Breaking Silence: Understanding Administrative Inclusion of LGBTQIA+ Employees at Indian Healthcare Facilities and its impact on HIV/AIDS

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Background

Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual and others (LGBTQIA+) employees in hospitals encounter several incidents of hidden and explicit discrimination. Empirical research suggests that clinicians can unintentionally reinforce interpersonal prejudice and distress through well-meaning attempts to handle their lack of LGBTQIA+-specific knowledge and medical expertise.

The consultation process for the project, "Charting a Programmatic Roadmap for Sexual Minority Groups in India," identified discrimination, including workplace discrimination, as "the core issue in the LGBT movement." (The World Bank South Asia Human Development Sector 2012). A 2005 report on a survey of 240 MSMs in India and Bangladesh found that 75 percent of respondents engaged in sex work out of economic necessity since discrimination severely limited other opportunities (Khan et al. 2005). A 2011-12 study of 455 LGB individuals in India working for Indian or multinational companies in the financial, software, and engineering sectors in India showed evidence of discrimination (MINGLE 2011). In a 2013 survey of college-educated, white-collar LGBT workers in India, 56 percent reported experiencing discrimination in the workplace based on their sexual orientation (Hewlett et al. 2013).

Literature shows that workplace discrimination also has an impact on organizational commitment, organizational self-esteem, job satisfaction, satisfaction with opportunities for advancement, intentions for turnover, overall career commitment, patient satisfaction and patient retention.

The silence and secrecy accompanying institutional discrimination may foster conditions that encourage an escalation of HIV / AIDS incidence. Health care providers, employers and other service providers stigmatize key populations. As a consequence, there are significant hurdles to successful HIV prevention and treatment, because discrimination and harassment will obstruct access to HIV and sexual health resources and prevention programs (Thomas B. et al. 2011).

As per the National Human Rights Commission Report on Transgender People's Living Conditions, 92% of Indian trans people cannot engage throughout any economic activity. Lower than half of them would have educational opportunities, and 62% of those who have access to education face violence and prejudice.

About six per cent of the adult population in most populations is LGBTQ. Applying that to India indicates that the estimated income from India's 45 million LGBTQ people could be assumed to be just under $200 billion (six percent of GDP) (Firstpost, 2014). A study by the World Bank which looked at 39 countries in 2016 found a clear correlation between marginalization and GDP loss. In fact, it put India's GDP loss due to homophobia and transphobia as high as $32 billion, or 1.7 percent of the GDP (Radcliffe, 2016).

A recent review in psychology, finance, education, public health and administration literature (Badgett et al. 2013) shows that having LGBT-supportive policies in the workplace is associated with reduced incidence of discrimination, and less discrimination is associated with better psychological health and increased job satisfaction among LGBT employees. In addition, Employees of LGBT show greater satisfaction with their employment if they are protected by LGBT support policies and operate in inclusive environments. The LGBT-supportive diversity policies and practices in the workplace is associated with improved relationships among LGBT employees and their coworkers and supervisors. In addition, LGBT employees are more engaged in the workplace, are more likely to go above-and-beyond their job description to contribute to the work environment, and report greater commitment to their jobs.

A huge research gap exists in studying the experiences of LGBTQIA+ employees in Indian hospitals. This qualitative exploratory study aimed to explore:
a.) the experiences of discrimination faced by LGBTQIA+ employees,
b.) administrative policies associated with diversity and inclusion, and
c.) its association with HIV/AIDS.

Research can be helpful in designing new policy approaches to further the inclusion of LGBT+ people in the workplace (Hospital) as well as better health services including HIV related services by sensitized hospital employees.

Under a theoretical framework Allport (1954) proposed the contact hypothesis, according to which, close and pleasant interpersonal contact with people from different groups is probably the best way to achieve social harmony. According to intergroup contact theory, contact between groups under optimal conditions could effectively reduce intergroup prejudice (Allport, 1954). Many studies have focused on intergroup contact to reduce prejudice against sexual minority groups. We also assumed that pleasant interpersonal contact with LGBTQIA+ employees may reduce the perceived stigma against LGBTQIA+ PLHIV clients.

Economic Impact

- Effect on patient-satisfaction, patient-preference and patient-loyalty (Klotzbaugh R. and Spencer G., 2015).
- nurse turnover costs $88 000 (Krsek C., 2013) and direct recruitment costs for a nurse is $436 625 annually (Moseley K et. al., 1994)

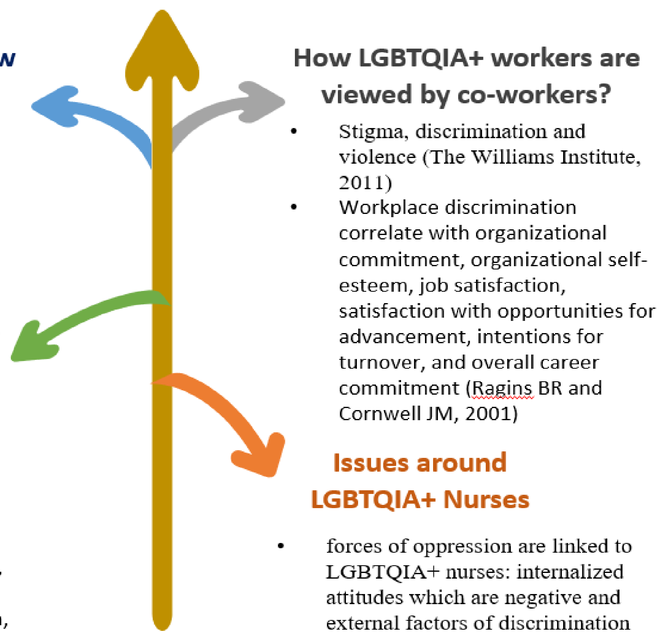

Fig 1: Glimpse of LGBTQIA+ Employees at Workplace

Methods

Study Site:
The research was conducted in two Indian cities- Mumbai and Delhi. There was high probability of finding, snow-balling and reaching more individuals who identify themselves in different spectrum of LGBTQIA+ community in these cities. Also, there are major public, trust and private hospitals of India located in these two cities along with a good LGBTQIA+ inclusive NGO networks.

Study Design:
This study is part of the first author's larger dissertation work and it adopted an exploratory qualitative research approach to collect data from a small number of participants. Due to the sensitive nature of the issue and the community, exploratory qualitative design was adopted to understand the issue in-depth.

Most of the sources represent an approximate, varied and often underrepresented statistics of LGBTQIA+ population, which implies that using qualitative methods is imperative and it is unsuitable to relay on quantitative methods.

Study Population:
This research is based on two categories of people of Indian public, private and trust hospitals:
- Self-identified LGBTQIA+ employees in the hospitals
- Heterosexual cis-gender administrators or managers in the hospitals

Sampling Technique and Sample Size:
In the study the non-probability and non-random sampling techniques were utilized. Purposive sampling is used for selecting the public, trust and private hospitals. We used the convenience sampling for interviewing cis-gender heterosexual administrators/ managers. As the relevant population was not easily accessible due to the hidden nature of LGBTQIA+ identity, snowball technique is used to reach out to those employees who self-identified as LGBTQIA+. Twenty two in-depth interviews were conducted between March 2019 and May 2019.

Data Collection:
Semi-structured interviews were used to collect data which included questions regarding socio-demographics, strategic human resource management policies and narratives of the participants while working in the hospital. New questions were included and old ones were changed in the course of the research depending on various factors. We have also observed the status of inclusive policies and practices in all the hospitals.

Data Analysis:
The interviews were transcribed, translated and analytical reflective memos were prepared manually using Excel 2013. Coding and abstraction were done after systematic inter-researcher discussions with respect to thematic categories. Secondary data of existing strategic human resources management policies and diversity and inclusion policies was also analysed thematically.

Research Team, Reflexivity and Trustworthiness:
All the authors have experience working in areas of HIV/AIDS and key population. Second author of the study has qualifications as well as an extensive experience in the domain of healthcare, administration, policies and law. Four among the authors self-identify from the Trans-Queer community giving easy access to reach out to the study participants.

Ethical Consideration:
All the participants of the research study were informed about the research in their language and were entitled to refuse participation at any point of time. Precautions were taken to protect the identity and privacy of closeted LGBTQIA+ individuals. It was ensured that the information given by the participants during the interview could not allow the tracing back of that person. Study's formal approval was granted by Tata Institute of Social Sciences, Mumbai.

Results

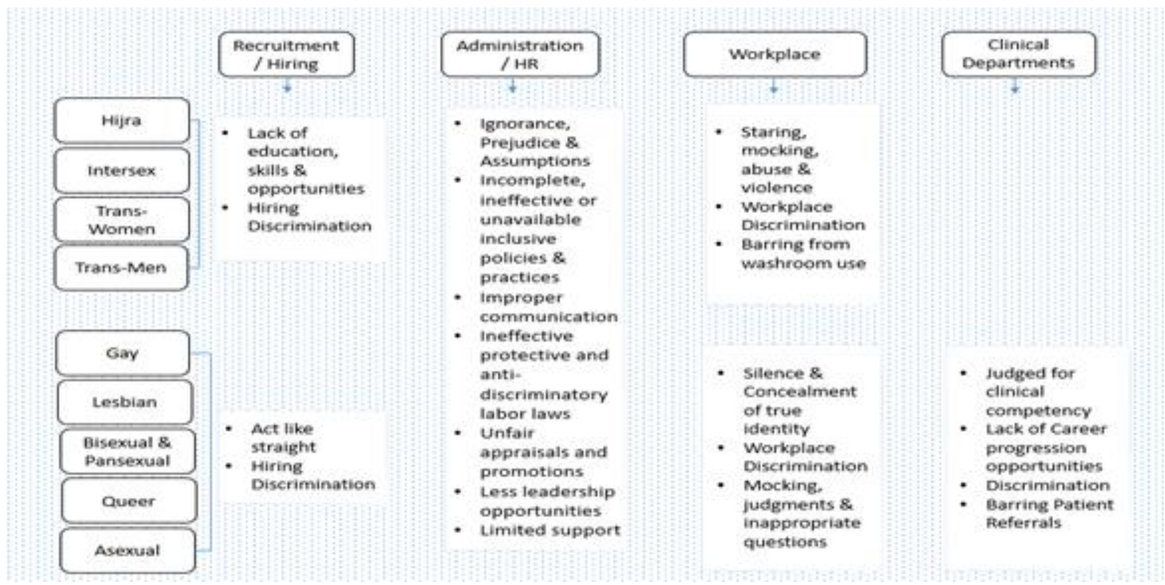

Fig 2: Layers of Discrimination against spectrum of LGBTQIA+ Employees at Indian Hospitals

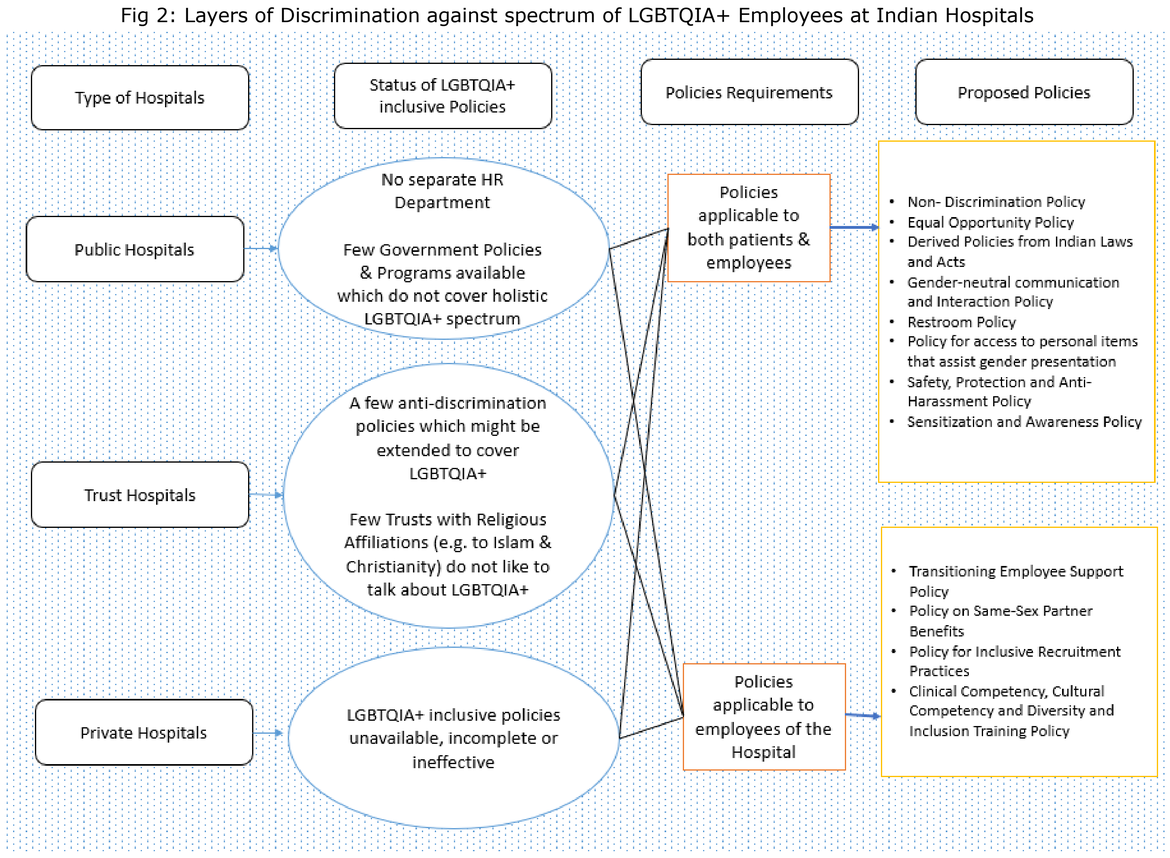

Fig 3: Status of inclusion in three types of Indian hospitals with proposed LGBTQIA+ inclusive policies

'Discrimination' emerged as the central theme with silence, stigma and violence and administrative policies and practices as core themes. Most of the administrators were ignorant about LGBTQIA+ spectrum and viewed them as a homogeneous group posing explicit (public facility) or implicit (private facility) discrimination. Mumbai based hospitals were found to be more sensitized with stereotypes in certain departments like Orthopaedics and Gynaecology. There were no separate HR department in public hospitals, consideration for social acceptability in trust hospitals and accreditation requirements in private hospitals while considering LGBTQIA+ inclusive policies and practices. Most of the LGBTQIA+ employees, including doctors and nurses, gave an affirmative response that an inclusive hospital environment can foster HIV/AIDS sensitization among co-employees as well as patients. Healthcare providers also responded that this has the possibility for enhanced HIV testing and treatment adherence.

"[…] In India, orthopaedics and surgery are considered masculine branches and if you are less masculine than others, then senior doctors will abuse you, make fun of you and may hit you also. If you are doing your residency under such senior professors, no matter how diligently you work, they will even not sign your thesis easily…"

"…Being a girl and being asexual and that too being junior most technician makes you feel very uncomfortable when you have to unintentionally stay with male employees of the hospital to show to others. Some of them try to touch me, and stare at me…"

"… When I got my first job, I was not able to use any washroom because of my Trans-man identity… I keep changing my jobs…"

"… When we think of making such HR policies, we feel helpless, where to start? We are keen to help but what do we offer?"

Conclusions

Further, quantitative research has to be proposed for testing this correlation (LGBTQIA+ Employee inclusion and impact on HIV/AIDS). Policymakers and executives' accountability rests in better enforcement of ratified human rights treaties and laws, designing inclusive labor laws and health policies and reforming education curricula. Hospital administrators have to be accountable for implementing inclusive policies and practices and creating non-discriminatory environment for LGBTQIA+ employees which can also reduce the stigma, increase HIV/AIDS testing and adherence in an integrated approach.

Practice of medicine must share the responsibility of helping individuals, communities, employers and educational institutions to fully understand sexuality in order to facilitate the development of a non-discriminatory society in which LGBTQIA+ persons, like all other residents, are viewed with equal standards of respect and value for human rights.

Flowchart 1: Possible impact of LGBTQIA+ inclusive policies on HIV

Fig 4: A LGBTQIA+ inclusive Indian doctor treating a Gender Queer patient and recommending for HIV testing