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WORKPLACE MICROAGGRESSIONS EXPERIENCED BY SEXUAL MINORITIES:
RELATIONSHIPS TO WORKPLACE ATTITUDES, MENTAL HEALTH, AND THE
ROLE OF EMOTIONAL DISTRESS TOLERANCE

by

Dylan Ryan Richard

A Dissertation
Submitted to the Graduate School,
the College of Education and Human Sciences
and the School of Psychology
at The University of Southern Mississippi
in Partial Fulfillment of the Requirements
for the Degree of Doctor of Philosophy

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ABSTRACT

Overt discrimination against sexual minorities in the workplace has been a topic of research and current political debate. However, little is known about a more nuanced form of workplace discrimination against sexual minorities: microaggressions. However, research has established clear mental health consequences of everyday microaggressions (e.g., increased depressive and anxiety symptoms, suicidality, lower life satisfaction, and physical health symptoms) against racial and sexual minorities. The current study aimed to explore correlates of microaggressions in the workplace, specifically workplace attitudes (e.g., job satisfaction and job stress) and mental health symptoms (e.g., depression, anxiety, and stress). Further, emotional distress tolerance (EDT) was examined as a potential coping skill to buffer (or moderate) the relationship between microaggressions and workplace attitudes and mental health symptoms. In a sample of 325 sexual minorities, we found significant relationships between workplace microaggressions against sexual minorities and lower job satisfaction, higher job stress, and depression, anxiety, and stress symptoms. Further, data indicated relationships between EDT and job satisfaction and depression, anxiety, and stress symptoms; however, there was no evidence that EDT moderated the relationships between microaggressions and dependent variables. Recommendations for practice, research, and advocacy are provided.

Keywords: sexual minorities, microaggressions, workplace, workplace attitudes, mental health, emotional distress tolerance

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DEDICATION

First, I would like to thank my family for their continued support throughout this process, despite me being hundreds of miles away from home. Without their support and encouragement to pursue my dream of being a psychologist, I would not have had the courage to take the leap into higher education. I would also like to state my appreciation for my program cohort who have been a major source of support and accountability throughout my experience.

This dissertation project is dedicated to my mother, who has always been there to encourage and support me. She taught me so much about self-love, compassion, and determination in the face of adversity and has always accepted me for who I am, providing a powerful example of unconditional positive regard. Without her this dissertation project and my love for this important work would not be possible. This project is also dedicated to all fellow sexual minorities living and/or working in unsupportive and invalidating places. You are seen, you are valid, and you are loved.

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CHAPTER I - PLACEHOLDER CHAPTER TITLE

Sexual Identity and the Workplace

Approximately 4.5% of the American population (nearly 11 million people) identifies as a minority in regard to sexuality or gender identity, which is an increase from 3.5% in 2012 (Gallup, 2018). This number increases to 8.1% when examining these identities across Millennials (Gallup, 2018). Prior to the landmark 2020 Supreme Court ruling that discrimination on the basis of sexual identity and gender is illegal under Title VII, many workers with minority sexual identities in the United States did not have protection against discrimination and unfair treatment based solely on sexual identity (Totenberg, 2020). In fact, 44% of LGBT (lesbian, gay, bisexual, and transgender) workers lived in states with no workplace discrimination protections in place (Movement Advancement Project, 2019). Given that many people spend a majority of their lives at work, sexual identity management in the workplace is an important area of study across vocational psychology and career development. Based on the potential high stakes of coming out in the workplace, many researchers have attempted to predict what makes workers more likely to express their sexual orientation at work and implications of “outness” in the workplace. Liddle, Luzzo, Hauenstein, and Schuck (2004) explored this concept of LGB supportive workplace climates that support the welfare of those with a minority sexual identity. In fact, they found a significant correlation between job satisfaction and supportive workplace climate. Further, Reed and Leuty (2016) found that perceptions of a more supportive climate and reduced workplace heterosexism related to explicit disclosure of sexual orientation in the workplace.

Many others have explored the relationship between workplace contextual factors and workplace outcomes. Contextual factors are environmental-related variables that are, at times, out of the immediate control of the individual (e.g., the interpersonal climate, culture, or policies of the workplace; Fouad & Kantamneni, 2008). In their meta-analysis of this literature, Webster et al. (2018) found support that workplace contextual factors, such as climate, policies, and perceived social support related significantly to workplace outcomes of work attitudes (e.g., job satisfaction and organizational commitment), psychological strain, and overall identity disclosure examined in a total of 27 studies. Badgett, Durso, and Mallory (2013) explored the benefits of LGBT-supportive workplace climates (including benefits for the organization) that included decreased discrimination, greater comfortability in the workplace, higher job satisfaction, improved employee relationships, saving on legal costs, and increased public relations benefits. Therefore, there appears to be a large push for LGBT supportive policy and legislation, however discrimination is still an ever-present threat to sexual minorities. Sears and Mallory (2011), using the 2008 General Social Survey, found that nearly 38% of LGB workers who were out about their identity experienced discrimination in the workplace, including harassment and losing a job based on their sexual orientation. This still occurs, despite legal calls for protections for sexual orientation in the workplace (Pizer, Sears, Mallory, and Hunter, 2011). Therefore, given the established importance of workplace contextual factors and outcomes, the current study aimed to explore one specific, nuanced area of workplace climate: microaggressions against sexual minorities.

Minority Stress Theory to Understand Workplace Attitudes of Sexual Minorities

Minority stress theory postulates that increased exposure to stigma, prejudice, and discrimination creates a negative social environment that can lead to an increase in the presence of psychological distress and mental disorders in a minority population (Meyer, 1995). There are three major assumptions of minority stress theory. First, minority stress can be especially harmful because it is experienced in addition to the general stressors faced by majority of people, and thus those of minority status are required to learn to cope even more than their majority group counterparts (Meyer, 2003). Second, the theory assumes that minority stress is chronic and experienced across social and cultural structures (Meyer, 2003). Finally, minority stress is assumed to be a social process by which groups outside of the individual are generally the source of the experienced stress (Meyer, 2003). This theory can help explain how certain stressors can uniquely impact minorities.

Specific to sexual minorities, Meyer's (2003) review of literature revealed three major themes of stressors: exposure to prejudice events, stigma, and internalized homophobia. Exposure to prejudice events describes exposure to discrimination and violence based on sexual orientation. Herek, Gillis, and Cogan (1999) found that nearly 23% of sexual minorities experienced events such as sexual and physical assault, robbery, or property destruction related to their sexual orientation. Additionally, Mays and Cochran (2001) found that sexual minorities were twice as likely to experience discrimination, such as being fired from a job or being treated differently on the basis of sexual orientation, than their non-sexual minority counterparts. Stigma reflects the perception of possible rejection or discrimination based on sexual orientation which can

result in the challenging of an individual's self-concept. Stigma can therefore impact the decision for sexual minorities to conceal or disclose their sexual orientation. Concealment or disclosure of one's identity can be one strategy to address stigma, however concealment of sexual orientation has been associated with poor physical and mental health symptoms (such as depressive and anxiety symptoms; Waldo, 1999). Finally, internalized homophobia (also known as internalized heterosexism) involves the internal, self-directed, negative attitude towards non-straight attraction that has an underlying theme that a straight orientation is the only "normal" or "acceptable" sexual orientation (Meyer, 2003). In their meta-analysis including 31 studies, Newcomb and Mustanski (2010) found a direct correlation between internalized homophobia and symptoms of depression and anxiety. These three aspects of minority stress may help explain the mental health disparities experienced by sexual minorities. In Meyer's (2003) meta-analysis of literature examining lifetime prevalence of health concerns amongst sexual minorities in randomized sampling designs, there was an increase rate of mood disorders, anxiety disorders, and substance use disorders and an increased prevalence of suicidal ideation and suicide attempts. While several limitations are noted related to inconsistent methodologies across this body of research, this evidence supports that sexual minorities experience a unique type of stress that increases their likelihood of experiencing mental health difficulties. Therefore, minority stress theory may help to explain the additional stress experienced by sexual minorities in the workplace.

Applying minority stress theory specifically to the workplace using a sample of sexual minority workers, Velez, Moradi, and Brewster (2013) found that higher experiences of discrimination, stigma, and internalized heterosexism in the workplace

related to greater psychological distress and lower job satisfaction. Additionally, they found evidence that identity management strategies such as high identity avoiding (concealing) and low identity integration (disclosure) in the workplace were also related to greater psychological distress and lower job satisfaction. Other researchers, exploring job satisfaction of LGB workers, found that increased anticipated discrimination had a large impact on worker's job satisfaction and how open they were about their sexuality in the workplace (Prati & Pietrantonio, 2014).

One way of operationalizing workplace experiences is through the work attitudes of workers. One specific work attitude is job satisfaction, which can be a helpful way to ascertain employees' overall wellbeing and satisfaction. In their meta-analysis of approximately 500 studies that examined job satisfaction, Faragher, Cass, and Cooper (2005) found that job satisfaction was predictive of job burnout, self-esteem, anxiety, and subjective physical illness. Job satisfaction has also been found to be related to depression (Thomas & Ganster, 1995), life satisfaction (Tait, Padgett, & Baldwin, 1989), and overall absence or withdrawal from the workplace (Kohler & Mathieu, 1993).

Another work attitude is job stress, which is the overall subjective psychosocial stressors faced by workers while on the job (Yankelevich et al., 2010). Similar to job satisfaction, job stress can have a negative impact on the mental health of workers. Godin, Kittel, Coppieters, and Siegrist (2005) found that job stress was significantly related to depression, anxiety, somatic symptoms, chronic fatigue, and psychotropic drug use. Furthermore, both job satisfaction and overall job stress can be further compounded by the general stress of being a minority and may possibly strengthen the overall negative impacts of workplace discrimination. These results overall suggest the importance of

examining the impact of workplace discrimination on work attitudes, such as job satisfaction and job stress, while applying minority stress theory to workplace experiences of sexual minority workers.

Moreover, the current political movements for adding legal protections for sexual minorities in the workplace continues to raise the importance of documenting the negative effects of discrimination on sexual minority workers. In the Fall of 2019, The United States Supreme Court heard several cases and ruled in Spring 2020 that people are protected against workplace discrimination under the Civil Rights Act based solely on having a diverse sexual orientation or gender identity (Totenberg, 2020). Therefore, while legal protection from blatant discrimination (such as firing) in the workplace is illegal, more subtle forms of discrimination that create a hostile and uncomfortable work environment may still exist (and may even increase due to the potential change in workplace norms). The current study aimed to further explore the effects of a specific form of workplace discrimination, microaggressions, on the work attitudes and mental health symptoms of sexual minorities to further explore the extent to which sexual minority workers are impacted by discrimination at work.

Effects of Workplace Discrimination on Mental Health for Sexual Minorities

Heterosexism is “an ideological system that denied, denigrates, and stigmatizes any nonheterosexual form of behavior, identity, relationship, or community” (Herek, 1990, p. 316). Workplace heterosexism refers to the same concept applied to the workplace, which may impact workplace climate (Wax, Coletti, & Ogaz, 2018). Therefore, workplace heterosexism is largely viewed as one possible source of workplace discrimination. Given the high rate of reported discrimination among sexual minorities,

the overall impact of discrimination has been an area of interest for researchers (Sears & Mallory, 2011).

One nuanced, relatively new aspect of discrimination is the concept of microaggressions. Microaggressions are defined as “the brief and commonplace daily verbal, behavioral, and environmental indignities, wither intentional or unintentional, that communicate hostile, derogatory, or negative racial, gender, sexual-orientation, and religious slights and insults to the target person or group” (Sue, 2010, p. 5). Said another way, microaggressions are subtle “jabs” that communicate negative beliefs and views about an individual of minority status. Therefore, microaggressions are generally seen as a more covert form of discrimination (Sue, 2010). In general, microaggressions have been found to be associated with negative physical and mental health outcomes in race, gender, and sexual minorities (Buser, 2009; Hwang & Goto, 2008; Moradi, van den Berg, & Epting, 2009; Sue, Capodilupo, and Holder, 2008; Utsey & Hook, 2007).

There is a dearth of research examining the impact of microaggressions in the workplace but existing research (focused mostly on gender and racial microaggressions) suggests that microaggressions are related to a gamut of mental and behavioral health issues. Basford, Offermann, and Behrend (2014) found that women and men both perceived that as gender microaggressions increased, positive workplace outcomes, operationalized as positive productivity and behaviors in this study, would decrease. Nadal et al. (2014) further found that racial microaggressions predicted lower self-esteem in both college settings and the workplace. Similarly, experiences of racial or ethnic microaggressions have also been predictive of poorer physical health, emotional problems, fatigue, lower emotional well-being, poorer social functioning, increased

experiences of pain, and poorer general health (Nadal et al., 2016) Additionally, Nadal et al., 2016 found that racial or ethnic microaggressions specifically in the workplace or school settings predicted physical health and emotional health role limitations, decreased emotional well-being, and poorer social functioning. However, those of minority sexual orientations may experience other impacts of microaggressions, specifically because of the complicated nature of disclosure in the workplace, being that sexual orientation can, to some extent, be hidden or concealed in the workplace. Fukuyama, Miville, & Funderburk (2005) explained that many individuals choose not to disclose their sexual orientation for fear that others will attack them or leave them. This can be further compounded by past experiences of discrimination, particularly when thinking about coming out in the workplace (Ragins, Singh, & Cornwell, 2007).

Although there continues to be a push for more research examining the connection between microaggressions and mental health, particularly in specific minority populations such as LGB individuals, a handful of studies have examined these relationships (Nadal et al., 2006). D'Augelli (1992) found that harassment and discrimination at school due to one's sexual orientation in adolescence was correlated with a higher suicide rate in college. Further, Woodford, Kulick, Sinco, and Hong (2014) found that microaggressions predicted anxiety and perceived stress, self-acceptance, and self-esteem amongst a sample of lesbian, gay, bisexual, and queer individuals. Wright and Wegner (2012) found correlations between homonegative microaggressions, poor self-esteem, and internalized negative feelings about one's LGB identity. Additional studies have found links between LGB microaggressions and increased posttraumatic stress symptoms (Robinson, 2014), decreased psychological well-being (Deitz, 2015),

decreased working alliance when microaggressions are carried out by psychotherapists (MacDonald, 2013), and increased anxiety/stress (Woodford, Paceley, Kulick, & Hong, 2015). While microaggressions are generally conceptualized as small, indirect jabs related to one's minority identity, the research suggests the impact of microaggressions are far from "small".

However, little is known about the potential impact of microaggressions against people of minority sexual identities in the workplace. In a mixed-methods study examining workplace microaggressions in a sample of sexual minorities, Galupo and Resnick (2016) found that majority of their sample would describe microaggressions as offensive, negatively impact their mood, overall sense of wellbeing, job satisfaction, and intentions to quit. Additionally, majority reported microaggressions increased their workplace interpersonal difficulties and decreased productivity. Galupo and Resnick (2016) also collected a number of written accounts of microaggressions in the workplace with common themes spanning unsupportive workplace climates, organizational structures, and workplace policies. Therefore, the current study aimed to explore the relationships between microaggressions experienced by sexual minorities in the workplace and mental health symptoms to further support the connection between microaggression and negative mental health symptoms. This oversight in the literature is particularly problematic given that much of our lives are spent at work. Moreover, given the previous lack of protection from discrimination in many states (Movement Advancement Project, 2019), the health and well-being of sexual minority workers likely continues to be in jeopardy. Thus, further evidence of the relationships between microaggressions and the workplace attitudes and mental health of sexual minority

workers may help continue to build supportive evidence for adding protections for these segments of the workforce.

However, while microaggressions against sexual minorities can lead to negative mental health symptoms, this relationship is not necessarily deterministic in nature. For example, some individuals may experience microaggressions and not experience any of the aforementioned symptoms, which suggests that other factors may help to reduce the negative effects of microaggressions, and thus, a decrease in severity of mental health symptoms. Therefore, the current study aimed to explore one possible buffer for the possible impacts of microaggressions: emotional distress tolerance.

Emotional Distress Tolerance

As helpers, psychologists have a call to both advocate for policy change and help on the individual level (American Psychological Association, 2011). One large reason microaggressions may be so detrimental to mental health is the concept of invalidation (Sue, 2010). Sue (2010) explains that invalidation occurs when one's lived experiences are being denied or insulted. While advocacy can certainly help decrease the amount and impact of discrimination in the workplace, especially given the lack of protections sexual minorities, it may not be enough to fully help individuals cope with the internal and external invalidation that occurs from microaggressions.

Emotional Distress Tolerance (EDT) is one way of coping with invalidating environments. EDT is generally seen as the ability to endure negative or intense emotions or physical states (Zyolensky et al., 2010). Simons and Gaher (2005) explained that those with lower EDT may experience difficulty with negative emotions and thus, feel as if distress is a crisis situation. Therefore, part of developing EDT is increasing one's ability

to assess a situation as distressful accurately (Simons & Gaher, 2005). Further, Simons and Gaher (2005) theorized a model of EDT that includes abilities to: tolerate emotional situations, accept the emotional situation, regulate emotions surrounding the situation, and assess the attention needed by the negative emotions. Further, EDT (or a lack of EDT) has been shown to be associated with maintaining the affective symptoms associated with generalized anxiety disorder (Dugas, Gosselin, & Ladouceur, 2001), non-clinical worry (Dugas, Schwartz, & Francis, 2004), post-traumatic stress (Vujanovic, et al., 2011 & Marshall-Berenz, et al., 2010), and disordered eating (Corstorphine, et al., 2007). Therefore, EDT has been established as an important coping skill that can be increased through psychotherapy interventions.

Research examining EDT in the workplace is scarce. Amazue, Onyishi, and Amazue (2014) found that EDT predicted workplace deviance. Specifically, they found that workers higher in EDT were less likely to display deviant workplace behaviors (e.g., stealing, tardiness, and drinking alcohol on the job) due to their ability to cope with the negative emotions often associated with engaging in deviant behavior in the workplace (Amazue et al., 2014). Similarly, Elliott, Shewchuk, Hagglund, Rybarczyk, and Harkins (1996) found that tolerance for stressors (and other emotional coping skills) predicted lower burn out rates among a sample of rehabilitation nurses. Therefore, the current study aimed to explore whether emotional distress tolerance acts as a buffer for the impact of microaggressions against sexual minorities and their job satisfaction and mental health symptoms to identify a possible avenue for individual interventions.

The Current Study

The current study aimed to extend knowledge on the impact of microaggressions against sexual minorities in the workplace. To do this, the current study examined how microaggressions against sexual minority workers related to job factors such as job satisfaction and job stress and mental health factors (i.e., anxiety, depression, and stress symptoms). Further, the current study examined whether emotional distress tolerance moderates this hypothesized relationship.

In studying the relationships between microaggressions, job satisfaction, and mental health for sexual minorities, the stage of ones' sexual identity development is relevant. Cass (1979) attempted to explain the process by which people of sexual minority status, specifically those of same-sex attraction, come to develop their identities. They proposed a developmental model in which people begin to identify themselves as having attraction towards same-sex individuals, then begin to gradually work towards integrating their new-found sexual identity with their overall identity (Cass, 1979). While this work focused solely on "homosexual" identity development, it sparked further exploration of identity development across sexual minorities. Thus, many models of sexual identity developmental have been theorized since this model (Chapman & Brannock, 1987; Fassinger & Miller, 1996; McDonald & Minton, 2014; Morris, 1997). Therefore, sexual orientation identity development may play an overall role in the way that sexual orientation microaggressions impacts workers. For example, microaggressions may detrimentally impact a worker who is fairly uncertain about their identity and is looking for others to validate their identity as a sexual minority. The opposite may be true for those with solidified sexual identities. Therefore, sexual orientation identity was

examined as a covariate, to account for any impacts that identity development may have on this relationship to isolate the underlying impacts of microaggressions on job satisfaction and mental health symptoms. Based on the review of literature presented above, the following research questions and hypotheses were generated which were tested using the path model diagramed in Figure 1 of Appendix A.

Questions and Hypotheses

1. How do experiences of microaggressions against sexual minorities relate to work attitudes when accounting for identity uncertainty?
 - a. Experiences of microaggressions will be negatively related to job satisfaction.
 - b. Experiences of microaggressions will be positively related to job stress.
2. How do experiences of microaggressions against sexual minorities relate to mental health symptoms when accounting for identity uncertainty?
 - a. Experiences of microaggressions will be positively related to reported depressive symptoms.
 - b. Experiences of microaggressions will be positively related to reported anxiety symptoms.
 - c. Experiences of microaggressions will be positively related to reported stress symptoms.
3. Does emotional distress tolerance (EDT) moderate the relationship between experiences of microaggressions against sexual minorities, and work and mental health symptoms when accounting for identity uncertainty?

- a. EDT will moderate the relationship between microaggressions and job satisfaction, in which as EDT increases, the relationship between microaggressions and job satisfaction will weaken.
- b. EDT will moderate the relationship between microaggressions and job stress, in which as EDT increases, the relationship between microaggressions and job stress will weaken.
- c. EDT will moderate the relationship between microaggressions and mental health symptoms (depression, anxiety, stress), in which as EDT increases, the relationship between microaggressions and mental health symptoms will weaken.

CHAPTER II – PROCEDURE AND METHOD

Participants

A total of 684 participants were recruited online via snowball sampling from social media (e.g. Reddit and Facebook) and via Listservs for the study. Participants were removed if they did not meet the following requirements for the study: they must have been at least 18 years of age, must self-identify as a sexual minority, and must work at least 15 hours per week within the United States. Thirty-one cases were removed from final analyses due to not meeting these criteria. Further, 320 cases were removed for either having more than 25% of a single measure missing or for not completing the survey in its entirety (e.g. stopping halfway). Further, 8 cases were removed due to failing at least two of the directed response items.

Therefore, 325 cases remained for the final analyses with a mean age of 30 ($SD=8.26$), of which 44.3% ($N = 144$) identified as cisgender male, 41.2% ($N = 134$) as cisgender female, 5.5% ($N=19$) as non-binary, 3.4% ($N = 11$) as transgender male, 3.4% ($N = 11$) as gender-fluid or gender queer, .9% ($N = 3$) as transgender female, and 1.2% ($N = 4$) as “other” with an overall average age of 30 years old ($SD = 8.36$ years). In terms of sexual identity, the majority (45.2%, $N = 147$) identified as lesbian/gay, with the remaining 29.2% ($N = 95$) as bisexual, 11.7% ($N = 38$) as pansexual, 8% ($N = 26$) as queer, 4.6% ($N = 15$) as asexual, and 1.2% ($N = 4$) as “other”. Regarding ethnicity, the majority of the sample were White/European American (85.2%, $N = 277$) and non-Hispanic (91.4%, $N = 297$). Further, relationship status tended to be variable, with 35.4% ($N = 115$) reporting being single, 25.2% ($N = 82$) being married (including open/polyamorous marriage), 22.8% ($N = 74$) being partnered (including open

partnership and polyamory), 14.5% ($N = 47$) dating, 1.8% ($N = 6$) being divorced/separated, and one person (.3%) indicating “other”.

In terms of the workplace, participants reported a mean annual income of \$50,140.36 ($SD = \$50,553.03$) with majority being not self-employed (93.8%, $N = 305$), holding one paid position (82.8%, $N = 269$) working an average of 38.46 ($SD = 11.44$) hours per week, with majority (78.8%, $N = 256$) having contact with others either constantly or most of the time. In terms of employment sector, Education and Training (15.7%, $N = 51$), Human Services (14.8%, $N = 48$), and Health Science (12.9%, $N = 42$) were among the most reported sectors and majority of the sample held either a Master’s degree (32%, $N = 104$) or a Bachelor’s degree (30.2%, $N = 98$). See Table 1 of Appendix A for a summary of sample demographics.

Measures

All measures listed are provided in Appendix B. Bivariate correlations, means, standard deviations, and reliabilities of all measures used are provided in Table 2 in Appendix B.

Demographic Questionnaire

A brief demographic questionnaire was included that assessed participants’ age, race, gender identity, sexual orientation, occupation, occupation sector, hours worked, annual income and subjective social status, and relationship status.

Experiences of Microaggressions in the Workplace

To examine the experiences of microaggressions of sexual minorities in the workplace, the LGBT Microaggression Experiences at Work Scale (LGBT-MEWS; Resnick & Galupo, 2018) was used. The LGBT-MEWS is a 27-item self-report measure

of experiences of workplace microaggressions, created to capture the experiences of those of minority sexual and gender identities. Respondents answer according to a Likert scale ranging from *1 = never* to *5 = a great deal*, whereas higher scores across the subscales indicates more experiences of microaggressions in the subscale area. The LGBT-MEWS contains three subscales: workplace values, heteronormative assumptions, and cisnormative culture. The workplace values subscale contains items that assess whether the values system of the workplace organization are problematic, such as “Having your job duties adjusted because of your LGBT identity.” These were created to reflect times in which the workplace communicates indirectly that their minority identity is not acceptable. The heteronormative assumptions subscale contains items that assess more direct experiences of microaggressions in the workplace, such as “Hearing the phrase ‘That’s so gay!’ at work to describe something or someone.” Finally, the cisnormative culture subscale contains items that assess microaggressions related to specific expressions of gender identity in the workplace, such as “Having people make comments about the clothing you wear because it does not conform to gender norms.” The LGBT-MEWS demonstrated acceptable internal consistency reliabilities in the current sample ranging from .79 to .87.

Given this is a rather new measure, confirmatory factor analysis (CFA) was performed to confirm the factor structure of the measure and to provide evidence of reliability in using the LGBT-MEWS with a different sample of adult sexual minorities. The original development studies of the LGBT-MEWS found evidence for three factors using both exploratory factor analysis (EFA) and CFA on different samples (Resnick & Galupo, 2018). Therefore, a first order CFA was conducted to establish whether this

factor structure held true. A nonnormal estimator (MLM) had to be used due to the scores on the LGBT-MEWS being positively skewed, therefore, traditional chi square values will not be interpreted. There was evidence of a poor goodness of fit across all fit indices for a three-factor model, with $RMSEA = .07$ (90% CI = .07-.08), $CFI = .77$, and $TLI = .75$. Although this model was a poor fit to the data, a second order CFA was completed to test whether a single, higher-order factor would be a better fitting model, however this also resulted in a poor fitting model with $RMSEA = .07$ (90% CI = .07-.08), $CFI = .77$, and $TLI = .75$. Therefore, due to the items appearing to best capture the construct of microaggressions (determined a priori), the heteronormative assumptions subscale of the LGBT-MEWS was used as a proxy for overall microaggressions in all analyses.

Sexual Minority Identity Development

The Lesbian, Gay, and Bisexual Identity Scale (LGBIS; Mohr & Kendra, 2011) was used to assess and account for participants' overall identity development. The LGBIS is a 27-item measure assessing eight aspects of identity development: acceptance concerns, concealment motivation, identity uncertainty, internalized homonegativity, difficult process, identity superiority, identity affirmation, and identity centrality. Respondents answer via a Likert scale ranging from *1-Strongly Disagree* to *6-Strongly Agree*, with higher scores indicating more difficulty with forming an LGB identity. For the purposes of the current study, the identity uncertainty subscale served as a proxy for identity development and was used to measure the degree to which a person was certain of their sexual minority identity with four items such as "I'm not totally sure what my sexual orientation is." The identity uncertainty subscale has been correlated with overall internalized homophobia and progression towards an overall solidified sexual identity

(Cramer, Burks, Golom, Stroud, & Graham, 2017). The identity uncertainty scale demonstrated adequate internal consistency reliability for the current sample, with $\alpha = .87$.

Job Satisfaction

To measure the extent to which participants are satisfied with their current jobs, the six-item version of the Brayfield and Rothe (1951) Overall Job Satisfaction Scale (OJSS) was used. This measure contains six total items such as “I feel fairly well satisfied with my present job.” that respondents answer based on a 5-point Likert scale ranging from *1-Strongly Disagree* to *5-Strongly Agree*. This shortened, six-item version of the measure demonstrated adequate internal consistency reliability with $\alpha = .89$.

Job Stress

Job related stress was assessed using the Stress in General Scale-Revised (SIG-Revised; Yankelevich et al., 2010) which is an eight-item scale that measures general stress in the workplace. Respondents are prompted to indicate whether or not items describe their job situation (using yes, no, or cannot decide). Sample items include “many things are stressful” and “demanding”. In the current study, the SIG-Revised had an internal consistency of $\alpha = .80$.

Mental Health

General mental health was assessed using three main areas: depression, anxiety, and stress. Lovibond and Lovibond (1995) developed the Depression Anxiety Stress Scale (DASS-21) to measure symptoms associated with these areas. The DASS-21 is comprised of 21 items across the three dimensions. Sample items include “I felt downhearted and blue.”, “I felt scared without any good reason.”, and “I found it difficult to

relax.” which are associated with the depression, anxiety, and stress scales, respectively. Respondents answer items on a Likert scale ranging from *0-Did not apply to me at all* to *3-Applied to me very much, or most of the time*. The DASS-21 is a shortened form of the DASS-42, therefore scores are doubled for the sake of comparison across the two forms of the measure. Antony et al. (1998) found advantages of using the shortened form such as fewer items and a cleaner three factor structure. Scores range from 0-42 for each subscale, with higher scores indicating higher difficulty in that area (Antony et al., 1998). Using the current sample, the DASS-21 showed acceptable internal consistency reliability across all three scales, with Cronbach’s alpha values ranging from .85 to .92. The DASS-21 has been correlated with measures of depression and anxiety such as the Beck Depression Inventory-II (Beck, Steer, & Brown, 1996) and the Beck Anxiety Inventory (Beck & Steer, 1990) showing evidence of validity of the measured constructs (Antony, et al., 1998).

Emotional Distress Tolerance

The ability for participants to tolerate distress was assessed using the 15-item Distress Tolerance Scale (DTS; Simons & Gaher, 2005). Respondents answer items via a Likert scale ranging from *1-Strongly agree* to *5-Strongly disagree*. The total score of the DTS was used, which is found by computing the mean across the four subscales. Therefore, the total DTS score ranges from 0-5, with higher scores representing higher distress tolerance. One example item from the DTS is “Feeling distressed or upset is unbearable to me.” The DTS total score showed evidence of acceptable internal consistency with $\alpha = .94$ for the current sample.

Procedure

After obtaining the approval of the University of Southern Mississippi Institutional Review Board, participants were recruited for the study using snowball and convenience sampling via online listservs, social media, word of mouth, and online forums. The study was hosted online via Qualtrics, a research-based survey service. Prior to completing the research instruments, each individual was instructed to review information regarding informed consent to participate in the study, including its purpose, the voluntary nature of participating, and potential benefits and risks (including the chance to win a \$20 Amazon gift card). Participants were also informed that there will be quality assurance checks throughout the survey to ensure adequate attention was being given to the survey. It was made clear that those who fail the validity checks will not be given a chance to win the study incentive. These validity checks included three guided response items (e.g. "Select 'Always True' for this item") as recommended by Meade and Craig (2012). Those who consented to participate were then presented with the demographics questionnaire, followed by the randomized study measures. Those who did not meet the minimum study requirements (being at least 18 years old, identify as a sexual minority, and work at least 15 hours per week) were not allowed to continue past the demographics questionnaire, and exited from the survey. After all study materials were presented, participants were shown a page of potential resources (e.g. The Trevor Project; GLAAD, and GLSEN) and thanked for their participation. Upon successful completion of the survey (after approximately 30 minutes), participants were redirected to a new webpage and offered a chance to provide an email address and name to be placed in a drawing to win one of four \$20 Amazon gift cards. This information was

collected into a different data file to ensure survey data and personal data were separate. Data from this survey was deleted once the random drawing was completed and gift cards were electronically delivered.

Analyses

First, to determine if identity confusion (as measured by the corresponding scale on the LGBIS) needed to be included as a covariate in analyses as hypothesized, correlations were calculated using SPSS. Given that identity confusion was positively correlated at the $p < .01$ level with all outcome variables except job satisfaction, identity confusion was included as a covariate in the proposed model.

Structural equation modeling (SEM) was used to test hypotheses using confirmatory factor analysis (CFA), path analysis, and moderation analysis via MPlus statistics software (Version 8.4; Muthén & Muthén, 2012). Using the 325 cases, missing values (which occurred at random in only 4 cases) were coded as such, and no extreme values or potentially influential data points were identified. Diagnostic statistics were conducted to evaluate the data for violations of normality such as multicollinearity, skewness, and kurtosis. The subscale of the LGBT-MEWS used in analyses was the only scale that violated the assumption of normality due to being positively skewed. Therefore, all analyses done in MPlus were run using a maximum likelihood parameter estimate (MLM) to address non-normality and thus, chi-square values will not be interpreted. The model was assessed using Comparative Fit Index (CFI), Tucker-Lewis Index (TLI), and the Root Mean Square Error of Approximation (RMSEA) values. Adequate model fit was determined using the following criteria: CFI and TLI of .90 or above and RMSEA of .08 or below (Tucker & Lewis, 1973; Browne & Chudeck, 1993).

To test the hypothesized model (see Figure 1), a basic path analysis using MPlus was performed using the heteronormative assumptions subscale of the LGBT-MEWS and total DTS scores as the independent variables and dependent variables of job satisfaction (using the total score on the OJSS) and job stress (using the total score of the SIGS-Revised), depression, anxiety, and stress (using the corresponding scales from the DASS-21), with scores on the identity confusion subscale on the LGBIS used as a covariate into the model. After testing this model, a second model was run introducing the interaction term (calculated by multiplying the scores on the LGBT-MEWS subscale and total DTS scores together) to test for moderation. Change in R^2 between the first and second model was examined to determine whether entering the interaction into the model further explains a significant amount of variance and to examine which relationships were most influential in the model. Further, it was proposed that significant interaction effects would be probed using invariance testing to explore the nature of the interaction. To do this, a tertiary split of DTS scores was done to create high, medium, and low groups.

CHAPTER III - RESULTS

The model to test hypotheses 1a, 1b, 2a, 2b, and 2c, resulted in a just identified model, therefore model fit statistics will not be reported, as these are not applicable. Hypothesis 1a was supported in that experiences of microaggressions were negatively related to job satisfaction ($\beta = -0.17, p < 0.01$). Hypothesis 1b was also supported, in that experiences of microaggressions were positively related to job stress ($\beta = 0.23, p < .001$). Hypothesis 2a, 2b, and 2c were all supported as well. Experiences of microaggressions was positively related to reported depressive symptoms ($\beta = 0.05, p < .001$), anxiety symptoms ($\beta = 0.06, p < .001$), and stress symptoms ($\beta = 0.21, p < .001$).

While there were no hypotheses generated for the main effects of the Distress Tolerance Scale (DTS) scores on the dependent variables, some notable results emerged from the analysis. DTS scores were positively related to job satisfaction ($\beta = 0.29, p < .001$). The relationship between DTS scores and job stress was not significant. Further, DTS scores were negatively related to reported depressive symptoms ($\beta = -0.18, p < .001$), anxiety symptoms ($\beta = -0.15, p < .001$), and stress symptoms ($\beta = -0.46, p < .001$). Finally, identity uncertainty (included as a covariate in the model) was significantly related to stress ($\beta = 0.15, p < .001$), anxiety ($\beta = 0.06, p < .001$), and depression ($\beta = 0.5, p < .01$).

After adding the interaction term into the model (LGBT-MEWs scores x DTS scores), all significant main effects described above remained significant. There were no significant moderation effects between experiences of microaggressions and DTS scores with job satisfaction, stress in general, depressive, anxiety, and stress symptoms. Due to

this lack of significant moderating effect, invariance testing was not completed. Therefore, Hypotheses 3a, 3b, and 3c were not supported. All paths in the moderation analysis are presented in Figure 1 of Appendix B.

CHAPTER IV – DISCUSSION

This research aimed to extend the current knowledge of correlates of microaggressions experienced by sexual minorities in the workplace to aid clinicians in helping clients navigate this unique minority experience and hopefully inform workplace policies. The current study examined how microaggressions against sexual minority workers relates to job factors (i.e., job satisfaction and job stress) and mental health factors (i.e., anxiety, depression, and stress symptoms) while accounting for identity uncertainty related to one's identity as a sexual minority. Further, emotional distress tolerance was examined as a moderator of the hypothesized relationships.

In terms of the results of the study, it was found that microaggressions experienced in the workplace were related to lower job satisfaction and higher overall job stress among sexual minorities. These results show support for Minority Stress Theory (MST; Meyer, 1995) applied to the workplace, in that, as sexual minority employees experience prejudiced events (microaggressions), their overall job satisfaction decreases and job stress increases. While other studies found similar results applying MST to job satisfaction (Prati & Pietrantonio, 2014; Velez et al., 2013), the current study extends this to the job stress literature, indicating that the added stress of experiencing microaggressions at work can compound the overall level of stress in the workplace. Decreased job satisfaction and increased job stress can have serious implications for employee general mental health and overall well-being (Faragher et al., 2005; Godin, et al., 2005).

Further, it was found that microaggressions were significantly related to depression, anxiety, and stress symptoms. These findings are consistent with previous

literature that indicates microaggressions negatively impacts the mental health of sexual minorities and extends the literature to the workplace (Deitz, 2015; MacDonald, 2013; Robinson, 2014; Woodford et al., 2014; Woodford et al., 2015; Wright & Wegner, 2012). Furthermore, these results highlight that even people with “concealable” minority identities can still experience discrimination.

While there were no specific hypotheses related to identity uncertainty, three significant relationships emerged in the model that suggest higher levels of uncertainty about one’s sexual identity is related to higher reported stress, depression, and anxiety symptoms. These findings are similar to others which found that sexual identity confusion relates to depressive symptoms, poor self-esteem, poor overall life satisfaction, and perceived stress among lesbian, gay, and bisexual individuals (Borders, Guillén, & Meyer, 2014; Feinstein, Davila, & Yoneda, 2012; Morandini et al., 2015). Therefore, these results provide further evidence that sexual identity uncertainty is related to negative mental health symptoms, and thus, is an important factor to consider when working with clients with sexual minority identities.

Finally, emotional distress tolerance (EDT) was not found to moderate these relationships between microaggressions and work attitudes and mental health. However, significant main effects emerged between EDT and job satisfaction and mental health symptoms (see Figure 1 of Appendix B). While there were no a priori hypotheses related to these direct effects, these results are meaningful. EDT was positively related to job satisfaction, such that higher ability to tolerate distress was related to higher levels of job satisfaction, and negatively related to depression, anxiety, and stress symptoms.

Further, given the significant negative correlation between DTS and microaggressions and the significant relationships from analyses, it may also be that those with higher levels of EDT either do not detect microaggressions or do not experience them as distressing, which would provide some explanation for non-significant interaction between EDT and microaggressions. This result may be explained given the premise of EDT. Specifically, EDT includes the ability to assess stressful events as a threat or as stressful (Simons & Gaher, 2005). Therefore, those with higher EDT in the current study may not have detected microaggressions as a distressful situation, due to the more nuanced nature of microaggressions. Put another way, people with higher EDT may be able to cope with the invalidation of microaggressions, and thus, may not experience the negative impacts or even label them as such. This idea is further supported in the existing literature on EDT within the workplace, especially in the idea that high EDT can decrease negative experiences in the workplace (Amazue, et al., 2014; Elliott, et al., 1996).

Implications for Practice

The current results have implications for clinical practice with clients who are sexual minorities. In particular, findings support broader assessment of multicultural and contextual factors that may impact wellbeing when working with clients who identify as sexual minorities. For some clinicians, especially given clients' presenting concerns, considering experiences of microaggressions in the workplace may not be a priority. However, the current results, based on the magnitude of the relationships, suggest that these experiences may manifest themselves in more nuanced ways, such as increased job stress and decreased job satisfaction. Further, these results may also explain why

clinicians may not easily detect the job-related factors in their work with clients, as the impact of microaggressions may not rise to the level of clinically elevated depression, anxiety, or stress symptoms. These results also speak to the ever growing need to evaluate how workplace factors can impact mental health (and vice versa), especially during therapeutic interventions. Experiences of job satisfaction, job stress, and microaggressions in the workplace can have serious implications for mental health (Deitz, 2015; Faragher et al., 2005; Godin et al., 2005; Thomas & Ganster, 1995; Woodford et al., 2015), and thus should be assessed as potential contributors to individuals' mental health functioning.

The need to assess clients' work experiences supported by the reciprocal relationships that exist between mental health and workplace factors, can inform interventions used to address presenting concerns (Blustein, 2008). Further, Blustein (2008) recommends clinicians and researchers keep this in mind, especially as the workplace continues to change with time (such as the changes to the workplace brought on by the COVID-19 pandemic). Therefore, it is suggested that clinicians be more holistic and multiculturally humble to incorporate assessment of variables that could impact mental health but may not be directly tied to a diagnosis. This further emphasizes the importance of assessing and discussing workplace experiences, sexual identity development, and microaggressions (across life domains) experienced by sexual minorities to aid case conceptualization and treatment planning when clients present with symptoms of depression, anxiety, and stress symptoms. This requires further clinician comfort in discussing and assessing multicultural and contextual factors, sexual identity

development, and intersectionality of various identities, such as those connected to work and sexuality, among others.

While there was no support for moderation, EDT may be an important topic for clinicians to focus on as a coping skill to help increase job satisfaction and decrease depression, anxiety, and stress symptoms. One specific intervention, developed by Linehan (1993), that specifically aims to increase EDT is Dialectical Behavioral Therapy (DBT). While DBT was originally created to treat chronic suicidality that occurs in those with borderline personality disorder, it has been shown to be effective across contexts and settings for symptoms associated with emotion dysregulation such as those consistent with depression, anxiety, anger, impulsivity, hopelessness, and emotional instability for a review of studies (see Neacsiu & Linehan, 2014). DBT skills include mindfulness, emotion regulation, distress tolerance, and interpersonal effectiveness, which may be helpful for addressing external and internal sources of invalidation, such as microaggressions (Linehan, 2014). Specifically, the in-the-moment ability to assess the situation, accept it, and regulate emotions might be particularly helpful for people experiencing microaggressions or other workplace stressors. Skerven, Whicker, and LeMaire (2019) propose DBT skills may be helpful when tailored towards helping those of minority sexual or gender identities cope with either internalized or externalized experiences of invalidation. It is important to remember that there was no evidence in the current study to suggest EDT skills may buffer the impact of microaggressions in the workplace, however there was evidence that increased EDT is related to positive workplace and mental health factors.

Finally, the current study has implications for advocacy. According to the American Psychological Association (2011), part of competently working with those who identify as sexual minorities is advocating for their wellbeing. The current study shows evidence that advocacy for sexual minorities to receive protections from discrimination (including microaggressions) in workplaces (on the national, state, and organization level) may be beneficial to help systemically increase the wellbeing of sexual minorities.

Limitations

There are several limitations to consider when interpreting the results of the current study. First, the sample consisted of mostly WEIRD individuals, a term coined by Henrich, Heine, and Norenzayan (2010) that stands for White, Educated, Industrialized, Rich, and Democratic (although political affiliation was not assessed). This means that the results may only generalize to people who fit this demographic. As a sample made up of mostly reddit users and snow-ball sampling efforts, this may also be a limitation, as the sample cannot be considered representative of all sexual minority workers, yet the means for the heteronormative subscale on the LGBT-MEWS for the current sample are similar to those found by the scale developers (Resnick & Galupo, 2018). Further, within the current sample, the majority of participants were employed in human service positions, which may or may not impact a person's experiences of microaggressions within the workplace. Further, while efforts were made to attempt to gather a sample spanning multiple various sexual minority identities, majority of the sample identified as gay or lesbian. Therefore, the results are likely mostly representative of White sexual minorities who identify as gay or lesbian. Finally, the correlational design of the current study is a limitation, as we are unable to establish casual effects between microaggressions, job

factors, and mental health symptoms. More rigorous study designs that allow for examination of causal relationships would help further this area of research.

Another limitation of the current study in regard to the sample is the lack of data collected on outness. In retrospect, having specific measurements of how out participants are about their sexual identities in both their personal and professional life may have helped to conceptualize the results further and may have affected the rate to which microaggressions were experienced, as someone not out at work may not ever experience microaggressions related to this concealed identity. For example, Reed and Leuty (2016) found that while experiencing a supportive climate in the workplace predicted being explicitly out in the workplace, however being explicitly out in the workplace related to greater experiences of heterosexism in the workplace (which could come in the form of microaggressions). Further, Feldman and Wright (2013) found a similar result with a different sample of sexual minorities outside of the workplace context. Therefore, results were interpreted with this limitation in mind.

Future Directions

Based on the findings and limitations of the current study, several future directions are recommended to add to the microaggressions literature. In terms of measuring microaggressions against sexual minorities in the workplace, the research is very scarce and at the time of drafting this manuscript, this literature included a total of two studies (both cited in this paper; Galupo & Resnick, 2016; Resnick & Galupo, 2018). The measure used to measure microaggressions in the current study is a fairly new measure (Resnick & Galupo, 2018). As a new measure with no other published data using the measure (other than the development article), the LGBTMEWS may be one

area of future research, especially to be sure it is as reliable and has evidence of validity as strong as the development study and the current study (Resnick & Galupo, 2018).

While the current study has slightly lower means and standard deviations of the LGBTMEW subscales compared to those reported in Resnick and Galupo (2018), the Values and Cisnormative Assumptions subscales (not used in the analysis for the current study) were severely negatively skewed, which may indicate issues with the measure or a unique sample that reported little microaggressions. This suggests that this measure may be an area of future study, especially to help increase researchers' confidence in using this measure to capture experiences of microaggressions against sexual minorities in the workplace. Moreover, it is recommended that the LGBTMEWS be examined and used with more diverse samples (such as a non-white sample, college students, international samples) to provide further evidence of reliability and validity for these groups.

Addressing broader concerns about the construct of microaggressions is another area for further study. Microaggressions as a construct have been questioned due to their ambiguity and discourse within researchers related to the best way of measuring such an ambiguous construct, especially in self-report measures. Lilienfeld (2017) critiques the construct of microaggressions and comments that the research has not yet caught up to the general psychological science consensus on a solid construct. Part of their recommendations include a moratorium on microaggression research in favor of investigating the concept and ways of measuring microaggressions. This even included a recommendation to avoid the term "microaggressions" as even the name may be ambiguous. Sue (2017), one of the major researchers of microaggressions published a response to Lilienfeld's commentary which included the idea that the traditional method

employed by psychological science is largely centered on methodology and concepts that are based solely on the majority population. He also commented that the interest and call to address and research microaggression have been informed by the many client reports about the harmful impact of such experiences. As a clinician, this makes sense. However, as a researcher, the comments of Lilienfeld (2017) cannot be ignored. Thus, there is still room for research on microaggressions to continue to grow, especially in defining the concept and measurement to meet to the standards for rigor in psychological science.

Further investigations aimed to define and subsequently measure microaggressions across contexts (such as comparing those that are out in the workplace and those that are not) and demographic groups would help to propel this area of research further and provide both researchers and clinicians with more confidence in their findings. Efforts to explore the experiences of microaggressions of sexual minorities in the workplace, specifically with more diverse samples would be extremely helpful. An active effort to collect data from transgender and gender nonconforming people will also help to examine how their experiences may be uniquely different from that of cisgender sexual minorities.

While the current results have several limitations, it is appropriate to surmise that experiences of microaggressions against sexual minorities in the workplace are related to negative job factors and mental health symptoms. Thus, clinicians are encouraged to provide a validating, empathetic environment while also advocating for policy change, such as the U.S. Supreme Court ruling indicating Title VII protects against workplace discrimination based on sexual identity and gender identity (Totenberg, 2020). However, policy change is the first step in making real, lasting changes. While this change will be

extremely helpful for clients, further advocacy around education and acceptance of sexual minorities in the workplace will be helpful to decrease the occurrence of more nuanced forms of discrimination, like microaggressions. Finally, given the results, further study of possible coping skills that can help to mitigate the mental health factors related to microaggressions in the workplace may be helpful. This research can support efforts of advocacy for policy changes in workplaces while providing clinicians with an active tool they can use with sexual minority clients experiencing distress from microaggressions in the workplace.

APPENDIX A – TABLES AND FIGURES

Table 1

Demographic Characteristics of the Overall Sample (N=325)

<i>Demographic</i>	N	%	<i>Demographic</i>	N	%
Gender			Race		
Cisgender Man	144	44.3%	White/European American	277	85.2%
Cisgender Woman	134	41.2%	Multiracial	23	7.1%
Non-Binary	19	4.5%	Asian/Pacific Islander	9	2.8%
Transgender Man	11	3.4%	Black/African American	8	2.5%
Gender-Fluid/Gender Queer	11	3.4%	Other	5	1.5%
Other	4	1.2%	American Indian/Alaskan Native	3	0.9%
Transgender Woman	3	0.9%	Education Background		
Sexual Orientation			Master’s Degree	104	32.0%
Lesbian/Gay	147	45.2%	Bachelor’s Degree	98	30.2%
Bisexual	95	29.2%	Some College	40	12.3%
Pansexual	38	11.7%	Doctoral Degree	31	9.5%
Queer	26	8.0%	Associate degree	26	8.0%
Asexual	15	4.5%	High School Diploma	13	4.0%
Other	4	1.2%	Professional Degree	5	1.5%
Relationship Status			Vocational Tech. Certificate	5	1.5%
Single	115	35.4%	Other	2	0.6%
Married*	82	25.2%	Some High School	1	0.3%
Partnered*	74	22.8%			
Dating	47	14.5%			
Divorced/Separated	6	1.8%			
Other	1	0.3%			

*Included those in open or polyamorous marriages or partnerships

Table 2

Correlations, Reliabilities, Means, and Standard Deviations for all variables)

Scale	1	2	3	4	5	6	7	8
1. DTS	.94							
2. JS	.31**	.89						
3. Str	-.51**	-.33**	.85					
4. Anx ¹	-.51**	-.32**	.73**	.85				
5. Dep ¹	-.54**	-.41**	.64**	.61**	.92			
6. SIG	-.09	-.25**	.34**	.29**	.13*	.80		
7. MA	-.15**	-.23**	.31**	.31**	.24**	.25**	.79	
8. IDU	-.12*	-.07	.23**	.27**	.18**	.15**	.13*	.87
Mean	3.32	17.81	29.20	22.67	26.19	12.48	20.88	1.84
SD	0.91	4.44	9.25	8.47	10.79	6.92	7.43	1.04

Note. Cronbach's Alpha values on diagonal, N= 325 unless notes

* $p < .05$; ** $p < .01$

¹ N=324 due to missing data

DTS= Distress Tolerance Scale Total Score, JS= Brayfield and Rothe Job Satisfaction Scale Scores,

Str=DASS-21 Stress Scale Scores, Anx=DASS-21 Anxiety Scale Scores, Dep=DASS-21 Depression Scale

Scores, SIG=Stress In General Scale Scores, MA=LGBT-MEWS Heteronormative Assumption Subscale

Scores, IDU=LGBIS Identity Uncertainty Subscale Scores

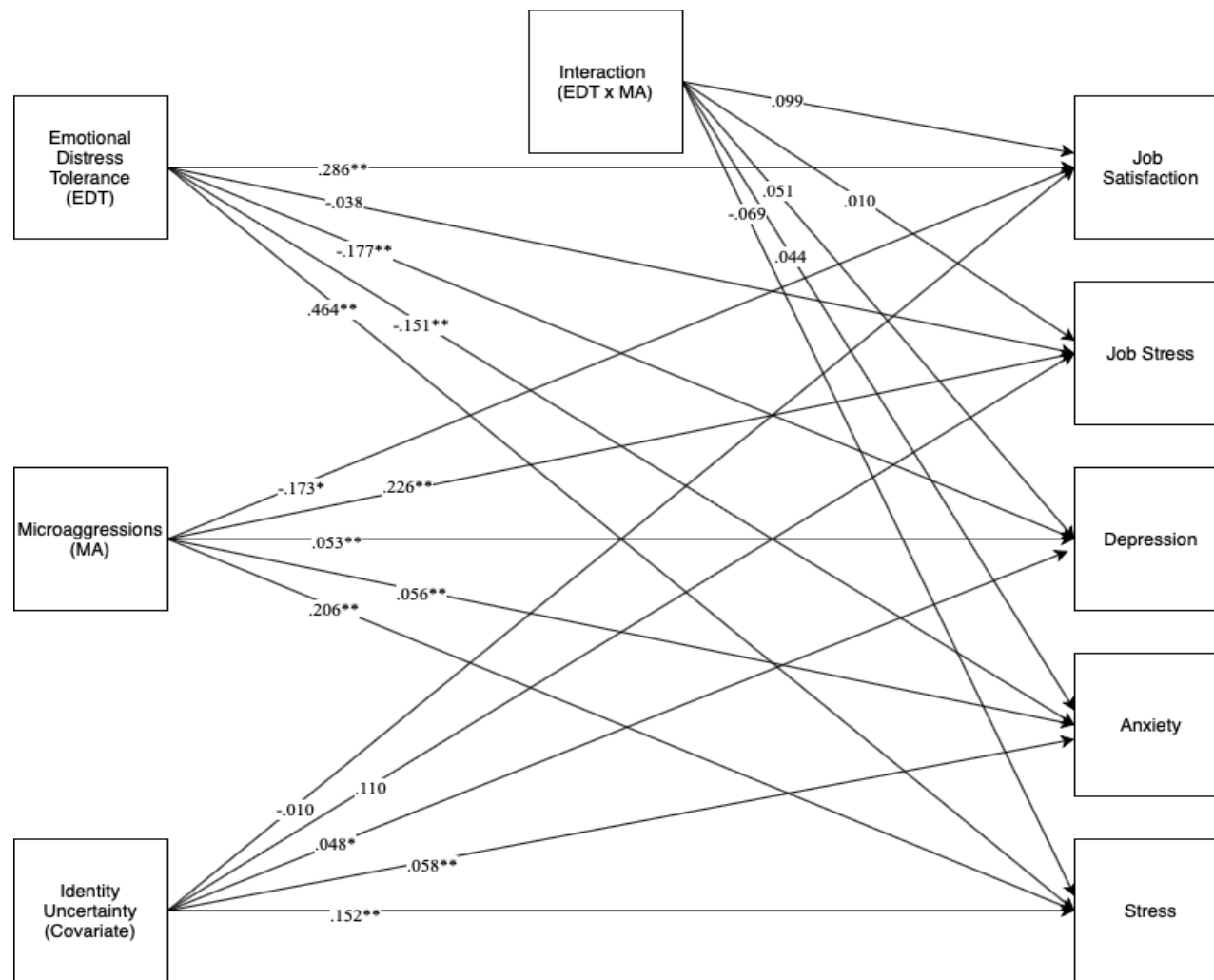


Figure 1. *Final Moderation SEM Model with Standardized Coefficients*

Note: * = $p < .01$, ** = $p < .00$

APPENDIX B –IRB Approval Letter

Office of Research Integrity



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NOTICE OF INSTITUTIONAL REVIEW BOARD ACTION

The project below has been reviewed by The University of Southern Mississippi Institutional Review Board in accordance with Federal Drug Administration regulations (21 CFR 26, 111), Department of Health and Human Services regulations (45 CFR Part 46), and University Policy to ensure:

- The risks to subjects are minimized and reasonable in relation to the anticipated benefits.
- The selection of subjects is equitable.
- Informed consent is adequate and appropriately documented.
- Where appropriate, the research plan makes adequate provisions for monitoring the data collected to ensure the safety of the subjects.
- Where appropriate, there are adequate provisions to protect the privacy of subjects and to maintain the confidentiality of all data.
- Appropriate additional safeguards have been included to protect vulnerable subjects.
- Any unanticipated, serious, or continuing problems encountered involving risks to subjects must be reported immediately. Problems should be reported to ORI via the Incident template on Cayuse IRB.
- The period of approval is twelve months. An application for renewal must be submitted for projects exceeding twelve months

PROTOCOL NUMBER: IRB-19-360

PROJECT TITLE: Experiences of microaggressions against sexual minorities in the workplace:
The role of emotional distress tolerance

SCHOOL/PROGRAM: School of Psychology, Psychology

RESEARCHER(S): Dylan Richard, Melanie Leuty

IRB COMMITTEE ACTION: Approved

CATEGORY: Expedited

7. Research on individual or group characteristics or behavior (including, but not limited to, research on perception, cognition, motivation, identity, language, communication, cultural beliefs or practices, and social behavior) or research employing survey, interview, oral history, focus group, program evaluation, human factors evaluation, or quality assurance methodologies.

PERIOD OF APPROVAL: August 9, 2019 to August 8, 2020

Donald Sacco, Ph.D.
Institutional Review Board Chairperson

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