Journal of Advanced Nursing
SPECIAL ISSUE Healthy Work Environments

WILEY

JAN Leading Global Nursing Research

EMPIRICAL RESEARCH QUANTITATIVE OPEN ACCESS

Experiences of LGBTQ+ Healthcare Providers in Workplaces in Taiwan: A Cross-Sectional Survey

Ya-Ching Wang[1,2] | Nae-Fang Miao[3] | Sih-Cheng Du[4] | Mei-Hui You[5] | Frank T. Y. Wang[6] | Chih-Yun Hsu[7] | Po-Han Lee[8] | Nathaniel M. Tran[9]

[1]School of Nursing, College of Medicine, National Taiwan University, Taipei, Taiwan | [2]Department of Nursing, National Taiwan University Hospital, Taipei, Taiwan | [3]Post-Baccalaureate Program in Nursing, College of Nursing, Taipei Medical University, Taipei, Taiwan | [4]Taiwan Tongzhi (LGBTQ+) Hotline Association, Taipei, Taiwan | [5]Graduate Institute of Gender Education, National Kaohsiung Normal University, Kaohsiung, Taiwan | [6]Graduate Institute of Social Work, National Chengchi University, Taipei, Taiwan | [7]Department of Psychiatry, Shin Kong Wu Ho Su Memorial Hospital, Taipei, Taiwan | [8]Institute of Health Policy and Management, College of Public Health, National Taiwan University, Taipei, Taiwan | [9]Division of Health Policy and Administration, School of Public Health, University of Illinois, Chicago, Illinois, USA

Correspondence: Ya-Ching Wang (ycwang0208@ntu.edu.tw)

Received: 26 September 2025 | **Revised:** 26 December 2025 | **Accepted:** 26 March 2026

Keywords: diversity | healthcare providers | healthy workplace environments | LGBTQ+ | survey | workplace discrimination

ABSTRACT

Aims: To examine workplace experiences, perspectives on coming out at work, organisational climate and mental health status of lesbian, gay, bisexual, transgender, queer/questioning and other sexual, and gender minority healthcare providers (LGBTQ+ HCPs) within an East Asian cultural context.

Design: Observational, cross-sectional study.

Methods: An online cross-sectional survey was conducted among 173 Taiwanese LGBTQ+ HCPs between May and August 2024.

Results: Most of the 173 respondents did not disclose their LGBTQ+ identities to any colleagues, and approximately two-fifths met the clinically significant threshold for depressive symptoms. Furthermore, compared to LGBTQ+ HCPs who disclosed to all, most, about half or a few colleagues, those who had not disclosed to any colleagues reported higher levels of depressive symptoms, lower self-esteem, less comfort with disclosure, greater perceived necessity to conceal their LGBTQ+ identities, lower scores for job stability or security, poorer interpersonal relations and lower agreement that an LGBTQ+-inclusive workplace climate would influence their willingness to remain in their current jobs. Although approximately 80% of the LGBTQ+ HCPs reported that they were familiar with national workplace antidiscrimination laws and that their organisations had grievance mechanisms, nearly two-fifths did not trust the grievance systems or procedures within their organisations.

Conclusion: Results emphasise the urgent need to create an LGBTQ+-inclusive workplace environment with clear and enforceable antidiscrimination policies and inclusive organisational practices to improve both disclosure safety and mental health outcomes for LGBTQ+ HCPs.

Impact: The study results extend existing knowledge by identifying the relationship between different levels of disclosure and mental health status among LGBTQ+ HCPs. They also highlight the importance of establishing support groups, a comprehensive mental health referral system and enforcement mechanisms that safeguard legal rights without compromising the privacy or safety of LGBTQ+ HCPs.

Patient or Public Contribution: No patient or public contribution.

1 | Introduction

In 1948, the United Nations General Assembly proclaimed the *Universal Declaration of Human Rights* (UDHR). Article 23 states that '1. Everyone has the right to work, to free choice of employment, to just and favourable conditions of work and to protection against unemployment', and '2. Everyone, without discrimination, has the right to equal pay for equal work'. However, lesbian, gay, bisexual, transgender, queer/questioning and other sexual and gender minority (LGBTQ+) individuals often encounter a range of negative experiences and face discrimination and challenges in their workplaces (Maji et al. 2024).

In 2023, the Human Rights Campaign Foundation's Workplace Equality Program and Public Education & Research Team surveyed 3044 adults (2022 and 1042 LGBTQ+ and non-LGBTQ+ workers, respectively) across the United States (Human Rights Campaign 2023). Approximately 76% of non-LGBTQ+ workers felt that their workplace was accepting of all gender identities, compared to only 60% of LGBTQ+ workers who felt the same (Human Rights Campaign 2023). Approximately 40% of the LGBTQ+ workers did not disclose their identities because of fear of stigmatisation or workplace violence, and 28% left their jobs because the workplace was not LGBTQ+-inclusive (Human Rights Campaign 2023). In 2023, the Taiwan Tongzhi (LGBTQ+) Hotline Association and the Taiwan Equality Campaign conducted a workplace equality survey with 1307 LGBTQ+ individuals from various occupations (e.g., services, technology and healthcare providers), and found that approximately 54.2% chose not to disclose their identities to colleagues because of fears of social isolation (41.6%), being passed over for promotion (33.9%), and being treated differently (31.7%) (Taiwan Tongzhi (LGBTQ+) Hotline Association and Taiwan Equality Campaign 2023).

Previous studies conducted in the United States and published between 1994 and 2024 have found that approximately 24%–94% of LGBTQ+ healthcare providers (HCPs) disclosed their LGBTQ+ identities at work (Eliason et al. 2018; Kumaran et al. 2024; Schatz and O'Hanlan 1994). Concealing one's LGBTQ+ identity at work has been associated with increased stress, which can reduce one's self-esteem, self-confidence and overall energy levels (Maji et al. 2024). Moreover, the disclosure of LGBTQ+ identities among LGBTQ+ HCPs involves an ongoing, complex process of risk–benefit assessment (Beagan et al. 2023). LGBTQ+ HCPs often disclose their LGBTQ+ identities strategically, more frequently to trusted colleagues and less commonly to patients or caregivers (Beagan et al. 2023). Multiple factors have been associated with LGBTQ+ HCPs' decisions to disclose their LGBTQ+ identities at work, including intrapersonal (e.g., past experiences of bullying, discrimination; Kumaran et al. 2024), interpersonal (e.g., concerns about interactions with colleagues, patients, caregivers or supervisors; Maji et al. 2024), organisational (e.g., heteronormative or hostile workplace climate; Westafer et al. 2022) and societal-level factors (e.g., heteronormative gender norms; Westafer et al. 2022).

LGBTQ+ HCPs have poorer well-being and mental health than do their non-LGBTQ+ counterparts (Ali and Ali 2023). In a survey of 141 academic emergency medicine faculty, Lu et al. (2020) used the Overt Gender Discrimination at Work (OGDW) Scale to assess the frequency and sources of experienced and observed discrimination. The survey found that the faculty members who identified as sexual minorities reported significantly higher mean OGDW scores than did their heterosexual counterparts (Lu et al. 2020). Heterosexist microaggressions from patients, caregivers, colleagues and supervisors were normalised and sustained by the broader heteronormative workplace and professional culture (Beagan et al. 2023; Bizzeth and Beagan 2023; Maji et al. 2024). Numerous studies indicate that the disclosure of LGBTQ+ identities in the workplace may lead to negative consequences for LGBTQ+ HCPs, such as lack of promotion, gossip, job loss, wage disparities and exposure to anti-LGBTQ+ comments and behaviours (Bizzeth and Beagan 2023; Eliason et al. 2018; Maji et al. 2024). These consequences can adversely affect LGBTQ+ HCPs' work performance, well-being and mental health, ultimately manifesting as low job satisfaction, diminished authenticity, feelings of depression and burnout, increased turnover and emotional distress (Eliason et al. 2018; Maji et al. 2024; Mohr et al. 2025).

Based on previous research, LGBTQ+ HCPs engage in a complex process of assessing and deciding whether to disclose their LGBTQ+ identities in the workplace. They often face multilevel challenges that can lead to negative job-related consequences and poorer well-being and mental health outcomes. However, most related studies have been conducted in Western contexts, including the United States, Canada, Australia, Sweden and the United Kingdom (Beagan et al. 2023; Bizzeth and Beagan 2023; Maji et al. 2024; Ross et al. 2022; Tomic et al. 2025), with limited research conducted in South Asia (e.g., Pakistan; Ali and Ali 2023) and Southeast Asia (e.g., the Philippines; Galanza et al. 2024). Thus, a significant gap remains in understanding the workplace experiences and mental health status of LGBTQ+ HCPs in East Asian contexts. Furthermore, although the Taiwan LGBTQ+ Workplace Equality Survey was conducted with LGBTQ+ individuals in various occupations (Taiwan Tongzhi (LGBTQ+) Hotline Association and Taiwan Equality Campaign 2016, 2020, 2023), the survey results neither examined differences across occupations nor reported results specifically for respondents working in the medical/healthcare sectors. In Taiwan, where same-sex marriage was legalised in 2019, empirical studies on this topic remain scarce.

2 | Methods

2.1 | Study Aims and Design

This study aimed to examine the workplace experiences, perspectives on coming out at work, organisational climate, depressive symptoms and self-esteem among LGBTQ+ HCPs in Taiwan. This descriptive cross-sectional study was conducted between May and August 2024. To ensure methodological rigour, this study adhered to the STROBE reporting guidelines (Von Elm et al. 2007).

2.2 | Sample and Recruitment

Individuals aged 18 years or older who self-identified as LGBTQ+ and actively practiced as HCPs in medical institutions during

the data collection period were invited to participate. In this study, the term 'healthcare providers' refers to individuals who obtained professional medical certificates in accordance with the Medical Personnel Regulations and held medical positions in healthcare institutions or government agencies (Laws, and Regulations Database of the Republic of China, Taiwan 2006). According to the regulations, HCPs include physicians, nurses, midwives, Chinese medicine practitioners, dentists, pharmacists, nutritionists, psychologists, physical therapists, occupational therapists, respiratory therapists, medical radiologists and medical examiners (Laws, and Regulations Database of the Republic of China, Taiwan 2006). LGBTQ+ HCPs who were not actively practicing during the data collection period were excluded.

Given the sensitive nature of this study, purposive and snowball sampling were used to recruit LGBTQ+ HCPs. Recruitment was conducted via 18 prominent online bulletin boards in Taiwan (PTT: nurses, physicians, pharmacists, therapists, nutritionists, psychologists, lesbian, gay, bisexual and transgender boards; Dcard: nurses, healthcare providers, physicians, pharmacists, rainbow, lesbian, transgender and asexual boards). A total of 173 LGBTQ+ HCPs, including 60 nurses (34.7%), 40 physicians (23.1%), 22 pharmacists (12.7%), 22 physical or occupational therapists (12.7%) and 29 other HCPs (e.g., Chinese medicine practitioners, psychologists, medical radiologists, medical examiners, respiratory therapists and nutritionists; 16.8%), completed the online questionnaire. Approximately half of the participants were employed in northern Taiwan (90, 52.0%), followed by southern (38, 22.0%), central (36, 20.8%) and eastern Taiwan and the offshore islands (9, 5.2%).

In terms of sample size, binary logistic regression was conducted with 22 independent variables and 173 participants. The resulting events per variable (EPV) ranged between five and nine, which, although slightly below the traditional rule of 10 EPV, has been considered acceptable in previous studies (Austin and Steyerberg 2017; Vittinghoff and McCulloch 2006). Therefore, we considered an EPV of seven acceptable (173/22 = 7.86) while interpreting the results with appropriate caution.

2.3 | Measures

The questionnaire included five sections: (1) demographic characteristics; (2) perspectives on coming out at work, workplace experiences and organisational climate (Taiwan Tongzhi (LGBTQ+) Hotline Association and Taiwan Equality Campaign 2016, 2020, 2023); (3) depressive symptoms (the 10-item Center for Epidemiologic Studies Depression Scale, CES-D-10; Andresen et al. 1994); (4) self-esteem (the Rosenberg Self-Esteem Scale; Rosenberg 2015); and (5) open-ended questions. The online questionnaire comprised 58 questions/statements.

2.3.1 | Demographics

Based on previous studies (Beagan et al. 2023; Westafer et al. 2022), the demographic section included items on age, sex assigned at birth, gender identity, sexual orientation, relationship status, education level, occupation, region of work, employment status, job position, length of service and monthly income (in New Taiwanese Dollars [NTD]; average salary: NTD 59,420 per month in Taiwan) (Directorate-General of Budget Accounting and Statistics, Executive Yuan, R.O.C. (Taiwan) 2024). All demographic variables were categorical, except for age, which was treated as a continuous variable.

2.3.2 | Perspectives on Coming Out at Work, Workplace Experiences and Organisational Climate Among LGBTQ+ HCPs

Perspectives on coming out at work, workplace experiences and organisational climate among LGBTQ+ HCPs were assessed using the Taiwan LGBTQ+ Workplace Equality Survey questionnaire (Taiwan Tongzhi (LGBTQ+) Hotline Association and Taiwan Equality Campaign 2016, 2020, 2023). The questionnaire was developed by the Taiwan LGBTQ+ Hotline Association and the Taiwan Equality Campaign and has been successfully administered to 4293 individuals from Taiwan's LGBTQ+ populations (Taiwan Tongzhi (LGBTQ+) Hotline Association and Taiwan Equality Campaign 2016, 2020, 2023). Among the respondents in the previous three surveys, most were employed in the service industry (512; 11.9%), followed by the education sector (410; 9.5%) and the technology industry (406; 9.4%). Notably, approximately 6.3% (272/4293) were employed in the medical/healthcare sector, including 60, 127 and 85 LGBTQ+ HCPs who participated in the 2016, 2020 and 2023 surveys, respectively. The questionnaire was successfully administered to the Taiwanese HCPs.

This section included 21 questions or statements that addressed perspectives on coming out at work, workplace experiences and organisational climate among LGBTQ+ HCPs, comprising six single-choice questions, six multiple-choice questions and nine statements on a 5-point Likert scale (1 = strongly disagree and 5 = strongly agree). The six single-choice questions addressed the level of disclosure to colleagues (Q2; see Table 2), employment law awareness (Q8), grievance mechanisms (Q9), LGBTQ+-unfriendly incident occurrence (Q10), LGBTQ+-unfriendly incident handling (Q11) and priority workplace issues (Q13). The six multiple-choice questions covered coming-out status (Q1), colleagues' and supervisors' support or mistreatment (Q3), inclusive policies and measures (Q4), past experiences of interpersonal and systemic mistreatment (Q5), coming-out concerns (Q7) and expected organisational support (Q12). The nine statements mainly investigated LGBTQ+ HCPs' perspectives on workplace disclosure (Q6, statements 1–4), interpersonal relations (Q6, statement 5) and job-related attitudes (Q6, statements 6–9). All variables were treated as categorical, except for the nine statements (Q6, statements 1–9), which were treated as continuous variables.

2.3.3 | Depressive Symptoms

LGBTQ+ HCPs' depressive symptoms were assessed using the CES-D-10 (Andresen et al. 1994), which measures the level of depressive symptoms experienced by LGBTQ+ HCPs over the

previous week. The scale comprises 10 statements (e.g., 'I felt depressed' or 'I was bothered by things that usually do not bother me'). Participants reported how often they agreed with each statement on a 4-point scale (0 = Rarely or none of the time to 3 = All of the time). Higher scores indicate greater levels of depressive symptoms. A total score of 10 or higher was used as the cutoff point for identifying significant depressive symptoms (Andresen et al. 1994). Strong internal consistency has been demonstrated in both national (Cronbach's $\alpha = 0.87$; Wang et al. 2021) and international LGBTQ+ populations (Cronbach's $\alpha = 0.86$; Ghabrial et al. 2023). In the current study, Cronbach's $\alpha = 0.85$.

2.3.4 | Self-Esteem

Self-esteem in LGBTQ+ HCPs was assessed using the Rosenberg Self-Esteem Scale (Rosenberg 2015). The scale has been successfully applied in both national (Cronbach's $\alpha = 0.90$; Wang et al. 2021) and international LGBTQ+ populations (Cronbach's $\alpha = 0.77$–0.88; Blascovich and Tomaka 1991; Rosenberg 2015). In this study, Cronbach's $\alpha = 0.88$. The scale comprises 10 statements (e.g., 'I feel that I have a number of good qualities' and 'I feel I do not have much to be proud of'). Participants responded on a 5-point Likert scale ranging from 1 (strongly agree) to 5 (strongly disagree). A neutral option (3 = neither agree nor disagree) was also included to avoid forcing the participants to choose. Total scores range from 10 to 50, with higher scores indicating higher levels of self-esteem.

2.3.5 | Open-Ended Questions

Three open-ended questions were included in the questionnaire to understand the respondents' positive or negative experiences with LGBTQ+ issues in the healthcare professions, their views on whether their organisations are LGBTQ+-inclusive healthcare workplaces and the resources needed or important issues pertaining to LGBTQ+ HCPs. The open-ended questions included in the online questionnaire were developed based on previous related international studies (Bizzeth and Beagan 2023; Westafer et al. 2022).

The full questionnaire was reviewed by three healthcare and gender experts to determine its content validity. Modifications were made based on the experts' comments, which did not alter the overall questionnaire design. Before the study started, a pilot study was conducted with 10 LGBTQ+ HCPs to verify the questionnaire's readability and wording as well as the performance of the online survey system (SurveyMonkey).

2.4 | Data Collection

Data were collected between May and August 2024. Given the sensitive nature of the research topic and certain questions (e.g., gender identity, sexual orientation or past negative experiences with colleagues and supervisors), and to ensure LGBTQ+ HCPs' comfort in participating, an anonymous online questionnaire was employed via SurveyMonkey (https://www.surveymonkey.com/), a secure survey platform with settings configured to not track or store respondents' electronic identification. To prevent duplicate responses, a note was displayed at the top of the welcome page requesting that the participants complete the online questionnaire only once. Of the 234 respondents, 173 completed the online survey (response rate = 73.9%).

2.5 | Data Analysis

Survey data were exported to an SAV file and analysed using SPSS version 26 (IBM Corp., Armonk, NY, USA). Descriptive statistics were used to analyse the respondents' demographic characteristics, depressive symptoms, self-esteem, perspectives on coming out at work, workplace experiences and organisational climate, as appropriate. Depressive symptoms, self-esteem, perspectives on workplace disclosure (Q6, statements 1–4), interpersonal relations (Q6, statement 5) and job-related attitudes (Q6, statements 6–9) among LGBTQ+ HCPs across different levels of disclosure to colleagues (all, most, about half, a few and none of my colleagues) were compared using the Kruskal–Wallis H test. Univariate and multivariate logistic regression analyses were conducted to identify factors associated with clinically significant depressive symptoms among LGBTQ+ HCPs (CES-D-10 $\geq$ 10 indicating clinically significant level of depressive symptoms; Andresen et al. 1994). In addition to the demographic variables and self-esteem, the nine statements about LGBTQ+ HCPs' perspectives on workplace disclosure, interpersonal relations and job-related attitudes were included as the independent variables in the univariate logistic regression analyses based on previous evidence (Mohr et al. 2025). Independent variables that were significant in the univariate logistic regression analysis (variables with $p < 0.25$; Hosmer et al. 2013) were included in the multivariate logistic regression analysis using backward selection.

For the three open-ended questions, response frequencies were summarised for HCPs' reports on whether their organisations were LGBTQ+-inclusive workplaces, any positive or negative LGBTQ+-related events or scenarios they experienced, and the resources or important issues that need to be addressed to build an LGBTQ+-inclusive workplace.

2.6 | Ethical Considerations

All procedures were approved by the Research Ethics Committee of National Taiwan University Hospital (NTUH-REC No: 202405046RINC; Date of Approval: May 28, 2024). The homepage of the online survey welcomed participants and provided detailed information on the study's objectives and procedures. Before beginning the survey, the participants were asked to review the study information. They were informed that they could withdraw from the study at any time. By clicking the 'Next' button on the welcome page, they indicated their understanding of the study and consented to participate. All data were collected and processed anonymously, and no personally identifiable information was obtained.

3 | Results

3.1 | Demographic Characteristics, Depressive Symptoms and Self-Esteem

The age range of LGBTQ+ HCPs was 22–48 years (mean = 31.02, SD = 5.621; Table 1). Most respondents were female (by sex assigned at birth and gender identity), nurses, partnered, non-supervisory staff, self-identified as lesbians, working in northern Taiwan, with a college degree, holding a full-time job, with less than 5 years of service and earning a monthly income of less than NTD 50,000. The mean CES-D-10 and Rosenberg Self-Esteem Scale scores among LGBTQ+ HCPs were 9.115 (SD = 5.095) and 35.699 (SD = 6.531), respectively. Approximately two-fifths of the respondents (39.9%) met the clinically significant threshold for depressive symptoms (CES-D-10 ≥ 10).

3.2 | Perspectives on Coming Out at Work, Workplace Experiences and Organisational Climate Among LGBTQ+ HCPs

Among the 173 LGBTQ+ HCPs, 35.3% had not disclosed their LGBTQ+ identities to any colleague (see Table 2), whereas only 11.6% had disclosed their identities to all colleagues. Disclosure to supervisors (16.8%), other supervisors or individuals in higher-ranking positions (12.1%), and patients and caregivers (2.9%) was limited. Approximately 31.2% reported that their colleagues or supervisors had made unfriendly comments about LGBTQ+ populations, whereas 29.5% mentioned that their colleagues or supervisors openly disclosed their own LGBTQ+ identities at work. Negative workplace experiences were common; for example, 46.2% reported pretending to be heterosexual and 41.6% reported being asked about their love life or being urged to date someone of the opposite sex. In addition, approximately two-fifths (39.3%) of LGBTQ+ HCPs indicated that their organisations did not apply any methods to build an LGBTQ+-inclusive workplace environment.

Regarding LGBTQ+ HCPs' perspectives on workplace disclosure, interpersonal relations and their job-related attitudes, although the respondents reported that they got along with their colleagues or supervisors (mean = 3.948; SD = 0.858), they felt less comfortable disclosing their LGBTQ+ identities (mean = 2.734; SD = 1.329). Scores on job-related attitudes among the LGBTQ+ HCPs ranged from 3.667 to 3.734, and approximately 68.2% agreed that the organisational climate affected their willingness to remain in their current job (mean = 3.867; SD = 0.862). Moreover, the primary concerns about coming out at work were impacts on interpersonal relationships (55.5%) and workplace bullying (35.8%).

While most LGBTQ+ HCPs were familiar with national antidiscrimination laws (Employment Service Act and Gender Equality in Employment Act; 82.7%) and reported that their organisations had grievance procedures (79.7%), approximately two-fifths (41.9%) did not trust these mechanisms. A total of 13.9% of the respondents reported LGBTQ+-unfriendly incidents, but only four received active organisational responses. The top three organisational needs reported were publicity expressing LGBTQ+-friendly views both internally and externally (57.8%), proactively addressing instances of LGBTQ+ or gender-based discrimination (41.0%) and proposing clear and inclusive LGBTQ+ workplace policies (37.6%). The most urgent workplace issue was excessive work pressure (42.9%), followed by unfair salaries and benefits (31.8%), limited opportunities for networking with LGBTQ+ colleagues (15.3%) and a non-LGBTQ+-inclusive workplace climate (10.0%).

3.3 | Comparisons of Mental Health, Perspectives on Workplace Disclosure, Interpersonal Relations and Job-Related Attitudes Among LGBTQ+ HCPs by Levels of Disclosure to Colleagues

Group differences in depressive symptoms, self-esteem, perspectives on workplace disclosure, interpersonal relations and job-related attitudes were examined by levels of disclosure to colleagues using the Kruskal–Wallis H test (see Table 3). LGBTQ+ HCPs who disclosed more broadly reported fewer depressive symptoms ($p < 0.001$), higher self-esteem ($p = 0.006$), greater comfort in disclosing their LGBTQ+ identities ($p < 0.001$), a stronger belief that being able to come out at work is important ($p < 0.001$) and reported getting along better with colleagues or supervisors ($p = 0.007$). Conversely, those who disclosed less were more likely to report the necessity of concealing their LGBTQ+ identity for both themselves ($p < 0.001$) and for those in higher-ranking positions ($p < 0.001$). The disclosure level was also related to perceived job stability or a sense of security ($p = 0.009$) and to the extent to which an LGBTQ+-inclusive workplace climate affected willingness to remain in the current job ($p = 0.006$).

3.4 | Logistic Regression Analyses for Factors Associated With Depressive Symptoms Among LGBTQ+ HCPs

In the univariate regression analyses, higher self-esteem (OR = 0.798, 95% CI 0.743–0.857, see Table 4), greater comfort in disclosing LGBTQ+ identity (OR = 0.659, 95% CI 0.514–0.845), getting along well with colleagues or supervisors (OR = 0.487, 95% CI 0.325–0.731), greater perceived job achievement (OR = 0.504, 95% CI 0.341–0.745), greater perceived job stability or a sense of security (OR = 0.558, 95% CI 0.391–0.798) and higher job satisfaction (OR = 0.563, 95% CI 0.387–0.819) were associated with a reduced risk of depressive symptoms. By contrast, greater perceived necessity of concealing one's own LGBTQ+ identity from colleagues (OR = 1.547, 95% CI 1.158–2.065) was associated with an increased risk of depressive symptoms.

In the multivariate regression analyses, higher self-esteem (OR = 0.788, 95% CI 0.731–0.849) was associated with a reduced risk of depressive symptoms, whereas greater perceived necessity of concealing one's own LGBTQ+ identity from colleagues (OR = 1.580, 95% CI 1.110–2.250) was associated with an increased risk of depressive symptoms.

3.5 | Open-Ended Question Results

Of the 98 LGBTQ+ HCPs who responded to workplace inclusivity (see Table 5), 50 described their organisation as inclusive, mainly because of their LGBTQ+-friendly colleagues or supervisors (28/50), environment (13/50), LGBTQ+

TABLE 1 | Demographic characteristics, depressive symptoms and self-esteem.

		Mean 31.02	SD 5.621
Age$_{(N=173)}$	**Range 22–48**	***N***	**%**
Sex assigned at birth$_{(N=172)}$	Male	50	29.1
	Female	122	70.9
Gender identity$_{(N=173)}$	Male	46	26.6
	Female	114	65.9
	Others[a]	13	7.5
Sexual orientation$_{(N=173)}$	Lesbian	71	41.0
	Gay	35	20.2
	Bisexual	40	23.1
	Heterosexual	11	6.4
	Others[b]	16	9.2
Relationship status$_{(N=173)}$	Single	78	45.1
	Partnered	79	45.7
	Married[c]	16	9.2
Education level$_{(N=173)}$	High school	9	5.2
	College	126	72.8
	Postgraduate	38	22.0
Occupation$_{(N=173)}$	Nurses	60	34.7
	Physician	40	23.1
	Pharmacist	22	12.7
	Physical/Occupational therapist	22	12.7
	Others$_{(\text{e.g., psychologist, nutritionist, etc.})}$	29	16.8
Region of work$_{(N=173)}$	Northern Taiwan	90	52.0
	Central Taiwan	36	20.8
	Southern Taiwan	38	22.0
	Eastern Taiwan/Offshore islands	9	5.2
Employment status	Full time	162	93.6
	Part time	11	6.4
Job position$_{(N=173)}$	Non-supervisory staff	156	90.2
	Supervisor	17	9.8
Length of service$_{(N=172)}$	< 5 years	77	44.8
	5 years–9 years 11 months	59	34.3
	≧ 10 years	36	20.9
Monthly income NTD$_{(N=173)}$	< $50,000	55	31.8
	$50,001–$70,000	54	31.2
	$70,001–$100,000	38	22.0
	> $100,001	26	15.0

(Continues)

TABLE 1 | (Continued)

		Mean 31.02	SD 5.621
Age$_{(N=173)}$	**Range 22–48**	***N***	**%**
Depressive symptoms$_{(N=173)}$	CES-D-10 < 10	104	60.1
	CES-D-10 ≥ 10	69	39.9
		Mean 9.115	SD 5.095
Rosenberg self-esteem$_{(N=173)}$		Mean 35.699	SD 6.531

Abbreviations: CES-D-10, 10-item Center for Epidemiology Studies Depression Scale; NTD, New Taiwanese Dollar; SD, standard deviation.
[a]Others ($N=13$) in the gender identity category included participants who were identified as queers ($N=11$) and those who declined to respond ($N=2$).
[b]Others ($N=16$) in the sexual orientation category included pansexual ($N=6$), asexual ($N=7$), unsure ($N=1$) and those who declined to respond ($N=2$).
[c]Married included both heterosexual and same-sex marriages.

colleagues (4/50), policies (2/50), facilities (2/50) or networking activities (1/50). In contrast, 33 respondents indicated that their organisations were non-inclusive workplaces because of negative attitudes from colleagues or supervisors (17/33; e.g., using discriminatory language against LGBTQ+ colleagues), heterosexist environments (16/33; e.g., single-sex toilets or changing rooms), lack of action to promote LGBTQ+ rights (4/33), impacts on career development (2/33) or heterosexual assumptions (2/33). Fifteen respondents considered their organisations to be either inclusive or non-inclusive (12/15) or indicated that colleagues' or supervisors' attitudes depended on work performance (2/15). One respondent expressed mixed feelings about the workplace climate.

Among the 56 respondents who described LGBTQ+-related events or scenarios, 5 reported positive experiences and 51 reported negative experiences. Most negative experiences involved discriminatory comments or behaviours from colleagues or supervisors towards LGBTQ+ colleagues or patients (43/51); for example, a supervisor openly stated that homosexuality was a perverted behaviour. In addition, six respondents (6/51) reported being discriminated against by patients or caregivers because of their gender role expression; for instance, being called dubious (neither male nor female in Chinese) by a patient. Two respondents (2/51) reported a heterosexist environment.

Regarding resources or issues for building an LGBTQ+-inclusive workplace, 35 respondents (35/70) emphasised the importance of education for HCPs (27/35) and the general public (8/35). Others highlighted inclusive environments (15/70; e.g., respect, open support for LGBTQ+ employees and inclusion of employees who have disclosed their LGBTQ+ identities), supervisors' support (8/70), LGBTQ+-friendly facilities (7/70), policies (5/70), peer-networking activities (3/70) and healthcare resources for partners (1/70).

4 | Discussion

This study examined Taiwanese LGBTQ+ HCPs' perspectives on coming out at work, workplace experiences, organisational climate and mental health status. Most participants had disclosed their LGBTQ+ identities to none or only a few colleagues, and very few had disclosed their identities to supervisors, other higher-ranking personnel, or patients and caregivers. Previous studies from Canada and the United States reported similar findings in which supervisors, patients and patients' families were frequently identified as the primary perpetrators of workplace bullying (Bizzeth and Beagan 2023; Mohr et al. 2025). Compared to data from the 2023 Taiwan Workplace Equality Survey of 1307 LGBTQ+ individuals from various occupations (Taiwan Tongzhi (LGBTQ+) Hotline Association and Taiwan Equality Campaign 2023), the LGBTQ+ HCPs in this study were less likely to come out to colleagues (45.8% in the Taiwan Workplace Equality Survey vs. 44.5% in this study), supervisors (28.9% vs. 16.8%) or clients (9.4% vs. 2.9%). Previous research suggests that healthcare professionalism and pervasive healthcare culture, which are shaped by heteronormative or cisnormative norms, may frame LGBTQ+ identities as 'unprofessional' (Beagan et al. 2023; Ross et al. 2022). Being perceived as 'unprofessional' likely contributes to workplace difficulties and further exacerbates the mental health challenges of LGBTQ+ HCPs (Barbee and McKay 2023). These findings highlight the need for clear and enforceable organisational policies to disrupt heteronormativity and cisnormativity and foster a more inclusive professional culture.

In addition, based on comparisons of mental health, perspectives on workplace disclosure, interpersonal relations and job-related attitudes among LGBTQ+ HCPs by levels of disclosure to colleagues, we found that respondents who had not disclosed to any colleagues reported the poorest outcomes across multiple domains. They had the highest levels of depressive symptoms, lowest self-esteem, least comfort with disclosure, greatest perceived necessity to conceal their LGBTQ+ identities, lowest scores for job stability or security, lowest rating for getting along with colleagues or supervisors, and lowest agreement that an LGBTQ+-inclusive workplace climate influences their willingness to remain in their current jobs, compared with those who had disclosed to all, most, about half or a few colleagues. Furthermore, both univariate and multivariate logistic regression analyses revealed that the perceived necessity of concealing one's LGBTQ+ identity from colleagues was associated with a higher risk of depressive symptoms. These results were partially consistent with those of previous international studies. In Menousek et al.'s (2024) survey of 107 US residents (90 non-LGBTQ+ and 17 LGBTQ+), approximately 29% of the LGBTQ+ residents reported feeling uncomfortable disclosing their sexual orientation, and nearly half (47%) indicated that they deliberately concealed their sexual orientation in the workplace because of fears of rejection or reprisal. Moreover, Ross et al. (2022) indicated that LGBTQ+ physical therapists experienced heightened

TABLE 2 | Perspectives on coming out at work, workplace experiences and organisational climate among LGBTQ+ HCPs.

Topics/questions	Statements	*N*	%
1. To whom have you disclosed your LGBTQ+ identities (coming out status; multiple choice; $N=173$)	• Close friends	149	86.1
	• Friends	51	29.5
	• Family members or relatives	73	42.2
	• Colleagues	77	44.5
	• Supervisors	29	16.8
	• Other supervisors or individuals in higher-ranking positions	21	12.1
	• Patients and their caregivers	5	2.9
	• None of the above	23	13.3
2. The extent to which I have come out to colleagues... (single choice; $N=173$)	• All of my colleagues	20	11.6
	• Most of my colleagues	23	13.3
	• About half of my colleagues	17	9.8
	• A few of my colleagues	52	30.1
	• None of my colleagues	61	35.3
3. My practicing organisation or workplace has... (multiple choice; $N=173$)	• Colleagues or supervisors who actively promote LGBTQ+ rights/issues	22	12.7
	• Colleagues or supervisors who openly disclose their LGBTQ+ identity at work	51	29.5
	• A boss or top manager (e.g., dean) who openly supports LGBTQ+ people	14	8.1
	• Colleagues or supervisors who have made unfriendly comments about LGBTQ+ populations	54	31.2
	• Supervisors or top managers (e.g., dean) who have made unfriendly comments about LGBTQ+ populations	13	7.5
	• Instances of being bullied or treated unfairly by colleagues or supervisors because of gender identity or gender expression	10	5.8
	• Instances of being bullied or treated unfairly by colleagues or supervisors because of sexual orientation (disclosure or speculation)	2	1.2
	• Instances of being bullied or treated unfairly by colleagues or supervisors because of transgender identity	2	1.2
	• None of the above	42	24.3
4. The organisation or workplace I belong to has... (multiple choice; $N=173$)	• Expressed LGBTQ+-friendly opinions internally and externally	51	29.5
	• Proposed LGBTQ+-inclusive policies	26	15.0
	• Provided LGBTQ+-inclusive training	36	20.8
	• Gender-neutral toilets	41	23.7
	• Displayed support for LGBTQ+ populations by hanging the rainbow flag	11	6.4
	• Inclusive dress codes	13	7.5
	• Supported LGBTQ+ employee network groups	3	1.7
	• Used materials which include LGBTQ+ populations (non-negative or non-stereotype)	8	4.6
	• Sponsored or donated to an LGBTQ+ or gender-friendly group	0	0.0
	• Provided transgender-friendly measures or arrangements	7	4.0
	• None of the above, but has other LGBTQ+-friendly measures	21	12.1
	• None of the above	68	39.3

(Continues)

TABLE 2 | (Continued)

Topics/questions	Statements	*N*	%
5. Experiences with colleagues and supervisors: Which of the following situations have you encountered? (multiple choice; $N = 173$)	• Pretending to be heterosexual in front of colleagues or supervisors (e.g., aligning with heterosexual chat topics)	80	46.2
	• Often being asked about my love life or being urged to date someone of the opposite sex	72	41.6
	• Often being probed about privacy (e.g., being pressured to join social media such as Facebook or being probed about dating status)	21	12.1
	• Being advised to change or adjust my gender expression, appearance or behaviour	13	7.5
	• Work system or employee benefits in the organisation only consider heterosexual couples (e.g., additional subsidies for heterosexual couples)	18	10.4
	• Encountering difficulties or misunderstandings due to my gender identity or gender appearance (e.g., using male/female restrooms)	12	6.9
	• Encountering difficulties or misunderstandings due to my sexual orientation	7	4.0
	• Being unable to use my preferred gender title	7	4.0
	• None of the above	60	34.7
6. For the statements, please choose the one that best matches your thoughts or situation (5-point Likert Scale; $N = 173$)		**Mean**	**SD**
	• I can comfortably disclose my LGBTQ+ identity to colleagues	2.734	1.329
	• I believe that being able to come out in the workplace is important	2.930	1.127
	• I feel it is necessary to hide my LGBTQ+ identity from colleagues	3.075	1.126
	• I feel it is necessary for those in higher-ranking positions to conceal their LGBTQ+ identity	2.971	1.241
	• I get along well with my colleagues or supervisors	3.948	0.858
	• My current job gives me a sense of achievement	3.728	0.870
	• I feel my current work provides me with stability or a sense of security	3.734	0.921
	• Overall, I am satisfied with my current job	3.667	0.874
	• The LGBTQ+-inclusive workplace climate affects my willingness to remain in my current job	3.867	0.862
7. I worry that coming out at work (whether voluntarily or being outed) will... (multiple choice; $N = 173$)	• Negatively impact my interpersonal relationships	***N*** 96	**%** 55.5
	• Negatively impact my job promotion or career development	59	34.1
	• Lead colleagues or supervisors to deliberately make things difficult for me	60	34.7
	• Result in workplace bullying (including verbal or physical harassment)	62	35.8
	• Lead to accusations of immoral conduct	27	15.6
	• Indirectly cause my LGBTQ+ identity to be disclosed to my family members or relatives	60	34.7
	• Directly or indirectly cause me to lose my job	26	15.0
	• None of the above	41	23.7
8. I am aware of the Employment Service Act and the Gender Equality in Employment Act (single choice; $N = 173$)	• Yes	143	82.7
	• No	30	17.3

(Continues)

TABLE 2 | (Continued)

Topics/questions	Statements	*N*	%
9. If workplace bullying occurs, does your organisation have a grievance or complaint mechanism? (single choice; $N=172$)	• Yes	65	37.8
	• Yes, but I do not trust the system.	72	41.9
	• No	9	5.2
	• I do not know/I am not sure.	26	15.1
10. Has an LGBTQ+-unfriendly incident occurred in your workplace? (single choice; $N=173$)	• Yes	24	13.9
	• No	86	49.7
	• I am not sure	63	36.4
11. Following the previous question, how was the LGBTQ+-unfriendly incident handled? (single choice; $N=31$)	• The organisation or supervisor actively addressed it	4	12.9
	• The organisation or supervisor did not address it	7	22.6
	• The organisation or supervisor addressed it passively	7	22.6
	• I do not know the incident was handled	13	41.9
12. The three things I most hope my organisation or supervisors would do are... (multiple choice; $N=173$)	• Proactively address instances of LGBTQ+- or gender-based discriminations	71	41.0
	• Establish clear penalties for LGBTQ+ or gender-unfriendly incidents	28	16.2
	• Publicly express LGBTQ+-friendly views both internally and externally	100	57.8
	• Propose clear and inclusive LGBTQ+ workplace policies	65	37.6
	• Provide LGBTQ+-inclusive courses or training programs	44	25.4
	• Offer transgender-friendly measures or accommodations	28	16.2
	• Support LGBTQ+ employee network groups	32	18.5
	• Provide or plan for gender-neutral facilities (e.g., dressing room, restrooms)	29	16.8
	• Allow freedom of dress style under workplace dress codes	48	27.7
	• Sponsor or support LGBTQ+ or gender-equality advocacy organisations	55	31.8
13. Which of the following issues do you think should be addressed first? (single choice; $N=170$)	• Excessive work pressure	73	42.9
	• Unfair salaries and benefits	54	31.8
	• Limited opportunities for networking with LGBTQ+ colleagues	26	15.3
	• A non-LGBTQ+-inclusive workplace climate	17	10.0

Abbreviations: HCP, healthcare practitioner; LGBTQ+, lesbian, gay, bisexual, transgender, queer/questioning and other sexual and gender minority; SD, standard deviation.

stress due to fear of discrimination or actual discrimination and engaged in additional emotional and other forms of labour to conceal aspects of their lives in the workplace to feel safe and maintain a sense of security. Notably, although previous studies have consistently indicated that LGBTQ+ workers are at a greater risk of depression than are their non-LGBTQ+ counterparts (Tomic et al. 2025), no prior research has specifically highlighted that fully closeted LGBTQ+ HCPs face a higher risk of depressive symptoms than do LGBTQ+ HCPs with varying levels of disclosure. However, past evidence has shown that LGBTQ+ employees often conceal their identities in the workplace due to fear of discrimination or negative consequences, and such concealment can directly or indirectly increase the risk of depression (Maji et al. 2024). Prolonged nondisclosure has also been associated with isolation, living a 'double life', internal alienation, self-loathing and feelings of shame, all of which further undermine psychological well-being and self-esteem (Giddings and Smith 2001). The results of previous research and our study reinforce the need for enforceable antidiscrimination policies and inclusive practices to enhance both disclosure safety and mental health among LGBTQ+ HCPs, especially for those who conceal their LGBTQ+ identities and feel uncomfortable or unsafe disclosing their LGBTQ+ identities in the workplace.

Of the 173 LGBTQ+ HCPs, over 80% were familiar with national antidiscrimination laws, including the Employment Service Act (Laws and Regulations Database of the Republic of China (Taiwan) 2025) and the Gender Equality in Employment Act (Laws and Regulations Database of the Republic of China (Taiwan) 2023), which prohibit discrimination based on gender and sexual orientation. However, despite this legal awareness, approximately two-fifths did not trust their organisations' grievance systems. Concerns about the grievance mechanism may relate to the risk of disclosing one's LGBTQ+ identity, whereas unexpected disclosure in the workplace may result in adverse consequences. Similar results can be found in Fric's (2019)

TABLE 3 | Comparisons of mental health, perspectives on workplace disclosure, interpersonal relations and job-related attitudes among LGBTQ+ HCPs by levels of disclosure to colleagues.

	All participants	All of my colleagues	Most of my colleagues	About half of my colleagues	A few of my colleagues	None of my colleagues	
	Mean (SD)	Mean (SD)	Mean (SD)	Mean (SD)	Mean (SD)	Mean (SD)	p[a]
Depressive symptoms	9.116 (5.095)	6.600 (3.283)	8.174 (4.716)	5.588 (3.163)	9.846 (5.135)	10.656 (5.379)	< 0.001
Self-esteem	35.699 (6.531)	39.950 (5.799)	36.609 (6.940)	37.412 (5.669)	35.154 (6.245)	33.951 (6.461)	0.006
I can comfortably disclose my LGBTQ+ identity to colleagues	2.734 (1.329)	4.500 (0.688)	3.913 (0.900)	3.471 (0.943)	2.327 (0.944)	1.853 (0.980)	< 0.001
I believe being able to come out in the workplace is important	2.930 (1.127)	3.750 (1.251)	3.478 (0.994)	2.941 (0.556)	2.865 (0.950)	2.500 (1.186)	< 0.001
I feel it is necessary to hide my LGBTQ+ identity from colleagues	3.075 (1.126)	1.900 (1.021)	2.348 (0.775)	2.471 (0.717)	3.212 (0.957)	3.787 (0.933)	< 0.001
I feel it is necessary for those in higher-ranking positions to conceal their LGBTQ+ identity	2.971 (1.241)	2.100 (1.252)	2.391 (1.033)	2.529 (0.800)	3.154 (1.211)	3.443 (1.191)	< 0.001
I get along well with my colleagues or supervisors	3.948 (0.858)	4.250 (0.716)	4.261 (0.541)	4.353 (0.606)	3.827 (0.834)	3.721 (0.985)	0.007
My current job gives me a sense of achievement	3.728 (0.870)	3.850 (0.745)	3.783 (0.671)	4.118 (0.781)	3.692 (0.781)	3.590 (1.039)	0.233
I feel my current work provides me with stability or a sense of security	3.734 (0.921)	3.800 (0.951)	3.913 (0.733)	4.353 (0.606)	3.731 (0.819)	3.475 (1.043)	0.009
Overall, I am satisfied with my current job	3.667 (0.874)	3.500 (1.192)	3.826 (0.576)	4.177 (0.728)	3.640 (0.776)	3.541 (0.923)	0.098
The LGBTQ+-inclusive workplace climate affects my willingness to remain in my current job	3.867 (0.862)	4.250 (0.786)	4.087 (0.733)	4.294 (0.588)	3.769 (0.807)	3.623 (0.952)	0.006

Abbreviations: HCP, healthcare practitioner; LGBTQ+, lesbian, gay, bisexual, transgender, queer/questioning and other sexual and gender minority; SD, standard deviation.

[a]The Kruskal–Wallis H test was used to examine differences in scores across levels of disclosure to colleagues. 'All participants' columns present descriptive statistics for the overall sample and are not included in the across-group statistical analyses.

TABLE 4 | Logistic regression analyses for factors associated with depressive symptoms among LGBTQ+ HCPs.

		Univariate			Multivariate		
		OR	95% CI	*p*	OR	95% CI	*p*
Age		1.006	0.953–1.062	0.837			
Sex assigned at birth	Male	Ref.					
	Female	1.442	0.726–2.865	0.296			
Gender identity	Male	Ref.					
	Female	1.315	0.645–2.681	0.451			
	Others[a]	1.607	0.461–5.598	0.456			
Sexual orientation	Lesbian	Ref.					
	Gay	0.777	0.268–2.250	0.642			
	Bisexual	0.516	0.157–1.695	0.275			
	Heterosexual	0.750	0.239–2.353	0.622			
	Others[b]	1.125	0.236–5.371	0.833			
Relationship status	Single	Ref.					
	Partnered	0.547	0.287–1.040	0.066			
	Married[c]	0.351	0.104–1.183	0.091			
Educational level	High school	Ref.					
	College	0.544	0.139–2.214	0.381			
	Postgraduate	0.416	0.095–1.820	0.244			
Occupation	Physician	Ref.					
	Nurses	0.966	0.430–2.137	0.934			
	Pharmacist	0.773	0.265–2.257	0.638			
	Physical/Occupational therapist	0.507	0.164–1.568	0.239			
	Others (e.g., psychologist, nutritionist, etc.)	1.099	0.419–2.881	0.847			
Region of work	Northern Taiwan	Ref.					
	Central Taiwan	1.812	0.828–3.966	0.137			
	Southern Taiwan	1.182	0.542–2.580	0.675			
	Eastern Taiwan/ Offshore island	1.450	0.363–5.786	0.599			
Employment status	Full time	Ref.					
	Part time	1.276	0.374–4.357	0.697			
Job position	Non-supervisory staff	Ref.					
	Supervisor	0.805	0.283–2.289	0.684			
Length of service	< 5 years	Ref.					
	5 years–9 years 11 months	1.304	0.645–2.601	0.451			
	≧ 10 years	0.936	0.411–2.128	0.874			

(Continues)

TABLE 4 | (Continued)

		Univariate			Multivariate		
		OR	**95% CI**	***p***	**OR**	**95% CI**	***p***
Monthly income NTD_{(New Taiwanese Dollar)}$	< $50,000	Ref.					
	$50,001–$70,000	0.955	0.443–2.058	0.906			
	$70,001–$100,000	0.780	0.330–1.844	0.571			
	> $100,001	1.500	0.586–3.837	0.397			
Self-esteem		0.798	0.743–0.857	< 0.001	0.788	0.731–0.849	< 0.001
I can comfortably disclose my LGBTQ+ identity to colleagues		0.659	0.514–0.845	0.001			
I believe being able to come out in the workplace is important		0.905	0.690–1.188	0.473			
I feel it is necessary to hide my LGBTQ+ identity from colleagues		1.547	1.158–2.065	0.003	1.580	1.110–2.250	0.011
I feel it is necessary for those in higher-ranking positions to conceal their LGBTQ+ identity		1.171	0.914–1.501	0.211			
I get along well with my colleagues or supervisors		0.487	0.325–0.731	0.001			
My current job gives me a sense of achievement		0.504	0.341–0.745	0.001			
I feel my current work provides me with stability or a sense of security		0.558	0.391–0.798	0.001			
Overall, I am satisfied with my current job		0.563	0.387–0.819	0.003			
The LGBTQ + -inclusive workplace climate affects my willingness to remain in my current job		0.973	0.684–1.386	0.881			

Abbreviations: CI, confidence interval; HCP, healthcare practitioner; LGBTQ+, lesbian, gay, bisexual, transgender, queer/questioning and other sexual and gender minority; OR, odds ratio; SD, standard deviation.
[a]Others in the gender identity category included participants who were identified as queer and those who declined to respond.
[b]Others in the sexual orientation category included pansexual, asexual, unsure and those who declined to respond.
[c]Married included both heterosexual and same-sex marriages.

study, which utilised data from an EU LGBT survey. Fric (2019) indicated that LG employees concealed their sexual orientation more in hostile workplaces, and greater concealment was associated with heightened perceptions of discrimination and a reduced likelihood of reporting discriminatory incidents. Furthermore, the results showed that fear of potential repercussions was a key factor in preventing LG employees from reporting workplace bullying or discriminatory incidents (Fric 2019). In our open-ended responses, although some respondents reported their experiences of workplace bullying, none indicated whether they had filed a grievance or how the incident was handled. Moreover, beyond workplace bullying, where concerns about coming out often discouraged reporting, our unpublished interviews also found that interviewees perceived the process of applying for same-sex marriage leave as carrying the risk of unwanted disclosure. For example, one interviewee, a 32-year-old occupational therapist who self-identified as a lesbian, shared that she and her partner were about to get married. However, she was hesitant to apply for marriage leave because the application process could expose her sexual orientation, raising fears of potential stigma or unwarranted difficulties. Therefore, institutional grievance mechanisms and benefit application procedures might lead LGBTQ+ HCPs to feel distrustful or unsafe given their concerns about potential negative repercussions. Eliason et al.'s (2018) study of 277 American LGBTQ+ HCPs revealed that of the 62% who were out, approximately 41% reported that being out had caused problems in the workplace, including job changes, lack of promotions, gossip and anti-LGBTQ+ comments and behaviours. Although we did not ask about the actual consequences of being out in the workplace, the most frequently reported concerns about being out at work were the impact on interpersonal relationships and workplace bullying. Although legal protections exist and are well-known, many LGBTQ+ HCPs remain sceptical of their enforcement. This gap between policy and practice underscores the persistent structural inequality and highlights the ongoing challenge of developing mechanisms that protect legal rights without compromising the privacy or safety of LGBTQ+ HCPs. Based on previous evidence and the present findings, we consider that strengthening confidentiality protections within organisational grievance mechanisms may play an important role in improving trust, particularly by reducing the fear of unwanted disclosure, discrimination or retaliation among LGBTQ+ HCPs.

Excessive work pressure and unfair salaries and benefits were reported by the respondents in this study as the two most important issues that needed to be addressed first. According to the McKinsey Health Institute, beyond workforce shortages, HCPs face increasing stress from excessive workloads, higher turnover, limited support and insufficient organisational flexibility

TABLE 5 | Open-ended question results.

			N
Is your workplace an LGBTQ + -inclusive healthcare workplace? If yes/no, what are the reasons? (*N* = 98)	Yes	LGBTQ+-friendly colleagues or supervisors	28
		LGBTQ+-inclusive environment	13
		LGBTQ+ colleagues	4
		LGBTQ+-related policies	2
		LGBTQ+-friendly facilities	2
		LGBTQ+-related activities	1
	No	Colleagues' or supervisors' negative attitudes towards LGBTQ+ populations	17
		Heterosexist environment	16
		Organisation taking no action	4
		Impacts on career development	2
		Heterosexual assumptions from colleagues or supervisors	2
	Neutral	No special feelings	12
		It depends on an individual's work ability	2
		Mixed feelings	1
LGBTQ+-related events or scenarios in your work experience (*N* = 56)	Positive events or scenarios	Colleagues' or supervisors' positive behaviours and attitudes towards LGBTQ+ colleagues or patients	5
	Negative events or scenarios	Colleagues' or supervisors' negative behaviours and attitudes towards LGBTQ+ colleagues or patients	43
		Discrimination from patients or patients' caregivers	6
		Heterosexist environment	2
Important issues or resources needed for LGBTQ+ HCPs (*N* = 70)	Education	Healthcare providers	27
		General populations	8
	Establishing an LGBTQ+-inclusive environment		15
	Support from supervisors		8
	LGBTQ+-friendly facilities	Toilets	5
		Changing rooms	2
	LGBTQ+-related policies	Childcare benefits for LGBTQ+ couples	2
		Legal rights in the healthcare workplace	2
		Benefits protection for same-sex marriage	1
	LGBTQ+-related networking activities		3
	LGBTQ+-related healthcare resources for partners		1

Abbreviations: LGBTQ+, lesbian, gay, bisexual, transgender, queer/questioning and other sexual and gender minority; SD, standard deviation.

(Kumar et al. 2025). For LGBTQ+ HCPs, these pressures are compounded by fear of discrimination, leading to additional hidden labour, such as concealing personal lives or overcompensating at work to feel safe (Ross et al. 2022). Within this strained context, LGBTQ+ HCPs may experience a *double burden*: structural pressures from overwork, inequitable systems and insufficient organisational support along with the psychological stress associated with concealing their identities and facing discrimination. Therefore, improving the mental health and well-being of LGBTQ+ HCPs should not be limited to diversity and inclusion policies but should also encompass broader reforms in healthcare labour conditions, such as enhancing professional

and organisational support, strengthening staff retention efforts and promoting salary and benefit equity.

This study has several limitations. First, the cross-sectional design limits the ability to draw causal conclusions regarding the relationship between workplace disclosure and mental health, and prevents the examination of changes in workplace experiences, disclosure concerns and mental health over time. Second, the use of purposive and snowball sampling and the relatively small sample size ($N = 173$) may limit the generalisability of the findings and their representativeness across different healthcare and regional contexts. In addition, owing to small cell sizes, some categories, including gender identity, sexual orientation and occupation, were analytically aggregated, which may constrain subgroup-specific interpretations and reduce the visibility of more diverse identities and occupational groups. Consequently, certain subgroup-level comparisons, such as profession-level comparisons (e.g., nurses versus physicians), were not conducted in the present study. Nevertheless, the differences across professional groups remain an important area for future research. Our ongoing, unpublished qualitative interviews provide contextual insights into how team climates, collegial and supervisory interaction patterns, and institutional power dynamics may vary across professional backgrounds among LGBTQ+ HCPs. These profession-specific contexts may intersect with gender identity, sexual orientation and broader organisational or societal factors, thereby shaping workplace experiences and mental health. Future research with larger and more diverse samples, along with assessment tools better tailored to profession-specific workplace contexts, is needed to further explore the differences in workplace experiences and mental health outcomes across professional groups among LGBTQ+ HCPs. Third, the self-report method may have introduced subjectivity and social desirability bias, such as overreporting positive workplace relationships or job satisfaction. Fourth, self-selection bias should also be considered. LGBTQ+ HCPs experiencing workplace distress or negative workplace experiences may have been more likely to participate in the online survey. Consequently, the findings may have limited generalisability to those with more positive workplace experiences.

To build on the current findings, future qualitative research should further explore LGBTQ+ HCPs' workplace experiences and expectations for inclusive environments across different professional groups, as well as their perspectives on organisational grievance mechanisms and trust in institutional support. In addition, future quantitative research with larger and more diverse samples may help further examine differences in workplace experiences and mental health outcomes across professional groups among LGBTQ+ HCPs. Intervention studies are also needed to eliminate the gap between legal protections and organisational practices, such as implementing gender equality employment training to improve managerial understanding and policy enforcement.

5 | Conclusion and Implications for Policy and Practice

To the best of our knowledge, this is the first quantitative study to examine LGBTQ+ HCPs' work experiences, perspectives on coming out at work and mental health status within an East Asian cultural context, and the results further extend existing knowledge by identifying the relationship between different levels of disclosure and mental health status. Although many of the present findings align with prior studies conducted in Western contexts, we believe that further research is needed to deepen our understanding of workplace experiences, interpersonal interaction patterns and mental health needs among LGBTQ+ HCPs, as situated within and shaped by Taiwan's sociocultural, legal and policy contexts.

The findings underscore the importance of comprehensive organisational policies and inclusive practices that support LGBTQ+ individuals, including HCPs, patients and caregivers. To foster an LGBTQ+-inclusive workplace, organisations must publicly announce clear and comprehensive LGBTQ+-inclusive policies. When workplace bullying incidents related to LGBTQ+ identities occur, organisations should actively assess these, protect the targeted individuals and effectively enforce antidiscrimination policies. Furthermore, education (including the development and implementation of curriculum guidelines) and training courses are essential for both HCPs and the general population. Other key strategies include the establishment of support groups, representation in leadership, mentorship opportunities and a comprehensive mental health referral system (Ali and Ali 2023; Maji et al. 2024; Westafer et al. 2022). These strategies are important for promoting LGBTQ+ inclusion and visibility in healthcare settings, which may also enhance job satisfaction, increase retention and foster supportive role models and mentorship for LGBTQ+ HCPs.

Author Contributions

Study design: Y.-C.W., N.-F.M., M.-H.Y., F.T.Y.W., C.-Y.H., P.-H.L. and S.-C.D. Data collection: Y.-C.W. and N.-F.M. Data analysis: Y.-C.W. and N.-F.M. Study supervision: M.-H.Y., F.T.Y.W., C.-Y.H., P.-H.L., S.-C.D. and N.M.T. Manuscript writing: Y.-C.W. and N.-F.M. Critical revisions for important intellectual content: Y.-C.W., N.-F.M., M.-H.Y., F.T.Y.W., C.-Y.H., P.-H.L., S.-C.D. and N.M.T.

Acknowledgements

The authors would like to thank all of the participants who took part in this study and the 114 World Excellence 100 Support Program (grant #NTU-114L910204) for the financial support.

Funding

This study was funded by a grant from the National Science and Technology Council, Taiwan (Project number: 114-2314-B-002-170-MY3).

Disclosure

Declaration of generative AI and AI-assisted technologies in the writing process: During the preparation of this work, the authors did not use any AI or AI-assisted technologies in the writing process.

Conflicts of Interest

The authors declare no conflicts of interest.

Data Availability Statement

The data that support the findings of this study are available from the corresponding author upon reasonable request.

Peer Review

For transparency, the peer review documents associated with this article are available at https://doi.org/10.1111/jan.70605.

References

Ali, U., and S. A. Ali. 2023. "Prevalence of Depression and Subjective Job Stress Among Men Who Have Sex With Men and Transgender Community Health Workers in Pakistan." *Journal of the College of Physicians and Surgeons–Pakistan* 33, no. 7: 779–783. https://doi.org/10.29271/jcpsp.2023.07.779.

Andresen, E. M., J. A. Malmgren, W. B. Carter, and D. L. Patrick. 1994. "Screening for Depression in Well Older Adults: Evaluation of a Short Form of the CES-D." *American Journal of Preventive Medicine* 10, no. 2: 77–84. https://doi.org/10.1016/S0749-3797(18)30622-6.

Austin, P. C., and E. W. Steyerberg. 2017. "Events Per Variable (EPV) and the Relative Performance of Different Strategies for Estimating the Out-of-Sample Validity of Logistic Regression Models." *Statistical Methods in Medical Research* 26, no. 2: 796–808. https://doi.org/10.1177/0962280214558972.

Barbee, H., and T. McKay. 2023. "Do Supportive Work Environments Matter for Minority Aging? Work Stress and Subjective Cognitive Impairment Among Middle-Age and Older Lesbian, Gay, Bisexual, Transgender, and Queer Adults." *Acta Psychologica* 237: 103949. https://doi.org/10.1016/j.actpsy.2023.103949.

Beagan, B. L., K. R. Sibbald, S. R. Bizzeth, and T. M. Pride. 2023. "Factors Influencing LGBTQ+ Disclosure Decision-Making by Canadian Health Professionals: A Qualitative Study." *PLoS One* 18, no. 2: e0280558. https://doi.org/10.1371/journal.pone.0280558.

Bizzeth, S. R., and B. L. Beagan. 2023. "'Ah, It's Best Not to Mention That Here': Experiences of LGBTQ+ Health Professionals in (Heteronormative) Workplaces in Canada." *Frontiers in Sociology* 8: 1138628. https://doi.org/10.3389/fsoc.2023.1138628.

Blascovich, J., and M. Tomaka. 1991. "Measures of Self-Esteem." In *Measures of Personality and Social Psychological Attitudes*, edited by J. P. Robinson, P. R. Shaver, and L. S. Wrightsman, 115–160. Academic Press.

Directorate-General of Budget Accounting and Statistics Executive Yuan R.O.C. (Taiwan). 2024. "Industry and Services Sector Earnings Statistics in August 2024." https://eng.dgbas.gov.tw/News_Content.aspx?n=4438&s=234012.

Eliason, M. J., C. Streed Jr., and M. Henne. 2018. "Coping With Stress as an LGBTQ+ Health Care Professional." *Journal of Homosexuality* 65, no. 5: 561–578. https://doi.org/10.1080/00918369.2017.1328224.

Fric, K. 2019. "How Does Being Out at Work Relate to Discrimination and Unemployment of Gays and Lesbians?" *Journal for Labour Market Research* 53, no. 1: 14. https://doi.org/10.1186/s12651-019-0264-1.

Galanza, J., R. R. Picpican, J. Jimenez, et al. 2024. "Rainbow Within and Beyond: A Qualitative Study on the Experiences of Lesbian, Gay, Bisexual, and Transgender Staff Nurses in the Philippine Hospital Settings." *Belitung Nursing Journal* 10, no. 5: 538–547. https://doi.org/10.33546/bnj.3491.

Ghabrial, M. A., A. I. Scheim, C. Chih, H. Santos, N. J. Adams, and G. R. Bauer. 2023. "Change in Finances, Peer Access, and Mental Health Among Trans and Nonbinary People During the COVID-19 Pandemic." *LGBT Health* 10, no. 8: 595–607. https://doi.org/10.1089/lgbt.2022.0296.

Giddings, L. S., and M. C. Smith. 2001. "Stories of Lesbian in/Visibility in Nursing." *Nursing Outlook* 49, no. 1: 14–19. https://doi.org/10.1067/mno.2001.106906.

Hosmer, D. W., S. Lemeshow, and R. X. Sturdivant. 2013. *Applied Logistic Regression*, edited by D. W. Hosmer, S. Lemeshow, and R. X. Sturdivant, 3rd ed. Wiley.

Human Rights Campaign. 2023. "Equality Rising: LGBTQ+ Workers and the Road Ahead." https://www.hrc.org/resources/equality-rising-lgbtq-workers-and-the-road-ahead.

Kumar, P., T. Holt, Y. Wong, and M. Kimeu. 2025. *Heartbeat of Health: Reimagining the Healthcare Workforce of the Future*. McKinsey Health Institute. https://www.mckinsey.com/mhi/our-insights/heartbeat-of-health-reimagining-the-healthcare-workforce-of-the-future.

Kumaran, Y., J. Bellamy, R. Maciejewski, K. Tulchin-Francis, and J. B. Samora. 2024. "How Much Bullying and Discrimination Are Reported by Sexual and Gender Minorities in Orthopaedics?" *Clinical Orthopaedics and Related Research* 482, no. 8: 1282–1292. https://doi.org/10.1097/corr.0000000000003009.

Laws & Regulations Database of The Republic of China (Taiwan). 2006. "Medical Personnel Regulations." https://law.moj.gov.tw/LawClass/LawAll.aspx?pcode=L0020009.

Laws & Regulations Database of The Republic of China (Taiwan). 2023. "Gender Equality in Employment Act." https://law.moj.gov.tw/ENG/LawClass/LawAll.aspx?pcode=N0030014.

Laws & Regulations Database of The Republic of China (Taiwan). 2025. "Employment Service Act." https://law.moj.gov.tw/ENG/LawClass/LawAll.aspx?pcode=N0090001.

Lu, D. W., A. Pierce, J. Jauregui, et al. 2020. "Academic Emergency Medicine Faculty Experiences With Racial and Sexual Orientation Discrimination." *Western Journal of Emergency Medicine* 21, no. 5: 1160–1169. https://doi.org/10.5811/westjem.2020.6.47123.

Maji, S., N. Yadav, and P. Gupta. 2024. "LGBTQ+ in Workplace: A Systematic Review and Reconsideration." *Equality, Diversity and Inclusion: An International Journal* 43, no. 2: 313–360.

Menousek, J., E. G. Rezaii, H. Sayles, M. J. Anderson, S. Strong, and L. E. Fornoff. 2024. "Perception and Representation of LGBTQ+ Individuals in U.S. Neurosurgical Training." *World Neurosurgery* 185: e1169–e1176. https://doi.org/10.1016/j.wneu.2024.03.043.

Mohr, D. C., S. N. Dade, N. J. Yanchus, C. A. Bell, S. C. Sullivan, and K. Osatuke. 2025. "Workplace Bullying Experiences of Nurses From Diverse Sexual Orientation and Gender Identity Groups." *Journal of Advanced Nursing* 81, no. 3: 1598–1610. https://doi.org/10.1111/jan.16431.

Rosenberg, M. 2015. *Society and the Adolescent Self-Image* (M. Rosenberg, Ed.). Princeton University Press.

Ross, M. H., J. Hammond, J. Bezner, et al. 2022. "An Exploration of the Experiences of Physical Therapists Who Identify as LGBTQIA+: Navigating Sexual Orientation and Gender Identity in Clinical, Academic, and Professional Roles." *Physical Therapy* 102, no. 3: pzab280. https://doi.org/10.1093/ptj/pzab280.

Schatz, B., and K. O'Hanlan. 1994. *Anti-Gay Discrimination in Medicine: Results of a National Survey of Lesbian, Gay and Bisexual Physicians: American Association of Physicians for Human Rights*. AAPHR.

Taiwan Tongzhi (LGBTQ+) Hotline Association, and Taiwan Equality Campaign. 2016. "2016 Taiwan LGBTQ+ Workplace Equality Survey." https://hotline.org.tw/news/2854.

Taiwan Tongzhi (LGBTQ+) Hotline Association, and Taiwan Equality Campaign. 2020. "2020 Taiwan LGBTQ+ Workplace Equality Survey." https://hotline.org.tw/news/2946.

Taiwan Tongzhi (LGBTQ+) Hotline Association, and Taiwan Equality Campaign. 2023. "2023 Taiwan LGBTQ+ Workplace Equality Survey." https://hotline.org.tw/news/3355.

Tomic, D., M. O'Dwyer, T. Keegel, and K. Walker-Bone. 2025. "Mental Health of LGBTQ+ Workers: A Systematic Review." *BMC Psychiatry* 25, no. 1: 114. https://doi.org/10.1186/s12888-025-06556-2.

United Nations. 1948. "The Universal Declaration of Human Rights." https://www.un.org/en/about-us/universal-declaration-of-human-rights.

Vittinghoff, E., and C. E. McCulloch. 2006. "Relaxing the Rule of Ten Events Per Variable in Logistic and Cox Regression." *American Journal of Epidemiology* 165, no. 6: 710–718. https://doi.org/10.1093/aje/kwk052.

Von Elm, E., D. G. Altman, M. Egger, S. J. Pocock, P. C. Gøtzsche, and J. P. Vandenbroucke. 2007. "The Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) Statement: Guidelines for Reporting Observational Studies." *Lancet* 370, no. 9596: 1453–1457.

Wang, Y. C., N. F. Miao, and S. R. Chang. 2021. "Internalized Homophobia, Self-Esteem, Social Support and Depressive Symptoms Among Sexual and Gender Minority Women in Taiwan: An Online Survey." *Journal of Psychiatric and Mental Health Nursing* 28, no. 4: 601–610. https://doi.org/10.1111/jpm.12705.

Westafer, L. M., C. E. Freiermuth, M. D. Lall, S. J. Muder, E. L. Ragone, and A. F. Jarman. 2022. "Experiences of Transgender and Gender Expansive Physicians." *JAMA Network Open* 5, no. 6: e2219791. https://doi.org/10.1001/jamanetworkopen.2022.19791.