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Out but Not Safe: A Cross-Sectional Analysis of Workplace Experience Among LGBTQIAP+ Emergency Physicians

Murilo Lima Gomes
Universidade de Sao Paulo, Faculdade de Medicina de Bauru
Guilherme Schuerman de Barros Campos
Universidade de Sao Paulo, Faculdade de Medicina de Bauru
Raissa Ellen Justo Ribeiro
Universidade de São Paulo, Faculdade de Odontologia de Bauru
Arthur dos Santos Netto
Universidade de Sao Paulo, Faculdade de Medicina de Bauru
Mariana Costa Rufino
Universidade de Sao Paulo, Faculdade de Medicina de Bauru
Gabriela Rodrigues de Oliveira Lima
Universidade de Sao Paulo, Faculdade de Medicina de Bauru
Naiara Patricia dos Santos Neves
Universidade de São Paulo, Faculdade de Odontologia de Bauru
Matheus Henrique Formigoni de Carvalho
Universidade de São Paulo, Faculdade de Odontologia de Bauru
Arthur de Campos Soares
Universidade de Sao Paulo, Hospital das Clínicas da Faculdade de Medicina
Roosevelt Silva Bastos
Universidade de São Paulo, Faculdade de Odontologia de Bauru
Maria Cláudia Zaratini Maia
Faculdades Integradas de Bauru
Júlio César Garcia de Alencar
julio.alencar@usp.br

Universidade de Sao Paulo, Faculdade de Medicina de Bauru

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Abstract

Background

Brazil holds the highest global rates of violence against LGBTQIAP+ individuals. Emergency Medicine lacks data on the professional realities and mental health of LGBTQIAP+ practitioners. This study explores identity, workplace conditions, discrimination, leadership access, and psychiatric morbidity among LGBTQIAP+ emergency physicians.

Objectives

To compare sociodemographic characteristics, leadership roles, workplace discrimination, and mental health outcomes between LGBTQIAP + and non-LGBTQIAP+ emergency physicians in Brazil.

Methods

A national cross-sectional survey was conducted with Emergency physicians across Brazil. The anonymous online questionnaire collected data on gender identity, sexual orientation, mental health, discrimination and leadership. Statistical analyses included chi-square and Wilcoxon rank-sum tests.

Results

116 emergency physicians completed the survey; 35 (30.2%) identified as LGBTQIAP+. LGBTQIAP+ physicians were significantly more likely to report psychiatric diagnoses (75.6% vs. 47.9%, $p < 0.005$). Among LGBTQIAP+ participants, 67.5% reported discomfort in disclosing their identity at work, 29.7% experienced workplace discrimination, and 25.7% believed their sexual orientation hindered their access to leadership positions.

Conclusions

LGBTQIAP+ emergency physicians in Brazil report high rates of psychiatric morbidity and workplace discrimination despite similar occupational profiles. These findings underscore the need for inclusive work environments, targeted mental health support, and policies that promote equity in leadership within emergency medicine.

Introduction

Brazil consistently ranks among the countries with the highest rates of violence against LGBTQIAP+ individuals. In 2022, over 250 LGBTQIAP+ people were victims of lethal violence, according to national

reports, with Brazil leading global statistics for such crimes for more than a decade [1]. These structural inequalities extend to multiple spheres of life, including healthcare and medical education, where LGBTQIAP+ professionals face discrimination, invisibility, and underrepresentation in leadership roles [2, 3].

Emergency Medicine is a recently recognized specialty in Brazil, formally established in 2015 by the National Medical Residency Commission [4]. As a high-stress, team-based, and resource-limited environment, the emergency department can amplify existing workplace inequities and emotional strain. Yet, despite increasing interest in diversity, equity, and inclusion within healthcare globally, there is a lack of research on the experiences of LGBTQIAP+ physicians working in emergency care settings, especially in Latin America and low- and middle-income countries [5].

To our knowledge, no previous national studies have explored the sociodemographic profiles, experiences of discrimination, mental health conditions, or leadership representation among LGBTQIAP+ emergency physicians in Brazil. Understanding these dynamics is essential to inform inclusive policies, mental health support strategies, and equitable professional development.

This study aims to fill this gap by conducting a national cross-sectional survey of emergency physicians in Brazil, comparing LGBTQIAP + and non-LGBTQIAP+ participants in terms of identity disclosure, discrimination, leadership roles, and psychiatric morbidity.

Methods

Study Design and Setting

We conducted a national cross-sectional survey in June 2025 as part of the PEARL Project (Pesquisa, Educação, Assistência e Legislação para Equidade de Profissionais de Saúde LGBTQIAP+), led by the Universidade de Sao Paulo (USP) in partnership with the Brazilian Association of Emergency Medicine (ABRAMEDE). The study targeted physicians actively working in Emergency Departments (EDs) across Brazil. The manuscript was prepared in accordance with the STROBE (Strengthening the Reporting of Observational Studies in Epidemiology) guidelines [5].

Participants

All physicians practicing in Brazilian Emergency Departments, regardless of sexual orientation or gender identity, were eligible to participate. Recruitment was conducted through institutional mailing lists, ABRAMEDE's official communication channels, and professional social media platforms. Participation was voluntary, anonymous, and unpaid.

Variables

The primary exposure was self-identified LGBTQIAP+ status, assessed through structured questions on gender identity and sexual orientation. Main outcomes included: (1) presence of a self-reported

psychiatric diagnosis (depression, anxiety, Attention-Deficit/Hyperactivity Disorder, autism, burnout or obsessive-compulsive disorder), (2) experiences of workplace discrimination, (3) comfort with identity disclosure in professional settings, and (4) access to leadership positions. Covariates included age, race/ethnicity, years of experience in emergency medicine, weekly working hours, and monthly income.

Data Collection

Data were collected using a secure, anonymous, self-administered online questionnaire hosted on Google Forms. The survey instrument was developed by researchers from USP, pilot-tested with five emergency physicians (excluded from the final sample), and refined accordingly. It included both close-ended demographic questions and structured items on professional experience, workplace environment, and mental health.

Statistical Analysis

Sample size calculation was based on an estimated population of 917 emergency physicians currently practicing in Brazil, as reported by the study Demografia Médica no Brasil 2025 [6]. Assuming a 9% prevalence of LGBTQIAP+ identification in the general population, with a confidence level of 95% and power of 80%, the minimum required sample size to detect significant differences between groups was estimated at 114 participants.

Descriptive statistics were used to summarize the characteristics of the study population. Categorical variables were reported as absolute numbers and percentages. Continuous variables were assessed for distribution; normally distributed variables were presented as means and standard deviations, while non-normally distributed variables were reported as medians and interquartile ranges (IQR).

Comparisons between LGBTQIAP + and non-LGBTQIAP+ participants were conducted using the chi-square test for categorical variables and the Wilcoxon rank-sum test for continuous variables, based on their distribution.

All analyses were performed using Stata version 18 (StataCorp, College Station, TX), and statistical significance was defined as a two-tailed p value < 0.05

Ethical Considerations

This study was approved by the Research Ethics Committee of the University of São Paulo (CAAE: 82426224.8.0000.5417). All participants provided informed consent electronically before accessing the questionnaire. No identifiable information was collected. The study followed the ethical principles of the Declaration of Helsinki and Brazilian Resolution CNS 466/2012.

Results

A total of 116 emergency physicians completed the survey. Among them, 68 identified as cisgender women, 46 as cisgender men, one as non-binary, and one as travesti, a gender identity specific to Latin America, particularly Brazil, referring to individuals assigned male at birth who assume a feminine gender expression without necessarily identifying as transgender women. Regarding sexual orientation, 18 participants identified as bisexual, 16 as homosexual (gay or lesbian), and one as pansexual. Of the total sample, 35 physicians (30.2%) identified as LGBTQIAP+.

Table 1
Characteristics of Emergency Physicians by LGBTQIAP+ Status (n = 116)

Characteristic	LGBTQIAP+ (n = 35)	Non-LGBTQIAP+ (n = 81)	*p*-value
Age, median (IQR)	31 (27, 37)	32 (27, 37)	0.22
Self-identified PWD, n (%)	1	3	0.81
Race			0.92
White	29	67	
Pardo	5	11	
Yellow	1	2	
Black	0	1	
Years in EM			0.79
< 5	22	47	
5–10	8	16	
> 10	5	18	
Weekly shifts			0.48
2	5	7	
2–3	5	13	
3–4	7	19	
4–5	8	10	
> 5	10	32	
Salary			0.13
< R$5,000	0	9	
R$5,000–10,000	7	17	
R$10,000–15,000	9	13	
R$15,000–20,000	8	11	
> R$20,000	10	31	
Leadership position, n (%)	19	34	0.26

PWD = person with disability; EM = emergency medicine; IQR = interquartile range. P-values calculated using chi-square test or Wilcoxon rank-sum test, as appropriate.

Regarding leadership, 19 (54.3%) LGBTQIAP+ physicians and 34 (42.0%) non-LGBTQIAP+ peers reported holding current or past leadership roles ($p = 0.26$). A notable proportion of LGBTQIAP+ respondents (25.7%) felt that their sexual orientation had negatively impacted their opportunities to access leadership positions.

Psychiatric morbidity was significantly more frequent among LGBTQIAP+ participants: 28 (75.6%) reported a diagnosis of depression, anxiety, or obsessive-compulsive disorder, compared to 39 (48.1%) of non-LGBTQIAP+ respondents ($p < 0.005$).

Among LGBTQIAP+ participants, 25 (67.5%) reported not feeling fully comfortable disclosing their sexual orientation or gender identity in the workplace. Eleven (29.7%) had experienced direct discrimination in professional settings due to their identity, and 9 (25.7%) reported that their sexual orientation had hindered their access to leadership roles.

Discussion

Emergency Medicine is a relatively new specialty in Brazil, officially recognized in 2015. As the field rapidly expands across the country, understanding the demographic and psychosocial profile of its workforce becomes essential to fostering a healthy, inclusive, and sustainable professional environment. This study contributes to this effort by presenting the first national data on LGBTQIAP+ representation among emergency physicians in Brazil—revealing that over 30% of respondents self-identified as LGBTQIAP+, a proportion higher than national estimates for the general population. These findings underscore both the presence and visibility of sexual and gender minorities within the specialty.

A striking result was the high prevalence of self-reported psychiatric diagnoses—particularly depression, anxiety, and obsessive-compulsive disorder—among LGBTQIAP+ physicians, affecting over 75% of respondents in that group. While it is possible that LGBTQIAP+ professionals may feel more open to disclosing mental health issues in anonymous research settings, the elevated rates likely could also reflect the compounded effects of chronic stressors, including stigma, identity concealment, and institutional discrimination, in a specialty already characterized by high baseline occupational stress. Nearly one-third of LGBTQIAP+ participants reported experiencing discrimination in the workplace, and over two-thirds did not feel fully comfortable disclosing their identity in professional settings. These findings mirror data from international literature suggesting that hostile or non-affirming environments can significantly impact mental health and professional satisfaction among LGBTQIAP+ clinicians.

Importantly, while no statistically significant differences were found in access to leadership roles between LGBTQIAP + and non-LGBTQIAP+ participants, 25.7% of LGBTQIAP+ physicians perceived their sexual orientation as a barrier to career advancement. This perception of limited opportunity, even in the absence of overt exclusion, points to subtle and structural barriers that may impede leadership development and retention of diverse professionals within emergency medicine.

This study has several limitations. First, as a cross-sectional survey, it cannot establish causal relationships, and it is subject to response and selection biases. Second, we included as eligible respondents all physicians working in Emergency Departments, regardless of formal specialty certification, which encompassed both board-certified specialists and generalist physicians legally authorized to practice emergency care in the country. Third, the relatively small sample size may have limited the power to detect certain differences, especially in subgroup analyses. Nevertheless, the survey achieved national reach, including participants from all geographic regions of Brazil, a country of continental dimensions and significant regional heterogeneity. Additionally, the anonymous design may have encouraged greater honesty in disclosing sensitive information such as psychiatric diagnoses and experiences of discrimination.

To our knowledge, this is the first study to examine the experiences of LGBTQIAP+ emergency physicians in Brazil—or in any other low- or middle-income country. These findings offer a crucial initial portrait of a professional group whose challenges have long been underrecognized. The data presented here can serve as a foundation for future investigations and as an evidence base for institutional policies promoting inclusion, mental health support, and equity in career advancement LGBTQIAP+ physicians represent a substantial and visible part of the Brazilian emergency medicine workforce. Despite similarities in demographic and occupational characteristics compared to their cisgender heterosexual peers, LGBTQIAP+ professionals reported significantly higher rates of psychiatric morbidity and frequent experiences of discrimination and identity concealment. These findings highlight the urgent need for inclusive institutional cultures, mental health support systems, and equity-driven leadership development within emergency medicine. As the specialty continues to grow in Brazil and in the world, efforts to understand and support the diversity of its practitioners will be essential to building a more just and resilient healthcare system.

Declarations

Additional information

The datasets generated during the current study are available from the corresponding author upon reasonable request. The authors declare no competing interests.

Funding declaration

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Author Contribution

All authors conceived and designed the work. J.C.G.A. and A.C.S. acquired, analysed, and interpreted the data. R.E.J.R., A.S.N., M.C.R., G.R.O.L., N.P.S.N., M.L.G., J.C.G.A., and A.C.S. drafted the work. M.L.G., G.R.O.L., J.C.G.A., and A.C.S. substantively revised the work. All authors reviewed and approved the manuscript.

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Data Availability

The datasets generated during the current study are available from the corresponding author upon reasonable request.

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