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## Exposure to Catastrophic Injury Events and Burnout Among Athletic Trainers

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## ***Exposure to Catastrophic Injury Events and Burnout Among Athletic Trainers***

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### **OBJECTIVE**

To assess the levels of burnout among athletic trainers (ATs) who have been exposed to catastrophic injury events and the coping strategies they utilize.

### **DESIGN and SETTING**

Cross-sectional survey; online

### **PARTICIPANTS**

We contacted 9881 certified members of the National Athletic Trainers' Association and invited them to participate in this study. One thousand seven surveys were completed for a response rate of 10.2% (male n=433; female m=572, prefer not to answer n=1). The majority of individuals worked in the college (n=399) or secondary school (n=436) settings and had 0-5 years of experience (n=382).

### **INTERVENTION**

Participants completed an online survey to assess demographic information (age, sex, years as an AT, and work setting), provided care for a catastrophic injury event, Maslach Burnout Inventory-Human Services Survey (MBI-HSS), and Coping Inventory for Stressful Situations (CISS). Catastrophic injury event was defined by the National Center for Catastrophic Sport Injury Research as "fatalities, permanent disability injuries, serious injuries (fractured neck or serious head injury) even though the athlete has a full recovery, temporary or transient paralysis (athlete has no movement for a short time, but has a complete recovery), heat stroke due to exercise, or sudden cardiac arrest or sudden cardiac or severe cardiac disruption."

### **MAIN OUTCOME MEASURES**

Scores on the MBI-HSS (personal accomplishment (PA), depersonalization (DP), and emotional exhaustion (EE) sub-scales) and the CISS (avoidance, task, and emotion-oriented sub-scales). The first multivariate ANOVA included the dependent variables (PA, DP, and EE scores) and the independent variable group (provided care for catastrophic injury vs. no exposure). The second multivariate ANOVA included the dependent variables (avoidance, task, and emotion-oriented scores) and the same independent variable group. Follow up univariate ANOVAs were conducted for each dependent variable if the overall multivariate ANOVA was significant. Alpha levels were set at  $p < 0.05$  for all analyses.

### **RESULTS:**

Five hundred eighteen (51.4%) ATs reported providing care for a catastrophic event and 489 (48.6%) did not. The group that reported providing care for a catastrophic injury had significantly worse PA (higher score worse)  $46.05 \pm 6.65$  versus the group that has never provided care for a catastrophic injury  $44.62 \pm 7.71$  ( $p < 0.05$ ). The CISS score for the task-oriented sub-scale for ATs who had provided care for a catastrophic event was  $30.44 \pm 2.92$  and  $29.98 \pm 3.49$  for those who have not ( $p < 0.05$ ); indicating a high use of task-oriented coping strategy. The emotion oriented score for those who had provided care for a catastrophic event was  $14.26 \pm 4.75$  and  $14.90 \pm 4.17$  for those who had not ( $p < 0.05$ ); indicating a lower use of emotion-oriented coping strategy.

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**CONCLUSION**

ATs who have provided care for a catastrophic injury event could be more likely to suffer from a lack of personal accomplishment and

exhibit task and emotion-oriented coping behaviors.

**KEY WORDS:**  *coping, Maslach Burnout, catastrophic injury*