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Karley Schlensker  
*Wilmington College*

Erika Smith-Goodwin  
*Wilmington College*

Jennifer Walker  
*Wilmington College*

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## ***Certified Athletic Trainers' Level of Comfort When Providing Care to the Multicultural Patient Population***

Karley Schlensker ATC; Erika Smith-Goodwin PhD, AT, ATC; Jennifer Walker MA, AT, ATC  
Wilmington College; Sport Sciences Department

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### ***OBJECTIVE***

The purpose of this study was to investigate the comfort levels of certified athletic trainers when providing care to the multicultural patient population. Multicultural patients include ethnically diverse people coming from different cultural backgrounds seeking healthcare.

### ***DESIGN AND SETTING***

This quantitative study utilized a survey research design to collect data. The independent variables were certified athletic trainers who were currently practicing throughout southwest Ohio. The email addresses of the certified athletic trainers were obtained from the OATA and each certified athletic trainer from the southwest Ohio region was sent a link through SurveyMonkey. The certified athletic trainers represented varying professional settings, differing years of experience, and males and females. The dependent variable was the certified athletic trainers' level of comfort when providing care to the multicultural patient population.

### ***PARTICIPANTS***

455 (N=455) surveys were distributed with a return rate of 26% (n=118). 39% (n=46) were male and 61% (n=72) were female. Employment setting included: 45% (n=53) high school, 19% (n=22) college/university, 1% (n=1) industrial setting, 15% (n=18) clinical, 5% (n=6) hospital setting, there were no certified athletic trainers employed in professional sports (n=0), and 15% (n=18) selected "Other". The participants were divided by years of experience; 8% (n=9) had 0 years, 35% (n=41) had 1-5 years, 20% (n=23) had 6-10 years, 9% (n=11) had 11-15 years, 6% (n=7) had 16-20 years, 11% (n=13)

had 21-25 years, 3% (n=4) had 26-30 years, and 9% (n=10) had 31+ years.

### ***INTERVENTION***

The survey consisted of 18 questions. Questions 1-5 and 14 covered multicultural patient care. Questions 6, 7, 11, 12, and 18 covered multicultural patient interactions. Questions 8-10 and 13 covered education regarding multicultural patients. Questions 15-17 were demographic questions. This research was approved by the College Institutional Review Board through exempted review. Face validity was established through a panel of experts and content validity was established through the Table of Specifications (ToS). Descriptive statistics (frequency counts and percentages) were used for all applicable items. A Chi Square test was used for gender as a grouping variable. Kruskal Wallis Tests were used with years of experience and employment setting as the grouping variables. The alpha level was set at  $p=0.05$  *a priori*. SPSS 24.0 was used to analyze the data.

### ***MAIN OUTCOME MEASUREMENTS***

Questions 1-8 and 12-14 used a 5-point Likert Scale (Strongly Agree<sup>5</sup>, Agree<sup>4</sup>, Unsure<sup>3</sup>, Disagree<sup>2</sup>, Strongly Disagree<sup>1</sup>); this produced ordinal data. Questions 9-11 used a 2-point Likert Scale (Yes<sup>2</sup>, No<sup>1</sup>); this produced nominal data. Question 15 used a 7-point Likert Scale (High School<sup>7</sup>, College/University<sup>6</sup>, Industrial<sup>5</sup>, Clinic<sup>4</sup>, Hospital<sup>3</sup>, Professional Sports<sup>2</sup>, Other<sup>1</sup>:\_\_\_). The "Other" option was a write in to include employment settings that were not listed. Question 15 produced nominal data. Question 16 used an 8-point Likert Scale (0<sup>8</sup>, 1-5<sup>7</sup>, 6-10<sup>6</sup>, 11-15<sup>5</sup>, 16-20<sup>4</sup>, 21-25<sup>3</sup>, 26-30<sup>2</sup>, 31+<sup>1</sup>); this question produced nominal data. Question 17

used a 2-point Likert Scale to determine gender (Male<sup>2</sup>, Female<sup>1</sup>); this produced nominal data. Question 18 was an open-ended question that was thematically coded and collected nominal data.

## **RESULTS**

Certified athletic trainers were asked if they feel comfortable providing each of the following skills to multicultural patients: treatment 99% (n=117) answered "Agree" or "Strongly Agree", rehabilitation 97% (n=115) answered "Agree" or "Strongly Agree", emergency care 98% (n=116) answered "Agree" or "Strongly Agree", injury evaluations 97% (n=115) answered "Agree" or "Strongly Agree", and modalities 97% (n=114) answered "Agree" or "Strongly Agree". 2% (n=2) answered "Disagree" or "Strongly Disagree" when asked if they feel comfortable communicating with multicultural patients. 44% (n=52) have had communication discrepancies with patients because of cultural differences. 45% (n=53) answered that they did believe there is a disparity in the quality of care multicultural patients receive compared to other patient populations. 45% (n=53) reported that they did not receive education regarding providing care to multicultural patients during their athletic training education program. When comparing years of experience there were three questions that were statistically significant. There was a statistically significant difference ( $H=19.487$ ,  $df=7$ ,  $p=.007$ ) when participants were asked if they have received continuing education units that have addressed caring for multicultural populations. Certified athletic trainers with fewer years of experience, 1-5 years, 34% (n=14) answered "Yes" while 66% (n=27) answered "No" and certified athletic trainers with more years of experience, 31+ years, 80% (n=8) answered "Yes" while 20% (n=2) answered "No". There was a statistically significant difference ( $H=26.748$ ,  $df=7$ ,  $p=.000$ ) when certified athletic trainers were asked if they had encountered a multicultural patient. Overall, 7% (n=8) answered "No"

while 93% (n=110) answered "Yes". 88% (n=7) of the "No" answers were from certified athletic trainers with either 1-5 or 0 years of experience. There was a statistically significant difference ( $H=15.605$ ,  $df=7$ ,  $p=.029$ ) when certified athletic trainers were asked if they feel that it is important that athletic trainers are educated about how to care for multicultural patients. Overall, 97% (n=113) answered either "Agree" or "Strongly Agree". Even with every group having a varying level of experience, the majority in each experience range answered either "Agree" or "Strongly Agree". When comparing employment setting there were three questions that were statistically significant. There was a statistically significant difference ( $H=12.122$ ,  $df=5$ ,  $p=.033$ ) when certified athletic trainers were asked about their comfort with providing rehabilitation to multicultural patients. The majority of certified athletic trainers in each type of employment setting answered "Agree" or "Strongly Agree". Overall, 1% (n=1) answered "Disagree", 2% (n=2) answered "Unsure", 30% (n=35) answered "Agree", and 68% (n=80) answered "Strongly Agree". There was a statistically significant difference ( $H=13.702$ ,  $df=5$ ,  $p=.018$ ) when certified athletic trainers were asked about their level of qualification to perform modalities on multicultural patients. The majority of certified athletic trainers in each type of employment setting answered "Agree" or "Strongly Agree". Overall, 4% (n=4) answered "Unsure", 37% (n=44) answered "Agree", and 59% (n=70) answered "Strongly Agree". There was a statistically significant difference ( $H=24.749$ ,  $df=5$ ,  $p=.000$ ) when certified athletic trainers were asked if they had encountered a multicultural patient. Overall, 7% (n=8) answered "No" while 93% (n=110) answered "Yes". When viewed by employment setting, a majority of certified athletic trainers from each employment setting answered "Yes", except for the single participant from an industrial setting that answered "No". When comparing gender there was one question that was statistically

significant ( $\chi^2=11.378$ ,  $df=4$ ,  $p=.023$ ). When certified athletic trainers were asked if they had had communication discrepancies with patients because of their cultural differences, 30% ( $n=14$ ) of males reported either “Agree” or “Strongly Agree”, while 50% ( $n=39$ ) of females reported either “Agree” or “Strongly Agree”.

### **CONCLUSION**

Overall, the majority of certified athletic trainers who were surveyed felt comfortable when providing care to the multicultural patient population. However, only about half of certified athletic trainers have had continuing education units that involved

multicultural care. There needs to be more opportunities to continue learning about multicultural care implemented into their careers. Additionally, because the majority of athletic trainers did report that they have encountered multicultural patients, this showed that future athletic trainers need to be prepared to care for diverse patients. Also, because communication problems between athletic trainers and multicultural patients were commonly reported, education on communication is an important topic that should be mastered in athletic training program education in order to best prepare athletic training students for their future careers.

**KEY WORDS:** *Athletic Training, Multicultural, Diversity, Multicultural Education, Patient Care*