

Experiences With and Perceptions of Workplace Bullying Among Athletic Trainers in the Secondary School Setting

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Context: Workplace bullying (WPB) has recently received much attention in society. Research on WPB in athletic training practice settings is limited.

Objective: To determine the prevalence of WPB in the secondary school setting and explore the factors related to it.

Design: Mixed-methods study.

Setting: Secondary school.

Patients or Other Participants: A total of 567 athletic trainers (women = 322 [56.8%], men = 245 [43.2%]), aged 36.5 ± 11.1 years with 11.9 ± 9.5 years of experience took part in phase I. Ten participants (7 women and 3 men), aged 39.3 ± 10.1 years with 14.3 ± 8.3 years of experience, took part in phase II.

Data Collection and Analysis: For the online survey, we used the previously validated and reliable (Cronbach $\alpha = .84$) Athletic Training Workplace Environment Survey, which included the Negative Acts Questionnaire-Revised. The prevalence of WPB was measured with descriptive statistics, and χ^2 analyses were used to compare differences between groups (ie, females

and males, perpetrators' titles). The interview data were examined using an inductive content analysis.

Results: Of the participants, 44 (7.8%) were empirically identified as targets of bullying, though a higher percentage (12.4%, $n = 70$) self-identified as bullying targets. Men and women did not differ with respect to having experienced WPB, but more perpetrators were male (71.6%, $n = 48$) than female (28.4%, $n = 19$; $\chi^2_1 = 12.55$, $P = <.001$). We also observed a difference in perpetrators' titles, with the vast majority of bullies being coaches or administrators ($\chi^2_6 = 33.82$, $P = <.001$). Lack of administrator support and discrimination were antecedents of bullying. Stress, depression, and sleep disturbances were reported consequences. Participants coped with bullying by avoidance and role refocusing.

Conclusions: Bullying was experienced by a small percentage of athletic trainers in the secondary school setting, a contrast to the findings in the collegiate practice setting.

Key Words: interpersonal conflict, workplace aggression, harassment

Key Points

- Workplace bullying of athletic trainers occurred less often in the secondary school than in the collegiate setting. Bullies were typically coaches, administrators, or parents, and women were bullied more frequently than men.
- Being bullied was associated with stress, depression, sleep disturbances, and self-doubt.
- Targets dealt with bullying by avoiding the perpetrator and refocusing on their role.
- Developing workplace-bullying policies and educating employees on proper workplace behavior can help to reduce the level of bullying experienced by employees.

The health professions have witnessed a rise in interpersonal conflict that has been defined as workplace bullying (WPB).^{1,2} *Workplace bullying* is “repeated, health-harming mistreatment of a person by 1 or more workers that takes the form of verbal abuse; conduct or behaviors that are threatening, intimidating, or humiliating; sabotage that prevents work from getting done; or some combination of the 3.”^{3(p3)} Workplace bullying is different than harassment, which is more commonly understood, and often manifests in repeated acts that can sabotage accomplishments and productivity in the workplace. A serious conflict in the workplace, WPB has negative implications for workers. Over time, the victim

may begin to feel the negative effects of the bullying acts and develop a host of stress-related outcomes.³

Many negative consequences of WPB exist for those who are on the receiving end of the bullying acts, also known as *targets*. These consequences include psychological distress,^{2,4–8} depression,² absenteeism, and greater attrition.^{9,10} Women are more likely than men to experience WPB, and targets often report anxiety and loss of sleep as major psychological symptoms related to WPB. In some cases, depression can manifest due to the increased stress from the bullying acts.^{9,10} Perhaps more alarming is that WPB has recently been linked to poor patient care outcomes.¹¹

The health professions have identified WPB as a prevalent concern^{2,12–15} because the health care environ-

ment requires many interactions that can increase the level of interpersonal conflict. Only recently has WPB been investigated in athletic training settings.^{16,17} This research has revealed the presence of WPB in the collegiate setting and identified coaches and administrators as the predominant perpetrators of bullying events.^{16,17} Given the nature of the secondary school setting with multiple levels of teams and coaches, fewer staff athletic trainers (ATs), and increased interactions with parents, exploring the prevalence of WPB will provide insights regarding interpersonal conflict in this practice setting. This is particularly important because of its continued growth as an employment setting for ATs.¹⁸

The purpose of our study, therefore, was to examine the prevalence of WPB among ATs working in the secondary school setting and to determine the personnel involved in the bullying acts. We also sought to examine the sex and organizational position (eg, coach, administrator) of the targets and perpetrators, as well as the perceptions of WPB among those who reported being targets. The following research questions guided our study:

- (1) What was the prevalence of WPB among ATs working in the secondary school setting?
- (2) What positions did the bullying perpetrators hold in the organization?
- (3) Did female ATs experience WPB more than male ATs?
- (4) Were male bullies more common than female bullies?
- (5) What was the relationship between years of experience and WPB score?
- (6) What were the perceptions of secondary school ATs related to WPB?

METHODS

We used an exploratory, mixed-methods design whereby a follow-up qualitative study was performed after a quantitative study.¹⁹ The research design was borrowed from our previously published studies^{16,17} examining WPB in the collegiate setting. A cross-sectional survey was first used to examine the prevalence of WPB and individuals' experiences with bullying events—this constituted phase I of the study. The survey was followed by in-depth interviews to further understand ATs' perceptions of WPB—this constituted phase II of the study. The study began after Internal Review Board approval at Northern Illinois University was obtained. Willingness to participate in the survey (part I) and interview (part II) was considered informed consent.

Phase I

Participants. Participants were recruited from a random sample of e-mail addresses ($n = 3000$) created by the National Athletic Trainers' Association (NATA) Member Services Department. The names of eligible participants in the certified category who were employed in the secondary school (including both middle and high school) setting and who were willing to receive survey invitations were extracted from the database. Participants were sent a recruiting e-mail outlining the purpose of the study, a description of the survey, explanation of informed consent, and a Web-site link to the survey. A total of 567 ATs (women = 322 [56.8%] and men =

245 [43.2%]) completed the survey, for an 18.9% response rate. Participants were aged 36.5 ± 11.1 years with 11.9 ± 9.5 years of experience as an AT. A total of 172 participants (30.3%) indicated having worked in a dual position with academics and athletics.

Instrumentation. The previously validated Athletic Training Workplace Environment Survey was administered using the online platform SurveyMonkey (Palo Alto, CA). The survey consists of 3 sections: demographic information, the Negative Acts Questionnaire-Revised (NAQ-R), and experiences with WPB. Section 1 uses 8 questions to obtain data on the participant's sex, age, education level, years as a Board of Certification-certified AT, NATA district, and years employed at the secondary school level. Section 2 contains the 22-item NAQ-R, which was used with permission from the Bergen Bullying Institute.²⁰ The NAQ-R provides participants with examples of negative acts such as "Someone withholding information which affects your performance," "Having key areas of responsibility removed or replaced with more trivial or unpleasant tasks," and "Being ignored or excluded." Items do not reference the terms *bullying* or *harassment*, as recommended by Arvey and Cavanaugh,²¹ in order to provide a more objective estimate of negative behaviors. As did previous researchers in nursing²² using the NAQ-R, we assigned 1 point for every item marked *weekly* or *daily*. Participants with a score of 2 points or more were considered to have experienced WPB. The reliability and validity of the NAQ-R has been established.²⁰ With a Cronbach α of 0.90, the NAQ-R has excellent internal consistency for 3 underlying factors: personal bullying, work-related bullying, and physically intimidating forms of bullying. Research in athletic training¹⁶ has revealed an internal consistency of 0.84. Construct validity has also been established: the NAQ-R correlated as expected with measures of mental health, the psychosocial work environment, and leadership.²³

Section 3 of the survey consists of a definition of WPB and questions regarding witnessing or experiencing negative acts in the workplace, identifying the bullying perpetrator, and the existence of WPB policies. Section 3 defines negative acts in the workplace as

a situation where 1 or several individuals persistently over a period of time (ie, not a one-time incident) perceive themselves to be on the receiving end of negative actions from 1 or several person(s), in a situation wherein the target of the negative acts has difficulty in defending himself or herself against these actions

and allowed individuals to self-identify whether they had experienced or witnessed these acts. We also asked them to identify the perpetrators. The face and content validity of section 3 have previously been established by a 3-person panel composed of individuals with research expertise in organizational conflict.¹⁶

Data Analysis. Data were extracted from the online platform and entered into SPSS (version 19.0; IBM Corp, Armonk, NY). Descriptive statistics were calculated for all 3 sections of the survey. As in previous research using the NAQ-R,¹⁵ we calculated the prevalence of bullying by

tallying a score for each participant based on his or her responses to the checklist of negative acts. Descriptive statistics were calculated to examine the positions bullying perpetrators held in the organizations. A χ^2 analysis was used to examine whether women experienced more bullying than men and whether male bullies were more frequent than female bullies. A Pearson correlation coefficient was performed to examine the relationship between years of experience as an AT and the bullying score. The a priori α level was set at $<.05$ for all inferential tests.

Phase II

Participants. Individuals who volunteered for phase II at the end of the online survey were contacted via e-mail or phone, and a phone interview was arranged. We had 10 volunteers: 7 women and 3 men, aged 39.3 ± 10.1 years, with 14.3 ± 8.3 years of experience as an AT. Of the 10 individuals, 8 had experienced bullying, 1 had witnessed bullying, and the other reported having experienced sexual harassment. Data were collected until saturation was reached, which occurred after 8 interviews.

Data Collection and Analysis. Semistructured interviews were conducted via phone with each researcher using a previously constructed and validated interview guide (Appendix).¹⁷ Interviews averaged 20 minutes and were completed over 1 month. Data were examined using an inductive content analysis.¹⁸ For this process, we coded the textual data with conceptual labels and then organized the labels into themes. A theme was identified only if conceptual labels were obtained from no less than 50% of the participants.

Trustworthiness was established using member checks, a peer debriefing, and multiple-analyst triangulation.²⁴ All 10 participants were invited to complete member checks, but only 8 engaged in this step. The multiple-analysis triangulation was completed by having 2 members of the research team independently evaluate the data and then negotiate the emergent themes in consultation with the third member.

RESULTS

Phase I

A total of 44 participants (7.8%) had a bullying score of 2 or higher on the NAQ-R, empirically identifying them as targets of bullies in the secondary school work setting. A higher percentage (12.4%, $n = 70$) self-reported as targets of WPB. Of those identified as targets by the NAQ-R, 29 (65.9%) were female and 15 (34.1%) were male, though there was no difference between sexes with respect to having experienced bullying ($\chi^2_1 = 1.62$, $P = .204$).

More perpetrators were male (71.6%, $n = 48$) than female (28.4%, $n = 19$; $\chi^2_1 = 12.55$, $P < .001$) as indicated by those who self-identified as targets. We also observed a difference in titles, with the vast majority of bullies being coaches (31.3%, $n = 21$) or administrators (26.9%, $n = 18$; $\chi^2_6 = 33.82$, $P < .001$; Figure). The Pearson correlation coefficient revealed a significant negative correlation between years of experience and bullying score ($r = -.84$, $P = .045$).

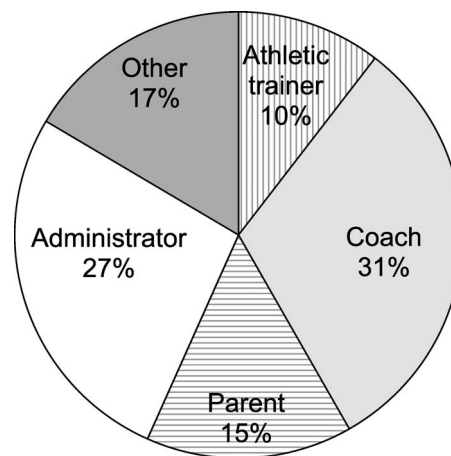


Figure. Perpetrators identified by 67 of 70 participants who self-identified as having been a bullying target.

Phase II

Three themes emerged from the inductive content analysis: (1) antecedents of bullying, (2) emotional and physical consequences of WPB, and (3) coping with bullying. Each of these higher-order themes, along with the lower-order themes, is presented with exemplary quotes from the participants. Pseudonyms were used to protect their identities.

Antecedents of Bullying. Two lower-order themes comprised this higher-order theme: (1) lack of administrative support and (2) discrimination.

Lack of Administrator Support. One cause of WPB perceived by participants was a lack of administrative support. This factor refers to those in leadership or supervisory positions who fail to care about or address the bullying. This lack of support by administrators presented in 2 forms. First, the administrator refused to see bullying as a concern. Karen, for example, described her experience in reporting the bullying:

Anytime that I would report to my [former] athletic director, I would be told to get over it and do my job. . . he just told me, "That's what you get for being a female athletic trainer. You just have to deal with it."

The second form involved not assisting when the AT attempted to address the bullying. Chris explained how he was expected to deal independently with the bullying:

We have an HR [human resources] director. . . I tried to talk to him about it, and he said I "have to understand how transition [change to a new principal] goes. You got to talk to this person first, this person second. You don't just come to me." It's like, "Okay. Who do I talk to first?" The AD [athletic director]. Like he's going to listen and want to go back to the way I was. Then you have to talk to the principal; well, she's the one who did it, too.

Similarly, Samantha commented that

. . . the administrator. . . didn't want to admit they made a mistake in hiring [the coach]; they would much prefer coaches to leave than to fire coaches. . . they just kind of

let [the bullying] go. . . being aware of some of his behavior and just ignoring it certainly didn't help the situation.

A lack of administrative support in either of these forms helps to perpetuate the bullying.

Discrimination. Discrimination related to sex or race (or both) was cited by participants as a cause of bullying within the secondary school setting. Specifically, 6 of our 10 participants were women who had been discriminated against or bullied because of their sex. Our participants described acts of bullying as a result of the forged bonds between men, which often limited chances for women. Robin discussed bullying acts she experienced, such as having professional opinions ignored, and explained that "If you don't fit into the Caucasian 'boys club model,' your contributions are minimized in our organization by our management." She continued to discuss how women in the organization were not given a voice:

. . . management we were hit with carbon copies. . . all 40-something white males. . . we have no diverse ethnicity. . . probably 70% of the people in my position are women, but we have no voice administratively.

Karen echoed this concern as it related to decision making when she said, "Some of the female teachers joke that, you know, you're not a male, you're not privy to decision making." Our female participants associated experiences of bullying with discrimination as they were aware that, because they were women, they were not as privy to decision making or were less valued members of the organization.

Emotional and Physical Consequences of WPB. When asked to state how being a target of bullying affected them, participants articulated a list of emotional problems, including professional self-doubt, increased stress, depression, and sleep disturbances. David expressed how his being bullied led to feelings of self-doubt about his interpersonal skills:

. . . there were a lot of days where I would think, you know, maybe I'm just not good enough to do this job. I don't think I ever doubted my clinical skills. Is it me? Am I the problem? Am I just not able to interact with coaches in the way athletic trainers are supposed to? Am I not able to manage kind of the nonclinical aspects of this job?

Karen believed the longevity of enduring the bullying caused her to doubt herself.

I feel like I'm very proactive and don't let people push me around, but it gets to you eventually, it could all [go] on for so long. On a mental level, it makes me question my ability as an athletic trainer a lot of times.

Dana confirmed that being bullied altered her confidence:

It had made doing my job a lot harder, and now I second guess myself, that if I tell somebody that they need to sit out for a while, and you know, other athletic trainers in the

state have always commented how aggressive I was. Now I feel like I can't say, "No, you can't play." So it makes it emotionally and psychologically hard to do my job.

David reported, "I was very on guard in a lot of situations, and again, it was more draining than normal." Nancy stated:

[WPB] beats you down continuously because, no matter what you do, you always felt like you had to defend yourself, and you couldn't trust yourself. . . you knew your job, but you felt like, every time you turned around, you had to defend your job.

In addition, victims of bullying suffered from depression. Dana explained, "I became extremely depressed; I became a lot quieter." Finally, those who experienced bullying experienced sleep disturbances. Chris commented: "Yes, definitely. I'm even thinking of going to the doctor sometime this week, because it has gotten so much to me that I haven't slept much at all for the last 3–4 months." David told of the opposite sleep disturbance: "I slept a lot. It was very exhausting. I did not have much of a social life because [of my exhaustion]."

Coping With Bullying. Two primary strategies were employed to cope with bullying: (1) role refocusing and (2) avoidance.

Role Refocusing. Refocusing relates to emphasizing the positive aspects of one's role, specifically as they relate to patient care, in order to distract oneself from the negative acts associated with bullying. Chris, for example, observed that, after he experienced being bullied, he continued in his role and focused on the student-athletes. He agreed with many participants when he stated, "I don't want to give up on the kids [student-athletes]. I love the kids." Indeed, focusing on the patients was instrumental in maintaining a role. Karen noted, ". . . the kids make it worth it, and if it wasn't for the kids, I wouldn't still be here. . ."

Avoidance. When possible, individuals sheltered themselves from negative interactions with perpetrators, as Samantha described:

I e-mailed him or wrote things down for him, so that I wouldn't have to have as much direct communication, and so it would be in writing so that he couldn't say, no, I never told him that, and I avoided it. I avoided him. I avoided football practice, and I think with all coaches, I started erring on the side of overcommunicating. . .

David avoided both face-to-face and digital interactions: "I got to the point where I deleted my school e-mail account from my phone because I didn't want to deal with it when I wasn't at work."

In summary, the qualitative aspect of our study revealed a low level of administrative support and discrimination as antecedents of WPB. The consequences of WPB reported by ATs included increased stress, depression, and self-doubt. Athletic trainers coped with WPB by avoidance and role refocusing.

DISCUSSION

At the time of this study, 21.6% of NATA members were working in the secondary school setting, making it the

second largest employment setting for ATs. The setting is becoming more popular and of great interest for newly credentialed ATs, and thus, understanding more about the experiences of ATs in this setting is imperative. Recent studies^{16,17} revealed that WPB was occurring in the collegiate setting, another popular workplace; however, the expectations and demands can vary from those in the secondary school setting. The purpose of our study, therefore, was to examine the prevalence of WPB among ATs in the secondary school setting and identify the personnel involved in the bullying acts. We also sought to examine the gender and organizational position (eg, coach, administrator) of the targets and perpetrators, as well as the perceptions of WPB among those who reported being targets. We will first compare and contrast our findings on bullying prevalence and then examine workplace factors associated with bullying as well as the participants' experiences with WPB.

Prevalence of Bullying

The prevalence of WPB experienced by ATs in the secondary school setting was lower than for other health care professionals. For example, WPB was between 27%²² and 46%²⁵ in nursing. Among junior physicians, 37% experienced WPB.¹² The prevalence of bullying experienced by ATs in the secondary school setting (7.8%) was also lower than that experienced by ATs in the collegiate setting (14.4%).¹⁶ Perhaps the low level of WPB in the secondary school setting is related to the emphasis placed on curtailing bullying among students in that setting²⁶ or the environment may offer less perceived emphasis on the "winning at all costs" mentality associated with collegiate athletics,²⁷ so tensions and conflicts are limited. Perhaps, too, ATs simply accept that this is part of the culture. Because bullying is often defined as an act that goes undetected^{1,2} and is often subtle compared with other workplace acts, such as harassment and discrimination, our sample may not have recognized that it was occurring, thus explaining the smaller portion that reported it. With respect to the perpetrators of bullying acts, our findings were consistent with previous findings¹⁶ in that they tended to be male (70% to 75% of the time) and predominantly coaches.

We found a higher prevalence based on self-reported bullying ($n = 70$) than on the NAQ-R ($n = 44$). Other researchers^{28,29} have also found differences between these methods in determining prevalence, though the empirical method (NAQ-R measure) commonly results in a higher level of prevalence than self-reports. Participants may have believed their experiences were consistent with the definition of bullying offered on the questionnaire, even though the specific acts cited in the NAQ-R did not precisely capture what had occurred to them. This might indicate the need to explore the development of an instrument for use specifically in the athletic training context.

Factors Associated With WPB

We found that the vast number of bullies occupied roles as coaches and administrators. This is consistent with findings¹⁶ in the collegiate setting. An administrator with authority over an AT creates a power disparity, which is a key facet of WPB.²⁹ Recent nursing research by Vogelpohl et al³⁰ identified those in power positions over staff nurses

(eg, physicians, supervisors) as likely bullies. These authors were surprised that their findings revealed the patient's family was also a source of bullying. Similarly, we noted that parents were identified as bullies 15% of the time in the secondary school setting, which is a unique facet of WPB, unlike the collegiate setting, in which the AT may not interact with parents. The manifestation of WPB as a result of parental involvement, however, is explainable and even parallel with those findings in the collegiate setting, as today's parents are often defined as "helicopter" parents—individuals who are involved in all aspects of their children's lives, thus advocating and pushing them to succeed.³¹ So, in the case of WPB, it may be that the parent is pushing for the child to participate despite injury. Parents at the secondary school level can play a much greater role in advocating for their children, which is likely the reason for their emergence as a factor facilitating acts of WPB.

Though not statistically significant, we found that more women than men in our study were targets of WPB. The 66% of targets in our study who were women was 8% higher than the national average reported in the 2010 Workplace Bullying Institute National Survey.³² With respect to perpetrators, the Institute³² found that 62% of workplace bullies were men. In our study, significantly more perpetrators were male (71.6%, $n = 48$) than female (28.4%, $n = 19$), a value almost 9% higher than the national average. This finding is not surprising, as the sport culture has long been dominated by men,³³ and male coaches continue to be selected over females as head coaches of the most popular female sport teams in the secondary school setting.³⁴ Our female participants discussed this concept of a sport culture that is dominated by males and used the term *good ole boys' club* to describe their experiences of WPB. Although no reports exist regarding sex discrimination in the athletic training secondary school setting, it has been found in the collegiate setting.³⁵ Thus, ATs working in this setting may encounter workplace acts that mirror acts of either discrimination or bullying—as men continue to maintain a majority of the coaching, leadership, and administration roles.³⁴

Experiences of WPB

Bullying in the workplace has been reported to impair the wellbeing of employees and results in many negative health outcomes³⁶ as well as dissatisfaction with one's work.³⁷ Our participants discussed increased levels of anxiety, depression, and sleep disturbances, all of which are associated with being the target of a bully.³⁸ These physical and psychological problems directly influence a health care provider's ability to render quality care³⁶ and should raise concerns among athletic training professionals and employers alike, despite the low prevalence found in this study.

In addition to increased stress, depression, and sleep disturbances, our participants also described a level of self-doubt creeping into their practice as a result of being bullied. A previous researcher³⁹ showed that targets of WPB commonly reported depreciated self-confidence. MacIntosh⁴⁰ found similar outcomes in her study of rural nurses: targets of bullying described lowered levels of self-confidence and self-esteem that eventually led to feelings of insecurity in their nursing roles. Arguably, self-doubt in the workplace may result in indecision that interferes with the

actions necessary for quality patient care and may contribute to poor patient care outcomes. However, poor patient care outcomes did not emerge in our study. In fact, these participants dealt with bullying by refocusing their role on the patients they served.

Participants in our study dealt with bullying in 2 ways, avoidance and role refocusing. Avoidance involved evading the bully, both face to face and virtually (ie, electronically). Avoidance has long been identified as 1 of several coping mechanisms for stress and conflict.^{41,42} When a situation is uncontrollable, avoidance may well be an effective approach to reduce stress and increase hope for change.⁴² However, 1 potential cost of avoidance as a conflict-resolution strategy is that it may interfere with an appropriate action that can otherwise affect the threatening situation.⁴² In fact, avoiding interpersonal conflict, though a popular choice among individuals working in organizations, is seldom effective.⁴³

Role refocusing was used by our participants in an attempt to align their efforts with what they believed was most important: interactions with patients and patient care. This finding is consistent with the refocusing that occurs during the organizational socialization process of collegiate ATs.²⁷ Pitney et al²⁷ found that, for those who perceived little organizational support for their athletic training role yet chose to remain in their current position, refocusing on their true reward of being a trusted provider of health care was a way to relieve the stress and strain of the role and maintain their employment. Moreover, the concept of workplace resiliency can provide context for those working in this setting; if they can develop strong communication skills, have an optimistic outlook on life, demonstrate strong coping skills, and have a strong sense of self-worth and understanding of their professional role, they are more likely to succeed and overcome workplace problems such as WPB. Refocusing, much like resiliency, can enable ATs to visualize their value in the workplace and focus on the positive aspects they are able to enjoy. Also, we observed that individuals with more years of experience had lower bullying scores. Perhaps experience buffers bullying attempts in the workplace.

Limitations and Future Directions

Although we had more than 550 survey respondents, the response rate was just under 20%; thus, the results must be interpreted with caution. Future investigators should continue to study a representative sample of ATs in all employment settings. Moreover, although we could compare research in the secondary school and collegiate settings, future authors could include both settings for a true assessment. Another limitation was that a small sample of ATs completed the qualitative portion of the study and, even though the findings are comparable with our previous results in the collegiate setting, they are not generalizable to other contexts. Our data help us gain a better understanding of WPB in the secondary school setting and highlight some differences from the collegiate setting. Future investigators should divide the secondary school setting into the middle school and high school settings, as those findings may differ as well. We have learned who is doing the bullying, but we need to understand more about the specific reasons an AT may be bullied in the workplace. The emotional conse-

quences of bullying may predispose these ATs to burnout; thus, future authors should examine the relationship between these constructs. Finally, we should assess the prevalence and experiences of WPB among ATs in other settings, such as outpatient rehabilitation centers, physician offices, and hospitals, where ATs interact with other professionals; these settings are growing rapidly and offer a host of different expectations and demands. Work is needed to help ATs recognize and effectively manage bullying when it occurs.

IMPLICATIONS AND CONCLUSIONS

The prevalence of WPB was comparatively low among ATs in the secondary school setting. Athletic trainers looking for a clinical practice environment with few incidents of bullying may find the secondary school setting fits that profile. Although occurring less frequently than in the collegiate setting, WPB still occurs in the secondary school setting, and affected individuals should explore appropriate coping strategies and assertiveness training to deal with these circumstances. Such content should also be considered for inclusion in athletic training education programs.

Bullying can create a toxic work environment that results in poor teamwork, low employee morale, and a high turnover rate, which can lead to poor-quality patient care.⁴⁴ Thus, from an organizational perspective, supervisors should be conscientious about offering employees appropriate support so they can have a voice in how they are treated and are able to deal with perpetrators. Moreover, developing WPB policies and educating employees on proper workplace behavior may help mitigate the level of WPB experienced by employees.

Appendix. Interview Guide^a

During the survey the following definition was used to describe negative acts. This definition is: a situation where 1 or several individuals persistently over a period of time (i.e. not a one-time incident) perceive themselves to be on the receiving end of negative actions from one or several person, in a situation wherein the target of the negative acts has difficulty in defending himself or herself against these actions. This definition is often used to define workplace bullying.

This interview will utilize an open-ended, semi-structured format with probing to complete or clarify answers by requesting examples or evidence. If during this interview you feel distress or anxiety you may request a moment of stoppage or a termination of the interview at any time.

1. Describe your current employment setting
 - a. What is the hierarchy?
 - b. To whom do you report?
 - c. Do you have supervisory obligations?
2. Describe your work environment.
 - a. What are some of the greatest challenges you face?
3. On your survey you indicated experiencing negative acts during the last 6 months as an athletic trainer. This situation is often described as workplace bullying. In detail, please describe your experience.

^a Interview guide is presented in its original form.

Probe: Who were you bullied by?
 Probe: Was the bully older, younger or the same age as you?
 Probe: What do you believe caused the incident or incidents?
 Probe: How long has the bullying been occurring?
 Probe: How often does this tend to occur?
 Probe: Did you report the bullying? If so, to whom?

4. How was this experience resolved, if at all?
 Probe: Were you satisfied with the outcome?
5. Can you describe how this experience affected you professionally?
 Probe: How did you deal with this workplace bullying issue?
 Probe: What influenced your management of the experience?
 Probe: Did you have a mentor or someone you were able to talk to?
6. Can you describe how this experience affected you personally?
 Probe: Did you experience any physical or mental effects from the bullying? If so, please describe.
 Probe: Did you have a mentor or someone you were able to talk to?
7. Was this your only experience with workplace bullying?
8. Has your experience with workplace bullying affected your intended career path?
 Probe: If so, how?
 Probe: Have you considered leaving your current position?
 Probe: Have you considered leaving the athletic training profession?
9. How do you view the differences/interaction between bullying, discrimination and harassment in the workplace?
 Probe: When you hear the term discrimination do you feel it is a form of bullying? Explain why or why not?
 Probe: When you hear the term harassment do you feel it is a form of bullying? Explain why or why not?
 Probe: How do you define each?
10. During your educational training (preparation as AT or professional) were negative acts such as bullying, harassment or discrimination discussed?
 Probe: Please describe the training.
 Probe: In what situation did that training occur?
11. As we conclude the interview, are there any final thoughts you have about workplace bullying you would like to share?

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