

Social Representations of Iranian Transsexual People in the Media: A Thematic Analysis

Taher Roshandel Arbatani

Department of Media Management, University of Tehran, Tehran, Iran.

Email: arbatani@ut.ac.ir

Seyed Vahid Aqili

Department of Communication Sciences, Islamic Azad University, Central Tehran Branch,
Tehran, Iran.

Email: seyed_vahid_aqili@yahoo.com

Somayeh Labafi

Department of Media Management, University of Tehran, Tehran, Iran.

Email: s_labafi@ut.ac.ir

Afshin Omid (Corresponding Author)

Department of Media Management, University of Tehran, Tehran, Iran.

Email: aomidi@ut.ac.ir

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Abstract

A trans identity is now available almost anywhere, and to anyone who does not feel comfortable in the gender role they were attributed with at birth, or has a gender identity at odds with the labels 'man' or 'woman' credited to them by formal authorities. These people face widespread prejudice and discrimination and may be at heightened risk for violence because of their gender identities and expression and there is a pervasive pattern of discrimination and prejudice against trans-people within society. Existing researchers overwhelmingly support that the media play an important role in both legitimizing and determining how issues are framed. The main scoping of the current study aimed to shed some light on different themes that are portrayed in the documentaries in order to analyze the social and personal characteristics of transsexual people in Iran. A qualitative study with thematic analysis was employed in this study and four famous documentaries were selected for the precise review. Based upon the findings of this work, the studies show that there are

five key themes in documentaries around social representations of Iranian transsexual people, including (a) lack of acceptance in the Iranian society, (b) social restrictions of pre-operated transsexual people, (c) family matters, (d) financial restrictions, (e) mental-health problems. Taken all, it can be concluded that the social restrictions for the male-to-female transsexual in Iran are greater than the female-to-male trans-individuals.

Keywords: Transsexual, media, thematic analysis, social representations, Iran

1. Introduction

Transsexual denotes an individual who seeks, or has undergone, a social transition from male to female or vice versa (American Psychiatric Association, 2013). Transsexual is typically used to describe individuals who use both hormonal and surgical therapy to augment their bodies (Tierney & McCabe, 2005). Gender identity disorder (GID) has been characterized by a strong and persistent identification with the opposite sex and discomfort with one's own sex (Hatami & Ayyazi, 2013; Terada et al., 2012). It revolutionizes the path of the individual's life, causes numerous problems in all physical, mental, social, economic, and family aspects, and may result in an enhanced feeling of dependence, a lessened sense of self-confidence with belittled, social asset, and an increased sense of vulnerability among patients (Mousavi, Habibollahi, & Ghasemnejad, 2015). A trans-identity is now available almost anywhere, to anyone who does not feel comfortable in the gender role they were attributed with at birth, or who has a gender identity at odds with the labels 'man' or 'woman' credited to them by formal authorities (Rogers, 2016). Depression has also been highlighted as a particular problem among trans individuals (Davey, Arcelus, Meyer, & Bouman, 2015). The available evidence from the U.S. adult samples suggests that trans people face widespread prejudice and discrimination and may be at heightened risk for violence because of their gender identities and expression (Norton & Herek, 2013) and there is a pervasive pattern of discrimination and prejudice against trans-people within society (Lombardi, Wilchins, Priesing, & Malouf, 2002). One study showed some characteristics specific to GIDs in Iran. These factors include low public awareness, limitations of living as a cross-sexed person before and/or without SRS, cultural issues such as stigmatization of cross-dressing behavior and poorly informed families, a patriarchal culture that emphasizes symbols of masculinity, few nongovernmental and/or governmental help groups, and poor media coverage (Ahmadzad-Asl et al., 2010). Existing researchers overwhelmingly support that the media play an important role in both legitimizing and determining how issues are framed (Mastin, Murphy, Riplinger, & Ngugi, 2016). Media advocacy has become an established health promotion strategy, partly due to the influence of the World Health Organization's 1986 Ottawa Charter for Health Promotion. Proponents of 'media advocacy' lobby for health message exposure, accuracy and media responsibility in order to set the media agenda (framing for access), shape the media debate (framing for content), and advance healthy public policies (Grilli, Ramsay, & Minozzi, 2002). The importance of the media, particularly news and current affairs programs, in advocacy stems from its agenda setting power and role in framing public understandings about the primary causes of the health problems, the possible solutions to these issues and the agents responsible for instigating action (Smith & Bonfiglioli, 2015). In Iran, there exist no formal and legal limitations on access to the higher education, employment and marriage, however cultural barriers and social pressures prevent transsexuals from gaining their citizenship rights (Fatemeh Javaheri, 2010). The main scoping of this present work is to study different themes that are presented in the documentaries in order to analyze the social and personal characteristics of transsexual people in Iran. We

investigated the underlying social issues of trans-individuals and contribute to the emerging literature on the key themes in their life.

3. Method

3.1 Research design

A qualitative study with thematic analysis was employed in this study. it contributes to an understanding of the human condition in different contexts and of a perceived situation (Bengtsson, 2016). Thematic analysis is a method for identifying, analyzing and reporting patterns (themes) within data (Braun & Clarke, 2006). It has also been introduced as a qualitative descriptive method that provides core skills to researchers for conducting many other forms of qualitative analysis (Vaismoradi, Turunen, & Bondas, 2013).

3.2 Materials

In this research, four famous documentaries were selected for precise analysis. Three of the four investigated documentary in this study were made by abroad residents. Only the final document (*In nearby*), is supported by the Iranian government and spread by the mass media in Iran. Furthermore, we provided brief information about the selected documentaries [Table 1].

Table 1. Specifications of selected documentaries in this

Title	Director(s)	Year	Description
The birthday	Negin Kianfar Daisy Mohr	2006	Two Iranian transsexual people's lives in a dramatic expression
Transsexuals in Iran	Tanaz Eshaghian	2007	In addition to showing the social status of Iranian trans Individuals, has a special focus on the plight of sex change surgery
Out of Iran	Farid Haerinejad	2014	Display the Passion lives of Iranian sexual minority as asylum seekers in Turkey, With a political orientation.
In nearby	Vahid Zare Soheili	2016	The first documentary aired on Iranian mass media, and Its intention to a primary introduce of transsexuality in Iran.

3.3 Procedure

The process followed an adapted version of Braun and Clarke's (2006) six-phase guide. Data collection were continued until no new issues emerged. Thematic analysis places its primary attention on "what is said". Narratives are treated as written communication, therefore, they can be read, coded, re-read, and re-coded in order to search for emergent themes (Kim, 2014). In this regard, themes were identified to capture important patterns across and within the four documentaries. These documentaries were seen several times by authors and

narratives of interviewees in them, transcribed verbatim. Many themes were coded using the constant comparative method. Constant comparison was used as a way of maintaining a connection between the codes and a constant re-examining of the text to ensure consistency of the application of that particular code and to ensure that codes and categories developed to fit the data (Abdu, Stenner, & Vydellingum, 2015). When no new properties of the categories could be identified, the data were considered to be saturated. For the first step, we identified all data that were related to pre-classified patterns. The patterns include: (1) inappropriate behavior of people with a transsexual person, (2) improper behavior of some doctors with trans individuals, (3) the security forces' violent behavior with these people, (4) Various restrictions before sex-change surgery such as occupational, educational and cultural in the community, (5) high cost of sex-change surgery, (6) the deviation being due to poverty, (7) the hope of not having to live, (8) the desire to self-harm, (9) strong need for family support and (10) lack of acceptance and rejection in the family. In the next step, we aimed to combine and catalogue related patterns into themes.

4. Results

Five main themes emerged during the research that each of them individually explained. However, the example of coding is taken in the below table. [Table 2]

Table 2. The example of coding

Theme	Conceptual code	Initial code
Lack of acceptance in the Iranian society	Inappropriate behavior of people with a transsexual person	"For 23 years I walked the street in fear... I played the role of a mute for my voice to anyone not laugh at me" (MTF)
	Improper behavior of some doctors with trans individuals,	"Introduce me a psychiatrist who, like yourself, have a clear vision.... Not a psychiatrist who makes a stigma to us"(FTM)
	The security forces' violent behavior with these people	"When I was a boy I had a very difficult in environment, means that if my father not took a taxi for me, or the police or security forces arrested me" (MTF)

4.1 Lack of acceptance in the Iranian society

In Iran, homosexuality is outlawed and considered a sin (Shakerifar, 2011), and this is not at all acceptable in the Iranian society. Often, people think that trans individuals are homosexual, and it is the cause of inappropriate behavior with trans people, particularly by the police and security forces. A post-operated transsexual (male-to-female) said, "When I was a boy I had a very difficult in environment, means that if my father not took a taxi for me, or the police or security forces arrested me." However, these people have repeatedly pointed to the improper behavior of people with them in the cities. A male-to-female (MTF) transsexual said, "23 years I walked the street in fear... I played the role of a mute for my voice to anyone not laugh at me." Even some of these behaviors can be done by doctors, and it seems some of them have trans-phobia. A female-to-male (FTM) told to his surgeon "Introduce me a psychiatrist who, like yourself, have a clear vision.... Not a psychiatrist who makes a stigma to us." These issues impact upon their lives as much as sometimes their biggest desire is to increase people's understanding in society. An FTM said, "Just my wish this

social dimension was true ... Even we don't want to help.... I wish the people were a little more understanding." And also, "I want to live like a human... A human like you, like everyone else, like my mother." (Anoosh MTF)

4.2 Social restrictions of pre-operated transsexual people

In Iran, if individual behavior does not conform to gender norms, may be they deprived of the very rights. In particular, transsexual people at this point, face with many restrictions. Many of them are forced to leave school. *Fahad* (MTF) said, "School boys were teasing me...Sexually bother me... That's why I did not go to school." While some of them with all these limitations, could to achieve great academic success. "I ranked 30st in MA entrance examination and accepted" (An FTM). However, these individuals can be knowledge capital, and perhaps the society does not allow them to make progress.

Also, these people have many difficulties in finding jobs and employers don't want to hire them. "Can I live in this situation (Pre-operated with cross-dressing) and find a job? ... If surgery is harmful for me...?" Perhaps because of this, some of these people force to do surgery even if they don't want to it. "In the men environment that I face with sexual harassment ... I also cannot work in women environment because I have no identity... When doing surgery you get comfortable.... Your identity will be found" (MTF).

Transsexuality was first officially addressed by the Iranian government in the mid-1980s. In 1963, Ayatollah Khomeini had decreed in one of his writings that there was no religious restriction on corrective surgery in the case of hermaphrodites or intersexed individuals (Shakerifar, 2011, p. 335). However, after all these years, in Iranian society, cultural issues such as stigmatization of cross-dressing behavior (Ahmadzad-Asl et al., 2010), are one of the main reasons for social restrictions. An MTF said, "The word of sissy always had been for us." One religious scholar in Iran said, "This manner (cross-dressing) is contrary to good ethics and public order." Restrictions of cross dressing, has caused discontent for a lot of these people. An MTF said, "This dress (mannish) really bothers me." It should be noted, many of these people can be certified by judiciary in Iran, that for the sake of cross dressing they don't fall into legally trouble.

4.3 Family matters

Most of the contents that found in these documentaries, were related to family issues. Narrator said, "For those who are transsexual, one of the major concerns is talk over their problems within the family and fear of negative reaction." One of common problems is physical punishment that More related to the MTF transsexual. "I had fights with my parents every day ... They beat me... told me why are you this?" (An MTF), and a person about previous transsexual said, "His father poured boiling water on her hand." Many of transsexuals (MTF or FTM) rejected by their family. A Felmae-to-male said, "My mother told me that whatever you like; you can do... just get out of the country" and *shiva* (MTF) said, "My mother told me if you want to sex change, I hope you die". As well as, other family members also have problems with this issue. The 15-years old brother of one MTF said, "I call him as a brother for 15 years..., I cannot suddenly call him as a sister." Parents, Many times, consider the transsexuality phenomenon equal to the loss of their child. "Is a terrible...is a disaster...the loose of this thing (child) is not at all comfortable" (The mother of an MTF). A transsexual individual must deal with these problems while there is a strong need for family support for them. "I wanted a comfortable life... I wanted parents who I don't have..., I wanted a kid who I don't have..., I wanted a brother who I don't have..., or "I loved my family..., while they were crazy..., while they beat me... But I knew they were my family" (*Atrian* MTF). Many parents think traditionally, and they cannot accept the transsexual phenomenon. MTF's father said, "If from

the beginning, he was a girl, it was not important to me..., but now it is very difficult for me because we're traditional"

4.4 Financial restrictions

Even though the government provides financial assistance to these people, financial restrictions are one of the major problems that these people have always been faced with. "I have any money for surgery" (MTF). Dr. Mirjalali specialist surgeon in sex change said, "Here in Iran, the cost of sex change surgery is 7000 dollars (2007)...; these people usually do not have money." On the one hand there is no family support and on the other hand these people are having difficulty in finding jobs. All this makes that these people are faced with financial difficulties. Unfortunately, some of them are deviated because of these constraints. A post-operated MTF after one year from her surgery said, "I am on this side and that side, leaving temporary marriage..., I'm prostitution..., just for money." In fact, solve of this problem cannot solve all their problems and perhaps it could be far more important for trans individuals that we raise people's awareness. "This surgery crisis that has heavy cost, don't solve all of her problems..., a window opens to the large public...; it is in the hand of society that how accept her" (Dr. Mirjalali).

4.5 mental-health problems

Mental-health problems are not as a result of being transsexual. However, the social conditions of these people who explained in detail above, lead them to such difficulties. Not having life expectancy among these people is very common. Atrian (MTF) said, "I wondered how I could survive so far? ..., I have any hope..., I do not know if I'm alive or not." In particular, family matters would have a significant impact on this issue. "Maybe now if I was not, my father did not feel embarrassed..., did not ashamed." The family and the society can avoid such problems, on the other hand, can isolate transsexual people completely.

Finally, mental health issues can be end bitterly. Dr. Mirjalali said, "It says this body is not mine..., slowly says I don't want, and I hate...one person cut her breast and another cut his sexual organ..., usually 33 percent of them kill themselves." However, *Atrian* one of the characters (MTF) in two documentaries, six months after arriving in Canada cut off his sexual organ and killed himself.

5. Discussion and Conclusion

The representation of transgender people in traditional, offline media (e.g., television, movies) has increased since the 1970s, with the most significant growth occurring in the last several decades (McInroy & Craig, 2015). In recent decades, the general population has become more aware of GID mainly through the media, but also in their daily lives, as affected individuals have more readily sought professional help, openly cross-dressed, and disclosed the details of their disorder. The 1999 film, *Boys Don't Cry* (Vachon, Kolodner, & Peirce), was one such example of the infiltration of GID into the mass media (Furnham & Sen, 2013). Some Islamic legal scholars have judged that trans-sexuality should be acceptable and, following a fatwa issued by Ayatollah Khomeini in the 1980s, transsexuality is a legal and religiously accepted practice in Iran (Shakerifar, 2011). Iranian press coverage of "trans" phenomena increased sharply in early 2003 (Najmabadi, 2008). Outside Iran, Amir Amirani lays claim to the first documentary about transgenders in Iran, with a short piece for Panorama in 2005. Many others have followed suit, including filmmakers Zohreh Shayesteh (2005), Kouross Esmaeli (2005 and 2006), Negin Kianfar and Daisy Mohr (2006) and Tanaz-Eshaghian (2007) (Shakerifar, 2011).

In Iran, regarding trans individuals, much research has been done, and they have paid to social issues of these people, and significantly these articles referred to the lack of awareness as one of the main factors in the problems of trans people. (Ahouee et al., 2015; Alikhah et al., 2015; Besharat & Tavallaeeian, 2014; Farid et al., 2009; Javaheri & Kasmani, 2011; Movahed & Kasmani, 2012; Rezaei et al., 2007). There are no special news programs, interviews, documentaries or films on television and radio regarding transsexuals (Fatemeh Javaheri, 2010). Based upon the findings of this article, the studies show that there are five key themes in documentaries around social representations of Iranian transsexual people. These include: (1) lack of acceptance in the Iranian society, (2) social restrictions of pre-operated transsexual people, (3) family matters, (4) financial restrictions and (5) mental-health problems.

A lot of people do not have information around transsexuality and may be comic for them to see a transsexual individual. On the other hand, the first of those people (Family) who must support them, Instead, isolate their transsexual child in the worst situation. Simultaneously, endured hardships (such as social, family, financial) for a trans person brings nothing but psychological problems. Indeed, to what point they can tolerate this situation? According to these difficulties, the high number of suicides in this group is not strange. Taken all, it can be concluded that the social restrictions for the male-to-female transsexual in Iran are greater than the female-to-male trans-individuals. This is confirmed several times in these documentaries. In Iran, when some male people treat in a feminine manner, very soon encounter with tags like "Sissy" (at least severely).

According to this finding, there is an urgent need to social and media planning for this group. We are confident that public awareness on this issue can be beneficial and media is one of the most important tools for achieving this goal.

The answer for this question requires deep research that why there are poor public awareness and poor media actions around this phenomenon in Iran (although it is not illegal for the government)? It would be worthwhile to explore how can media help transsexual individuals to overcome the difficulties of their situation in Iran?

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Corresponding Author

Afshin omidi, department of media management, university of Tehran, Iran.
Aomidi@ut.ac.ir

References

- Abdu, L., Stenner, K., & Vydellingum, V. (2015). Exploring the health visiting service from the view of South Asian clients in England: a grounded theory study. *Health & Social Care in the Community*, n/a–n/a. <http://doi.org/10.1111/hsc.12233>
- Ahmadzad-Asl, M., Jalali, A.-H., Alavi, K., Naserbakht, M., Taban, M., Mohseninia-Omrani, K., & Eftekhar, M. (2010). The Epidemiology of Transsexualism in Iran. *Journal of Gay & Lesbian Mental Health*, 15(1), 83–93. <http://doi.org/10.1080/19359705.2011.530580>
- Ahouee, S. M., Eftekhar, M., & Negarandeh, R. (2015). The Experience of the Parents from the Childhood of their Children with Gender Identity Disorder. *Iranian Journal of Psychiatry and Clinical Psychology*, 21(1), 50–59. Retrieved from http://ijpcp.iums.ac.ir/browse.php?a_code=A-10-1-755&slc_lang=fa&sid=1

- Alikhah, F., Nademi, M., & Zia Nasserani, M. (2015). Stigma and Gender Identity Disorder; Impacts and Outcomes. *Journal of School of Public Health and Institute of Public Health Research*, 13(1), 43–56. Retrieved from http://sjsph.tums.ac.ir/browse.php?a_code=A-10-25-340&slc_lang=en&sid=1
- American Psychiatric Association. (2013). *Diagnostic and Statistical Manual of Mental Disorders*. American Psychiatric Association. <http://doi.org/10.1176/appi.books.9780890425596>
- Bengtsson, M. (2016). How to plan and perform a qualitative study using content analysis. *NursingPlus Open*, 2, 8–14. <http://doi.org/10.1016/j.npls.2016.01.001>
- Besharat, M. A., & Tavallaieian, F. (2014). Compare dimensions of interpersonal problems in people with Gender Identity Disorder. *Health Psychology*, 3(2), 4–17. Retrieved from http://journals.pnu.ac.ir/pdf_981_23ff45cd27961eee3a991c6c13ef6b6c.html
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101. <http://doi.org/http://dx.doi.org/10.1191/1478088706qp063oa>
- Davey, A., Arcelus, J., Meyer, C., & Bouman, W. P. (2015). Self-injury among trans individuals and matched controls: prevalence and associated factors. *Health & Social Care in the Community*, 1–10. <http://doi.org/10.1111/hsc.12239>
- Farid, A. A., Zam, F., Sohrabi, F., & Bagheri, F. (2009). Phenomenological qualitative analysis of biological, psychological, social And spiritual transgender seeking. *Psychological Research*, (4).
- Furnham, A., & Sen, R. (2013). Lay Theories of Gender Identity Disorder. *Journal of Homosexuality*, 60(10), 1434–1449. <http://doi.org/10.1080/00918369.2013.819208>
- Grilli, R., Ramsay, C., & Minozzi, S. (2002). Mass media interventions: effects on health services utilisation. *Cochrane Database Syst Rev*, 1(1).
- Hatami, M., & Ayvazi, S. (2013). Investigating of Personality Characteristics (Extroversion-introversion) and Early Maladaptive Schemas (EMS) in Males and Females with Gender Identity Disorder (GID). In *Procedia-Social and Behavioral Sciences* (Vol. 84, pp. 1474–1480). Elsevier.
- Javaheri, F. (2010). A Study of Transsexuality in Iran. *Iranian Studies*, 43(3), 365–377. <http://doi.org/10.1080/00210861003693893>
- Javaheri, F., & Kasmani, M. H. (2011). Social consequences of Gender Identity Disorder. *Journal of Iranian Social Studies*, 5(3), 3–22.
- Kim, K. B. (2014). Narratives about the Media, Diet, and Body Image: A Cross-Cultural Comparison between Young Female Adults in the Midwestern United States and South Korea. *Journal of Intercultural Communication Research*, 43(4), 283–303. <http://doi.org/10.1080/17475759.2014.952768>
- Lombardi, E. L., Wilchins, R. A., Priesing, D., & Malouf, D. (2002). Gender Violence. *Journal of Homosexuality*, 42(1), 89–101. http://doi.org/10.1300/J082v42n01_05
- Mastin, T., Murphy, A. G., Riplinger, A. J., & Ngugi, E. (2016). Having Their Say: Sex Workers Discuss Their Needs and Resources. *Health Care for Women International*, 37(3), 343–363. <http://doi.org/10.1080/07399332.2015.1020538>
- McInroy, L. B., & Craig, S. L. (2015). Transgender Representation in Offline and Online Media: LGBTQ Youth Perspectives. *Journal of Human Behavior in the Social Environment*, 25(6), 606. <http://doi.org/10.1080/10911359.2014.995392>
- Mousavi, S. M., Habibollahi, S., & Ghasemnejad, S. M. (2015). A Comparison of Life Quality and Social Adjustment among Normal People and Those with Gender Identity Disorder

- (Transsexual). *J. Appl. Environ. Biol. Sci*, 5(8S), 19–24.
- Movahed, M., & Kasmani, M. H. (2012). Relationship between Gender Identity Disorder and quality of life. *Social Welfare Quarterly*, 12(44), 111–142. Retrieved from http://refahj.uswr.ac.ir/files/site1/user_files_2310c2/m_javan-A-10-817-15-3dc1836.pdf
- Najmabadi, A. (2008). Transing and Transpassing across Sex-Gender Walls in Iran. *WSQ: Women's Studies Quarterly*, 36(3), 23–42. <http://doi.org/10.1353/wsqa.0.0117>
- Norton, A. T., & Herek, G. M. (2013). Heterosexuals' Attitudes Toward Transgender People: Findings from a National Probability Sample of U.S. Adults. *Sex Roles*, 68(11-12), 738–753. <http://doi.org/10.1007/s11199-011-0110-6>
- Rezaei, O., Saberi, S. M., Shahmoradi, H., & Malek-Khosravi, G. (2007). Family Functioning in Patients with Gender Identity Disorder. *Journal of Rehabilitation*, 8(2), 58–63.
- Rogers, M. (2016). Breaking down barriers: exploring the potential for social care practice with trans survivors of domestic abuse. *Health & Social Care in the Community*, 24(1), 68–76. <http://doi.org/10.1111/hsc.12193>
- Shakerifar, E. (2011). Visual Representations of Iranian Transgenders. *Iranian Studies*, 44(3), 327–339. <http://doi.org/10.1080/00210862.2011.556375>
- Smith, B. J., & Bonfiglioli, C. M. F. (2015). Physical activity in the mass media: an audience perspective. *Health Education Research*, 30(2), 359–369. <http://doi.org/10.1093/her/cyv008>
- Terada, S., Matsumoto, Y., Sato, T., Okabe, N., Kishimoto, Y., & Uchitomi, Y. (2012). School refusal by patients with gender identity disorder. *General Hospital Psychiatry*, 34(3), 299–303. <http://doi.org/10.1016/j.genhosppsy.2011.11.008>
- Tierney, D. W., & McCabe, M. P. (2005). The utility of the Trans-theoretical Model of Behavior Change in the treatment of sex offenders. *Sexual Abuse: A Journal of Research and Treatment*, 17(2), 153–70. <http://doi.org/10.1007/s1136-006-0002-3>
- Vaismoradi, M., Turunen, H., & Bondas, T. (2013). Content analysis and thematic analysis: Implications for conducting a qualitative descriptive study. *Nursing & Health Sciences*, 15(3), 398–405. <http://doi.org/10.1111/nhs.12048>