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High School Athletic Director Expectations' of Athletic Trainers Show Inconsistency Within Prevention and Evaluation Practice Domains

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OBJECTIVE

The purpose of this study was to investigate Ohio high school athletic directors' expectations of certified athletic trainers.

DESIGN AND SETTING

This study utilized an online survey developed using SurveyMonkey software and was distributed via email through the High School AD network platform. The survey questions were used to assess the expectations of high school athletic directors in Ohio regarding athletic trainers. The independent variables were the Ohio high school athletic directors participating in the study. The dependent variables were the athletic directors' expectations of athletic trainers.

PARTICIPANTS

This study utilized a convenience sample of high school athletic directors. 820 athletic directors were surveyed, with a return rate of 12% (N=100). Of the respondents, 85% (n=85) were male and 15% (n=15) were female. 73% (n=73) reported having a Master's degree and 27% (n=27) reported having a Bachelor's degree. 64% (n=64) were categorized as veteran (≥ 6 years of experience), 27% (n=27) were categorized as novice (≤ 5 years of experience), and 9% (n=9) did not respond. 87% (n=87) stated they had a full-time athletic trainer and 13% (n=13) stated they had a part-time athletic trainer. 44% (n=44) reported being extremely familiar with ATs, 48% (n=48) were very familiar with ATs, and 8% (n=8) were moderately familiar with ATs. 31% (n=31) indicated that their high school had an OHSAA governance classification of AAA (top third in their district based on the number of female/male students capable of athletic

participation), 43% (n=43) were considered AA (middle third within their district), 24% (n=24) were A (bottom third within their district), and 2% (n=2) did not respond. 88% (n=88) reported working at a public school and 12% (n=12) reported working at a private school.

INTERVENTION

The survey instrument consisted of 23 questions. Ordinal and nominal data was collected about the athletic directors' expectations, while demographics provided nominal data only. Face validity was established by a panel of experts. Content validity was established by a Table of Specifications (ToS). The questions regarding expectations of athletic trainers were divided among five categories that corresponded with the five domains of athletic training as defined by the 2015 BOC Practice Analysis Study. Questions 1-3 involved injury prevention; questions 4-6 involved evaluation and clinical diagnosis; questions 7-9 involved immediate care; questions 10-12 involved therapeutic interventions; questions 13-16 involved administrative duties. This study was approved by the College Institutional Review Board. The data was analyzed using IBM SPSS Version 24.0. Descriptive statistics (frequency counts and percentages) were calculated for every question. Inferential statistics were used to determine statistical significance. Chi Square tests used gender, education, experience, and type of school as grouping variables. Kruskal Wallis tests used familiarity with ATCs and school size as grouping variables. The alpha level was set at $p=0.05$ *a priori*.

MAIN OUTCOME MEASUREMENT

Survey questions 1-15 utilized a five-point Likert Scale: strongly agree⁵, agree⁴, neither agree nor disagree³, disagree², and strongly disagree¹. Question 16 was a select-all-that-apply question. Questions 17-23 were demographic questions.

RESULTS

100% (n=100) of participants either strongly agreed or agreed that athletic trainers should provide ice, educate athletes, and document information. The questions for which participants responded “neither agree nor disagree” most frequently involved equipment fitting (29%, n=29), psychological disorders (28%, n=28), the use of an IV (33%, n=33), and budgeting (30%, n=30). For the questions involving the domain of evaluation, most respondents strongly agreed or agreed that ATs should formulate a plan of care (98%, n=98) and know when to refer athletes (99%, n=99). However, fewer participants strongly agreed or agreed that ATs should recognize psychological disorders (63%, n=63). For the questions involving the domain of prevention, 97% (n=97) of respondents strongly agreed or agreed that ATs should conduct baseline concussion screening, while only 73% (n=73) thought that ATs should monitor environmental conditions and 25% (n=25) thought that ATs should fit equipment. When compared to the percentage of respondents that agreed or strongly agreed, more participants disagreed or strongly disagreed that ATs should oversee equipment fitting (46%, n=46) and administer an IV catheter (57%, n=57). When compared to the athletic directors at private schools (25%, n=3), more respondents at public schools (61%, n=54) disagreed or strongly disagreed that athletic trainers should administer IVs. When compared to the males (66%, n=56), more of the females (100%, n=15) strongly agreed that ATs should provide ice ($\chi^2=7.208$, df=1, p=0.007). More athletic directors from AAA (51%, n=16) and AA (56%, n=24) high schools

disagreed to some extent that athletic trainers should oversee equipment fitting when compared to athletic directors from A (25%, n=6) schools ($H=7.651$, df=2, p=0.022). When compared to veterans (16%, n=10), more novice athletic directors (44%, n=12) strongly agreed that ATs should monitor environmental conditions ($\chi^2=10.548$, df=4, p=0.032). When asked to select individuals that should be informed of participation-limiting injuries, a majority of respondents chose coach (99%, n=99), parent/guardian (90%, n=90), and athletic director (74%, n=74). While 26% (n=23) of athletic directors with full-time athletic training services strongly agreed that ATs should monitor environmental conditions, 0% (n=0) of athletic directors with part-time athletic training services strongly agreed ($\chi^2=11.448$, df=4, p=0.022). A greater percentage of respondents with full-time AT coverage (70%, n=61) strongly agreed than those with part-time coverage (54%, n=7) that ATs should oversee rehabilitation programs ($\chi^2=7.401$, df=2, p=0.025). Since 92% (n=92) of participants were “extremely familiar” or “very familiar” with athletic trainers, and 0% (n=0) of participants were “slightly familiar” or “not at all familiar,” no significant differences in expectations based on familiarity with ATs were determined in this study. There were no statistically significant differences in expectations when participants with a Master’s degree were compared to those with a Bachelor’s degree.

CONCLUSION

The results suggest that the high school athletic directors in this study have high expectations of athletic trainers regardless of their gender, size of school, or years of experience. This study shows that after a decade of consistent media discussion and academic research involving concussions, high school athletic directors’ expectations of injury prevention were highest when regarding concussions. On the other hand,

psychological disorders have yet to receive the same level of attention within athletics. As a result, the high school athletic directors' expectations of injury evaluation were lowest when regarding psychological disorders.

These findings suggest that public education and academic discussion are important for increasing the awareness, appreciation, and expectations of athletic trainers' roles in the high school setting.

KEY WORDS: *Athletic Trainers (ATs), Athletic Directors (ADs), Expectations, Psychological, Secondary School, High School*