

THESIS

PERCEPTIONS OF SUPPORTIVE ORGANIZATIONAL PRACTICES
AND WELL-BEING AMONG LGBTQ+ EMPLOYEES

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ABSTRACT

PERCEPTIONS OF SUPPORTIVE ORGANIZATIONAL PRACTICES AND WELL-BEING AMONG LGBTQ+ EMPLOYEES

The increasing number of workers who identify with the LGBTQ+ community illuminates a pressing question regarding how organizations are navigating and implementing DEI initiatives to support minority identities. As organizational efforts to support and retain the rising population of sexual minority workers continue, it is additionally necessary to understand how these employees perceive such practices. The purpose of the current study is to examine the relationships between perceptions of supportive organizational practices, perceived organizational support, and worker well-being among LGBTQ+ employees. Participants included 352 LGBTQ+ individuals recruited via Prolific who completed online surveys at two time points. I hypothesized that LGBTQ+ employees who reported their organization having supportive organizational practices would perceive more support from their organization, and thus have more favorable reports of well-being. Additionally, I expected sexual orientation identity centrality to moderate the relationship between perceptions of LGBTQ+ supportive practices and general perceptions of organizational support. Results show support for all hypothesized relationships besides those including anxiety symptoms. Specifically, LGBTQ+ employees who reported more favorable (i.e., higher) perceptions of LGBTQ+ supportive practices also perceived more general support from their organization, which ultimately served as a mechanism for higher reports of job satisfaction and work-life balance and lower reports of depressive symptoms. Additionally, the relationship between perceptions of LGBTQ+ supportive organizational practices and perceptions of general organizational support was stronger for employees who

identified their sexual orientation as more central to their identity. The present study contributes to a growing body of literature on sexual orientation and work by providing empirical support for the relationship between LGBQ+ employees' perceptions of workplace practices, overall perceptions of support, and important indicators of worker well-being, including job satisfaction, mental health, and work-life balance. Theoretical and practical implications and recommendations for future research are discussed.

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INTRODUCTION

Recent societal changes have paved the way for more individuals to feel comfortable expressing themselves authentically, particularly in terms of their sexual orientation identity. The increasing number of individuals who identify as part of the lesbian, gay, bisexual, transgender, queer, etc. (LGBTQ+) community invokes a practical need to better understand the experiences of these employees in the work context (Jones, 2023). Given the growing recognition of the importance of and benefits of diversity, equity, and inclusion (DEI) practices in organizations (Zugelder & Champagne, 2018), it is increasingly important for employers to ensure that their sexual minority employees are having safe, inclusive experiences at work. Although the literature on sexual orientation and work has begun to expand in recent years, more research is needed to address whether organizations are supporting the well-being of these employees through organizational strategies, policies, and procedures. Therefore, the purpose of the current study is to examine the relationship between perceptions of supportive organizational practices and well-being among sexual minority (LGBQ+) employees.

Defining Sexual Minority & LGBQ+ Identity

The term “sexual minority” refers to individuals who identify as anything other than heterosexual regarding their sexual orientation, otherwise known as the sexual, romantic, and affectional attraction felt for another person based on that person’s sex, gender, and/or personal characteristics (Dillon et al., 2011). It is important to acknowledge the variability in experiences among sexual and gender minorities and to not conflate the stressors experienced by these distinct groups (Singh & O’Brien, 2019). Gender minorities include transgender or gender-nonconforming individuals whose gender identity and/or expression falls outside historical or stereotypical social norms and may often differ from their assigned sex at birth (Hendricks &

Testa, 2012). Thus, the definition of gender minorities does not inherently consider sexual orientation and may be associated with different experiences. To clarify the target population for this research and avoid overgeneralizing the results of the project, the current study investigates the perceptions of LGBQ+ (lesbian, gay, bisexual, queer, etc.) individuals. Thus, this study may not refer to the experiences of the entire LGBTQ+ (lesbian, gay, bisexual, transgender, queer, or other non-heterosexual orientation) community because the focus here is on sexual orientation identity which differs from (but may intersect with) gender identity. Therefore, the term “LGBQ+ individuals” is used throughout this paper to most accurately represent the participants in the current study based on their sexual orientation (irrespective of gender identity). To review previous literature, samples, and findings will be reported in a manner consistent with the methodology of each referenced study, which may result in a variety of terms used throughout this document.

Recent polls in the United States found that 7.2% of adults identified as part of the LGBTQ+ community in 2022, an increase of over 200% since 2012 (Jones, 2023). To shed additional light on the statistics about increases in individuals who identify as LGBQ+, it may be helpful to understand 1) why more people are openly embracing non-heterosexual identities, and 2) the process by which sexual identities are developed. Yarhouse (2001) reviewed multiple models which all suggest a general process for sexual identity development, starting with an awareness of attraction, then questioning or comparison to norms, eventually self-labeling, and some variation of disclosure. Highlighting the comparison to the norms phase may help explain why more people are reaching the self-labeling and variation of disclosure stages earlier in life. Legal and societal shifts toward more positive attitudes about non-heterosexual orientations may provide a strong mechanism by which more individuals are exposed to and potentially more

likely to acknowledge and embrace their non-heterosexual identity. These shifts may provide a more comfortable context for sexual orientation identity to be formed, realized, and accepted. Although polling over the past few years suggests that these numbers will only continue to increase, it is still necessary to acknowledge the nearly 20 million adults identifying within this group (Anderson et al., 2021) who are working within organizations currently. The presence of these individuals justifies the need to highlight and support these identities in organizational contexts through nuanced research in a timely manner.

LGBQ+ Identity & Work

Previous research linking sexual orientation and work experiences has commonly focused on discrimination and mistreatment experienced by LGBQ+ workers. Individuals with stigmatized sexual identities, such as those of non-heterosexual orientations, may be more likely to have negative experiences in the workplace. For example, Cech and Rothwell (2020) conducted a study on racial-minority federal government employees, and found that employees who identified as lesbian, gay, bisexual, or transgender (LGBT) reported receiving less transparent evaluations, less supervisor respect, and fewer opportunities for job success compared to their heterosexual colleagues. However, LGBQ+ individuals may also experience mistreatment that goes beyond work-related discrimination from managers or supervisors.

Workplace mistreatment of LGBQ+ employees can also be perpetrated by coworkers, clients, or customers and may take on various forms such as discrimination or harassment, which can be further described as overt or covert. Overt discrimination and harassment may refer to outright damaging actions such as verbal abuse or physical violence, whereas covert discrimination may be more subtle, such as microaggressions, or small verbal and behavioral indications of hostility or degradation toward oppressed individuals (DeSouza et al., 2017;

Goldie, 2017). Research shows that both overt and covert discrimination have negative psychological outcomes for LGBTQ+ individuals, such as increased feelings of loneliness, depression, or in severe cases, suicidal ideation, or suicidal behaviors (Goldie, 2017). Although LGBTQ+ individuals may experience incivility or mistreatment in any environment, it is important to consider how this occurs within the workplace and the implications it can have for individual employees and organizations as a whole.

When LGBTQ+ workers experience discrimination or harassment from others in an organization, they may also feel the need to develop effective coping strategies. A recent meta-analysis developed a model of coping behavior that depicted four dimensions by which coping strategies may vary: internal, external, reactive, or proactive (Mara et al., 2020). Internal coping strategies tend to be the most common, in which individuals may decide to avoid seeking help and conceal their identity from others to avoid experiencing mistreatment. Alternatively, external coping is characterized by seeking social support from others who are not part of their work environment (e.g., partners, friends, family). Reactive strategies may include disclosure as a form of defensive action, whereas proactive coping often includes the active involvement of others to help combat discriminatory or harassing behaviors in the organization. This may include engaging in trusting relationships with coworkers to disclose a concealed identity or working to promote rights for LGBTQ+ employees. However, the notion of coping strategies places a form of responsibility on the individual, rather than the organization to reduce strain associated with mistreatment. To reduce the need for coping behaviors, organizations must be willing to extend contextual supports to LGBTQ+ employees to reduce their negative experiences at work.

From a legal standpoint, new regulations are beginning to hold organizations accountable for reducing negative experiences for LGBTQ+ employees. In 2020, the Supreme Court decision

in *Bostock v. Clayton County* determined that employment discrimination based on sexual orientation or gender identity is prohibited under Title VII of the Civil Rights Act as a form of sex discrimination (Steiger & Henry, 2021; U.S. EEOC, 2021). Although this ruling clarified protections against employment discrimination based on sexual orientation on a federal level, many LGBTQ+ individuals are living in states where they are still vulnerable to mistreatment and harassment in the workplace that is not effectively protected (Webster et al., 2018). Thus, organizations still need to be prepared to support the LGBTQ+ employees they currently employ.

As legal protections for LGBTQ+ workers continue to evolve, organizations especially need to recognize the implications of their employment decisions at all stages of the employment process. For example, if organizations are committed to recruiting, employing, and retaining a diverse group of workers, they must strategically align their talent management decisions accordingly to effectively enhance the experiences of diverse employees. Thus, even if managers can successfully recruit LGBTQ+ employees, they must also recognize the responsibility associated with retaining them; and that the repercussions for not doing so means missing out on a large pool of talent (Pichler et al., 2018).

Organizations and LGBTQ+ Supportive Practices

Although organizations obviously cannot control every interpersonal interaction between their employees, top-level managers do have the opportunity and power to enact practices and establish a strong climate that could potentially reduce mistreatment to enhance LGBTQ+ employee experiences (Cubrich, 2020). Organizations may choose to employ a range of different practices in support of LGBTQ+ employees, such as explicit written policies to protect workers from sexual orientation discrimination, leading sexual orientation diversity training initiatives, creating resource groups to specifically target sexual minority employees, and/or extending

employment benefits for same-sex domestic partnerships (Lloren & Parini, 2016; Webster et al., 2018). Although these practices might have varying levels of impact among different LGBTQ+ workers, the primary goal is to provide support for these employees and help to reduce the stigma surrounding these marginalized identities (Webster et al., 2018).

One tactic that organizations may employ to support and accommodate an increasingly diverse working population is to engage in effective diversity management. Diversity management refers to the practices and strategies an organization develops and utilizes to effectively manage and support employees from diverse backgrounds (Nkomo & Hoobler, 2014). Previous work has examined the benefit of diversity management for LGBTQ+ employees, yielding research findings that suggest having high-quality diversity management practices was related to increased positive experience at work, and ultimately associated with increased employee productivity and organizational commitment (Lloren & Parini, 2016). To effectively support employees from a variety of backgrounds, organizations should, at the minimum, acknowledge and provide specific support for the existence of diversity across employee identities to provide cues to employees that diversity is valued within the organization.

Acknowledging and supporting diverse identities at work may be a difficult task concerning workers with concealable identities. Concealable identities refer to personal characteristics or identities that may not be discerned through outward appearance and require some form of disclosure to be made known. Common examples of concealable identities may include one's religion, disability status, illness, and in many cases, sexual orientation (Clair et al., 2005). Apart from visual cues an employee may choose to display (e.g., rainbow flag decor at one's desk, etc.), sexual orientation is typically considered an "invisible" or concealable identity. The concealable nature of the identity makes it even more pertinent for managers to remember

that even if they are personally unaware of any openly LGBQ+ employees within their organization, it does not mean they are not present (Priola et al., 2014).

Research about organizational policies and practices that support LGBQ+ workers has shown empirical support for beneficial individual and organizational-level outcomes. The results of one review described strong support for the relationship between LGBT-supportive practices and the extent to which individuals are open about their sexual orientation identity (Badgett et al., 2013). Another study conducted in Switzerland found that LGBT-supportive policies improved workplace dynamics for lesbian, gay, and bisexual workers (Lloren & Parini, 2016). Additionally, Pichler and colleagues (2018) showed that LGBT-supportive policies allow organizations to maximize their ability to attract a diverse pool of job applicants. Generally, the organizational psychology and management literature is in agreement that enacting specific policies and practices to support LGBQ+ employees is beneficial for organizations and LGBQ+ employees alike.

Based on clear positive outcomes associated with implementing practices and policies that support sexual minority employees, it is necessary to ask why more organizations may not be employing these techniques. The presence or extent of these policies can vary from organization to organization, as all human resource management systems are not created equally. Attempting to implement LGBQ+ supportive policies may present a particular challenge for small or midsize organizations, as they may lack fundamental resources or supportive functions that large corporations have, such as established legal teams or extensive human resource departments (Zugelder & Champagne, 2018).

Without adequate internal or external resources to uphold more progressive practices, organizations may decide to forgo these types of practices altogether. Organizations may also be

subjected to external barriers that limit their intention to enact practices to support their sexual minority employees. Roumpi and colleagues (2018) conducted a study examining societal-level factors that may contribute to organizations adopting LGBT-friendly policies. The results of the study showed that the extent to which the state where an organization's headquarters resides is conservative was negatively associated with adopting LGBT-friendly organizational policies. They also found that the localized LGBT-friendly density, operationalized as the extent to which organizations located near the firm headquarters location had already adopted LGBT-friendly policies, was positively associated with adopting LGBT-friendly policies. These findings suggest that factors outside of employee demographic characteristics may also contribute to the likelihood of an organization enacting LGBTQ+ supportive organizational practices.

LGBQ+ Well-being at Work

Organizations may choose to implement LGBQ+ supportive practices to increase positive work-related behavior such as increased productivity and engagement (Opall, 2021). One way that these desirable behaviors may be achieved is through enhancing the well-being of LGBQ+ workers. Recently, worker well-being has been conceptualized and measured more holistically and comprehensively within occupational health research. For example, Chari and colleagues (2018) defined worker well-being as, "an integrative concept that characterizes quality of life concerning an individual's health and work-related environmental, organizational, and psychosocial factors" (p. 590). The focus on an integrative construct also highlights that worker well-being should consider both work and nonwork domains. Additionally, the authors created a model that integrates five components of worker well-being: (1) workplace physical environment and safety climate, (2) workplace policies and culture; (3), health status; (4) work evaluation and experience; (5) home, community, and society. This study uses this Total Worker Health®

definition and model of worker well-being (Chari et al., 2018). Given the wide scope of the model and the purpose of the current study, it is important to acknowledge the intersection between diversity and well-being outcomes for minority employees.

Following the model proposed by Chari and colleagues (2018), there may be a stronger interaction between three of the domains for minority workers in general: workplace physical environment, work experience, and society. In other words, the well-being of historically marginalized populations, such as LGBQ+ employees, may be negatively influenced by societal-level views that permeate experiences in their respective work environments. For example, the prevalence of workplace discrimination and mistreatment due to intolerance or stigma against LGBQ+ identities suggests that the well-being of these employees is still at risk (Cech & Rothwell, 2020; Webster et al., 2018). This continuation of negative treatment toward sexual minority employees further highlights the importance of investigating ways that organizations may be able to better support and enhance the well-being of LGBQ+ employees through research.

Although increasing societal acceptance of minority identities may provide a safer context for LGBQ+ individuals to be more open about their sexual orientation at work, their experiences are not automatically immune from the mistreatment, discrimination, or harassment on which research has tended to focus. Thus, there is still a critical need to focus on how LGBQ+ employees experience the work environment to inform the development and implementation of organizational practices to retain LGBQ+ workers by supporting their well-being. Therefore, the current study investigates LGBQ+ employee perceptions of supportive practices through the mechanism of perceived organizational support and how those perceptions ultimately relate to their well-being.

Present Study

The purpose of the current study is to examine perceptions of supportive organizational practices and well-being among LGBQ+ employees. This research extends the current literature by investigating whether employees' perceptions of workplace practices relate to overall perceptions of support from their organization, and ultimately the occupational health-related reports of job satisfaction, mental health, and work-life balance. The current study also examines perceptions of LGBQ+ supportive practices by considering an individual's sexual orientation identity centrality (See Figure 1). Sexual orientation identity centrality refers to the extent to which an individual defines themselves based on their sexual orientation.

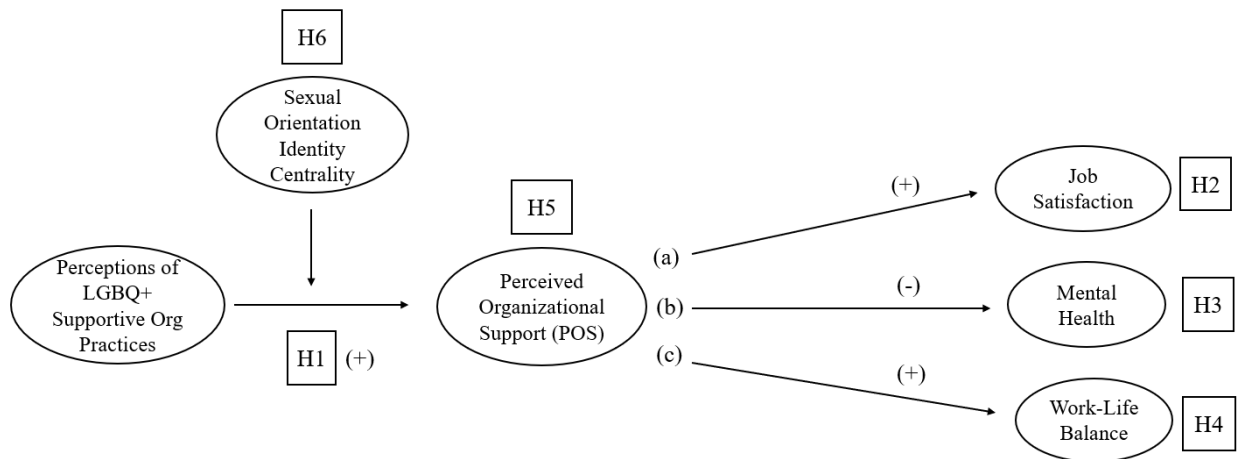


Figure 1. Hypothesized model and predicted relationships

The current study empirically tests the hypothesized model presented in Figure 1, which investigates LGBQ+ employee perceptions of support from their organization about three aspects of worker well-being and considers the moderating role of identity centrality. Next, I will present

each of the hypotheses tested in this study and the relevant theory and research upon which the hypotheses are based.

Theoretical Background and Hypotheses

Perceptions of LGBQ+ Supportive Practices

As more employers adopt inclusive policies and practices to support LGBQ+ employees, it is necessary to examine and understand how LGBQ+ employees perceive these policies and practices. Examples of such policies and practices may include prohibiting harassment and discrimination, increasing the availability of training or promotion opportunities regardless of sexual orientation, or providing adequate healthcare benefits for same-sex domestic partners (Lloren & Parini, 2016; Webster et al., 2018). Organizations should be mindful of whether they may be engaging in lip service, where they may adopt supportive practices, but do not incorporate the accompanying behaviors to contribute to a sustained climate and culture of inclusion (Hastings & Mansell, 2015). Thus, one potential outcome of enacting seemingly supportive practices could be that the practices are in place, but they are not respected or upheld by members of the organization. In these situations, LGBQ+ individuals may be subjected to interactions that contribute to enduring negative experiences at work, and in turn, lead to harmful individual outcomes. Therefore, it is also necessary to acknowledge the cues by which employees assess the extent to which their organization is supportive and values their contributions at work.

Perceived Organizational Support (POS). Organizational support theory indicates that employees form general perceptions about the extent to which an organization values their contributions and cares about their well-being at work, which is conceptualized as the construct of perceived organizational support (POS; Eisenberger et al., 1986). Perceived organizational

support should be of concern to organizations because it serves as a powerful tool in dictating an employee's positive reciprocal actions toward the organization in the form of increased work effort (Rhoades & Eisenberger, 2002). Previous research remains consistent in highlighting the benefits of organizations supporting their employees in general. When employees believe that an organization considers them to be genuinely valuable assets, it is often associated with beneficial organizational outcomes such as increased job performance, higher organizational commitment, and reduced turnover rates (Kurtessis et al., 2017).

Social Information Processing Theory. To further understand how employees may develop their perception of organizational support, the current study draws upon social information processing theory. Social information processing theory suggests that individuals utilize social information from their environment and interactions to develop perceptions and attitudes that ultimately direct their behaviors (Salancik & Pfeffer, 1978). Previous research has used social information processing theory to theoretically explain employee reactions to their job characteristics and environment, particularly highlighting the role that workplace contextual information plays in employee socialization processes (Zalesny & Ford, 1990).

In a review of POS literature, Rhoades and Eisenberger (2002) found multiple antecedents through which perceptions of support were derived, including human resources practices and favorable job conditions. For LGBQ+ employees, these two antecedents may interact in the sense that supportive practices would cultivate favorable job conditions to ultimately have a positive association with perceived organizational support. Additionally, the results of Pichler and colleagues (2017) suggest that LGBT-supportive organizational policies should be directly related to general perceptions of organizational support, but indirectly supported through diversity climate and perceptions of distributive, procedural, and interactional

justice. Given that supportive practices would provide a contextual cue for LGBQ+ employees to perceive support from their organization, it is expected that perceptions of supportive organizational practices would be positively associated with general perceptions of organizational support. Thus, drawing on the findings of Pichler and colleagues (2017), organizational support theory, and social information processing theory, Hypothesis 1 states:

***Hypothesis 1:** Employees' perceptions of LGBQ+ supportive organizational practices will be positively associated with employee perceptions of organizational support.*

Worker Well-being

Given the previously described relevance of well-being outcomes for minority employees, Chari and colleagues' (2018) definition and model of worker well-being provide a strong framework for the current study to investigate three aspects of worker well-being: job satisfaction, mental health, and work-life balance.

Job Satisfaction. Job satisfaction is defined as the feeling of enjoyment or fulfillment one experiences in their work (Locke, 1976). Job satisfaction is considered a subdomain construct of worker well-being under the "work evaluation and experience" component of the model proposed by Chari and colleagues (2018). Some research suggested job satisfaction levels are relatively consistent between both heterosexual and LGBQ+ employees, but it has been pointed out this may be due to the greater availability of inclusive workplaces in recent years (Leppel, 2014). However, previous research has also shown that experiences of mistreatment are negatively associated with job satisfaction (Sears & Mallory, 2011), highlighting the issue that achieving a higher rate of job satisfaction may be a more challenging task for LGBQ+ employees.

Other research suggested that the presence of heterosexual norms in the workplace may be the culprit for a decrease in job satisfaction, providing further empirical support that endorsing supportive practices may be an important target in working to improve workplace experiences for LGBTQ+ employees (Prati & Pietrantonio, 2014). These results suggest that for LGBTQ+ employees, job satisfaction may also be more related to factors outside of job roles and responsibilities, including the perception one has of their organization's practices or general organizational culture. Perceptions of organizational practices may serve as a more salient cue of support for LGBTQ+ employees over their heterosexual colleagues because heterosexual individuals already receive systematic support within an organization based on their majority status.

Additionally, LGBTQ+ employees may experience other work-related stressors that heterosexual employees are not subjected to, such as deciding whether and how to disclose their sexual identity, receiving negative reactions to their sexual orientation identity from coworkers (Solomon et al., 2015) or experiencing discrimination from supervisors (Cech & Rothwell, 2020). If LGBTQ+ employees perceive that organizations have some control over the presence of such stressors (and are perceived to not be actively engaged with removing the stressors), it is likely that perceptions of support will be reduced (Rhoades & Eisenberger, 2002). Based on previous research findings that perceptions of a more inclusive work environment had a positive effect on job satisfaction for LGBTQ+ employees specifically when the environment was oriented toward fairness, cooperation, support, and empowerment (Hur, 2020), Hypothesis 2 states the following:

***Hypothesis 2:** LGBTQ+ employees' perceptions of organizational support will be positively correlated with ratings of job satisfaction.*

Mental Health. Mental health is generally defined as an individual's psychological health and wellness (Follmer & Jones, 2018). In Chari and colleagues' (2018) model of worker well-being, mental health is considered a subdomain of an individual's health status. As previously stated, LGBTQ+ individuals may be more likely to experience mistreatment at work, which is negatively associated with mental health (Schulman & Erickson-Schroth, 2017). Accordingly, a meta-analytic review of sexual minority mental health reported that most studies saw higher rates of poor mental health symptoms among sexual minorities compared to heterosexuals (Plöderl & Tremblay, 2015). These findings suggest that LGBTQ+ individuals are already more susceptible to poor mental health in general due to their minority status, thus emphasizing the importance of assessing ways in which mental health concerns may be mitigated through work-related experiences.

Although research outside of occupational psychology has extensively examined mental health among LGBTQ+ individuals, it has been studied less frequently in organizational contexts. Organizational contexts that are commonly used to examine employee mental health outcomes include emergency services and healthcare providers. One study examined emergency services employees, finding that LGBTQ+ workers were more likely to report suicide ideation and attempts compared to their heterosexual counterparts (Kyron et al., 2021). Another review reported generally higher rates of psychological strain among LGBTQ+ employees across studies (Webster et al., 2018). Alternatively, the results of a study conducted in Switzerland found inconclusive results regarding psychological health in LGBTQ+ workers, suggesting that more research may be needed to explore the mechanisms by which sexual minority employees experience poor mental health symptoms in the organizational context (Lloren & Parini, 2016).

One mechanism that has been previously connected to improving mental health for sexual minority individuals is through perceptions of support. One study examined perceptions of social support and psychological well-being among lesbian, gay, and bisexual (LGB) youth, finding that perceptions of support were positively correlated with psychological well-being (Detrie & Lease, 2008). Although these results were established among sexual minority youth, it is expected that sexual minority adult employees would also benefit from support through the mechanism of increased belonging or perceiving that they are of value to the organization, as posited by organizational support theory (Eisenberger et al., 1986). Thus, organizational support theory and previous research provide support for the third hypothesis regarding perceptions of supportive practices and mental health outcomes for LGBQ+ employees. Accordingly, Hypothesis 3 states the following:

***Hypothesis 3:** LGBQ+ employees' perceptions of organizational support will be negatively correlated with poor mental health symptoms, specifically depression and anxiety symptoms.*

Work-Life Balance. Consistent with Chari and colleagues' (2018) conceptualization of worker well-being permeating both work and nonwork domains, the current study also investigates work-life balance as an aspect of worker well-being. Although many definitions exist for the construct of work-life balance, the current study refers to work-life balance as an individual's role engagement in both work and life domains with minimal conflict between the two (Sirgy & Lee, 2018). For the current study, the intention for using this definition is that it acknowledges the potential for interference between an individual's personal life and work roles as a source of strain but does not inherently suggest equal time or resources being dedicated to

either domain. Thus, “balance” is more directly related to the minimal conflict aspect of the definition.

An important element of the conceptual understanding of work-life balance is rooted in the terminology: work. Although work-life issues operate in a bidirectional manner, the organization may or may not be responsible for the interference or role conflict that may arise from a worker’s personal life interfering with their work. However, organizations can engage in supportive practices that aim to mitigate the interference of work role tasks and responsibilities in the life domain, while also demonstrating understanding and flexibility when non-work obligations interfere with work. It is also necessary to assert that work-life balance does not subscribe to a “one size fits all” model and may look different for each employee based on their needs, role expectations, and preferences (Stavrou & Solea, 2021). Successful work-life balance in practice prioritizes and considers employee input for what is needed from the organization to attain the “ideal” balance between work and non-work domains.

A lack of diversity and inclusion has also been identified as an issue within work-life balance theory, policy, and initiatives for organizations (Stavrou & Ierodiakonou, 2018). Recent literature has made a call to specifically include LGBQ+ voices and perspectives in the work-nonwork research domain, as the current scope tends to maintain a relatively heteronormative approach (Languilaire & Carey, 2017). For example, heteronormative language use from organizations or perceptions of anti-LGBT friendly organizational culture or climate may reduce the likelihood of an LGBQ+ employee sharing characteristics of their life at work. Thus, it is not necessarily a concern of whether or not LGBQ+ employees have the ability to attain work-life balance, but whether organizational practices and initiatives indicate support for them to enact

their desired preferences in accordance with their own definition of balance (Murphy et al., 2020; Languilaire & Carey, 2017).

By aiming to incorporate diverse perspectives in developing work-life balance initiatives, LGBQ+ individuals may be more likely to find and incorporate practices that reflect their goals for integration or separation between work and life domains, including being more open about their life domain in the work context. Empirical research using archival data from Canadian employees found differences in work-life balance satisfaction and work-life segmentation, with the results suggesting that gay men and lesbians were more likely to segment work from their personal lives (Dilmaghani, 2019). Although this study did not consider organizational practices or climate in their research design, these results could be indicative of the employee perception that they were unable to integrate their work and life domains successfully in a way that would not impact their safety or experiences at work. Consistent with social information processing theory (Salancik & Pfeffer, 1978), when sexual minority employees perceive their organization to uphold practices that indicate support for their sexual identity, it may serve as an informational cue to these employees that they can enact the preferences they desire, and thus result in higher work-life balance. Therefore, Hypothesis 4 states:

***Hypothesis 4:** LGBQ+ employees' perceptions of organizational support will be positively associated with perceptions of work-life balance.*

Mediating Role of Perceived Organizational Support

Highlighting the theoretical stance of social information processing theory that social information serves as a cue in guiding individual perceptions of their environment (Salancik & Pfeffer, 1978), the current research positions perceptions of LGBQ+ supportive organizational practices as the cue by which LGBQ+ employees will perceive the level of support they receive

from, and thus how valued they are, by their organization. As employees who perceive support are more likely to report more positive experiences at work (Kurtessis et al., 2017), it is likely that those positive experiences would also be associated with an increase in employee well-being.

Previous research also suggests that perceived organizational support is an important resource for employee well-being both in and outside of the workplace. For example, employees who perceive that their strengths and skills are valued are more likely to be engaged in their work, which is shown to have a positive relationship to employee well-being and life satisfaction (Meyers et al., 2019). When workers perceive that support is not present, it may lead to negative emotional and physical health outcomes (Arnold & Dupré, 2012). Thus, when organizations enact practices to indicate support for LGBQ+ identities, LGBQ+ employees will perceive more support from their organization, and ultimately have more beneficial outcomes of well-being in terms of job satisfaction, mental health, and work-life balance. Therefore, Hypothesis 5 states:

***Hypothesis 5a-c:** Perceived organizational support will mediate the relationship between workers' perceptions of LGBQ+ supportive organizational practices and (a) job satisfaction, (b) mental health, and (c) work-life balance for LGBQ+ employees.*

Sexual Orientation Identity Centrality

Identity centrality refers to the extent to which a component of one's identity maintains a level of personal importance as they navigate varying roles and situations (Stryker & Serpe, 1994). Accordingly, sexual orientation identity centrality refers to the extent to which an individual considers their sexual orientation to be of relevance to their personal identity (Mohr & Kendra, 2011). Previous research supports that identity configurations may vary across different contexts, in terms of personal, relational, collective, and public identities (Meca et al., 2015). The

moderating role of sexual orientation identity centrality is relevant to the current study because it provides another contextual lens through which an individual may view and perceive the world, or in this case, the work environment, around them (Hinton et al., 2021).

Social Identity Theory. Social identity theory posits that identities play a role in the ways individuals build perceptions about themselves, the groups they belong to, the beliefs they hold, and how to behave accordingly (Tajfel & Turner, 1979). In conjunction with identity centrality, it is expected that identities of higher personal relevance would have a stronger effect on an individual's perceptions, beliefs, and behaviors. Social identity theory also posits that identity may play a role in guiding perceptions of how they may be viewed by others based on their identity (Tajfel & Turner, 1979). Based on the existence of stigma against minority groups, minority identities would ultimately be at a higher risk of being subjected to negative perceptions from others, which is associated with decreased well-being (Baams et al., 2013).

Previous research has demonstrated that identity centrality moderates the association between support and outcomes for sexual minority individuals in the organizational context. For example, Holman and colleagues (2021) examined the role of identity centrality in the relationship between supportive workplaces and levels of disclosure for LGBQ employees and found the negative relationship between support and concealing one's identity to be stronger for those indicating higher levels of identity centrality. Although the extent of disclosure is not an outcome of interest in the current study, these results can further be connected to outcomes of well-being for LGBQ+ individuals, in that LGBQ+ individuals who can act authentically and do not need to conceal their sexual identity tend to report higher outcomes of well-being (Riggle et al., 2017). Fletcher and Everly's (2021) findings indicated that sexual orientation identity

centrality moderated how LGBT employees may perceive supportive organizational behaviors and consequently how they relate to their level of well-being.

Because sexual orientation identity centrality refers to the extent to which an individual's sexual orientation is personally important, it is more likely that an individual's sexual orientation identity would influence their experiences in contexts that are relevant to that identity. Thus, as an individual who identifies as LGBQ+ develops their perception of the supportive practices within their organization that are specific to LGBQ+ identities, it is expected that the extent to which their sexual orientation identity is salient to them will influence how they may perceive support within their organization. As a result, it is expected that sexual orientation identity centrality will moderate the relationship between the perceptions of LGBQ+ supportive organizational practices and perceived organizational support (POS). Based on the stance of social identity theory and previous empirical support for the moderating role of identity centrality, Hypothesis 6 states:

***Hypothesis 6:** The strength of the relationship between perceptions of LGBQ+ supportive organizational practices and general perceptions of organizational support depends on employee sexual orientation identity centrality, such that the relationship will be stronger for those with greater (vs. less) identity centrality.*

METHOD

Participants

I recruited $N = 352$ participants via Prolific, an online crowdsourcing data collection platform, to complete two surveys regarding their perceptions of organizational practices and well-being. To be eligible for the study, participants were required to self-identify as lesbian, gay, bisexual, queer, or another non-heterosexual orientation, be 18 years of age or older, currently employed within the United States, and work at least 20 hours per week (part-time) at their current position; thus, individuals identifying as heterosexual were not eligible to participate.

I initially recruited 400 participants to complete the first survey through Prolific by using the built-in pre-selection criteria of (1) identifying as homosexual, bisexual, asexual, or other, (2) employed part- or full-time, and (3) of which 360 participants returned to additionally complete the second survey. Upon reviewing my parameters for data quality, seven cases were removed leaving a total of $N = 352$ participants to be included in my analyses.

Thus, the final sample consisted of 352 participants between the ages of 18 and 69 ($M = 32.95$, $SD = 10.29$). Of the 352 participants, 6 reported identifying with multiple gender identities, and 60 reported identifying with multiple sexual orientation identities. For the purpose of streamlining the remaining proportions of the sample demographic characteristics, one identity response was used for each participant for gender and sexual orientation identity.

In terms of sexual orientation, the majority of participants identified as bisexual ($n = 162$, 46.02%), followed by participants identifying as gay ($n = 57$, 16.19%), lesbian ($n = 40$, 11.36%), pansexual ($n = 35$, 9.94%), queer ($n = 27$, 7.67%), asexual ($n = 26$, 7.39%), demisexual ($n = 4$, 1.14%), and other ($n = 1$, 0.28%). A recent survey of LGBT (lesbian, gay, bisexual, transgender)

adults conducted by Gallup (Jones, 2023) yielded relatively similar identity proportions as the current study, finding that 58.2% of LGBT adults identify as bisexual, 20.2% identify as gay, 13.4% identify as lesbian, and 6% identify as pansexual, queer, asexual, or other LGBT identities. These percentages allowed for individuals to select multiple identities including transgender and heterosexual, resulting in a total that doesn't add up to 100%. The similar distribution of identities suggests that the recruited sample is generally representative of the LGBQ+ population in the United States. Most participants identified as cisgender women (n = 177, 50.28%), followed by cisgender men (n = 113, 32.10%), and gender queer/fluid/non-binary/non-conforming (n = 39, 11.08%). The remaining 23 participants identified as agender, transgender, preferred not to answer, or filled in their own gender identity via the open response option (6.53%). Additional sample proportions and percentages for race, education, and organizational size can be found in Table 1.

Table 1. Demographics

	N	%
<i>Sexual Orientation</i>		
Asexual	26	7.4
Bisexual	35	46.0
Demisexual	4	1.1
Gay	57	16.2
Lesbian	40	11.4
Pansexual	35	9.9
Queer	27	7.7
Other	1	0.3
<i>Gender Identity</i>		
Agender	4	1.1
Cisgender Man	113	32.1
Cisgender Woman	177	50.3
Gender Queer/Fluid/Non-Binary/Non-Conforming	39	11.1

Trans/Transgender Man	8	2.3
Trans/Transgender Woman	6	1.7
Prefer not to answer	1	0.3
Other	4	1.1
<i>Race</i>		
White or Caucasian	255	72.4
Hispanic, Latino, or Spanish Origin	16	4.6
Black or African-American	34	9.7
Asian	10	2.8
American Indian or Alaska Native	2	5.7
Native Hawaiian or Other Pacific Islander	0	0
Prefer not to answer	2	5.7
Other	1	2.8
Biracial/Multiracial	32	9.1
<i>Highest Level of Education</i>		
Highschool	35	9.9
Some college	74	21.0
Associate's Degree	39	11.1
Bachelor's Degree	146	41.5
Master's Degree	43	12.2
Doctoral Degree (e.g., PhD, MD, JD, PsyD)	14	4.0
<i>Organizational Size</i>		
Small (1-49 employees)	161	48.3
Mid-size (50-249 employees)	88	26.4
Large (250+ employees)	84	25.2

Note. Biracial/Multiracial category was determined based on participants who selected more than one race.

Study Design

The current study utilized a time-lagged design in which participants were asked to complete anonymous online surveys at two time points. The first survey included measures of demographic characteristics, sexual orientation identity centrality, organizational perceptions, and experiences of incivility at work. The second survey was available to participants two weeks after they had completed the first survey and included measures of well-being, diversity climate,

and experiences of incivility at work. Additional information about each measure used in the surveys is described in the next section.

Measures

A complete list of the items used in each survey can be found in Appendix A (Survey 1) and Appendix B (Survey 2).

Personal Demographic Characteristics. Participants were asked to indicate their age, gender identity, highest level of education, sexual orientation, race, and ethnicity. Due to the specific focus on sexual orientation minorities and research questions addressed in this study, gender identity and sexual orientation were assessed using 1-2 items for each participant. Participants were asked to check all boxes that represented their identity (i.e., gender or sexual orientation identity). Participants who selected multiple identities for gender and/or sexual orientation were then shown an additional question to select a single identity of the ones they had previously chosen to be used in analyses (see Appendix A for exact item wording).

Organizational Size. Participants were asked to report the size of the organization they work for based on the number of employees working at their location. Based on previous research which suggested that smaller organizations may have fewer resources and benefits, this item was included to be used as a potential statistical control for analyses (Zugelder & Champagne, 2018).

Sexual Orientation Identity Centrality. Sexual orientation identity centrality was measured using the five-item identity centrality subscale from the Lesbian, Gay, and Bisexual (LGB) Identity Scale (Mohr & Kendra, 2011; $\alpha = .87$). Given that this scale was developed to measure LGB identity centrality, three of the five original items include “LGB” to refer to lesbian, gay, or bisexual identities. To better capture the identities of my sample besides only

lesbian, gay, or bisexual, these items were reworded to reflect other non-heterosexual orientations (See Appendix A). Participants responded via a 5-point Likert-type scale (1 – Strongly Disagree, 5 – Strongly Agree) the extent to which they agreed with each statement. An example item for this measure is, “My sexual orientation is a central part of my identity.” In the second validation of this subscale, Mohr and Kendra (2011) also measured test-retest reliability finding an adequate test-retest reliability correlation coefficient ($r = .80$). This scale has been previously validated with LGB college students (Mohr & Kendra, 2011), suggesting that it is appropriate for measuring dimensions of sexual orientation identity centrality for the recruited sample.

Organizational Measures

Perceptions of LGBQ+ Supportive Organizational Practices. The LGBT-Supportive Organizational Practices Scale, an eight-item measure developed by Fletcher and Everly (2021), was adapted and used to assess participant perceptions of organizational practices that are supportive of LGBQ+ (lesbian, gay, bisexual, queer, etc.) identities ($\alpha = .93$). I reworded items that mentioned “LGBT” or “gender identity” to omit reference to gender and reflect only sexual orientation to address the research questions of the study. Although gender identity supportive practices are important, the items were reworded to avoid conflating perceptions of support for these identities as they may yield different experiences. An example item for this measure is, “My organization considers diversity and inclusion, including sexual orientation and gender identity, within overall people management strategies and objectives.” For the current study, “and gender identity” was removed from this item. Participants responded on a 5-point Likert-type scale (1 – Strongly Disagree, 5 – Strongly Agree). In the original scale validation, the

authors established content validity via subject matter expert feedback, and convergent validity with perceptions of heterosexism in the workplace ($r = -.47$; Fletcher & Everly, 2021).

Perceived Organizational Support. Perceived organizational support was measured using ten items from the Survey of Perceived Organizational Support (SPOS; Eisenberger et al., 1986) to assess the extent to which participants perceive that their organization values and supports their well-being and workplace contributions. Given that employees may derive their perceptions of organizational support from multiple sources, the items assess perceptions of support from their coworkers (3 items; $\alpha = 0.94$), supervisor (3 items; $\alpha = 0.94$), and the organization in general (4 items; $\alpha = 0.94$). These items were chosen because they reflect high-loading items from the original scale and have previously been validated in adult employee populations (Eisenberger et al., 1990; Eisenberger et al., 2001). Participants responded on a 5-point Likert scale (1 – Strongly Disagree, 5 – Strongly Agree). An example item for this measure is, “The organization values my contributions to its well-being.”

Well-being Measures

Job Satisfaction. Job satisfaction was assessed using a three-item global measure of job satisfaction from the Michigan Organizational Assessment Questionnaire (MOAQ-JSS) developed by Cammann and colleagues (1979) to measure the extent to which an employee is satisfied with their job ($\alpha = 0.92$). I chose a global measure of job satisfaction to assess general attitudes of job satisfaction, versus satisfaction with specific elements of the job (e.g., pay, promotion opportunities, etc.). Participants responded on a 5-point Likert-type Scale (1 – Strongly Disagree, 5 – Strongly Agree). An example item for this scale is, “All in all I am satisfied with my job.” Bowling and Hammond (2008) conducted a meta-analytic review of the MOAQ-JSS and found extensive evidence for construct validity, as well as support for its use

over other global measures of job satisfaction given the affective language use in the item statements (e.g., “satisfied”), further supporting the use of this scale in the current study.

Poor Mental Health Symptoms. For the current study, poor mental health symptoms were assessed in terms of anxiety and depressive symptoms. The following two scales were used to reflect the presence of poor mental health symptoms that do not require a clinical diagnosis of depression or anxiety.

Depression. The Center for Epidemiological Studies-Depression eight-item scale (CES-D 8; Radloff, 1977) was used to assess symptoms of depression ($\alpha = .92$). Participants were asked to respond to how often they had experienced each feeling or behavior in the two weeks prior on a 5-point scale (1 – Not at All, 5 – Every Day), an example item being, “I was bothered by things that don’t usually bother me”. The original validation of the scale found concurrent validity between clinical and self-report ratings in that scores were generally able to differentiate between general population and psychiatric inpatient responses, in addition to reporting strong support for construct validity (Radloff, 1977).

Anxiety. Anxiety symptoms were assessed using the seven-item Generalized Anxiety Disorder scale (GAD-7; Spitzer et al., 2006). Participants were asked to respond on a 5-point frequency scale (1 – Not at All, 5 – Every Day) to how often they had been bothered by the following problems over the previous two weeks ($\alpha = .93$). An example item for this scale is, “Feeling nervous, anxious, or on edge”. The original validation for the seven-item measure yielded good test-retest reliability ($r = .83$) and found sufficient evidence for criterion, construct, factorial, and procedural validity (Spitzer et al., 2006).

Work-life Balance. Work-life balance was assessed using a five-item scale originally developed to assess work-family balance (Allen et al., 2010; $\alpha = .91$). In each item, the word

“family” was replaced with a reference to “personal life” to measure a more general construct of balance between work and life domains. Participants responded on a 5-point Likert-type Scale (1 – Strongly Disagree, 5 – Strongly Agree). An example item for this measure is, “I am able to balance the demands of my work and the demands of my personal life.” In the original validation of the scale, the five-item measure of “balance” was distinct from the highly related construct of “conflict” between work and family domains, providing support for convergent and content validity (Allen et al., 2010).

Covariates

The current study used general indicators to assess well-being, but it is also important to consider and control for variables that could potentially account for additional variance in participant responses on the job satisfaction, poor mental health symptoms, and/or work-life balance measures. Thus, I included additional items to assess relationship incivility experienced at work, incivility attribution, and diversity climate to control for these potential effects.

Workplace Incivility. Experiencing mistreatment at work has previously been associated with negative psychological well-being (Einarsen & Raknes, 1977) and lower job satisfaction (Zurbrügg & Miner, 2016). To better capture participants’ negative experiences in the workplace, participants were asked to respond to the seven-item Workplace Incivility Scale (Cortina et al., 2001; $\alpha = .91$). Incivility refers to a low-intensity form of interpersonal mistreatment that is characterized as having ambiguous intent (Cortina et al., 2001). Previous literature acknowledges that workplace mistreatment experienced by LGBQ+ individuals is likely to be characterized as more subtle or covert (Ragins & Wiethoff, 2005), so a measure of incivility was chosen to capture aspects of both subtle and overt mistreatment. Participants were asked to indicate the extent to which they experienced incivility with supervisors or coworkers,

example items including whether they had “Put you down or was/were condescending to you?” or “Made demeaning or derogatory remarks about you?”. Participants responded on a 5-point Likert-type scale (1 – Strongly Disagree, 5 – Strongly Agree).

Diversity Climate. The four-item, Perceptions of Organizational Diversity Climate scale was used to assess general perceptions of diversity climate (McKay et al., 2008; $\alpha = .92$).

Diversity climate refers to “the degree to which a firm advocates fair human resource policies and socially integrates underrepresented employees” (McKay et al., 2008, p. 352). General perceptions of diversity climate may provide some additional context for the extent to which an individual perceives the climate of their organization to support diversity in general, versus supporting LGBTQ+ individuals specifically, through policies and practices, thus supporting the decision to include it as a covariate. Participants were asked to respond to items such as, “I trust my organization to treat me fairly”, on a 5-point Likert-type scale (1 – Strongly Disagree, 5 – Strongly Agree).

Data Quality Indicators

Attention Checks. Three attention check items were placed in the beginning, middle, and end of both surveys to assess insufficient effort in responding (IER). Insufficient effort in responding (IER) is of particular concern when using crowdsourcing platforms for data collection due to the possibility for bot infiltration and individuals who may try to complete surveys quickly without carefully reading and responding to each item to obtain compensation (Huang et al., 2012). Attention check items were written in an instructional format, such as “Please respond with ‘Strongly Agree’ for this item”. Each individual attention check item was placed among items within other scales (i.e., within the Perceptions of LGBTQ+ Supportive Practices scale items).

Procedure

Data collection took place between September 2022 and January 2023 through Prolific, an online crowdsourcing platform that yields higher quality data than similar online services (Peers et al., 2021). I began by preselecting my inclusion criteria for sexual orientation (i.e., homosexual, bisexual, asexual, and other), employment status (i.e., full-time and part-time), and country of residence (i.e., United States) within the Prolific study posting. After the study was posted, potentially eligible participants were emailed invitations from Prolific to participate in the study based on their profile matching the preselected study criteria. The preselection criteria options offered by Prolific did not directly reflect the inclusion criteria of the current study, so after participants indicated that they had read the consent statement and were still willing to participate, individuals were asked 8-10 initial demographic questions to confirm eligibility.

Eligibility requirements and desired qualifications were not explicitly listed in the recruitment materials to avoid motivating participants to engage in self-misrepresentation, further defined as participants reporting an identity they do not hold (Aguinis et al., 2021). Participants who did not meet the eligibility requirements were redirected to a screen thanking them for their interest in participating and did not receive any compensation. Eligible participants were redirected to the full survey comprised of measures of personal and professional demographics, perceptions of organizational practices and support, workplace incivility, and diversity climate. Upon completion of the first survey, participants who correctly responded to at least two of the three attention checks and did not appear to complete the survey so quickly that it seems implausible that they read all items prior to providing a response were awarded \$2.00 in compensation via Prolific. Compensation rates were determined by survey

length via pilot testing in order to ensure participants received at least minimum wage for their contributions (Silberman et al., 2018).

Two weeks after completing the first survey, all 400 participants were invited to complete a second survey of items regarding their personal ratings on well-being indicators of interest (job satisfaction, mental health symptoms, and work-life balance), experiences of workplace incivility, and diversity climate. Upon completion of the second survey, participants who correctly responded to at least two of the three attention checks and did not appear to complete the survey too quickly received \$1.50 in compensation via Prolific. No personally identifying information (e.g., name or email address) was collected from participants.

RESULTS

Statistical Analysis Overview

After completing data collection, I exported the data from both the T1 and T2 surveys from Qualtrics into two .csv files that were then directly imported to R Studio statistical software. I merged the two .csv files to complete additional data quality checks, analyze missing data, and evaluate the psychometric properties of the measures. To test my hypothesized model, I computed a structural equation model (SEM) in which the majority of the study variables were modeled as latent variables. Latent variables are variables that are not directly measured but rather inferred from a set of observed variables. The advantage of using structural equation modeling is that SEM allows for the simultaneous testing of the hypothesized relationships while also accounting for measurement error variance (Zyphur et al., 2023). I utilized the two-step approach proposed by Anderson and Gerbing (1988) for testing an SEM model that includes first specifying the measurement model to then allow for more meaningful and less confounding interpretations of the regressions between latent variables among the specified structural equation model results. All data cleaning and statistical analyses were conducted using R Studio (Version 4.2.2). Next, I will summarize the process and results regarding data cleaning, psychometric analyses regarding scale construction, descriptive statistics, and hypothesis testing.

Data Cleaning

Prior to conducting any analyses, I began by reviewing the data to assess data quality and analyze missing data. I collected data from 360 participants who met the inclusion criteria of self-identifying as LGBTQ+ (lesbian, gay, bisexual, queer, or another non-heterosexual sexual orientation), reported being at least 18 years old, working at least 20 hours per week in the United States, and completed both surveys without answering more than one of the three

attention check items incorrectly. Although there is empirical support for Prolific yielding higher quality responses than other crowdsourcing platforms (Peer et al., 2021), I still elected to incorporate bot detection via the Q_RecaptchaScore in Qualtrics to serve as an additional safeguard to assess data quality. Based on recommendations by Qualtrics (n.d.), I removed responses that scored less than 0.5 on the Q_RecaptchaScore.

Missing Data

I computed frequency distributions to examine missing data overall and at the item, scale, and person levels. Overall, there was only 2.1% missing data across the entire dataset. Because some data were missing by design (i.e., due to the skip-logic patterns in Qualtrics), the amount of actual missing data was less than that. For example, given that the study examined individuals identifying as LGBTQ+, I first included an item that allowed participants to check all responses that matched their sexual orientation identity. Participants who indicated multiple identities in the first item to assess sexual orientation were then shown an additional item and asked to select one of the identities they had chosen to best represent them for analytical purposes. Thus, participants who did not choose multiple identities were not shown this second item, resulting in missing data by design.

At the item level, organizational size and the third item in the perceptions of LGBTQ+ supportive practices scale were each missing one respondent. For the item regarding organizational size, it is possible that the participant either did not know the number of employees at their organization or did not work with any other employees. Organizational size was included for covariate purposes, thus I elected to retain this participant in the study. It is reasonable to deduce that the participant who did not respond to the third item of the perceptions of LGBTQ+ supportive practices scale may not have formulated an answer or missed the question

by mistake, given that they responded to all other items in the survey. However, given that this scale was an important variable in my study, I elected to remove this participant to streamline future analyses in the study. The missing data for these two scales can be described as missing completely at random (MCAR), as the missing data were not related to any other observed variables (Little, 1988). The final remaining sample size was $N = 352$.

Psychometric Analysis

To assess the psychometric properties of each of the measures used in the study, I conducted a series of confirmatory factor analyses (CFAs) to confirm the factor structure for each scale by assessing model fit. Nearly all scales and subscales demonstrated good model fit based on Hu and Bentler's (1999) recommendations for assessing model fit statistics (i.e., Comparative Fit Index (CFI > 0.90), Tucker-Lewis Index (TLI > 0.90), standardized root mean square residual (SRMR < 0.10), and root mean square error of approximation (RMSEA < 0.10). Results indicated acceptable model based on the CFI, TLI, and SRMR. However, RMSEA values for most scales exceeded .10 including perceptions of LGBQ+ supportive organizational practices (RMSEA = 0.13), sexual orientation identity centrality (RMSEA = 0.11), CES-D scale assessing depressive symptoms (RMSEA = 0.19), anxiety (RMSEA = 0.13), diversity climate (RMSEA = 0.17), and incivility (RMSEA = 0.11). According to Kenny and colleagues (2015) and Shi and colleagues (2020), models with low degrees of freedom (df) may produce artificially high RMSEA values and therefore recommend using SRMR as an alternative to RMSEA for evaluating the average magnitude of the discrepancy between the observed and implied covariance matrix with smaller sample sizes (e.g., $n < 500$). Therefore, I concluded that the model fit for the scales was acceptable based on the proposed measures and I proceeded to compute scale scores for each of the measures. Next, I tested a measurement model that included

all items for each of the latent constructs in this study. The specified measurement model indicated acceptable fit ($\chi^2[719] = 1503.79, p = .00$; CFI = .93; TLI = .93; RMSEA = .06; SRMR = .05), I proceeded to test the hypothesized relationships. CFA factor loadings and model fit statistics for each scale are available upon request. Internal consistency reliability estimates (coefficient alphas) for each scale are reported above in the Method section.

Descriptive Statistics and Assumption Checking

I assessed the response distribution for each measure by examining skewness and kurtosis values. Results showed low to moderate negative skewness for all study variables, with all skewness and kurtosis values falling into the acceptable range of +/- 1 (see Table 2). Given that the data did not exhibit a symmetric distribution, I further examined residual scatter plots to assess for any issues regarding non-linearity or heteroscedasticity. All study variables showed homoscedasticity and did not problematically violate these assumptions; thus I proceeded without transforming any study variables. Means, standard deviations, skewness, and kurtosis values are reported in Table 2.

Table 2. Descriptive statistics, skewness, and kurtosis

	<i>M</i>	<i>SD</i>	Skewness	Kurtosis	S. E.
LGBQ	3.38	1.07	-0.28	-0.75	0.06
POS	3.46	1.19	-0.49	-0.83	0.06
PCS	3.44	1.01	-0.35	-0.67	0.06
PSS	3.94	1.06	-0.97	0.46	0.05
IDCENT	3.45	1.01	-0.48	-0.42	0.05
JOBSAT	3.59	1.13	-0.71	-0.42	0.06
DEPRESS	2.64	0.94	0.41	-0.53	0.05
ANX	2.54	1.08	0.35	-0.83	0.06

WLB	3.36	1.10	-0.37	-0.78	0.06
DIVCLIM	3.66	1.11	-0.68	-0.41	0.06
INCIVIL	2.25	1.11	0.54	-0.88	0.06

Note. N = 352 for all variables. LGBQ = Perceptions of LGBQ+ Supportive Organizational Practices. POS = Perceived Organizational Support. PCS = Perceptions of Coworker Support. PSS = Perceptions of Supervisor Support. IDCENT = Sexual Orientation Identity Centrality. JOBSAT = Job Satisfaction. DEPRESS = Depression. ANX = Anxiety. WLB = Work-Life Balance. DIVCLIM = Diversity Climate. INCIVIL = Workplace Incivility.

Correlation Matrix

Table 3 depicts a correlation matrix of all major study variables and variables included in post-hoc analyses. Upon reviewing the correlation coefficients, I determined that multicollinearity was not a major issue among study variables and proceeded with testing the hypothesized relationships via structural equation modeling (SEM).

Table 3. Means, standard deviations, and correlations with confidence intervals

Variable	<i>M</i>	<i>SD</i>	1	2	3	4	5	6	7	8	9	10
1. LGBQ	3.38	1.07										
2. POS	3.46	1.19	.71** [.66, .76]									
3. PCS	3.94	1.01	.51** [.43, .58]	.55** [.47, .62]								
4. PSS	3.44	1.06	.54** [.46, .61]	.65** [.58, .70]	.48** [.40, .56]							
5. IDCENT	3.45	1.01	-.01 [-.11, .10]	-.01 [-.12, .09]	.06 [-.04, .17]	-.00 [-.11, .10]						
6. JOBSAT	3.59	1.13	.47** [.38, .54]	.57** [.50, .64]	.42** [.34, .51]	.50** [.41, .57]	.05 [-.06, .15]					
7. DEPRESS	2.64	0.94	-.36** [-.45, -.27]	-.38** [-.46, -.28]	-.35** [-.44, -.26]	-.34** [-.43, -.25]	.02 [-.08, .13]	-.45** [-.53, -.36]				
8. ANX	2.54	1.08	-.36** [-.45, -.27]	-.34** [-.43, -.24]	-.29** [-.38, -.19]	-.33** [-.42, -.23]	.04 [-.07, .14]	-.41** [-.50, -.32]	.81** [.78, .85]			
9. WLB	3.36	1.10	.32** [.23, .41]	.38** [.29, .47]	.24** [.14, .33]	.28** [.18, .38]	-.03 [-.13, .08]	.45** [.36, .53]	-.52** [-.59, -.44]	-.49** [-.56, -.40]		
10. DIVCLIM	3.66	1.11	.81** [.78, .85]	.84** [.80, .86]	.56** [.48, .62]	.65** [.58, .70]	-.05 [-.15, .05]	.56** [.48, .63]	-.36** [-.45, -.26]	-.35** [-.44, -.26]	.37** [.28, .46]	
11. INCIVIL	2.25	1.11	-.45** [-.53, -.36]	-.57** [-.64, -.50]	-.40** [-.49, -.31]	-.62** [-.68, -.55]	.05 [-.06, .15]	-.40** [-.49, -.31]	.31** [.21, .40]	.30** [.21, .40]	-.35** [-.43, -.25]	-.62** [-.68, -.55]

Note. *M* and *SD* are used to represent mean and standard deviation, respectively. Values in square brackets indicate the 95% confidence interval for each correlation. The confidence interval is a plausible range of population correlations that could have caused the sample correlation (Cumming, 2014). * indicates $p < .05$. ** indicates $p < .01$. LGBQ = Perceptions of LGBQ+ Supportive Organizational Practices. POS = Perceived Organizational Support. PCS = Perceptions of Coworker Support. PSS = Perceptions of Supervisor Support. IDCENT = Sexual Orientation Identity Centrality. JOBSAT = Job Satisfaction. DEPRESS = Depression. ANX = Anxiety. WLB = Work-Life Balance. DIVCLIM = Diversity Climate. INCIVIL = Workplace Incivility.

Hypothesis Testing

Overall Model Fit

Standardized path estimates and standard errors of the structural equation model are depicted in Figure 2. Unstandardized path estimates are reported throughout the hypothesized results and displayed in Table 4 (see end of Results). The fit statistics for the model testing moderated mediation (shown in Figure 2) using 10,000 bootstrapped samples are ($\chi^2[762] = 1548.72, p = .00; CFI = .93; TLI = .93; RMSEA = .05; SRMR = .05$).

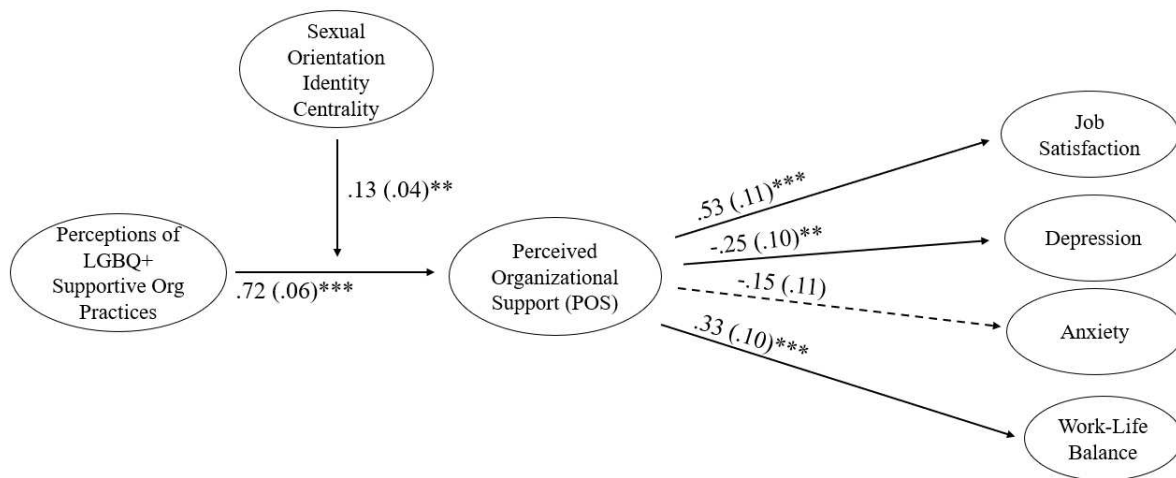


Figure 2. Summary of hypothesized relationships and results

Note: Path coefficients are reported as standardized estimates. Standard errors are included in parentheses. The dotted lines represent nonsignificant relations. * $p \leq .05$, ** $p \leq .01$, *** $p \leq .001$

Hypotheses 1-4: Associational Relationships

I tested the first four hypotheses by examining the direction and strength of the relationship between each predictor and outcome variable via the path estimates obtained by

testing the structural equation model. The following results indicate the unstandardized estimates.

H1: Results provide support for hypothesis 1 (H1), which stated that perceptions of LGBQ+ supportive practices will be positively related to perceptions of perceived organizational support ($b = .72$, $SE = .065$, $p < .001$).

H2: Results provide support for hypothesis 2 (H2), which stated that LGBQ+ employees who report higher perceptions of organizational support would also be more satisfied with their job ($b = .64$, $SE = .107$, $p < .001$).

H3: Results provide partial support for hypothesis 3 (H3), which stated that LGBQ+ employees who report higher perceptions of organizational support would report lower levels of poor mental health symptoms. Poor mental health symptoms were assessed in terms of anxiety and depression, and although both relationships existed in the predicted direction, only the relationship between perceptions of organizational support and depression was significant ($b = -.28$, $SE = .097$, $p < .01$). The relationship between perceptions of organizational support and anxiety was in the hypothesized direction, but it was not statistically significant ($b = -.19$, $SE = .106$, $p = .07$).

H4: Results provide support for hypothesis 4 (H4), which stated that LGBQ+ employees who report higher perceptions of organizational support would also report higher levels of work-life balance ($b = .38$, $SE = .105$, $p < .001$).

Hypothesis 5: Mediation

Hypothesis 5 (H5a-c) explored the mediating effect of perceived organizational support between perceptions of LGBQ+ supportive organizational practices and indicators of well-being. To test mediation, I examined the indirect effects of perceived organizational support on the

relationships between perceptions of LGBQ+ supportive practices and (a) job satisfaction, (b) mental health symptoms, and (c) work-life balance. The mediation model showed support for H5a and H5c, and partial support for H5b. Significance for all mediation hypotheses was determined if zero was not included in the corresponding confidence intervals for each of the tested relationships. The following path estimates are reported as indirect effects from the model without considering the conditional effects of the moderator.

H5a: Results provided support for the first part of Hypothesis 5 (H5a), which stated that perceived organizational support would mediate the relationship between perceptions of LGBQ+ supportive organizational practices and job satisfaction ($b = .48$, $CI_{95\%}$ [0.331, 0.664]).

H5b: Results provided partial support for the second part of Hypothesis 5 (H5b), which stated that perceived organizational support would mediate the relationship between perceptions of LGBQ+ supportive organizational practices and mental health symptoms. Perceived organizational support significantly mediated the relationship between perceptions of LGBQ+ supportive practice and depression ($b = -.21$, $CI_{95\%}$ [-0.360, -0.070]), but not the relationship between perceptions of LGBQ+ practices and anxiety ($b = -.14$, $CI_{95\%}$ [-0.299, 0.013]).

H5c: Results provided support for the third part of Hypothesis 5 (H5c), which stated that perceived organizational support would mediate the relationship between perceptions of LGBQ+ supportive organizational practices and work-life balance ($b = .29$, $CI_{95\%}$ [0.137, 0.458]).

Hypothesis 6: Moderated Mediation

Hypothesis 6 (H6) posed that sexual orientation identity centrality would moderate the association between perceptions of LGBQ+ supportive organizational practices and perceptions of organizational support, such that among LGBQ+ employees who reported higher levels of sexual orientation identity centrality, there will be a stronger positive relationship between

perceptions of supportive practices and perceived organizational support compared to LGBQ+ employees with a lower level of sexual orientation identity centrality.

I tested the moderated mediation hypothesis by examining the conditional indirect effects of sexual orientation identity centrality on the relationship between perceptions of LGBQ+ supportive organizational practices and perceived organizational support. Specifically, I computed an interaction term by multiplying the mean-centered observed scores for perceptions of LGBQ+ supportive organizational practices and sexual orientation identity centrality. The conditional indirect effect of sexual orientation identity centrality on the relationship between perceptions of LGBQ+ supportive practices and perceived organizational support was significant ($b = .11$, $SE = .035$, $p < .01$), thus providing support for Hypothesis 6.

Table 4. Summary of moderated mediation model results

Outcome	Predictor	Estimate	<i>S.E.</i>	P-Value	LLCI	ULCI
Perceived Organizational Support						
	Perceptions of LGBQ+ Supportive Practices	0.72	0.065	0.000	0.605	0.861
	Interaction Term	0.11	0.035	0.002	0.040	0.178
Job Satisfaction						
	Perceptions of LGBQ+ Supportive Practices	0.14	0.10	0.150	-0.053	0.322
	Perceived Organizational Support	0.64	0.10	0.000	0.441	0.859
Depression						
	Perceptions of LGBQ+ Supportive Practices	-0.21	0.10	0.033	-0.410	-0.016
	Perceived Organizational Support	-0.28	0.10	0.004	-0.474	-0.093

Anxiety					
Perceptions of LGBQ+ Supportive Practices	-0.31	0.11	0.005	-0.540	-0.099
Perceived Organizational Support	-0.19	0.11	0.076	-0.396	0.022
Work-Life Balance					
Perceptions of LGBQ+ Supportive Practices	0.13	0.103	0.217	-0.079	0.327
Perceived Organizational Support	0.38	0.105	0.000	0.184	0.600

Note. Path coefficients are reported as unstandardized estimates. LLCI = Lower level confidence interval. ULCI = Upper level confidence interval.

Post Hoc Analyses

Alternative Model Assessment

Depression vs. Anxiety Models. As described in the previous section, I only found partial support for Hypothesis 3 which hypothesized a negative relationship between perceived organizational support and poor mental health in the form of anxiety and depressive symptoms. Perceptions of organizational support were significantly related to depressive symptoms, but not to anxiety symptoms. Because anxiety and depression are often co-morbid (i.e., occur simultaneously; Pollack, 2005), I wanted to additionally investigate whether or not the relationship between perceived organizational support and anxiety symptoms would be statistically significant when depressive symptoms were not included in the conditional indirect effects model.

The alternative model using 10,000 bootstrapped iterations excluding depressive symptoms indicated acceptable fit ($\chi^2[483] = 885.65, p = .00; CFI = .96; TLI = .95; RMSEA = .05; SRMR = .05$), but the relationship between perceptions of organizational support and anxiety was not significant ($b = -.19, SE = .105, p > .05$). I additionally ran another alternative

model using 10,000 bootstrapped iterations excluding anxiety symptoms to assess whether the relationship between proposed antecedents and depressive symptoms is significant when anxiety symptoms are not considered. The model including only depressive symptoms demonstrated acceptable fit ($\chi^2[515] = 1090.20, p = .00$; CFI = .94; TLI = .93; RMSEA = .06; SRMR = .05), and the relationship between perceived organizational support and depression was still significant ($b = -.29, SE = .097, p < .01$). Based on these two alternative models separately (i.e., not nested models), it is reasonable to conclude that the lack of a significant relationship between perceived organizational support and anxiety was not a result of including depressive symptoms in the hypothesized model.

Additional Sources of Organizational Support. Previous research acknowledges that perceptions of support within an organization may be derived from multiple sources such as from coworkers or supervisors, as opposed to the personified organization more generally (Rhoades & Eisenberger, 2002). Thus, because I included items to assess perceptions of support from coworkers and supervisors, I ran two additional structural equation models using 10,000 bootstrapped samples, first with perceived coworker support (PCS) as the mediator in place of perceived organizational support in the hypothesized model, and then separately with perceived supervisor support (PSS). Path estimates are reported as indirect effects from the two alternative moderated mediation models including conditional effects from the moderator.

First, I evaluated perceived coworker support as a mediator and found acceptable fit ($\chi^2[723] = 1460.69, p = .00$; CFI = .93; TLI = .93; RMSEA = .05; SRMR = .06). Perhaps unsurprisingly, perceived coworker support significantly mediated the relationships between perceptions of LGBQ+ supportive organizational practices and two well-being indicators, job satisfaction ($b = .16, SE = .046, p < .01$) and depressive symptoms ($b = -.13, SE = .040, p <$

.01). Employees who perceive support from coworkers may feel an increased sense of belonging at work and/or be less likely to experience feelings of loneliness, both of which have been linked to increased job satisfaction and fewer depressive symptoms (Gates, 2011).

Results for the model with perceived supervisor support as a mediator indicated acceptable fit ($\chi^2[723] = 1459.03, p = .00$; CFI = .93; TLI = .93; RMSEA = .05; SRMR = .05). Perceived supervisor support significantly mediated the relationships between perceptions of LGBQ+ supportive organizational practices and three well-being indicators, job satisfaction ($b = .38, SE = .069, p < .001$), depressive symptoms ($b = -.15, SE = .060, p < .05$), and work-life balance ($b = .13, SE = .064, p < .05$). One potential explanation for the significant mediating role of supervisor support in the relationship between perceptions of LGBQ+ supportive organizational practices and work-life balance may be that sexual minority employees are able to enact their preferred state of balance due to supervisor behaviors, particularly in terms of integration. In other words, perceptions of supervisor support derived from positive cues related to an one's sexual orientation identity may act as a mechanism for employees to feel comfortable sharing their personal relationships and ultimately acting more authentically at work.

Covariates. Although covariates were not part of the hypothesized model in the present study, I measured multiple additional variables to include as potential controls. Aguinis and Vandenburg (2014) suggest that the inclusion of control variables in organizational research should not be done without strong conceptual, theoretical, and psychometric reasoning. Based on this recommendation, I only included variables for which I could demonstrate empirical or theoretical support for their relevance to the outcomes of interest. Thus, I included diversity climate and experiences of workplace incivility as covariates in my final post-hoc analytic model. Covariate relationships were tested by specifying each variable as a predictor of

perceptions of LGBQ+ supportive organizational practices in the overall conditional indirect effects model.

The measurement model including perceptions of organizational diversity climate and experiences of workplace incivility demonstrated acceptable fit ($\chi^2[1253] = 2564, p = .00$; CFI = .92; TLI = .91; RMSEA = .06; SRMR = .07). However, the fit did not improve from that of the model that only included the hypothesized variables and relationships. Nonetheless, the path estimates indicating the relationship between perceptions of LGBQ+ supportive organizational practices and both diversity climate and workplace incivility were statistically significant ($b = .90, SE = .070, p < .001$; $b = .12, SE = .039, p < .01$).

DISCUSSION

The purpose of the current study was to investigate the relationship between LGBQ+ employee perceptions of supportive organizational practices relevant to their sexual orientation, perceptions of general organizational support, and well-being, indicated by job satisfaction, mental health symptoms, and work-life balance. The present study also examined the extent to which sexual orientation identity centrality moderated the link between perceptions of LGBQ+ supportive practices and general perceptions of organizational support. Taken together, the results of the study supported the overall hypothesized conditional indirect effect model, barring the relationship between proposed antecedents and anxiety symptoms. In other words, LGBQ+ employees who reported more favorable (i.e., higher) perceptions of LGBQ+ supportive practices also perceived more general support from their organization, which ultimately served as a mechanism for higher reports of job satisfaction and work-life balance and lower reports of depressive symptoms. Additionally, the relationship between perceptions of LGBQ+ supportive organizational practices and perceptions of general organizational support was stronger for employees who identified their sexual orientation as more central to their identity.

As expected, perceptions of LGBQ+ supportive organizational practices were positively associated with perceptions of general support. Consistent with previous research on LGBT-supportive policies and perceptions of organizational support (Pichler et al., 2017), the results of the study suggest that implementing specific forms of support via targeted organizational initiatives (e.g., effective anti-discrimination policies, sexual orientation diversity training, etc.) may be a viable way to improve perceptions of general organizational support among LGBQ+ employees.

General perceptions of organizational support were beneficially related to three of the four well-being indicators included in the study. More explicitly, employees who perceived more support from their organization were more satisfied with their jobs and indicated higher levels of work-life balance, and also experienced fewer depressive symptoms. Previous research on perceived organizational support has consistently provided empirical support for the association between POS and employee well-being (Rhoades & Eisenberger, 2002; Baran et al., 2012; Eisenberger et al., 2020; Kurtessis et al., 2017; Panaccio & Vandenberghe, 2009). Perceived organizational support is defined as to the extent to which an employee perceives that their organization values their contributions and cares about their well-being, thus inherently linking POS to various facets of worker well-being. Taking the results of the present study in conjunction with the Total Worker Health® model and definition proposed by Chari and colleagues (2018), increasing perceptions of organizational support would likely be an impactful mechanism by which employers can enhance the health and well-being of their LGBTQ+ employees.

Interestingly, the results of the present study only show partial support for the hypotheses regarding mental health symptoms (H3; H5b). Specifically, results supported the hypothesis regarding depressive symptoms, but not anxiety. Although anxiety and depressive symptoms often occur simultaneously (e.g., high comorbidity), anxiety symptoms were not significantly related to any of the hypothesized antecedents, whereas relationships between antecedents and depressive symptoms were significant. One plausible explanation for the failure to detect a significant relationship between perceived organizational support and anxiety symptoms may be due to unknown confounding variables that were not measured in the current study. The GAD-7 (Spitzer et al., 2006) used to measure anxiety symptoms asked participants to consider how

frequently in the past two weeks they had experienced symptoms such as feelings of worry, irritability, and having trouble relaxing. Thus, it may be reasonable to consider that feelings of worry or irritability may have a stronger relationship with more individualized or situational variables for LGBTQ+ employees. For example, LGBT adults are more likely to experience financial strain compared to heterosexual adults (Badgett et al., 2013; Emler, 2016). In these cases, perceived organizational support would likely play a less prominent role in the experience of anxiety symptoms. Nonetheless, finding partial support for the relationship between perceived organizational support and mental health symptoms provides strong rationale for the inclusion of both depressive and anxiety symptoms in the present study and in future research.

Implications

Theoretical Implications

The results of the study supported our assumptions based on Organizational Support Theory (Eisenberger et al., 1986) and Social Information Processing Theory (Salancik & Pfeffer, 1978) that perceptions of LGBTQ+ supportive organizational practices can impact general perceptions of organizational support. This study detected a strong, positive relationship between perceptions of LGBTQ+ supportive practices and perceived organizational support. This positive relationship provides empirical evidence for the assumption that practices designed to support diverse sexual orientations may serve as a contextual cue by which LGBTQ+ employees derive general perceptions of support within their organizations (Salancik & Pfeffer, 1978), ultimately affecting employee well-being outcomes (Eisenberger et al., 1986). These findings provide preliminary support for perceptions of LGBTQ+ supportive practices acting as an antecedent to perceptions of general organizational support, suggesting that implementing organizational practices and

policies that indicate specific support for sexual minority identities may be an impactful route for improving the well-being of LGBQ+ employees.

Additionally, the present study utilized an adapted version of the Perceived LGBT Supportive Practices items developed by Fletcher and Everly (2021) to assess perceptions of LGBQ+ supportive organizational practices. The psychometric analysis of the posed one factor structure revealed acceptable fit and reliability, providing further support for the use of this measure in future research on perceptions of LGBQ+ supportive organizational practices. Given that items were adjusted to remove any reference to gender identity, the psychometric results also suggest that the adapted version may be utilized to investigate questions regarding supportive practices regarding sexual orientation specifically in future studies. Altogether, the results of the study indicate that future research should direct attention to perceptions of organizational practices with respect to specific identities and how those perceptions relate to critical employee and organizational outcomes.

A major strength of the current study lies within the decision to measure various facets of well-being to construct a more comprehensive picture of employee wellness, in line with the Total Worker Health® model and definition (Chari et al., 2018). The model created by Chari and colleagues (2018) integrates five components of worker well-being, four of which were directly considered in the present study (i.e., workplace policies and culture; health status; work evaluation and experience; and home, community, and society). LGBQ+ employees may face additional stressors in many of these domains that other organizational members do not; These stressors may include experiencing a non-inclusive workplace culture, lack of adequate workplace support, and general mistreatment both in and out of work based on their sexual orientation identity (Cech & Rothwell, 2020). The present study highlights the importance of

investigating the well-being of employees with minority identities using a multi-faceted approach to yield a broader depiction of worker wellness across contexts. Thus, the corresponding results provide empirical support for the use of the Total Worker Health® model as tool for promoting and upholding LGBQ+ (and other minoritized identities) employee wellness based on a broader conceptualization of worker well-being.

Additionally, from a Social Identity Theory (Tajfel & Turner, 1979) perspective, this study highlights the moderating effect of sexual orientation identity centrality in perception-building for LGBQ+ employees. Social Identity Theory posits that identities factor into the way individuals build perceptions about themselves, their social groups, and ultimately guide behaviors (Tajfel & Turner, 1979). The present findings suggest that LGBQ+ employees who consider their sexual orientation to be a more central part of their identity are more likely to use the information from their workplace environment in relation to support for their sexual orientation to build their general perceptions of organizational support. The results of the study contribute to past research by investigating and finding empirical support for the role of identity centrality with respect to an individual's sexual orientation, effectively illustrating the importance of identity for the indirect effect from perceptions of LGBQ+ supportive practices to well-being through perceptions of organizational support.

Practical Implications

One key purpose of the current project was to help answer the call to incorporate more diverse perspectives in occupational health psychology research and support further investigation of the intersection between minority status and worker well-being (Languilare & Casey, 2017; Stavrou & Ierodiakonou, 2018). The rising number of individuals who identify as lesbian, gay, bisexual, queer, or another non-heterosexual orientation has been met with organizational

initiatives to implement more inclusive practices and policies, underscoring the critical need to address whether these strategies are efficacious in improving work experiences for LGBTQ+ employees. Although the design and nature of the present research limits my ability to determine causality between study variables, empirical support for the strength of the hypothesized relationships provides ample justification for the novelty and importance of the research questions posed in the current study. Thus, the results of this study can and should still be used to develop preliminary recommendations for employers and managers to better support LGBTQ+ employees in practice.

Based on the results of the study, there is clear evidence to suggest that providing support to employees that is rooted in their social identity has beneficial outcomes in terms of general perceptions of support from their organization and well-being. Previous research notes the benefits of enacting practices for both sexual minority and heterosexual employees alike (Pichler et al., 2018). However, our findings highlight the importance of structural inclusion, otherwise described as upholding inclusive practices throughout organizational levels. Implementing inclusive practices that permeate all parts of an organization is one potential avenue for increasing perceptions of an inclusive climate. Previous research suggests that employees working in more inclusive organizational climates are more likely to act authentically at work, ultimately relating to higher life satisfaction (Fletcher & Everly, 2021).

Limitations

The current project was designed to examine perceptions of LGBTQ+ employees at work, but it is important to acknowledge the limitations of the study results with respect to interpretation and practical utility. The limitations include potential concerns with participant

interpretation of items, data collection via crowdsourcing platforms, and common method variance (CMV) which are further discussed in the following paragraphs.

First, this study investigated perceptions of support for sexual orientation minority identities, but explicitly omitted support for gender identity minorities. In real world contexts, sexual orientation and gender minority identities are generally referred to in conjunction with one another (i.e., LGBT, LGBTQ+ community). Thus, many organizational initiatives to support diverse sexual orientations often include implementing policies and/or practices that indicate support for gender minority identities in addition to sexual orientation (e.g., LGBT-supportive policies; Pichler et al., 2018). Although the decision to exclude gender identity was conscious based on recommendations to investigate the experiences of gender and sexual orientation minorities as separate questions (Singh & O'Brien, 2019), group identification norms at the societal level may impact the interpretation of the present results. Due to the typical combination of gender and sexual orientation minorities, it is possible that participants in the current study may have difficulty separating perceptions of support for sexual orientation from perceptions of support for gender identity. Although precautions were taken to provide specific instructions and definitions to participants and adjust wording to specifically reflect sexual orientation, some participants may have still reported perceptions of organizational support for LGBTQ+ issues. Future research would benefit from research questions that aim to identify differences in well-being across sexual orientation and gender identities, to provide more specific recommendations for organizations interested in developing and implementing supportive practices.

Although I adhered to best practices for data collection through a crowdsourcing platform throughout the course of the project to avoid using data that seemed to indicate poor survey response quality (Aguinis et al., 2021), the nature of using online recruitment and providing

compensation through these platforms is still potentially susceptible to yielding less meaningful responses than other sampling methods. Thus, it is possible that participants did not thoughtfully respond to all items, even though each participant included in the final analyses correctly answered at least two of the three attention checks per survey. However, given that multiple checks to assess data quality were deployed and the demographic makeup of the sample was relatively representative of the national population in the United States, it is reasonable to conclude that the results of the study are still viable and may be used to begin building empirically supported recommendations for organizations and develop future research. Nonetheless, future research should aim to replicate these findings using alternative sampling methods (e.g., snowball sampling) in order to further demonstrate validity and practical utility of the present study.

It is also important to note the high intercorrelation between perceptions of LGBTQ+ supportive practices and perceived organizational support. Although some overlap was to be expected given the similar content themes among items from the two perception-based support measures used in the present study, the strength of this relationship raises some concern regarding the extent to which perceptions of LGBTQ+ supportive organizational practices and perceived organizational support represent different constructs in practice. Further, these constructs were both assessed via measures on the survey administered at Time 1 via single-source self-report data, highlighting the potential concern with common method variance (CMV; Podsakoff et al., 2003). However, the self-report nature of this study acted as an important starting point to explore perceptions of organizational support and worker well-being in this important and under-studied population (Spector, 2019). Future research would benefit from further investigation of the relationship between these constructs and collecting data from other

sources (e.g., coworkers) in order to demonstrate appropriate validity and help reduce concerns about CMV, thus enhancing the practical utility of present findings.

Future Directions

Beyond the limitations and associated recommendations for future research discussed in the previous section, the results of the present study help identify additional directions for future research to answer critical questions regarding how to best support the well-being of LGBTQ+ employees. Key suggestions are explained in the following paragraphs.

First, one appropriate avenue for future research to enhance the practical utility of this line of work should be to consider assessing behavior-based indicators of support from other members of the organization (i.e., supervisors and coworkers). The post-hoc analytic models using alternative sources of support revealed that both perceived coworker support (PCS) and perceived supervisor support (PSS) significantly mediate the relationship between perceptions of LGBTQ+ supportive practices and multiple well-being indicators. Understanding the specific behaviors that indicate support for sexual minority identities in the workplace could be used to develop more effective diversity training programs for other members of the organization. For example, these specific behaviors could include providing visual symbols of support (i.e., pride flags) or using gender-neutral language when discussing partners in the workplace, signifying acceptance of sexual minority identities. More distally, implementing regular trainings and communicating the importance of such trainings may help promote and sustain a supportive organizational culture. A supportive organization provides an environment in which organizational members feel more empowered to support their LGBTQ+ coworkers and supervisees, thus improving the quality of their work lives.

Another critical question requiring further investigation is whether a disconnect exists between organizational communication regarding their inclusive or supportive practices and employee perceptions of such practices. In other words, when organizations fail to effectively highlight or communicate practices such as same-sex partner benefits or diversity training opportunities with respect to sexual orientation, it is reasonable to conclude that employees who do not proactively seek out this information would report lower perceptions of LGBTQ+ supportive practices. Thus, if an LGBTQ+ employee is unaware of the existence of such practices, it is anticipated that their responses would reflect disagreement with the provided statements even when such practices do in fact exist (Fletcher & Everly, 2021). Future research could aim to address this gap in the literature by investigating how employees are socialized to learn, understand, and utilize the supportive practices that exist within their organization. One way to tackle this question could be to assess employee-organization dyads to gauge communication practices and the accuracy of employees' perceptions of LGBTQ+ supportive practices regarding the actual policies and practices present in an organization.

Lastly, the current study investigated perceptions of LGBTQ+ supportive practices overall via non-experimental methodology, thus I was unable to determine which practices are most effective for enhancing LGBTQ+ employee well-being. In order to provide specific and actionable recommendations to employers, future research should aim to identify which of these practices show the strongest relationships to indicators of well-being via pre-post intervention testing in order to determine what changes will have the most impact on LGBTQ+ employee well-being. This information is especially critical for workplaces that lack adequate institutional supports or resources. For example, some organizations (e.g., small businesses, start-ups) may feel as though they do not have the bandwidth to expend on improving their inclusion practices (Zugelder &

Champagne, 2018). In these cases, understanding which specific practices are most strongly related to employee well-being can provide a helpful starting point for organizations to enact practices that will be most impactful for their LGBQ+ employees. This is particularly important for employers and managers experiencing difficulties in knowing where to begin supporting LGBQ+ employees, and access to such recommendations could increase their confidence levels in approaching that task.

Conclusion

In conclusion, the present study contributes to a growing body literature on sexual orientation and work by empirically testing the relationships between perceptions of LGBQ+ supportive organizational practices, general perceptions of organizational support, and well-being indicators including job satisfaction, mental health, and work-life balance. The results of this research underscore the role of sexual orientation identity centrality, as well as the importance of implementing supportive practices for LGBQ+ employees. Understanding how perceptions of support and supportive practices are associated with LGBQ+ employee well-being can guide future research on the development and implementation of empirically based recommendations for organizations intending to improve workplace experiences for their sexual minority employees.

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APPENDICES

Appendix A: Time 1 Survey Items

Personal Demographics

Instructions: Please respond to the following items with your personal demographic information.

1. Are you currently employed in the United States?
 - Yes
 - No – skip to end
2. Do you work at least 20 hours per week at your current position?
 - Yes
 - No – skip to end
3. What is your age?
[Participant can enter 2–3-digit numerical response] – if number is less than or equal to 17 skip to end
4. Which categories best describe your gender identity? (check all that apply)*
 - Agender
 - Cisgender Man
 - Cisgender Woman
 - Gender Queer/Fluid/Non-Binary/Non-Conforming
 - Trans/Transgender Man
 - Trans/Transgender Woman
 - Prefer not to answer
 - Not listed above [please specify]

*If a participant selects multiple categories for question 4, they will be directed to question 5. If a participant selects one category, they will be directed to question 6.

5. When conducting some statistical analyses, the researchers may need to use one response per participant. To avoid misrepresenting your identity, please select one category that you would like the researchers to use to portray your gender identity. Which category best describes your gender? (Select one)
 - Agender
 - Cisgender Man
 - Cisgender Woman
 - Gender Queer/Fluid/Non-Binary/Non-Conforming
 - Trans/Transgender Man
 - Trans/Transgender Woman
 - Prefer not to answer

- Not listed above [please specify]

6. Which categories best describe your sexual orientation? (check all that apply)*

- Asexual
- Bisexual
- Demisexual
- Gay
- Heterosexual or straight
- Lesbian
- Pansexual
- Queer
- Prefer not to answer
- Not listed above [please specify]

*If a participant selects multiple categories for question 6, they will be directed to question 7. If a participant selects one category, they will be directed to question 8.

7. When conducting some statistical analyses, the researchers may need to use one response per participant. To avoid misrepresenting your identity, please select one category that you would like the researchers to use to portray your sexual orientation identity. Which category best describes your sexual orientation? (Select one)

- Asexual
- Bisexual
- Demisexual
- Gay
- Heterosexual or straight
- Lesbian
- Pansexual
- Queer
- Prefer not to answer
- Not listed above [please specify]

8. Which categories best describe your race/ethnicity? (check all that apply)

- White or Caucasian
- Hispanic, Latino, or Spanish Origin
- Black or African American
- Asian
- American Indian or Alaska Native
- Native Hawaiian or Other Pacific Islander
- Prefer not to answer
- Not listed above [please specify]

9. What is the highest level of education that you have completed?

- Highschool
- Some college

- Associate Degree
- Bachelor’s Degree
- Master’s Degree
- Doctoral Degree (e.g., PhD, MD, JD, PsyD)
- Prefer not to answer
- Not listed above [please specify]

Professional Demographics

1. How many employees work for your organization at your current location?
[Participant can enter numerical value]

Perceptions of LGBTQ+ Supportive Organizational Practices

(Adapted from Fletcher & Everly, 2021)

Instructions: For the following items, “LGBTQ+” refers to anyone who identifies as anything other than heterosexual in their sexual orientation, otherwise known as the sexual, romantic, and affectional attraction felt for another person based on that person’s sex, gender, and/or personal characteristics. Respond to each statement by indicating how much you agree or disagree with it.

1. My organization has adequate anti-discrimination policies and practices covering LGBTQ+ employees.
2. My organization provides adequate diversity and inclusion training that includes sexual orientation.
3. My organization provides appropriate benefits such as health insurance, pension, and parental leave policies to same-sex domestic partners.
4. My organization provides suitable voice and participation for LGBTQ+ employees through trade union/work council/staff groups.
5. My organization provides appropriate support and guidance to managers so they can provide support to LGBTQ+ employees.
6. My organization incorporates LGBTQ+ inclusive language and marketing in corporate communications.
7. My organization considers diversity and inclusion, including sexual orientation, within overall people management strategies and objectives.
8. Top management in my organization are supportive of diversity and inclusion initiatives, particularly those affecting LGBTQ+ employees.

Items are rated on a 1-5 scale. 1 (*strongly disagree*), 2 (*disagree*), 3 (*neutral*), 4 (*agree*), 5 (*strongly agree*).

Workplace Incivility Scale (Cortina et al., 2001)

Instructions: Thinking about your experience on your current job, please indicate whether you have been in a situation where any of your superiors or coworkers:

1. Put you down or was/were condescending to you?
2. Paid little attention to your statement or showed little interest in your opinion?
3. Made demeaning or derogatory remarks about you?
4. Addressed you in unprofessional terms, either publicly or privately?
5. Ignored or excluded you from professional camaraderie?
6. Doubted your judgement on a matter over which you have responsibility?
7. Made unwanted attempts to draw you into a discussion of personal matters?

Items are rated on a 1-5 scale. 1 (*strongly disagree*), 2 (*disagree*), 3 (*neutral*), 4 (*agree*), 5 (*strongly agree*).

Diversity Climate (McKay et al., 2008)

Instructions: Please rate the extent to which you agree with each of the following statements.

1. I trust my company to treat me fairly.
2. My company maintains a diversity-friendly work environment.
3. My company respects the views of people like me.
4. Top leaders in my company demonstrate a visible commitment to diversity.

Items are rated on a 1-5 scale. 1 (*strongly disagree*), 2 (*disagree*), 3 (*neutral*), 4 (*agree*), 5 (*strongly agree*).

Perceived Organizational Support (Eisenberger et al., 1986)

Instructions: Please rate the extent to which you agree with each of the following statements using the provided scale.

1. Help is available from my organization when I have a problem.
2. My organization shows a lot of concern for me.
3. My organization really cares about my well-being.
4. My organization strongly considers my goals and values.
5. My supervisor really cares about my well-being.
6. Help is available from my supervisor when I have a problem.
7. My supervisor shows a lot of concern for me.
8. Help is available from my coworkers when I have a problem.
9. My coworkers really care about my well-being.
10. My coworkers show a lot of concern for me.

Items are rated on a 1-5 scale. 1 (*strongly disagree*), 2 (*disagree*), 3 (*neutral*), 4 (*agree*), 5 (*strongly agree*).

Sexual Orientation Identity Centrality
(Adapted from Mohr & Kendra, 2011)

Instructions: Respond to each statement by indicating how much you agree or disagree with it.

1. Being an LGBTQ+ person is a very important aspect of my life.
2. I believe being LGBTQ+ is an important part of me.
3. My sexual orientation is a central part of my identity.
4. My sexual orientation is an insignificant part of who I am. (reverse-coded)
5. To understand who I am as a person, you have to know that I'm LGBTQ+.

Items are rated on a 1-5 scale. 1 (*strongly disagree*), 2 (*disagree*), 3 (*neutral*), 4 (*agree*), 5 (*strongly agree*).

Attention Check Items

1. Select "somewhat agree" for this question.
2. Select "strongly disagree" for this question.
3. Select "disagree" for this question.

Items are rated on a 1-5 scale. 1 (*strongly disagree*), 2 (*disagree*), 3 (*neutral*), 4 (*agree*), 5 (*strongly agree*).

Appendix B: Time 2 Survey Items

Job Satisfaction

(Adapted from Cammann et al., 1979)

Instructions: Respond to each statement by indicating how much you agree or disagree with it.

1. In general, I don't like my job.
2. All in all, I am satisfied with my job.
3. In general, I like working here.

Items are rated on a 1-5 scale. 1 (*strongly disagree*), 2 (*disagree*), 3 (*neutral*), 4 (*agree*), 5 (*strongly agree*).

Poor Mental Health Symptoms

Depression – CES-D 8

(Adapted from Radloff et al., 1977)

Instructions: Below is a list of the ways you might feel or behave. Please respond to each statement based on how often you have felt or behaved this way during the past two weeks.

1. I felt depressed.
2. I felt everything I did was an effort.
3. My sleep was restless.
4. I was happy.
5. I felt lonely.
6. I enjoyed life.
7. I felt sad.
8. I could not get going.

Items are rated on a 1-4 scale. 1 (*not at all*), 2 (*several days*), 3 (*more than half the days*), 4 (*nearly every day*).

Anxiety – GAD-7

(Adapted from Spitzer et al., 2006)

Instructions: Below is a list of the ways you might feel or behave. Please respond to each statement based on how often you have been bothered by the following problems during the past two weeks.

1. Feeling nervous, anxious, or on edge
2. Not being able to stop or control worrying
3. Worrying too much about different things
4. Trouble relaxing
5. Being so restless that it is hard to sit still
6. Becoming easily annoyed or irritable
7. Feeling afraid as if something awful might happen.

Items are rated on a 1-4 scale. 1 (*not at all*), 2 (*several days*), 3 (*more than half the days*), 4 (*nearly every day*).

Work-Life Balance
(Adapted from Allen et al., 2010)

Instructions: Respond to each statement by indicating how much you agree or disagree with it.

1. I am able to balance the demands of my work and the demands of my personal life.
2. I am satisfied with the balance I have achieved between my work life and my personal life.
3. Overall, I believe that my work and personal lives are out of balance.
4. I balance my work and personal responsibilities so that one does not upset the other.
5. I experience a high level of work-life balance.

Items are rated on a 1-5 scale. 1 (*strongly disagree*), 2 (*disagree*), 3 (*neutral*), 4 (*agree*), 5 (*strongly agree*).

Attention Check Items

1. Select “somewhat disagree” for this question.
2. Select “strongly agree” for this question.
3. Select “neutral” for this question.
4. Items are rated on a 1-5 scale. 1 (*strongly disagree*), 2 (*disagree*), 3 (*neutral*), 4 (*agree*), 5 (*strongly agree*).