

### **Professional Challenges of LGBTQIA+ Athletic Trainers**

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## Professional Challenges of LGBTQIA+ Athletic Trainers

**Context:** There are many professional challenges associated with being a member of the lesbian(L), gay(G), bisexual(B), transgender(T), queer(Q), Intersex (I), asexual(A) and others (+) (LGBTQIA+) community in healthcare and athletics. Previous research has explored perceptions of LGBTQIA+ athletes, coaches, nursing, and physicians; however, there is a paucity of research examining the challenges of LGBTQIA+ community members as athletic trainers (ATs) within the profession. **Objective:** The purpose of this study was to explore challenges of LGBTQIA+ athletic trainers specifically related to the profession of athletic training. **Design:** Qualitative study **Setting:** Individual phone or virtual interviews. **Patients or Other Participants:** Thirty ATs identifying as LGBTQIA+ (aged 32±11 years). **Data Collection and Analysis:** Participants were interviewed following a semi-structured interview guide. Data were analyzed through phenomenological reduction. Trustworthiness was established via member checking, peer review, and multi-analyst triangulation. **Results:** Three themes emerged: 1) the job search, 2) acceptance athletic training, and 3), neutrality from other ATs. When looking for jobs, there are considerations cisgender and heterosexual ATs may not consider, such as inclusive policies, spouse healthcare, or even if they were overlooked for a job due to sexual orientation or identity. LGBTQIA+ athletic trainers seek acceptance, support, and a true sense of belonging in the profession, regardless of their personal identities. Potentially one of the largest challenges is neutrality from other ATs, in which ATs are not openly hostile or discriminatory, but they are also not doing anything to provide support to or advocate for LGBTQIA+ ATs. **Conclusions:** Participants identified challenges associated with being an AT and LGBTQIA+. As LGBTQIA+ ATs enter the job market, they should actively search for organizations that have inclusive, nondiscrimination policies. Organizations should ensure they display and follow inclusive policies. Education for all ATs on acceptance, working with LGBTQIA+ patients and colleagues, and creating safe spaces are needed.

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### Key Points:

1. LGBTQIA+ athletic trainers face challenges within the profession including searching for jobs and being accepted by other athletic trainers.
2. LGBTQIA+ ATs want to feel supported and included in the profession, rather than just tolerated, highlighting the need for genuine belonging in athletic training.
3. While other ATs may not be overtly discriminatory, many remain neutral rather than advocating for or actively supporting LGBTQIA+ colleagues, creating an environment of passive exclusion.

## Introduction

Historically, people who are lesbian, gay, bisexual, transgender, queer, intersex, asexual, or other member of the queer and gender diverse (LGBTQIA+) community has resulted in some form of discrimination or oppression due to societal level influences related to heterosexism, heteronormativity, and cisnormativity, which assumes that heterosexuality is the

norm, gender is binary, and everyone lives as the gender they were assigned at birth.<sup>1-2</sup> LGBTQIA+ individuals may face unique challenges, including discrimination, marginalization, and social stigma because their identities do not conform to the dominant cultural or societal norms regarding sexuality and gender. Athletic culture has a history of gendered power dynamics which can stigmatize minorities, including LGBTQIA+ individuals.<sup>3</sup> Healthcare providers who are LGBTQIA+ report being discriminated against and harassed, which can lead to stress depression, burnout, or isolation. Additionally, microstressors and microaggression are often found in healthcare settings for marginalized groups, and while subtle, they can negatively impact productivity, stress levels, mental health, and sense of belonging.<sup>4</sup> Microaggression are subtle, frequent statements or actions that communicate hostile or negative attitudes towards a certain group. Gender identity and sexual orientation are being further explored in research focusing on athletics, specifically in the collegiate settings;<sup>5</sup> however, there are some concerning trends in the National Collegiate Athletic Association (NCAA) related to removing the requirement for nondiscrimination policies and legislative efforts to limit participation of transgender athletes.

Additional challenges exist for LGBTQIA+ individuals, such as healthcare discrimination,<sup>6</sup> job discrimination,<sup>7</sup> and professional acceptance.<sup>8</sup> While legal protections have increased, constantly shifting political landscapes can be stressful and challenging, particularly as those protections are threatened if not overturned outright. A recent study by Eberman et al<sup>9</sup> examining workplace climate for LGBTQIA+ athletic trainers (ATs) outlines some promising results in which participants felt safe and belonged in their organization, but there is a paucity of research examining challenges of LGBTQIA+ ATs within the profession of athletic training. Previously research has explored athletes' perceptions of LGBTQIA+ ATs<sup>10</sup> and ATs' perceptions of LGBTQIA+ patients<sup>11-12</sup>. Even with this growing body of literature, the specific, professional challenges LGBTQIA+ ATs face are still unknown. Therefore, the purpose of this study was to examine the experiences of ATs in the LGBTQIA+ community in clinical practice

(e.g., college/university, secondary schools, clinic/hospital). Four research questions guided this study: 1) How do LGBTQIA+ ATs experience their role as an AT? 2) Does being LGBTQIA+ impact the role as an AT? 3) What challenges, if any, do LGBTQIA+ ATs face due to being LGBTQIA+? 4) What resources do LGBTQIA+ ATs need to be successful in their roles? These data presented in this paper are part of a larger study examining the experiences of LGBTQIA+ athletic trainers. This manuscript focuses on professional challenges of being an LGBTQIA+ athletic trainer and addresses the research questions related to challenges.

## Methods

We employed a qualitative research design rooted in the theoretical framework of symbolic interactionism, which emphasizes how the interaction, culture, and environment shapes and develops how an individual constructs meaning from their experiences.<sup>13</sup> The methodology guiding this study was transcendental phenomenology, which aims to explore the lived experience of a phenomenon and describe the “essence” of the phenomenon. The phenomenon under investigation was the lived experiences of ATs in the LGBTQIA+ community. Institutional Review Board approval was obtained prior to initiating this study. Individual interviews were conducted using a semi-structured format with a questionnaire guiding the interviews. Participants provided informed consent prior to participating in the study.

### *Participants*

We recruited athletic trainers who were members of the LGBTQIA+ community via purposive sampling. Inclusion criteria consisted of ATs who were members of the LGBTQIA+ community who were employed full-time clinically as an AT. We included ATs who were open about their LGBTQIA+ identity (i.e., “out”) at work and ATs who were not out at work. We excluded ATs who are members of the LGBTQIA+ community but do not practice full time in the clinical setting from this study (e.g., educators, administrators), and we ended with thirty participants. We assigned each participant a pseudonym and present demographic information

using those pseudonyms (Table 1). The research team relied on data saturation to guide the number of participants.

### *Procedures*

We recruited participants via an email sent by the National Athletic Trainers' Association (NATA) to 7000 randomly selected certified members. The email outlined the purpose of the study, research questions, and inclusion and exclusion criteria and contained a link to a consent form and demographic survey housed on Qualtrics. Potential participants who fit the inclusion criteria were invited to provide consent, fill out demographic information, and provide contact information. Sixty-five potential participants volunteered to participate in the study. The research team then reached out to the potential participants on a first come, first serve basis to confirm inclusion criteria and set up a time for an interview.

We conducted individual interviews on a web-based teleconferencing platform or phone. Participants selected Zoom (Zoom Communications, Inc) or phone interviews based on individual comfort. Semi-structured interviews lasted approximately one hour and were transcribed verbatim via Zoom transcription services. Phone interviews were transcribed manually by the research team. The research team then reviewed and verified the transcripts for accuracy. Data saturation was met after 15 interviews, but we continued interviewing individuals who were already scheduled to confirm saturation. Data saturation was met with no new information emerged and theoretical redundancy was met.<sup>14</sup>

### *Instrumentation*

We developed two semi-structured interview guides (Appendix A and B) based on the specific aims, research questions, and literature related to LGBTQIA+ issues in healthcare and athletic settings.<sup>8-11,15-20</sup> We used one interview guide for individuals who are out at work and one for those who are not out at work. Each interview guide consisted of approximately 13-14 questions with follow-up questions aimed at helping provide clarity. Prior to data collection, three experts in athletic training research, qualitative research, and LGBTQIA+ populations in

healthcare reviewed the instruments for clarity, content, and validity. The experts were given the purpose of the study, research questions, and the interview guide and were asked to rate each question on a 4-point scale for clarity, relevance, and importance (1=unclear, not relevant, or not important; 4=very clear, highly relevant, very important).<sup>21</sup> We removed or edited any question scoring lower than 3 out of 4. Following validation, minor modifications were made to ensure they address the aims and research questions. These reviewers were independent of the research study, thus reducing bias during the review process. The instruments were then piloted on two individuals who met the inclusion criteria for clarity and flow of the questions. No changes were made following piloting. We did not include data from pilot testing in the data analysis.

### *Data Analysis and Trustworthiness*

The research team analyzed data via phenomenological reduction as described by Giorgi,<sup>22</sup> which is ideal for exploring the lived experience in a practical field and focuses on describing the experience. Giorgi's method also emphasizes the researcher describing the experience rather than interpreting it. This was important for this study, as the researchers wanted to amplify the participants' voices. This process includes bracketing, coding meaning units, developing themes, and developing a description of the phenomenon to construct a description of the emergent codes. The three core members of the research team (AAA, BBB, CCC) participated in bracketing, both personal reflexivity and transpersonal reflexivity, prior to and throughout the study to ensure their perceptions were not biasing the interviews.<sup>23</sup> The specific steps are outlined below in *Credibility*.

Following each interview, the transcripts were read fully prior to coding to gain a sense of the data. On the second reading, key words and pieces of information were reduced into meaning units (codes). The most salient codes were synthesized and organized into themes, and connections were made between categories and subcategories, which were then organized to form a description of the essence of the phenomenon. The research team independently

analyzed the data and then met and discussed the emergent themes until a consensus was reached. Following the coding of the interviews, the themes were brought together to form a description of the essence of the experiences of working clinically as LGBTQIA+ ATs.

### *Credibility.*

Multiple methods were used to establish credibility including 1) multiple analyst triangulation, 2) peer review, 3) narrative accuracy and thematic member checks, and 4) bracketing and reflexivity. Multiple analyst triangulation was used to establish credibility. Throughout the data analysis process the research team was involved in analyzing the data and discussing the findings until a consensus was reached. Peer review was also be used to provide credibility. Three experts in qualitative research, athletic training research, and LGBTQIA+ research in healthcare established content validity of the semi-structured interview instrument. After data collection and analysis, three external peer reviewers reviewed the analysis and themes to ensure there was coherence between the data and emergent themes. Narrative accuracy and thematic member checks were also performed to allow each participant to review their transcripts and ensure accuracy. Along with the individual participant transcript, the research team shared the emergent themes and codes with each participant to allow them to provide feedback and ensure the themes were representative of their experiences.

During initial development of the study purpose and research questions, the core research team engaged in a pre-briefing discussion of their experiences related to the topic. Next, they conducted individual reflective journaling, in which they outlined their experiences and personal thoughts on the topic (personal reflexivity). By outlining their thoughts, they “bracketed out” their believes and values so they could keep an open mind to the participants’ experiences. The core research team then met to further discuss their experiences and perceptions to ensure they do not let their personal opinions and biases impact the data analysis (transpersonal reflexivity). Throughout data collection, the lead interviewers debriefed with the secondary research team (DDD, EEE) to ensure they were looking at the data with

“relative openness”.<sup>23</sup> Additionally, during the interviews, the lead interviewer took copious field notes and summarized the participant’s statements to ensure understanding. Participants then had the opportunity to confirm or provide clarification during the interview. Finally, the core research team revisited their bracketing reflective journals for accountability during data analysis.

## Results

The athletic trainers who participated in this study described a variety of challenges in their professional roles, unrelated to the personal aspects of their jobs or direct patient care, which have been highlighted elsewhere.<sup>24-25</sup> We identified three primary types of professional challenges: finding a job, acceptance in athletic training, and neutrality from other ATs. Below, we include a narrative of their experiences and have provided additional supporting quotes from participants in Table 2. Participants identified challenges with gaining initial entry into the role, and even when they found employment, they struggled with acceptance in the profession.

### *Job search*

The first challenge that emerged was finding a job, in which participants were not sure if they were turned down for a job because of their skills and fit for the position or because of their sexual orientation. Zola stated,

I'd like to think I was never turned down from a job or position because of how I identified. Because when I do apply for a job, I am truthful that I identify as bisexual, I am a female, I'm Hispanic, so I do definitely check all those boxes when applying. I'd like to think that doesn't affect me and my opportunity to further my career, but I could never truly know.

Additionally, participants had to do more research prior to applying for jobs to ensure they would be accepted, safe, and comfortable in the role. Addison said,



I started in the interview process and so I was asking questions about how much diversity, equity, and inclusion work the athletic department was doing, how much the campus was doing, and what sort of training and policies does the sports medicine staff have? Do we have a non-discrimination policy for hiring do we have a non-discrimination policy for providing patient care? It really started in the interview process, just asking super forward and upfront questions about where they saw the sports medicine program going in the future, but also what have they done in the past to ensure that not only me as a queer athletic trainer being out in the workplace, but also what is the opportunity to continue that kind of advocacy and training role for my patients and colleagues in the future.

Additionally, despite organizational non-discrimination policies and federal laws that prevent employers from discrimination, there are some considerations cisgender individuals do not encounter through the job search process. Although many organizations have non-discrimination policies and federal law prohibits employers from discriminating based on sexual orientation, participants often wondered if implicit bias impacted their ability to get hired. Derrick commented,

Going through the job hunt process was when I was like a couple months on hormone therapy. I just got my name changed, I was still tracking down old documents to get my name updated on my undergrad transcript. I had a really hard time landing my first job. I applied to over 130 places and got two final interviews. I was a little bit nervous about okay, is this happening to just me? Is it because I missed a document somewhere and somebody's uncomfortable about hiring a trans clinician? Is that why I'm not getting a job? I've got a master's degree, I'm Graston certified, that's what everybody wants in their preferred requirements. Where am I going wrong? Even though there's blanket statements from universities employers about equal opportunity and diversity and

inclusion, are there any inherent biases that are preventing me from getting a job? Or preventing me from even landing an interview?

However, there are some organizations that are not required to adhere to certain guidelines due to religious or other exemptions. Stephanie struggled with some aspects of the job search because of her sexual orientation. She stated, "There are competing hospitals in the area that I can't apply for a job for because they have like that morality, modesty something like that clause. Plus, then my wife would not be covered under my benefits." Participants recognized challenges across multiple aspects of the job search process, and noted, that cisgender and/or heterosexual individuals do not have these same challenges when looking for jobs. They felt employers should post information related to inclusive environments and non-discrimination policies so job seekers could determine if the organization is a good fit.

#### *Acceptance in Athletic Training*

Participants discussed a desire to feel accepted and supported within the profession, regardless of their personal lives, and expressed that sometimes this was challenging or something they wished they could change. When asked about the biggest professional challenges faced by the community, April commented, "Just acceptance, acceptance overall that's the biggest issue." Similarly, Nicole said the biggest professional challenge is,

Acceptance. I feel like that is a part of any occupation, that's the lifestyle is just being accepted among people. Just people's opinion, how they feel about the Community, acceptance once again. If I had a magic wand, I would get everybody to accept everyone. Black, white, gay, I mean accept it all. I honestly don't think we are going to obtain it, sadly. I don't even know how to put it into words.

Many participants noted positive changes seen within the profession and their experiences; however, they noted they will never be accepted by everyone, even within the athletic training profession. Because of lack of acceptance in his life outside of the profession and not seeing other LGBTQIA+ ATs, Ben commented, "I was so scared like I knew I wanted to be an athletic

251 trainer but I was just like, will I be accepted, like Is this the right profession for me? Am I  
252 wrong?" Participants were very open about wanting to feel included and like they belong in the  
253 profession. Zola stated,  
254 Inclusion is very important. We all want to be included, we all want to be accepted, we all  
255 want to be able to do what we love and feel comfortable doing it, so I hope something  
256 good comes out of this [research].

257 Participants discussed ways they felt more acceptance in the profession, such as through  
258 others intentionally identifying the pronouns they use. Izzy commented,  
259 About 15 people on this mass call of 150 people, who had she/hers next to their names,  
260 and to me that's a perfect example of I'm an ally, and I am here to make you feel  
261 comfortable. That was awesome. I instantly felt more comfortable with them and being  
262 on the call.

263 Participants sought acceptance as athletic trainers, who were valued for their skills and  
264 expertise rather than defined by their sexuality. Dahlia commented, "For the athletic training  
265 community: stop looking at us as lesbian or gay or trans or bi. Like look at us as athletic trainers,  
266 are we doing our job. Look at us as healthcare professionals."

267 Participants discussed feeling part of challenge with acceptance in athletic training is  
268 due to a lack of education related to LGBTQIA+ issues, which often necessitated educating  
269 others and putting forth extra effort just to live in their role. Often, the lack of education and effort  
270 spent educating others creates role strain, and participants felt they needed to expend extra  
271 effort just to live in the role. Jo commented,  
272 Educating others is an extra effort that I must take on top of all of my other job  
273 responsibilities and I have to expend an extra amount of energy that my cisgender  
274 coworkers don't have to. That extra energy is just helping people understand that using  
275 pronouns is important.

One potential cause of this lack of education is that there are no accreditation requirements specifically for treating LGBTQIA+ populations. Addison commented,

I have a couple students, I serve as a preceptor and there's only one of them that gets any LGBTQ+ related content in their education. I think the biggest barrier for athletic training, profession right now is why isn't this content mandatory and athletic training education? We say we are culturally competent and one of the CAATE standards is cultural competence [Diversity, Equity, Inclusion, and Access (DEIA)], but in my opinion that's super broad and it's not necessarily good enough so for my perspective, our biggest barrier as a profession is we're so behind in teaching this type of content and having these conversations compared to other healthcare professions.

Participants felt the lack of education was frustrating and required them to work harder in their role to overcome.

#### *Neutrality*

The last emergent challenge was neutrality within the athletic training profession, in that ATs are not openly hostile or discriminatory but are also not actively providing support to or advocacy for LGBTQIA+ ATs, which can be as destructive as blatant discrimination. Derrick stated,

Even if it is a neutral position, even if it's something not polarized, if they're neutral about it, it's 'well I don't care either way and I don't want to talk about it.' That's a bigger problem. Especially with such a small demographic like athletic trainers that are neither allies nor spiteful people but are just pretty neutral about queer inclusion. What can we do to kind of change their minds?"

Nicole commented, "If we don't know if they're for or against, we automatically throw them into "the against." It's human nature. So being open to everyone opinions, I'm not saying we necessarily have to agree with them, but just being open." Izzy stated, "In many ways, like our Community doesn't get enough advocates and enough voices out there who are heard." Derrick commented about the individuals supporting LGBTQIA+ ATs,

That's exactly it. It's pretty much only people involved in the Community, or like allies to go [to continuing education]. People who are not openly transphobic or homophobic, just people who are who are neutral on the issue aren't showing up. There's a large portion that's just neutral that could really benefit from [training]. I don't think my old coworker was inherently transphobic, I think it was just more of an uneducated comment that could have been presented better, had they had a little bit more cultural awareness.

Participants suggested most ATs are not discriminatory but likely they simply don't feel like LGBTQIA+ issues impact them. However, participants also noted those ATs could play a role in making things better for LGBTQIA+ ATs. Ben stated, "Definitely. Definitely. Because it only affects LGBT communities... like well, we need your help to fix it, we can't just do it ourselves."

Participants suggested simple things like adding pronouns to email signatures, nameplates, and nametags can make a big difference.

## **Discussion**

The purpose of this manuscript was to explore professional challenges for LGBTQIA+ athletic trainers in clinical practice. Participants noted professional challenges including finding a job, acceptance in athletic training, and neutrality from other ATs.

Athletic training, like many other professional fields or those associated with sport, has historically been shaped by traditional gender roles, with a strong emphasis on cis-heteronormativity, which can create a negative culture for LGBTQIA+ individuals,<sup>26</sup> who, as our study indicates, have concerns that finding a job is impacted by sexual orientation and gender identity. Currently, federal law forbids employment discrimination based on sexual orientation and gender identity,<sup>27</sup> participants who faced challenges related to finding a job and some were unsure if their sexual orientation and gender identity could have played a role. Historically, there were no federal laws protecting LGBTQIA+ individuals from employment discrimination;<sup>7</sup> however, in 2019-2020, there were three impactful cases in front of the Supreme Court to determine if sexual orientation and gender identity were protected until Title VII of the Civil

Rights Act.<sup>28</sup> With these rulings, the Supreme Court upheld that Title VII does cover gender identity and sexual orientation, but as administrations change and cases come up through the court systems, various aspects of the law (e.g., those related to exemptions for religious organizations)<sup>28</sup> could change or be revoked, which can cause stress for LGBTQIA+ individuals.<sup>29</sup>

While discrimination based on sexual orientation is illegal and rights for LGBTQIA+ individuals have expanded, as noted in the cases above, our participants still had concerns in the job search process for LGBTQIA+ individuals. Early in the hiring process, candidates who are open about their homosexuality have lower odds of receiving a positive response from an employer than their heterosexual counterparts.<sup>30</sup> Additionally, previous research shows LGBTQIA+ individuals often spend more time and effort searching for and apply for jobs,<sup>7,30</sup> which is similar to our results. Additionally, some of the participants in this study reported being required to sign a “morality clause” as a condition of employment if they were hired through religious organizations (e.g., college/university, hospital settings). These participants worried about losing their jobs if they were to come out or are outed in their work setting. Although there are federal protections against this at present, research shows having to hide one’s identity can negatively impact the employee’s wellbeing and productivity while also increasing stress and anxiety.<sup>7</sup> There are also inherent concerns related to healthcare, as employees who do not disclose marriage status out of fear of discrimination may not have spouses covered by their health insurance.

A wide scoping review of the political and legal challenges and implications of LGBTQIA+ health and protections are beyond the scope of this paper. However, our findings highlight a need for athletic trainers and individuals who hire athletic trainers to be aware of Title VII of the Civil Rights Act of 1964<sup>27</sup> and ensure they are not discriminating based on sexual orientation. Human resources professionals and organizations can also take an active stance to prevent employee discrimination through developing and upholding non-discrimination policies,

revising all policies to ensure they are gender neutral, taking a hard stance against homophobia and bullying in the workplace, incorporating training addressing LGBTQIA+ community and allyship, and ensuring potential employees are aware of workplace protections.<sup>28</sup>

While federal law prohibits employers from discriminating based on sexual orientation, that does not necessarily mean all LGBTQIA+ individuals are accepted by their peers. Despite athletes and staff members who are members of the LGBTQIA+ community, the athletic environment can still be hostile,<sup>5</sup> and ATs report hearing anti-LGBTQIA+ slurs or comments.<sup>25</sup> Some participants in this study were worried about being accepted as an AT due to stereotypes or homophobia, which is consistent with previous literature that found heteronormative policies and clinical environments that foster discrimination or oppression could deter LGBTQIA+ ATs from practicing.<sup>9</sup> However, organizations that have inclusive policies, public signage, inclusive patient care practices, and gender diverse spaces can create a sense of belonging.<sup>9</sup> Additionally, having other LGBTQIA+ ATs on staff also increases the sense of belonging and acceptance, which was mirrored in our results.

Over time, discrimination and feelings of not belonging can lead to abrasion, which has been described as a consistent wearing-away of sense of belonging, which can result in humiliation, becoming silent, fear of being considered incompetent, and additional effort required to perform job duties.<sup>8</sup> Participants in our study just wanted to be accepted by their peers, noting a lack of acceptance contributed to stress and exhaustion. Similarly, existing research shows minoritized individuals feel “homelessness” in their profession.<sup>8</sup> In response, allies and advocates can play an important role in creating safe and inclusive spaces for LGBTQIA+ individuals,<sup>5</sup> and participants in our study emphasized the importance of allies in supporting individuals and advancing DEIA initiatives. Allies and advocates are individuals who support and advocate members of a marginalized or underrepresented group, even though they are not part of that group.<sup>31</sup> Allies can provide support, stand up to discrimination, amplify voices, and foster change. However, it’s important to recognize that sometimes well-intentioned

allyship may not always have a positive impact.<sup>31</sup> To be effective advocates, ATs should first educate themselves on LGBTQIA+ issues and needs and then take informed, intentional action.

Discrimination and bias are often due to a lack of education,<sup>6</sup> which is something that our participants echoed. In instances of derogatory language, participants who spoke up and educated their patients noted positive outcomes with patients decreasing the use of derogatory language. However, the burden to educate others should not be placed on the LGBTQIA+ ATs alone. One way to support LGBTQIA+ ATs is to educate others on inclusive practices. Athletic training programs should integrate safe space ally training into athletic training curricula.<sup>6</sup> The CAATE requires programs to educate and assess students on DEIA topics; however, topics specifically related to the LGBTQIA+ community are not required. Theoretically, a program could just teach one side of concepts often related to DEIA (e.g., religion, race, socioeconomic status, etc.). For that reason, when revising the standards, there should be specific inclusion of LGBTQIA+ issues and healthcare in the standards. Recommendations that educators can implement into athletic training programs are outlined in Table 3.

In 2021, the NATA developed a task force to develop a DEIA response plan, which resulted in six commitments to DEIA.<sup>32</sup> Participants in our study reported the desire to be accepted, which demonstrates our profession still has room for improvement with cultivating an inclusive and welcoming environment. Safe space/zone ally training is a good starting point to learn about ways to support LGBTQIA+ ATs. Using appropriate terminology, displaying pronouns during meetings or on email signatures or office nameplates, and displaying safe space/place symbols are ways ATs can demonstrate acceptance for LGBTQIA+ individuals. ATs could explore options for gender neutral bathroom or locker room spaces. As an anecdotal example from the authors, the College of Health and Human Sciences at one institution did not have any gender-neutral bathroom space. The Athletic Training faculty members worked with the college and campus facilities to turn the individual bathrooms throughout the building into gender neutral bathrooms. An inexpensive sign change allowed students to feel more



comfortable in the building. ATs should also be more proactive in watching signs of bullying, aggression, and discrimination.<sup>33</sup> One approach for allyship is to step up and engage in conversation and education when witnessing bullying and discrimination, which has demonstrated positive results in athletics when individuals correct discriminatory behavior.<sup>5,33</sup> Additionally, ATs could test their implicit bias with Harvard's Implicit Association Test to recognize some biases they might not be aware they have.<sup>34</sup> Having an awareness of implicit biases is an important first step to challenging the bias, creating new associations, and reducing the impact of biases on decision making.

We cannot remain neutral when it comes to ensuring that all ATs feel valued and included. It is unacceptable, in good conscience, to overlook the struggles our LGBTQIA+ colleagues face, including the challenge of gaining acceptance as legitimate healthcare providers. Athletic trainers who remain neutral should critically examine the reasons behind their lack of action and consider the impact of inaction on the profession and their colleagues. As ATs, we all have the power and responsibility to be constructive and support marginalized communities. If all ATs step up to make a more inclusive environment and educate others on the impact of derogatory terminology, other ATs and patients may feel safer in that environment. The NATA LGBTQ+ Advisory Committee has multiple resources for allies to provide support to the LGBTQIA+ community. ATs should explore those resources to find additional tips for allyship. Moving forward, the profession should explore how to shift ATs from the "neutral" category to allies and advocates for the LGBTQIA+ community and inclusive policies. Researchers, educators, clinicians, and administrators should also explore ways in which ATs can be effective advocates, not just for patients and other athletic trainers, but all individuals. Additionally, in shifting political landscapes, we must recognize that DEIA is a concept to support individuals and communities, not a political tool.

#### **Limitations and Future Research**

As with any study, there are inherent limitations. To participate in this study, participants needed to self-identify as an LGBTQIA+ AT. While measures were in place to protect our participants, if individuals did not feel comfortable self-identifying their status to the research team, they were not included in this study. Additionally, the recruitment email was sent to randomly selected ATs. Because we were not able to specifically target LGBTQIA+ ATs, we are unable to report specific response rates. While data saturation was achieved, this study cannot describe the experiences of all LGBTQIA+ ATs. This study only examined ATs who were practicing clinically full time and excluded those in academic and administrative roles. Future research could explore their perceptions to provide a more holistic view of LGBTQIA+ athletic trainers.

While participants mentioned intersectionality of various aspects of their lives, we did not specifically ask questions related to intersectionality. Future research should explore challenges and impact associated with multiple identities. Future research should also explore additional ways to support LGBTQIA+ ATs so they can feel accepted in the profession. Additionally, future research should explore perceptions at different time points in the career, for example, early career, mid-career, and late career to see if perceptions and challenges differ.

## **Conclusions**

Results from this study indicate that LGBTQIA+ ATs experience challenges specifically related to being members of our profession. While the NATA has committed to DEIA efforts, all athletic trainers have a role in ensuring LGBTQIA+ ATs feel accepted in the profession. We challenge all athletic trainers in the “neutral” zone to critically reflect and examine why they are not actively supporting other athletic trainers. Additionally, as LGBTQIA+ ATs enter the job market, they should actively search for organizations that have inclusive, nondiscrimination policies. Organizations should create and publicly post policies and information to ensure potential employees are aware of inclusive practices.

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Table 1: Participant Demographics

Pseudonym	Gender*	Sexual orientation*	Years of experience as AT	Employment setting	Openly LGBTQIA+ at workplace
Meredith	Female	Lesbian	4	Secondary School	Yes
Derrick	Transgender FtM	Transgender Male, attracted to cisgender women	6	Secondary School	No
Mark	Male	Gay	6	Secondary School	Yes
Christina	Female	Bisexual	4	Secondary School	No
Miranda	Female	lesbian	5	College/University	Yes
Callie	Female	Lesbian, Gay	3	Secondary School	Yes
April	Female	Bisexual	2	College/University	No
Amelia	Female	Asexual, Panromantic	6	College/University	No
Richard	Male	Gay	7	College/University	Yes
Maggie	Female	Lesbian	29	Secondary School	No
Stephanie	Female	Lesbian	6	Secondary School	Yes
Izzy	Female	Lesbian	5	College/University	Yes
Lexie	Female	Lesbian	6	Secondary School	Yes
Catherine	Female	Lesbian	3	College/University	Yes
Addison	Female	Lesbian	8	College/University	Yes
Jo	Gender fluid	Non-binary, transgender, and bisexual	4	College/University	Yes
Taryn	Female	Lesbian	16	College/University	Yes
Leah	Female	Bisexual	38	Clinic/Hospital	Yes
Zola	Female	Bisexual and/or Queer	5	College/University	Yes
Alex	Male	Bisexual	35	College/University	No
Nicole	Female	Bisexual	5	Secondary School	Yes
Carina	Female	Lesbian	4	College/University	Yes
Megan	Female	lesbian	38	Clinic/Hospital	Yes
Jackson	Male	Gay	4	College/University	Yes
Dahlia	Female	Lesbian	2	College/University	No
Ben	Male	Gay	2	Secondary School	Yes
George	Male	Gay	15	College/University	Yes
Adele	Female	Lesbian	9	Secondary School	Yes
Andrew	Male	Gay	2	Clinic/Secondary School	Yes
Teddy	Gender non-conforming	Lesbian	4	College/University	Yes

Table 1: Participant Demographics

\*Denotes that participants self-identified gender and sexual orientation in an open text box.

Online First

**Table 2: Emergent Themes with Supporting Quotes**

Job Search	Jo: One big issue facing athletic trainers in the LGBTQ community for one thing is that added layer of stress is [the job search]. Once I had decided that I wanted to be out at my next job, that definitely factored into what jobs I was or wasn't willing to take. I got an offer for a different job that would have paid me significantly more, but the problem is I didn't know for certain I would be accepted there, or if I would have protections there. There's a lot of things that people might just not really think about that would affect LGBTQ athletic trainers and being part of the LGBTQ community like magnifies the problems that athletic trainers already face because our options are ultimately limited.
	Izzy: I don't think it's something you should have to hide on your application or in your interview process to get a job. Just as someone can talk about their wife and kids and the struggle of moving their family, I you should be able talk about your partner in life
	Stephanie: When I looked for my first real job that was something that I was looking at, to have anything in the work policies that say like we only cover you know [spouse insurance]. This like these types of things and different people around the area to make sure that there wasn't any like outwardly bias that I should be aware of right away. Trying to open up their human resources stuff and even like the language that some of them use as far as like in their families, using the word spouse or partner versus using like husband or wife. That's such a small thing, just an easy way because husband/wife that feels a little like more exclusive to me versus just spouse or partner. And looking at the company as a whole especially if you're able to visit, do you openly see signs of like support for the LGBTQA + community? Whether that's just a little rainbow flag or the Trans flag, to have those like visible symbols.
Acceptance in Athletic Training	Zola: You can do you can do all the educating in the world about proper pronouns and what the LGBTQ+ population is about, but there's always something that's in the back of their heads, whether it's how they were raised, or what they were taught and I feel like that's just something that you can't change, unfortunately, you know you can't. You can do all the educating in the world, but I hate to say that some people are just stuck in their ways.
	Izzy: You can't put a bumper sticker on somebody's forehead that says like I'm an ally, I support you. It's not like they have like an allied sticker, it's not like you know "okay they'll accept me" about everyone. I don't know how to make that happen, but I think that that would be helpful.
	Stephanie: Little things like having like stickers or signs to show this is a safe place or this is a community that welcomes all or, even when I see on emails when people put pronouns in there, it's always helpful.
	Mark: Honestly, that is probably one of the hardest questions because I don't know. Going into it, the best resource trying to increase the acceptance across not only our profession, but acceptance within the overall overarching view of the CAATE programs across the nation. And the big struggle with that is you can tell people "we accept everyone for everything." But that's not a thing, because let's be honest our government says we accept everyone for everything, and yet we still see issues. We have people say constantly oh I'm not racist I have a black friend. Oh I'm not against gays, I have a gay friend. All of that, so if you hear that constantly and it's just comes down to "let's not see that talk, let's see the action" and let it go from there.
Neutrality	Adele: We mentioned general education on things like pronouns, like some people obviously, I mean it's kind of a joke I get it but at the same time it's really serious that the LGBTQA people are like how many more letters were gonna add onto that, like come on, right? Well, I don't know if people really understand this is what the letters mean, and here's the differences between this population. This is why we won't group them all. I get education piece, being able to talk to someone from every group right so that they can see, like normalizing that. Being part of the community doesn't change anything that I would do on a daily basis for my patient care, and we need to just normalize that.
	Zola: It definitely is important, I think those neutral ATs, I think it's important to show them why education and really understanding what the LGBTQ community, who they are, what they're about,

	<p>what their goals are. Because everybody just wants to be themselves comfortably. No one wants to be discriminated against, no one wants to be perceived a certain way because of who they are. For that crowd it's asking the question like what if the shoe was on the other foot? What if you didn't get this job? Or what if you were in this room and somebody said something about what you were doing and how you look like? How would that make you feel? Would you feel comfortable in an environment like that? Like would you want to keep coming into that room?</p>
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Table 2: Emergent themes with supporting quotes

Online First



Recommendation	Resource
Implement Safe Space Ally Training for the Athletic Trainer	<a href="https://educate.nata.org/products/safe-space-ally-training-for-the-athletic-trainer-2024">https://educate.nata.org/products/safe-space-ally-training-for-the-athletic-trainer-2024</a> <sup>35</sup>
Incorporate resources from the LGBTQ+ Advisory Committee across the curriculum <ul style="list-style-type: none"> <li>• LGBTQIA 101</li> <li>• Cultural Competence in Healthcare</li> <li>• LGBTQIA+ Allyship</li> <li>• Inclusivity in Health Care, Athletics, and Education</li> <li>• Treating Transgender Student Athletes</li> </ul>	NATA LGBTQ+ Advisory Committee Resources <sup>36</sup> : <a href="https://www.nata.org/professional-interests/inclusion/resources">https://www.nata.org/professional-interests/inclusion/resources</a>
Implement Harvard Implicit Association Test to identify attitudes and beliefs about various concepts	<a href="https://implicit.harvard.edu/implicit/education.html">https://implicit.harvard.edu/implicit/education.html</a> <sup>34</sup>
Create inclusive program policies	NATA LGBTQ+ Advisory Committee Resources <sup>36</sup> : <a href="https://www.nata.org/professional-interests/inclusion/resources">https://www.nata.org/professional-interests/inclusion/resources</a>
Implement simulations and standardized patient encounters to teach students to provide inclusive care	Snyder MM, Singleton KM, Marinaro L, Armstrong KJ. Standardized patient encounter to enhance care to LGBTQIA+ patients. <i>Athl Train Educ J</i> . 2024;19(3):150–157. <sup>37</sup>
Implement case-based scenarios to improve care for LGBTQIA+ populations	Rogers S, Sturtevant J, Armstrong K. Case scenario: the impact of social determinants of health on LGBTQIA+ patients. <i>Athl Train Educ J</i> . 2024;19(4):194–202. <sup>38</sup>
Review educational materials for diversity and inclusion and revise educational materials to include diverse populations in images and scenarios	Ostrowski JL, Wilkenfeld D, Strouse A, Montgomery J. Assessment of perceived diversity and inclusivity of athletic training textbooks. <i>Athl Train Educ J</i> . 2024;19(4):185–193. <sup>39</sup>
Create a required stand-alone module covering LGBTQIA+ health disparities, mental health, substance use, and barriers to care	The National LGBTQIA+ Health Education Center (program of the Fenway Center), <a href="https://www.lgbtqiahealtheducation.org">https://www.lgbtqiahealtheducation.org</a> AAMC's guidelines on LGBTQ+ healthcare education, <a href="https://www.aamc.org/about-us/excellence-academic-medicine/lgbt-health-resources">https://www.aamc.org/about-us/excellence-academic-medicine/lgbt-health-resources</a>
Assess program climate through anonymous LGBTQIA+ inclusion surveys	Eberman LE, Edler Nye JR, Nye EA. Workplace climate for sexual and gender minorities in athletic training. <i>J Athl Train</i> . 2024;59(5):522-535. <sup>9</sup>
Incorporate LGBTQIA+ issues into individual student assessment and program-level assessment	Ensign KA, Dodge BM, Herbenick DL, Docherty C. Development of an instrument to assess athletic trainers' attitudes toward lesbian, gay, and bisexual patients. <i>Athl Train Sports Health Care</i> . 2021;13(4):146-152. <sup>40</sup>

Table 3: Recommendations for educators to incorporate into athletic training programs

## Appendix: Interview Guides

### Interview Guide (out at work)

1. Please briefly describe your role as an athletic trainer at your institution.
2. Has being openly LGBTQA+ impacted you in the workplace?
  - a. If yes, please describe how.
3. Do you believe that being LGBTQA+ has impacted your ability to assimilate into your setting?
  - a. If yes, please describe in what ways.
4. Has being LGBTQA+ impacted your ability to interact with your patients, either positively or negatively?
  - a. Please elaborate.
5. Do you feel being LGBTQA+ has impacted your relationships with either colleagues, coaches, either positively or negatively?
  - a. Please elaborate.
6. While at your workplace have you heard derogatory remarks and/ or witnessed discriminatory treatment of a LGBTQA+ member by colleagues, superiors, patients, etc?
  - a. Please elaborate.
7. Have you ever had any specific negative or positive experiences at work regarding LGBTQA+ issues?
  - a. Please elaborate.
8. Has being LGBTQA+ posed any problems for you in the workplace?
  - a. How do you approach negative experiences at work regarding LGBTQA+ issues?
  - b. Can you give a recent example of how you coped with stress related to being LGBTQA+ AT?
9. What do you feel are the biggest challenges facing the LGBTQA+ community (if any) in athletic training?
  - a. Do you have any suggestions on how to improve the workplace environment for LGBTQA+ ATs?
10. Can you describe the level of support you feel in your role as an athletic trainer?
  - a. Does being LGBTQA+ impact the support you feel as an athletic trainer?
  - b. What has been done to create that sense of support?
  - c. What suggestions do you have to improve or create support in your role?
11. What resources, if any, have you found to be beneficial for you in your role as an LGBTQA+ athletic trainer?
12. What resources would be beneficial for the LGBTQA+ community in athletic training?
13. Is there anything else you would like to share regarding your experiences as an LGBTQA+ athletic trainer?

### Interview Guide (Not out in the workplace)

1. Please briefly describe your role as an athletic trainer at your institution.
2. Has being LGBTQA+ impacted you in the workplace?
  - a. If yes, please describe how.
3. Do you believe that being LGBTQA+ has impacted your ability to assimilate into your setting?
  - a. If yes, please describe in what ways.

4. Do you believe coming out would pose any challenges for you in the workplace?
  - a. Please elaborate.
5. Has being LGBTQA+ impacted your ability to interact with your patients, either positively or negatively?
  - a. Please elaborate.
6. Do you feel being LGBTQA+ has impacted your relationships with either colleagues, coaches, either positively or negatively?
  - a. Please elaborate.
7. While at your workplace have you heard derogatory remarks and/ or witnessed discriminatory treatment of a LGBTQA+ member by colleagues, superiors, patients, etc?
  - a. Please elaborate.
8. Have you ever had any specific negative or positive experiences at work regarding LGBTQA+ issues?
  - a. Please elaborate.
9. Has being LGBTQA+ posed any problems for you in the workplace?
  - a. How do you approach negative experiences at work regarding LGBTQA+ issues?
  - b. Can you give a recent example of how you coped with stress related to being LGBTQA+ AT?
10. What do you feel are the biggest challenges facing the LGBTQA+ community (if any) in athletic training?
  - a. Do you have any suggestions on how to improve the workplace environment for LGBTQA+ ATs?
11. Can you describe the level of support you feel in your role as an athletic trainer?
  - a. Does being LGBTQA+ impact the support you feel as an athletic trainer?
  - b. What has been done to create that sense of support?
  - c. What suggestions do you have to improve or create support in your role?
12. What resources, if any, have you found to be beneficial for you in your role as an LGBTQA+ athletic trainer?
13. What resources would be beneficial for the LGBTQA+ community in athletic training?
14. Is there anything else you would like to share regarding your experiences as an LGBTQA+ athletic trainer?