivity (researchers checking bias throughout the research process), member-checking, multianalyt triangulation, and internal and external auditing.

Results: Participants indicated their workplace was *inclusive* (24 [20.5%]), *somewhat inclusive* (29 [24.8%]), or *not inclusive* (14 [12.0%]) or did not indicate at all (50 [42.7%]).

Respondents most often noted they were unsure of which stage of change their organizations and organizational units were in addressing lesbian, gay, bisexual, transgender, queer, questioning, pansexual, intersex, asexual, 2-spirit, and all within the community of queer and transpectrum identities (LGBTQPIA+) concerns in the workplace as well as specific actions taken for inclusion. Two domains emerged from the interview data: safety and inclusion. The safety domain represented aspects of the workplace climate that made participants feel safe and includes organizational initiatives (12/12), patient-centered policies (7/12), local and federal regulations (7/12), and signaling (12/12). The inclusion domain represented how participants felt a sense of belonging to the organization through their own experience (12/12), through the experiences of their patients (9/12), and through an infrastructure designed for inclusion (12/12). Participants expressed both affirmative and negative feelings of safety and inclusion throughout their responses.

Conclusions: Organizations must take both structural and cultural actions to address the concerns of exclusion and lack of safety.

Key Words: LGBTQPIA+, inclusion, safety, signaling, culture, structure, benefits, policies

Key Points

- About half of participants indicated their workplace was inclusive (24 [20.5%]) or somewhat inclusive (29 [24.8%]).
- When asked which stage of change their organizations and organizational units were in relative to addressing lesbian, gay, bisexual, transgender, queer, questioning, pansexual, intersex, asexual, 2-spirit, and all within the community of queer and transpectrum identities (LGBTQPIA+) concerns in the workplace, participants most often indicated they were unsure.
- When organizations are engaged in workplace equity efforts, they are perceived as largely effective; however, participants commented that their organizations were not engaged in equity efforts, particularly for sexual and gender minorities.
- Participants described their workplaces as both inclusive and safe at times as well as exclusive and unsafe at other times. Organizations must take both structural and cultural actions to address the concerns of exclusion and lack of safety.

Disclaimer: Throughout this manuscript, several abbreviations are used for the LGBTQPIA+ community. The *LGBTQPIA+* abbreviation stands for lesbian, gay, bisexual, transgender, queer, questioning, pansexual, intersex, asexual, 2-spirit, and all within the community of queer and transpectrum identities. When referring to any other abbreviation for the community (eg, LGBTQ), we are referencing previous research and the abbreviations used therein.

Sexual and gender minorities (SGMs) are individuals with sexual and gender identities and expressions that differ from cultural norms and are part of the lesbian, gay, bisexual, transgender, queer, questioning, pansexual, intersex, asexual, 2-spirit, and all within the community of

queer and transspectrum identities (LGBTQPIA+) community.^{1,2} Stigma is often associated with being an SGM individual and can have discriminatory effects in both personal and professional aspects of life. Sexual and gender minority individuals experiencing workplace discrimination reported decreased physical and emotional well-being from overt discrimination and microaggressions.^{1,2} Alternatively, workplace satisfaction increases for SGM individuals in the presence of an affirming workplace climate.¹

Previous investigators in athletic training have focused on patient care delivery for SGM patients.^{3–7} Our research team identified differences among groups of athletic trainers (ATs) in their approach, quality of care, and comfort.⁵ Specifically, sexual orientation, gender, religion, and interpersonal contact with a lesbian, gay, bisexual, transgender, or queer (LGBTQ) friend or family member were associated with different responses; however, ATs had generally positive views of treating LGBTQ student-athlete patients.⁵ Athletic trainers also indicated a desire for more training and education for work with transgender patients in providing patient-centered care with professionalism, regardless of gender identity or sexual orientation.⁵ Among college or university transgender student-athletes, the health care environment in athletic training has been critical to feeling welcome (or unwelcome)⁷ and is a stated priority of the provider.^{4,6} As such, we can deduce that the patient care environment can affect both the patient and the provider.

In the last several years, efforts toward inclusive excellence have engaged ATs to create safe places to deliver health care to SGM individuals,^{3–7} yet few authors have addressed the workplace climate for providers who are also members of the LGBTQPIA+ community. Lesbian, gay, bisexual, transgender, or queer nurses have reported that their workplaces lacked policies and procedures that would make them feel safe at work and that they had also experienced discriminatory behavior and verbal harassment at work.⁸ The LGBTQ nurses who responded to this survey called for changes in workplace policies, education of the health care workforce, and advocacy from professional organizations to improve their safety in the workplace.⁸ In a UK survey, most SGM physicians described not feeling comfortable sharing their sexual orientation or gender identity at work because of discrimination.⁹ Specifically, negative stereotypes, derogatory language, and social exclusion of LGBTQPIA+ people create the need to hide their identities.⁹ In previous unpublished data, we identified ATs as having a positive view of LGBTQ ATs regarding their willingness to work together and comfort doing so. Although significant statistical differences were present among those with different gender identities and religious affiliations and according to whether the ATs had previous experience with an LGBTQ AT, the differences were minimal and reflected a strong level of agreement in their willingness to work together and comfort doing so.¹⁰ Athletic trainers identified heteronormative and potentially oppressive clinical environments, stating that societal norms might inhibit, restrict, or even deter LGBTQ ATs from practicing.¹⁰ The purpose of our study was to describe the perceptions of SGM ATs regarding workplace climate and to explore the

Table 1. Survey Participant Demographic Characteristics (n = 117)

Characteristic	Mean ± SD, y
Age	31 ± 8
Experience	8 ± 8
	Frequency (%)
Gender identity	
Genderqueer, nonbinary or gender nonconforming	2 (1.7)
Genderqueer, nonbinary or gender nonconforming, trans	1 (0.9)
Nonbinary or gender nonconforming	3 (2.6)
Man	22 (18.8)
Transgender man	9 (7.7)
Transgender woman	1 (0.9)
Woman	79 (67.5)
Sexual orientation	
Heterosexual	9 (7.7)
Homosexual	52 (44.4)
Pansexual	7 (6.0)
Asexual	9 (7.7)
Bisexual	31 (26.5)
Pansexual, bisexual	1 (0.9)
Asexual, biromantic	1 (0.9)
Queer	6 (5.1)
Demisexual	1 (0.9)
Questioning or fluid	1 (0.9)
Cultural ethnicity	
Asian	6 (5.1)
Asian, Native American or Indigenous	1 (0.9)
Black	5 (4.3)
Black, Hispanic or Latinx	1 (0.9)
Black, White	1 (0.9)
Hispanic or Latinx	2 (1.7)
Hispanic or Latinx, Native American or Indigenous	1 (0.9)
Hispanic or Latinx, White	3 (2.6)
Native American or Indigenous	3 (2.6)
Pacific Islander	1 (0.9)
White	93 (79.5)
Highest degree earned	
Bachelor's (eg, BA, BS)	25 (21.4)
Master's (eg, MA, MS)	82 (70.1)
Academic doctorate (eg, PhD, EdD, DHSc)	3 (2.6)
Clinical doctorate (eg, DAT, DPT)	7 (6.0)
Setting	
College or university	32 (27.4)
Health care administration or rehabilitation	6 (5.1)
Professional sports	4 (3.4)
Secondary or middle school	47 (40.2)
Clinical or clinic outreach	5 (4.3)
Physician practice	8 (6.8)
Performing arts	1 (0.9)
Industrial	5 (4.3)
Youth sport	1 (0.9)
Public safety, government, or military	7 (6.0)
Supervisory responsibilities	48 (41.0)
No. employees in organization	
1–10	20 (17.1)
11–50	24 (20.5)
50–100	16 (13.7)
100–500	16 (13.7)
500–1000	12 (10.3)
1000+	26 (22.2)
No. employees in the unit	
1 (you)	25 (21.4)
2–3	26 (22.2)
4–5	18 (15.4)
6–10	18 (15.4)
11–20	15 (12.8)
21+	12 (10.3)

Table 2. Interview Participant Characteristics

Pseudonym	Pronouns	Age, y	Cultural Ethnicity	Gender Identity	Sexual Orientation	Perceived Workplace Inclusion	Years of Experience	Setting
Arizona	She/her	53	Caucasian	Woman	Lesbian	Inclusive	31	Physician practice
Bex	Any	26	Asian or Indigenous	Gender nonconforming	Pansexual	Somewhat	4	Secondary school
Callie	She/her	33	Mixed race	Woman	Lesbian	Inclusive	2	Middle school
Carina	She/her	42	Caucasian	Woman	Lesbian	Somewhat	20	Secondary school or outreach
Emmit	He/him	42	Caucasian	Man	Gay	Inclusive	20	Secondary school
Erica	She/her	33	Caucasian	Woman	Lesbian	Inclusive	10	Government
Grant	He/him	27	Black	Man	Gay	Inclusive	3	Secondary school
Levi	He/him	27	Caucasian	Man	Gay	Somewhat	4	College or university
Liv	She/her	40	Caucasian	Woman	Asexual	Somewhat	17	Secondary school
Nico	He/him	33	Asian American	Man	Gay	Inclusive	5	Performing arts
Rich	He/him	26	Caucasian	Man	Bisexual	Somewhat	3	Secondary school
Teddy	She/her	34	Caucasian	Woman	Bisexual	Somewhat	12	College or university

characteristics of workplace climates participants indicated were inclusive or somewhat inclusive.

METHODS

Design and Setting

We used a sequential mixed-methods design via an anonymous cross-sectional survey and follow-up interviews with ATs portraying an inclusive or somewhat inclusive workplace climate. This project was deemed exempt research by the Indiana State University Institutional Review Board.

Participants and Recruitment

Using criterion sampling, we identified members of the LGBTQPIA+ community and recruited participants via both the National Athletic Trainers' Association Research Survey Service and social media. The Research Survey Service distributed the survey to 8666 people, and although the recruitment materials clearly indicated that eligibility required being a member of the LGBTQPIA+ community, 462 individuals clicked in to participate (5.3% access rate); only 61 individuals of those were eligible, and 6 of those individuals did not consent. One person was excluded for defiling the survey with prejudicial speech. As such, 54 individuals completed the survey via the Research Survey Service sampling between September and November 2021. Only 4 individuals opted in to the follow-up interview, and as such, data saturation was not achieved. We then used social media recruitment through personal and professional Twitter accounts, yielding 107 more individuals clicking into the survey: 101 were eligible, 76 consented, and 63 provided the necessary sexual orientation or gender identity responses to be included. Social media recruitment occurred between February and March 2022. The final survey sample consisted of 117 participants (Table 1). Twelve individuals from the 2 recruitment methods opted in and consented to the follow-up interview (Table 2).

Instrumentation

We identified 2 tools used in common practice to develop the survey and interview script: the LGBTQ Inclusion Assessment from the Social Transformation Project¹¹ and the Organizational Self-Assessment from the Demonstrate LGBTQ Access organization (Appendix A).¹² Both tools are recommended for assessing workplace climate but neither has been validated or used in contemporary research. The LGBTQ Inclusion Assessment, which is no longer available on the Internet from the Social Transformation Project, has 5 constructs (program, power, policies, people, and culture), whereby the respondent indicates whether the organization has fully, partially, or not yet completed an inclusive action. The Workplace Climate subsection of the Organizational Self-Assessment includes items about organizational effectiveness in creating an inclusive workplace climate. We merged these instruments from both tools and slightly modified their terminology and sentence structure. In addition, we developed an interview script intended to deepen understanding relative to organizational behaviors that promote inclusion. The survey and script were distributed to our 4 content experts to establish content validity. In the first phase, the reviewers provided feedback using track changes and comments to the initial draft. The research team then merged the feedback to construct another draft to share with the content experts, repeating the same request for feedback. Once the language was refined, we used a content validity index to establish an item and scale content validity index score. The content experts rated each item on a 4-point scale (1 = *not relevant*, 2 = *somewhat relevant*, 3 = *quite relevant*, and 4 = *highly relevant*). Each item required an item content validity index score >0.49 to be included, and the scale content validity average was 0.82, which met the required threshold (>0.80).¹³ Overall, 4 items were excluded from the survey, and 1 item was excluded from the interview through this validation process. Results for item content validity and the survey items are detailed in Table 3. The interview script also met the threshold for scale content validity index (0.94) and is shown in Table 4.

Table 3. Survey Items^a Continued on Next page

Questions and Directions—Workplace Assessment for Stages of LGBTQPIA+ Inclusive Change	Content Validity Ratio
<p>An Organizational Unit is a group comprised of people working together to serve a particular function. In the case of some Athletic Training systems/settings, this might consist of multiple providers who work together to provide patient care to student-athletes, but in other systems/settings this may be only 1 provider. Please answer each question relative to your organization as a whole (school system, healthcare organization, employer, etc) and your organizational unit. If your organizational unit is 1 provider (you), you will only respond to questions about your organization as a whole.</p> <p>Responses:</p> <p>(1) Precontemplation is the stage at which there is no intention to change behavior in the foreseeable future. People in this stage are unaware or under-aware of the problem.</p> <p>(2) Contemplation is the stage in which people are aware that a problem exists and are seriously thinking about overcoming it but have not yet made a commitment to act.</p> <p>(3) Preparation is the stage for information gathering and planning stage.</p> <p>(4) Action is the stage in which people modify their behavior, experiences, or environment to overcome the problem. Action involves the most overt behavioral changes and requires considerable commitment of time and energy.</p> <p>(5) Maintenance is the stage in which people work to prevent relapse and consolidate the gains attained during action.</p> <p>(6) Unsure—select this response if your organization has not made its stage of change clear through public and transparent communication and action.</p>	
In what stage of change is your organization at with regard to talking about LGBTQPIA+ issues in general?	0.5
In what stage of change is your organizational unit at with regard to talking about LGBTQPIA+ issues in general?	
In what stage of change is your organization at with regard to explicitly identifying goals about improving the workplace climate for LGBTQPIA+ employees?	1
In what stage of change is your organizational unit at with regard to explicitly identifying goals about improving the workplace climate for LGBTQPIA+ employees?	
In what stage of change is your organization at with regard to advocating for LGBTQPIA+ issues when working in coalition with other groups?	0.5
In what stage of change is your organizational unit at with regard to advocating for LGBTQPIA+ issues when working in coalition with other groups?	
In what stage of change is your organization at with regard to having openly LGBTQPIA+ decision-makers?	0.5
In what stage of change is your organizational unit at with regard to having openly LGBTQPIA+ decision-makers?	
In what stage of change is your organization at with regard to having comprehensive anti-discrimination policies that explicitly prohibit harassment of LGBTQPIA+ employees?	1
In what stage of change is your organizational unit at with regard to having comprehensive anti-discrimination policies that explicitly prohibit harassment of LGBTQPIA+ employees?	
In what stage of change is your organization at with regard to publicly dedicating financial resources to creating a safe space for LGBTQPIA+ employees?	1
In what stage of change is your organizational unit at with regard to publicly dedicating financial resources to creating a safe space for LGBTQPIA+ employees?	
Questions and Directions—Workplace Action for LGBTQPIA+ Inclusion	Content Validity Ratio
<p>In the following questions, please indicate if your organization, as a whole, provides these resources.</p> <p>Responses:</p> <p>Yes</p> <p>No</p> <p>Unsure/Unknown</p>	
Does your organization have any openly LGBTQPIA+ identified employees?	0.5
Is gender identity part of the diversity that your organization seeks among its employees?	1
Is sexual orientation part of the diversity that your organization seeks among its employees?	1
Is the cultural experience of LGBTQPIA+ people in your community acknowledged and integrated into your work?	1
Are organizational events mindful of LGBTQPIA+ people?	1
Are the families and experiences of LGBTQPIA+ employees reflected, affirmed, and welcomed in the ways your organization come together as a community?	1
Are there required trainings and discussions at the employee level about dismantling homophobia, transphobia, and gender oppression?	0.5
Are there frequent (ie, at least annual) trainings and discussions at the employee level about dismantling homophobia, transphobia, and gender oppression?	1
Is family defined in ways which support LGBTQPIA+ families in personnel policies (ie, being able to care for a same sex partner as part of sick leave?)	1
Does the employee benefits package incorporate the needs of LGBTQPIA+ employees (eg, domestic partner benefits and insurance, FMLA-equivalent benefit, bereavement leave benefit)?	1
Does the employee benefits package incorporate the needs of LGBTQPIA+ employees, specifically transgender health care coverage (eg, preventative care, gender affirming care)?	1
Does the organization have gender-diverse accessible bathrooms?	1

Table 3. Continued From Previous Page

Questions and Directions—Workplace Assessment for Stages of LGBTQPIA+ Inclusive Change	Content Validity Ratio
Are there institutionalized ways to support and build up the capacity and leadership of your LGBTQPIA+ employees? Examples may include networking creation, diversity performance assessments, mentoring programs, diversity focused professional development, dedicated resources, etc.	0.5
Is gender identity part of the diversity that your organization seeks among its leadership?	1
Is sexual orientation part of the diversity that your organization seeks among its leadership?	1
Are there required trainings and discussions at the leadership level about dismantling homophobia, transphobia, and gender oppression?	0.5
Are there frequent (ie, at least annual) trainings and discussions at the leadership level about dismantling homophobia, transphobia, and gender oppression?	0.5
Do people in leadership positions participate in and support discussion of power and oppression, especially around LGBTQPIA+ issues?	1
Do staff and key leaders address issues of homophobia, transphobia, and gender oppression as they arise in work?	0.5
Questions and Directions—Organizational Effectiveness Self-Assessment for LGBTQPIA+ Inclusion	Content Validity Ratio
Please indicate whether your organization is making the following workplace equity efforts and then rate how effective your organization is at promoting an inclusive workplace culture through those efforts.	
Please indicate whether your organization is making the following workplace equity efforts.	
Responses:	
I do not know if this is occurring.	
This is not happening at my organization.	
This is happening at my organization.	
How effectively? (Only indicate effectiveness if “This is happening at my organization” is selected.)	
Response:	
Not effective	
Effective	
Highly Effective	
All employees receive information about the organization’s commitment to workplace equity, including LGBTQPIA+ employees.	1
Workplace equity efforts explicitly incorporate LGBTQPIA+ equity.	1
Personnel are designated into roles aimed at improving workplace equity.	0.5
There is an active LGBTQPIA+ affinity group or network for employees.	0.5
Employees are required to participate in equity efforts (eg, trainings, task forces, events) as part of their job description.	1
Organizational leaders are required to participate in equity efforts (eg, trainings, task forces, events) as part of their job description.	1
Events and social activities (eg, recreational, celebrations, fundraisers) engage and appeal to the diversity of employees, including LGBTQPIA+ employees.	0.5

Abbreviations: FMLA, Family and Medical Leave Act; LGBTQPIA+, lesbian, gay, bisexual, transgender, queer, questioning, pansexual, intersex, asexual, 2-spirit, and all within the community of queer and transpectrum identities.

^a Instrument is reproduced in its original format. Scale content validity index: 0.82.

Procedures

On clicking the recruitment link, recruits accessed the screening items (certified, licensed provider working clinically and a member of the LGBTQPIA+ community), reviewed the consent statement, and consented to participate. They completed the survey and then had the choice to opt in for the follow-up interview if they indicated they worked at an inclusive or somewhat inclusive workplace. We contacted the potential interview participants to schedule a meeting using Zoom video or phone conferencing software. On completion of the interview, the audio and transcription files were downloaded, and the transcription files were deidentified before being saved. Transcriptions were performed by artificial intelligence (Otter.ai) and then corrected by the primary investigator. We sent the deidentified transcript to each participant for member checking. Data saturation was achieved through consultation with all members of the research team, based on the primary investigator’s field notes.¹⁴

Data Analysis and Trustworthiness

We used a descriptive approach to analyze the survey data. Means \pm SDs and frequencies (%) were calculated to characterize participant responses.

We used the consensual qualitative research tradition to analyze the qualitative interviews.¹⁵ Consensual qualitative research involves a multiphase process and multianalyst triangulation to strengthen thematic review of the data. In phase 1, a 3-member team reviewed 4 transcripts independently, met and compared notes, and developed an initial codebook. The initial codebook contained the overarching domains and the core ideas (categories) that constituted those domains. In phase 2, we applied the initial codebook to 2 transcripts from the first phase and 2 more transcripts to ensure that the codebook reflected the data. The team met again to confirm the consensus codebook. Phase 3 had 2 steps: first, the primary investigator coded each transcript individually. Then the coded transcripts were independently, internally audited by the other 2 members of the team. We met to discuss any

Table 4. Interview Script^a

Questions and Follow-Up Questions

- (1) In what ways, if any, does LGBTQPIA+ inclusion fit into the organization's stated values, mission, and vision?
- (2) In what ways, if any, does the organization create a culture of inclusion for LGBTQPIA+ employees and their support system? Culture might be regarded as the mentality, work ethic, and values of the organization. Some examples of culture might be an overall sense of belonging, events that acknowledge you and your partner, signs of visibility, gender diverse bathrooms, etc?
 - (a) What about your workplace makes it feel inclusive of LGBTQPIA+ employees?
- (3) In what ways, if any, does your organization structure create an environment of inclusion for the LGBTQPIA+ employees? Organizational structure is the framework of the organization.
 - (a) What about your workplace makes it feel inclusive of LGBTQPIA+ employees?
- (4) In what ways, if any, do policies and procedures support an environment of inclusion for LGBTQPIA+ employees? Some examples of policies might include human resource benefits or hiring practices.
- (5) Do you feel your organizational culture has made it safe for people who identify as a sexual and/or gender minority to disclose to their coworkers or patients? Why or why not?
- (6) In what ways, if any, does your organization incorporate LGBTQPIA+ employees in leadership roles and organizational decisions?
 - (a) Are there visible members of the LGBTQPIA+ community serving in leadership roles?
 - (b) Do the taskforces/committees on inclusion include representation from LGBTQPIA+ employees and do those groups have decision-making authority?
- (7) In what ways, if any, are employees and leadership trained to address issues of homophobia, transphobia, and gender oppression if they arise in the workplace?
- (8) In what ways, if any, has your organization integrated you (a sexual and/or gender minority) into workplace equity efforts for LGBTQPIA+ employees?
- (9) Is there anything else you think I need to know about workplace inclusion of sexual and gender minorities?

Abbreviation: LGBTQPIA+, lesbian, gay, bisexual, transgender, queer, questioning, pansexual, intersex, asexual, 2-spirit, and all within the community of queer and transpectrum identities.

^a Script is reproduced in its original format.

diverging opinions. After the 3-phase coding process, we conducted a cross-analysis in which we organized all the coded data for each domain and category to verify that it was coded properly. We sent the consensus codebook, coded transcripts, and interview script to an external auditor to confirm the findings. Lastly, we assigned a frequency to each category based on the number of transcripts from which the category emerged. Data were characterized as *general* if represented in 11 or 12 cases, *typical* if represented in 6 to 10 cases, *variant* if represented in 3 to 5 cases, or *rare* if represented in 1 to 2 cases.¹⁵

Trustworthiness of the data was established through *reflexivity* (researchers acknowledging and checking bias through the research process), member checking, multianalyst triangulation, internal auditing, and external auditing.

RESULTS

Participants depicted their workplace as inclusive (24 [20.5%]), somewhat inclusive (29 [24.8%]), or not inclusive (14 [12.0%]) or did not indicate at all (50 [42.7%]). They most often noted they were unsure of their organizations' and organizational units' state of change in addressing LGBTQPIA+ concerns in the workplace (Table 5) as well as specific actions taken for inclusion (Table 6). Organizations engaged in workplace equity efforts were perceived as largely effective (Table 7); however, participants observed that their organizations were not engaged in many equity efforts.

Two domains emerged from the qualitative interview data: safety and inclusion. The subsequent core ideas were organized into categories, all of which were either typically or generally expressed throughout the participants' responses (Table 8). Representative quotes for the

safety and inclusion domains can be found in Tables 9 and 10, respectively.

The safety domain represents aspects of the workplace climate that make participants feel safe. Participants found safety in organizational initiatives and patient-centered policies. They indicated optimism about their organization's willingness to take action during recent civil unrest and protest, when their organizations caucused on diversity, equity, and inclusion initiatives. When their organizations developed inclusive policies for patients, participants felt those efforts also included them. Some individuals found that local and federal regulations meant to protect gender identity and sexual orientation had been adopted in the culture of their organization; however, for those in states that were actively seeking to remove those protections, concern was heightened about a loss of safety. Respondents felt particularly safe when the organization signaled to them that they were included by way of safe space signage, gender-diverse bathrooms, and email signatures with pronouns. It is important to note that the ATs experienced both inclusive and exclusive signaling, which affected their feelings of safety.

The inclusion domain represents how participants felt a sense of belonging to the organization. They reported aspects of both the patient and employee experience as ways the organization created that sense of belonging for them. When individuals observed LGBTQPIA+ patients being welcomed culturally, that enhanced their own sense of belonging. In describing their personal experiences, they discussed how the value of community enhanced their own inclusion. Inclusion was more deeply experienced when the expressed inclusive values were embedded in the infrastructure by way of inclusive policies, procedures, and training; however, many participants knew very little about the structural efforts

Table 5. Workplace Assessment for Stages of LGBTQPIA+ Inclusive Change

Question ^a	Mode ^b	Frequency of Mode (%)
In what stage of change is your organization at with regard to talking about LGBTQPIA+ issues in general?	Action	27 (23.1)
In what stage of change is your organization at with regard to explicitly identifying goals about improving the workplace climate for LGBTQPIA+ employees?	Unsure	26 (22.2)
In what stage of change is your organization at with regard to advocating for LGBTQPIA+ issues when working in coalition with other groups?	Precontemplation and unsure	25 (21.4)
In what stage of change is your organization at with regard to having openly LGBTQPIA+ decision-makers?	Unsure	29 (24.8)
In what stage of change is your organization at with regard to having comprehensive anti-discrimination policies that explicitly prohibit harassment of LGBTQPIA+ employees?	Maintenance	27 (23.1)
In what stage of change is your organization at with regard to publicly dedicating financial resources to creating a safe space for LGBTQPIA+ employees?	Unsure	33 (28.2)
In what stage of change is your organizational unit at with regard to talking about LGBTQPIA+ issues in general?	Action	19 (16.2)
In what stage of change is your organizational unit at with regard to explicitly identifying goals about improving the workplace climate for LGBTQPIA+ employees?	Precontemplation	16 (13.7)
In what stage of change is your organizational unit at with regard to advocating for LGBTQPIA+ issues when working in coalition with other groups?	Unsure	18 (15.4)
In what stage of change is your organizational unit at with regard to having openly LGBTQPIA+ decision-makers?	Unsure	17 (14.5)
In what stage of change is your organizational unit at with regard to having comprehensive anti-discrimination policies that explicitly prohibit harassment of LGBTQPIA+ employees?	Maintenance	22 (18.8)
In what stage of change is your organizational unit at with regard to publicly dedicating financial resources to creating a safe space for LGBTQPIA+ employees?	Unsure	24 (20.5)

Abbreviation: LGBTQPIA+, lesbian, gay, bisexual, transgender, queer, questioning, pansexual, intersex, asexual, 2-spirit, and all within the community of queer and transspectrum identities.

^a Questions are reproduced in their original format.

^b *Precontemplation* is the stage at which there is no intention to change behavior in the foreseeable future. People in this stage are unaware or underaware of the problem. *Action* is the stage in which people modify their behavior, experiences, or environment to overcome the problem. Action involves the most overt behavioral changes and requires a considerable commitment of time and energy. *Maintenance* is the stage in which people work to prevent relapse and consolidate the gains attained during action. Participants were asked to indicate *Unsure* if their organization had not made its stage of change clear through public and transparent communication and action.

their organization took to be inclusive, which was consistent with the survey responses.

DISCUSSION

About half of participants indicated their workplaces were inclusive (24, 20.5%) or somewhat inclusive (29, 24.8%), raising concerns about whether SGM ATs feel comfortable being open at work. When asked their organizations' and organizational units' state of change relative to addressing LGBTQPIA+ concerns in the workplace, respondents most often stated they were unsure. Although most organizations had acted to develop policy on antiharassment and discrimination, it was not clear to their SGM employees if they had aligned their financial priorities and leadership development with LGBTQPIA+ inclusion in mind. These findings are like those in the previous nursing literature.⁸

Employees described inclusive workplaces as those offering a degree of safety to be "out." Organizations demonstrated safety through organizational initiatives that addressed inclusion, policies that focused on inclusive patient-centered care, and public signaling, such as posting safe space signage or ensuring that gender-diverse spaces

were available. In some instances, state regulation drove workplace inclusion and provided participants the safety they needed to continue their work in that organization or geographic location.

Interestingly, efforts to create an inclusive patient experience often made employees feel equally included in the workplace culture. The ATs in this study often identified a somewhat inclusive environment, while many indicated that, despite the efforts that had been made, more could be done. They cited infrastructure as contributing to their inclusive workplaces, specifically benefits and organizational efforts to ensure employees had support.

Safety

Our participants commented on largely feeling safe in their workplace due to organizational initiatives that addressed inclusion. Many respondents noted initiatives sparked by the death of George Floyd and the civil unrest that followed in the United States. However, those initiatives primarily focused on racial and ethnic diversity. Although we agree these initiatives are essential, we

Table 6. Workplace Action for LGBTQPIA+ Inclusion

Question ^a	Mode	Frequency of the Mode (%)
Does your organization have any openly LGBTQPIA+ identified employees?	Yes	57 (48.7)
Is gender identity part of the diversity that your organization seeks among its employees?	Unsure or unknown	39 (33.3)
Is sexual orientation part of the diversity that your organization seeks among its employees?	Unsure or unknown	40 (34.2)
Is the cultural experience of LGBTQPIA+ people in your community acknowledged and integrated into your work?	Yes	29 (24.8)
Are organizational events mindful of LGBTQPIA+ people?	No	31 (26.5)
Are the families and experiences of LGBTQPIA+ employees reflected, affirmed, and welcomed in the ways your organization come together as a community?	Yes	35 (29.9)
Are there required trainings and discussions at the employee level about dismantling homophobia, transphobia, and gender oppression?	No	47 (40.2)
Are there frequent (ie, at least annual) trainings and discussions at the employee level about dismantling homophobia, transphobia, and gender oppression?	No	49 (41.9)
Is family defined in ways which support LGBTQPIA+ families in personnel policies (ie, being able to care for a same sex partner as part of sick leave)?	Yes	37 (31.6)
Does the employee benefits package incorporate the needs of LGBTQPIA+ employees (eg, domestic partner benefits and insurance, FMLA-equivalent benefit, bereavement leave benefit)?	Yes	39 (33.3)
Does the employee benefits package incorporate the needs of LGBTQPIA+ employees, specifically transgender health care coverage (eg, preventative care, gender affirming care)?	Unsure or unknown	41 (35.0)
Does the organization have gender-diverse accessible bathrooms?	Yes	42 (35.9)
Are there institutionalized ways to support and build up the capacity and leadership of your LGBTQPIA+ employees? Examples may include networking creation, diversity performance assessments, mentoring programs, diversity focused professional development, dedicated resources, etc.	No	43 (36.8)
Is gender identity part of the diversity that your organization seeks among its leadership?	Unsure or unknown	38 (32.5)
Is sexual orientation part of the diversity that your organization seeks among its leadership?	Unsure or unknown	39 (33.3)
Are there required trainings and discussions at the leadership level about dismantling homophobia, transphobia, and gender oppression?	Unsure or unknown	39 (33.3)
Are there frequent (ie, at least annual) trainings and discussions at the leadership level about dismantling homophobia, transphobia, and gender oppression?	Unsure or unknown	35 (29.9)
Do people in leadership positions participate in and support discussion of power and oppression, especially around LGBTQPIA+ issues?	Unsure or unknown	35 (29.9)
Do staff and key leaders address issues of homophobia, transphobia, and gender oppression as they arise in work?	Yes	33 (28.2)

Abbreviation: FMLA, Family and Medical Leave Act; LGBTQPIA+, lesbian, gay, bisexual, transgender, queer, questioning, pansexual, intersex, asexual, 2-spirit, and all within the community of queer and transspectrum identities.

^a Questions are reproduced in their original format.

advocate for organizations to consider how their initiatives can also address all protected classes, including SGMs. Previous researchers have suggested that *inclusive decoupling* may affect employees' sense of safety in the workplace.¹⁶ Inclusive decoupling is defined as the gap between adopting inclusive policies for employees and involving those employees in organizational processes, such as decision-making and implementing the developed policies.¹⁶ Many participants revealed that initiatives were occurring at a high level within their organizations, but few were involved in the evolving organizational processes to promote inclusion. Organizations should consider how they might include various stakeholders in shared decision-making and policy implementation to mitigate the gap between policy and practice.¹⁶ We suggest high-level administrators support supervisors to enact inclusive

policies as 1 effective strategy for improving the inclusive climate of the organization.

The ATs also portrayed a sense of safety in their workplace when organizations had policies for inclusive patient care. Inclusive patient policies are essential to protect patients, yet we advocate for organizations to develop and educate policies to protect employees. For example, participants indicated a sense of safety in their organization when they were aware of health care providers supplying gender-affirming care. However, few individuals knew whether employees within their organization could have gender-affirming care covered by the organization's employer-sponsored health insurance policy. Developing and implementing this type of policy may decrease employees' perceptions of inclusive decoupling and demonstrate the organization's willingness to put policy into action for employees.

Table 7. Organizational Effectiveness Self-Assessment for LGBTQPIA+ Inclusion, No. (%)

Workplace Equity Effort	Frequency of Occurrence			Effectiveness
	I Do Not Know	Not Happening	Happening	
All employees receive information about the organization's commitment to workplace equity, including LGBTQPIA+ employees.	11 (9.4)	22 (18.8)	24 (20.5)	Effective, 13/24 (54.2)
Workplace equity efforts explicitly incorporate LGBTQPIA+ equity.	18 (15.4)	23 (19.7)	16 (13.7)	Effective, 11/16 (68.8)
Personnel are designated in roles aimed at improving workplace equity.	27 (23.1)	14 (12.0)	16 (13.7)	Effective, 11/16 (68.8)
There is an active LGBTQPIA+ affinity group or network for employees.	13 (11.1)	33 (28.2)	11 (9.4)	Effective, 6/11 (54.5)
Employees are required to participate in equity efforts (eg, trainings, task forces, events) as part of their job description.	13 (11.1)	20 (17.1)	24 (20.5)	Effective, 12/24 (50.0)
Organizational leaders are required to participate in equity efforts (eg, trainings, task forces, events) as part of their job description.	27 (23.1)	13 (11.1)	17 (14.5)	Effective, 7/17 (41.2)
Events and social activities (eg, recreational, celebrations, fundraisers) engage and appeal to the diversity of employees, including LGBTQPIA+ employees.	12 (10.3)	25 (21.4)	20 (17.1)	Effective, 14/20 (70.0)

Abbreviation: LGBTQPIA+, lesbian, gay, bisexual, transgender, queer, questioning, pansexual, intersex, asexual, 2-spirit, and all within the community of queer and transpectrum identities.

Our participants specified state, federal, or both types of laws that protect LGBTQPIA+ individuals as another reason they felt safe within their organization. Nonetheless, in recent years, anti-LGBTQPIA+ legislation has increased, which requires organizations to overtly signal and develop policies to protect their employees. Despite state or federal laws that may allow for discriminatory action, organizations can implement nondiscriminatory policies and create inclusive environments that value all employees. Appendix B has a list of resources for monitoring current discriminatory legislation.

Inclusion

Our findings suggest a direct correlation between including and welcoming diverse patients and a sense of belonging for the SGM provider in that same workplace. Participants felt that inclusive efforts from their employer that explicitly targeted patients would also translate to them as employees. Similarly, in nursing, previous authors have determined that workplace climate was directly influenced by facility policies and general interactions with those around them.⁸ Additional factors that created an inclusive workplace were the overall diversity of the employee community and the presence of LGBTQPIA+ individuals within the workplace,⁸ which was consistent with our results. Although

the ATs indicated a sense of belonging themselves when patients at their workplace were included, employers should work to ensure a culture of belonging that specifically supports SGM ATs.

Respondents discussed the value of employers having inclusive policies and procedures and inclusion training. However, participants were largely unaware of the specific inclusive policies at their workplace. Workplace discrimination is historically evident in a lack of consistent formal policies and biased treatment during hiring, firing, job assignments, promotion opportunities, and benefit offerings.¹⁷ Similarly, among organizations, providing partner benefits, diversity statements, diversity training, and equity in health care coverage had a positive effect on the workplace experience for employees.⁸ For employers to best provide an equitable workplace, organizations should not only ensure that their policies and hiring practices are nondiscriminatory but that such policies are widely available and supplied to the employee.

Efforts toward LGBTQPIA+ inclusion do not end with inclusive policies and procedures. Rather, employers should work to magnify their inclusion efforts for SGM employees via benefits such as partner recognition and transgender-inclusive health care.¹⁸ The Human Rights Campaign's *Corporate Equality Index* (<https://www.hrc.org/resources/corporate-equality-index>) has outlined a core set of criteria for employers to adopt to ensure they are meeting best-practice standards for equitable and inclusive workplace practices for LGBTQPIA+ employees. Among the criteria are a written employment nondiscrimination policy that addresses both sexual orientation and gender identity across all operations, inclusive benefits (Appendix C), internal education and training, and social responsibility targeted for LGBTQPIA+ advocacy. Employers who hire ATs should use these types of resources to guarantee they are not only including SGM ATs in the hiring process but also celebrating their identities once they become employees.

Table 8. Domains, Categories, and Frequency Counts^a

Domain and Category	Frequency	Frequency Label
Safety		
Organizational initiatives	12	General
Patient-centered policies	7	Typical
Regulation	7	Typical
Signaling	12	General
Inclusion		
Patient experience	9	Typical
Employee experience	12	General
Infrastructure	12	General

^a *General*, 11 to 12 cases; *typical*, 6 to 10 cases; *variant*, 3 to 5 cases; *rare*, 1 to 2 cases.

Table 9. Representative Quotes From the Safety Domain and Categories

Category	Quote
Organizational initiatives	<p>"There is a deliberate effort within the organization to educate students [patients] on DEI. We, at least outwardly and with the messaging in the workplace, we strive to have an inclusive community that is accepting." (Rich)</p> <p>"By way of the recruitment and internal policies, they're doing a good job of creating affinity groups where people can come and speak out, but the biggest issue is it's only LGBTQ+ individuals coming to those meetings." (Erica)</p> <p>"I know that we have a solid structure in place where we can start to identify those gaps and really work to address it, and we have a nice diverse group of people on the task force that are different races, different sexualities, and different gender identities. The Task Force is creating solutions and seeing what has worked for other companies and what worked for us previously. I'm hopeful we can just continue that." (Grant)</p>
Patient-centered policies	<p>"We have gender-neutral bathrooms, and signage in the facility is commonplace. We also have medical documentation policies that include our medical records asking how the patient identifies and gives them choices on how they want to express themselves." (Arizona)</p> <p>"We were talking about making sure that kids all wore their name badges. I brought up that if the child is transgender and do[es] not go by their name given at birth, that you could be deadnaming them and that could be a microaggression. One teacher made a bit of [a] scene. But this shows that some policies can actually work against inclusion." (Liv, reverse code)</p>
Regulation	<p>"There do seem to be policies put in place that stop any sort of retaliation. The organization might not be the best or the most open but [state] is also a right-to-work state. A lot of places, you can get fired for being gay, so the fact that you can't [get fired] at this work is a statement in itself." (Callie)</p> <p>"This is relatively new for the Federal government, to be quite honest. I personally was not even out at work until the summer of 2020 when the Supreme Court passed the ruling basically saying you could not be fired for being gay, and the 'don't ask, don't tell' policies applied to more than just to the military. In my experience, it applied to civilian service in the Federal government. For now, the government is doing a good job being very inclusive." (Erica)</p>
Signaling	<p>"I have told each and every one of my [gender-diverse patients] that have come to me that I am gay. I feel like that's fair and that it really [helps] them to know they have somebody on their side that can advocate for them. Especially with coaches, if they're getting pushback from coaches and are feeling bullied in any way. They know they have me; they have the athletic director. We're going to stand up for them. I may not understand everything that they're going through, because we don't all identify the same way, but I am part of their same community, so they know that they can trust me in terms of coming to me for any concerns." (Emmit)</p> <p>"At my school, I don't think it would really matter [being out]. The hospital is kind of tricky because it is a [faith-based] hospital system. They do promote a lot of inclusion and their mission statement addresses helping minority groups, but at the same time, it is a little suspicious. Specifically in a [faith-based] hospital system, all the hospitals are named after saints! I know my specific department, my coworkers, and my boss are all inclusive, but I don't know how it feels across the broader hospital system." (Callie, reverse code)</p> <p>"In the main [part of the school] I do see a lot of safe-space stickers, but when you move into the athletics department, I have not seen any of that around in those buildings. There are no single-use bathrooms or gender-diverse bathrooms." (Bex, reverse code)</p>

Abbreviations: DEI, diversity, equity, and inclusion; LGBTQ+, lesbian, gay, bisexual, transgender, or queer.

Limitations and Future Research

Criterion sampling was the appropriate choice for this investigation; however, the common recruitment mechanisms used in athletic training do not easily target SGM ATs. As such, we are unable to report traditional metrics, such as the response rate. Although we explored our biases at various points in the data-analysis and interpretation process, it is important to acknowledge that members of the team identify with the LGBTQPIA+ community, and these experiences inform the analyses, even with bias checking.

Future researchers should explore how supervisors are creating inclusive workplaces and how well informed all ATs are regarding workplace policies, procedures, and benefits.

CONCLUSIONS

Generally, our participants largely felt safe and had a sense of belonging within their organizations, especially

when policies existed to ensure inclusion of diverse patients. However, many participants were unaware of specific benefits that should be afforded to them as SGM employees, such as those for domestic partners, gender affirmation, and flexible fertility and family-building. We encourage organizations to consider how they can enhance current policies and benefit offerings to increase the sense of inclusion and safety among all employees.

ACKNOWLEDGMENTS

We thank all members of The Alliance for Equitable Care in Sports Medicine. Specifically, we recognize the founding members Drs Ashley Crossway, Sean Rogers, Daniel Walen, and Zachary Winkelmann for contributing to the conception of this project. We also thank our participants and acknowledge the burden often placed on SGMs to teach their cis-normative and heteronormative counterparts about their experiences.

Table 10. Representative Quotes From the Inclusion Domain and Categories

Category	Quote
Patient experience	<p>"Just how the organization treats the students. There are a few people who are out and their respective efforts are made to make sure that they do have the support that they need, so in a way it's through the students that I see who have support. There's a culture of acceptance when it comes to the student population, so I can make the assumption that that exists for the employees also." (Bex)</p> <p>"I know that people are open and accepting but we're a practice run by straight white men. We have a wall of pictures of all of these doctors. One of the things that I had to relay from patients of color is that I hear all the time, 'I call this the wall of like white.'" (Grant, reverse code)</p>
Employee experience	<p>"I haven't had any issues with it, but I think that it has only felt more comfortable because of other people in the institution higher than me [hierarchically] being inclusive. I think I've seen the benefit to my patients and being able to talk about any minority group and ask questions that come along, because my core group is there for support or to ask questions. And the other allies on campus are pretty vocal. I think it's a very organic thing; it's not something that is structured to be inclusive. It's just something that happens." (Teddy)</p> <p>"I have come out of my own terms, but my colleagues understand why because they have also seen that other people in our office are not pleased with gay individuals, so I think they're protective of me, which I really appreciate. Because I've come out to them, I think the amount of respect, as a young woman in a male-dominated area has gone through the roof like. I'm hoping that this is just a small step. I just think ultimately, moving forward, I don't know if I'm going to be one of those people that are out in the office fully. I don't know if I want to be a frontrunner in this area to come out and say, 'Hey I'm a loud and proud gay individual in a Federal Office.' It's kind of weird that sometimes the young people have to be the ones to lead by example, but at least I know they can't fire me. I don't know what they are going to do, but they can't fire me." (Erica)</p> <p>"It is just a conversation I'm able to have with my supervisor. She's amazing. In terms of senior leadership, there's a struggle there, but in terms of my direct leadership, it is so inclusive, so affirming. We actually have a lot of LGBTQPIA+ staff within our department. We are very open, very honest. Again, my supervisor, she's a huge ally. She sees how passionate I am, and she takes that to heart. When I bring things to her, she makes sure that she approaches the right people and really tries to be a voice for me up at that senior level." (Carina)</p>
Infrastructure	<p>"I myself have been HIV positive since 2011. Sometimes I need different accommodations at my school or my hospital. I can't lift over a certain amount of weight, or I can't walk an extended distance. For some of our outreach contracts, if I have to carry my kit, splint bag, and table, I can't be expected to park a mile and a half away from the venue. The hospital worked with me to be able to get parking closer to the venue. As an HIV-positive man, normally everyone associates HIV and being gay or they say, 'that's the gay disease.' In terms of the insurance and benefits of the hospital, they have really [allowed] me to seek treatment. A lot of the times, it's a barrier for me because it's so expensive to go to the doctor because I have to see a specialist, and my medication is \$300 a month. The hospital human resources really worked hard with me to make sure that I had the best coverage to be able to seek preventative care. Before I would not go to the doctor for a year because of things like these lab tests that I have to get will cost me \$1500. They were really, really helpful in terms of making sure I got the proper benefits that I needed to be able to have preventative care for my HIV status, and then they really worked with me to be inclusive, to meet my needs, as a member of the LGBTQPIA+ community." (Emmit)</p> <p>"I did recently go through the human resources process. I'll be honest. I don't think I took a look into that. I can say I was too focused on making sure that I did the right things for myself and didn't really look specifically into those types of benefits, resources, or training. I do know we have [a] human resources program that covers diversity, equity, and inclusion, but that's literally the only training I have been required to do." (Levi, reverse code)</p>

Abbreviations: HIV, human immunodeficiency virus; LGBTQPIA+, lesbian, gay, bisexual, transgender, queer, questioning, pansexual, intersex, asexual, 2-spirit, and all within the community of queer and transspectrum identities.

REFERENCES

1. Mansh M, Garcia G, Lunn MR. From patients to providers: changing the culture in medicine toward sexual and gender minorities. *Acad Med*. 2015;90(5):574–580. doi:10.1097/ACM.0000000000000656
2. Tatum AK. Workplace climate and satisfaction in sexual minority populations: an application of social cognitive career theory. *J Couns Psychol*. 2018;65(5):618–628. doi:10.1037/cou0000292
3. Crossway A, Rogers SM, Nye EA, Games KE, Eberman LE. Lesbian, gay, bisexual, transgender, and queer athletic trainers: collegiate student-athletes' perceptions. *J Athl Train*. 2019;54(3):324–333. doi:10.4085/1062-6050-259-17
4. Eberman LE, Winkelmann ZK, Nye EA, Walen DR, Granger KC, Walker SE. Providing transgender patient care: athletic trainers' compassion and lack of preparedness. *J Athl Train*. 2021;56(3):252–262. doi:10.4085/1062-6050-0501.20
5. Nye EA, Crossway A, Rogers SM, Games KE, Eberman LE. Lesbian, gay, bisexual, transgender, and queer patients: collegiate athletic trainers' perceptions. *J Athl Train*. 2019;54(3):334–344. doi:10.4085/1062-6050-260-17
6. Walen DR, Nye EA, Rogers SM, et al. Athletic trainers' competence, education, and perceptions regarding transgender student-athlete patient care. *J Athl Train*. 2020;55(11):1142–1152. doi:10.4085/1062-6050-147-19
7. Munson EE, Ensign KA. Transgender athletes' experiences with health care in the athletic training setting. *J Athl Train*. 2021;56(1):101–111. doi:10.4085/1062-6050-0562.19
8. Eliason MJ, DeJoseph J, Dibble S, Deevey S, Chinn P. Lesbian, gay, bisexual, transgender, and queer/questioning nurses' experiences in the workplace. *J Prof Nurs*. 2011;27(4):237–244. doi:10.1016/j.profnurs.2011.03.003
9. Torjesen I. Most LGBTQ+ doctors hide their sexual orientation or gender identity at work. *BMJ*. 2022;379:o2637. doi:10.1136/bmj.o2637
10. Rogers SM CA, Nye EA, Games KE, Eberman LE. Perceptions of LGBTQ athletic trainers in the college and university setting. Paper presented at: Doctorate in Athletic Training Program

Focused, Intensive Learning Weekend; May 10–12, 2017; Terre Haute, IN.

11. LGBTQ inclusion assessment: a tool created by the Western States Center. Social Transformation Project. Published 2021. Accessed July 19, 2023. <http://stproject.org/wp-content/uploads/toolkit-files/lgbtq-inclusion-assessment.pdf>
12. Organizational assessment. Demonstrate LGBTQ Access. Published 2015. Accessed February 11, 2021. <https://www.demonstrateaccess.org/wp-content/uploads/2015/06/Organizational-Self-Assessment.pdf>
13. Polit DF, Beck CT. The content validity index: are you sure you know what's being reported? Critique and recommendations. *Res Nurs Health*. 2006;29(5):489–497. doi:10.1002/nur.20147
14. Saunders B, Sim J, Kingstone T, et al. Saturation in qualitative research: exploring its conceptualization and operationalization. *Qual Quant*. 2018;52(4):1893–1907. doi:10.1007/s11135-017-0574-8
15. Hill CE, Knox S, Thompson BJ, Williams EN, Hess SA, Ladany N. Consensual qualitative research: an update. *J Couns Psychol*. 2005;52(2):196–205. doi:10.1037/0022-0167.52.2.196
16. Mor Barak ME, Luria G, Brimhall KC. What leaders say versus what they do: inclusive leadership, policy-practice decoupling, and the anomaly of climate for inclusion. *Group Organ Manag*. 2022;47(4):840–871. doi:10.1177/10596011211005916
17. Lewis AP. Destructive organizational communication and LGBT workers' experiences. In: Lutgen-Sandvik P, Sypher BD, eds. *Destructive Organizational Communication: Processes, Consequences, and Constructive Ways of Organizing*. Routledge/Taylor & Francis Group; 2009:184–202.
18. Corporate equality index 2016: criteria updates & toolkit for success. Human Rights Campaign. Updated November 9, 2018. Accessed February 17, 2023. <https://www.thehrcfoundation.org/professional-resources/corporate-equality-index-2016-criteria-updates-toolkit-for-success>

Address correspondence to Lindsey E. Eberman, PhD, LAT, ATC, Department of Applied Medicine & Rehabilitation, Indiana State University, 567 N 5th Street, Terre Haute, IN 47809. Address email to lindsey.eberman@indstate.edu.

Appendix A. Original LGBTQ Inclusion Assessment and Organizational Self-Assessment (Workplace Climate)^a

LGBTQ Inclusion Assessment

Directions:

For each question, choose 1 of the following:

Red light: organization has not gone there

Yellow light: organization has started conversations about this or taken some first steps

Green light: organization fully on board and has completed this action

Program

Does your organization talk about LGBTQ issues in general?

Does your organization talk about its issues in ways that include potential LGBTQ constituents and how they are disproportionately impacted by the issues you work on?

Do you identify programmatic goals that reflect the ways you seek your work to impact LGBTQ members and constituents?

Does your organization advocate for the inclusion of LGBTQ issues when working in coalition or partnership with other groups?

Is the cultural experience of LGBTQ people in your community acknowledged and integrated into your program work?

Power

Is your organization accountable to and seek leadership from LGBTQ individuals and/or organizations within your own community?

Does your organization have openly LGBTQ board members?

Are there institutionalized ways that you support and build up the capacity and leadership of your LGBTQ staff, members, and board members?

Does your organization's budget reflect its commitment to this work? Is your organization dedicating financial resources (via program and staff time) to this work?

Policies

Does your organization have anti-discrimination policies that explicitly prohibit harassment of LGBTQ members of the organization?

Is family defined in ways which support LGBTQ families in personnel policies (ie, being able to care for a same sex partner as part of sick leave)?

Does the employee benefits package incorporate the needs of LGBTQ staff members (ie, domestic partner benefits and insurance, transgender health care coverage)?

Does your organization have gender accessible bathrooms?

People

Is gender identity and sexual orientation part of the diversity that your organization seeks among its staff, leadership, and members?

Does your organization have an openly LGBTQ identified staff members of color?

Are staff and key leaders trained to address issues of homophobia and gender oppression as they arise in work with members?

Are there regular trainings and discussions at the member, staff and board level about dismantling homophobia and gender oppression?

Are staff, members and Board members evaluated and given feedback on how skilled they are in responding to gender oppression and advancing LGBTQ equality, especially as they connect with programmatic goals?

Culture

Does the organization have LGBTQ identified members of color that are public about the sexual orientation or gender identity?

Are ceremonies and cultural events mindful of LGBTQ people of color?

Do people in leadership positions participate in and support discussion of power and oppression issues, especially around LGBTQ issues?

Are the families and experiences of LGBTQ members and constituents reflected, affirmed, and welcomed in the ways your organization come together as a community?

Organizational Self-Assessment (Workplace Climate)

Directions:

Rate each item using the following scale:

Highly effective, effective, not effective, has not taken action, does not apply

All new staff receive information about the organization's commitment to workplace equity & social justice including LGBTQ access

A person or committee is designated to lead workplace equity efforts

Workplace equity efforts explicitly incorporate LGBTQ equity

Staff at all levels are able to participate in equity efforts (eg, trainings, task forces, events, etc) as part of their job description

Leadership participates in workplace equity efforts

Events and social activities (recreational, celebrations, fundraisers, etc) engage and appeal to the diversity of staff and volunteers that are presently at the organization.

Events and social activities are equitably attended by LGBTQ families.

There is an active LGBTQ affinity group or network for staff, volunteers, and board

The workplace climate is affirming for LGBTQ staff

Abbreviation: LGBTQ, lesbian, gay, bisexual, transgender, or queer.

^a Instrument is reproduced in its original format.

Appendix B. Resources for Identifying Anti-LGBTQPIA+ Legislation

Organization	Resource and Summary
Human Rights Campaign	Resources: laws and legislation https://www.hrc.org/resources/laws-legislation Includes links to federal and state level laws with updates for discriminatory legislation Resources: workplace https://www.hrc.org/resources/workplace Includes links to employer guides for creating an inclusive workplace
Equality Federation	https://www.equalityfederation.org/ Tracks discriminatory bills in all states
GLBTQ Legal Advocates and Defenders (GLAD)	https://www.glad.org/know-your-rights/ Accurate legal information, state by state

Abbreviation: LGBTQPIA+, lesbian, gay, bisexual, transgender, queer, questioning, pansexual, intersex, asexual, 2-spirit, and all within the community of queer and transspectrum identities.

Appendix C. Inclusive Benefits

Benefit	Description
Financial health benefits	Safety net insurance such as life and disability insurance provides access to funds in the case of emergency. Payroll advancement (short-term loans) and emergency savings accounts are financial health benefits that may aid those in lower socioeconomic levels.
Domestic partner benefits	Domestic partners should receive the same benefits available to married partners of company employees. These benefits typically include medical insurance, dental insurance, beneficiary designations on retirement plans, family and medical leave, sick leave, and bereavement leave.
Gender-affirming health care benefits	Gender-affirming care is considered a medical necessity but is often not covered in traditional medical benefits. This includes hormone therapy, surgical interventions, nonsurgical interventions, and social affirmations as well as mental health counseling, which is often required to secure some gender-affirming treatments.
Flexible fertility and family-building benefits	Typical fertility benefits have focused exclusively on infertility, excluding single-intending parents and LGBTQPIA+ and nonheterosexual coupling intended parents. Fertility and family-building benefits should cover all paths to parenthood. In addition, leave benefits should be available for all parents.
Caregiving benefits	Caregiving responsibilities range from child to elder care and may require flexibility and policies to ensure productivity as well as employee protection. Unlimited paid time off, emergency paid leave, hybrid work schedules, and technological support for alternative work schedules are structural supports for caregiving duties. Additional benefits may include childcare centers on site, in-home or in-center backup care options, paid memberships to online platforms to find care, one-on-one personalized counseling and planning, tutoring, new parent support, and cash subsidies for care. Family-friendly workplaces, ie, those aimed at reducing the tensions between work and family, often demonstrate inclusiveness by way of designated spaces for child-care and breastfeeding.
Wellness benefits	Preventive health and wellness benefit programs help to maintain or improve employee healthy behaviors and risk-reduction behaviors. Common wellness activities include stress-reduction programs; weight loss programs; smoking cessation programs; health risk assessments; health screenings; exercise programs, activities, and reimbursements; nutrition education; and vaccination clinics.
Workplace flexibility benefits	Floating holidays occur when employees are given a paid day off as a substitute for a public holiday. Unlimited paid time off occurs when employees have freedom to take time as needed versus a standard number of days. Flexible scheduling provides the opportunity for employees to work 40 h/wk, but the hours can differ from typical business hours.

Abbreviation: LGBTQPIA+, lesbian, gay, bisexual, transgender, queer, questioning, pansexual, intersex, asexual, 2-spirit, and all within the community of queer and transspectrum identities.