Review

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

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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 [1]. Despite the existence of various terms and acronyms used to represent sexual and gender minorities, such as "LGBT" and "LGBTT", 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 [2].

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 [3]. 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 [4]. Flage [5] 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 [3,5–7]. 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 [8–12]. 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 [13,14].

Although significant advancements have been made in protecting LGBTQIA+ rights [12,15,16], 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 [17] 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 [17].

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 [18], 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 [19]. 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. This context highlights the severity and breadth of legal repression against the LGBTQIA+ community in various parts of the world, underscoring the need for ongoing efforts to safeguard and promote the human rights of this community, which has historically been exposed to stigma and various forms of social injustice due to the marginalization of their identities.

Chronic exposure to physical, verbal, or symbolic violence has been associated with an increased prevalence of psychopathologies in the LGBTQIA+ population, leading to heightened organizational climate stress perceived by these workers, as well as higher incidences of suicide and adverse physical and mental health outcomes. The Minority Stress Theory [20], 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 in psychology, social sciences, and related health fields. By intersecting psychology, sociology, public health, and social work, Meyer [20] offered the first integrative articulation of Minority Stress as an explanatory theory aimed at understanding the social, psychological, and structural factors responsible for the mental health disparities faced by

sexual minority populations. The Minority Stress model was later expanded to include gender minorities, particularly describing the role of gender non-affirmation as a stressor for transgender and non-binary individuals [21].

This model highlights that minority stress differs from general stress because it originates from prejudice and stigma. Thus, a stressor like job loss can be a general or minority stressor, depending on whether it was motivated by prejudice against sexual and gender minorities. Meyer [20] 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. Collectively, these minority stressors constitute an additional and excessive stress burden, placing sexual and gender minorities at greater risk for negative health outcomes [21].

The various manifestations of prejudice and violence against the LGBTQIA+ population, including microaggressions, are also observed in the workplace, having significant impacts on the occupational health of these workers. Occupational health is an area of increasing interest in scientific research, especially in understanding psychosocial risks, which refer to deficiencies in the design, organization, and management of work that result in adverse working conditions. These conditions include, for example, excessive workloads, contradictory demands and lack of role clarity, lack of participation in decision-making that affects the worker, job insecurity, ineffective communication, lack of support, and both moral and sexual harassment, among others.

Among these, sexual and gender minority populations have received increasing attention due to the unique challenges they face in the workplace. However, despite progress in legislation and the trend towards a more equitable society in various countries [22], statistics demonstrate that 58% of Europeans belonging to sexual and gender minorities still encounter discrimination in their daily lives [23], including in their workplace. This discrimination and harassment are documented in international studies, highlighting their ongoing and prevalent nature in various work settings, such as in the United States [24,25]. Nevertheless, in Portugal, as in many Western countries, individuals who self-identify as LGBTQIA+ often face discrimination, stigmatization, and other psychosocial risks associated with their sexual and gender identity in the workplace. The psychosocial risks faced by these sexual and gender minority workers can have an impact on their physical and mental health, as well as their performance and job satisfaction [26].

In the United States, more than 8 million workers aged 16 and older identify as belonging to the LGBTQIA+ community. Nearly half of these workers—3.9 million people—live in states without legal protections and affirmative policies regarding sexual and gender diversity in employment, leaving these individuals vulnerable to stigma in their workplaces [27]. In a study conducted in the U.S. with 935 LGBTQIA+ workers, it was revealed that nearly half (46%) of these workers experienced unfair treatment at work at some point in their lives, with 57% of them reporting that the unfair treatment was motivated by religious beliefs. Additionally, 38% of the workers reported experiencing harassment in the workplace, and 34% left their jobs due to treatment by their employers. Two-thirds (67.5%) reported hearing negative comments, slurs, or jokes about LGBTQIA+ people at work [4].

Previous studies have shown that LGBTQIA+ workers are at higher risk of experiencing physical and mental health problems due to hostile work environments, lack of social support, and systemic discrimination expressed in the workplace [28,29]. That interpretation suggests that, in order to promote well-being at work comprehensively, it is essential to consider not only the physical safety but also the mental health of workers, as well as the psychosocial aspects of the work environment, such as social support, autonomy, and work–life balance, among others. Thus, it is evident that considering the mediating role of sexual and gender minority status in the analysis of levels of association between work-related measures in occupational health, as well as psychosocial risks and prevention

factors, is an important task with significant implications for health and social and work-related interventions, as well as public policies, in this context, where the relevant literature is still scarce [29], experiences of discrimination in the workplace are prevalent [30], and psychological distress has been identified as a significant indicator of lower occupational health and well-being [31]. Understanding and addressing the factors that influence the health and well-being of individuals belonging to these minorities becomes even more pressing and relevant.

Notwithstanding the advancements in the visibility and guarantee of human rights for LGBTQIA+ people, there are still considerable gaps in research into occupational health and potentially adverse working conditions related to negative outcomes for workers belonging to sexual minorities [32]. According to EU-OSHA (European Agency for Safety and Health at Work) [32], two main reasons can be identified as explanations for this situation. Firstly, large-scale surveys and other forms of systematic data collection among workers are not typically designed to identify LGBTQIA+ individuals. These studies rarely consider sexual orientation, gender identity/expression, or sex characteristics as relevant variables in terms of overall health outcomes and quality of life at work. This makes it challenging to conduct research into the work experiences, employment, and working conditions of LGBTQIA+ workers. Secondly, EU-OSHA [32] posits that the continued exposure of LGBTQIA+ workers to discrimination, harassment, and other psychosocial risks in the workplace leads these workers to adopt strategies to reduce or manage the risks of victimization, such as partial or total concealment of their identity. This behavior contributes to the continued invisibility of LGBTQIA+ individuals, rendering them difficult to reach and investigate.

On the topic of occupational health, psychosocial risks, and prevention factors in LGBTQIA+ populations, we found the review by Di Marco et al. [33], which focused on managing sexual and gender identity in the workplace, LGBT workers' stigmatization and exclusion, and organizational responses to stigmatization. Although relevant and updated, the review by Di Marco et al. [33] does not present any type of methodological information (databases consulted, descriptors used, period of publication, inclusion and exclusion criteria, and number of articles selected for analysis) that could characterize the study as a narrative or systematic review, which weakens the internal validity of the findings and reduces the relevance of the results found. Therefore, we believe our study is a pioneer in carrying out a narrative review of the literature on occupational health challenges faced by LGBTQIA+ populations, examining factors of discrimination, support, and prevention strategies. Our narrative review was guided by the following research 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 LGBTQIA+ 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
Is it safe to bring myself to work? Understanding LGBTQ experiences of workplace dignity. Baker, S. J. and Lucas, K. (2017). [34]	To examine how LGBTQ employees encounter challenges to their dignity in the workplace and the methods they employ to safeguard themselves against these threats.	**(a) Design**: Qualitative, employing an interpretive–critical approach. **(b) Participants**: 36 LGBTQ working adults from the United States of America. Most participants identified as gay men (75%). **(c) Instruments**: A project was initiated to develop the questionnaire. The instrument was designed to assess individual attitudes, knowledge, and behaviors. It was also intended to collect information on formal LGBT health education and to assess workplace policies and procedures regarding LGBT patients and employees. **(d) Data analysis**: Thematic analysis was employed, with open coding, axial coding, and the creation of code families in Atlas.ti.	LGBTQ employees are vulnerable to threats to their dignity due to gender and sexuality inequalities. These threats can manifest in various ways, including social harm, autonomy violations, career setbacks, and physical harm. To protect their dignity, LGBTQ employees may seek out safe spaces, conceal or downplay their sexual identity, emphasize instrumental value, or act as catalysts for change.	The workplace can present challenges for LGBTQ employees, particularly when they feel compelled to compromise their safety and authenticity. The firsthand experiences shared by these participants serve as a catalyst for broader discussions surrounding the dignity of LGBTQ individuals in professional settings. The objective is to gain a more profound understanding of the various challenges faced by LGBTQ employees, with the goal of fostering more inclusive and respectful work environments. Such a transformation would create a safe space where individuals feel empowered to bring their authentic selves to work, thereby fostering a more supportive and equitable workplace culture for all.

Table 1. *Cont.*

Title/Authors	Objectives	Methods	Main Results	Conclusions
Workplace experiences of LGBTQIA+ trainees, staff, and faculty in academic psychology, psychiatry, and neuroscience departments. Pagliaccio (2024) [35]	To understand the positive and negative workplace experiences, climate, institutional support, personal 'outness' about one's identity, and its impacts on mental health (depression, anxiety, and burnout symptoms) of self-identified LGBTQIA+ trainees, staff, and faculty in academic psychology, psychiatry, and neuroscience departments.	**(a) Design**: Quantitative cross-sectional study. **(b) Participants**: 534 individuals, predominantly American trainees/students (n = 366), 54.2% of whom identified as gay/lesbian/queer, and faculty/staff (n = 167), 69.4% of whom identified as gay/lesbian/queer.	A total of 27% of participants reported observing exclusionary behavior, including bullying, harassment, and feelings of being ignored or shunned. This was more prevalent among transgender, non-binary, and gender-nonconforming individuals (24%). A total of 37% of participants exhibited moderately	The results of the survey indicate that LGBTQIA+ individuals engaged in academic psychology, psychiatry, and neuroscience express a desire for recognition and support. Notably, less than half of these individuals are openly gay, lesbian, bisexual, transgender, queer, asexual, or intersex (LGBTQIA+) in their professional lives. This is particularly true for those who identify with less mainstream or minoritized identities. A positive workplace climate linked to higher career

Table 1. *Cont.*

Title/Authors	Objectives	Methods	Main Results	Conclusions
		(c) Instruments: The LGBTQIA+ Climate Survey was utilized to assess various aspects of the work environment, including outness, institutional climate, negative experiences, institutional support, career satisfaction, and suggested solutions. The Patient Health Questionnaire on Depression (PHQ-8) and Generalized Anxiety Disorder 2-item (GAD-2) were employed to assess depression and anxiety, respectively.	severe depressive symptoms, as indicated by a score of 10 or above on the Patient Health Questionnaire (PHQ-8). A more negative work climate (b = −1.48, $t = -3.50$, $p = 0.001$) and more negative experiences (b = 0.98, $t = 3.13$, $p = 0.002$) were found to be related to worse depression. A more positive workplace climate was found to be predictive of being out at work (aOR = 4.13, $t = 6.78$, $p < 0.001$). The authors identified positive correlations between perceived climate,	satisfaction and mental health is crucial but often lacking, leading to common experiences of exclusion and harassment, particularly for transgender, non-binary, and gender-nonconforming individuals. The survey revealed a high prevalence of depression, which was found to be exacerbated by negative workplace environments and insufficient institutional support. The recommendations include the creation of LGBTQIA+-dedicated spaces, the provision of training on LGBTQIA+ topics,

Table 1. *Cont.*

Title/Authors	Objectives	Methods	Main Results	Conclusions
		(d) Data Analysis: Correlation, linear and logistic regression, and structural equation modeling were employed to analyze the data.	outness, and career satisfaction (r = 0.20–0.52). Furthermore, these factors were inversely associated with negative experiences, depression, and anxiety (r = −0.12–−0.57).	the updating of institutional policies for inclusion and diversity, and the enforcement of non-discrimination policies. These recommendations underscore the necessity for systemic changes to improve the well-being and professional satisfaction of LGBTQIA+ individuals in academia.
Workplace Experiences of LGBTQIA + Individuals in Portugal. Beatriz, C. and Pereira, H. (2023) [36]	Characterizing discrimination and support in the workplace among Portuguese LGBTQIA+ workers via online surveys aims to capture workplace satisfaction, as well as support and discrimination experienced at work.	**(a) Design**: A mixed-methods cross-sectional study was conducted. **(b) Participants**: The study included 60 Portuguese LGBTQIA+ workers, of whom 58.3% identified as gay or lesbian.	**Quantitative results**: Overall workplace satisfaction: 15.25 (SE = 0.39) out of a possible 20 points. Most LGBTQIA+ workers (52.63%) are frequently or always satisfied with their professional lives. Overall self-rated health: 15.72	Quantitative findings indicated that Portuguese LGBTQIA+ workers were generally satisfied with their workplace experiences, felt good about their health, and had fairly low levels of overall perceived

Table 1. *Cont.*

Title/Authors	Objectives	Methods	Main Results	Conclusions
		(c) Instruments: The Work-Related Quality of Life Scale, the Self-Rated Health Survey, the Sexual and Gender Minority Work-place Discrimination Scale, and an interview based on a script with eight open-ended questions regarding the participants' experiences in the workplace were utilized.	(SE = 0.55) out of a possible 20 points, and 64% never or nearly never missed work due to health-related issues last year. Perceived workplace discrimination: 8.23 (SE = 0.55) out of a possible 25 points. Only 1.72% of participants reported frequently or always being passed over or left out at a job for being LGBTQIA+. **Qualitative results**: Participants reported <u>overt discrimination</u> (homophobic/transphobic comments, harassment, occupational exclusion,	discrimination at work. Qualitative results indicated that LGBTQIA+ workers still experience a variety of discriminatory experiences at work, including harassment, homophobic and transphobic jokes, and job loss. On the other hand, some participants did describe supportive workplace experiences, including neutral responses to disclosure of sexual orientation or gender identity and organizational-level

Table 1. *Cont.*

Title/Authors	Objectives	Methods	Main Results	Conclusions
		(d) Data analysis: Quantitative stage: descriptive statistics (frequencies, means, and standard deviations). No inferential statistics were employed. The qualitative phase of the study involved the following: thematic analysis was conducted based on a modified constructivist grounded theory approach.	job loss, blackmail, and sexualization) and covert discrimination (cis- and heteronormative expectations, jokes and passive comments, social exclusion, and pressure to hide sexual orientation/gender identity). LGBTQIA+ workers referred to acceptance and support (neutral reactions to disclosure of sexual orientation or gender identity; respect and equal treatment from superiors and coworkers; separation of personal and professional life; and inclusive actions).	anti-discrimination policies. The different participant responses highlight the complex realities of LGBTQIA+ workers in Portugal, a country in which the majority of citizens consider that all people should have equal rights, regardless of sexual orientation and gender identity, and which, at the same time, has a large part of the Catholic population, a religion that openly condemns sexual and gender minority populations.

Table 1. *Cont.*

Title/Authors	Objectives	Methods	Main Results	Conclusions
			Desired Workplace Changes : training and education; inclusive policies; and mental health support, visibility, and inclusion.	
Associations between workplace characteristics and 'outness' in LGBTI workers in Austria. Markovic, L. et al. (2021) [37]	To assess and determine the frequency of disclosure of sexual or gender identity in the workplace among LGBTI individuals and to investigate how workplace characteristics correlate with the level of outness.	**(a) Design**: Cross-sectional and quantitative study. **(b) Participants**: 1.177 LGBTI individuals living in Austria, most of them self-identified as cisgender gay men (40.0%). **(c) Instruments**: Outness at the workplace was determined using the question 'Are you 'out' as LGBTI when it comes to the following persons in your private and professional	Overall, 51.7% of the sample were 'out' at the workplace. Factors associated with decreased likelihood of disclosure of sexual or gender identity in the workplace: bisexuality (OR = 0.46, 95% CI 0.27 to 0.81); implementation of anti-discrimination guidelines in the workplace (OR = 0.53, 95% CI 0.32 to 0.90); residing alone (OR = 0.50, 95% CI 0.32 to 0.79);	Participants who identified as bisexual and those living alone had the lowest levels of outness, and those enjoying longer duration of employment and binding internal non-discrimination contracts had higher odds of being out at the workplace. In terms of managerial workplace intervention,

Table 1. *Cont.*

Title/Authors	Objectives	Methods	Main Results	Conclusions
		environment: immediate colleagues, other coworkers, superiors, and clients. Sexual and gender identities were ascertained with the following two questions: (a) 'How would you describe your sexual orientation?' and (b) 'How do you define your sex or gender self-image?'. Discrimination protections at the workplace were assessed by eight closed questions. All the instruments were developed by the authors for this study. **(d) Data analysis**: *t*-test and Mann–Whitney U-test, depending on data distribution,	and residing in shared households (OR = 0.49, 95% CI 0.25 to 0.96). Factors associated with <u>increased likelihood</u> of disclosure of sexual or gender identity in the workplace: middle age bracket (36–45 years) (OR = 1.74, 95% CI 1.07 to 2.85); tenure of more than 10 years in employment (OR = 2.03, 95% CI 1.08 to 3.81); working in an LGBTI-friendly environment (OR 1.61, 95% CI 1.36 to 1.91); having an anti-discrimination labor-management contract (OR = 2.02, 95% CI 1.23 to 3.32);	more elaborate labor-management contracts of non-discrimination were found to be associated with higher odds of outness at work. An overall accepting workplace culture was also associated with higher odds of workplace outness.

Table 1. *Cont.*

Title/Authors	Objectives	Methods	Main Results	Conclusions
		with χ2 test being used for differences in categorical variables between participants who were and were not 'out' as LGBTI. Multivariable logistic regression models (mutually adjusted, listwise exclusion of cases) were used to assess which worker and workplace characteristics were associated with workplace outness.	and being protected by labor board regulations (OR = 1.56, 95% CI 1.04 to 2.36).	
The Impact of Psychological Distress on the Occupational Well-Being of Sexual and Gender Minorities. Pereira, H., et al. (2022) [31]	To evaluate the association between psychological distress on the occupational well-being of Portuguese and Brazilian sexual and gender minorities. Specifically, aimed to evaluate both the overall association between psychological distress and occupational well-being as well as the associations between each individual psychological distress variable and each individual occupational health variable.	**(a) Design**: Quantitative cross-sectional study. **(b) Participants**: The study included 305 individuals of Portuguese (60.7%) and Brazilian (39.3%) nationality who	Individuals who identified as asexual and bisexual exhibited significantly elevated levels of depressive and anxiety symptoms ($p < 0.05$) and lower scores on all	Findings indicate that high levels of burnout, depression, and anxiety significantly predict low work-related quality of life and occupational self-efficacy.

Table 1. *Cont.*

Title/Authors	Objectives	Methods	Main Results	Conclusions
		identified as LGBTQIA+. Most of these individuals self-identified as cisgender gay or lesbian (47.9%). **(c) Instruments**: Psychological Distress: The Burnout Assessment Tool (BAT), the Brief Symptom Inventory (BSI-18, depression, and anxiety subscales), the Work-Related Quality of Life Scale (WRQoL), the Utrecht Work Engagement Scale (UWES), and the short version of the Occupational Self-Efficacy Scale were employed for data analysis. **(d) Data analysis**: To assess differences between the	occupational well-being indicators, with no significant difference. Correlations were observed between depression, anxiety, and burnout variables and occupational well-being variables ($p < 0.001$). Burnout was a significant predictor of low work-related quality of life (27%; $\beta = -0.518$; $p < 0.001$), work engagement (47%; $\beta = -0.680$; $p < 0.001$), and occupational self-efficacy (33%; $\beta = -0.575$; $p < 0.001$).	These impairments were more pronounced among bisexual and asexual individuals. The negative correlations between burnout, depression, and anxiety variables and occupational well-being emphasize the need for targeted intervention programs aimed at improving mental well-being and work conditions in sexual minorities.

Table 1. *Cont.*

Title/Authors	Objectives	Methods	Main Results	Conclusions
		comparison group according to sexual orientation, ANOVA tests were employed. Pearson's correlation coefficients were calculated to assess the association between variables. Finally, simple linear logistic regression analyses were used to assess the predictive power of psychological distress on occupational well-being.	Depressive symptoms (β = −0.378; *p* < 0.001) and anxiety (β = −0.339; *p* < 0.001) were also significant negative predictors, explaining a considerable portion of the variability in these areas.	This is essential to promote a more inclusive and healthy work environment.
Discrimination and Exclusion on Grounds of Sexual and Gender Identity: Are LGBT People's Voices Heard at the Workplace? Di Marco et al. (2021) [33]	To explore discriminatory and exclusionary processes experienced by LGBT workers. To evaluate the effectiveness of some mainstream organizational strategies aimed at tackling discrimination and progressing diversity and inclusion in the workplace.	**(a) Design**: Qualitative theoretical study.	LGBTQIA+ workers are subjected to discriminatory and exclusionary processes in the workplace, which manifest themselves in both overt and subtle ways.	This study revealed that LGBTQIA+ workers continue to face significant discrimination and exclusion in the workplace, both explicitly and subtly. Managing sexual

Table 1. *Cont.*

Title/Authors	Objectives	Methods	Main Results	Conclusions
		(b) Selected articles: No description provided. **(c) Inclusion and exclusion criteria**: No description provided. **(d) Category of analysis**: No description provided.	Discrimination can include direct verbal aggression, bullying, and harassment, as well as microaggressions and selective incivilities, which are less obvious but just as damaging. The authors highlight that managing sexual and gender identity is an ongoing process influenced by interaction with colleagues and organizational culture. Transgender workers, in particular those undergoing transition during their employment, confront distinctive challenges and are frequently	and gender identity is an ongoing process influenced by interactions with colleagues and organizational culture. Although formal support policies and diversity training are important, their impact is limited without the daily commitment of colleagues and supervisors. A work environment that promotes relational support and an inclusive climate is key to improving the job satisfaction, commitment, and well-being of LGBTQIA+ workers, as well as reducing perceived discrimination and

Table 1. *Cont.*

Title/Authors	Objectives	Methods	Main Results	Conclusions
			compelled to negotiate or affirm their identity on a daily basis. Furthermore, the responses of colleagues and organizational support play a pivotal role in the experience of LGBTQIA+ workers. Formal support policies and practices, such as same-sex partner benefits and sexual and gender diversity training, are crucial, yet their impact is constrained without the backing and daily dedication of colleagues and supervisors.	psychological strain. To effectively tackle discrimination, organizations must adopt a holistic and inclusive approach, recognizing the unique experiences of bisexual and transgender workers and empowering both LGBTQIA+ workers and their allies to confront subtle forms of discrimination. The commitment of managers at all levels is crucial to creating a truly inclusive and safe environment for all workers. The study also suggested that organizations often fail to address subtle acts of

Table 1. *Cont.*

Title/Authors	Objectives	Methods	Main Results	Conclusions
			A work environment that fosters relational support and an inclusive climate contributes significantly to the job satisfaction, commitment, and well-being of LGBTQIA+ workers, as well as reducing perceived discrimination and psychological strain.	discrimination, normalizing modern discrimination. Formal and informal voice mechanisms are essential to increase the visibility of LGBTQIA+ workers and allow them to speak out in unjust situations. The effectiveness of these organizational strategies depends on the commitment of all levels of the organization, especially senior management, to creating an inclusive and safe environment. The need for diversity management programs that recognize the unique experiences of

Table 1. *Cont.*

Title/Authors	Objectives	Methods	Main Results	Conclusions
				bisexual and transgender workers and empower both LGBTQIA+ workers and their allies to confront subtle forms of discrimination was highlighted.
Outcomes associated with employee and organizational LGBT value discrepancies. Nowack, V. and Donahue, J. J. (2020) [38]	To examine the outcomes associated with employee and organizational value incongruence related to the LGBT community.	**(a) Design**: Quantitative cross-sectional study. **(b) Participants**: A total of 180 participants living in the United States of America were included in the study. Of these, 77% identified as heterosexual, 13% as bisexual, and 8% as gay or lesbian. **(c) Instruments**: The modified Progay Scale (M-PGS),	Individuals who identified as LGB exhibited a markedly greater discrepancy compared to those who identified as straight/heterosexual in the M-PGS (mean difference = 0.79, SE difference = 0.26, $t[178] = 3.08$, $p < 0.01$), as well as in the LGB group. The VDS demonstrated a mean difference of 14.58, with a standard error of 6.02 ($t[169] = 2.42$, $p < 0.05$).	Workers identifying as LGB reported a significantly greater discrepancy in values compared to those identifying as heterosexual. This value incongruence was found to be negatively associated with perceived organizational support and positively related to turnover intentions within the organization but not to the profession itself.

Table 1. *Cont.*

Title/Authors	Objectives	Methods	Main Results	Conclusions
		the Lesbian Gay Bisexual and Transgender Value Discrepancy Scale (LGBT-VDS), the Survey of Perceived Organizational Support (SPOS), the Turnover Intention Scale (TOI), the Counterproductive Work Behavior Checklist (CWB-C), and the Depression, Anxiety and Stress Scale-21 (DASS-21) were used to collect data. **(d) Data analysis**: An independent sample *t*-test was conducted to compare M-PGS and LGBT-VDS scores between	Both M-PGS (r = −0.16, $p < 0.05$) and LGBT-VDS (r = −0.25, $p < 0.01$) exhibited negative associations with perceived organizational support, as measured by the SPOS. With regard to turnover intentions, both M-PGS (r = 0.26, $p < 0.01$) and LGBT-VDS (r = 0.30, $p < 0.001$) exhibited positive relationships with TOI-Organization but were not significantly associated with TOI-Occupation. This suggests that the incongruence of LGBT values is linked to intentions to leave the	Furthermore, the relationship between LGBTQIA+ value incongruence and turnover intentions was mediated by perceived organizational support. These findings underscore the significance of fostering an inclusive and supportive work environment to mitigate turnover and advance the well-being of LGBTQIA+ workers.

Table 1. *Cont.*

Title/Authors	Objectives	Methods	Main Results	Conclusions
		participants who identify as LGB and participants who identify as heterosexual/heterosexual. Bivariate correlations were calculated to examine the relationships between LGBT value incongruence, perceived organizational support, and psychological and work outcomes. To examine the hypothesis that perceived organizational support mediates the relationship between sexual minority/LGBT value	organization but not necessarily to the type of work. The full model explained 48% of the variance in TOI-Organization, $F(5, 171) = 32.17$, $p < 0.001$. After controlling for relevant covariates, both VI-Composite (B = 0.17, $p < 0.05$) and SPOS (B = −0.56, $p < 0.001$) emerged as unique predictors of TOI-Organization. Although the association between LGBT value incongruence and counterproductive workplace behaviors remained statistically non-significant in post hoc analyses, this relationship	To effectively address these concerns, organizations must implement comprehensive diversity management strategies that encompass explicit support policies and routine inclusion practices.

Table 1. *Cont.*

Title/Authors	Objectives	Methods	Main Results	Conclusions
		incongruence and turnover intentions, an ordinary least squares (OLS) regression analysis was conducted using PROCESS, a non-parametric bootstrapping procedure.	approached statistical significance in this subset of participants (r = 0.15, p = 0.09). Moreover, the results of the PROCESS analysis were consistent with those of the full sample in that the full model explained 51% of the variance in TOI-Organization. The results indicated that the indirect effect of VI-Composite on TOI-Organization was supported, with the mediating variable being SPOS (B = 0.39, 95% CI: 0.19, 0.61).	

Table 1. *Cont.*

Title/Authors	Objectives	Methods	Main Results	Conclusions
Workplace Harassment and Attitudes towards LGBT People: Differences across Human Service Occupations in South Florida. Sheridan et al. (2019) [24]	Identify differences in workplace environments for LGBT individuals across four human service occupations in South Florida: mental health, medicine, education, and community nonprofit organizations affiliated with government.	**(a) Design**: Quantitative cross-sectional study. **(b) Participants**: A total of 3800 participants were recruited from the United States of America. The study included mental health professionals (n = 1391; 36.6%), education professionals (n = 1084; 28.5%), medical professionals (n = 942; 28.5%), and professionals from public and private nonprofit community organizations (n = 383; 10.1%). The majority of the sample identified as female (n = 2784; 73.3%),	In all the professions examined, education professionals were more likely to witness verbal and physical anti-gay harassment in the workplace. These professionals were also the most vocal against such discrimination. These professionals were also the most likely to witness verbal and physical anti-gay harassment in the workplace (MED-MH = 0.40, $p < 0.001$; MED-MD = 0.43, $p < 0.001$; MED-NP = 0.38, $p < 0.001$), and they were the most vocal against such discrimination	This study underscores the pressing need for action to combat discrimination and harassment directed at LGBT individuals in the workplace. In particular, it emphasizes the vital role of systematic interventions and training initiatives aimed at cultivating affirming environments.

Table 1. *Cont.*

Title/Authors	Objectives	Methods	Main Results	Conclusions
		followed by male (n = 749; 19.7%), those who did not identify as either male or female (n = 138; 3.6%), and those who did not indicate their gender (n = 129; 3.4%). **(c) Instruments**: A survey was conducted on attitudes and environments pertaining to the LGBT community. **(d) Data analysis**: Multivariate analysis of covariance (MANCOVA) and analysis of covariance (ANCOVA).	(MED-MH = 0.24, $p = 0.002$; MED-MD = 0.57, $p < 0.001$; MED-NP = 0.28, $p = 0.02$). Medical professionals received the least training on LGBT issues (MMH-MD = 0.46, $p < 0.001$; MED-MD = 0.35, $p < 0.001$; MNP-MD = 0.49, $p < 0.001$), and mental health professionals reported speaking out against LGBT discrimination more often (MMH-MD = 0.33, $p < 0.001$) than medical professionals. No significant differences were found between the professions with regard to comfort with	Additionally, it highlights the importance of robust employment non-discrimination laws. Ultimately, creating inclusive workplaces is crucial for enhancing the well-being of all employees and mitigating disparities within the LGBT community.

Table 1. *Cont.*

Title/Authors	Objectives	Methods	Main Results	Conclusions
			LGB individuals (F(3, 2580) = 2.18, p = 0.09) and transgender individuals (F(3, 2580) = 2.37, p = 0.07) and in the personal use of anti-gay insults (F(3, 2580) = 1.51, p = 0.21).	
How LGBT-Supportive Workplace Policies Shape the Experience of Lesbian, Gay Men, and Bisexual Employees. Lloren, A. and Parini, L. (2017) [39]	Examine whether policies to support LGB people help to reduce discrimination based on sexual discrimination and increase the well-being and psychological health of LGB workers at work.	**(a) Design**: Cross-sectional and quantitative. **(b) Participants**: 952 individuals, 51% of whom identified as gay men and 39% as lesbians. **(c) Instruments**: Survey instrument created by the authors, which included 77 questions (5 binary "yes/no" questions; 3 six-point Likert-scale questions;	Perception of Discrimination: 43% reported verbal stigmatization, 26% felt excluded from work teams or social events, 29% reported moral and physical harassment, 20% said their psychological health was negatively affected, and 93% reported feeling good at work despite discrimination.	This study identified several key points. First, although these policies are positively correlated with a reduction in incidents of exclusion and harassment, they do not uniformly alleviate all forms of discrimination, in particular, verbal stigmatization. Second, despite differing perceptions of the effectiveness of the policies,

Table 1. *Cont.*

Title/Authors	Objectives	Methods	Main Results	Conclusions
		and 36 multiple-choice questions were included in the survey to capture perceived discrimination in the workplace based on sexual orientation. **(d) Data analysis**: Descriptive statistics and multiple logistic regressions were employed to examine the association between LGBT workplace support policies and perceived discrimination, well-being, and psychological health outcomes.	Evaluation of Diversity Management: 75% considered the policies to be effective, while 25% considered them to be ineffective. Criticism included that the policies were seen as merely rhetorical, with no real impact on the work environment. LGBT support policies did not significantly reduce verbal stigmatization ($\beta = -0.26$, ns), but they did significantly reduce the exclusion of LGB employees ($\beta = -0.64$, $p < 0.001$) and moral and sexual harassment ($\beta = -0.42$, $p < 0.01$).	a significant majority of respondents continue to view diversity management as positive, highlighting its potential to promote inclusive work environments. The study revealed gender disparities in reported discrimination, with women being more likely than men to experience prejudice in the workplace. This finding reflects broader social patterns of intersectional discrimination. Additionally, age emerged as a factor influencing workplace experiences,

Table 1. *Cont.*

Title/Authors	Objectives	Methods	Main Results	Conclusions
			Employees in companies with LGBT support policies reported feeling better at work (β = 0.76, *p* < 0.001). LGBT support policies had no significant impact on psychological health (β = −0.19, ns).	suggesting generational differences in tolerance and understanding of discriminatory behavior. Notably, the study also found that being openly LGB in the workplace was associated with better psychological health outcomes. This challenges stereotypes and underscores the importance of work environments that encourage authenticity and openness.
Experiences of LGBT Microaggressions in the Workplace: Implications for Policy. Galupo, M.P. and Resnick, C.A. (2016) [40]	To investigate workplace microaggressions among individuals within the LGBT community.	**(a) Design**: Mixed cross-sectional study (quantitative and qualitative). **(b) Participants**: 100 LGBTQIA+ American workers,	**Quantitative results**: The majority of participants agreed that microaggressions are offensive (89.7–95.3%), negatively impact mood for the rest	A significant number of LGBTQIA+ workers reported experiencing mi-croaggressions, which were identified as a contributing factor to a hostile

Table 1. *Cont.*

Title/Authors	Objectives	Methods	Main Results	Conclusions
		59% identified as gay or lesbian. **(c) Instruments**: Developed by the researchers to identify three categories of microaggressions: microassaults, microinsults, and microinvalidations. In this same questionnaire, in the last question, participants were asked to provide examples from their current job(s) to illustrate how they have experienced microaggressions in their workplace.	of the day (82.4–87.3%), negatively impact the sense of well-being (75.9–82.5%), cause one to question how colleagues view them (75.4–82.0%), negatively impact the relationships with coworkers (72.4–83.3%), decrease job satisfaction (75.4–82.0%), cause reduction of productivity at work (50.9–59.0%), and make one think about leaving current job (52.8–69.4%). **Qualitative results**: Thematic analysis revealed three distinct themes for LGBT workplace microaggressions: workplace climate;	and/or heterosexist workplace climate. In many instances, these microaggressions demonstrated a discrepancy between an existing workplace policy and the capacity or willingness to implement the policy, the workplace diversity statement and existing policy, and/or state laws and workplace policy. The examination of LGBT microaggressions in the workplace offers a distinctive perspective on the difficulties encountered by individuals in navigating

Table 1. *Cont.*

Title/Authors	Objectives	Methods	Main Results	Conclusions
		(d) Data analysis: Quantitative: frequencies of microassaults, microinsults, and microinvalidations. No inferential statistics.	organizational structure; and workplace policy. Microaggressions were often experienced within an employee–supervisor or employee–client and coworker relationship and impacted the actual job expectations and evaluation, mental health, and well-being of LGBTQIA+ workers. Microaggressions were enforced or supported by existing formal or informal policies regarding dress code or bathroom usage, for example, or were related to decisions made at a leadership level. Microaggressions were more likely to happen because of the lack of policy.	their LGBT identity within organizational contexts.

Table 1. *Cont.*

Title/Authors	Objectives	Methods	Main Results	Conclusions
Lesbian, Gay, Bisexual, and Transgender (LGBT) Physicians' Experiences in the Workplace. Eliason, M. J., et al. (2011) [41]	Assess individual physician attitudes, knowledge, and behaviors; collect information on formal LGBT health education; and evaluate workplace policies and procedures regarding LGBT patients and employees.	**(a) Design**: Cross-sectional and quantitative. **(b) Participants**: 502 physicians residing in the USA, with the majority being male (70%) and self-declared gay men (69%). **(c) Instruments**: The instrument was designed by the researchers and was intended to assess individual attitudes, knowledge,	The results of the study indicate that the education on LGBT issues in medical school, residency, and continuing medical education is considered insufficient by the majority of physicians. Only 30% to 56% of respondents found the education useful, while 75% found personal experience to be a highly useful source of information. Many physicians reported working with few LGBT patients and reported less comfort with serving transgender and MSM/WSW patients who do	This study demonstrated that, despite some progress, LGBT doctors continued to encounter significant challenges in the workplace. The majority of respondents indicated that formal education on LGBT health issues was inadequate, leading many professionals to rely more on personal experience to deal with LGBT patients. The attitudes and comfort levels of doctors vary according to the gender and sexual orientation of their patients. Female doctors tend to feel more

Table 1. *Cont.*

Title/Authors	Objectives	Methods	Main Results	Conclusions
		and behaviors related to LGBT health and assess workplace policies and procedures regarding LGBT patients and employees. It was also designed to collect information on formal LGBT health education, as well as to assess workplace policies and procedures regarding LGBT patients and employees. **(d) Data analysis**: Descriptive statistics were employed, including means, standard deviations,	not identify as LGB. Women were more comfortable serving lesbian and bisexual women, while men were more comfortable with gay and bisexual men. More than 20% of LGBT doctors still feel socially isolated by their colleagues, and more than a third have witnessed discriminatory treatment of LGBT patients and their partners. The policies on non-discrimination and the registration of information on sexual orientation and gender identity	comfortable with lesbian and bisexual patients, while male doctors tend to feel more comfortable with gay and bisexual patients. Moreover, a notable proportion of LGBT doctors reported experiencing social isolation and observing discriminatory behaviors directed towards LGBT patients and colleagues. The study revealed that policies on non-discrimination and the recording of information on sexual orientation and gender identity were poorly known and applied, indicating the

Table 1. *Cont.*

Title/Authors	Objectives	Methods	Main Results	Conclusions
		and frequency distributions. Inferential analyses included chi-square tests, *t*-tests, Mann–Whitney U-tests, and analyses of variance (ANOVAs).	are not widely known or applied. There has been a reduction in adverse workplace consequences since 1994, with some LGBT doctors reporting benefits from being openly LGBT.	need for greater awareness and implementation. While there has been a reduction in negative consequences in the workplace since 1994, the benefits of being openly LGBT in the professional environment are only perceived by a few. These results highlight the need for continued improvements in education, policies, and workplace culture to better support LGBT doctors and patients.

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, Silva, and Beatriz [31] 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 [24,33–36,40].

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 [31,36,40]. 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 [34,35,37,39]. One study aimed to investigate organizational characteristics that favor this process of disclosure of sexual or gender identity [37], 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 [39].

The methods used in the studies varied, but most employed quantitative approaches [24,31,33,35–39], 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 [34,40], while one study had a mixed design [36]. Finally, a literature review study was selected [33].

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 and Lucas [34]) and quantitative research (e.g., Lloren and Parini [39]).

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 [34,35,37,39]. 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 [31]. 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 [24,35,36]. 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 [34–36,38].

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 [42].

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 [33].

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 [31]. 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 [36] and Florida, in the United States of America [24], 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 [35] 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. Refs. [31,34,35] 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 [34] and Galupo and Resnick [40], 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 [40] 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 [38] 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 [20], which posits that LGBTQIA+ individuals face chronic social stressors due to stigma and discrimination, affecting their mental and physical health [43]. 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 [44]. 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 [20].

The study by Eliason et al. [41] 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. [33] highlight the need for organizational initiatives to combat heteronormativity. Markovic et al. [37], Galupo and Resnick [40], and Baker and Lucas [34] 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 [37]. 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 [40].

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 [39], this subpopulation, which is known to be more exposed to violence and discrimination [45,46], 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 [47,48].

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 [49]. 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 [47,50]. 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 [49,51,52].

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 [33]. 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 [39] 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 [4,28,29,33], 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 [20] has led to the

postulation that social stigma and discrimination have direct impacts on the mental health of these LGBTQIA+ workers [21].

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 [20]. 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 [53].

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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