Discrimination, Work Stress, and Psychological Well-being in LGBTI Workers in Spain

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ABSTRACT

Discrimination and prejudice against LGBTI people in Spain are much lower than they used to be; however, negative attitudes towards them may still persist. The purpose of this study was to analyze whether LGBTI individuals perceive the existence of prejudice or discrimination due to their sexual orientation in the workplace. To assess these perceptions in relative terms, we compared them with those of heterosexual individuals. We also analyzed whether perceived discrimination was associated with work stress, the presence of common mental disorders, and depression. Results revealed that LGBTI employees reported experiencing greater discrimination in the workplace because of their sexual orientation, which in turn led to a greater incidence of work stress, mental disorders, and depression. Our findings confirm that job discrimination against LGBTI people is still present, along with some of its harmful consequences, and highlight the need for interventions to reduce prejudice against LGBTI persons in the workplace.

La discriminación, el estrés laboral y el bienestar psicológico en personas trabajadoras LGTBI en España

RESUMEN

A pesar de que la discriminación y el prejuicio hacia el colectivo LGTBI en España hayan disminuido, es posible que aún pervivan actitudes negativas hacia estas personas. En la presente investigación analizamos si las personas LGTBI perciben la existencia de prejuicio o discriminación hacia ellas en el ámbito laboral debido a su orientación sexual. Para analizar en términos relativos dichas percepciones, las comparamos con las que tienen las personas de orientación heterosexual. Después se examinó si la percepción de discriminación está relacionada con el estrés laboral, la presencia de trastornos mentales y la depresión. Los resultados mostraron que las personas LGTBI experimentaban mayor discriminación en su trabajo en virtud de su orientación sexual, produciéndoseles mayor estrés laboral, trastornos mentales y depresión. Estos resultados confirman la pervivencia de discriminación hacia las personas LGTBI en el ámbito laboral y algunas de sus perniciosas consecuencias y muestran la necesidad de intervenciones para la reducción del prejuicio hacia los trabajadores LGTBI.

In Spain, lesbian, gay, bisexual, transgender, and intersex (LGBTI) individuals have traditionally been subjected to high levels of discrimination and rejection. For example, Act 16/1970 of 4 August on dangerousness and social rehabilitation (Ley sobre Peligrosidad y Rehabilitación Social, 1970), passed by the Franco regime in 1970 to replace the Vagrancy Act (Ley de Vagos y Maleantes), still listed homosexuals and transexuals among the elements considered as a threat to society. The situation started to change with the adoption of the Constitution in 1978 and Spain is currently one of several countries leading the way in the recognition of LGBTI citizens’ rights. For example, same-sex marriage was legalized in Spain on July 3 2005, making it the third country in the world to formally recognize this practice (after The Netherlands and Belgium), and several laws against homophobia have been enacted. A few examples are the law that protects individuals against LGBTI-phobia and discrimination based on sexual orientation and identity in the Madrid region (Ley de Protección Integral contra LGTBIfobia y la Discriminación por Razón de Orientación e Identidad Sexual en la Comunidad de Madrid, 2016) and the law that guarantees the rights, equal treatment, and non-discrimination of LGBTI individuals and their relatives in Andalusia (Ley para Garantizar los Derechos, la Igualdad de Trato y no Discriminación de las Personas LGTBI y sus Familiares en Andalucía, 2018). These formal improvements have run parallel to the social acceptance of LGBTI individuals: according to a study conducted...
by the Pew Research Center (2013), 88% of the Spanish population recognizes and defends the rights of homosexuals, whereas only 11% is opposed to equality. These figures rank Spain first in acceptance of LGBTI people, ahead of Germany (87% acceptance), Canada, and the Czech Republic (80% in both cases).

However, prejudice and discrimination against the LGBTI community are likely to persist. As an example, in a study conducted in 2013 by the Spanish Federation of Lesbian, Gay, Transgender, and Bisexual People (FELGTB-COGAM, 2013) on a sample of 703 participants self-defined as LGBTI, 45% of respondents reported having felt discriminated against due to their sexual orientation or gender identity in various situations or circumstances (e.g., when attempting to rent accommodation, in restaurants, bars or shops, dealing with banks or other financial establishments). Domínguez-Fuentes et al. (2012) found in a sample of 220 gay men who were residents in southern Spain that 70% of them expressed they had felt rejected for being homosexual. Moreover, in 2017, Spanish LGBTI organizations recorded a total of 623 hate incidents (not police reports) against people based on their sexual orientation or gender identity (FELGTB, 2018); more than half of the incidents analyzed took place in spaces close to the victim (e.g., workplace, school, neighborhood, home).

The persistence of prejudice and discrimination against LGBTI individuals has clear negative consequences, particularly for their psychological well-being. Many studies have shown a higher prevalence of depression and anxiety disorders among lesbian, gay, and bisexual groups when compared to heterosexuals (e.g., Bostwick et al., 2014). These differences may be the result of the stress that prejudice and perceived discrimination can cause (Bruce et al., 2015; Meyer, 2013). As an example, a study conducted with LGBTI individuals in Belgium showed that their well-being was mainly grounded on specific unsupportive social interactions in the first place, followed by stigma consciousness, internalized homophobia, and confidant support (Vanden Bergh et al., 2010). Other studies found that, apart from explicit prejudice and discrimination, LGBTI people also experience other types of prejudice of a subtler nature (Hebl et al., 2002; Morrison et al., 2009).

In the present research we intended to explore whether LGBTI workers perceive more discrimination because of their sexual orientation than heterosexual workers. We also intended to assess whether LGBTI workers experience more work stress and more common mental disorders and depression than heterosexual workers. More importantly, we planned to explore whether differences between LGBTI and heterosexual workers in depression and mental disorders are a direct consequence of their sexual orientation or are due to the discrimination perceived and the levels of work stress than they experience as a consequence of job discrimination. Our research aimed to test the minority stress model (Meyer, 2013) in the Spanish work context. According to this model, LGBTI individuals face high levels of stress in the workplace due to their minority position, a situation which may lead them to experience mental health disorders.

**Discrimination against LGBTI People in the Workplace**

Work environment has the most precise legislation in the European Union regarding discrimination against LGBTI people. Yet, a European-wide survey conducted by the European Agency for Fundamental Rights (FRA, 2012) revealed that 16% of LGBTI persons surveyed in Spain reported having felt discriminated against at work due to their sexual orientation or gender identity.

In the above-mentioned study carried out in 2013 by the Spanish Federation of Lesbian, Gay, Transgender, and Bisexual People (FELGTB-COGAM, 2013), this percentage increased to 31.2%. This may be due to the fact that participants in this study were mainly members of LGBTI organizations, who are theoretically more sensitive to discrimination. In the United States, a review of fifty studies examining job discrimination against LGBT individuals found that 16% to 68% of LGBT people reported discrimination at work (Badgett et al., 2007). Data from a national probability survey representative of the U.S. population in 2008 also showed that 38% of LGB employees reported being harassed at work, and 27% experienced employment discrimination based on their sexual orientation (Sears & Mallory, 2011). Discrimination against LGBTI workers is reflected in many indices, such as those related to hiring decisions or salaries. Accordingly, Flage (2019) found, in a meta-analysis about discrimination against gay and lesbians in hiring decisions in OECD countries, that openly homosexual applicants faced similar discrimination as ethnic minority applicants. Discrimination in the selection process for LGBTI individuals was also significantly greater for low-skilled than for high-skilled job candidates, and significantly higher in European countries than in North America. Another meta-analysis of studies published between 1995 and 2012 about the effects of sexual orientation on earnings (Klawitter, 2015) found that gay men earned less and lesbians earned more than their heterosexual counterparts. Sexual orientation discrimination was an important explanation for the results of gay men. However, explanations were less conclusive regarding the results of lesbian women (e.g., lesbian women tend to have higher educational level, heterosexual women tend to be more subjected to traditional gender roles and may therefore give greater priority to their family than their career).

Specifically, studies reveal that LGBTI individuals report discrimination at work, which is associated with lower physical and emotional well-being, and negative work results (DeSousa et al., 2017). In Spain, a study conducted by Di Marco et al. (2018) using 39 in-depth semi-structured interviews with LGBTI employees found that they experienced incivility at work in the form of jokes, use of language, stereotypes, and nosy behaviors. Although subtle forms of prejudice appear to predominate over hostile and overt ones in the workplace, overt forms of prejudice still occur with a high frequency. Specifically, in the aforementioned study by FELGTB-COGAM (2013), the types of discrimination experienced by those who reported feeling discriminated against at work were (in decreasing order): jokes (70.73%), discriminatory treatment by colleagues (47.52%), harassment (23.97%), obstacles to career advancement (20.25%), and obstacles in their access to work (19.83%). Similarly, Molero et al. (2017) conducted a study with a Spanish sample of lesbian women and gay men. Participants reported experiencing subtle discrimination (an example of item measuring this dimension is “Even when people seem to accept LG persons, I think that, deep down, they have some misgivings”) to a greater extent than overt discrimination (an example of item capturing this dimension is “In Spanish society LG people are visibly rejected”). However, differences were not considerable (mean scores were 3.34–subtle–vs. 3.09–overt–in the entire sample). In another study, Molero et al. (2013) had previously found in various stigmatized groups in Spain (e.g., Latin American immigrants, Romanian immigrants, people with HIV, gays and lesbians) that subtle forms of discrimination were more related to two measures of psychological well-being—effectiveness and self-acceptance—than blatant forms of discrimination. In any case, the negative consequences of both subtle and overt forms of prejudice seem to be rather similar (Jones et al., 2016).

Therefore, it seems important to gain further insight on the job discrimination experienced by LGBTI employees. It is key to determine whether these experiences actually take place and, if so, to assess their level of impact on work stress and psychological well-being of LGBTI individuals, testing the main contribution of the minority stress model. One of the first questions we intended to address was whether LGBTI employees perceive discrimination due to their sexual orientation to a greater or lower extent than heterosexual employees. Our first hypothesis (H1) was that
LGBTI employees, compared to heterosexual ones, would report experiencing higher sexual orientation job discrimination. Next, we analyzed work stress—a possible consequence of job discrimination against LGBTI employees—and its potential influence on psychological well-being focusing on two of its indices: common mental disorders and depression.

Work Stress among LGBTI Employees

Discrimination of LGBTI workers due to their sexual orientation is likely to be reflected in higher levels of work stress. Lazarus and Folkman (1984) defined stress as “a particular relationship between the person and the environment that is appraised by the person as taxing or exceeding his or her resources and endangering his or her well-being” (p. 19). It is common to differentiate between individual and social stressors. The former are related to the events that can occur to a particular person at an individual level, such as loss of a job or a loved one. By contrast, social stressors refer to conditions in the social environment, such as the belongingness to stigmatized social categories (e.g., based on socioeconomic status, race/ethnicity, gender, or sexuality).

According to the minority stress model (Meyer, 1995, 2013), the stressors that LGBTI people can experience vary in a continuum, from distal to proximal. Distal minority stressors can be defined as objective stressors that do not depend on an individual’s perceptions or appraisals—although certainly their report depends on perception and attribution. Stressors related to expectations of rejection and discrimination are located in the middle of the continuum, including the surveillance that these expectations require and, sometimes, the concealment of the minority identity. Finally, proximal stress processes are more subjective and therefore related to self-identity as a lesbian, gay, or bisexual person (e.g., internalized homophobia). According to this model, circumstances in the environment and/or having a certain minority status lead to exposure to stressors—some general and others specific—in minority group members. These stressors can positively or negatively affect mental health outcomes, depending not only on their intensity but also on individuals’ coping strategies and social support available.

Some of the main job stressors are related to the job itself, such as job contentment (e.g., fragmented or meaningless work), workload and work pace, work schedule, roles in organization (e.g., role ambiguity or conflict), and low participation in decision-making. Other job stressors are more related to the organizational culture (e.g., poor communication, low levels of support for problem-solving and personal development), interpersonal relationships at work (e.g., social or physical isolation, interpersonal conflict, lack of social support, bullying, harassment), and career development (e.g., career stagnation and uncertainty, under- or overpromotion, job insecurity, low social value of work) (Leka & Jain, 2010).

Stress is one of the factors with the highest influence on well-being at work (Bliwise et al., 2017). Specifically, work stress has been associated with mental health concerns (Bonde, 2008; Stansfeld & Candy, 2006) and poor physical health (Kivimäki et al., 2002). With this in mind, Nixon et al. (2011) conducted a meta-analysis of 79 studies analyzing the relationships between job stressors (e.g., organizational constraints, interpersonal conflict, role conflict) and physical symptoms (e.g., backache, headache, eye strain, disturbed sleep, dizziness, fatigue, loss of appetite, gastrointestinal problems). They found a significant relationship between job stressors and physical symptoms in cross-sectional and longitudinal analyses. Occupational stress has also been associated with diminished performance (Sullivan & Bhagat, 1992; Virtanen et al., 2009) and poorer safety results in the workplace (Spurgeon et al., 1997).

Meyer (2013), after reviewing research evidence on the prevalence of mental disorders in lesbians, gay men, and bisexuals (LGBs) using meta-analyses, concluded that LGB individuals are exposed to excess stress due to their minority position and that this stress leads to mental disorders. Thus, taking the aforementioned references into account showing the persistence of prejudice towards LGBTI individuals and their experience of minority stress, our second hypothesis (H2) was that LGBTI employees would report higher levels of work stress than heterosexual ones.

Psychological Well-being among LGBTI Employees

Common mental disorders, most often involving mood, anxiety, and drug use disorders (Steel et al., 2014), are very widespread and represent a considerable proportion of the global burden of disease (World Health Organization - WHO, 2008). Data from the World Mental Health Surveys reveal that 12% to 47% of a country’s population will suffer one or more mental disorders in their lifetime (Kessler et al., 2007). These disorders include insomnia, anxiety, fatigue, irritability, depressive mood, difficulty concentrating, and somatic complaints. Mental disorders are a serious public health concern (World Health Organization - WHO, 2003) since they are well-known causes of major functional disability and distress. They also have a major socioeconomic impact due to work absenteeism and the increased demand on health services.

A particularly relevant mental problem is depression, which is “a mental disorder that presents with depressed mood, loss of interest or pleasure, decreased energy, feelings of guilt or low self-worth, disturbed sleep or appetite, and poor concentration” (Marcus et al., 2012, p. 6). Major depression is one of the most arduous health conditions, both at individual and population levels (Vilagut et al., 2016). It is also the most common mood disorder, with a lifetime prevalence reported to range between 7% and 21% (Bromet et al., 2011). Major depression is also related to a considerable functional disability, reduced quality of life, an increased burden—both for patients and caregivers—, and a greater risk of death (Eaton et al., 2008). According to the World Health Organization (WHO, 2017), the proportion of the worldwide population affected by depression in 2015 was estimated at 4.4%, with a higher prevalence among women (5.1%) than men (3.6%). Its prevalence also varies depending on geographical location and age: it is higher in older people, but depression is also present in adolescents.

As indicated previously, many studies have shown a higher prevalence of depression and anxiety disorders among lesbian, gay, and bisexual groups when compared to heterosexuals (e.g., Bostwick et al., 2014; Meyer, 2013). Thus, our third hypothesis (H3) was that LGBTI individuals—versus heterosexual individuals—would report higher levels of mental disorders and depression.

The Present Research

According to Meyer (2013), evidence of the stress suffered by LGBTI people is based on two methodological approaches: studies examining within-group processes and their impact on mental health and studies comparing the prevalence of mental disorders between minority and non-minority groups. Our research falls within the second approach. However, in studies on between-group differences, only exposure—minority status—and outcomes—prevalence of disorder—are usually assessed. Unfortunately, minority stress processes that may lead to a higher prevalence of disorders are inferred but not analyzed (Meyer, 2013). One of the contributions of the present research is the fact that participants are explicitly asked not only about their minority status, but also about their experience of discrimination at work and their stress levels, providing a direct test of the minority stress model.

The literature review included in the previous sections showed the existence of the following relationships: a) between being an LGBTI
person and experiencing psychological and well-being problems (e.g., Bostwick et al., 2014); b) between experiencing discrimination at work for being LGBTI and physical and psychological well-being (e.g., DeSouza et al., 2017); c) between discrimination and stress in general (e.g., Bruce et al., 2015); and d) between stress and psychological well-being (e.g., Nixon et al., 2011). However, no studies have addressed all these constructs in relation to each other in LGBTI people focusing on work environment. Moreover, studies conducted in Spain have found that there is perceived (manifest or subtle) discrimination of LGBTI persons in general (Domínguez-Fuentes et al., 2012; Molero et al., 2017) and specifically in the workplace (Di Marco et al., 2018; FELGTB-COGAM, 2013). However, the relationship between perceived discrimination, stress, and well-being in LGBTI workers has not been analyzed. In this research we tried to include all the aforementioned relationships. Thus, we expected to find (Hypothesis 4) that these higher levels of mental disorders and depression among LGBTI people would be caused by work stress resulting from the discrimination experienced for being LGBTI. Specifically, we proposed the following mediation model: being LGBTI will lead to greater sexual orientation discrimination, resulting in higher stress levels and consequently in an increase of common mental disorders and depression. The main contribution of our research, in addition to showing that LGBTI people in Spain still perceive discrimination at work, is to highlight the mediating role of job discrimination and the stress experienced at work for being LGBTI. That is, being a LGBTI worker does not necessarily lead to psychological and well-being problems in itself; it does so through being discriminated at work, which increases work stress.

**Method**

**Participants**

The study was conducted with 377 participants, although 11 did not answer the question about sexual orientation and were removed from the study. Of those remaining, 137 participants defined themselves as heterosexual, 134 as gay, 61 as lesbian, and 34 as bisexual. Individuals self-defined as gay, lesbian, or bisexual were grouped into the same category, with a total of 229 LGBTI individuals in the scale answered by the largest number of participants. Regarding level of education, 62.1% had a university degree, 30.9% had completed secondary studies, and 7.1% had completed primary school. In terms of marital status, 46% were single, 28.4% married, and 6.8% separated or divorced. In the sample, 95.7% of participants were working at the time (70% full-time) and 4.3% were not employed. Regarding gender identity, 50.5% defined themselves as cis men, 37.2% as cis women, 1.7% as trans men, 2.9% as trans women, and 7.7% as non-binary.

We analyzed patterns of missing data for each scale. In total, 2.7% of participants did not answer the measure of work stress, 4.1% did not complete the CESD-7, and 6.3% did not complete the SRQ-20. Analyses were conducted with a sample of 356 participants for the measure of work stress, 351 for analyses concerning the SRQ-20 and 343 for the CESD-7. Supplemental analyses where missing data were replaced using multiple imputation produced no substantive differences from the results presented below.

**Procedure**

Participants were contacted through a mainstream Spanish trade union organization. Specifically, the LGBTI section of that union broadcast a message among its affiliates that included a link to access the survey. The message explained that the research, conducted by the Department of Social Psychology of a university in southern Spain and the trade union, was intended to assess the working conditions of LGBTI people and determine the psychosocial risks to which they are exposed. The anonymous nature of responses and confidentiality was clearly indicated, as well as the possibility of leaving the survey when participants deemed appropriate. It was clarified that when asked about work-related issues, participants should respond having in mind the job they currently had or, if they did not have a job, thinking about the last one they had had. Finally, participants were thanked for their participation.

Participants completed a questionnaire that included various measures and scales via the Qualtrics platform. For the present research we shall analyze the measures included below.

**Perceived job discrimination on the basis of sexual orientation.** We assessed this construct with a purpose-built measure that evaluated the extent to which participants felt that their sexual orientation may have caused a problem or difficulty in several job-related aspects (e.g., promotion, relationships). Two items were selected from a survey by the Center for Sociological Research [Centro de Investigaciones Sociológicas] and another item was selected from a survey by the Spanish Federation of LGBT people and the Madrid LGBT Collective (FELGTB-COGAM, 2013, p. 17) about discrimination due to sexual orientation and/or gender identity in Spain. This measure comprised 7 items that presented potential situations of job discrimination due to sexual orientation, with which participants had to show their agreement or disagreement on a scale ranging from 1 (totally disagree) to 5 (totally agree). The items of this scale were the following: [my sexual orientation] "has hindered me when applying for a job", "has caused me problems in my relationship with my colleagues", "has caused problems in the recognition of my work", "has harmed me in accessing to positions of responsibility in my job", "has led me to be the target of jokes at work", "has caused me workplace harassment", and "has made me be treated discriminatorily by colleagues".

Higher scores in this measure indicate greater perceived discrimination. A total mean score on the scale was calculated, showing high internal consistency (α = .94) (α = .94 for the heterosexual subgroup, and α = .94 for the LGBTI subgroup).

**Work stress.** We used a Spanish adaptation (obtained through a back-translation procedure involving professional translators) of the Stress in General (SIG) scale by Stanton et al. (2001) to measure work stress using two dimensions: seven items to assess pressure (SIG-1) and eight items to assess threat (SIG-2). This measure has shown good convergent and discriminant validity. The measure is applied by presenting participants with a list of adjectives (e.g., “agitated”, “tense”) and asking them to consider whether or not this characteristic describes their workplace. To reply, participants must use a No (scored 0) or Yes (scored 3) response format. Higher scores indicate higher levels of work stress. In this study, the full scale showed high internal consistency (α = .87) (α = .86 in the heterosexual subgroup and α = .88 in the LGBTI subgroup). The internal consistency of the pressure subscale was α = .82 (α = .82 in the heterosexual subgroup and α = .83 in the LGBTI subgroup); the internal consistency of the threat subscale was α = .77 (α = .75 in the heterosexual subgroup and α = .77 in the LGBTI subgroup).

**Common mental disorders.** We used a screening tool to assess nonspecific psychological distress. Overall mental health was assessed with a Spanish translation of the Self-Reporting Questionnaire-20 (SRQ-20; Harding et al., 1980), which consists of 20 items referring to somatic, anxious, and depressive symptoms. This tool was developed by the World Health Organization to detect non-psychotic disorders and has since been widely used in many countries. It explores the various forms of emotional distress experienced by people in the last four weeks (e.g., symptoms of insomnia, fatigue, irritability, memory and concentration problems, as well as other somatic indicators such as headaches, tremors, or indigestion). The short format and dichotomous answers used (yes/no) make it a promising tool for the busy environment of primary care. Every Yes answer by a participant is scored with 1 point, resulting in a symptom score ranging from 0 to
poorer mental health. Effect size was calculated with Cohen’s d.

The scale had high psychometric properties of the SRQ-20 (Ludemir et al., 2008) provided by the World Health Organization. In this study we used the Spanish version by Navarro-Mantas et al. (2018), validated by the World Health Organization.

Depression. Given its relevance, we considered it essential to measure this specific form of mental disorder. To this end, we used the Center for Epidemiologic Studies Depression Scale (CESD-7), the short form of Radloff’s (1977) CESD-20, as an instrument to measure depressive symptoms. This version was developed by Herrero and Gracia (2007) and validated in a Spanish general population sample.

The scale was developed as a quick and reliable way to diagnose depression in the Spanish-speaking world and has shown adequate psychometric properties according to its authors. It consists of seven items that participants must answer about how they felt in the last week (e.g., “I felt as if I could not get rid of the sadness” or “I had trouble concentrating on what I was doing”). The scale has a response format ranging from 1 (rarely or never) to 4 (all or most of the time), with the intermediate options 2 (rarely or few times – 1/2 days) and 3 (a considerable number of times – 3/4 days). After inverting item 6, which is the only one drafted positively (“I enjoy life”), higher scores indicate a higher depressive mood. In this study the scale showed high internal consistency (α = .91) (α = .9 for the heterosexual subgroup and α = .91 for the LGBTI subgroup).

As expected, perceived sexual orientation discrimination was positively correlated with work stress, mental disorders, and depression in both groups. Work stress was positively correlated with the two indicators of psychological health, which were also positively correlated with each other. Tests (z) were performed to analyze whether the magnitude of correlations differed between the heterosexual group and the LGBTI group; the magnitude of correlations did not differ significantly in any variables.

### Results

As shown in Table 1, the scores of the two different groups of participants differed in the four measures analyzed. In short, LGBTI individuals reported experiencing higher discrimination and prejudice at work than heterosexuals because of their sexual orientation; they also reported higher levels of work stress, common mental disorders, and depression. Therefore, hypotheses 1, 2 and 3 were confirmed. Only in one case (the “pressure” subscale of the work stress measure) were the differences between the LGBTI and heterosexual groups not significant.

Several ANOVAs were performed including sexual orientation and participant gender as independent variables (only cis men and women were included). There were no significant effects of gender, or interactions between participant gender and sexual orientation in job discrimination or work stress. However, there was an interaction between gender and sexual orientation in the measure of common mental disorders. R(1, 310) = 12.6, p < .001, η^2_p = .04. Among heterosexual women, men (M = 5.41, SD = 4.9) had higher levels of common mental disorders than men (M = 2.92, SD = 3.23); among LGBTI workers, men M = 6.26, SD = 5.36) scored higher than women (M = 4.67, SD = 4.3) in such disorders. There was also a significant interaction between participant gender and sexual orientation in the measure of depression, R(1, 302) = 5.66, p = .02, η^2_p = .02. Among heterosexual women, men (M = 1.79, SD = .73) had higher levels of depression than men (M = 1.56, SD = .47); by contrast, among LGBTI workers, men (M = 1.91, SD = .71) had higher depression scores than women (M = 1.74, SD = .62).

Table 2 shows correlations between the four measures included, shown separately for the LGBTI and heterosexual participants. In this case we only included the overall score in the work stress scale. As expected, perceived sexual orientation discrimination was positively correlated with work stress, mental disorders, and depression in both groups. Work stress was positively correlated with the two indicators of psychological health, which were also positively correlated with each other. Tests (z) were performed to analyze whether the magnitude of correlations differed between the heterosexual group and the LGBTI group; the magnitude of correlations did not differ significantly in any variables.

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**Table 1.** Means (and Standard Deviations) of Each Measure as a Function of Participants’ Sexual Orientation

<table>
<thead>
<tr>
<th>Measure</th>
<th>Heterosexual</th>
<th>LGBTI</th>
<th>t</th>
<th>Effect size</th>
</tr>
</thead>
<tbody>
<tr>
<td>Job discrimination^1</td>
<td>1.55 (0.86)</td>
<td>2.20 (1.22)</td>
<td>-5.51**</td>
<td>0.61</td>
</tr>
<tr>
<td>Work stress^2</td>
<td>1.24 (0.69)</td>
<td>1.42 (0.73)</td>
<td>-2.25*</td>
<td>0.25</td>
</tr>
<tr>
<td>Work stress (pressure)</td>
<td>1.64 (0.97)</td>
<td>1.80 (0.97)</td>
<td>-1.47</td>
<td>0.16</td>
</tr>
<tr>
<td>Work stress (threat)</td>
<td>0.90 (0.80)</td>
<td>1.14 (0.87)</td>
<td>-2.58*</td>
<td>0.27</td>
</tr>
<tr>
<td>Depression (CESD-7)^3</td>
<td>1.68 (0.65)</td>
<td>1.90 (0.73)</td>
<td>-2.68**</td>
<td>0.32</td>
</tr>
<tr>
<td>Common mental disorders (SRQ-20)^4</td>
<td>4.28 (4.44)</td>
<td>6.04 (5.37)</td>
<td>-3.11**</td>
<td>0.36</td>
</tr>
</tbody>
</table>

Note:^1 Scores ranged from 1 (totally disagree) to 5 (totally agree). Higher scores reflect higher perceived discrimination. ^2 Scores ranged from 1 (rarely or never) to 6 (all or most of the time). Higher scores reflect higher work stress. ^3 Scores ranged from 1 (rarely or never) to 4 (all or most of the time). Higher scores reflect higher depressive mood. ^4 Scores ranged from 0 to 20. Higher scores reflect poorer mental health. Effect size was calculated with Cohen's d.

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To test the mediation models predicted in Hypothesis 4, we used the PROCESS Macro for SPSS (Hayes, 2013). Model 6, with 10,000 bootstrap resamples. Participants’ sexual orientation (coded as 0 = heterosexual, 1 = LGBTI) was introduced as an antecedent variable; scores on the Job Discrimination Scale and the Work Stress Scale (total score) were entered as mediators (in sequential order). In a first analysis, scores on the SRQ-20 (mental disorders) were entered as an outcome variable. Results of this analysis are shown in Figure 1 and Table 3. Belonging to the LGBTI group increased perceived discrimination, which in turn led to higher work stress, resulting in an increase in mental disorders: the indirect effect considering both mediators was significant, 0.47, SE = 0.11, [0.27, 0.72]. The indirect effect of sexual orientation—job discrimination—SRQ-20 was also significant, but the relationship between sexual orientation and the SRQ-20 mediated by work stress was not (Table 3). Specifically, sexual orientation influenced common mental disorders through job discrimination. Once LGBTI people felt discriminated at their job, this could affect common mental disorders directly or through...
work stress. Participants' sexual orientation did not lead to common mental disorders unless it was associated with job discrimination. Interestingly, the direct effect of sexual orientation on mental disorders was not significant, 0.49, SE = 0.48, p = .31, 95% CI [−0.46, 1.44]. In other words, the relationship between sexual orientation and mental disorders was entirely accounted for by the two mediating variables (i.e., job discrimination and work stress).

Discrimination, Work Stress, and Depression.

The same analysis was conducted using the measure of depression (CESD-7) as the outcome variable. Figure 2 and Table 3 show the results of this analysis. Belonging to the LGBTI group increased perceived discrimination, leading to higher work stress, resulting in higher depression: the indirect effect considering both mediators was significant, 0.06, SE = 0.01, 95% CI [0.03, 0.08]. The indirect effect of sexual orientation–job discrimination—CESD-7 was also significant, but the relationship between sexual orientation and the CESD-7 through work stress was not (Table 3). Again, as in the case of common mental disorders, once LGBTI people felt discriminated at their job, this discrimination could affect depression directly or through work stress. Participants' sexual orientation did not lead to depression unless it was associated with job discrimination. In this case, the direct effect of sexual orientation on depression was not significant either, 0.05, SE = 0.07, p = .5, 95% CI [−0.09, 0.19]. In other words, the relationship between sexual orientation and depression was entirely accounted for by the two mediators variables (i.e., job discrimination and work stress).

Discussion

Spain appears to be one of the countries with the lowest levels of prejudice and discrimination towards LGBTI people. However, certain old anti-LGBTI attitudes may continue to exist and manifest themselves more or less covertly.

Work environment is a very important part of people's lives not only from a quantitative point of view—e.g., the number of hours of our life that we spend in it or the fact that it is the main source of income for most people—but also from a qualitative viewpoint: it has a decisive impact on self-image and self-esteem and influences our psychological well-being and much more.

In this study we explored whether there are any differences between LGBTI and heterosexual workers of both sexes in the degree of discrimination that they perceive in their workplace because of their sexual orientation. Results showed that, compared to heterosexual individuals, LGBTI individuals perceived higher levels of discrimination and difficulties at work because of their sexual orientation. Although these levels of discrimination were relatively low (an average score of 2.2 out of 5), this does not mean that they are without consequences, as we discuss below. Our findings are consistent with those of other surveys and studies conducted in Spain (European Agency for Fundamental Rights - FRA, 2012; Di Marco et al., 2018; FELGTB-COGAM, 2013) and other countries (DeSouza et al., 2017), that show that LGBTI individuals report feeling discriminated against because of their sexual orientation or gender identity in the workplace.

Our results also revealed that employees self-defined as LGBTI reported higher levels of work stress than heterosexual ones. This finding is consistent with those of several other studies, which show that the working conditions of LGBTI employees are more adverse than those of heterosexual ones (Badgett et al., 2007; DeSouza et al., 2017). Furthermore, our data also showed that individuals self-defined as LGBTI reported higher levels of mental disorders and depression than heterosexual ones. This agrees with numerous studies that have demonstrated a heightened prevalence of depressive and anxiety disorders among LGBTI (vs. heterosexual) individuals (e.g., Bostwick et al., 2014). These findings are important because our measure of job discrimination included mainly blatant behaviors. Research conducted in Spain with LGBTI people has found that psychological well-being is more affected by subtle than blatant forms of discrimination. Given that the prejudice towards LGBTI people in Spain is not expressed in manifest forms (Pew Research

Table 3. Direct and Indirect Effects for Mental Disorders and Depression

<table>
<thead>
<tr>
<th>DV</th>
<th>Direct effect</th>
<th>Indirect effect 1</th>
<th>Indirect effect 2</th>
<th>Indirect effect 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental disorders (SRQ-20)</td>
<td>0.49 [-0.46, 1.44]</td>
<td>0.74 [0.38, 1.17]</td>
<td>0.06 [-0.41, 0.54]</td>
<td>0.47 [0.27, 0.72]</td>
</tr>
<tr>
<td>Depression (CESD-7)</td>
<td>0.05 [-0.09, 0.19]</td>
<td>0.11 [0.06, 0.18]</td>
<td>0.00 [-0.05, 0.06]</td>
<td>0.06 [0.03, 0.08]</td>
</tr>
</tbody>
</table>

Note. Unstandardized indirect effect estimates are presented (Hayes, 2013). Brackets show 95% confidence intervals for each estimate; confidence intervals that do not include zero represent a significant indirect effect. Indirect effect 1 = indirect effect of sexual orientation on DV through job discrimination. Indirect effect 2 = indirect effect of sexual orientation on DV through work stress. Indirect effect 3 = full serial mediation model (see Figure 1 and 2).
off point to consider the existence of a common mental disorder, which is currently 8 (Ludemir et al., 2008), the figures reached by the LGBTI subgroup (6.04) were not very far from this threshold.

Depression is one of the most burdensome health conditions, both at individual and population levels (Vilagut et al., 2016), being the most widespread mood disorder (Bromet et al., 2011). In our study, the scores obtained in depression (1.68 in heterosexuals and 1.90 in LGBTI people) were within the range of those found by Herrero and Gracia (2007) in the Spanish adult population (1.74 in one sample and 1.83 in the other).

This research has some limitations that should be addressed in future studies. First, it is virtually impossible to access a representative sample of LGBTI workers; thus, having accessed the sample through a trade union may imply that participants are especially aware of the problems of LGBTI people. Future studies should verify whether these results are also found in LGBTI individuals with a more diverse background. Second, it would be important to conduct this kind of research in heterosexual and LGBTI participants who work in the same organizations. Although we statistically controlled the effect of the type of sector in our analyses, variables related to the environment, industrial sector, and others, may have affected the results. Third, another limitation of this study is the use of a cross-sectional design. Thus, it is not possible to determine whether sexual orientation and related minority stress has a causal influence on differences between sexual minority and heterosexual individuals in depression and common mental disorders. This is a common limitation of the literature on the relationship between sexual orientation and mental health (Bridge et al., 2019). Longitudinal studies would make it possible to assess whether depression and mental health differences predict later sexual orientation-related mental health disparities. Last, the construct of job discrimination can be measured with more complex scales. For instance, Molero et al. (2013) found that subtle forms of discrimination affected psychological well-being of LGBTI people more than blatant forms. Thus, an instrument including both forms of discrimination could enrich findings.

In short, the results of our research show that, despite the great progress made in Spain in reducing prejudice and discrimination against LGBTI employees, this social stigma still persists, affecting levels of work stress and psychological well-being of these individuals. It is therefore essential to be aware of the problem and to conduct interventions aimed at reducing this discrimination so that psychological health of LGBTI workers is not affected.

Conflict of Interest

The authors of this article declare no conflict of interest.

References


FRA (2012). Discrimination and Well-being in Spanish LGBTI Workers


