

# Secondary School Athletic Trainers' Experiences Managing Workplace Organizational-Professional Conflict

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**Context:** Athletic trainers (ATs) face organizational-professional conflict (OPC), often surrounding return-to-sport decisions. To prioritize patient safety and establish a healthy work environment, OPC must be mitigated, yet few researchers have determined how ATs manage conflicts with stakeholders.

**Objective:** To explore ATs' experiences with OPC in the secondary school setting.

**Design:** Qualitative study.

**Setting:** Telephone interviews.

**Patients or Other Participants:** Sixteen ATs (9 females, 7 males; age =  $43 \pm 11$  years; years certified =  $17 \pm 9$ ; years in their current positions =  $9 \pm 6$ ).

**Data Collection and Analysis:** We digitally recorded telephone interviews and had them professionally transcribed. Data saturation guided recruitment efforts and was met. To ensure rigor and trustworthiness of the data, we completed basic member checks along with multiple-analyst triangulation. We analyzed the qualitative data using an interpretive phenomenological approach.

**Results:** Four themes emerged: effective communication, professional relationships, stakeholder education, and professional experience. Participants used *effective communication* described as frequent, open, and direct, during interactions with stakeholders

to manage OPC. Organizational-professional conflict was reduced when ATs built *professional relationships* with stakeholders centered on trust and respect. Participants used *stakeholder education* as a primary strategy for managing OPC by educating stakeholders about prognosis and return-to-sport timelines postinjury and providing rationale for decisions made. Additionally, years of *experience* served as a mitigating factor of conflict, in that as ATs gained experience and confidence, they perceived less OPC.

**Conclusions:** Participants suggested various interpersonal relationship development strategies that can be implemented to manage OPC, especially when starting a new position or building rapport with stakeholders. Specifically, educating various stakeholders on reasons for clinical decisions via effective communication and developing strong professional relationships built on mutual respect assisted in avoiding OPC. Since professional experience appears to alleviate conflict, OPC management strategies should be taught during professional preparation and used early during transition to autonomous practice.

**Key Words:** workplace culture, interpersonal conflict, conflict resolution

## Key Points

- Frequent communication with relevant stakeholders regarding patient progress and status appeared to alleviate organizational-professional conflict.
- Participants built professional relationships with stakeholders over time, with increasing rapport and years of experience reported as mitigators of workplace conflict.
- Participants reported stakeholder education as a primary strategy for managing organizational-professional conflict, which centered on professional advocacy and providing a rationale for medical decisions.

Organizational-professional conflict (OPC) is characterized by a disparity in one's professional values and standards and the employing organization's expectations of that individual's role and function within it.<sup>1</sup> Bureaucratic organizations can create the platform for role incongruence or OPC, and for athletic trainers (ATs), often return-to-sport protocols and readiness are the center of both issues.<sup>2–5</sup> Role incongruence has been discussed as a negative workplace encounter for ATs, as they try to advocate for their patients' needs in an organizational

culture that encourages patients to push their limits and play through their pain.<sup>6,7</sup> The collegiate setting, particularly the National Collegiate Athletic Association (NCAA) Division I setting, has a reputation for a win-at-all-costs mentality, which provides the underpinnings for conflict as ATs advocate for player safety first.

The interest in OPC among ATs was first brought to light in an article in *The Chronicle of Higher Education* that revealed more than half of collegiate ATs have felt pressure by a coach to return an athlete with a concussion back to

sport before they were medically ready.<sup>7</sup> Primarily, OPC has been reported around concussion management protocols; however, evidence shows that, regardless of the injury type, ATs, at some point during their careers, have felt pressure from or experienced conflict with coaches around medical clearance of athletes.<sup>3-5,7-9</sup>

Most studies in the literature around OPC have been conducted within the collegiate setting due to the hierarchical and organizational infrastructure considerations that have ATs working in an athletics model.<sup>4,5,8,9</sup> The athletic or sports model, which is the most common model for athletic health care administration, has staff ATs reporting to head ATs, who then report to athletic directors.<sup>10</sup> Role incongruity is a reported barrier of this model, in that coaches' expectations and interests did not align with those of ATs who prioritized patient health and safety.<sup>11</sup> Secondary school athletic training services follow a similar organizational model, yet little research has been conducted on OPC among ATs working in secondary school settings. Moreover, experiences of OPC can be individualized, as conflict is about human interactions and their own beliefs and values, which at times can be in discord.

Authors of 2 separate studies found that ATs in the secondary school setting experienced OPC but at lower levels than clinicians working in collegiate athletics.<sup>9,12</sup> If OPC is occurring, even at relatively low levels in secondary school settings, understanding the reasons for conflict and how ATs manage it is critical to ensuring that ATs can effectively perform their jobs and improve working conditions, leading to improved patient care. The purpose of this qualitative study was to gain a deeper understanding of how ATs working in secondary school settings manage OPC.

## METHODS

### Research Design

This study was part of a larger multimethod investigation that examined secondary school ATs' experiences with OPC centered around medical decision making. The quantitative data portion of the study, which was collected first, was published previously.<sup>12</sup> To explore secondary school ATs' experiences with OPC from an individual perspective and gain an in-depth understanding into their strategies for managing OPC, we used a phenomenological research design. We selected a phenomenological framework to examine and describe ATs' experiences with OPC and their medical decision making. The University of Connecticut Institutional Review Board approved this study.

### Participants

A total of 16 secondary school ATs participated in follow-up telephone interviews. We recruited our participants from the cross-sectional survey in Phase I of the larger study.<sup>12</sup> At the completion of the survey, we asked respondents about their willingness to participate in a one-on-one follow-up interview. Individuals who were interested in being interviewed served as the participant pool for the qualitative portion of the study. Once we reached data saturation after the 16th interview, we stopped recruiting. Sampling inherently was purposive, as we targeted those working in the secondary school setting. Data saturation was determined by the lead author who completed all

16 interviews and used a constant comparative approach to ensure it was established.<sup>13,14</sup>

Our participants represented various employment types, years of experience, and backgrounds regarding athletic training clinical practice. A greater percentage of participants were female ( $n = 9$ , 56%) than male ( $n = 7$ , 44%). The average age of participants was  $43 \pm 11$  years. At the time of the interview, participants were certified as ATs for an average of  $17 \pm 9$  years, served in their current role at the secondary school for  $9 \pm 6$  years, and worked in the secondary school setting for a total average of  $14 \pm 9$  years. Specifics regarding individual participant demographics, including years of clinical experience and educational background are outlined in Table 1. Employment-specific demographics, such as employment type and status, as well as previous settings in which the participants have worked are outlined in Table 2.

### Interview Guide Development

Using previous research on organizational conflict, we created an interview protocol.<sup>5,7</sup> All 3 members of the research team are certified ATs who also are trained in qualitative methods. Two of the members of the team have provided medical care in the secondary school setting, giving them employment-specific knowledge of the setting. Following the development of the interview guide, an expert in the field with extensive experience in qualitative research and knowledge of OPC reviewed the guide for content, completeness, and presence of any leading questions that included or implied the desired answer. Before data collection, we had the interview protocol piloted with 2 ATs matching our inclusion criteria. Both ATs had been employed in the secondary school setting for 28 years and therefore had significant experience to draw back on when providing feedback related to the content and design of the interview guide. Minimal but important feedback was offered during the piloting process, including the suggestion to add questions pertaining to intrinsic or self-inflicted pressure that ATs may put on themselves and their role. Since changes were made to the interview guide after the pilot process, data from the 2 interviews were not included in the final analysis.

### Data Collection Procedures

Using a semistructured format, the lead author conducted all interview sessions to ensure consistency in the protocols. The semistructured nature allowed for a degree of flexibility in the interviews as well as afforded the opportunity to follow-up on topics or experiences that needed clarification or expansion. Moreover, the constant comparative process is best done with the same interviewer, as it allows immersion of the data to occur organically.<sup>14</sup> Interviews were recorded after participants provided consent, with each interview lasting approximately 35 minutes. Each participant was asked a series of demographic items as well as questions pertaining to 2 main areas: (1) the working relationship dynamic that ATs have with coaches, high school administration, athletes, and parents and (2) their experiences with conflict or pressure from these stakeholders. Upon completion of the interview, transcription occurred immediately, and basic member checks were performed in which participants reviewed their transcripts and confirmed accuracy.

**Table 1. Participant Demographics**

Pseudonym	Sex	Age	State	Highest Degree Earned	Certified (y)	Current Position (y)	High School Setting (y)
Paige	Female	42	Kansas	Master's	18	14	15
Jason	Male	41	Pennsylvania	Master's	18	2	9
Amanda	Female	41	Texas	Master's	15	3	19
Susan	Female	35	Oregon	Bachelor's	12	10	10
Margaret	Female	37	Ohio	Bachelor's	16	7	11
Richard	Male	44	North Carolina	Master's	19	13	19
Kevin	Male	58	Massachusetts	Master's	29	17	25
Gabrielle	Female	27	Michigan	Master's	5	3	5
Emily	Female	33	North Dakota	Master's	9	5	5
Veronica	Female	60	Pennsylvania	Doctorate	22	22	22
Madelyn	Female	27	North Carolina	Master's	6	2	2
Tristan	Male	54	Tennessee	Bachelor's	15	2	15
Brian	Male	43	Nebraska	Doctorate	21	10	10
Anthony	Male	61	Massachusetts	Bachelor's	38	17	37
Lauren	Female	39	Texas	Bachelor's	6	6	6
Jonathan	Male	42	Illinois	Master's	19	6	19

## Data Analysis

Qualitative data were analyzed using an interpretive phenomenological approach.<sup>15</sup> We chose the analytic procedure to gain a better understanding of the lived experiences of our participants. Upon receiving the transcribed files back from the transcription company, analysis of the qualitative data ensued. The first step in the data analysis process centered around immersion, which involved multiple read-throughs of the transcripts to gain familiarity with the data and get exposed to our participants' thoughts, perceptions, and first-hand experiences. After immersion, the transcripts were thoroughly read with a critical eye, and initial codes were assigned to chunks of data that related back to the purpose and research questions. The codes were evaluated and grouped together based on similarities in meaning

to form overarching categories. The categories were then operationally defined to form themes in the data that represented the experiences of the participants. Overall findings resulting from our study are presented as emergent themes and are supported by relevant direct quotes from participants.

## Credibility Procedures

Ensuring trustworthiness in the findings is a crucial step when carrying out a qualitative research agenda. We used the Consolidated Criteria for Reporting Qualitative Research (COREQ) checklist to establish rigor in the study's procedures as well as the development of this manuscript.<sup>16</sup> To establish credibility, we used strategies outlined by Creswell, including peer review, basic member checks, and multiple-analyst triangulation.<sup>17</sup> Our peer was selected due to his

**Table 2. Employment-Specific Participant Demographics**

Pseudonym	Employment Status	Employment Type	Primary Supervisor	Previous Employment Settings
Paige	Part time	SDE	AD	College (NAIA and NJCAA), outreach clinic
Jason	Full time	MUF (hospital)	Medical Director	College (NJCAA), outreach clinic
Amanda	Full time	SDE	AD/coach	NA
Susan	Part time	SDE	AD	Outreach clinic
Margaret	Full time	MUF (hospital)	AD	College (NCAA D3), professional sports, physician's office, outreach clinic
Richard	Full time	SDT	AD	NA
Kevin	Full time	IC	AD	NA
Gabrielle	Full time	MUF (outreach clinic)	AD	Professional sports, outreach clinic
Emily	Part time	SDT	AD	NAIA
Veronica	Part time	IC	AD	Club sports
Madelyn	Full time	MUF (physician's office)	Medical Director	College (NCAA DI and NCAA DII), physician's office
Tristan	Full time	MUF (outreach clinic)	Clinical Director	College (NCAA DI, NCAA DII, and NJCAA), middle school, physician's office, military
Brian	Full time	SDE	AD	College (NCAA DI and NCAA DII)
Anthony	Full time	SDE	AD	NA
Lauren	Full time	SDE	AD	NA
Jonathan	Full time	MUF (hospital)	Medical Director	College (NCAA DI, NCAA DII, and NCAA DIII), professional, middle school, occupational, physician's office, outreach clinic, club sports

Abbreviations: AD, athletic director; IC, independent contractor; MUF, medical or university facility; NA, athletic trainer has only worked in the high school setting; NAIA, National Association of Intercollegiate Athletics; NCAA DI, National Collegiate Athletic Association, Division I; NCAA DII, National Collegiate Athletic Association, Division II; NCAA DIII, National Collegiate Athletic Association, Division III; NJCAA, National Junior College Athletic Association; SDE, school district employee (nonteaching); SDT, school district teacher.



identified expertise in the field, with experience in qualitative methodology and the topic at hand: conflict in the workplace. The peer was asked to carry out an external audit of the study methodology before data collection, including a thorough review of the interview guide and the data collection procedures. Once data were analyzed, we asked the researcher to review the interpretation of the data.

Member checks, which was the second credibility strategy carried out for this study, verified appropriate and accurate transcription of the audio-recorded interviews. Upon completion of the transcription process, 3 randomly selected interview participants were provided with their respective transcripts and asked, to the best of their knowledge, to confirm the transcript accurately reflected their experiences and the content that was discussed during the telephone interview. As part of the review process, the participants were also given the opportunity to clarify any points of confusion upon reading the transcripts. The final credibility strategy used was multiple-analyst triangulation. Before data collection, the steps for coding were agreed upon to ensure consistency in the coding process. Then 2 research team members independently coded and analyzed the interview transcripts before coming together to compare analyses and reach an agreement regarding the emergent themes of the study.

## RESULTS

Athletic trainers working in secondary school settings have unique challenges related to relationship building with various stakeholders, which affects their ability to manage OPC. Our participants' experiences managing OPC in the workplace can be summarized by 4 themes: *effective communication*, *stakeholder education*, *professional relationships*, and *professional experience*. Stakeholder education was further divided into 2 subthemes: *professional advocacy* and *injury prognosis and return-to-sport timelines* (Figure). Themes and subthemes are supported by participant quotes in the respective sections below.

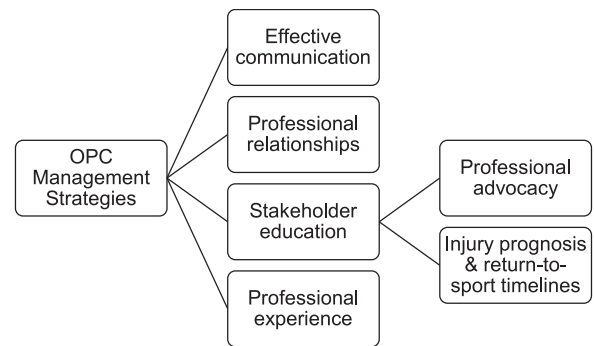
### Effective Communication

The ability to communicate frequently and effectively was a shared sentiment across participants as a key strategy to manage OPC. While participants most frequently talked about communication with coaches, this strategy applied to other stakeholders as well, including parents and other health care professionals (eg, school nurse). Tristan emphasized just that when he said:

I think, in anything I do, parents, coaches, school administrators, communication is key. If you don't communicate with them and let them know what your abilities are, what you can do, what you can take care of, and what you can't take care of, then you set yourself up for failure.

Similarly, Margaret discussed the working relationship she has with the school nurse and the role of communication in maintaining that collaborative relationship:

We're very good about communicating with each other. . . If she has any problems with any of my athletes or if I have any problems, we communicate back and forth. The kids are allowed to ice during school, but they have to



**Figure. Themes and subthemes.** Abbreviation: OPC, organizational-professional conflict.

have consent from me and from her, so everybody knows that we're all on the same page.

Madelyn was transparent about her use of communication and provided specific details on how her approach helped establish rapport with coaches and minimize chances for conflict. She recalled:

So I was definitely going out of my way to sort of establish that [rapport with coaches]. So as far as communicating goes, my thought process was trying to overcommunicate and definitely reach out more often, just double check on them, make sure they didn't need anything, and really kind of break down and not only educate them but let them know the nitty gritty of what was going on. I was just always in their ear, letting them know my thoughts and what I was doing and where I was at different times, just so they knew everything.

While communication was described by some participants as a proactive strategy, others referenced its role in helping cope with pressure or conflict faced. In speaking about how she has coped with pressure from and conflict with coaches, Veronica said:

I think you have to discuss things. . . You've got to listen to their reasoning, and you have to give your reasoning soundly. If you come up with some good sound reasons why what you are doing is correct, then you know. . . but you have to listen to what their feelings are. . . I think a lot of time[s], people all want to get too bullheaded. It's my way or the highway, and I think if you have a nice 2-way discussion, I think that's going to be key to coping. Constant communication conquers confusion, and when you can communicate well and everybody involved understands what the other ones are doing, I think you're going to have less problems.

For our participants, effective communication did not always mean face to face. Given the uniqueness of the secondary school setting, Anthony mentioned the importance of maintaining communication with coaches, even if it is through text or e-mail:

I'm always communicating with coaches via e-mail or texting. I don't see the coaches every day because there's so many teams, but I am in constant communication

when kids have certain injuries that the coach needs to know. So-and-so has a concussion, and here they are, they're out, or return[-to-play] protocol. I communicate with them about where I'm going to be covering on a certain day because sometimes we have 4 or 5 events going on at once. They all have my cell phone number. I always ask them to carry their cell phone with them so they can communicate with me directly if something comes up if I'm not at their field or court or whatever.

In general, participants referenced effective communication as a strategy to manage OPC and to resolve conflict when it occurs as opposed to avoiding it. Lauren summarized this nicely when talking about her approach to conflict resolution: "Mainly that my end goal in any conflict is to not walk away, to one, end the conflict, and two, walk away with the sense of mutual respect." Communication emerged as a way for our participants to manage OPC when it arose in the secondary setting, as it provided a platform for open dialog and conflict resolution, if necessary.

### Professional Relationships

As participants discussed their experiences with OPC in the workplace, it became clear that forming professional relationships with the individuals they worked with (eg, coaches, administration, athletes or patients) and building rapport was a key strategy. Brian emphasized the importance of forming relationships when he said:

I always make it a point, [no matter] who they are, where they're from, what they're like, that it is truly my job to relate to them. It's not their job to relate to me. I'm the provider, and I've always believed that, no matter who I'm providing care for or who I'm working for, it is truly my job to make sure that I can relate to everybody that I come in contact with, whether it's a parent or coach, an official or an administrator.

Participants mentioned getting to know stakeholders on a personal level in addition to a professional level was helpful in building characteristics of a strong relationship. Madelyn recalled:

I think just really having a good foundation of getting to know them [stakeholders] on a personal level and also on a professional level and find out the way that they work and the way that they function and then also get some insight into their values, I think that helps because you kind of know what makes people tick and whatnot. So I think understanding people and knowing how they work definitely helps.

Similarly, Paige identified personal connection as a characteristic that makes her relationships with coaches stronger. She said:

Just becoming friends with your coworkers... Oftentimes, even coaches will come to me for a personal injury of some kind... or they bring their children... I mean, that builds a rapport too as well as just helping them with things in their day-to-day jobs... It's everything outside

of the box a little bit, too, that builds that relationship that you truly are there to care for these students.

Though building professional relationships with coworkers was emphasized across the board, participants were transparent about the process taking time. Susan discussed the challenge associated with time as it relates to relationship building in the secondary school setting. She said:

A lot of employees are thrown into a working environment with no real time to get to know each other, and the season starts. Then you have to develop those relationships in and amongst injuries.

Susan referenced this challenge as being temporary, however, since more time with coworkers allowed for the relationship to develop. She continued:

With any given relationship, the longer you have with someone, usually, I think, the more they trust you and they know why you're there and who you're there for and what you're about. So the more interaction you have with them, I think, probably always makes a better, stronger relationship.

Richard also spoke about time being an important factor in building professional relationships. He said:

Over time, the longer you're at one place, I think that definitely helps with the relationship just because they learn about you and how you run things... Coaches turn over quite a bit, so there's only a few that have been here longer than I have. So I think that helps when you're here and then new coaches join. They learn about you from other coaches, and they gain your trust.

Participants often used words like "trust" and "respect" to describe their working relationships with coworkers. Anthony described the relationships he has with the coaches he works with and, in doing so, highlighted the importance of an alignment of values and priorities among professional relationships. He reflected:

I think they [coaches] really respect what I do. I think they understand that I've been doing this for a long time... They're not here to win world championships. They're here to help kids get better, and they are trying to win titles and things like that, but... they know that what I say is what we have to do. There's no conflicts.

Professional relationships personalized and humanized the interactions between various stakeholders and ATs which helped manage OPC.

### Stakeholder Education

Participants discussed the importance of educating stakeholders, including coaches, parents, and student-athletes, on clinical reasoning and other areas of athletic training practice to manage OPC. In reference to providing justification for decisions made, Veronica mentioned:

I still think it all comes back down to being able to talk to your athletes, to talk to your coaches, talk to your parents... you got to go out and actually discuss with people your reasoning, and often with coaches, I think, if they understand your reasoning, then usually they're pretty intelligent people. They'll listen to reasoning, and if they refuse to, then that's when I fall back on, "I have the degree, and you don't," as hard as that sounds sometimes.

Jonathan discussed similar strategies when reflecting on instances in which a coach was pressuring him. To manage these situations, he said:

I now walk coaches through my thought process as well as the thought processes of doctors if I've talked with them... so that's how I approach it, and if I have to, my go-to if there's ever conflict... is liability, lawsuits, and everything else, and that usually shuts down conversations really quickly.

Beyond justifying medical decisions, participants spoke about the role of stakeholder education in 2 specific areas, 1 of which was professional advocacy. Conversations with stakeholders surrounding professional advocacy often involved discussing the roles, value, and qualifications of ATs. When asked about working relationships with coaches and if some were stronger than others, Emily reflected:

I think the younger ones because I think they're more familiar with what [ATs] do. I mean, with it being a newer field, some of the older coaches, it just takes more education for them as to what we can do and different things... just explaining to them why we do what we do and why we're qualified, yeah, just trying to educate them.

Some participants were explicit with where the professional advocacy occurred beyond a one-on-one conversation. Jason said:

I would say some of [the] measures to take would be explaining who you are as an [AT]... when they have Occupation Day or whatever, go in and explain what you do. I think that helps a lot.

Parent meetings were also identified as a forum for educating stakeholders on the AT role to manage OPC. Richard reflected:

Well, with the parents, we have held some athletic parent meetings in the past... I at least try to tell them who I am, what I do, where I'll be, kind of background so they understand somebody's there looking after [their] child... I think that helps.

The second area participants mentioned educating stakeholders on was injury prognosis and return-to-play timelines. This was often the case when participants were on the receiving end of pressures from parents, coaches, or student-athletes themselves to return athletes to play before they were medically ready. Gabrielle spoke to her experiences educating parents in this area when she said:

With parents, again, it comes back to education. A lot of my parents don't work in health care, so they really have no idea when their student-athlete sustains an injury what exactly is going on and what needs to happen. I think, most of the time, I'm really good at educating them on what happened, what needs to happen next, and where to go from there.

When educating coaches on student-athletes' playing statuses, Susan mentioned the importance of keeping her communications short and to the point. She explained:

I usually just have to talk to them [coaches] before practice starts and explain what's going on... I just find that what works best is just to tell them what the situation is and walk away, meaning that they don't want me to give a long, lengthy explanation. They just want to know what their kid can and can't do... it usually helps them to process. So I feel like that kind of helps.

Susan continued to talk about the role of collaborative decision making and how, when appropriate, that can be a way to manage OPC:

If it's a situation where it's not necessarily something that I have to stand completely firm on, then I sometimes say, "Okay, well, let's make a decision together. What would you like to see them do today?" "Okay, based on their function, yeah, I think they can do that," and so compromise a little bit.

Participants found that educating stakeholders in a variety of ways was a key strategy for mitigating OPC as well as managing it when it occurs. Education provided collaboration and inclusion for the stakeholders, reducing push back on OPC.

## Professional Experience

The last theme that emerged from participants' experiences with OPC was the idea of professional experience. Participants reflected on their tenure in the profession and spoke about the role experience played in building their overall confidence. The confidence then helped to mitigate OPC and manage it when it occurred. Kevin reflected on how his confidence has evolved over time when he said:

I think I lacked the confidence back then. I had the competency. I had all the school stuff. I had all the taping skills. I had the skill level, but the confidence was lacking, and I think I've procured that over the years. As more and more happened, you gain that experience... I just think the more reps of football practice you see or baseball innings or hockey games, it just increases confidence.

Brian also discussed the role experience played in his overall confidence:

I think maybe, early on, there were more questions on whether how I was doing this [was] right or wrong if I had conflict, but I think, at this point in my career, I don't have any issues there. I know what I'm doing is right.



I've had a ton of experience with it. Some people might do things a little bit differently than I might, and I'm okay with that. I think I'm okay saying that I know how I'm handling each happening and each situation is probably the best course, and that's based on a lot of education and experience.

Similarly, Veronica said:

Once in a while, it'll hit me when I'm just like, "Could I do that eval[uation] over again?" But it's not as often as it was when you first start. When you first start, I think you really are nervous, but the more years you get in, the more confident you become with it.

When asked directly about strategies used to mitigate pressure and conflict in the workplace, Gabrielle reflected on the role of experience:

I would say experience, too. The longer that you're in it, the more opportunity that you're going to have to run into those situations [conflict or pressure] and be able to look back and reflect back on how you handled it, and again, if you could have handled it differently, how would you? Obviously, in my first 2 years when I was a graduate assistant at a small high school still getting my master's degree, I think back to situations with the coaches and stuff there and how I was definitely more timid than I am now. I wouldn't say that I let anybody push me over, but I definitely have grown from those first experiences that I did have.

While experiences with OPC differed from one participant to the next, the role of stakeholder education, effective communication, professional relationships, and professional experience in managing conflict in the workplace was a shared sentiment across participants.

## DISCUSSION

Our purpose was to gain a deeper understanding of how ATs working in the secondary school setting manage OPC. Our findings mirror those from ATs at the NCAA Division I setting.<sup>8</sup> However, the secondary school setting is unique in comparison with the college setting, as parent involvement is prevalent due to the age of the patients. Although pressure at the secondary school setting has been found to be relatively infrequent, it can occur, and ATs must be prepared to handle it largely with effective communication but also with professional relationships, educating all stakeholders, and by acquiring professional experience.<sup>9,12</sup> Interestingly, participants explained the integration of several of the themes. Managing OPC required effective communication which helped foster professional relationships built on trust and led to adequate stakeholder education.

Participants consistently noted the importance of communication. Communication is an important soft skill ATs must possess and ultimately can assist them in developing healthy relationships with all members of the athletic community.<sup>18-20</sup> Many used frequent, open, and direct communication to build relationships with various stakeholders, including coaches, other health care professionals, parents, and patients. Participants made efforts to build both

personal and professional relationships. Doing so was thought to help improve respect for each other as members of a team which may be working toward different goals (winning versus safety).<sup>4</sup> However, relationship building takes time to develop. In the secondary school setting, relationship building can be a challenge because there are typically a very limited number of ATs (1 or 2 usually). The ratios to coaches and parents can overwhelm ATs or make it difficult to communicate or build relationships. Further, turnover among coaches (head and assistant) may also make relationship building difficult. Trust is difficult to develop with multiple stakeholders operating in a dynamic and changing environment. Parents view ATs as valuable members of the community, and therefore, using effective communication and including parents in the conversations around injury management and return to play can ultimately change the dynamic around OPC.<sup>21-23</sup>

Often, communication centered around stakeholder education. When clinicians were able to effectively communicate with stakeholders, OPC was managed because cohesion could be accomplished regarding plans of care and return-to-sport timelines. At the NCAA Division I level, communication was also described by participants to manage OPC.<sup>8</sup> Indeed, communication allows ATs to explain the thought processes behind clinical decisions to stakeholders which can, in turn, increase trust and build support for plans of care.<sup>4</sup> Participants also noted the importance of compromise when patient safety would not be jeopardized. Clinicians were willing to engage with coaches, parents, and other stakeholders regarding what patients could and could not do, while standing firm when needed. Conceptually, patient, coach, or parent education falls within ATs' duties as health care providers and in turn, when done effectively, facilitates stakeholder buy-in which can improve relationships and plausibly mitigate OPC.<sup>23,24</sup>

In addition to communication regarding plans of care, ATs working in secondary school settings also engaged in professional advocacy. Unfortunately, confusion about who ATs are and what they are qualified to do remains problematic. Advocacy efforts have been ongoing for the athletic training profession; however, lawmakers had misconceptions regarding ATs' roles and responsibilities and lacked knowledge regarding the education requirements to become an AT.<sup>25</sup> Therefore, advocacy efforts should continue and include multiple stakeholders who can support ATs in their quest to ensure safe participation in secondary school-sanctioned sports.

Participants also mentioned the importance of professional experience when managing OPC. Athletic training programs are encouraged to support soft skill development as well as include experiences in the secondary school setting to help them improve communication skills with a wide variety of stakeholders including patients, other health care providers, coaches, and parents. Experience instills confidence. Athletic trainers stated second guessing themselves was easy when someone questioned their clinical decisions. Experience helped increase clinician confidence that their choices were correct and in the best interests of patients. Experience also allows clinicians to determine how to handle conflict when it happens. Some participants noted the use of trial and error when dealing with OPC. They felt confident in their ability to manage OPC because of their prior experience learning from mistakes in the past.

## Limitations and Future Research

Our qualitative study contains responses from 16 ATs working at the secondary school setting. Although the approach allowed depth to our results, a common limitation of qualitative research is generalizability. Organizational-professional conflict occurs at the organizational level, and different organizations may have different challenges for clinicians to navigate. Future investigators should attempt to study OPC within different employment settings and models from a qualitative perspective. Additionally, we believe that future researchers should explore how programs are preparing students to manage conflicts in the workplace, as they are likely to occur.

## CONCLUSIONS

Participants suggested various interpersonal relationship development strategies that can be implemented to manage OPC, especially when starting a new position or building rapport with stakeholders. Specifically, educating various stakeholders on reasons for clinical decisions via effective communication and developing strong professional relationships built on mutual respect assisted in avoiding OPC. Since professional experience appears to alleviate conflict, OPC management strategies should be taught during professional preparation and used early during transition to autonomous practice.

## REFERENCES

1. Pondy LR. Organizational conflict: concepts and models. *Adm Sci Q*. 1967;12(2):296–320. doi:10.2307/2391553
2. Aranya N, Ferris KR. A reexamination of accountants' organizational-professional conflict. *Account Rev*. 1984;59(1):1–15.
3. Bowman TG, Mazerolle Singe S, Pike Lacy AM, Register-Mihalik JK. Challenges faced by collegiate athletic trainers, part II: treating concussed student-athletes. *J Athl Train*. 2020;55(3):312–318. doi:10.4085/1062-6050-85-19
4. Pike Lacy AM, Bowman TG, Mazerolle Singe S. Challenges faced by collegiate athletic trainers, part I: organizational conflict and clinical decision making. *J Athl Train*. 2020;55(3):303–311. doi:10.4085/1062-6050-84-19
5. Kroshus E, Baugh CM, Daneshvar DH, Stamm JM, Laursen RM, Austin SB. Pressure on sports medicine clinicians to prematurely return collegiate athletes to play after concussion. *J Athl Train*. 2015;50(9):944–951. doi:10.4085/1062-6050-50.6.03
6. Mazerolle SM, Eason CM, Goodman A. Organizational infrastructure in the collegiate athletic training setting, part I: quality-of-life comparisons and commonalities among the models. *J Athl Train*. 2017;52(1):12–22. doi:10.4085/1062-6050-51.12.19
7. Wolverson B. Coach makes the call: athletic trainers who butt heads with coaches over concussion treatment take career hits. *The Chronicle of Higher Education*. Published September 2, 2013. Accessed November 13, 2023. <https://www.chronicle.com/article/coach-makes-the-call/>
8. Pike Lacy AM, Mazerolle Singe S, Bowman TG. Collegiate athletic trainers' experiences with external pressures faced during decision making. *J Athl Train*. 2020;55(4):409–415. doi:10.4085/1062-6050-165-19
9. Pitney WA, Mazerolle Singe S, Wood TA, Grahovec NE. Organizational-professional conflict in the collegiate and secondary school practice settings: a sequential mixed-methods study. *J Athl Train*. 2023;58(11–12):1010–1020. doi:10.4085/1062-6050-0583.22
10. Rapp GC, Ingersoll CD. Sports medicine delivery models: legal risks. *J Athl Train*. 2019;54(12):1237–1240. doi:10.4085/1062-6050-83-19
11. Goodman A, Mazerolle SM, Eason CM. Organizational infrastructure in the collegiate athletic training setting, part II: benefits of and barriers in the athletics model. *J Athl Train*. 2017;52(1):23–34. doi:10.4085/1062-6050-51.12.24
12. Pike Lacy AM, Bowman TG, Huggins RA, et al. Secondary school athletic trainers' experiences with organizational conflict: a comparison across employment models. *J Athl Train*. 2022;57(11–12):1085–1093. doi:10.4085/1062-6050-0422.21
13. Patton MQ. *Qualitative Research & Evaluation Methods*. 3rd ed. Sage Publications; 2002.
14. Glaser BG, Strauss AL. *The Discovery of Grounded Theory: Strategies for Qualitative Research*. Aldine Publishing; 1967. doi:10.4324/9780203793206
15. Davidsen AS. Phenomenological approaches in psychology and health sciences. *Qual Res Psychol*. 2013;10(3):318–339. doi:10.1080/14780887.2011.608466
16. Tong A, Sainsbury P, Craig J. Consolidated criteria for reporting qualitative research (COREQ): a 32-item checklist for interviews and focus groups. *Int J Qual Health Care*. 2007;19(6):349–357. doi:10.1093/intqhc/mzm042
17. Creswell JW. *Qualitative Inquiry and Research Design: Choosing Among Five Approaches*. 3rd ed. Sage Publications; 2013.
18. Standards and procedures for accreditation of professional programs in athletic training. Commission on Accreditation of Athletic Training Education. Accessed January 13, 2024. [https://caate.net/Portals/0/Standards\\_and\\_Procedures\\_Professional\\_Programs.pdf?ver=01iHqzdBAW0IsGARUc-19Q%3d%3d](https://caate.net/Portals/0/Standards_and_Procedures_Professional_Programs.pdf?ver=01iHqzdBAW0IsGARUc-19Q%3d%3d)
19. Kutz MR, Stiltner S. Program directors' perception of the importance of soft skills in athletic training. *Athl Train Educ J*. 2021;16(1):53–58. doi:10.4085/1947-380X-20-42
20. Davlin-Pater C, Rosencrum E. Promoting soft skill development in preprofessional athletic training students. *Athl Train Educ J*. 2019;14(1):73–79. doi:10.4085/140173
21. Weitzel RL, Miller MG, Giannotta ER, Newman CJ. High school athletes' parents' perceptions and knowledge of the skills and job requirements of the certified athletic trainer. *J Athl Train*. 2015;50(12):1286–1291. doi:10.4085/1062-6050-51.1.11
22. Pike Lacy AM, Eason CM, Chu EL, Stearns RL, Casa DJ. Youth athletes' parents' perceptions and knowledge of the athletic training profession. *J Athl Train*. 2023;58(1):9–17. doi:10.4085/1062-6050-0368.21
23. Johannessen L. Communicating with parents: making parents allies. National Athletic Trainers' Association. Published September 2, 2015. Accessed February 6, 2024. <https://www.nata.org/blog/jordanb/communication-secondary-school-setting>
24. Quigley D. Communicating with coaches: what to discuss at coaches' meetings. National Athletic Trainers' Association. Published September 2, 2015. Accessed February 6, 2024. <https://www.nata.org/blog/jordanb/communication-secondary-school-setting>
25. Kaminski TW. Athletic training advocacy is alive and well in the United States and abroad. *Athl Train Sports Health Care*. 2019;11(6):251–252. doi:10.3928/19425864-20191015-01

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