

LGBT Trainee and Health Professional Perspectives on Academic Careers—Facilitators and Challenges

Nelson F. Sánchez, MD,¹ Susan Rankin, PhD,² Edward Callahan, PhD,³
Henry Ng, MD, MPH,⁴ Louisa Holaday, MD,⁵ Kadian McIntosh, PhD,⁶
Norma Poll-Hunter, PhD,⁷ and John Paul Sánchez, MD, MPH⁸

Abstract

Purpose: Diversity efforts in the academic medicine workforce have often neglected the identification and inclusion of lesbian, gay, bisexual, and transgender (LGBT) health professionals. Many of these professionals have served as educators, researchers, administrators, and leaders at their academic institutions, but their perspectives on the barriers to and facilitators of pursuing academic careers, as well as the perspectives of trainees, have not been explored.

Methods: We applied a purposeful convenience sampling strategy to collect quantitative and qualitative data among LGBT health care professionals (HCP) and trainees. The authors identified trends in data using bivariate analyses and consensual qualitative research methods.

Results: We analyzed data from 252 surveys completed by HCPs and trainees and a subset of 41 individuals participated in 8 focus groups. Among survey participants, 100% identified as lesbian, gay, and bisexual (LGB) or queer; 4.5% identified along the trans-spectrum; 31.2% identified as a racial or ethnic minority; 34.1% identified as faculty; and 27.4% as trainees. Eighty-one percent of trainees were interested in academia and 47% of HCPs held faculty appointments. Overall, 79.4% were involved in LGBT-related educational, research, service, or clinical activities. Facilitators of academic careers included engagement in scholarly activities, mentorship, LGBT-specific networking opportunities, personal desire to be visible, campus opportunities for involvement in LGBT activities, and campus climate inclusive of LGBT people. Barriers included poor recognition of LGBT scholarship, a paucity of concordant mentors or LGBT networking opportunities, and hostile or non-inclusive institutional climates.

Conclusion: LGBT trainees and HCPs contribute significantly to services, programs, and scholarship focused on LGBT communities. LGBT individuals report a desire for a workplace environment that encourages and supports diversity across sexual orientation and gender identities. Institutional policies and programming that facilitate LGBT inclusion and visibility in academia may lead to greater faculty work satisfaction and productivity, higher retention and supportive role modeling and mentoring for the health professions pipeline.

Key words: academic medicine, gender identity, health care professionals, public policy and advocacy, sexual orientation.

Introduction

DESPITE SPENDING MORE PER CAPITA on health than any other nation,¹ health disparities in the United States persist as some of the worst found among Western nations.²

These disparities predominantly affect populations stigmatized by the dominant culture.³ Recent reports show serious health disparities based on sexual orientation (lesbian, gay, bisexual [LGB]) and gender identity (transgender [T])⁴ underscoring academic medicine's ethical responsibility to reduce

¹Department of Medicine, Weill-Cornell College of Medicine, New York, New York.

²Department of Higher Education, Pennsylvania State University, University Park, Pennsylvania.

³School of Medicine, University of California, Davis, Sacramento, California.

⁴Department of Internal Medicine and Pediatrics, MetroHealth Medical Center/Case Western Reserve University School of Medicine, Cleveland, Ohio.

⁵University of Michigan Medical School, Ann Arbor, Michigan.

⁶Department of Educational Policy Studies and Practice, University of Arizona, Tucson, Arizona.

⁷Department of Human Capital Initiatives, Association of American Medical Colleges, Washington, D.C.

⁸Department of Emergency Medicine, Rutgers New Jersey Medical School, Newark, New Jersey.

these disparities.⁵ Lesbian, gay, bisexual, and transgender (LGBT) health professionals, through their “lived experiences” and professional training, can help inform and lead the charge in LGBT health advocacy, research, education, and community service. Moreover, the inclusion of LGBT health professionals by academic health centers (AHC) can aide in meeting the unique healthcare needs of their LGBT patients. AHCs have recently broadened diversity missions to include sexual orientation and gender identity. Recognizing and affirming these forms of diversity within the academic workforce can facilitate LGBT inclusion and potentially improve faculty retention, boost academic productivity, and nurture a diverse health profession pipeline.^{6–9} Numerous studies have explored women’s and racial and ethnic minorities’ perceptions of and perspectives on academic medicine careers,^{10–16} highlighting such barriers as poor access to mentors, greater perceptions of bias, and feelings of loneliness and isolation. The perspectives of LGBT people remain unknown.¹⁷

It is unclear how many LGBT health professionals are currently training for health professional careers or hold faculty appointments at AHCs. An initial survey of UCLA faculty in the Association of American Medical Colleges (AAMC) Faculty Forward Program found 3.7% of faculty identified as LGBT and found LGBT faculty to be more engaged in their faculty roles than their colleagues. However, they were also more likely to consider leaving their position.¹⁸ In 2013, the AAMC launched a pilot Medical Student Life Survey among second year medical students that found 5.9% of second year medical students identified as LGB. LGB responders reported higher stress, greater financial concern and lower social support when compared to their heterosexual peers.¹⁹

Literature on LGBT students and faculty in higher education shows that they experience isolation, discrimination, and harassment due to their sexual orientation and/or gender identity.^{20–23} These challenges lead to a diminished interest in academic careers and lessened faculty career satisfaction and retention.^{24,25} Despite the academic career challenges, LGBT trainees and faculty have made significant contributions to graduate education and have found success in academia. It is critical to understand the unique barriers and facilitators to academic success among LGBT health professionals to help AHCs draft policies and design programming to meet their missions of diversity and inclusion. This study used surveys and focus groups to explore trainees’ and health care professionals’ (HCP) perspectives on facilitators and challenges to careers in academia.

Methods

LGBT trainee and HCP perspectives on academic medicine careers were collected using surveys and focus groups. These instruments were developed by our research team, which included LGBT individuals and their allies (LGBTAA): both trainees and HCPs who are leaders in diversity research, medical education, and faculty development. Quantitative data collected through surveys allowed for comparisons between trainees and HCPs regarding interest in and activities toward an academic career. Focus groups allowed for deeper exploration of relevant facilitators and challenges in the pursuit of an academic career.

Data collection from LGBT-identified health career trainees and HCPs is challenging because of their invisibility and

limited spaces that support their safe inclusion.²⁶ Most AHCs and organizations’ policies and practices do not prompt trainees and HCPs to identify their sexual orientation or gender identity, in a similar fashion to gender or race, on admission or new hire applications. There is substantial research on homophobic climates at AHCs but little on institutional efforts to promote supportive climates for the professional development of LGBT-identified academic communities.²⁷ For these reasons, we utilized a purposeful convenience sampling strategy. The study was implemented during the 2013 meetings of the LGBT Health Workforce Annual Conference, New York, New York,²⁸ and the Gay and Lesbian Medical Association (GLMA): Health Professionals Advancing LGBT Equality Annual Conference, Denver, Colorado. These conferences represent the two largest LGBT-identified national conferences bringing together trainees and HCPs (i.e., medicine, nursing, dentistry). Furthermore, the conferences recognize LGBT cultural-identity and ensure a dedicated, safe space to discuss sensitive matters related to personal and professional development.

Recruitment strategy

Registrants were informed of the study by email prior to the conferences and during the conferences. We offered no incentives for survey or focus group participation. We obtained verbal consent from participants prior to survey and focus group participation.

We defined HCPs as individuals who completed a training and/or educational program and achieved their terminal level of training and degree. Health care professionals included but were not limited to the following disciplines: physicians (MD and DO), nurses, social workers, nurse practitioners, dentists, physician assistants, pharmacists, physical therapists, and behavioral health counselors. We defined trainees as individuals who had not yet completed a training and/or educational program in a health profession.

The institutional review board of Montefiore Medical Center approved the study (10-02-032E).

Survey

The survey questions utilized were the same or modified questions from the Association of American Medical Colleges Graduate Questionnaire (2010),²⁹ the Building the Next Generation of Academic Physicians Medical Student Academic Medicine Survey (2010),¹⁶ the Rankin Institutional Climate Survey,²⁰ or were developed through the expertise of the research team members. Researchers with expertise in institutional climate and diversity, workforce development, LGBT Health, and survey research methodology reviewed the final survey. The survey and focus group protocol was pilot tested among 25 trainee and HCP planning committee members of both conferences.

We developed trainee and health care professional surveys with comparable questions. Respondents were asked to rate their interest in academics as a career and the influence of eight factors. To explore LGBT identity and its influence on their academic careers, participants were asked to rate their concerns about disclosing their sexual orientation, and experiences in academic medicine. Finally, the survey asked respondents to provide information about their working/learning environments (climate).

The survey instruments are available from the corresponding author upon request. Supplementary Appendix A details the surveys' validity and reliability. (Supplementary Material is available online at www.liebertpub.com/lgbt).

Focus groups

We conducted focus groups to gain a richer understanding of LGBT trainee and HCP experiences in academic medicine. The focus group questions focused on interests in academia, facilitating factors and challenges in pursuing academia, and influence of LGBT status on advancement. The average focus group lasted 50 minutes. Focus groups were audio-recorded and professionally transcribed. The trainee and HCP focus group questions are available from the corresponding author upon request. Supplementary Appendix B includes focus group core ideas and associated quotes.

Quantitative analysis

We conducted bivariate analysis of trainees' and HCPs' experiences and activities. We used chi-square and Fisher's exact tests to compare the distribution of frequencies and to determine if there is a significant difference among subgroups. In cases where the conditions for approximation of the chi-square tests were not met because of an insufficient N, Fisher's exact test was used.

To compare respondents by academic career interest, HCPs were categorized as current faculty or non-faculty, and trainees were categorized as interested (very interested or interested) or not interested in academia (very disinterested, disinterested, or not interested/disinterested). Non-faculty HCPs were differentiated from faculty HCPs but included in the study because they may have distinct experiences that explain their challenges or lack of interest in academic medicine. We calculated mean responses for quantitative variables and compared them across academic career interest categories using ANOVA. Additionally, we used the t-test to determine the presence of an association between engagement in specific academic-related activities in the past year and a perception of their academic health campus providing a supportive climate for specific academic-related activities. We employed a level of statistical significance set at $P < .05$, recognizing that tests of statistical significance are approximations that serve as aids to interpretation and inference. We (authors KM, SR, JS) used SPSS Version 21.0 (SPSS Inc., Chicago, Illinois) for the analysis.

Qualitative analysis

A multidisciplinary team of investigators (authors NPH, EC, LH, HN, NS) from medical education, faculty development, LGBT health, and diversity and career development research used the Consensual Qualitative Research (CQR) method for the focus group analysis.³⁰ CQR has a constructivist standpoint by recognizing that there are "multiple, equally valid, socially constructed versions of 'the truth.'"³⁰ This analytic approach appeared most appropriate since it has been commonly used in studies understanding career development and understudied areas. For a detailed description of the analytic process, refer to Hill.³⁰

Consistent with methods in qualitative research, we present our biases as a collective research team. The qualitative analysis team included three men and two women, four of whom were LGBT-identified. Two team members identify as white,

two identify as Latino, and one identifies as Asian. The team included two physicians, one psychologist, one medical student, and one diversity leader. All were directly involved in LGBT scholarship and/or in the field of diversity and inclusion. Three team members serve as organizers of the LGBT Health Workforce Annual Conference and one organizes the GLMA Conference.

Results

Demographics (quantitative data)

Three hundred and eight individuals completed surveys and 41 people participated in eight focus groups. Our survey response rates at the NYC LGBT Health Workforce Conference and GLMA Conference were 68.9% (131/190) and 45.4% (177/390), respectively. Seven surveys were removed from the analysis due to duplicate responses, and an additional 49 were removed as these participants identified as cis-gender heterosexuals. Survey participants were comparably represented by male and female gender identity, and 4.5% of participants identified along the trans-spectrum (Table 1). All survey participants identified along the queer spectrum when asked to identify their sexual orientation (100.0%, $n = 252$). The majority identified as white (73.6%), the next largest group identified as Asian (11.2%), followed by Hispanic (9.6%), black/African American (7.6%), and Other (2.8%). Over half of the participants were current or future MD or DO physicians. Among the 68.2% who reported the name of their institution, 92 were from the Northeast, 41 from the West, 22 from the South, and 21 from the Central region of the United States. Supplementary Appendix C lists the states in each region. Sixteen trainees and 25 HCPs from our survey participant pool volunteered to participate in a total of 8 focus groups, and they shared demographic characteristics similar to the total sample (Table 2).

Academic career interest and contributions (quantitative data)

Among trainees, 81.1% reported an interest in pursuing an academic career. We did not detect a statistical difference among interested trainees by gender identity, race/ethnicity, or sexual orientation. Among HCPs, 47.0% reported holding faculty appointments. We found no statistically significant difference between faculty and non-faculty HCPs by gender identity, race/ethnicity, or sexual orientation. We asked participants to rate their interest in academics as a career and the influence of eight factors using a five-point Likert-type scale (1 = very positive influence to 5 = very negative influence). Survey data revealed that trainees and HCPs identified the following factors as the most positive influences on academic career interest: desire to help others succeed in the field (1.56), performing teaching (1.72), the competitive nature of the position (1.84), fit with personality and interests (1.84), and mentor/role model influence (1.94) (Table 3).

LGBT-related scholarly activities over the prior year were reported: 61.5% developed LGBT-related educational activities, 39.3% engaged in service activities for the LGBT community, 39.7% instituted best practices in the care of LGBT patients, and 32.5% conducted LGBT-related research (Table 4).

TABLE 1. CHARACTERISTICS OF 69 HEALTH CARE TRAINEES AND 183 HEALTH CARE PROFESSIONALS, 2013

Characteristics	Total n=252 (%)	Trainee		Health Care Professional		P-value
		Interested in Academia n=56 (%)	Disinterested in Academia n=13 (%)	Faculty n=86 (%)	Non-Faculty n=97 (%)	
Birth Sex						
Male	126 (51.2)	21 (38.2)	8 (61.5)	45 (54.2)	52 (54.7)	.167
Female	120 (48.8)	34 (61.8)	5 (38.5)	38 (45.8)	43 (45.3)	
Gender Identity						
Man	121 (49.2)	22 (40.8)	8 (61.5)	43 (51.8)	48 (50.5)	.169
Woman	111 (45.1)	29 (52.7)	5 (38.5)	34 (41.0)	43 (45.3)	
Transgender	11 (4.5)	4 (7.3)	0 (0.0)	6 (7.2)	1 (1.1)	
Other	3 (1.2)	0 (0.0)	0 (0.0)	0 (0.0)	3 (1.2)	
Sexual Orientation						
Lesbian/Gay/Bisexual/Queer	252 (100.0)	56 (100)	13 (100)	86 (100)	97 (100)	–
Race/Ethnicity						
Hispanic	24 (9.6)	5 (8.9)	0 (0.0)	9 (10.5)	10 (10.5)	.664
Black	19 (7.6)	5 (8.9)	0 (0.0)	7 (8.1)	7 (7.4)	.740
Asian	28 (11.2)	10 (17.9)	4 (30.8)	8 (9.3)	6 (6.3)	.018
White	184 (73.6)	39 (69.6)	9 (69.2)	63 (73.3)	73 (76.8)	.778
Other	7 (2.8)	1 (1.8)	0 (0.0)	1 (1.2)	5 (5.3)	.314
Geographic Location						
Northeast	92 (52.3)	27 (51.9)	7 (58.3)	35 (50.0)	23 (53.8)	.042
South	22 (12.5)	10 (19.2)	2 (16.7)	7 (10.0)	3 (7.1)	
Central	21 (11.9)	8 (15.4)	2 (16.7)	11 (15.7)	0 (0)	
West	41 (23.3)	7 (13.5)	1 (8.3)	17 (24.3)	16 (38.1)	
Current Degree Program or Completed Degree						
MD/DO (including dual-degrees)	140 (56.5)	44 (80.0)	10 (76.9)	53 (62.4)	33 (34.7)	.000
Nursing (including dual-degrees)	44 (17.7)	2 (3.6)	1 (7.7)	13 (15.3)	28 (29.5)	
Other	64 (25.8)	9 (16.4)	2 (15.4)	19 (22.4)	34 (35.8)	
Career Interest or Career Role						
Full-time university faculty: Basic science teaching/research	15 (6.0)	5 (8.9)	0 (0.0)	6 (7.0)	4 (4.1)	.000
Full-time university faculty: Clinical teaching/research	65 (25.8)	15 (26.8)	0 (0.0)	48 (55.8)	2 (2.1)	
Clinical practice and teaching/research	54 (21.4)	4 (7.1)	5 (38.5)	19 (22.1)	26 (26.8)	
Full-time clinical practice	68 (27)	21 (37.5)	6 (46.2)	8 (9.3)	33 (34)	
Other	50 (19.9)	11 (19.7)	2 (15.4)	5 (5.8)	32 (33)	
Faculty Rank						
Lecturer/Instructor/Assistant Professor	54 (21.4)	0 (0)	0 (0.0)	54 (67.5)	0 (0.0)	N/A
Associate Professor or Higher	26 (10.3)	0 (0.0)	0 (0.0)	26 (32.5)	0 (0.0)	

Responses to some questions may not add up to 100% due to omitted data.

Facilitators for an Academic Career

Academic career training and experiences (qualitative data)

Trainees and HCPs valued unique educational and career training experiences that facilitated their interest in and preparation for academic careers (Table 5). For trainees, these included research, teaching, clinical and administrative experiences, as described by the following statement:

“As an undergrad I did a lot of teaching...being a teaching assistant (TA) and doing tutoring and stuff...because I needed the money at the time, but I ended up really enjoying it. It would be cool to integrate LGBT health topics into teaching in the future.” (Lesbian MD trainee)

In addition to academic activities, HCPs reported training program experiences that develop leadership, administrative, educational and research skills.

“As a graduate student, I taught every single semester. So I love teaching, and it furthered my interest in academia. It seemed a good way to combine the teaching with some of the research. I would also say learning about LGBT research as a grad student was a plus. It really furthered my interest in academia.” (Gay male HCP, MD)

Mentorship (Quantitative and Qualitative data)

Forty and a half percent of survey participants reported working with an LGBT-identified mentor within the past

TABLE 2. CHARACTERISTICS OF 41 FOCUS GROUP PARTICIPANTS, 2013

Characteristic	Total n = 41	Trainee n = 16 (%)	Health Care Professional n = 25 (%)
Gender Identity			
Female	16 (39.0)	7 (43.8)	9 (36.0)
Male	24 (58.6)	9 (56.2)	15 (60.0)
Transgender	1 (2.4)	0	1 (4.0)
Race/Ethnicity			
Asian	10 (24.4)	5 (31.3)	5 (20.0)
Black/African American	1 (2.4)	0	1 (4.0)
Hispanic/Latino	4 (9.8)	3 (18.8)	1 (4.0)
White	25 (61.0)	8 (50.0)	17 (68.0)
Other	1 (2.4)	0	1 (4.0)
Academic Career Interest			
Yes	12 (29.3)	12 (75.0)	N/A
Unsure	4 (9.8)	4 (25.0)	N/A
Faculty Member			
Yes	12 (29.3)	NA	12 (48.0)
No	13 (31.7)	NA	13 (52.0)
Current Degree Program or Completed Degree			
MD/DO (including dual-degrees)	24 (58.5)	15 (93.8)	9 (36.0)
Nursing (including dual-degrees)	9 (22.0)	0	9 (36.0)
Other	8 (19.5)	1 (6.2)	7 (28.0)

year (Table 4). In focus groups, trainees and HCPs described mentorship as a key facilitator to their interest and success in academia (Table 5). Having a mentor of the same sexual orientation, gender identity or ethnic identity was described as critical to successful mentorship.

“Having faculty that are LGBT and other minorities—it helps build bridges for people in the future. I had an attending in the Family and Social Medicine program, a relationship with a faculty member who happened to be also gay. The type of relationship that I had with her as a student was very supportive and the type of relationship that I want to have with students when I am faculty.” (Lesbian MD trainee)

Trainees and HCPs both identified *teachers, role models, and parents* as people who supported their academic career interests. Additionally, HCPs uniquely identified *peers and supportive boss* (Table 5).

LGBT-specific facilitators

Trainees and HCPs reported the following additional academic career facilitators: *LGBT-specific networking opportunities, personal desire to be visible, campus opportunities for involvement in LGBT activities, and campus climate inclusive of LGBT people* (Table 5).

Challenges for an Academic Career (Quantitative and Qualitative Data)

Poor access to LGBT mentors and LGBT networking opportunities

Twenty-seven percent of faculty-appointed HCPs and thirty-one percent of trainees disagreed that their academic health campus provided a supportive climate to network with

LGBT-identified mentors (Table 4). Over half of trainees and faculty did not work with an LGBT-identified mentor within the past year.

“I haven’t had any mentors, and I feel because I lack mentors I want to provide support later on. There are no mentors who do research in LGBT health or who are out who are supporting or very supportive of people who might be out in academic medicine.” (Gay male MD trainee)

Poor recognition of LGBT scholarship

One out of five trainees and one out of five faculty reported that their academic health center did not provide a supportive climate for LGBT-related research, educational activities, engaging in service or community activities in LGBT care (Table 4). Individuals engaged in LGBT-related research in the past year were more likely to agree that their AHC climate was supportive of LGBT-related research compared to those not engaged in LGBT research (2.29 vs. 2.90, $P < .001$, T-test). This association was also true regarding work on LGBT-related educational activities (2.34 vs. 2.96, $P < .001$, T-test), work on ensuring best practices in caring for LGBT patients (2.38 vs. 2.79, $P < .01$, T-test), and work on services activities in the LGBT community (2.32 vs. 2.65, $P < .05$, T-test).

Focus group participants reported biases against LGBT scholarship and uncertainty about promotion due to involvement in LGBT scholarship (Table 6).

“It speaks to an underlying homophobia in research—it’s okay to research HIV, but if you want to research how cancer impacts the LGBT community—there might be a perception that that researcher is gay and lesbian and they don’t want to be identified that way, and I think that limits our research in those areas.” (Gay male MD trainee)

TABLE 3. FACTORS INFLUENCING INTEREST IN AND ATTITUDES TOWARDS ACADEMIC CAREERS, 69 HEALTH CARE TRAINEES AND 183 HEALTH CARE PROFESSIONALS, 2013

Characteristics	Total n = 252 (%)	Trainee		Health Care Professional		P-value
		Interested in Academia n = 56 (%)	Disinterested in Academia n = 13 (%)	Faculty n = 86 (%)	Non-Faculty n = 97 (%)	
Rate the following factors' influence on your interest in an academic career.						
1 = Very positive influence, 5 = Very negative influence						
Competitive nature of the position	1.84	1.76	1.92	1.85	1.87	.308
High level of educational debt	3.72	3.70	3.46	3.77	3.73	.763
Mentor/role model influence in academia	1.94	1.98	1.46	2.04	1.90	.195
Desire spending time with family	2.67	2.31	2.46	2.89	2.74	.006
Fit with personality and interests	1.84	1.82	1.50	1.99	1.78	.280
Performing research	2.54	2.80	2.38	2.46	2.47	.385
Performing teaching	1.72	1.76	1.31	1.80	1.67	.295
Desire to help others succeed in the field	1.56	1.43	1.31	1.70	1.55	.115
Choose the best response for the interest/attitude.						
1 = Strongly agree, 5 = Strongly disagree						
An LGBT person should keep their lesbian identity hidden to advance in academia.	4.49	4.52	4.54	4.46	4.49	.979
An LGBT person should keep their gay male identity hidden to advance in academia.	4.48	4.54	4.54	4.42	4.48	.877
An LGBT person should keep their bisexual identity hidden to advance in academia.	4.41	4.48	4.46	4.37	4.40	.915
An LGBT person should keep their transgender identity hidden to advance in academia.	4.28	4.39	4.15	4.28	4.24	.858
Women have a harder time succeeding in academics.	2.40	2.56	2.23	2.43	2.28	.462
Racial and ethnic minorities have a harder time succeeding in academics.	2.16	2.35	2.31	2.15	2.02	.301
LGBT people have a harder time succeeding in academics.	2.17	2.43	2.15	2.16	2.03	.166
I do not have sufficient guidance to develop a publishable research project.	3.07	3.02	3.46	3.02	3.10	.652
I am confident in my ability to secure grant funding for a project.	3.38	3.48	3.54	3.45	3.24	.489
There are numerous opportunities at my institution for me to develop teaching skills.	2.66	2.64	2.46	2.72	2.64	.890
I do not know how to use mentors to advance my career.	3.33	3.29	3.62	3.42	3.22	.499
I know which personal activities and achievements are important to document for a career in academic medicine.	2.71	2.73	2.46	2.67	2.77	.796
I do not have the networking skills to be promoted in academia.	3.34	3.35	3.54	3.35	3.29	.682
I have access to leadership development opportunities.	2.45	2.34	2.77	2.37	2.54	.878
I do not have sufficient mentorship to pursue a career in academia.	3.17	3.13	3.38	3.20	3.13	.311

Data presented as mean scores.

Institutional climate issues

Trainees and HCPs disagreed that LGBT individuals should keep their identities hidden to advance in academia (Table 3). However, 13.7% of trainees and 17.2% of faculty rated the overall climate at their AHC as negative or very negative for people who identify as LGBT (Table 4). Thirty-five point five percent of trainees and 54% of faculty reported being out to *all* professional colleagues as an LGBT person. In comparison, 75% of trainees and 80% of faculty were out

to *all* of their friends. Forty-seven point eight percent of LGBT-trainees and 41.6% of LGBT-faculty avoided disclosing their sexual orientation due to a fear of negative consequences, harassment, or discrimination within the past year. Twenty-four point six percent of LGBT-trainees and 22.1% of LGBT-faculty reported experiencing workplace conduct that interfered with their ability to work or learn due to their sexual orientation within the past year.

Focus group participants reported a lack of LGBT inclusion in diversity initiatives, campus homophobia and discrimination,

TABLE 4. PERCEPTIONS OF ACADEMIC HEALTH CENTERS CLIMATE AND ENGAGEMENT IN LGBT-RELATED ACTIVITIES, 69 HEALTH CARE TRAINEES AND 183 HEALTH CARE PROFESSIONALS, 2013

Characteristics	Total n = 252 (%)	Trainee		Health Care Professional		P-Value
		Interested in Academia n = 56 (%)	Disinterested in Academia n = 13 (%)	Faculty n = 86 (%)	Non-Faculty n = 97 (%)	
Overall Climate on Campus 1 = Positive for people who identify as LGBT, 5 = Negative for people who identify as LGBT*	2.29	2.10	2.67	2.43	NA	.138
Level of Outness to Friends 1 = Being not out at all, 5 = Being out to all*	4.72	4.64	4.77	4.79	4.69	.571
Level of Outness to Professional Colleagues 1 = Being not out at all, 5 = Being out to all*	4.13	3.88	3.92	4.33	4.13	.057
Within the past year at your AHC, avoided disclosing your sexual orientation due to a fear of negative consequences, harassment or discrimination at least once [‡]	112 (44.4)	25 (44.6)	8 (61.5)	32 (37.2)	NA	.358
Within the past year at your AHC, experienced conduct that has interfered with your ability to work or learn due to my sexual orientation at least once [‡]	72 (28.6)	13 (23.2)	4 (30.8)	19 (22.1)	NA	.155
My academic health center provides a supportive climate for me to:						
1 = Very positive influence, 5 = Very negative influence						
engage in LGBT-related research*	2.63	2.70	3.00	2.52	NA	.312
work on LGBT-related education activities*	2.48	2.53	2.54	2.45	NA	.901
work on ensuring best practices in caring for LGBT patients*	2.53	2.69	2.62	2.42	NA	.374
engage in service activities in the LGBT community*	2.48	2.49	2.62	2.46	NA	.890
network with LGBT-identified mentors*	2.75	2.66	3.38	2.70	NA	.129
Within the past year I have:						
engaged in LGBT-related research [‡]	82 (32.5)	20 (35.7)	3 (23.1)	29 (33.7)	30 (30.9)	.831
developed LGBT-related education activities [‡]	155 (61.5)	34 (60.7)	11 (84.6)	63 (73.3)	47 (48.5)	.005
instituted best practices in caring for LGBT patients [‡]	100 (39.7)	21 (37.5)	7 (53.8)	37 (43.0)	35 (36.1)	.653
engaged in service activities for the LGBT community [‡]	99 (39.3)	18 (32.1)	8 (61.5)	40 (46.5)	33 (34.0)	.103
worked with LGBT-identified mentors [‡]	102 (40.5)	24 (42.9)	4 (30.8)	36 (41.9)	38 (39.2)	.859

*Data presented as mean scores.

[‡]Total number and percent reported.
AHC, Academic Health Centers.

and fear of identity disclosure as barriers to feelings of inclusion and an impediment to optimal workplace engagement (Table 6).

“Our health system has an Office of Diversity which also has ties with our medical school, but it’s really a system-wide program. They’re very good with cultural diversity training, but when it comes to LGBT concerns it’s kind of like they don’t talk about it. It’s like a brick wall.” (Bisexual male, MD)

Discussion

Our findings demonstrate that continued work in developing inclusive and safe environments for LGBT trainees, health care professionals, and faculty is critical.

Support for LGBT scholarship

Despite challenges for “out” LGBT trainees and HCPs, data showed that most were involved with LGBT-related scholarship (79.4%). This level of interest and productivity exists despite the fact that only 46.1% of trainees and faculty were out to everyone professionally; 41.9% within the past year avoided disclosing their sexual orientation due to a fear of negative consequences, harassment, or discrimination at their AHC; and 23.2% within the past year experienced conduct that interfered with their ability to work or learn due to their sexual orientation.

Nurturing and promoting LGBT scholarship should be a priority for all AHCs to meet the health objectives set by the U.S. Department of Health and Human Services and

TABLE 5. ACADEMIC CAREER FACILITATORS REPORTED AMONG 16 HEALTH CARE TRAINEE AND 25 HEALTH CARE PROFESSIONAL FOCUS GROUP PARTICIPANTS, 2013

<i>Trainee</i>		<i>Health Care Professional</i>	
<i>Domain</i>	<i>Core Idea</i>	<i>Domain</i>	<i>Core Idea</i>
Education or experiences that facilitate the pursuit of an academic career	Academic experiences that develop research, teaching and administrative skills Undergraduate programming that nurtures academic career interest Education about academic politics and career advancement	Education or experiences that facilitate the pursuit of an academic career	Academic experiences that develop research, teaching and administrative skills Performing research during training as student or resident
People that supported an interest in an academic career	Supportive LGBT faculty mentors or mentors that serve as LGBT allies Teachers and role models encouraging pursuit of academic careers Parents supportive of academic careers	Tailored training programs for academic career development People that supported an interest in an academic career	Training programs that develop leadership, administrative, teaching and research skills Having programming for late career transitions into academia Supportive LGBT faculty mentors or mentors that serve as LGBT allies Teachers and role models encouraging pursuit of academic careers Parents supportive of academic careers Peers that are supportive of an academic career Supportive boss
LGBT-specific Facilitators	LGBT-specific networking opportunities Personal desire to be visible Campus opportunities for involvement in LGBT activities Campus climate inclusive of LGBT people Visible LGBT faculty make it easier to be out	LGBT-specific Facilitators	LGBT-specific networking opportunities Personal desire to be visible Campus opportunities for involvement in LGBT activities Campus climate inclusive of LGBT people I was recruited because of my LGBT work

Bold type indicates core ideas shared by both trainees and health care professionals.

Healthy People 2020.² Coulter found that after excluding projects about HIV/AIDS and sexual health, only 0.1% of all National Institutes of Health (NIH)-funded studies concerned LGBT health between the years 1989 and 2011.³¹ Challenges to LGBT curricular initiatives include the development of curricula, trainee access to LGBT patients, and having faculty willing and able to teach.^{32,33} Additionally, association with LGBT scholarship has been cited as a feared barrier to promotion or advancement.³⁴ AHCs and funding organizations need to identify ways to promote and recognize LGBT-related scholarship completed by trainees and faculty.

Mentorship opportunities

Like other studies focused on the pursuit of academic careers,^{35–43} mentorship was identified as a key facilitator to academic interest and success.

Consistent with some existing research, focus group participants highlighted the value of concordant mentors.^{7,39–43} However, finding LGBT-identified mentors or LGBT allies was often perceived as difficult or impossible. Successful mentorship programming not only requires the cooperation and commitment from mentors and mentees, but it also requires a facilitating environment at an academic institution that support mentorship programs for all underrepresented talent.^{44,45}

LGBT-inclusive institutional climate

LGBT trainees and health professionals want to train and work at an institution that promotes and celebrates LGBT visibility. Our data on harassment at AHCs mirrored findings on undergraduate and graduate campuses and university.^{20,23} Research has shown that abuse and fear of abuse during training creates a hostile learning environment and induces stress and discomfort, which may impair academic performance.⁴⁶ Harassment has been adversely associated with trainees ability to complete assignments or provide optimal patient care, and increased likelihood of depression, anxiety, insomnia, appetite loss, and drinking alcohol.^{47–53}

Students demonstrate greater personal and professional development when they report high levels of campus involvement, engagement, and affiliation.^{54–56} The Liaison Committee on Medical Education (LCME) requires medical institutions to provide their definition of diversity, which inadvertently leaves a loophole for institutions whose integration of LGBT content and inclusion is poor. Revising the LCME requirements to include reporting on LGBT inclusion may help advance this area of work.

Barriers to LGBT visibility and acceptance extend beyond the training period to the workplace. Eliason found that LGBT physicians reported being refused privileges or denied

TABLE 6. ACADEMIC CAREER CHALLENGES REPORTED AMONG 16 HEALTH CARE TRAINEE AND 25 HEALTH CARE PROFESSIONAL FOCUS GROUP PARTICIPANTS, 2013

<i>Trainee</i>		<i>Health Care Professional</i>	
<i>Domain</i>	<i>Core Idea</i>	<i>Domain</i>	<i>Core Idea</i>
LGBT-specific challenges	Difficulty finding LGBT mentors Bias in LGBT faculty promotion Bias against LGBT research Unsupportive institutional climate for LGBT staff and students Fear of identity disclosure Peers hostile to LGBT people Lack of funding for LGBT-research Admissions office reluctant to have applicants self-identify as LGBT Faculty reluctant to get involved with LGBT-related activities	LGBT-specific challenges	Difficulty finding LGBT mentors or colleagues Bias in LGBT faculty promotion Bias against LGBT research Unsupportive institutional climate for LGBT staff and students Fear of identity disclosure Peers hostile to LGBT people Lack of institutional support for LGBT-research
Institutional characteristics	Perception that academic centers are competitive Academic centers resistant to change Lack of career mentoring Inadequate academic career preparation and career information provided by schools Academic health centers must be located in a city	Institutional characteristics	Perception that academic centers are competitive Academic centers resistant to change Lack of career mentoring Difficult accessing financing for continuing education events Balancing multiple academic responsibilities is stressful Uncompensated academic work Not enough time for scholarly work Pressure to obtain grant funding
Inadequate academic salary to pay off school debt Disinterest in academic responsibilities Perception that academic career is not multidisciplinary Need time to focus on clinical work before considering academic career		Inadequate academic salary to pay off school debt Difficult to balance work and personal life No recognition of work completed by non-MDs	

Bold type indicates domains and core ideas shared by both trainees and health care professionals.

promotion or employment based on their sexuality; experiencing verbal harassment from their professional colleagues; and feeling socially ostracized.⁵⁷ Some institutions have lost millions of dollars in research funding when LGB faculty members leave for more supportive academic climates.^{58,59} Beyond funding losses, faculty attrition disrupts the pipeline of professionals and future mentors. For LGBT communities, this also leads to an increasingly heteronormative climate.⁶⁰ Effective socialization of prospective faculty is one of the most crucial components of early professional development because doctoral training alone is not sufficient preparation for all of the responsibilities and challenges of academic careers.⁶¹

Limitations

We collected data at two national conferences that focus on LGBT healthcare and the education of health professionals interested in LGBT health. LGBT trainees and HCPs who are professionally “closeted” or not engaged in LGBT-related scholarly activities may be less likely to attend these conferences. The conferences possibly attract trainees with greater interests in LGBT health advocacy and activism in academia as a means to effect change. Consequently, these findings may not be generalizable to the broader community of LGBT health care trainees and professionals. Yet, the conference samples provide access to larger number of

LGBT-identified participants, an environment for more accurate responses, and an examination of the experiences of people who may desire involvement but still faced with challenges and few supports.

Finally, our small survey sample size limited the testing of differences by demographic characteristics. This was especially evident in the small number of transgender individuals in this study, making it difficult to make statistical comparisons based on gender identity. The majority of participants identified as white, which limited the exploration of the intersectionality of gender identity with racial and ethnic minority status. Larger national studies that identify greater numbers of diverse LGBT trainees and HCPs will provide a more nuanced understanding of academic career challenges and facilitators.

Conclusion

This is the first known national study to describe LGBT health trainees and HCPs perspectives on academic careers. Our sample reported strong interest in academic careers and high levels of participation in LGBT-related health education, services and research. Our participants reported academic career training activities, institutional support for LGBT scholarship, concordant mentorship opportunities, and inclusive institutional climate programming as key facilitators to achieving academic success and career satisfaction. As academic health centers seek to broaden their diversity missions to include people of all backgrounds and experiences, including sexual orientation and gender identities, the perspectives of LGBT trainees and HCPs must be understood to achieve the goals of inclusion, visibility, and a diverse health profession workforce.

Acknowledgments

We are grateful to the participants and leadership of the 2013 Building the Next Generation of Academic Physicians (BNGAP) LGBT Health Workforce Conference and 2013 GLMA: Health Professionals Advancing LGBT Equality Annual Conference.

Author Disclosure Statement

Some of the data discussed in this article were presented at the AAMC Group on Diversity and Inclusion Conference, San Diego, California, on April 26, 2014. No competing financial interests exist.

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Address correspondence to:
 Nelson F. Sánchez, MD
 Department of Medicine
 Weill-Cornell College of Medicine
 1300 York Ave.
 New York, NY 10065

E-mail: sanchezn@mskcc.org

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