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High School Student-Athletes' Parents Show Limited Understanding of Qualifications and Skills of Athletic Trainers

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OBJECTIVE

The purpose of this study was to determine the perceptions of parents of high school student-athletes on the qualifications and skills of athletic trainers.

DESIGN AND SETTING

The study was a descriptive study conducted with survey research at two public high schools in Southwest, Ohio. The survey was distributed via a SurveyMonkey link, an online survey development software, and emailed through Final Forms to the parents. The Final Forms online platform was accessed through the athletic directors at each high school. The independent variable was parents of high school student-athletes categorized by gender, previous experience with an athletic trainer, and sport(s) in which their child(ren) participate(s). The dependent variables were the perceptions of the qualifications and skills of athletic trainers, with a focus on the five domains of athletic training. The five domains per *The 2015 Athletic Trainer Practice Analysis Study* include: prevention and wellness protection, clinical evaluation and diagnosis, emergency care, therapeutic intervention, and health care administration and professional responsibility.

PARTICIPANTS

The research was conducted as a convenience sample. 695 surveys were distributed with a return rate of 29.8% (n=207). Of the 207 total participants, males accounted for 28% (n=58) and females accounted for 72% (n=149). The participants that had a previous experience with an athletic trainer accounted for 73.9% (n=153) and participants that had not had previous experience with an athletic trainer accounted for 26.1% (n=54). The sport(s) that their child(ren) participate(s) in included football 50.2% (n=104), basketball 60.9%

(n=126), baseball 43% (n=89), softball 27.5% (n=57), soccer 55.6% (n=115), tennis 17.9% (n=37), cheerleading 24.2% (n=50), swimming 26.6% (n=55), lacrosse 8.7% (n=18), volleyball 21.3% (n=44), track/field 49.8% (n=103), cross country 18.4% (n=38), bowling 7.7% (n=16), wrestling 26.1% (n=54), and other 20.3% (n=42). Note that the total responses are more than 207 because student-athletes played multiple sports.

INTERVENTION

The categories of the survey included the domains of athletic training (survey questions 2-11), non-athletic training roles (survey questions 12-13), general knowledge (survey questions 1, 14-16), and demographics (survey questions 17-20). A panel of experts determined the face validity of the survey. The content validity was established through the Table of Specifications (ToS). The college's Institutional Review Board (IRB) approved this study. Descriptive statistics (percentage and frequency counts) were calculated for every applicable item on the survey. The data collected in this study was non-parametric data, given the variables were nominal and ordinal in nature. Pearson's Chi Square test was used to analyze statistical significance with gender and past experience with an athletic trainer as the grouping variable. Kruskal Wallis test was used to analyze statistical significance with sport(s) in which their child(ren) participate(s) as the grouping variable. The alpha level was set at $p=.05$ *a priori*. The data was analyzed using Statistical Package for the Social Sciences (SPSS) version 24.0.

MAIN OUTCOME MEASURES

This survey consisted of 20 questions. Question 1 through 14 collected ordinal data using a 5-point Likert Scale (strongly agree⁵,

agree⁴, neutral³, disagree², strongly disagree¹). Question 15 collected ordinal data with a “true²” or “false¹” question. Question 16 collected nominal data and pertains to the minimum degree requirement in athletic training (doctorate degree⁶, masters degree⁵, bachelors degree⁴, associates degree³, certificate², no degree¹). Questions 17 through 20 were demographical questions that included questions on gender, past experience with an athletic trainer, and sport(s) in which their child(ren) participate(s).

RESULTS

83.6% (n=173) of parents strongly agreed/agreed that athletic trainers are healthcare professionals. 79.7% (n=165) of parents strongly agreed/agreed that injury and illness prevention are roles of athletic trainers. 60.8% (n=126) of parents were neutral/disagreed/strongly disagreed that athletic trainers are able to recognize psychosocial factors and disorders (depression, anxiety, burnout, etc.). 57% (n=118) of parents strongly agreed/agreed that athletic trainers can diagnose injuries and 43% (n=89) were neutral/disagreed/strongly disagreed. 52.2% (n=108) of parents were neutral/disagreed/strongly disagreed that athletic trainers are able to administer therapeutic modalities (ultrasound, electrical stimulation, etc.). 77.8% (n=161) of parents strongly agreed/agreed that they trust the opinions of athletic trainers in regard to the health of their children. Parents responded that the minimum requirement needed for the profession is a doctorate degree .5% (n=1), masters degree 17.9% (n=37), bachelors degree 63.8% (n=132), associates degree 10.6% (n=22), and certificate 7.2% (n=15). There is a statistically significant difference in the parents’ perceptions based on their gender. Of the 149 females, 95.3% (n=142) answered “true” and of the 58 males 86% (n=50) answered “true” to the statement that athletic trainers must pass a national examination for certification and obtain a state licensure before they can practice ($\chi^2=5.138$, $df=1$, $p=.023$). 149 females responded that the minimum requirement

needed for the profession was .68% (n=1) “doctorate degree”, 20.8% (n=31) “masters degree”, 66% (n=98) “bachelors degree”, 7.3% (n=11) “associates degree”, and 5.3% (n=8) “certificate”. 58 males responded that the minimum requirement needed for the profession was 10.3% (n=6) “masters degree”, 58.6% (n=34) “bachelors degree”, 19% (n=11) “associates degree”, and 12% (n=7) “certificate” ($\chi^2=11.136$, $df=4$, $p=.025$). There is a statistically significant difference in the parents’ perceptions based on their previous experience involving an athletic trainer. Of the 153 people that had a previous experience with an athletic trainer, 72% (n=110) disagreed/strongly disagreed and of the 54 people that had not had a previous experience with an athletic trainer, 59.4% (n=32) disagreed/strongly disagreed that athletic trainers could perform wound closure with sutures ($\chi^2=10.760$, $df=4$, $p=.029$). Of the 153 people that had a previous experience with an athletic trainer, .65% (n=1) answered “doctorate degree”, 20% (n=31) answered “masters degree”, 66% (n=101) answered “bachelors degree”, 7.8% (n=12) answered “associates degree”, 5.2% (n=8) answered “certificate” when asked what the minimum requirement needed for the profession was. Of the 54 people that had not had a previous experience with an athletic trainer, 11% (n=6) answered “masters degree”, 57% (n=31) answered “bachelors degree”, 19% (n=10) answered “associates degree”, and 13% (n=7) answered “certificate” when asked what the minimum requirement needed for the profession was ($\chi^2=10.261$, $df=4$, $p=.036$). However, the statistical significance throughout the study is likely to be caused by the females outnumbering the males and those who had a previous experience with an athletic trainer outnumbering those who had not had a previous experience with an athletic trainer. Only descriptive statistics were analyzed for the largest sport responses (football, basketball, baseball, soccer, track/field). The “select all the apply” setup could have helped to account for the close relationship in the percentages/frequencies

between sports. About 50% or more of the parents with children that participated in football, basketball, baseball, soccer, and track/field were neutral/disagreed/strongly disagreed that athletic trainers are able to recognize psychosocial factors and disorders (depression, anxiety, burnout, etc.) and that athletic trainers are able to administer therapeutic modalities (ultrasound, electrical stimulation, etc.).

CONCLUSIONS

High school student-athletes' parents have a limited understanding of the qualifications and skills of athletic trainers; especially in the

ability of athletic trainers to recognize psychosocial factors/disorders, administer therapeutic modalities, and diagnose injuries. It is vital that the parents of high school student-athletes fully understand the qualifications and skills of athletic trainers for their child(ren) to receive the best medical care. If parents do not have a thorough understanding of the scope of practice and skills of athletic trainers, more education needs to be implemented. Athletic trainers can educate parents through pamphlets, posters, annual/seasonal mandatory sports meetings, maintaining professionalism, and providing positive initial impressions.

KEY WORDS: *Misperceptions, Athletic Trainer, High School Parents, Knowledge of Athletic Training, Qualifications*