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Exploring the Experiences of Novice Athletic Trainers as they Gain Role Inductance into their First Full-Time Position

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Exploring the Experiences of Novice Athletic Trainers as they Gain Role
Inductance into their First Full-Time Position

McLain M. Whitney

B.S., University of Utah, 2013

A Thesis

Submitted in Partial Fulfillment of the

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APPROVAL PAGE

Master of Science Thesis

Exploring the Experiences of Novice Athletic Trainers as they Gain Role
Inductance into their First Full-Time Position

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Exploring the Experiences of Novice Athletic Trainers as they Gain Role Inductance into their First Full-Time Position

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Context: While current literature suggests novice athletic trainers enter the workforce with the necessary clinical skills and experience to begin practice, little is known in how they handle other aspects of their job or life outside of the workplace.

Objective: To examine the level of preparedness and quality of work-life balance of recently-credentialed athletic trainers and examine the challenges they face in the professional socialization process.

Design: Qualitative study.

Setting: I conducted semi-structured phone interviews with all participants.

Patients or Other Participants: A total of 20 recently-certified (within past four years) athletic trainers (12 women, 8 men) working within the first three years in their first full-time position were recruited across a variety of employment settings.

Data Collection and Analysis: Interviews were digitally recorded and transcribed for analysis. Transcripts were analyzed first holistically, then upon second and third examination, labeling of recurring ideas revealed dominant themes of research.

Results: Three dominant themes were produced: a lack of administrative experience among my participants, organizational level factors in relation to work-life balance, and work-life balance management strategies.

Conclusions: The lack of administrative experiences demonstrated by my participants displays an area of improvement that could be made in clinical and academic education, along with professional mentorship and supervisor support in the workplace. Control over work schedule and organizational policies regarding work-life balance were supported as facilitators to work-life balance satisfaction. My participants also displayed a modernized approach to work-life balance maintenance.

Key Words: work-life balance, professional socialization, professional commitment

Review of Current Literature

My review of literature focused on three themes impacting the transition of novice athletic trainers into the full-time workforce: professional socialization, professional commitment, and work-life balance (WLB). These are important job satisfaction, career intention, and professional retention factors in the field of athletic training, which has recently seen a significant decline in retention. Professional commitment, in particular, can be directly tied to career intentions, while socialization and WLB have been attributed to job satisfaction and retention.

Professional Socialization. Socialization in healthcare professions is the process whereby individuals acquire requisite skills, foundational knowledge, and societal norms to develop into their roles.¹ This process begins as early as the recruitment and career-planning phase of future professionals' careers often before they commit to educational training.² Two phases of professional socialization have been identified: anticipatory or educational socialization, and organizational socialization or onboarding (figure 1).² Throughout this process, mentorship can play a critical role in the effectiveness of an athletic trainer's socialization into the profession.² Moreover, mentorship occurs within both phases of the socialization process. Professional socialization is also said to extend beyond the initial educational training, to when the professional becomes credentialed or certified within their future role;^{1,2} the transition into the workplace is often described as organizational socialization, a process that is more about the organization's expectations and the responsibilities of the individual within that organization than the profession's expectations.^{1,2}

Anticipatory socialization. Initial exposure to a future role, which is often defined by planned, purposeful experiences, is often viewed as the anticipatory phase of socialization.^{1,2}

Anticipatory socialization ranges from the time an individual begins planning for their career and researching pertinent aspects of a profession, to when they finish the formal education process.² Early career awareness for the athletic trainer often comes from exposure through watching sporting events or having access to one at the high school level. This initial attraction often leads to enrollment into an educational program. Athletic trainers at this phase learn the fundamentals of necessary anatomy, physiology, and administrative duties pertinent to the profession, while practicing skills in the clinical setting under supervision of a clinical preceptor. The societal and ethical norms and values of the profession are instilled within young professionals through a process known as legitimization.³ In this process, the student of the profession looks to reinforcement and feedback from peers, educators, clinical supervisors, and other mentoring figures as a way of legitimizing or correcting his or her practices and behaviors.³ Through legitimization, students come to understand that as their skills and foundational knowledge improve, they are rewarded with increased opportunity of expansion of roles and responsibilities.³ The classroom has also been examined as a vital place of the development of athletic trainers.² As the course material in athletic training education curricula is directly tied to the practice in clinical settings, engagement in academic coursework can enhance and facilitate role inductance of athletic training students and graduate assistant athletic trainers.² While it is more often a strategy in the organizational socialization phase, onboarding at the anticipatory stage can consist of an orientation of an athletic training student's role in their clinical experience and what norms and behaviors are expected of them developing into professionals.²

Organizational socialization. Once an individual gains inductance into the roles and responsibilities of a specific workplace organization, the organizational socialization process has begun.² At this stage, the groundwork of knowledge and clinical skills has been set and the

athletic trainer adjusts to meet the specific needs of his or her position within the organization.² Athletic trainers during the organizational socialization process have been credentialed and licensed, and have transitioned into clinical practice.^{1,2} In fact, many studies examining transition to practice often use the socialization framework as the groundwork to learning more about the needs of the newly-credentialed athletic trainer.^{1,2,4-7} At this point of development, the athletic trainer individualizes their philosophies and approach, and through independent practice adjusts to the nuances their position entails. Organizational development can be formal, including workplace orientation sessions, to help the newcomers share the common and collective norms, values and attitudes of their veteran peers.² Informal organizational socialization takes place on the job for the athletic trainers new to a job setting. This is accomplished with both autonomy and working with peers in clinical practice for development within the workplace.² For graduate assistant athletic trainers, more structured and formal orientation is preferred because it sets clear guidelines and expectations of what their roles will entail.² As mentioned, onboarding is a specific mechanism of educating new employees on policies, procedures, and other necessary and relevant attitudes and norms within a specific employment setting.² Once workplace norms have been established, clinical autonomy is a valuable experience for organizational socialization.² Through this autonomy, new athletic trainers can learn to manage their allotted time, understand attitudes and personalities of their coaches and athletes, and discover how their personality fits in and can enhance the workplace atmosphere.²

Mentorship. Mentorship is a relationship that is forged between a more experienced person with a less experienced one, with the intentions to guide, support, and advise the individual as they navigate a new role.² Throughout both phases of socialization, professional mentorship from an experienced athletic trainer has been documented as beneficial.² Among

recently-certified athletic trainers working as graduate assistants, over 75% of participants discussed the need and importance for clinical autonomy and independence in patient care and rehabilitation; nearly two thirds of them also cited the need for a blended approach of mentorship to help guide their socialization process.² Mazerolle et al^{2(p548)} recommended “directed mentoring” by head athletic trainers and other supervisors for graduate assistant athletic trainers, allowing for autonomy in clinical practice, with consistent feedback along the way. While independent practice alone can limit legitimizing feedback, the presence of a mentor figure can help correct behaviors and enhance skills and knowledge with the opinion and experience of more veteran level practitioners.² Mentorship has been found difficult by some, however, due to a combination of unrealistic expectations from supervisors of their graduate assistants and difficult time constraints, as both the graduate assistants and their supervisors most often practice clinically concurrently.⁴ Thus, including the supervision of graduate assistants, interns, or other younger staff members has been recommended to be added to the job description of staff athletic trainers within their organization.⁴ With this workplace policy, not only could the younger athletic trainers be evaluated by their mentor, but staff members could be evaluated and held accountable for their assistance in the socialization process.⁴

The subject of professional socialization has been examined in other healthcare fields as well. Mooney^{8(p80)} concluded that while the socialization process is the “key to survival” among newly credentialed nurses, “The implications of the negative experiences associated with professional socialization include stress in nursing, a reduction in the quality of patient care and dissatisfaction among nurses generally.” A critique from Price^{9(p 17)} of the socialization process for nurses is that it gives “individuals an idealistic perspective of nursing that can cause dissonance and distress due to the incongruence between their previous assumptions and the

actual practice setting”. Medical schools have seen future physicians use legitimation from trust and support shown by patients as a facilitator to socialization.¹⁰ Likewise, dental school students have exhibited support and reinforcement from more senior students as a legitimizing factor.¹¹

As the means for developing into a professional role, it is important to observe the level of preparation that new professionals display upon entering the workforce to assess the quality of professional socialization. Several studies have observed the preparedness of recently-credentialed athletic trainers.⁵⁻⁷ Schilling⁵ recommended increased competency training in medical billing, use of injury documentation software, and exposure to professional communication with coaching staff and other healthcare professionals. Furthermore, Massie⁶ reported that while employers were pleased with the clinical skills of entry-level athletic trainers, they wished these new professionals had better interpersonal communication skills, but that these were considered “on the job” development skills, hinting that education programs could do little more to prepare entry-level athletic trainers. Meanwhile, Mazerolle and Benes⁷ found that a diversity in clinical experiences was a significant factor in preparing athletic trainers to enter the workforce. Due to the ever-expanding role of athletic trainers in the field of healthcare, a variety of workplace experiences and both clinical and administrative skills are vital to a comprehensive socialization process. Once they have a career path and intended work setting in mind, newly-credentialed athletic trainers often pursue graduate assistant roles as a means to gain experience in that employment setting.² Mazerolle et al² have characterized this as a rite of passage for many athletic trainers, with the completion of the assistantship being viewed as a successful transition into the roles and expectations of full-time athletic trainers.

Professional Commitment. Professional commitment is an important factor in one’s career intentions, and can apply both to their profession and to their specific place of employment.¹² As

it relates to one's profession, Vandenburg and Scarpello^{13(p535)} summarized professional commitment as "a person's belief in and acceptance of the values of his or her chosen occupation or line of work and a willingness to maintain membership in that occupation." The profession of athletic training, as discussed in regards to professional socialization, requires an extensive investment in time, energy, and resources for education, just to enter the profession. This emotional and time investment does not end upon graduating and entering the field, however; in fact for many, this is where committing oneself to the profession of athletic training increases the most. Athletic trainers demonstrate commitment to their profession in a variety of ways, including their enthusiasm for responsibilities, participation in individual professional development, facilitating others' development in the profession, and advancement and promotion of the profession.¹²⁻¹⁶ Meyer et al¹⁵ categorized professional commitment into three components: affective, normative and continuance (figure 2). Facilitation or barriers in these areas impact how athletic trainers work, and can ultimately determine their involvement in or departure from the profession.^{12,14,16} It is worth noting, however, the distinction between professional and organizational commitment. While the concept premises parallel each other, professional commitment regards the global scope of a chosen profession, organizational commitment is an individual's connection and dedication to their specific employer, coworkers and job site.¹⁷

Affective commitment. Affective professional commitment is the emotional connection one makes with their profession.^{12,14} Dedication to, and professional relationships with, patients is a major affective commitment factor.^{12,16} A unique aspect of the athletic training profession compared with other healthcare professions is the day-to-day contact with patients. Athletic trainers commonly maintain daily contact with their patients or athletes, often assisting with transportation to physician appointments, performing daily treatments and rehabilitation, and

regular practice and game preparation. Athletic trainers feel their patients deserve the best care available, and use all available resources to make sure they are well taken care of.¹² This commitment to the patient isn't only beneficial to the patient or athlete, but athletic trainers find enjoyment and take pride in their own work, as well.¹⁶ This sense of accomplishment does not come exclusively from patient care, however, as many athletic trainers enjoy the completion of everyday job duties and responsibilities.¹⁶

Normative commitment. Normative professional commitment is how one philosophically identifies with their profession.^{12,14} Eason et al¹⁶ describe this commitment as a “moral obligation” to the profession. Athletic trainers feel a responsibility to continually improve public awareness and respectability of the profession, and also improve the socialization process to create a better future within the field.¹⁸ In the collegiate setting in particular, athletic trainers expressed commitment toward providing great experiences for their athletic training students. This indicates not only a personal connection, or affective commitment, to teaching and providing mentorship, but a normative commitment to put the future of their profession in the best hands. Normative commitment has been noted to be impacted by the effectiveness of organizational communication and hierarchy.¹² Peer interaction among athletic trainers has been identified as a positive influence on professional commitment,¹⁸ thus job settings with a staff of athletic trainers may promote normative commitment than those where only one athletic trainer is present. Organizational support for attending and participating in professional development conferences and symposia could also facilitate professional commitment in this regard.

Continuance commitment. The cost-to-benefit ratio of remaining in one's profession or organization in comparison to depart is known as continuance professional commitment.¹²⁻¹⁴ Continuance commitment is where the most negative influence on professional commitment

typically comes from, as it in itself judges all pros and cons of one's profession or position. This analysis is where the ultimate decision to leave the profession is made, especially when other attainable jobs can seem more attractive.^{12,15} It can be tied closely to affective commitment, as a positive emotional attachment to one's job and the athletes they serve has shown to be a correlative factor to retention in the athletic training field.^{16,19} For instance, one may wish to change careers, but considers the amount of time and resources already invested into their current profession, the amount of additional time and resources needed to change, and/or potential lack of job availability in another profession too extensive to justify departing his/her current profession, and thus decides to stay.

Work-Life Balance. WLB can be defined as the proportion of time one has available for personal interests, obligations, and rejuvenation outside of working hours.²⁰ Individuals across all employment settings, regardless of marital status, can experience stress and strain due to WLB issues.²¹ Mazerolle et al²⁰ identified three major sources of work-life conflict among athletic trainers: demands of the profession, control over and flexibility of work schedules, and staffing patterns. While individuals of various marital and family statuses can suffer from work-life conflict, life stage is an important factor in assessing WLB, as it can be a possible indicator of work-family conflict. Additionally, WLB maintenance strategies have been an area of research across many healthcare fields, including athletic training.²¹⁻²⁵

Variables that influence WLB. Life stage can be linked to work-family conflict, and has thus been examined by Kahanov and Eberman¹⁶ to attempt to explain recent employment trends in athletic training. Kahanov's and Eberman's¹⁶ data shows a sharp decline in women ages 28-35 working in the field, as well as a decline in workforce at the clinic and collegiate settings among men at about the age of 40. These ages are typically about the life stages where women start

having children and when men could experience increased work-family conflict raising children, respectively. According to Kania et al,²⁶ nearly half of collegiate athletic trainers work at least 60 hours per week during their team's competitive season, and over 80% work at least 50 hours per week. According to Pitney et al,²⁷ secondary school setting athletic trainers worked an average 47 hours per week. This decrease in hours as well as a less demanding travel schedule comparatively between settings may account for a significant shift among men about age 40 from the collegiate to the secondary school setting to help manage work-family conflict.¹¹ A combination of long working hours with low social support in the workplace has shown a positive correlation with physical health symptoms,²⁸ therefore coworker support plays an important role in maintaining job satisfaction and a healthy WLB.²¹

Work-life balance satisfaction and maintenance strategies have been discussed in research among a number of professions.²²⁻²⁴ In the nursing profession, Buettner et al²² recommend three personal practices for improving satisfaction in leisure time activities: setting challenging goals, learning to become immersed in the activity, and being in the leisure moment. Setting challenging goals includes prioritizing time for and scheduling leisure activities; immersing oneself in leisure activities can be aided by removing distractions, especially those associated with work, for example shutting off or leaving the cell phone home; and being in the leisure moment means to appreciate every aspect of leisure activities to their fullest.²² Nelson²³ focused on the concept of organizational justice, or the perception of fairness of a nurse's work schedule. With the understanding that long and irregular hours are the norm in their profession, nurses who perceived their hours to be fair and compatible with their family life showed higher job satisfaction and predicted better retention in their profession and organization.²³ Among physicians, the strongest predictor for WLB and job satisfaction was the ability to manage one's

hours and schedule.²⁴ The next strongest predictor was total hours worked; those who worked fewer hours, typically females and older physicians, showed higher emotional resilience and sense of personal accomplishment.²⁴

While departure from the field of athletic training or changing job settings is how some are confronting WLB and work-family conflict issues,¹⁶ it is obviously not the most desirable for the profession. Effective WLB maintenance strategies range from personal practices to organizational policies.²¹ Similarly to Buettner's²³ model in nursing, individual strategies among athletic trainers for WLB maintenance consisted of boundaries, prioritization, integration, and teamwork.²¹ Meanwhile, organizational policies are practices formally in place at a specific workplace to facilitate WLB maintenance for its employees.²¹ Such practices can include supportive work environments, like the ability and willingness of coworkers for impromptu job sharing, or structured staffing patterns.²¹ One participant in Mazerolle et al's²¹ 2015 study offered advice, "Surround yourself with coworkers with the same values. Always be willing to assist a coworker and go above and beyond, and the help will be there when you need it as well." The concept of worktime control implies that an individual has at least some level of decision-making over his or her own schedule.²⁹⁻³² High worktime control rates are consistent with fewer days of sick leave used, an indication of higher job satisfaction, work efficiency, and physical health status.^{29,30} Better control over work schedules has also been posited by Staines and Pleck³¹ as a decreasing factor to work-family conflict. Geurts et al³² cautioned against working long hours, as their findings indicated long working hours to be a barrier to WLB satisfaction. Increased worktime control improves WLB in a number of ways; not only does it improve one's health and stamina to participate in leisure activities,^{29,30} but the control allows for more efficient planning of vacation time, off day activities, and family or personal time without distraction.^{22,32}

An observation of the age group included in this study, or the “millennial generation”, is that they rely heavily on technology for interpersonal communication.³³ With such resources as mobile web browsing, text messaging, photo and video sharing, and social media applications, this generation of athletic trainers has unprecedented connectivity to each other and the rest of the world. It stands to reason, then, that as technology advances, recently-certified athletic trainers would rely heavily upon modern technology to maintain relationships with their family, friends, and professional acquaintances.

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Figure 1. Professional Socialization

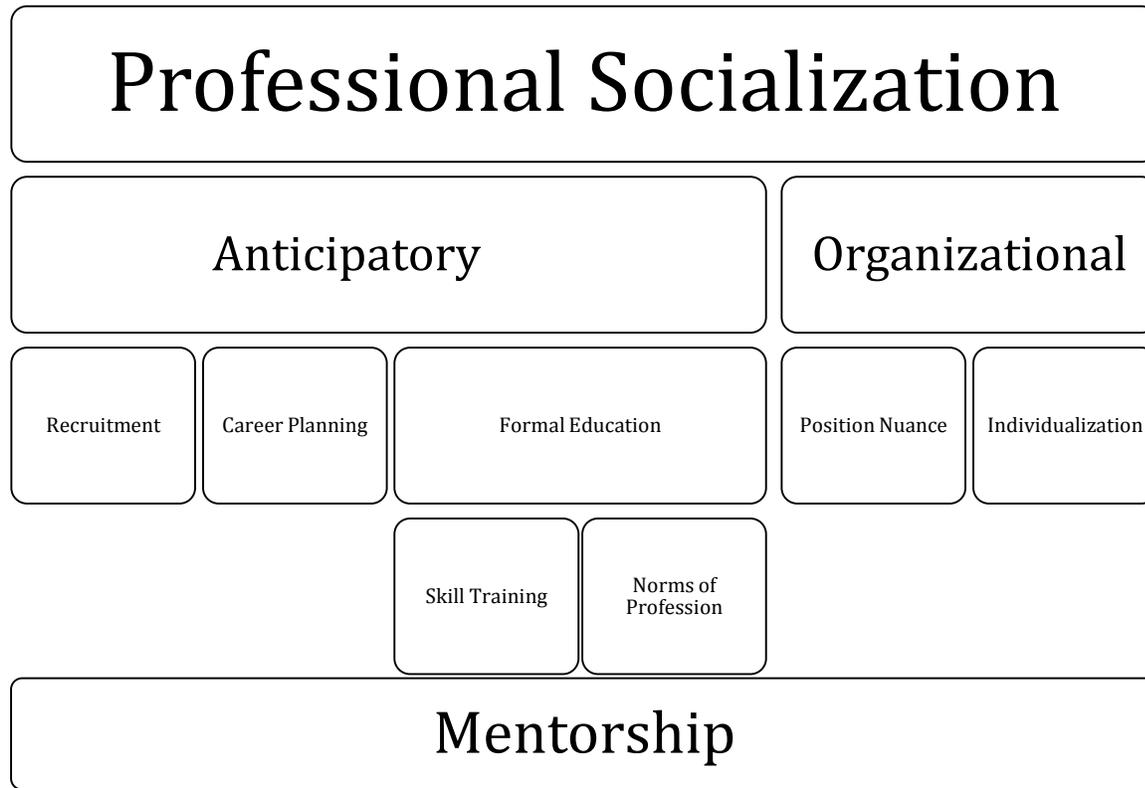


Figure 2. Professional Commitment



Introduction

The experiences of newly credentialed athletic trainers are often examined during their transition to autonomous clinical practice.¹ This is a time when young professionals are gaining confidence in their clinical skills and decision-making skills, as well as learning how to perform job tasks more independently. During this process, often referred to as organizational socialization or onboarding, the athletic trainer gains a stronger appreciation of their expectations, roles, and responsibilities within their job and organization.¹ This is important, as the profession has seen a marked growth in both athletic trainers gaining certification and the number of clinical practice settings such as rehabilitation clinics, physician offices, the military, performing arts, and industrial workplaces, not including those traditional settings that are commonplace to the profession.^{2,3} The growth the profession has undergone is an indication of the evolution and the value the athletic trainer brings to the healthcare system.

In addition to the profession's growth, an exodus from the profession and a major shift in employment settings have been observed.⁴ For women, this departure occurs around the age of 28 and represents a complete departure from the profession of athletic training.⁴ For males there appears to be an employment-setting shift that shows they are departing the collegiate setting to work in secondary schools in their mid- to late-40s.⁴ This departure is speculated as multi-factorial, with much attention being given to issues such as work-life balance (WLB), job satisfaction, burnout and professional commitment.⁵⁻¹⁰ Despite the concerns facing athletic trainers' demanding work schedules, high athlete ratios, and high coaches' expectations, many young professionals are still attracted to the profession. And as such, the number of novice athletic trainers entering full-time positions is expected to continue to increase significantly over the coming years.³

With an influx of young and/or newly certified athletic trainers entering the clinical settings, it is important to gain an appreciation on how novice athletic trainers become aware of their roles, responsibilities, and expectations within the workplace. Additionally, recent changes in education standards requiring a transition to entry-level Master's for professional certification make it essential to have a better understanding of the perceptions of novice professionals regarding their transition from student to autonomous practitioner. The importance is founded on the premise that role ambiguity (uncertainty of role within organization) can mediate job satisfaction (a facilitator for departure).¹¹⁻¹³ Socialization is often the platform in which we gain a better understanding of how role inductance takes place;^{14,15} however, the literature often focuses on the development of professional skill sets, such as patient care, administrative tasks and communication between healthcare providers. Little, if any, focus of socialization occurs on the novice athletic trainer gaining awareness of balancing their roles in and out of the workplace. In fact, departure from the profession can occur as early as undergraduate preparation because of fears related to WLB and time available for non-work interests, hobbies and obligations.¹⁶ It is plausible, therefore, that students may not be exposed to strategies and practices that may be helpful in navigating one's professional and personal responsibilities.

While substantial research documents WLB and professional development issues of athletic trainers in general and athletic training students, little is known of novice athletic trainers, what issues they face, or how prepared in assuming a full-time role they feel.^{7,16-19} Perhaps a better understanding of athletic trainers' experiences early in their careers could provide better insight to the trends in athletic trainers leaving the profession in their late 20s or changing settings in their 40s.⁴

I wanted to understand the perspective of today's novice athletic trainers and how they feel in their first full-time position, specifically relating to their professional development and establishment or maintenance of a WLB. This study was guided by four research questions: 1) Do athletic trainers employed in their first full-time position perceive to have WLB? 2) How do athletic trainers employed in their first full-time position feel their clinical experiences prepared them to handle work and personal responsibilities? 3) How do athletic trainers employed in their first full-time position feel their academic coursework prepared them to handle work and personal responsibilities? 4) What are the career goals of athletic trainers employed in their first full-time position?

Methods

Participants. Twenty (12 female, 8 male) athletic trainers with a mean age 27 ± 4 years (range 23 to 41 years), working in a variety of athletic training practice settings participated in this study. All participants met my inclusion criteria: 1) novice athletic trainer (Board of Certification completion within the last 3 years), 2) full-time employment, and 3) not currently employed as a graduate assistant, certified intern, or other part-time/temporary employment. My participants worked in the National Collegiate Athletic Association Divisions-I and -III, high school, rehabilitation clinic, physician extender, Major League Soccer Developmental Academy, and research settings. Participants were recruited purposefully using convenience sampling initially, and then a snowball procedure to reach data saturation.²⁰ A breakdown of individual demographic data is provided in Table 1.

Data Collection Procedures. I conducted one-on-one phone interviews with all recruited, consented participants. This occurred after Institutional Review Board approval was granted. Each interview session included two interviewers (MW, Christianne Eason). During the phone interviews, which were digitally recorded, each participant was asked to provide basic background information before being asked a series of questions related to their current position, professional development, and perceptions on work-life balance. I used a semi-structured format for each interview session, allowing for a nature dialogue to occur between the interviewee and interviewer as well as the chance for follow-up with each of the questions asked as outlined in the interview guide (appendix). Memos were taken during the interview sessions, as means to support on-going data analysis and confirm major findings during the coding process of each transcript. The memos were taken by the same researcher throughout all the interview sessions (MW). All interviews were transcribed verbatim and lasted approximately 20-40 minutes.

Instrumentation. The interview guide was developed specifically for this research study and utilized existing literature and my research questions as the foundation for question development.^{7,21,22} I had three athletic trainers review the document for clarity and content. Each athletic trainer was provided my research questions and the interview guide as a means to facilitate the instrument validation process. Grammatical edits and suggestions for improved flow (question order) were changed upon completion of the review. I then piloted the instrument with one athletic trainer to determine length of the interview and flow of the interview process. The athletic trainer met my criteria established at the outset of the study.

Data analysis. The analysis procedures followed the general inductive process, a common method used in health and social science research as described by Creswell²³ and Thomas.²⁴ I selected this method of analysis to help uncover the most dominant themes from the data as it related to the specific aims of the study.^{23,24} I followed the steps outlined in the stepwise approach. Initially all transcripts were read in their entirety to gain a sense of the data; this holistic evaluation of the data continued multiple times, and during the second and third “read-throughs” the data was assigned categories (labels). Gaining immersion into data has been suggested as a means to fully appreciate the experiences of the individuals, and thus allowing for identification of the key pieces related to the study’s purpose.²⁵ Once categories were assigned to the data, they were then organized into more specific dominant themes to reduce the redundancy of the categories. Dominant themes were defined as those with a minimum of 50% presentation and those pertaining to my research agenda.

Data Credibility. In addition to using the memos, an essential aspect for helping explore and manage data, I used two specific strategies to establish rigor.²⁵ Those two strategies were a peer review and multiple analyst triangulation.²⁰ The peer review was completed by an athletic

training scholar/clinician (Stephanie Mazerolle) with experience in qualitative methods and strong knowledge in retention, organizational policy, and work-life balance. The peer helped establish credibility by reviewing all data collection procedures and final themes as identified by the primary researchers, yet was independent of the collection procedures. Two researchers independently completed the data collection procedures as outlined above to establish multiple-analyst triangulation. Prior to the analyses, the researchers discussed the process in order to follow the same steps.

Results

My analyses revealed several aspects to the socialization of an athletic trainer and their experiences as they have transitioned into the clinical practice from the student role. First, I found that my participants had a deficiency in administrative experiences, which led to some trepidation with their skills in that domain of athletic training. Second, I found that various employment settings offered various expectations or challenges that had the potential to impact work-life balance. Finally, I also found that various strategies are used by newly-credentialed athletic trainers to find work-life balance. I present my findings next.

Lack of Administrative Experience. The professional socialization process (figure 1) of my athletic trainers appeared to provide an incomplete understanding of the healthcare and professional development domain of the profession. Specifically, development of experience in athletic training organization and administration was a specific area my participants cited as a weakness of their academic preparation entering the full-time workforce. More than half of my participants (n=20) reported struggles or poor preparation in this area, while only five participants recognized administrative preparation as a strength. Three specific areas emerged as challenges: 1) documentation, 2) healthcare claims, and 3) professional communication. Clinical readiness, however, was not a concern for my participants, as they felt ready for patient-care expectations of their positions. Each theme is presented below.

Documentation. Sara, a high school athletic trainer with additional duties at a physical therapy clinic, noted:

I think most of the classes like the standard assessment and injury prevention ... was good going out as an undergrad. I was lacking in record keeping in terms of SOAP notes, I didn't write many of them in college.

Other participants also noted feeling unprepared in much of the paperwork required to adequately meet their duties related to patient care. Mark, an athletic trainer for a National Collegiate Athletics Association (NCAA) Football Bowl Subdivision (FBS) team recounted:

I feel like I was prepared on the clinical aspect; administrative-wise it was much different. Just the amount of paperwork, all the e-mails, the ordering of inventory, and things like that. That is not stuff that you really get hands-on experience (with) until you actually get the position.

In response to changes in education that might better have prepared him for the workforce, Mark reiterated, “like I said, just the administrative aspect and doing a little bit more in that regard.”

Kyle, the head athletic trainer for a Major League Soccer developmental academy, remarked on his new administrative tasks:

I would say that there’s a lot more paper work and administrative duties for a Head Athletic Trainer than I was expecting. I knew they would do a lot more paperwork, ... but I didn’t really understand the scope of it. There’s a lot more business politics going on in meetings and stuff that I just wasn’t expecting. ... It would be helpful knowing more administrative stuff when it comes to minors. ... I didn’t really know what forms I really needed specifically with minors, like the waivers and stuff.

Kyle linked his lack of preparation in part to his educational training as well, sharing “from what I remember our classes were always getting cancelled. It just wasn’t very organized.”

Healthcare claims. My participants also discussed facing challenges with understanding insurance claims and various aspects of healthcare related to healthcare policies. Jamie, an athletic trainer at a physical therapy clinic, when asked her least favorite aspect of her job, stated bluntly, “working with insurances.” She went on to elaborate, “if we have a patient in here (that) still wasn’t better, but insurance (wouldn’t cover the) visit ... you lose patient care due to insurance.” She said she had no idea this would be an issue in her profession. Becky, an athletic trainer working at a physician’s office, said if she could do anything different in her schooling, she “probably would have paid more attention in administration,” specifically “learning more

about (Current Procedural Terminology) codes and (International Classification of Diseases, 9th Revision codes) and the changes in ICD-10.” Alice, the head athletic trainer at an NCAA Division-III women’s college, pointed out the challenge of learning how a new setting may operate: “some of the administrative stuff obviously took a little bit longer for me to get comfortable with, learning about (how) every insurance policy at different schools is 100% different.”

Professional communication. Another aspect supporting my participants’ lack of experience with healthcare organization and administration was limited chances to gain skills with communicating with those involved with the healthcare and sports medicine team. Specifically, my several participants discussed a lack of experience in working with coaches and administrators, and potential conflict that can result. Tyler, a high school athletic trainer, recalled starting his full-time position:

Oh, in the beginning? I’ll be honest, I felt like I was a little inadequate. There were things that were not taught in class that I had to learn outside of the classroom... how to deal with coaches; how to deal with parents. I’d never really had that opportunity until that first year where I had to deal with several parents, had to deal with several coaches. ... Because I had to put my foot down, there was a little bit of frustration.

John, a research associate, drew upon his experience in graduate school:

A lot of (the problem working clinically) was more of a personal level of dealing with individual coaching and supervisor personalities. The head athletic trainer ... (was) a micromanager by definition, so if someone had a hangnail and needed to see a doctor, he needs to know about it kind of thing.

Rita, an NCAA Division-I track and field athletic trainer, first experienced similar expectations as a graduate assistant, and found that it has continued as a staff member at the same setting. She said:

I think people don’t always realize, especially in the Division-I setting, the administrative things that go in hand. But I think that coaches and administrators

often expect athletic trainers to be doing a lot more, not parenting necessarily, but kind of watching over them because we have so much direct contact with them.

Again, in discussing undergraduate education and its role in administrative development, Rita responded, “One of the things that students don’t see a lot of is the administrative side,” and recommended “maybe having the conversations a little bit more with undergraduate students about the administrative requirements of athletic trainers.”

Patient-care readiness. In contrast to administrative preparation, most participants expressed confidence in the level of education and training they received in clinical skills, just as Sara mentioned. Andy, an athletic trainer for an NCAA FBS team, said:

I credit some of my undergraduate experiences and my, you know, my supervisors and my mentors and my clinical rotations as an undergrad of getting me where I am now. ... I think they prepared me well, because like I said, it gives you that foundational base. ... (Because) I was learning, you know, those skills to look up different techniques or different rehab protocols that I learned from studying books and stuff that help, I feel has helped prepare me for this.

Tina, an NCAA soccer and softball athletic trainer, similarly stated:

I think my undergrad and my graduate experiences prepared me very well for (clinical practice). So when it comes to my actual clinical skills, I never really doubted those going into my internship or going into my full-time position.

Organizational Level Factors and Work-Life Balance. I identified supervisor support, organizational culture in job sharing, work schedules and hours, and flexible work practices as organizational level factors that impacted my participants’ perceptions of work-life balance (WLB). My participants’ WLB perceptions were generally consistent with other athletic trainers within their clinical setting (figure 2).

Work scheduling. My participants’ satisfaction with their own WLB was correlated to working a more traditional or structured working schedule, as defined by working 40 hours per week, and/or Monday through Friday. I was able to determine that the clinical setting in which

my participants were employed had an impact on their work scheduling. Individuals employed in the clinic, office, or research settings reported a more structured work schedule as compared to those individuals employed in the collegiate or secondary school settings.

Clinic, office, or research setting. Participants working in clinic or office settings were the most satisfied with their WLB, due to the conventional “9-5” type of work schedule.

Margaret, a 24-year-old physician extender, felt very satisfied with her WLB due to these factors. She explained:

Working all the time and not being able to spend time either by yourself or with your friends I think is definitely something that is a problem for some (athletic trainers). Currently where I am, I’m very happy with the ability that I have to work and to be able to go home and leave work at work. ... Working Monday through Friday restricts my ability to do things during the day, but I’m still able to go hang out (at night) ... I still have my Saturdays and Sundays ... to do whatever I please on those days. It’s definitely different than a college setting.

John, the 24-year-old research associate, commented similarly on the amount of personal free time he enjoyed. “Working forty hours a week,” John said, “I need to actually figure out what to do with my time. ... The regular schedule really ... makes it easy enough to maintain family and friends and all of that.” Becky, 26, who works in an orthopedic clinic, finds that she has plenty of time for her hobbies, but some are “a little bit harder to do with my husband (a high school athletic trainer), who is working kind of opposite hours.” My participants who worked in the non-traditional setting found WLB more manageable because their work schedules allowed for more time for family, friends, and personal interests.

Collegiate practice setting. Athletic trainers working in the NCAA Division-I setting, however, felt much more strain, particularly in regards to work-life conflict. Unlike the non-

traditional setting, work required a lot more of their time, limiting it for friends, family, and outside interests. Rita, 26, spoke about the time her travel obligations consumed:

I would say it's been really draining. ... Track and cross-country's difficult I think because it has three seasons. So basically, you travel most of the fall and then all of the spring. I'd say it's less than ideal.

Andy, 27, reflected on his workload and long hours scheduled:

One of the downsides, I think, for most athletic trainers is the hours, especially during the (competitive sports) season. It does get taxing, and it is definitely something that if you don't love what you do, you're going to get burned out quickly.

Brad, 27, described WLB as the toughest part of his current job.

This last year's been harder than any of the years I've put in before, and I think a good part of that is the birth of my son. ... I miss a great deal of time with him and my family just because of the hours we have with baseball. ... I don't think I'm missing too much (now), but as he gets older and starts doing more things outside and participating in sports himself and stuff like that, it's going to ... hurt more. ... I have a couple parents of some of my players that travel everywhere with us to watch their kids play and that's ... I mean if my son was to ever get to go to college and play a sport or even in high school, that's something I would want to do, and currently in my job situation I'm in with the requirements and hours there's no way that would be able to happen.

When asked if he intended to remain in the field of athletic training, Brad replied, "Long term, that would be a 'no'. ... If I had to say anything about advice, I would say I guess kind of warn myself of the time you give here." Others indicated they expected to change work settings in the future to accommodate raising a family. Tina, 26, shared this feeling despite current satisfaction with her WLB.

I'm pretty satisfied with it. ... In the offseason, my hours will go down to about 30 to 35 a week, so I will have my long weekends and really enjoy the days. ... Do I think I will be at the collegiate level in 20 years when hopefully I have a family? Probably not. I don't think that is a realistic thing to see. I don't think my body and my mind (are) going to be ok with it, because I won't want to miss out on, you know, some of the family stuff. ... I might step down to do high school athletics after (15 years).

Rita cited further concerns about her travel schedule as a deterrent to family life and can envision changing settings:

I love this position, but ... I am really far from home and the (team) travel schedule is pretty intense. So I definitely see myself staying here a few years, but down the line if things change personally, I think that would probably be a bigger factor than the job itself as to whether or not I stayed here.

Secondary school setting. Challenges with WLB were apparent at the secondary school level, as several of my participants discussed this as problematic. Peggy, 26, discussed her workload:

I made the transition to high school (from a graduate assistantship), where it was me versus 750 athletes, I have 30 minutes to get 20-30 student-athletes out for practice each day, and it is a whirlwind for sure. ... I'm okay with it, otherwise I wouldn't have made the move. The only disheartening part of it is when school ends, then the clinic has me full-time so I don't really have a vacation at all.

My participants within this setting were not overall satisfied with the impact of their career on their families. Tyler, 41 now, began undergraduate athletic training education in his late 30s, already having a family with four children. He said of how his new profession impacted his family, "With the divorce that I just recently went through, it did put a lot of strain on that relationship, because I was always gone. That battle did not quite work out." While Tyler, who already changed careers in his late 30s, has no intention of leaving the profession, others in this setting have decided that it will not work with having a family. Sara, 24, shared those feelings, "I don't plan on (remaining in athletic training) after this year. ... In the position that I'm in now, I don't see myself doing that with a family or children or anything like that."

Workplace policies. Workplace policies were those practices that existed in the work setting that my participants identified as means to help them achieve WLB. These policies were informal and driven by the initiatives of the supervisor, and were centered on work scheduling and time away.

Job sharing. Job sharing is a strategy some of my participants used to ensure all of their work responsibilities were taken care of, while also providing some valuable time away from the workplace. Andy, the 27-year-old NCAA FBS athletic trainer, discussed workplace policies that safeguard their staff's free time:

One of the great things back here is we're in a position where we've got enough staff that if we don't all need to be here, we're not all here. And so we rotate and take that time so that we can all have some time away, because, you know, you've also got to take time away for yourself.

Sally, a 26-year-old NCAA Division-I athletic trainer, remarked on the importance that her supervisor places on WLB and how it affects her satisfaction.

Our boss is actually really good about scheduling us, and picking us out if we've been around too long, or making sure we're not working extra hours that we don't need to be working. So I think the big thing that I've learned is we don't have to work 12 hours every day. (The athletes) will function, and they'll be fine. They can do all the things that they need to do, and they can get excellent care in a semi-normal workday. And we're scheduled a day off ... that is pretty helpful. I'll have, you know, time to myself. I have a day to do grocery shopping and errands and see friends and do things like that. ... It probably took about four weeks of being told to leave, to stop having the urge to go to work on my day off.

Supervisor support. Supervisor support was identified as a subtheme in which an athletic trainer was provided time off by their supervisor. Alice, a 25-year-old NCAA Division-III head athletic trainer, mentioned her athletic director as an unexpected source of relief during some stressful days. She said:

There was a day or two where she was like, 'you need to go home. You need a mental health day. You need to go home. Just go to sleep. Just do something you want to do. You need to be out of here,' especially on those really hard days.

Work-Life Balance Strategies. Two subthemes were identified as WLB strategies: *personal priorities, and the use of technology.* Personal priority strategies reflected on the importance of making time for personal matters by setting priorities and making a plan for time away. The

utilization of modern technology gave my participants a means to better maintain important personal relationships despite living distances away and having difficult work schedules.

Personal priorities. The practice of personal priorities utilized by my participants centered on building their schedules to include important activities and maintaining personal relationships. It was a mindset that included valuing family and personal time, and making choices that facilitated time in those areas. Mark, the 26-year-old NCAA FBS athletic trainer mentioned earlier, said:

Maintaining relationships with friends and family has never been a big issue for me at all. I'm not one that gets homesick much. It is just a matter of prioritizing. You know who your family is so just maintain contact with them as much as possible.

Sara has a similar mindset with priorities, sharing:

It's all in time management. Usually, I try to, I have my schedule for the most part in advance, and I do try to schedule things when I have time for it. I do a lot of driving. My boyfriend lives like an hour away. The mornings I have off I'll usually go there after work. It's not ideal, but I make it work for the most part.

Bill, a 28-year-old NCAA Football Championship Series (FCS) athletic trainer, discussed the importance of planning ahead to maintain his personal life:

If there is an off day, I just have to be really good at planning ahead. It may not happen exactly when you want it to happen, but if you get an opportunity when you can do that, then (take advantage of it).

Laura, a 26-year-old NCAA Division-I athletic trainer, said:

I'm not going to say that (WLB) is equal time in what you're working and being at home, because that just is not what I have. It's making the most of time that you do have home and spending it with the ones that you love.

Joan, a 26-year-old athletic trainer working in a hospital setting, said she always places her personal life above her work. This mindset of making personal interests a priority was obvious in her definition of WLB, sharing, "I would say that my life would come first. ... I believe personal

life is very important. If you don't have that, then what is there? I would say that it's personal life over work."

Use of technology in WLB. The use of modern technology was identified as a popular method of staying in touch with friends and family. In addition to conventional phone calls and text messaging, many of my participants discussed their use of social media, group conversations, and video chatting to communicate with and stay informed of current events among friends and family. Andy, the NCAA FBS athletic trainer, said:

I mean my family, even though I have family in State A, State B, State C, we have a group text and we'll joke around with each other and have fun, update each other, and that's going almost every day. And ... honestly, Facebook is a good way to keep track of what people are doing, too.

Rita explained that sometimes it does still take some work, however:

Sometimes (contact with family) is more difficult than others depending on schedule, but there's phone calls and Facebook and FaceTime, and all those things that technology offers us I think have allowed me to stay in closer touch with friends and family. At times I definitely say it's more difficult than others, especially when things are real busy at work and there's a time difference or whatever. But I definitely think that technology today makes it a lot easier as long as everyone puts forth a little effort every once in a while.

Brad discussed the effect raising a family has had on maintaining personal relationships:

When I was a graduate assistant here, connecting with home ... wasn't something that we were thinking about, 'Hey we need to call everyone and check up on them.' But since we've had our son, totally, it's like we really want to see them and they're missing out on his life as much as anybody's. So we definitely spend more time FaceTiming and calling and texting people and things like that. So I think ... technology's a wonderful thing, especially when you can video chat with someone who's 2,000 miles away.

Technology provided my participants with a strategy to connect with friends and family despite work schedules and job expectations that are demanding and can often facilitate conflict.

Discussion

Newly-credentialed athletic trainers are faced with navigating transition to clinical practice, a period of time that can be seen as stressful and challenging.²⁶ Most of the literature on the topic of transitioning to clinical practice for the first time focuses on patient-care and the clinical aspects of the role, not the other aspects of transitioning, including work-life balance and non-patient care work roles (i.e. administration, supervision, etc).^{1,14,15,19,26-30} Due to the complexity of role transition, I felt it was important to better understand the experiences of these novice athletic trainers and their experiences with transitioning into clinical practice.

The lack of administrative experience among novice athletic trainers indicates an area of improvement needed in the professional socialization process, from the education process, academically and clinically, and into the start of clinical practice. My findings regarding organizational structure and its relation to WLB highlight the strengths in organizations with workplace policies in place to address employees' WLB and the differences between workplace settings in WLB satisfaction. The WLB strategies employed by my participants displays consistency with findings from literature and provides insight to how novice athletic trainers today maintain personal relationships.

Lack of Administrative Experience. My findings illustrated that my participants felt ill-prepared to manage the administrative aspects of their positions, especially with documentation and healthcare claims. Although athletic training programs offer diversity in clinical education experiences,²⁷ it appears as though there are still limitations with exposure to all aspects of the role of the athletic trainer. Schilling^{28,29} suggested that recent graduates have concerns regarding “billing knowledge” and administrative aspects regarding insurance claims; therefore, as discussed by my participants, more exposure and chances to engage in these responsibilities is

warranted. My participants, much like the findings reported by Schilling,²⁸ indicate a need for more opportunities to engage in professional communication, particularly with coaches and other members of the sports medicine staff. Employers, much like my participants and those surveyed by Schilling,²⁸ believe newly-credentialed athletic trainers need more educational training and opportunities to engage with coaches, parents, and other members of the medical community.²⁹ Despite perceptions of readiness for clinical practice, it appears as though interpersonal communication skills are requiring further development.²⁹

The need for legitimation is critical for the student and newly-credentialed athletic trainer,³⁰ as this allows for integration and role awareness; key pieces to the professional and organizational socialization processes. The process of legitimation can only occur if the individual is allowed the chance to engage in the experiences (i.e. billing, communication, etc.), and are given feedback from those individuals with whom they interact.³⁰ Readiness to enter the workforce, particularly with patient-care was not a surprising finding among my participants, as the literature suggests clinical education experiences are preparing the newly-credentialed athletic trainer to enter it.²⁷⁻²⁹

While professional mentorship was expected to be an important point of discussion regarding socialization, little relevant data on this subject were provided. The most prominent remarks made on the subject of athletic training mentors related more to supervisor support as a WLB facilitator.

Organizational Level Factors and Work-Life Balance. Satisfaction in WLB among my participants showed distinct differences in challenges between workplace settings (figure 2). Those in clinic, office, or research settings reported the best WLB outcomes, while individuals working in collegiate and secondary school settings reported the most difficulty in maintaining a

WLB, though for different reasons. Additionally, the existence of workplace policies regarding WLB was shown among my participants to be a factor in WLB satisfaction.

Athletic trainers working in clinics, offices, or research settings in my study reported having the most positive WLB. Their reasoning was due to the consistent structure of their position and in conventional working hours. Among five participants working primarily or exclusively in these settings, the average number of reported hours worked per week was 40.8 hours (table 1), with little-to-no travel responsibilities. Weekend availability was also a reported benefit to those working in these positions. Some of them, having come from graduate school backgrounds of working collegiate athletics, noted the stark contrast of worktime control and scheduling patterns between the settings as reason for their current job satisfaction, lending support to the research of Ala-Mursula^{31,32} and Staines³³ on worktime control as a job satisfaction and WLB facilitator. As expected, working fewer hours was a benefit to the WLB of these athletic trainers.

Collegiate athletic trainers, by comparison, worked significantly more hours along with strenuous travel schedules within their competitive sport seasons, averaging 55.0 hours per week (table 1). This is consistent with the Kania et al's³⁴ study reporting that nearly half of collegiate athletic trainers work 60 hours or more per week and over 80% work at least 50 hours per week. Athletic trainers practicing in this setting showed the most strain with WLB and work-family conflict. Only two of my participants in this study had children, and one of them, working in the NCAA Division-I setting noted the struggles working in this setting in regards to WLB and work-family conflict. Extensive travel schedules were also mentioned as a barrier to WLB among athletic trainers practicing in this setting. A grasp of the affective and continuance components of professional commitment was most apparent in this group of participants.³⁵⁻³⁷

Several of them outwardly weighed their passion for patient care interaction with the strain on their personal life, reaching a conclusion that departure from the profession or setting may be imminent. I found this to be mostly consistent with Kahanov's and Eberman's⁴ suggestion of life stage in relation to work-family conflict as a potential cause of departure from the profession and change in employment settings. I found it interesting to note, however, that a male athletic trainer expressed direct intentions to leave the profession before age 35, while a female athletic trainer considered a potential transition from working in the collegiate setting into the secondary school setting in her 40s, a reversal of employment demographic data.⁴ However, with a more substantial sample size, more typical data may likely be observed.

Work and travel schedules for athletic trainers working primarily in secondary school settings were nearly identical to the 47 hour work week average reported by Pitney,⁸ at an average of 46.2 hours per week among my participants (table 1). However, my participants in this setting still reported struggles with WLB. My participants indicated that this stress was due to higher patient care load than other clinical settings. All of my participants in this setting were the only athletic trainers working at their high school, and the number of athletes that secondary school athletic trainers were responsible for averaged 450 (table 2). In contrast to the collegiate practice setting, the secondary school athletic trainers in my study did not have any opportunity for job sharing or coworker support to help with this workload. The hiring of additional athletic trainers in secondary school settings would not only improve patient care by helping improve the clinician-to-patient ratio, but data from both Mazerolle⁷ and Tucker³⁸ support that job satisfaction, physical health status, and WLB would all be improved with the addition of coworker support.

Participants in my study who had organizational policies regarding WLB established in their workplace experienced better WLB outcomes than average across their employment setting. As larger collegiate settings often have the benefit of a large staff presence, job sharing was identified as an organizational benefit to participants in that setting. This allowed these participants and their coworkers extra personal time for rejuvenation, a facilitator to individuals' professional commitment, as discussed in the literature.^{35,37} Other participants enjoyed WLB practices by means of support from their supervisors. This included formal policies, like mandatory off days or personal hours worked into the schedule each day, and less formal ones like attention given to athletic trainers' WLB needs by their supervisors, sometimes providing early closing days.

Work-Life Balance Strategies. My study provided me with modern insight into how novice athletic trainers today individually maintain their WLB. Two predominant methods emerged as effective WLB strategies employed by my participants: prioritization techniques and the utilization of technology as a WLB facilitator.

My participants demonstrated an understanding of the need for fulfillment of WLB in how they approached time away from work. Mindful awareness of boundaries to avoid spillover of work into personal life, careful planning of time off to get the most out of leisure activities, and recognition of important personal relationships were exhibited forms of the strategy of prioritization. This employment of personal priorities displayed by my participants is consistent with the reviewed literature across several healthcare fields as an effective WLB strategy.^{7,39}

The rigors of long work hours and demanding travel schedules alone can make maintaining relationships with friends and family difficult, but many of my participants have also followed employment opportunities great distances from their families and long-time friends.

Thus, utilizing various forms of modern technology to stay in touch with loved ones was found to be an innovative strategy in WLB maintenance. This is consistent with observations that the millennial generation of athletic trainers are technologically savvy, and have a vast amount of connectivity resources.⁴⁰ Text messaging, which has been widely available for several years, has evolved for some into group messaging among close circles of friends and families. Live video messaging applications, like FaceTime, were brought up by several participants, and online social media were also often mentioned as facilitators to staying abreast of the goings on in friends' and family members' lives. Rather than needing time away from work to personally visit loved ones, the convenience of these technological strategies allows them to be employed from anywhere at anytime, including down time while at work.

Career Goals. An initial aim of this research was to examine the career goals of novice athletic trainers. However, the amount of data acquired on this topic was sparse. While nearly half of the participants (table 3) were already in a position matching or closely related to their “dream job”, the others required a change in settings to achieve their career goals. As it relates to the data of Kahanov and Eberman,⁴ three participants expressed career goals that required a departure from the profession of athletic training, while several others, as noted in organizational level factors and WLB, did not rule out the possibility of leaving due to concerns about work-family conflict. This demonstrated again Kahanov's and Eberman's⁴ suggested reasons for departure from the athletic training profession stemming partially from work-family conflict.

Limitations and Future Directions. My sample was limited to athletic trainers who have been certified within four years, and although this represents recently transitioning practitioners, my results may not speak to the realities of those that are actively engaged in the organizational socialization process. I suggest that future studies examine the newly credentialed athletic trainer

between 0-6 months post-entry into the workforce. Anecdotal evidence, coupled with my findings, suggest that this can be a stressful period of time that can present with many challenges. My participants came from a heterogonous sample of employment settings, thus I cannot make any generalizations on the impact that workplace can play on the development of role awareness and successful transition to practice. Future studies may explore each employment settings independently as a means to appreciate the uniqueness each setting may encapsulate for the athletic trainer.

Conclusions. While my findings warrant future setting-specific research, my participants provided valuable insight into the effectiveness of the professional socialization process in athletic training. Newly-credentialed athletic trainers are clearly prepared well for the clinical aspects of their job, like injury evaluation and management, but generally lack administrative knowledge and experience necessary to fulfill employers' and supervisors' expectations in the workforce upon entering. Academic and mentoring emphasis in the socialization of future athletic trainers could help address this. Additionally, with distinct differences in WLB perceptions between employment settings, organizational level factors like scheduling and staffing patterns were examined as either barriers or facilitators to WLB satisfaction. Improved worktime control and staffing support in the collegiate and secondary school settings were identified as areas of needed improvement. My participants also displayed a blended approach to WLB maintenance, utilizing traditional methods of prioritization and time management as well as using modern technology to stay connected to family and friends.

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Table 1. Individual Demographic Information

Participants (n=20)	Sex	Age (years)	Experience (years)	Setting	Hours/Week
Kyle	M	25	1	MLS Development	75
Peggy	F	26	1	HS/Clinic	70
Alice	F	25	1	NCAA D-III	55
Brad	M	27	1	NCAA D-I	52
Andy	M	27	1	NCAA D-I	63
Jamie	F	25	1	Clinic	36
Karl	M	35	3	HS	38
Rita	F	26	1	NCAA D-I	63
Becky	F	26	2	Clinic	43
Margaret	F	24	1	Physician's Office	40
Sara	F	24	2	HS/Clinic	45
Laura	F	26	1	NCAA D-I	60
Tyler	M	41	2	HS	38
				Hospital/Soccer Club	45
Joan	F	26	1		
Tina	F	26	1	NCAA D-I	52
Sally	F	26	1	NCAA D-I	41
Beth	F	23	1	HS	40
John	M	24	1	Research	40
Bill	M	28	1	NCAA D-I	48
Mark	M	26	3	NCAA D-I	61
Mean \pm SD		26.8 \pm 4.0	1.4 \pm 0.7		50.3 \pm 11.4

Table 2. Patient Care Load

Participants (n=20)	Sex	Setting	Coworkers	Patient Care Load
Kyle	M	MLS Development	0	89
Peggy	F	HS/Clinic	0	750
Alice	F	NCAA D-III	1	96
Brad	M	NCAA D-I	16	33
Andy	M	NCAA D-I	20	125
Jamie	F	Clinic	0	-
Karl	M	HS	0	575
Rita	F	NCAA D-I	9	45
Becky	F	Clinic	1	-
Margaret	F	Physician's Office	2	-
Sara	F	HS/Clinic	0	225
Laura	F	NCAA D-I	15	70
Tyler	M	HS	0	450
Joan	F	Hospital/Soccer Club	5	-
Tina	F	NCAA D-I	6	50
Sally	F	NCAA D-I	5	46
Beth	F	HS	0	300
John	M	Research	2	-
Bill	M	NCAA D-I	5	250
Mark	M	NCAA D-I	8	170
Mean \pm SD				218.3 \pm 216.9

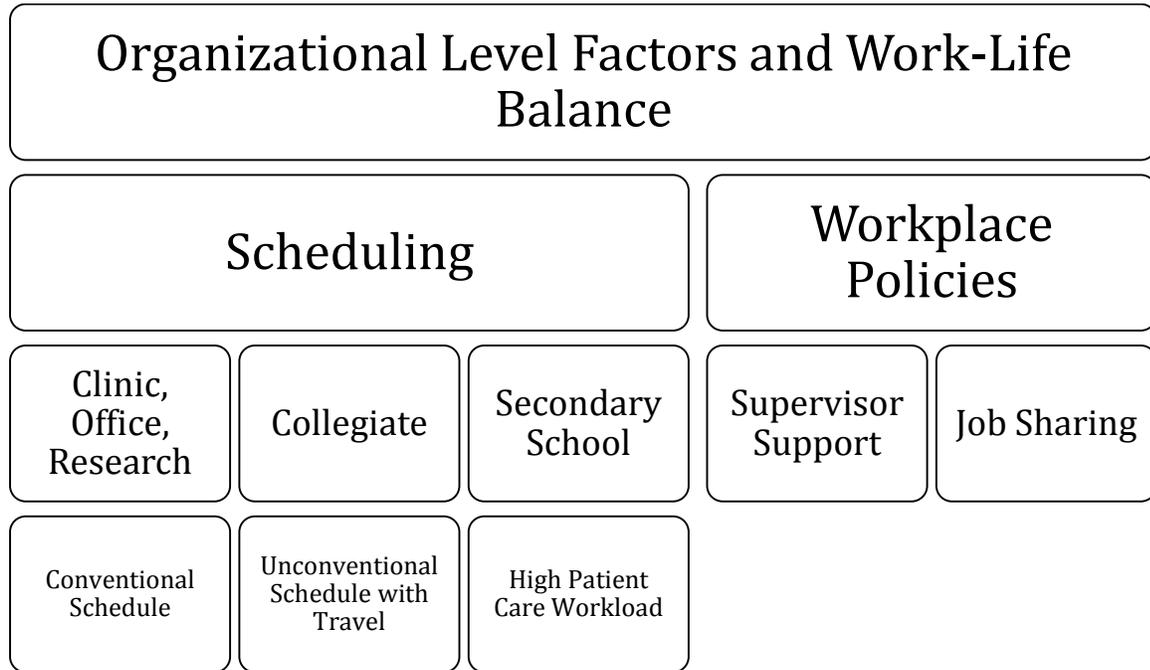
Table 3. Career Goals of Newly-Credentialed Athletic Trainers

Participants (n=20)	Sex	Setting/Title	Education Level	Career Goal
Kyle	M	MLS Developmental Academy/Head Athletic Trainer (AT)	Master	MLS Head AT
Peggy	F	HS/Clinic/Head AT	Master	NCAA D-I or D-II Volleyball AT
Alice	F	NCAA D-III/Head AT	Master	Current Position
Brad	M	NCAA D-I/Assistant AT	Master	Physician Assistant
Andy	M	NCAA D-I/Assistant AT	Master	NCAA D-I Head Football AT
Jamie	F	Clinic/AT	Master	Health Sciences Teacher
Karl	M	HS/Head AT	Bachelor	NCAA D-I or NBA AT
Rita	F	NCAA D-I/Assistant AT	Master	NCAA D-I Team Sport AT
Becky	F	Clinic/AT	Entry-Level Master	College Gymnastics AT
Margaret	F	Physician's Office/ Physician Extender	Master	AT Professor/ Researcher
Sara	F	HS/Clinic/Head AT (HS)/ AT (Clinic)	Bachelor	Physician Assistant
Laura	F	NCAA D-I/Assistant AT	Master	Current Position
Tyler	M	HS/Head AT	Bachelor	NCAA D-I Football or Basketball AT
Joan	F	Hospital/Soccer Club/AT	Entry-Level Master	USA Track & Field AT
Tina	F	NCAA D-I/Assistant AT	Master	Current Position
Sally	F	NCAA D-I/Assistant AT	Master	NCAA D-I Football AT
Beth	F	HS/Head AT	Bachelor	Rugby AT
John	M	Research/Research Associate	Master	AT Research with a PhD
Bill	M	NCAA D-I/Assistant AT	Master	NCAA D-I Men's Basketball AT
Mark	M	NCAA D-I/Assistant AT	Master	Collegiate Men's Soccer AT

Figure 1. Professional Socialization of Athletic Trainers in Various Employment Settings



Figure 2. Athletic Training Organizational Structure and Work-Life Balance



Appendix. Semi-Structured Phone Interview Instrument

Demographic Information

Sex:

Age:

Year BOC Certified:

Type of AT Program Graduated from (Undergrad, Entry-Level Grad):

Highest Level of Education:

Average Number of Hours of Work Per Week (in-season, out-of-season, summer):

Average Number of days travel per month:

Current Employment Setting (i.e. NCAA D-I, II, III; high school, etc.):

Title of Current Position (i.e. Head AT, assistant AT, etc.):

Number of Athletes Responsible for:

Number of Full-time Staff Members:

Number of Part-time Staff Members:

Number of Years at Current Position (1st, 2nd, 3rd):

Relationship Status (Single, Partnered/Married, Divorced/Separated, Widowed):

Family Status:

Do you have children (Y/N)?

If yes, number?

Ages?

RQ1: Does the athletic trainer employed in their first full-time position perceive to have work-life balance?

1. Can you describe your current position (including responsibilities, day-to-day, etc.)?
2. What attracted you to this position?
3. After navigating your first (1-3) year(s), what have you learned about both yourself and the profession of athletic training?
 - a. What are your favorite and least favorite aspects of your job?
 - i. Were you aware of these aspects before taking the position?
4. How do you feel about your work-related travel obligations?
5. Has your work as an athletic trainer taken you far from home, or have you stayed relatively close to where you grew up?
 - a. How do you feel about this?
 - b. Can you describe how you maintain your close personal relationships with family and friends?
6. How do you, personally, describe “work-life balance”?
7. Can you describe the relationship you are able to maintain with your family since starting this position?
8. Can you describe your relationships with work colleagues? Is it strictly professional relationship or do you choose to have a relationship outside of the workplace?
 - a. What kinds of activities do you and your colleagues do together?
9. What types of hobbies do you enjoy outside of work?

- a. Reflecting on your current interests, hobbies and work responsibilities, how satisfied are you with your ability to find time to engage in them?
 - b. Are there any seasonal activities (skiing, gardening, softball, etc.) that interfere with competitive season work schedules? If so, what? What alternatives or solutions have you made to do any of these activities?
10. Can you describe how you maintain a balance between your work roles and personal interests, hobbies and family obligations?

RQ2: How do athletic trainers employed in their first full-time position feel their clinical experiences prepared them to handle their work and personal responsibilities?

1. Can you describe how prepared you felt assuming this role as a full-time athletic trainer?
2. Were the skills and fundamental knowledge gained in your clinical education experiences sufficient to begin work in this position?
3. What factors do you feel contributed to your response regarding your level of preparation for your current full-time position?
4. What role did your clinical education experiences play in you seeking out this position?
5. Would anything else have helped better prepare you for your current position (in your professional preparation)? If so, what?

RQ3: How do athletic trainers employed in their first full-time position feel their academic coursework prepared them to handle their work and personal responsibilities?

1. Were the skills and fundamental knowledge gained in your coursework sufficient to begin work in this position?
 - a. What additional skills or information, if any, have you had to acquire to practice at the position you now hold?
2. What unique clinical skills (certifications, special training, etc.) did your undergraduate/certification program provide you?
 - a. How often do you use and how helpful do you find these skills in your career now?

RQ4: What are the career goals of athletic trainers employed in their first full-time positions?

1. Is the position you are currently in what you had hoped for as your first full-time position?
 - a. If so, what drew you to seek out this position?
 - b. If not, what other position(s) would you have preferred to begin your full-time career?
 - c. How long do you expect/plan to remain in the position you currently work in? Explain why.
2. What is your “dream job”, and how does it compare to this position?
3. Can you envision yourself remaining in the profession of athletic training?
 - a. What factors influence your response?

4. What role have your colleagues and supervisors played in your professional development?
 - a. If they identify a mentor: Describe the mentorship you have received and how it led you to these goals.
 - b. During your career have you had a mentor? Can you explain?
5. With the experience you now have, what advice would you have given yourself, or would give others, before starting their first full-time position?