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Perceptions of Anticipated Stigma in Gay and Lesbian Workers in Health Services (Argentina)

Percepciones del estigma anticipado en trabajadores/as gays y lesbianas del sector salud (Argentina)

Percepções do estigma antecipado em trabalhadores(as) gays e lésbicas da saúde (Argentina)

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Abstract: This article analyses situations of discrimination, violence and inequality against gay and lesbian workers due to their sexual orientation, gender and / or gender expression in healthcare institutions located in the Metropolitan Area of Buenos Aires. Some of the qualitative findings of a larger study are developed, which had a mixed approach and a cross-sectional, non-experimental design, in order to describe variants of anticipated stigma and perceptions of sexual orientation as potential obstacle at work. The persistence of stigma toward gay and lesbian workers, despite the greater legal and social recognition these groups have gained over the past decades, is a theoretical assumption of the study. While favourable changes are recognized, it is concluded that anticipated stigma persists among this group of workers.

Keywords: Sexual orientation, discrimination, work, Argentina, violence.

Resumen: La presente investigación analiza las situaciones de discriminación, violencia y desigualdad contra trabajadores/as gays y lesbianas por su orientación sexual, género y/o expresión de género en espacios de trabajo del sector salud del Área Metropolitana de Buenos Aires, Argentina. Se desarrollan algunos de los hallazgos cualitativos de un estudio más amplio, que tuvo un enfoque mixto y un diseño transversal, no experimental, para describir las variantes del estigma anticipado y las percepciones de la orientación sexual de las personas como un obstáculo potencial en el trabajo. Se partió del supuesto según el cual existe una persistencia del estigma entre trabajadores/as gays y lesbianas en sus ámbitos laborales, a pesar del mayor reconocimiento legal y social adquirido en las últimas décadas. Si bien se reconocen cambios favorables, se concluye que el estigma anticipado persiste entre este grupo de trabajadores/as.

Palabras clave: Orientación sexual, discriminación, trabajo, Argentina, violencia.

Resumo: Este artigo é o desdobramento da pesquisa doutoral do autor, cujo objetivo geral foi analisar as situações de discriminação, violência e desigualdade contra trabalhadores(as) gays e lésbicas por sua orientação sexual, gênero e/ou expressão de gênero em espaços de trabalho na área da saúde da Área Metropolitana de Buenos Aires. São desenvolvidos uma parte dos achados qualitativos de um estudo mais amplo, que teve um enfoque misto e um desenho não-experimental, transversal e descritivo, para descrever as variáveis do estigma antecipado e as percepções da própria orientação sexual como obstáculo potencial no trabalho. Partiu-se do suposto segundo o qual existe uma persistência do estigma entre trabalhadores(as) gays e lésbicas nos seus âmbitos laborais, apesar do maior reconhecimento legal e social adquirido nas últimas décadas. Se bem que mudanças favoráveis são reconhecidas, conclui-se que o estigma antecipado persiste para este grupo de trabalhadores(as)

Palavras-chave: Orientação sexual, discriminação, trabalho, Argentina, violência.

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Introduction

In the last ten years, some lesbian, gay, bisexual, and transgender (hereinafter LGTB) rights have been recognized in Argentina, such as Law No. 26618 -Modification of Civil Code about Marriage- in 2010, commonly known as same-sex marriage, the Law No. 26743 on Gender Identity in 2012, and the Law No. 5261 Against Discrimination in force since 2015 in the Autonomous City of Buenos Aires. These new legislations affected the forms of discrimination against gays and lesbians in workplaces since it became more subtle, invisible and politically incorrect. Despite the LGTB rights recognition in Argentina, some gay and lesbian workers still believe that their sexual orientation could be a potential obstacle in their professional careers. However, perceptions of sexual orientation as a potential obstacle in the workplace still persist in a certain part of the health sector workers who identify themselves as homosexual, gay, lesbian, or use other categories¹. This article analyzes the perceptions of doctors and nurses who self-identify as gay or lesbian regarding the anticipated stigma and its link with sexual orientation as a pretext on which hierarchies and inequalities between different social groups are maintained in health work scenarios².

Quinn and Earnshaw (2013) suggest that it is possible to differentiate three types of associated stigma: anticipated, experienced (or enacted stigma) and internalized discrimination. The anticipated stigma occurs when a person with a concealable stigmatized identity (for example, sexual orientation) thinks that some people could mistreat him or her if they knew about his or her sexual orientation. This variant differs from the experienced stigma, which refers to situations of direct discrimination, such as being rejected in a job search under the pretext of sexual orientation; or indirectly, for example, when insults towards third parties are heard, related to their sexuality or other pretext of discrimination. Regarding internalized stigma, it occurs when a person considers that negative stereotypes against social identities apply to him or herself. Beyond the theoretical distinction, there is an interrelation between these three variants of stigma: the experiences of stigma effectively perceived throughout life will reinforce the internalization of stigma against sexual diversity as a whole, which is constantly reproduced within the framework of current societies. In turn, such internalization of the experienced stigma directly or indirectly will favor the presence of anticipated stigma, as a defense mechanism to avoid new episodes of discrimination, violence or inequality in different areas and social interactions.

Quinn and Earnshaw (2013) argue that the three forms of stigma are related to the presence of psychological distress, but that the anticipation seems to be the most relevant predictor in the variation of behaviors³. Moreover, the model includes the reactions of others to coming out of the closet (disclosure reactions) and coping strategies as dimensions of the valence construct, which can modulate the pernicious effects of stigma on person's health and identity.

Regarding the *magnitude* construct, it encompasses centrality and salience. Centrality refers to the place that certain identification, for example, gay or lesbian, has among the set of other identifications that make up the identity, while salience refers to the frequency of thoughts about one's identity (Quinn & Earnshaw, 2013). In addition, different stressors and types of stigma towards discreditable individuals (Goffman, 2012 [1963]) have a higher health impact among those who prominently identify themselves as gay or lesbian compared to those who consider their sexual orientation as a secondary element in the formation of self-concept (Thoits, 1999, as cited in Meyer, 2003).

At this point, it is worth thinking about the use of stigma theory and its variants -experienced, anticipated, and internalized- proposed by Quinn and Earnshaw (2013) as it has been formulated in the United States, that is, a context of production different from the reality of Argentina and the rest of the countries of Latin America. This model is not restricted to the analysis of stigma under the pretext of sexual orientation, gender, and its expression, but is also applicable to other pretexts that can produce stigma situations, such as the case of people living with HIV. This is, at the same time, an advantage, since the same model could be useful to describe and analyze the way in which multiple cleavages of discrimination or inequality can converge and intersect in the lives of people, generating particular situations of vulnerability. However, this could imply a disadvantage or methodological restriction, since with this type of theories the specificity that each of the traits that make the individuals as potentially discreditable would be lost. In this sense, it becomes necessary to bend efforts to produce medium-range theories that can account for the specificity of the phenomena studied with greater precision.

The main purpose of this article is to analyze the perceptions of anticipated stigma linked to sexual orientation among health workers who self-identify as gay and lesbian. Part of the qualitative results of my doctoral research is presented. (Ortega, 2019a), carried out with a mixed approach and a non-experimental, transversal, and descriptive design (Hernández Sampieri, Fernández Collado & Baptista Lucio, 2014). The analysis of the material presented below derives from the 32 interviews with gay and lesbian doctors and nurses, who work in the Metropolitan Area of Buenos Aires⁴ (hereinafter, MABA), Argentina.

Cartographies of Discrimination

Despite the existence of certain previous investigations, the field of studies on the experiences of gays, lesbians and bisexuals in the workplace was not established as such until the 1970s, and only during the 1980s and 1990s did the field expand substantially (Croteau, 1996). This could be explained, at least in part, because the American Psychiatric Association stopped considering homosexuality as a mental disorder, in the third version of the Diagnostic and Statistical Manual of Mental Disorders - DSM III- (APA, 1988). Furthermore, the World Health Organization

removed homosexuality from the international classification of diseases -CIE- on May 17, 1990 (Cochran et al., 2014). Since then, the LGTB community in Argentina has managed to conquer certain civil and social rights that historically were reserved for cisheterosexual people. This was described by Pecheny (2001, p. 1) as the passage “from non-discrimination to recognition” by the State and society in a broad sense.

However, for the month of June 2019, 68 member countries⁵ of the United Nations still criminalize consensual sexual acts between adults of the same sex (International Lesbian, Gay, Bisexual, Trans and Intersex Association, hereinafter ILGA, 2019). In Latin America, the situation is heterogeneous: with the exception of Guyana, Jamaica and other Caribbean island countries, no State condemns homosexuality in its regulatory frameworks. However, assaults and hate crimes are frequent. In addition, some countries such as Argentina, Uruguay and Brazil legalized marriage between people of the same gender with the possibility of accessing adoption, while in countries such as Venezuela, Paraguay, Bolivia or Peru, such recognition has not yet been achieved (Barrientos, 2016).

In Argentina, the map of discrimination, produced by the National Institute against Discrimination, Xenophobia, and Racism (hereinafter INADI) indicated that 27 % of the people surveyed agreed with the statement “If my child were homosexual, I would take him or her to a health professional”. In some other regions, the percentage of agreement was even higher, as occurs in the Argentine Northeast –38.7 %– and in the Argentine Northwest –36 %–, while the Buenos Aires Metropolitan Area registered the lowest percentage of agreement –18.7 %–. This data is relevant since it confirms the persistence of stigma in families, one of the most intimate spaces for individuals comparing to other spheres of social life, while reflecting the regional differences that are interwoven in the mapping of discrimination. According to the INADI’s study, sexual orientation ranked fifth⁶ among different discriminatory pretexts at the national level, as well as complaints made about discrimination against sexual orientation (INADI, 2013). Furthermore, 62 % of the national sample stated that LGBT population is highly or fairly discriminated against and the workplace was the main area (25 %) where discrimination was experienced in the MABA (INADI, 2013).

The International Labor Organization (hereinafter ILO) carried out two important studies in Argentina in 2014 and 2015. The first one, titled *Barriers to employment of people living with HIV in the Greater Buenos Aires Argentina*, included gay, bisexual men and transgender women. One of the conclusions of the research was that 70 % of the interviewees expressed fear of rejection during the job search, which indicates the way in which the perceptions and experiences of discrimination are related not only to sexual orientation but also can intersect with health condition, among other variables. In addition, the unemployed respondents indicated that the main reason for not working at the time was the discrimination suffered in the job search process (ILO, 2014).

The second ILO study (2015) is a qualitative research, which highlighted, among other findings that episodes of violence at work were more frequent towards gays with feminized gender expressions and towards lesbians with generic expressions associated with masculinity. In turn, it was noted that certain sectors of the labor market, such as services (customer service, call centers, among others), were perceived as less hostile compared to other branches of activity, such as different industries (construction, mining, oil, among others). This form of occupational segmentation based on sexual orientation was analyzed by Tilcsik, Anteby & Knight (2015), who show the specificity that gays and lesbians experience in their insertion and permanence in the labor market, which is different from classic occupational segmentation, understood as the differences in the labor insertions of heterosexual men and women, without consideration of other sexual orientations.

Torcuato di Tella University, in Buenos Aires, created the Network of Companies Pro-Diversity (hereinafter, RED)⁷ in order to promote the exchange of ideas and experiences of companies on different topics, such as gender, sexual diversity, generations, people with disabilities, among others. In 2016 the RED produced a sexual diversity guide for companies that mentions “the benefits of work environments open to sexual diversity” not only for businesses and employees but also for society in general (RED, 2016, p. 16). In addition, the guide explains the current legal framework on the topic and provides recommendations of good practices to promote organizational and cultural change in companies, for example, through programs of allies⁸ or the figure of role model⁹. Indeed, in certain multinational companies, hierarchical and managerial positions are currently occupied by gays and lesbians who have explicitly come out of the closet in recent years. The most emblematic case is that of Timothy Donald Cook, CEO of Apple Inc. since 2011, the most valuable company in the world today. Cook came out as gay in an editorial for Bloomberg Business in 2014, in which he said he had not been open about his sexuality before, and he was proud to be gay. He also claimed that dismissing people because of their sexual orientation was still legal in some states (Cook, 2014).

The previous discussion is relevant to this article for two reasons. first, because there is a difference between hiding or denying one's sexual orientation with respect to making it explicitly public, and between both extremes are the experiences of many workers who were interviewed for this investigation. Secondly, in Argentina no law entitles companies to dismiss a person because of his or her sexual orientation as it happens in certain states of the United States, as Cook mentions (2014); however, anti-discrimination laws do not include sexual orientation as cause of direct discrimination. The Law No. 23592 on Discriminatory Acts, in force since 1988, only includes “sex” as causal. The approval of a new law that replaces the current law in force is one of the main demands of the LGBT group in Argentina, along with the request for a national law of labor quota for the trans population.

It should be noted that the people interviewed for this research - who work in the public and / or private health in the Buenos Aires Metropolitan Area - stated that there were no specific policies or measures that made sexual diversity visible or sought to eradicate or prevent acts of discrimination and violence against the LGBT community in the organizations in which they carried out their tasks.

There are no specific investigations on discrimination processes against gays and lesbians in the workplace, conducted and / or financed by researchers or agencies in Argentina. Moreover, one of the key informants interviewed, belonging to the National Ministry of Labor, stated that said body that there are no official statistics on the situation of gays and lesbians in the workplace. Therefore, the purpose of this research is to make a contribution in this area of thematic vacancy, both in Argentina and in other countries of the region, on the experiences of stigma and discrimination towards workers who self-identify as gay and lesbian.

Methodological coordinates

The findings of this article are derived from the author's doctoral research, whose general objective was to analyze the specific situations of discrimination, violence and inequality against gay and lesbian workers because of their sexual orientation, gender and / or gender expression in spaces of work of the MABA health sector. The investigation started from the following assumptions:

- Sexual orientation, gender, and gender expression act as specific variables upon the differential significance of the processes related to discrimination, violence, and inequality at health-services workplaces.
- Despite the social recognition in the last years, the stigma against gay and lesbian workers persists at their workplaces (Ortega, 2019a, p. 73).

This article develops part of the qualitative findings of the author's doctoral investigation, which was a mixed-approach research with a non-experimental, transversal, and descriptive design. A non-probabilistic and intentional sampling was conducted in order to achieve the main and specific objectives (Hernández Sampieri, Fernández Collado & Baptista Lucio, 2014). The test group is an intentional selection of certain cases based on their potential in order to deepen or polish ideas or formulated theories (Soneira, 2007). The sample and the analysis unities as well were distributed as follows:

- Eight physicians who identify themselves as gays and worked in public or private health-services sector of MABA, at least for the last six months.
- Eight physicians who identify themselves as lesbians and worked in public or private health-services sector of MABA, at least for the last six months.

- Eight nurses who identify themselves as gays and worked in public or private health-services sector of MABA, at least for the last six months.
- Eight nurses who identify themselves as lesbians and worked in public or private health-services sector of MABA, at least for the last six months.

This article shows qualitative findings related to one of the orientating categories to elaborate the topics guide of the interviews:

- Discrimination and manifestations of stigma -experienced, anticipated, and internalized. It focuses on the variants of anticipated stigma and perceptions of sexual orientation as a potential obstacle in workplaces.

To process the gathered information, the research draws from the analysis of the content data (Flick, 2007). ATLAS.ti 8, software that processes qualitative data, was helpful to develop the codification and analysis of the information. The interviewees were part of the investigation by means of written consent, which guarantees confidentiality of their personal information. Likewise, this research was possible due to the endorsement of the Commission of Evaluation of Responsible Conducts in Investigation from the Psychology Department at Universidad de Buenos Aires.

Outcomes: the anticipated stigma from the interviewees' voice

As mentioned above, anticipated stigma associates with a concealable stigma -like sexual orientation- since subjects could think that if people knew a characteristic of the subjects' personality, they may mistreat them. Therefore, this kind of stigma relates to the category that Goffman proposed (2012 [1963]) to describe individuals' discreditable experiences, which depends on the use of the strategies of personal information management to know the consequences of discrimination.

This kind of stigma is also known as anticipated discrimination (Pecheny, 2016). Even though the three kind of stigma mentioned above -internalized, anticipated, and enacted -associate with psychological distress, anticipation of discrimination seems to be the best predictor to explain subjects' responses (Quinn & Earnshaw, 2013). Thus, asking the interviewees if they considered sexual orientation an obstacle to find a job or to get promoted was the key to know if they have or have had perceptions linked to anticipated stigma.

Regarding anticipated stigma, during the process of selection -getting a new job-, there are found the following testimonies:

I¹⁰ - Did you ever consider that your sexual orientation could be an obstacle to find a position at any hospital? Were you afraid of getting interviewed or-

Fear yes, probably, but I am not sure if I would say obstacle, but yes, a little fear. In fact, when I was here, before coming here, I took the exams, and some of them were an interview. Then, I sent a friend request on Facebook to a colleague from the hospital [private hospital], and I texted him since I had a scheduled job interview at that hospital. My profile said 'in a relationship,' so I changed it to 'single,' or deleted everything -I think.

I – Why did you delete that information in Facebook?

I do not know, due to fear. Due to fear.

I – But, what were you afraid of? What did you think it might happen?

Well... I asked him a lot of questions, and he was nice; I even went to the hospital, and I saw the facilities. I feared, I do not know why... since I had added him, so I feared he might see my personal info, I do not know, and maybe he could say something at the hospital -if I got the job.

I – Did you get interviewed?

Yes, but they did not ask me if I was in a relationship. Moreover, I think they did not do it because my resume said I was single. Maybe I did it for being gay; I know that some girls conceal their wedding ring because becoming pregnant is a considered a weakness (**Interview No. 2, gay physician, 28 years old**).

So, yes, he was sort of misogynistic. Sometimes, I was afraid because I thought they could say, 'She is a fucking lesbian.' So you do not know if they will give the job or not. You never know because they may be nice and friendly, but they can stab you on the back.

I – So it never happened to you, but were you still afraid?

Yes, I feared they would not choose me. They do not know you, but they have that prejudice, and I applied for the position -both of the on-call competitions. I won all of the competitions at the hospital (**Interview No. 14, lesbian physician, 34 years old**).

I – Did you ever conceal your sexual orientation at work because of possible negative consequences?

No.

I – During the selection phase and the first weeks?

The first weeks, the first three months until I could adapt, but I did it because I did not know whom I was working with, so, well, I feared discrimination. You see people and their attitudes and listen to what they say about sexuality, about homosexuality. Then, when I felt I was among friends, they asked me -about my sexual orientation- and I could say it because they were fine with that; they did not discriminate me. So, I could say it freely. But yes, I could adapt during the first three months, and could get to know people whom I was working with (**Interview No. 17, gay nurse, 28 years old**).

I – Do you think your sexual orientation may be a hindrance to be hired at certain organizations? You had been through a similar experience before.

Yes, because it has happened to me. I think it might be an obstacle because, as it happened in the past, it may happen in other organizations. What I know is that I won't conceal it to get a job in a certain place because it's against my mores (**Interview No. 8, gay physician, 43 years old**).

Based on the fragments of the interviews, the data highlights that not only sexual orientation but also other variables can be concealed to larger or smaller extent, such as marital status; all of these variables are perceived as pretext to establish arbitrariness or inequalities during the process of selection. Therefore, sexual orientation, gender, marital status, social class belonging, and others can intertwine and provoke multiple-discrimination situations, which create specific conditions of social inequality and vulnerability (Viveros Vigoya, 2016; Pecheny, 2016; Jiménez Rodrigo, 2018). This is quite important when analyzing discrimination processes in order to establish the different hierarchies that exist even in a certain apparently homogeneous social group, like gays and lesbians.

There is also a gap between anticipated discrimination and the situations actually experienced, in which the subject recognizes that he or she fears not being selected because of his or her sexual orientation; however, this was not a hindrance to compete for any position at hospitals. Additionally, fearing discrimination made the male nurse interviewed keep discretion the first three months in his new job, which links with the data of other investigations about the timing of coming out (King, Reilly, and Hebl, 2008; Reed and Leuty, 2016). Therefore, timing is a strategy to modulate and manage the experience of anticipated stigma¹¹. Lastly, the male physician said that sexual orientation could cause fears and insecurities when joining a new organization since he experienced an exclusion situation -the physician shared information about his sexual orientation to the service chief when he was applying for a position. This demonstrates that experiences of anticipated stigma settle and are reinforced by enacted stigma.

Furthermore, some testimonies revealed that sexual orientation was perceived a *hindrance to obtain a promotion*. For example, a gay nurse witnessed how a one of his colleagues, who was gay, was not respected as a supervisor due to his sexual orientation. This situation reinforced his perception of anticipated stigma on the impossibility of obtaining a promotion.

I – Did you ever thought that your orientation as gay could hinder to join an institution?

Yes, in the private institution where I'm currently working. I feel like managers are more conservative. I tried to apply for a supervisor position, but I did not feel enough confident to do so for that reason. In fact, in the institution, people did not accept a supervisor who was also gay -that was not fine.

I – Did he say publicly he was gay?

Yes, he did. He had many problems. He was first a simple coworker and when he became supervisor, he didn't change at all, but it was as if people changed; the rest of the coworkers treated him differently -like they became more distant. He was agreeable, but some of them did some bad things. They lied about him -about things he said, but he actually didn't; they plotted against him, like setting him up. The truth is I didn't like that at all.

I – Due to your experience, do you think this could be also a hindrance in your professional career?

Yes, I do; at least, in this institution.

I – Did you apply for the supervisor position again?

No, I didn't (Interview No. 20 – gay nurse – 38 years old).

The labor mistreatment in health services does exist -it is permanent and comes in many forms. Sexuality is one of them, but you can deal with it in other workplaces. I don't know if you have found other people that got sabotaged and had to quit their job. In my twenty-five years of experience, I don't know anyone that has been through that kind of situations. Maybe if some of them had been more open about their sexuality, they wouldn't have gotten a promotion. That is a good question (Interview No. 24 – lesbian nurse – 49 years old).

The lesbian nurse, mentioned above, means that sexual orientation or gender expression might be a hindrance linked to the visibility or individual's discretion in workplaces, based on the strategies of personal information management. It is important to remember that many of the interviewees, that do not perceive sexual orientation as hindrance, prefer to keep their private life separate from their professional life as if both were different dimensions that are not related at all. Moreover, it is reasonable to wonder if gays and lesbians can obtain a promotion and under what conditions they could get it. For instance, the chief of surgery said that he did not think of sexual orientation or gender expression as a hindrance at his workplace; however, he could not communicate directly with other chiefs since they avoided him due to his sexual orientation. This case could be considered an example of denial as a strategy (not necessarily on purpose) to face discrimination and stigma in his workplace, because of his colleagues' avoidance and the absence of direct verbal communication. With no intention of assuming or forcing an interpretation, it is possible to affirm that this denial strategy is a coping mechanism to minimize the cognitive and emotional discord, which leads to recognize thoroughly that the interviewee's sexual orientation and gender expression has negative effects on the labor organization and social relationships with his coworkers. Somewhat, denial would make discrimination more tolerable at the subject's workplace, otherwise it may lead to confrontation with his colleagues, transferring to another place or even quitting. This demonstrates the mental burdens that facing discrimination at the workplace causes, which literature has analyzed as minority stress (Meyer, 2003; Di Marco et al., 2016).

Additionally, it was found that the relative visibility of the chiefs softened the negative perceptions upon the potential barriers that being gay or lesbian involves. This also demonstrates the importance of sexual diversity visibility in the construction of more diverse, or at least less discriminating organizational cultures. More visibility favors the naturalization of experiences, practices, and patterns that are out of the heteronormative model:

I – When you said that you feared that it may affect your job, what did you imagine it could happen to you?

Well, not getting a promotion, suffering some sort of discrimination because someone didn't like something, or because someone thought it might be wrong.

Eventually, everything changed. Amid all of this, I got a good opportunity -a promotion¹². It helped me a lot, even after having seen some people that had had an important position; I don't know, I think it was the chief physician that was sixty or seventy years old. She had her partner (a woman) and was the executive manager of the hospital. It made me feel relieved and just told to myself, 'Well, it's not like I think it was.' But it was kind of hard to believe (**Interviewee No. 21 – lesbian physician – 42 years old**).

I – Do you think that sexual orientation may be a problem in your professional career? Could it affect your professional growing?

No, I don't think so because all what is evaluated is intellectual and practical; all that matters is knowledge. Health care is what really matters. In fact, there are senior physicians that are gays, and everybody knows -they didn't even have problems. So, I believe that I won't have any problem either (**Interviewee No. 17 – gay nurse – 28 years old**).

Both testimonies relate to the role models mentioned above and the impact on the organizational culture because of many chiefs and executives, who are openly gays and lesbians. The fact that sexual orientation was not a hindrance for some colleagues to obtain a promotion made the interviewees feel relieved and questioned the prejudices in which anticipated stigma settled.

Another variable for this investigation is the *genderized medical specializations*, which is important to analyze sexual orientation and gender expression as potential hindrances to get a job or a promotion. Gendering of medical specialties is how the workers are distributed in different specialties based on their gender and sexual orientation. As general surgery, orthopedic surgery, urology, and cardiology are considered "more misogynistic" specialties since there are more men in these specialties, pediatrics, dermatology, clinical laboratory and nursing are more female specialties- in which there are more gays and lesbians, as matter of fact. This medical specialty division based on gender and sexual orientation demonstrates how sexual-labor division is actually reproduced in health system and the horizontal segmentation of labor market:

I – Do you think that even nowadays it can be a hindrance for you?

I don't know if it might be for me, but I'm not sure how an orthopedic surgeon or a general surgeon deal with it; those specialties are misogynistic; there are few women. I do believe there are some differences there (**Interviewee No. 1 – gay physician – 36 years old**).

It's not the same in an intensive therapy unit, and it's much worse in a surgical unit. I think the experience of a person with different choices must be worse in more difficult units.

I – What do you mean with difficult?

More mechanic and stiffer disciplines—procedures that are more rigid (**Interviewee No. 28 – lesbian physician – 39 years old**).

Likewise, it is important to highlight that perceptions about anticipated discrimination changed for some interviewees. Some of them believed their sexual orientation could have been an obstacle for their

professional development in the past; however, they do not consider it as a hindrance any longer:

I – Did you ever think that your sexual orientation could be a hindrance to get a job?

No, not anymore. I thought it could be a hindrance because you're doing your medical residency and in third year, a senior physician calls you to assist a surgical procedure. Then, I thought it was just "my issue" because no one said anything to me at a hospital (**Interviewee No. 14 – lesbian physician – 34 years old**).

I can say that through the years, I have changed because I try to do many things, like saying, 'Yes, she is my girlfriend,' 'I live with a woman.' I didn't used to say such things. I lived with a person for seven years, and it seems like it never happened.

I – Why is that?

Because of fear. I feared rejection. I also believe that I related what my family was doing to me with what was going to happen. I mean, if my family turned their backs on me, just imagine the rest of the people. That's what I thought in that moment. But what I was living was the best thing that could ever happened to me, I mean, I loved my girlfriend and our relationship (**Interviewee No. 23 – lesbian nurse – 39 years old**).

I – Did you ever think that it could be a hindrance for your professional development, for your career?

I didn't know at the beginning.

I – What about promotions?

Well, yes. I always thought that if someone knew, everything would be ruined -it was like ghost. Somehow, I wasn't sure what could happen- but it's still a ghost. Now it's easier because you can file a complaint, so no one will harass another person directly. In the past, we didn't have any option or complaining. It felt like we weren't going to get a promotion, or like they wouldn't let us be part of anything -I felt this was like ghost. We could not say anything at any place.

I – Being there? Where?

At the workplace because you could not be sure who was fine with it, otherwise you could kiss your job goodbye. It was like living confined (**Interviewee No. 9 – lesbian physician – 49 years old**).

In one of the previous testimonies, a lesbian physician says that she used to think that her sexual orientation could be an obstacle, but it was "her issue"; however, she does not think this way anymore since no one told her anything concerning her sexual orientation at her workplace, the hospital. The expression "my issue" is recurrent in the interviews and signals that the internalized heterosexism and the anticipated stigma are closely related. The interviewee rather not think of her sexual orientation as a hindrance because "no one told her anything" at the hospital; however, she also mentioned that she had a meeting with her superior due a rumor about her relationship with another resident, which caused her plenty of difficulties. In the same way, another lesbian nurse stated that she did not feel enough confident to say "she is my girlfriend" because she feared her colleagues' rejection (anticipated stigma), since she had already suffered her family's rejection, when she came out. This example shows the connection between the coming-out, the enacted stigma, and the

effects of anticipation on her further professional growth. Additionally, another lesbian physician used to believe that she would not obtain a promotion if someone were to know she was a lesbian; she also admitted a positive change since nowadays there is the possibility of making a complaint. This would strengthen the assumption that in the last years, because of the complaints, gays and lesbians have gained a growing legitimacy and the feeling of an increased participation due to authorities to report discriminatory abuses. Despite these legal improvements, plenty of pro-LGTB civil organizations demand a new national bill against discrimination, which should repeal the current act and include sexual orientation, gender expression, and gender identity as specific pretexts of discrimination.

Sexual orientation, however, is still considered as a potential hindrance in workplaces that are either faith-based or secular:

I – You told me that you don't talk about this because it is a religious institution, but do you think talking about your experience might bring about negative consequences for you?

Yes, since it's a faith-based institution. There's always this feeling of rejection or annoyance, so in order to avoid confrontations or have a bad day, I rather keep distance and not talk about my personal life—I try to be professional and do my job (**Interviewee No. 31 – lesbian nurse – 33 years old**).

Another nurse, who works at a private hospital, said that sexual orientation might be a hindrance when attending patients due to the physical contact: patients could request professional attention from another employee, if they knew she is a lesbian:

They never told me anything, and I never told them [her patients].

I – Why not?

I felt uncomfortable, and I didn't want them to judge me. We bathed people; since I'm a lesbian and if by chance I had to bathe a young woman, I thought that she might feel uncomfortable, so I'd rather not say anything—besides, I bathe patients professionally. I've had openly gay colleagues, so when patients knew they were gay, they didn't want my colleagues to bathe them (**Interviewee No. 30 – lesbian nurse – 28 years old**).

This episode of enacted discrimination was actually what another interviewed gay nurse suffered himself in a private health institution: a patient did not want to be assisted by the gay nurse, thus he requested another nurse to attend him. The gay nurse thought the patient made the request because of his sexual orientation and/or his gender expression; his superior granted the patient's request, and another nurse replaced him. This testimony, as many others, shows one of the specificities that occur at health workplaces: the body dimension becomes more relevant due to the greater degree of exposure between professionals and patients compare to other jobs or social life contexts.

Lastly, as it was described before, the model of Quin and Earnshaw (2013) includes the reactions of people to the coming-out along with coping. On one hand, both constitute the valence construct, which help

to modulate the effects of stigma on health and identity of the subjects. On the other hand, the magnitude construct envelops a) centrality, which refers to the place of a particular identification (for instance, as gay or lesbian) among the rest of identifications that consists in the identity, and b) prominence, that refers to the frequency of thoughts about self-identity (Quinn & Earnshaw, 2013).

The magnitude construct -especially the dimension centrality- is useful to comprehend why sexual orientation is not perceived as a hindrance in some cases; this means when there is absence of anticipated discrimination perceptions. Hence, in the testimony of a nurse and a physician, the fact of being gay or lesbian is secondary since work and academic performance would be pivotal for healthcare organizations:

I – So, do you think your sexual orientation might be a hindrance to join a work organization, get another job, or a position?

No, that's why I never hid it [his sexual orientation]. I think this way, and so do the new generations: 'Judge me as a professional, for what I know, for what I studied, for my job performance.' That's what I think. I mean, because you're straight, it doesn't mean I don't take you seriously; it's not like I want the whole staff to be gay—that's who I am; I judge people as professional. If I don't feel comfortable where I work, I just leave; I don't care, I don't argue, just leave (Interviewee No. 27 – gay nurse – 36 years old).

I mean, academic activities and the fact of being a doctor were more important—before anything. This assistant manager knows it [she is a lesbian], and he never made any comment. He knows his stuff, and when we've operated together, he's never said anything—really, never! (Interviewee No. 14 – lesbian physician – 34 years old).

I – Do you think that your sexual orientation, in the past or currently, could be a hindrance to join an organization, to get a job?

No, no, no. I think I am assessed as a healthcare professional, so my sexual orientation has nothing to do. I mean, your labor and professional skills is a different thing.

I – So, once you're working, do you think it [sexual orientation] might still be a hindrance to improve your labor performance or get a promotion?

No, I don't think so. I think we can achieve many accomplishments, aside from our sexual orientation (Interviewee No. 23 – lesbian nurse – 39 years old).

Based on these testimonies, it is possible to infer an extended strategy for some of the interviewees, which consists in separating the professional sphere from the private sphere. As Goffman (2012 [1963], p. 122) mentions, "to handle risks dividing the world into two parts" between those people who are not told anything and those who are trusted to share private life details; thus, information and mechanics remain separated or split to avoid potential conflicts. These testimonies have been included to demonstrate that even though perceptions of anticipated stigma are common and widespread among gays and lesbians at their workplaces and their lives in general, they do not affect all of them equally.

Conclusions

This article has analyzed the stories of workers in the health sector of the Buenos Aires Metropolitan Area who self-identified as gay or lesbian, in order to show the persistence of the anticipated stigma in their social and work spaces and interactions under the pretext of their sexual orientation and/or gender expression. To this end, the investigation described the model of Quinn and Earnshaw (2013) and its three variants of stigma (internalized, anticipated, and enacted). The advantages and limitations derived from this theoretical and methodological proposal for analyzing discrimination processes were pointed out, namely that it is applicable to different circumstances or conditions of life that frequently establish and reproduce stigma and inequality, which allows to analyze how different discriminatory pretexts intersect in peoples' everyday lives, such as, for example, when looking for or obtaining a new job. However, this supposes at the same time a limitation of the model, because the specificities can be diluted or blurred at the intersection of the different stigmatization cleavages. In this sense, the need for a reflection located in the Latin American context to generate medium-range theories that explain the analyzed phenomena with more detail and precision has been highlighted.

Other difficulties that arose in the analysis of the collected material lay in the distinction between the three variants of stigma. The experienced stigma refers to a concrete or, perhaps, more objective situation, a person may have experienced at work -or in other areas- such as insults, physical aggression, among others, which may or may not include the presence of witnesses. While the other two variants of the stigma -anticipated and internalized- nest in the private jurisdiction of the people and have been inferred in the interviews in the form of fears, evasive behavior, or outward projected rejection, traceable in the speeches of the interviewees. Moreover, it has not been simple to distinguish the limits between internalized stigma and anticipated stigma since they overlap and interact with each other, as it happens in the episodes of anticipated stigma. Thus, this is a task for further investigations in order to make a more precise and differentiated definition of internalization and anticipation of discrimination.

Since individuals can deploy strategies to make visible or to conceal their sexual orientation in order to avoid the potential stigma, this investigation found that the fact of identifying themselves as gays or lesbians was a hindrance in some cases when selecting and hiring personnel and professional development and obtaining promotions as well. However, in some other cases, interviewees' sexual orientation was not pivotal in the labor field, at least not at the level of discourse; for that reason, sexual orientation does not represent a hindrance to their labor performance. This was one of the most relevant findings of this research because it reveals diverse perceptions of the process of stigma and discriminations in a population group (gays and lesbians), which is considered and analyzed homogeneously. Associated with centrality

and prominence, described in the mode of Quinn and Earnshaw (2013), it is possible to see a differential, *a sexual class consciousness*, to refer to the importance of sexual orientation in the worker's performance and the implemented coping strategies to face discrimination situations (anticipated or enacted).

Furthermore, it was found the importance of the chiefs' and supervisors' visibility to build diverse organizational environments and cultures. There is also the possibility of filing a complaint as a strategy to face discrimination, which proceed with a symbolic efficiency similar to "the sword of Damocles" for those who commit discrimination acts.

Therefore, anticipated stigma is a widespread phenomenon among gay and lesbian workers of different ages, who are healthcare professionals in the MABA. The persistence of these perceptions (sexual orientation as a potential hindrance in labor contexts) indicates that laws enacted in the last years, have produced favorable changes, although they have not been enough to eradicate the sense inequality towards sexual dissidences in workplaces. The purpose of this research is to contribute to the unexplored topic in Argentina and the relevance of LGTB community in the nowadays labor studies, in order to make visible the socio-occupational circumstances of gay and lesbian workers in particular and of the community of sexual diversity in general.

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Notas

- 1 Without ignoring the semantic variations of the terms in use, the formula "gays and lesbians" will be used here to refer to the different variants of homoerotic desire.
- 2 See Ortega (2019b) for a detailed analysis of the health system of Argentina.
- 3 Previous research confirms that not only the experienced stigma, but also its internalization and anticipation have harmful effects on health and can affect people's well-being (Pachankis, 2007; Szymanski, Kashubeck-West & Meyer, 2008; Jackson & Mohr, 2016).
- 4 The Buenos Aires Metropolitan Area is the common urban area made up by the Autonomous City of Buenos Aires and the other 40 municipalities in the Province of Buenos Aires.
- 5 The Botswana Justice decriminalized homosexuality on June 11, 2019 (Infobae, 2019, June 11), which is why there are 67 countries that do not criminalize it. For more information see the latest ILGA report (2019).
- 6 The main discrimination pretexts are economic status, obesity or overweight, migration, and HIV (INADI, 2013). These pretexts might intertwine and increase vulnerability to the stigma.
- 7 The RED is a group of companies, mostly multinationals with subsidiaries in Argentina, such as Hewlett Packard, Accenture, Coca Cola, Unilever, IBM, Google, Carrefour, among others.
- 8 Allies are people who do not identify themselves LGBT, that is to say, cis-heterosexual men and women. Some of their functions are to help dispel the myth that the theme of sexual diversity is relevant only to LGBT workers; to communicate the benefits of having diverse, inclusive, open and respectful work environments; and to frequently remember that respect and openness go hand in hand with the values of the companies in which they work (RED, 2016, p. 37).
- 9 The role model refers to LGTB leaders and executives who are visible in companies, public institutions, and society in general as such, in other words, they have publicly come out of the closet.
- 10 Interviewer.
- 11 According to the above-mentioned authors (King, Reilly & Hebl, 2008; Reed & Leuty, 2016), the situational characteristics linked to the coming-out presuppose a prior evaluation of how threatening is the labor context and what are the consequences of such communication. The chosen moment of the coming-out (the timing) depends on this evaluation —at the beginning of labor relation or after a period of time— and the method used —direct or indirect communication—. If the risk assessment turns out to be potentially threatening for the subject, he or she might choose not to come out, as some interviewees have revealed for this investigation.
- 12 By the time of the interview, she was chief of pediatric intensive care unit, in charge of 12 coworkers.

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Additional Information

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