

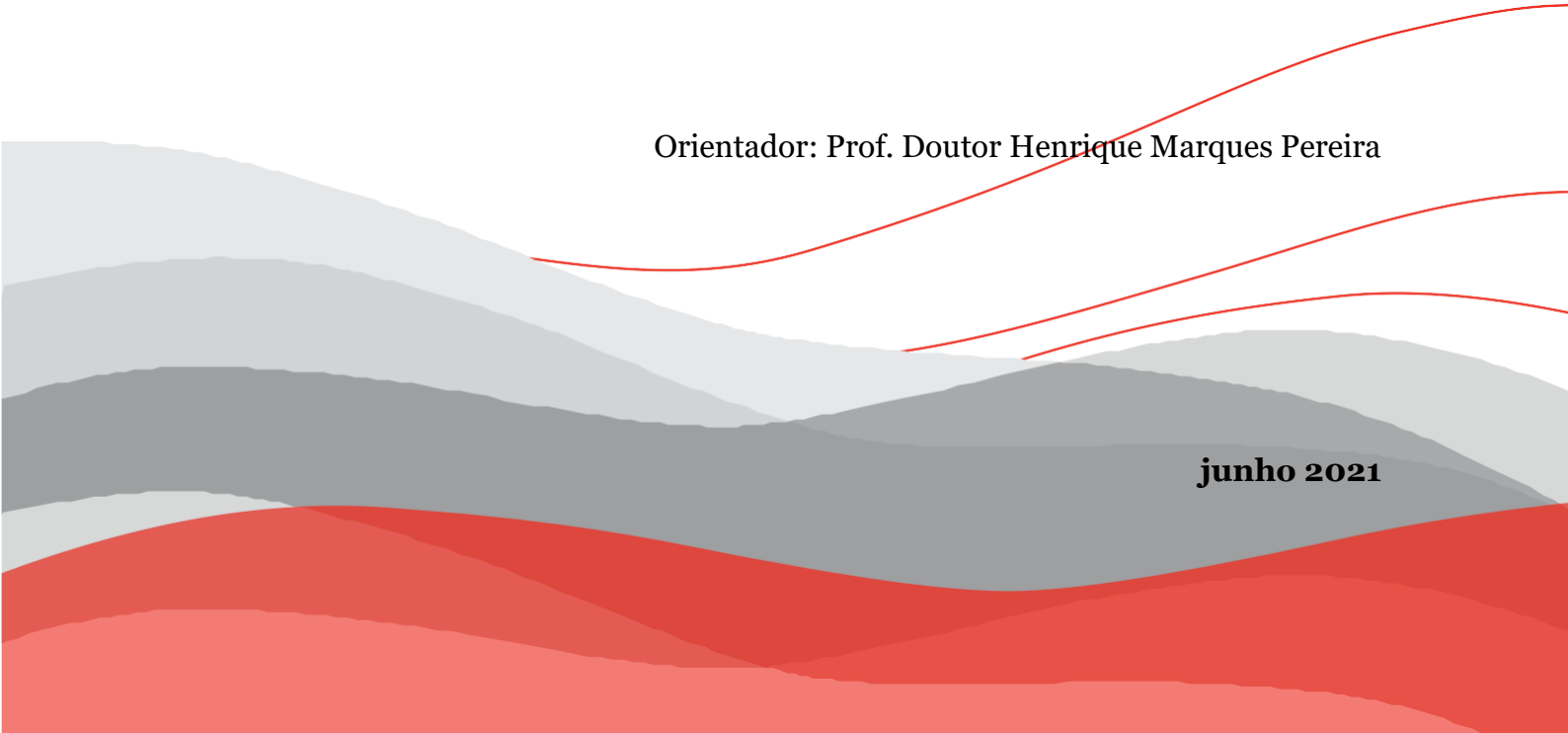
COVID-19, Work-Related Quality of Life, and Psychosocial Risks through the Lens of Sexual Orientation

Cindy Sousa Mendes

Dissertação para obtenção do Grau de Mestre em
Psicologia Clínica e da Saúde
(2^o ciclo de estudos)

Orientador: Prof. Doutor Henrique Marques Pereira

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Abstract

Literature often demonstrates disparities and inequalities between sexual orientations at the psychosocial level (Barrientos et al., 2010). This aspect comes from the fact that most socio-political contexts are governed by a mentality based on the domain of heteronormativity and heterosexism, which influences an environment of stigma, discrimination, and disadvantage towards sexual minorities (Weber et al., 2018). The COVID-19 pandemic required adaptations related to global measures to contain the virus, and inevitably the changes and adjustments made had implications for the daily life of the general population (Labrague & Santos, 2020). As a moment of exceptional vulnerability, the pandemic may have had a stronger impact on social groups that already had disadvantages and disparities (Schieman et al., 2020).

The objective of this Dissertation was to evaluate and understanding the impacts and psychosocial risks that the COVID-19 pandemic had on sexual minorities that the present work was developed, which was include two scientific studies. The first study has a quantitative methodology and sought to assess the impact of the COVID-19 pandemic on Work-Related Quality of Life (WRQoL) through sexual orientation. The second study used a qualitative methodology and sought to identify the psychosocial impacts of the COVID-19 pandemic on gay, lesbian, and bisexual people. Both studies had a sample of Portuguese language expression (Portugal and Brazil).

The results obtained revealed a disadvantage of sexual minorities in relation to WRQoL during the pandemic, presenting more work stress, and lower levels of general well-being, career satisfaction and overall WRQoL. On the other hand, the COVID-19 pandemic had psychosocial impacts on gay, lesbian, and bisexual people, namely in terms of mental health, isolation, relationships, work, education, finance, changes, coping and LGBTQI topics.

These results agree with the literature, as there are disparities between sexual orientations, with more accentuated psychosocial impacts on sexual minorities during the pandemic. The conclusions of these studies seek to highlight social groups that are more vulnerable during the pandemic, to promote social and community policies to change mentality and that value the integration and equality of minority social groups.

Keywords

COVID-19 Pandemic; Fear and Negative Impact of COVID-19; Work-Related Quality of Life; Sexual Orientation; Psychosocial Impact and Risks; Sexual Minorities

Resumo Alargado

A atual situação pandémica mundial devido ao novo coronavírus, COVID-19 e a crescente e rápida propagação do vírus fez com que fosse declarado mundialmente como um problema de saúde pública (Velavan & Meyer, 2020). Inevitavelmente, esta situação acarretou impactos significativos em diversas áreas como a política, a economia e a sociedade (Ko et al., 2020; Lima et al., 2020). À semelhança da população em geral, verifica-se que também as minorias sexuais sofreram com consequências psicossociais decorrentes da pandemia (Salerno, Williams, et al., 2020). O domínio da hegemonia heterossexual como o paradigma sexual dominante, frequentemente reduz o acesso das pessoas LGB a recursos básicos, e faz com que habitualmente, as minorias sexuais já padecem de vulnerabilidades e desvantagens, que numa situação inesperada como a pandemia da COVID-19, podem ter sido exacerbadas (Farkas & Romaniuk, 2020; Harkness et al., 2020).

Esta Dissertação tem como principal objetivo avaliar o impacto da pandemia COVID-19 na Qualidade de Vida no Trabalho (QVT) e os impactos e riscos psicossociais através de uma perspetiva de orientação sexual, em países de expressão de língua portuguesa. Neste sentido foram desenvolvidos dois estudos científicos.

O primeiro estudo procurou avaliar o impacto negativo da COVID-19 na QVT em função da orientação sexual. Esta investigação utilizou a metodologia quantitativa, sendo um estudo transversal, descritivo e comparativo. A recolha de dados foi realizada online, a amostra foi recolhida por conveniência e composta por 1577 participantes de expressão de língua portuguesa (Portugal e Brasil). A média de idades foi de 33,70 e variou entre os 18 e os 74 anos. Maioritariamente a amostra era composta por heterossexuais (N=1396, 88,5%), 95 eram gays ou lésbicas (6,0%) e 87 eram bissexuais (5,5%). Foram utilizados quatro principais instrumentos, primeiramente um questionário sociodemográfico para a caracterização da amostra, um questionário para avaliação do medo da COVID-19 e outro para avaliação do impacto negativo da COVID-19 e por fim um questionário que avaliava a QVT.

Através de uma análise de variância ANOVA, verificaram-se diferenças estatisticamente significativas entre orientações sexuais, para as dimensões da QVT e medo e impacto negativo da COVID-19, com principal desvantagem dos participantes bissexuais, os quais foram os que demonstraram mais elevados níveis de medo e impacto negativo da COVID-19 e menor perceção de QVT, bem-estar geral, interface casa-trabalho e mais elevados níveis de stress no trabalho.

Estes resultados vão ao encontro do que era expectável de acordo com a literatura, evidenciando-se a necessidade de se desenvolver políticas organizacionais de igualdade entre orientações sexuais, que diminuam o clima de estigma e discriminação.

No segundo estudo, procurou-se através de uma investigação qualitativa identificar os impactos psicossociais da pandemia COVID-19 em pessoas gays, lésbicas e bissexuais numa amostra de expressão de língua portuguesa. A literatura aponta frequentemente diferenças entre orientações sexuais em diversos domínios psicossociais (Pereira & Costa, 2016), verificando-se desvantagens de pessoas LGB, apresentando níveis mais baixos de saúde mental e riscos psicológicos (Gonzales et al., 2020).

Os dados foram recolhidos através de uma entrevista online de forma assíncrona, e procurou a resposta à questão aberta “Enquanto uma pessoa que se identifica como gay, lésbica ou bissexual, elabore de que forma a pandemia da COVID-19 impactou a sua vida”. A amostra era composta por 65 participantes LGB, sendo que 32 eram portugueses e 33 brasileiros. A idade média variou entre os 34,48, sendo que metade da amostra (50,7%) se identificou como gay ou lésbica e a restante como bissexuais. Através de uma análise qualitativa de conteúdo foram identificados conceitos emergentes do texto, e foi utilizado um acordo entre negociadores, de forma a organizar e avaliar os temas. Os resultados obtiveram nove temas relevantes e dezoito subcategorias de temas, sendo os principais temas a saúde mental, isolamento, relacionamentos, trabalho, educação, finanças, mudanças de comportamento, coping e tópicos LGBTQI.

As principais conclusões deste estudo, vão ao encontro de outras investigações encontradas na literatura, verificando-se que indivíduos LGB tendem a ser afetados de forma mais significativa por stressores psicossociais durante a pandemia (Phillips et al., 2020), o que pode indicar que a vulnerabilidade de grupos sociais minoritários poderá ter sido exacerbada.

As conclusões destas investigações tornam evidente o desenvolvimento de fatores de proteção nas minorias sexuais, através da mudança de mentalidade nos contextos sociopolíticos que desenvolvam o sentimento de equidade e igualdade, para que os ambientes de discriminação sejam minimizados, de modo que em situações de vulnerabilidade como a pandemia da COVID-19 não existam impactos psicossociais acrescidos para grupos sociais minoritários.

Palavras-chave

Pandemia COVID-19; Impacto e Medo da COVID-19; Qualidade de Vida no Trabalho; Orientação Sexual; Riscos e Impactos Psicossociais; Minorias Sexuais

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List of Acronyms

WRQoL	Work-Related Quality of Life
LGBTQI	Lesbian, Gay, Bisexual, Transgender, Queer, Intersex
LGB	Lesbian, Gay, Bisexual
QVT	Qualidade de Vida no Trabalho

Introduction

The COVID-19 pandemic, as an exceptional moment of vulnerability that required adjustments and changes to routines and daily life, brought a set of psychosocial impacts such as political, social, and economic instability on a global scale (Marazziti et al., 2020; Phillips et al., 2020). The feeling of insecurity and fear during the pandemic showed effects and consequences in the general population, contributing to a more negative perception of mental health, well-being, and quality of life (Goldbach et al., 2020).

Faced with the demands of adapting to a new normality, it is important to understand how the pandemic may have particularly and disproportionately affected minority social groups, who suffer from pre-existing vulnerabilities, accentuating psychological and social risks and disparities (Phillips et al., 2020).

It was for this purpose that this Dissertation was developed, while an empirical research work seeks to contribute to the advancement of scientific knowledge on a recent theme and for which exhaustive studies that assess the impact of the pandemic on social groups with pre-existing disparities. Through scientific advances it is possible to develop psychological interventions that focus on the psychosocial impact and its repercussions, namely among minority social groups that need support.

In this sense, this dissertation was developed with the aim of offering visibility to sexual minorities during the pandemic, evaluating the psychosocial impacts on quality of life at work, mental health, and well-being. Thus, this Dissertation will consist of three chapters, the first chapter will describe a quantitative, cross-sectional, descriptive, and comparative study, whose main objective is to evaluate the impact of the COVID-19 pandemic on WRQoL, from a sexual orientation perspective.

The second chapter will feature a qualitative study, which sought to assess the psychosocial impacts of COVID-19 in a sample composed of lesbians, gays and bisexuals living in Portugal and Brazil.

Finally, in the third chapter, a final discussion will be elaborated, which will articulate the themes, results and conclusions approached in the two studies presented above, briefly synthesizing the scientific research skills acquired during the development of this Dissertation.

Chapter 1. Assessing the Impact of COVID-19 on Work-Related Quality of Life through the Lens of Sexual Orientation

This chapter was written according to the following scientific activities:

- Scientific Article (Anexo 1)

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Mendes, C. & Pereira, H. (26 de Maio de 2021) *Avaliação do impacto da COVID-19 na qualidade de vida relacionada com o trabalho através das lentes da orientação sexual*. XI Simpósio de Investigação em Psicologia (Universidade do Minho).

- Published Abstracts

Mendes, C., & Pereira, H. (2021). Assessing the Impact of COVID-19 on Work-Related Quality of Life through the Lens of Sexual Orientation. *Proceedings of the XXIX Congresso Internacional INFAD*.

Abstract

In the face of the COVID-19 pandemic and the exceptional situation that has been experienced on a global scale since 2020, it is essential to assess the impact of COVID-19 in several areas and domains. Therefore, this research seeks to evaluate the impact of COVID-19 on WRQoL in a Portuguese-speaking sample, through the lens of sexual orientation. One thousand, five hundred and seventy-seven individuals participated in this study, of which 1396 (88.5%) self-identified as heterosexual, 95 (6.0%) as gay or lesbian, and 87 (5.5%) as bisexual. Participants responded to the “Work-Related Quality of Life” scale, the “Fear of COVID-19” scale, and the “Negative Impact of COVID-19” scale. Bisexuals scored higher on “Fear of COVID-19” and “Negative Impact of COVID-19” than heterosexual, and gay, or lesbian participants. Differences between sexual orientations for all dimensions of WRQoL were found heterosexual participants scored higher on general well-being, home–work interface, career satisfaction, work conditions, and lower on work stress, compared to bisexual, and gay, or lesbian participants. Gay or lesbian participants scored lower than heterosexual and bisexual participants on career satisfaction and work conditions. Sexual orientation, the fear of COVID-19, and the negative impact of COVID-19 were significant predictors of overall WRQoL (explaining 13% of variance). Moderation analysis also showed that sexual orientation is a significant moderator of the association between the fear of COVID-19, the negative impact of COVID-19, and WRQoL. LGB people (especially bisexuals) suffer more severe impacts of COVID-19 and have lower WRQoL than heterosexual people. Inevitably, this has consequences in terms of mental health and overall quality of life for sexual minorities, thus reinforcing the need to adopt inclusive policies in organizations and companies to improve their WRQoL.

Keywords:

COVID-19; Work-Related Quality of Life; Sexual Orientation

1. Introduction

1.1 Work-Related Quality of Life

Performing a work-related activity is an essential component of one's sense of identity and self-efficacy [1], affecting subjective perceptions of overall quality of life [2]. It is closely associated with goals, perspectives, and life projects. The attributed importance of having a job is a crucial factor to achieving and maintaining physical and mental health, positive social competencies, life satisfaction, productivity, social status, environment, and social relations, and access to material goods [3], thus the concept of work-related quality of life (WRQoL).

WRQoL has only recently been recognized by companies and organizations as a fundamental aspect of their workers' well-being and satisfaction [4]. To this extent, organizations that show a particular concern with the WRQoL of their employees tend to demonstrate a more humanized approach, conferring more responsibility, professional autonomy, personal development, and personal growth to their collaborators [4,5]. Therefore, WRQoL can be seen as a multidimensional and dynamic psychological construct [6], directly related to individual and situational characteristics [7], which encompasses a set of worker characteristics and specific aspects of the organizational context [5,8]. Perceived levels of WRQoL are usually related to job satisfaction, safety conditions, organizational climate [1,5], interpersonal relationships in the organization, remuneration [7], autonomy and responsibility, and achievement of results [3,6]. However, they may also be influenced by different psychosocial dynamics in the workplace, such as discrimination against sexual minority workers.

1.2 Portugal and Brazil socio-political context

In Portugal, the socio-political inclusion of sexual minorities has been a progressive process, with significant changes in Portuguese legislation regarding equal rights for sexual minority people. To this extent, the approval of a same-sex marriage law in 2011 or the adoption by same-sex couples' law in 2016 [9,10] place Portugal in an inclusive and integrative position regarding sexual minorities' rights. However, the social reality is still influenced by a strong conservatism mainly related to the predominantly Catholic religion [11,12], which endorses heteronormativity, disqualifies homosexuality, and favors the manifestation of homophobic attitudes, sexual stigma, prejudice, and discrimination [10], consequently generating significant losses in mental health and quality of life for sexual minorities [13]. Hence, there is a

contrast between inclusive legislation that has progressed toward the integration of sexual minorities and the conservatism of social reality that undermines its affirmation [14].

This is also the case concerning the Brazilian socio-political context, characterized by a strong conservatism, being one of the world's countries with the highest rates of hate crimes attributed to homophobia [15]. Sexual minorities in Brazil tend to be trapped in a climate of insecurity, hostility, and violence. Specific laws that defend lesbian, gay, and bisexual (LGB) rights and the criminalization of hate crimes against sexual minorities have not yet been implemented [16]. Thus, the urgency to enforce social policies that defend Brazil's LGB community's integrity and respect becomes evident [17]. The presence of heterosexual hegemony as the dominant sexual paradigm in these societies often reduces LGB individuals' access to essential resources, such as education, career opportunities, and social, medical, and political support [18,19].

1.3 Sexual Minorities at Work

In organizational and work contexts, it has been found that belonging to a sexual minority can represent a disadvantage in accessing career opportunities and senior positions, and an increased likelihood of exposure to experiences of discrimination due to their sexual orientation [20]. Sexual orientation affirmation has relevant implications for the organizational and professional experiences of LGB people, leading them to frequently omit to mention their sexual orientation in favor of social acceptance [21], which violates one of the fundamental rights of freedom [19]. These aspects are necessarily associated with negative consequences for self-esteem, professional self-confidence, occupational stress [22], and job satisfaction [6,23,24], causing significant risks to mental health and WRQoL [20]. Sexual diversity in work organizations highlights ethics, organizational justice, equity, diversity policies, job satisfaction, and well-being [25]. Nevertheless, what happens in work organizations is in line with what happens in the socio-political context. Some guidelines defend and accept sexual diversity in organizations; however, these policies may not effectively reduce existing discrimination and prejudice in the workplace [22].

1.4 COVID-19 Pandemic

The current worldwide pandemic situation due to the new coronavirus, SARS-CoV-2 or COVID-19, is related to an infectious viral disease that mainly affects the respiratory airways [26]. The pandemic began in China in late 2019 and was rapidly

declared a significant public health concern worldwide [27]. The pandemic resulted in a global health crisis, and as of March 2021, around 127 million people have been infected [28]. In Portugal, the first recorded cases emerged in early March 2020. In that month, a state of emergency was declared through a general lockdown as well as the adoption of several measures to contain and prevent the virus's spread [29]. In Brazil, the first cases were registered in February 2020, and in that same month, the country declared a State of Public Health Emergency of National Importance [30]. Inevitably, this situation has had significant impacts in several social and economic areas, including occupational health and work conditions [19,31,32].

Despite the scarcity of studies on this topic, research shows that in other pandemic situations, such as HIV/AIDS, sexual minorities presented decreased results of WRQoL, and more significant risks associated with their mental health [33]. These results may be due to the accumulation of stigmatizing barriers, namely, prejudice concerning the disease and their sexual minority status [34,35]. In the COVID-19 pandemic, like most people, sexual minorities have also suffered from job loss [36,37], and organizational and financial problems during the pandemic [19,38], leading to negative emotional consequences [19], due to stress associated with economic issues, unemployment, social isolation, and low WRQoL [39]. Sexual minorities typically suffer from vulnerabilities and disadvantages in the workplace, which can be exacerbated in an adverse situation such as the COVID-19 pandemic [23,40].

The necessary policies to combat the spread of COVID-19, such as social isolation and lockdown measures, have had relevant implications for work conditions. Understanding how these abrupt emergent changes affected WRQoL is of the utmost importance. For example, COVID-19 has fundamentally changed workplace geographies, with large proportions of people working from home [41]. Nevertheless, the opportunity to do so may be unevenly distributed, and socially disadvantaged groups may not have the ability to work from home if they choose. COVID-19 poses risks and changes for workers, workplaces, and work practices that are likely to result in disparate effects. Therefore, it is necessary to understand the importance of moderating factors, such as sexual orientation, in the aggravation of the impact of COVID-19 on WRQoL. Previous studies have explored the moderation effect of sexual orientation on health-related outcomes, consistently reporting that heterosexual people presented higher protective effects than gay or lesbian and bisexual people [42–44], but no studies were found concerning the moderation effect of sexual orientation on WRQoL, especially with Portuguese-speaking samples. Given that the current pandemic situation is still a public health concern in Portuguese-speaking countries, it is vital to give more disadvantaged social groups, such as LGB people, proper

attention, and understand the extent to which the pandemic can aggravate existing frailties.

This study aims to assess the impact of COVID-19 on WRQoL, through the lens of sexual orientation. More specifically, the following objectives were posed: (a) to compare differences in WRQoL and the impact of COVID-19 according to sexual orientation; (b) to assess the predictive effects of the independent variables (“Sexual Orientation”, “Fear of COVID-19” and “Negative Impact of COVID-19”) on all six dimensions of WRQoL; and (c) to assess how the fear of COVID-19 and the negative impact of COVID-19 predicting WRQoL is moderated by sexual orientation. To address these objectives, the following hypotheses were posited: (1) sexual minority participants show lower levels of WRQoL than heterosexual participants; (2) sexual minority participants show higher levels of fear of COVID-19 and negative impact of COVID-19 than heterosexual participants; (3) sexual orientation, fear of COVID-19, and negative impact of COVID-19 are significant predictors of WRQoL; and 4) sexual orientation is a significant mediator of the association between the fear of COVID-19 and negative impact of COVID-19, and WRQoL.

2. Methodology

2.1 Materials

2.1.1 Sociodemographic Questionnaire

We questioned participants about their age, marital status, education, socioeconomic status, professional status, residence, and self-assessment of sexual orientation within three categories (heterosexual, bisexual, and gay or lesbian).

2.1.2 Fear of and Negative Impact of COVID-19

The fear of COVID-19 scale was developed by Ahorsu et al. [45], and encompassed seven items, ranging in score from 1 to 5 as measured by a Likert-type scale, with higher scores meaning a greater fear of COVID-19 [42]. Examples of questions are as follows: “It makes me uncomfortable to think about corona,” “When I watch news and stories about corona on social media, I become nervous or anxious,” or “I am afraid of losing my life because of corona.” The negative impact of the COVID-19 scale allowed measurement of the participants’ perception of the negative impact that the pandemic has had on their lives [46]. It consisted of ten items related to the various psychosocial functioning areas, ranging in score from 1 to 5 as measured by a Likert-

type scale, with higher scores meaning the more significant negative impact of COVID-19 [41]. Samples of questions are as follows: “Compared to my life before the COVID-19 pandemic, . . . had a negative impact ... on my professional or academic life, . . . on my family life, . . . on my financial life.” The internal consistency obtained was $\alpha = 0.87$ for both scales, indicating excellent reliability [47].

2.1.3 Work-Related Quality of Life

This survey comprises 23 items that assess the participants’ perception of their WRQoL in their institution or organization [48], as measured through six psychosocial sub-factors: general well-being (feelings of happiness and satisfaction with life), home-work interface (the relationship and balance between personal and professional life), career satisfaction (level of satisfaction with their career and work), work control (level of perceived control in the execution of professional tasks in the work environment), work conditions (related to working conditions, safety, and resources that the person has in his/her workplace), and work stress (related to the level of stress that the person perceives related to his/her work) which was reversely coded. A 24th item, “I am satisfied with the overall quality of my working life,” was included to provide an outcome variable for measuring overall perceptions of WRQoL. Respondents were required to answer the questions on a 5-point Likert-type scale (1– “Strongly disagree”; 5– “Strongly agree”). Internal consistency was excellent ($\alpha = 0.92$) [47].

2.2 Methods

We carried out this research through an online webpage between October and December 2020. Participation was voluntary, and participants were referred to a linked website explicitly created for this investigation. The first page of the questionnaire explained the study’s objectives and informed participants about how to fill it in, withdraw from the study, and contact the authors for more information. Participants also read and agree to an informed consent waiver.

We sent about 8000 notifications, and 1577 participants responded voluntarily (19.17% response rate). The survey distribution complied with all the ethical principles of informed consent, anonymity, and confidentiality. We offered neither rewards nor other incentives. Inclusion criteria included being older than 18 years of age and being a Portuguese native speaker (from Portugal or Brazil). We obtained ethical approval for this study from the Ethics Committee of the University of Beira Interior, Portugal (code CEUBI-Pj-2020-088).

We performed descriptive statistics to describe the sample (mean, standard

deviation, frequencies, and percentages). We conducted one-way ANOVAs to evaluate differences between comparison groups, in this case, between different sexual orientations, to assess the differences in relation to WRQoL, fear of COVID-19, and negative impact of COVID-19. We conducted a Pearson correlation coefficients analysis to assess the association between the fear of COVID-19, the negative impact of COVID-19, and WRQoL. We also conducted a hierarchical linear regression analysis to examine the effects of independent variables (“Sexual Orientation”, “Fear of COVID-19”, and “Negative Impact of COVID-19”) on the dependent variables (WRQoL and respective dimensions). Finally, a moderation regression model was used to test the hypothesized moderation effect, in which sexual orientation was a mediator that interferes with the underlying mechanism of the relationships between the fear of and negative impact of COVID-19, and WRQoL. To avoid type I errors, Bonferroni correction tests were run. All statistical procedures were conducted using the statistical package for social sciences (SPSS—version 26) and PROCESS procedure for SPSS (Version 3.5.3).

2.3 Participants

A convenience sample of 1577 Portuguese-speaking participants over 18 years old, with a professional (such as a work contract) or academic (such as university enrollment) status, participated in this study. After testing for homogeneity for sociodemographic characteristics between the Portuguese and Brazilian samples, we decided to consider a single sample in the present study.

Table 1 shows that most participants were Portuguese (N = 1221, 76.8%), women (N = 990, 62.8%), heterosexual (N = 1396, 88.5%), and ranged in age between 18 and 74 years (Mage = 33.70, SD = 12.97). Regarding sexual minorities, the sample is composed more of gays or lesbians (N = 95, 6%) than bisexuals (N = 87.5%), and most bisexuals identify as women. Most participants are employed (N = 774, 49.1%) or studying (N = 418, 26.5%).

Table 1.

Sociodemographic characteristics by sexual orientation

Variable	Categories	Subcategory	N	%	Mean	SD
Age					33.70	12.97
Gender	Women		990	62.8		
		Heterosexual	919	92.9		
		Gay or Lesbian	23	2.3		
		Bisexual	48	4.8		

	Men		584	37.0
		Heterosexual	482	82.5
		Gay or Lesbian	68	11.6
		Bisexual	34	5.9
	Other		3	0.2
		Heterosexual	0	0.0
		Gay or Lesbian	0	0.0
		Bisexual	3	100
Nationality	Portuguese		1211	76.8
		Heterosexual	1108	91.5
		Gay or Lesbian	57	4.6
		Bisexual	46	3.9
	Brazilian		366	23.2
		Heterosexual	287	78.3
		Gay or Lesbian	38	10.4
		Bisexual	41	11.3
Sexual Orientation	Heterosexual		1395	88.5
	Gay or Lesbian		95	6.0
	Bisexual		87	5.5
Marital Status	Single		894	56.7
		Heterosexual	755	84.5
		Gay or Lesbian	68	7.6
		Bisexual	71	7.9
	Married		410	26.0
		Heterosexual	396	96.7
		Gay or Lesbian	4	1.0
		Bisexual	10	2.3
	De facto Union		166	10.5
		Heterosexual	144	86.9
		Gay or Lesbian	18	10.6
		Bisexual	4	2.5
	Divorced		93	5.9
		Heterosexual	87	93.3
		Gay or Lesbian	3	3.3
		Bisexual	3	3.3
	Widower		14	0.9
		Heterosexual	13	92.3
		Gay or Lesbian	1	7.7
		Bisexual	0	0.0
Professional Status	Unemployed		35	2.2
		Heterosexual	28	79.4
		Gay or Lesbian	3	8.8
		Bisexual	4	11.8
	Student		418	26.5

	Heterosexual	363	86.8
	Gay or Lesbian	16	3.9
	Bisexual	39	9.3
<hr/>			
Employed/Student		185	11.7
	Heterosexual	155	84.0
	Gay or Lesbian	14	7.7
	Bisexual	16	8.3
<hr/>			
Self-Employed		132	8.4
	Heterosexual	118	89.2
	Gay or Lesbian	6	4.6
	Bisexual	8	6.2
<hr/>			
Employed		774	49.1
	Heterosexual	703	90.8
	Gay or Lesbian	53	6.8
	Bisexual	18	2.4
<hr/>			
Retired		22	1.4
	Heterosexual	18	80.0
	Gay or Lesbian	2	10.0
	Bisexual	2	10.0
<hr/>			
Other		11	0.7
	Heterosexual	11	100
	Gay or Lesbian	0	0.0
	Bisexual	0	0.0

3. Results

In general, the sample scored close to the median, except for the “Fear of COVID-19” variable, which scored slightly below the median, indicating lower levels of fear of COVID-19. As for the dimensions of WRQoL, all scores were above the median (work stress being reversely coded), with slightly higher levels of career satisfaction. Table 2 presents the descriptive statistics for all variables under study (mean, standard deviation, maximum, minimum).

Table 2.

Overall results for the fear and negative impact of COVID-19, and WRQoL

Variables	M	SD	Min	Max
Fear of COVID-19	2.45	0.84	1.00	5.00
Negative Impact of COVID-19	2.60	0.88	1.00	5.00
General Well-being	3.37	0.83	1.00	5.00
Home–Work Interface	3.48	0.91	1.00	5.00
Career Satisfaction	3.60	0.69	1.00	5.00
Work Control	3.43	0.79	1.00	5.00
Work Conditions	3.50	0.85	1.00	5.00
Work Stress	2.90	1.00	1.00	5.00

Overall WRQoL	3.40	0.96	1.00	5.00
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Table 3 shows results for all main variables under study by sexual orientation, to assess whether there are differences between sexual orientations for the fear of COVID-19, the negative impact of COVID-19, and all subscales of WRQoL. We found significant differences ($p < 0.05$) for all variables except “work control.” Bisexual participants scored higher on the fear of COVID-19 and the negative impact of COVID-19. Heterosexual participants scored higher on all dimensions of WRQoL. Gay or lesbian participants scored lower than did heterosexual participants, but higher than bisexual participants on “Fear of COVID-19”, “Negative Impact of COVID-19”, and most WRQoL variables, including overall WRQoL.

Table 3.

Results for all variables by sexual orientation

Variables	Heterosexual	Bisexual	Gay or Lesbian	F	p
	M (SD)	M (SD)	M (SD)		
Fear of COVID-19	2.42 (0.83)	2.71 (0.83)	2.58 (0.94)	6.014	0.003 *
Negative Impact of COVID-19	2.55 (0.86)	3.01 (0.94)	2.98 (0.98)	19.282	0.000 **
General Well-being	3.41 (0.82)	2.98 (0.82)	3.23 (0.87)	12.078	0.000 **
Home-work Interface	3.50 (0.90)	3.25 (0.85)	3.36 (1.02)	3.737	0.024 *
Career Satisfaction	3.62 (0.69)	3.43 (0.67)	3.41 (0.77)	6.418	0.002 *
Work Control	3.43 (0.78)	3.39 (0.81)	3.31 (0.85)	1.081	0.339
Work Conditions	3.53 (0.84)	3.29 (0.87)	3.26 (0.96)	6.591	0.001 *
Work Stress	2.94 (0.98)	2.63 (1.04)	2.76 (1.15)	4.638	0.010 *
Overall WRQoL	3.42 (0.96)	3.16 (0.96)	3.25 (1.07)	3.970	0.019 *

* $p < 0.05$; ** $p < 0.001$.

Pearson’s correlation coefficient test showed that fear and negative impact of COVID-19 are negatively correlated with the dimensions of WRQoL (Table 4). It was observed that general well-being, home-work interface, career satisfaction, work conditions, work stress and overall WRQoL were weakly and negatively correlated, although significantly ($p < .001$), with the fear and negative impact of COVID-19. The variable work control correlates weakly and practically nil, albeit significantly, with the fear of COVID ($r = -.059$; $p = .024$) and not significantly with the negative impact of COVID ($r = .036$; $p = .116$).

General well-being shows a moderate positive correlation with the variables career satisfaction ($r = .690$; $p < .001$), work conditions ($r = .508$; $p < .001$) and overall WRQoL ($r = .658$; $p < .001$). It is also positively and weakly correlated with home-work

interface ($r=.468$; $p<.001$), work control ($r=.374$; $p<.001$) and work stress ($r= .398$; $p<.001$). The home-work interface is positively and strongly correlated with work conditions ($r=.702$; $p<.001$), and positively and moderately correlated with career satisfaction ($r=.537$; $p<. 001$). Positively and weakly, it correlates with the overall WRQoL ($r=.486$; $p<.001$), work stress ($r=.372$; $p<.001$) and work control ($r= .283$; $p<.001$). Career satisfaction is positively and strongly correlated with the variable overall WRQoL ($r=.702$; $p<.001$), positively and moderately with work conditions ($r=.578$; $p<. 001$) and work control ($r=.521$; $p<.001$), and positively and weakly with work stress ($r=.319$; $p<.001$). Work control is positively and weakly correlated with the overall WRQoL ($r=.441$; $p<.001$) and work conditions ($r=.281$; $p<.001$), and positively and almost nil with work stress ($r=.072$; $p<.001$). Work conditions correlates positively and moderately with the overall WRQoL ($r=.549$; $p<.001$) and positively and weakly correlated with work stress ($r=.346$; $p<.001$) positively and moderately with work conditions ($r=.578$; $p<.001$) and work control ($r=.521$; $p<.001$), and positively and weakly with work stress ($r =.319$; $p<.001$). Work Control is positively and weakly correlated with the general perception of QWL ($r=.441$; $p<.001$) and work conditions ($r=.281$; $p<.001$), and positively and almost nil with work stress ($r=.072$; $p<.001$). The variable work conditions correlate positively and moderately with overall WRQoL ($r=.549$; $p<.001$) and positively and weakly correlated with work stress ($r=.346$; $p<.001$) Work stress is positively and weakly correlated with overall WRQoL ($r=.336$; $p<.001$).

Table 4.

Correlation matrix

	1	2	3	4	5	6	7	8	9
Fear of COVID-19	1								
Negative Impact of COVID-19	.402**	1							
General Well-being	-.245**	-.384**	1						
Home-work Interface	-.146**	-.215**	.468**	1					
Career Satisfaction	-.141**	-.238**	.690**	.537**	1				
Work Control	-.059*	-.036	.374**	.283**	.521**	1			
Work Conditions	-.200**	-.258**	.508**	.702**	.578**	.281**	1		
Work Stress	-.169**	-.288**	.398**	.372**	.319**	.072**	.346**	1	
Overall WRQoL	-.146**	-.253**	.658**	.486**	.702**	.441**	.549**	.336**	1

** $p<.001$; * $p<.05$

We also conducted seven multiple linear regression analyses to assess the predictive effects of the independent variables (“Sexual Orientation”, “Fear of COVID-19”, and “Negative Impact of COVID-19”) on all six dimensions of WRQoL and overall WRQoL. With this analysis, we concluded that sexual orientation, the fear of COVID-19, and the negative impact of COVID-19 were significant predictors of overall WRQoL (explaining 13% of variance), general well-being (explaining 15% of variance), career satisfaction (explaining 6% of variance), and work conditions (explaining 7% of variance). The fear of COVID-19 and the negative impact of COVID-19 are significant predictors of the home–work interface (explaining 5% of variance). The “Fear of COVID-19” variable was a significant predictor of work control (explaining 1% of variance) and work stress (explaining 8% of variance). See Table 5 for more detailed information on these results.

Table 5.

Multiple linear regression

	Sexual Orientation			Fear of COVID-19			Negative Impact of COVID-19			<i>R</i> ²	<i>F</i>
	<i>B</i>	<i>SEB</i>	β	<i>B</i>	<i>SEB</i>	β	<i>B</i>	<i>SEB</i>	β		
General Well-being	-.094	.033	-.069*	-.096	0.027	-.096**	-.307	.026	-.322**	.149	84.769**
Home-Work Interface	-.057	.038	-.039	-.072	.030	-.067*	-.181	.029	-.176**	.048	24.323**
Career Satisfaction	-.056	.029	-.050*	-.044	.023	-.053*	-.157	.022	-.199**	.056	28.907**
Work Control	-.034	.034	-.027	-.053	.027	-.057*	-.006	.026	-.007	.005	2.185
Work Conditions	-.074	.035	-.053*	-.117	.028	-.116**	-.180	.027	-.187**	.072	36.777**
Work Stress	-.003	.041	-.002	-.073	.033	-.061*	-.282	.032	-.250	.079	40.974**
Overall WRQoL	-.058	.029	-.050*	-.078	.020	-.109**	-.197	.019	-.285**	.126	69.112**

* $p < 0.05$; ** $p < 0.001$.

Finally, a moderation analysis was performed. Sexual orientation was examined as a moderator of the relationship between the fear of and negative impact of COVID-19 (computed into one single variable—COVID-19) and WRQoL. The model was significant and explained 6% of the decrease in variance in WRQoL ($F(3;1416) =$

28.428; $p < 0.001$, $R^2 = 0.057$). COVID-19 was a significant predictor of WRQoL ($b = 0.462$, $t(1416) = 6.481$, $p < 0.001$) and so was sexual orientation ($b = 0.398$, $t(1416) = 3.033$, $p = 0.002$). The moderation interaction was significant ($b = 0.131$, $t(1416) = 2.712$, $p = 0.007$). Slopes for sexual orientation predicting WRQoL at each level of COVID-19 scores were also significant ($b = 0.037$, $t(1416) = -8.921$, $p < 0.001$) (Figure 1).

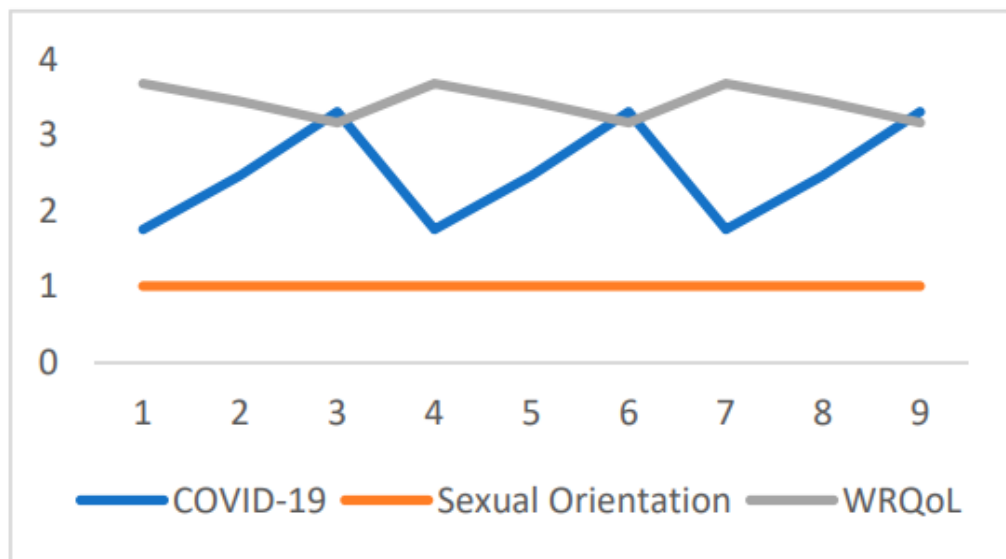


Figure 1. Simple slopes mapping the fear of and negative impact of COVID-19 predicting WRQoL as moderated by sexual orientation ($p < 0.001$).

4. Discussion

Our study sought to assess the impact of the fear of COVID-19 and the negative impact of COVID-19 on WRQoL, through the lens of sexual orientation. Concerning WRQoL, previous literature has shown significant differences attributable to sexual orientation [49–52], with manifested lower levels of WRQoL in sexual minorities, and higher burnout levels [52,53]. Our results were similar, since significant differences were found among sexual orientations, favoring heterosexual participants with higher scores for all WRQoL variables over bisexual and gay or lesbian participants. These results may have been mediated by complex heteronormative influences [54], generating frequent disadvantages imposed by social stigma [55,56], particularly in the context of work, which is still ruled by heterosexism [15]. Work, as one of the primary and most central areas of an individual's life, is one of the places where there has been frequent discrimination and exclusion for sexual minority people [12,57], through marginalization, [23] prejudice, and stigma [12,52,54]. Inevitably, an unfavorable work

environment has consequences for the perception of WRQoL in sexual minorities, negatively impacting career satisfaction and general well-being [50], increasing levels of stress at work [51] and negative emotions [54]. In turn, having low WRQoL leads to more significant impairment of mental health [55,56], especially symptoms of anxiety and depression [50,52,55,57].

Other studies [51,58] concluded that an organizational climate of incivility, hostility, discrimination, and exclusion toward LGB individuals generates lower levels of well-being, more stress at work, and burnout, which, in turn, can lead to reduced career satisfaction [54]. These results are congruent with the data found in our research, since bisexual and gay or lesbian participants scored lower in all dimensions of WRQoL. Furthermore, bisexual participants scored lower in general well-being, the home–work interface, and overall WRQoL. They scored higher in stress at work, whereas gay and lesbian participants scored lower in career satisfaction and working conditions. These results are in line with other findings [59], in which bisexuals, compared to gays and lesbians, tend to suffer from sexual identity pressure, since most societies defend a dichotomy of sexual orientation between heterosexual and gay or lesbian, leaving bisexuals at the margin of this binomial script, being more marginalized due to biphobia [50]. In our research, bisexuals scored lower in overall WRQoL, possibly because of more fragile mental health functioning [56,59] associated with feelings of exclusion from heterosexual and gay or lesbian groups [60], reporting lower levels of overall well-being [59].

Recent studies have shown that COVID-19 has psychosocially impacted the general population [24,61,62], namely, at health, economic, political, and social levels [63]. In our study, the impact of COVID-19 was measured through the “Fear of COVID-19” and perceived “Negative Impact of COVID-19” variables. Fear is pointed out as an essential variable when talking about COVID-19 [64], especially concerning “fear of being infected or of infecting others” [58]. Again, bisexual participants scored the highest, both on the levels of fear of and negative impact of COVID-19, likely because of general factors such as mental health impairment [65,66], but also because of specific factors associated with being a sexual minority through the exacerbation of adversity and vulnerability [61], accentuating the already existent discrepancies between heterosexual and LGB communities [15,67]. Our results are similar to those of Barrientos et al. [61], who measured the psychosocial effects of the COVID-19 pandemic in LGB people and found that there are relevant differences attributable to sexual orientation.

The COVID-19 pandemic has had specific consequences on WRQoL, namely,

lower levels of job satisfaction and well-being [68], and higher stress levels [63,69]. Still, our findings showed that the fear of and negative impact of COVID-19 negatively correlated with the dimensions of WRQoL. Sexual orientation, fear of COVID-19, and the negative impact of COVID-19 were also strong predictors of lower WRQoL, explaining 12.3% of overall variance, because sexual minorities have additional concerns about work, finances, and income issues during the pandemic [70]. However, there may be protective factors such as resilience [15], which researchers should consider in future studies. Nevertheless, the COVID-19 pandemic seems to have emphasized the inequalities and disparities already existent in society [67,71–73], leading to vulnerability situations that are particularly difficult for bisexual people [72]. Therefore, we can conclude that there are differences in the perception of WRQoL between sexual orientations, with a marked disadvantage for bisexuals, perhaps because the lack of visibility of bisexuality in society is associated with greater vulnerability and susceptibility to the influence of social stigma, particularly biphobia [74]. Furthermore, the internalized bi-negativity and psychological distress felt by these participants may translate into more discrimination and mental health problems [75–77] that, in turn, can worsen perceived WRQoL.

5. Limitations and Future Directions

This study is not without limitations. A convenience sample collected online does not allow the generalization of results. Because the COVID-19 pandemic is still a recent event, the scarcity of studies in this area and its effects on sexual minorities in the workplace still need further investigation. Although homogeneity tests were performed to obtain a single sample, there may be cultural differences between Portugal and Brazil, which may be mediating our results. It is also important to highlight that the reduced number of LGB participants may constitute another limitation. In future studies, we should include more proportionate categories of sexual orientations. Despite these limitations, we believe that this is an important contribution toward understanding the interactions among all variables studied. In future investigations, longitudinal or qualitative studies are suggested to understand the long-term effects of the negative impact of COVID-19 on the different subscales of WRQoL, and mainly to understand the causes of the differences between heterosexual and sexual minorities. Integrating these results in public sexual inclusion and diversity policies in work organizations would also be relevant.

6. Conclusion

Socio-political contexts are changing the traditional mentality in Western societies, but LGB people still suffer more severe impacts of the pandemic and have lower WRQoL than heterosexual people. The resulting consequences for mental health and quality of life for sexual minorities reveal a pressing need to adopt inclusive policies in organizations and companies, to improve the WRQoL of sexual minorities.

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Chapter 2. Psychosocial Impacts of COVID-19 Pandemic on Lesbian, Gay, and Bisexual People Living in Portugal and Brazil – A Qualitative Study

This chapter was written according to the following scientific activities:

- Scientific Article (Anexo 2)

Pereira, H., Pedro, J., Mendes, C., Duarte, M., & Silva, P. G. (2021). Psychosocial Impacts of COVID-19 Pandemic on Lesbian, Gay, and Bisexual People Living in Portugal and Brazil – A Qualitative Study. *Journal of Psychosexual Health*, 1–14. <https://doi.org/10.1177/26318318211017466>

- Communication

Pereira, H., Pedro, J., Mendes, C., Duarte, M., & Silva, P. G. (7 de Maio de 2021). *Impactos psicossociais da pandemia da COVID-19 sobre as pessoas lésbicas, gays e bissexuais que vivem em Portugal e no Brasil – um estudo qualitativo*. XXIX Congresso Internacional INFAD (Núcleo de Investigação em Ciências Sociais e Humanas da Escola Superior de Educação de Coimbra).

- Published Abstracts

Pereira, H., Pedro, J., Mendes, C., Duarte, M., & Silva, P. G. (2021). Psychosocial Impacts of COVID-19 Pandemic on Lesbian, Gay, and Bisexual People Living in Portugal and Brazil – A Qualitative Study. *Proceedings of the XXIX Congresso Internacional INFAD*.

- Award

Award of Best Communication on XXIX Congresso Internacional INFAD (7 de Maio, Núcleo de Investigação em Ciências Sociais e Humanas da Escola Superior de Educação de Coimbra), with the work “Impactos psicossociais da pandemia da COVID19 sobre pessoas lésbicas, gays e bissexuais que vivem em Portugal e no Brasil – um estudo qualitativo”.

Abstract

Introduction: Not many studies have been reported from Portugal or Brazil to date, reading the psychosocial impacts of COVID-19 on lesbian, gay, and bisexual (LGB) people, especially from a qualitative perspective. **Materials and Methods:** A convenience sample of 65 self-identified LGB individuals from Portugal and Brazil participated in this study. Thirty-two participants were from Portugal and 33 from Brazil. The average age was 34.48 years (standard deviation = 11.66), ranging from 19 to 67. We used an online interview approach in an asynchronous format. All study respondents completed a structured inquiry consisting of a short section of sociodemographic questions and a single open-ended question: “As a lesbian, gay, bisexual (or other) self-identified person, please elaborate on how the COVID-19 pandemic has impacted your life.” **Results:** The thematic analysis of participants’ responses revealed 9 recurring themes, encompassing 18 subcategories to occur: mental health (depression, anxiety, fear, anger, and loneliness), isolation (social distancing and leisure impediments), relationships (family and friends), work-related problems, education-related problems, financial problems, changes (behavioral changes and opportunity to grow), coping (seeking support, accessing information and physical activities), and LGBTQI topics (health barriers, going back into the closet, pride celebration events, and online dating). **Conclusions:** Our results provide voice to LGB Portuguese and Brazilian people during the COVID-19 pandemic demonstrating specific challenges exacerbated by stigma and sexual discrimination amplified by pre-existent social inequalities.

Keywords

COVID-19; Psychosocial Impacts; LGB People; Portugal; Brazil; Qualitative Research

1. Introduction

The COVID-19 outbreak started in December 2019 in China [1] and its rapid spread around the globe [2] made it recognized by the World Health Organization as a worldwide pandemic [3]. In Portugal, the first cases emerged in March 2020 [4] and, in the same month, a state of emergency was declared to contain the spread of the virus, with lockdown measures put in place [5]. In Brazil, the first cases appeared in February 2020 [6], and like in other countries, measures of social distancing, travel restrictions, and quarantine were adopted [7], impacting on social and financial structures of the country [8]. As a worldwide public health concern, the COVID-19 pandemic had several impacts in the most different domains and areas of society [9-11]. Lockdown measures and the duty to stay at home increased isolation and the need to create changes and adjustments to the general population's daily life and routines [12] which contributed to the compromise of mental health [13]. This adverse circumstance may have impacted more on the lives of previously more vulnerable populations, such as LGBTQI individuals.

The literature constantly identifies significant discrepancies between heterosexual and LGBTQI individuals concerning mental health and well-being, sexual minorities scoring lower [14,15]. Additionally, sexual minorities also show higher prevalence for having mood disorders such as anxiety, experiencing suicidal ideation and behavior, misusing illicit substances [16-18], and experiencing difficulties accessing health, employment, and other socioeconomic resources [19].

The minority stress model may explain how COVID-19 had a more significant impact on LGBTQI individuals than heterosexual people [14] because it causes reduced well-being and greater levels of mental health impairment related to exacerbating and intensifying of preexistent vulnerabilities and inequalities in society [14,15]. Lockdown measures forced many LGBTQI individuals to cease having access to social and community groups that are essential sources of support, thus increasing the psychosocial impairment during the pandemic, including anxiety and depressive symptoms [11,16-20] as well as limited access to mental health services despite the increase of electronic interventions [21]. Therefore, the need for social and mental health support for LGBTQI individuals becomes evident [22].

Concerning the Portuguese sociopolitical context, the progressive acceptance of sexual minorities in Western countries, as is the case in Portugal, does not invalidate the occurrence of experiences associated with stigma and discrimination [23]. Although the country has undergone sociopolitical and legislative advances, such as same-sex

marriage, and same-sex couples' adoption [24] it did not stop Portuguese LGBTQI individuals from facing sexual prejudice [25,26].

The Brazilian sociopolitical context is guided by a conservative mentality, which is reflected in the fact that Brazil is one of the countries with the highest rate of crimes for homophobia [27]. Thus, sexual minorities in Brazil are more likely to experience insecurity, hostility, and violence since laws and measures aimed at criminalizing hate attitudes against sexual minorities have not yet been adopted [28], and consequently, laws that protect the rights of the lesbian, gay, and bisexual (LGB) community [29] are still ineffective in Brazil.

Portugal-Brazil relations have spanned over five centuries. In addition to a commonality of language and religion, both countries are members of the Lusophone world. As common cultural values favor the development of similar social norms, not many studies have been reported from Portugal or Brazil to date, reading the psychosocial impact of COVID-19 on LGBTQI individuals, especially from a qualitative perspective. Articulating these issues and giving voice to Portuguese and Brazilian LGBTQI individuals is our study's primary goal. We correspondingly adopted a qualitative approach to present our research results on the COVID-19-related psychosocial experiences and perceptions of LGB participants to weave lessons for a more inclusive psychosocial intervention during the pandemic and future adverse circumstances.

2. Methodology

2.1 Measures

We used the online interview approach in an asynchronous format, adhering to the guidelines of O'Connor and Madge [30] and Hamilton and Bowers [31]. Online interviewing was conducted in non-real-time or asynchronously facilitated via email, with the advantage of online recruitment possibilities, which constitute an enhanced opportunity to discuss sensitive topics with greater openness and readiness. All study respondents were invited to complete a structured inquiry consisting of a short section of sociodemographic questions, such as age, gender identity (male, female, or other), sexual orientation (gay/lesbian, bisexual, or other), nationality, education, socioeconomic status, marital status (single, married, divorced, civil union, or other), and place of residence, and a single open-ended and fundamental question: "As a lesbian, gay, bisexual (or other) self-identified person, please elaborate on how the

COVID-19 pandemic has impacted on your life.” The inquiry was expected to take around 10 min. Participants responded to this outreach online through 1 website created for this purpose, in Portuguese language (standardized for both European and Brazilian Portuguese). The first page of the questionnaire explained the study’s objectives, informed participants about how to complete the survey, their freedom to withdraw from the study, and how to contact the authors for further information if needed.

2.2 Procedures

Participants were recruited online and were invited to fill out an interview script between October 2020 and November 2020 during pandemic times. Recruitment targeted specifically self-identified sexual minority individuals and involved Internet notifications (emails and electronic messages) sent to LGB organizations in Portugal and Brazil, social networks such as Facebook, and mailing lists. Accessible online information concerning the study presented its goals and procedures and included all the principles of traditional research ethics: confidentiality and anonymity, and informed consent. Participation in the study was formalized after acknowledging the guidelines of informed consent. The interview script’s design phase (question format, content, order, number, and question delivery) led to a script with a single central open-ended question. This was a deliberate choice by the researchers, designed to meet the requirements indicated by Hsieh and Shannon [32] for subsequent data content analysis. Confidentiality was assured by using codes on data documents, encrypting identifiable data, assigning security codes to computerized records, and limiting access to identifiable information (IP address). The Ethical Committee of the University of Beira Interior (Portugal, CEUBI-Pj-2020-088) approved this study.

2.3 Analyses

The transcripts from all interviews were entered in NVivo (version 12), which is a software program used for qualitative methods research to process a rich dataset of unstructured information (like interviews). The software automates manual tasks, like classifying or organizing information. Specifically, it analyzes the unstructured text, namely, qualitative content analysis, to identify concepts that emerge from the text, subsequently linked together [33]. We adopted a conventional conceptual content analysis approach (the analysis involved quantifying and counting the presence explicit and implicit terms to examine the occurrence of selected terms in the data) that enabled us to gain direct information from participants without imposing preconceived

categories and names for the categories derived from the data [32]. The following steps for conducting the conceptual content analysis were taken: (a) we decided the level of analysis: word, word sense, phrase, sentence, themes; (b) we decided how many concepts to code for allowing flexibility to add categories through the coding process; (c) we decided to code for existence or frequency of a concept in the text; (d) we created coding rules so that similar word segments were transparently categorized in a logical fashion to provide clear distinction among concepts; (e) we developed rules for coding of the texts, to promote validity; (f) we ignored irrelevant information; (g) we coded the text using NVivo, inputting categories and having coding done automatically; and (h) we finally analyzed our results, quantifying general trends and patterns.

Trustworthiness/rigor of our study was ensured by conducting all research tasks in a precise, consistent, and exhaustive manner to enable credibility, transferability, dependability, and confirmability. COREQ compliance for this study was checked for each of the 32 criteria (rated yes/ no) by the researchers. Discrepancies in study inclusion or item ratings were resolved with the inclusion of two experts who examined all transcripts independently, thus identifying broader principal themes that emerged from the interview. These two experts then followed a “negotiated agreement” approach [34] to assess intercoder reliability, compare coding, and discuss disagreement to reconcile and reach a final version. Based on this conjoint analytic procedure, the final broader themes were organized, assessed, analyzed, and presented. The illustrative quotations used came from the online interviews and indicated each participant’s age, nationality, gender, and sexual orientation.

2.4 Participants

A convenience sample of 65 self-identified LGB individuals from Portugal and Brazil participated in this study. Thirty-two participants were from Portugal and 33 from Brazil. The average age was 34.48 years (standard deviation = 11.66), ranging from 19 to 67. Half (50.7%) of participants identified as gay or lesbian, and the other half as bisexual. In Table 6, we describe in greater detail sociodemographic information. Both samples were highly educated; most participants were single and from urban origin. The sample size was determined by thematic saturation, and we collected data from those LGBTQI individuals to which we had most convenient access.

Table 6.

Sociodemographic Characteristics of the Participants

		Portugal		Brazil			Total			
		N	%	Mean (SD)	N	%	Mean (SD)	N	%	Mean (SD)
Age				32.14 (11.05)			36.50 (12.00)			34.48 (11.66)
Gender	Male	12	18.5		22	33.8		34	52.3	
	Female	20	30.8		11	16.9		31	47.7	
Marital Status	Single	24	36.9		18	27.7		42	64.6	
	Married	6	9.2		6	9.2		12	18.5	
	Divorced	1	1.5		3	4.6		4	6.1	
	Civil union	2	3.1		5	7.7		7	10.8	
Education	Up to 12 years	11	16.9		3	4.6		14	21.5	
	University— BA	9	13.8		9	13.8		18	27.7	
	University— MA	11	16.9		12	18.5		23	35.4	
	University— PhD	1	1.5		9	13.8		10	15.4	
Place of residence	Urban	27	41.5		32	49.2		59	90.8	
	Rural	5	7.7		1	1.5		6	9.2	
Socioeconomic status	Low	2	3.1		1	1.5		3	4.6	
	Low average	14	21.5		12	18.5		26	40	
	Average	13	20		15	23.1		28	43.1	
	Average- high	3	4.6		3	4.6		6	9.2	
	High	0	0		2	3.1		2	3.1	
Sexual orientation	Gay or lesbian	18	27.7		15	23.1		33	50.7	
	Bisexual	15	23.1		17	26.1		32	49.3	

3. Results

The thematic analysis of the participants’ responses revealed 9 recurring themes, encompassing 18 subcategories to occur, as shown in Table 7. Subcategories that were mentioned less than 5 times were excluded from this analysis. The results are presented comparatively between Portugal and Brazil. The illustrative quotations used come directly from the online interviews and indicate the first name (a fictitious name assigned by the study’s authors), sexual orientation, and gender identity, age, and country of origin of each participant.

Table 7.*Key Themes Identified*

Theme	Subcategory	Portugal	Brazil
Mental health	Sadness/depression	10	7
	Anxiety/stress	12	11
	Fear/panic	8	8
	Anger	5	6
	Loneliness	6	5
Isolation	Social distancing	14	12
	Leisure impediments	9	7
Relationships	Family	8	10
	Friends	7	8
Work	Work-related problems	13	11
Education	Education-related problems	9	9
Finances	Money problems	7	9
Change	Behavioral changes	10	9
	Opportunity to grow	7	6
Coping	Seeking support	8	6
	Accessing information	7	7
	Physical activities	5	8
LGBTQI topics	Health barriers	5	5
	Going back into the closet	6	7
	Pride celebration events	7	9
	Online dating	8	7

Mental Health

LGBTQI individuals traditionally present poorer mental health indicators than heterosexual people because of sexual stigma and discrimination, as suggested by the minority stress theory [35-37]. In the scenario of COVID-19, the pandemic significantly affected our participants' mental health by creating discourses of sadness and depression, anxiety and stress, fear and panic, anger, and loneliness. These negative emotional manifestations were increased by the pandemic circumstances, given that, in some cases, self-assessment of mental health was already poor and was worsened by

the impediment of maintaining social and family support contacts, by the need to adapt to behavioral changes and permanent immersion in a threatening, dangerous environment. The uncertainty about the future, the fear of catching the disease, the fear of losing their jobs, and the anger at the criticism of the way governments managed the pandemic have created intense feelings of anxiety, yet more accentuated by loneliness.

“COVID-19 has had a very negative impact on my life because my mental health was already fragile before the pandemic; the problem is that now, due to knowing that I cannot be with my friends or family, I get much sadder. I need the touch, the kisses, and the hugs to be happier.”

—António, bisexual man, 19 years old, Portugal.

“As I belong to the risk group and have family members with whom I live daily who also do, I feel sad and hopeless when I see people not wearing a mask, and where I live, the elderly who walk around without a mask predominate. It really affects my life.”

—Thiago, gay man, 54 years old, Brazil

“It made me postpone or suspend opportunities that were about to happen, suspending my life. This creates a lot of anxiety and insecurity about the future.”

—Pedro, bisexual man, 37 years old, Portugal.

“The new job requests happen in a virtual environment, which is not at all welcoming. Besides, it creates much anxiety because I want to adapt and participate, but it is not easy. However, it is not only anxiety about the present, but also about the future, the reorganization of society and its mechanisms, an aggravated situation where one is in a condition of vulnerability.”

—Rodrigo, bisexual man, 34 years old, Brazil.

“Physical symptoms of anxiety arose, but I had a hard time noticing them and asking for medical help. Only later was it confirmed that I had anxiety, I started taking medication and took up psychotherapy.”

—Mariana, lesbian woman, 22 years old, Portugal.

“Working in healthcare, I was very overwhelmed. My grandmother had cancer, and I was afraid to visit her because of the pandemic, and she eventually passed away without my being able to live with her at the end of her life. Before the pandemic, I bought a property, and this burden has repercussions on my financial life. It has been a tough

year. Lots of stress.”

—Paulo, bisexual man, 29 years old, Brazil.

The socio-labor transformations imposed by the pandemic have created several fears, especially those of infecting the most vulnerable people around them, such as parents or grandparents, fear of becoming infected with COVID-19, fear of losing their jobs, and fear of being around people and socializing. Thus, the discourses of our participants demonstrate the greater vulnerability resulting from belonging to a sexual minority, namely, the feeling unprotected and without social support, which, in turn, generated feelings of anger.

“I am very affected by COVID-19 because I live with my elderly parents, and I am afraid they are contracting it.”

—Ricardo, gay man, 41 years old, Brazil.

“I had a drastic salary reduction that will go until December 2021 by collective agreement (for the non-dismissal of all employees). I had COVID-19 and stayed away from everything and everyone during quarantine, and I still (even after three months) have some symptoms (sequelae). I’m afraid (despite all the care) that my parents would get the disease.”

—Fábio, gay man, 42 years old, Brazil.

“I am afraid of socializing and panicked every time I was around people.”

—Cristina, bisexual woman, 33 years, Portugal.

“The pandemic has changed my whole life routine and that of my family. The fact that my country’s authorities do not take proper action to control de disease makes me angry and constantly stressed.”

—Rodrigo, bisexual man, 34 years old, Brazil.

“I feel loneliness, many difficulties in relating to people, and much stress because I have little work and many difficulties in paying the bills.”

—Luís, gay man, 36 years old, Portugal.

Isolation

LGBTQI individuals, especially the most vulnerable, such as young or older

LGBTQI individuals, are more likely to feel socially isolated due to the circumstances of marginalization and anticipation of rejection by family and friends, especially when access to available community support structures is not possible. Given that one of the prophylactic measures to contain the pandemic precisely involves the prescription of isolation and social distancing, this has had a significant impact on our participants' lives, especially on mental health, being intrinsically linked to feelings of anxiety, depression, and even suicide.

“Social isolation made life quite complicated.”

—Lara, lesbian woman, 37 years old, Brazil.

“Social isolation has considerably worsened my mental health.”

—Cristina, bisexual woman, 33 years old, Portugal.

“The existence of the disease (COVID-19) itself did not affect me much. What affected me a lot was the need for indefinite isolation at a time of drastic and important changes (going to university), uncertainties, and a lack of sharing experiences with other first-year students. It affected me a lot at the mental level.”

—João, bisexual man, 20 years old, Portugal.

“The impact of the pandemic on physical health is real and visible. The emotional impact is also real but invisible, at least in the short term, and it worries me. I am worried about people's emotional isolation. At a time when we need to feel close and supported by our own, it is when we are required to stay far away.”

—Beatriz, bisexual woman, 30 years old, Portugal.

“The pandemic had a very negative impact on me, especially at the time of the state of emergency and now that I am at home in isolation. Being closed at home and having too much free time makes me think about many things, even suicide, something that has not happened in a long time.”

—José, gay man, 32 years old, Portugal.

Several participants reported that isolation harmed previously commonplace leisure activities. Given that many of these activities were associated with maintaining physical and mental health, namely, to mediate stress, the negative impact of not having these activities causes in their lives is notorious.

“My work has been entirely at a distance since the end of March 2020, and this often leaves me exhausted because I work more than I should, and I cannot distinguish between work and leisure time. This lack of boundaries makes me constantly concerned about work and personal life at all times.”

—Joana, bisexual woman, 24 years old, Brazil.

“The pandemic prevented leisure activities that, for me, were fundamental to be able to de-stress.”

—Manoel, gay man, 59 years old, Brazil.

“As a hairdresser, I was not able to work and, at the same time, without being able to do the leisure activities that gave me pleasure.”

—Bruno, gay man, 43 years old, Portugal.

“As I live in a more rural area and with a specific work with poor contact with the public, the pandemic has only changed the way I do leisure activities. Since the beginning of the pandemic, I have been avoiding cities, shopping malls, cinema, etc.”

—Francisco, gay man, 37 years old, Portugal.

Relationships

Most participants mentioned significant relationships, especially family and friends, as areas significantly affected by the COVID-19 pandemic. The circumstances of isolation activated feelings of responsibility, fear of contagion, and maintenance of preestablished dynamics, namely maintaining physical and emotional balance.

“For me, the main impact of this pandemic was the distancing of my family.”

—Vinicius, gay man, 25 years old, Brazil.

“I do not care about myself. I care about my family. I do not mind dying, but I do not want my family members to die.”

—Helena, bisexual woman, 37 years old, Brazil.

“COVID-19 shook all structures, social, labor and economical, but the worst was at the time the lockdown was enacted, I was isolated from all my family and friends, and this brought many negative impacts to my physical and emotional health.”

—Gilberto, gay man, 36 years old, Brazil.

On the other hand, especially for younger participants, it was clear the pandemic's negative impact on maintaining friendship relationships, which were one of the primary sources of social support that LGB youth are more likely to feel [38]. The lack of maintenance of friendship relationships activated feelings of vulnerability and low self-esteem associated with others' anticipation of rejection.

"I feel like I walked away from my friends during the pandemic, and somehow I was responsible for it."

—Berta, bisexual woman, 23 years old, Brazil.

"The biggest impact I felt was at an emotional level because I stopped having the routine of going to college, not being able to see many of my friends, interact with them, and not being able to do the things I like most with them... this has been quite complicated."

—Rita, bisexual woman, 23 years old, Portugal.

Work and Finances

Workplaces can be, for most LGBTQI individuals, contexts that are not open to visibility. For this reason, many people choose to stay in the closet, hiding their sexual orientation for fear of harassment, discrimination, or oppression. The COVID-19 pandemic, coupled with wage and labor restrictions, has activated many of these fears in our participants.

"I am afraid I will be out of work. I depend on my work to survive, and the fact that I work in the primary sector as a bi-man does not help. What would be worse than being discriminated against for being bisexual? Being discriminated against for being bisexual and unemployed."

—Júlio, bisexual man, 35 years old, Brazil.

"I had to accept the company's conditions on downsizing and laying-off because at this moment, and there is no alternative. This leaves me in a very precarious situation."

—Fábio, gay man, 42 years old, Brazil

Education

The impact of COVID-19 on our participants' education stems mainly from the pandemic changes in the nature and quality of teaching-learning activities. Promptly,

governments have determined measures to stop the school/university activities or continue them in an online format.

“The lack of government actions to return to academic activities will leave permanent marks of delay in my professional curriculum.”

—Vítor, bisexual man, 25 years old, Brazil.

“My doctoral program course and all classes have moved to the online format. My fled project for doctoral research has been completely modified. I had COVID-19 and stayed away from everything and everyone and lost track of things.”

—Fábio, gay man, 42 years old, Brazil.

“Study activities have changed dramatically, I have had constant requests for online events and to publish articles, and to be bombarded with “interesting” lives, as well as invited to attend communications, and I have the willingness to participate in everything even if it is humanly impossible.”

—Rodrigo, bisexual man, 34 years old, Brazil.

Behavioral Changes

The pandemic’s behavioral changes, namely the adoption of new hygiene habits and prophylaxis of virus infection, were not easy to implement because they were not generated from intrinsic motivations but rather externally imposed by health authorities to prevent the occurrence of contagions. These circumstances have forced many of our participants to review their core value systems, although some may have been in a phase of contemplation and distanced from tangible threats.

“I was forced to review several behaviors in particular and in general, due to the severity of the problem, as well as its consequences, often unknown.”

—Hugo, bisexual man, 67 years old, Brazil.

“I had to change the way I perceive having control in life because plans change daily or are only made for the short term.”

—Fábio, gay man, 42 years old, Brazil.

Personal Growth

For many of our participants, the COVID-19 pandemic constituted an

opportunity for personal growth. From a new world organization, unfamiliar and uncertain, unpredictable, and uncontrollable, many managed to take advantage of adversity to solve chronic problems, improve health habits, or start new achievements. These participants were able to interpret and respond to the crisis with a positive attitude, relativizing and looking at difficulty, and embracing adversity, generating positive emotions integrated into their purpose of human growth.

“It all turned out to be OK because I am in telework, and it physically took me away from what disturbs me in professional terms, bad people and the bad environment in the workplace. This allowed me to feel better about myself and my abilities.”

—Luísa, lesbian woman, 30 years old, Portugal.

“I had no negative impact. On the contrary, during the pandemic, I improved my eating habits, approached some important people, started exercising regularly, and some situations (such as seeing the struggle of doctors and nurses, for example) renewed my hopes in humanity, in a way.”

—Vanessa, bisexual woman, 27 years old, Brazil.

“It forced me to change the way I relate to others. I started a new relationship in the middle of the pandemic, which has survived until now, and is now solidified, which is the best I could ask for.”

—Fernando, gay man, 28 years old, Portugal

Coping Mechanisms

Several participants mentioned the importance of seeking support to address the specific need to deal with the pandemic’s negative consequences, namely the search for physical and mental health care. Other participants mentioned the importance of keeping physical activity a fundamental strategy for maintaining physical sanity and meditation to maintain mental sanity. Limited access to COVID-19-related information was also mentioned as a valuable and effective way to mediate the pandemic’s negative impact.

“I started to have physical and psychological symptoms. At first, I was afraid to seek medical services due to hospitals’ barriers and fear of catching COVID-19. However, then I was able to make an appointment and started taking medications and doing psychotherapy, which has helped a lot to deal with various issues.”

—Nuno, gay man, 22 years old, Portugal.

“I live in a house, and I practice slackline on the outside. Therefore, physical activities were not impacted, and this has helped me feel good. I value contact with nature, plants, and trees. Although there is social isolation, I have plenty of space to walk around. Nature calms me down. Besides, I practice meditation, and this also contributes to being relaxed in the face of difficulties. I watch little and selected news, and this selectivity of information helps me feel good. I try to focus on the solutions, avoiding putting the problem bigger than is necessary.”

—Roberto, gay man, 27 years old, Brazil.

LBGTQI Topics

Participants mentioned specific aspects of the impact of COVID-19 on their lives as sexual minority people due to social inequalities that they face, which may harm their well-being, as it is likely that people most marginalized by society due to their minority sexual status will have more difficulties in adapting to new circumstances. This reflects fewer resources, fewer traditional sources of social support, and constant exposure to adverse social circumstances characterized by discrimination and social exclusion. Some participants mentioned the difficulties in accessing health care, not only because they were afraid of the COVID-19 infection that could occur when going to the hospital/health center but also because they had some specific pathology, for example, HIV, which involved greater visibility of their sexual orientation, thus anticipating increased stress. Other participants expressed their frustration at the cancellation of LGB pride celebration events and activities. These are moments of affirmation of minority sexual identities that lack constant visibility. The fact that they could not be carried out for epidemiological reasons has also generated some fear about the strengthening of invisibility and hate discourses toward LBGTQI individuals.

On the other hand, it was mentioned by some participants that, in this pandemic circumstance, they were forced to return to the closet, either explicitly or implicitly, for example, when they had to return to live at their parents, and the topic of sexual identity was found to be a taboo. Job hunting as an LGB person also created fears about being discriminated against at the workplace. Finally, some participants reported specific difficulties in the search for sexual or meaningful relationships. Although it was easy to establish contacts through online dating sites or apps, the pandemic imposed physical barriers that were not easy to manage and put in standby many loving expectations.

“Being HIV positive and therefore with immunity problems, I was afraid that getting

COVID-19 would be a death sentence for me. So, I did not leave the house and even let the antiretroviral medication run out. Fortunately, it was possible to have it delivered to my house, which prevented me from going out.”

—Cláudio, gay man, 31 years old, Portugal.

“I was very sorry that all LGB pride celebration events had to be canceled. These are significant moments for LGB activism, a time of celebration and joy, and the affirmation and strengthening of minority identities that cannot be forgotten and deserve to be dignified. I hope that soon everything will be able to return to normal.”

—Inês, lesbian woman, 26 years old, Portugal.

“Unfortunately, I lost my job and ran out of money to pay for rent and had to go back to my parents’ house, who never accepted my being gay. We live in a tense environment where nobody talks. I had to go back into the closet, and I feel like I am 16 again. Backsliding like this is very bad.”

—Guilherme, gay man, 38 years old, Brazil.

“It is a paradox, nowadays, social networks bring us closer, but with the pandemic, you cannot do much with it. I have made some contacts, I would like to get a girlfriend, but then it was so challenging, if not impossible, to have a date. The fears that the pandemic brings are very frustrating.”

—Jéssica, lesbian woman, 26 years old, Brazil

4. Discussion

This study aimed to understand the psychosocial impacts of the COVID-19 pandemic on Portuguese and Brazilian LGBTQI individuals. General results show different themes emerged: mental health, isolation, relationships, work, education, finances, changes, coping, and LGBTQI topics. These results corroborate with others, in which LGBTQI individuals are also suffering from more significant psychosocial stressors during the pandemic [17,39-41]. Understanding these results is especially important since these stressors can further increase physical and mental health disparities in an already vulnerable population due to oppression from a discriminatory social environment [25,35,36,42].

Mental Health

The LGB population is one of the groups most affected by COVID-19 [17]. These

individuals were already at a social disadvantage due to sexual stigma, prejudice, and society's discrimination against their sexual orientation [43] which negatively impacts their mental health [35,36]. Moreover, LGBTQI individuals have a higher prevalence of problems related to mental health functioning, [25] including higher levels of depression, anxiety, and suicidal ideation, [44,45] compared to their heterosexual peers [46]. Thus, our study results are in line with the existing literature that shows that the emergence of the COVID-19 pandemic and the adoption of lockdown measures to contain it has aggravated LGBTQI individuals' mental health [14]. Some participants still mentioned the difficulties in accessing health care, mainly by those who had some pathology, such as HIV. According to the OutRight Action [47] report, sexual minority people without antiretroviral treatment are at risk of contracting the most severe cases of COVID-19. Fear and concerns about how they would be treated, anticipated stigma, discrimination, and isolation were also associated with the delay in seeking health care [47], which contributed to the negative impact on their physical health as well [48].

Isolation

The adoption of COVID-19 lockdown measures led to a reduction in contact with family and friends by the participants in this study. The fear that their family and friends would be infected with the new coronavirus [49] may have affected these relationships' maintenance. Moreover, adopted measures resulted in feelings of loneliness and rejection in the sample, which led to depressive and anxiogenic symptoms [50]. Since the pandemic caused many LGB individuals to have to stay at home longer or move in with family members [51], some participants pointed to their need to return to the closet and deal with family stress. This was because many sexual minority people tend to suffer from prejudice and rejection from their own families [52], with increased conflictual dynamics [51]. During the pandemic, a hostile family climate was associated with higher levels of depression and anxiety [53].

Relationships

Additionally, LGB individuals had less contact with LGB community systems [54] and the cancellation of pride events seems to have negatively affected some of our participants. This is of relevance, insofar as pride celebration events have been proved to be an essential resource for resilience, connection, and support for sexual minority people [42], being associated with higher levels of overall wellbeing [36,55]. The search for sexual or significant relationships was also affected, which, according to Sanchez et al [39], is a concern since intimate relations are generally considered protective for

mental and physical health and relationships [56,57]. Finally, lockdown also prevented our participants from taking part in leisure activities, such as going to the cinema, traveling, or going to the gym, which harmed their lives since these activities promote the overall quality of life [58].

Work and Education

The LGB population is subject to a stressful social environment created from sexual stigma, prejudice, and discrimination, often exhibiting feelings of internalized shame about their sexual identity [59] which can also occur at the workplace [51]. In a study by Pereira and Costa [25] 24% of the sample participants stated that they felt the need to hide their sexual orientation in the workplace to avoid discrimination experiences. According to the literature [60,61], financial problems severely affect the LGB community, especially in Brazil. For example, in a Brazilian study of about 10,000 LGBTQI individuals, 1 in 5 participants reported not having any income due to the pandemic, with 4 out of 10 being unable to survive without a salary for more than 1 month [62]. This seems to reflect how the heteronormativity model imposed by society [43] may have harmed the participants in this study [63]. The COVID-19 pandemic led governments to shut down several educational establishments and continue teaching activities in an online format. However, distance learning tends to exacerbate existing inequalities since not all students have the necessary and quality equipment to take classes online [64]. Also, many teachers and professors felt overwhelmed and needed to learn, in a short time, how to use digital platforms [65], which may have negatively influenced the learning outcomes of those of our participants who were students [66].

Change and Coping

Despite the difficulties and stigma experienced by LGBTQI individuals in this study, the pandemic's behavioral changes led many participants to reflect on their life values, manage to respond to the crisis positively, embrace adversity, and focus on their personal growth. Many have adopted strategies such as seeking physical and mental health care, exercising, meditating, and maintaining limited access to information related to COVID-19 to lessen the negative impact of the pandemic and maintain good physical and mental health levels. This positive outlook may be linked to the participants' sense of belonging in their minority category and resilience [67], which helped identify a certain level of positive marginality [68]. Coherence with their marginal status helped build a sense of authenticity and well-being, enabling the pandemic crisis to create higher resilience levels [69].

LGBTQI Topics

Our results suggest that the COVID-19 pandemic has impacted LGBTQI individuals in unique ways due to the presence of negative emotional concerns among Portuguese and Brazilian participants that led them to perceive barriers when accessing health services, to be forced to go back into the closet, to not be able to attend pride celebration events, and dealing with limitations when dating online. These psychosocial circumstances may have increased the existing vulnerabilities of this population. Our study confirms previous data from Portugal and Brazil [70,71] concerning the impact of COVID-19 among LGBTQI population on mental health and work-related quality of life, and this may have conditioned the access to health care services, through the anticipation of rejection and fear of the disease. On the other hand, the fact that many families do not accept their LGBTQI family members, led many of our participants to go back into the closet, and this is not without relevant psychosocial consequences, such as LGBTQI identity erasure on the existing heteronormative culture and exposure to sexual stigma [72]. Also, the cancelling of all LGBTQI pride celebration events negatively affected our participants significantly, because these events constitute a single opportunity to promote visibility, empowerment, and community support [73]. Finally, being forced to stay at home made LGBTQI individuals to be more exposed to the risk of social isolation and lack of dating interaction, with a drastic decrease of regular sexual and relational activities and an increased risk of sexual and relational activities under the effect of illicit substances [74], and sexual and intimate partner violence [75]. Therefore, the COVID-19 pandemic led to a long-lasting exposure to adverse circumstances among LGBTQI individuals in Portugal and Brazil.

5. Limitations and Future Directions

This study is not without limitations. The first one refers to the transversal nature of the study. As the pandemic's future is still uncertain and people are usually influenced by their environment [76], individuals' perceptions can be altered according to their success. In this sense, it would be helpful to investigate psychosocial impacts' perception over time in a longitudinal study that could contribute to the long-term understanding of issues sensitive to the LGBTQI community during and after the COVID-19 pandemic, as well as its psychosexual health consequences. The pandemic's effect on psychosexual health and deprivation of "social touch" remains unknown among LGBTQI individuals but is critically detrimental to well-being [77]. As COVID-19 is a highly contagious infection, this has led to doubts relating to how sexual

relationships, sexual health, and sexual well-being can be affected. Given the qualitative nature of this research, we decided not to separate the results by sexual orientation or nationality, considering that, in general, all participants represent a sexual minority subject to discrimination and social stigma [35,36]. However, in future studies, it would be intriguing to compare the specificities of each of the sexual minority's categories, as in the case of bisexuals, who, because of the double stigma effect, may suffer more from significant psychosocial stressors, which affect their physical and mental health [78]. Or, in the case of Brazil's society being so violent toward sexual minority people, in future studies, it would be helpful to examine these exacerbated influences in the psychosocial well-being of LGBTQI individuals. Compared to the traditional qualitative studies which use a semi structured interview guide, we have used a single open-ended question with the lack of a person-guided interview. Also, as it was purely online, there were no chances of probes or memos which could have further elaborated the rich contextual information. Finally, the study was composed of single, middle-class participants with university training and from urban environments, thus not being representative of all LGBTQI individuals in Portugal and Brazil. Despite this, the sample size and the rigor of analysis reinforce our intention to put the voice of this minority group on the social agenda so that their perceptions on the psychosocial impact of COVID-19 in their lives are heard. In future studies, it would be convenient to add larger and more representative samples, which would contribute to the adoption of relevant policies to promote the fundamental rights of sexual minorities in times of COVID-19 pandemic.

6. Conclusions and Implications

This study provides an important contribution to current knowledge of the psychosocial factors resulting from the pandemic that impacted LGB individuals in Portugal and Brazil. The COVID-19 pandemic poses specific challenges exacerbated by stigma and sexual discrimination and amplifies social inequalities [47,79] LGBTQI individuals are at increased emotional and social risks during the ongoing pandemic, and their voices are mostly unheard. Hence, there is a need for policy implementation and community awareness about their social welfare and this is vital to improving their health and well-being [80,81]. Despite this, several participants proved to be positive, resilient, and determined to their personal growth, which is an essential factor in strengthening the LGBTQI community.

Given that the consequences of COVID-19 may extend over time, it is necessary to place this population in the center of pandemic strategies, maintain organizations

that represent LGB rights, physical, mental, and specific, educational health services, as well as other social support networks (food, safe shelter, etc.) available during the pandemic [47,82]. It is also important to reach both inside and outside the LGBTIQ communities to increase efforts to mitigate the negative impact already existing and enhanced by the pandemic.

Portugal has transitioned from repressive and exclusive environments for LGBTIQ individuals to more accepting and inclusive ones and is among a handful of countries in the world that have enshrined in their constitutions the prohibition of discrimination on the grounds of sexual orientation. Nonetheless, Portuguese society is still restricted by negative societal attitudes toward LGBTIQ individuals, and our results are consistent with accumulating data indicating that psychosocial quality of life can be diminished due to exposure to social discrimination [83], and policymakers in Portugal need to be particularly aware of LGBTIQ people's needs in their social inclusion decisions, currently scarce in both Portugal and Brazil.

With a rich religious history of Catholicism juxtaposed with a sexually liberal public, Brazil interacts with its LGBTIQ community in a very distinct and often conflicting manner. Being the worst transgressor of LGBTIQ rights in the world, Brazil has operated in a paradoxical situation where it is also a world leader in the campaign for LGBTIQ rights [84]. Therefore, our results can be seen a catalyst for the Brazilian LGBTIQ human rights discourse and raise awareness to the necessity of more effective measures to end anti-LGBTIQ violence.

To begin addressing this omission, this study documented the psychosocial impacts of COVID-19 pandemic on LGB people living in Portugal and Brazil, but more research is needed, namely, the inclusion of transgender, intersexed, and queer individuals to address psychosocial disparities among these groups. In addition, quantitative research is needed to address the needs of LGBTIQ individuals that could translate into more inclusive policy measures, namely, innovation when implementing local and global actions to protect LGBTIQ individuals and facilitating the improvement of their overall levels of quality of life and psychosexual health during and after the COVID-19 pandemic.

Still, these data add to the international discourse on stigma among sexual minority persons during the COVID-19 pandemic. Furthermore, our results facilitated dialogue, questioning sources of oppression, and promoting of values which among Portuguese and Brazilian cultures are committed to social change for this group of people, ensuring the implementation of prejudiced-free practice guidelines in these 2 countries and others.

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Chapter 3. General Discussion

The human being is also a social being, and isolation, detachment and confinement have had psychological and emotional consequences for the majority of the population, forcing constant adjustments and daily changes that have distanced individuals (Tull et al., 2020). Thus, the theme of the pandemic COVID-19, presents itself as a pertinent and current theme for the development of investigations in Psychology. The first study presented was intended to assess the impact of the COVID-19 pandemic on the perception of WRQoL due to sexual orientation. Since the COVID-19 pandemic is a recent and exceptional phenomenon, it is necessary to understand its psychosocial consequences, to know the psychological, emotional, and social effects.

The results and conclusions obtained in this study were expected, in the sense that they agree what was previously found in the literature about WRQoL. In this investigation, there was also a disadvantage of sexual minorities, namely bisexual participants about the perception of WRQoL and related dimensions, such as general well-being, home-work interface, and higher levels of stress at work. On the other hand, gay and lesbian participants, showed lower levels of satisfaction with their careers and lower work conditions. We understand from these results that work contexts are still influenced by heteronormativity, which may increase prejudice towards sexual minorities (Farkas & Romaniuk, 2020).

Likewise, the results obtained showed higher levels of negative impact of COVID-19 on bisexual participants, which may be related to the results of lower levels of general well-being and overall WRQoL. While the lower levels of negative impact of COVID-19 on heterosexual participants, it may be related to the fact that they belong to the sexual majority, not being so exposed to prejudice and stigma of sexual orientation, and thus not constituting a vulnerable group, in the sense in presenting psychological and emotional suffering (Salerno, Williams, et al., 2020).

As the literature indicates, and as shown by the results obtained in study in the first chapter, sexual minorities had a greater negative impact of COVID-19. Like study one in chapter two portrays a qualitative investigation, developed with the purpose of understanding the psychosocial impacts of the COVID-19 pandemic on LGBTQI populations residing in Portugal and Brazil. Through the results, a set of themes emerged from the participants' responses, related to mental health, isolation, relationships, work, education, finances, change, coping and LGBTQI topics. In general, the themes emerging from this investigation are in line with the literature, finding significant psychosocial effects during the pandemic in sexual minorities, so the pandemic seems to have accentuated the pre-existing disparities between social groups

(Salerno, Devadas, et al., 2020).

Through these two studies, it is understood that sexual minorities are exposed to an environment of stigma and prejudice that tends to have negative impacts on their mental and physical health. The COVID-19 pandemic, through the containment measures taken to prevent the spread of the virus, caused psychosocial consequences, such as isolation and social distance, which reduced the individual and community support network of many LGBTQI people (Barrientos et al., 2021). Thus, the pandemic may have accentuated pre-existing disparities, in the sense that it increased the risk of developing mental health problems, associated with psychological and emotional suffering, which decreased well-being and quality of life in general, particularly of sexual minorities (Farkas & Romaniuk, 2020).

To conclude, the studies exposed throughout this dissertation, analyse the impact of COVID-19, as a situation of vulnerability, from a sexual orientation perspective, and its conclusions highlight the inequalities experienced by sexual minorities. Thus, and despite the growing mentality changes in socio-political contexts, the disparity between sexual orientations is still evident, which places sexual minorities in invisibility, increasing the risks of developing psychological and emotional problems and pathologies. In this sense, scientific research assumes a role of responsibility, in the development of studies that seek to identify the problems and needs adjacent to minority social groups, placing them in a prominent place and through which it is possible to develop responses and solutions based on equality, equity and respect. Likewise, the negative impact of the COVID-19 pandemic, associated with psychosocial consequences, demonstrated the lack of resources to protect mental health and psychological support, not only in minority groups, but also in the general population. Thus, with the exposed themes, an attempt is made to develop an awareness of the needs of minority social groups such as the LGBTQ population, as in the general population.

This dissertation is developed as a partial requirement for obtaining a Master's Degree in Clinical and Health Psychology, so the main objective of this work was the development of scientific research skills in the field of Psychology. According to the Europsy – European Certificate in Psychology (2015) training psychologists are required to obtain their Professional Certificate, the development of scientific research skills through the development of a research project.

In this regard, I believe that this dissertation has acquired scientific research skills in the field of Psychology through different stages of the process research, such as the elaboration of a research project, systematic literature review, data collection and analysis, selection of methodologies, deepening of knowledge of quantitative and

qualitative investigative approaches, development of scientific writing and communication of results. One of the skills required in the performance of Psychology and specifically within the scope of scientific research with human themes, which I consider to be an indispensable skill, was the consideration of ethical and deontological issues, such as voluntary participation, confidentiality, and anonymity of data.

Given that both studies presented in this Dissertation were submitted and published in scientific journals, this work allowed contact with the scientific publication process, allowing a knowledge of each stage and the deepening of scientific rigor and demanding skills.

In conclusion, it is important to highlight the relevance of scientific research for the advancement of knowledge and consequently the development of awareness for disadvantaged social groups, offering visibility to these populations, so that the mentality of socio-political contexts increasingly values equality and respect. Thus, scientific research in Clinical and Health Psychology allows the development of competent psychological interventions in the promotion of psychological well-being and mental health.

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ANEXOS

Article

Assessing the Impact of COVID-19 on Work-Related Quality of Life through the Lens of Sexual Orientation

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Abstract: In the face of the COVID-19 pandemic and the exceptional situation that has been experienced on a global scale since 2020, it is essential to assess the impact of COVID-19 in several areas and domains. Therefore, this research seeks to evaluate the impact of COVID-19 on work-related quality of life (WRQoL) in a Portuguese-speaking sample, through the lens of sexual orientation. One thousand, five hundred and seventy-seven individuals participated in this study, of which 1396 (88.5%) self-identified as heterosexual, 95 (6.0%) as gay or lesbian, and 87 (5.5%) as bisexual. Participants responded to the “Work-Related Quality of Life” scale, the “Fear of COVID-19” scale, and the “Negative Impact of COVID-19” scale. Bisexuals scored higher on “Fear of COVID-19” and “Negative Impact of COVID-19” than heterosexual, and gay, or lesbian participants. Differences between sexual orientations for all dimensions of WRQoL were found: heterosexual participants scored higher on general well-being, home–work interface, career satisfaction, working conditions, and lower on stress at work, compared to bisexual, and gay, or lesbian participants. Gay or lesbian participants scored lower than heterosexual and bisexual participants on career satisfaction and working conditions. Sexual orientation, the fear of COVID-19, and the negative impact of COVID-19 were significant predictors of overall WRQoL (explaining 13% of variance). Moderation analysis also showed that sexual orientation is a significant moderator of the association between the fear of COVID-19, the negative impact of COVID-19, and WRQoL. LGB people (especially bisexuals) suffer more severe impacts of COVID-19 and have lower WRQoL than heterosexual people. Inevitably, this has consequences in terms of mental health and overall quality of life for sexual minorities, thus reinforcing the need to adopt inclusive policies in organizations and companies to improve their WRQoL.

Keywords: COVID-19; work-related quality of life; sexual orientation



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1. Introduction

Performing a work-related activity is an essential component of one's sense of identity and self-efficacy [1], affecting subjective perceptions of overall quality of life [2]. It is closely associated with goals, perspectives, and life projects. The attributed importance of having a job is a crucial factor to achieving and maintaining physical and mental health, positive social competencies, life satisfaction, productivity, social status, environment, and social relations, and access to material goods [3], thus the concept of work-related quality of life (WRQoL).

WRQoL has only recently been recognized by companies and organizations as a fundamental aspect of their workers' well-being and satisfaction [4]. To this extent, organizations that show a particular concern with the WRQoL of their employees tend to demonstrate a more humanized approach, conferring more responsibility, professional autonomy, personal development, and personal growth to their collaborators [4,5]. Therefore, WRQoL can be seen as a multidimensional and dynamic psychological construct [6],

directly related to individual and situational characteristics [7], which encompasses a set of worker characteristics and specific aspects of the organizational context [5,8]. Perceived levels of WRQoL are usually related to job satisfaction, safety conditions, organizational climate [1,5], interpersonal relationships in the organization, remuneration [7], autonomy and responsibility, and achievement of results [3,6]. However, they may also be influenced by different psychosocial dynamics in the workplace, such as discrimination against sexual minority workers.

In Portugal, the socio-political inclusion of sexual minorities has been a progressive process, with significant changes in Portuguese legislation regarding equal rights for sexual minority people. To this extent, the approval of a same-sex marriage law in 2011 or the adoption by same-sex couples' law in 2016 [9,10] place Portugal in an inclusive and integrative position regarding sexual minorities' rights. However, the social reality is still influenced by a strong conservatism mainly related to the predominantly Catholic religion [11,12], which endorses heteronormativity, disqualifies homosexuality, and favors the manifestation of homophobic attitudes, sexual stigma, prejudice, and discrimination [10], consequently generating significant losses in mental health and quality of life for sexual minorities [13]. Hence, it is clear that there is a contrast between inclusive legislation that has progressed toward the integration of sexual minorities and the conservatism of social reality that undermines its affirmation [14].

This is also the case concerning the Brazilian socio-political context, characterized by a strong conservatism, being one of the world's countries with the highest rates of hate crimes attributed to homophobia [15]. Sexual minorities in Brazil tend to be trapped in a climate of insecurity, hostility, and violence. Specific laws that defend lesbian, gay, and bisexual (LGB) rights and the criminalization of hate crimes against sexual minorities have not yet been implemented [16]. Thus, the urgency to enforce social policies that defend Brazil's LGB community's integrity and respect becomes evident [17]. The presence of heterosexual hegemony as the dominant sexual paradigm in these societies often reduces LGB individuals' access to essential resources, such as education, career opportunities, and social, medical, and political support [18,19].

In organizational and work contexts, it has been found that belonging to a sexual minority can represent a disadvantage in accessing career opportunities and senior positions, and an increased likelihood of exposure to experiences of discrimination due to their sexual orientation [20]. Sexual orientation affirmation has relevant implications for the organizational and professional experiences of LGB people, leading them to frequently omit to mention their sexual orientation in favor of social acceptance [21], which violates one of the fundamental rights of freedom [19]. These aspects are necessarily associated with negative consequences for self-esteem, professional self-confidence, occupational stress [22], and job satisfaction [6,23,24], causing significant risks to mental health and WRQoL [20]. Sexual diversity in work organizations highlights ethics, organizational justice, equity, diversity policies, job satisfaction, and well-being [25]. Nevertheless, what happens in work organizations is in line with what happens in the socio-political context. Some guidelines defend and accept sexual diversity in organizations; however, these policies may not effectively reduce existing discrimination and prejudice in the workplace [22].

The current worldwide pandemic situation due to the new coronavirus, SARS-CoV-2 or COVID-19, is related to an infectious viral disease that mainly affects the respiratory airways [26]. The pandemic began in China in late 2019 and was rapidly declared a significant public health concern worldwide [27]. The pandemic resulted in a global health crisis, and as of March 2021, around 127 million people have been infected [28]. In Portugal, the first recorded cases emerged in early March 2020. In that month, a state of emergency was declared through a general lockdown as well as the adoption of several measures to contain and prevent the virus's spread [29]. In Brazil, the first cases were registered in February 2020, and in that same month, the country declared a State of Public Health Emergency of National Importance [30]. Inevitably, this situation has had significant

impacts in several social and economic areas, including occupational health and work conditions [19,31,32].

Despite the scarcity of studies on this topic, research shows that in other pandemic situations, such as HIV/AIDS, sexual minorities presented decreased results of WRQoL and more significant risks associated with their mental health [33]. These results may be due to the accumulation of stigmatizing barriers, namely, prejudice concerning the disease and their sexual minority status [34,35]. In the COVID-19 pandemic, like most people, sexual minorities have also suffered from job loss [36,37], and organizational and financial problems during the pandemic [19,38], leading to negative emotional consequences [19], due to stress associated with economic issues, unemployment, social isolation, and low WRQoL [39]. Sexual minorities typically suffer from vulnerabilities and disadvantages in the workplace, which can be exacerbated in an adverse situation such as the COVID-19 pandemic [23,40].

The necessary policies to combat the spread of COVID-19, such as social isolation and lockdown measures, have had relevant implications for work conditions. Understanding how these abrupt emergent changes affected WRQoL is of the utmost importance. For example, COVID-19 has fundamentally changed workplace geographies, with large proportions of people working from home [41]. Nevertheless, the opportunity to do so may be unevenly distributed, and socially disadvantaged groups may not have the ability to work from home if they choose. COVID-19 poses risks and changes for workers, workplaces, and work practices that are likely to result in disparate effects. Therefore, it is necessary to understand the importance of moderating factors, such as sexual orientation, in the aggravation of the impact of COVID-19 on WRQoL. Previous studies have explored the moderation effect of sexual orientation on health-related outcomes, consistently reporting that heterosexual people presented higher protective effects than gay or lesbian and bisexual people [42–44], but no studies were found concerning the moderation effect of sexual orientation on WRQoL, especially with Portuguese-speaking samples. Given that the current pandemic situation is still a public health concern in Portuguese-speaking countries, it is vital to give more disadvantaged social groups, such as LGB people, proper attention, and understand the extent to which the pandemic can aggravate existing frailties.

This study aims to assess the impact of COVID-19 on WRQoL, through the lens of sexual orientation. More specifically, the following objectives were posed: (a) to compare differences in WRQoL and the impact of COVID-19 according to sexual orientation; (b) to assess the predictive effects of the independent variables (“Sexual Orientation”, “Fear of COVID-19” and “Negative Impact of COVID-19”) on all six dimensions of WRQoL; and (c) to assess how the fear of COVID-19 and the negative impact of COVID-19 predicting WRQoL is moderated by sexual orientation. To address these objectives, the following hypotheses were posited: (1) sexual minority participants show lower levels of WRQoL than heterosexual participants; (2) sexual minority participants show higher levels of fear of COVID-19 and negative impact of COVID-19 than heterosexual participants; (3) sexual orientation, fear of COVID-19, and negative impact of COVID-19 are significant predictors of WRQoL; and 4) sexual orientation is a significant mediator of the association between the fear of COVID-19 and negative impact of COVID-19, and WRQoL.

2. Materials and Methods

2.1. Sociodemographic Questionnaire

We questioned participants about their age, marital status, education, socioeconomic status, professional status, residence, and self-assessment of sexual orientation within three categories (heterosexual, bisexual, and gay or lesbian).

2.2. Fear of and Negative Impact of COVID-19

The fear of COVID-19 scale was developed by Ahorsu et al. [45], and encompassed seven items, ranging in score from 1 to 5 as measured by a Likert-type scale, with higher scores meaning a greater fear of COVID-19 [42]. Examples of questions are as follows: “It

makes me uncomfortable to think about corona,” “When I watch news and stories about corona on social media, I become nervous or anxious,” or “I am afraid of losing my life because of corona.” The negative impact of the COVID-19 scale allowed measurement of the participants’ perception of the negative impact that the pandemic has had on their lives [46]. It consisted of ten items related to the various psychosocial functioning areas, ranging in score from 1 to 5 as measured by a Likert-type scale, with higher scores meaning the more significant negative impact of COVID-19 [41]. Samples of questions are as follows: “Compared to my life before the COVID-19 pandemic, . . . had a negative impact . . . on my professional or academic life, . . . on my family life, . . . on my financial life.” The internal consistency obtained was $\alpha = 0.87$ for both scales, indicating excellent reliability [47].

2.3. Work-Related Quality of Life

This survey comprises 23 items that assess the participants’ perception of their WRQoL in their institution or organization [48], as measured through six psychosocial sub-factors: general well-being (feelings of happiness and satisfaction with life), home–work interface (the relationship and balance between personal and professional life), career satisfaction (level of satisfaction with their career and work), control at work (level of perceived control in the execution of professional tasks in the work environment), working conditions (related to working conditions, safety, and resources that the person has in his/her workplace), and stress at work (related to the level of stress that the person perceives related to his/her work) which was reversely coded. A 24th item, “I am satisfied with the overall quality of my working life,” was included to provide an outcome variable for measuring overall perceptions of WRQoL. Respondents were required to answer the questions on a 5-point Likert-type scale (1—“Strongly disagree”; 5—“Strongly agree”). Internal consistency was excellent ($\alpha = 0.92$) [47].

2.4. Sample

A convenience sample of 1577 Portuguese-speaking participants over 18 years old, with a professional (such as a work contract) or academic (such as university enrollment) status, participated in this study. After testing for homogeneity for sociodemographic characteristics between the Portuguese and Brazilian samples, we decided to consider a single sample in the present study.

Table 1 shows that the majority of participants were Portuguese ($N = 1221$, 76.8%), women ($N = 990$, 62.8%), heterosexual ($N = 1396$, 88.5%), and ranged in age between 18 and 74 years ($M_{\text{age}} = 33.70$, $SD = 12.97$). Regarding sexual minorities, the sample is composed more of gays or lesbians ($N = 95$, 6%) than bisexuals ($N = 87.5.5\%$), and the majority of bisexuals identify as women. The majority of participants are employed ($N = 774$, 49.1%) or studying ($N = 418$, 26.5%).

We carried out this research through an online webpage between October and December 2020. Participation was voluntary, and participants were referred to a linked website explicitly created for this investigation. The first page of the questionnaire explained the study’s objectives and informed participants about how to fill it in, withdraw from the study, and contact the authors for more information. Participants also read and agree to an informed consent waiver.

We sent about 8000 notifications, and 1577 participants responded voluntarily (19.71% response rate). The survey distribution complied with all of the ethical principles of informed consent, anonymity, and confidentiality. We offered neither rewards nor other incentives. Inclusion criteria included being older than 18 years of age and being a Portuguese native speaker (from Portugal or Brazil). We obtained ethical approval for this study from the Ethics Committee of the University of Beira Interior, Portugal (code CEUBI-Pj-2020-088).

Table 1. Sociodemographic Characteristics by Sexual Orientation (N = 1577, M_{age} = 33.70, SD = 12.97).

Variable	Categories	Subcategory	N	%
Sexual Orientation				
Gender	Women	Heterosexual	919	92.9
		Gay or Lesbian	23	2.3
		Bisexual	48	4.8
	Men	Heterosexual	482	82.5
		Gay or Lesbian	68	11.6
		Bisexual	34	5.9
	Other	Heterosexual	0	0.0
		Gay or Lesbian	0	0.0
		Bisexual	3	100
	Nationality	Portuguese	Heterosexual	1108
Gay or Lesbian			57	4.6
Bisexual			46	3.9
Brazilian		Heterosexual	287	78.3
		Gay or Lesbian	38	10.4
		Bisexual	41	11.3
Sexual Orientation	Heterosexual	1395	88.5	
	Gay or Lesbian	95	6.0	
	Bisexual	87	5.5	
Marital Status	Single	Heterosexual	755	84.5
		Gay or Lesbian	68	7.6
		Bisexual	71	7.9
	Married	Heterosexual	396	96.7
		Gay or Lesbian	4	1.0
		Bisexual	10	2.3
	De facto Union	Heterosexual	144	86.9
		Gay or Lesbian	18	10.6
		Bisexual	4	2.5
	Divorced	Heterosexual	87	93.3
		Gay or Lesbian	3	3.3
		Bisexual	3	3.3
	Widower	Heterosexual	13	92.3
Gay or Lesbian		1	7.7	
Bisexual		0	0.0	

Table 1. Cont.

Variable	Categories	Subcategory	N	%	
Professional Status	Unemployed		35	2.2	
		Heterosexual	28	79.4	
		Gay or Lesbian	3	8.8	
			Bisexual	4	11.8
	Student			418	26.5
		Heterosexual		363	86.8
		Gay or Lesbian		16	3.9
			Bisexual	39	9.3
	Employed/Student			185	11.7
		Heterosexual		155	84.0
		Gay or Lesbian		14	7.7
			Bisexual	16	8.3
	Self-Employed			132	8.4
		Heterosexual		118	89.2
		Gay or Lesbian		6	4.6
			Bisexual	8	6.2
	Employed			774	49.1
		Heterosexual		703	90.8
		Gay or Lesbian		53	6.8
			Bisexual	18	2.4
Retired			22	1.4	
	Heterosexual		18	80.0	
	Gay or Lesbian		2	10.0	
		Bisexual	2	10.0	
Other			11	0.7	
	Heterosexual		11	100	
	Gay or Lesbian		0	0.0	
		Bisexual	0	0.0	

2.5. Data Analysis

We performed descriptive statistics to describe the sample (mean, standard deviation, frequencies, and percentages). We conducted one-way ANOVAs to evaluate differences between comparison groups, in this case, between different sexual orientations, to assess the differences in relation to WRQoL, fear of COVID-19, and negative impact of COVID-19. We conducted a Pearson correlation coefficients analysis to assess the association between the fear of COVID-19, the negative impact of COVID-19, and WRQoL. We also conducted a hierarchical linear regression analysis to examine the effects of independent variables ("Sexual Orientation", "Fear of COVID-19, and "Negative Impact of COVID-19") on the dependent variables (WRQoL and respective dimensions). Finally, a moderation regression model was used to test the hypothesized moderation effect, in which sexual orientation was a mediator that interferes with the underlying mechanism of the relationships between the fear of and negative impact of COVID-19, and WRQoL. To avoid type I errors, Bonferroni correction tests were run. All statistical procedures were conducted using the statistical package for social sciences (SPSS—version 26) and PROCESS procedure for SPSS (Version 3.5.3).

3. Results

3.1. Overall Results for the Fear of COVID-19, the Negative Impact of COVID-19 and WRQoL

Table 2 presents the descriptive statistics for all variables under study (mean, standard deviation, maximum, minimum). In general, the sample scored close to the median, except for the “Fear of COVID-19” variable, which scored slightly below the median, indicating lower levels of fear of COVID-19. As for the dimensions of WRQoL, all scores were above the median (work stress being reversely coded), with slightly higher levels of career satisfaction.

Table 2. Overall results for the fear of COVID-19, negative impact of COVID-19, and WRQoL.

Variables	M	SD	Min	Max
Fear of COVID-19	2.45	0.84	1.00	5.00
Negative Impact of COVID-19	2.60	0.88	1.00	5.00
General Well-being	3.37	0.83	1.00	5.00
Home–Work Interface	3.48	0.91	1.00	5.00
Career Satisfaction	3.60	0.69	1.00	5.00
Work Control	3.43	0.79	1.00	5.00
Work Conditions	3.50	0.85	1.00	5.00
Work Stress	2.90	1.00	1.00	5.00
Overall WRQoL	3.40	0.96	1.00	5.00

3.2. Results for All Variables by Sexual Orientation

Table 3 shows results for all main variables under study by sexual orientation, to assess whether there are differences between sexual orientations for the fear of COVID-19, the negative impact of COVID-19, and all subscales of WRQoL. We found significant differences ($p < 0.05$) for all variables except “work control.” Bisexual participants scored higher on the fear of COVID-19 and the negative impact of COVID-19. Heterosexual participants scored higher on all dimensions of WRQoL. Gay or lesbian participants scored lower than did heterosexual participants, but higher than bisexual participants on “Fear of COVID-19”, “Negative Impact of COVID-19”, and most WRQoL variables, including overall WRQoL.

Table 3. Results for all variables by sexual orientation.

Variables	Heterosexual	Bisexual	Gay or Lesbian	F	p
	M (SD)	M (SD)	M (SD)		
Fear of COVID-19	2.42 (0.83)	2.71 (0.83)	2.58 (0.94)	6.014	0.003 *
Negative Impact of COVID-19	2.55 (0.86)	3.01 (0.94)	2.98 (0.98)	19.282	0.000 **
General Well-being	3.41 (0.82)	2.98 (0.82)	3.23 (0.87)	12.078	0.000 **
Home–work Interface	3.50 (0.90)	3.25 (0.85)	3.36 (1.02)	3.737	0.024 *
Career Satisfaction	3.62 (0.69)	3.43 (0.67)	3.41 (0.77)	6.418	0.002 *
Work Control	3.43 (0.78)	3.39 (0.81)	3.31 (0.85)	1.081	0.339
Work Conditions	3.53 (0.84)	3.29 (0.87)	3.26 (0.96)	6.591	0.001 *
Work Stress	2.94 (0.98)	2.63 (1.04)	2.76 (1.15)	4.638	0.010 *
Overall WRQoL	3.42 (0.96)	3.16 (0.96)	3.25 (1.07)	3.970	0.019 *

* $p < 0.05$; ** $p < 0.001$.

3.3. Multiple Linear Regression Analyses Predicting Sexual Orientation, the Fear of COVID-19, and the Negative Impact of COVID-19 Effects on WRQoL

We also conducted seven multiple linear regression analyses to assess the predictive effects of the independent variables (“Sexual Orientation”, “Fear of COVID-19”, and “Negative Impact of COVID-19”) on all six dimensions of WRQoL and overall WRQoL. With this analysis, we concluded that sexual orientation, the fear of COVID-19, and the

negative impact of COVID-19 were significant predictors of overall WRQoL (explaining 13% of variance), general well-being (explaining 15% of variance), career satisfaction (explaining 6% of variance), and work conditions (explaining 7% of variance). The fear of COVID-19 and the negative impact of COVID-19 are significant predictors of the home–work interface (explaining 5% of variance). The “Fear of COVID-19” variable was a significant predictor of work control (explaining 1% of variance) and work stress (explaining 8% of variance). See Table 4 for more detailed information on these results.

Table 4. Multiple linear regression analyses predicting sexual orientation, fear of COVID-19, and negative impact of COVID-19 effects on WRQoL.

	Sexual Orientation			Fear of COVID-19			Negative Impact of COVID-19			R^2	F
	B	SEB	β	B	SEB	β	B	SEB	β		
General Well-being	−0.094	0.033	−0.069 *	−0.096	0.027	−0.096 **	−0.307	0.026	−0.322 **	0.149	84.769 **
Home–Work Interface	−0.057	0.038	−0.039	−0.072	0.030	−0.067 *	−0.181	0.029	−0.176 **	0.048	24.323 **
Career Satisfaction	−0.056	0.029	−0.050 *	−0.044	0.023	−0.053 *	−0.157	0.022	−0.199 **	0.056	28.907 **
Work Control	−0.034	0.034	−0.027	−0.053	0.027	−0.057 *	−0.006	0.026	−0.007	0.005	2.185
Work Conditions	−0.074	0.035	−0.053 *	−0.117	0.028	−0.116 **	−0.180	0.027	−0.187 **	0.072	36.777 **
Work Stress	−0.003	0.041	−0.002	−0.073	0.033	−0.061 *	−0.282	0.032	−0.250	0.079	40.974 **
Overall WRQoL	−0.058	0.029	−0.050 *	−0.078	0.020	−0.109 **	−0.197	0.019	−0.285 **	0.126	69.112 **

* $p < 0.05$. ** $p < 0.001$.

3.4. Fear of and Negative Impact of COVID-19 Predicting WRQoL as Moderated by Sexual Orientation

Finally, a moderation analysis was performed. Sexual orientation was examined as a moderator of the relationship between the fear of and negative impact of COVID-19 (computed into one single variable—COVID-19) and WRQoL. The model was significant and explained 6% of the decrease in variance in WRQoL ($F(3;1416) = 28.428$; $p < 0.001$, $R^2 = 0.057$). COVID-19 was a significant predictor of WRQoL ($b = -0.462$, $t(1416) = -6.481$, $p < 0.001$) and so was sexual orientation ($b = -0.398$, $t(1416) = -3.033$, $p = 0.002$). The moderation interaction was significant ($b = 0.131$, $t(1416) = 2.712$, $p = 0.007$). Slopes for sexual orientation predicting WRQoL at each level of COVID-19 scores were also significant ($b = 0.037$, $t(1416) = -8.921$, $p < 0.001$) (Figure 1).

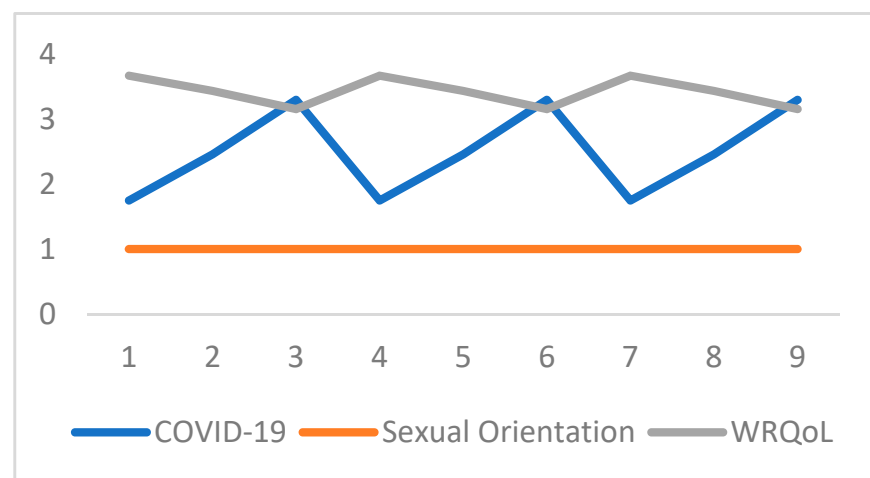


Figure 1. Simple slopes mapping the fear of and negative impact of COVID-19 predicting WRQoL as moderated by sexual orientation. ($p < 0.001$).

4. Discussion

Our study sought to assess the impact of the fear of COVID-19 and the negative impact of COVID-19 on WRQoL, through the lens of sexual orientation. Concerning WRQoL, previous literature has shown significant differences attributable to sexual orientation [49–52], with manifested lower levels of WRQoL in sexual minorities, and higher burnout levels [52,53]. Our results were similar, since significant differences were found among sexual orientations, favoring heterosexual participants with higher scores for all WRQoL variables over bisexual and gay or lesbian participants. These results may have been mediated by complex heteronormative influences [54], generating frequent disadvantages imposed by social stigma [55,56], particularly in the context of work, which is still ruled by heterosexism [15]. Work, as one of the primary and most central areas of an individual's life, is one of the places where there has been frequent discrimination and exclusion for sexual minority people [12,57], through marginalization, [23] prejudice, and stigma [12,52,54]. Inevitably, an unfavorable work environment has consequences for the perception of WRQoL in sexual minorities, negatively impacting career satisfaction and general well-being [50], increasing levels of stress at work [51] and negative emotions [54]. In turn, having low WRQoL leads to more significant impairment of mental health [55,56], especially symptoms of anxiety and depression [50,52,55,57].

Other studies [51,58] concluded that an organizational climate of incivility, hostility, discrimination, and exclusion toward LGB individuals generates lower levels of well-being, more stress at work, and burnout, which, in turn, can lead to reduced career satisfaction [54]. These results are congruent with the data found in our research, since bisexual and gay or lesbian participants scored lower in all dimensions of WRQoL. Furthermore, bisexual participants scored lower in general well-being, the home-work interface, and overall WRQoL. They scored higher in stress at work, whereas gay and lesbian participants scored lower in career satisfaction and working conditions. These results are in line with other findings [59], in which bisexuals, compared to gays and lesbians, tend to suffer from sexual identity pressure, since most societies defend a dichotomy of sexual orientation between heterosexual and gay or lesbian, leaving bisexuals at the margin of this binomial script, being more marginalized due to biphobia [50]. In our research, bisexuals scored lower in overall WRQoL, possibly because of more fragile mental health functioning [56,59] associated with feelings of exclusion from heterosexual and gay or lesbian groups [60], reporting lower levels of overall well-being [59].

Recent studies have shown that COVID-19 has psychosocially impacted the general population [24,61,62], namely, at health, economic, political, and social levels [63]. In our study, the impact of COVID-19 was measured through the “Fear of COVID-19” and perceived “Negative Impact of COVID-19” variables. Fear is pointed out as an essential variable when talking about COVID-19 [64], especially concerning “fear of being infected or of infecting others” [58]. Again, bisexual participants scored the highest, both on the levels of fear of and negative impact of COVID-19, likely because of general factors such as mental health impairment [65,66], but also because of specific factors associated with being a sexual minority through the exacerbation of adversity and vulnerability [61], accentuating the already existent discrepancies between heterosexual and LGB communities [15,67]. Our results are similar to those of Barrientos et al. [61], who measured the psychosocial effects of the COVID-19 pandemic in LGB people and found that there are relevant differences attributable to sexual orientation.

The COVID-19 pandemic has had specific consequences on WRQoL, namely, lower levels of job satisfaction and well-being [68], and higher stress levels [63,69]. Still, our findings showed that the fear of and negative impact of COVID-19 negatively correlated with the dimensions of WRQoL. Sexual orientation, fear of COVID-19, and the negative impact of COVID-19 were also strong predictors of lower WRQoL, explaining 12.3% of overall variance, because sexual minorities have additional concerns about work, finances, and income issues during the pandemic [70]. However, there may be protective factors such as resilience [15], which researchers should consider in future studies. Nevertheless,

the COVID-19 pandemic seems to have emphasized the inequalities and disparities already existent in society [67,71–73], leading to vulnerability situations that are particularly difficult for bisexual people [72]. Therefore, we can conclude that there are differences in the perception of WRQoL between sexual orientations, with a marked disadvantage for bisexuals, perhaps because the lack of visibility of bisexuality in society is associated with greater vulnerability and susceptibility to the influence of social stigma, particularly biphobia [74]. Furthermore, the internalized bi-negativity and psychological distress felt by these participants may translate into more discrimination and mental health problems [75–77] that, in turn, can worsen perceived WRQoL.

This study is not without limitations. A convenience sample collected online does not allow the generalization of results. Because the COVID-19 pandemic is still a recent event, the scarcity of studies in this area and its effects on sexual minorities in the workplace still need further investigation. Although homogeneity tests were performed to obtain a single sample, there may be cultural differences between Portugal and Brazil, which may be mediating our results. It is also important to highlight that the reduced number of LGB participants may constitute another limitation. In future studies, we should include more proportionate categories of sexual orientations. Despite these limitations, we believe that this is an important contribution toward understanding the interactions among all variables studied. In future investigations, longitudinal or qualitative studies are suggested to understand the long-term effects of the negative impact of COVID-19 on the different subscales of WRQoL, and mainly to understand the causes of the differences between heterosexual and sexual minorities. Integrating these results in public sexual inclusion and diversity policies in work organizations would also be relevant.

5. Conclusions

Socio-political contexts are changing the traditional mentality in Western societies, but LGB people still suffer more severe impacts of the pandemic and have lower WRQoL than heterosexual people. The resulting consequences for mental health and quality of life for sexual minorities reveal a pressing need to adopt inclusive policies in organizations and companies, to improve the WRQoL of sexual minorities.

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Psychosocial Impacts of COVID-19 Pandemic on Lesbian, Gay, and Bisexual People Living in Portugal and Brazil—A Qualitative Study

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Abstract

Introduction: Not many studies have been reported from Portugal or Brazil to date, reading the psychosocial impacts of COVID-19 on lesbian, gay, and bisexual (LGB) people, especially from a qualitative perspective.

Materials and Methods: A convenience sample of 65 self-identified LGB individuals from Portugal and Brazil participated in this study. Thirty-two participants were from Portugal and 33 from Brazil. The average age was 34.48 years (standard deviation = 11.66), ranging from 19 to 67. We used an online interview approach in an asynchronous format. All study respondents completed a structured inquiry consisting of a short section of sociodemographic questions and a single open-ended question: “As a lesbian, gay, bisexual (or other) self-identified person, please elaborate on how the COVID-19 pandemic has impacted your life.”

Results: The thematic analysis of participants’ responses revealed 9 recurring themes, encompassing 18 subcategories to occur: mental health (depression, anxiety, fear, anger, and loneliness), isolation (social distancing and leisure impediments), relationships (family and friends), work-related problems, education-related problems, financial problems, changes (behavioral changes and opportunity to grow), coping (seeking support, accessing information and physical activities), and LGBTQI topics (health barriers, going back into the closet, pride celebration events, and online dating).

Conclusions: Our results provide voice to LGB Portuguese and Brazilian people during the COVID-19 pandemic demonstrating specific challenges exacerbated by stigma and sexual discrimination amplified by preexistent social inequalities.

Keywords

COVID-19, psychosocial impacts, LBG people, Portugal, Brazil, qualitative research

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Introduction

The COVID-19 outbreak started in December 2019 in China,¹ and its rapid spread around the globe² made it recognized by the World Health Organization as a worldwide pandemic.³ In Portugal, the first cases emerged in March 2020⁴ and, in the same month, a state of emergency was declared as a way to contain the spread of the virus, with lockdown measures put in place.⁵ In Brazil, the first cases appeared in February 2020,⁶ and like in other countries, measures of social distancing, travel restrictions, and quarantine were adopted,⁷ impacting on social and financial structures of the country.⁸

As a worldwide public health concern, the COVID-19 pandemic had several impacts in the most different domains and areas of society.^{9–11} Lockdown measures and the duty

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to stay at home increased isolation and the need to create changes and adjustments to the general population's daily life and routines¹² which contributed to the compromise of mental health.¹³ This adverse circumstance may have impacted more on the lives of previously more vulnerable populations, such as LGBTQI individuals.

The literature constantly identifies significant discrepancies between heterosexual and LGBTQI individuals concerning mental health and well-being, sexual minorities scoring lower.^{14,15} Additionally, sexual minorities also show higher prevalence for having mood disorders such as anxiety, experiencing suicidal ideation and behavior, misusing illicit substances,¹⁶⁻¹⁸ and experiencing difficulties accessing health, employment, and other socioeconomic resources.¹⁹

The minority stress model may explain how COVID-19 had a more significant impact on LGBTQI individuals than heterosexual people¹⁴ because it causes reduced well-being and greater levels of mental health impairment related to exacerbating and intensifying of preexistent vulnerabilities and inequalities in society.^{14,15} Lockdown measures forced many LGBTQI individuals to cease having access to social and community groups that are essential sources of support, thus increasing the psychosocial impairment during the pandemic, including anxiety and depressive symptoms^{11,16-20} as well as limited access to mental health services despite the increase of electronic interventions.²¹ Therefore, the need for social and mental health support for LGBTQI individuals becomes evident.²²

Concerning the Portuguese sociopolitical context, the progressive acceptance of sexual minorities in Western countries, as is the case in Portugal, does not invalidate the occurrence of experiences associated with stigma and discrimination.²³ Although the country has undergone sociopolitical and legislative advances, such as same-sex marriage, and same-sex couples adoption,²⁴ it did not stop Portuguese LGBTQI individuals from facing sexual prejudice.^{25,26}

The Brazilian sociopolitical context is guided by a conservative mentality, which is reflected in the fact that Brazil is one of the countries with the highest rate of crimes for homophobia.²⁷ Thus, sexual minorities in Brazil are more likely to experience insecurity, hostility, and violence since laws and measures aimed at criminalizing hate attitudes against sexual minorities have not yet been adopted,²⁸ and consequently, laws that protect the rights of the lesbian, gay, and bisexual (LGB) community²⁹ are still ineffective in Brazil.

Portugal-Brazil relations have spanned over 5 centuries. In addition to a commonality of language and religion, both countries are members of the Lusophone world. As common cultural values favor the development of similar social norms, not many studies have been reported from Portugal or Brazil to date, reading the psychosocial impact of COVID-19 on LGBTQI individuals, especially from a qualitative perspective. Articulating these issues and giving voice to Portuguese and Brazilian LGBTQI individuals is our study's primary goal. We correspondingly adopted a

qualitative approach to present our research results on the COVID-19-related psychosocial experiences and perceptions of LGB participants to weave lessons for a more inclusive psychosocial intervention during the pandemic and future adverse circumstances.

Materials and Methods

Participants

A convenience sample of 65 self-identified LGB individuals from Portugal and Brazil participated in this study. Thirty-two participants were from Portugal and 33 from Brazil. The average age was 34.48 years (standard deviation = 11.66), ranging from 19 to 67. Half (50.7%) of participants identified as gay or lesbian, and the other half as bisexual. In Table 1, we describe in greater detail sociodemographic information. Both samples were highly educated; most participants were single and from urban origin. The sample size was determined by thematic saturation and we collected data from those LGBTQI individuals to which we had most convenient access.

Measures

We used the online interview approach in an asynchronous format, adhering to the guidelines of O'Connor and Madge³⁰ and Hamilton and Bowers.³¹ Online interviewing was conducted in non-real-time or asynchronously facilitated via email, with the advantage of online recruitment possibilities, which constitute an enhanced opportunity to discuss sensitive topics with greater openness and readiness. All study respondents were invited to complete a structured inquiry consisting of a short section of sociodemographic questions, such as age, gender identity (male, female, or other), sexual orientation (gay/lesbian, bisexual, or other), nationality, education, socioeconomic status, marital status (single, married, divorced, civil union, or other), and place of residence, and a single open-ended and fundamental question: "As a lesbian, gay, bisexual (or other) self-identified person, please elaborate on how the COVID-19 pandemic has impacted on your life." The inquiry was expected to take around 10 min. Participants responded to this outreach online through 1 website created for this purpose, in Portuguese language (standardized for both European and Brazilian Portuguese). The first page of the questionnaire explained the study's objectives, informed participants about how to complete the survey, their freedom to withdraw from the study, and how to contact the authors for further information if needed.

Procedures

Participants were recruited online and were invited to fill out an interview script between October 2020 and

Table 1. Sociodemographic Characteristics of the Participants

		Portugal (n = 32, Mean Age = 32.14, SD = 11.05)		Brazil (n = 33, Mean Age = 36.50, SD = 12.00)		Total (n = 65; Mean Age = 34.48, SD = 11.66)	
		n	%	n	%	n	%
Gender	Male	12	18.5	22	33.8	34	52.3
	Female	20	30.8	11	16.9	31	47.7
Marital status	Single	24	36.9	18	27.7	42	64.6
	Married	6	9.2	6	9.2	12	18.5
	Divorced	1	1.5	3	4.6	4	6.1
	Civil union	2	3.1	5	7.7	7	10.8
Education	Up to 12 years	11	16.9	3	4.6	14	21.5
	University—BA	9	13.8	9	13.8	18	27.7
	University—MA	11	16.9	12	18.5	23	35.4
	University—PhD	1	1.5	9	13.8	10	15.4
Place of residence	Urban	27	41.5	32	49.2	59	90.8
	Rural	5	7.7	1	1.5	6	9.2
Socioeconomic status	Low	2	3.1	1	1.5	3	4.6
	Low-average	14	21.5	12	18.5	26	40
	Average	13	20	15	23.1	28	43.1
	Average-high	3	4.6	3	4.6	6	9.2
	High	0	0	2	3.1	2	3.1
Sexual orientation	Gay or lesbian	18	27.7	15	23.1	33	50.7
	bisexual	15	23.1	17	26.1	32	49.3

November 2020 during pandemic times. Recruitment targeted specifically self-identified sexual minority individuals, and involved Internet notifications (emails and electronic messages) sent to LGB organizations in Portugal and Brazil, social networks such as Facebook, and mailing lists. Accessible online information concerning the study presented its goals and procedures and included all of the principles of traditional research ethics: confidentiality and anonymity, and informed consent. Participation in the study was formalized after acknowledging the guidelines of informed consent. The interview script's design phase (question format, content, order, number, and question delivery) led to a script with a single central open-ended question. This was a deliberate choice by the researchers, designed to meet the requirements indicated by Hsieh and Shannon³² for subsequent data content analysis. Confidentiality was assured by using codes on data documents, encrypting identifiable data, assigning security codes to computerized records, and limiting access to identifiable information (IP address). The Ethical Committee of the University of Beira Interior (Portugal, CEUBI-Pj-2020-088) approved this study.

Analyses

The transcripts from all interviews were entered in NVivo (version 12), which is a software program used for qualitative methods research to process a rich dataset of unstructured information (like interviews). The software automates manual tasks, like classifying or organizing information. Specifically,

it analyzes the unstructured text, namely, qualitative content analysis, to identify concepts that emerge from the text, subsequently linked together.³³ We adopted a conventional conceptual content analysis approach (the analysis involved quantifying and counting the presence explicit and implicit terms in order to examine the occurrence of selected terms in the data) that enabled us to gain direct information from participants without imposing preconceived categories and names for the categories derived from the data.³² The following steps for conducting the conceptual content analysis were taken: (a) we decided the level of analysis: word, word sense, phrase, sentence, themes; (b) we decided how many concepts to code for allowing flexibility to add categories through the coding process; (c) we decided to code for existence or frequency of a concept in the text; (d) we created coding rules so that similar word segments were transparently categorized in a logical fashion to provide clear distinction among concepts; (e) we developed rules for coding of the texts, to promote validity; (f) we ignored irrelevant information; (g) we coded the text using NVivo, inputting categories and having coding done automatically; and (h) we finally analyzed our results, quantifying general trends and patterns.

Trustworthiness/rigor of our study was ensured by conducting all research tasks in a precise, consistent, and exhaustive manner to enable credibility, transferability, dependability, and confirmability. COREQ compliance for this study was checked for each of the 32 criteria (rated yes/no) by the researchers. Discrepancies in study inclusion or

item ratings were resolved with the inclusion of two experts who examined all transcripts independently, thus identifying broader principal themes that emerged from the interview. These two experts then followed a “negotiated agreement” approach³⁴ to assess intercoder reliability, compare coding, and discuss disagreement to reconcile and reach a final version. Based on this conjoint analytic procedure, the final broader themes were organized, assessed, analyzed, and presented. The illustrative quotations used came from the online interviews and indicated each participant’s age, nationality, gender, and sexual orientation.

Results

The thematic analysis of the participants’ responses revealed 9 recurring themes, encompassing 18 subcategories to occur, as shown in Table 2. Subcategories that were mentioned less than 5 times were excluded from this analysis. The results are presented comparatively between Portugal and Brazil.

The illustrative quotations used come directly from the online interviews and indicate the first name (a fictitious name assigned by the study’s authors), sexual orientation, and gender identity, age, and country of origin of each participant.

Mental Health

LGBTQI individuals traditionally present poorer mental health indicators than heterosexual people due to the effect of sexual stigma and discrimination, as suggested by the

minority stress theory.³⁵⁻³⁷ In the scenario of COVID-19, the pandemic significantly affected our participants’ mental health by creating discourses of sadness and depression, anxiety and stress, fear and panic, anger, and loneliness. These negative emotional manifestations were increased by the pandemic circumstances, given that, in some cases, self-assessment of mental health was already poor and was worsened by the impediment of maintaining social and family support contacts, by the need to adapt to behavioral changes and permanent immersion in a threatening, dangerous environment. The uncertainty about the future, the fear of catching the disease, the fear of losing their jobs, and the anger at the criticism of the way governments managed the pandemic have created intense feelings of anxiety, yet more accentuated by loneliness.

COVID-19 has had a very negative impact on my life because my mental health was already fragile before the pandemic; the problem is that now, due to knowing that I cannot be with my friends or family, I get much sadder. I need the touch, the kisses, and the hugs to be happier.

—António, bisexual man, 19 years old, Portugal.

As I belong to the risk group and have family members with whom I live daily who also do, I feel sad and hopeless when I see people not wearing a mask, and where I live, the elderly who walk around without a mask predominate. It really affects my life.

—Thiago, gay man, 54 years old, Brazil.

Table 2. Key Themes Identified

Theme	Subcategory	Portugal	Brazil
Mental health	Sadness/depression	10	7
	Anxiety/stress	12	11
	Fear/panic	8	8
	Anger	5	6
	Loneliness	6	5
Isolation	Social distancing	14	12
	Leisure impediments	9	7
Relationships	Family	8	10
	Friends	7	8
Work	Work-related problems	13	11
Education	Education-related problems	9	9
Finances	Money problems	7	9
Change	Behavioral changes	10	9
	Opportunity to grow	7	6
Coping	Seeking support	8	6
	Accessing information	7	7
	Physical activities	5	8
LGBTQI topics	Health barriers	5	5
	Going back into the closet	6	7
	Pride celebration events	7	9
	Online dating	8	7

It made me postpone or suspend opportunities that were about to happen, suspending my life. This creates a lot of anxiety and insecurity about the future.

—Pedro, bisexual man, 37 years old, Portugal.

The new job requests happen in a virtual environment, which is not at all welcoming. Besides, it creates much anxiety because I want to adapt and participate, but it is not easy. However, it is not only anxiety about the present, but also about the future, the reorganization of society and its mechanisms, an aggravated situation where one is in a condition of vulnerability.

—Rodrigo, bisexual man, 34 years old, Brazil.

Physical symptoms of anxiety arose, but I had a hard time noticing them and asking for medical help. Only later was it confirmed that I had anxiety, I started taking medication and took up psychotherapy.

—Mariana, lesbian woman, 22 years old, Portugal.

Working in healthcare, I was very overwhelmed. My grandmother had cancer, and I was afraid to visit her because of the pandemic, and she eventually passed away without my being able to live with her at the end of her life. Before the pandemic, I bought a property, and this burden has repercussions on my financial life. It has been a tough year. Lots of stress.

—Paulo, bisexual man, 29 years old, Brazil.

The socio-labor transformations imposed by the pandemic have created several fears, especially those of infecting the most vulnerable people around them, such as parents or grandparents, fear of becoming infected with COVID-19, fear of losing their jobs, and fear of being around people and socializing. Thus, the discourses of our participants demonstrate the greater vulnerability resulting from belonging to a sexual minority, namely, the feeling unprotected and without social support, which, in turn, generated feelings of anger.

I am very affected by COVID-19 because I live with my elderly parents, and I am afraid they are contracting it.

—Ricardo, gay man, 41 years old, Brazil.

I had a drastic salary reduction that will go until December 2021 by collective agreement (for the non-dismissal of all employees). I had COVID-19 and stayed away from everything and everyone during quarantine, and I still (even after three months) have some symptoms (sequelae). I'm afraid (despite all the care) that my parents would get the disease.

—Fábio, gay man, 42 years old, Brazil.

I am afraid of socializing and panicked every time I was around people.

—Cristina, bisexual woman, 33 years, Portugal.

The pandemic has changed my whole life routine and that of my family. The fact that my country's authorities do not take proper action to control the disease makes me angry and constantly stressed.

—Rodrigo, bisexual man, 34 years old, Brazil.

I feel loneliness, many difficulties in relating to people, and much stress because I have little work and many difficulties in paying the bills.

—Luís, gay man, 36 years old, Portugal.

Isolation

LGBTQI individuals, especially the most vulnerable, such as young or older LGBTQI individuals, are more likely to feel socially isolated due to the circumstances of marginalization and anticipation of rejection by family and friends, especially when access to available community support structures is not possible. Given that one of the prophylactic measures to contain the pandemic involves precisely the prescription of isolation and social distancing, this has had a significant impact on our participants' lives, especially on mental health, being intrinsically linked to feelings of anxiety, depression, and even suicide.

Social isolation made life quite complicated.

—Lara, lesbian woman, 37 years old, Brazil.

Social isolation has considerably worsened my mental health.

—Cristina, bisexual woman, 33 years old, Portugal.

The existence of the disease (COVID-19) itself did not affect me much. What affected me a lot was the need for indefinite isolation at a time of drastic and important changes (going to university), uncertainties, and a lack of sharing experiences with other first-year students. It affected me a lot at the mental level.

—João, bisexual man, 20 years old, Portugal.

The impact of the pandemic on physical health is real and visible. The emotional impact is also real but invisible, at least in the short term, and it worries me. I am worried about people's emotional isolation. At a time when we need to feel close and supported by our own, it is when we are required to stay far away.

—Beatriz, bisexual woman, 30 years old, Portugal.

The pandemic had a very negative impact on me, especially at the time of the state of emergency and now that I am at home in isolation. Being closed at home and having too much free time makes me think about many things, even suicide, something that has not happened in a long time.

—José, gay man, 32 years old, Portugal.

Several participants reported that isolation harmed previously commonplace leisure activities. Given that many of these activities were associated with maintaining physical and mental health, namely to mediate stress, the negative impact of not having these activities causes in their lives is notorious.

My work has been entirely at a distance since the end of March 2020, and this often leaves me exhausted because I work more than I should, and I cannot distinguish between work and leisure time. This lack of boundaries makes me constantly concerned about work and personal life at all times.

—Joana, bisexual woman, 24 years old, Brazil.

The pandemic prevented leisure activities that, for me, were fundamental to be able to de-stress.

—Manoel, gay man, 59 years old, Brazil.

As a hairdresser, I was not able to work and, at the same time, without being able to do the leisure activities that gave me pleasure.

—Bruno, gay man, 43 years old, Portugal.

As I live in a more rural area and with a specific work with poor contact with the public, the pandemic has only changed the way I do leisure activities. Since the beginning of the pandemic, I have been avoiding cities, shopping malls, cinema, etc.

—Francisco, gay man, 37 years old, Portugal.

Relationships

Most participants mentioned significant relationships, especially family and friends, as areas significantly affected by the COVID-19 pandemic. The circumstances of isolation activated feelings of responsibility, fear of contagion, and maintenance of preestablished dynamics, namely maintaining physical and emotional balance.

For me, the main impact of this pandemic was the distancing of my family.

—Vinicius, gay man, 25 years old, Brazil.

I do not care about myself. I care about my family. I do not mind dying, but I do not want my family members to die.

—Helena, bisexual woman, 37 years old, Brazil.

COVID-19 shook all structures, social, labor and economical, but the worst was at the time the lockdown was enacted, I was isolated from all my family and friends, and this brought many negative impacts to my physical and emotional health.

—Gilberto, gay man, 36 years old, Brazil.

On the other hand, especially for younger participants, it was clear the pandemic's negative impact on maintaining

friendship relationships, which were one of the primary sources of social support that LGB youth are more likely to feel.³⁸ The lack of maintenance of friendship relationships activated feelings of vulnerability and low self-esteem associated with others' anticipation of rejection.

I feel like I walked away from my friends during the pandemic, and somehow I was responsible for it.

—Berta, bisexual woman, 23 years old, Brazil.

The biggest impact I felt was at an emotional level because I stopped having the routine of going to college, not being able to see many of my friends, interact with them, and not being able to do the things I like most with them... this has been quite complicated.

—Rita, bisexual woman, 23 years old, Portugal.

Work and Finances

Workplaces can be, for most LGBTQI individuals, contexts that are not open to visibility. For this reason, many people choose to stay in the closet, hiding their sexual orientation for fear of harassment, discrimination, or oppression. The COVID-19 pandemic, coupled with wage and labor restrictions, has activated many of these fears in our participants.

I am afraid I will be out of work. I depend on my work to survive, and the fact that I work in the primary sector as a bi-man does not help. What would be worse than being discriminated against for being bisexual? Being discriminated against for being bisexual and unemployed.

—Júlio, bisexual man, 35 years old, Brazil.

I had to accept the company's conditions on downsizing and laying-off because at this moment, and there is no alternative. This leaves me in a very precarious situation.

—Fábio, gay man, 42 years old, Brazil.

Education

The impact of COVID-19 on our participants' education stems mainly from the pandemic changes in the nature and quality of teaching-learning activities. More or less promptly, governments have determined measures to stop the school/university activities or continue them in an online format.

The lack of government actions to return to academic activities will leave permanent marks of delay in my professional curriculum.

—Vitor, bisexual man, 25 years old, Brazil.

My doctoral program course and all classes have moved to the online format. My field project for doctoral research has been completely modified. I had COVID-19 and stayed away from everything and everyone and lost track of things.

—Fábio, gay man, 42 years old, Brazil.

Study activities have changed dramatically, I have had constant requests for online events and to publish articles, and to be bombarded with “interesting” lives, as well as invited to attend communications, and I have the willingness to participate in everything even if it is humanly impossible.

—Rodrigo, bisexual man, 34 years old, Brazil.

Behavioral Changes

The pandemic’s behavioral changes, namely the adoption of new hygiene habits and prophylaxis of virus infection, were not easy to implement because they were not generated from intrinsic motivations but rather externally imposed by health authorities to prevent the occurrence of contagions. These circumstances have forced many of our participants to review their core value systems, although some may have been in a phase of contemplation and distanced from tangible threats.

I was forced to review several behaviors in particular and in general, due to the severity of the problem, as well as its consequences, often unknown.

—Hugo, bisexual man, 67 years old, Brazil.

I had to change the way I perceive having control in life because plans change daily or are only made for the short term.

—Fábio, gay man, 42 years old, Brazil.

Personal Growth

For many of our participants, the COVID-19 pandemic constituted an opportunity for personal growth. From a new world organization, unfamiliar and uncertain, unpredictable and uncontrollable, many managed to take advantage of adversity to solve chronic problems, improve health habits, or start new achievements. These participants were able to interpret and respond to the crisis with a positive attitude, relativizing and looking at difficulty, and embracing adversity, generating positive emotions integrated into their purpose of human growth.

It all turned out to be OK because I am in telework, and it physically took me away from what disturbs me in professional terms, bad people and the bad environment in the workplace. This allowed me to feel better about myself and my abilities.

—Luísa, lesbian woman, 30 years old, Portugal.

I had no negative impact. On the contrary, during the pandemic, I improved my eating habits, approached some important people, started exercising regularly, and some situations (such as seeing the struggle of doctors and nurses, for example) renewed my hopes in humanity, in a way.

—Vanessa, bisexual woman, 27 years old, Brazil.

It forced me to change the way I relate to others. I started a new relationship in the middle of the pandemic, which has survived until now, and is now solidified, which is the best I could ask for.

—Fernando, gay man, 28 years old, Portugal.

Coping Mechanisms

Several participants mentioned the importance of seeking support to address the specific need to deal with the pandemic’s negative consequences, namely the search for physical and mental health care. Other participants mentioned the importance of keeping physical activity a fundamental strategy for maintaining physical sanity and meditation to maintain mental sanity. Limited access to COVID-19-related information was also mentioned as a valuable and effective way to mediate the pandemic’s negative impact.

I started to have physical and psychological symptoms. At first, I was afraid to seek medical services due to hospitals’ barriers and fear of catching COVID-19. However, then I was able to make an appointment and started taking medications and doing psychotherapy, which has helped a lot to deal with various issues.

—Nuno, gay man, 22 years old, Portugal.

I live in a house, and I practice slackline on the outside. Therefore, physical activities were not impacted, and this has helped me feel good. I value contact with nature, plants, and trees. Although there is social isolation, I have plenty of space to walk around. Nature calms me down. Besides, I practice meditation, and this also contributes to being relaxed in the face of difficulties. I watch little and selected news, and this selectivity of information helps me feel good. I try to focus on the solutions, avoiding putting the problem bigger than is necessary.

—Roberto, gay man, 27 years old, Brazil.

LGBTQI Topics

Participants mentioned specific aspects of the impact of COVID-19 on their lives as sexual minority people due to social inequalities that they face, which may harm their well-being, as it is likely that people most marginalized by society due to their minority sexual status will have more difficulties in adapting to new circumstances. This reflects fewer resources, fewer traditional sources of social support, and constant exposure to adverse social circumstances characterized by discrimination and social exclusion. Some participants mentioned the difficulties in accessing health care, not only because they were afraid of the COVID-19 infection that could occur when going to the hospital/health center but also because they had some specific pathology, for example, HIV, which involved greater visibility of their sexual orientation, thus anticipating increased stress. Other

participants expressed their frustration at the cancellation of LGB pride celebration events and activities. These are moments of affirmation of minority sexual identities that lack constant visibility. The fact that they could not be carried out for epidemiological reasons has also generated some fear about the strengthening of invisibility and hate discourses toward LGBTQI individuals.

On the other hand, it was mentioned by some participants that, in this pandemic circumstance, they were forced to return to the closet, either explicitly or implicitly, for example, when they had to return to live at their parents, and the topic of sexual identity was found to be a taboo. Job hunting as an LGB person also created fears about being discriminated against at the workplace. Finally, some participants reported specific difficulties in the search for sexual or meaningful relationships. Although it was easy to establish contacts through online dating sites or apps, the pandemic imposed physical barriers that were not easy to manage and put in standby many loving expectations.

Being HIV positive and therefore with immunity problems, I was afraid that getting COVID-19 would be a death sentence for me. So, I did not leave the house and even let the antiretroviral medication run out. Fortunately, it was possible to have it delivered to my house, which prevented me from going out.

—Cláudio, gay man, 31 years old, Portugal.

I was very sorry that all LGB pride celebration events had to be canceled. These are significant moments for LGB activism, a time of celebration and joy, and the affirmation and strengthening of minority identities that cannot be forgotten and deserve to be dignified. I hope that soon everything will be able to return to normal.

—Inês, lesbian woman, 26 years old, Portugal.

Unfortunately, I lost my job and ran out of money to pay for rent and had to go back to my parents' house, who never accepted my being gay. We live in a tense environment where nobody talks. I had to go back into the closet, and I feel like I am 16 again. Backsliding like this is very bad.

—Guilherme, gay man, 38 years old, Brazil.

It is a paradox, nowadays, social networks bring us closer, but with the pandemic, you cannot do much with it. I have made some contacts, I would like to get a girlfriend, but then it was so challenging, if not impossible, to have a date. The fears that the pandemic brings are very frustrating.

—Jéssica, lesbian woman, 26 years old, Brazil.

Discussion

This study aimed to understand the psychosocial impacts of the COVID-19 pandemic on Portuguese and Brazilian

LGBTQI individuals. General results show different themes emerged: mental health, isolation, relationships, work, education, finances, changes, coping, and LGBTQI topics. These results corroborate with others, in which LGBTQI individuals are also suffering from more significant psychosocial stressors during the pandemic.^{17,39-41} Understanding these results is especially important since these stressors can further increase physical and mental health disparities in an already vulnerable population due to oppression from a discriminatory social environment.^{25,35,36,42}

Mental Health

The LGB population is one of the groups most affected by COVID-19.¹⁷ These individuals were already at a social disadvantage due to sexual stigma, prejudice, and society's discrimination against their sexual orientation,⁴³ which negatively impacts their mental health.^{35,36} Moreover, LGBTQI individuals have a higher prevalence of problems related to mental health functioning,²⁵ including higher levels of depression, anxiety, and suicidal ideation,^{44,45} compared to their heterosexual peers.⁴⁶ Thus, our study results are in line with the existing literature that shows that the emergence of the COVID-19 pandemic and the adoption of lockdown measures to contain it has aggravated LGBTQI individuals' mental health.¹⁴

Some participants still mentioned the difficulties in accessing health care, mainly by those who had some pathology, such as HIV. According to the OutRight Action⁴⁷ report, sexual minority people without antiretroviral treatment are at risk of contracting the most severe cases of COVID-19. Fear and concerns about how they would be treated, anticipated stigma, discrimination, and isolation were also associated with the delay in seeking health care,⁴⁷ which contributed to the negative impact on their physical health as well.⁴⁸

Isolation

The adoption of COVID-19 lockdown measures led to a reduction in contact with family and friends by the participants in this study. The fear that their family and friends would be infected with the new coronavirus⁴⁹ may have affected these relationships' maintenance. Moreover, adopted measures resulted in feelings of loneliness and rejection in the sample, which led to depressive and anxiogenic symptoms.⁵⁰ Since the pandemic caused many LGB individuals to have to stay at home longer or move in with family members,⁵¹ some participants pointed to their need to return to the closet and deal with family stress. This was because many sexual minority people tend to suffer from prejudice and rejection from their own families,⁵² with increased conflictual dynamics.⁵¹ During the pandemic, a hostile family climate was associated with higher levels of depression and anxiety.⁵³

Relationships

Additionally, LGB individuals had less contact with LGB community systems⁵⁴ and the cancellation of pride events seems to have negatively affected some of our participants. This is of particular relevance, insofar as pride celebration events have been proved to be an essential resource for resilience, connection, and support for sexual minority people,⁴² being associated with higher levels of overall well-being.^{36,55} The search for sexual or significant relationships was also affected, which, according to Sanchez et al,³⁹ is a concern since intimate relations are generally considered protective for mental and physical health and relationships.^{36,57} Finally, lockdown also prevented our participants from taking part in leisure activities, such as going to the cinema, traveling, or going to the gym, which harmed their lives since these activities promote the overall quality of life.⁵⁸

Work and Education

The LGB population is subject to a stressful social environment created from sexual stigma, prejudice, and discrimination, often exhibiting feelings of internalized shame about their sexual identity,⁵⁹ which can also occur at the workplace.⁵¹ In a study by Pereira and Costa,²⁵ 24% of the sample participants stated that they felt the need to hide their sexual orientation in the workplace to avoid discrimination experiences. According to the literature,^{60,61} financial problems severely affect the LGB community, especially in Brazil. For example, in a Brazilian study of about 10,000 LGBTIQ individuals, 1 in 5 participants reported not having any income due to the pandemic, with 4 out of 10 being unable to survive without a salary for more than 1 month.⁶² This seems to reflect how the heteronormativity model imposed by society⁴³ may have harmed the participants in this study.⁶³

The COVID-19 pandemic led governments to shut down several educational establishments and continue teaching activities in an online format. However, distance learning tends to exacerbate existing inequalities since not all students have the necessary and quality equipment to take classes online.⁶⁴ Also, many teachers and professors felt overwhelmed and needed to learn, in a short time, how to use digital platforms,⁶⁵ which may have negatively influenced the learning outcomes of those of our participants who were students.⁶⁶

Change and Coping

Despite the difficulties and stigma experienced by LGBTIQ individuals in this study, the pandemic's behavioral changes led many participants to reflect on their life values, manage to respond to the crisis positively, embrace adversity, and focus on their personal growth. Many have adopted strategies such as seeking physical and mental health care, exercising,

meditating, and maintaining limited access to information related to COVID-19 to lessen the negative impact of the pandemic and maintain good physical and mental health levels.

This positive outlook may be linked to the participants' sense of belonging in their minority category and resilience,⁶⁷ which helped identify a certain level of positive marginality.⁶⁸ Coherence with their marginal status helped build a sense of authenticity and well-being, enabling the pandemic crisis to create higher resilience levels.⁶⁹

LGBTIQ Topics

Our results suggest that the COVID-19 pandemic has impacted LGBTIQ individuals in very unique ways due to the presence of negative emotional concerns among Portuguese and Brazilian participants that led them to perceive barriers when accessing health services, to be forced to go back into the closet, to not be able to attend pride celebration events, and dealing with limitations when dating online. These psychosocial circumstances may have increased the existing vulnerabilities of this population. Our study confirms previous data from Portugal and Brazil^{70,71} concerning the impact of COVID-19 among LGBTIQ population on mental health and work-related quality of life, and this may have conditioned the access to health care services, through the anticipation of rejection and fear of the disease. On the other hand, the fact that many families do not accept their LGBTIQ family members, led many of our participants to go back into the closet, and this is not without relevant psychosocial consequences, such as LGBTIQ identity erasure on the existing heteronormative culture and exposure to sexual stigma.⁷² Also, the cancelling of all LGBTIQ pride celebration events negatively affected our participants significantly, because these events constitute a single opportunity to promote visibility, empowerment, and community support.⁷³ Finally, being forced to stay at home made LGBTIQ individuals to be more exposed to the risk of social isolation and lack of dating interaction, with a drastic decrease of regular sexual and relational activities and an increased risk of sexual and relational activities under the effect of illicit substances,⁷⁴ and sexual and intimate partner violence.⁷⁵ Therefore, the COVID-19 pandemic led to a long-lasting exposure to adverse circumstances among LGBTIQ individuals in Portugal and Brazil.

Limitations and Future Directions

This study is not without limitations. The first one refers to the transversal nature of the study. As the pandemic's future is still uncertain and people are usually influenced by their environment,⁷⁶ individuals' perceptions can be altered according to their success. In this sense, it would be helpful to investigate psychosocial impacts' perception over time in a longitudinal study that could contribute to the long-term

understanding of issues sensitive to the LGBTQI community during and after the COVID-19 pandemic, as well as its psychosexual health consequences. The pandemic's effect on psychosexual health and deprivation of "social touch" remains unknown among LGBTQI individuals but is critically detrimental to well-being.⁷⁷ As COVID-19 is a highly contagious infection, this has led to doubts relating to how sexual relationships, sexual health, and sexual well-being can be affected.

Given the qualitative nature of this research, we decided not to separate the results by sexual orientation or nationality, considering that, in general, all participants represent a sexual minority subject to discrimination and social stigma.^{35,36} However, in future studies, it would be intriguing to compare the specificities of each of the sexual minority's categories, as in the case of bisexuals, who, because of the double stigma effect, may suffer more from significant psychosocial stressors, which affect their physical and mental health.⁷⁸ Or, in the case of Brazil's society being so violent toward sexual minority people, in future studies, it would be helpful to examine these exacerbated influences in the psychosocial well-being of LGBTQI individuals.

Compared to the traditional qualitative studies which use a semistructured interview guide, we have used a single open-ended question with the lack of a person-guided interview. Also, as it was purely online, there were no chances of probes or memos which could have further elaborated the rich contextual information. Finally, the study was composed of single, middle-class participants with university training and from urban environments, thus not being representative of all LGBTQI individuals in Portugal and Brazil. Despite this, the sample size and the rigor of analysis reinforce our intention to put the voice of this minority group on the social agenda so that their perceptions on the psychosocial impact of COVID-19 in their lives are heard. In future studies, it would be convenient to add larger and more representative samples, which would contribute to the adoption of relevant policies to promote the fundamental rights of sexual minorities in times of COVID-19 pandemic.

Conclusions and Implications

This study provides an important contribution to current knowledge of the psychosocial factors resulting from the pandemic that impacted LGB individuals in Portugal and Brazil. The COVID-19 pandemic poses specific challenges exacerbated by stigma and sexual discrimination and amplifies social inequalities.^{47,79} LGBTQI individuals are at increased emotional and social risks during the ongoing pandemic, and their voices are mostly unheard. Hence, there is a need for policy implementation and community awareness about their social welfare and this is vital to improving their health and well-being.^{80,81} Despite this, several participants proved to be positive, resilient, and determined to their personal growth, which is an essential factor in strengthening the LGBTQI community.

Given that the consequences of COVID-19 may extend over time, it is necessary to place this population in the center of pandemic strategies, maintain organizations that represent LGB rights, physical, mental, and specific, educational health services, as well as other social support networks (food, safe shelter, etc.) available during the pandemic.^{47,82} It is also important to reach both inside and outside the LGBTQI communities to increase efforts to mitigate the negative impact already existing and enhanced by the pandemic.

Portugal has transitioned from repressive and exclusive environments for LGBTIQ individuals to more accepting and inclusive ones and is among a handful of countries in the world that have enshrined in their constitutions the prohibition of discrimination on the grounds of sexual orientation. Nonetheless, Portuguese society is still restricted by negative societal attitudes toward LGBTIQ individuals, and our results are consistent with accumulating data indicating that psychosocial quality of life can be diminished due to exposure to social discrimination,⁸³ and policymakers in Portugal need to be particularly aware of LGBTIQ people's needs in their social inclusion decisions, currently scarce in both Portugal and Brazil.

With a rich religious history of Catholicism juxtaposed with a sexually liberal public, Brazil interacts with its LGBTIQ community in a very distinct and often conflicting manner. Being the worst transgressor of LGBTIQ rights in the world, Brazil has operated in a paradoxical situation where it is also a world leader in the campaign for LGBTIQ rights.⁸⁴ Therefore, our results can be seen as a catalyst for the Brazilian LGBTIQ human rights discourse and raise awareness to the necessity of more effective measures to end anti-LGBTIQ violence.

To begin addressing this omission, this study documented the psychosocial impacts of COVID-19 pandemic on LGB people living in Portugal and Brazil, but more research is needed, namely, the inclusion of transgender, intersexed, and queer individuals to address psychosocial disparities among these groups. In addition, quantitative research is needed to address the needs of LGBTIQ individuals that could translate into more inclusive policy measures, namely, innovation when implementing local and global actions to protect LGBTIQ individuals and facilitating the improvement of their overall levels of quality of life and psychosexual health during and after the COVID-19 pandemic.

Still, these data add to the international discourse on stigma among sexual minority persons during the COVID-19 pandemic. Furthermore, our results facilitated dialogue, questioning sources of oppression, and promoting of values which among Portuguese and Brazilian cultures are committed to social change for this group of people, ensuring the implementation of prejudiced-free practice guidelines in these 2 countries and others.

Informed Consent Statement

All subjects gave their informed consent for inclusion before they participated in the study.

Research Involving Human Participants' Statement

This research was approved by the Ethical Committee of the University of Beira Interior (Portugal, CEUBI-Pj-2020-088), and it was conducted in accordance with the ethical standards laid down in the 1964 Declaration of Helsinki and its later amendments regarding research involving human participants.

Declaration of Conflicting Interests

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COIMBRA | 6-8 MAYO 2021

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Fdo: Florencio Vicente Castro
Presidente Asociación INFAD



Fdo: Sonia Brito Costa
Coordenadora do Núcleo de
Investigação em Ciências Sociais e
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Fdo: Florencio Vicente Castro
Presidente Asociación INFAD



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Distinción de Mejores Comunicaciones Orales

Henrique Pereira, Jéssica Pedro, Cindy Mendes, Mariana Duarte, Patrícia G.Silva

Simposio

“El impacto de COVID-19 en el Bienestar Psicosocial a través del Lente de Minorías Sexuales y de Género en Portugal y Brasil”

Trabajos:

Psychosocial Impacts of COVID-19 Pandemic on Lesbian, Gay and Bisexual People living in Portugal and Brazil - A Qualitative Study

Assessing the Impact of COVID-19 on Work-Related Quality of Life through the Lens of Sexual Orientation

Measuring Anxiety Symptoms during the COVID-19 Pandemic through the Lens of Sexual Orientation

The Impact of COVID-19 on Depressive Symptoms through the Lens of Sexual Orientation

Assessing Work-Related Quality of Life during the COVID-19 Pandemic: Gender Perspectives among a Brazilian Sample

Fdo: Florencio Vicente Castro
Presidente Asociación INFAD



Fdo: Sonia Brito Costa
Coordenadora do Núcleo de Investigação em Ciências Sociais e Humanas da ESEC

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