

Exploring Summer Medical Care Within the National Collegiate Athletic Association Division I Setting: A Perspective From the Athletic Trainer

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Context: Over the last few decades, the National Collegiate Athletics Association (NCAA) has made changes related to the increase in sanctioned team activities during summer athletics. These changes may affect how athletic training services are provided.

Objective: To investigate the methods by which athletic training departments of NCAA institutions manage expectations regarding athletic training services during the summer.

Design: Mixed-methods qualitative and quantitative study.

Setting: The NCAA Division I.

Patients or Other Participants: Twenty-two athletic trainers (13 men, 9 women) participated. All were employed full time within the NCAA Division I setting. Participants were 35 ± 8 years of age (range, 26–52 years), with 12 ± 7 years (range, 3–29 years) of athletic training experience.

Data Collection and Analysis: All participants completed a series of questions online that consisted of closed- (demographic and Likert-scale 5-point) and open-ended items that addressed the research questions. Descriptive statistics, frequency distributions, and phenomenologic analyses were completed with the data. Peer review and multiple-analyst triangulation established credibility.

Results: Summer athletic training services included 3 primary mechanisms: individual medical care, shared medical care, or a combination of the 2. Participants reported working 40 ± 10 hours during the summer. Likert-item analysis showed that participants were moderately satisfied with their summer medical care structure (3.3 ± 1.0) and with the flexibility of summer schedules (3.0 ± 1.2). Yet the qualitative analysis revealed that perceptions of summer medical care were more positive for shared-care participants than for individual- or combination-care participants. The perceived effect on the athletic trainer included increased workload and expectations and a negative influence on work-life balance, particularly in terms of decreased schedule flexibility and opportunities for rejuvenation. For many, the summer season mimicked the hours, workload, and expectations of the nontraditional season.

Conclusions: The NCAA rule changes and medical care expectations affected the summer workload of athletic trainers, but job sharing seemed to help them manage conflict associated with providing summer athletic training services.

Key Words: workload, job sharing, work-life balance

Key Points

- The rule changes regarding summer activities have affected athletic trainers' workloads, resulting in increased work hours during the summer.
- Athletic training staff used several methods to provide summer medical care, including individual medical care, shared medical care, and a combination of both.
- Job sharing can help the athletic trainer working in the summer achieve balance and personal rejuvenation despite the increased demands of summer conditioning and sport activities.

The National Collegiate Athletic Association (NCAA) has made rule changes that now allow football and basketball teams to require that players participate in up to 8 hours per week of summer activities.¹ These mandatory activities include conditioning, weight training, skills sessions, and other activities such as film watching, many of which necessitate coverage by an athletic trainer (AT). Most of the summer workout schedule will require medical care, as recommended by the NCAA and National Athletic Trainers' Association, for appropriate athletic training services during sport participation.² Although these revenue-generating sports are at the forefront of these changes, other sports, such as soccer

and volleyball, are establishing similar summer schedules. This increase in summer basketball, football, and other sports' activities not only affects the student-athletes but potentially all athletics support staffs. Specifically, these changes may have implications for how medical care is provided and for the time commitments of the ATs providing these services. It has already been reported³ that an "offseason" no longer exists, particularly as athletic training staffs at NCAA Division I schools are understaffed and ATs often balance multiple sport assignments (ie, soccer in the fall, lacrosse in the spring). This can increase the demands placed upon the AT. Role overload and hours worked are sources of conflict in athletic training because

ATs often have limited control over their work schedules and working ≥ 40 -hour work weeks creates problems with work-life balance.⁴

Autonomy over work schedules has emerged as a primary factor for establishing work-life balance for the AT working in the collegiate setting.⁵ Despite being a source of conflict for the AT employed in the Division I setting, flexible work schedules or “flex time” have emerged as a key work-life-balance policy for professionals.⁶ Supervisors who support the AT and help provide more control over work scheduling enable employees to satisfy the needs and responsibilities of both the collegiate setting and their home and personal lives.⁷ This is extremely beneficial due to the time-intensive nature of the collegiate setting and the role of the AT in this setting.^{8,9} The increase in summer contact time may limit the opportunity for ATs to use flex time, as they may now be required to work around practice schedules.

Athletic trainers who are employed in the NCAA Division I setting report working >40 hours per week during the academic year.^{4,10,11} In fact, it is estimated that during an AT’s “in season,” he or she can work close to 80 hours per week providing medical care, traveling, and completing administrative responsibilities.^{3,10,11} Athletic trainers working in the college setting often have to balance competing time-intensive duties, which include providing medical care for multiple teams, supervising students, and managing administrative duties and paperwork.^{4,12} Over time, the long work hours can lead to job dissatisfaction,¹³ burnout,¹⁴ work-life conflict,⁴ and attrition.⁹

In a recent study, Terranova and Henning¹³ noted a strong relationship between job dissatisfaction and intentions to leave. The findings suggest that an AT who is unhappy with the nature of his or her job is more likely to want to leave the position.¹³ Other factors beyond job satisfaction have been linked to attrition in athletic training, including work-life balance.^{9,15,16} The attrition factors previously discussed are linked to the number of hours worked and the expectations placed upon the AT by coaches and student-athletes.¹² Methods for increasing the overall satisfaction and work-life balance of the AT have been investigated. Job sharing⁵ and autonomy over work schedules, when possible, allow for time away from the role of AT during the academic year and summer months.^{5,11}

Rejuvenation, which is a constituent of job satisfaction, has been found to foster professional commitment, which occurs when the individual has time away from the demands of the position.¹⁷ In many cases, the AT working in the collegiate setting, despite having a 12-month contract, enjoys the reduction in work schedule due to limited training during the summer months. In fact, many ATs try to schedule vacation with their families during this time, because they often have to miss family functions and obligations during the traditional athletics season.¹⁸ Changes imposed by the NCAA on summer activities may directly influence schedule flexibility and opportunities for rejuvenation.

Some athletic training staffs practice job sharing in the summer by operating 1 central athletic training room for all sports.^{19,20} However, a true understanding of how athletic training staffs structure their summer medical care policies is limited. The summer months have been suggested as

helpful in stimulating professional rejuvenation, a necessary aspect of work-life balance and professional commitment. Because of this, understanding how medical care is provided during the summer months, particularly with the NCAA mandates regarding summer activity, is important. Our purpose, therefore, was to explore how the NCAA rule changes regarding summer conditioning influence athletic training staffs’ medical care and how the individual AT perceives the effect of these rule changes. Our study was guided by the following research questions: (1) How do athletic training staffs handle medical care for summer conditioning and skill sessions? (2) What are the ATs’ perceptions of and satisfaction with this care? (3) How do the new NCAA rule changes regarding summer conditioning and skills sessions affect the AT?

METHODS

Research Design

We employed a mixed-methods study²¹ using, predominately, an exploratory qualitative design. Incorporating an online approach using closed- and open-ended questions allowed us to gain a better understanding of ATs’ perceptions about providing summer medical care. An online method was also selected to encourage participation in our study while accommodating ATs’ schedules. Data were collected concurrently, whereby participants were asked a series of closed- (Likert-scale) and open-ended, asynchronous questions related to their experiences, perceptions, and satisfaction with providing medical care during the summer months. The data were analyzed using a segregated method²² as a means to confirm, refute, or complement the data collected concurrently. We conducted our quantitative and qualitative analyses separately and then compared the results. The qualitative data were the primary focus of our study, and the quantitative data allowed us to provide structure to the results.

Our study was designed following the parameters discussed by Creswell²¹ and Sandelowski et al.²² The qualitative aspect of our study was guided by a phenomenologic design, as we were concerned with describing how an AT is affected by the NCAA rule changes regarding summer activities.²³ This structure allowed us to focus on the “lived experiences” of our participants and use a clear lens to gain an appreciation of how ATs and sports medicine staffs handle the additional duties associated with summer conditioning and workouts. As discussed by Johnson et al.,²⁴ this method gives priority to the qualitative element, and therefore, evaluation of these data would occur first and would guide evaluation of the secondary data. In this case, to provide context and support to the open-ended questions, we used 4 Likert-scale questions to evaluate participant satisfaction with summer medical care.

Participant Recruitment

To gain a representative, maximum-variation^{23,25} sample, we recruited potential participants who were working with football, men’s and women’s basketball, as well as other sports such as men’s and women’s soccer, softball, track and field, and baseball. Following the parameters of a phenomenologic study, we purposefully recruited individuals in the NCAA Division I setting who could be affected

Table. Individual Participant Demographics

Name	Sex	Age, y	Social Status	Children?	No. of Children	Years as an Athletic Trainer	National Collegiate Athletic Association Division	Current Job Title
Ace	Male	52	Married	Yes	2	29	FBS	Coordinator of athletic training services
Angela	Female	27	Married	No		5	FBS	Assistant AT
Ann	Female	26	Single	No		3	FCS	Assistant AT
Barbara	Female	40	Single	No		17	FBS	Director of athletic training services
Brad	Male	34	Single	No		7	FBS	Assistant AT
Chase	Male	39	Single	No		16	FBS	Director of athletic training services
Dale	Male	43	Married	Yes	1	18	FCS	Associate AT
Dawn	Female	30	Single	No		9	FBS	Assistant AT
Doug	Male	28	Married	No		6	FCS	Assistant AT
Edward	Male	27	Single	No		4	FBS	Assistant AT
Elaine	Female	26	Single	No		4	FCS	Assistant AT
Frank	Male	29	Single	No		7	FBS	AT
Greg	Male	45	Married	Yes	2	22	FCS	Head AT
Howard	Male	46	Married	Yes	3	25	FBS	Assistant athletic director of athletic training services
John	Male	41	Single	Yes	2	15	FBS	Head AT
Katie	Female	41	Single	No		18	FBS	Assistant athletic director, sports medicine
Laura	Female	35	Married	No		13	FBS	Assistant AT
Mike	Male	40	Married	Yes	2	17	FBS	Director of sports medicine, head AT
Ryan	Male	30	Single	No		3	FBS	Assistant director of sports medicine
Sally	Female	27	Single	No		6	FCS	Assistant AT
Sarah	Female	31	Single	No		8	FBS	Assistant AT
Trek	Male	^a	Married	Yes	1	13	FBS	Head AT

Abbreviations: AT, athletic trainer; FBS, Football Bowl Subdivision; FCS, Football Championship Subdivision.

^a Participant did not provide age.

by the NCAA rule changes. Our additional goals of recruitment were to (1) establish data saturation²³ and (2) have representation of ATs working with revenue-generating sports (football, basketball) and nonrevenue-generating sports (soccer, volleyball, etc) to gain a holistic perspective from athletic training staffs. Potential participants were identified by a search of the university's athletics Web site, which provided the name, e-mail address, and identification of the AT's primary sport assignment.

Participants

Twenty-two ATs (13 men, 9 women) employed within the NCAA Division I setting completed our study. Our sample reflects saturation, as well as guidelines established within phenomenologic study designs.²⁶ Our participants were 35 ± 8 years (range, 26–52 years) with 12 ± 7 years (range, 3–29 years) of experience. We provide individual demographic data in the Table. All participants were assigned pseudonyms and are referred to by these pseudonyms throughout this article.

Participants were responsible for 2 ± 1 athletic teams (range, 0–4 teams) and worked 67 ± 10 hours during the in season compared with 53 ± 10 hours during the nontraditional season and 40 ± 10 hours during the summer. A majority (56.5%; $n = 13$) were assistant or associate ATs, 6 were directors or coordinators of athletic training services (26.1%), and 3 were head football ATs (17.4%). All but 2 of the ATs had travel duties associated with their positions.

Procedures

Data collection occurred during the 2013–2014 academic year after we gained institutional review board approval. Consent was implied by clicking on the link provided in an individual e-mail sent to each potential participant. Upon providing consent, the participants were asked a series of demographic questions (age, years of certification, position, marital status, etc). Next, the participants were asked 4 closed-ended questions regarding their satisfaction and opinions on summer medical care. Those 4 questions were scored using a 5-point Likert scale that ranged from 1 (*not at all satisfied*) to 5 (*extremely satisfied*) and 1 (*strongly oppose*) to 5 (*strongly favor*). Finally, 11 open-ended questions were asked of each participant. Development of the open-ended questions was done using our purpose (medical care during the summer), the authors' knowledge of and experience working within the setting, and the existing literature on medical care and work-life balance.^{19,20}

Before data collection, 2 research peers reviewed the questions for face and content validity. The researchers were selected due to their knowledge of mixed-methods research and the topics of work-life balance and workplace concepts in athletic training. Peers were asked to examine the Likert and open-ended items for clarity and content as related to the research agenda. All edits were considered, and updates included grammatical edits and rewording of questions. Appendices 1 and 2 provide the Likert and open-ended items. It should be noted that, although we speak of "summer

medical care” in this article, participants originally responded to questions that asked about summer medical coverage. Our usage reflects the current trend in terminology to adequately reflect the nature of the athletic training profession.

Data-Analysis and Data-Credibility Strategies

The qualitative data were evaluated as prescribed by phenomenologists.²² The principles are similar to other qualitative analyses, such as the general inductive approach,²⁷ in which data are systematically evaluated. The steps follow²⁶:

1. Individually, the first 2 authors read all transcripts thoroughly to gain a sense of the data; this process is meant to provide the researcher with a clear sense of the data and to initially highlight significant statements or ideas. We used field notes to highlight trends in the data, especially as they pertained to our primary agenda.
2. Subsequent readings consisted of grouping and organizing the data into themes, which reflected the operational definition of the dominant theme. This is referred to as *clustering the data*, and it identifies the data that will provide structure and context to the presentation of the themes.
3. Data analysis was ongoing throughout data collection, and once saturation had been reached ($n = 22$) with relative distribution between sport assignments (nonrevenue and revenue generating), recruitment was terminated.
4. We began to integrate data and combine those segments that we identified as being alike and those that contained similar meanings.
5. We revisited the data to justify categories and to ensure that only the meaningful data were reported.

The first 2 authors (S.M.M., C.M.E.) conducted the analysis simultaneously but independently. Upon completion, we discussed the findings and came to a final agreement about the presentation of the findings. We conducted the discussions by exchanging schematic coding sheets and coded survey transcripts. Content and labeling were finalized during the negotiations. After this process was completed, we examined the descriptive data generated by the Likert-scale responses. This information provided context to the raw data within the open-ended responses. We used SPSS statistical software (version 20; IBM Corporation, Armonk, NY) to generate descriptive statistics and frequency distributions from the demographic and Likert-scale data.

Data credibility was established by employing a peer review and multiple-analyst triangulation.²⁵ The peer review was completed by an athletic training scholar-clinician with experience in qualitative methods and strong knowledge of retention, organizational policy, and work-life balance. The peer was asked to review the study's design before data collection and then to confirm the final analysis and presentation of the results. As discussed by Creswell,²³ peer review is a fundamental strategy to provide rigor to any study design. Two researchers, as already detailed, completed the multiple-analyst triangulation. Using a mixed-methods design also provided credibility to our findings, as the open-ended questions afforded free responses, whereas the Likert-scale items provided direction and specificity regarding our research questions.

RESULTS

Research Question 1: How Do Athletic Training Staffs Handle Medical Care for Summer Conditioning and Skill Sessions?

Analysis of the data revealed that 3 primary mechanisms were in place for managing the summer medical care at the NCAA Division I setting as described by our participants. The first, *individual medical care* ($n = 6$), speaks to ATs being responsible for the needs of their own teams as they would during the academic year. The second, *shared medical care* ($n = 9$), depicts a shared responsibility among all full-time athletic training staff members to provide medical care during the summer for all sports. The final mechanism was *a combination of an individual and shared medical care plan* ($n = 7$), whereby ATs covering football or men's and women's basketball remained with those teams, and all other athletic training staff members shared the medical care responsibilities.

Individual Medical Care. Ace explained that, at his university, medical care during the summer was on an individual basis. He described the management of summer athletic activities: “Each athletic trainer (on our staff) is responsible for coverage of their own team.” Others, such as Brad and Laura, portrayed similar structures for the summer months, saying, “Each athletic trainer is responsible for covering their team(s),” and, “Primary coverage by staff assigned to sport,” respectively. Dawn explained the current structure of summer medical care as an individualized plan, despite wanting a more shared medical care plan. In response to being asked to describe the current medical care plan at her school, she wrote,

Also, it is very much [you] on your own for your team. I wish as a whole the Athletic Training Department would work out of 2 to 3 athletic training rooms for the summer, and we could rotate coverage by block scheduling. Why can't there be runs in the morning where 1 [athletic trainer] covers, then someone else is out of the athletic training room, and we treat other athletes/cover other runs? It would be better if everyone worked together.

Individual medical care reflected continuing the same care to the AT's primary sport regardless of the time of year (in season versus summer).

Shared Medical Care. Shared medical care was described as a “rotation of full-time staff members” to meet the medical needs of student-athletes during summer activities. Dale said, “We [to cover summer workouts] share the summer responsibilities.” Ryan explained the medical care situation at his school by saying, “We have the athletic training room open during the same hours as the weight room. The student-athletes are free to come in and see the staff anytime.” Katie commented: “As a staff, we share coverage responsibilities. Although most of us do cover our assigned sports, we also help [one] another out.”

Katie illustrated the idea of sharing the duties when needed to help cover vacations or necessary time off. Sally wrote, “I think we (as an athletic training staff) handle the coverage in a shared responsibility and as a team.” Frank provided details about how the athletic training staff shared

the responsibilities of summer medical care: “We share our team responsibilities during the summers while covering conditioning and weightlifting sessions. We keep a 2 full-time [athletic trainer] rotation going per day.”

Combination of Individual and Shared Care. The football and basketball teams appeared to drive the structure of medical care; the ATs covering those sports provided care for their teams while the remaining staff shared coverage of other summer activities. Greg described his perceptions of medical care during the summer: “Football is handled by the football athletic trainers; all other summer activities are covered by the remaining staff athletic trainers.” Elaine articulated a mix between shared and individual medical care at her school:

Men’s and women’s basketball athletic trainers cover all basketball weightlifting, conditioning, and skill sessions. All other staff covers the [remaining] sports’ summer activities. The remaining staff work[s] together in 3-week shifts and then gets the remaining 6 weeks off. Everyone reports back in August for preseason.

Others described a similar structure of combined shared and individual medical care, which allowed specific care for the football and basketball teams, and all other sports were covered by a rotation of staff members. Ann showcased the idea of sharing the responsibilities as a staff, mostly to help create some time away from the office. In response to the questions about handling summer medical care expectations, she wrote,

Each full-time staff member is responsible for covering their assigned team’s summer activities, in addition to the sports they oversee because our interns do not work over the summer. Sometimes we share responsibility in the summer to cover the sports covered by interns or help each other cover their assigned sports so we can each try and take some time off.

Research Question 2: What Are the ATs’ Perceptions of and Satisfaction With This Summer Medical Care?

Our quantitative results revealed that participants were moderately satisfied with their summer medical care structure (mean = 3.3 ± 1.0 , mode = 3) and moderately to very satisfied with the flexibility of summer schedules (mean = 3.0 ± 1.2 , mode = 4). Participants were somewhat opposed to the NCAA rule changes for summer activities (mean = 2.0 ± 1.1 , mode = 2) and were neutral about how coaches operated these summer activities (mean = 2.8 ± 1 , mode = 3). However, our qualitative findings contradicted these descriptive results in regard to satisfaction.

Participants in a shared-care situation appeared quite satisfied with their organizational structure and schedule flexibility for summer medical care. Satisfaction was derived from the flexibility that was offered by their organization. This was often described as a fixed or set number of summer hours. Frank, who described a shared medical care plan, said this: “I feel our system allows for a lot of flexibility to where I am able to balance my personal life much better than during the regular academic year.” He continued to say the summer “is much more flexible than

the regular academic year.” Sarah commented on her satisfaction with the summer schedule:

I am very satisfied, and yes, it is flexible. The academic year is harder because I am at the mercy of the coaches’ scheduling preferences. Luckily, my coaches are mostly considerate and try to be mindful of how long my days can be.

She also felt that she was “able to balance my commitments well,” because of her summer work scheduled that was described as follows:

[S]imilar to the nontraditional season, but instead of having a week to cover the athletic training room, we each (athletic trainer) have shifts. For example, my team practices in the morning in the fall, so my shifts are [Wednesday] and [Friday] from 12:30 PM to 5 PM. During this time, I am in the athletic training room to help any other staff that may be at appointments or whatnot. As far as sport coverage, I do treatments around lift/practice/study hall and am present for softball practice, lifts, and conditioning sessions.

Athletic trainers who were following the individual medical care structure or were assigned to either football or men’s or women’s basketball were less satisfied with the summer medical care design. For example, Ace, a men’s basketball AT, shared, “[We have] very little flexibility; every coach and strength coach wants their athletic trainer 24/7.” Ace had previously described an individualized medical care plan and was not at all satisfied with his work schedule. He further discussed the effect summer medical care responsibilities have had on him over the years:

The schedule has become much worse. [We] used to have team lifts 3 times a week. Now each team has to be broken down into small groups, and we lift, condition, and practice in the summer. It makes our schedule more challenging than it used to be.

Chase, a director of athletic training services, who reported not being satisfied with his flexibility during the summer months said, “I cover men’s basketball weights and conditioning, and I assist with football coverage.” When describing the changes regarding medical care and the NCAA regulations over the years, he commented, “I went from not having anything to do all summer to having approximately 150 athletes conditioning from various sports.”

Trek, another AT not satisfied with the summer schedule, stated, “[It is] hard to find vacation time in summer. Coaching staffs are out for 3 weeks, while we try to find ways to extend weekends by a day or 2.” Trek continued:

We open at 5:30 AM for 6:00 AM lifts. Lifts are then at 8:30 AM, 10:00 AM, 2:30 PM, and 4:00 PM [Monday, Tuesday, Thursday, Friday]. Team runs are at 1:00 PM [Monday, Tuesday, Thursday]. Player-ran practices are at 12:15 PM Monday, Tuesday, Thursday, which we provide water pumpers for but do not cover ([we] will be in athletic training room).

He went on:

It [our schedule and expectations] has increased with football over the years. Now with mandatory hours, it requires [the] whole football staff to be present for those workouts. [I] would like to have a shorter daily schedule. Guys can get lifts done between 6:00 AM and 12:00 PM.

Research Question 3: How Do the New NCAA Rule Changes Regarding Summer Conditioning and Skills Sessions Affect the AT?

Effect on the AT. Three themes emerged from the data on the influence the NCAA rule changes and summer activities have on the AT: (1) increased workload and expectations, (2) summer mimics the nontraditional season, and (3) effect on work-life balance.

Increased Workload and Expectations. Summer medical care included “. . . weights, conditioning, and summer practices.” When asked about the effect NCAA changes have had on the AT, many of our participants responded that they have increased the workload and expectations to provide medical care. For example, Sally shared, “More coverage has been required every summer that I have been at my institution.” Dale specifically said about the NCAA mandates, “Thanks to the NCAA expanding practices and imposing expected coverage [football] without forcing institutions to increase the staff, we have all been expected to increase coverage and hours.” As stated earlier, our participants were not in favor of the NCAA changes, as indicated by the response (2.0 ± 1.1) to the question regarding support of the rule changes. Ace noted, “[The rule changes have] definitely impacted us, the athletic trainer, increased our hours.” Elaine agreed with Ace: “The rule changes have made us work more hours in the summer months, due to the increased time the coaches are allowed to access the athletes.” Many of our participants shared comparable perceptions about the NCAA rule changes regarding practice times and contacts with the coaching staff.

Summer Mimics Nontraditional Season. Our participants reported working an average of 40 ± 10 hours during the summer, which is not too divergent from their nontraditional seasons (53 ± 10). Dale was blunt when reflecting on the summer schedule and the hours he is required to work: “There is no offseason, bottom line.” Ann said the schedule “is the same number of hours as our nontraditional seasons.” Differences were only noted in the timeframe of the hours as Ann reported,

In the nontraditional season, our days end later than in the summer. Some days in the summer, though, I would still work 6:00 to 7:00 AM until 5:00 PM. . . because coverage was spread throughout the day.

Katie observed: “For me, summer coverage mimics nontraditional coverage,” which was about 40 hours per week. For Doug, the summer schedules and NCAA mandates made for increased work and demands. He explained, “The summer is far more busy. This is extra work.”

Effect on Work-Life Balance. The summer workload has the potential to affect the AT, particularly with respect to personal time, and the lack of schedule flexibility and decreased opportunities for rejuvenation primarily influenced attempts at work-life balance. For instance, Laura stated, “Because the students can work with the coaches in the summer. . . they are on campus all summer now, making my summer not nearly as flexible or providing a break.” Although our participants recognized some flexibility in comparison with their other seasons, arranging time off was still challenging. Edward shared, “When summer activities are spread throughout the day, it then negatively e[a]ffects personal life commitments.” Frank also felt the burden of summer medical care: “Early morning or evening coverage e[a]ffects personal life and missing family activities.” Others noted, “Work-life balance is more difficult than ever—[I] used to look forward to the summer, and now it is just as stressful and time consuming,” “It [NCAA rules] puts a strain on the work-life balance, especially at the mid-major level,” and “Summer medical coverage does not allow me to make plans with friends and family as I cannot take time off like someone who does not work in athletics.”

Effect on the Student-Athlete. One finding that materialized organically from our analysis regarding the AT’s perceptions of NCAA rule changes was the concern for the health and welfare of their student-athletes. So although our intended purpose was to investigate the effect on the AT, our participants’ concerns for their student-athletes were clear. For example, Edward described his perceptions of the rule changes:

Physical demands placed on student-athletes today is over the top and unrealistic. There needs to be more recovery/off time allowed for student-athletes to allow them to recover and prevent their bodies from breaking down when it gets to their season.

Others, like Howard, said about the change: “It increases the incident[ce] of injury.” And Dale noted, “Statistically, more exposure will mean more injuries.”

The demands of summer activities affected the student-athlete by reducing recovery time, which increased the demands on the AT to provide more frequent injury treatments and management. Elaine had concerns:

I think this also negatively affects the student-athletes, as they are never given a true offseason. Their bodies are not allowed time to rest and recover like they should be. I think the student-athletes are also more likely to burn out, due to the constant practicing year round.

Trek also illustrated the lack of recovery time for his student-athletes:

Athletes are always here. [They have] decreased rest/recovery time. One positive would be they don’t have an opportunity to ‘decondition.’ However, there is potential to increase the overuse-type injuries, and burnout happens.

The NCAA rule changes, in particular regarding team sports such as football and basketball, have increased the

summer workload of the AT comparable with nontraditional seasons and reduced their personal life and time. These changes were viewed as affecting the student-athletes, too, as they were also not allowed a chance to rest and recover. Although injury rates were not discussed, the idea was that more injuries were likely because of the increased exposure time. This increased participation time was likely to increase the time spent in treatment and rehabilitation with the AT.

DISCUSSION

The purpose of our study was to explore how the NCAA rule changes related to summer activities affected both the athletic training staff's medical care and the individual AT. Our results suggest that ATs managed these rule changes using different strategies, which were often dictated by the football and basketball teams and the ability to job share. In general, these rule changes seem to have increased the workloads of ATs over the summer months and decreased flexibility and rejuvenation.

We identified 3 main summer medical care strategies used by athletic training departments in the NCAA Division I setting, and although one did not appear to be more dominant than another, the shared medical care model seemed to provide some flexibility for the AT, particularly when it came to increasing time for nonwork activities and family vacations. We know that ATs use the summer as a time to improve their work-life balance and view it as the time that restores them for the longer work hours during the in-season months, when their flexibility and time away from the workplace may be limited.^{4,18} The shared model of medical care, as described by our participants, embodies the characteristics of job sharing, a workplace arrangement that was developed to help address the need for a more balanced lifestyle for working people. Although job sharing by definition is a formal contract between an employer and 2 employees and not likely to be workable in the athletic training workplace per se, it can provide the groundwork for a more informal model that allows ATs to share medical care duties during the summer months.^{5,11} Job sharing (also described as *teamwork* in athletic training) can be used throughout the academic year to promote work-life balance.^{5,11} Job sharing contributes to collegiality and satisfaction within the workplace as employees find balance through the sharing of work-related responsibilities (such as conditioning activities or postpractice treatments).

The demands of football and basketball appeared to also influence the landscape of medical care within the NCAA Division I setting; a more individualized medical plan was in place and the shared medical care was facilitated among other members of the athletic training staff. Program autonomy is necessary to help create workplace homogeneity and uniformity.²⁸ It is, however, important to distribute workloads among staff members to allow for personal rejuvenation and avoid burnout and work-life balance concerns (S.M.M., unpublished data, 2016).

Perceptions of Medical Care Strategies. With work demands increasing as a result of the new NCAA summer activity rule changes (ie, more summer hours), the topic of adequate staff becomes of central importance. Mazerolle et al¹¹ found that a lack of staffing was

a precipitating factor to work-life conflict. Additionally, teamwork among athletic training professionals was the key to successfully managing personal and professional roles and maintaining a balanced lifestyle. Teamwork allows for balance; in athletic training, it can facilitate job flexibility in the workplace, which that is often a struggle to achieve due to a lack of control over work schedules.^{5,11} Our results illustrate that, when cohesion through job sharing is available, work-life balance is easier to attain. That is, when multiple ATs can share medical care during the week, it allows for more time away from the "office," and when the medical care is more individualized, such as with football or basketball, there is less flexibility due to staffing needs.

The benefits of a supportive workplace have been examined, specifically the programs and policies organizations have implemented to help employees manage their personal and work roles. Thompson et al²⁹ grouped these programs and policies into 4 general categories: time-based strategies, information-based strategies, money-based strategies, and direct services. *Time-based strategies* are policies, such as flexible schedules and job sharing, designed to help employees manage the time conflicts of their various roles and responsibilities.^{5,11} Athletics is a workplace in which job sharing can be difficult. Bruening et al³⁰ found that supervisors (athletic directors and senior women's administrators) often felt as though formal policies and procedures did not coincide with the work schedules of their employees and that the culture of athletics was not set up for job sharing, especially with a single head coach. This lack of appropriate formal policies prompts employees to establish informal policies. Athletic trainers in the collegiate setting may embody a mindset that "their" team is their sole responsibility and often feel they need to be the sole providers of medical care. However, as expressed by our participants, those who were able to share the responsibilities had a more positive perception of their ability to balance multiple roles.

Effect of Summer Activities

The changes in policies for collegiate student-athletes' summer conditioning activities directly influenced ATs, as indicated by our participants. Although flexibility in providing medical care appeared to be more available, the hours worked still mimicked those of the nontraditional sport season. Many ATs^{18,31} use the summer to find increased time for family and personal outings, as there is often a reduced need for medical care. Our results, however, do indicate that, as the NCAA permits more contact time for the student-athlete and coaching staff, the expectations of the AT are also increased, thereby limiting the time for rejuvenation and work-life balance.

It is not surprising that our participants were concerned with the health and wellbeing of their student-athletes because of the NCAA rule changes. The literature is saturated with information indicating that ATs find satisfaction in and enjoyment from their interactions with their student-athletes, and they value helping them to remain healthy.^{17,32,33} Athletic trainers are driven by their professional responsibility to their student-athletes and patients¹⁷; thus, when the NCAA allows increased training time, they understand the possibly negative influence on the

student-athlete. Indirectly, the increased training time affects the AT by increasing the volume of medical care, as pointed out by many of our participants, because burnout and overuse injuries are likely during this time period.

LIMITATIONS AND FUTURE DIRECTIONS FOR RESEARCH

Our study was designed as an open exploration of the AT's perception of how the NCAA rule changes would affect them individually and their department as a whole; however, we did not explicitly focus on the effect of the organization or the NCAA's impetus to make these rule changes. Future researchers should attempt to examine these rules changes from another perspective to obtain a more globalized viewpoint. Additionally, these surveys were conducted at 1 point in time and, therefore, do not represent a longitudinal assessment of the effect of these rules changes.

CONCLUSIONS AND IMPLICATIONS

Understanding the summer medical care demands on ATs is critical, as this is frequently a time used to recharge and rejuvenate from the demands of the academic year. Although the AT is often contracted for 12 months, mid-May through late-July is often used to refocus on personal interests and hobbies.¹⁸ The NCAA's changes regarding summer activities not only affected student-athletes but also the ATs who cover their increased training requirements.

Our results highlight the fact that the AT works ≥ 40 hours a week during the summer, a slight reduction compared with the "nontraditional" season, and this increased workload affects summer schedule flexibility and opportunities to rejuvenate. Supervisors (ie, head ATs) and administrators should be aware that, when ATs are not given a chance to get away or remove themselves from the demands of medical care, they can become burned out, lose their professional enthusiasm and commitment, and may consider departing the setting or profession entirely. Using the concept of a shared medical care plan may help promote a reduction in the work week during the summer months and allow them to remain committed to their roles.

Appendix 1. Interview Guide

Please answer the following questions using the scale provided:

1. How satisfied are you with the way your athletic training department handles coverage of summer conditioning and skill sessions?

Likert scale options: 1, not at all satisfied; 2, slightly satisfied; 3, moderately satisfied; 4, very satisfied; 5, extremely satisfied.

2. To what extent are you in favor or in opposition of the current NCAA rules for summer conditioning and skill sessions?

Likert scale options: 1, strongly oppose; 2, somewhat oppose; 3, neutral; 4, somewhat favor; 5, strongly favor.

3. To what extent are you in favor or in opposition of the way your coaches operate summer conditioning, weightlifting, and skill sessions?

Likert scale options: 1, strongly oppose; 2, somewhat oppose; 3, neutral; 4, somewhat favor; 5, strongly favor.

4. How satisfied are you with the flexibility of your work schedule in the summer months?

Likert scale options: 1, not at all satisfied; 2, slightly satisfied; 3, moderately satisfied; 4, very satisfied; 5, extremely satisfied.

Abbreviation: NCAA, National Collegiate Athletic Association.

Appendix 2. Interview Guide

Please answer the following questions by journaling your responses in the box provided:

1. Describe how the athletic training staff handles medical coverage of summer activities (eg, conditioning, weightlifting, and skill sessions) at your current institution.

For example, is everyone responsible for coverage of their assigned team, or does the staff share coverage responsibilities?

2. Describe what typical summer medical coverage is like for you.
3. Describe your satisfaction with your summer medical coverage. Does it offer flexibility? How does your satisfaction compare with your regular academic year coverage?
4. How does this summer coverage compare to the regular academic year coverage? In-season coverage?
5. If applicable, how has summer medical coverage changed for you over the years?
6. The NCAA has recently changed the rules for summer activities in some sports, allowing coaches more access to student-athletes, including freshman, during the summer.

If applicable, how has the NCAA rule changes impacted the way you and/or the athletic training staff handle medical coverage of these activities?

If applicable, how have the changes impacted the student-athletes?

7. How does the medical coverage of summer activities impact your attempts to balance work and personal life commitments?
8. What is your overall opinion of the way your institution handles the medical coverage of summer conditioning, weightlifting, and skill sessions?
9. What improvements, if any, could be made in this area?
10. Does your supervisor/administration support the way you and/or your athletic training staff handle medical coverage for summer activities?
11. Do you have anything further to add?

Abbreviation: NCAA, National Collegiate Athletic Association.

Note: Interview Guides are reproduced in their original formats.

REFERENCES

1. NCAA Academic and Membership Affairs Staff, eds. Bylaw, Article 17: playing and practice seasons. *NCAA 2013–14 Division I Manual*. Indianapolis, IN; 2013:227–300.

2. Recommendations and guidelines for appropriate medical coverage of intercollegiate athletics. National Athletic Trainers' Association Web site. <http://www.nata.org/appropriate-medical-coverage-intercollegiate-athletics>. Accessed October 27, 2015.
3. Mazerolle SM, Faghri P, Marcinick M, Milazzo S. Professionalism and ethics: athletic trainers' workload in NCAA Division I athletic programs. *Int J Athl Ther Train*. 2010;15(3):34–37.
4. Mazerolle SM, Bruening JE, Casa DJ. Work-family conflict, part I: antecedents of work-family conflict in National Collegiate Athletic Association Division I-A certified athletic trainers. *J Athl Train*. 2008;43(5):505–512.
5. Mazerolle SM, Pitney WA, Goodman A. Strategies for athletic trainers to find a balanced lifestyle across clinical setting. *Int J Athl Ther Train*. 2012;17(3):7–14.
6. RELEASE: Fact sheets – New data on work-life balance. Center for American Progress Web site. <https://www.americanprogress.org/press/release/2012/08/16/15634/release-fact-sheets-new-data-on-work-life-balance/>. Updated 2010. Accessed July 15, 2011.
7. Mazerolle SM, Goodman A, Pitney WA. Achieving work-life balance in the National Collegiate Athletic Association Division I setting, part I: the role of the head athletic trainer. *J Athl Train*. 2015; 50(1):82–88.
8. Kahanov L, Loeb sack AR, Masucci MA, Roberts J. Perspectives on parenthood and working of female athletic trainers in the secondary school and collegiate settings. *J Athl Train*. 2010;45(5):459–466.
9. Goodman A, Mensch JM, Jay M, French KE, Mitchell MF, Fritz SL. Retention and attrition factors for female certified athletic trainers in the National Collegiate Athletic Association Division I Football Bowl Subdivision setting. *J Athl Train*. 2010;45(3):287–298.
10. Mensch J, Wham G. It's a quality-of-life issue. *Athl Ther Today*. 2005;10(1):34–35.
11. Mazerolle SM, Pitney WA, Casa DJ, Pagnotta KD. Assessing strategies to manage work and life balance of athletic trainers working in the National Collegiate Athletic Association Division I setting. *J Athl Train*. 2011;46(2):194–205.
12. Brumels K, Beach A. Professional role complexity and job satisfaction of collegiate certified athletic trainers. *J Athl Train*. 2008;43(4):373–378.
13. Terranova AB, Henning JM. National Collegiate Athletic Association division and primary job title of athletic trainers and their job satisfaction or intention to leave athletic training. *J Athl Train*. 2011; 46(3):312–318.
14. Hendrix AE, Acevedo EO, Hebert E. An examination of stress and burnout in certified athletic trainers at Division I-a universities. *J Athl Train*. 2000;35(2):139–144.
15. Capel SA. Attrition of athletic trainers. *J Athl Train*. 1990;25(1):34–39.
16. Mazerolle SM, Bruening JE, Casa DJ, Burton LJ. Work-family conflict, part II: job and life satisfaction in National Collegiate Athletic Association Division I-A certified athletic trainers. *J Athl Train*. 2008;43(5):513–522.
17. Pitney WA. A qualitative examination of professional role commitment among athletic trainers working in the secondary school setting. *J Athl Train*. 2010;45(2):198–204.
18. Mazerolle SM, Eason CM, Trisdale W. Work-life balance perspectives of male NCAA division I athletic trainers: strategies and antecedents. *Athl Train Sport Health Care*. 2015;7(2):50–62.
19. Winterstein AP, Mazerolle SM, Pitney WA. Workplace environment: strategies to promote and enhance the quality of life of an athletic trainer. *Athl Train Sport Health Care*. 2011;3(2):59–62.
20. Scriber KC, Alderman MH. The challenge of balancing our professional and personal lives. *Athl Ther Today*. 2005;10(6):14–17.
21. Creswell J. *Research Design: Qualitative, Quantitative, and Mixed Methods Approaches*. 4th ed. Thousand Oaks, CA: SAGE Publications; 2014.
22. Sandelowski M, Voils CI, Barroso J. Defining and designing mixed research synthesis studies. *Res Sch*. 2006;13(1):29.
23. Creswell J. *Qualitative Inquiry and Research Design: Choosing Among Five Traditions*. 2nd ed. Thousand Oaks, CA: SAGE Publications; 2007.
24. Johnson RB, Onwuegbuzie AJ, Turner LA. Toward a definition of mixed methods research. *J Mix Methods Res*. 2007;1(2):112–133.
25. Pitney WA, Parker J. *Qualitative Research in Physical Activity and the Health Professions*. Champaign, IL: Human Kinetics; 2009.
26. Kleiman S. Phenomenology: to wonder and search for meanings. *Nurse Res*. 2004;11(4):7–19.
27. Thomas D. A general inductive approach for analyzing qualitative evaluation data. *Am J Eval*. 2006;27(2):237–246.
28. Mazerolle SM, Goodman A. Fulfillment of work-life balance from the organizational perspective: a case study. *J Athl Train*. 2013;48(5): 668–677.
29. Thompson CA, Beauvais LL, Allen T. Work and family from an industrial/organizational psychology perspective. In: Pitt-Catsouphes M, Kossek E, Sweet S, eds. *The Work and Family Handbook: Multi-Disciplinary Perspectives, Methods, and Approaches*. Mahwah, NJ: Lawrence Erlbaum Associates; 2006:283–307.
30. Bruening JE, Dixon MA, Tiell B, Osborne B, Lough N, Sweeney K. Work-life culture of collegiate athletics: perceptions of supervisors. *Int J Sport Manage*. 2008;9(3):250–272.
31. Mazerolle SM, Eason CM, Ferraro EM, Goodman A. Career and family aspirations of female athletic trainers employed in the National Collegiate Athletic Association Division I setting. *J Athl Train*. 2015;50(2):170–177.
32. Winterstein AP. Organizational commitment among intercollegiate head athletic trainers: examining our work environment. *J Athl Train*. 1998;33(1):54–61.
33. Eason CM, Mazerolle SM, Pitney WA. Athletic trainers' facilitators of professional commitment in the college setting. *J Athl Train*. 2015; 50(5):516–523.

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