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Collaborative Needs Assessment to Improve NCAA DIII Student-Athlete Well-Being

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ABSTRACT

The professional literature contains little focused specifically on NCAA DIII. NCAA Goals data provide an overview of common characteristics and challenges of DIII student-athletes. However, the large number and variety of DIII member institutions merit DIII athletic programs assessing the needs and well-being challenges of its student-athletes and to create and tailor programs and interventions to support student-athlete well-being. A needs assessment of student-athlete well-being issues was carried out at an institution with a large DIII program. Part one, reported here, used focus groups of student-athletes, coaches, athletic trainers, and athletics administrators. Results suggested well-being challenges at this institution were largely associated with poor diet, stress, lack of adequate sleep, and alcohol use. Fear of missing out, lack of and poor coping skills, poor interpersonal communication, lack of self-advocacy skills, and lack of other “adulting” skills made it difficult to manage and balance their lives. Lack of balance along with lack of resilience emerged as main contributors to the behaviors and environments creating well-being challenges for the SAs. Part two should further document and validate factors impacting student-athlete well-being through a survey of all student-athletes. This needs assessment can serve as a model for others.

Keywords: DIII, student-athlete, well-being

Well-being issues faced by student-athletes (SAs) generally mirror the overall student population, yet the implications may be different and accessing services more problematic (Egan, 2019). Common well-being issues for SAs include mental health (Egan, 2019), especially anxiety, depression, and high levels of stress; misuse of alcohol and marijuana (National Collegiate Athletic Association [NCAA], 2018); lack of restorative sleep (Kroshus et al., 2019); and poor diet (Karpinski, 2012). Time demands and schedules of SAs can interfere with self-care and decrease access to existing programs and services, especially for SAs in NCAA Division II and Division III programs (Nite, 2012). Time commitments to both academics and athletics increased in hours across all NCAA divisions between 2010-2019 (NCAA, 2016; NCAA, 2020). Moreover, SAs well-being challenges can affect retention of SAs in athletic programs and at their institutions (Hodges & Griffin, 2021). The professional literature in health promotion, health education, college health, and intercollegiate athletics in the United States contains few articles on SAs focused specifically on NCAA DIII and well-being in particular. This is a major gap in the literature, as DIII is the largest of the three NCAA divisions with 445 member institutions across 43 conferences (NCAA, n.d.a). Almost 40% of NCAA athletes compete at the DIII level.

Health, wellness, and well-being are related terms often incorrectly used interchangeably. For clarity, it is useful to think of health as physical, social, emotional, and mental well-being and

wellness as the processes we use to achieve these aspects of well-being (Stoewen, 2015). Dodge et al. (2012) define stable well-being as the “balance point” (p. 229) between psychological, social, and physical challenges and resources. Their definition acknowledges this balance fluctuates much like a seesaw, and individuals need skills and other resources to address challenges in order to achieve and maintain the equilibrium necessary for stable well-being.

While NCAA Goals data (NCAA, 2020) provides an overview of common characteristics and challenges of DIII SAs, the large number and variety (e.g., enrollment, numbers of athletics teams, private vs. public, endowment) of DIII member institutions merit DIII athletic programs assessing the needs and well-being challenges of its particular SAs to create and/or tailor programs and interventions. Needs assessments are a form of action research in that they are descriptive investigations intended to produce knowledge to be used to create practical outcomes intended to improve the lived experiences of the group of interest (Bradbury & Reason, 2003; Koshy et al., 2011; Minkler & Wallerstein, 2003) and may contribute to new forms of understanding (Bradbury & Reason, 2003). Community-based participatory research (CBPR) (Minkler & Wallerstein, 2003) is a form of action research that actively involves stakeholders and other members of the group of interest in planning and assisting with research activities, as respondents, and to validate initial findings as generally representing their experiences (Green & Kreuter, 2005; Hodges & Videto, 2011; Minkler & Wallerstein, 2003). Action research and CBPR practices commonly are employed in community and public health, especially as part of needs assessments for program planning.

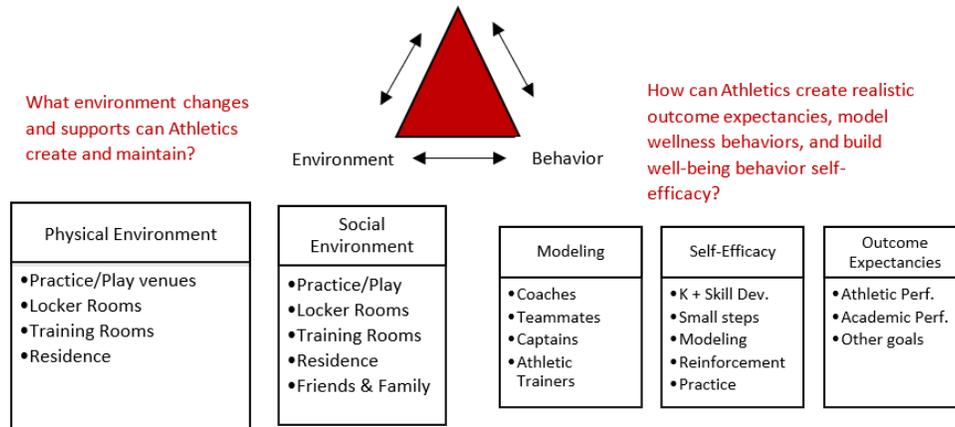
The NCAA Sports Science Institute (2017) encourages athletics programs to conduct needs assessments in the area of substance use as part of building intervention and prevention programs for their institution’s SAs. Targeted and tailored interventions have the greatest chance for positive outcomes (Green & Kreuter, 2005; Hodges & Videto, 2011). Assets and needs assessments of DIII SAs that are designed to include a look at determinants of well-being assist programs in enhancing SA well-being and embodying the DIII ethos of developing well-rounded adults through the provision of a comprehensive educational experience (NCAA, n.d.b.).

Becoming one of the national leaders in promoting the well-being of all campus community members is one of four strategic plan priorities of a medium-sized (approximately 6000 students) public college in the geographic northeast with a NCAA Division III athletics program (23 teams; 700+ SAs). Enhancement of support for SA well-being had been an item of discussion among athletics staff for a number of years. Lack of adequate time, money, and personnel made it difficult for athletics staff to move forward with planning or implementing new initiatives around SA well-being. The dearth of existing health promotion materials and resources dedicated to SAs at the DIII level compounded the challenges. Several informal discussions between the athletics director and the author, a health department faculty member with experience designing health promotion initiatives for sports-related entities, resulted in a collaboration between the athletics department and the faculty member. The faculty member primarily teaches courses in the master’s degree programs and an upper-level undergraduate course in health program assessment and evaluation. They have no administrative responsibilities, and the department typically has fewer than 10 SAs across its four undergraduate majors. The collaboration employs a public health approach to addressing SA well-being issues: assessment of needs and determinants to identify and verify issues and to raise awareness among stakeholders; identification of specific risk factors in the SA population; development of targeted interventions; and implementation and evaluation of the interventions.

The purpose of the initial needs assessment was to identify SA quality of life and well-being issues at this institution along with behavioral and environmental factors that may be contributing to these issues. Results from the initial assessment would be used to inform the next steps of the needs assessment and the resulting initiatives.

Theoretical base

Figure 1
Social Cognitive Theory and Student-Athlete Well-Being



Adapted from Bandura, 1986

Social cognitive theory (SCT) (Bandura, 1986) provides the foundation for this initiative (see Figure 1). According to SCT, the personal characteristics, environments, and behaviors of a SA all interact with and have an effect on each other. SA well-being-related behaviors are modeled and reinforced by other SAs, coaches, team captains, teammates, and athletic trainers; and engagement in well-being-enhancing behaviors is more likely the higher the degree of confidence the SA has in carrying out the behavior (self-efficacy). Both knowledge and skills related to well-being-enhancing behaviors are necessary, and SAs need to expect that engagement in well-being-enhancing behaviors results in positive outcomes for their athletic performance, academic achievement, and other goals they may have. Studies have found that SAs themselves, in addition to teammates, coaches, and other athletic personnel such as athletic trainers (AT), influence the development of norms and act as models around well-being-related behaviors (Pitts et al., 2018; Seitz et al., 2014).

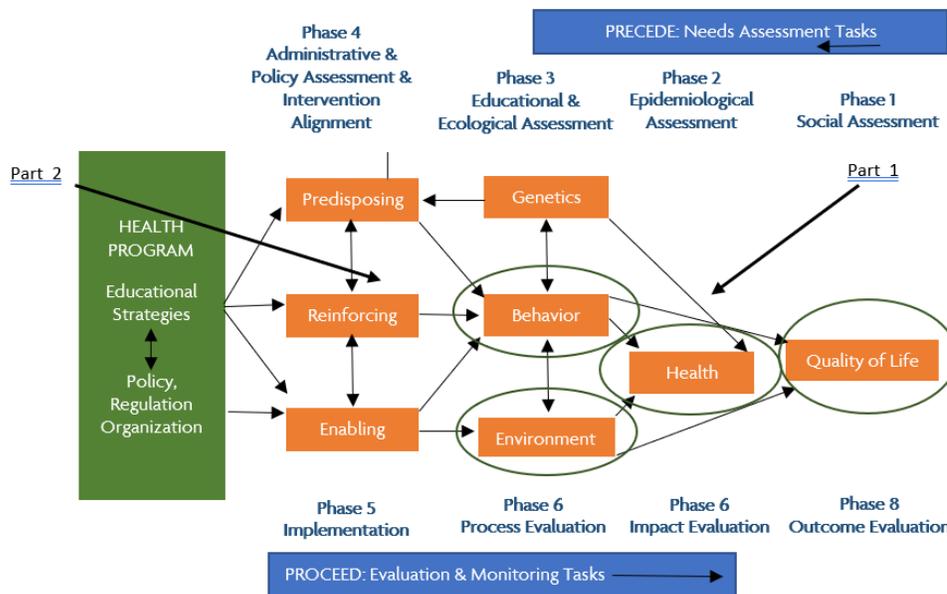
SCT as it might apply to SAs and well-being-enhancing behaviors suggested two overarching questions that guided the overall initiative:

1. What environment changes and supports can Division III athletics departments create and maintain that enhance SA well-being-enhancing behaviors?
2. How can Division III athletics departments create realistic outcome expectancies, model well-being-enhancing behaviors, and build well-being-enhancing self-efficacy in their SA?

Method

The Precede-Proceed model (Figure 2; Green & Kreuter, 2005) was used to guide planning of the needs assessment. The initial needs assessment activities, reported in this paper, were intended to identify factors aligning primarily with Phases 1 (quality of life) and 2 (behaviors and environments) and were used to inform the second part of the needs assessment. Subsequent needs assessment activities were designed to confirm and expand upon the results of the initial needs assessment and to identify Phase 3 factors, such as those that contribute to behaviors and environments impacting SA well-being challenges identified in Phase 1. The results of the needs assessment activities will be used to prioritize and plan initiatives to foster the well-being of SAs at this institution.

Figure 2
DIII Student-Athlete Well-Being Needs Assessment Framework



Adapted from: Green, L. W. & Kreuter, M. W. (2005). *Health program planning: An educational and ecological approach* (4th ed.). McGraw-Hill.

Needs assessments by nature are intrinsic case studies designed to understand the situation of the particular case (Creswell & Creswell, 2017; Merriam, 1998). Focus groups and key informant interviews using semi-structured questions were employed as the initial needs assessment activities to explore and understand SA well-being challenges at this institution. Key informants are individuals in positions to have information about specific topics or communities (Bartholomew et al., 2006; Hodges & Videto, 2011). Focus groups are structured discussions with small targeted groups to ascertain beliefs, attitudes, perspectives, and perceptions. Both are recommended and commonly used in needs assessments for health promotion program planning (Bartholomew et al., 2006).

The acceptance and support of stakeholders was crucial to moving forward with the initiative (Bradbury & Reason, 2003). At the invitation of the athletic director, the faculty member presented the purpose of the collaboration and the plan for the initial needs assessment at a regularly scheduled athletics staff meeting attended by coaches, ATs, and athletics administrators. The group was supportive and indicated it looked forward to participating. Subsequently, approval to conduct the needs assessment was granted by the Institutional Review Board.

The sampling frame included all head coaches, athletic training staff, and student-athlete advisory committee members (SAAC). All head coaches (n = 19), athletic training staff (n = 8), and SAAC members (n = 26) were invited via email to participate in a homogenous focus group (e.g., only SAAC members, only coaches, only ATs) designed to elicit their perceptions of the well-being challenges faced by SAs at the institution. SAAC members were upper-class SAs who represented each of the intercollegiate athletic teams. A follow-up email sent one week after the initial email served as a reminder. Coaches and athletic training staff wishing to participate signed up by sending an email to the faculty member. In order to include as many coaches and ATs as possible, those indicating willingness to participate in a focus group but unavailable for those scheduled for their

respective homogenous group had the option of responding to the questions as a key informant through a face-to-face or a telephone interview. The athletics director and the associate director of athletics/athletics coordinator for student services were asked to participate in key informant interviews. Two focus groups were scheduled for the coaches and one for the ATs. In consultation with the SAAC advisor, only one focus group was scheduled for the SAAC during its regularly scheduled meeting time due to scheduling issues and general attendance patterns at SAAC meetings. The email invitations provided the date and times of the focus group, an invitation to participate, and reinforced participation was voluntary.

Questions for each focus group were designed to elicit perceptions of well-being challenges experienced by SAs at this institution, behaviors that may contribute to the well-being challenges identified, possible physical and social environment contributors to well-being challenges noted, and identification of well-being issues particular to first year SAs. A draft set of questions was reviewed for clarity by a coach and an AT from a different DIII institution of similar enrollment and number of teams, and a recently graduated SA; minor revisions to question wording were made based on the feedback. Draft question reviewers recommended that a list of possible health and well-being issues be available to share with focus group and key informant interview participants to provide clarification and to spur discussion if needed. A 20-item health and well-being issues list was developed through a review of the college health and SA health literature. The questions used with the coach and AT focus groups are found in Table 1. For the SAs, Question 1 was reworded to: “*I want you to think about your experiences as a student-athlete and those of your teammates and other student-athletes.*”

Table 1
Coach and Staff Athletic Trainer Focus Group Questions

<ol style="list-style-type: none">1. I want you think about your student-athletes of the last 3-5 years. Aside from athletic injuries, what types of health and well-being issues did you see or were shared with you that were likely to have had a negative impact on student-athlete academic and/or athletic performance? The list you have been given provides a few common examples, but we are interested in any that might come to mind.2. What behaviors, or lack of behavior, do you think may have contributed to the health and well-being issues you have seen in your student-athletes?3. What things having to do with physical environments (e.g., residences, locker rooms, classrooms, practice/play venues, places in the community) and social environments do you think may have contributed to the health and well-being issues you have seen in your student-athletes?4. Are there any health and well-being issues that seem to you to be particularly present for first-year student-athletes? What are they?

The focus group discussions were led by the faculty member, an experienced focus group facilitator. During each coach and AT focus group, one of two trained student research assistants took notes on non-verbal reactions and responses as well as the general nature of the responses; both took notes during the SAAC focus group. Prior to beginning the questions, participants were read an informed consent statement indicating responses were confidential, they could choose to not respond to any question or stop participation at any time without consequence, and that by participating in the

discussion they were giving their consent to include their thoughts. Participants were informed that the discussions were being audio-recorded, and asked to not use any individual or team names. The focus group discussions were audio-recorded and transcribed by the research assistants within one week. Notes taken during the focus groups were embedded within the discussion transcripts.

Due to scheduling issues, one coach opted for a key informant interview. This coach and the two athletic administrator key informants scheduled individual face-to-face interviews conducted by the investigator. Notes from the key informant interviews were transcribed by the investigator within 24 hours of the interview.

Deductive and inductive approaches and in-vivo coding were used to analyze the data (Saldaña, 2013; Thomas, 2006). Coding processes were guided by Miles et al. (2020). During the first phase, the faculty member and two research assistants performed a close independent reading of all transcripts for provisional coding based on common SA well-being challenges identified in the literature. A second reading for concept coding followed, after which provisional and concept codes were preliminarily organized based on the Precede-Proceed framework Phases 1 and 2. Pattern coding then was used to identify themes. Themes then were identified and categorized specific to SAs, coaches, ATs, and athletic administrators. Consensus across coders was reached before moving to the subsequent round of coding and theme identification. Preliminary findings were shared for validation with the athletics director, an assistant coach, and a former SA who had used up their eligibility. Stakeholder review of preliminary findings is a recommended element of needs assessment practice based in CBPR for health promotion program development (Green & Kreuter, 2005).

Results

Participants

One-hundred percent of ATs, athletics administrators, and SAAC members who were invited chose to participate in a focus group. Seventeen of 19 head coaches (89%) participated. Two head coaches brought one of their assistant coaches (See Table 2).

Table 2

Focus Group Participants

	Coaches	Athletic Trainers	SAAC	Athletics Admin.
Focus Group	18 [2 groups]	8	26	-
Key Informant Interview	1	-	-	2

Three overarching themes emerged from the analysis of the focus groups and key informant interviews.

Theme 1: Challenges Managing and Balancing Their Lives

SAs have challenges healthfully managing and balancing their academic, athletic, and social lives and thus get physically and mentally “worn down.” The situation is exacerbated by and contributes to poor diet, lack of adequate sleep, and a decreased resistance to illness; a “fear of missing out” (FOMO) adds to anxiety, stress, other mental health issues, and unhealthy coping

behaviors. While prominent across all groups, these challenges were the overarching theme emerging from the SAAC focus group. SAAC members noted that a lack of skills to appropriately cope with struggles to balance academic, athletic, and social needs and commitments was a challenge to SAs in general. Many SAAC participants nodded in agreement when statements such as these were made:

I think that a lot of athletes are under a lot more stress than what is seen. It's so hard to fit in other things besides sports, even classes. I can't join any other clubs or get a job on campus because of my busy sports schedule and classwork even though I would really like to... I am stressed because I can't do a lot of the things I would like to on campus, because of my practice and game schedules. Missing classes for games also really sucks, especially for games that are earlier in the week (Tuesdays and Wednesdays), and this adds to my stress. (SAAC participant)

...academic probation due to academic upkeep or lack thereof due to struggling to do so [many head nods in agreement] with practice hours on field then hours of classwork struggle. Some [student athletes] are on academic probation because of it so it is hard to balance. (SAAC participant)

Many athletes here have similar demands of DI athletes, like time and energy, and do not receive the same advantages of being DI. I chose [this college] because it's competitive but still DI. I didn't expect to spend the majority of my day contributing to the sport – even during the off-season. (SAAC participant)

SAAC participants also suggested “coach-initiated” drama such as “pitting athletes against each other” created challenges to the social environment and made it more difficult to cope.

Coaches, in particular, saw FOMO as a large contributor to SA well-being challenges. One coach noted:

But then again I think it goes back to that, that's when everybody is hanging out after hours and it's that fear of missing out on everything, that they – I've got to be a part of this because in two, three weeks when someone is telling a joke, I get to say I was there, I get to laugh just as hard as everybody else because I was there and not be on the outside.

A different coach perceived:

...they are afraid to say no, a lot of them. You know? Especially the younger guys. They don't want to say no [to drinking alcohol]. They don't want to be – They don't want to miss anything. They always feel like ‘I got to be a part of it.’

Another coach shared:

One student got two tickets [alcohol violations] from going out – she went out for a friend's birthday – didn't want to miss out. When asked: “What would it matter if you missed out?” she said, “Instagram and pictures.”

In agreement, one SAAC member pointed out: “Most [student athletes] do not like to miss things.”

Theme 2: Lack of Resilience

Lack of resilience emerged as one of the strongest themes across non-SA participants. Fear of failure and the inability to “deal with” or face failure in order to improve academic, athletic, or social performance; lack of healthy coping skills; and not being good at taking negative feedback or constructive criticism illustrated this lack of resilience. “They are fragile,” commented one coach to near universal agreement. Longtime coaches (20+ years), ATs, and athletic administrators reported lack of resilience had become a greater problem over the past 10 years.

Alcohol use, and to some extent marijuana, was alluded to as inappropriate ways SAs coped with stress and engaged socially. Excessive alcohol use was seen as connected to SA lack of resilience. The non-SA participants recognized these substance use behaviors can and do contribute to academic, athletic, and social challenges experienced by SAs. Coaches saw alcohol use as a social norm for SAs and expected use of alcohol to occur. However, they noted excessive use, frequency, and amount contributed to SA well-being challenges. An athletic administrator with more than 20 years of

athletics experience pointed out: “Drinking [alcohol] has always contributed [to problems].” A coach with more than 20 years of experience noted:

Alcohol use...affects performance in classroom, school, practice, work – not getting enough sleep if they go out all the time (three or four nights a week), there is a pressure for them to go out to every party and three different bars – affects everything.

Another coach connected alcohol use with FOMO by saying: “Frequency of alcohol use is a part of it [creating health and well-being problems] – It’s not even about amount of consumption, it’s about just going out, FOMO.” An AT acknowledged the use of alcohol as a maladaptive coping mechanism: “Middle classes (i.e., sophomores and juniors) have learned substance abuse options to deal with stress, freshmen haven’t learned about these yet, and seniors have outgrown it.”

While use of specific substances rarely was mentioned by SAAC participants, it was implied that “partying” included alcohol use and was part of what needed to be balanced as a SA.

SAAC participants thought programs and services to help them develop skills to balance their lives would improve the situation for many. “Coping skill development would be good [to have available]” noted one SAAC participant, with most focus group participants nodding their heads in agreement.

Theme 3: Lack of “Adulthood” Skills

Lack of “adulthood” skills, as several put it, was a prominent theme across the non-SA groups. Not accepting responsibility, with it being “always someone else’s fault”; poor self-care skills; lack of self-discipline; and lack of or poor interpersonal communication skills and self-advocacy skills, with SAs reluctant to discuss much of anything face-to-face with coaches, ATs, faculty, or professional staff, all were viewed as lacking in many SAs. Coaches, ATs, and athletic administrators strongly felt that current SAs have had too much done for them by their parents, and as a result reach college lacking many of these “adulthood” skills. They see that once on their own, SAs struggle with advocating for themselves (e.g., about injury/sickness or in communicating with the coach or professors). They indicated many parents of SAs continue to do things for their children that the SAs should be doing for themselves. There was consistency across coaches, ATs, and athletic administrators in their perception that this situation greatly contributes to the well-being challenges they see in their SAs. Three different coaches commented:

[The] reason they have no common sense – everyone has been doing things for them – their parents – they don’t have the skill-set to plan and do things for themselves. Coaches try to teach them behaviors that parents should have taught them.

They don’t come to the team with skills to make a schedule or other simple skills – need someone to show them and tell them how to do everything – you could take away a lot of the anxiety if they had the skills.

They don’t know how to cook for themselves and they are 18-, 19-, 20-year-old men. And I look at them like you’ve got to be kidding me. Like you haven’t done any of this yourself.

Prominent Themes for First-Year Student-Athletes

There was general agreement across all groups that poor eating behaviors, not asking for help, challenges of balancing new social and “party” life with everything else, and poor interpersonal communication and/or self-advocacy skills were particular challenges for first-year athletes. A lack of “adulthood” skills was very apparent in the responses. The perception was that these challenges particularly were acute for first-year, fall sport athletes: “Fall sport athletes have it the worst – just thrown in with no transition,” as one SA put it.

Prominent Themes for Gender-Based Differences

Several themes associated with well-being challenge differences in SAs on women's teams and men's teams were identified. There was a perception of a greater stigma for SAs on men's teams around acknowledging any struggles, but especially those related to mental health. SAs on women's teams were perceived to be "stronger" – better at managing infectious diseases such as colds or mild cases of influenza and engaging in more self-care when worn down. The perception across groups was there was more personal "drama" on women's teams; that very close connections among teammates and a willingness to communicate about personal challenges both helped and hindered female SAs anxiety levels, feelings of inability to balance, and academic and athletic performance. As one coach noted:

Culture makes them feel connected – like they are part of something. Kids talk to each other about issues – becomes a worry and a distraction for the whole team – it is a burden – it doesn't go away – issues are shared with everyone. The burden of trying to help someone caused one girl to go home.

And a SAAC participant shared: "[There is] personal drama on buses...girls hold grudges."

Discussion

The prominent themes reflect the SCT constructs of modeling, social environment, self-efficacy, and outcome expectancies. FOMO is an element of the social environment that models behaviors for the SAs. Team culture emerged as an element of the social environment perceived to contribute to behaviors such as alcohol consumption and inability to balance demands, and also was thought to contribute to anxiety. SAs mentioned the need for coping skills training, suggesting a lack of self-efficacy when engaging in actions that would increase resilience and decrease anxiety. While coaches, ATs, and athletics administrators noted the effects of excessive alcohol consumption and lack of "adulting" skills on academic performance, SA responses did not reflect an expectation these would affect academic outcomes and pointed to the expectation that alcohol consumption positively affected social life.

The emergence of mental health, especially stress and anxiety, lack of sleep, and alcohol misuse as SA well-being challenges at this institution is consistent with other data on SAs (Egan, 2019; Kroshus et al., 2019; Lewis et al., 2017; NCAA 2018; NCAA, 2020; Parisi et al., 2019; Wyrick et al., 2016).

The focus group data suggest SAs at this institution struggle with balancing the competing demands of academics, athletics, extra-curricular activities, and social lives. Many of the behaviors and challenges negatively affecting their well-being arise from poor or lack of skills to manage stress and anxiety resulting from the imbalance. NCAA GOALS 2019 study data (NCAA, 2020) suggests DIII SAs across the United States are better able than DII and DI SAs to balance academics with extra-curricular commitments, including athletics. In 2019, three-quarters of DIII SAs reported being able to find a balance. However, for the SAs at this institution, struggling to find balance was a large component of well-being challenges. According to the GOALS study, SAs across all divisions want more time for socialization and relaxation. GOALS data from 2019 document a two-hour decrease from 2017 and a four-hour decrease from 2015 in the median number of hours per week spent socializing and relaxing. The needs assessment documented SAs at this institution trying to balance four elements: academics, athletics, other extra-curricular activities, and social and relaxation activities. GOALS data looked at the balance between academics and extra-curricular activities in which athletics was included. SAs at this institution consider athletics separate from other extra-curricular activities in which they may be involved and include socializing and relaxing as another element of what needs to be balanced.

An unintended outcome of the NCAA DIII brand, especially for highly successful programs such as this one (multiple national championships, frequent conference championships, and consistent winning records) may be a mismatch between SA expectations for balance and the often conflicting demands of athletics, academics, extra-curricular, and social activities. NCAA materials emphasize the division develops the “well rounded athlete” (NCAA, n.d.b, para.1) through opportunities for SAs competing in the division to be able to participate in enhanced academic opportunities such as undergraduate research, study abroad, and senior theses, along with non-academic extra-curricular activities (NCAA, n.d.a; NCAA, n.d.b.). While positive overall, when viewed through the lens of FOMO, the pressure of trying to have so many experiences added to the responsibilities and time commitments of being a SA contributed to stress felt by SAs at this institution and may be a source of the stress and anxiety reported by SAs across DIII. The worry one is missing out on worthwhile experiences in one’s absence coupled with the desire to continually stay connected to one’s social network (Przybylski et al., 2013) is FOMO. At this institution, FOMO emerged as a factor affecting a social environment that drove behaviors such as lack of sleep and alcohol use, contributing to SA well-being challenges. This is consistent with the literature in which FOMO has been associated with lack of sleep (Altutaybi et al., 2018; Milyavskaya et al., 2018), anxiety (Altutaybi et al., 2018; Przybylski et al., 2013), and a general negative effect on psychological and physical well-being (Baker et al., 2016) in college students.

The challenge of balancing the four elements is a source of stress for these SAs to which the lack of resiliency noted by focus group participants contributes. Resiliency – the capacity to adapt to and recover from challenges (American Psychological Association, 2012) – is a protective factor against stress (Wendling et al., 2018), and lack of resiliency has been found to be a predictor of depression and anxiety symptoms in college athletes (Drew & Matthews, 2019). Resiliency is linked to coping – the level of skills and strategies one has to manage stress and negative psychological and physical events (Folkman & Moskowitz, 2004). Kaiseler et al. (2017) found SAs who believed they had the resources to effectively cope with challenges and did not dwell on past failures and poor decisions were less likely to experience high levels of stress. Lack of coping skills was noted across focus groups and key informant interviews. The focus group results suggest a lack of confidence on the part of SAs to effectively engage in coping and other skills and behaviors to overcome challenges to and enhance their well-being, consistent with the concept of lack of self-efficacy in SCT (Bandura, 1986).

Social support contributes to resiliency (Wendling et al., 2018) and the ability to cope with and manage stress (Ozbay et al., 2007). It may be that FOMO is perceived by the SAs as an avenue to social support needed to manage stress (Przybylski et al., 2013). But the SAs did not perceive FOMO-driven behaviors with contributing to lack of balance. Across focus groups, alcohol use was implied as associated with many FOMO behaviors. The literature suggests SAs have an elevated risk of excessive consumption of alcohol (Lewis et al., 2017; Parisi et al., 2019) and marijuana (Parisi et al., 2019) compared to non-athletes.

Given the investigation was a case study as part of action research, it was not intended to be generalizable beyond this institution (Merriam, 1998); however, it may contribute to the construction of knowledge (Stake, 1995; Yazan, 2015) especially if other case studies of DIII programs and SAs affirm what these data suggest. The findings and the processes used can provide guidance to other programs seeking to assess SA well-being at their institutions. Thus, a few limitations should be kept in mind. Some responses may have reflected social desirability. For example, coaches may have wanted to signal their knowledge and awareness of health-related issues to a faculty member from the health department by making some assumptions about what the faculty member expected to hear. Along the same lines, the minimal mention of alcohol use by the SAAC group in comparison to other groups may have been due to the SAs not wanting the faculty member to have a poor opinion of them, especially given some tension between SAs and faculty members in general was noted to be a source of stress. In general, SAAC responses to focus group questions were short. When longer responses

were given, other SAAC participants tended to use non-verbal indications of agreement or disagreement rather than elaborate, which was common in the non-SA focus groups. When possible, training alumni SAs to facilitate SA focus groups is likely to decrease these limitations and is consistent with CBPR practice (Minkler & Wallerstein, 2003). Because the size of the SA focus group was larger than recommended (Krueger, 2002), despite the use of audio recording and transcripts, the facilitator and research assistants may have missed contributions to the discussion and/or some SAAC members may not have wanted to fully participate in such a large group. Although research assistants tried to note non-verbal reactions and communication, some likely were missed.

Recommendations for Future Research

While the results of this needs assessment are generalizable only to this institution, given the lack of research focused specifically on DIII they suggest several potential areas of investigation into the DIII experience. Given the mismatch between how the NCAA DIII brand presents the DIII experience against the SA experiences suggested by these results, identification and perceptions of all the elements DIII SAs are trying to balance should be explored, especially given SAs at this institution reported lack of ability to balance as a primary well-being challenge. In order to best assist SAs with well-being challenges, all factors contributing to those challenges need to be identified and the perceptions of the SAs related to these factors measured (Green & Kreuter, 2005). Looking at the effects of FOMO on well-being behaviors in SAs can provide guidance to target programming and interventions. Lack of sleep (Altutaybi et al., 2018; Milyavskaya et al., 2018), anxiety (Altutaybi et al., 2018; Przybylski et al., 2013), and a general negative effect on psychological and physical well-being (Baker et al., 2016) in the general college student population has been linked to FOMO.

Self-efficacy is an important predictor of a wide range of health-related behaviors (Simons-Morton & Lodyga, 2021). Research into SA self-efficacy levels associated with diet, stress management, sleep, alcohol use, “adulthood,” and coping behaviors and skills to confirm associations suggested by this needs assessment would add to understanding the role of self-efficacy in different populations and help shape programs and interventions for SAs. Work in this area especially may be useful given the strength of the research that supports how self-efficacy can be improved (Bandura, 1997).

Two other avenues of investigation also are suggested: the impact of resiliency level on well-being in DIII SAs, and the particular well-being challenges of first year, first semester, fall athletes. The interactions of FOMO, social support, and resiliency in SAs suggested here may be a new line of inquiry. Further investigation into the particular well-being challenges of first year, first semester, fall athletes would inform SA orientation and supports for the well-being of these SAs.

Researchers also may consider exploring the elements and processes for successful academic, athletic, and student affairs collaborations within the DIII environment to build SA well-being support programs, resources, and environments.

Conclusion

Focus group data from SAs, coaches, ATs, and athletic administrators suggested SA well-being challenges at this institution largely were associated with poor diet, stress, lack of adequate sleep, and alcohol use. Fear of missing out, lack of and poor coping skills, poor interpersonal communication, lack of self-advocacy skills, and lack of other “adulthood” skills make it difficult for SAs to manage and balance their lives. The lack of balance along with lack of resilience emerged as main contributors to the behaviors and environments creating well-being challenges for the SAs. Future health promotion efforts with this group need to acknowledge and embrace balance; this includes social and relaxation activities as well, not just athletics and academics.

Results from part one of the needs assessment suggest part two should document and validate behaviors and environments impacting SA well-being at this institution, especially in the areas of mental health, sleep, nutrition, and alcohol use. Levels of knowledge regarding self-efficacy, well-being-enhancing behaviors and skills, “adulting” skills, and attitudes and perceptions associated with well-being-related behaviors should be evaluated. Individuals and environments that either support or hinder well-being behaviors and skills should be identified. Availability and accessibility of programs and services intended to support, maintain, and improve SA well-being also should be assessed. In addition, noting differences across genders, class years, and sport seasons could help best target eventual efforts to enhance SA well-being. An electronic survey administered to all SAs will be employed to collect these data and provide information specific to this program. The results will be used to prioritize and plan initiatives tailored to address SA well-being challenges at this institution.

DIII athletics programs should consider collaborating with faculty and staff to gather information about the well-being of their SAs as a way to build meaningful supports tailored to the particular challenges faced by SAs at their institutions. These collaborations may save athletics departments time and money and can be attractive to faculty, professional staff, and graduate students who need to conduct research and engage in service activities.

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