

Sacred Heart University DigitalCommons@SHU

Academic Festival

Apr 20th, 1:00 PM - 3:00 PM

Parents' Perception of Athletic Trainers in the High School Setting

Sarah Jaquith

Meagan Hanley

Follow this and additional works at: https://digitalcommons.sacredheart.edu/acadfest

Jaquith, Sarah and Hanley, Meagan, "Parents' Perception of Athletic Trainers in the High School Setting" (2018). *Academic Festival*. 108.

https://digital commons.sacred heart.edu/acad fest/2018/all/108

This Poster is brought to you for free and open access by DigitalCommons@SHU. It has been accepted for inclusion in Academic Festival by an authorized administrator of DigitalCommons@SHU. For more information, please contact ferribyp@sacredheart.edu, lysobeyb@sacredheart.edu.



Perception of Full-Time Athletic Trainers in the High School Setting by Parents of High School Student Athletes

By: Meagan Hanley, Sarah Jaquith, Eleni Diakogeorgiou, MBA, ATC



ABSTRACT

Context Parents have the legal responsibility to give the athletic trainer (AT) consent to treat their child. It is important they understand the scope of practice of an AT in order to trust them with the health of their child. **Objective** To gather knowledge about parents' perceptions of the skills and qualifications of a full-time high school AT. **Design** Cross-sectional survey study. Setting In person at local high school football games and online using SurveyMonkey. Participants 11 parents whose children participated in a minimum of 1 high school sport. **Data** Collection and Analysis A Parents' Perceptions and Knowledge of Certified Athletic Trainers Survey consisting of 32 questions, divided into 3 sections (demographics, perceptions, and knowledge), was given to parents of high school athletes. Descriptive statistics were used to assess the data. **Results** 55% of parents always perceived the secondary school AT as a healthcare professional, 55% always felt society needs ATs and 55% of parents did not always trust the AT's opinion. **Conclusions** Parents' perceptions of the qualifications and skills of the high school AT were split between understanding and not understanding. ATs should educate parents on their roles and responsibilities in order to provide better health care for

Key Words: high school, perception, athletic training, parents

athletes.

INTRODUCTION

For an athletic trainer (AT) working in the high school setting the perception of the AT by the parents is important because for any athlete under the age of 18 the AT must gain the parent's consent to provide treatment. For the purpose of this study a parent is defined as "biological or adoptive parent, except a parent whose parental rights have been terminated".1 Research² was done on the parent's perception of a part time AT, however, no research has been done on the perception of a full time AT in the high school setting. Full time employment is defined as a position that schedules a minimum of 35 hours per week. Athletic trainers are highly qualified in their field^{3,4} and their opinions should be taken seriously when dealing with athletic injuries and conditions. Research^{2,3,4} showed 61% of parents and emergency medical services (EMS) do not trust the opinions of ATs. According to research parents,² coaches,^{5,6} EMS,^{3,4} other health care professionals,^{7,8} and school administrators,^{9,10} do not understand the roles, responsibilities, and qualifications of an AT. Research² using the Parents' Perceptions and Knowledge of Certified Athletic Trainers survey was done to evaluate the perception of part-time ATs by parents of high school student athletes. The study found; 50% of the parents saw ATs as healthcare professionals, 62% felt society needs ATs, and 61% of parents did not fully trust the opinion of an AT. Our hypotheses were; The parents of high school student athletes do not trust the opinion of full-time ATs, and The parents of high school student athletes do not know the qualifications of an AT.

PURPOSE

The purpose of this study was to educate ATs in the lack of trust parents have in an AT's abilities, their misunderstandings of the athletic training profession, and their misunderstandings of ATs qualifications.

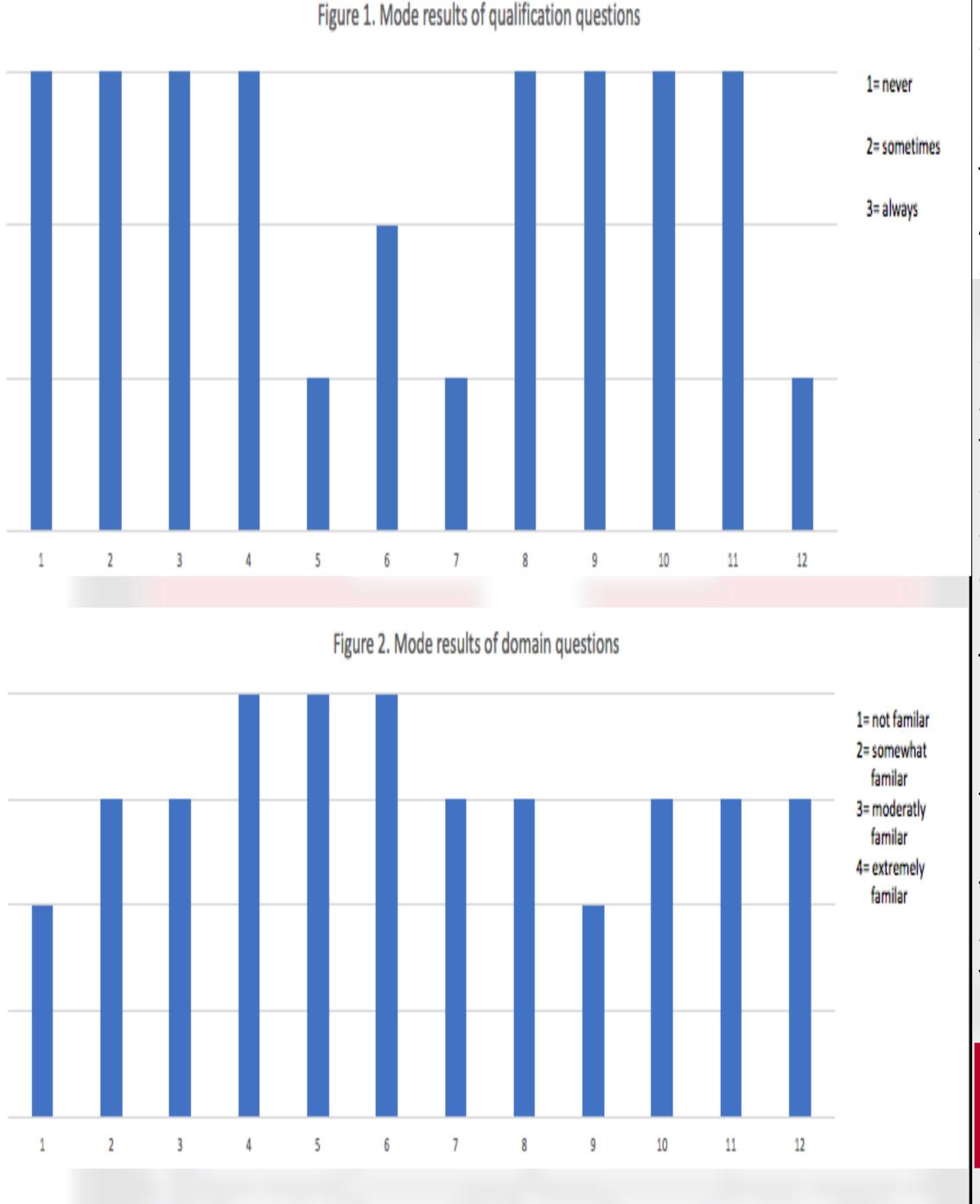
METHODS

Participants A total of 2 public high schools agreed to participate. In total 11 parents participated in the study, of these 11, 7 were female and 4 were male. Inclusion criteria for this study were; any person who is a parent of a high school student athlete where there is a full-time AT. Exclusion criteria for this study were any parent that is a certified AT or any parent whose child did not currently play sports at the high school. **Design & Procedure** All participants completed either a paper copy or online version of the Parent's Perceptions and Knowledge of Certified Athletic Trainers survey. Upon interest from a high school to be included in the study an electronic version of the survey was sent to the full-time AT and then distributed through the athletic department to the parents. Investigators also attended games where paper versions of the survey were distributed. All participants signed an informed consent form approved by the University's Internal Review Board prior to the beginning of the study. Both the informed consent form and the survey were collected by investigators. *Instrumentation* The Parent's Perceptions and Knowledge of Certified Athletic Trainers survey was the tool used in this study. *Statistical Analysis* Upon completion of data collection, SPSS and descriptive statistics were used to quantify answers. The mode answer to each question was the information used as findings.

RESULTS

In the category of qualifications of ATs, 55% of parents only trust the ATs opinion about recovery periods from injury some of the time. The second result showed on average 60% of parents would never send their child to an AT before a doctor or emergency room.

In the category of the survey addressing the domains an AT is familiar with, parents said ATs were somewhat familiar with the clinical evaluation of psychological disorders (i.e depression and eating disorders) and in injury prevention through nutrition and hydration plans. Parents also said ATs were moderately familiar with the prevention of injuries by creating custom protective coverings, and the treatment of injuries through therapeutic modalities and rehabilitative exercises. In the domain of organization and administration ATs were moderately familiar with recognizing life threatening conditions and carrying out an emergency action plan, establishing injury action plans, establishing policies and procedures, and interpreting preparticipation examinations. The separation of the domains correlate with specific questions in the survey.



DISCUSSION

Based on the results of our study it was shown that half of the participating parents do not have an understanding of the scope of an AT or the qualifications they possess. These findings were similar to the findings found in previous research.²⁻¹⁰ When the qualification questions were individually analyzed, we discovered 55% (6 of 11) parents always perceived the secondary school AT as a healthcare professional and 55% (6 of 11) always felt society needs ATs. However, we also learned the 55% (6 of 11) of parents did not always trust the AT's opinion. Because the majority of our data came from parents who had only one experience with an AT no conclusions can be made about the connection between the number of experiences with an AT and a parents' perceptions of an AT's skills and job requirements.

According to the National Athletic Trainers Association, "Athletic trainers (ATs) are highly qualified, multi-skilled health care professionals who collaborate with physicians to provide preventative services, emergency care, clinical diagnosis, therapeutic intervention and rehabilitation of injuries and medical conditions." ATs play a large role in high school sports, while high school athletes are involved with the AT on a daily basis parents are not. Therefore, more times than not parents do not understand what ATs do and what they are qualified to handle.

When treating high school age athletes an AT must receive consent of the parent because the athlete is a minor. When parents do not understand the role of the AT it presents a difficulty in gaining their consent.²

The results of this study may be used as an educational tool for ATs in the future to help educate parents on the qualifications and knowledge base required to be an AT. Educational programs in high schools could positively impact the trust between ATs and parents resulting in increased quality of treatment for student-athletes. An increased amount of discussion on the topic of athletic injuries (ie. concussion, chronic traumatic encephalopathy(CTE), and sudden death) in the media may cause an increased recognition by parents of ATs as a vital part of any sports program highlighting the specific skill sets ATs hold

This study is limited by the following; A limited population of parents participated in the survey, this limited the statistical power of the results, and all but 1 surveyed parent have access to the same full-time AT, therefore, creating bias. In the future researchers should expand the population used in this type of study to include parents from varying socioeconomic backgrounds. Further research can be done on the perceptions of ATs from states with varying in state regulation (i.e licensure, registration).

REFERENCES

1.Department of Children and Families: Chapter 319 Web Site.

https://www.cga.ct.gov/2017/pub/chap_319.htm. Published July 1, 2016. Accessed November 27,2017.

2. Weitzel RL, Miller MG, Giannotta ER, Newman CJ. High school athletes parents' perceptions and knowledge of the skills and jobs requirements of the certified athletic trainer. *J Athl Train*. 2015;50(12):1286–1291.

3. Hardy R, Englebert, Sungur E, Siegal C, Brand J. Mutual trust between certified athletic trainers and EMS personnel. *Ann Sports Med Res*. 2015;2(9):1050.

4. Diakogeorgiou E, Cotter JC, Jusino DL, Clines SH. Emergency medical services personnel's perceptions of the roles and responsibilities of athletic trainers during onfield injury management. *Athletic Training and Sports Health Care*. 2017; 9 (4): 154-162.

5. Adams WM, Mazerolle SM, Casa DJ, Huggins RA, Burton L. The secondary school football coach's relationship with the athletic trainer and perspectives on exertional heat stroke. *J Athl Train*. 2014;49(4):469-477.

6. Mensch J, Crews C, Mitchell M. Competing perspectives during organizational socialization on the role of certified athletic trainers in high school settings. J Athl Train. 2005;40(4):333–340.

7. Sniffen K, Dawson SM. Health care professionals' rating of athletic trainers' ability to demonstrate characteristics of professional quality. *Athletic Training and Sports Health Care*. 2014;6(3):111-118.

8. McRae JL. Physician's Knowledge and Perceptions of the Roles and Responsibilities of Athletic Trainers (dissertation) Stillwater: Oklahoma State University: 2006

of Athletic Trainers [dissertation] Stillwater: Oklahoma State University; 2006.

9. Felling A. High school administrators' views of athletic trainers' roles and

responsibilities [master's thesis] California: San Jose State University;; 2003. 10. Gould TE, Deivert RG. Secondary-school administrators' knowledge and

perceptions of athletic training. *Int J Athl Ther Train*. 2003;8(1):57-63.

11. Athletic Training. National Athletic Trainers' Association website. https://www.nata.org/about/athletic-training Accessed April 15, 2017.

ACKNOWLEDGEMENTS

We would like to thank Professor Eleni Diakogeorgiou and the Athletic Training Education Program at Sacred Heart University for their support in this study.