BECOMING MYSELF: A CONSTRUCTIVIST GROUNDED THEORY STUDY OF THE GENDER TRANSITION EXPERIENCES OF PRACTICING NURSES

By

Rhiannon Dawn Sullivan

Bachelor of Science - Nursing
University of Oklahoma Health Sciences Center
2001

Master of Science- Health Care Administration
Oklahoma State University Center for Health Sciences
2007

Master of Science- Nursing Education
University of Oklahoma Health Sciences Center
2011

A dissertation submitted in partial fulfillment
of the requirements for the

Doctor of Philosophy- Nursing

School of Nursing
Division of Health Sciences
The Graduate College

University of Nevada, Las Vegas
December 2020

UNLV | GRADUATE COLLEGE

Dissertation Approval

The Graduate College
The University of Nevada, Las Vegas

November 20, 2020

This dissertation prepared by

Rhiannon Dawn Sullivan

entitled

Becoming Myself: A Constructivist Grounded Theory Study of the Gender Transition Experiences of Practicing Nurses

is approved in partial fulfillment of the requirements for the degree of

Doctor of Philosophy- Nursing
School of Nursing

Patricia Gatlin, Ph.D.
Examination Committee Chair

Kathryn Hausbeck Korgan, Ph.D.
Graduate College Dean

Roseann Colosimo, Ph.D.
Examination Committee Member

Catherine Dingley, Ph.D.
Examination Committee Member

Andrew Spivak, Ph.D.
Graduate College Faculty Representative

ABSTRACT

The purpose of this study was to construct a substantive grounded theory specific to the gender transition experiences of practicing nurses in their personal and professional lives and to explore the barriers and facilitative factors to gender transition for practicing nurses. There has been research regarding transgender individuals' discrimination experiences in their daily lives related to their gender identity. These negative experiences increase their vulnerability to negative health outcomes, such as anxiety, substance abuse and depression. However, there is very little known about practicing nurses who are transgender. This research is important because the mental and physical health of nurses influences the health of their patients. A constructivist grounded theory approach was used to examine the social processes practicing nurses utilize during gender transition in their personal and professional lives, as well as the barriers and facilitative factors to gender transition within the theoretical perspective of symbolic interactionism.

The use of semi-structured interviews with practicing nurses who had experienced gender transition in their personal and/or professional lives (n=12) was used to inform this constructivist grounded theory study. The researcher co-constructed a substantive theory explaining the process practicing nurses used to navigate gender transition in their personal and professional lives and the barriers and facilitators to their gender transition process with the participants of the study. Four theoretical concepts were identified: *Searching for the True Self, Sharing the True Self, Establishing Self Safety* and *Living as the True Self*.

This study adds to the currently limited body of knowledge of nurses who identify as transgender and how to support gender transition in the nursing profession. The results of this study conceptually align with previous research, such as gender transition and gender transition

in the workplace, as well as adds to the literature by examining the experiences of practicing nurses gender transition experiences in their personal and professional lives. The findings of this study may be used to inform further research focused on supporting transgender nurses and improving the gender transition experiences of practicing nurses.

ACKNOWLEDGEMENTS

It takes a school to raise a scholar. Without the support and guidance of many people, I would not have been able to complete this study. I would like to express my sincere gratitude to some of those who supported me during this journey. First, my dissertation chair, Dr. Tricia Gatlin, has been essential to my completion of this work. She answered an email from a student she didn't know and then stuck with me through so many study ideas until we found just the right one. The direction and encouragement she provided made me feel safe to stretch myself across this process and helped me believe in myself, even on dark days. I am grateful for her many contributions to my growth as a scholar and human.

My thanks to Dr. Catherine Dingley who joined my committee as a methodology expert, despite her own heavy load. She then spent many hours with me on video and phone meetings during the analysis of data. She gently prompted me to consider what the data was telling me, and to apply what I had already learned to the work before me. This study and my life are richer for the time we spent together. Drs. Colosimo and Spivak, thank you for sharing your time and talent with me. Your questions, suggestions and guidance made for a supportive committee. Thank you to Dr. Michael Johnson for your thoughtful suggestions and introduction to the GLMA nursing section, both shaped the work in positive ways.

I am grateful to the faculty of the UNLV School of Nursing who shared their passion for teaching and learning with me throughout the doctoral program. The administration and staff at UNLV supported my success as a graduate student, thank you for making distance students feel a part of the community. I was grateful to receive the Tish Smyer dissertation award which partially funded this study.

My cohort at UNLV, friends new and old, having someone who was walking the same path made the difference. While not together in person, you were always close in spirit. Thank you for making the journey less lonely.

This accomplishment is not mine alone. To the people in my life who make me a better person each day, Edward, Maxwell, Elanor and Lucy you are the best cheering section. Thank you for the study time caffeine deliveries, the encouraging post-it notes left on my computer and understanding when schoolwork took time away from our lives together. I am grateful for your patience and love.

To my families (work, urban and origin): Everyone needs a support team, thank you for being a part of mine. To Lauri, my longtime friend and captive wordsmith, thank you for always editing with a happy heart. Lisa, thank you for celebrating every victory, large and small with equal enthusiasm. Rick, thank you for the nudge to get and keep going. Betty, your heart and door were always open to me, thank you. Susan, thanks for picking up the slack this year while we pivoted, oh so many times. Urban family, as always, you struck the balance of cheerleading and tough love. I am grateful to be part of our tribe. My family of origin, thank you for instilling the love of learning, the value of knowledge and the tenacity to keep going when times are tough. To those who are no longer in this world with us, I hope the light of this work reaches you and brings you all my love and gratitude.

DEDICATION

This dissertation is dedicated to those generous souls who served as participants in this study. It was a joy to learn from you and construct this work with you. My deep appreciation and admiration is yours always.

"The privilege of a lifetime is to become who you truly are" – Carl G. Jung

TABLE OF CONTENTS

LIST OF FIGURES

CHAPTER 1

Introduction

The purpose of this chapter is to introduce the main concepts related to transgender nurses' gender transition experience in their personal and professional lives. Many transgender individuals experience discrimination and distress related to gender transition, yet the literature has only cursorily explored the barriers and facilitators to the process. There is little nursing research specific to transgender nurses. The current literature that explores gender transition suggests that anxiety and stress associated with gender transition experiences have negative psychological effects on transgender individuals. This study sought to expand our understanding of the social processes of gender transition for transgender nurses.

Introduction to the Phenomenon

There are approximately 1.4 million transgender adults in the United States, and 150,000 transgender teenagers aged 13-17 (Herman et al., 2017). Transgender individuals experience discrimination related to their nonconforming gender identity (Miller & Grollman, 2015), increasing their vulnerability to health concerns such as anxiety, depression, substance abuse and suicide (Bockting et al., 2013). Serious psychological distress among transgender individuals is reported at 8 times the rate of the general population (James et al., 2016). When the transgender individual is also a nurse, this increased risk of psychological distress can negatively influence their ability to provide quality care to patients. The health (physical and mental) of the nurse influences the health of their patients (American Nurses Association [ANA], 2018). Nurses who are actively engaged in the workplace are better able to be empathetic towards patients (Duarte et al., 2016), which supports patient safety and satisfaction with the care provided. Nurses who attend to their own health are better able to care for others. However, nurses who are

transitioning may not be able to attend to their own health, both physical and mental, due to their experiences with discrimination.

Gender transition can be a stressful time, when modifications to the individual's physical appearance, name and pronoun occur (Miller & Grollman, 2015). Transitioning may take years to fully complete, during which time individuals may experience feelings of desperation (Sangganjanavanich, 2009). Interactions between transgender individual and others can be positive when social support is offered by others, or negative, with experiences of rejection or violence (Hoffman, 2014). When individuals experience a lack of support, from family, friends or coworkers during gender transition, there is an association with increases in feelings of anxiety and stress (Sawyer et al., 2016) which can lead to decreases in the overall psychological wellbeing of the individual. The small, but growing body of literature on gender transition in the workplace has been directed toward exploration of the workplace climate, experiences of stigma (Mizock et al., 2018), discrimination experiences and career development (Beuregard et al., 2018; Brewster et al., 2014; Law et al., 2011). These works have not focused on particular occupations, rather using convenience sampling (Schilt & Connell, 2007), such as individuals living within a specific region (Brumbaugh-Johnson & Hull, 2019) or attending a conference for transgender individuals (Mizock et al., 2018).

The emotional and physical health of the nurse is a necessary component to the provision of safe, compassionate care to patients (Duarte et al., 2016). Nurses have not been the focus of research investigating the effects of transitioning. Thus, the barriers and facilitative factors for a gender transition for nurses are not understood.

This study is important to nursing because it adds to what is currently limited knowledge about transgender nurses and their experiences. The barriers and facilitators of gender transition

for nurses is unexamined. Currently we are unaware of what barriers practicing nurses' experience related to gender transition in their personal or professional lives. Better understanding the social processes that support nurses engaged in gender transition will provide a foundation to build upon for further research. Similarly, understanding the processes used to overcome challenges that occur during gender transition is needed. Understanding the process of gender transition of practicing nurses provides foundational knowledge to develop supports for others in transition with an aim at improving their mental and physical health, and by extension the care they are able to provide to patients.

Definitions

Transgender. An umbrella term for individuals whose gender identity and/or gender expression differs from what is typically associated what sex there were assigned at birth (GLAAD, n.d.). The term trans* may also be used to include all individuals who identify as transgender, nonbinary, gender fluid and gender nonconforming (Jones, 2020).

Transitioning. A complex process that occurs over time where the individual makes changes such as using a different name, pronoun, changes to name and sex as reported on legal documents, style of dress, hormone therapy and surgery to align their gender to their desired gender from that of birth. This process is not identical for all transgender individuals (GLAAD, n.d.). This may also be referred to as gender transition.

Personal Life. The experiences of an individual that occur outside of the time, location and supervision of ones' employer and work peers (and as such are not governed by the rules and regulations of the workplace).

Professional Life. The experiences of an individual that occur while in the work setting or during the commission of their professional work.

Study Purpose

The purpose of the study was to co-construct a substantive grounded theory regarding the social processes of practicing nurses' gender transition. Using the experiences of practicing nurses who have experienced gender transition in their personal and/or professional life a theory was developed, which also examines the barriers and facilitative factors to gender transition. It is important to examine the processes used by practicing nurses during gender transition, as the health and wellbeing of nurses impacts the health outcomes of patients in their care as well as the nurse themselves. The findings of this study may be used as the foundation for future research aimed at supporting nurses during gender transition.

Specific Aims

1. Understand the social processes that occur during practicing nurses' gender transition in their personal and professional life. Rationale: There is little known about the experiences of transgender nurses. It is unclear what barriers or facilitators to gender transition exist in the personal and professional lives of transgender nurses.
2. Then using this knowledge, develop a theory built from the experiences of participants. Rationale: The development of a grounded theory will allow for better understanding of the processes that transgender nurses' experience during gender transition in personal and professional life. This could direct further research into best practices for healthcare organizations support of transgender nurses before, during and after gender transition.

Research Questions

1) What are the social processes nurses utilize during gender transition in their personal and professional lives?
2) What are the barriers and facilitative factors to gender transition for nurses?

Chapter Summary

The relation of the physical and mental health of practicing nurses to the health outcomes of their patients is recognized as important. Transgender individuals have increased rates of psychological distress to that of the general public, this distress can contribute to negative health outcomes for the individual. Gender transition can be an especially stressful time in the lives of transgender individuals. Little is known about transgender nurses. The facilitators and barriers to gender transition for nurses is not well understood. This chapter presented the rationale for conducting research with transgender nurses. Selected terms were operationally defined to improve clarity. Lastly, the purpose and specific aims of the study were identified. The purpose of the study was to construct a grounded theory regarding how transgender nurses navigate gender transition in their personal and professional lives.

CHAPTER 2

REVIEW OF LITERATURE

Introduction

This chapter discusses the arguments within grounded theory methods about the function and timing of conducting a literature review in the research process. This chapter includes the review of the available literature related to transgender nurses and the gender transition process. Gender transitioning in the workplace and private life, barriers to transition, and facilitative factors are also reviewed.

Grounded Theory and the review of literature

Glaser and Strauss advocated for a delayed review of the literature in classic grounded theory (Glaser & Strauss, 1967). Using this approach, the researcher waits until after the analysis of collected data is complete to undertake a comprehensive review of the literature. This delay was called for with the intention that this would help the researcher to avoid viewing the collected data through the ideas of others. Thus, preventing the unintentional shaping of data to fit within the confines of existing theories.

Strauss and Glasser over time diverged in their position of timing of literature review. While Glasser continued to propose that researchers maintain an objective perspective that isn't complicated by the ideas of others, other grounded theory scholars such as Charmaz (2014) now take a different approach to the timing of the review of literature. Charmaz acknowledges that researchers approach inquiries with a foundation based in familiarity of the literature related to their areas of study before they develop and undertake a research study.

The purpose of a review of literature is to identify gaps in the state of the science. This knowledge can facilitate the development of rationales for studies (Giles et al., 2013) and assist

with the formulation of research questions that are unique (Willig, 2013), and thus have the potential to broaden our understanding. There may be a need to conduct further investigation of the literature as the research progresses. Once data collection is underway and as the grounded theory construction has begun returning to the literature is appropriate to clarify ideas, find possible comparisons and demonstrate where the constructed theory complements or grows the body of knowledge (Charmaz, 2014). This directed review of the literature can provide support, strength and credibility to the emerging theory (Giles, King, & De Lacey, 2013). Thus, for this study, a preliminary review of the literature on gender transition and gender transition in the workplace was completed prior to the initiation of the data gathering and was refined as the analysis of data progressed and the literature was searched to again, with a focus on situating the present study within the larger body of knowledge.

A review of relevant literature was conducted and explicated the need for the study, as there were no studies specific to practicing nurses gender transition experience found. The existing literature from other disciplines was used to guide the development of the semi-structured interview guide. When the analysis of data progressed, I returned to the literature to determine how the study findings relate to the literature and the unique contribution of the body of knowledge for nursing literature.

Review of the Literature

A literature search was conducted to identify relevant studies focused on gender transition, gender transition in the workplace and transgender nurses. English language and peer-reviewed articles were sought using the Cumulative Index of Nursing and Allied Health (CINAHL), ProQuest, PsychInfo, GenderWatch, Scopus and Google Scholar databases. Publications from the last twenty years were searched for relevant articles. The Boolean

Operators “AND” and “OR” along with the terms: transgender, transsexual, trans*, nurses, transition, transitioning, gender transition, work, and workplace were utilized.

The state of the science of gender transition research includes qualitative descriptive studies and large-scale quantitative studies on discrimination such as the National Transgender Discrimination Survey (Grant et al., 2011). No published intervention studies or measurement development studies specific to transgender individuals were found. Studies were found that that utilized adapted instruments, such as a gender minority stress and resilience measures instrument to test perceived social status and marginalization of transgender people in the workplace (Tebbe et al., 2019). Healthcare and nursing literature have focused on the needs of the transgender patient and providers of care. Studies that outline how to provide culturally competent care to transgender patients (Merryfeather & Bruce, 2014) or works that focus on methods to increase the comfort of those working with members of the transgender community (Collazo et al., 2013) were found. The intersection of transgender individuals who are also health care providers is largely unexamined.

Gender Transition

Gender transition, or transitioning, is the process that some transgender individuals undertake to live as the gender which they identify, rather than their natal gender (Kleintop, 2019). During gender transition individuals may engage in physical alterations of their body and behaviors to align gender identity with the physical presentation. These changes may include social transitioning, hormonal treatments, surgeries to alter the physical appearance (facial contouring, hair removal, chest surgeries to either remove breast tissue or augment), and/or surgical interventions such a gender affirming surgeries. Not all transgender individuals will utilize the same process to transition. The American Psychiatric Association (2012) position

statement holds that there is a positive impact to the mental health of transgender individuals who have access to transition related medical care.

The open and honest expression of one's true self is empowering. Gender transition provides feelings of increased individual congruence (my outside matches my inside), opportunities for personal growth and enriched relationships (Riggle et al., 2011). Transgender individuals reported high satisfaction and improved quality of life after transition related procedures (Fein et al., 2017). When barriers to transition are encountered, it threatens the health of the individual. Mental health issues such as substance abuse and suicidal ideation have been associated with barriers to and difficulties during transition (Fein et al., 2017).

Transitioning is not a static process, but an evolution that varies for each person. The individual, their circumstances (health, finance, relationships) influenced their personal transition journey (Erickson-Schroth, 2014). The social transition was often reported to be the most difficult for individuals (Teich, 2012). Not only is coming out to others difficult, but for the individual they must also learn how to live in the world and relate to others differently, as their name, pronouns and physical appearance are changing. This can be a period of re-birth, where people are seen by others as they see themselves for the first time.

During social transition changes made by the individual can help provide a sense of being at home or feeling comfortable in one's own body. Individuals may choose to make changes to their name, the pronouns they use, and aspects of their physical appearance, such as clothing, hair and makeup. These alterations to one's social presentation can facilitate exploration of one's own identity (Erickson-Schroth, 2014). Transitioning can reduce the stress of feeling that one has to hide their identity (Kleintop, 2019). The result of the decreased feelings of stress can be increased productivity at work, development of closer relationships with others and growing self-

esteem by being now seen by others as they see themselves (Human Rights Campaign [HRC], n.d.).

Transgender individuals seek to better align their external (physical) presentation with their internal gender identity. This may be accomplished in a variety of ways, from the temporary use of cosmetics to more permanent modifications to the body us ing hormones, or surgical procedures. These changes can help to decrease stress caused by incongruence of the natal sex and the gender identity of the individual. There are also social changes, such as name and pronouns, which are part of the transition process. Living life aligned to one's gender identity is associated with improved psychological wellbeing (Riggs et al., 2015; Verbeek et al., 2020). These medical and social transitions can help to improve the physical health, psychological well-being and satisfaction of transgender individuals (Rotondi et al., 2013).

Transitioning is a process during which individuals have the opportunity to develop their identity. The work of transitioning and the challenges associated with transitioning can offer insights into the strengths and weaknesses of the person while they work to solve problems and manage obstacles in their transition journey (Dickey et al., 2015). The skills that are gained during transition can support the individual in other aspects of their life, such as work. Their ability to consider an obstacle, problem solve and provide alternative approaches to problems can become an asset in their professional life.

Coming Out

Coming out , for transgender individuals, involves acknowledging to one's self and others in the community of the desire to live life as a gender that is different from that assigned at birth (Erickson-Schroth, 2014; GLAAD, n.d.). Zimman (2009) posited that coming out was about coming to be, how an individual came to embrace their identity and share that identity with

others. Furthermore, while members of sexual gender minorities also came out, transgender individuals coming out may differ from those who identify as lesbian or gay. Coming out as a transgender person can be on ongoing process, during which the management of one's gender identity is comprised of many smaller actions to support transitioning and safety (Brumbaugh-Johnson & Hull, 2019). For transgender and gender nonconforming individuals coming out is a series of ongoing and complex processes. The person first considers and explores their gender identity, then comes to accept their gender identity, coming out to themselves. Then when they are ready, they continue the process by coming out to others and engaging in actions to redefine and refine their emerging gender identity in their lives, seeking congruence between their gender identity (internal self-concept) and their gender expression (outward presentation including clothing, hair, cosmetics and mannerisms). (Marques, 2020).

The decision to come out is personal. Not all transgender individuals choose to come out in all areas of their life at one time, concealing their identity from co-workers or family members. The choice to not be out in a particular setting may be made to avoid bias and discrimination (Newheiser et al., 2017). The goal of this concealment is thought to be protection from negative psychological events or increase the chances of acceptance and belonging. Hiding one's true identity can lead to social isolation. Identity concealment can have a high cost, such as decreased feelings of belonging along with lower job satisfaction and commitment. Coming out at work or disclosing one's sexual identity can have a positive effect on the workplace attitudes of sexual gender minorities (Ragins et al., 2007). However, the same study found there are situations where not disclosing one's sexual identity may be necessary to protect safety in hostile work environments that lack support.

Work

Work serves multiple purposes in the life of an individual. Along with financial compensation and benefits, the personal accomplishment, a sense of purpose and social status can be associated with ones' work (Sangganjanavanich & Headley, 2013). Transitioning individuals encounter day-to-day discriminations in social interactions with others who are uncomfortable with transgender people. These discriminations range from the subtle, use of the wrong pronoun, to more serious acts, such as threats of physical harm (Miller & Grollman, 2015). Kormanik (2009) asserts that employees who feel they receive unfair treatment, experience neglect or ostracism in the workplace are likely to experience stress, be distracted at work and may have lower work performance.

Work is not a gender-neutral space; rather gendered expectations exist that are challenged when transition occurs. Access to gendered spaces, such as washrooms or locker rooms can present challenges during transition (Taylor et al., 2011). When access to gendered spaces is denied, it can cause simple inconvenience (needing to go to another floor to access a single stall washroom) or subject the individual to belittling comments and possible altercations with co-workers (Brewster et al., 2014). Similarly, when uniforms or dress codes policies are gender specific, the transitioning individual may meet barriers to a smooth transition, such as when dressing in congruence with their gender identity is not allowed.

Ninety percent of surveyed transgender people reported experiencing harassment, mistreatment or discrimination at work or taking actions, such as hiding gender identity, to avoid it (Grant 2011, p. 3). Interpersonal discrimination can contribute to high levels of ongoing psychological distress for transgender individuals (Budge, Adelson, & Howard, 2013a). Fear of the negative attitudes and reactions of heterosexual or transphobic peers causes concern about the process of disclosure at work (Eliason et al., 2011). Transgender individuals expect that they

will encounter workplace discrimination during transition but decide to proceed with transitioning at work nevertheless (Schilt, 2006). The willingness of individuals to subject themselves to possible harassment, diminished career opportunities and possible loss of position demonstrates how important transition is. Failing to transition in the workplace may jeopardize work performance, as self-consciousness related to appearing in natal gender is distracting and may result in diminished work output (Phoenix & Ghul, 2016). Delays in transition, delays affirming the gender identity of the individual and is associated with increases in the risk of dying by suicide in transgender individuals (Bailey et al., 2014).

Gender Transition at Work

The concept that gender is a binary (either man or woman) is entrenched in both social interactions but also within institutions, such as workplaces (Collins et al., 2015). These binary gender concepts can be seen in dress codes, single gender bathrooms and work roles. Discrimination based on gender stereotyping, such as women can not operate power tools, exists in the workplace (Budge et al., 2013a). Those who contradict these workplace norms can be perceived as failing to perform gender in a 'normal' way and can face ridicule or bias. These workplace issues can lead to transgender people choosing not to disclose their inner gender identity at work, or go stealth, not sharing their trans history.

Prior to beginning transition in the workplace, many transgender individuals' transition in their private life. This period of 'double life' allows them time to navigate the changes associated with gender roles outside of their work, conduct research about transition and prepare for transition at work in collaboration with human resources (HR) and supervisors (Budge et al., 2013a). It is often the case that HR does not have experience or knowledge of transgender legal protections or have policies in place to guide the process (Beagan et al., 2012). Having the

support of HR or supervisors to control the announcement and facilitate information dissemination to colleagues was found to facilitate the process of coming out at work (Martinez et al., 2017; Sangganjanavanich & Headley, 2013).

The transgender individual must manage both their physical and emotional transition, while also navigating the gender expectations (man's work of moving heavy furniture or woman's work of ordering flowers) of the workplace. All while reconciling these expectations with their own ideals of gender (Schilt & Connell, 2007). Gender in the workplace comes with privileges; male-to-female (transwomen) may find themselves losing and female-to-male (transmen) gaining male privilege. These privileges include salary. Schilt and Wiswall (2008) found that transwomen may lose as much as a third of their salary after transitioning at work, while transmen do not see a change or may even enjoy an increase in compensation after transitioning in the workplace.

Fear that transitioning will have a negative impact on their career, such as denial of promotion (Collazo et al., 2013), loss of position or discrimination causes distress (including suicidal thoughts) and may cause delays in transition at work (Connell, 2010). Those who work in environments with strongly embedded gender stereotypes found transition to be challenging (Beagan et al., 2012). Grant et al. (2011) found that more than 25% of participants in a large study reported the loss of employment due to gender. While those who worked in gender neutral occupations, such as in the arts and music industry or at LGBTQ support organizations, had a perception that disclosing their transgender status was less stressful (Brewster et al., 2012).

Discrimination in the workplace during gender transition was common, incidents of being ignored, offensive sexual remarks, avoidance and transphobic comments occurred (Brewster et al., 2012). Management may be concerned about productivity or if the individual was able to

perform their job after transition (Schilt & Connell, 2007). In situations where loss of position was noted to occur following transition, and while the employer gave other reasons, the participants felt it was in response to their transgender status (Budge et al., 2013a). This was echoed in Mizock et al. (2018) work that found barriers to advancement, demotions or challenges finding a new job among transgender individuals.

Transgender individuals often report experiencing transphobia in the workplace. A study conducted to explore the types of stigma that are gender related in the workplace revealed that experiences of transphobia in the workplace were a source of stress and caused harm to transgender individuals (Mizock et al., 2018). In this grounded theory study, it was found that a lack of social support from coworkers and supervisors stemmed from the transphobia of coworkers. Threats to personal safety, such as a lack of gender specific space (bathroom) policies, name calling and even death threats were reported sources of psychological and physical abuse in the workplace stemming from transphobic attitudes of others.

The negative affect of discrimination (bias or inequity experienced because of transgender identity) such as anxiety, depression, apprehension and interpersonal difficulties in the workplace causes transgender individuals to seek counseling and/or psychotherapy due to conflict (Dispenza et al., 2012). Other coping strategies such as attending support groups, participation in activities of interest outside of professional work, time with friends and family and engagement with proactive advocacy organizations were noted to be helpful. Participants identified helpful employer strategies such as unisex single restroom facilitates, members of HR or education departments that are trained in transgender issues to help guide the process at work and insurance coverage supportive of the financial burden of transition related care (Dispenza et al., 2012).

Productivity and effectiveness at work can be compromised by personal concerns. Female-to-male participants reported it was difficult to perform effectively at work when their psychological health or physical wellbeing was compromised (Dispenza et al, 2012). Participants in an online survey reported that transitioning provided benefits to their mental health, self-assurance and productivity. While internal factors, such as a positive attitude and behaviors that are open were pivotal to a positive transition experience at work, successful transition experiences at work required the support of others outside of the workplace (Brewster et al., 2014).

Engaging in meaningful work can have positive effects in the lives of individuals, as earning money provides the means for physical resources (income and health insurance) along with mental health benefits, such as feelings of work fulfillment and psychological well-being. Tebbe et al. (2019) examined the relationship of trans-specific marginalization in the workplace on work volition (the perceived capacity to make career choices), perceived social status at work, and taking a job for which one is overqualified. 175 employed transgender gender nonconforming adults participated in an online survey and it was found interpersonal experiences that are non-affirming have a greater impact on work volition than expectations that negative experiences may occur in the future. When participants were aware of legal protections from discriminations, it moderated the impact of stigma related stress and was not associated with negative work volition. However, when participants did not have, or where not aware of protections, their work volition was negatively impacted. This suggests that legal protections in the workplace may have a buffering effect on victimization in the workplace.

The social expression of identity represents how individuals define themselves. When that expression does not match one's inner concept of self, an incongruence occurs. A study of

transgender individuals examining the relationship authentic identity expression and work-related attitudes was undertaken by Martinez et al. (2017). The extent of transition was found to correlate to increased congruence of the inner concept of self and public presentation of gender and an increase in job satisfaction for the transgender employee but was not found to be related to increased feelings of person-organization fit or a decrease in discrimination experiences. This supports the idea that attaining higher levels of congruence with one's inner concept and outward identity expression, being one's true self, may allow the individual to focus on work and enjoy their work more. It may not however, change how well they feel they 'fit in' with the organization or their experiences with discrimination.

Prior studies that address gender transition in the work place originate from the disciplines of sociology, social work (Collazo et al., 2013), career development (Dispenza et al., 2012; Sangganjanavanich & Headley, 2013, Taylor et al., 2011), psychology and counseling (Brewster et al., 2012; Tebbe et al., 2019). These studies focused on emotional support needs of individuals during transition (Dispenza et al., 2012), the need for those who work with transgender individuals to become conversant in the terminology of the transgender community (Budge et al., 2013a) and to increase awareness that transition is a complex process. Studies that examined only the negative experiences of transition, such as discrimination (Grant et al., 2011) were valuable but neglected to address positive aspects of transition (Brewster et al., 2014). Few studies on gender transition exam both the positive and negative processes for the individual.

Transgender Nurses

Little is known about transgender nurses. Studies that included transgender nurses were often combined with the larger LGBTQ population, and aggregate data was not explicit with regard to the needs or experiences of transgender nurses (Eliason et al., 2011). This is

problematic as transgender individuals are a vulnerable subgroup who have their own unique needs, including the transition experience (Beuregard et al., 2018; Collazo et al., 2013). Studies to understand the experience of transition in the workplace (Phoenix & Ghul, 2016), to seek advice for others considering transitioning at work (Brewster et al., 2014), and exploring what happens when an individual transitions and remains in the same workplace (Schilt & Connell, 2007) have been conducted. However, no studies were found to examine the process exclusively in a single profession or the healthcare setting.

Critique of the Literature

Sample sizes in previous studies addressing transitioning varied from 9 participants (Dispenza et al., 2012) to 29 (Schilt, 2006) in qualitative studies using interviews, 139 participants using online survey questions (Brewster et al., 2014), and 263 participants in a quantitative study (Brewster et al., 2012). The sample size of online surveys tended to be larger than semi-structured interviews. However, these studies were not focused on particular occupations. While examining the experiences of individuals in multiple disciplines provided a global perspective of transition, it failed to provide occupationally specific strategies to facilitate transition.

Studies conducted in single cities such as Austin, Texas (Schilt, 2006), Los Angeles, California (Schilt & Connell, 2007) and Minneapolis-St. Paul, Minnesota (Brumbaugh-Johnson & Hull, 2019) which have large transgender communities and legal employment protections for transgender individuals do not necessarily mirror the circumstances of those living across the region. The generalizability of the findings of these works is limited, and research is needed that includes participants from more diverse regions. Online studies, while reaching a large number of a specific and difficult- to-reach population, limit responders to those with access to the

internet (Brewster et al., 2012). These convenience samples did not specify what occupation(s) they wished to study and thus participants came from different fields. Connell's (2010) study included participants who were unemployed or had a wide variety of occupations, from tradespeople (millworker and construction) to professionals (engineers and educators). There is a paucity of literature that examines gender transition in a specific occupation. No studies were found where the process of gender transition was evaluated in individuals whose work had high levels of responsibility for the safety of others.

Retrospective self-reporting data gathering strategies have been utilized in transition studies. Data gathering techniques such as interviews, where participants were asked to recall past events about transition and discrimination (Dispenza et al., 2012; Budge et al., 2013a) and online formats to examine the associations of stigma, mental health and factors associated with resilience (Bockting et al., 2013) have been employed. When participants were asked to revisit events that were potentially sensitive, such as gender transition, there was a risk of recall bias (Fein et al., 2017). However, in a small difficult-to-reach population, such as transitioning individuals, recruiting participants at the same stage of transition at the time of the study presents a significant barrier.

Chapter Summary

Overall, the literature on gender transition indicated individuals experienced stress, anxiety and fear during transition (Grant et al., 2011). These experiences were related to interactions with others who discriminated against them due to their non-normative gender identity (Miller & Grollman, 2015). The process of gender transition took time and was unique for individuals (Sangganjanavanich, 2009). Gender transition often took place in private lives

first and then in professional lives (Budge et al., 2013). The support of management at work decreased feelings of fear (Davidson, 2016; Dispenza et al., 2012; Tebbe et al., 2019).

There is little literature within nursing that focused on the nurses' gender transition experience. The state of the science of gender transition remains largely in the descriptive stage. The growing body of knowledge of transgender individuals has identified areas of agreement. Among these findings are that gender transition is unique to each individual. Gender transition has positive effects for the mental health of the individual. When interacting with others, there are opportunities for discrimination, which can have negative effects on the individual. We also understand from the literature that transgender individuals benefit from the (emotional) support of others. However, there is not a consensus on the barriers and facilitative factors of gender transition. Nor do we understand what motivates individuals to transition in their personal lives only, while maintaining presentation of their natal sex in the workplace.

Before quantitative studies can evaluate the effectiveness of interventions to support nurses' transition experience, we must first understand the social processes used during gender transition in both personal and professional lives. It is also important to understand the barriers and facilitative factors to gender transition experienced by nurses. Therefore, using a qualitative method, such as constructivist grounded theory, was appropriate to add to the state of science on nurses' gender transition experiences. This knowledge will allow theory development, future instrument development and quantitative studies to better understand practicing nurses gender transition in their personal and professional lives and the barriers and facilitative factors.

CHAPTER 3

METHODS

Introduction

This chapter describes the methodology utilized for this constructivist grounded theory (CGT) study. The methodological approach, rationale for the choice, research questions, aims, study design and procedures, data collection and analysis methods are addressed. Procedures for ensuring rigor and the protection of human subjects are also discussed.

Research Purpose and Questions

The purpose of this CGT study was to explore how practicing transgender nurses experience gender transition in their personal and professional lives with a particular focus on understanding the barriers and facilitative factors to gender transition. Specifically, the study aimed to inductively derive a theory regarding the transition experience of practicing transgender nurses and the actions and processes used to improve the transition experience. The study addressed these gaps:

1) The unknown barriers and facilitators to gender transition in private and professional lives of nurses.
2) The lack of an inductively derived co-constructed theoretical perspective grounded in the voice of nurses who experience gender transition.

To address the purpose and gaps, this study sought to answer the following research questions:

3) What are the social processes nurses utilize during gender transition in their personal and professional lives?
4) What are the barriers and facilitative factors to gender transition for nurses?

This study provides a theoretical framework that is grounded in transgender nurses' experiences, describing their gender transition and the actions and processes they used to navigate gender transition in their personal and professional lives.

Theoretical Framework

We each have our own unique conceptualization of reality and existence that we hold to be true. Our understanding of the world is shaped by our past and the present context in which we live. When we consider our own philosophical beliefs about what we believe to be true, the nature of being and what is reality, and what exists we come understand our ontology. Our thoughts on how knowledge is acquired, or how we know what we know, comprise our epistemology (Birks & Mills, 2015; Reay et al., 2016, p. 27). Our approach to the world is shaped by the beliefs and ideas about the nature of being, reality and truth. Grounded theory seeks answers to questions about knowledge and the relationship of the knower (those who have lived the experience) and the known (epistemology), the approach of the researcher (methodology) is determined by these beliefs (Lincoln & Guba, 2016).

The origins of GT lie in sociology, pragmatism, and upon the philosophical foundation of symbolic interactionism, where people create meaning from interactions with others and oneself within a society. This subjective process forms part of the assumptions of GT, in which individuals build meaning from their own reality based on their interactions with others and themselves within a social context (Glesne, 2011).

Pragmatism

Dewey and Mead asserted that knowledge is developed by reflective thought (Olson, 2018). We are not born knowing things, nor is knowledge passively acquired from the environment, but reflecting on one's experiences can lead to learning. Pragmatists believe that

those who generate knowledge must also evaluate the knowledge within the context of their surroundings.

Symbolic Interactionism

Symbolic Interactionism and its focus on the individual within society serves as the foundation of grounded theory (Struebert & Carpenter; 2011). The symbolic meaning people ascribe to processes and social interactions is a subjective (Mills & Birk, 2015). Blumer (1969) discussed three premises in his discussion of symbolic interactionism. First, that any actions directed towards something was based on the meaning held by the individual. Secondly, that the meaning comes from interactions the individual has had with others. Therefore, meaning is not a static state for all, and can be different for each individual based on their interactions with others. Finally, individuals modify meanings by interpretation to view their reality in light of their current circumstance.

Thus, it is understood that those involved in the experience interpret events and derive social realities that are particular to the individual. Much like the assertion that pain is what the patient perceives it to be, reality is what the individual believes it to be. GT researchers use an interpretivist approach, observing participants in the natural setting, documenting the experiences of others and using participants' words and stories to understand their reality. This differs from quantitative research, which, in general, applies a positivist approach (Glesne, 2011). Using this paradigm, the world is seen to be made up of measurable, if not fixed, facts that can be observed. The findings of research using this approach seek observations and predictions that can be generalized to others. Objectivity is a concern, where the researcher remains removed from affecting the data with personal involvement.

Constructivist grounded theory holds the ontological position that our social world is socially constructed. The partnership between the participants (provide the data) and researcher (interprets the data) supports the work of co-constructing knowledge (Markey et al., 2014) Constructivist grounded theory served as both the theoretical framework and the methodology for this study.

Grounded Theory Methodology

The gender transition experiences of transgender nurses are unexplored. Thus, a qualitative methodology was the most appropriate approach. The desired outcomes of the study guided the researchers' choice of methodology, sampling procedures, data collection, recording and analysis (Crotty, 1998). Grounded theory (GT) is recognized as an appropriate methodological approach to gain understanding of social processes that underlie personal experiences (Charmaz, 2014), which aligns with the phenomenon of interest. GT is a systematic qualitative method used to collect and analyze data with the goal of developing a theoretical explanation that is formed from the data and offers an explanation about the phenomenon of interest situated from the perspective of those who experience it. CGT provided both the theoretical framework and the methodology for the study.

The premise of GT is that inquiries should explore a social phenomenon, this being accomplished by examining what people experience, the difficulties that are present and how the individuals work to resolve the problems (Engward, 2013). The intention of GT is the conceptual exploration of how individuals make sense of a social phenomenon and perhaps more importantly how they devise to resolve problems they experience.

Glasser and Strauss developed GT in the 1960's, responding to a recognized need for an alternative to the predominant deductive research methods of the day (Nagel et al., 2015). Their

work provided a guide for a theory building inductive method of inquiry that is derived from, or grounded in data (Charmaz, 2014). GT generates a robust theory that is informed by data, rather than in a quantitative methodology where data is used to test an existing theory (Engward, 2013).

GT (also called Classical GT) as originally developed by Glasser and Strauss (1967) proposed that researchers entered into the research process free of preconceived ideas about the phenomenon of study. Accordingly, no literature review was completed prior to initiation of study and no specific research question was needed. Data were collected from interviews and researcher field notes, and then the process of concurrent data collection and analysis began, with the aim to identify the main concepts and the theoretical connections that linked the concepts to one another (Streubert & Carpenter, 2011). Theories grew and developed as data collection and analysis advanced. This approach called for unbiased researchers who remained open minded toward the theories that emerged from the data. The ultimate expectation of studies was a substantive theory that explained what was 'going on' in the area examined.

Strauss later began to work with another partner, Corbin, and together they proposed adaptations to classical GT in the 1990's (Streubert & Carpenter, 2011). Their approach (Straussian GT) provides more structure to the process, especially to the coding process. Researchers were encouraged to undertake preliminary reviews of the literature and develop research questions prior to study initiation. The concurrent collection of data and analysis continued. The expected outcome of data analysis were themes and concepts, but development of a theory was not required.

GT defining features

The defining features of GT are constant comparative analysis, theoretical sampling, memo writing and theoretical saturation (Charmaz, 2014). These techniques will be discussed

briefly below. The goal of these researcher actions is the development of a theory that accurately reflects the experiences of the participants, adding to the overall body of knowledge of the phenomenon examined (Strauss & Corbin, 1990).

Constant comparative analysis. Constant comparative analysis is utilized in GT research to facilitate finding similarities and differences in the collected data (Charmaz, 2014). Using this approach, researchers perform initial data collection (interviews) and begin data analysis immediately. The initial data analysis will inform subsequent data collection, by refining interview questions, and category development. Data collection and analysis continues in a cyclical fashion until saturation of the data occurs. The improvements to the data gathered during interviews can illuminate emerging categories and promote reaching theoretical saturation in a timely manner (Streubert & Carpenter, 2011). All the collected data is compared, and then the categories, and their properties, are integrated as appropriate. This iterative work helps to identify a theory and facilitates the generation of a richly detailed theory.

Theoretical sampling. Using theoretical sampling, the researcher refines where and how to find the needed data (what participants to include) to further develop categories (Charmaz, 2014). The researcher may return to previously analyzed data to determine if newly emerging categories were also present or revisit earlier participants to ask follow-up questions to enrich the data. Theoretical sampling helps develop analytic depth and clarifies categories, which can raise the theory to a more abstract level.

Memo writing. The researcher's thoughts about the data and constant comparison analysis, along with the compelling participant words are recorded in memos (Charmaz, 2014). Memo writing will be used to facilitate this analysis to aid in making connections and identifing areas to further investigate (Corbin & Strauss, 1990).

Theoretical saturation. Data collection can end when the properties of theoretical categories are 'saturated' with data and no new properties of the categories are present in new interviews (Charmaz, 2014). The relationships between categories must be well defined and validated to be considered saturated (Corbin & Strauss, 1990).

Constructivist Grounded Theory

GT continues to evolve as a methodology. The CGT method developed by Charmaz (2014) is one such innovation. This adaptation recognizes the researcher and participants to be co-creators of knowledge, asserting that meaning is derived from engagement with the realities of the world using a constructivist paradigm (Crotty, 1998). The participant and researcher co-create understanding in this manner, shaped by the participant and the assumptions and experiences of the researcher. Using the CGT approach provides a systematic method to examine the phenomenon of interest: nurses' gender transition experience, from an insider perspective within the context of the experience. This allows the researcher to understand the experience of the transitioning nurse.

CGT utilizes a relativist epistemology, asking 'why' questions, and acknowledges the researcher and participant's different perspectives, roles and realities. CGT takes a reflexive stance towards background, values, situation, and relationship of the researcher to the participant and the representation of participant. This situates the data within the historical, social and situation of origin (Charmaz, 2017).

While GT and CGT differ in their foundational assumptions, they share commonalities of initiating a study with inductive logic, then subjecting the data gathered to a comparative analysis that aims to develop theoretical analysis that are valuable grounded theories capable of informing both policy and practice (Charmaz, 2014). In order to understand the realities of

gender transition for nurses in their personal and professional lives, it is necessary to understand how participants build their own understanding of gender transition and their interactions with others. Gender transition is a process and can only truly be understood from the perspective of those who have experienced gender transition within their individual social context.

Charmaz (2014) proposed we construct grounded theories though our own past and present experiences and the interactions and interpretation that occur during a study. My own experiences as a cisgender (someone who identifies as their natal sex) peer of a transgender nurse during gender transition in their personal and professional life and my experiences with a niece during their personal transition make the use of traditional GT difficult, as I am not purely objective. Using CGT allows for a relationship between data and the emerging theory, which is influenced by social structures (Levers, 2013).

CGT was used as the theoretical framework for the study with transformational leadership used to guide the development of interview questions. This leadership theory was selected for its attention to leadership that supports change, allowing individuals to attain achievement, self-esteem and self-actualization (Northouse, 2016). This focus on improvement of the performance and development of followers to maximize potential (Bass & Avolio, 1990) is relevant to the healthcare setting where nurses' performance affects patient outcomes (Botha et al., 2015).

Study Design

This study was undertaken utilizing Charmaz's (2014) CGT. This variation of GT provides novice researchers support by its incorporation of the analytic frameworks developed by Strauss and Corbin's GT method (Nagel et al., 2015). It also allows for flexibility for researchers to participate in the co-construction of theories to explain the phenomenon of interest

with the participants. These blends aspects of practical support, such as study design, semi-structured interviews using interview guides and analysis direction with a respect for the belief that individuals who experience a phenomenon construct unique social realities (Charmaz, 2014).

CGT guided the design of this study from the participant sampling, data collection and analysis to theory construction. The aim of this study was to construct a theory that explains the experiences of practicing nurses' gender transition in their personal and/or professional lives, identifying the barriers and facilitative factors of gender transition and identification of the actions and processes that are used to facilitate the transition experience. To achieve this goal semi-structured interview questions were developed to direct the interview to be conversational. Charmaz (2014) advocates for conducting a literature review prior to undertaking a study. An in-depth review of the literature was conducted with a focus on the transition experiences of transgender individuals in the workplace. This review of literature informed the design of study aspects, such as participant inclusion criteria, sampling and interview questions.

The social context of the individual influences the experiences of the person. CGT seeks an interpretive understanding of the experiences and actions of participants within their social context, recognizing that the experiences of participants are unique as they are situated within a specific historical time, cultural and social context for the person. The investigator situates the data within context, time, place, and culture of the individual whose experience is being examined and within the larger society to develop meaning from as close to the inside of the experience as possible (Charmaz & Belgrave, 2012). First-hand accounts, in the form of semi-structured interviews, are used to gain the insiders perspective of their experiences and to understand the events which occurred in the setting. Interviewing participants until data saturation occurs allows

the investigator to detect patterns and commonalities among the participants' experiences. The categories are used to develop concepts and generate a theory from the collected data.

Data analysis provided a link between the collection of data and the development of an emerging theory to explain the data. During data analysis concepts 'earned their way' into the theory, as is common to all GT methods (Nagel et al., 2015). CGT directs the researcher to remain open minded during analysis but acknowledges that we each bring different points of view to analysis. The co-construction of theory provides a balance of the vantage points of researcher and participants (Charmaz, 2014). As such, I strove to remain open minded, to listen carefully and demonstrate respectful appreciation for the participants, their stories and the data they provided, remaining open to new ideas and possible directions during the gathering and analysis of data.

Sampling

Purposeful sampling was used to identify the initial participants of the study. This sampling technique aims to identify a sample of participants who poses knowledge about the phenomenon of interest (Streubert & Carpenter, 2011). After purposive sampling was undertaken and initial data analysis completed, theoretical sampling was used to identify further participants. Using this method of sampling assists the development of theory by seeking participants who have knowledge and experiences that will enrich the data gathered and the constructed theory. Snowball sampling was also employed using two different methods for this study. Firstly, when participant interviews were concluded, the student PI relayed that other participants were needed, and asked that the contact information and/or recruitment flyer for the study be shared with any colleagues that may be appropriate. The other method of snowball sampling utilized in this study was to seek potential participants from individuals who contacted the student PI but did not

themselves meet criteria for inclusion. The sampling strategies utilized in this study facilitated the understanding of the gender transition experience of practicing nurses in their personal and professional lives.

Inclusion Criteria. Inclusion criteria were:

1. Individuals who were at least 18 years of age
2. Self-identify as transgender
3. Worked for at least 1 year as a nurse prior to gender transition
4. Identified as their desired gender in either their personal or profession life for at least 6 months.

These inclusion criteria were developed using guidance from the U.S. Department of Health and Human Services (Office for Human Research Protections website, 2016). Individuals who are over 18 years of age are able to provide consent for their own participation in the research study. Nurses who have practiced for at least 1 year were sought as they have an established practice and are thought to have more confidence in the workplace (Benner, 1982).

Individuals who have identified as their desired gender (gender identity) for at least 6 months have had time to develop an understanding of the barriers and facilitators to transition. Including nurses who have transitioned in their private life, but not professional life allowed the researcher to obtain the perspective of those individuals who have reservations about transitioning in their professional life.

Exclusion Criteria. Individuals were excluded whose gender transition began prior to having 1 year of experience as nurse. This exclusion aligns with the seminal work of Benner (1982) who proposes that novice nurses experience stress related to self-confidence and feelings of inadequacy related to their patient care skills (Saintsing et al., 2011). Those who transitioned

prior to working as a nurse will be unable to provide information specific to gender transition as a nurse. Those individuals who have not spent at least 6 months identified as their gender identity may not yet have had adequate experiences to articulate the barriers and/or facilitative factors to gender transition.

Participant Recruitment Procedures

Recruiting hard-to-reach populations can be a challenge for researchers (Gatlin & Johnson, 2017). Transgender nurses are a hard-to-reach population, as no large-scale data bases exist in the United States for transgender individuals (Grant et al., 2011; Taylor et al., 2011), nor for nurses. The use of a variety of recruitment strategies, such as internet-based networking sites, and social media as recruiting tools shows promise in such hard-to-reach populations (Gelinas et al., 2017). Placing study recruitment materials (See Appendix A) on social media can reach a wider audience than more traditional recruitment strategies such as flyers being posted in public places such as bulletin boards or support group meetings. Social media networking sites, such as Facebook and Twitter, can offer a safe space for individuals to interact with others on a digital platform. This allows opportunities for connection, peer-to-peer learning and sharing of resources (Cannon et al., 2017).

Institutional Review Board (IRB) approval was sought from the University of Nevada, Las Vegas (UNLV). Upon their review this study was granted expedited status and approved to proceed (see Appendix F). After approval from IRB, recruitment of participants began. Study recruitment materials (flyer) were shared on a three social media platforms, Facebook, Reddit and Instagram by the student PI throughout the recruitment period. The flyer was posted on my personal account on Facebook, as well as in Facebook groups for LGBTQ healthcare providers and support groups for transgender individuals and their families, I shared the flyer on 3

Facebook groups during the recruitment period. Recruitment on Reddit utilized three approaches, the first of which was posting a request for participants and a link to the study flyer. Additionally, I joined sub-Reddit groups (small groups for individuals with shared interests) that support LGBTQ healthcare providers, and transgender individuals. After seeking approval from group moderators or leaders I would publish posts with requests for participants and the flyer. The flyer was shared in a total of 5 sub-Reddit groups. Another strategy utilized on Reddit and Facebook groups was monitoring postings in the forums for individuals who shared that they were transgender nurses in their posts. I would send them a private message with study recruitment materials. This was done 22 times during the recruitment period. Instagram recruitment was limited to a single posting of the flyer by myself, using my personal Instagram account, this was also used as a link for Reddit postings, as there were limitations of posting images on that platform.

Recruitment utilizing email listservs was completed using a similar format, a brief personal message seeking participants and a copy of the recruitment flyer were sent to members of the listserv. I approached the leadership of the GLMA nursing 'leaders in training' group for permission to distribute recruitment materials to members. After permission was granted, the email was sent to members of the listserv, this was done once during the recruitment period.

Recruitment of participants in person and with physical posted copies of the flyer was also conducted. I placed copies of the flyer on bulletin boards, with the permission of administration, in two different LGBTQ centers in the state of Oklahoma. The student PI also attended the annual meeting for GLMA in September of 2019. During this conference I shared study information with individuals that I met who expressed interest in the study or offered that they knew a potential participant and provided an introduction in person or by email.

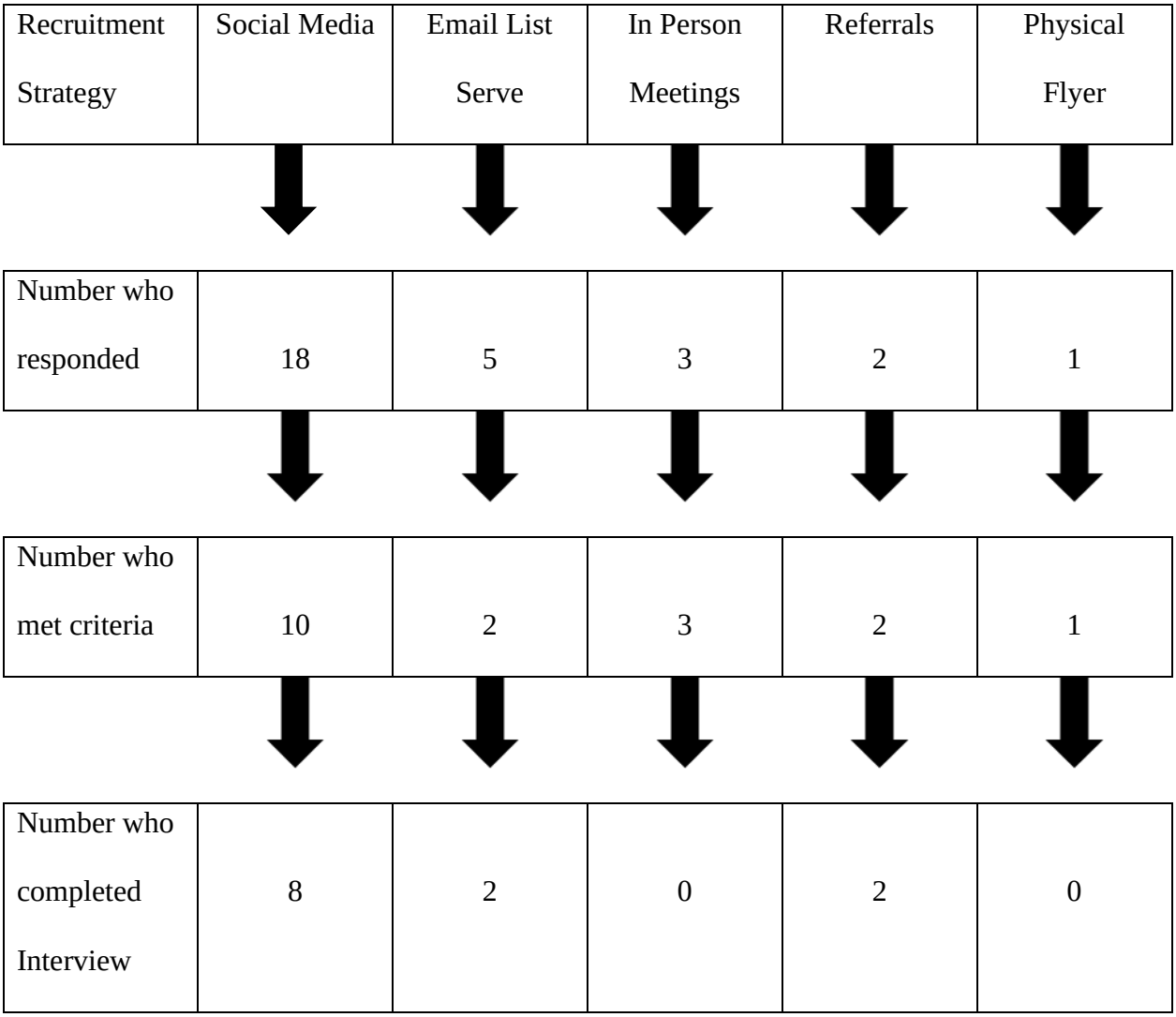
The credibility of the data was a primary concern. Rubin and Rubin (2005) direct that to enhance the credibility of qualitative data it is important to work with participants who are knowledgeable, who present a balanced perspective and can assist the researcher with testing their emerging theory. This advice guided the work of the student PI. Seeking participants who met the established inclusion criteria aided in ensuring their knowledge. The sample was diverse (age, education, years of practice, region) and this diversity supported a development of a body of data that was balanced.

There were two potential participants who initiated contact in early March 2020 with me about participation, met eligibility criteria and were tentatively scheduled to participate in interviews. Due to increased work demands (high patient census) related to COVID-19 surges in their hospital, the availability of the potential participants changed, and the interviews were delayed and ultimately did not occur. One participant responded by email in April 2020 that the 'emotional burden at work was overwhelming' at the current time and they did not feel they could participate in the study. The other participant did not communicate with me for four months, during which time data collection had been completed, offering that they were now available to schedule the interview in August 2020 as 'life had calmed down a bit'.

Twenty-nine individuals made contact, by email, text message and personal message on social media sites, expressing interest in participation. I explained the aims of the study, reviewed the role of participants, risks and benefits to participant and reviewed eligibility criteria with potential participants, then shared a digital copy of the informed consent with those who were eligible and interested in participating. I utilized a standardized script for the initial encounter with participants (See Appendix C) to ensure that I addressed all of the needed areas. Those who were interested in participation were scheduled for a phone interview at a time that

was mutually agreeable to the participant and the student PI, and verbal consent was obtained at the time of interview. The sources of recruitment and participant numbers are displayed in Figure 1.

Figure 1:Recruitment Strategy



Data Collection Methods and Procedures

Data collection with participants occurred across the data gathering period (August 2019-May 2020). After information exchange via text message or email, an interview session was scheduled with participants. At the onset of the interview, the purpose and aims of the study were reviewed, the informed consent document (Appendix B) was read to participants and after they gave verbal consent to participate and have audio recording of the session, data collection began with demographic data (Appendix D) and continued with a semi-structured interview. At the conclusion of the interview, participants were invited to participate in optional member checking when the data collection was completed, and their preferred follow-up contact information was confirmed.

Demographic survey

The 11-item demographic questionnaire (Appendix D) was developed to obtain descriptive information about the characteristics of the study sample. Participants were asked to complete a demographic survey prior to conducting the one-on-one interview. This information was collected by phone after informed consent was obtained. Seeking the information prior to, or at the beginning of, the interview allowed for the adjustment questions for the participant's situation (such as if they had not transitioned in professional life).

Demographic survey questions were designed to describe the participant sample (See Appendix D). The items for ethnicity were formatted using the same categories as the United States Department of Commerce (2018) used in the 2010 and 2020 census. The gender identity item used phrasing from the Williams Institute (The GenIUSS Group, 2014) best practices for gender

minority respondents on population-based surveys. Items for age, years in practice were based on inclusion and exclusion criteria for the study.

Semi-structured interviews

The semi-structured interview guide was developed to encourage participants to share their experiences, not to guide the participants to respond with 'what the researcher wants to hear' (Streubert & Carpenter, 2011; Charmaz, 2014). Semi-structured interviews were conducted remotely, using the telephone, from a private and quiet location, my office. Participants were in the location of their choice, which ranged from their home, car, or while outside at a local park. Prior to the onset of data collection an interview guide was developed (Appendix C), which provided a tentative guide for the student PI to facilitate the initiation of the interview. The interview began using a broad initial question "Please describe your transition experience in your personal/professional life". The question was tailored to the participant, if they had not transitioned in professional settings, the question was limited to personal life. The interview guide questions and probes were designed to foster a discussion while maintaining a non-judgmental tone and delve into the transition experiences of participants. The average interview time was 58 minutes, with a range from 32 minutes to 1 hour and 18 minutes.

Using a CGT approach, the questions asked of participants were focused on gaining knowledge of the unique experiences of the participants. Using the guidance of qualitative interviewing experts (Charmaz, 2014; Glesne, 2011; Streubert & Carpenter, 2011) these questions and probes were developed to encourage discussion, and to focus the conversation on a single topic at a time, be culturally sensitive and explore the participants' full experiences of gender transition in their private and professional lives. As data collection and data analysis progressed, the interview questions were refined for clarity and new questions were added to the interview guide

to aid the student PI in gaining understanding of emerging topics and to develop theoretical clarity. These added questions and refinement of existing questions supported the thoroughness of the data collected (Rubin & Rubin, 2005; Charmaz, 2014). Questions that were added during data collection and analysis period were included on the interview guide and marked with an * (Appendix C). These additional questions included:

What made you feel safe (or unsafe) during transition?

1. What does it mean to you, when someone uses your name correctly (or fails to use)?
2. Where have you found support during your transition?
3. What has been a surprise (good or bad) about transition?

Demonstrating caring and sensitivity during the research process is essential to gain insight and knowledge from participants (Elmir et al., 2011). I maintained a conversational tone during interviews, was responsive to participant responses and utilized communication techniques to facilitate an open and respectful dialog.

Telephone interviews. Telephone interviews are appropriate for sensitive topics (those that are personal or address areas of life such as sexuality or gender identity) or topics that could lead to discrimination (Mealer & Jones, 2014). Carr & Worth (2001) suggest that the relative anonymity of a verbal interaction on the telephone may make sharing personal information easier for participants. Furthermore, exploration of topics that might otherwise be avoided in a face-to-face conversation may be easier when communicating via telephone, as feelings of anonymity and security may be increased with virtual conversations (Trier-Bieniek, 2012). Participants were asked what name they would like to be called during the telephone interview and were not required to provide their real name.

Interview Audio transcripts. All participants provided consent for audio recording of the interview. A professional transcription service was utilized (Transcribe Me!) for all interviews. After each interview, the digital recording of the interview was uploaded for transition using a pseudonym for the file name. Then upon receipt of the interview transcript, I listened to the audio file while reviewing the transcript for accuracy and correcting as needed. This allowed me to correct inaccuracies in the transcription, such as attributing the words to me rather than the participant. When an individual made noises, such as clearing their throat, it was labeled as 'inaudible', these were verified to be such non-verbal sounds or words spoken that were difficult to understand. It was noted that the transcripts of participants who were transitioning male to female (MtF) required more such corrections due to a propensity toward such non-verbal sounds as the interview progressed and their voices became somewhat strained.

The review of transcription took place as soon as possible after the interview to while the interaction was fresh in my mind. This review of the transcribed interview supported the accuracy of the data collected (Rubin & Rubin, 2005), and provided me the opportunity to immerse myself in the data and hear the participants' voice inflection, tone and fluency in their speech. Narrative notes were added to reflect non-verbal cues, such as tone of voice, pauses in responses and emphasis of the participant.

Field notes and Memos

Field notes were developed during and immediately following each interview. This provided the student PI an opportunity to capture the responses to the interview, initial impressions of the interaction and to make notes of ideas that came up during the interview, such as a rewording of a question or an additional question for future use (Charmaz, 2014). These

field notes became a resource for the Student PI to reflect on the interview and become re-immersed in the data when returning for later review and analysis.

Research memos were developed to curate the ongoing analysis of data (Charmaz, 2014). Memo writing served as a bridge between data collection, analysis and the ultimate construction of the theory, by providing the opportunity and mental space for me to pause and consider my own thoughts and reflections on the data and emerging codes. In the early stages of analysis, the memos were centered on the initial analysis of data, potential codes and rudimentary categories and definitions. Data were compared across interviews and the process of making connections between participant statements and conceptual understanding of the data was facilitated by the memos I developed. Over time the memos became a place for the codes to take on higher levels of abstraction and begin to emerge as theoretical codes.

I approached memo writing as a private space to work out ideas. The writing was not formal, as it was a resource for my personal thoughts rather than public use. When an idea occurred to me about the data, I made a note or recorded the thought, wherever I was. Carrying a small notebook with me became a habit during data collection and analysis, as it provided me a space to jot down the ideas that occurred to me while I was going about my day. Another method of capturing memos was to leave voice mails on my private office number, as was common when an idea came to me while driving or in other circumstances that made the act of stopping to write thoughts down difficult. Later, I would then add these notes to my memo documents stored on my computer in a MS WORD file, which was on ongoing document. Dates were used to indicate when the entry was written and included references to specific interviews using the alphanumeric code for each participant.

Data Analysis Techniques and Procedures

Demographics

Participant demographic data was collected on a physical copy of the demographic questionnaire (Appendix D) during the interview. After the interview was complete the information was transferred to a spreadsheet and the paper copy of the demographics was placed in secure storage. I utilized a Microsoft Excel spreadsheet to collate this data as well as to perform the simple statistical analysis of findings.

Interview Transcripts

All participant interviews were digitally recorded with participant consent. After each interview, the digital recordings were uploaded for transcription using a Health Insurance Portability Accountability Act (HIPAA) compliant transcription service (Transcribe me!). When the transcripts were available, I would review the file while listening to the interview to verify the accuracy of the transcription and make any needed corrections. At this time, I also removed all references to the participants' names within the transcript and substituted their assigned pseudonyms.

Reviewing the transcripts for accuracy while listening to the interview allowed me to reflect on the experience and add notes about timing and tone of voice to the transcript and field notes. Some interviews required me to replay portions of the interview several times to ensure the accuracy of the transcription. The time spent listening to the interviews allowed me the opportunity to reflect on the specific words and phrasing used by participants, immersing myself in their words and tone; it was a valuable tool in the analysis process.

Data Analysis

Data collection and analysis were undertaken simultaneously during the data collection phase, as is customary with GT studies. Data analysis, or coding, serves as a link between data collection

and development of emerging theories that explain the data (Charmaz, 2014). I utilized multiple methods of storing and collating data during this phase of the study. The interview transcripts were maintained in MS Word files as well as imported into NVivo software (QRS International [QRSI], 2018).

After the transcripts were verified for accuracy, I made a two-column table in MS Word, where the first column held the verbatim transcriptions of the interview and the second column was blank. During coding, I would copy the text of the participant into the second column as a way to 'pull out' the words that were deemed to be significant. Color coding was utilized to visually associate concepts. This work was completed prior to meeting with a qualitative methodology expert on my committee, who functioned as my methodology mentor, hereafter called the faculty mentor. During the meetings, which were conducted online using video meetings or by phone, we would simultaneously review the transcript of the interview and discuss the preliminary line-by-line coding I had completed. I used the comments function in MS Word, or handwritten notes about what we discussed to document areas for me to review after the meeting.

My faculty mentor would ask questions to encourage my thinking about what the participant had said, what it meant in the context of their transition or work as a nurse. These questions helped me to step back and consider things from a different perspective, and recognize occasions when the interesting 'bits' of information, such as questioning what the facilitative factors for the partners of transitioning individuals, needed to be set aside, as they were not pertinent to the current study. After faculty meetings I would add to memos, review the coding and consider any needed changes or additions. I used the qualitative data analysis software,

NVivo, after faculty meetings, to review the interview again and used features in the software to highlight the words of participants and make notes about potential coding of the data.

As more interviews were completed, I constructed data tables in MS Word to house data from multiple participants and begin to evaluate trends in the data. The arrangement of these tables evolved over the analysis period. As categories emerged, exemplars from participants were recorded in columns, using the tentative categories as headings. Again, color was utilized to help distinguish data from different participants. Each participant was assigned a color of highlighting, so I was able to quickly distinguish how commonly a category occurred across participants, or if it was isolated to a few participants. In the case of categories that were clustered to only a few participants, I could consider if the similarities of the individual (region, age) were a related factor.

Open Coding

Data analysis was undertaken using the three-phase method developed by Charmaz (2014). The initial coding of data began with open coding, where transcripts were evaluated word-for-word and line-by-line to begin the process of data separation. The first reading of the interviews was undertaken without coding, to get the overview of the interview. Then subsequent readings were focused on the discovery and generation of codes. The words of the participants were used as the initial code, these in-vivo codes were used to help capture the reality of their experiences. Using the words of the participants helped to maintain the focus on the emic perspective of what was happening within the data. Rather than on my own etic perspective of the data (Holloway & Wheeler, 2009). During this initial analysis, a goal was to keep an open mind, and avoid attempting to fit the codes into any preconceived ideas about where the data should be directed.

Transcripts were read and evaluated multiple times, alone and in consultation with my faculty mentor, during the open coding phase. The words of participants were evaluated for their relation to the theme or the actions or processes that the participants described. In the first interview, the participant described how their own transition journey progressed over time. This led to the inclusion of gerunds (Glaser, 1978) in the initial coding, using these active words helped me to consider what the participant was describing, giving me direction of what topics needed exploration in future interviews. The use of words associated with "beginning", "starting" and "deciding" emerged as a persistent theme in their data. The gerunds became simple codes and were the starting point for developing data tables with these action words as the column headers, which denoted early indication of a process.

As further interviews were completed and analyzed, the labels for codes were re-used, as appropriate to codes that are similar (Alemu et al., 2015). My focus was on the development of the concept, understanding what it meant, moving past the simple description of the concept. After each interview, the new data was examined using the same word-for-word and line-by-line method. The initial in-vivo codes and gerunds were developed first during my independent analysis, then shared with the faculty mentor and discussed in detail during consultations. The new data was compared to previous interviews to establish similarities and differences in the data gathered with participants. The reflective questions asked by my faculty mentor helped me to consider if this initial coding was furthering the development of categories, helping me to develop an understanding of the theoretical meaning of the data. This practice was the foundation of the constant comparison of data that persisted across the data gathering and analysis process (Glaser & Strauss, 1967).

Focused Coding

Analysis of data progressed to focused coding, where the separation, sorting and syntheses of the data began (Charmaz, 2014). The codes that were determined to be the most useful or relevant in the initial coding phase moved forward and were tested against the data during focused coding. Letting ideas emerge was the central work of these first two phases of data coding.

The process of focused coding began by examining the whole of the developed codes, and what codes occurred most often across the interviews. These recurring codes became the focus of the analysis. Considering and comparing the initial codes from data analysis I was able to begin the process of selecting codes that best represented the data. When several codes were similar, I could select a code that best encapsulated the other codes and collapse several codes into one. In this stage of analysis, the codes became less descriptive and more conceptual. Focused coding helped me to sort and manage what had become a large volume of codes and data into more manageable collections of codes that were tentatively grouped by shared characteristics.

The work was centered on asking myself what do these initial codes say to me, what is the data telling me, and then comparing them with the other codes. Considering what the codes point towards, as well as what they reveal helped to develop them past the descriptive stage. Reviewing the data to look for patterns to the codes, asking myself what codes best describe the phenomenon enriched my understanding of the data and aided in focusing the analysis. The richness of the descriptions and subsequent codes, or relative lack of substance, helped me to recognize areas that needed further exploration both in future interviews and in the already gathered data. This provided guidance for revisions of interview questions and an awareness of words or phrases to be on alert for during interviews. For example, when building an emerging

code of ‘respecting my identity’ (in relation to being named correctly in the workplace) was being developed, I was listening intently for participants speaking about how their identity might be shared with others in the workplace. During interviews when participants mentioned their name badge in passing, I would ask a follow up question about what it meant to them when people used their name correctly in the workplace.

Focused coding gave way to lightbulb moments, where the words of a participant described a phenomenon in a way that resonated, and the code became clear to me. I was then able to go back and review earlier data and recognize the presence of the phenomenon in that data, now that I better understood what the data was telling me. The iterative process of going back to review earlier interviews in light of newly found coding, ensured that I had recognized and captured occurrences in earlier data sources. I came to recognize that coding was not work that was finalized, it was a living process. The codes were tentative across these first two stages of analysis, evolving as I came to better understand the process and gained skills in data analysis. This tentative nature of coding work allowed me to relax and recognize that the process was fluid and could change as new data illuminated ideas.

I used hand drawn concept mapping and conceptual drawings during focused coding to consider the emerging relationships of data and increase my level of abstraction as I pondered how to visually convey the information. In considering how to draw the conceptual relationship, I had to consider more than the words on the page, including the feelings expressed by participants and meanings that the words held for participants. While the drawings were not sophisticated, the thoughts they generated were a valuable part of the coding and analysis process for a novice researcher.

I also utilized a physical sorting method when considering how categories and subcategories of data 'fit' together. Preliminary sub-categories were written on post-it notes and placed on a white board in the column of the categories they best fit. This process helped me to consider the relationships of the categories and codes. It also provided me with a visual snapshot of the clusters of data and facilitated my consideration of what sub-categories might need to expand or collapse.

Theoretical Coding

Theoretical coding is final phase of the CGT coding process. Categories of codes are considered in relation to other categories to bring the smaller pieces of information back together. During theoretical coding, synthesis and incorporation of codes from the second phase were used to establish relationships between findings and move the analysis from descriptive to conceptual and ultimately toward development of a theory (Charmaz, 2014).

Theoretical codes helped to direct the codes developed in the open and focused coding phases and helped me to move towards theorizing the data. These theoretical codes integrated data from the analysis to form a coherent story from the data moving the analysis in a theoretical direction. This aided in illuminating the relationships between the codes. During theoretical coding I was able to consider the codes and separate the codes into smaller groups that shared a common aspect. This work facilitated the development of the theory and improved the clarity and conciseness of a theory that was rooted in the data, elucidated the participants' meaning, and was co-constructed between the researcher and participants.

Preliminary theoretical coding was undertaken, and this is when the four main categories of the theory took on their final shape. Interviews completed later in the process, were then coded using these categories and I considered if there was anything in the interview that didn't fit

within the theoretical codes. When it was found that all of the pertinent data was accounted for with these codes, the adequacy of the theoretical codes was demonstrated.

Theoretical Sampling

After the initial participant interviews were coded, the process of recruitment of participants continued. During this phase of theoretical sampling participants continued to be sought to contribute to the study. The focus was not seeking participants based on their demographic characteristics, or on ensuring the sample was diverse (Charmaz, 2014). Instead, the purpose of theoretical sampling was the ongoing work of analysis, the refining and clarifying of the emerging categories of the study, explaining the relationships to the experiences of participants and better understanding the links between categories. This process of theoretical sampling continued until the analysis of interviews provided no new properties, only supporting categories that were under development.

In the present study, a total of twelve participants were interviewed and the last three interviews revealed no unique categories. Despite not having new categories of data, these interviews were valuable to the analysis as the participants provided data that clarified the relationships of categories and spoke with candor about their experiences.

Constant Comparison

Following interview transcription verification the process of coding began. After each interview had undergone preliminary analysis, the codes were compared to other codes within the same interview and then to the previously coded interviews (Glasser & Strauss, 1967; Charmaz, 2014). This work of constant comparison helped to illuminate the similarities and differences in the data which facilitated understanding of the data, the codes, categories and the

relationships between categories. Comparing codes to other codes allowed me to consider which of the codes best explained the data, giving the clearest picture of the experiences of participants.

The work of constant comparison began with the first interview, where I compared the many codes created during initial coding to each other. Then as data collection progressed, I returned to previous interviews to compare those codes against the newer codes. I often found that the words of a new participant clarified an idea or helped me to better understand the relationship of the codes to each other. For example, my first participant shared how the community where they lived was 'trans friendly', so an in-vivo code 'trans friendly community' was developed. Then a later participant shared how they felt their community was not supportive of sexual gender minority people, so an in-vivo code of 'unsupportive of SGM' was developed. When comparing these codes, I recognized that the two participants were both speaking about their feelings of safety in their community. Over time and subsequent interviews and comparison to new codes, these two codes ultimately contributed to the sub-category of recognizing places of safety within the category of establishing safety.

Procedures to Ensure Trustworthiness

Qualitative researchers can employ different techniques to ensure the trustworthiness, or rigor, of the research (Holloway & Wheeler, 2009). Ensuring the constructed theory was trustworthy guided the development and implementation of the study with a focus on how to ensure thoroughness and demonstrate competence as a novice researcher. The validity of qualitative studies is determined by how accurately the work represents the reality of the phenomenon as experienced by those who lived it, the participants (Creswell & Miller, 2000). Multiple strategies were implemented across the study to ensure that data was obtained, managed and analyzed in a rigorous manner that was accurate and reflective of the participants'

experiences. This began with development of a semi-structured interview guide utilizing open-ended questions, designed to invite participants to share about their experiences and allow their story to emerge (Charmaz, 2014). Interviews were recorded, professionally transcribed, and transcripts were reviewed for accuracy before analysis, which ensured that the raw data was a reflection of the participants (Streubert & Carpenter, 2011). Other strategies used to ensure trustworthiness in this study addressed reflexivity, development of an audit trail, expert support and member checking.

Reflexivity

Qualitative researchers cannot set aside subjectivity, rather they can be aware of it and strive for self-reflexivity in order that their prior assumptions do not introduce bias into the study (Holloway & Wheeler, 2009). Finding the balance of keeping an open mind and the ability to identify concepts that were theoretically significant across the data gathering and analysis phases of the study was the goal (Birks & Mills, 2015). I am a practicing nurse, although I do not identify as transgender myself, I am an advocate for civility in healthcare and LGBTQ equality. I worked closely with a nurse peer during their personal and profession gender transition. I also have a close family member who identifies as transgender, along with other family members, friends and colleagues who identify as transgender, lesbian, gay and bisexual. Thus, my perceptions of the experiences of sexual gender minority individuals have been shaped through personal and professional experience with these individuals, developing my emic view. At the onset of this study, I had a basic understanding of some of the challenges that transgender persons experience in their lives and a strong belief that nursing, as a profession, could be a source of support to members of the profession who are transitioning. I approached this study with the mindset of self-reflection, recognizing that my own experiences could direct the

analysis, shaping my interpretation of the data (Engward & Davis, 2015). Memo writing provided me the opportunity to record and reflect on my assumptions and their influence on my approach to data collection and analysis (Birks & Mills, 2015). Working with participants and their emic view, my goal was to co-construct knowledge with the participants (Charmaz, 2014). This co-construction of knowledge with participants is grounded in their experiences and the meanings derived from their experiences within their own social context.

Audit Trail

To ensure the dependability of the constructed theory, careful record keeping was undertaken during data collection and concurrent analysis to facilitate knowing what had been done with the data and thoughts behind those decisions (Holloway & Wheeler, 2009). Detailed notes were developed, dated and maintained securely to provide a record of how the study progressed (Forero et al., 2018). I made use of the computer software, such as MS Word, MS Excel and NVivo, to maintain the data collected from participants and the subsequent analysis. This practice allowed me to follow the progression of the work, from raw data, to in-vivo codes to more conceptual codes and categories (Streubert & Carpenter, 2011). In addition, it provides other researchers the ability to follow my analysis process throughout the study as means of assuring rigor.

Expert Support

My position as a graduate student at UNLV provided me with support during my dissertation study. The members of my dissertation committee provided me with support and encouragement across the development and implementation of the work. I worked closely with my faculty mentor, who is an expert in qualitative research, during data collection and analysis, which was invaluable to a novice researcher (Backman & Kyngas, 1999). Our regular meetings

provided me with a sounding board for my preliminary analysis work and allowed me to grow my skills with their supervision and guidance as a safety net.

Member Checking

Reality is a social construct; those who lived the experience are the experts on their reality. Therefore, the participants are the ones best suited to determine the reflectivity of the study results and their reality (Charmaz, 2014; Creswell & Miller, 2000). Member checking was undertaken to provide participants an opportunity to evaluate the 'fit' of the study to their own experiences. At the time of the interview, all participants were offered the opportunity to participate in member checking, all but one expressed interest. I shared the findings of the study with the participants who had agreed to review the constructed theory, seeking their feedback on the accuracy of the constructed theory compared to their personal experiences. The participants who responded shared that the study results captured their experiences, one participant shared "I can see my own experiences, but in someone else's words, it's surreal".

Protection of Human Subjects

The study was designed with protections at each stage of the process to ensure the protection of those who participated. Obtaining the approval of the institutional review board is one such step. I am a graduate nursing student at the University of Nevada, Las Vegas. I sought IRB approval from the UNLV Office of Research Integrity for the present study, upon review they approved the study as meeting the criteria for expedited review status (Appendix F). IRB approval was obtained prior to the onset of recruitment and data collection. I sought to understand practicing nurses gender transition experiences in their personal and professional lives in this study. Recognizing that participants in the study have unique lives and circumstances, the protection of their right to provide informed consent, respect for protection of

their data, ensuring their comfort during the interview and having a plan for support if a strong emotional response occurred during the interview was a priority.

Informed consent

Informed consent was obtained verbally prior to the initiation of data gathering. A copy of the informed consent document was provided to participants by email for their review prior to the interview (Appendix B). Participants were made aware of that their participation was voluntary, and they could withdraw from participation at any point without consequences. No participants requested to withdraw from the study.

Data security

The protection of participant confidentiality and data security was a priority for this study. Participants were assigned a unique code to identify their materials and protect privacy. The participant alphanumeric code will be used in publications to protect participant privacy (Streubert & Carpenter, 2011). The digital recordings were transcribed by a professional transcription company that provides services for medical transcription and ensures that their procedures are compliant with the (HIPAA) of 1996 (Transcribe me!, 2020). The digital files were removed from the recorder and computer after transcription was received and reviewed for accuracy. De-identified participant data was only shared with dissertation committee members. Additionally, all digital study materials (memos, demographic data, tables, transcripts) were stored on a password protected drive on a password protected computer in my home office. Any physical copies of materials were stored in a locked file cabinet in my home office. These materials will be maintained in this manner for a period of three years after the completion of the study, when they will be deleted or destroyed. These measures were undertaken to ensure protection of participant information.

Sensitivity to Participants

All interviews were conducted in a private setting, the student PI's office, via phone with participants. Participants were informed that the audio recording and study materials would be maintained securely, and their responses would not be identified and would remain confidential. Demographic data would be used to describe the study participants. During interviews, I was focused on the verbal and non-verbal responses of participants, assessing for signs of distress, such as long pauses, sighs or changes in tones of voice. At the onset of the interview, the student PI shared that if at any time the participant needed to stop or take a break during the interview, they need only say. This response to participants offered support during a possible time of distress (Elmir et al., 2011). During the interview, I listened attentively to the participants, mirroring their language as appropriate and seeking clarification if terms were not familiar to me. To indicate my ongoing engagement with the conversation, I would verbally respond to using 'mmm-hm' and 'go-on'. Using active listening practices and reflective language expresses concern and regard for participants (Drabble et al., 2017).

Participant Support

The topic of the interview, experiences with gender transition, could be emotional for individuals. There was a possibility of participants becoming distressed as they recalled and discussed past events. Strategies to support the participant were developed, such as taking a break during the interview as needed and providing information about support services to participants (Draucker et al., 2009). A list of resources with contact information for support services was available, with a focus on organizations that support LGBTQ issues and concerns (See Appendix E). No participants needed to stop the interview, nor required referral for immediate support.

Distress Protocol

A distress protocol was developed, and support resources were found to specifically support transgender individuals. Prior to the induction of the study, the student PI sought input on the distress protocol (See Appendix E) from a Licensed Professional Counselor who works with transgender clients in a regional LGTBQ center. The support services listed were chosen based on their national availability, toll-free phone number or on-line accessibility. There were multiple resources listed to provide for around the clock hours (Trevor Project and National Suicide Prevention Lifeline), multiple modalities, phone, text, instant message (Trevor Project) and the availability of Trans* identified support members (Trans Lifeline).

No participants expressed signs of distress during their interview, nor required a break during the interview. I offered a copy of the support resources to participants, only two participants asked to be provided with the list, stating that they would use it as a resource for others in their community, as the support organizations had such a variety of availability and modalities.

Chapter Summary

Practicing nurses' gender transition experience in their personal and professional lives is unexplored in the literature. This chapter presented GT methodologies history and evolution, with focus on CGT. The design of the present study was detailed and how CGT methodology provided direction for the work from the planning stages through participant recruitment and sampling, data collection and the constant comparison method of data analysis was described. The steps taken to ensure the trustworthiness of the study and actions taken to protect human subjects were also discussed.

CHAPTER 4

RESULTS

Introduction

The purpose of this study was to develop a grounded theory explicating the social processes practicing nurses' experience during gender transition. This chapter describes the data obtained from the twelve nurses who participated. Data was collected during individual remote interviews. The constructivist grounded theory method of constant comparison and iterative analysis was used to develop four core categories from the interview data. The data analysis process began with word-for-word review and in-vivo coding (using the words of the participants), progressing to coding with gerunds, conceptual diagrams, memo writing and analysis performed by the student PI working closely with a methodology expert on their dissertation committee. Ultimately the data was used to co-construct a theory that was grounded in the experiences of the participants to represent how practicing nurses experience gender transition. This chapter addresses the demographic and qualitative findings of this constructivist grounded theory study. The qualitative findings are presented as the Theory of Becoming Myself and answers the following research questions:

1) What are the social processes nurses utilize during gender transition in their personal and professional lives?
2) What are the barriers and facilitative factors to gender transition for nurses?

Demographic Findings

The twelve study participants all held RN licenses at the time of their gender transition and the majority identified as Caucasian, non-Hispanic (91.67%, n=11), with the exception of one participant who identified as Latinx (n=1, 8.33%), which is reflective of the race/ethnicity of

the US nursing population (Smiley et al., 2018) and transgender adults in the US (Grant et al., 2011, p. 17). The self-reported gender identities varied with MtF (n=6) the most commonly reported gender identity. The largest age group was 25-34 years of age at the time of transition (n=5), an average of 37 years old and 41.66% of the participants held a completed master's degree (n=3 nursing, n=2 non-nursing) at the time of their transition. The participants in the sample highest level of completed education is higher than average for nurses in the United States (Smiley et al., 2018) as well as for transgender individuals in the US, where only 13% of individuals hold a master's degree (Grant et al., 2011, p. 18). The sample is also is younger, on average, than the US national average aged nurse of 51 years (Smiley et al., 2018). The participants practiced in various regions across the United States and Canada, with the most common region the Midwest (n=5, 41.66%). The largest group of participants had transitioned in both personal and professional settings, (n=11, 91.66%) at the time of their interview. The participants had been in practice for a range of 2 years to 27 years at the time of their transition, with 2-5 years the largest group (n=6, 50%). The role of participants at the time of their transition was most commonly staff nurse (n=6, 50%) along with charge nurse (n=4, 33.33% and educator n=2, 16.67%). Participants worked for a variety of organizations, with for-profit the most common (n=6, 50%) and the majority of participants worked as inpatient nurses (n=10, 83.33%) on a wide range on nursing care units. Table 1 is a comprehensive accounting of the demographics of the study participants.

Table 1:Demographic Findings

Demographic Findings N = 12

Age	n	Percentage	Practice Region	n	Percentage
18-24	1	8.33%	Northeast US	3	25%
25-34	5	41.67%	Midwest US	5	41.67%
35-44	2	16.67%	South US	2	16.67%
45-54	4	33.33%	West US	1	8.33%
55-64	0	0%	Canada	1	8.33%
65 or older	0	0%			
Gender Identity	n	Percentage	Transitioned in	n	Percentage
Male to Female	6	50%	Personal Life only	1	8.33%
Female to Male	3	25%	Professional Life only	0	0%
Gender non-conforming	3	25%	Both personal and Professional Life	11	91.67
Years in Practice	n	Percentage	Education	n	Percentage
2-5	6	50%	Technical Training	0	0%
6-10	5	41.67%	Associate's Degree	3	25%
11-15	1	8.33%	Bachelor's degree (non-nursing)	0	0%
16-20	0	0%	Bachelor's degree (nursing)	4	33.33%

Demographic Findings N = 12

21-25	0	0%	Master's degree (non-nursing)	2	16.67%
26-30	1	8.33%	Master's degree (nursing)	3	25%
More than 30	0	0%	Doctorate degree (non-nursing)	0	0%
			Doctorate degree (nursing, PhD, DNP)	0	0%
Organization Type	n	Percentage	Role	n	Percentage
For profit (private)	6	50%	Staff Nurse	6	50%
Public (non-profit)	4	33.33%	Charge Nurse	4	33.33%
Religiously Affiliated	1	8.33%	Manager	0	0%
Teaching	1	8.33%	Executive	0	0%
			Educator	2	16.67%
			Other	0	0%

Note. Data in Table 1 reflects self-report participant responses to demographic questionnaire (Appendix D).

Qualitative Findings

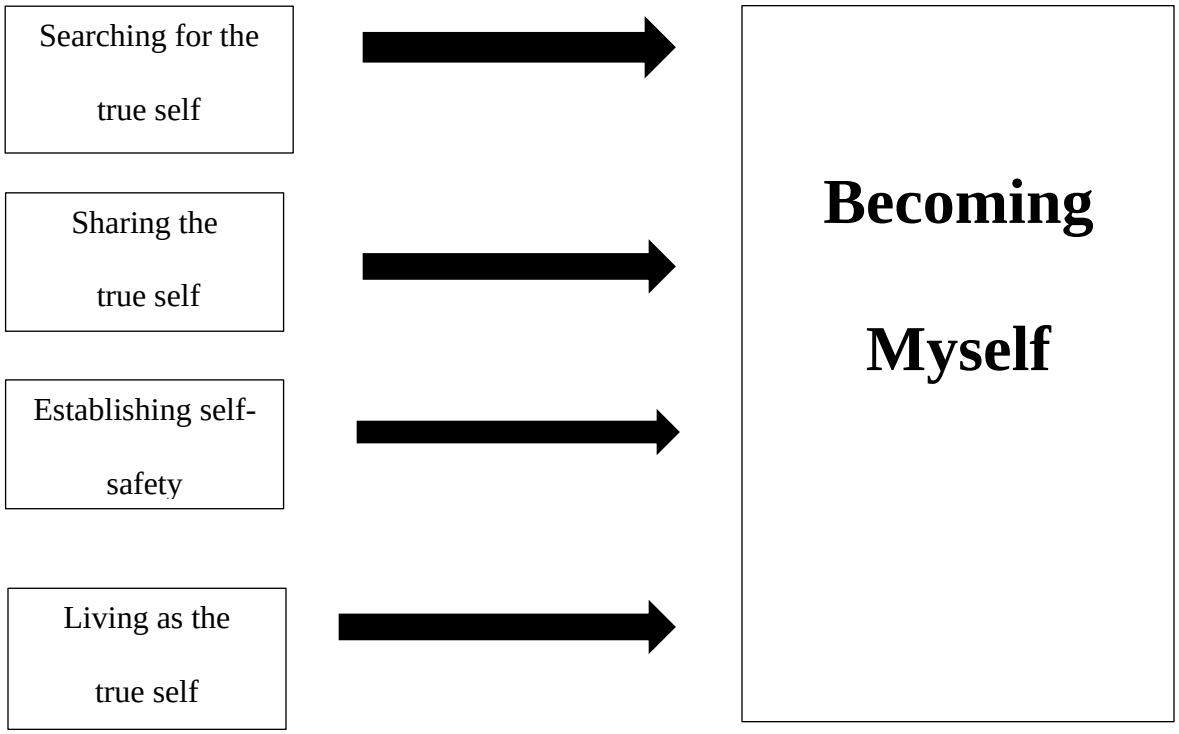
Overview of Theory

This qualitative study sought to inductively derive a theory that was constructed by the participants and the student PI to describe practicing nurses' gender transition experience, the

processes used to attain this transformation and what barriers and facilitators they experienced. The findings from this study revealed a core concept of the constructivist grounded theory as *Becoming myself.* During the final theoretical coding phase, this concept, *Becoming myself*, was found to be what linked the other categories together and described the social process nurses' experience during gender transition in their personal and professional lives, and what the barriers and facilitators were to their gender transition experience, thus responding to the research purpose and questions. *Becoming myself* was the central action, into which all the other categories were integrated. Because of this centrality to the social processes experienced it was determined to be the core concept of this theory.

Using the responses of the participants the social processes nurses utilized during their gender transition were found to center around the concept of *Becoming myself.* The process of becoming includes S*earching for the true self, Sharing the true self, Establishing self-safety* and *Living as the true self*. Participants generously shared their experiences with the student PI, including the barriers (lack of information, fear and denial) and facilitative factors (knowledge, support and acceptance) to their transition experiences. Figure 2 illustrates The Theory of Becoming Myself.

Figure 2: Theory of Becoming Myself



Core Concept: Becoming Myself

Becoming myself emerged as the core concept as participants described the process of their own changes across time. "Becoming" was an active process that involves the evolution of the individual within their personal and professional lives, moving towards their inner concept. "Myself" is focused on the individual, their own identity and self-concept, and their personal acceptance of identity and determining how to express themselves to others. *Becoming myself* was at the heart of the matter for participants, this was the hard work that drove their decisions, and was necessary for practicing nurses who experienced gender transition in their personal and/or professional lives. Within this core concept four categories emerged: *searching for the*

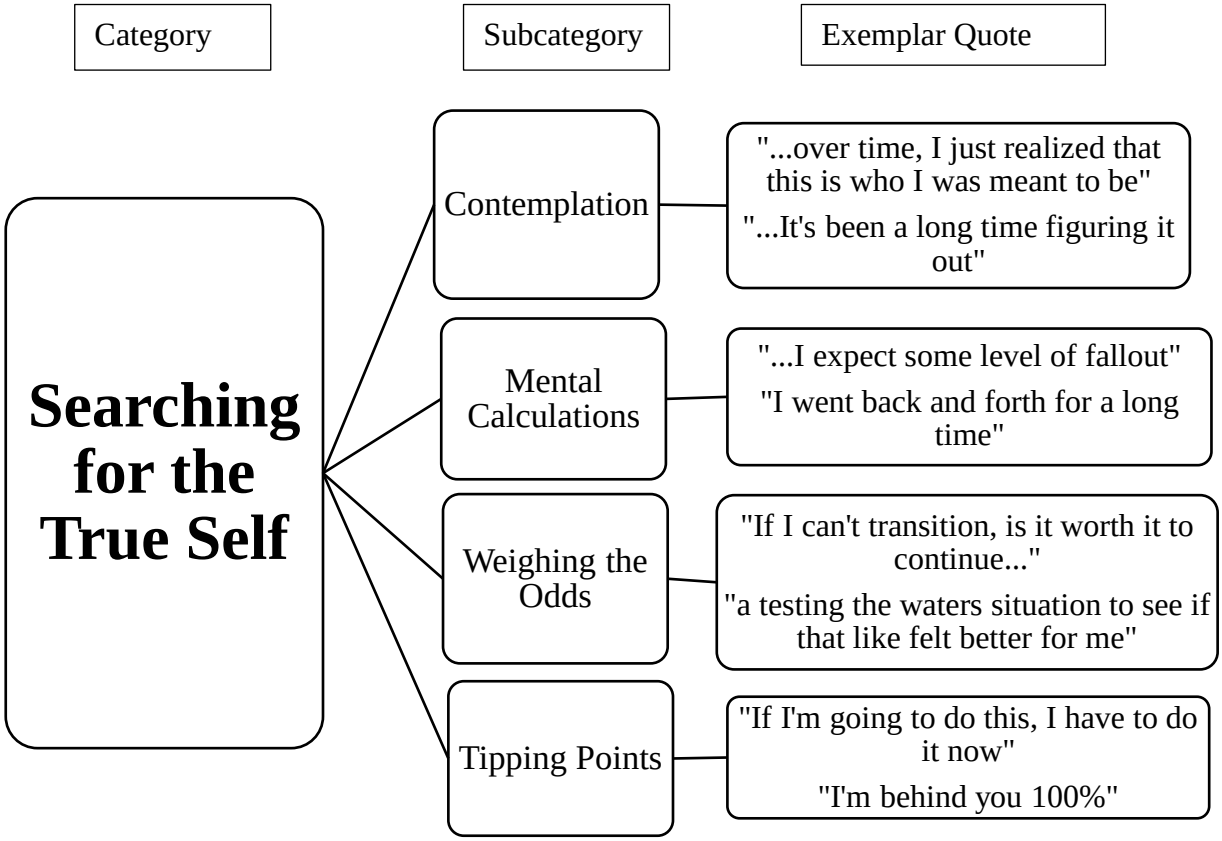
true self, sharing the true self, establishing self-safety and *living as the true self. Searching for the true self*, was a period of self-reflection and was what propelled the individual to begin their transition journey. When the individual made the choice to move forward and begin *sharing the true self* with others, they are beginning to experience life as their true self within social and professional settings. The extent to which they shared, when the sharing occurred, and the degree to which they shared with others was variable and can be driven by the nature of the relationship (emotional closeness, professional boundaries or duration of relationship). *Establishing self-safety* guided the individual disclosures of information and actions before, during and after transition. Should the individual determine that a situation is not safe, they were less forthcoming with information, while if the situation was deemed to be safe, the individual may be more open with others. *Living as the true self* was the culmination of the decision to consciously connect with their essential being and the ongoing lived experience of the individual now living as themselves.

Descriptions of Categories

Category 1: Searching for the True Self. *Searching for the true self* arose early in the analysis process as a category. This category was essential to describe the internal process individuals undergo before they begin gender transition in social or professional settings. Study participants responses emphasized the internal exploration they experienced and how it was a necessary component of their journey. This time of personal exploration was characterized by stops and starts, reflection and consideration of long-term goals. Through initial coding, four sub-categories were identified as components of how a practicing nurse searches for their true self: (a) contemplation; (b) mental calculations; (c) weighing the odds; and (d) tipping points. This category serves as the foundation for the ongoing journey of practicing nurses who are

navigating gender transition in their personal and professional lives. Figure 3 represents *Searching for the true self* and the sub-categories that emerged with exemplar quotes.

Figure 3: Searching for the True Self



Participants readily discussed how their own experiences of searching occurred. While the duration of time and the experiences of individuals varied during this phase of searching, the commonalities of this period of reflection were evident. This is the first category of the theory, as

it predates gender transition actions in social or professional settings. Without finding their true self, the individual may not progress with gender transition.

Sub-Category 1 a: Contemplation. A period of personal reflection during which concepts of identity, self-conception and gender were explored in detail was shared by all the participants. This process was unique to each participant, in that the duration of the period varied among participants, along with the non-linear nature of self-introspection. In simple terms, individuals spent time thinking about what gender meant to them, if they aligned with their gender assigned at birth or rather, they more closely identified with another gender or as non-binary. The properties of this category include internal examination of thoughts, feelings and desires along with finding the words to express the outcomes. Contemplation is not the work of a day, nor is it a once and done line of thought with a simple or quick conclusion. Participants described having questions from earlier in the life, such as Participant M1 who recalls questioning in adolescence:

> "I knew that something was different when I was younger and in the sixth grade" (M1).

This continues into her adult life, where she describes:

> "I still kept being transgender…when I became an adult, the feelings never went away….and slowly over time, I just realized that this is who I was meant to be" (M1).

Participants shared that while they recognized that something 'felt' different during their youth, they did not understand what that was, had no or few examples in the culture of the day or simply didn't have the words for it. This lack of awareness (individual and societal) along with little available information about transgender issues represented a barrier to individuals. When knowledge was obtained, this facilitated the work of contemplation. Finding the words and understanding their feelings took time. Participant E1 shared:

"…pretty much from being a later teen I wouldn't necessarily have nailed it down to gender identity because there was really not a lot of context back then. The only transgender things you really saw were like Clinger on M*A*S*H. But, I mean there was something there for sure… I didn't know if it was because I was gay or and that wasn't a match either for me, but it's been a long time figuring it out" (E1).

Learning from social media helped participant S1 understand and find a name for their feelings:

"…I went down the YouTube rabbit hole one weekend…and they were talking about their journey to coming out and transitioning. And I was like, Holy crap, I have never heard the term nonbinary before. I think that's what I am" (S1).

This period of contemplation varies for individuals, some spending less than a year (T2) and others considering surgery for 17 years (Q1).

"So in the span of about four months, I went from not being out to anybody but my closest friends as anything but cis…to being out as trans…I'm a person who spends a lot of time mulling things over quietly and thinking about them, and then when I decide to do the thing, I do the thing quickly…once I make my mind up to do something, I don't let things stop me from doing them" (Q1).

The tools of contemplation varied for participants, journaling, working with therapists or support groups were common among participants. Participant E1 described how they came to recognize their internal debate was not progressing:

"Journaling a little bit helped, seeing that I had the objections over and over…and they were just the same circular arguments that I was just holding myself back" (E1).

Participants shared that finding the words for their feelings, awareness of others in the transgender community, time and reflection (with therapist or journaling) facilitated them during their own period of contemplation. While lack of knowledge, not having the words or positive examples of transgender individual in media, denial or their own self-repression were barriers to them during this phase.

Sub-Category 1 b: Mental Calculations. The study participants described a period of time when the conclusions of their contemplative period were considered in relation to their life, relationships and their plans for the future. The individual considers what potential risks are for them, their life, relationships and plans if they determine they will move forward with transition (or coming out). Participant N1 recalled how they internally debated their gender identity and identified their own barriers to identifying as transgender:

> "I don't know if I'm cis. I might be non-binary. I might be something. But I'm not trans. But I'm not cis. And then finally, I was like, Okay. I'm non-binary. But I don't identify as trans. And then I was like, that's stupid. Non-binary is trans. The only reason not to identify as trans is like internalized transphobia" (N1).

Participants reported that it was an internal discussion, where they had to take time considering their choice. Participant T1 spoke of feelings of indecision, feeling unsure if they were ready to move forward with transition, needing to come to a decision for themselves and assess how it felt:

> "I went back and forth for a long time like, I don't know if I actually want to go through with this. I mean, it's a huge decision for me, and I would say I personally did it first, and then I, I kind of got comfortable with it myself" (T1).

Other participants, such as S2, considered their social and physical surroundings when considering transition:

> "So, we're in a pretty conservative area of the country, so I expected some level of fallout" (S2).

The mental calculations of participants included them viewing transition as culminating in two very different manners that depended on the degree to which their physical appearance allowed them to pass in society:

> "But I was really under the impression that there were only going to be two roads to this---either I went through it and I did not pass 100% as this gender. And my life would be a terrible horror show or I could 100% do so and blend in. And no one would ever know, and this would just be a secret I would let die" (M2).

Sub-Category 1 c. Weighing the Odds. Participants described a period of deliberation in their transition journeys. Consideration was given to the perceived costs (financial, emotional, physical and interpersonal relationship) and the benefits of transition for the individual. Incremental changes may occur during this phase, the results considered and then a determination to continue is made utilizing this information. The ultimate outcome of this deliberation helped to either propel the individual to transition or to continue on without transitioning.

When participants were weighing the odds, they described how their transition choices were evaluated. They considered whether this change improved or worsened feelings of dysphoria:

> "Part of what happened was I feel like transitioning, was a kind of testing the water situation to see if that like felt better for me" (C1).

The value of transition was a guide for participants in their search for the true self. Participants described their deliberations to be akin to a 'pro and con' list. Participant M1 spoke of how they reflected on their quality of life prior to transition as they worked to make their decision.

> "I was just unhappy with who I was, as a person. I was a good person, a decent person. But there were things about me that I couldn't express…. feelings just build up and it gets to you… it turns me into something I didn't want to be"

These feelings of discontentment with their attitude and approach to life led them to ask:

"I can say if I can't transition, is it worth it? Is it worth it to continue to just go on and be unhappy" (M1)?

Recognizing that transition would present challenges in multiple areas of the life, such as work and personal relationships led participants to consider not transitioning. Participant T2 shared how their male nurse manager in a female dominated specialty shared insights before the assigned female at birth participant began transitioning:

> "It is really different. People will treat you differently. And obviously I support you. I want you to know that and be prepared for that" (T2).

This same participant questioned if they should persist to transition or continue with their feelings of dysphoria:

> "Maybe I want to be trans, but everything is going to be harder. I'm not going to look for love when I look at this. I'm going to be kind of a freak to everyone. I don't think I should do this. I'll just kind of live with this dysphoria and get by" (T2).

Sub-Category 1 d: Tipping Points. There was often an experience, interaction or revelation that propelled participants to take definitive steps in regard to transitioning. These

could be steps towards or away from transition. Gender identity and transition were challenging to reconcile, these were not decisions that are quick or easy to make. The tipping points were often centered on relationships and the support of others in their lives. Acceptance and support of significant people in their lives were facilitators to the decision making of participants:

> "I would come home and cry in the bathtub like for nights on end and just be depressed, and depressed, and depressed…my partner, who's my wife now, finally looked at me one night and said you don't have to miserable anymore. You don't have to do this anymore. You have the option to live as who you want live. And she said I'm behind you 100%" (T1).

While the support of others, such as partners, helped some participants to make their decision, the sudden loss of a family member, and considerations for the future helped participant M1 make their decision:

> "I lost my brother…. tomorrow is not promised. And it just showed me that if I'm going to do this, I have to do it now. Or else I'll never do it and eventually die unhappy" (M1).

Participants cited the ending of intimate relationships (marriages), or seeing other transgender individuals leading happy lives as the final check mark in the column that helped them decide their next actions.

> "We got divorced, and since we were not together anymore, I had always wanted to have surgery…. well for 17 years or so, so since I don't have a partner that would be against that, I wanted to do that (have top surgery)" (Q1).

Attending a large event, such as a pride parade, provided living examples of how people were living with the successful outcomes of transition helped participants make their decisions:

"I just saw so many happy, normal, cool trans people…When I saw that it was really an obtainable and appealing life for me, then that really stuck in my mind. And I was like, Okay, yes. I wanted to do this" (T2).

One participant described how realization propelled them to action:

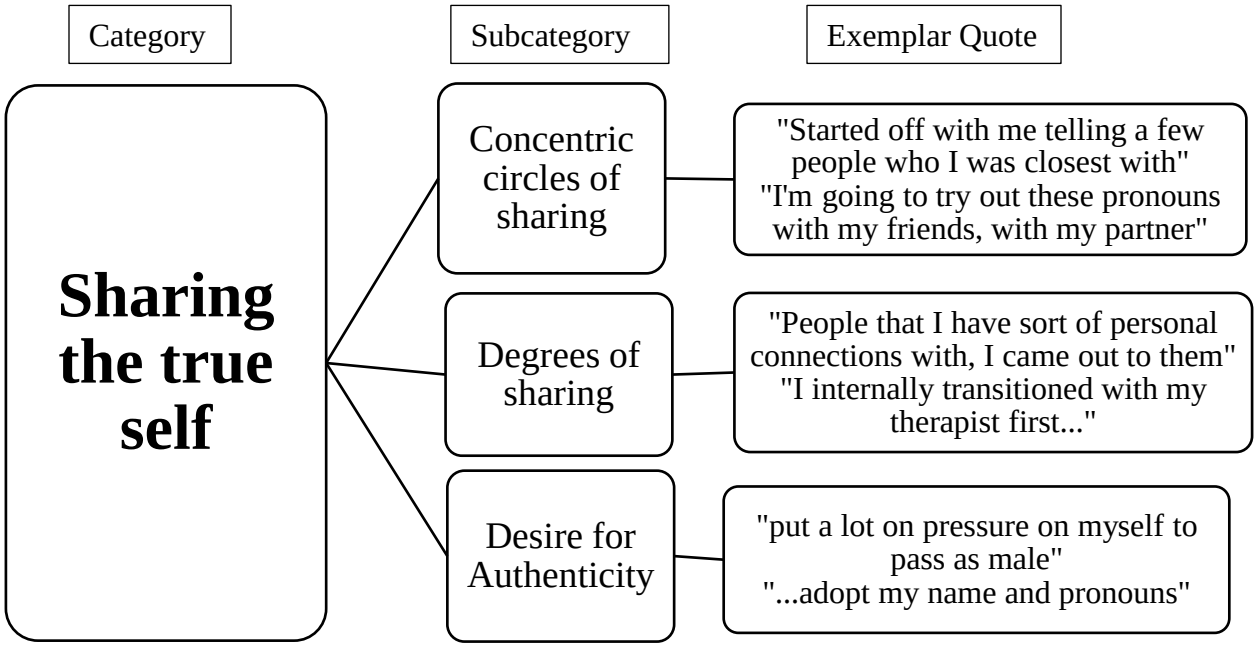
"…but then once, I had that epiphany, you can't un-ring that bell. I had to do something about it, and this is what I'm doing about it" (S1).

Summary of Category 1. *Searching for the true self* describes the foundational experiences that transgender nurses undergo in their transition journey, on their way to becoming themselves. Participants shared how this ongoing period of self-reflection and exploration helped them to make the decision to transition. Transgender nurses were able to move forward in their transition journey when they have spent time contemplating their ideas of gender and identity, mentally calculating what transition meant to them, within the context of their life, weighing the perceived odds of transition for themselves and reaching a tipping point that helped them make the decision to move towards their individual transition goals.

Category 2: Sharing the True Self. *Sharing the true self* arose in the analysis as a category during the initial interview. This category describes the ongoing internal processes for individuals as they begin to share with others. When the individual better understands who their true self is, the process of personal acceptance and dissemination of the information (plans, name, and pronouns) begins. The proximity of relationships (emotional/professional) drives the disclosures of who is told, what is shared, when in the process and to what extent sharing occurs. The individual begins using their name and pronouns with themselves, and eventually with others. Changes to the appearance and mannerisms of the individual also begin to evolve during this period. Through initial coding, three sub-categories were identified as components of how

practicing nurses share their true selves: (a) concentric circles of sharing; (b) degrees of sharing; and (c) desire for authenticity. This category is part of the ongoing process of gender transition for nurses in both their personal and professional lives. Figure 4 represents *sharing the true self* and the sub-categories that emerged with exemplar quotes.

Figure 4:Sharing the true self



Sub-Category 2a: Concentric Circles of Sharing. Sharing information (name, pronouns, changes) with those who are closest (emotionally) to one first, expanding the circles of people

who are informed from this core group to those with less central relationship or influence in the life of the individual.

The concentric circle of sharing starts with those closest to the individual (core group) and expands outward to include others with less emotional and relational proximity. Individuals started at the center to share their true selves. This means that they had to first themselves accept the true self:

> "So I think internally I transitioned with my therapist first, between me and her because I went back and forth for a long time like, 'I don't know if I actually want to go through with this.' I mean, it's a huge decision to me, and so I would say I personally did it first, and then I, I kind of got comfortable with it myself" (T1).

After their own acceptance, they could move out from themselves to share with others in their lives. Starting with those who were most central:

> "And so that started off with me telling a few people who I was closest with, but then once that was well-received-- and we were all kind of friends on social media and things like that, so I think people-- then I was kind of out as queer" (C1).

The sharing moved from close circle of friends at work to more peripheral relationships:

> "I didn't ever have a formal coming-out situation where I was like, 'I want everyone to use these pronouns.' And so kind of the way it got out to everyone was that people were-- I kind of was telling a bunch of people-- people started asking me or we would be at a happy hour after work and people would be like, 'You know some people have been using they pronouns for you, is that something that you're doing?' And I would be like, 'Yeah, well this is what I use outside of work. I would love it if you would use it.' But I was never enforcing it or anything like that (C1)".

As participants shared with others, the opportunities for support grew:

> "The more people I told, the easier it was, the bigger my support was, you know it was easier because I had people to turn to" (S2).

The process of coming out was reported to be 'exhausting' and 'emotionally draining' by participants. Some participants used classes, meetings or contributions to hospital newsletters on LGBTQ issues to come out to large groups of people:

> "So, I kind of-- every time I had an opportunity to see new people that I interact with regularly, I was like, well, this is what it is...drop the bomb and be done. So, it was pretty straightforward from that standpoint" (Q1).

Sub-Category 2b: Degrees of Sharing. During their transition participants shared information with others in their lives in both personal and profession settings. The degree of sharing involved the determination of what, when and how much information to share with others and was based on emotional proximity of the relationship and the nature and duration of the relationship. Family members, partners and close friends were generally among the first people that transitioning individuals share information about their plans with:

> "So, for me, I was like, I'm going to first try out these pronouns with my friends, with my partner…so then, I think once I transitioned, and with my friends and my partner, then I felt more-- well, then there was some crossover because I was friends with some of my coworkers, too. So then, they kind of were getting to be more aware. And it just kind of happened slowly" (C1).

Participants often spoke of having a plan for coming out in the workplace. This often started with their trusted colleagues, their boss, and eventually included those in human

resources. The responses of these individuals and groups could provide support to the transitioning nurse:

> "I was going to come out to my family and friends first and then I came out to my boss and said you know eventually I needed a plan…So she helped me get in touch with H.R., they were able to share two example letters for me to use or pick and choose from parts of them to put together a message to our department" (S2).

Supervisors at work approached participants, even before they came out, and encouraged them to share information:

> "It's come to my attention that you may not be happy presenting at work how you feel you should be presenting." She said, 'We love you. You're an excellent nurse. We just want you to be happy. So, I don't care if you come to work in a hot pink skirt and tights. As long as you keep doing what you're doing, things will be fine.' And so, she really-- at that point, we started talking more about transitioning at work" (M1).

After sharing with those they were close with, information sharing continued to those with more remote associations. These disclosures provided leadership with an opportunity to lend support to the transitioning individual:

> "Same thing when I kind of came out to the wider university, the president of the university was in a meeting with people that I came out to and he was like, 'Let me know what we need to do. If we screw it up let me know and we will fix it.' So, I had the support of the team and the university president" (Q1).

Sharing about their transition did not extend to everyone participants interacted with in social and professional settings. While they were open with those close to them, they choose not to tell others with a more remote association:

"I don't ever tell my patients" (S1).

Sub-Category 2c: Desire for Authenticity. Participants repeatedly shared their sincere need to be seen, accepted and respected by others. This need was often expressed by the desire to have others consistently use the correct name and pronouns for the transitioning individual. The "desire for authenticity" sub-category was pervasive as the overwhelming majority of participants discussed issues surrounding the use of their name and pronouns. Participant concerns ranged from being dead named (their former name being used after name changes were shared), the difficulty of legal name changes with multiple organizations and loss of recognition of accomplishments such as publications completed prior to their name change.

Participants shared how they felt when others used the incorrect name and pronouns for them:

> "The only frustrating that I've been having with them (coworkers), again would be just, the not knowing if they are doing it maliciously, but it was the frequent misgendering during the first month or two. It was hard getting used to my new name and they would use my deadname more often. It was an adjustment for them" (S2).

While misuse occurred, there were also stories of advocacy that provided support for the transitioning nurse:

> "…definitely people that were willing to adopt my name and pronouns early. I mean, there's almost nothing better that really you can do, like as an advocate, with somebody's like name and pronoun" (E1).

Name badges in the hospital are highly visible, sharing information about the identity of the wearer to all those who can read it. A noted barrier to transitioning nurses occurred when

hospitals would not change the individuals name badge until specific legal name change documents were finalized:

> "Human Resources at the old hospital would not put my preferred name on my name tag. They said it had to be your legal name" (T1).

Wearing a name badge that did not reflect their name accurately allowed for them to be called by an incorrect name and possibly be misgendered in the workplace. Participants shared that they wore name badges with the name obscured, such as with a photo of their family on the outward facing aspect, or backwards to avoid having the wrong name plainly visible. Correcting this issue necessitated time away from work:

> "I'd rather be at work and not forced to go change my name at Social Security, just so I can feel like me" (S2).

When organizations allowed participants to choose the name used for their name badge it conveyed support and acceptance:

> "At the new hospital, HR was like, 'Oh, no, we'll put whatever you want on your name tag' because they knew my situation" (T1).

Even when name changes are completed legally, there is still much work to be done:

> "My name and my gender are legally changed but it has to be changed 1,000 different places, and so it's a bureaucratic nightmare that I've been dealing with" (Q1).

The need to have one's identity seen, recognized and respected by others extends from name and pronouns to acceptance in social and work situations in order to be seen as their authentic selves. Participants spoke about how their desire to 'pass' in relation to their physical appearance as well as during personal interactions. Participant T1 described how he felt about fitting in with his male co-workers:

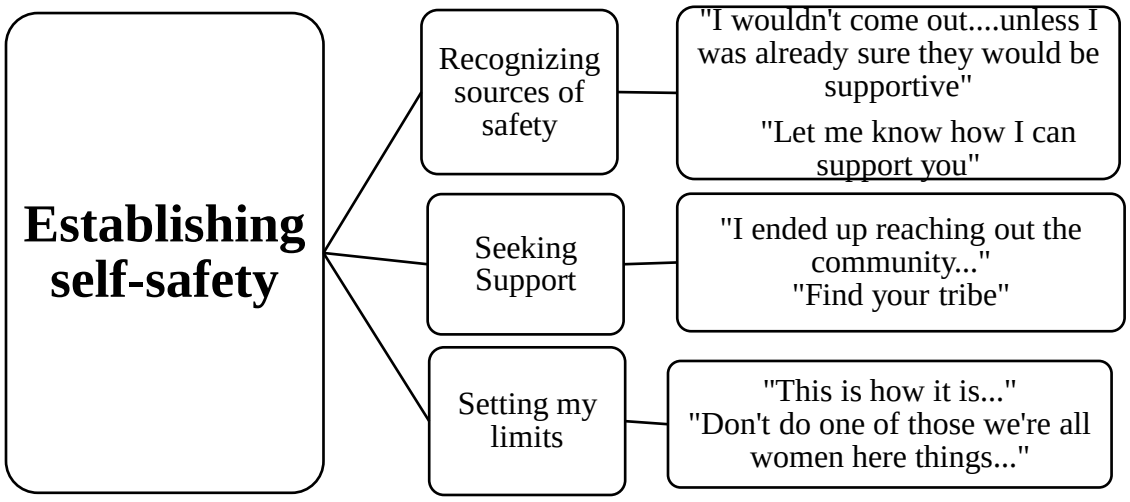
> "I think I definitely put a lot of pressure on myself to pass as male. Absolutely in the medical field, because, you know, especially in the OR. You're working with mostly male physicians, surgeons, anesthesiologists very closely. And they like to shoot the shit, they like to talk about stuff, and I really try hard to pass as male, especially with them" (T1).

Summary of Category 2. *Sharing the true self* describes nurses' experiences during this period of disclosure as individuals made decisions about how they shared information with others, who they chose to share with and at what point in the process the disclosures were made. The nature of the relationship and closeness of the individual helped guide what they shared with others. While sharing their true self, changes to name and pronouns were common. Being recognized by the correct name was affirmation of their authentic selves and represented respect as an individual and the acceptance of others in social situations. When limits were imposed on the use of the correct name, in personal and professional settings, this represents a barrier to nurses during their transition. While acceptance and allowance of name changes facilitated the process and demonstrated support to the transitioning individual.

Category 3: Establishing self-safety. *Establishing self-safety* as a category emerged in the initial interview and continued to be a pervasive theme in subsequent interviews and the throughout the analysis. Transitioning can be a time of vulnerability for the individual as the honest expression of the true self evolves. Concerns for the emotional, professional and legal safety of the individual influence actions and decisions. This category describes the process individuals utilize to maintain and or establish their safety during transition, this includes their emotional and physical safety in personal and professional settings. Through initial coding, three sub-categories were identified as components of how practicing nurses establish self-safety: (a) recognizing places of safety; (b) seeking support; and (c) setting my limits. This category serves

as an integral phase in the journey to becoming myself and represents how nurses navigate their gender transition in their personal and professional lives. Figure 5 represents Establishing self-safety and the sub-categories that emerged with exemplar quotes.

Figure 5: Establishing self-safety



Category Sub-category Exemplar Quotes

Sub- ***ecognizing Sources of Safety.*** This category described searching for and recognizing situations, people and relationships that are ‘safe’ or deemed to be a low risk for danger (in the form of aggression or rejection). Recognition of situations that are ‘unsafe’ may slow transition or cause the individual to delay transitioning in one or more aspects of their life.

When those close to the individual were accepting, there were feelings of safety, conversely when they were not accepting, the transitioning individual did not feel safe with that person.

When individuals find others who they can share information with during their transition, it can increase feelings of safety, especially when their reaction is supportive. A participant shared the response of a supervisor when they needed to go home to attend to a family issue related to their early transition:

> "He immediately said 'go do what you need to do' ….and he kept my secret for me" (S2).

Not all participants were out at work. When work environments were not found to be friendly to sexual gender minorities (patients or staff) they needed to consider what conditions were needed for them to feel safe:

> "For there to be like a visible proportion of queer and trans employees is, I think, what would actually be necessary for me to actually see CIS people properly gendering trans people as a thing before I feel comfortable" (N1).

Participants would make the decision to come out to an individual based on their experiences with the person and assumptions on their response:

> "And obviously I wouldn't come out and tell someone that I'm transgender unless I was already sure that they would be supportive" (S1).

When information about transition was shared with others, there was an opportunity for expressions of support:

> "I told my dissertation chair what I was doing, and she was like, 'Let me know how I can support you' and that was it" (Q1).

The process of a legal name change was often reported to be a challenge to participants. The cumbersome and expensive process of changing their name was necessary to have legal recognition of their identity. Complications to the process were barriers in the transition journey. Their safety was also called into question when there was a required public posting of personal information:

> "…you have to publish in the paper your former name and the name you want to change it to, and your address. That seemed like a huge safety risk to me, because I didn't want my address out there with my kids. So, I filed to keep those records sealed" (Q1).

Participants shared how the religious beliefs of others, represented barriers to how their transition would be accepted by others:

> "The only (family member) who's not supportive…is very Catholic also, so it's part religion, so that's an obstacle" (S3).

There were occurrences of family members with strong religious beliefs who were accepting of transition:

> "My parents and their religion, I thought it was going to be a big problem. And it was to an extent. But again, having lost my brother, I think that's helped them be a little more accommodating, because they don't want to lose another child" (E1).

Sub-Category 3b: Seeking Support. The individuals made personal choices about their transition, journey that not everyone choose to make alone. There were opportunities for others to provide support (emotional, physical and financial) that provided feelings of safety and acceptance in both personal and professional settings. Support came from a variety of sources in the lives of individuals and were given both in person and via remote means:

"I ended up reaching out to the community quite a bit. There's local support groups that have been okay. I've utilized that. Through online means, I've met some in-real-life friends and I'm helping them transition" (M2).

People in their families have been a source of support, this facilitates the transition of the individual and can provide ongoing support:

"My wife ended up being really supportive. She's been like—she was even supportive like when I came out…she really ended up educating herself and aligning herself with positive influences. And she's like my biggest advocate" (E1).

Coming out was a stressful event. Worries over the response of co-workers led participants to first come out to people they felt would be supportive before spreading information about their transition with others:

"…but I did have a few openly LGBT co-workers who were well-loved. I came out to them initially just as a test and they were totally cool" (M2).

Finding like-minded supportive people was cited by participants as a source of support in the workplace:

"Being involved with the LGBT taskforce also helped me acquire some friends in at least decent places. So that was probably a really good first move, finding those people, kind of finding your tribe" (E1).

Healthcare systems gave support to participants by their education modules, such as onboarding materials that address transgender harassment and hostile workplaces and demographic information options that include gender identity.

"I was pretty happy to see that [module on transgender harassment] and felt like I'd like to see more of that…this [demographics section] is amazing" (S1).

Participants who were seeking support in the form of insurance coverage for transition related care encountered barriers such as a lack of knowledge about procedural coverage by the insurance company:

> "I contacted our insurance and I started off with, I'm transgender and I want to know what is going to be covered. And the person on the phone started off with a very cheerful customer service 'how can I help you'...and I literally heard the emotion drain from their voice. And there was this long dead air pause, followed by 'we don't do that sort of thing here, sir'. Like with extra venom on the end to highlight" (M2).

Sub-Category 3c: Setting my Limits. Each individual determined for themselves their expectations of others' behavior (actions and speech), as well as the level of accountability that was expected. Enforcement of the standards one established is a personal decision and may be determined by the nature of the offense and the proximity/nature of relationship between two parties. Correcting others could be confrontational and uncomfortable, but the desire to have their identity and boundaries respected was also strong and helped to encourage participants to set their limits with others. This included providing verbal corrections when the incorrect name or pronouns were used by others.

> "The misgendering was constant for a while, until I got pretty aggressive about it. I was in a department where, until I transitioned, it was all female. And so, people would be addressing us to everybody, and be like 'Ladies', and I'm like 'nope'" (Q1).

Participants made decisions about information sharing with others in their lives for a wide variety of reasons. Some disclosures were driven by the limits the individual wanted to set in their professional environments:

> "I wound up deciding that is was necessary for me to come out as non-binary to them (preceptor in master's program) …but it was more just like, 'Don't do one of those, we're all women here' things with the patients" (N1).

When individuals were not going to have a long-term relationship (such as with a patient or temporary coworker) correcting misgendering and incorrect pronoun use may not have occurred, while this was reported to be "disappointing and frustrating" (S1), some participants chose to not spend time and effort correcting the mistakes.

> "I don't want to seem like an asshole, just correcting people all day long" (S1).

Setting limits also extended to gender specific areas in the workplace such as locker rooms. A participant shared an interaction during which they set limits with a director and also received support when their needs were met.

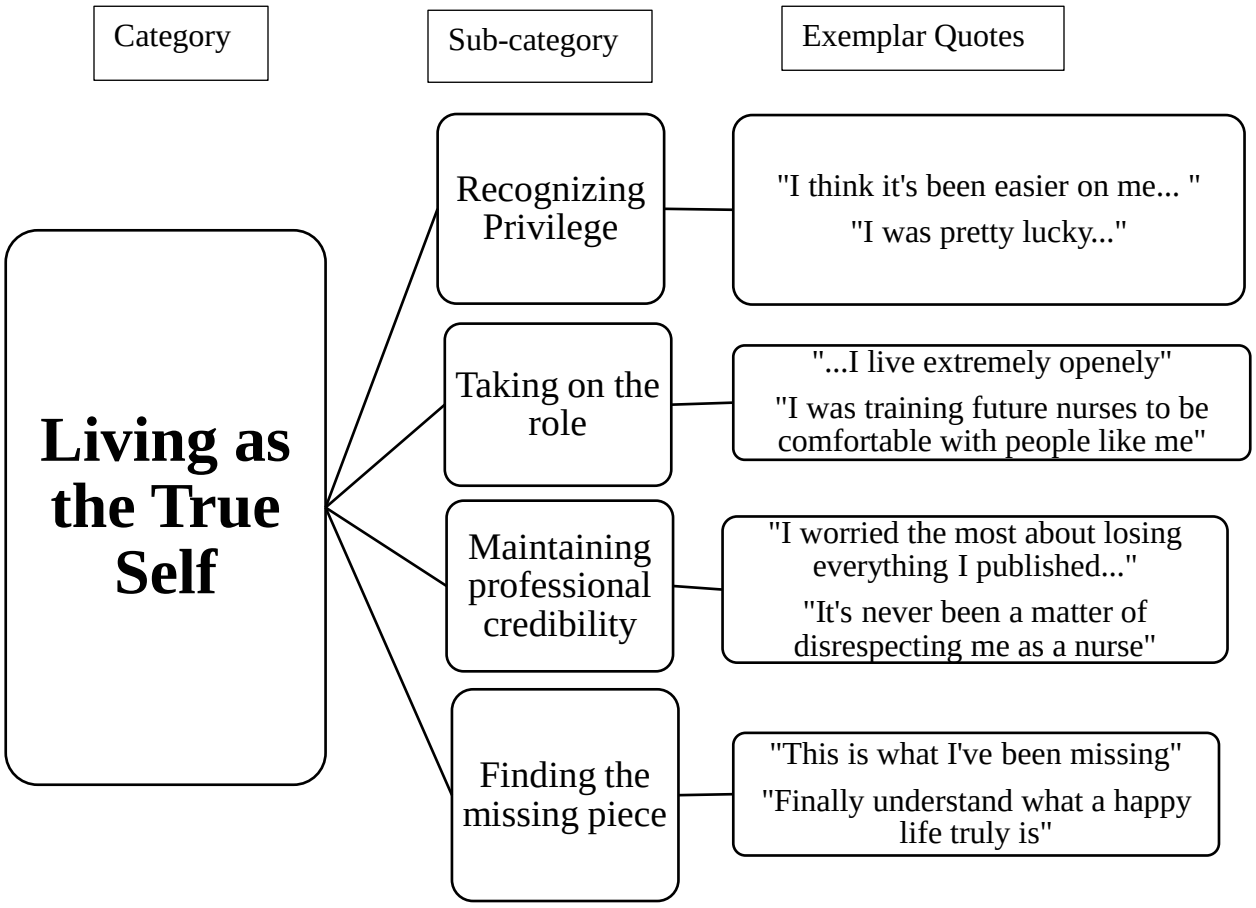
> "I met with my director that day and I just marched into her office and I said, 'this is how it is' I said 'you've probably never dealt with this before'. And she goes, actually I have dealt with this before." And she said, 'bottom line, where do you feel comfortable changing'. And I said, 'in the male locker room'. And she said, 'go pick your locker out, that's where you are changing from now on' so she was nothing but supportive" (T1).

Summary of Category 3. *Establishing self-safety* describes the how nurses who experience gender transition in their personal and/or professional lives established safety for themselves. There are multiple types of safety (emotional, personal, professional and legal) and as such, there were a variety of actions and decisions that contributed to the safety of participants. Transgender nurses were able to recognize places of safety, situations, people and relationships that were determined to be safe for them. They sought support when needed in their personal and professional lives and set limits with others to help make their wishes known.

Being accepted by others, finding a community of support and having their limits respected provided support to the transitioning individual and facilitated development of self-safety. Interactions with others who were not supportive of their transition or transition related needs (such as a lack of information on policies) convey a lack of acceptance of their transition by others, this represents a barrier to establishing self-safety.

Category 4: Living as the true self. *Living as the true self* also became apparent early in the analysis process as a category and emerged in the initial interview. This category describes how the individual took steps to consciously connect with their true self to live and thrive as themselves, living life purposefully as they choose. Study participants emphasized the ongoing nature of their own personal transitions, appreciations for their progress and position, and recognized that life as their true self provided ongoing opportunities for personal and professional growth. Through initial coding, four sub-categories were identified as components of how a practicing nurse lives as their true self: (a) recognizing privilege; (b) taking on the role; (c) maintaining professional credibility; and (d) finding the missing piece. This category describes the ongoing journey of nurses who experienced gender transition in their personal and professional lives. Figure 6 represents *Living as the true self* and the sub-categories that emerged with exemplar quotes.

Figure 6: Living as the true self



Sub-Category 4a: Recognizing Privilege. Participants shared feelings of gratitude, stated they felt lucky and recognized that their transition story was not typical among transitioning individuals. They acknowledged the evolving personal journey and the resources that supported their progress. Feelings of safety within their community, possessing an education that provided stable employment opportunities allowed them to fund transition expenses and supportive work

environments were cited as assets to transitioning. The positive experiences of transition promoted feelings of hope for their future.

Participants repeatedly spoke about feeling 'lucky'. This was in regard to having a profession that provided an adequate income, as participant Q1 shared:

> "It's all about the money. I mean it's always the biggest barrier. It's coming up with money…I'm very lucky to even be able to afford to medically transition, because a lot of trans people can't. Even just with hormones, even not with surgery. Hormones aren't necessarily accessible to most trans people" (Q1).

Others, like participant C1 described how their education background provided foundational medical knowledge and practice experience facilitated understanding how healthcare systems can provide support to individuals with a variety of healthcare needs:

> "I feel like I was pretty lucky, both in access to information and medical knowledge. I knew how to navigate getting health care providers to prescribe for me. And so, I feel pretty fortunate, I think things were annoying, but never unsafe" (C1).

They realize this was not the case for all transgender individuals. A participant with advanced degrees shared how their experience was not typical:

> "I think it's been easier on me that it has been on most trans people, and so I don't think my experience is representative. I've got more degrees that the average nurse. I live in an urban area" (Q1).

Another theme that emerged was an acknowledgment that transitioning in the nursing profession afforded the individual to have co-workers who were also well educated:

> "Working in a field of highly educated data driven professional women is probably an ideal field to transition in" (Q1).

The same participant shared their surprising experience of a workplace that had policies in place that support employees during transition:

> "I'm one of those people that had known since they were very young, this wouldn't be the greatest experience. I had prepared for decades for a fight. It was almost disorienting, that I was prepared for the blow that didn't come" (M2).

Participants shared feelings of gratitude for relative feelings of safety in their community and the response of their workplace and coworkers to their transition:

> "I'm really fortunate…I feel pretty safe in my neighborhood, using public transit, riding my bike. I'm quite involved in the trans community. There's a support group at our community center that I started going to before transitioning, and I still go fairly often…I guess just that my experience is probably one of the best possible ways that it could've gone and that it would be great if other people's experiences went as well. But I just feel like I'm super, super, super lucky" (T2).

Even when the participant had some negative interactions with others, they still felt there was value in transitioning:

> "It's worth it, yeah, it's worth putting up with all the crap and the people that don't pay any attention to you or invalidate you because you're still doing what you think is best for you" (S1).

Participants often spoke about how the attitudes, politics and policies of their communities were assets during transition:

> "I'm one of the luckier blessed people where I live in the country. I mean it's a very liberal area…people are very open minded. I mean as far as at work, I have had nothing

but support from the management. And then from my co-workers in the clinic, nothing but love and support" (S2).

Sub-Category 4b: Taking on the Role. Taking on the role involves participants assuming a position of visibility in their personal and professional lives to be an educator, supporter and advocate for other sexual gender minority people.

Participants began taking what they had learned for themselves and sharing it with others in the role of educator and recognized immediate and long-term benefits for themselves and the community:

> "I taught a lecture on LGBTQ health. So, I feel like being able to take on a teaching role was really helpful because first of all, it came out to everyone for me. Then I was like, okay, now what are you going to do with this information? So, I was making sure—it was helpful for me to make sure I was training future nurses to be more comfortable with people like me" (C1).

Taking on the role included being open to providing information to for non-healthcare professionals. When a family member noticed the nurse was trans, it became an opportunity to share:

> "So, once I actually had come out, I live extremely openly…a (patient's) family member brought up that they noticed I was trans…some people don't want to talk about that, and I respect that 100%, but me personally, I'm like, 'No, I can talk about it. Let's do this'" (M2).

The conversation had a significant impact for both the family member and the participant:

> "She approaches me and says 'so I have to say, and I don't know how to say it'…to my amazement what she said next was 'I was raised with certain beliefs and my family has certain values in the way we approach things and the way we vote…but working with you tonight I have come to question everything I believed, and I'm going to go home and do some serious soul searching and I just wanted you to know'. It was a really profound experience" (M2).

Participants described a process of coming full circle, from being a content consumer to becoming a resource for others. These opportunities to take on the role of supporting others may occur in informal settings. Participant F1 shared a hallway conversation with a coworker expressing thanks:

> "You are such an inspiration to so many people, your web page has brought so much inspiration….my daughter came forward last week to tell me that she was a lesbian, and the reason she did that is because she found the strength through following you on your web page" (F1).

Participants took on the role of teaching and supporting others using social media platforms such as Facebook, Reddit or Tik Tok to create content, and share with others, while also providing a benefit for themselves:

> "I take it as a platform put out on Tik Tok about being transgender and you know making comments about it and the changes and it's been great for me. It's like counseling or catharsis to get it out there and talk about it" (S2).

Participants recognized that their interactions in personal and professional settings provided an opportunity to present a positive impression of trans people to others, this also could place a burden on them:

> "I'm under extra pressure to be the good trans…when you're the only trans person that a bunch of people know…but I do feel like people have positive feelings towards me and towards trans people…Like just that representation of being a human that they know in real life who is trans. It makes change how people approach future trans people. It may change what they vote for and stuff" (T2).

Participants recalled what was helpful to them during earlier stages of transition (social media, information sharing) and purposefully sought to be of support to others:

> "So, I've transitioned from the role of some just trying to survive doing this into helping people who are just starting out get access to this information…so my goal now is education" (M2).

Sub-Category 4c: Maintaining Professional Credibility. There is a sincere desire to have and maintain the respect of the healthcare team for the nurses who have experienced gender transition after entering practice. Their knowledge, performance and experiences before, during and after transition contribute to their professional credibility. Participants are engaged in the continuing pursuit of being seen as a professional in the workplace.

Participants shared concerns about possible losses of professional credibility related to changes associated with their transition. Those who work in academia shared worries about how their name change could impact their status in the workplace:

> "What I was worried the most about was losing everything I had published under my deadname. Because I had published a fair amount in the past five years. And so that was a big concern for me, as I was building a tenure dossier…. I was worried about losing that record of things and losing that credit for things" (Q1).

Having an established reputation in the workplace was a noted asset to some participants, as this foundation of professional respect for their work remained stable during transition:

> "I think one of the nice thing about transitioning after establishing a job…you also have the ability to kind of building up your credit, people know how you do your job…I had already developed this credit about myself where people kind of had to accept whatever I gave them because they needed me to do my job there" (C1).

Similarly, participants shared how their professional reputation was a shield of sorts during transition:

> "It's never been a matter of disrespecting me as a nurse, I think I've developed a reputation as someone particularly intelligent and capable as a nurse…that has overridden any other issues" (M2).

Concerns about the response of their workplace to their transition caused participants to worry about possible loss of positions:

> "I honestly had fears…as they saw the transition actually take place, opinions would change. And eventually, you know they wouldn't fire me for being trans, but they would find something else. And I figured I'd lose my career that I've spent some much time working towards" (M1).

Participants shared that how other healthcare providers interacted with them changed over the course of their transition:

> "I have found it interesting to watching the doctors, with some of the more misogynistic tendencies, change the way they view me, periodically during my transition…. They went from being extremely open with me…go from that to literally and pedantically mansplaining things to me" (M2).

Sub-Category 4 d: Finding the missing piece. When living as the true self, individuals noticed a difference in their lives. This may be a sense of 'rightness' or clarity. Others may say 'what was missing in my life is found' that occurs when they are living as their true self. They may not have been aware of this missing aspect prior to transition.

A participant who had worked as a nurse for several years prior to starting their transition shared how their attitude had changed over time from one that was positive, moved towards the negative then came back to their former positive approach after beginning their transition at work that was recognized by their peers:

> "I wasn't the same person. And even before when I came out---when I first started working there, my attitude was great, things were good. And some of the floor care workers when I came out they said, 'you're back to the old you. Now that you're out, we can see that person again' so they definitely noticed a change in my behavior (M1).

Participants recognized needed changes in their attitudes and approach to life:

"It dawned on me that I needed to switch my self-destruction to self-improvement…when I made that decision, and when I had that awareness, my whole life changed. Contentment and peace that I feel with myself and the world at large, it's indescribable. I had this sense of wrongness and discomfort, but I didn't even realize it was there most of the time" (S3).

Newfound feelings of contentment were a commonly expressed theme after beginning transition:

> "I finally understand what a happy life truly is…and there was no going back because I'd never felt as good as I did. And that was the mental fog clearing and a clarity coming about knowing that I was on the right path finally, without a doubt" (F1).

Reflecting on their pre-transition outlook, participants recognized the negative feelings they had:

> "There was a sense of dissatisfaction, of fear that was omnipresent to such a degree that if you would've asked me I would've not, and honestly done so, not said it was there. I would be confused why I would say such as thing now" (M2).

Prior to transition a mental fog may have been present, which may not have been apparent at the time, was discussed by participants:

> "It's like living in a cacophony of noise, and then suddenly it stops…. you don't realize how deafening the sound of silence can be until your experience it. It was the same way with the hormones and my feelings. I didn't realize how much of a fog I was in until that fog was lifted" (F1).

Treatments, such as hormone therapy, were discussed by participants as something that helped them to experience positive changes in their daily lives:

> "When I first started hormones, I don't know if it's a placebo effect or not, but I got this just feeling of euphoria. Through the first few weeks it was almost like you know when the brain is like 'oh that's what I've been missing all this time' So, yeah, well there is a fog that is lifted" (S2).

Participants shared that living and working as their true self brought unexpected benefits:

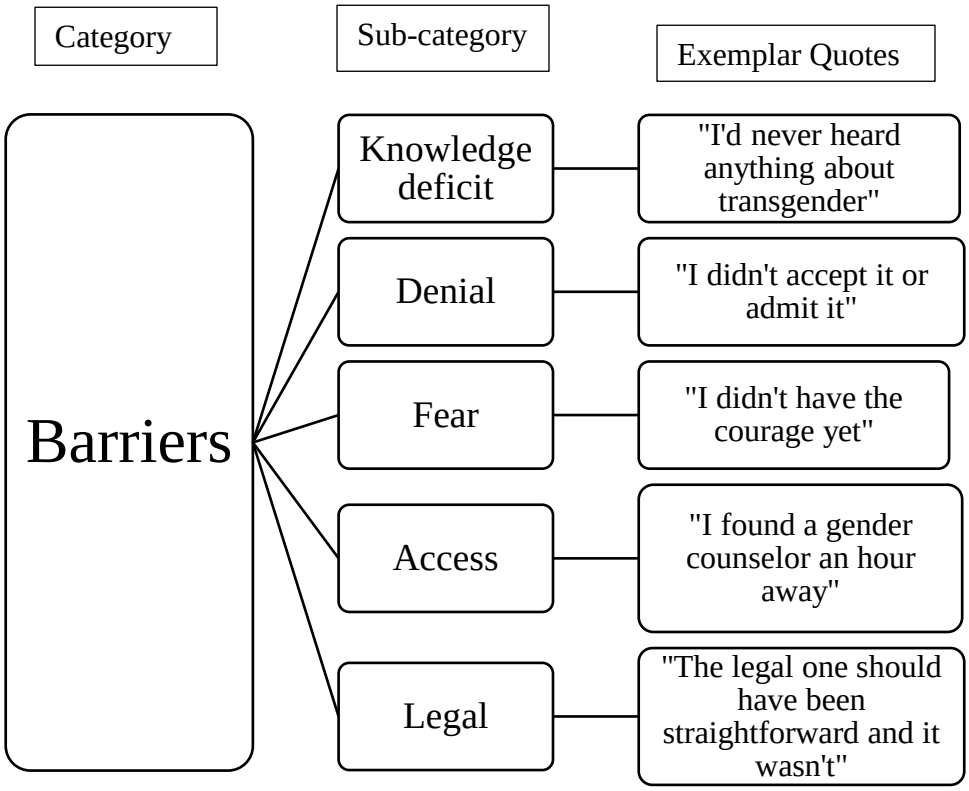
> "I think they (co-workers) see that there's a genuine happiness in my disposition that wasn't there for the longest time. I have found that working as my true self has made nursing more rewarding than I ever thought it could possibly be. To be able to practice the profession that I love as my true self has enhanced by life in so many ways" (F1).

Summary of Category 4. L*iving as the true self* described the experiences of nurses as they continue their gender transition journey and began living as their true selves and becoming themselves in their personal and professional lives. Participants shared how their acknowledgments of their privileges during transition, used their experiences as a basis to take on the role of educating and supporting others in professional and social settings. Nurses worked to maintain their credibility in the workplace, having their past accomplishments recognized and respected as they moved forward. Participants shared their recognitions of finding what was missing in their life prior to transition and their newfound peace and joy. The experience of living as the true self was facilitated by having the financial means to support transition expenses, the high health literacy of participants and favorable attitudes, politics and policies of their workplaces and communities provided opportunities to educate others and supported the participant. Fear of loss of professional position and when professional knowledge and accomplishments of the individual were not recognized or respected, a barrier to nurses living as their true self was created.

Barriers and Facilitative Factors

Barriers. Participants shared the social processes they utilized during gender transition in their personal and professional lives. During their journey, barriers to transition slowed their transition progress and facilitative factors supported their transition goals. Barriers and facilitative factors occurred across the practicing nurses' journey to become myself. Knowledge deficits (their own and of others), denial of their gender identity, fear, a lack of ready access to resources (financial, healthcare providers with experience and expertise in gender transition care) and legal issues slowed the transition progress of participants. Figure 7 represents Barriers to gender transition for practicing nurses that emerged with exemplar quotes.

Figure 7: Barriers to gender transition



Knowledge Deficit. Participants shared that they had a sense that something 'was wrong' in their childhood but didn't have an understanding of what those feeling indicated. This lack of awareness of gender identity issues was a barrier to transition for nearly two decades:

> "I'd never heard anything about transgender or transsexual or any of that stuff until I was in my 20's. I think it really started clicking and making sense about 10, 12 years ago. But it didn't really-- I didn't accept it or admit it until about five years ago. But then it was just unbearable. I still waited another maybe two years before I did anything" (S3).

The lack of knowledge of others was a barrier to gender transition for participants. When responding to a question about why they were not out in the workplace, concerns about how others would respond to their pronouns was a noted barrier for participants:

> "until I can actually get a job at like an LGBT confident place, I'm just not going to be out because it requires a lot of double takes…There's the practical issue that most of the people, I don't think, would be able to handle my pronouns. Because cis people tend to suck at pronouns for some reason. And having to spend time at work when I'm already stressed out correcting people about my pronouns is just not something I want to do (N1)."

Denial. Fear of hurting their family caused participants to put their feelings aside. This coupled with a lack of knowledge of other transgender people led to feelings of being alone and delayed their acceptance of their gender identity.

> "I knew that something was different when I was younger and in sixth grade, my parents found some clothing that I had hidden…And I'm the type of person I don't like to hurt people and so I just kind of shelved all of those feelings. And when I grew up, I didn't have access to internet at the time. I didn't know what being transgender was. So I felt like I was the only person in the world who felt the way that I did" (M1).

Participants shared that denial held them back for years and even decades, leading to not feeling comfortable with themselves:

> "I feel normal and comfortable in just being who I am at work, don't have to hide it a bit, as I have done for a long time….It's been something that I've fought with for 20 plus years so I'm just going to do it" (S3).

Fear. After participants began their transition, fear prevented them disclosing, or coming out, at work. This decision led to living a double life, where they were themselves at home, but not at work. The fear of a poor response by administration and peers caused participant M1 to not come out at work for 5.5 years:

> "Being a small community hospital in the country, I didn't think it would be well-received not only by patients or administration, but by my peers. And so I hid it for a long time. And I started making subtle changes, growing my hair out…And people had questions over time, and ones that I felt comfortable with, I would come out to. Several people along the way knew before I officially came out" (M1).

Fear for their safety is a barrier to transitioning. Participants shared examples of being fearful of losing their jobs, fear for their physical safety in social situations and feeling a lack of protection in the law and workplace policies:

> "One of the big barriers does remain the lack of being recognized as a protected class" (E1).

A participant who worked as a travel nurse shared that they weren't out at work because of fear and not being ready to respond to the questions they anticipate after coming out at work:

> "I don't know if I would come out to my supervisor anyway unless I was a permanent employee. But that's just one of the reasons for me to stay under the radar as long as I can I guess…because I didn't have the courage yet to…because I wasn't ready for any questions that would arise from that. But the first time I did it, literally, they did not bat an eyeball (S1).

When participants witnessed transphobic actions or speech directed at other transgender individuals in the workplace or in the media, it made them fearful that they

would not be accepted when they came out. A participant shared their response to coworkers:

"Hey, I'm actually transitioning and just hearing that conversation about her makes me feel really scared that I'm not going to be able to come out or be respected until I look 100% male because of the things you're saying about her"(T2).

Access. Gender transition, the associated gender affirming treatment and care can be expensive, and is not always fully covered by insurance, creating access issues to transition and barriers to transitioning:

"It's all about money. I mean, that's always the biggest barrier. It's coming up with money for the doctor's visits and all of the-- my insurance requires two letters, so I've got to have an established relationship with one therapist who will write me a letter and then I've got to find a whole other therapist to write another letter and evaluate. My insurance hasn't paid for my endocrinologist appointments or my testosterone. And so I'm very lucky to even be able to afford to medically transition because a lot of trans people can't. Even just with hormones, even not with surgery. Hormones aren't necessarily accessible to most trans people" (Q1).

Access to resources was a challenge to participants. Support groups for transgender individuals were often more than hour away from their homes, making it difficult to participate while meeting the needs of their work and family obligations. Healthcare providers who have experience and expertise in gender affirming care weren't always easily accessible, participants shared traveling long distances to access care:

"I found a gender counselor an hour away from me. An hour 15 minutes, something like that they travel to every other month now. It's not bad, but it's not convenient, but it's not bad" (S2).

Barriers to transitioning in their private lives included discomfort while completing tasks of daily living, such as shopping in their community:

"The biggest barriers I have are society, the outside, not at work. Work is really comfortable. I feel very, very safe and supported at work…I mean just even going out to buy clothes…in the early days, I wasn't passing in features in general and it was difficult being out in town, I got a lot of kind of random comments from people. Female clerks at a lot of stores saying, 'Can I help you', in a very kind of, 'what are you doing here' way." (S3).

When asked how they responded to these types of situations in their personal life, participant S3 shared:

"Always kill them with kindness. I've started to tell people…I'm where I need to be, and you need to respect that. Always be respectful and kind to them, and when somebody's calling me names, even then" (S3).

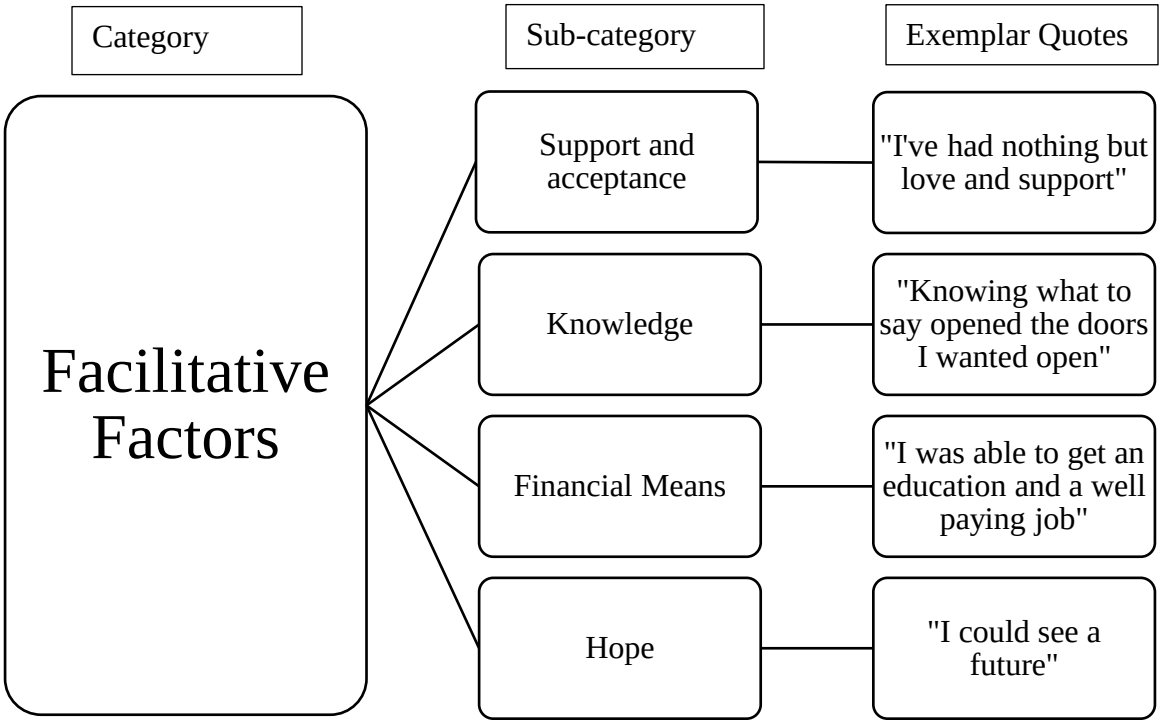
Legal. Legal name and gender marker changes were sought by participants. Reporting that not all states allow gender marker change on identifications, or that they were waiting to proceed with their name change until they could also complete gender marker changes. When seeking a legal name change, participants spoke of the prohibitive costs (cost of proceedings and time away from work) of this process and the financial cost of the legal proceedings:

"The legal one (name change) should have been straightforward and it wasn't. If I lived in a different county than I was living in at the time, it would have been easier. But I lived

in a very, very reliably red county. And I didn't have legal representation because I couldn't afford it" Q1.

Facilitative Factors. There were also experiences with facilitative factors to their gender transition. The support and acceptance of others, possessing knowledge of the healthcare system, having the financial means to afford transition and hope helped participants move forward in their journey. Figure 8 represents the facilitative factors for gender transition for practicing nurses that emerged with exemplar quotes.

Figure 8: Facilitative factors for gender transition



Support and Acceptance. Despite the barriers to transition, the participants were progressing in their journey to become themselves. Facilitative factors lent support during this time of change. When speaking about their transition experiences at work, participants shared that the support of peers helped their journey:

> "I've had nothing but love and support (from co-workers). Transitioning is just very personal, one person's transition is not the same as the others, there's no right way to do it. It was scary at first, I was absolutely terrified when I first started, when the flood gates first opened. It was absolutely terrifying. I thought I was losing my mind, but now I'm very happy with who I am. I'm happy with the direction my life is going" (S2).

The response of the healthcare organization, management and peers can represent a barrier or be a facilitative factor to gender transition. While waiting for their legal name change to be completed, a participant shared how their manager advocated for them:

> "…she had to make sure that my name wasn't my other name on all the paperwork and stuff like that. Because there were still documents that were popping up with my original name on it. And I was like, "Look. We need to get this taken care of. It's very uncomfortable, and she's like, 'Yeah, yeah, yeah". So she's been on it since day one, too. So management, HR, has been nothing but supportive in this hospital" (T1).

Participants found support from others when they were forthcoming about gender transition and their work life improved:

> "The support I started getting when I started being just totally honest and open with everybody about what was going on in my life was phenomenal, and that support just began to grow and grow to the point where I have a phenomenal work environment right now. I am very supported by just about every single person. Do I have some people that

don't care for me? Yeah. There is, but for the most part, I have phenomenal support by my coworkers, my administration, everybody involved, are all on my side to support me, so I'm very fortunate" (F1).

When participants made the decision to live and work as themselves, they moved past the fear that had once held them, and their transition, back:

"It's really hard (transitioning) but it helps to not be afraid of it anymore. I think that the biggest change in my life isn't even presenting as female now, it's-- I don't have anything left to be afraid of. This was the last skeleton in the closet" (M2).

The response of friends and family to a person coming out can be a barrier when they aren't receptive. When friends and family are supportive, their accepting response is a facilitative factor:

"We had a really, really tight-knit group on the night crew unit all my other friends that are psych nurses, we hang out together…we were camping at this amazing log cabin and I just kind of made an announcement that night to everybody. And it was incredible. Everybody was incredibly, incredibly receptive and caring it was perfect. It couldn't have went any better" (S3).

Knowledge. A facilitative factor to gender transition for participants included their own knowledge (health literacy and how to access care within a healthcare system):

"I think a lot of that is because of my health literacy. Knowing what to say to opened the doors that I wanted open" (T2).

Financial Means. A facilitative factor to transitioning as a practicing nurse included having the financial means to support their gender transition goals:

> "I was able to get an education and get a well-paying job and then financially afford to buy insurance. My health savings account, to afford the things, I need to do for my transition right. And unlike many other people out there I feel very grateful for that" (S2).

Hope. During transition positive experiences, such as people using their name and pronouns, being accepted and feeling more comfortable in their own identity and body led to optimistic feelings and hope. Participants looked forward to their future, where disclosure wasn't a frequent occurrence, and they could practice as themselves:

> "I could kind of see a future for my health where I wasn't having to constantly be coming out, constantly have to decide what my patients were going to think about me and what position I was going to be in, whether I had to put myself and my patients first. So that was really nice" (C1).

The chance to live as their true self is the goal of transition. When asked about what people need to know to support a peer during transition participant M1 responded:

> "We don't change as a person. We're the same person underneath. It's just our outer layer that's changing. And all we want to do is be happy. I tell people all the time 'if you cut me, I bleed the same blood that you do. It's the same color'. And that really makes us no different. So that's just it. We just want to be happy. We want to be treated as who we are. And that's it, we're not looking to dominate the world. We just want the chance to be happy" (M1).

Summary of Barriers and Facilitative Factors. Barriers and facilitative factors described the experiences of participants that represented challenges or support to gender transition in their personal and professional lives. Participants shared how in their youth a lack of knowledge of gender identity delayed their understanding feelings and accepting their gender

identity. Fear was a barrier that persisted from pre-transition to the present and impacted their transition decisions. The cost of transition related care and limited access to providers in their community caused participants to travel long distances to obtain care. Participants who sought legal name and gender marker changes experienced barriers of access, time and financial costs.

Participants described experiences that supported them during transition. When others accepted and supported their choices, this validation was encouraging. As healthcare providers the participants used their knowledge of healthcare systems to advocate for their care. Their work as nurses provided an income that financially supported their transition plans. Progress towards their transition goals, the support and acceptance of others led to feelings of hope for the future that living as their true self was an obtainable goal.

Chapter Summary

This chapter presented the results from a constructivist grounded theory analysis to address the research questions:

1) What are the social processes nurses utilize during gender transition in their personal and professional lives?

2) What are the barriers and facilitative factors to gender transition for nurses?

A substantive theory was presented, with a core concept, *Becoming myself*, supported by four sub-categories: *searching for the true self, sharing the true self, establishing self-safety* and *living as the true self.* The barriers and facilitative factors were addressed within the sub-categories.

CHAPTER 5

DISSCUSSION

Introduction

The purpose of this constructivist grounded theory study was to explore how practicing nurses experience gender transition. Specifically, this study aimed to inductively derive a theory focused on the social process practicing nurses utilize during gender transition in their personal and professional lives and the barriers and facilitative factors related to gender transition. This study utilized constructivist grounded theory to address noted gaps in the current literature: a lack of information on the experiences of transgender nurses in the workplace, along with limited findings on the barriers and facilitators to transition in the healthcare workplace, specifically the nursing profession, and a lack of a theoretical perspective built from the views of those who have experienced the phenomenon.

Utilizing the data from participant semi-structured interview responses a core concept and categories were constructed. The core concept that elucidated the pervasive, fundamental pattern that emerged from the data analysis was *Becoming myself*. Gender transition is a journey and a deeply personal process where the individual is working towards realizing the goal of becoming their true selves in all areas of their lives. *Becoming myself* encompasses the main categories of *searching for the true self, sharing the true self, establishing self-safety* and ultimately towards *living as the true self*. There were barriers, as well as facilitators to *Becoming myself* experienced across this process.

The theory of becoming myself was derived inductively from the perspective of those who lived the experience and was constructed using the data they shared during intensive one-on-one interviews with the student PI. There is a small body of literature specific to the lived

experiences of sexual gender minority nurses, and even less addressing transgender nurses, thus the theory of becoming myself will be compared with the existing literature on gender transition experiences across disciplines. The findings from this study illuminate opportunities for further research. This chapter will address the interpretation of the study findings, comparison of the findings to the existing literature on gender transition, the strengths, implications of the theory, limitations of the study and suggestions of future research on this topic.

Interpretation of Results

The emergence of categories occurred across the data gathering and analysis phase. The participants provided the student PI with rich data in the form of their frank discussion of their individual transition journey. They were quick to share with the researcher and responded with honesty to deeply personal questions, answering clarification questions when needed and simply offering themselves with a generosity that was humbling. From the onset of data gathering and the analysis of the initial interviews, categories began to become apparent. Some categories took shape from the first interview and continued to be refined across the interviews. Other categories were slower to develop, beginning with a comment or reflection in a memo after an interview that was not a fully realized category or idea. Then a subsequent participant would speak about an experience and their words were able to illuminate an idea that would become a sub-category that, in retrospect, was present in earlier interviews. Revisions to the interview guide were made across the data gathering phase to reflect these new possible categories, as subsequent participants helped to confirm and build the emerging categories. This iterative process of data gathering, analysis, and many times re-analysis, while working with a methodology expert was needed to develop the core concept and categories.

Core Concept: Becoming Myself

The findings from this study revealed a core concept of the constructivist grounded theory as Becoming myself. “Becoming” is an active process that involves the evolution of the individual within their personal and professional lives, moving towards their inner concept. “Myself” is focused on the individual, their own identity and self-concept, and their personal acceptance of identity and determining how to express themselves to others. Becoming myself was at the heart of the matter for participants, directing decision making in their personal and/or professional lies. Becoming myself was a unique journey for the individual.

When asked how life was different now that they had transitioned participants shared that their outlook and feelings about the world outside of themselves changed, for the better:

“There is a contentment and peace that I feel with myself and the world at large. It’s indescribable. I had this sense of wrongness and a discomfort, but I didn’t even realize it was there most of the time. I didn’t know that I was sort feeling that way. I didn’t know it was there until I shut it down. It just gets better from there” (S2).

Participants shared that becoming themselves also enhanced how they were able to relate to those in their care:

“Since I’m at ease with myself so much more, I think, I’m much more genuine and nurturing with my patients. My own struggles aren’t buried in between us…. It’s been incredibly helpful in this practice” (S3).

The positive outcomes of transitioning included congruence and provided benefits to them both personally and professionally:

“I’m me, finally after all this time…. I think that they see too that there's a genuine happiness in my disposition that wasn't there for the longest time. I have found that working as my true self has made nursing more rewarding than I ever thought it could possibly be. To be

able to practice the profession that I love as my true self has enhanced my life in so many ways. Because I don't have to have any secrets anymore. And I think that my disposition towards life now-- I mean, I used to dread going to work and now I look forward to it. I think that comes across to people in a good way. I think they can sense it and I think I get the positivity in return because of that. And that just makes my experience as a nurse more fulfilling" (F1).

Categories

The data that emerged from participant interviews illustrated the individual processes undertaken by nurses who engaged in gender transition in their personal and professional lives. The existing literature was examined to compare what has previously been found in examinations of gender transition experiences of individuals in their personal and professional lives. Due to a lack of studies of healthcare workers, or practicing nurses specifically, the literature across disciplines was examined for comparison.

When one can be their authentic self in both their personal and professional life, they have the opportunity to be seen by others as they see themselves in both areas of their lives. Participants shared that they had feelings of contentment after transitioning, as they lived and worked as their true self. They shared that transitioning made working as a nurse more fulfilling and their ability to connect with patients was stronger without the 'secret' of their gender identity between them. These findings echo the results of previous research in psychology examining workplace identity management, where participants experienced increased job satisfaction with discrepancies between their inner gender identity and their outward gender presentation were decreased (Martinez et al., 2017).

Participants shared that transitioning in their personal and professional lives had brought them feelings of satisfaction, contentment, and peace. Similarly, in a study of working lesbian,

gay and bisexual adults in the United States Lindsey et al. (2020) found that individuals experienced the highest levels of life satisfaction when they were open about their identity in both their private and professional lives. When gender identity of the individual is seen and respected by others, feelings of validation and satisfaction were described by the study participants. Similarly, the theory of self-verification, which holds that individuals prefer when others see them as they see themselves (Swann, 2012) supports the current study's findings.

Searching for the True Self

Searching for the true self is made up of four sub-categories: contemplation, mental calculations, weighing the odds and tipping point. There is little known about transgender nurses, or their transition experiences, so the literature does not address contemplation, mental calculations, weighing the odds or tipping points for nurses specifically. Participants spent time and energy considering their own decision to transition and performed mental calculations regarding the perceived costs and benefits of the transitioning (both emotional and financial) before making decisions about how to proceed with their transition plans, then a tipping point occurred. This may have been a declaration of support by a friend or loved one, or the realization that tomorrow isn't promised.

Similarly, Wessel (2017) found that prior to disclosure of information about their sexual orientation, individuals spent time considering the potential outcomes of sharing with others in the workplace. They found quantitative differences in the disclosures of LGB workers across their coworkers, where they could be out to those who they perceived would be supportive, but not out to those whom they expected to be less supportive. These variations in disclosures where based on anticipated stigma responses indicating that there are multiple decisions that impact the

disclosures individuals make in the workplace. These decisions were based on their feelings of safety and support in the organization and with their coworkers.

Sharing the true self

Sharing the true self is made up of three sub-categories: concentric circles of sharing, degrees of sharing and the desire for authenticity. Coming out is a personal decision, and the choice of when, how and to whom an individual discloses information about their gender identity and intention to transition is unique to the person and their situation. The decision to come out at work has the potential to affect the work experiences of the individual (Follmer, Sabat, & Siuta, 2020).

Participants relayed that what they shared with others varied based on the relationship they had with the other party. The relationship, the proximity of emotional connection and physical presence and trust within a relationship directed the nature and depth of disclosures. This finding aligns with previous studies, such as Wessel's (2017) exploration of the role of support in disclosures of sexual orientation in the workplace where it was found that LGB individuals disclosures varied with coworkers based on the nature of the relationship they shared. Similarly, sharing the true self with others was found to be relational in Marques' (2020) examination of transgender coming out.

In their study of the coming out experiences of transgender adults living in Minnesota, Braumbaugh-Johnson and Hull (2018) found that coming out was an ongoing social process. During this process, the individual that was transitioning considered the gender behavior expectations of others, anticipated the reactions of others and their own safety when determining whether to be out in a specific social context. When it was determined that the situation was not safe, the individuals were less likely to exhibit a high level of outness. In other words, if the

person did not feel the relationship or social setting would be safe, they would make a trade and not be out in the situation to preserve their safety. This aligns with the findings of transitioning nurses, who evaluated their relationships with others, along with their perception of safety, prior to sharing information about their transition.

When individuals share with others about their plans to transition, this makes their status known, they have come out as a transgender person. As Bocking et al, (2013) and Budge et al. (2013b) found that transgender individuals who are out may encounter stigmatizing experiences as their transgender status becomes more widely known by others. It is known that both anticipated stigma (the worry that stigma will occur) and enacted stigma (stigma that occurs) were experienced by transgender individuals (Reisner et al., 2015). This is congruent with the reflections of participants who expressed that they worried about the responses of co-workers and were surprised when their transition was generally well received. However, there were also opportunities for expressions of support from others as the transition status of the individual became more known (Verbeek et. al, 2020). This aligns with reports of participants who shared "with each person I tell, there's a chance for more support" (F1).

Participants shared a desire for authenticity, they wished to be recognized as the person they were, called by their correct name and be gendered correctly by others. This was a pervasive finding among the participants and is congruent with findings in other disciplines (Erickson-Schroth, 2014; Jones, 2020; Pilcher, 2017). Transgender people do not seek to be another gender, rather they wish to live as the gender they identify as, to live in a manner that brings congruency between their internal identity and their outward expression, in personal and professional contexts (Jones, 2020). Simply said, they wish to be seen and acknowledged as the person they are. This desire for authenticity is found in the literature, as Erickson-Schroth (2014) discussed

"being read correctly" by others as one way that congruence of one's internal identity and social presentation can be endorsed by others (also known as passing).

For transgender individuals adopting a new first name was an important part of their transition. First names were used to identify the person as an individual, while last names indicate group belonging, such as a family. This was an outward expression of their gender identity and a part of their purposeful transition. A first name can carry with it connotations of gender, and as such when others use a deadname for a transgender person, it can call into question if they are presenting in a manner that embodies their gender (Pilcher, 2017), their authenticity as feminine or masculine.

Establishing self-safety

Establishing self-safety is made up of three sub-categories: *recognizing places of safety, seeking support* and *setting my limits*. Participants shared how they recognized situations that were safe and unsafe, found friends and peers who would support them during transition and determined their own limits of acceptable behavior for others. These findings are supported in the literature as Law et al. (2011) reported the importance of supportive coworkers to individuals who are coming out at work. When peers were accepting after learning about the gender identity and transition plans of the individual, this supportive action was associated with reports of the transgender individuals being happier at work. Similarly, participants in this study shared that having the support of a family member, coworker or administration enhanced their feelings of safety during transition.

The support received from family and friends was integral during transition for the participants of the study, this finding is supported by previous studies. Budge et al. (2013b) discovered that when transgender individuals received social support from family, friends,

employers or peers there was a positive influence on the wellbeing of the person and decreased feelings of fear, found both during and after transition. Participants who received support during transition utilized facilitative coping mechanisms and were better able to find social support and a sense of community after transition. In cases when loved ones, friends or peers did not extend social support during transition it caused emotional hardships for participants. Participants who experienced rejection and a lack of support prompted avoidant coping mechanisms and behaviors.

Participants shared an underlying fear of rejection and possible loss of position when they transitioned at work. This fear of punishment or negative consequence was related to demonstrating behaviors that did not conform to gender stereotypes has been found in other studies of transgender adults and was thought to contribute to feelings of distress, negative self-esteem and ability to thrive (Riley et al., 2013). Levitt & Ippolito's (2014) study of minority stressors found that transgender people were constantly evaluating the safety of their environment, and the outcome of their assessment determined if they needed to adjust gender presentation. Further, the ongoing need to engage in conversations with others who may not share the same language presented opportunities for rejection.

Participants shared that staying on with their employer during and after transition allowed them to utilize the "credit" they had built for themselves as professionals. Pepper and Lorah (2008) also found possible positives to remaining on the job after transition. If the employer was affirming and supportive of the transitioning individual, this offered a potential source of support and stability during a time of change. (Bravin & Kendall, 2020).

Study participants shared that the support of family, friends and peers were facilitative factors to their gender transition experiences. Similarly, Marques (2020) found in their sample of

transgender individuals who lived in the UK and Portugal that the decision to tell others about coming out could function as a facilitator or a barrier, depending on the response of others, to the coming out process. This support could help the individual to move forward with transition, while a lack of support or resistance was related to delaying transition in all areas of their life.

Participants spoke about finding support online before, during and after transition and cited that the knowledge and friendships they found within online communities to be valuable, affirming and a source of strength. Cannon et al. (2017) similarly found opportunities for connection and support were available online for transgender individuals. Studies conducted by researchers in counseling psychology have found that social support during transition is associated with positive emotions, while feeling a lack of social support continued to negative emotions (Budge et al., 2013b).

Living as the True Self

Living as the true self is made up of four sub-categories: recognizing privilege, taking on the role, maintaining professional credibility and finding the missing piece. Participants spoke of multiple benefits of being a nurse to their transition, these benefits included having a salary and benefits that provided the financial means to support their transition goals. As practicing nurses, the health literacy of participants was assumed to be higher than the general population. Previous studies have found that low levels of health literacy were a barrier to transgender individuals' access to healthcare and transition related care (White Hughto et al., 2017).

As participants progressed in their transition, they would often begin to take on the role of an advocate or educator within their personal and professional lives. This theme was seen across the literature. Participants in Levitt & Ippolito (2014) study of transgender adults in the US revealed that as their identities developed, they would work to share their experiences with

others to bring awareness of transgender issues and provide the information or support that they once themselves needed. Providing support to others was a positive coping strategy for the individual, while also serving others. Budge et al., (2013b) similarly found that giving back to the transgender community by serving as an advocate, educator or helping others was a way to develop personal pride and meaning during transition.

Participants shared how people related to them differently after their transition, and this was supported in the literature. Schilt (2006) and Schilt & Connell (2007) found post-transition transwomen experienced misogyny and loss of male privilege in the workplace. Concerns about losing their position, or loss of credit for publications was reported by participants. Pepper & Lorah (2008) similarly found that transgender individuals may lose their work history during or after transition, especially when they legally changed their name. Individuals who need to explain about their employment history would face the decision to disclose their personal history to a potential employer, which could lead to safety concerns and being put into an emotional vulnerable position. While Grant et al. (2011) found that more than 25% of respondents reported a loss of employment related to gender, this was not the case for the participants of this study. There were no reported job losses, all the participants were employed in healthcare as registered nurses at the time of the study.

The practicing nurses who participated in this study experienced feelings of joy and happiness when they lived as their true self. These findings align with previous research of Riggs et al. (2015), who found that participants reported experiencing improved mental health after transition. Similarly, Law et al. (2011) found that working transgender adults who disclosed their gender identity in the workplace experienced increased job satisfaction and decreases in work related anxiety.

Participants shared their feelings of peace, calmness, and happiness after transitioning in their personal or professional lives. This aligns with the findings of previous studies that indicated psychological distress decreases after transition due to experiencing higher levels of wellbeing along with strength coming from one's own sense of identity (Riggs et. al, 2015; Verbeek et al., 2020).

Barriers and Facilitative Factors

Through analysis of the data, the barriers and facilitative factors to gender transition as a nurse became apparent. The barriers of fear, lack of access to healthcare providers with gender transition care experience and expertise, the lack of knowledge of others regarding gender transition and self-denial of their gender identity were revealed throughout the interviews. The facilitative factors were support from family, friends and peers, knowledge regarding healthcare and navigating healthcare systems and acceptance from family, friends, administration and peers. Much of the available literature about barriers and facilitators for transgender individuals is focused on the healthcare access, which is undeniably important (White Hughto et al., 2017). Participants reported that even as knowledgeable consumers of care, they struggled with issues of access to knowledgeable providers, often traveling long distances to access care and had long wait times for procedures, such as surgeries. Coupled with the lack of clarity in their employer sponsored insurance coverage and the struggle to finance care that was not covered. There is less known about the barriers and facilitators to gender transition in the healthcare workplace.

Occupational stress is unavoidable in healthcare. Working to reduce stress necessitates understanding the stressors that are present. The health of nurses is of importance to the quality and safety of the care they provide as well as to the nurses themselves (Oyama & Fukahori, 2015). Participants spoke of fear of losing their position or not being able to work in the career

they had worked hard to build. This fear of job loss for transgender individuals is not unique. In large scale studies James et al. (2016) found that fear of job loss prevented transgender individuals to not transition at work. The fear of discrimination motivated 47% of participants to not ask to be called by their correct pronouns in the workplace.

Recent (June 2020) Supreme Court of the United States (SCOTUS) ruling that Title VII of the Civil Rights Act of 1964 provides workers protection from job discrimination related to identifying as LGBTQIA. Prior to this decision, 26 states did not have legal protections for sexual gender minority workers. Simply put, you could be fired for being transgender (Bravin & Kendall, 2020). This change to employment law may alter nurses' perception of their safety transitioning in the workplace and does provide legal protections under federal law from employment discrimination based on sexual orientation or gender status (Johnson et al., 2020). Prior to the SCOTUS ruling in the summer of 2020, transgender rights in the workplace were inconsistent from state to state (HRC, 2019). The lack of clarity and consistency in protective laws particularly placed transgender individuals' safety and security in the workplace at risk (Jones, 2020). When organizations lack a well-defined policy and process for gender transition it leaves the transgender individual without the support could facilitate their development of a transition plan for the workplace.

In their examination of stigmatization experiences among transgender individuals after transition in the Netherlands Verbeek et al. (2020) found that transgender individuals experienced improved psychological well-being after transition, despite their experiences with stigma. Their findings emphasized the importance of having a network of social and peer support to the transition process, as these were of benefit during transition. These finds were echoed in

this study as participants stated the support of family, friends, peers and management facilitated their transition.

Implications

Implications for Practice

A number of implications from this study relate to the nurse practice setting. Study participants clearly spoke about the role of supervisors and administration in the workplace in relation to their feelings of security in the professional setting. The manner in which organizations and individuals respond to the gender transition decisions of an individual conveys their support or lack of support. The desire to feel supported and be confident in the response of their employers was highly desired by participants. This aligns with the findings of previous works outside of healthcare, where transgender employees desired to have work environments that were supportive and safe (Lindsey et al., 2020).

A number of implications from the study can be applied and related to human resource (HR) and organizational processes. Workplaces can support sexual gender minority employees by having policies in place to guide transitions (Martinez et al., 2017) along with designated individuals who have received training to effectively and respectfully respond to the needs of the transitioning individual. Another opportunity to lend support to sexual gender minority individuals is with the inclusion and periodic review of sexual orientation and gender identity (SOGI) information on employee information forms. Gathering this data could have a twofold benefit, providing more accurate data on employees, while also providing the opportunity for individuals to share information about their SOGI in space that is respectful and inclusive.

Study participants often spoke of the struggle they faced in navigating changes, such as their name, in the workplace. Being required to wear a name badge that used their deadname was

a source of stress in the workplace. Organizations can make it clear what is needed to change names on photo identification badges. In the healthcare setting, where restrictions from outside agencies may require legal name changes be complete before an employee can document using their chosen name, guidance and support can be enhanced to support the employee. There is an opportunity to support the transitioning individual, by providing resources or guidance in this process, such as legal services consultations as an employee benefit. These services could provide assistance with the preparation of needed documents to proceed with the process of legal name changes. Clearly defined policies that are accessible to employees and known to human resources can provide assurances that the organization will support the employee during this time of change. Additionally, clearly defined policies for accessing gender specific spaces, such as dressing rooms and restrooms within the healthcare facility can support employees who elect to transition in the professional setting.

Insurance coverage for gender affirming care is affirming to transgender employees. Participants spoke of the financial challenges associated with the expenses of transition related care. They shared that insurance providers were not forthcoming about covered procedures or lacked comprehensive listings of providers. There is an opportunity for organizations to support their employees by providing clear information about employee sponsored healthcare plans coverage for transition related care as they would for other medically necessary care.

An important aspect of the practice setting is the relationships and interactions between members of the care team, including peer-to-peer. Peers who wish to be supportive of those transitioning have an opportunity to engage in numerous small acts of support in the workplace. Study participants clearly indicated the importance of support from others during their transition journey. Support and acceptance improved their confidence and feelings of safety during

transition in both personal and professional settings. It has been found that the support of peers has a positive influence on the job satisfaction of transgender employees. Peers in the workplace can speak out when they witness others using derogatory language, dead naming or misgendering others by offering correction to the incorrect name or pronoun or stating that the language being used is offensive and does not contribute to a positive work environment. Law et al. (2011) found that if coworkers were supportive of an individual after they came out, they were happier. If transgender employees are supported and content, there are potential benefits to the overall culture and morale of the workplace, making it a better place to work for all.

Participants often cited that when others readily adopted their name and pronouns, the action indicated support and acceptance. Peers who wish to be of support to a transitioning peer could be early adopters of their name and correct others when they deadname or misgender others. Another opportunity for ongoing support is the proactive inclusion of one's pronouns on communications, such as in an email signature, or by adding pronouns to their visible identification badge. This action brings the discussion of pronouns into the open and increases awareness of diversity. Accepting, acknowledging and using kindness to guide their actions, peers can provide meaningful support to a transitioning individual.

Implications for Education

A number of implications from this study relate to the education setting. Participants spoke clearly about the need for others to be respectful of their identity. They shared that the lack of understanding of others represented a barrier to their transition. A potential way to support practicing nurses who desire to transition is to improve the educational foundation of their peers. This is a goal that could be accomplished in pre-licensure education programs as well as in on-

going professional development offerings, both of which have the potential to foster cultures that are accepting of diversity (Law et al., 2011; Martinez et al., 2016).

It is known that education can promote favorable attitudes about transgender individuals (Kleintop, 2019; Martinez et al., 2016). Further, the method of education is important, Tompkins et. al. (2015) found that using first person narratives served to humanize transgender individuals and were more effective to increase favorable attitudes of employees, rather than a more traditional education offering, such slides and presentation by a gender identity disorder expert. Educational offerings that include speakers who share their personal stories of transition have the potential to provide those in the audience with understanding of the first-person impact of supporting, or not supporting, transgender individuals. Healthcare organizations could consider including diversity and inclusion education offerings to increase the awareness of issues common to sexual gender minority individuals and support strategies for the workplace.

Study Strengths and Limitations

Strengths

The strengths of this study are it's focus illuminating the identified gaps in the current literature and adherence to Charmaz's constructivist theory methodology:

1. The participants represent a diverse sample with regard to geographic location of practice, gender identity, years of practice and workplace role.
2. The utilization of constant comparison in data analysis and theoretical sampling to gain understanding of the complex process of gender transition.
3. Data collection method of telephone-based interviews.

Participants came from the northeast, Midwest, south and west regions of the United States and Canada. The diversity of their experiences in their region supports that the transition

experiences are not unique to a particular region. Participants had a diversity of gender identities; this supports that the processes nurses use during gender transition is not unique to their natal gender or gender identity. The years in practice at the time of transition varied from 2 years to 27 years, this variety supports that the experiences were not related to their years in practice. Finally, the diversity of workplace roles of participants supports that social process nurses utilize during gender transition are not bound to their role with their organization.

The iterative process of constant comparison and theoretical sampling as described by Charmaz's methodology (2014) provided rigor and ensured the data analysis was thoroughly completed. The interview recordings were transcribed verbatim and used as the primary source of data for analysis. Closely adhering to the spoken words of participants allowed the theory to emerge from their perspective. The interview transcripts, investigator memos and preliminary codes and themes were reviewed throughout the process to ensure that all categories were captured accurately and with clarity. The student PI worked closely with a methodology expert committee member across the data gathering and analysis process, this supported the iterative process of coding, testing for the best fit of the codes and constant comparison of data as directed by Charmaz (2014).

Utilizing telephone-based interviews in the study design was originally done to expand the geographic reach for participant recruitment (Musselwhite et al., 2007) and to promote anonymity of the participants to discuss potentially sensitive topics with the student PI (Carr & Worth, 2001; Mealer & Jones, 2014). This data gathering technique met the original goals, but also had an unexpected benefit of allowing data collection to continue during a COVID- 19 pandemic starting in March 2020. While in-person interviews would have been stopped due to

social distancing limitations, the telephone-based interviews were able to continue without changes to the data collection plan.

Limitations

The design of the study and remaining faithful to the constructivist grounded theory methodology ensured rigor across the data collection, analysis and theory development processes. This culminating in the construction of the theory of *Becoming myself*. However, no study is perfect, there are two limitations that could have influenced the results of the study:

1. Sample Size
2. Homogenous sample

The sample size of 12 participants was small but consistent with constructivist grounded theory methodology and qualitative research with sexual gender minorities. The standards of qualitative research were upheld, and data collection continued until saturation of the data was achieved. Participants in-depth interviews provided the student PI with rich data for analysis. Across the data gathering and analysis periods, the categories where refined and the theoretical density increased along with the clarity of the categories and subcategories (Charmaz, 2014) achieving data saturation when new participant interviews did not reveal new categories for exploration (Backman & Kyngas, 1999). As a novice researcher, the student PI recognized an eagerness to interpret data saturation early in the data analysis process. Working with the methodology expert on the committee helped prevent a premature conclusion of the data gathering phase. Additional interviews were completed to ensure that the data was robust and analysis complete.

The participants were all registered nurses and all, but one participant, identified as Caucasian, of non-Hispanic ethnicity. While this is relatively reflective of the homogeneity of

nurses working in the United States, where 19.2% of registered nurses identify as minority ethnicities (Smiley et al., 2018) and ethnicity of transgender individuals in the United States, where 27% of individuals identity as minority ethnicities (Grant, et al., 2011, p. 17), the study did not include the perspective of other persons of color. There was not demographic data available for nurses who identify as transgender, so we were unable to compare the representativeness of the sample to this larger group. Using data from the 2017 National Nursing Workforce survey, in the United States, Licensed Practice Nurses (LPN) and Licensed Vocational Nurses (LVN) make up 18.8% of the nursing workforce (Smiley et al., 2018). The sample did not include any LPN or LVN nurses and as such the voice of individuals with this level of educational preparation was not reflected in the findings.

Recommendations for Future Research

The purpose of this CGT study was to develop an understanding of the social processes of practicing nurses' gender transition in their personal and profession lives, using their experiences a theory, *Becoming myself*, was co-constructed which offers an explanation of both the facilitative factors and barriers to gender transition. There are numerous opportunities for future research with this understudied population to expand the body of knowledge and build this emerging area of study for an understudied population.

Considering the representativeness of the participants in the study to nurses in North America, there are opportunities to improve the reflectivity of the sample to the larger population. The recruitment of persons of color would expand our understanding of the social processes utilized during gender transition and illuminate if the ethnicity of nurses influences their transition experiences, barriers or facilitative factors to their gender transition. This extension of the present work is important, as we know that transgender persons of color

continue to be the victims of discrimination and violence in disproportionate numbers (Aspergren, 2020; Grant et al., 2011).

Another area of expansion for this study is the inclusion of nurses who hold an LPN or LVN license. While this study could have included members of this group, no otherwise qualified potential participants with this educational preparation were recruited. The inclusion of participants with LPN/LVN licensure would enable us to better understand the experiences of practicing nurses' gender transition across the education spectrum from LPN/LVN to doctoral preparation.

Future studies of transgender nurses could include demographic items addressing the relationship status and income of participants. Including these items would allow better understanding of the personal support that is available to the individual in their personal lives, having income information would allow for comparison with national average incomes of nurses, the general population and transgender individuals in large national samples.

Participants shared that they had a delay in transitioning in their professional life, some for a prolonged time (5.5 years), and others were out to some co-workers, but not to management or administration. At the time of data collection, all but one participant had transitioned in their personal and professional life. Fear and apprehension at the response to coming out at work, worries about losing their positions drove the choice to not transition at work while transitioning in their personal lives. During this period when they were living a double life, the participants did not have the full benefits of identity congruence (Marques, 2020; Martinez et al., 2017; Riggle et al., 2011). They are also still vulnerable to adverse mental health issues, such as substance abuse and suicidal ideation (Fein et al., 2017). A valuable extension of the current study would be to further examine the social processes of practicing nurses who have made the

choice to not transition in their professional lives. This would allow us to better understand the barriers and facilitative factors for their transition in the workplace.

When the processes utilized during gender transition for practicing nurses is better understood, the resulting knowledge can become the basis for the development of instruments. The intended use of these tools would include quantitatively measuring gender transition, the barriers and facilitative factors for practicing nurses. Such instruments would allow for quantitative data gathering and provide the opportunity to compare the results to other variables, such as demographics. These results could provide direction for future research into interventions to improve the gender transition experience of practicing nurses and the development of supportive interventions and policies.

The participants in this study were all employed and working as registered nurses, with none reporting the loss of position or promotion. It is known that some transgender individuals struggled to maintain employment after transitioning (Grant et al., 2011; Herman et al., 2017). Possible further areas of study would include career progression and mobility (the ability to transfer or obtain a new position) before, during and after transition for transgender nurses. This data could clarify if working as a nurse was a secure career path for transgender individuals. If it was found that nursing was a career that offered financial security and advancement opportunities to individuals post transition this information could be used to attract transgender individuals to the profession, with the possible benefit of increasing the diversity of the nursing workforce.

Conclusion

It is imperative that we understand the barriers and effective coping strategies nurses utilize during gender transition. This is essential as healthcare organizations revise and/or design

policies to support their employees, and ultimately the patients in their care. Understanding the lived experiences of practicing nurses' gender transition in their personal and professional lives serves as a step in improving social justice.

APPENDIX A

Recruitment Materials

Navigating Gender Transition as a Nurse
Primary Investigator: Rhiannon Sullivan

The purpose of this research study is to understand the gender transition experiences of transgender nurses in their personal and professional lives.

To participate in this research you must:

- Self-identify as transgender
- Have at least 1 year of experience as a nurse at the time of your transition
- Have identified as your desired gender for at least 6 months in your personal or professional life
- Be 18 years of age or older

Participation in this study involves:

- Answering demographic questions
- Completion of a telephone interview that will last approximately one hour

UNLV | SCHOOL OF NURSING

Newsletter/Social Media Recruitment Advertisement

Transgender Nurse Research. If you are a trans* identified nurse who transitioned in their personal or professional life one year after entering practice, you are invited to participate in a research study to describe the experience of gender transition as a nurse. Please contact Rhiannon Sullivan, PhD(c), MHA, RN at transnursestudy.gmail.com.

APPENDIX B

Informed Consent for Participants

INFORMED CONSENT

Department of Nursing

TITLE OF STUDY: Navigating gender transition as a nurse

INVESTIGATOR(S): Tricia Gatlin, PhD, RN, CNE and Rhiannon Sullivan PhD(C), MS, RN

For questions or concerns about the study, you may contact Rhiannon Sullivan at (918)812-7720 or sullir4@unlv.nevada.edu.

For questions regarding the rights of research subjects, any complaints or comments regarding the manner in which the study is being conducted, contact **the UNLV Office of Research Integrity – Human Subjects at 702-895-2794, toll free at 888-581-2794 or via email at IRB@unlv.edu.**

Purpose of the Study

You are invited to participate in a research study. The purpose of this study is to explore how transgender nurses experience gender transition in their personal and professional lives. We seek to identify what makes it more difficult to transition (the barriers), as well as what makes the process of transition easier (the facilitative factors), for nurses. To accomplish this goal, we will

interview transgender nurses to learn about their experiences and use this data to develop a theory about nurses' gender transition.

Participants

You are being asked to participate in the study because you fit these criteria: a) you are over age 18, b) you self-identify as transgender, c) you are a nurse with at least 1 year of experience prior to gender transition, and d) you have identified as your desired gender for at least 6 months.

Procedures

If you volunteer to participate in this study, you will be asked to do the following: answer demographic questions, participate in an audio-recorded telephone interview regarding your transition experiences. This interview will be approximately one hour and scheduled to your availability. You will later be provided a copy of the transcript of your interview and the findings that are developed so you may verify that it reflects your experiences.

Benefits of Participation

There may not be direct benefits to you as a participant in this study. However, we hope to learn about the transition experiences of transgender nurses and eventually develop interventions to support the transition experiences of nurses like you.

Risks of Participation

There are risks involved in all research studies. This study may include only minimal risks. You may feel uncomfortable or emotional when answering some questions about your transition experiences in your personal or professional life.

Cost /Compensation

There is not a financial cost to you to participate in this study. The study will take approximately 90 minutes of your time to complete all aspects of the study. You will not be compensated for your time.

Confidentiality

All information gathered in this study will be kept as confidential as possible. No reference will be made in written or oral materials that could link you to this study. All records will be stored in a password-protected computer on a private, password-protected drive that is kept by the researcher in a locked office for a period of 3 years. Any non-digital study related materials will be kept in a locked cabinet within a private, locked office at the researcher's home. After the 3 years, the information gathered will be deleted or destroyed.

Voluntary Participation

Your participation in this study is voluntary. You may refuse to participate in this study or in any part of this study. You may withdraw at any time without prejudice to your relations with UNLV. You are encouraged to ask questions about this study at the beginning or any time during the research study.

Participant Consent:

I have been read the above information and agree to participate in this study. I have been able to ask questions about the research study. I am at least 18 years of age. A copy of this form has been given to me.

Audio Recording:

I agree to be audio recorded for the purpose of this research study.

APPENDIX C

Interview Guide

"Hello, my name is Rhiannon Sullivan, I prefer to use she/her pronouns. Whom am I speaking with today?

I am a graduate student at UNLV and am currently conducting a study to better understand the transition experience of transgender nurses in their personal and professional lives. I will be gathering data by conducting a one-on-one audio-recorded interview with participants. The aim of this study is understand the barriers and facilitators to gender transition for these nursing professionals. I would be happy to answer any questions you have about the study, how the data gathered will be used or about myself. If you are interested in participating in this study, we can review the informed consent while we are on the phone today. I expect it to take 10 minutes for us to review the consent documents. Do you want to continue today, or would you like to set up another time?"

- At this point, I would answer questions from the participant. If potential participants wishes to proceed to the informed consent document, the conversation will move forward to the next section.

"I am now going to read an informed consent document to you, I will review a small section and ask if you have questions before we continue onto the next section. You will be provided a copy of the consent document for your records.

UNLV

INFORMED CONSENT

Department of Nursing

TITLE OF STUDY: Navigating gender transition as a nurse

INVESTIGATOR(S): Tricia Gatlin, PhD, RN, CNE and Rhiannon Sullivan PhD(C), MS, RN

For questions or concerns about the study, you may contact Rhiannon Sullivan at (918)812-7720 or sullir4@unlv.nevada.edu.

For questions regarding the rights of research subjects, any complaints or comments regarding the manner in which the study is being conducted, contact the UNLV Office of Research Integrity – Human Subjects at 702-895-2794, toll free at 888-581-2794 or via email at IRB@unlv.edu.

Purpose of the Study

You are invited to participate in a research study. The purpose of this study is to explore how transgender nurses experience gender transition in their personal and professional lives. We seek to identify what makes it more difficult to transition (the barriers), as well as what makes the process of transition easier (the facilitative factors), for nurses. To accomplish this goal, we will interview transgender nurses to learn about their experiences and use this data to develop a theory about nurses' gender transition.

Do you have any questions?

Participants

You are being asked to participate in the study because you fit these criteria: a) you are over age 18, b) you self-identify as transgender, c) you are a nurse with at least 1 year of experience prior to gender transition, and d) you have identified as your desired gender for at least 6 months.

Do you have any questions?

Procedures

If you volunteer to participate in this study, you will be asked to do the following: answer demographic questions, participate in an audio-recorded telephone interview regarding your

transition experiences. This interview will be approximately one hour and scheduled to your availability. You will later be provided a copy of the transcript of your interview and the findings that are developed so you may verify that it reflects your experiences.

Do you have any questions?

Benefits of Participation

There may not be direct benefits to you as a participant in this study. However, we hope to learn about the transition experiences of transgender nurses and eventually develop interventions to support the transition experiences of nurses like you.

Do you have any questions?

Risks of Participation

There are risks involved in all research studies. This study may include only minimal risks. You may feel uncomfortable or emotional when answering some questions about your transition experiences in your personal or professional life.

Do you have any questions?

Cost /Compensation

There is not a financial cost to you to participate in this study. The study will take approximately 90 minutes of your time to complete all aspects of the study. You will not be compensated for your time.

Do you have any questions?

Confidentiality

All information gathered in this study will be kept as confidential as possible. No reference will be made in written or oral materials that could link you to this study. All records will be stored in a password-protected computer on a private, password-protected drive that is kept by the

researcher in a locked office for a period of 3 years. Any non-digital study related materials will be kept in a locked cabinet within a private, locked office at the researcher's home. After the 3 years, the information gathered will be deleted or destroyed.

Do you have any questions?

Voluntary Participation

Your participation in this study is voluntary. You may refuse to participate in this study or in any part of this study. You may withdraw at any time without prejudice to your relations with UNLV. You are encouraged to ask questions about this study at the beginning or any time during the research study.

Do you have any questions?

Participant Consent:

I have been read the above information and agree to participate in this study. I have been able to ask questions about the research study. I am at least 18 years of age. A copy of this form has been given to me.

Do you have any questions?

Do you consent to participant in the research study?

Audio Recording:

I agree to be audio recorded for the purpose of this research study.

Do you consent to being audio taped for the purpose of this research study?"

- If participants wish to participate and provide consent, they will be asked if they have time to answer the demographic questions and/or the interview at this time. If they do not want to continue on the same day as consent, an appointment will be made with the participant for a later time.

- The demographic questions will be asked during a phone conversation. I will ask the questions and record the responses on a copy of the demographic questionnaire. If this conversation takes place at a different time than obtaining consent, the participant will be greeted and the researcher will confirm consent for audio recording.

"I am going to ask you demographic questions now. This information will be used to describe the study sample and your answers will be kept confidential. I will ask you the questions one at a time and you can provide the best answer to describe yourself. Please ask me to clarify/repeat the question as needed. This should take up about 5 minutes to complete." The researcher will then read the questions, listen to the responses of participants and verify their answer is recorded correctly before asking the next question.

What is your current age in years? (I will ask for a response, then record in the appropriate category). _____

Some people describe themselves as transgender when they experience a different gender identity from their sex at birth. For example, a person born into a male body, but who feels female or lives as a woman. Do you consider yourself to be transgender?

☐ Yes, transgender, male to female

☐ Yes, transgender, female to male

☐ Yes, transgender, gender non-conforming

☐ No

How would you describe yourself? Indicate any/all that apply.

☐ American Indian or Alaska native

☐ Asian

☐ Black or African American

☐ Hispanic or Latinx

☐ Native Hawaiian or other Pacific Islander

☐ White

What type of nursing license did you hold at the time of your transition?

☐ Licensed Practical Nurse or Licensed Vocational Nurse (LPN/LVN)

☐ Registered Nurse (RN)

☐ Advanced Practice Registered Nurse (APRN)

What state did you practice in at the time of your transition? (Participants will be asked and their response will be recorded and aggregated into the US Census Regions) _____

What type of nursing unit/care area were you primarily working at the time of your transition? _____

Have you transitioned in your:

☐ Personal life only
☐ Professional life only
☐ Both personal and professional life

What is your highest level of completed education? (I will ask for a response, then record in the appropriate category). _____

Years in practice at time of transition? (I will ask for a response, then record in the appropriate category). _____

What best describes your primary role in your place of work at the time of your transition?

☐ Staff Nurse

☐ Charge Nurse

☐ Manager

☐ Executive

☐ Educator

☐ Clinic Nurse

☐ Other

Organization type at time of transition

☐ For profit (private)

☐ Public non-profit

☐ Religiously Affiliated

☐ Teaching

"Thank you for your willingness to speak with me and talk about your experiences. I know it can be difficult to talk with a stranger about personal experiences. I want to remind you that if at any time during our conversation you become uncomfortable, or you would like to take a break, or need us to stop our conversation, we will certainly do so.

During our time together today I will ask you questions about your transition experiences in your private and professional life. I expect us to talk for about an hour. Do you have any questions for me, something about the study, my background? I have prepared some questions to get our conversation started; I am ready when you are."

Potential Interview Questions

1. Please describe your transition experience in your personal life/professional life.

2. What do you think helped you make the transition in your private life? (Probes- how did friends/family members help or support you during transition?)

What do you think helped you make the transition in your professional life? (Probes- How did friends/management help during gender transition)

What do you remember as something that was helpful (made you feel safe, affirmed) during your personal transition? (Probes- Can you share with me why it made you feel this way? Did you experience similar helpful acts (of others) during your professional transition?)

What made you feel safe (or unsafe) during transition? *

3. What challenges did you experience during transition in your personal/professional life? (Probes- How did friends/family/peers/management present barriers or resistance during transition?)
4. What does it mean to you, when someone uses correctly (or fails to use) your name? *
5. Where have you found support during your transition? *
6. What have been the barriers to transition for you in personal life (or workplace)?
7. Would you please share some of your experiences of barriers to transition as a nurse (in your private life/professional life?).
8. How were you able to resolve the issues around the barrier?
    a. Follow up questions: How did you approach these challenges?
9. If you recall, what were you thinking before (during or after) you began your transition in private/professional life?
10. Has there been a time when you shared information about your transition with someone and then later regretted it? What made you regret sharing the information?
11. Do you feel the barriers/facilitators to transition changed over time?

Probe: Were the barriers/facilitators different at home than at work?

12. Can you share what you think is different from when you began transition in private life to when you began to transition in professional life?
13. What do you feel is different now that you have transitioned in private but have not transitioned in professional life?
14. How did you decide it was time? (Probe- What were you looking for in your home/work situation that encouraged you to begin your transition?)
15. Who, if anyone, influenced your actions? (Probe- Could you please tell me how they influenced you?)
16. Describe a typical day for you during your transition in your private/professional life.

Ending Questions

17. What has been a surprise (good or bad) during transition? *
18. What advice would you have for a nurse who has not yet begun to transition in their private or professional life?
19. After thinking about your experiences during transition, is there something else you would like to share?
20. Is there something else that you think I should know to understand what the facilitators and barriers to your transition were/are?

Concluding Remarks:

"I would like to thank you again for your willingness to participate in this study. Before we end our time together, do you have any questions for me? As a reminder, I will make contact with you after analyzing the data. Do you have a preferred way for me to contact you? (Record contact information)

The purpose of that conversation will be to confirm the findings and interpretation of the data. You are not required to participate in the review of data to be included in the study. I look forward to speaking with you then. If you think of questions later, please do not hesitate to contact me."

APPENDIX D

Demographic Questionnaire

What is your current age in years?

☐ 18-24

☐ 25-34

☐ 35-44

☐ 45-54

☐ 55-64

☐ 65 or older

Some people describe themselves as transgender when they experience a different gender identity from their sex at birth. For example, a person born into a male body, but who feels female or lives as a woman. Do you consider yourself to be transgender?

☐ Yes, transgender, male to female

☐ Yes, transgender, female to male

☐ Yes, transgender, gender non-conforming

☐ No

How would you describe yourself? Indicate any/all that apply.

☐ American Indian or Alaska native

☐ Asian

☐ Black or African American

☐ Hispanic or Latinx

☐ Native Hawaiian or other Pacific Islander

☐ White

What type of nursing license did you hold at the time of your transition?

☐ Licensed Practical Nurse or Licensed Vocational Nurse (LPN/LVN)

☐ Registered Nurse (RN)

☐ Advanced Practice Registered Nurse (APRN)

What state did you practice in at the time of your transition?

☐ Northeast (Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont, New Jersey, New York, Pennsylvania)

☐ Midwest (Indiana, Illinois, Michigan, Ohio, Wisconsin, Iowa, Kansas, Minnesota, Missouri, Nebraska, South Dakota, North Dakota)

☐ South (Delaware, District of Columbia, Florida, Georgia, Maryland, North Carolina, South Carolina, Virginia, West Virginia, Alabama, Kentucky, Mississippi, Tennessee, Arkansas, Louisiana, Oklahoma, Texas)

☐ West (Arizona, Colorado, Idaho, New Mexico, Montana, Utah, Nevada, Wyoming, Alaska, California, Hawaii, Oregon, Washington)

What type of nursing unit/care area were you primarily working at the time of your transition? _____

Have you transitioned in your:

☐Personal life only
☐Professional life only
☐Both personal and professional life

What is your highest level of completed education?

☐ Technical Training

☐ Associate degree

☐ Bachelor's degree (non-nursing)

☐ Bachelor's degree (nursing)

☐ Master's degree (non-nursing)

☐ Master's degree (nursing)

☐ Doctorate degree (non-nursing)

☐ Doctorate degree (nursing- PhD, DNP)

Years in practice at time of transition?

☐ 2-5

☐ 6-10

☐ 11-15

☐ 16-20

☐ 21-25

☐ 26-30

☐ More than 30

What best describes your primary role in your place of work at the time of your transition?

☐ Staff Nurse

☐ Charge Nurse

☐ Manager

☐ Executive

☐ Educator

☐ Clinic Nurse

☐ Other

Organization type at time of transition

☐ For profit (private)

☐ Public non-profit

☐ Religiously Affiliated

☐ Teaching

APPENDIX E

Distress Protocol

The interview will stop if:	• The participant chooses to terminate the interview for any reason
	• The participant decides that the interview needs to stop for now, and at their direction can be resumed later.
The researcher will offer to stop the interview if:	• The participant is demonstrating anxiety or distress during the interview. The researcher will ask if they would like to a take a break or if they would like for recording equipment to be turned off
	• If the participant continues to demonstrate signs of being upset, the researcher will ask if the participant would like the interview to end.
	• The researcher will remain on the phone with the participant until they are calm. The participant will be offered the opportunity to continue the interview at this time or to stop the

	interview or discontinue their participation.
The researcher will offer resources if:	• The participant requests referrals for further support. Contact information (phone number, website information) for support groups or crisis intervention groups will be provided.

Adapted from (Dempsey, Dowling, Larkin, & Murphy, 2016)

Referral resources:

The Trevor Project- an around the clock lifeline with phone, text or instant message options for support, this organization has LGBTQ+ focus. 866-4-U-TREVOR (866-488-7386) https://www.thetrevorproject.org

The National Suicide Prevention Lifeline- an around the clock lifeline for suicide prevention, 800-273-TALK (800-273-8255)

Trans Lifeline- a Trans led peer support organization that has Trans identified support members who answer calls to support others in crisis, to talk or offer support. The hours of operation are 7am- 1am PST, volunteers may also be available during off hours. 877-565-8860

APPENDIX F

IRB Letter

UNLV Biomedical IRB - Expedited Review
Approval Notice

DATE:	August 2, 2019
TO:	Tricia Gatlin, PhD
FROM:	UNLV Biomedical IRB
PROTOCOL TITLE:	[1431135-2] Navigating Gender Transition as a Nurse
SUBMISSION TYPE:	Revision
ACTION:	APPROVED
APPROVAL DATE:	August 2, 2019
NEXT REVIEW DATE:	August 1, 2022
REVIEW TYPE:	Expedited Review

Thank you for submission of Revision materials for this protocol. The UNLV Biomedical IRB has APPROVED your submission. This approval is based on an appropriate risk/benefit ratio and a protocol design wherein the risks have been minimized. All research must be conducted in accordance with this approved submission.

PLEASE NOTE:

Should there be *any* change to the protocol, it will be necessary to submit a **Modification Form** through ORI - Human Subjects. No changes may be made to the existing protocol until modifications have been approved.

ALL UNANTICIPATED PROBLEMS involving risk to subjects or others and SERIOUS and UNEXPECTED adverse events must be reported promptly to this office. Please use the appropriate reporting forms for this procedure. All FDA and sponsor reporting requirements should also be followed.

All NONCOMPLIANCE issues or COMPLAINTS regarding this protocol must be reported promptly to this office.

All approvals from appropriate UNLV offices regarding this research must be obtained prior to initiation of this study (e.g., IBC, COI, Export Control, OSP, Radiation Safety, Clinical Trials Office, etc.).

If you have questions, please contact the Office of Research Integrity - Human Subjects at IRB@unlv.edu or call 702-895-2794. Please include your protocol title and IRBNet ID in all correspondence.

Office of Research Integrity - Human Subjects

4505 Maryland Parkway . Box 451047 . Las Vegas, Nevada

89154-1047

(702) 895-2794 . FAX: (702) 895-0805 . IRB@unlv.edu

REFERENCES

Alemu, G., Stevens, B., Ross, P., & Chandler, J. (2015). The use of constructivist grounded theory method to explore the role of socially constructed metadata (Web 2.0) approaches. *Qualitative and Quantitative Methods in Libraries*, *4*, 517–540. http://www.qqml.net/papers/September_2015_Issue/433QQML_Journal_2015_Alemu_517-540.pdf

American Nurses Association. (2018). *Healthy Nurse*. https://www.nursingworld.org/foundation/programs/healthy-nurse/

American Psychiatric Association. (2012). *Position statement on access to care for transgender and gender variant individuals*. https://www.psychiatry.org/File%20Library/About-APA/Organization-Documents-Policies/Policies/Position-2018-Access-to-Care-for-Transgender-and-Gender-Diverse-Individuals.pdf

Aspergren, E. (2020, October 14). An 'epidemic of violence': HRC counts record number of violent transgender deaths in 2020. *USA Today*.

Backman, K., & Kyngas, H. A. (1999). Challenges of the grounded theory approach to a novice researcher. *Nursing and Health Sciences, 1*(3), 147–153. https://doi.org/10.1046/j.1442-2018.1999.00019.x

Bailey, L. J., Ellis, S., & McNeil, J. (2014). Suicide risk in the UK trans population and the role of gender transition in decreasing suicidal ideation and suicide attempt. *The Mental Health Review*, *19*(4), 209–220. https://doi.org/10.1108/MHRJ-05-2014-0015

Bass, B. M., & Avolio, B. J. (1990). The implications of transactional and transformational leadership for indivdual, team, and organizational development. *Reserach in Organizational Change and Development*, *4*, 231–272.

Beagan, B. L., De Souza, L., Godbout, C., Hamilton, L., MacLeod, J., Paynter, E., & Tobin, A. (2012). “This is the biggest thing you’ll ever do in your life”: exploring the occupations of transgendered people. *Journal of Occupational Science*, *19*(3), 226–240. https://doi.org/10.1080/14427591.2012.659169

Benner, P. (1982). From novice to expert. *The American Journal of Nursing*, *82*, 402–407. www.jstor.org/stable/3462928

Beuregard, T. A., Arevshatian, L., Booth, J. E., & Whittle, S. (2018). Listen carefully: transgender voices in the workplace. *The International Journal of Human Resource Management*, *29*(5), 857–884. https://doi.org/10.1080/09585192.2016.1234503

Birks, M., & Mills, J. (2015). *Grounded theory: a practical guide* (2nd ed.). Sage.

Blumer, H. (1969). *Symbolic interactionism: perspective and method*. Prentice Hall.

Bockting, W. O., Miner, M. H., Swinburne, R. E., Hamilton, A., & Coleman, E. (2013). Stigma, mental health, and resilience in an online sample of the US transgender population. *American Journal of Public Health*, *103*(5), 943–951. https://doi.org/10.2105/AJPH.2013.301241

Botha, E., Gwin, T., & Purpora, C. (2015). The effectiveness of mindfulness based programs in reducing stress experienced by nurses in adult hospital settings: a systematic review of quantitative evidence protocol. *JBI Database of Systematic Reviews and Implementation Reports*, *13*(10), 21–29. https://doi.org/10.11124/jbisrir-2015-2380

Bravin, J., & Kendall, B. (2020, June 15). Supreme court rules for gay and transgender rights in the workplace; justices rule federal civil-rights law prohibits workplace discrimination against LGBT workers. *Wall Street Journal*. www.wsj.com

Brewster, M. E., Velez, B. L., Mennicke, A., & Tebbe, E. (2014). Voices from beyond: a thematic content analysis of transgender employees' workplace experiences. *Psychology of Sexual Orientation and Gender Diversity, 1*(2), 159–169. https://doi.org/10.1037/sgd0000030

Brewster, M. E., Velez, B., Deblaere, C., & Moradi, B. (2012). Transgender individuals' workplace experiences: the applicability of sexual minority measures and models. *Journal of Counseling Psychology, 59,* 60–70. https://doi.org/10.1037/a0025206

Brumbaugh-Johnson, S. M., & Hull, K. E. (2019). Coming out as transgender: navigating the social implications of a transgender identity. *Journal of Homosexuality, 66*(8), 1148–1177. https://doi.org/10.1080/00918369.2018.1493253

Budge, S. L., Adelson, J. L., & Howard, K. A. (2013a). Anxiety and depression in transgender individuals: the roles of transition status, loss, social support, and coping. *Journal of Consulting and clinical Psychology, 81*(3), 545–557. https://doi.org/10.1037/a0031774

Budge, S. L., Katz-Wise, S. L., Tebbe, E. N., Howard, K. A., Schneider, C. L., & Rodriguez, A. (2013b). Transgender emotional and coping process: facilitative and avoidant coping throughout gender transitioning. *The Counseling Psychologist, 41*(4), 601–647. https://doi.org/10.1177.0011000011432753

Cannon, Y., Speedlin, S., Avera, J., Robertson, D., Ingram, M., & Prado, A. (2017). Transition, connection, disconnection, and social media: examining the digital lived experiences of transgender individuals. *Journal of LGBT Issues in Counseling, 11*(2), 68–87. https://doi.org/10.1080/15538605.2017.1310006

Carr, E. C., & Worth, A. (2001). The use of the telephone interview for research. *Nursing Times Research, 6*(1), 511–524. https://doi.org/10.1177/136140960100600107

Charmaz, K. (2014). *Constructing grounded theory* (2nd ed.). Sage.

Charmaz, K. (2017). Constructivist grounded theory. *The Journal of Positive Psychology, 12*(3), 299–300. https://doi.org/10.1080/17439760.2016.1262612

Charmaz, K., & Belgrave, L. L. (2012). Qualitative interviewing and grounded theory analysis. In J. F. Gubrium, J. A. Holstein, & A. B. Marvasti (Eds.), *Sage handbook of interview research: the complexity of the craft* (2nd ed., pp. 347–366). Sage.

Collazo, A., Austin, A., & Craig, S. L. (2013). Facilitating transition among transgender clients: components of effective clinical practice. *Clinical Social Work, 41,* 228–237. https://doi.org/10/1007/s10615-013-0436-3

Collins, J. C., McFadden, C., Rocco, T. S., & Mathis, M. K. (2015). The problem of transgender marginalization and exclusion: critical actions for human resource development. *Human Resource Development Review*, *14*(2), 205–226. https://doi.org/10.1177/15344831558175

Connell, C. (2010). Doing, undoing or redoing gender? Learning from the workplace experiences of transpeople. *Gender and Society*, *24*(1), 31–55. https://doi.org/10.1177/0891243209356429

Corbin, J., & Strauss, A. (1990). Grounded theory research: Procedures, cannons, and evaluative criteria. *Qualitative Sociology, 13,* 3–21. https://doi.org/10.1007/BF00988593

Creswell, J. W., & Miller, D. L. (2000). Determining validity in qualitative inquiry. *Theory Into Practice*, *39*(3), 124–130. https://www.jstor.org/stable/1477543

Crotty, M. (1998). *The foundations of social research*. Sage.

Davidson, S. (2016). Gender inequality: nonbinary transgender people in the workplace. *Cogent social sciences*, *2*(1), 1–12. https://doi.org/10.1080/23311886.2016.1236511

Dickey, L. M., Walinsky, D., Rofkahr, C., Richardson-Cline, K., & Juntunen, C. (2015). Career decision self-efficacy of transgender people: pre- and posttransition. *The Career Development Quarterly*, *64*(4), 360–372. https://doi.org/10.1002/cdq.12071

Dispenza, F., Watson, L. B., Chung, Y. B., & Brack, G. (2012). Experience of career-related discimination for female-to-male transgender persons: a qualitative study. *The Career Development Quarterly*, *60*, 65–81. https://doi.org/10.1002/j.2161-0045.2012.00006x

Drabble, L., Trocki, K. F., Salcedo, B., Walker, P. C., & Korcha, R. A. (2017). Conducting qualitative interviews by telephone: lessons learned from a study of alcohol use among sexual minority and heterosexual women. *Qualitative Social Work*, *15*(1), 118–133. https://doi.org/10.1177/1473325015585613

Draucker, C. B., Martsolf, D. S., & Poole, C. (2009). Developing distress protocols for research on sensitive topics. *Archives of Psychiatric Nursing*, *23*(5), 343–350. https://doi.org/10.1016/j.apnu.2008.10.008

Duarte, J., Pinto-Gouveia, J., & Cruz, B. (2016). Relationships between nurses' empathy, self-compassion and dimensions of professional quality of life: a cross sectional study. *International Journal of Nursing Studies*, *60*, 1–11. https://doi.org/10

Eliason, M. J., DeJoseph, J., Dibble, S., Deevey, S., & Chinn, P. (2011). Lesbian, gay, bisexual, transgender, and queer/questioning nurses' experiences in the workplace. *Journal of Professional Nursing*, *27*(4), 237–244. https://doi.org/10.1016/j.profnurs.2011.03.003

Elmir, R., Schmied, V., Jackson, D., & Wilkes, L. (2011). Interviewing people about potentially sensitive topics. *Nurse Researcher*, *19*(1), 12–16. https://pdfs.semanticscholar.org/ec96/86a8d09b019e6919f4e790160d5f11740074.pdf

Engward, H. (2013). Understanding grounded theory. *Nursing Standard*, *28*(7), 37–41. https://doi.org/10.7748/ns2013.10.28.7.37.e7806

Engward, H., & Davis, G. (2015). Being reflexive in qualitative grounded theory: Discussion and application of a model of reflexivity. *Journal of Advanced Nursing*, *71*(7). https://doi.org/10.1111/jan.12653

Erickson-Schroth, L. (Ed.). (2014). *Trans bodies, trans selves: a resource for the transgender community*. Oxford University Press.

Fein, L. A., Salgado, C. H., Villalba Alvarez, C., & Estes, C. M. (2017). Transitioning transgender: investigating the important aspects of the transition: a brief report. *International Journal of Sexual Health*, *29*(1), 80–88. https://doi.org/10.1080/19317611.2016.1227013

Follmer, K. B., Sabat, I. E., & Siuta, R. L. (2020). Disclosure of stigmatized identities at work: an interdisciplinary review and agenda for future research. *Journal of Organizational Behavior*, *41*, 169–184. https://doi.org/10.1002/job.2402

Forero, R., Nahidi, S., De Costa, J., Mohsin, M., Fitzgerald, G., Gibson, N., McCarthy, S., & Aboagye-Sarfo, P. (2018). Application of four-dimension criteria to assess rigour of qualitative research in emergency medicine. *BMC Health Services Research, 18*(120). https://doi.org/10.1186/s12913-018-2915-2

Gatlin, T. K., & Johnson, M. J. (2017). Two case examples of reaching hard-to-reach: low income minority and LGBT individuals. *Journal of Health Disparities Research and Practice, 10,* 153–163. https://digitalscholarship.unlv.edu/jhdrp/vol10/iss3/11

Gelinas, L., Pierce, R., Winkler, S., Cohen, I. G., Lynch, H. F., & Bierer, B. E. (2017). Using social media as a research recruitment tool: ethical issues and recommendations.

American Journal of Bioethics, *17*, 3–14. https://doi.org/10.1080/15265161.2016.1276644

Giles, T., King, L., & de Lacey, S. (2013). The timing of the literature review in grounded theory research: an open mind versus and empty head. *Advances in Nursing Science*, *36*(2), E29– E40. https://doi.org/10.1097/ANS.0b013e3182902035

GLAAD. (n.d.). *GLAAD media reference guide- transgender*. Retrieved February 15, 2019, from https://www.glaad.org/reference/transgender

Glaser, B. G. (1978). *Theoretical sensitivity: Advances in the methodology of grounded theory* (1st ed.). The Sociology Press.

Glaser, B. G., & Strauss, A. L. (1967). *The discovery of grounded theory: strategies for qualitative research*. Aldine Publishing Company.

Glesne, C. (2011). *Becoming qualitative researchers* (4th ed.). Pearson.

Grant, J. M., Mottet, L. A., Tanis, J., Harrison, J., Herman, J. L., & Keisling, M. (2011). *Injustice at every turn: a report of the national transgender discrimination survey*. https://transequality.org/sites/default/files/docs/resources/NTDS_Report.pdf

Herman, J. L., Brown, A. R., Brown, T. N., Wilson, B. D., & Conron, K. J. (2017). *Age of individuals who identify as transgender in the United States*. https://williamsinstitute.law.ucla.edu/wp-content/uploads/TransAgeReport.pdf

Hoffman, B. (2014). An overview of depression among transgender women. *Depression Research and Treatment*, *2014*. https://doi.org/10.1155/2014/394283

Holloway, I., & Wheeler, S. (2009). *Qualitative Research in Nursing and Healthcare*. https://ebookcentral.proquest.com/lib/unlv/detail.action?docID=707888.

Human Rights Campaign. (n.d.). *Coming out in the workplace as transgender*. https://www.hrc.org. Retrieved March 10, 2018, from https://www.hrc.org/resources/coming-out-in-the-workplace-as-transgender

James, S. E., Herman, J. L., Rankin, S., Keisling, M., Mottet, L., & Anafi, M. (2016). *The report of the 2015 U.S. transgender survey*. https://transequality.org/sites/default/files/docs/usts/USTS-Full-Report-Dec17.pdf

Johnson, D. L., Wagner, K. L., & Drake, D. K. (2020). *Supreme Court speaks: Title VII forbids workplace discrimination based on sexual orientation and transgender status*. https://www.americanbar.org/groups/labor_law/publications/flash_archive/issue-june-2020/supreme-court-speaks/

Jones, S. E. (2020). Negotiating transgender identity at work: A movement to theorize a transgender standpoint epistemology. *Management Communication Quarterly*, *34*(2), 251–278. https://doi.org/10.1177/0893318919898170

Kleintop, L. K. (2019). When transgender employees come out: perceived support and cultural change in the transition process. *Journal of Business Diversity*, *19*(5), 55–67. https://doi.org/10.33423/jbd.v19i5.2645

Kormanik, M. B. (2009). Sexuality as diversity factor: an examination of awareness. *Advances in Developing Human Resources*, *11*(1), 24–36. https://doi.org/10.1177/1523422308329369

Law, C. L., Martinez, L. R., Ruggs, E. N., Hebl, M. R., & Akers, E. (2011). Trans-parency in the workplace: how the experiences of transsexual employees can be improved. *Journal of Vocational Behavior*, *79*(3), 710–723. https://doi.org/10.1016/j.jvb.2011.03.018

Levers, M. D. (2013). Philosophical Paradigms, grounded theory, and perspectives on emergence. *Sage Open*, (4), 1–6. https://doi.org/10.1177/2158244013517243

Levitt, H. M., & Ippolito, M. I. (2014). Being transgender: navigating minority stressors and developing authentic self-presentation. *Psychology of Women Quarterly*, *38*(1), 46–64. https://doi.org/10.1177.0361684313501644

Lincoln, Y. S., & Guba, E. G. (2016). *The constructivist credo* (1st ed.). Routledge.

Lindsey, A., King, E., Gilmer, D., Sabat, I., & Ahmad, A. (2020). The benefits of identity integration across life domains. *Journal of Homosexuality*, *67*(8), 1164–1172. https://doi.org/10.1080/00918369.2019.1607683

Markey, K., Tilki, M., & Taylor, G. (2014). Reflecting on the challenges of choosing and using a grounded theory approach. *Nurse Researcher*, *22*(2), 16–22. https://doi.org/10.7748/nr.22.2.16.e1272

Marques, A. (2020). Telling stories; telling transgender coming out stories from the uk and portugal. *Gender, Place & Culture*, *27*(9), 1287–1307. https://doi.org/10.1080/0966369x.2019.1681943

Martinez, L. R., Sawyer, K. B., Thoroughgood, C. N., Ruggs, E. N., & Smith, N. A. (2017). Importance of being "me": the relation between authentic identity expression and transgender employees' work-related attitudes and experiences. *Journal of Applied Psychology*, *102*(2), 215–226. https://doi.org/10.1037ap10000168

Mealer, M., & Jones, J. (2014). Methodological and ethical issues related to qualitative telephone interviews on sensitive topics. *Nurse Researcher*, *21*(4), 32–37. https://doi.org/0.7748/nr2014.03.21.4.32.e1229

Merryfeather, L., & Bruce, A. (2014). The invisibility of gender diversity: understanding transgender and transsexuality in nursing literature. *Nursing Forum*, *49*(2), 110–123. https://doi.org/10.1111/nuf.12061

Miller, L. R., & Grollman, E. A. (2015). The social costs of gender nonconformity for transgender adults: implications for discrimination and health. *Sociological Forum*, *30*(3), 809–831. https://doi.org/10.1111/socf.12193

Mizock, L., Riley, J., Yuen, N., Woodrum, T. D., Sotilleo, E. A., & Ormerod, A. J. (2018). Transphobia in the workplace: a qualitative study of employment stigma. *Stigma and Health*, *3*(3), 275–282. https://doi.org/10.1037/sah0000098

Musselwhite, K., Cuff, L., McGregor, L., & King, K. M. (2007). The telephone interview is an effective method of data collection in clinical nursing research: a discussion paper. *Int J Nurs Stu*, *44*(6), 1064–1070. https://doi.org/10.1016/j.ijnurstu.2006.0.014

Nagel, D. A., Burns, V. F., Tilley, C., & Aubin, D. (2015). When novice researchers adopt constructivist grounded theory: navigating less travelled paradigmatic and methodological paths in PhD dissertation works. *International Journal of Doctoral Studies*, *10*, 365–383. https://doi.org/10.28945/2300

Newheiser, A.-K., Barreto, M., & Tiemersma, J. (2017). People like me don't belong here: identity concealment is associated with negative workplace experiences. *Journal of Social Issues*, *73*(2), 341–358. https://doi.org/10.1111/josi.12220

Northouse, P. G. (2016). *Leadership: theory and practice* (7th ed.). Sage.

Olson, K. (2018). Ethical issues in grounded theory. In *The SAGE handbook of qualitative research ethics* (1st ed., pp. 524–532). SAGE. https://unlv-primo.hosted.exlibrisgroup.com/primo-explore/fulldisplay?docid=01UNLV_ALMA51301236730004081&context=L&vid=UNLV&search_scope=EVERYTHING&tab=default_tab&lang=en_US

Oyama, Y., & Fukahori, H. (2013). A literature review of factors related to hospital nurses' health-related quality of life. *Journal of Nursing Management*, *23*(5), 661–673. https://doi.org/10.1111/jonm.12194

Pepper, C. H., & Lorah, P. (2008). Career issues and workplace considerations for the transsexual community: bridging the gap of knowledge for career counselors and mental health care providers. *The Career Development Quarterly*, *56*(4), 330–343. https://doi.org/10.1002/j.2161.0045.2008.tb00098.x

Phoenix, N., & Ghul, R. (2016). Gender transition in the workplace: an occupational therapy perspective. *Work*, *55*(1), 197–205. https://doi.org/10.3233/WOR-162386

Pilcher, J. (2017). Names and "doing gender": how forenames and surnames contribute to gender identities, difference, and inequalities. *Sex Roles*, *77*, 812–822. https://doi.org/10.1007/s11199-017-0805-4

QRS International. (2018). *NVivo for academics*. https://www.qsrinternational.com/. Retrieved August 1, 2018, from https://qsrinternational.com/nvivo/who-uses-nvivo/academics

Ragins, B. R. (2008). Disclosure disconnects: antecedents and consequences of disclosing invisible stigmas across life domains. *The Academy of Management Review*, *33*(4), 194–215. https://doi.org/10.2307/20159383

Ragins, B. R., Singh, R., & Cornwell, J. M. (2007). Making the invisible visible: fear and disclosure of sexual orientation at work. *Journal of Applied Psychology*, *92*(4), 1103–1118. https://doi.org/10.1037/0021-9010.92.4.1103

Reay, G., Bouchal, S., & A Rankin, J. (2016). Staying theoretically sensitive when conducting grounded theory research. *Nurse Researcher*, *24*(1), 26–30. https://doi.org/10.7748/nr.2016.e1445

Reisner, S. L., Hughto, J., Dunham, E. E., Heflin, K. J., Begenyi, J., Coffey-Esquivel, J., & Cahill, S. (2015). Legal protections in public accommodations settings: A critical public health issue for transgender and gender-nonconforming people. *Milbank Quarterly*, *93*(3), 484–515. https://doi.org/10.1111/1468-0009.12127

Riggle, E. D., Rostosky, S. S., McCants, L. E., & Pascale-Hague, D. (2011). Positive aspects of a transgender self-identification. *Psychology & Sexuality*, *2*(2), 147–158. https://doi.org/10/1080/19419899.2010.534490

Riggs, D. W., Ansara, G. Y., & Treharne, G. J. (2015). An evidenced-based model for understanding the mental health experiences of transgender Australians. *Australian Psychologist*, *50*(1), 32–39. https://doi.org/10.1111/ap.12088

Riley, E., Clemson, L., Sitharthan, G., & Diamond, M. (2013). Surviving a gender-variant childhood: the views of transgender adults on the needs of gender-variant children and their parents. *Journal of Sex & Marital Therapy*, *39*(3), 241–263. https://doi.org/10.1080.0092623X.2011.628439

Rotondi, N. K., Bauer, G. R., Scanlon, K., Kaay, M., Travers, R., & Travers, A. (2013). Nonprescribed hormone use and self-performed surgeries: "do-it-yourself" transitions in transgender communities in Ontario, Canada. *American Journal of Public Health*, *103*(10), 1830–1836. https://doi.org/10.2105/AJPH.2013.301348

Rubin, H. J., & Rubin, I. S. (2005). *Qualitative interviewing:the art of hearing data* (2nd ed.). Sage Publications.

Saintsing, D., Gibson, L. M., & Pennington, A. W. (2011). The novice nurse and clinical decision-making: how to avoid errors. *Journal of Nursing Management*, *19*(3), 354–359. https://doi.org/10/1111/j.1365-2834.2011.01248.x

Sangganjanavanich, V. F. (2009). Career development practitioners as advocate for transgender individuals: understanding gender transition. *Journal of employment counseling*, *46*(3), 128–135.

Sangganjanavanich, V. F., & Headley, J. A. (2013). Facilitating career development concerns of gender transitioning individuals: Professional standards and competencies. *Career Development Quarterly*, *61*(4), 354–366. https://doi.org/10.1002/j.2161-0045.2013.00061.x

Sawyer, K., Thoroughgood, C., & Webster, J. (2016). Queering the gender binary: Understanding transgender workplace experiences. In *Sexual orientation and transgender issues in organizations* (pp. 21–42). Springer International Publishing. https://doi.org/10.1007/978-3-319-29623-4_2

Schilt, K. (2006). Just one of the guys? How transmen make gender visible at work. *Gender and Society*, *20*(4), 465–490. https://doi.org/10.1177/0891243206288077

Schilt, K., & Connell, C. (2007). Do workplace gender transitions make gender trouble. *Gender, Work and Organization*, *14*(6), 596–618. https://doi.org/10.1111/j.1468-0432.2007.00373.x

Schilt, K., & Wiswall, M. (2008). Before and after: gender transitions, human capital and workplace experiences. *The B.E. Journal of Economic Analysis and Policy*, *8*(1), 1862–1887. https://doi.org/10.2202/1935-1682.1862

Smiley, R. A., Lauer, P., Bienemy, C., Berg, J. G., Shireman, E., Reneau, K. A., & Alexander, M. (2018, October 1). The 2017 national nursing workforce survey. *Journal of Nursing Regulation*, *9*, S1–S88. https://doi.org/10.1016/s2155-8256(18)30131-5

Streubert, H. J., & Carpenter, D. R. (2011). *Qualitative research in nursing: advancing the humanistic imperative* (5th ed.). Wolters Kluwer. (Original work published 1995)

Swann, W. B. (2012). Self-Verification Theory. In P. A. Van Lange, A. W. Kruglanski, & E. T. Higgins (Eds.), *Handbook of theories of social psychology* (1st ed., pp. 23–42). Sage. https://doi.org/10.4135/978144624922.n27

Taylor, S., Burke, L. A., Wheatley, K., & Sompayrac, J. (2011). Effectively facilitating gender transition in the workplace. *Employee Responsibilities and Rights Journal*, *23*(2), 101–116. https://doi.org/10.1007/s10672-010-9164-9

Tebbe, E. A., Allan, B. A., & Bell, H. L. (2019). Work and well-being in TGNC adults: the moderating effect of workplace protections. *Journal of Counseling Psychology*, *66*(1), 1–13. https://doi.org/10.1037/cou0000308

Teich, N. M. (2012). *Transgender 101: a simple guide to a complex issue*. Columbia University Press.

The GenIUSS Group. (2014). *Best practices for asking questions to identify transgender and other gender minority respondents on population-based surveys.* https://williamsinstitute.law.ucla.edu/wp-content/uploads/geniuss-report-sep-2014.pdf

Tompkins, T. L., Shields, C. N., Hillman, K. M., & White, K. (2015). Reducing stigma toward the transgender community: an evaluation of a humanizing and perspective-taking intervention. *Psychology of Sexual Orientation and Gender Diversity*, *2*(1), 34–42. https://doi.org/10.1037/sgd0000088

Transcribe me!. (2020). *HIPAA compliance*. https://www.transcribeme.com/hipaa-compliance/

Trier-Bieniek, A. (2012). Framing the telephone interview as a participant centered tool for qualitative research: a methodological discussion. *Qualitative Research, 12*(6), 630–644. https://doi.org/10.1177/1468794112439005

United States Department of Commerce. (2018). *2020 Census program memorandum series: 2018.02*. https://www2.census.gov/programs-surveys/decennial/2020/program-management/memo-series/2020-memo-2018_02.pdf

Verbeek, M. J., Hommes, M. A., Stutterheim, S. E., van Lankveld, J. J., & Box, A. E. (2020). Experiences with stigmatization among transgender individuals after transition: a qualitative study in the Netherlands. *International Journal of Transgender Health, 21*(2), 220–233. https://doi.org/10.1080/26895269.2020.1750529

Wessel, J. L. (2017). The importance of allies and allied organizations: Sexual orientation disclosure and concealment at work. *Journal of Social Issues, 73*(2), 240–254. https://doi.org/10.1111/josi.12214

White Hughto, J. M., Rose, A. J., Pachankis, J. E., & Reisner, S. L. (2017). Barriers to gender transition-related healthcare: identifying underserved transgender adults in Massachusetts. *Transgender Health, 2.1*, 107–118. https://doi.org/10.1089/trgh.2017.0014

Willig, C. (2013). *Introducing qualitative research in psychology* (3rd ed.). Open University Press.

Zimman, L. (2009). 'The other kind of coming out': transgender people and the coming out narrative genre. *Gender and Language, 3*(1), 53–80. https://doi.org/10.1558/genl.v3i1.53

CURRICULUM VITAE

Rhiannon D. Sullivan, Ph.D.(c), MSN, MHA, RN

909 S. Boston Ave

Office MP 212

Tulsa Community College

Tulsa, OK 74119

Office Phone: 918-595-7084

Email address: transnursestudy@gmail.com

Education

University of Nevada, Las Vegas

PhD in Nursing, in progress, graduation date to be determined

University of Oklahoma Health Sciences Center

Master of Science in Nursing Education, August 2011

Oklahoma State University Center for Health Sciences

Master of Science in Health Care Administration, May 2008

University of Oklahoma Health Sciences Center

Bachelor of Science in Nursing, May 2001