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Graduate-Assistant Athletic Trainers' Perceptions of Professional Socialization in the Collegiate Setting: Part I

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Context: Many newly credentialed athletic trainers (ATs) pursue graduate assistantships, which allow them to gain experience while being supervised by an experienced AT. The graduate-assistant (GA) ATs' perception of their socialization process into the collegiate setting is unknown.

Objective: To explore the professional socialization of GAs in the collegiate setting.

Design: Qualitative study.

Setting: Phone interviews.

Patients or Other Participants: A total of 19 collegiate GAs (15 women, 4 men; average age = 23 ± 0.15 years; National Collegiate Athletic Association Division I = 13, II = 3, III = 2; National Association of Intercollegiate Athletics = 2; postprofessional athletic training program = 6) participated.

Data Collection and Analysis: Data were collected via phone interviews and transcribed verbatim. Interviews were conducted until data saturation occurred. Data were analyzed through phenomenologic reduction. Trustworthiness was established via member checks and peer review.

Results: Four themes emerged: (1) role identity, (2) initial entry into role, (3) maturation, and (4) success. Before beginning their role, participants envisioned the assistantship as a way to gain independent experience while being mentored. They perceived themselves as the primary care providers for their athletic teams. Those who were immediately immersed into clinical practice adapted to their role quickly despite experiencing stress initially. Participants felt that a formal orientation process and a policies and procedures manual would have alleviated some of the initial stress. The GAs matured as they practiced clinically and developed confidence as they gained experience. Personal attributes, experience, and peer and supervisor support contributed to perceived success as GAs. Factors that hindered perceived success were lack of confidence, an unsupportive environment, and long hours.

Conclusions: When looking for graduate assistantships, ATs should seek a position that allows them to practice independently and provides didactic educational opportunities while aligning with their athletic training philosophies.

Key Words: onboarding, orientation, professional development

Key Points

- Graduate-assistant athletic trainers felt their graduate assistantships provided opportunities for them to develop confidence, increase their knowledge, and enhance their clinical skills while being supported by their supervisor.
- Several processes are used to socialize graduate-assistant athletic trainers, such as orientation, gaining athletic training experience, and didactic coursework.
- Graduate-assistant athletic trainers attributed their success to their personal characteristics, supervisor support, and fit within the institution. Poor time management often hindered success.

Approximately 3000 to 3500 new athletic trainers (ATs) pass the Board of Certification examination and are credentialed annually.[1] Roughly 60% to 70% of these newly certified ATs further their education by attending graduate school.[2,3] Many of those attending graduate school obtain graduate assistantships, serving as an AT to gain independent experience while still being mentored and supported by an experienced AT.[4] Current students see graduate school as a "buffer zone" to provide support and experience before becoming completely autonomous practitioners.[4] One way to develop and support new graduate-assistant (GA) ATs is through *professional socialization*, the process by which an individual learns the roles and responsibilities of his or her professional position while acquiring the knowledge, skills, and attitudes associated with the profession.[5–7] *Socialization* is the method whereby new employees or students are oriented into a position, which helps foster their professional identity.[8] Socialization tactics strongly affect the new employees' role ambiguity, role conflict, organizational commitment, intention to quit, and job satisfaction by providing them with the information and support necessary to be successful in their role.[9]

Although a great deal of research is available on socialization of ATs,[6,7,10–16] limited attention has been focused on the socialization of newly credentialed ATs, primarily GAs in the collegiate setting. Novice professionals are more easily molded than veterans and are likely to

adapt to the policies and procedures of an organization if they are socialized into their roles.[9,17] Experienced professionals undergo the socialization process differently than novices; socialization may have a greater influence on new graduates because they are more vulnerable during their transition into their first professional role,[18] whereas experienced professionals are more likely to be aware of their job responsibilities and will be more comfortable with what is expected of them.[9,19,20] Expert professionals possess previous skills and knowledge learned through experience, typically acquired over 7 to 10 years. Novice professionals have less than 1 year of clinical experience.[21,22] Graduate assistantships provide opportunities for novice clinicians to gain experience and proficiency while under the supervision of an advanced or expert clinician.[22]

Recent authors have examined the professional socialization process of GAs in various settings[23] and the supervisors' perspectives in the collegiate setting[13]; however, the GAs' perspective of their socialization into the collegiate setting has not received as much investigation. The graduate assistantship is an important developmental step for many newly credentialed ATs, and the collegiate setting is a large employer of new graduates[24] as GAs. It is important to understand how GAs view their socialization into the roles in the collegiate setting to gain better comprehension of this developmental step. The experiences of GAs in the collegiate setting are likely different from those of GAs in other settings because the former typically work and interact with multiple ATs, whereas a GA in the secondary school setting may be the sole health care provider at the institution. In addition, limiting the study to GAs in the collegiate setting allowed saturation from this specific group of newly credentialed ATs. The purpose of our study was to explore and gain an in-depth understanding of the professional socialization process of GAs in the collegiate setting (ie, providing patient care for an intercollegiate athletic team). The following research questions guided this investigation: (1) How did GAs perceive their socialization into their roles in the collegiate setting? (2) How did GAs perceive their role in the collegiate setting?

METHODS

The theoretical framework for this study was *symbolic interactionism*, which emphasizes how the interaction of culture and environment shapes the way an individual constructs meaning from experiences.[25] Guiding this study was *transcendental phenomenology*, which aims to explore the lived experience of a phenomenon and describe its "essence."[26,27] The phenomenon under investigation was the socialization process of GAs; therefore, data were collected from GAs who have lived through or were currently living through the process. Institutional review board approval was obtained before initiating this study. Interviews were conducted using a semistructured format,[26,28,29] with a questionnaire guiding the interviews (Appendix). Participants provided informed consent before the study began.

Participants

Graduate-assistant ATs working clinically in the collegiate setting (ie, with an intercollegiate athletic team) in all 10 National Athletic Trainers' Association districts were recruited for this study. An e-mail blast was sent from the National Athletic Trainers' Association to the 1286 ATs in the membership category of "certified student." Inclusion criteria consisted of GA ATs who were in their first athletic training position after certification and were providing patient care in the intercollegiate setting. In the recruitment e-mails, participants were asked to provide the names of colleagues who fit the inclusion criteria and whom they thought would be willing to be interviewed. The recruitment e-mail was then sent to those who were recommended. Some participants felt more comfortable sending the recruitment e-mail instead of providing names; in those cases, they forwarded it to potential recruits. Nineteen collegiate GAs (15 women, 4 men; average age = 23 $\pm$ 0.15 years; National Collegiate Athletic Association Division (NCAA) I = 13, II = 3, III = 2; National Association of Intercollegiate Athletics = 2; postprofessional athletic training program = 6) participated in this study. The individuals' demographics are presented in the Table with each participant's assigned pseudonym.

Data Collection

Graduate-assistant ATs who fit the inclusion criteria and were interested in participating in the study responded to the primary investigator (A.B.T.) via e-mail or phone. Potential recruits were then contacted via e-mail or phone to set up a time to explain the study, confirm inclusion criteria, obtain consent, gather demographic information, and schedule an interview. Data were collected via individual semistructured phone interviews that lasted approximately 45 to 60 minutes. The semistructured interview guide was based on the research questions as well as on prior socialization research.[6,7,15,16,23,30] Before data collection, 3 experts in qualitative research methods and socialization research evaluated the interview guide. To ensure clarity, we pilot tested the interview questions with 3 GAs who fit the inclusion criteria. None of the data gathered in the pilot study were included in the data analysis. Interviews, which were recorded and transcribed verbatim, were conducted until data saturation occurred.[31]

Data Analysis

Data were analyzed using a descriptive phenomenologic method described by Giorgi,[32] which is valuable to explore the lived experience in a practical field and focuses on describing the experience.[32–34] The primary investigator (A.B.T.) conducted all the interviews, transcribed each interview, and coded each transcript to gain a sense of the data. She read the transcripts multiple times, coded for common themes, and developed a list of codes. Codes were then organized into themes and transcripts were reread to ensure that the codes and themes fit the participants' experiences. Themes were then brought together to form a description of the essence of the socialization experience in the collegiate setting.

Trustworthiness was ensured via member checks and peer review.[31,34] Each participant was given the opportunity to review his or her transcript for accuracy and was asked to make corrections and clarifications as needed. Four experts in qualitative research, socialization research, and athletic training research then provided peer review to establish

Table. Participant Demographics

Participant Pseudonym	Age, y	Sex	Setting	Undergraduate Institutional Division (National Collegiate Athletic Association)	Years as Athletic Trainer	Year as Graduate Assistant	Program Type	Hours Worked/Wk
Alison	23	F	DI	I	1	First	NAT	50–60
Amanda	23	F	DIII	I	1.5	Second	NAT	40
Andrea	22	F	DI	I	1	First	PPAT	30–40
Charlotte	24	F	DI	III	2	Second	NAT	60–75
David	23	M	DI	I	2	Second	PPAT	65–70
Ella	25	F	DI	I	2	Second	NAT	50–60
Emily	24	F	DII	II	3	Second	NAT	30
Helen	23	F	DI	I	1	First	NAT	60
Jack	24	M	DI	I	1.5	Second	NAT	77
Jonah	22	M	DI	II	1	First	NAT	55–70
Kara	23	F	DII	II	1.5	Second	NAT	50–60
Kirk	22	M	DI	II	1	First	PPAT	60–70
Lydia	26	F	NAIA	I	1	First	NAT	40
Madelyn	23	F	NAIA	III	2	First	NAT	45
Michelle	24	F	DI	I	2	Second	NAT	30
Mindy	22	F	DI	I	1	First	PPAT	50
Natalie	22	F	DI	II	1	First	PPAT	40
Sophie	24	F	DI	I	2	Second	NAT	50–60
Victoria	22	F	DIII	III	1.5	Second	PPAT	25–30

Abbreviations: D, National Collegiate Athletic Association Division; F, female; M, male; NAIA, National Association of Intercollegiate Athletics; NAT, non–athletic training program; PPAT, postprofessional athletic training program.

trustworthiness. Each was given a coded transcript with the codebook and a description of the themes and subthemes that emerged.[31] The peer reviewers ensured coherence between the themes and the transcript and that the meaningful pieces of data were logically organized and placed into themes.

RESULTS

The purpose of our study was to explore and gain an in-depth understanding of the professional socialization process of GAs. Four themes emerged from the findings that described the participants' perceptions of the professional socialization of GAs in the collegiate setting: (1) role identity, (2) initial entry into the role, (3) maturation, and (4) success (Figure).

Role Identity

The first theme that emerged was role identity, which was further divided into 2 subthemes: (1) envisioning the role and (2) perceived role of a GA.

Envisioning the Role. This subtheme speaks to the participants' perceptions of the graduate assistantship and their future roles as GAs. Throughout the interviews, participants reflected upon their preconceived notions and how they envisioned their roles. They developed these notions through conversations with current GAs, preceptors, and faculty members and observations of the GA models at their undergraduate institution. Before assuming their roles, participants anticipated a heavy workload, but they envisioned they would gain the knowledge, skills, confidence, and experience with independent clinical practice to improve patient care. David commented, "I came in with the expectation that I'm going to work my butt off for 2 years and get through it and come out a better and stronger clinician afterwards." Similarly, Alison stated:

> Coming into your assistantship, you expect to work for very little pay. You are expected to do it all. You're going to work a lot, but you're going to learn more in 2 years than you learned in undergrad.

Participants felt the function of the assistantship was to provide an additional 2 years of experience in a semisupervised environment in which the GAs have access to experienced staff members who can provide feedback and mentoring.

Perceived Role as a GA. The second subtheme that emerged was how the participants viewed their role as a GA at their place of employment. This perceived role included how the GAs understood their responsibilities and their role within the framework of the athletic training services at their institution. Participants felt as though they were a part of the staff, although they were still learning and gaining experience. Kara observed, "We're part of the staff. We go to staff meetings. We're trying to make that transition until we're out on our own. It's a great stepping stone before you get to the next step in your career." Participants viewed themselves as the primary care provider for their patients. As a part of their patient-care responsibilities, participants felt their role was to provide optimal patient care, despite being new clinicians. Michelle noted, "I'm expected to provide excellent patient care just as any other athletic trainer. As a GA my time is cut in half. I still provide the same care and they treat me as an equal here." Some participants felt they were expected to provide patient care at the level of an experienced clinician, but others believed their supervisors viewed them as entry level and did not expect them to know all the answers, given the transitional nature of the graduate assistantship. Overall, participants saw themselves as health care professionals who were expected to provide patient care at the entry level.

Initial Entry Into the Role

The second theme that emerged was the initial entry into the role of the GA. Participants reported various methods of

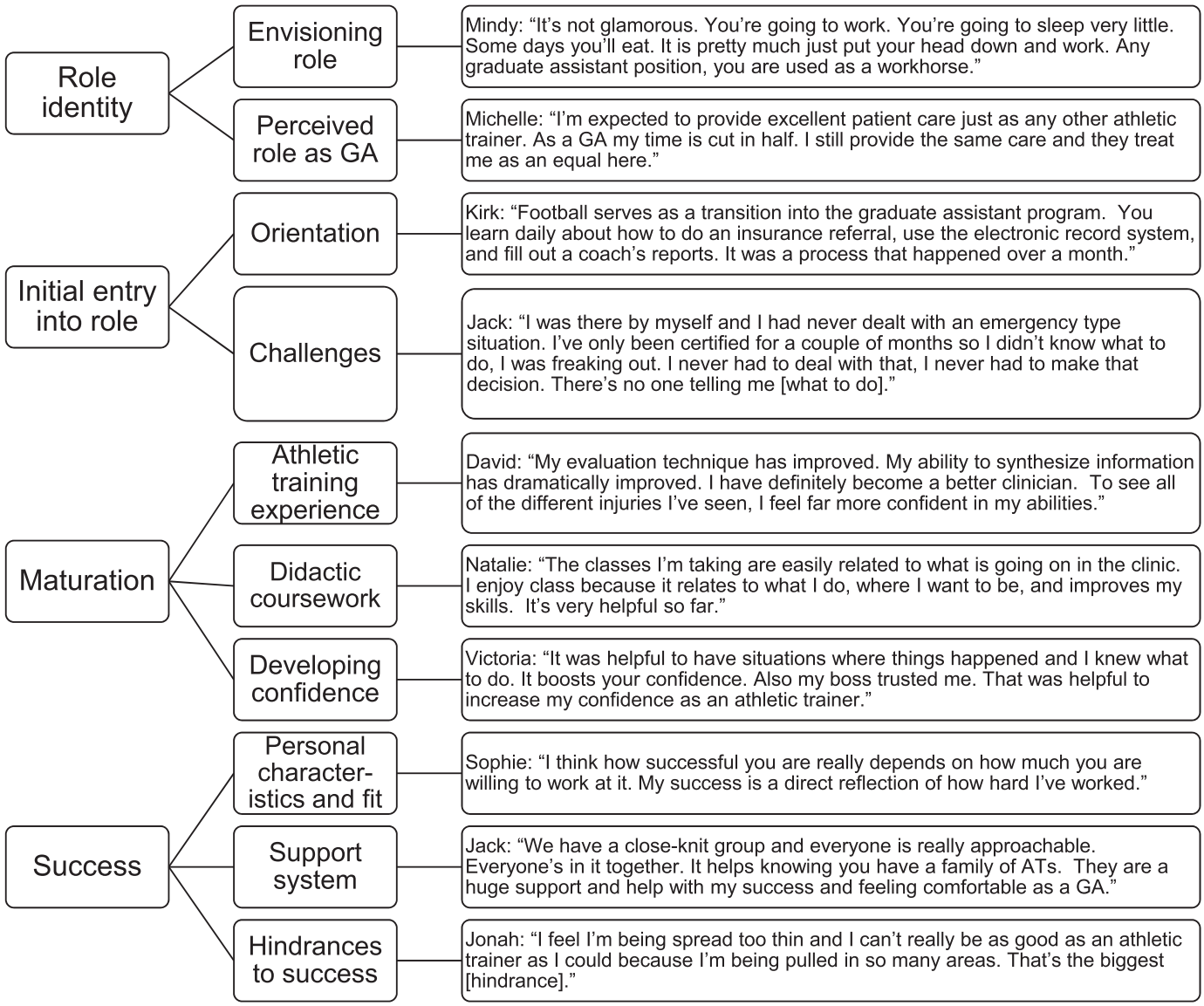

Figure. Emergent themes with supporting quotes. Abbreviation: GA, graduate assistant.

orientation, whether formal or informal, and the challenges that arose as they entered their role. This theme is described in the following subthemes: (1) orientation to the role and (2) initial challenges.

Orientation to the Role. As the participants entered into their positions in the collegiate setting, they were oriented to their roles both formally and informally. A principal aspect of the formal orientation was learning expectations, such as clinical responsibilities, attire, and professional communication. Participants reported arriving on campus 1 to 2 weeks before the start of fall preseason (typically the first patient-care responsibility) and being formally oriented through meeting with supervisors and coaches, reviewing and practicing the emergency action plan, touring the campus and athletic training facilities, and learning role expectations. Participants also received and reviewed policies and procedures manuals or GA handbooks to obtain more detailed information (eg, emergency action plans, injury documentation templates, expectations).

Participants were also oriented into their roles informally by providing patient care for football as a group or by immediate role immersion. Many participants reported that all the GAs who were not assigned to provide patient care with a competitive sport in the fall assisted with football. Participants felt this experience with football oriented them to their roles because they learned the various procedures of their institutions, such as handling the insurance process and using electronic medical records to document patient care, while they asked questions to further understand their supervisors' expectations. Participants were also informally oriented to their roles through immediate role immersion, in which they were expected to provide patient care immediately on arrival at the institution, which often caused initial stress. Lydia explained:

> I got there 2 days before classes started. My first day was "This is where we practice and these are your sports." I wasn't given any expectations. I was thrown to the wolves; it's like sink or swim. I was left to figure it out on my own.

Whereas being immediately immersed into their roles was stressful, some participants thought it was beneficial because they were able to adapt quickly. These participants expressed that they gained confidence quickly because they were forced to adapt. Participants who were not immersed immediately felt they did not adapt as quickly. Amanda commented:

> [Other GAs are] on their own and they were just thrown into it. They were able to build their confidence faster. Being on your own forces you to make decisions because you have no one else to turn to.

Regardless of the type of orientation, participants understood that they could not be completely prepared for everything after orientation, and although the orientation provided information, GAs would still face challenges as they learned their roles.

Initial Challenges. As participants initially transitioned into their roles, they faced many challenges, ranging from forming new relationships with coaches, patients, and physicians to moving to a new location, balancing coursework and clinical responsibilities, and making return-to-play decisions for the first time. Alison noted, "Balancing school, work, trying to have some sort of personal life on top of that [was challenging]." Participants felt that communicating with coaches for the first time was challenging because many had not done so during professional preparation. Lydia remarked:

> A challenge was trying to figure out how to communicate with coaches, what kind of coaching report they want, what kind of status update they want about their players, and just developing the rapport.

Many participants had not been responsible for making patient-care decisions during their professional preparation; therefore, making the ultimate decision was initially difficult. Amanda observed, "[It was a challenge] deciding whether they should be playing or not. At the undergrad level, those aren't your decisions. That's one of the hardest things. I didn't feel confident at first."

Maturation

The third theme that emerged was maturation, which described how the participants evolved as ATs throughout the assistantship. They discussed their feelings as they gained experience and matured in their roles. Three subthemes emerged to describe this process and their feelings: (1) athletic training experience, (2) didactic coursework, and (3) developing confidence.

Athletic Training Experience. The first subtheme that emerged was athletic training experience, which included skills and knowledge related to patient care, such as injury evaluation, rehabilitation, and professional communication. Participants felt they had the necessary preparation but needed to further develop as an AT, and the assistantship provided that opportunity. Some areas in which participants felt they improved their skills were communicating with coaches and physicians, making return-to-play decisions, integrating evidence into clinical practice, working with insurance agents for billing, and gaining more general medical experience. Sophie stated:

> I have gotten the chance in the past 2 years to have conversations with parents, with coaches, administrators, insurance billing, and team physicians. I've gotten a lot of good experience with that.

Participants also recognized that they improved their existing athletic training skills as they learned new skills, such as manual medicine, novel strengthening techniques, active release therapy, or postural restoration. Emily said, "I've gone to my supervising AT to learn more tools that he was able to teach me, like active release therapies that I have never used before." Participants were able to define their own professional identity and establish their patient-care philosophies and practices, which occurred as they gained more experience in their role, formed relationships, made independent clinical decisions, and received positive feedback.

Didactic Coursework. The 6 participants who were enrolled in postprofessional athletic training programs discussed how graduate coursework influenced their knowledge and skills throughout their assistantship. They discussed the relevance of their educational coursework to their clinical practice, whereas those not enrolled in such programs (eg, those in sport administration, education) felt their coursework was not as readily applicable to their clinical responsibilities. Helen, who was not enrolled in a postprofessional athletic training program, described:

> My comfort level has decreased because I'm not in an athletic training program. My master's is completely separate. I'm not getting constant stimulation. I look things up myself. I would be more comfortable if I was learning in class.

Participants who were enrolled in postprofessional athletic training programs saw the benefits in clinical practice because their classes related directly to improving their patient care, unlike those enrolled in other programs. In regard to her professional development, Amanda, who was not enrolled in a postprofessional program, lamented, "Well, it's kind of difficult because my actual degree is in exercise science so it's not exactly related to athletic training and my graduate assistantship." Mindy, who was enrolled in a postprofessional athletic training program, understood how vital her classes were to further develop her skills and knowledge as an AT:

> Previously, if I would've had an ankle injury, there's no way I would've looked at gluteus medius or core strength. Without a doubt in my mind, I never would have looked at that. It's something now that I look at with every lower extremity injury. We never learned that in undergrad. We never had time. We learned all the basics. There is just not enough time to learn the specialized tasks when you are trying to learn all the basics. My evaluation skills have gotten so much better since being here. It makes me nervous to think that I could have gotten a job straight out of undergrad. Because the amount I've learned in less than 30 weeks is huge. Huge. So huge.

David, also enrolled in a postprofessional athletic training program, believed that educational development, especially at that level, resulted in more effective clinicians because it allowed new ATs to learn advanced skills:

> If you want to be at the same level [as when] you graduate, you might be a quasi-effective clinician. If you want to practice at a different level, learning advanced skills and evaluation techniques will make you a better clinician.

Participants in postprofessional programs received both educational knowledge and clinical-skills development throughout their assistantships, whereas the other participants felt they did not gain advanced athletic training knowledge through their coursework. Participants in postprofessional programs recommended that future GAs apply to master's programs with curricula to help them provide better patient care.

Developing Confidence. The third subtheme that emerged was developing confidence, which referred to the ability to improve confidence as an AT through experience. As the participants transitioned into their role, they experienced many emotions, such as excitement, fear, nervousness, and stress. Participants initially felt nervous making patient-care decisions independently. Michelle explained, "It was finally realizing and coming to terms with wow, I actually have to make clinical decisions and the decisions I make can have repercussions, good and bad." Jonah expressed the stress of his emotional evolution from supervised student to independent clinician:

> I was extremely comfortable in college [undergraduate] because I had supervision. If I made a mistake it was fine because I wasn't the athletic trainer. I had more room for error. Then you get here and start to get overwhelmed. It was my first team; I psyched myself out. I didn't feel comfortable in the beginning; I was extremely apprehensive. I had never worked with anyone independently. That was a hard transition. Once I started working with the team, I started to know them as people instead of athletes on a roster. Figuring out a system really helped me transition so I was more comfortable than I was in the beginning. I think just being less nervous about it all.

For most participants, the period of stressfulness lasted approximately 1 competitive season. As they gained experience, they felt well prepared for their roles and were more comfortable and confident. Mindy reported feeling overwhelmed in the beginning but that it helped her develop confidence: "It was really overwhelming initially. My first semester was pretty bad, but I think it was kind of a necessary evil. I've become a lot more confident in myself as a clinician because of it."

Many participants felt confidence was developed through independent practice while still receiving guidance and feedback from supervisors. David commented:

> I was given freedom to be independent, which helped. I received guidance when I needed it. I had a life preserver if I felt like I was drowning. I used that less as I matured and gained more experience.

As the participants received positive feedback from coaches, athletes, supervisors, and physicians, they began to feel more confident in their roles, as Mindy indicated:

> It was helpful to me when my supervisors would say, "That's right, you're fine, that was good, keep doing what you're doing, you can do this." The confidence that other people had in me was what I needed.

Participants gained confidence by practicing independently and receiving feedback from their supervisors.

Success

The final theme that emerged was success, which describes the participants' ability to function in their roles and the extent to which they were effectively socialized and gained stability in their roles. Success depended on a plethora of factors, such as institutional fit, ability to adapt, prior experiences, and experiences gained throughout the assistantship. The 3 most prevalent elements of success are described in the following subthemes: (1) personal characteristics and fit, (2) support system, and (3) hindrances to success.

Personal Characteristics and Fit. Most participants attributed success to their personal characteristics and their willingness to adapt to their role and responsibilities as a GA. Personal characteristics that contributed to success were passion about the profession, commitment, diligence, persistence, perseverance, humbleness, loyalty, honesty, willingness to ask questions and learn, and willingness to work hard.

Participants felt that success also depended on ensuring that the institution was the correct fit for their personality and athletic training philosophy. Not all institutions and graduate assistantships are the same, and participants felt institutional fit affected their success. Emily realized the importance of finding the right fit, actually switching institutions after 1 year to find a better fit:

> I was very micromanaged. I had to run everything past the head athletic trainer, whereas here [current institution] you can seek help, but they trust you. We just didn't see eye-to-eye on a lot of things, right down to rehabilitation philosophies.

> I wish my employer [had] had a little more faith in me. Things like that were really uncomfortable, really disheartening. I questioned whether or not I liked athletic training. Which I'm glad that I got out of there because it's been reinstated that I absolutely love this profession.

Support System. Another important factor in GA success was the feeling of support and having a support system of supervisors, peer GAs, friends, and family. Nearly all of the participants attributed their success to the support they received, especially from their mentors. Jonah said, "One major factor [of my success] is having that mentor there to help you along the way instead of just being on your own. It's good to have someone there to reinforce your skills and what you're doing." Many participants also attributed their success to the support they received not only

from their mentors but also from the entire athletic training staff, classmates, and peers. Sophie described:

> The support you have is really important, not only mentors, but family, friends, and classmates. Everybody plays a role to provide social support, which is really important. If you don't have support, chances of being successful are lower.

Participants felt they could reach out to their support system if they were having trouble with classes, clinical experiences, or personal problems. The support received allowed them to feel successful in their roles as GAs.

Hindrances to Success. The final subtheme that emerged was hindrances to success; that is, certain aspects of being a GA prevented the participants from gaining full stability in the role over the course of their assistantship. This differs from the initial challenges subtheme, in focusing on the participants' inability to feel fully successful in their roles. Participants mentioned that being uncertain about expectations, time management, and supervisor support were hindrances to success. Helen stated:

> There were some unknowns as far as how we, as GAs, should communicate with staff members. I don't know what the professional etiquette is for various things. Do I deal with it? Do I consult the staff member directly?

This quote speaks to Helen's feelings of frustration due to being unsure of how to communicate throughout her assistantship. Other participants reported that a lack of support from their supervisors hindered success and made participants feel negatively about their position and even the profession of athletic training. Kara remarked, "I feel like it's a day-to-day struggle. Some days are good and others are not. [Lack of support] kind of restricts [success and development.] I think that can bring a lot of people down." A few participants felt they would have been more successful in their roles if their supervisors had made more of an effort to mentor and provide support.

In addition to needing more mentorship and support, most participants observed that having a busy schedule was the biggest hindrance to success. Juggling coursework, research, and clinical expectations was extremely difficult, and participants often did not have adequate time to devote to each responsibility. Charlotte noted:

> I think sometimes sleep deprivation [hinders success]. From the amount of hours I work and doing coursework as well. My athletes can tell when I'm dragging and tired. It affects my day and how much effort I put in.

Participants felt they could not put full effort into each area of their assistantship because they had so many responsibilities, which hindered their success.

DISCUSSION

The purpose of our study was to explore and gain an in-depth understanding of the professional socialization process of GAs in the collegiate setting. The following questions guided this investigation: (1) How did GAs perceive their socialization into their roles in the collegiate setting? (2) How did GAs perceive their role in the collegiate setting? Our findings revealed that GAs were socialized into their roles through orientation, initial experiences, athletic training experience, and didactic coursework. The GAs were successful in their roles when they were able to develop confidence and gain stability as a member of the professional culture.

Role Identity

The first theme that emerged was role identity, which encompasses how the participants envisioned their role before becoming GAs and how they perceived their role as GAs.

Envisioning Role. Before becoming GAs, many participants envisioned what it would be like: 2 years of very hard work, which would further prepare them for a career in athletic training. They knew the graduate assistantship was a necessary rite of passage[15] or "initiation" and understood that if they wanted to advance in their careers and seek employment in collegiate or professional settings, they needed to endure that initiation. *Anticipatory socialization* encompasses the experiences before entering the work setting, such as envisioning the role and formal role preparation.[15] During anticipatory socialization, future ATs pictured themselves as a part of a certain culture, as the participants did with the staff ATs before assuming their roles. In interviews with current students who were pursing athletic training careers, Mazerolle et al[4] found they envisioned themselves attending graduate school and becoming GAs due to their career goals and the chance to obtain real-world experience, which was similar to our findings.

Participants also envisioned their role as an opportunity for independent clinical practice while an experienced AT provided support. Similarly, graduating athletic training students who seek graduate assistantships see them as a buffer zone that provides the opportunity to grow professionally and gain experience while still being mentored.[4] Nursing residencies often offer the same developmental and mentoring opportunities, allowing new nurses to gain knowledge and skills, understand professional values, and assimilate into the professional culture.[30]

Perceived Role as a GA. The perceived role as a GA describes how the participants understood their role within the delivery of athletic training services at their institution. Participants felt their role was to provide patient care at the entry level. Some participants described themselves as "in between" because they were not quite students but not necessarily full-time staff members. The graduate assistantship is transitional in nature, enabling newly credentialed ATs to gain clinical experience before becoming ATs employed full time; however, the transitional nature of the graduate assistantship can cause confusion as to the place of a GA in the sports medicine hierarchy.[23] This role ambiguity experienced by our participants is not limited to athletic training. New nurses often find themselves discouraged due to the role conflict and ambiguity associated with the transition from student to nurse.[35] Despite that, many participants developed an identity as part of the staff and the primary care provider for their clinical assignment. Forming an identity is vital for clinicians: the development of a strong professional identity

promotes confidence and allows patients to have confidence in medical decisions.[36] Supervisors could assist GAs in developing a professional identity by discussing their role as a GA before beginning the assistantship.

Initial Entry Into Role

Organizational socialization begins as an individual enters his or her role in the organization and is oriented to the roles and responsibilities associated with the position.[15] During organizational socialization, participants went through formal and informal processes to become oriented to their roles and eventually emerged as members of the organizational culture. During this transition, the participants had feelings of uncertainty as they adjusted to their roles. These feelings are consistent with the findings of Pitney et al,[15] who examined ATs in the NCAA Division I setting as they transitioned into their new roles. Many organizational tactics, such as formal and informal orientation, mentorship and support, and developmental programs, can be used to help GAs as they transition into their roles.[15,23]

Orientation Into the Role. Participants were oriented to their roles formally and informally, which is consistent with the perspectives of supervisors[23] and postprofessional athletic training program directors.[37] Orientation is an important aspect of the socialization process, given that it increases confidence[38] and alleviates some stress during the transition.[37] Whereas many participants had formal orientations, others reported being immediately immersed into their roles with little formal guidance or explanation of expectations. This mirrors previous findings,[39] in which GAs in postprofessional programs were immersed in their roles or "thrown into the fire." Supervisors of GAs[23] and GAs in postprofessional athletic training programs[37] felt the immediate immersion helped with understanding and mastering their roles. Supervisors thought GAs would not understand how to complete certain tasks unless they experienced those tasks first hand.[23] Participants often learned their role through trial and error, as was the case for experienced ATs[15,16] and GAs.[23] Although being immersed in their roles required participants to adapt quickly, those who did not have formal orientations reported higher initial levels of stress than participants who had formal orientations to review policies and procedures. Similarly, Mazerolle et al[13] found that GAs who did not have orientations did not fully understand what was expected of them. In addition, supervisors of GAs in the collegiate setting who used formal orientation methods experienced fewer problems.[23] Implementing formal orientation activities may alleviate some stress during the socialization process by outlining expectations and procedures.

To orient GAs to their roles in the collegiate setting, we suggest providing a written policies and procedure manual as a resource they can refer to throughout the assistantship, in addition to a formal orientation period in which various procedures (eg, physician referrals, emergency action plans) are discussed and practiced. During the first few weeks of patient care, supervisors can observe patient care, review documentation, and provide constructive feedback for improvement. The GAs cannot learn everything they need to know during the formal orientation period; therefore, continued support should be provided throughout the assistantship. Prolonged orientations that extend through the first 6 to 12 months of employment can help new clinicians acquire skills and clinical competence.[40] Some program directors in postprofessional athletic training programs[37] and supervisors of GAs[23] provide continued support to GAs throughout the assistantship via seminar sessions or classes in which they discuss current topics in athletic training and instructional seminars to learn new techniques.

Challenges. As they entered their roles, participants went through many initial challenges, such as learning the expectations associated with their roles, balancing coursework and clinical responsibilities, developing professional relationships, and making independent decisions for the first time. Research examining the challenges associated with initial entry into the role of a certified AT is lacking; however, many investigators have addressed this transition in health care fields such as nursing[40–43] and physical therapy.[44–47] Similar to what the participants reported, many new nurses and physical therapists (PTs) felt overwhelmed as they encountered new challenges in their roles and had trouble balancing all their responsibilities.[46–48] Furthermore, they did not have adequate time to devote to each of their patients because they were responsible for so many.[35,48] Our participants described the challenges of balancing coursework, clinical responsibilities, and research. Prior researchers[37,49] found that time management was a challenge and source of stress for GAs. When they were students in their professional programs, participants noted that they were not usually responsible for all aspects of the team, as they were in their role as a GA. Typically, preceptors were responsible for documenting injuries, communicating with coaches and physicians, and managing insurance claims; yet as GAs, participants were now taking on those additional responsibilities. This was similar to findings from the nursing and physical therapy literature, in which new clinicians reported they received only manageable pieces of information and responsibilities as students[47,48]; yet, as they became nurses and PTs, they had all of the responsibilities, which was challenging and overwhelming for novices. Some supervisors would have GAs shadow them for a few weeks so the GAs could acclimate to their roles before assuming all aspects of patient care.[23] During this time, the GAs gained responsibilities as they became more comfortable in their roles. Supplementing orientation with time spent shadowing the supervisor could help GAs overcome these initial challenges during their entry into their role.

Another challenge participants faced as they entered their role was making independent decisions for the first time. Although they felt they had adequate academic preparation, it was challenging for them to move from a student role, where there was always a preceptor as a safety net, to being an independent clinician. Supervisors of GAs expect them to make independent clinical decisions; however, they also reported that GAs struggled initially to make decisions.[23] Supervisors of GAs and participants in this study believed this was because they were never given the opportunity to make independent patient-care decisions during their professional education.[23] The finding that GAs cannot initially make decisions reinforces the results of Carr and

Volberding's,[24] who concluded that employers and new employees see this as a deficiency in new ATs. This is not unique to athletic training and is also seen in the nursing literature: new nurses were apprehensive about making independent decisions for the first time and sometimes initially doubted their ability to provide safe patient care.[40,50,51] Clinical decision making improves with practice.[52] Although students may always have some initial trepidation about making the clinical decision and having ultimate responsibility for the first time, allowing them to make clinical decisions while still being supervised may help diminish this challenge.

Maturation

The third theme that emerged was maturation, which described how the participants evolved and developed as ATs throughout the assistantship. Participants felt their maturation relied largely on the amount of independent athletic training experience they gained. Participants in postprofessional programs also felt their didactic coursework affected their maturation. As participants gained more experience and received positive feedback, they developed confidence.

Athletic Training Experience. One of the primary reasons many individuals obtain assistantships is to improve their athletic training skills and gain experience while being supervised by experienced ATs.[4] Participants thought their skills greatly improved as they matured and developed in their roles. As the participants gained experience, they developed their clinical skills, such as refining their evaluation technique and gaining clinical competence. Supervisors of GAs agreed with this assessment.[53] Initially, supervisors reported that GAs were not efficient with evaluations, performing every special test associated with a joint, even tests that were not relevant. As GAs developed their skills further, evaluated and treated more injuries, and gained experience, they streamlined evaluations and made better patient-care decisions. Similarly, new PTs and occupational therapists approached evaluations and made clinical decisions in a structured, by-the-book theoretical approach; however, as they gained experience, they made decisions on the basis of specific patient needs.[45,46,54]

The Dreyfus Model of Skill Acquisition (DMSA)[55] is widely used in nursing to describe how skill acquisition and knowledge are transferred to expert practice through experiential learning.[56] Nursing, physical therapy, and athletic training all require theoretical knowledge in addition to practical skills; therefore, clinical reasoning is important to solve complex patient-care problems and monitor changes in the patient's progress. As clinicians gain experience and develop reasoning abilities, they progress through the model from thinking based on rules and basic information to using intuition and knowledge to solve problems. The DMSA has 5 stages: novice, advanced beginner, competence, proficiency, and expertise. As participants described their maturation and clinical skill development, their experiences mirrored this model. Before becoming certified, participants were in the novice stage, gaining knowledge and skills. As they entered into their roles, they were advanced beginners, with the credential and license to perform athletic training skills but without independent clinical experience; thus, they were timid in decision making and their evaluations were not efficient. As participants gained more experience, they moved into the competence stage, gaining confidence through multiple patient cases and varied experiences. According to descriptions of their experiences, most of the second-year participants were in the proficiency stage, whereas the first-year participants were still developing competence. To further examine this progression, researchers could explore the perceptions of ATs in various stages of the DMSA.

Didactic Coursework. Despite the majority of new ATs entering master's programs after graduation and pursuing graduate assistantships, only about 6% are entering postprofessional athletic training programs.[2,39] In this study, only 6 participants were enrolled in postprofessional athletic training programs. Many GAs pursue graduate degrees in postprofessional athletic training programs to receive academic mentoring and additional training[13]; however, common beliefs in the athletic training profession are that an educational program of study for GAs is unimportant and that postprofessional programs repeat knowledge learned during professional programs.[3] Although many of our participants had heard these beliefs, those enrolled in postprofessional programs did not agree, detailing the depth of classroom learning and advanced skills to supplement their clinical practice. Our participants felt that professional preparation did not fully prepare clinicians in every aspect of athletic training. Graduate education supplies more details of techniques and theories as well as teaching new knowledge and techniques to provide greater mastery over the subject material.[39] Graduate coursework in athletic training coupled with independent but mentored clinical experience offers an environment for GAs to apply knowledge and develop expertise. Neibert[39] found that postprofessional GAs felt critical thinking during classes and clinical experience fostered theoretical understanding, and they were given opportunities to make clinical decisions in a safe, low-pressure environment.

In addition, participants enrolled in academic programs unrelated to athletic training described their educational program as not relevant to their clinical practice and their coursework as not enhancing their socialization. This is similar to the findings of Mazerolle et al[13] regarding GA socialization: GAs enrolled in postprofessional athletic training programs felt their coursework provided authentic didactic learning, whereas those GAs not enrolled in postprofessional athletic training programs did not see their coursework as a socializing agent. Program directors of postprofessional athletic training programs reported using coursework as a way to facilitate the skills and knowledge of GAs as they transitioned into their roles.[37] Potentially, participants enrolled in postprofessional athletic training programs saw how the coursework affected their socialization because the academic and clinical aspects of the graduate assistantship were integrated; integration may be lacking in non–athletic training–related degrees.

Developing Confidence. As participants matured throughout the assistantship, transitioning from student to professional, a great deal of growth and development occurred. The early years of clinical practice are vital not only to clinical-skill development but also to develop confidence as new clinicians enter their professional culture.[44] Initially, participants were unsure of their

decisions and felt overwhelmed because they were responsible for their patients and making the ultimate decision for the first time. This phase can be emotionally tumultuous and cause role conflict as new clinicians make patient-care decisions while experiencing extreme life changes.[57] As they entered their roles, our participants felt an array of emotions, such as nervousness, excitement, stress, being overwhelmed, and fear. These feelings have yet to be studied and portrayed in the athletic training literature; however, in the nursing, occupational therapy, and physical therapy literature, the initial transition from student to professional is referred to as a "reality shock."[45,58] Many new clinicians have reported that moving from student to independent practitioner is chaotic and stressful and produces feelings of fear, uncertainty, and disillusionment.[35,45,48,57,59,60] High stress levels can result from having the ultimate responsibility for clinical decisions and patient outcomes and can actually inhibit critical thinking and reasoning abilities, which can be detrimental to patient care.[48]

As participants gained experience and matured throughout the assistantship, they began making more correct decisions, which led to their trust themselves and their diagnoses. Research[44,46] exploring the professional learning and development of new PTs found maturation depended on experiential learning, interactions with patients, interactions with coworkers, reflection, informal and formal education, and gains in confidence. Similar to PTs, new nurses began to feel more comfortable in their role as they started making more clinical decisions and gained more clinical experience.[48] Participants also felt more comfortable as they gained independent experience. Those participants who gained independent clinical experience early in their assistantships through immediate role immersion felt comfortable more quickly than participants who were not immediately immersed; however, the former often had higher initial stress levels than the latter.

As participants began seeing positive patient outcomes and receiving positive feedback from coaches, patients, and supervisors, they started to feel confident in their roles. Participants expressed that independent clinical practice was the most important contributing factor to their professional growth because they were able to make decisions and learn from mistakes. This belief is also common with nurses[60] and PTs.[44,54] New PTs gained confidence and began trusting themselves after positive interactions, performance reviews, and patient outcomes.[44,54] New nurses also gained confidence as they saw success in their patient outcomes[48] and when they received positive feedback from supervisors.[60] Interviews with newly credentialed ATs also showed that new ATs gained confidence and learned to trust themselves as they received positive feedback from supervisors and observed positive patient outcomes.[61] Participants reported that as they gained experience, they were able to modify their clinical practice based on their knowledge and experiences.

Success

Success as a GA is considered the ability to fulfill clinical and academic responsibilities while making progress toward publication of research.[23] A successful GA is able to persist and graduate upon completion of his or her coursework and assistantship. In the NCAA Division I setting, the final phase of the socialization process is gaining stability, which defines whether or not the new AT is successfully socialized into his or her role.[15] Supervisors of GAs reported that the biggest contributions to success, or the ability to gain stability in the organization, were the GAs' personal characteristics and their ability to adapt to their role and the selection of the best GAs for a good fit with the institution.[23] Participants felt the biggest contributions to success were their personal characteristics and fit and their support system (eg, supervisors, peers, family); an unsupportive environment and busy schedules hindered success.

Personal Characteristics and Fit. Supervisors of GAs thought GAs were more successful when they adapted to the policies and procedures at their institution.[23] The ability of GAs to adapt to their institution parallels the description of Pitney et al[15] of the final stage of socialization, gaining stability within the organization. A large aspect of the ability to adapt depends on personal characteristics, such as dedication, confidence, strong work ethic, honesty, and willingness to learn. Prior researchers[62] found the most important hiring criteria were personal characteristics such as maturity, assertiveness, enthusiasm, initiative, ambition, and oral communication skills. Employers also reported that personal characteristics, such as humility, confidence, ability to learn from mistakes, and willingness to learn, were important in new ATs.[24] New ATs need to understand how valuable these personal characteristics are when searching for employment after graduation.

Another factor in success was institutional fit. The person-environment theory describes the fit and compatibility between an employee and his or her work environment.[63] This compatibility occurs when the values and goals of the individual are aligned with the organization, and individuals will be more successful if they are compatible. Interviews with supervisors of GAs showed that students were more successful when the supervisors spent more time identifying GAs who were the right fit for the institution.[23] When incongruence exists between the GA and institution, the GA makes the decision to either leave or continue to persist because he or she knows the assistantship is temporary. This is similar to the findings of Pitney et al,[15] in which role instability often caused collegiate ATs to leave the institution and take another position or to persist in the role for personal reasons, such as the relationships they had developed with patients.

Support System. Participants commented that a large contributing factor to their success was their support system, which consisted of supervisors, peer GAs, and friends and family. The assistantship can be very stressful, and social support is important for coping with stress.[49] The role of the supervisor was vital in integrating the GAs into the organization and their roles. Participants felt their supervisors provided mentorship, assisted with developing their clinical skills, and helped them socialize into the profession of athletic training. Research shows that mentors are vital to the development and growth of athletic training students[64,65] and other novice clinicians.[46,47] Mentors have many roles, including counseling, communication, encouragement, and providing feedback, support, advice, and friendship. Mentors also facilitate knowledge acquisition and create appropriate learning environments.

Although participants described the importance of their support system to their success, supervisors of GAs did not mention how the support system contributed to GA success.[23] Many supervisors may not be aware of the positive influence they have on GAs through mentorship and support. Supervisors saw how important their role was in the development of GAs but did not cite that support when discussing factors in GA success. Potentially, this could be attributed to the fact that they see development and support as a duty they owe to the GAs and not as an additional factor that contributes to GAs' success. Supervisors should realize the important role they play in the success of GAs.

Hindrances to Success. Although many participants believed they were successful in their roles, some factors kept them from being as successful as they could be. Not understanding how to handle various situations or being unsure of whom to approach with questions was a limiting factor. Supervisors could help alleviate this hindrance to success by ensuring that GAs know the proper chain of command and whom to ask when they have a question. This could easily be addressed during orientation for GAs. Supervisors of GAs reported having an open-door policy,[23] whereby GAs could approach them with questions. Supervisors should ensure that GAs understand they are always available to provide assistance and support.

Another hindrance to success reported by the participants was an excessive workload. This is common with new nurses, who felt high patient loads could be overwhelming and inhibit their ability to provide optimal patient care.[48] Many of the participants acknowledged that long work hours were a part of the initiation but stated this was not the best approach to professional development. In Reed and Giacobbi's[49] study examining the stress associated with being a GA, participants reported long work hours, spontaneous changes in sport schedules, and time management as sources of stress. High levels of stress and long work hours put GAs at risk for burnout, especially those in the NCAA Division I setting.[66]

LIMITATIONS

One limitation of this study is that our results are not longitudinal. We explored only the participants' reflections on the socialization and did not examine perceptions throughout the entire socialization process. Another limitation is the generalizability of this study. Because we interviewed GAs in the collegiate setting only, our results may not be generalizable to other settings, such as the high school or clinic. Also, we did not compare GAs at different collegiate levels (eg, NCAA division) or with different clinical experiences (eg, football or softball). Although we compared the educational development of GAs enrolled in postprofessional athletic training programs and GAs who were not, more comparisons would be helpful to further explore the dichotomous socialization experiences of these 2 groups of GAs.

FUTURE RESEARCH

Our results add to the literature and describe the socialization process of GAs in the collegiate setting. Future researchers could investigate the socialization process at various points through the assistantship experience to further understand how GAs develop throughout the assistantship. Another area is the socialization experiences of new ATs who are working in other settings, such as the high school. Whereas we looked at the experiences of GAs in the collegiate setting, future researchers could delineate differences between settings and clinical assignments for all newly credentialed ATs. Potentially, GAs providing patient care with football at a large football powerhouse will have a vastly different experience than GAs providing patient care to cross-country runners at a smaller school. Socialization differences between postprofessional athletic training and non–athletic training programs should also be investigated. Exploring the socialization experiences of newly credentialed ATs who are not GAs would be beneficial. Future investigators could also explore the transition to practice, both the emotions experienced as newly credentialed ATs experience reality shock and models that can be developed to assist with the transition to practice.

CONCLUSIONS

Professional socialization in athletic training depends largely on the interactions of novice ATs with experienced ATs at the organization.[67] Socialization of GAs begins before graduation from their professional program, as they envision their roles and determine the expectations of their supervisors. As GAs enter the collegiate setting, organizational socialization includes formal and informal processes of orientation, athletic training experience, and didactic coursework. The GAs are able to gain confidence and feel validated in the AT role as they gain more independent clinical experience and receive positive feedback.

To effectively socialize GAs into their roles, supervisors should provide formal orientations to outline expectations and teach the policies and procedures of the institution. Informal orientations that allow GAs to interact with supervisors and staff ATs while learning their roles can supplement formal orientations. Supervisors should also provide opportunities for GAs to develop their clinical skills while pursuing new knowledge.

Before obtaining graduate assistantships, future GAs should determine their developmental goals throughout the assistantship and seek the program that will fulfill those goals. When interviewing for assistantship positions, future GAs should ask about orientation, formal or informal mentoring, and educational development opportunities (eg, in-services) that are available to them as GAs. They should also consider postprofessional programs as a way to develop their clinical skills as well as their athletic training knowledge. Future GAs should ask questions to ascertain the athletic training philosophies of the institution to ensure that their philosophies align and the institution is the proper fit. Although graduate assistantships can be very challenging, they allow ATs to gain independent clinical experience and further develop their athletic training knowledge and skills.

Appendix. Interview Guide[a]

1. Age.
2. Gender.

[a] Interview guide reprinted in its original form.

3. Years as GA at institution.
4. Institution division.
5. Years as ATC.
6. Would you please describe your current role as a graduate assistant athletic trainer (GA) at your institution?
7. What do you think is expected of you in the clinical environment?
    a. How do you feel about those expectations?
8. What are your expectations for your supervising athletic trainers and institution in regards to your professional development?
9. Describe the orientation process into your role as a GA.
10. How do you feel that you were prepared for your roles as a GA prior to arriving at your institution?
11. Is there a mentoring process for GAs at your institution? If so, please describe.
12. Describe your duties in regard to clinical skills.
13. Do you feel as if you were prepared for all of your clinical duties?
    a. If no, why not?
    b. What could have made your preparation more effective?
    c. What areas do you wish you had further instruction/experience prior to becoming a GA?
    d. If yes, why?
14. What factors contribute to your success as a GA?
15. What factors keep you from being successful?
16. How would your supervisor intervene in a situation if necessary?
17. Please describe your comfort level in your role as a GA.
    a. How long did it take you to feel comfortable in your role?
    b. What do you feel contributes to the length of this process?
    c. If not, what has prevented you from feeling comfortable?
18. How do you view your interaction with your supervising ATs?
    a. How would you describe the support (or lack thereof) you gain from your supervisors?
19. How do you view your interactions with coaches?
20. What challenges do you face during your first year of a GA?
21. (Second year GAs only) How does orientation change during your second year?
22. Do your obligations change for your second year?
    a. If so, in what ways? If not, why so?
23. What shortcomings do you feel you have as a GA? (clinical skills, interpersonal, etc.)
24. Are there skills (clinical or interpersonal) that you think you could improve upon?
    a. In what ways?
25. What things do you feel should be implemented into the educational preparation of students to better prepare future AT students to transition into being a GA?
26. What advice would you give to an individual about to enter the collegiate setting as a GA?
27. Is there anything else you could tell me about being a GA in the collegiate setting?
28. Do you know of any other GAs who fit the criteria that you think would be willing to participate in this study?

Abbreviations: AT, athletic trainer; ATC, athletic trainer certified; GA, graduate assistant athletic trainer.

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