Integrating Qualitative Research Into Investigations of Organizational Infrastructure and Work-Life Balance

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Today

• To increase understanding on how to critically appraise methods for qualitative studies.
• Discuss key concepts related to qualitative methodologies including design, credibility, and data analysis.
• Share the findings of the Organizational Infrastructure Impact on Professional Issues in Athletic Training.
“Not everything that can be counted counts, and not everything that counts can be counted.“

--Albert Einstein
Qualitative Research

• Fundamentally qualitative research is aimed at **understanding** a concept or **phenomenon** from the **perspective of a person or group of persons** who have ‘**lived**’ that experience.

• It provides information about the “human” side of an issue or concept.
Model of Evidence Based Practice
Model of Evidence Based Practice
Clinical experience, based on personal observation, reflection, and judgment, is also needed to translate scientific results into treatment of individual patients.
Model of Evidence Based Practice
Provides information on practitioners’ and patients’ attitudes, beliefs, and preferences, and the whole question of how evidence is turned into practice.

Model of Evidence Based Practice
Evidence Based Practice and Qualitative Research

• Qualitative research can investigate concepts and topics that have not yet been explored OR in some cases when it has been explored fully but with quantitative methods.

• The value of qualitative methods lies in their ability to pursue systematically the kinds of research questions that are not easily answerable by experimental methods.
Qualitative Research

• Rigorously conducted qualitative research is based on explicit sampling strategies, systematic analysis of data, and a commitment to establishing credibility.
Consumer of the Research

• Things to look for when reading and evaluating qualitative studies.
  – Sampling
  – Methods of Collection
  – Data analyses procedures
  – Trustworthiness
Sampling Methods

• Are **purposeful** and based upon a preselected criteria that matches the research question in mind.

• Purposive sample sizes are not based upon a predetermined number, but rather **data saturation** or **theoretical saturation**.
  – Numbers can vary and can be small ➔ but does not **limit** importance or impact

• Information should be provided on the sampling methods used and inclusion criteria is necessary.
Sampling Methods

- Sampling is the process of systematically selecting that which will be examined during the course of a study.
  - **Criterion**
    - Selective process that reflects research agenda
  - **Maximum variation**
    - Wide variety, aimed at heterogeneity
    - Holistic viewpoint
  - **Convenience**
    - Accessibility, ease, practicality
  - **Snowball**
    - Chain referral
Methods of Collection

• **Grounded Theory**
  – inductive type of research, based or "grounded" in the observations or data from which it was developed

• **Phenomenology**
  – "subjective reality" of an event, as perceived by the study population; it is the study of a phenomenon.

• **Case Study**
  – focuses on gaining an in-depth understanding of a particular entity or event at a specific time
Methods of Collection

• **Narrative Research**
  – Story telling and review of documents, interviews, etc. to gain understanding of life experiences
  – focuses on a single person, collecting information through stories and personal experiences.

• **Ethnography**
  – Concerned with a social phenomenon and examining patterns of behaviors.
  – Usually long term study and can be observational in nature.
Methods of Collection

- **Variety of methods**
  - Common
    - Phone
    - In-person
    - Focus groups
  - **Future/Emerging**
    - Online

Interviews provide in-depth information pertaining to participants’ experiences and viewpoints of a particular topic.

Structure is necessary, but open enough to allow dialogue between the researcher and interviewee.

Questions need to be neutral, open, and purposeful.

Pilot the interview guide prior to implementation.
Data Analysis

• Systematic approach
  – **Constant Comparison/Grounded Theory**
    • Open coding, axial coding, selective coding
    • Develop a theory and relationship between findings
  – **General Inductive Approach**
    • Holistic approach guided by purpose of study
  – **Open Coding**
    • Most simplistic and designed to find the common findings
  – **Content Analysis**
    • Viewed as most “quantitative” approach
Bias and Researcher Subjectivity

• Traditionally, what you bring to the research from your own background has been treated as *bias* (experiential knowledge)
  – something whose influence needs to be *eliminated* from the design

• However many researchers oppose the traditional view. C Wrigt Mills (1959) argued that:
  – *The most admirable scholars within the scholarly community...do not split their work from their lives. They seem to take both too seriously to allow such dissociation, and they want to use each for the enrichment of the other.* (p. 195)
Bias and Researcher Subjectivity

• Even in principle there cannot be one true objective account. Any view is a view from some perspective and is shaped by the lens of the observer.

• Reason (1988) used the term “Critical Subjectivity” to refer to:
  – A quality of awareness in which we do not suppress our primary experience; nor do we allow ourselves to be swept away and overwhelmed by it; rather we raise it to consciousness and use it as part of the inquiry process. (p. 12)

• Mitigating strategies include
  – Bracketing
  – Researcher Identity Memo
Trustworthiness

• Recommended to include a minimum of **2** strategies
  
  – **Peer Review**
    • Critical review of the study, including analysis
    • Third party consultant
  
  – **Member Checks**
    • “single most important provision that can be made to bolster a study’s credibility”
  
  – **Triangulation**
    • Data (*type of methodology used*)
    • Source (*information coming from*)
    • Researcher (*those involved*)
Qualitative Research and Athletic Training

- Emerging use of the methodology paradigm.
- Focus has been on facets related to burnout, work-life balance, and professional socialization.
- Expanding to health, wellness and quality of life following injury and return to activity, knowledge and attitudes related to variety of topics, and role understanding.
Qualitative Methodology and Athletic Training

• Can be used to explore topics that have yet to be explored or aspects that warrant in-depth exploration as it has not been explored.

• Work-life balance and professional commitment have been explored but several aspects have been left untouched.
Work-Life Balance in Athletic Training

• Primary factor related to retention of athletic trainers in the workplace.

• Rich understanding of the factors that lead to imbalance and strategies used to balance the demands of the role of the athletic trainer and non-work roles.

• Evidence that supervisor support and matched values and beliefs are facilitators of work-life balance.
Work-Life “Conflicts”

Organizational Factors
- Work hours
- Flexibility
- Job Demands

Personal Factors
- Family Values
- Personality
- Marital and family status

Sociocultural Factors
- Gender Norms
- Gender Ideology

**Dixon and Bruening 2007 & 2005**
Work-Life “Balance”

Organizational

- Support Networks
- Work integration
- Supervisor support
- Job Sharing

Personal

- Work separation
- Time management
- Personal Time
- Non-work support

Mazerolle et al. 2008
Mazerolle et al. 2011
Pitney et al. 2011
Mazerolle, Goodman, & Pitney, 2012
Work-Life Balance

• Work-life initiatives and practices exist to help individuals balance work, family, and life.

• **Structural work-life support**
  – Human resource policies; formal workplace policies
  – Paid sick time, days off, work flexibility, maternity leave, etc.

• **Cultural work-life support**
  – Informal workplace social and relational support
  – Group level (co-workers)
  – Organizational level (supervisors)

• The key is **ORGANIZATIONAL** infrastructure and **SUPERVISOR** support
<table>
<thead>
<tr>
<th>Traditional Model</th>
<th>Academic Model</th>
<th>Medical Model</th>
</tr>
</thead>
<tbody>
<tr>
<td>Athletic training services are offered through “athletics” and an Athletic Director is the direct supervisor</td>
<td>Alternative that Athletic Training services and education programs are housed together and report to a Dean</td>
<td>Athletic training services are delivered through campus health and direct supervisor is a physician</td>
</tr>
</tbody>
</table>
Organizational Structure

• Anecdotal evidence suggest this medical model is not only more patient-centered, but has improved collegiate Athletic Trainers’ overall quality of life, including workload, job satisfaction and salary.

• Charles Thompson, MS, ATC Princeton’s Head Athletic Trainer discussed how his staff members:
  – Work approximately 45 hours per week, 15 to 20 hours less than most Division I Athletic Trainers.
Focus on the NCAA Division I Setting

• NATA membership suggests it is the primary employment setting for the Athletic Trainer.

• Work-life balance is a documented concern in the setting and has been linked to early departure from the field.

• Detwiler’s nationwide study of collegiate ATs reported 47.8% of ATs in Division I frequently missed family activities because of work, and 11% always missed these events.

• 68.3% of collegiate ATs sampled had considered leaving the profession because of poor salary, role overload and lack of personal/family time.
Our Purpose

• Compare Athletic Trainers perspective on work-life balance, role strain, job satisfaction, and retention in NCAA institutions in the athletic model vs. the medical model vs. academic model.
Participants

• **Our criteria**
  – Employment in 1 of the 3 models
  – Full-time employment status in the collegiate practice setting

• **Recruitment**
  – Purposeful, criterion and snowball
    • List crafted before recruitment began
  – Data saturation
  – Equity in 3 models
## Our Sample

59 Athletic Trainers completed Phase I (online instrument)

<table>
<thead>
<tr>
<th>Gender</th>
<th>Age</th>
<th>Children</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td>TOTAL</td>
<td>32</td>
<td>27</td>
</tr>
<tr>
<td>Athletic n = 25</td>
<td>15</td>
<td>10</td>
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<tr>
<td>Medical n = 20</td>
<td>7</td>
<td>13</td>
</tr>
<tr>
<td>Academic n = 14</td>
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Our Sample

24 Athletic Trainers completed Phase II (phone interviews)

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<td>3</td>
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<td>Medical</td>
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<td>4</td>
<td>3</td>
</tr>
<tr>
<td>Academic</td>
<td>6</td>
<td>2</td>
<td>4</td>
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## Our Sample

<table>
<thead>
<tr>
<th>Model</th>
<th>Representation</th>
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<tr>
<td><strong>Athletic</strong></td>
<td>6 Schools</td>
</tr>
<tr>
<td>NCAA Div I</td>
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</tr>
<tr>
<td>NCAA Div I</td>
<td>1</td>
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<tr>
<td>NCAA Div I</td>
<td>1</td>
</tr>
<tr>
<td>NCAA Div I</td>
<td>1</td>
</tr>
<tr>
<td>NCAA Div III</td>
<td>1</td>
</tr>
<tr>
<td>NCAA Div I</td>
<td>1</td>
</tr>
<tr>
<td><strong>Medical</strong></td>
<td>5 Schools</td>
</tr>
<tr>
<td>NCAA Div III</td>
<td>3</td>
</tr>
<tr>
<td>NCAA Div I</td>
<td>2</td>
</tr>
<tr>
<td>NCAA Div I</td>
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<tr>
<td>NCAA Div I</td>
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<tr>
<td><strong>Academic</strong></td>
<td>3 Schools</td>
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<tr>
<td>NCAA Div II</td>
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<td>NCAA Div I</td>
<td>3</td>
</tr>
<tr>
<td>NCAA Div I</td>
<td>3</td>
</tr>
</tbody>
</table>
Methodology

• 3 main facets: background information (phase I), close-ended Likert scale questions (phase II), and open-ended questions (phone interview-phase III).

• The instrument was adapted from previously validated measures and included an assessment of WLB, intentions to stay, supervisor/administrative support, co-worker support, job satisfaction, and role overload/conflict.

• One-on-one interviews followed a semi-structured format and the instrument was borrowed from previous research (phase III).
Methodology

• Phase II
• Burnout, satisfaction, work-life conflict, role strain
  – ☐ I am satisfied with my current position.
  – ☐ I am satisfied with my pay.
  – ☐ I plan to remain with my present employer as long as possible.
  – ☐ Feeling pressure for better job performance over and above what I believe is reasonable.
  – ☐ Feeling that the goals and values of the institution/department are incongruent with personal goals and values.
Methodology

• Phase III
• Semi-structured interview guide
  – Explain the model your athletic training program is currently operating under:
    • Where and how is athletic training aligned (i.e., under athletics, campus health services, or the athletic training education program)?
    • Explain how your “model or system” works
    • What is your opinion of the current model you are under?
    • Elaborate on your relationships with the people you work with (i.e., medical director, coaches, athletics administration)
      – Describe your role.
      – Are your job expectations clear?
      – To what extent do your job expectations/demands compete with the expectations/demands of others (coaches, administration, etc)?
Data Analysis and Credibility

• **General Inductive Approach**
  – Field notes during phone interviews
  – General read of the transcripts
  – Identifying common threads of data with labels
  – Organizing and recoding with subsequent reads of data

• **Peer Review**
  – Independent researcher with experience in methods

• **Data Triangulation**
  – Combination of interviews (*phone*) and survey collection (*Likert Scale Items*)

• **Researcher Triangulation**
  – Two completed analysis
Our Findings

- Demographics (Mean and SD) for hours worked and years of experience

<table>
<thead>
<tr>
<th></th>
<th>Yrs Exp Total</th>
<th>Yrs @ Current Position</th>
<th>Avg Peak Hrs/wk</th>
<th>Avg Hrs/weak (off peak)</th>
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</thead>
<tbody>
<tr>
<td>TOTAL</td>
<td>13.3 ± 9</td>
<td>7.9 ± 8.4</td>
<td>63.1 ± 12</td>
<td>39.8 ± 11.2</td>
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<tr>
<td>Athletic</td>
<td>13.6 ± 9.5</td>
<td>8.2 ± 8.9</td>
<td>69.6 ± 11.8</td>
<td>43 ± 12.9</td>
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<tr>
<td>Medical</td>
<td>11.9 ± 8.4</td>
<td>7.3 ± 8.6</td>
<td>57.6 ± 10.2</td>
<td>37.9 ± 6</td>
</tr>
<tr>
<td>Academic</td>
<td>14.7 ± 9.5</td>
<td>7.9 ± 7.6</td>
<td>59.5 ± 9.5</td>
<td>36.9 ± 12.7</td>
</tr>
</tbody>
</table>
Our Findings

- Those working in the athletics model worked more **Peak Hours** than those in the other two models

<table>
<thead>
<tr>
<th>Org Structure</th>
<th>Org Structure</th>
<th>Mean Difference</th>
<th>Std. Error</th>
<th>Sig.</th>
<th>95% Confidence Interval</th>
</tr>
</thead>
<tbody>
<tr>
<td>athletics</td>
<td>medical</td>
<td>11.95000*</td>
<td>3.23071</td>
<td>.001</td>
<td>4.1719 - 19.7281</td>
</tr>
<tr>
<td></td>
<td>academic</td>
<td>10.00000*</td>
<td>3.59481</td>
<td>.020</td>
<td>1.3453 - 18.6547</td>
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<tr>
<td>medical</td>
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<td>-11.95000*</td>
<td>3.23071</td>
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<td>3.75265</td>
<td>.862</td>
<td>-7.0847 - 10.9847</td>
</tr>
</tbody>
</table>
Our Findings

• There was **no difference** in hours worked **Off-Peak** among the three models

<table>
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<th>95% Confidence Interval</th>
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<td>5.15000</td>
<td>3.31125</td>
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<td>3.84619</td>
<td>.964</td>
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</tbody>
</table>
Our Findings

- There was **no difference in Years of Total Experience or Years at Current Position** among the three models.

<table>
<thead>
<tr>
<th>Org Structure</th>
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<th>Mean Difference</th>
<th>Std. Error</th>
<th>Sig.</th>
<th>95% Confidence Interval</th>
<th>Lower Bound</th>
<th>Upper Bound</th>
</tr>
</thead>
<tbody>
<tr>
<td>athletics</td>
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<td>2.65500</td>
<td>2.76044</td>
<td>.604</td>
<td>-3.9909</td>
<td>9.3009</td>
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<td>athletics</td>
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<td>2.76044</td>
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<td>.469</td>
<td>-3.9303</td>
<td>11.5089</td>
<td></td>
</tr>
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</table>

**Org Structure**

- Athletics
- Medical
- Academic

**Years at Current Position**

<table>
<thead>
<tr>
<th>Org Structure</th>
<th>Org Structure</th>
<th>Mean Difference</th>
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<th>95% Confidence Interval</th>
<th>Lower Bound</th>
<th>Upper Bound</th>
</tr>
</thead>
<tbody>
<tr>
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<td>2.96914</td>
<td>.976</td>
<td>-6.5198</td>
<td>7.7770</td>
<td></td>
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</tbody>
</table>
## Our Findings

<table>
<thead>
<tr>
<th>Question</th>
<th>ATHLETIC</th>
<th>ACADEMIC</th>
<th>MEDICAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>I am satisfied with my pay.</td>
<td>2.68</td>
<td>3.21</td>
<td>3.7</td>
</tr>
<tr>
<td>I plan to remain with my present employer as long as possible.</td>
<td>3.2</td>
<td>3.14</td>
<td>4.1</td>
</tr>
<tr>
<td>I experience a family-type atmosphere with my co-workers.</td>
<td>4.08</td>
<td>3.43</td>
<td>4.5</td>
</tr>
<tr>
<td>My co-workers care about my well-being outside the workplace.</td>
<td>4.08</td>
<td>3.71</td>
<td>4.45</td>
</tr>
<tr>
<td>My co-workers are willing to listen to and help with my job-related problems.</td>
<td>4.16</td>
<td>4.07</td>
<td>4.55</td>
</tr>
<tr>
<td>My immediate supervisor really cares about my well-being outside of the workplace.</td>
<td>3.88</td>
<td>3.43</td>
<td>4.2</td>
</tr>
<tr>
<td>Generally, the administration here shows a lot of support for their employees.</td>
<td>3.12</td>
<td>3.28</td>
<td>4.1</td>
</tr>
</tbody>
</table>

Values in **RED** were significantly < values in **NAVY**

Significance level set at 0.05
Our Findings

- **Communication** was KEY factor for the athletic trainer in creating a suitable workplace environment

  - “I think having everyone on the same page.”
  Having everyone (who is part of the team) understand what each person’s role is—and that one role is not any bigger than another.”
Our Findings

• *Communication* was KEY factor for the athletic trainer in creating a suitable workplace environment
  
  — “Well, I think, we do a great job of communicating with each other. I think just being able to really communicate has really helped us as a staff.”

Medical model
Our Findings

• **Support Networks** (in the workplace) was KEY factor for the athletic trainer in creating a suitable workplace environment
  
  – “Co-workers helping, like I said, I went to a wedding and others, like I, have gone to weddings and we help cover each other for stuff like that. You have to help fill in for each other so that people can do that. And you return the favor.”

Academic model
Our Findings

- **Support Networks (in the workplace)**
  - “If something needs to get done, if it’s my wife’s birthday, and I really want to go do something, somebody will cover it. We have a good relationship, sort of a scratch each other’s backs kind of mentality.”  
    Traditional model
  - “I am lucky to work with a number of individuals that I know are more than willing and able to help out when needed wherever may be needed. I am lucky that I am in a situation professionally that we have a very ‘share the load’ type mentality.”  
    Medical model
Our Findings

PUFF! How can I be more effective at this?

Plan to make TIME your PARTNER, not an OPPONENT!
Our Findings

- **Time management** was KEY factor for the athletic trainer in creating a suitable workplace environment that allowed for work-life balance and satisfaction
  
  - “Making a schedule for yourself too, instead of saying, ‘come in for treatments whenever you want’, and then sitting around all day waiting, I actually schedule them. I think that makes me feel like I am productive, and not wasting my time.”

Medical model
Our Findings

• **Time management** was KEY factor for the athletic trainer in creating a suitable workplace environment that allowed for work-life balance and satisfaction
  – “Manage your time wisely. Make sure you know your priorities.” Academic model

• “Find a way to .... manage your expectations.” Medical model
Our Findings

• Medical model
• Supervisor understanding emerged as helpful in regards to professional management of responsibilities and work-life balance.
  – “Our head athletic trainer and team physician have a great working relationship. So, if a request is made, it oftentimes is going to be accommodated.”
  – “I think personally we need to always report to a physician. One its legally who we report to, they understand more about how things work, and a coach is a conflict of interest. An administrator, at times doesn’t understand the medial aspects.”
Our Findings

• Medical model
• Supervisor support with scheduling
• “I am very lucky to work with four people that provide an environment for me to succeed in, that includes my supervisors. Specifically, the medical side of things, where I work is very supportive, and does create that environment that gets all the necessary resources for us to do our jobs.”
Our Findings

• Medical model
• Unlike the other two models, coaches pressures or demands appeared to be stifled because the team physician was able to thwart issues from a ‘medical’ viewpoint
  – …knowing that there’s no conflict of interest, if a coach has a question about my clinical decision making, they’re going to come to me and you know, dialogue it with me rather than going up to the Athletic Director and making a complaint because they know if they go to an Athletic Director, inevitably, it fizzles out because there’s no traction worth bringing it up…
  – And then the other big thing is we have a policy in place, that the coaches need to give us 30 days’ notice if they want to change a practice time…And you know, we make exceptions to that policy if we’re able to accommodate them, but the coaches know that the policy is there, and they have to give 30 days, and if we’re not able to accommodate them, they can’t have a contact practice, or they can’t have practice at all, depending on what the sport is.
Our Findings

• Academic model
  – Role strain emerged as a factor that can contribute to satisfaction and work-life balance concerns.
Our Findings

• Academic model
  – Balancing the competing demands of patient-care, teaching, and other administrative duties were struggles noted by our academic model athletic trainers.
  – “Time management. Just meeting the demands of my roles, and as well as the needs of my student-athletes.”
  – “It is very strenuous (in this model) to be honest with you. Our sports teams have a hectic travel schedule. All the athletic trainers teach class. So, we are hired by academics, and our priority is our class, but we also have needs in the athletic training division. So we are pulled in multiple directions.”
Our Findings

• Traditional Model

• Coaches demands/expectations and staffing were central concerns related to a suitable workplace environment.

  – “a balanced lifestyle is very difficult. I don’t know if I would do it again, because I missed too much. You know, now when you take time off, some of the coaches and athletic directors say, ‘well you didn’t take before.’”
Our Findings

• Traditional Model

• Coaches demands/expectations
  – “our coaches, had no personal life, I think. That is part of the reasons that we would be here for so many hours....our practice schedules are demanding, we know that our student-athletes come in on their day off, and coaches expected them to come in on the days off.”
Our Findings

• Traditional Model

• Understaffing Issues: “What has been your greatest challenge as an athletic trainer”
  – “we are understaffed.”
  – “staffing. Having enough staff.” “But staffing is the biggest thing, and when the administration believes that ‘let’s hire graduate assistants’, they don’t understand the difference between quality of care and coverage.”
Discussion Points

• Similarities were noted between the 3 organizational structures, which was rooted in ways in which to promote a suitable workplace.

• **Communication**
  – Stimulated role understanding and job sharing

• **Support Networks**
  – Critical for increased time away from role

• **Time Management**
  – Commonplace in athletic training and other professionals to create time and meet expectations
Discussion Points

• Athletic trainers in the medical model viewed their work environment as friendly, supportive, and satisfying.

• Coaches issues, which plagues the athletics model, was not a problem for the medical model.

• Our findings illustrate the benefit of having a like-minded supervisor; a finding that has been superficially been shared as necessary for work-life balance and satisfaction. Mazerolle & Goodman 2012; Kossek et al. 2011
Discussion Points

• Athletic trainers in the academic model appeared to be less satisfied and work in settings that are viewed as less friendly and supportive.
  – Role may not allow for job sharing—juggling too many responsibilities simultaneously
  – Role understanding/inductance may be still underway
  – Role of supervisor can be critical in job satisfaction and fulfillment of work-life balance
Discussion Points

• Athletic trainers in the traditional or athletics model work more peak hours compared to others—supported by previous literature.
  – Previous literature demonstrated work weeks that include an average of 65 hours Mazerolle et al. 2008; Mazerolle et al. 2011

• They also demonstrate a reduced professional/organizational commitment and perceived greater struggles with work-life balance.
Our Limitations

• Sample size
  – Small but driven by saturation
  – Not all members of each institution recruited completed Phase I

• Perspectives reflect only those of the athletic trainer, not those who supervise them
The Future

• Gain data longitudinally
  – Tracking salary increases, retention of athletic trainers within these settings

• Examine the dual role athletic trainer
  – Role strain does exist in other dual role practitioners

• Gain the perspectives of the supervisors within each of these organizational structures (dean, athletic director, physician)
Remember

• Qualitative research may seem unscientific and anecdotal.
  – Planning and execution are KEY to quality and credibility.

• As the critics of evidence based medicine are quick to point out, medicine itself is more than the application of scientific rules.
To Conclude

• Continue to find support that athletic trainers, are challenged by long work hours and balancing multiple roles in the workplace.

• Medical model does have advantages, that is a supervisor that understands and respects the role of the athletic trainer in the collegiate setting.

• All three models present varying challenges, but finding the right fit with supportive colleagues can provide a suitable workplace environment.
QUESTIONS?