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Examining the Experiences of Athletic Trainers as they Transition into their First Full-Time Position

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Abstract: Transition to clinical practice is an important topic in athletic training, as it can be a period of time that presents challenges for the athletic trainer. Most of the research pertaining to transition to practice focuses on the skills and knowledge necessary for clinical practice, yet we know that stress can manifest from not only being an independent practitioner but also from learning how to balance one's roles. We 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 work-life balance (WLB). Using a qualitative paradigm, we phone interviewed athletic trainers who were categorized as career starters by the National Athletic Trainers' Association. Using a purposive recruitment strategy we were able to recruit 20 (12 female, 8 male) athletic trainers meeting this classification. General inductive analyses were used to code the data from our interviews, and we satisfied credibility through saturation of the data, peer review, and researcher triangulations during the coding process. Our findings suggest that while confidence in clinical skills is apparent, some of the more administrative aspects of clinical practice present challenges. We found that various employment settings offered various expectations or challenges that had the potential to impact WLB. A blend of professional and organizational processes helped transition the athletic trainer, and although both were helpful each also could be bolstered to improve transitioning for the newly credentialed athletic trainer. Employers of early career starters should be aware of the stress related to transition to practice, and the time it can take to acclimate. **Key Words:** *role inductance, work-life balance, socialization*

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 on-boarding, 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

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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. The recent changes in education standards makes 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

The purpose of the study was to gain 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. The study was guided by the following research questions: 1) what are the experiences of novice athletic trainers during their acclimation to their first full-time position, and 2) how are those experiences perceived by the novice athletic trainer?

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 our 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. Our 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 Convenience, in this case was driven by the professional networks of the researchers involved in the study, and from recruited participants we gained access to others meeting our criteria. A breakdown of individual demographic data is provided in Table 1. We also provide a summary of our

participants' workloads and career goals in
 Tables 2 and 3.

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-1	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
Joan	F	26	1	Hospital/ Soccer Club	45
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 +/- SD		26.8 +/- 4.0	1.4 +/- 0.7		50.3+/- 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-1	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 +/- SD				218.3 +/- 216.9

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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

Data Collection Procedures

We 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 (M. M. W, C.M.E). 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 WLB. We selected a semi-structured format for each interview session, allowing for a natural 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 use of the memo technique assisted us in remembering key points and experiences of our participants as they were interviewed. The memos were taken by the same researcher throughout all the interview sessions (M.M.W). All interviews were transcribed verbatim and lasted approximately 20-40 minutes.

Instrumentation

We developed the interview guide specifically for this research study and utilized existing literature and our research questions as the foundation for question development.^{7,21,22}

We had three athletic trainers review the document for clarity and content. Our panel was selected based upon current clinical practice (n=1), meeting our inclusion criteria (n=1), and researcher knowledge and qualitative expertise (n=1). Each athletic trainer was provided our 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. We then piloted the instrument with one athletic trainer to determine length of the interview and flow of the interview process. The athletic trainer met our criteria established at the outset of the study, and therefore was included in the results presented.

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 We 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} Analysis followed the steps outlined in the stepwise approach, as described by Thomas.²⁴ 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 (from our participants).²⁴

Data Credibility

In addition to using the memo technique in the data collection procedures, an essential aspect for helping explore and manage data, we 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 (S.M.M) 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 (M.M.W. and C.M.E) 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. Upon completion of the independent, yet simultaneous process we had the two researchers discuss and share their findings. Agreement was reached through this comparative process, and the use of coded transcripts was used as a means for discourse.

RESULTS

Our 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, we found that our participants had a deficiency in administrative experiences, which led to some trepidation with their skills in that domain of athletic training. Second, we found that various employment settings offered various expectations or challenges

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that had the potential to impact work-life balance. Finally, we also found that various strategies are used by newly credentialed athletic trainers to find work-life balance.

Lack of Administrative Experience

The professional socialization process of our 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 the 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 (figure 1). 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.

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



Documentation. Our participants described minimal experiences or limited chances for documentation in their professional preparation. 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. Our 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 our 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.

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

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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:

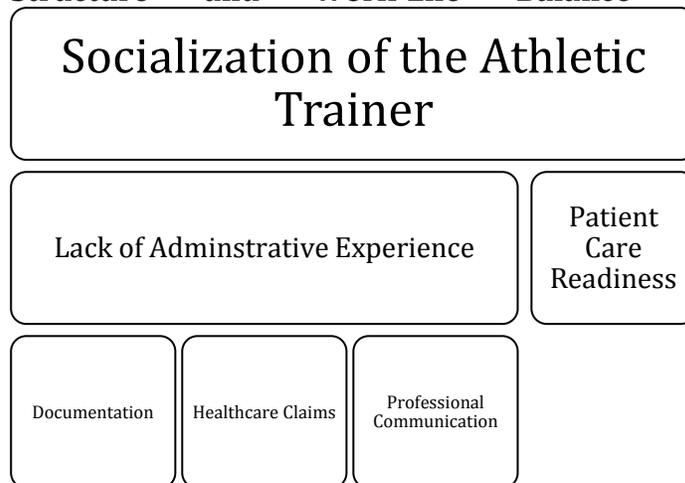
I credit some of my undergraduate experiences and my, you know, my supervisors and my mentors and my clinical rotations as an undergrad of getting me where I am now. ... I think they prepared me well, because like I said, it gives you that foundational base.

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)." Professional education was viewed as sufficient in preparing them for clinical practice and the duties related to patient-care, as illustrated by our participant's experiences.

Organizational Level Factors and Work-Life Balance. We 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).

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



Work scheduling. The 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. We were able to determine that the clinical setting in which our 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." The 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, perceived to experience 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.

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

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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.

Our 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 our 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. 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.

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 our 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.

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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).

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 the 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 our 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, we 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. Our 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

The findings generated illustrate that our 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 our participants, more exposure and chances to engage in these responsibilities is warranted. Our 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 our 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 topic were provided. The most prominent remarks made on the theme of athletic

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training mentors related more to supervisor support as a WLB facilitator.

Organizational Level Factors and Work-Life Balance

Satisfaction in WLB among our 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 our 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 our 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. We 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. We 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. Or this may suggest a shift in mentality, as women athletic trainers have often viewed the secondary school setting as more family-friendly and likely to meet their needs personally and professionally. Moreover, male athletic trainers may be leaving before the age of 35, due to salary concerns; a growing reasons for departure in athletic training as the hours required do not

reflect a fair compensation, as shared by many scholars previously.

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, our participants in this setting still reported struggles with WLB. Our participants indicated that this stress was due to higher patient care load than other clinical settings. All of our 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 our 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 our 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

Our 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 our 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

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be employed from anywhere at anytime, including down time while at work.

Limitations and Future Directions

Our sample was limited to athletic trainers who have been certified within four years, and although this represents recently transitioning practitioners, our results may not speak to the realities of those that are actively engaged in the organizational socialization process. We suggest that future studies examine the newly credentialed athletic trainer between 0-6 months post-entry into the workforce. Anecdotal evidence, coupled with our findings, suggest that this can be a stressful period of time that can present with many unique, time sensitive challenges. Our participants came from a heterogonous sample of employment settings, thus we 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.

Clinical Implications

While our findings warrant future setting specific research, our 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, including injury evaluation and management, but generally lack administrative knowledge and experience necessary to fulfill employers' and supervisors' expectations in the workforce upon entering. This suggests the need for more time engaged in activities during the professional socialization process that exposure the future athletic trainer to these job specific tasks. Our findings also suggest the need for programs to include more

diversity in clinical education, such as a prolonged period of time in more non-traditional settings (i.e. rehabilitative or clinic based settings). Also, students need to be more proactive during clinical education; asking preceptors about duties that may not be as obvious as patient-care and documentation. Completing the cycle, future employers might need to provide more specific on-the-job training for newly credentialed athletic trainers; as at times some responsibilities may be specific to the employment setting.

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. Our 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. Programs should infuse discussions regarding WLB and other conflicts that may arise in the workplace as a means to prepare the future athletic trainer. Moreover, organizations must also educate their new employees on policies that can address their needs regarding WLB.

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