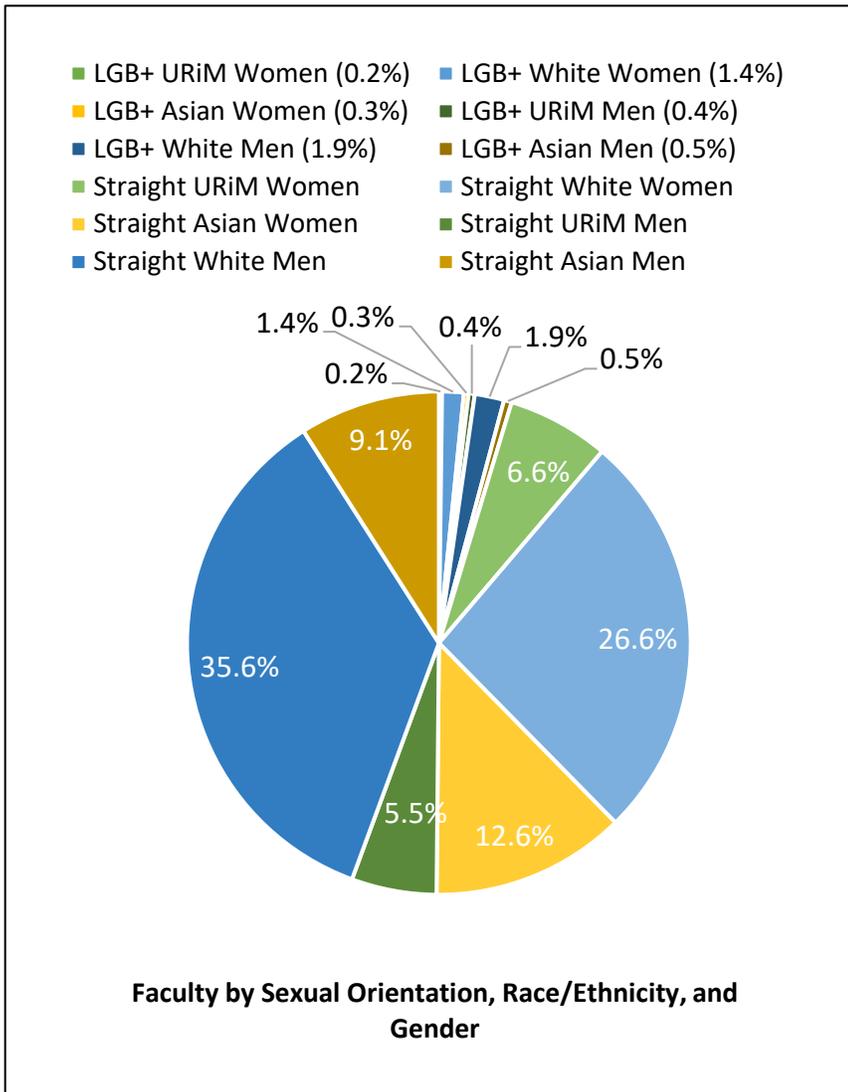


July 2022

Perceptions of Diversity, Equity, and Inclusion of LGB+ Faculty at U.S. Medical Schools

Understanding the perceptions of lesbian, gay, bisexual, transgender, queer or questioning, intersex, asexual, and gender-nonconforming (LGBTQIA+) faculty, staff, and students is a critical component of an institution's overall approach to diversity, equity, and inclusion (DEI). As institutions are evaluating and bolstering their efforts to make environments safer and more inclusive, they must also consider sexual orientation. Additionally, understanding lesbian, gay, and bisexual (LGB+) faculty perceptions through an intersectional lens provides context for how various identities shape and inform perceptions of an institution's climate and the success of its DEI efforts.



This data snapshot examines faculty responses from the AAMC Standpoint Faculty Engagement Survey, which collects information by various demographic groups, including sexual orientation. This snapshot displays representation and perception information for faculty who identified as gay, lesbian, and bisexual to understand experiences of faculty with varying sexual orientations. This data snapshot does not focus on information about faculty by gender identity (e.g., transgender faculty), though we recognize that it is critical to examine sexual orientation and gender identity together. Data came from 26 institutions surveyed between 2019 and 2022 and represented 13,675 faculty (56.7% response rate). Of those, 11,476 (84%) provided data on their sexual orientation, and 448 (3.9%) identified as LGB+ (ranging from 0.0% to 7.7% across institutions).

Key Findings

- Overall, approximately 4% of faculty identified as LGB+, with 1.4% identifying as LGB+ faculty of color (which includes all underrepresented in medicine (URiM)* categories as well as Asian).

- Of the LGB+ group, approximately 56% identified as gay or lesbian, 39% identified as bisexual, and 5% as another sexual orientation.
- The largest proportion of LGB+ faculty were White LGB+ men (1.9%) and the smallest proportion were LGB+ URiM women (0.2%).

**URiM in this display is defined as Native American/Alaskan Native, Black/African American, Hispanic/Latino/or of Spanish Origin, Native Hawaiian/Other Pacific Islander, Multiple Races/Ethnicities, Other Races/Ethnicities.*

Faculty Responses of Feelings of Respect in the Workplace by Gender and Sexual Orientation Across Demographics

Feelings of Respect in the Workplace	% of Faculty Who Agreed			
	LGB+ Women	Straight Women	LGB+ Men	Straight Men
Feel Respected	71.4%	74.9%	82.9%	87.5%
Disrespected by Race/Ethnicity	4.3%	4.2%	4.7%	3.0%
Disrespected by Gender	18.4%	16.4%	3.1%	1.2%
Disrespected by Age	8.6%	8.2%	3.5%	3.7%
Disrespected by Sexual Orientation	5.9%	0.1%	6.6%	0.1%
Disrespected by Martial Status	3.2%	2.0%	3.1%	0.5%
Disrespected by Religion	2.7%	1.4%	1.6%	1.4%
Disrespected by Disability	1.1%	0.5%	0.0%	0.4%

Note: If respondents reported feeling disrespected, they could select from several demographic categories they perceived disrespect they experienced to be based on.

Key Findings

- LGB+ faculty felt less respected overall than their straight counterparts, regardless of gender.
- LGB+ women felt the least respected of all faculty, and LGB+ women felt less respected than their straight women counterparts regarding their gender, sexual orientation, marital status, religion, and disability.
- LGB+ women were the least satisfied with aspects of DEI at their institution compared with straight women; straight men were the most satisfied in all areas of DEI.
- LGB+ men were also less satisfied with DEI efforts than their straight men counterparts, but the differences in perceptions were not as divergent as they were between LGB+ and straight women.
- Men and women LGB+ faculty generally were less satisfied than their straight counterparts in all but a few areas of DEI.

- LGB+ women felt similarly to straight women regarding the survey questions “My supervisor fosters an equitable work environment” and “I feel that the workplace culture at this medical school cultivates inclusion.”
- LGB+ men felt similarly to straight men regarding the survey questions “My supervisor fosters an equitable work environment,” “My department is successful in recruiting women faculty members,” and “My department is successful in retaining women faculty members” as they were only slightly more satisfied than straight men in these areas.

Faculty Responses to Survey Items Related to Diversity, Equity, and Inclusion (DEI) by Gender and Sexual Orientation

Select DEI-Related Survey Items	% of Faculty Who Agreed			
	LGB+ Women	Straight Women	LGB+ Men	Straight Men
My medical school offers equitable opportunities to all faculty members regardless of gender	57.1%	68.0%	81.6%	84.8%
My medical school offers equitable opportunities to all faculty members regardless of race/ethnicity	61.1%	73.5%	79.6%	84.5%
My medical school offers equitable opportunities to all faculty members regardless of sexual orientation	67.9%	77.8%	78.2%	86.4%
My supervisor fosters an equitable work environment	77.1%	77.5%	81.1%	82.0%
My department is successful in recruiting women faculty members	81.8%	83.3%	85.0%	84.3%
My department is successful in recruiting racial/ethnic minority faculty members	51.7%	62.8%	63.3%	69.2%
My department is successful in retaining women faculty members	63.2%	69.6%	78.3%	78.8%
My department is successful in retaining racial/ethnic minority faculty members	53.8%	60.3%	65.4%	69.1%
Diversity is represented at all levels of the medical school	45.3%	56.5%	62.2%	68.1%
I feel that the workplace culture at this medical school cultivates diversity	63.0%	70.8%	74.5%	78.8%

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I feel that the workplace culture at this medical school cultivates inclusion	68.6%	68.2%	63.5%	73.4%
I feel diversity of opinion is valued within the department	61.8%	70.0%	65.3%	76.7%
I have not experienced any of the 5 sexual harassment behaviors in the last 12 months**	58.4%	67.4%	78.3%	87.7%

Note: Race/ethnicity could not be combined with sexual orientation for this table due to small n sizes.

Discussion

Understanding the perceptions of LGBTQIA+ faculty is critical to understanding an institution’s overall inclusive climate. Even more fundamental, understanding the proportion of LGB+ faculty intersectionally at national levels is important to support these faculty. Overall, LGB+ faculty reported feeling less respected and having less favorable views of the institution’s DEI recruitment, retention, and culture efforts. Moreover, given that national statistics estimate almost 10% of the U.S. population identifies as gay, lesbian, bisexual, or something else (not straight), we must consider whether the proportions of LGB+ faculty are lower than the national average or whether faculty do not feel comfortable identifying their sexual orientation.¹ As older generations retire or leave academic medicine and younger generations who more often identify as sexual and gender minorities enter the field, we may see these proportions rise. Indeed, according to the 2021 AAMC Graduation Questionnaire, 4.3% of medical school graduates identified as gay or lesbian and 5% identified as bisexual, showing that younger generations appear more comfortable with self-reporting their sexual orientation.² Another aspect of this representational question, as demonstrated by the low numbers of faculty reporting LGT+ identity, is understanding LGB+ faculty as underrepresented due to biases in recruitment, hiring, and retention efforts in academic medicine. Further inquiry into how institutions can support LGB+ faculty and advance equitable policies and practices at their institutions will contribute to overall institutional success. Further, looking at faculty data through an intersectional lens provides a more complete picture of how groups of faculty perceive the institution and potential areas for opportunity.

** The AAMC Standpoint Faculty Engagement Survey asks about five sexual harassment behaviors:

In thinking about unwanted behaviors over the past 12 months, how often did a medical school faculty or staff member (including supervisors):

- Tell sexist stories or jokes that were offensive to you
- Make offensive remarks about your appearance, body, or sexual activities
- Refer to people of your gender in offensive, insulting, or vulgar terms
- Put you down or act in a condescending way toward you because of your gender
- Send offensive messages based on your gender or show you obscene (e.g., sexually explicit) images via email, text, social media, calendars, and desktop screens

AAMC Data Snapshot



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References

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2. AAMC. *Medical School Graduation Questionnaire: 2021 All Schools Summary Report*. Washington, D.C.: AAMC; 2021. <https://www.aamc.org/media/55736/download>. Accessed May 2022.