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Top Desired Characteristics of an Athletic Trainer

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Top Desired Characteristics of an Athletic Trainer

A Senior Honors Thesis

Submitted in Partial Fulfillment of the Requirements
for Graduation in the Honors College

By

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Introduction

The profession of athletic training is relatively new compared to other healthcare based occupations. In 1950 the National Athletic Trainers' Association, or NATA, was formed as the governing body for the profession of athletic training. Today it has over 43,000 members worldwide.¹ It sets forth standards for the profession as well as overseeing the certification process for new entry-level members. The standards are published annually in what is known as the Role Delineation Study. Having standards for the profession helps to unite professionals across the country by providing common practices for which all members can learn and apply to their patients.

Before becoming certified, athletic trainers are instructed in the following subjects: evidence-based practice, prevention and health promotion, clinical examination and diagnosis, acute care of injury and illness, therapeutic interventions, psychosocial strategies and referral, health care administration, professional development and responsibility.² As an undergraduate student, instruction in all of these specific subjects combined with completion of clinical hours ensures that when an athletic training student graduates, they are prepared to handle all aspects of the profession.

To become certified as an athletic trainer, one must complete a four-year bachelor's degree from a Commission on Accreditation of Athletic Training Education (CAATE) approved program.³ The profession is currently transitioning so that by fall 2022 the entry-level requirement will now be a master's degree instead of a bachelor's. Those who earned their certification prior to fall 2022 will be

grandfathered in so that a master's is not a requirement. As a credit to the profession, more than 70% of present athletic trainers have already gone on to earn their master's even before the anticipation of this new requirement came out.

Originally the most popular job setting for athletic trainers was in high schools. Now you will find the top job settings for athletic trainers to be high schools, clinics, and college settings. With the field of athletic training expanding, the need for health care supervision in non-traditional settings is growing as well. Positions in the military, performing arts, and occupational health settings are providing opportunities for athletic trainers to utilize their skills in new ways.

Job Settings

PERCENTAGE of ALL ATs	JOB SETTINGS
19%	College/University
18%	Secondary Schools
17%	Clinic and Hospital
27%	Students
2%	Professional Sports
2%	Emerging Settings
	Performing Arts
	Public Safety
	Military
	Occupational Health

After becoming certified, athletic trainers must complete 50 continuing education units, or CEU's, every two years in order to maintain their certification.¹ Of those, ten units have to be evidence-based meaning they are directly involved in current research being conducted in the field.¹ Having the continuing education units ensures that professionals in the field are keeping up with modern practice,

which ensures that all techniques and methods are up to date with the new standards published by the NATA.

The NATA publishes the Journal of Athletic Training every month. This journal contains research conducted by professionals within the athletic training profession. Research found in this journal covers a variety of topics ranging from clinical studies to observational studies and even consensus statements. The majority of my comparative research is pulled from articles within this journal, as well an article co-written by my thesis director Dr. Tim Henry from the Sport Journal.⁴

Abstract

The purpose of this research was to determine what characteristics patients want to see from the athletic trainers they work with. The current research and literature published focuses on what other professionals in the field believe to be the best characteristics to demonstrate. In an effort to advance prior research and knowledge about the profession, research was conducted utilizing a summative scale survey with 19 characteristics that was distributed to varsity and club athletes at the College at Brockport. The top characteristics desired were: knowledgeable (4.97), helpful (4.91), reliable (4.88) and honest (4.88). The least desired characteristics were: humorous (3.75), role model (3.83), and sympathetic (4).

Survey

A summative scale survey with 19 characteristics was utilized for this research. Each characteristic was graded, by the participant, on a scale of 1-5 with 5 being most desirable and 1 being least desirable. The characteristics listed on the survey were derived from prior research conducted by other professionals in the field, and were randomly selected to be used. On the back of the survey was a list of questions pertaining to other characteristics the participants may want from a professional. In addition questions asking about their involvement with other orthopedic specialists were listed. No identifying characteristics were taken from any participants to keep anonymity. The only information taken from the participants was their age, gender, and sport in order to provide demographics for the study.

Participation

Participation was sought only from students at the College at Brockport. The college has 23 varsity sports with 11 being male teams and the other 12 being female. Each team has equal access to the athletic training facility while they are in season. If they are participating in non-traditional practices or games, they must make appointments to be seen by an athletic trainer during noon hour appointment times. During the noon hour appointment times faculty, staff, and non-varsity students are also allowed to come in for treatment and rehabilitation. The only requirements for the study were that the participant was over the age of 18, and that they had worked with an athletic trainer on campus at least one time. Two

noon-hour sessions were surveyed with the other research times taking place during normal pre-practice/game treatment. Thirty-six students participated in the study with 39% being male and 61% being female. Eight percent of the participants were non-varsity athletes. The average age of participation was 20 years old.

Methods

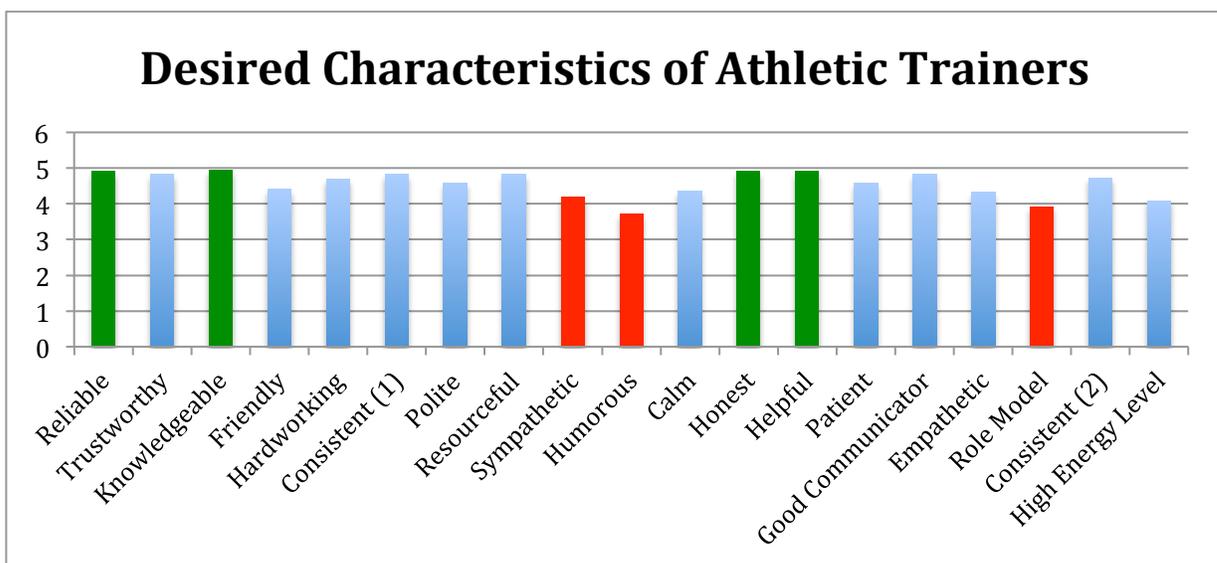
The study was conducted in the athletic training facility at the College at Brockport and all participants were either receiving or finishing treatment at the time of participation. If the patient was not busy, they were approached and informed about the purpose of the study before being presented with the survey. If they agreed to participate, they were handed a copy of the survey with an informed consent sheet on top. Consent to participate in the research was implied by their completing of the survey. After reading the informed consent sheet and completing the survey, the survey was collected and numbered to keep track of participation levels. The assigned values for each characteristic were recorded and tallied to determine what the top and bottom three characteristics were.

Results

<u>Characteristics</u>	Mean4.27	Mean (Male)	Mean (Female)
Reliable	4.89	4.86	4.91
Trustworthy	4.83	4.86	4.82
Knowledgeable	4.97	5	4.95
Friendly	4.36	4.29	4.41
Hardworking	4.61	4.5	4.68
Consistent (1)	4.81	4.79	4.82
Polite	4.33	3.93	4.59
Resourceful	4.61	4.29	4.82
Sympathetic	4	3.71	4.18
Humorous	3.75	3.79	3.72

Calm	4.28	4.14	4.36
Honest	4.89	4.86	4.91
Helpful	4.92	4.93	4.91
Patient	4.56	4.5	4.59
Good Communicator	4.81	4.79	4.82
Empathetic	4.14	3.86	4.32
Role Model	3.83	3.71	3.91
Consistent (2)	4.78	4.86	4.72
High Energy	4.11	4.14	4.09

The total number of participants for the study was 36. Of those 36, 14 participants identified as male while the other 22 identified as female. Analyzing the overall participation in the study, the top three desired characteristics were: knowledgeable (4.97), helpful (4.92), reliable (4.89) and honest (4.89). The top characteristics while analyzing only male participants were: knowledgeable (5), helpful (4.93), reliable (4.86) trustworthy (4.86) honest (4.86) and consistent 2 (4.86). The top characteristics while analyzing only female participants were: knowledgeable (4.95), reliable (4.91) honest (4.91) and helpful (4.91).



Terminology

A characteristic can be defined as a feature or quality belonging typically to a person, place, or thing and serving to identify them.⁵ The profession of athletic training should never be treated like there is a “cookie-cutter” model to base education and actions around. Rather, you should know what is expected of you from the law, other professionals, and your patients so you can provide the most competent care possible. Although the research conducted for this thesis is only the product of a small sample size, it can be compared to prior research and expanded upon to give meaning to what it is to be an athletic trainer.

To be knowledgeable is to be intelligent and well informed.⁵ Knowledge is not limited to being book smart, rather it is embodied in the ability to apply what one knows in the actions they perform. Unsurprisingly, it was the top desired characteristic desired by both male and female patients after compiling all of the surveys. Being recognized as an allied health care profession, it is expected that certified members, as well as students, have a mastery of the standards set forth by the board of certification. These standards ensure that when a patient is seeking help for a potential issue, the athletic trainer has the knowledge to either provide treatment or refer the patient to another professional who can better help.

Being helpful is defined as giving or ready to give help.⁵ As an athletic trainer you are expected to be ready to give help at any moment during the day. Whether it is assisting an athlete with pre-game nerves or providing emergency care to an unconscious patient, everyone you work with will need and rely on your expertise and knowledge. In other research being helpful is considered one of the top

characteristics of an athletic trainer to the point where instead of placing the term helpful on a survey, it is used to describe the profession itself. In an article by Laurent and Weidner they state that “the characteristics that constitute effective clinical instruction in athletic training are not well defined.”⁶ Yet in the title of the article they state that they seek what defines a helpful clinical instructor implying that in order to be an adequate preceptor and certified athletic trainer, you must possess the characteristic of being helpful.

Tied for third overall is being reliable. Reliability is when someone is consistently good in quality or performance; or able to be trusted.⁵ It is imperative that on a daily basis an athletic trainer is consistent with all of their duties. If there is a lapse in judgment or concentration, the health, safety, and overall well-being of the patients that they work with is put in jeopardy. To ensure that an athletic trainer is consistent, they should keep up with all modern practices by completing their continuing education units based on the employment setting that they are in. Also the successful completion and maintaining of medical records will lead to more effective treatments for patients as well as a decrease in stress levels for the athletic trainer. The second part of the definition for being reliable is to be trusted.⁵ If the insight into the research I conducted was expanded into a list of the top five characteristics desired of athletic trainers, trustworthiness would round out the list. I appreciate how trust was included in the definition of consistency because it alludes to the notion that consistency and trust work in a cycle. When an athletic trainer graduates from a program or moves to a new job they have to prove themselves to the patients they work with. In obtaining and maintaining their

certification they have shown that they possess the knowledge and skills to be a competent professional in the field. By providing consistent and competent care they can earn the trust of their patients, which will continue to grow with each session thus continuing the cycle of performance and trust.

Also tied for third was being honest. An athletic trainer is honest when they are morally correct or virtuous.⁵ Though there are several definitions given to the term honest, I felt that this was the most appropriate because the profession of athletic training is one guided by an adherence to moral ethics. The National Athletic Trainers' Association Code of Ethics has four sections that athletic trainers must adhere to so that they ensure their methods and practices are ethically correct.⁷

1. Members shall practice with compassion, respecting the rights, welfare, and dignity of others
2. Members shall comply with the laws and regulation governing the practice of athletic training, National Athletic Trainers' Association (NATA) membership standards, and the NATA Code of Ethics
3. Members shall maintain and promote high standards in their provision of services
4. Members shall not engage in conduct that could be construed as a conflict of interest, reflects negatively on the athletic training profession, or jeopardizes a patient's health and well-being (NATA Code of Ethics)

By adhering to these policies, an athletic trainer can promise their patients that they will never be deceived and the care received will always be the best possible. With an athletic trainer being honest from the beginning, the patients they work with will take note that a reciprocation of honesty will lead to any subsequent interactions being as efficient as possible.

Discussion

The research collected was from the perspective of what patients want from their athletic trainers, but it is also a product of what athletic trainers already are.

With only two students in the athletic training program at the College at Brockport being varsity athletes, it is highly unlikely that the athletes surveyed have a comprehensive understanding of the profession of athletic training other than the experiences they have from working with one here at the college, or with one from their high school.

Since the athletic training facility is also an educational program, the characteristics observed by the patients closely reflect that of the standards provided by the Commission on Accreditation of Athletic Training Education. In order to make the comparison from the research findings to what is expected of students in the program, the Role Delineation Study must be broken down by each section to analyze how the two compare.

The first domain of athletic training is injury/illness prevention and wellness protection. In order to ensure that a patient receives the best preventative treatment, their athletic trainer must “educate individuals and groups through appropriate communication methods”.⁸ Patient education can be more effective than utilization of equipment in preventative medicine because it makes the athlete aware of any potential hazards rather than giving them an item that may cause the feeling of invincibility. In educating a patient about injury prevention an athletic trainer embodies the top characteristics in utilizing their knowledge and strong communication to help their athlete stay healthy.

The second domain of athletic training is clinical evaluation and diagnosis. There are several scenarios in which an athletic trainer may be needed to evaluate a patient or athlete: a pre-participation exam, on-field evaluation, clinical evaluation,

or on-going rehabilitation re-evaluations. During an evaluation it is imperative that the patient and athletic trainer are completely honest with each other so that a proper diagnosis can occur. This is also a scenario where an athletic trainer needs to utilize their knowledge and stay up to date with practices to provide accuracy and avoid mistakes.

The third domain is immediate and emergency care. According to the Role Delineation Study, to comply with this domain athletic trainers must “Apply appropriate immediate and emergency care procedures to prevent exacerbation of non-life threatening and life-threatening health conditions”.⁸ No athlete or patient plans on injuring himself or herself, but it is an inherent risk in sport and every day activity. With injury being such a stressor on a patient they can find some comfort knowing they are being treated by a professional that they know they can rely on. When the injury is life threatening an athletic trainer must use their knowledge of first aid and CPR, but also must know when it is proper to refer the patient to another health care professional.

Domain Title		Description
3	Immediate and Emergency Care	Employing standard care procedures and communicating outcomes for efficient and appropriate care of the injured.
Task 0303	Implement appropriate referral strategies, which stabilize and/or prevent exacerbation of the condition(s), to facilitate the timely transfer of care for conditions beyond the scope of practice of the Athletic Trainer.	

(NATA Role Delineation Study)

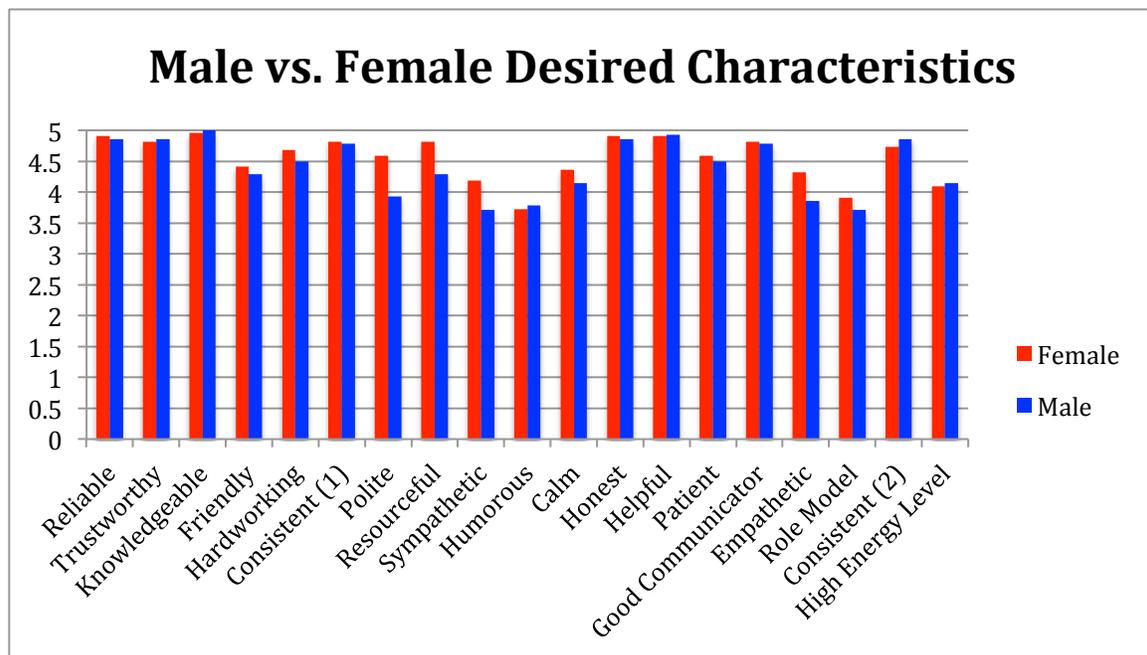
The fourth domain of athletic training is treatment and rehabilitation. Although not necessary, rehabilitation programs often work best when the athletic

trainer and patient have a good relationship or are working towards one common goal. With a strong connection between the two individuals a sense of trust and reliability is had and rehabilitation sessions become less of an obligation and more of an experience. In order to properly manage a rehabilitation program the Role Delineation Study states that an athletic trainer should be able to “design, administer, and execute a plan of care.”⁸ This involves knowing how to: express the philosophy of the rehabilitative process, understand the healing process, biomechanics, and psychological aspects of a rehabilitation program, arrange individual short-term and long-term goals, discuss each component of the program, and propose criteria for progression of the program.⁹

The fifth and final domain of athletic training is organizational and professional health and well-being. Although this domain is not directly involved in the healing process of a patient, successful planning ensures that the athletic trainer will be successful in each area of the profession. According to the Role Delineation Study an athletic trainer must be able to “demonstrate appropriate planning for coordination of resources...in event medical management and emergency action plans.”⁸ Emergency action plans are carefully detailed plans which state what actions should be taken to handle any situation that an athletic trainer may have to deal with. It allows each member of the sports medicine team to practice together and be prepared to take action if the situation arises. In preparing these plans as well as the other logistical and business aspects of the profession, you show your patients that when they arrive they are working with an organized professional. With each session running successfully they are more inclined to return and also

refer friends which both benefits them from a health standpoint and the athletic trainer from a business standpoint.

Further analyzing the responses from the surveys, there were noticeable differences in comparing male to female results. The top desired characteristics for female matched exactly with the overall top desired characteristics. The top male desired characteristics also matched with the overall top desired characteristics, but also included trustworthy and consistent. In addition there were four terms that had significant differences in assigned values between the genders: polite ($\pm.66$), resourceful ($\pm.53$), sympathetic ($\pm.47$), and empathetic ($\pm.46$). It should be noted that to qualify as a significant difference the assigned values had to have a difference of $\pm.4$.



According to Dr. Ronald Mower the traditional gender binary lists males as being: a leader, calm (non-emotional), and pragmatic. Females are listed as being: a

follower, emotional, and romantic.¹⁰ In reality these terms, as well as other adjectives, are completely interchangeable between both genders. For the purpose of this project it is most practical to analyze the responses given and compare them to the stereotypical norms. To be pragmatic is to deal with things sensibly and realistically in a way that is based on practical rather than theoretical considerations.⁵ To be a leader is to be a person who leads or commands a group.⁵ Both of those traits lend themselves to the other two male top desired characteristics in that in order for a male athlete to maintain their role as a leader they must be able to trust the athletic trainer they work with to provide care that will keep them healthy throughout the season. To be emotional is to have feelings that are easily excited and openly displayed.⁵ To be romantic is to be characterized by an idealized view of reality. Having these two traits explains why females scored polite, sympathetic, and empathic significantly higher than males did. Athletic trainers who are sympathetic, empathetic, and polite are more likely to have a less systematic approach to treatment and rehab and will employ more personable methods.

The Role Delineation Study is a perfect comparison for the first half of the survey, but to understand the second half it is important to make comparisons between health care professions. Of the total participants in the study, 80.5% reported that they had worked with a health care professional besides the athletic trainers at the College at Brockport. Of those, 72% had worked with a physical therapist. Other professions included: orthopedic physician, orthopedic surgeon, podiatrist, and a chiropractor. Though responses to the survey were directed

towards all of the professions listed, it is most practical to direct the responses towards physical therapy and compare that to athletic training.

<u>For Athletic Trainers</u>	<u>Other Orthopedic Professionals</u>
<ul style="list-style-type: none"> ✧ Compassionate ✧ Motivating ◆ Happy ◆ Understanding ◆ Personable ◆ Approachable ◆ Encouraging ◆ Dedicated ◆ Sociable ◆ Informed about sport ◆ Professional* ✧ <i>Most Requested</i> 	<ul style="list-style-type: none"> ◆ Funny ◆ Friendly ◆ Enjoy job ◆ Engaging during treatment ◆ Outgoing ◆ More knowledgeable than athletic trainer due to longer education ◆ Professional* <i>*Requested for athletic trainers and other professions</i>

Similar to the National Athletic Training Association, The American Physical Therapy Association (APTA) produces guidelines for what professionals in the field should exemplify. On their website it states that physical therapists: diagnose and manage movement dysfunction and enhance physical and functional abilities, restore, maintain and promote not only optimal physical function but optimal wellness and fitness and optimal quality of life as it relates to movement and health, and prevent the onset, symptoms, and progression of impairments, functional limitations, and disabilities that may result from diseases, disorders, conditions, or injuries. The three descriptors of physical therapy are similar to those of athletic training in that the main goals for the professionals is acquiring and retaining knowledge to diagnose, treat, and monitor injury and limitations in the patients they work with.

With the professions of athletic training and physical therapy being so similar it comes to little surprise that the desired characteristics for both have little difference. Being professional was an answer written in for both athletic trainers and physical therapists that wasn't listed on the survey. To be professional is to be confident, skillful, or assured.⁵ Both professions embody professionalism in the standards they create for their students ensuring that once they graduate they can provide the high level of care their patient's desire. The one response that differed the most was that a patient believes that other health care professionals, such as physical therapists, should have more knowledge than an athletic trainer. This is a valid desire because other professions require greater durations of education before someone can become an entry level professional. Athletic training as a field is making advances towards this by reforming educational programs across the country so that entry-level graduates earn their master's degree rather than a bachelor's.

When comparing the findings in my research to other, already published articles there were many similarities but also some surprising findings. The two most relatable articles are: *Desirable Qualities, Attributes, and Characteristics of Successful athletic Trainers – A National Study* by Henry, Schneider, Stier⁴ and *Characterizations of a Quality Certified Athletic Trainer* by Raab, Wolfe, Gould, and Piland.¹¹ The first article used a survey to question head athletic trainers from Division III colleges across the country on what they believe to be the top characteristics of an entry level professional in athletic training. They found that the top six characteristics were: trustworthiness, honesty, high ethical standards,

dependable, adaptable, and communicator.⁴ The second article utilized interviews of professionals to determine what they thought the best characteristics for an athletic trainer were. They found that the top characteristics were: care, communication, commitment, integrity, and affective.¹¹

When comparing the overall top traits as well as the male and female top, trustworthiness and honesty were also found in the top characteristics of the research articles.^{4, 11} In addition, consistent and reliable were synonymous with dependable. The biggest difference in my study was that humorous was the least desired characteristic. Though not listed in the Role Delineation Study or the other research articles, humor is thought to be invaluable for an athletic trainer. During presentation on the findings of my research both students and professors were in disbelief that humorous was the least desired characteristic, and both wanted the reasoning to why this was not rated higher.

Room for Improvement/Continuing Research

After completion and analysis of research there are several questions that should have been added to the survey. First a question should be added to inquire to participants on what they believe athletic training is. This would add some clarity to the responses on characteristics and would lend itself to greater in-depth comparisons of health care professions. Second I would specifically ask the participant to list out their top three characteristic choices and to describe why they choose these over the other listed traits. Lastly I would require them to list an

alternative trait that was not already provided so that there would be more comparisons that could be made to already established research.

If I were to continue the research already completed, the first thing I would do is increase the demographic and population surveyed. With an equal number of male to female participants as well as more sports included, a more conclusive result could be derived. I would also expand the location of the surveys so that it includes more than just students at the College at Brockport. With more locations, student populations can be compared by what division they're in, as well as if they have an athletic training program on campus. Finally I would prefer to conduct interviews rather than administering surveys. Interviews allow for the participant to think through their answer rather than skimming through a sheet of paper. There was a source of error in the survey I administered in that I listed the characteristic "consistent" twice on separate sections. After compiling the results there were two different overall values for consistent which proves that either careful attention was not given to the survey or that the participants did not fully understand the purpose of the project. An interview would ensure that a participant's undivided attention would be had which would lead to more accurate results.

Conclusion

Before research was conducted, it was believed that results would help create a new understanding of what was desired from the profession of athletic training. These results could have been used to create new standards for the profession. After research and analysis it was concluded that the results of this

research was not an independent product of the already established outline for the profession, but rather a reflection of what the field of athletic training already is. The Role Delineation Study is a product of research done by professionals in the field that describes what an athletic trainer needs to be. If research on why patients and athletes agree with what is already established continues, each domain and characteristic trait can be expanded on more furthering the knowledge of all professionals in the field.

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The purpose of this questionnaire is to gather information on the desired characteristics of athletic trainers. Your identity will remain anonymous but your responses will be recorded and compared with others as research in a thesis paper determining the top characteristic traits desired for athletic trainers by the patients they work with. You may decline to participate in the survey if you so wish.

Sport:

Age:

Gender:

The following characteristic traits can be used to describe athletic trainers. On a scale of 1-5, rate how much you value each trait in an athletic trainer. On the opposite side of the page, there are supplemental questions to follow up the survey.

	Very Important	Important	Moderately Important	Slightly Important	Not Important
Reliable	5	4	3	2	1
Trustworthy	5	4	3	2	1
Knowledgeable	5	4	3	2	1
Friendly	5	4	3	2	1
Hardworking	5	4	3	2	1
Consistent	5	4	3	2	1
Polite	5	4	3	2	1
Resourceful	5	4	3	2	1
Sympathetic	5	4	3	2	1
Humorous	5	4	3	2	1
Calm	5	4	3	2	1
Honest	5	4	3	2	1
Helpful	5	4	3	2	1
Patient	5	4	3	2	1
Good Communicator	5	4	3	2	1
Empathetic	5	4	3	2	1
Role Model	5	4	3	2	1
Consistent	5	4	3	2	1
High Energy Level	5	4	3	2	1

Are there any other characteristics that you feel are more important than the ones listed above? If so, list them below

How many times per week do you see/work with an athletic trainer?

Have you ever seen/worked with someone in the orthopedic field other than an athletic trainer? (ex: physical therapist, orthopedic physician, etc.)

If yes, would you desire from them the same top characteristics that you would for an athletic trainer?

If the top desired characteristics differ, what would you desire instead?