

BOSTON CHILDREN'S HOSPITAL LGBTQ CLIMATE SURVEY

Thank you for taking part in this survey about the experiences of lesbian, gay, bisexual, transgender, and queer (LGBTQ) patients, families, and employees at Boston Children's Hospital (BCH).

This survey will take about 5 minutes to complete, and your responses will be **completely anonymous**. Individuals who identify as LGBTQ will be invited to complete a few additional questions. *We greatly appreciate and value your input!*

JOB DESCRIPTION

1. What is your primary work location for Boston Children's Hospital (BCH)?

- Boston - Main campus
- Boston - Martha Eliot
- Lexington
- North Dartmouth
- Peabody
- Waltham
- Other Physician Office or Community of Care Member

3. My primary work role at BCH is (select all that apply):

- | | |
|--|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Patient Care <input type="checkbox"/> Research <input type="checkbox"/> Administration (Finance, Legal, Supply Chain, etc.) | <ul style="list-style-type: none"> <input type="checkbox"/> Information Systems <input type="checkbox"/> Facilities Support/Maintenance <input type="checkbox"/> Other (Please specify) _____ |
|--|--|

4. Approximately how long have you worked at BCH?

- | | |
|---|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> <1 year <input type="checkbox"/> 1-3 years <input type="checkbox"/> 4-6 years | <ul style="list-style-type: none"> <input type="checkbox"/> 7-9 years <input type="checkbox"/> 10+ years |
|---|--|

5. Have you attended a Safe Zone Training? Safe Zone Trainings are 1-2 hour in-person workshops on gender and sexuality diversity (including key terms and patient care scenarios)? (Check one)

- Yes, I attended a training at BCH.
- Yes, I attended a training at somewhere other than BCH.
- No, I have not attended a training.

***6. Do you interact with patients and families in your clinical, research, or other work at BCH? (Check one)**

- Yes
- No

[SKIP LOGIC HERE: THESE QUESTIONS ONLY ASKED IF YES TO Q.6]

7. How frequently do you work with the following types of patients and families in your work at BCH?

	Never	1-11 times a year	1-3 times per month	Once per week	More than once per week	I Don't Know/ Not Applicable
Lesbian or gay						
Patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bisexual						
Patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transgender or gender nonconforming						
Patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Please indicate how much you agree with the following statements about the *general workplace climate* at BCH. There will be an opportunity to reflect on your own experiences later in the survey.

	Disagree Completely	Disagree Somewhat	Neither Disagree nor Agree	Agree Somewhat	Agree Completely
LGBTQ employees are free to be themselves.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LGBTQ employees are comfortable talking about their personal lives with coworkers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LGBTQ employees feel accepted by coworkers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coworkers make comments that seem to indicate a lack of awareness of LGBTQ issues.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There needs to be an increase in LGBTQ workplace education.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is pressure for LGBTQ employees to stay closeted (to conceal their sexual orientation or gender identity/expression).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coworkers are as likely to ask nice, interested questions about a same-sex relationship as they are about a heterosexual relationship.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The environment contains markers to indicate that this is a welcoming environment for LGBTQ employees. Examples of markers include environmental (e.g., diversity posters) and personnel markers (e.g., LGBTQ individuals who are out in the workplace).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LGBTQ employees are as likely as everyone else to be promoted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BCH as a whole provides a supportive environment for LGBTQ people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PROFESSIONAL TRAINING

Please indicate the extent to which you agree or disagree with the following statements about your *professional training*.

[SKIP LOGIC HERE: Q.9 ONLY ASKED IF YES TO Q.6]

	Disagree Completely	Disagree Somewhat	Neither Disagree nor Agree	Agree Somewhat	Agree Completely
9. At this point in my professional development, I feel competent and qualified to work with:					
Lesbian, gay, bisexual patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lesbian, gay, bisexual family members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transgender or gender nonconforming patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transgender or gender nonconforming family members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[Q.10 ASKED OF ALL]

	Disagree Completely	Disagree Somewhat	Neither Disagree nor Agree	Agree Somewhat	Agree Completely
10. At this point in my professional development, I feel knowledgeable about resources for:					
Lesbian, gay, bisexual patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lesbian, gay, bisexual family members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transgender or gender nonconforming patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transgender or gender nonconforming family members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DEMOGRAPHICS

11. What is your age?

- <18 26-34 45-54 65+
 18-25 35-44 55-64

12. How would you describe your race/ethnicity? (Check all that apply)

- Asian or Pacific Islander Hispanic / Latino(a) White
 Black / African-American Native American Another race/ethnicity (please describe): _____

13. What is the highest level of education that you have completed? (Check one)

- Less than high school Some college PhD
 High school Bachelor's degree MD
 Vocational/technical school Master's degree JD
 Other (please describe): _____

14. What sex were you assigned at birth, on your original birth certificate? (Check one)

- Male Female

15. How do you currently identify yourself? (Check one)

- Male Transgender
 Female Another identity (please describe): _____

16. Which of the following best describes your sexual orientation identity? (Check one)

- Heterosexual or straight Gay / Lesbian Another identity (please describe): _____
 Bisexual Queer

ADDITIONAL QUESTIONS FOR LGBTQ EMPLOYEES

[SKIP LOGIC: THESE QUESTIONS ONLY ASKED IF:

- Q14 + Q15 = Sex assigned at birth different than current gender identity; OR
- Q15 = Transgender or Another identity; OR
- Q16 = Gay/Lesbian, Bisexual, Queer, or Another identity

17. The following is a list of experiences that LGBTQ people sometimes have at work. Please read each one carefully, and then respond to the following question: **How much has this problem distressed or bothered you during the past 12 months? (Check one box for each row)**

	Not applicable to me	Did not happen	It happened, and it bothered me NOT AT ALL	It happened, and it bothered me A LITTLE BIT	It happened, and it bothered me MODERATELY	It happened, and it bothered me QUITE A BIT	It happened, and it bothered me EXTREMELY
Hearing someone make jokes about LGBTQ people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pretending that you have a different-gender partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pretending that you are heterosexual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pretending that you are not transgender	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hiding your same-gender relationship from other people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being harassed in bathrooms because of your gender expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hiding part of your life from other people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Avoiding talking about your current or past relationships when you are at work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People assuming you are heterosexual because you have children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Watching what you say and do around heterosexual people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having very few people you can talk to about being LGBTQ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS & SUGGESTIONS (OPTIONAL)

ADMINISTERED TO ALL

18. Please add any additional comments about what is **working well** and **areas of improvement** for LGBTQ patients, families, or employees, as well as any other comments regarding the LGBTQ climate at BCH.

Thank you for your participation!