Experiences of Transgender Adults Living in West Virginia

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Experiences of Transgender Adults Living in West Virginia

Kerry Drabish, MSN, APRN, FNP-BC

Dissertation submitted
to the School of Nursing
at West Virginia University

in partial fulfillment of the requirements for the degree of

Doctor of Philosophy in Nursing

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Department of Nursing

Morgantown, West Virginia
2023

Keywords: transgender, healthcare, coexisting, turmoil, marginalization, identity

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Abstract

Experiences of Transgender Adults Living in West Virginia

Kerry Drabish

**Background:** Transgender adults experience disrespect, rejection, and discrimination. This is further complicated by the incongruence and internal conflict stemming from pressure to conform to a binary system of gender. Studies describing the experiences of transgender adults are limited. Therefore, the concept *coexisting between the assigned and identified self* was developed to better understand how transgender adults acknowledge turmoil and marginalization in coming to embrace identity.

**Purpose:** The purpose of this study was twofold: (1) describe the experiences of transgender adults living in WV, and (2) gather empirical evidence about the concept *coexisting between the assigned and identified self*. The question guiding this descriptive qualitative study was “How do transgender adults describe the experience of living in West Virginia?”

**Method:** The study used directed content analysis guided by the core qualities of *coexisting between the assigned and identified self*: acknowledging turmoil, acknowledging marginalization, and embracing identity. Eleven participants were recruited from online support groups, where recorded, semi-structured interviews were used to gather their stories. The stories were transcribed verbatim, reconstructed, and confirmed via member checks. Data analysis included multiple stages using meaning units, condensed meaning units, subthemes, and themes.

**Results:** Eight themes were derived from predetermined categories within the concept. Acknowledging turmoil is *feeling a disconnect between the assigned and identified self, navigating self-discovery and pressure to conform, and facing internal challenges of coming out and transitioning*. Acknowledging marginalization is *encountering disaffirming microaggressions and discrimination, prioritizing safety and privacy, and feeling isolated from family and community*. Embracing identity is *living the authentic self and engaging with a supportive community as well as visualizing a future and acting as an advocate for change*.

**Conclusions:** Findings from the study were congruent with previous literature about turmoil, marginalization, and identity. Findings were also coherent with theoretical and conceptual frameworks and grounded in the discipline of nursing. Implications for future research, practice, and policy include measures to support transgender adults as they embrace identity. Additional studies are needed to further explore the concept *coexisting between the assigned and identified self* for its use in more diverse populations.
Dedication

This work is dedicated to transgender people, who are denied the same considerations others are afforded without question. I hope the findings from this study help them feel seen, heard, and valued.
Acknowledgements

I would like to thank those who contributed to this work, starting with my dissertation committee. To Dr. Roger Carpenter, your mentorship, wisdom, and kindness were invaluable during this process. I appreciate your willingness to work with me. To Dr. Suzy Walter, your knowledge guided me, and your encouragement helped me find faith in myself. To Dr. Brad Phillips, your support, input, and steadfast patience encouraged me to continue moving forward. I treasure our newfound friendship. To Dr. Jodi Conrad, thank you for your willingness to be an open book and share your story with me. I hope I’ve made you proud, my friend.

To my PhD friends and my original cohort, Heather Coddington, Cynthia Clark, and Matthew Hottle, thank you for your countless hours of support, phone calls, texts, and emails. I could not have navigated these challenges without you by my side.

To my family and friends, you have been my biggest supporters, and I appreciate you. To my mom, thank you for proofreading countless papers and for providing dinners when I was stretched too thin. To my dad and stepmom, thank you for your words of encouragement. To my mother-in-law and father-in-law, thank you for cheering me on this entire time.

To my husband Jeff, you stand by me through thick and thin. You always believe in me, even when I don’t believe in myself. I could not have done this without you. Finally, to my daughters, Meredith and Amelia, it’s a better world since you came along. You give me hope for kinder, more accepting days ahead. Remember, you can do anything. I love you all.
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Chapter 1: Introduction

In the United States, an estimated 1.4 million adults identify as transgender (Flores et al., 2016). Over six thousand of those who identify as transgender live in the state of West Virginia (WV) (Williams Institute, 2016). Whereas *cisgender* is a term to describe people whose gender identity or expression typically aligns with their assigned birth sex, *transgender* is a term used to describe people whose gender identity or expression and assigned birth sex do not align (Bradford et al., 2013). Societal perceptions of gender as a binary system often lead to stigma and discrimination (Jackman et al., 2018), and evidence suggests a relationship between discrimination and poor health outcomes within the transgender population (Drabish & Theeke, 2022).

Statement of Problem

Transgender adults experience significant health disparities that may result in poor physical and psychological health outcomes (Drabish & Theeke, 2022). Identifying as transgender is a predictor of healthcare maltreatment and experiencing delayed or denied healthcare (Hibbert et al., 2018). Societal perceptions of gender as a binary system often place transgender adults at risk for discrimination and marginalization, as the assumptions of a dominant culture do not necessarily reflect the experiences of transgender individuals (Jackman et al., 2018). The experience of living as a transgender adult in WV is currently unknown.

Background

Health disparities are preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by socially disadvantaged populations (Centers for Disease Control and Prevention, 2022). Health disparities are directly related to the unequal distribution of social, political, economic, and environmental resources.
and result in the unequal treatment of people based on characteristics including race or ethnicity, gender, or sexual orientation (Hardoby & Mann, 2013).

Transgender adults experience marginalization in the form of housing instability, employment discrimination, social exclusion, and healthcare disparities (Centers for Disease Control and Prevention, 2022). Reduced or delayed access to services, inadequate insurance and subsequent denial of care, and a lack of familiarity with transgender-specific healthcare needs are barriers to care and result in significant health disparities (Rodriguez et al., 2018). These health disparities may lead to poor health outcomes. Although evidence suggests that lesbian, gay, bisexual, and transgender (LGBT) adults living in rural areas experience greater marginalization and healthcare disparities compared to their heterosexual and cisgender peers (Rosenkrantz et al., 2017), little is known about the experience of living as a transgender adult and the health disparities experienced specifically by these gender minorities in rural areas (Henning-Smith et al., 2022).

An overarching view of gender as a binary system often results in the social exclusion of transgender adults (DuBois et al., 2021). This exclusion is then a driving force creating health disparities (Xavier et al., 2013). Marginalization can lead to decreased health outcomes stemming from healthcare avoidance, reduced healthcare utilization, decreased screenings, and delayed treatment (Drabish & Theke, 2022). Transgender adults also experience a delay or refusal of healthcare services (Hibbert et al., 2018). Discrimination against transgender adults often results in the concealment of gender identity, further increasing the risk for marginalization (Rodriguez et al., 2018). Additional challenges may occur for those living in rural communities, including fewer transportation options, limited job opportunities, and weak economies (Pope et
In addition to these challenges, transgender adults are uniquely impacted by the varied social, cultural, and political climates found within rural communities (Butler, 2017).

Current literature describing living as a transgender adult in rural areas is limited. Little is known about the specific challenges experienced by transgender adults that ultimately result in health disparities. The specific needs of transgender adults may be better understood through gathering their perspectives and experiences. Therefore, qualitative studies are needed to explore specific experiences of transgender people, particularly in rural areas such as WV.

Experiences of living as a transgender adult have been observed in practice with adult transgender patients who reported tension from societal expectations. First-hand accounts and existing literature revealed that transgender adults experience internal struggle, or a feeling of being “trapped” in their current bodies (Drabish, 2022). Additionally, it was observed that transgender adults are often socially marginalized and experience discrimination and stigmatization (Rodriguez et al., 2018). Rooted in clinical practice and literature, the concept coexisting between the assigned and identified self was developed using an evidence-based, 10-stage process (Liehr & Smith, 2018). Coexisting between the assigned and identified self is defined as acknowledging turmoil and marginalization in coming to embrace identity.

**Disciplinary Perspective**

The findings of this study may contribute to the discipline of nursing by exploring the human-environment-health relationship as it relates to transgender adults living in WV. The human-environment-health relationship refers to the interconnectedness of human health with a multidimensional environment (Smith, 2019). By exploring transgender adults’ dynamic relationships with their environments and the effect on each personal journey toward health, the nurse researcher can better understand the influence on wellbeing. Therefore, a qualitative study
exploring *coexisting between the assigned and identified self* may add to the understanding of the experience of living as a transgender adult.

**Purpose**

The purpose of this study was twofold: (1) describe the experiences of transgender adults living in WV, and (2) gather empirical evidence about the concept *coexisting between the assigned and identified self*. The findings of this study are expected to contribute to the discipline of nursing by exploring the human-environment-health relationship as it relates to transgender adults living in WV.

**Research Question**

This study described the experiences of transgender adults living in WV and gathered empirical evidence for the concept *coexisting between the assigned and identified self*. The question guiding this descriptive qualitative study was “How do transgender adults describe the experience of living in West Virginia?” Using directed content analysis, the study used the concept *coexisting between the assigned and identified self* as the guiding theoretical framework outlined by the core qualities of acknowledging marginalization, acknowledging turmoil, and embracing identity.

**Theoretical Framework**

The Theory of Cultural Marginality was a basis for the development of the concept *coexisting between the assigned and identified self* and aligns with the purpose of this study. The theory was developed to better understand the experience of existing between different cultures and to provide guidance for improving cultural competence (Choi, 2018). According to the theory, marginal living is existing between two cultures, typically a dominant culture and a subculture. The theory emphasizes the challenges and complexity of those living in the margins
The Theory of Cultural Marginality has two assumptions: (1) that marginality is not choice and (2) that “the clashing of two cultures is a reciprocal process” and that each culture impacts the other (Choi, 2018, p. 29). Essentially, this results in tension between the two cultures.

The Theory of Cultural Marginality includes three concepts: marginal living, across-culture conflict recognition, and easing cultural tension. Marginal living is defined as transitioning between two cultures and begins with the recognition of across-culture conflict recognition or a realization that differences between cultural values and norms exist (Choi, 2018). Individuals experience conflict and cultural tension when forced to make difficult choices because of these differences. To ease cultural tension, adjustment responses are employed that may include assimilation, reconstructed return, poise, and integration (Choi, 2018). Assimilation is a process of being absorbed into a dominant culture. Conversely, an individual who responds to cultural tension with poise rejects cultural attachment or obligation; this may result in a reconstructed return to one’s own culture. Finally, integration involves merging cultures to surpass cultural boundaries and identities.

Contextual and personal influences impact how an individual recognizes across-culture conflict, how one lives in the margins, and how cultural tensions are eased. Contextual influences include the nature of the dominant culture, available social and healthcare resources, and healthcare providers’ attitudes toward individuals from different backgrounds (Choi, 2018). Personal influences include educational background, socioeconomic status, resilience, openness, and coping strategies (Choi, 2018).

Coexisting between the assigned and identified self corresponds with the Theory of Cultural Marginality and to exploring the experiences of transgender adults living in WV. As
transgender adults coexist between the assigned and identified self; they may acknowledge the turmoil and marginalization that accompany tension from cultural and societal norms. Transgender adults navigate contextual and personal influences in coming to embrace identity. Discrimination can result in marginal living when a dominant society dismisses the transgender adult. This marginalization leads to social inequities and health disparities. Health disparities result in poor psychological and physical health outcomes.

**Significance**

The potential novel impact of this study is the development of nursing knowledge as it relates to the experiences of transgender adults living in WV. By understanding these experiences, a foundation may be laid for addressing specific healthcare disparities within this population, including decreased access to care, denial of transgender-specific services, and discrimination experienced within the healthcare setting. This study may add to a body of knowledge and lay the foundation for providing culturally competent transgender-specific care, guiding the development of academic and clinical training programs, and affecting policies aimed at protecting the health of transgender adults. Understanding the experiences of transgender adults may provide the foundation on which to build inclusive policies aimed at reducing health disparities, increasing access to care, and reducing adverse health outcomes.

This study has potential societal implications. Adding to the understanding of gender as a spectrum is a broader aim of this work. The study, along with other research aimed at improving the lives of transgender people, may pave a path to increased inclusivity.

Policy goals to address health disparities include improving overall health, reducing morbidity and mortality, and improving quality of life (Hardoby & Mann, 2013). There is a distinct barrier to accessing care because of inadequate healthcare coverage. Understanding the
unique experiences of transgender adults living in WV may guide necessary policy changes that improve access to care.

**Summary**

The nursing discipline lacks a robust understanding about the specific needs of transgender adults. This study is based on the phenomenon of human-environment-health relationship, as related to *coexisting between the assigned and identified self*. Guided by theory, practice, and research, the purpose of this study was to gather empirical evidence to contribute to the development of the concept *coexisting between the assigned and identified self*. The research question was “How do transgender adults describe the experience of living in West Virginia?” Findings from this study may provide an enhanced understanding of the human-environment-health relationship and offer implications for nursing research, practice, and policy. Chapter two will include a review of the literature regarding the conceptual, methodological, and empirical evidence that provide the foundation for the study.
Chapter 2: Review of Literature

Transgender adults experience significant health disparities that may result in poor physical and psychological health outcomes (Drabish & Theeke, 2022). The dominant cultural conceptualization of gender as a binary system often places transgender adults at risk for discrimination, marginalization, and turmoil (Jackman et al., 2018). These experiences can influence how one identifies self and subsequently impact the human-environment-health relationship for transgender adults.

This literature review was guided by the research question, “How do transgender adults describe the experience of living in West Virginia?” and the emerging concept *coexisting between the assigned and identified self* (Drabish, 2022). This literature review is organized as follows: dominant cultural conceptualization of gender, transgender adults and health disparities, outcomes of health disparities, experience of living as transgender, and theoretical approaches to studying transgender adults.

Most literature was obtained through the following databases: Academic Search Complete, APA PsycArticles, APA PsycInfo, CINAHL Complete, Gender Studies Database, Health Source: Nursing/Academic Edition, LGBTQ+ Source, and MEDLINE. Additional evidence was found using Google Scholar and from the reference lists of other research articles. Search terms included: *transgender and health disparities, health outcomes, gender binary, marginalization, identity development, and discrimination*. The search was limited only by the English language. There was no limitation placed on time of publication to allow for the inclusion of original primary sources. Evidence included peer-reviewed research articles and conceptual works from scholarly journals, textbooks, and interview transcripts.
Dominant Cultural Conceptualization of Gender

Gender ideology is a lens through which people interpret people in their environments and subsequently consider what is acceptable (Jost et al., 2009). Gender is largely conceptualized as a binary construct. From a sociocultural perspective, gender differences are a result of the different way people think about and act towards women and men. According to this explanation, people are treated differently by others in ways that create and reinforce gender differences (Jost et al., 2009). Conversely, from a biological-essentialist perspective, gender differences stem from biological differences between men and women and thus, binary gender differences are predetermined and concrete (Jost et al., 2009).

Although there is no true biological measure by which every person’s gender can be categorized as either man or woman (Fausto-Sterling, 2018), there exists a societal perception of gender as two, rigid gender categories, each with an accompanying set of expectations (Shelton & Dodd, 2021). Binary gender classifications create a hierarchy embedded in societal structures and bound with systems of oppression (Shelton & Dodd, 2021). People constantly use gender labels in everyday language, often when unnecessary. Additionally, gender-differentiated dress has been legally mandated in many public settings, including schools and workplaces (Bartlett, 1994).

A binary conceptualization of gender limits possibilities for who individuals are and who they can become; it suggests integration of gender identity and the body in ways that may not be affirming of an individual’s experience. Additionally, the adoption of a binary gender construct reinforces the notion that transgender people are less valuable to society. Finally, people whose gender does not fall within binary gender categories are at risk for violence and marginalization (Shelton & Dodd, 2021). Working to uncover and then remedy the idea of a binary gender
construct may reduce the rates of marginalization and health disparities experienced by transgender adults (Shenton & Dodd, 2021). Understanding the experience of transgender adults may aid in the development of a new way to viewing gender.

**Transgender Adults and Health Disparities**

Transgender adults experience multiple health disparities stemming from marginalization and denial of their human rights (Neira & Lee, 2021). Transgender health is impacted by discrimination in access to healthcare as well as a shortage of clinically and culturally competent healthcare providers (Neira & Lee, 2021). Transgender adults may experience decreased primary care utilization as well as medical maltreatment, delayed treatment, or denied treatment.

**Primary Care Utilization**

Transgender adults experience higher levels of marginalization leading to decreased primary care utilization (Whitehead et al., 2016). Transgender adults are three times as likely to report traveling over one hour to a primary care office and overall lower primary care services (Whitehead et al., 2016). According to a study by Socias et al. (2014), 40.7% of transgender adult respondents reported avoiding seeking healthcare because of marginalization associated with transgender identity. Bradford et al. (2013) discovered that among transgender adults who reported having a primary care provider, 15% admitted feeling uncomfortable discussing transgender-specific healthcare needs, and 20% reported having to educate healthcare professionals about transgender-specific care.

**Medical Maltreatment, Delayed Treatment or Denied Treatment**

Being recognized as transgender is associated with higher levels of discrimination in healthcare settings (Rodriguez et al., 2018). Shires and Jaffee (2015) discovered that only 52.8% of patients disclosed transgender status to their medical providers because identifying as
transgender was a predictor of healthcare maltreatment and experiencing delayed or refused healthcare. In fact, according to Hibbert et al. (2018), 41.8% of transgender adults reported discrimination at a healthcare facility, with 28.1% reporting being denied treatment, 31.8% reporting verbal harassment, and 1.2% reporting physical assault. According to a study by Glick et al. (2018), 3% of transgender adults experience discrimination in the healthcare setting, and 26.3% of transgender adults admit to postponing care due to discrimination concerns.

**Outcomes of Health Disparities**

Disparities experienced by transgender adults, particularly marginalization on multiple levels, directly impact physical and psychological health outcomes (Kassing et al., 2021). Transgender adults are at greater risk for negative psychological and physical health outcomes than the general population (Meyer et al., 2017). In the most extreme form, health risks include high rates of suicidality, often in response to intense social stigma and inequality (Budge et al., 2013).

**Physical**

Research related to physical health issues among transgender people is limited (CDC, 2022). However, studies show that the average number of chronic conditions are significantly higher among transgender adults (Goldsen et al., 2022). Transgender adults also have been found to have higher risk for disability and cognitive decline (Goldsen et al., 2022). Transgender adults report increased numbers of poor physical health days because of victimization and marginalization (Kassing et al., 2021).

Transgender adults may experience sexual objectification and discrimination. This can lead to body dissatisfaction, disordered eating, and poor health outcomes (Brewster et al., 2019). Transgender adults face violence, including physical assault or abuse as well as sexual assault.
Intimate partner violence has also been found to be a prominent issue for transgender adults (CDC, 2022). Social stigmatization may result in an under-reporting of acts of violence committed against transgender adults (CDC, 2022). Additionally, chronic social marginalization has been associated with premature morbidity and mortality among gender minorities, including transgender adults (Hughto et al., 2015).

**Psychological**

Marginalization and subsequent assaults against transgender adults can result in the concealment of gender identity due to self-blame and low self-esteem, causing psychological distress (Hendricks & Testa, 2012). Austin and Goodman (2017) reported that 60% of transgender adults have moderate levels of internalized transphobia which is associated with psychological distress and depression. Additionally, experiences of marginalization correlate with avoidant coping; avoidant coping correlates with depressive symptomology (Hughto et al., 2017).

Transgender people report high rates of depressive symptoms (Whitehead et al., 2016). In fact, 44.1% of transgender people report clinical depression and 33.2% report anxiety (Bockting et al., 2013). Marginalization is a risk factor for suicide among transgender people. According to a study by Sutter and Perrin (2016), Lesbian-Gay-Bisexual-Transgender-Queer (LGBTQ)-based marginalization is associated with increased psychological distress and the likelihood of attempting suicide. Research by Clements-Nolle et al. (2006) demonstrated that discriminatory verbal and physical gender victimization leads to 32% of transgender respondents having attempted suicide.
Experience of Living as Transgender

Marginalization is conceptualized as being separate from mainstream society based on identity, status, and experience (Hall, Stevens, & Meleis, 1994). The literature provides evidence that the experience of living as a transgender adult may include discrimination and marginalization as well as turmoil that all may impact how one identifies self. Turmoil may result from discrimination and stigma and are internalized. This internal turmoil may impact how transgender adults develop identity.

Cultural Marginalization

Acknowledging marginalization can be described as recognizing and experiencing disrespect, rejection, and discrimination (Drabish, 2022; Vermeir et al., 2018). Societal perceptions of gender and cultural pressure to conform lead to discrimination. Transgender adults experience discrimination based on their gender identity or expression. Transgender adults experience marginalization in every major area of life including legislation, education, employment, housing, and healthcare (Stanton et al., 2017). In fact, one study found that 23% of respondents experienced a catastrophic level of marginalization, having been impacted by at least three major life-disrupting events (Grant et al., 2011). This marginalization can result in concealment of one’s gender identity; in essence, the individual assimilates and is absorbed into the dominant culture.

Legislation

Policies often allow for the unequal treatment of transgender adults. Transgender adults are often policed in a way that denies the ability to fully participate in public life (Shelton & Dodd, 2021). Transgender adults have restricted access to restrooms and other sex-segregated facilities and experience barriers to obtain legal identification that accurately reflects their name.
and gender (Shelton & Dodd, 2021). The cumulative effect of these policies on transgender adults is such that discrimination and marginalization are seen not only as socially acceptable but even as necessary for the “safety” of society (Shelton & Dodd, 2021).

**Education**

Transgender adults face high levels of distress and victimization within the academic setting. Transgender adults, particularly transgender women, are more likely than cisgender adults to have a high school education or less (Goldsen et al., 2022). Transgender college students experience concerns about discrimination at school that impacts education and vocational decision-making (Scott et al., 2011). Transgender adults attending college, graduate school, or technical school may experience abuse by students, teachers, and staff, including harassment and bullying or physical and sexual assault (Grant et al., 2011). Transgender adult students may also face barriers to education including denial of campus housing, denial of gender-appropriate housing, and denial of appropriate bathroom facilities (Grant et al., 2011).

**Employment**

Employment discrimination is an issue for transgender adults. Transgender adults may have trouble being hired or may lose jobs or be denied a promotion, experience healthcare coverage problems, or face interpersonal sexual or verbal harassment. Transgender adults may experience a range of discrimination in the workplace, from subtle microaggressions, such as misgendering, to covert discrimination like deliberate isolation from colleagues (Sangkanjanavanich, 2009), and finally, more institutionalized marginalization, like a lack of anti-discrimination policies (Dispenza et al., 2012). Employment discrimination can restrict available work opportunities (James et al., 2016) and impact earnings. In fact, transgender adults
overall have higher odds for income at or below 200% of the federal poverty level (Goldsen et al., 2022).

**Housing**

Few states have laws that prohibit housing discrimination based on sexual orientation or gender identity (Goldsen et al., 2022). In fact, transgender adults experience direct discrimination by housing providers. According to the U.S. Transgender Survey, 30% of transgender adults have experienced homelessness at some point in their lives (James et al., 2016). Additionally, when forced to seek housing in shelters, transgender adults report harassment as well as physical or sexual assault by shelter staff and residents (Goldsen et al., 2022).

**Research**

Advancing research that is inclusive of transgender adults presents challenges related to invisibility, access, and lack of data (DuBois et al., 2021). Most research data likely underrepresent the number of people who identify outside of the gender binary. The U.S. census, for example, does not currently include data on gender identity (Meerwijk & Sevelius, 2017). This omission extends to data collection methods that only document assigned birth sex. Being excluded from research leads to a lack of understanding about the specific experiences of transgender adults, which in turn contributes to health disparities.

**Transgender Experiences of Turmoil**

*Acknowledging turmoil* can be described as recognizing and experiencing incongruence and internal conflict (Anderson et al., 2020; Drabish, 2022). This coincides with across-culture conflict recognition or a realization that differences between cultural values and norms exist (Choi, 2018). Individuals experience conflict and cultural tension when forced to make difficult choices because of these differences.
Transgender adults face societal perceptions of strict, cultural gender norms with rejection of gender fluidity or gender nonconformity (Rood et al., 2017). In fact, Rood and associates found that transgender identities are regarded negatively by society and that often, social messages are perceived as originating from the media and religious ideology. Additionally, this social exclusion causes emotional distress and negative self-perceptions (Rood et al., 2017).

Transgender adults may experience turmoil stemming from anticipated stigma, internalized stigma, and enacted stigma. Enacted stigma stems from observable events including threats to an individual’s safety. Anticipated stigma results from adverse experiences that cause an individual to expect continued discrimination. Finally, internalized stigma results from the adoption of negative societal attitudes (Hendricks & Testa, 2012).

Internalized stigma, or internalized transphobia, stems from the internalization of negative social messages, beliefs, and devaluation in transgender adults (Hendricks & Testa, 2012). Transgender adults may receive social messages that demonize their transgender identity and have even experienced exclusion from the lesbian, gay, bisexual community (Rood et al., 2017). High levels of internalized transphobia have been associated with uncertainty and inconsistency with one’s self-concept (Reyes et al., 2016), along with alienation, shame, and the investment in passing as a cisgender person (Bockting et al., 2020). However, in one study, internalized transphobia increased feelings of pride in transgender identity (Bockting et al., 2020).

**Embracing Identity of Transgender Self**

The process of embracing identity is different for each transgender adult. However, Devor (2004) developed a model to describe the process of identity formation. Transgender
identity development may be marked by anxiety, confusion, and attempts to understand one’s gender in comparison to one’s assigned birth sex. These emotions can be characterized by interpersonal discomfort, difficulty recognizing oneself in dominant gender identities, and explorations of identities that support variation in gender presentation. Transgender individuals may go through a process of discovering transgenderism, followed by confusion and comparisons between oneself and this identity (Devor, 2004). Transgender people often develop with few representations of the transgender experience and little or no language that accurately describes their internal sense of sex and gender (Levitt & Ippolito, 2014).

Transgender identity can be influenced by the stress unique to the experience of having a minority identity (Meyer, 2003). The process of developing transgender identity may involve compromises in their authentic gender expression to secure their relationships or economic and physical safety (Levitt & Ippolito, 2014). Therefore, transgender adults may a delay before experiencing a complete acceptance of their identity (Devor, 2004). Following an acceptance of their identity, transgender adults decide whether to fully embrace and develop pride in that gender identity (Levitt & Ippolito, 2014).

Theoretical Approaches to Studying Transgender Adults

The majority of studies exploring the experiences of transgender adults are atheoretical. Various theoretical approaches have been used in the study of minorities, with limited focus on transgender adults; however, these may be applicable to the experiences of this unique population. These theoretical approaches include the Minority Stress Model, the Identity Threat Model of Stigma, and the Intersectionality Research for Transgender Health Justice Framework (IRTHJ), and the Theory of Cultural Marginality.
**Minority Stress Model**

The Minority Stress Model was developed by Meyer (2003) to understand how stigma, prejudice, and discrimination create a hostile and stressful social environment that causes mental health problems. The Minority Stress Model has been used to describe stress processes that affect transgender people. These stressors may include external, objective stressful events and conditions, expectations of such events and the vigilance this expectation requires, and the internalization of negative societal attitudes (Meyer, 2014). Additionally, the minority stress model has been used to explain the risk for negative health outcomes for transgender people stemming from increased rates of physical sexual violence, discrimination, and stigma (Austin & Goodman, 2017).

**Identity Threat Model of Stigma**

The Identity Threat Model of Stigma was introduced by Major and O’Brien (2005) to elucidate how situational cues and personal beliefs and motives shape appraisals of the significance of stigma-relevant situations for well-being. This model assumes that stigma increases the risk for identity-threatening situations (Major & O’Brien, 2005). Identity threat results when an individual deems that the demands imposed by a stigma-relevant stressor exceeds resources to cope with those demands (Major & O’Brien, 2005).

The Identity Threat Model of Stigma has been used to describe the experiences of varying populations, including cancer patients and cigarette smokers. Additionally, the model has been used to explore weight-related stigmas in adolescents. This model could be used to describe how stigma impacts transgender identity development.
**Intersectionality Research for Transgender Health Justice Framework**

The IRTHJ was designed by Wesp et al. in 2019. The framework describes the constructs and pathways through which social inequities lead to health inequities for transgender populations (Wesp, 2019). The IRTHJ assumes that social inequities and the distribution of societal determinants of health affecting transgender populations are structural injustices that have been systematically produced over time through actively maintained structures of power (Wesp et al., 2019). The IRTHJ has been used to explore how social factors and stressors are associated with health outcomes, providing a dual focus on psychosocial and social determinants of transgender health inequities (Wesp et al., 2019). This model has also been used to explore racial and ethnic disparities in the workplace, stigma threat in older adults, and the origins of obesity stigma.

**Theory of Cultural Marginality**

The Theory of Cultural Marginality was developed by Choi (2018) to better understand the experience of existing between different cultures and to provide guidance for improving cultural competence. The theory has been used extensively in multiple populations, including Asian students, immigrants, and minorities. The theory has not been used to study the transgender population aside from the development of the novel concept *coexisting between the assigned and identified self* (Drabish, 2022).

Although the Minority Stress Model, the Identity Threat Model of Stigma, and the IRTHJ have been used to describe the experience of transgender adults, these theories do not fully encompass the human-environment-health relationship. The Theory of Cultural Marginality aligns with the human-environment-health disciplinary nursing perspective and may be the best theoretical approach to explore the experiences of transgender adults living in WV. Transgender
adults may acknowledge the turmoil and marginalization that accompany tension from cultural and societal norms and must navigate contextual and personal influences in coming to embrace identity. Discrimination can result in marginal living when a dominant society dismisses the transgender adult. This marginalization leads to social inequities and health disparities. Health disparities result in poor psychological and physical health outcomes. By applying a holistic approach that includes both internal and external factors, the Theory of Cultural Marginality can be used to describe the human-environment-health relationship’s impact on transgender identity.

The emerging concept coexisting between the assigned and identified self has coherence with the Theory of Cultural Marginality. As the transgender adult coexists between the assigned and identified self, the acknowledgement of turmoil and marginalization accompanies tension from cultural and societal norms. Marginalization occurs when a dominant society dismisses the transgender person. To ease cultural conflict, the transgender individual must navigate contextual and personal influences in coming to embrace identity.

**Synthesis**

Gender is largely conceptualized as a binary construct; this reinforces the notion that transgender people are less valuable to society. Therefore, people whose gender does not fall within binary gender categories are at risk for violence and marginalization (Shelton & Dodd, 2021). Transgender adults experience cultural marginalization via various forms of discrimination. Additionally, they experience turmoil stemming from internalized transphobia. Together turmoil and marginalization may impact how transgender adults embrace identity. Transgender adults experience multiple health disparities stemming from marginalization and denial of their human rights (Neira & Lee, 2021). These health disparities include decreased primary care access as well as medical maltreatment, delayed treatment, or denied treatment.
Marginalization and health disparities impact transgender adults’ physical and psychological health outcomes.

Although other theories and models have been used to study the transgender population, they do not fully encompass the human-environment-health disciplinary perspective. The Theory of Cultural Marginality aligns with the human-environment-health disciplinary nursing perspective and can be used to describe the experiences of transgender adults. This theory touches on both the internal and external factors that impact transgender identity development as well as to explore how marginalization impacts the health outcomes of transgender adults. This will allow a holistic description of how transgender adults describe the experience of living in West Virginia.

Summary

The Theory of Cultural Marginality has been selected as the most appropriate theoretical approach to guide this study. The Theory of Cultural Marginality has been used by nurse researchers to explore the experiences of minorities and was used to guide the development of the original concept coexisting between the assigned and identified self. This emerging concept aligns with the concepts from the Theory of Cultural Marginality and may describe the unique experiences of living as a transgender adult. By definition, coexisting between the assigned and identified self is acknowledging turmoil and marginalization in coming to embrace identity.

This study used the Theory of Cultural Marginality to describe experiences of transgender adults living in WV and gather empirical evidence for the concept coexisting between the assigned and identified self. This study is important in that it may provide a richer understanding of the experiences of transgender adults in the human-environment-health relationship. The research question guiding this descriptive qualitative study was “How do
transgender adults describe the experience of living in West Virginia?” Chapter three will provide a description of the method and design of this study.
Chapter 3: Method

The purpose of this study was twofold: (1) describe the experiences of transgender adults living in WV, and (2) gather empirical evidence about the concept coexisting between the assigned and identified self. Chapter three will describe the method used in this study including the research design, human subjects’ protection, sample, as well as procedures for data collection and data analysis.

Research Design

The research question guiding this study was, “How do transgender adults describe the experience of living in West Virginia?” The methodology derived from the research question aligns with the philosophical foundation of the unitary-transformative paradigm. In this paradigm, the human health experience is a complex interaction between human, environment, and health (Smith, 2019). This study focused on the human health experience of transgender adults living in WV and how these experiences impact the human-environment-health relationship. Based on the tenets of the unitary transformative paradigm and subsequent research question, a qualitative study was selected as the most appropriate design to guide this study.

The method that guided this study was a qualitative descriptive design using directed content analysis (Hsieh & Shannon, 2005). When there is existing theory and research about an area of study that would benefit from further description, a directed approach to content analysis is appropriate. There is little known about the experiences of transgender adults living in WV. In this approach, the investigator began by identifying key concepts or variables from existing theory or research as initial categories. Data were collected through scripted interviews using open-ended questions, followed by targeted questions about the predetermined categories. In this study, the predetermined categories were derived from the concept of coexisting between the
assigned and identified self. These categories were acknowledging turmoil, acknowledging marginalization, and embracing identity (Drabish, 2022). By coexisting between the assigned and identified self, transgender adults may acknowledge turmoil and marginalization in coming to embrace identity.

**Human Subjects Protection**

Respect for persons was maintained by using informed consent and through consideration for the autonomy of participants. Participation in the study was completely voluntary. Prior to conducting the study, approval was received from the West Virginia University (WVU) Institutional Review Board (IRB), and informed consent was obtained from participants. Participants had ample time to read a cover letter entirely and ask questions about the study. The cover letter addressed the purpose of the study, confidentiality of information, potential benefits and risks, and the ability to withdraw from the study at any time without repercussions. The investigator was available to participants in person, by phone, or via teleconferencing to answer any questions that arose, or to assist with any problems.

Confidentiality was maintained through the anonymity and securement of data. Participants were assigned a research subject number so that the data they provided was de-identified. Audio recordings from semi-structured interviews were uploaded to a password encrypted hard drive and then deleted from the recording device. Demographic data were secured separate from the participants’ interviews and kept behind a locked door in the investigator’s personal office. Privacy was maintained by conducting in-person, face-to-face interviews in a private location behind a closed door. For interviews occurring via videoconferencing, the investigator was in their personal office and confirmed that the participant was in a private location of their choice.
Beneficence was maintained through a critical analysis of the risks and benefits to study participants. The involvement of human subjects in this study included semi-structured, tape-recorded interviews and was deemed to be minimal risk. However, the participants could have experienced a negative emotional response during reflection of their experiences. Should participants have experienced or expressed any psychological distress or disclosed information that indicated a need for support, they were provided with access to mental health and LGBTQIA+ support services. If the participants felt uncomfortable or wished to discontinue the interview, they were able to do so at their discretion. Participants would have then been given the option to continue the interview, reschedule for a later date, or withdraw from the study entirely. There was potential for the participants to experience a direct benefit from being able to share their personal experiences. Indirect benefits could be gained from the dissemination of findings and subsequent practice and policy change.

Sample

This study used purposive and snowball sampling to recruit participants. LGBTQ organizations and support groups were the primary sources for recruitment. Other methods of recruitment included an invitation to participate that was shared via Facebook, Instagram, and word of mouth. Using multiple methods of recruitment may have reached participants who would otherwise be unintentionally excluded.

Subjects included transgender adults (>18 years) who reside in WV. Transgender is an umbrella term that is used to describe individuals whose gender identity does not align with their assigned birth sex. Participants recruited for this study provided informed consent prior to participating in the interview. To be included in this study, participants were adults (>18 years)
who identify as transgender. Participants held primary residence in WV and were able to read, speak, and understand English.

**Procedures for Data Collection**

Potential participants were asked to contact the investigator if they were interested in participating in the study. Once contacted, all potential participants were screened for eligibility criteria. Once deemed eligible, a meeting was scheduled at an agreed upon location that was most comfortable and convenient for the participant. This included meeting in-person or via videoconferencing technology. Participants provided informed consent to participate in the one-on-one interview and gave permission for the use of audio or videoconferencing recording for the interview.

Participant demographic information was gathered to better describe the sample. Demographic information included age, ethnicity, county of residence, marital status, employment status, level of education, and household income. The demographic questionnaire can be found in Appendix A.

Recruitment continued until the stories gathered from participants began to repeat themselves (achievement of data saturation). It is well documented that data saturation in qualitative work is usually achieved after interviewing 10-12 participants (Parse et al., 1985). The semi-structured interview template was based on directed content analysis from the concept of coexisting between the assigned and identified self and can be found in Appendix B.

The investigator used the three stages of Story Theory to structure the interview in the order of present, past, and future of the transgender experience. The premise of Story Theory is to better understand the challenges that complicate everyday life. The gathered story focuses on understanding the human-environment-health experience in the words of the participants with
the intended outcome aimed at moving these challenges toward a resolution (Liehr & Smith, 2018b). The predetermined category of *marginalization* was structured to be consistent with the present transgender experience, while *turmoil* and *embracing identity* aimed to gather stories related to the past and future respectively. The interviews were expected to last approximately 45-60 minutes and conclude when no new topics were brought up by participants. Each participant was offered a $50 gift card to compensate for their time.

After the interviews were transcribed, they were reconstructed into a shortened story. The reconstructed story placed the transcribed interview into logical order (past [turmoil], present [marginalization], and future [embracing identity]) using the words of the participants. Once the stories were reconstructed, the investigator provided the reconstructed story to each individual participant via e-mail. Each participant reviewed their reconstructed story for accuracy and was able to confirm, modify, or remove them from the study. Following the confirmation, participants received an additional $25 gift card for their time.

**Data Analysis**

The investigator and committee members knowledgeable in the method engaged in the directed content analysis. One of the goals of this study was to add empirical support for concept of *coexisting between the assigned and identified self* through describing the experiences of transgender adults living in WV.

Demographic data was analyzed using descriptive statistics. Analysis of the transcribed interviews adhered to the following analysis plan. A step-by-step model of the analysis plan can be found in **Appendix C**:

1. Interviews were read several times to obtain a sense of the data as a whole.
2. Coding of data began with identifying meaning units in the direct words of the participants based on the predetermined categories of turmoil, marginalization, and embracing identity. Meaning units are a constellation of words or statements related to each other through content and context (Graneheim & Lundman, 2004).

3. Meaning units were organized into subcategories created within the predetermined categories of turmoil, marginalization, and embracing identity.

4. Through the process of condensation, the meaning units were shortened, while continuing to preserve the subject’s core meaning, to form condensed meaning units (Graneheim & Lundman, 2004).

5. The condensed meaning units were then clustered based on common content and context and lifted into subthemes.

6. Finally, through the process of abstraction, the subthemes were interpreted into a higher level of thinking and translated into themes.

Summary

This qualitative study used directed content analysis to explore the experiences of transgender adults living in WV. Purposeful planning was put into place to assure the protection of human subjects at all stages of the research process. Recruitment occurred primarily through Facebook support groups and word of mouth, giving an opportunity for diverse populations to have their stories heard. Data collection utilized semi-structured, recorded interviews derived from the three core qualities of coexisting between the assigned and identified self to gather stories from transgender adults. Data analysis included the creation of meaning units and condensed meaning units, and interpretation of condensed meaning units into subthemes and then themes to describe this experience as it relates to preexisting theory.
Chapter 4: Results

This chapter reports on the results of this qualitative descriptive study. The research question guiding this study was, “How do transgender adults describe the experience of living in West Virginia?” The sections included in this chapter are participant demographics, recruitment and analysis strategies, and the themes identified through the process of directed content analysis.

Participant Demographics

Eleven transgender adults, with ages ranging from 21-70 ($M = 38.9$) participated in this study. It was determined that data saturation (redundancy in stories gathered) had occurred after the eleventh interview, thus ending recruitment. The majority of participants were Caucasian (n=10), identified as men (n=7), and lived in different counties across West Virginia. Most participants (n=10) reported being either married or partnered. Most participants had obtained high school diplomas, with six having earned some form of college degree. The majority (n=8) were employed either full-time or part-time. Additional demographic information can be found in Appendix D.

Recruitment and Analysis

Emails with an attached recruitment flyer were sent to administrative personnel at the WVU LGBTQ center. The emails introduced the investigator and described the purpose of the study and recruitment plan. Administrative personnel responded, stating that they would share the information with members of the center. The investigator also shared the flyer on social media platforms, such as Facebook and Instagram. The flyer was also shared by word of mouth and in Facebook transgender support groups by individuals who had seen the original social media posts.
Fifteen potential participants contacted the investigator via phone, email, or private Facebook message over the course of the two-month recruitment period. All 15 potential participants met eligibility criteria, but four declined to interview. Of those four, three withdrew without explanation, and one moved out of the state.

A cover letter was provided to each potential participant to explain the study. Individuals then had the opportunity to ask any questions prior to proceeding. Of the 11 interviews, ten occurred via Zoom videoconferencing, and one took place in a private office the WVU Health Sciences Center. At the beginning of each interview, the investigator asked the participants if they had any questions regarding the study, and all questions were answered prior to beginning the interview. Interview lengths ranged from 22-89 minutes (M 44.6). All 11 interviews were transcribed by the investigator.

The following analysis process was used in answering the research question, “How do transgender adults describe the experience of living in West Virginia?” The investigator was guided in the analysis by the chair of the dissertation committee as well as another committee member experienced in content analysis. The interviews were read individually prior to beginning the analysis. The process began with the predetermined category of Acknowledging Turmoil, where the investigator read through all 11 transcripts using the line-by-line technique and highlighted sentences that met the definition of the category. The same process was followed by the two remaining predetermined categories of Acknowledging Marginalization and Embracing Identity. These would become the meaning units. Meaning units are “words, sentences or paragraphs containing aspects related to each other through their content and context” (Graneheim & Lundman, 2004, p. 106). The text was reviewed, and subcategories were developed that described a broad, overarching meaning of each meaning unit. Subcategories
continued to be developed until each meaning unit could be logically placed or clustered. The process was then repeated for the predetermined categories of Acknowledging Marginalization and Embracing Identity. Once all the subcategories with meaning units were identified, the investigator reorganized, combined, or removed subcategories that shared similar content and context. The process is outlined in Appendix C.

Once the subcategories and corresponding meaning units were organized, the investigator went through each subcategory and shortened each meaning unit into a condensed meaning unit through the process of condensation, or “shortening while still preserving the core” (Graneheim & Lundman, 2004, p. 106). The condensed meaning units within each subcategory were then aggregated into clusters based on both manifest and latent content. Manifest content includes the visible, obvious components of the text, while latent content involves an interpretation of the underlying meaning of the text (Graneheim & Lundman, 2004).

A review was completed for each cluster of condensed meaning units and through the process of abstraction, or interpretation on a higher logical level, subthemes were created. The final process of analysis was to interpret the subthemes into themes. Themes are interpreted form the condensed meaning units, codes, or categories, (Graneheim & Lundman, 2004). Two experts in nursing theory, qualitative research, and directed content analysis was included in the interpretation of themes.

Themes

The predetermined categories of acknowledging turmoil, acknowledging marginalization, and embracing identity from the concept coexisting between the assigned and identified self were used as the organizing framework for presenting the findings from this study. Coexisting between the assigned and identified self is acknowledging turmoil and marginalization in coming
to embrace identity. A total of eight themes were derived from the process of directed content analysis.

**Acknowledging Turmoil**

Table 1 describes the three themes related to acknowledging turmoil, along with the condensed meaning units from the participant descriptions that support the theme.

<table>
<thead>
<tr>
<th>Theme 1</th>
<th>Feeling a Disconnect Between Assigned and Identified Self</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Not comfortable in body</td>
</tr>
<tr>
<td></td>
<td>• Discomforts with assigned self</td>
</tr>
<tr>
<td></td>
<td>• Not supposed to be in this body</td>
</tr>
<tr>
<td></td>
<td>• Felt broken</td>
</tr>
<tr>
<td></td>
<td>• In wrong body</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Theme 2</th>
<th>Navigating Self-Discovery and Pressure to Conform</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Others knew</td>
</tr>
<tr>
<td></td>
<td>• Feeling different</td>
</tr>
<tr>
<td></td>
<td>• Discovering what transgender was</td>
</tr>
<tr>
<td></td>
<td>• Reflecting on sexuality</td>
</tr>
<tr>
<td></td>
<td>• Pressure from family</td>
</tr>
<tr>
<td></td>
<td>• Dressing as assigned self</td>
</tr>
<tr>
<td></td>
<td>• Making decisions to please others</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Theme 3</th>
<th>Facing Internal Challenges of Coming Out and Transitioning</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Hiding days are numbered</td>
</tr>
<tr>
<td></td>
<td>• Cautious about coming out</td>
</tr>
<tr>
<td></td>
<td>• Coming out gradually</td>
</tr>
<tr>
<td></td>
<td>• Others watch transition</td>
</tr>
<tr>
<td></td>
<td>• Hard to look like this</td>
</tr>
<tr>
<td></td>
<td>• Body does what it wants</td>
</tr>
<tr>
<td></td>
<td>• Wanting to be unmistakable</td>
</tr>
<tr>
<td></td>
<td>• Passing and not worrying</td>
</tr>
</tbody>
</table>

Through concept building, acknowledging turmoil is defined as recognizing incongruence and internal conflict. When asked about turmoil, participants described the thoughts, emotions, and experiences associated with coexisting between the assigned and identified self. The condensed meaning units derived from their stories laid the foundation for these themes. These condensed meaning units (Table 1) included discomforts with assigned self, feeling different, making decisions to please others, and coming out gradually. As a result, three themes emerged from the category of acknowledging turmoil. These themes are as follows:
feeling a disconnect between the assigned and identified self, navigating self-discovery and pressure to conform, and facing internal challenges of coming out and transitioning.

**Theme 1: Feeling a Disconnect Between Assigned and Identified Self.**

Participants commonly described feeling the discomforts with the assigned self and feeling like they were in the wrong body.

“...I was very uncomfortable in my body...it’s like nobody can see me because of all the things that are in the way of that.”

“It was very weird to think I wasn’t supposed to be in this body...it was kind of visible from a very young age that I wasn’t comfortable with who I was.”

Participants described being uncomfortable in their bodies and the difficulty of going through physical changes.

“...it was very uncomfortable...all the things that made me very hyperaware of what my body was and what I didn’t want it to be.”

“...the devastating moments are in there...I was almost 16 years old before I started my period...the date, the time, and exactly where I was at the time is burned into my psyche...puberty is hard enough when it’s the right one...when it’s the wrong one...it’s a visceral response.”

**Theme 2: Navigating Self-Discovery and Pressure to Conform.**

When asked about thoughts and emotions that accompanied the realization of being transgender, many participants didn’t have the words to describe the experience of feeling different.

“I knew at age 7 that I was different. I would really wish to wake every morning the opposite gender.”
“At probably 3 or 4, I wouldn’t go in the house to use the bathroom. I just used it outside because boys use the bathroom outside. Whenever I got old enough…probably 8 or 9…they made me wear a bathing suit to go jump in the creek to swim…I was like, my cousin doesn’t have to wear a t-shirt. ‘Well, he is a boy; he doesn’t have to.’ I was like, ‘I’m a boy too.’”

While navigating self-discovery, participants felt pressure to conform to please others, including family members and others within their communities.

“I was the golden child, where sports are everything…I felt if I didn’t act that way, I would be disappointing…so I needed to learn how to do that…I got pretty good at it.”

“…when I got all my hair cut off, my mom cried, and you could see the disapproval on her face when I would shop for boys’ clothes…I was like, ‘okay, we can just go look at the girls’ clothes’…so I pushed the trans side down.”

**Theme 3: Facing Internal Challenges of Coming Out and Transitioning.**

Participants consistently referenced facing challenges when asked about coming out.

“I’m not totally out. What if the wrong person sees me in our community?”

“Coming out…meant I had to accept myself before I could come out to the world…it wasn’t the ‘bull in a China shop’ approach. It’s a process, and I had to go through that process myself…and it was gradual steps when I finally was able to comfortably go out as a woman.”

Participants also shared the varying experiences and challenges they faced when transitioning.

“It doesn’t help for sure that I look like this, but it’s hard…your body…just does what it wants to.”

“I do see changes, but…I see many other people doing their transition and it’s like they are completely unmistakable …. but me, absolutely not so.”

“If I could have taken puberty blockers when I was in high school, I would have been the happiest person. It would have prevented all the body dysphoria…I wouldn’t have a lot of the issues I have now or the issues that I had to overcome.”
**Acknowledging Marginalization**

Table 2 describes the three themes related to acknowledging marginalization, along with the condensed meaning units from the participant descriptions that support the theme.

| Table 2. Themes of Acknowledging Marginalization and Associated Condensed Meaning Units |
|---|---|
| **Theme 4** | **Encountering Disaffirming Microaggressions and Discrimination** |
| | • Feeling targeted |
| | • Transgender not recognized |
| | • Negative labels |
| | • Harassment in the workplace |
| | • Delayed or denied healthcare |
| | • Identity not recognized |
| | • Being misgendered |
| | • Referred to by dead name |
| **Theme 5** | **Prioritizing Safety and Privacy** |
| | • Being aware of surroundings |
| | • Avoiding confrontation and unsafe situations |
| | • Fearful in public spaces |
| | • Hiding inside the house |
| | • Flying under the radar |
| | • Not disclosing identity |
| **Theme 6** | **Feeling Isolated from Family and Community** |
| | • Not supported by family |
| | • Sense of being ignored |
| | • Not being included |
| | • No interactions with neighbors |
| | • Having few friends |

Through concept building, acknowledging marginalization is defined as experiencing disrespect, rejection, and discrimination. When asked about marginalization, participants talked about a variety of interactions and situations. The condensed meaning units (Table 2) drawn from their stories included things like feeling fearful in public spaces and having a sense of being ignored, being misgendered, facing harassment in the workplace, and receiving delayed healthcare or being denied healthcare. As a result, three themes emerged from the category of acknowledging marginalization. The themes are as follows: encountering disaffirming microaggressions and discrimination, prioritizing safety and privacy, and feeling isolated from family and community.
Theme 4: Encountering Disaffirming Microaggressions and Discrimination.

When asked about their experiences in public, participants shared a variety of encounters and situations that left them feeling disrespected or rejected. Some participants spoke about being targeted with negative labels and being misgendered.

“He thought it was inappropriate for me to be in the presence of children… I’m a very vulnerable target for being pigeonholed… they will weaponize my gender identity.”

“The connection between sexual abuse, molestation, and being gay or transgender is still something people believe in.”

“I have a lot of people that… don’t get the pronouns right. I have a lot of people that don’t even try to get the name right. They just deadname [use assigned name] the crap out of me.”

Others shared their experiences with being denied a government-issued identification card, being harassed at work, and having to face fragmented healthcare.

“An ID is like one of those Holy Grail moments for trans people to have their identity reflected on this piece of plastic… and it is a traumatic experience for a lot of folks.”

“She calls me and says, ‘I need you to know that you may not use the men’s room… you will be arrested.’ At the time, there were only three gender neutral bathrooms. I said, ‘So you’re telling me if I have to go potty in a professional meeting, I need to excuse myself… and I have to walk all over… to find one.’

“In my past, there have been some weird encounters with alleged healthcare professionals… people have died because of being denied treatment, both preventative and emergent.”

Theme 5: Prioritizing Safety and Privacy.

Participants discussed what it was like to be protect their wellbeing. Many shared that they were fearful in public spaces and had experienced threatening situations while out in the community.
“I have a fear…I know the type of people that live in this area…it’s a very rural area, and so it’s scary to me that at any point something could happen.”

“When I first transitioned, using the men’s bathrooms was probably the scariest thing I’ve ever done in my life…a couple people confronted me about it when I was in there. I used to run to hide in the stall.”

Others described hiding within their homes, hiding their identity, and avoiding unsafe situations.

“Being aware of your surroundings is very important.”

“I don’t disclose I am trans. I have kind of learned not to give…more information than needed.”

“I don’t put myself in positions where I would feel or be unsafe.”

“Sometimes I tend to find myself hiding in my house, because it’s scary…you see all the stuff online about what happens to transgender and LGBTQ people…it terrifies me.”

**Theme 6: Feeling Isolated from Family and Community.**

Many participants described feeling ignored and lacking support from family. Some described losing family members after coming out as transgender.

“My toddler will call me…a tranny, and he’s called me a fag.”

“I remember I had a conversation with my dad…his response was ‘Well, I’m not getting any younger, and at this point I can still make another one that looks just like you…and correct the mistake.”

“Growing up my stepdad and my step-grandfather were both big idols in my life…they both no longer talk to me, and I think sometimes it was a hard realization growing up learning to do all these things from the men in my life, and when I became the man I needed to be, they were gone.”

Many described what it is like to feel ignored and indicated they often felt excluded from their communities.
“We had a neighbor that would come and check in on us every once in a while, and then after I started transitioning…he hasn’t really talked too much…so sometimes it kind of feels like…I’m put on the back burner…people tend to ignore what they don’t like.”

“My immediate neighbors do not want to interact with me whatsoever…and then my neighbors across from me…I could tell they’re really confused all the time…so not outright hostile, but not very friendly.”

“I used to think I had a lot of friends…I don’t really have any now…I mean my wife, but that doesn’t really count.”

**Embracing Identity**

Table 3 describes the two themes related to embracing identity, along with the condensed meaning units from the participant descriptions that support the theme.

<table>
<thead>
<tr>
<th>Theme 7</th>
<th>Living the Authentic Self and Engaging with a Supportive Community</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Accepting and feeling happy with self</td>
</tr>
<tr>
<td></td>
<td>• Embracing one’s own strengths</td>
</tr>
<tr>
<td></td>
<td>• Being proud of identity</td>
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<td></td>
<td>• Attending support groups</td>
</tr>
<tr>
<td></td>
<td>• Building a circle of friends</td>
</tr>
<tr>
<td></td>
<td>• Feeling loved and accepted</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Theme 8</th>
<th>Visualizing a Future and Acting as an Advocate for Change</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>• Exploring new possibilities</td>
</tr>
<tr>
<td></td>
<td>• Living fully out</td>
</tr>
<tr>
<td></td>
<td>• Building connections</td>
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<tr>
<td></td>
<td>• Educating others</td>
</tr>
<tr>
<td></td>
<td>• Serving as LGBTQ+ activist</td>
</tr>
<tr>
<td></td>
<td>• Changing perceptions about the transgender community</td>
</tr>
</tbody>
</table>

Through concept building, embracing identity is defined as accepting and developing pride in oneself. When asked about embracing identity, participants shared their strengths and their hopes for the future. Condensed meaning units (Table 3) included things like accepting and feeling happy with self, embracing one’s own strengths, exploring new possibilities, living fully out, and serving as an LGBTQ+ activist. Two themes emerged from the category of embracing identity. The themes are as follows: *living the authentic self and engaging with a supportive community* and *visualizing a future and acting as an advocate for change*. 
Theme 7: Living the Authentic Self and Engaging with a Supportive Community.

Participants discussed accepting themselves and feeling proud of who they are and what they’ve accomplished.

“I finally admitted to myself, have forgiven myself, accepted it…a lot of the anxiety and depression I’ve had all my life mostly evaporated.”

“I was driving home from work…singing a song, and my voice cracked. I was so happy…I’ve literally never even remotely liked myself as much as I do right now.”

“…this is part of me accepting being me. My level of acceptance is what I had to do, not what anybody else had to do. It doesn’t matter to me whether you accept me for who I am…I accept me for who I am…that was important to me.”

“I feel like my resilience is one of my best qualities. The fact that I accepted my internal self…I took the risk for the chance to live authentically.”

“I’m most proud of the fact that I finally had the courage, the knowledge, the intelligence, and the determination to accomplish something…being who I am right now…I’m very proud of that.”

Participants also discussed engaging with a supportive community and building a circle of people they can trust.

“I started going to a transgender support group about two weeks ago. It helps a lot.”

“We realized that…we loved each other for each other…the religious, the political, the physical…it wasn’t a deal breaker.”

“We have a very eclectic group of friends…no matter what, we can trust those people.”

Theme 8: Visualizing a Future and Acting as an Advocate for Change.

When discussing the future, many participants mentioned exploring new possibilities and living life as their authentic selves.

“I never gave myself the chance to…explore hobbies and interests. I’m still trying to learn…what my authentic self is.”

“I’m in a long-term relationship. We’ve been together for five years, and hopefully we will be engaged soon.”
“I see me living…as myself as a woman…whether I’ll have all the surgery done yet or not, I don’t know, but I’ll be living out full time.”

Some participants found purpose by serving their communities and acting as advocates for change.

“…I work really hard to be a bridge builder to build stronger relationships with unlikely partners. My ability to influence change is…an opportunity…when I’m able to build that bridge between someone who had probably believed a lot of really unfortunate things about a certain community…and not by lecture, not by teaching, not by shaming…I’ve been able to help people be more comfortable around transgender folks.”

“I hope…I can share not only my story, but also help people understand…that being who you are, no matter what that is, needs to be okay for everybody.”

**Synthesis**

Through concept building, *coexisting between the assigned and identified self* is acknowledging turmoil and marginalization in coming to embrace identity. *Coexisting between the assigned and identified self* is congruent with the Theory of Cultural Marginality, which describes the experience of existing between different cultures. Participants described discomforts with assigned self, coming out gradually, feeling fearful in public spaces and having a sense of being ignored, being misgendered, facing harassment in the workplace, and receiving delayed healthcare or being denied healthcare. However, they also described coming to accept and feel happy with oneself, embracing one’s own strengths, exploring new possibilities, living fully out, and serving as advocates for change.

Themes 1, 2, and 3 are about acknowledging turmoil. These three themes describe the incongruence and internal conflict transgender adults face. Participants described acknowledging turmoil as feeling a disconnect between the assigned and identified self, navigating self-discovery while facing pressure to conform, and facing internal challenges of coming out and
transitioning. Themes 4, 5, and 6 are about acknowledging marginalization. These three themes describe disrespect, discrimination, rejection. Participants described acknowledging marginalization as encountering disaffirming microaggressions and discrimination, prioritizing safety and privacy, and feeling isolated from family and community. Themes 7 and 8 are about embracing identity. These two themes describe the accepting and developing pride in oneself. Participants embraced identity as they lived their authentic selves and engaged with a supportive community as well as by visualizing their futures and acting as advocates for change.
Chapter 5: Discussion

The major topics of this chapter include discussion of study findings. The headings are as follows: the study, findings, findings related to the sample, findings related to the literature, integration of findings with theory and concept, contribution to the knowledge base of nursing, implications of findings for further research, implications of findings for nursing practice, implications of findings for policy, trustworthiness, limitations, and conclusion.

The Study

Transgender adults experience disrespect, rejection, and discrimination. This is further complicated by the incongruence and internal conflict stemming from pressure to conform to a binary system of gender. Current literature describing living as a transgender adult in rural areas is limited. Little is known about the specific challenges experienced by transgender adults that may ultimately result in health disparities. The specific needs of transgender adults may be better understood through gathering their perspectives and experiences. The purpose of this study was twofold: (1) describe the experiences of transgender adults living in WV, and (2) gather empirical evidence about the concept coexisting between the assigned and identified self. The research question guiding this study was, “How do transgender adults describe the experience of living in West Virginia?”

This qualitative study used directed content analysis based on the concept of coexisting between the assigned and identified self. Semi-structured interviews were used to gather stories from eleven participants recruited from online support groups and the WVU LGBTQ Center. Interviews were organized by the core qualities associated with the concept: acknowledging turmoil, acknowledging marginalization, and embracing identity. Interviews were transcribed verbatim, reconstructed into shortened stories, and sent to participants for member checks. Data
analysis was guided by committee members experienced in qualitative research and directed content analysis. Analysis included coding data and identifying categories and subcategories, then extracting meaning units in the words of the subjects that corresponded to categories and subcategories. Meaning units were then further condensed and abstracted to themes.

**Findings**

Eight themes constitute the findings of this study. These themes are: (1) feeling a disconnect between assigned and identified self, (2) navigating self-discovery and pressure to conform, (3) facing challenges of coming out and transitioning, (4) encountering disaffirming microaggressions and discrimination, (5) prioritizing safety and privacy, (6) feeling isolated from family and community, (7) living the authentic self and engaging with a supportive community, and (8) visualizing a future and acting as an advocate for change. Themes were derived from the predetermined categories of acknowledging turmoil, acknowledging marginalization, and embracing identity within the concept of *coexisting between the assigned and identified self*.

**Findings Related to Sample**

The findings of this study are unique to a specific sample of transgender adults living in WV. The body of literature is comprised of studies focused on big data or surveys of transgender adults living in urban areas. In addition, existing literature shows that transgender adults are more likely than cisgender adults to have a high school education or less and have higher odds for income at or below 200% of the federal poverty level (Goldsen et al., 2022). The participant demographics of this study do not align with existing findings in terms of education and annual income. It is interesting to note that despite obtaining college degrees and reporting higher earnings, the participants of this study described similar struggles of those in other studies. It is also noteworthy that every participant of this study identified as either a man or a woman. The
sample did not include nonbinary participants. The experiences of nonbinary adults may be different than the experiences described by participants of this study.

**Findings Related to Literature**

Current literature focused on the transgender population has been limited until recent years. Studies geared at addressing the needs of transgender adults range from qualitative studies focused on small samples to large-scale secondary data analyses utilizing national data sets. The findings of this study align with current literature.

**Turmoil**

There is great diversity in gender identity and expression; transgender adults relate to their bodies in different ways (Hendricks & Testa, 2012). While some do not desire or seek any type of gender affirming interventions, many transgender adults report discomfort with physical characteristics of their bodies that are not congruent with their gender identity (Hendricks & Testa, 2012). Participants in this study described feeling uncomfortable and broken because they were in the wrong body. This is supported by Theme 1 related to feeling a disconnect between the assigned and identified self.

The social devaluation and demonization of transgender adults can lead to internalized stigma, or internalized transphobia (Hendricks & Testa, 2012; Rood et al., 2017). This internalized stigma is often associated with increased psychological distress (Austin & Goodman, 2017). Participants in this study described discovering that they were transgender but making decisions to please others. This supports Theme 2 that relates to navigating self-discovery and pressure to conform.
Transgender adults can experience inconsistency with self-concept (Reyes et al., 2016) and may go through exploration and comparing themselves to the transgender identity (Devor, 2004). This can result in the investment in passing as a cisgender person (Bockting et al., 2020) or a delay before completely accepting their identity (Devor, 2004). Participants spoke about wanting to pass as cisgender but being unable to control the rate at which physical changes occurred. They also described being cautious about coming out or sharing their identities with others. This aligns with Theme 3 relating to facing internal challenges of coming out and transitioning.

**Marginalization**

Transgender adults experience marginalization in every major area of life including legislation, education, employment, housing, and healthcare (Stanton et al., 2016). Often, this marginalization occurs at a catastrophic level, impacted by at least three major life-disrupting events (Grant et al., 2011). This may include subtle microaggressions, such as misgendering, to covert discrimination like deliberate isolation (Sangganjanavanich, 2009). Transgender adults have restricted access to restrooms and other sex-segregated facilities and experience barriers to obtain legal identification that accurately reflects their name and gender (Shelton & Dodd, 2021). Transgender health is impacted by a shortage of clinically and culturally competent healthcare providers (Neira & Lee, 2021). Participants spoke about experiencing harassment in the workplace as well as receiving delayed healthcare or being denied healthcare. They described being misgendered and feeling targeted by negative labels. This supports Theme 4 related to encountering disaffirming microaggressions and discrimination.

People whose gender does not fall within binary gender categories are at risk for violence (Shelton & Dodd, 2021). Therefore, safety may be a consideration for many
transgender adults, and they may conceal gender identity (Hendricks & Testa, 2012). Participants described the importance of being aware of their surroundings and avoiding unsafe situations. They spoke about feeling fearful in public spaces and either hiding at home or not disclosing their identity. These experiences support Theme 5 related to prioritizing safety and privacy.

An overarching view of gender as a binary system often results in the social exclusion of transgender adults (Zachary et al., 2021). Transgender adults are often policed in a way that denies the ability to fully participate in public life (Shelton & Dodd, 2021). Participants described feeling ignored and excluded from society. They spoke about having no interactions with neighbors and having few friends. Participants described not being supported by family and even experiencing the dissolution of family relationships. This supports Theme 6 related to feeling isolated from family and community.

**Embracing Identity**

The process of developing transgender identity may involve compromises in authentic gender expression to secure relationships or economic and physical safety (Levitt & Ippolito, 2014). Therefore, transgender adults may experience a delay before completely accepting their identity (Devor, 2004). Following an acceptance of their identity, transgender adults may fully embrace and develop pride in that gender identity (Levitt & Ippolito, 2014). Participants described accepting themselves and feeling happy with who they had become. They spoke about embracing their strengths and being proud of themselves. They further developed their sense of identity by attending support groups and building trusted social circles. This supports Theme 7 related to living the authentic self and engaging with a supportive community. In addition, participants described wanting to explore new possibilities including educational and vocational
opportunities. They spoke about building connections to educate others and serving as activists to change perceptions about the transgender community. This aligns with Theme 8 related to visualizing a future and acting as an advocate for change.

**Integration of Findings with Theory and Concept**

The concept *coexisting between the assigned and identified self* has coherence with the Theory of Cultural Marginality. The theory’s concepts of marginal living, across-culture conflict recognition, and easing cultural tension align with the findings of this study. Marginal living is defined as a state of transition between two cultures and begins with the recognition of across-culture conflict recognition (Choi, 2018). This across-culture conflict recognition is a realization that differences between cultural values and norms exist. Essentially, this results in tension between the two cultures. Transgender adults feel a disconnect between the assigned and identified self (Theme 1) which is often complicated by societal expectations of gender. Individuals experience conflict and cultural tension when forced to make difficult choices while navigating self-discovery and pressure to conform (Theme 2).

To ease cultural tension, adjustment responses are employed that may include assimilation (being absorbed into a dominant culture), reconstructed return (a return to one’s own culture), poise (rejecting cultural attachment or obligation), and integration (merging cultures to surpass cultural boundaries and identities) (Choi, 2018). Transgender adults may employ different strategies while facing internal challenges of coming out and transitioning (Theme 3). They may embrace identity in different ways that may include living the authentic self and engaging with a supportive community (Theme 7) as well as visualizing a future and acting as an advocate for change (Theme 8). Contextual and personal influences impact how an individual recognizes across-culture conflict, how one lives in the margins, and how cultural tensions are
Transgender adults encounter disaffirming microaggressions and discrimination that can force them to live marginally (Theme 4) and take steps to prioritize safety and privacy (Theme 5). Transgender adults often feel isolated from family and community (Theme 6), which impacts the acceptance of identity. The Theory of Cultural Marginality’s concepts are congruent with the core qualities acknowledging turmoil, acknowledging marginalization, and embracing identity within the concept coexisting between the assigned and identified self and align with the stories gathered from participants.

Two core qualities of coexisting between the assigned and identified self were clarified following the gathering of participants’ stories and data analysis. The definition of acknowledging turmoil was refined from “recognizing and experiencing incongruence and internal conflict” to “recognizing incongruence and internal conflict.” In addition, the definition of acknowledging marginalization was refined from “recognizing and experiencing disrespect, rejection, and discrimination” to “experiencing disrespect, rejection, and discrimination.” These changes reflect what the participants described as their experiences and further support the concept coexisting between the assigned and identified self.

**Contribution to the Knowledge Base of Nursing**

The findings of this study may contribute to the discipline of nursing by exploring the human-environment-health relationship as it relates to transgender adults living in WV. The human-environment-health relationship refers to the interconnectedness of human health with a multidimensional environment (Smith, 2019). The interaction between human and environment may be characterized by responses to stimuli in a physical, social, cultural, political, economic, and metaphysical environment (Smith, 2019). For example, social determinants of health, such as poverty, racism, access to care, and social support, have a powerful influence on well-being.
The participants of this study described turmoil and marginalization that impacted how they came to embrace identity. By exploring these dynamic relationships with their environments and the effect on each personal journey, the influence on wellbeing is better understood. Therefore, the findings of this study may add to the understanding of the experience of living as a transgender adult and contribute to the knowledge base of nursing.

**Implication of Findings for Further Research**

Findings from this study warrant the need for future research. The identified themes reveal a dynamic relationship between transgender adults and their environments that needs to be further explored. For example, a phenomenology study derived from Theme 1 could examine the lived experiences associated with feeling a disconnect between the assigned and identified self. This may provide insight into the turmoil that transgender people face and could be particularly useful by focusing on teenagers or young adults grappling with gender identity. Potential research associated with Theme 4 could be a focus group study using conventional content analysis to better understand the microaggressions and discrimination that transgender people experience. This could be useful to examine specific experiences within the healthcare setting, particularly to explore access to care as well as the availability of knowledgeable gender-affirming providers. Another focus group study associated with Theme 6 might further explore isolation and loneliness within this population.

The results of this study are limited to a specific sample. Research is needed that is geared toward understanding a more diverse population, including nonbinary individuals. Additionally, during their interviews, participants spoke about the changing needs of aging transgender adults. Therefore, studies aimed at understanding the transgender experience throughout the lifespan may provide a more holistic approach to care. Additionally, expanding
study samples to include transgender people in urban areas could examine whether the concept *coexisting between the assigned and identified self* accurately represents the experience of a more diverse population of transgender people.

**Implication of Findings for Nursing Practice**

The findings of this study have limited transferability due to the specificity of the sample. However, the themes derived from *coexisting between the assigned and identified self* may help guide clinicians when addressing the health needs of transgender adults. Participants described experiencing delayed or even denied healthcare (Theme 4). They described a shortage of gender-affirming providers and healthcare professionals knowledgeable about transgender-specific needs. They also spoke about the gender-affirming process and that there were not consistent standards of care or a linear procedure to follow during affirming care. This warrants an examination of current clinician education and perhaps embedding the World Professional Association for Transgender Health (WPATH) standards of care into training.

Participants also described experiencing significant marginalization affecting various aspects of their lives. They reported feeling fearful in public spaces that often necessitated hiding their identity (Theme 5). Therefore, when addressing the health needs of transgender adults, it is imperative to approach their care with sensitivity and compassion. Clinicians should consider external factors that create barriers to care. Additionally, participants described feeling isolated because they were not supported by family or in their communities (Theme 6). Therefore, clinicians can serve as advocates for transgender adults by connecting them to resources and support groups. By taking these steps, clinicians can provide holistic care by focusing on the human-environment-health relationship and addressing the specific needs of transgender adults.
Implications of Findings for Policy

Changes to organizational policy could help minimize the microaggressions and discrimination that transgender adults face. Participants experienced the struggle of acquiring government identification that represented their true identities. They described a lack of inclusivity on intake forms and legal documents that also impacted delays in college admissions and employment procedures. Improvements to policies and procedures involving the acquisition of government identification as well as name-change processes could help reduce these disaffirming experiences.

Participants also described barriers to healthcare caused by current insurance coverage policies related to gender-affirming care. It is crucial to analyze policies impacting insurance coverage and subsequent access to care (Hardoby & Mann, 2013). In doing so, researchers and policymakers may collaborate to reduce health disparities experienced by transgender adults (Hardoby & Mann, 2013). Insurance coverage policies need to be re-evaluated for the inclusion of gender-affirming medications and procedures. Removing transgender exclusions allows for more affordable and equitable healthcare (Padula et al., 2015) and could improve the health of all transgender people.

Trustworthiness of Findings

Trustworthiness in qualitative research refers to the truth value of a study (Connelly, 2016). Examining qualitative studies for trustworthiness is crucial to the confidence of research findings (Connelly, 2016). The criteria for evaluating trustworthiness of the findings include credibility, transferability, dependability, and confirmability (Shenton, 2004).

Credibility refers to how congruent the findings are with reality (Shenton, 2004). To ensure credibility, the investigator used a well-established and documented method of directed
content analysis to guide this study. The theoretical framework of *coexisting between the assigned and identified self*, derived from practice and congruent with the Theory of Cultural Marginality, was used as the foundation for study development. Prior to beginning the interviews, the investigator conducted a recorded videoconference practice interview using the interview script with a committee member experienced in qualitative research. That committee member then offered feedback to the investigator, thus improving the efficacy and accuracy of the interview process. Additionally, the investigator used triangulation to recruit participants from various sources to enhance diversity of the sample. Participation was completely voluntary, and participants were told that they could divulge as much or as little information that aligned with their comfort level. They were reminded that they could withdraw from the study at any time. Participants were assured that their information and anonymity were protected. Interviews occurred in private settings of participants’ preference, and videoconferencing recordings were deleted after transcription. The reconstructed stories derived from the transcribed interviews were reviewed by a committee member, and then sent to participants for member checks. This allowed for each participant to verify the accuracy of the investigator’s description of their experiences and give them the opportunity to add, modify, or delete any of their data. All data were analyzed with guidance from committee members knowledgeable in directed content analysis, thus providing peer review. Finally, the findings are supported by direct quotations from the participants, and evidence of congruence of findings with existing literature is discussed.

Transferability refers the extent to which a study’s results are applicable to other situations and populations (Shenton, 2004). Transferability is one of the most difficult criteria to achieve in qualitative work, as it deals with whether the findings of the study can be transferred
to other settings or populations. A study’s transferability is enhanced with a detailed description of the setting, context, events, and population being studied (Yilmaz, 2013). Therefore, a detailed description of the method and procedures for this study were provided, including eligibility criteria, recruitment strategies, data collection, and analysis. Additionally, descriptions of the background and demographics of participants and locations for recruitment were given.

Dependability refers to the reliability of a study, meaning if the work was repeated, similar results would be achieved (Shenton, 2004). The dependability of this study was increased by a comprehensive description of the research design and implementation. A clear definition of the population was provided. The investigator outlined inclusion criteria and provided a clear explanation of the recruitment process. A description of data gathering operations, including the interview script are available. The investigator detailed data analysis, including a multi-step process for extracting codes and themes. Finally, the investigator conducted an appraisal of the study through the discussion, limitations, and a detailed audit trail.

The concept of confirmability is demonstrated when steps are taken to ensure that the research findings align with the “experiences and ideas of the informants, rather than the characteristics and preferences of the researcher” (Shenton, 2004, p. 72). Confirmability was maintained by the use of an audit trail as well as correspondence with committee members experienced in the method and committee members with expertise related to the study population and background. Extensive audit trails were maintained for each step in the data analysis process. There are five separate tables that depict various stages of analysis, each with extensive markup, commentary, and reflection. An example of the final analysis table can be found in Appendix E.
Limitations

Although directed content analysis is a well-established qualitative method, it has inherent limitations. The objectivity and confirmability of study findings may be reduced by the use of preexisting theory, as this may introduce predetermined bias of the investigator (Hsieh & Shannon, 2005). To achieve unbiased results, the investigator incorporated extensive peer scrutiny, member checks, and multiple audit trails. A risk for bias stems from participants answering interview questions in a certain way that satisfy the investigator’s preference. To mitigate this, a structured interview script was designed by the investigator and committee members experienced in qualitative research. Additionally, the investigator conducted a practice interview that was reviewed and critiqued by a committee member prior to beginning data collection. During interviews, the investigator redirected participants back to each question to stay on topic. The investigator also used member checks to confirm that the stories gathered were accurate representations of participants’ experiences. Finally, transferability of findings is limited in qualitative research, narrowing the applicability of the findings to small populations. The sample of this study is a unique population with very specific experiences; therefore, findings may only align with the experiences of other transgender individuals in rural areas.

Conclusion

Findings related to the experience of transgender adults living in WV are grounded in the knowledge base of nursing and consistent with previous literature. The core qualities of acknowledging turmoil, acknowledging marginalization, and embracing identity within the concept coexisting between the assigned and identified self are coherent with the concepts and assumptions within the Theory of Cultural Marginality, describing the dynamic relationship between humans and their environments and the impact of existing between two cultures. These
findings offer implications for future practice, research, and policy change to support transgender adults and further support *coexisting between the assigned and identified self* for its use in nursing knowledge development.
References


stigma and discrimination in social and healthcare settings among trans people living with HIV in the U.K. *AIDS Care*, 30(7), 836-843.

https://doi.org/10.1080/09540121.2018.1436687


https://doi.org/10.1080/13691058.2017.1338757

http://online.liebertpub.com/doi/10.1089/trgh.2019.0039


Appendix A

Figure 1. Demographic Questionnaire

Subject ID ______

Age: ______

Ethnicity: ______

County of Residence: ______

Marital Status: Single____ Married____ Partnered____ Divorced____ Widowed ____

Employment Status: Full-Time____ Part-Time____ Self-Employed____ On Leave ____

Laid Off____ Unemployed____ Other _____________

Average Annual Household Income: ≤ $29,999____ $30,000-49,999____ $50,000-59,999 ____

$60,000-$69,999____ $70,000-89,999____ ≥ $90,000 ____

Level of Education: Less than high school____ High school diploma or equivalent

Associate Degree____ Bachelor’s Degree____ Master’s Degree____ Doctorate
Appendix B

Figure 2. Interview Script

How do transgender adults describe the experience of living in WV?

PRESENT – MARGINALIZATION

Tell me what your experiences are like today living as a transgender person in West Virginia.

Please tell me about your experiences with the public.

Talk to me about your experiences within your community.

Can you tell me what your current housing situation is like?

Let’s talk about your experiences with education. [above HS]

Can you talk to me about your employment experiences?

What is your experience with healthcare as a transgender person living in West Virginia today?

[Listen for: primary care access, delayed care, denied care, medical maltreatment]

Thinking about where you are today, talk to me about how your experiences have changed over time…

PAST – TURMOIL

Think back to when you first discovered you were transgender. How did you feel at that time…What were your thoughts?

What did you do after you first discovered you were transgender?

[Listen for: challenges, emotions, turmoil, dominant conceptualization of gender, pressure from society, family pressure/dismissal, religious]

We’ve talked about where you are now, and we’ve talked about the past. Talk to me about your feelings moving from there to here…

FUTURE – EMBRACING IDENTITY

Thinking about the future, where do you see yourself as a transgender adult living in WV?

Where do you see yourself 5 years from now? What do you think your life will be like?

Can you tell me about a sense of pride in your identity?

Talk to me about what is most important for you in the future.

[Listen for: advocate, coming out, passing, goals and how to make happen]

CLOSING

Is there anything else we haven’t talked about that you would like to share about living as a transgender adult in WV? Thank you for your time.
Appendix C

Figure 3. Directed Content Analysis Model

1. Interview with participants
2. Transcriptions reconstructed into shortened stories
3. Member checks completed
4. Categories identified from existing concept of coexisting between the biological and identified self
5. Independent reading of transcripts by experienced qualitative researchers
6. Specific descriptors in text identified and coded into subcategories within predetermined categories of acknowledging marginalization, acknowledging turmoil, and embracing identity
7. Specific descriptors condensed into condensed meaning units
8. Condensed meaning units clustered and interpreted into subthemes
9. Abstraction: Subthemes interpreted into themes
Appendix D

Table 4. Demographic Characteristics of Participants

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<tr>
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<th>n</th>
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<tr>
<td>Woman</td>
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</tr>
<tr>
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<td>Widowed</td>
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<tr>
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</tr>
<tr>
<td>Avg. Household Income</td>
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<td>%</td>
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<tr>
<td>&lt;$29,999</td>
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<td>45.5</td>
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<td>$60,000-89,999</td>
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<td>9.1</td>
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<td>&gt;$90,000</td>
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<tr>
<td>HS Diploma or equivalent</td>
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<td>Associate Degree</td>
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<td>Bachelor’s Degree</td>
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