

‘Pressure to play?’ A sociological analysis of professional football managers’ behaviour towards injured players

Soccer & Society

Corresponding author: Graeme Law

Sport and Exercise Science, University of Chester, Chester, United Kingdom

University of Chester, Parkgate Road, Chester, CH1 4BJ

Tel: 012445132058

g.law@chester.ac.uk

Co-author: Dr Daniel Bloyce

Sport and Exercise Science, University of Chester, Chester, United Kingdom

University of Chester, Parkgate Road, Chester, CH1 4BJ

Tel: 01244513421

d.bloyce@chester.ac.uk

Acknowledgements

The authors would like to thank all the participants from the professional football clubs for their generous contribution of time and insight.

‘Pressure to play?’ A sociological analysis of professional football managers’ behaviour towards injured players

Abstract

Drawing upon figurational sociology, this paper examines professional football managers’ attitudes towards injured players. Following interviews with 10 managers, as with previous research, we found that managers have an expectancy that players are rarely fully fit. Players were stigmatised when they were seemingly unwilling to play when a manager encouraged them to. However, we also found that many managers shaped, in part, by their habitus formed from their own experiences as a player, showed greater empathy towards injured players. Many claimed they would not risk the long-term health of players, although at times, managers at the lower levels felt more constrained to take certain risks. We argue this is an unintended outcome of the increasing pressures on managers to succeed with smaller squads. The increasing emphasis and reliance on ‘sport science’ enabled managers at the higher levels to have a more supportive approach to managing injuries not previously identified in existing literature.

Key words: professional football; injuries; managers; habitus; power; figurational sociology

Introduction

Well publicised events, during the 2015-16 season, at Chelsea FC involving Jose Mourinho, have drawn much attention within the media, the professional and public domain towards the then Chelsea manager’s attitudes towards the health of his players and the role the medical staff plays within the football club. Football managers face extreme pressures to succeed in the short-term whilst trying to plan for the long-term in a job with very little occupational security, which has become more precarious than has been the case in previous decades.¹ However, very little is known about the day-to-day life of a professional football manager working within a football club. Much of the information about professional football managers derives from autobiographies and the media, and little academic literature is available.² From journalistic accounts and existing academic literature it could be assumed that managers are prepared to take risks with injured players in pursuit of more successful results for the team.³ Previous research has suggested that players fear becoming injured due to a number of related uncertainties.⁴ The main fears are that ‘they may lose their place in the team and they may not be certain of regaining their position once the injury has recovered’.⁵

These fears are said to be heavily influenced by the actions of the manager. However, thus far, very little research has been conducted seeking the views of the managers themselves, which is the purpose of this paper. As such, we examine to what extent, if at all, a manager's behaviour alters towards an injured player. In doing so, we also examine the relationships between the player and the manager during periods of injury along with managers' expectations of players to play through pain. In addition, we discuss the influence the division that the manager is employed in has on their behaviour. This was done on the basis of ten interviews with male professional managers across the 5 male professional divisions within the English League structure. Before we discuss the methods employed and discuss the results generated, we provide a brief overview of the available academic literature. The literature that has been reviewed focuses on research that has been conducted on professional football. Despite the literature in this area being limited, given the restricted space, we have specifically focused on literature that has examined professional football coaches and managers along with research on pain and injury from the perspective of players, physiotherapists and doctors.

Literature review

Perry has highlighted that due to the high profile position of football managers 'it is strange that so little is really understood about him and his contemporary role',⁶ largely because very little research has been conducted with professional football managers. Indeed, there are few academic studies that have conducted in-depth empirical research into the closed social world of professional football more generally.⁷ It is evident that football managers operate in a line of work with considerable uncertainty and Bridgewater suggests that they are becoming increasingly judged on results, success in certain games and over a shorter period of time than ever before.⁸ Potrac et al. focus on the role of an elite football coach in their day-to-day life within a football club.⁹ They focus on the pressures that influence their behaviours and the importance placed on gaining respect from players in order to fulfil their managerial role. However, Potrac et al. examined only one elite coach so it is worthwhile exploring the extent to which their conclusions can be generalised.¹⁰ Jones et al. also conducted a case study of a top professional football coach where data was collected from five informal interviews lasting almost eight hours in total.¹¹ They found that the coach had a strong belief in working with players in their best interests to get the most out of them and this was strongly influenced by his own experiences as a player. The coach, according to Jones et al. felt that he knew the players as individuals and this enabled him 'to view the world from their

perspective'.¹² This, he thought, was how he was able to get the best out of them, but he was also aware of the need to have enough distance between the players to maintain respect for his authoritative role as the coach. This relationship may be more difficult to achieve for a manager. The manager has to keep a greater level of detachment from the players, whilst also having more responsibilities at the club away from the players, whereas a coach has a higher number of interactions with the players and their main responsibility is training the players. For example, the coach did discuss his brief spell as a manager and explained how he 'hated the distance between [him] and the players' and consequently resigned from his managerial position.¹³

Kelly and Waddington focused on how managers maintain control over players in professional football clubs and specifically examined how managers implemented disciplinary codes.¹⁴ They conducted semi-structured interviews with 18 managers and 22 players. From the players interviewed 7 were playing as full-time professionals in England and 15 were full-time professionals in the Premier League in Ireland. From the 18 managers interviewed; 8 had managed in England with the remaining 10 having managed professional clubs in Ireland, with several having managed in both countries. Kelly and Waddington argued that managers used intimidation and abuse in both physical and verbal forms as a central feature of their managerial control.¹⁵ They suggested that the style of management reflected the origins of professional football when players were the equivalent of industrial workers and therefore required authoritarian regulation and control. This form of control, they argued, has continued in professional football long after it might have been seen as out-dated elsewhere. In a separate paper, using the same data, Kelly argued that the authority of the football manager was largely based on traditional forms of authoritarianism, which allowed managers involved in his study an unusually high amount of independence when defining their own role at the club.¹⁶ This, he argued, meant there were few restraints placed on the managers when they hired their backroom staff. Although both papers give an insight into managers' and players' perspectives of the role of the manager and the forms of control that are employed, there is no specific focus on the managers' relationships with players or staff during a period of injury.

Hammond et al. analysed the frequency, nature and consequences of footballers playing football matches while injured.¹⁷ Three English football league teams were observed (a Championship, a League 1, and a League 2) for a season, using a 'time loss' definition, where injury was defined as something that resulted 'in a player being unable to take full part

in future football training or match play'.¹⁸ 143 matches were surveyed from watching recordings of matches by nine physiotherapists who currently or had previously worked in professional football. They were also given match injury information, which was provided by the club physiotherapist from whom the sample was taken. In the 143 matches, 102 match appearances were made by players who were already injured. Their results also suggested that almost half of all games featured at least one injured player, with episodes of playing with injury occurring more frequently and lasting longer in League 2, compared to the higher divisions. The findings demonstrate, according to Hammond et al. that both traumatic and overuse injuries are managed by footballers through competitive matches, which was determined through the surveyed matches and the information received from the sampled clubs medical personnel.¹⁹ Despite their findings, the authors highlight that their data is limited by the small sample of only three teams, observed for only one season. However, the findings provide further support for the argument that it is normal for professional footballers to play in matches while injured.

Professional football is a high-risk profession.²⁰ Within professional sport the main aim of the medical personnel is to get the athlete to a level of fitness that allows them to perform, which is not necessarily full fitness.²¹ Roderick et al. cite a physiotherapist interviewed as part of their research who characterised the culture of football in relation to pain and injury as follows:

Everything has to be done yesterday. The players have to be fit yesterday. If they miss a week, it's like a month to anyone else. The players will play when they're injured. You tend to not get the player injury-free. You ... manage the level of injury irritation to play ninety minutes of football.²²

This same physiotherapist explained how there was a huge difference in his private practice to his treatment of players in the football environment. In his private clinic the aim was to cure the injury, in professional football it was to get the player on the pitch as quickly as possible.²³ Research suggests that medical care towards players during the time of injury is not always conducted with their health uppermost in mind.²⁴ Roderick argues that injured players are seen to be of little use to managers as they cannot carry out what they are employed to do.²⁵ Roderick et al. found that many physiotherapists were told to 'inconvenience' the injured player by the management, for example by not allowing them to become comfortable within the treatment room whilst the fit players were out on the training

ground.²⁶ There was a perception such inconveniencing of injured players encouraged them not to miss training unless absolutely necessary. This, they argued, contributed to players normalising and accepting playing through pain as being part of professional football.²⁷

Several authors have found that many players were willing to play through injuries and many stated that they were only 100% fit for five or six games in a 38 game-plus season.²⁸ Roderick argues that when a player is injured they often fear losing their place in the team, their long-term future at the club, and also becoming stigmatised by fellow players and staff within the club.²⁹ The network of interdependent relationships that players are bound up in can lead to them feeling pressurised into playing. Roderick highlights one player's example of his manager's attitude towards injured players:

He was a wild man. I think he put players under pressure ... If you didn't want to play because you had an injury then you were soft. You were soft if you didn't want to play. I suppose it could have been a form of emotional blackmail.³⁰

According to Roderick et al. players who do not play when injured risk becoming isolated and stigmatised by the manager for being 'soft' and 'having no heart'.³¹ In addition, Roderick et al. stated that their participants referred to players they claimed were not willing to play through pain, or were seen to be feigning injury.³² This often led to injured players being mocked and referred to as 'sick note' and 'glass ankle'.³³ Such 'banter' led to players hiding injuries to avoid being targeted by other players or being referred to as 'cheats' even when they were genuinely injured.³⁴

Murphy and Waddington examined the health risks that athletes are expected to take and the steps taken to protect their health, and considered to what extent they are 'exploited'.³⁵ They argued that players are expected to play hurt and feel pressured to return to training and matches before they are fully recovered. The term exploitation, they argued, did not provide a clear understanding of the culture in professional football; they focused, instead, on the concept of 'risk transfer' as a clearer way to understand the elite sports environment. In this respect, the network of relationships between athletes, coaches, managers, medical personnel, administrators and others can lead to constraints on athletes to accept and normalise pain.³⁶ The transfer of risk occurs to reduce uncertainty among those who possess more power within the sporting network. For example, the coach or manager might encourage athletes to sacrifice their body and play through pain for the good of the team.³⁷ They may also transfer risk onto the physiotherapist by encouraging them to allow an

injured player to play. The managers had greater power in this relationship and were more able to transfer this risk to their physiotherapists.³⁸

Waddington and Roderick interviewed 12 club doctors, 10 physiotherapists and 27 current and former players when researching the management of medical confidentiality in English professional football.³⁹ They also had 58 questionnaires completed from a possible 92 club doctors. They found that amongst club doctors and physiotherapists there was no commonly held code of ethics governing how confidential matters were handled and there were huge variations in what information was passed onto the managers from the medical personnel.⁴⁰ They argued that physiotherapists were more likely than the club doctors to pass confidential information onto managers. Some physiotherapists interviewed saw their primary responsibility to the manager and the club, with some expressing how keen they were to pass on information.⁴¹ Players also stated they were cautious about what they would tell some physiotherapists through fear it could be mentioned to the manager. Other physiotherapists stated that they were more loyal to the players and would at times protect them from the manager, which some players corroborated.⁴² Although the club doctors were less likely to go against their ethical codes of practice, compared to the physiotherapists, some players interviewed explained they had experienced exceptions.⁴³ A player recounted a discussion that took place with a club doctor once it emerged he was contemplating moving to a more successful club: 'You're thinking of leaving the club this summer? ... Well, the surgeon told us you've only got another year at the most to play football. If we make it public knowledge, no one in the world would pay millions of pounds for you'.⁴⁴ The player remained at the club for several seasons after being pressured into signing a new contract. He believed the doctor had been pressured by the chairman, which highlights a further dimension of the constraints that exist within the network of the football club and how risk can be transferred on to the manager, physiotherapists and doctors from even higher up the power hierarchy.

In summary, previous research has highlighted that players can be pressured into playing through pain and injury by significant others, including the manager.⁴⁵ But no research to date has focused specifically on the views of the manager, which is the main focus of this paper. The aim of this paper is to begin to assess the role of the manager and the way relationships develop within the wider football figuration, helping to shape their attitudes toward injured players. As such, before we outline our methods and then discuss our results,

it is necessary to provide a very brief overview of the specific figurational concepts used in our analysis.

The central concept of figurational sociology is the concept of the figuration, which refers to a 'structure of mutually orientated and dependent people'.⁴⁶ Elias argued that 'people are more-or-less dependent on each other first by nature and then through social learning, through education, socialisation and socially generated reciprocal needs, they exist, one might say, only in pluralities, only in figurations'.⁴⁷ People, through their basic nature and tendencies, are guided or drawn towards each other in various ways.⁴⁸ Elias argued that through such interdependency we develop a socially constructed habitus or second nature.⁴⁹ The organisation of the psychological make-up of an individual into a habitus is a process that begins at birth and continues throughout a person's life. That is to say, through the network of interdependencies we find ourselves involved in, we develop, sub-consciously and consciously, internalised constraints relating to behaviour. This would refer to people acting in certain ways within a figuration, in the case of this research a football manager acting in a certain way within his role. Furthermore, 'people make up webs of interdependence or figurations of many kinds, characterized by power balances of many sorts'.⁵⁰ Elias used the concept 'game models' to provide a clearer understanding of power as an everyday occurrence when investigating human relationships.⁵¹ This is because, he argued, the analogy of a game enables one 'to bring out more graphically the processual character of relationships between interdependent people. At the same time, they [games] show how the web of human relations changes when the distribution of power changes'.⁵² Elias argued the more complex the game becomes, with greater numbers of players, the weaker the possibilities for stronger players to influence the game.⁵³ In other words, as the chains of interdependency lengthen, the ability for any individual, or group of individuals, to control the figuration that is formed diminishes, and unintended outcomes emerge. Such unintended outcomes are, then, a regular aspect of human relations however powerful any one individual or group might appear to be.

Methods

Professional sportspeople are public figures who rarely give permission to be interviewed by "unknowns".⁵⁴ As such, qualitative data of this type is very rare in professional football.⁵⁵ Professional football managers are usually interviewed by journalists,

mainly offering sound-bites and general comments and rarely, if ever, do they openly discuss topics on behind the scenes issues. The lead researcher in this study is a former professional football player, which helped ensure access to an existing and established network of professional football managers. These managers were contacted and the nature of the research was explained to them and those that were willing were invited to be interviewed. As such, semi-structured interviews were completed with 10 male, British professional football managers. The managers were selected based on their ability to provide an insight into football management across the top five divisions in English professional football. Each manager had also played professional football across many different levels and found their route into management in different ways, with all except two managing at different levels within the football pyramid (See Table 1 for a detailed career summary). This ensured that a cross-section of managers were interviewed, which allowed us to probe issues regarding managing at different levels and at different stages of their career, along with the impact of their own playing career on their managerial approach. Prior to the interviews taking place we gained ethical approval through the authors' relevant university ethics committee. Interviews were conducted between January and May 2013 and lasted approximately 40 minutes. Participants were guaranteed confidentiality, as such pseudonyms were used and identifiable material such as exact years managing, or playing, at specific levels has not been included.

Table 1. Sample characteristics

Name	Levels managed at (years at that level)	Highest level played
Arthur	Premiership 5+ Championship 5+ League 1 2-4 League 2 2-4	Championship
Jake	International 2-4 Premiership 2-4 Championship 2-4 League 1 2-4 League 2 1<	International, Premiership
Stephen	Championship 1< Conference 2-4	Premiership

George	Championship 2-4 League 1 2-4	Premiership
Jon	League 1 2-4 League 2 1<	Championship
Chris	Championship 1< League 1 5+ League 2 5+	Championship
David	Championship 1< League 1 2-4 League 2 2-4 Conference 5+	Premiership
Terry	League 2 5+ Conference 5+	Premiership
Henry	Conference 2-4	League 2
Mike	Conference 2-4	International, Premiership

Each interview was designed to encourage managers to discuss their views and experiences of their work and their dealings with injured players. Areas covered included the role the manager played when dealing with an injured player, the process involved for injured players during different times of the season, and the routines that were implemented for injured players. All interviews were recorded and transcribed verbatim and common themes were identified and analysed from a figurational sociology perspective.

Discussion

Our results corroborate with some previous research, as there was an expectation among our managers that players will rarely be 100% fit and those unwilling to play through pain were regarded as the type of player that was not wanted within their squad. Players were also inconvenienced, by some managers, as a form of punishment when injured supposedly in order to encourage them to return to full training as quickly as possible. However, we also found that much of our findings differed from previous literature. Some managers expressed the importance of not isolating injured players to ensure when they returned to full fitness they were prepared to play to their maximum. Certain managers also expressed the

importance of not risking the long-term future of a player for the short-term gain to the team. Managers also discussed the importance of 'sport science' within the training routines of the players and it was evident that this was helping to change attitudes toward how they treated injured players.

*Expectancy that players will play with niggles*⁵⁶

The general consensus among the managers interviewed was that it was very rare for them to have a fully fit squad of players to select from. Jake, when he discussed selecting his team for a match day, stated: 'You try to get eleven, was going to say fully fit, but I don't think that is the right expression because you probably won't get eleven fully fit players on the pitch at one time'. This was also alluded to by Arthur when discussing a player's fitness throughout a season: 'I would say if you were a top level player and you're really, really committed I would say for 50% of the games you won't be 100%, i.e. you will have a little niggle here or there'. Mike discussed how there was an expectancy that players will play for him, even when carrying some sort of injury and his staff were also aware of this: 'You know there are injuries you can't do it with but you can with others and the ones you can I expect my players to play, my physio knows that as well'. These comments suggest, as with previous literature, that it is considered the norm within professional football to play when you are less than 100% fit.⁵⁷

Managers from all levels suggested it was almost impossible for players to be 100% fit throughout the season. Nonetheless, some stated that certain players were encouraged to play through injury for particular games as they were deemed to be of greater importance to the team. Although, playing an injured player considered 'key' was more common amongst the managers working outside the very top division. Stephen explained the importance of the game also influenced the approach taken: 'It depends how valuable you think that player is for that particular game. If it is one of the better players you, you try and get them back as quick as possible'. Roderick and Waddington also found that players were often encouraged to postpone surgery until the end of the season.⁵⁸ The view of our participants suggest that they, too, would look to delay surgery with certain players if that was possible, as Jon suggests: 'I put more pressure on my key players, the more senior players, because they are the ones that can make a difference. So they know they kinda need to just get through to the end of the season and then get sorted over the summer'. However, managers operating at the

top level of the game claimed that they would not be willing to risk a player's long-term health, no matter how important the fixture was. For example Arthur stated:

[I've] never ever been a manager who's prepared to put someone's future career and also his lifestyle away after football at risk ... I've never done it and I don't think I ever will ... If I was sat here as the manager of a team who was in the Champions League final and me main striker was in that scenario then I don't think I would [risk the player].

It must be noted that Arthur also stated that if the injury could not be made worse by playing then he would expect the player to play. Murphy and Waddington argue that within a sporting network, although there is not always a deliberate intention to do so, risk from those who possess a greater amount of power can be transferred onto those with less, to reduce the pressure and uncertainty with their own role.⁵⁹ Waddington suggests the manager is perceived to possess more power in relation to the playing squad and staff.⁶⁰ Within our research no manager suggested they deliberately put a player's health at risk, but at times were willing to take risks with players depending on the importance of the game or time of the season along with the pressure that was coming from those with greater power within their figuration, normally the owners or Chairman of the club. This was highlighted by Mike, who stated:

The bigger the game is the greater the pressure for the manager from the chairman, so I probably put more on the players, especially the better players that can make a difference. You know if a player is that important to the team then I will take a risk. If they are just on the fringe then it's more a case of get yourself right, you know, take the time and get fit. If it is a big player then yeah it is a different kettle of fish ... I probably put more pressure on the lads to play when they maybe aren't 100% but I need them to be out there on the pitch, especially if they are the better ones, because without them I could lose my job.

Such an approach, we argue, is an unintended outcome emerging from the constraints that are a part of the networks of relations within professional football. The intended outcome from the managers would be to look after the players' short- and long-term health and not risk the player when injured. However, increasing pressure for the managers to produce results quickly, contributes to something that is not intended or planned; that is, in many cases, putting a player's health at risk.⁶¹

Although we found some overlap with existing material, we also found that our participants were perhaps more reticent than has previously been noted to play injured players. For example, Chris stated:

I mean you have fewer game changing players the lower you go because squads are smaller and money is less, so, you know, if you get an injury to a key player it will hit the team hard. But that's when I stick to my beliefs, or try to, because I'd prefer to lose a key player for one or two games than try and play him and lose him for six or seven you know. But at times that is not always possible, sometimes they have to play. Big players, big games, they play.

Despite his best efforts to protect his players' interests, Chris admitted with fewer game changing players at his disposal, he felt constrained and less able to stick to his principles.

It is clear, therefore, that many of the managers in our study also subscribed to the view that some players were too important to their cause to not take a risk with them when they carried injuries; much like has been found elsewhere.⁶² As we demonstrate below, however, it certainly was not the case that all managers took this approach. Before we examine the different approaches found amongst the managers interviewed in our study, we will turn to the attitudes that some managers expressed regarding those players that were seemingly willing to play through pain compared to those that were less likely to do so.

Players prepared to play through pain praised by managers

Managers praising players that play through pain has been commonly reported elsewhere⁶³ and those managers interviewed for this paper were no exception. Some of the managers explained that they wanted players within their squads willing to play through pain. George explained: 'Some players will play with things and get through with just grit and determination where others are a little bit more, erm, soft is the wrong word but that will feel pain a bit more. So obviously [I] have to go on strength of character of the player as well ... I want players that will play'. David also explained how a 'proper' injury is acceptable but anything less would reflect unfavourably on the player's attitude and could lead to the manager having the player's employment at the club cut short:

If you're injured, you're injured and if it's a proper injury I won't come after you pointing the finger at you ... [whereas] ... you form an opinion quite quickly, you

know, the ones who won't run through a brick wall for you, you learn pretty quickly and they don't last long.

This view was more common among those managing in the lower divisions as the squad that they were working with was typically smaller. Therefore they felt an increased pressure to have as many of the squad willing to play at all times. This can be explained using the concept of game models to highlight the power ratios that exist in a football club. Elias argues all such models are based on two or more individuals 'measuring their strength against each other', which is encountered when people find themselves in any interdependent relationship.⁶⁴ In this situation, as the squads are smaller there are fewer 'players' within the 'game' and therefore the 'game' is less complex. This allows for those who are perceived to enjoy greater power chances, in this case the manager, who is perceived to be the most powerful 'player' in the football figuration, to have greater ability to demonstrate his power by releasing a player from his contract, or, effectively, 'forcing' them to play.⁶⁵

All managers were highly sceptical of players that would not play with minor injuries or, worse, feigning an injury to miss training or a game. The pressure the managers felt due to the constraints of the football network meant they put considerable importance on having players within their squads that wanted to play for them, and, on the contrary they did not want players who were not willing to conform to such normative codes of behaviour within their squad. 'So lads that drop out through niggles, it tells you a lot about them I think. That's the type of people I don't want in my squad' (Stephen). Other managers alluded to this by discussing the players' future at their club, and more generally, if they were not willing to conform: 'We all know there are players that should give a bit more or just don't fancy it. I have a couple now you know. It's fine I just know they won't be here next season. That's the nature of football' (Jon). Similarly, David, when discussing a player who in his view had not given his all for his team, stated that 'he knows he won't be here next season and I will tell other managers what he is like'. Arthur discussed this when referring to player recruitment: 'we get the data from the clubs that we are signing them from, we speak to people who have worked with them, erm obviously we look at all their data and their stats on our system'. This highlights that managers were willing to inform other managers about a player's attitude, which demonstrates the interdependency within the network of professional football, which further solidifies this approach amongst players and managers. Elias saw such 'gossip' as a means of social control in the management of power relations between the established and outsider groups.⁶⁶ In this situation the more 'established' group were the managers and

the players were the outsiders. Elias and Scotson argue that 'praise gossip' is supportive and reinforces the social cohesion of the established group, whereas 'blame gossip' was used to encourage the stigmatisation of outsiders among both the established and outsider groups.⁶⁷ Managers used 'blame gossip' to warn other managers about a certain player's 'character', but also as a warning to other players that if they did not conform they could become stigmatised. Some managers also inconvenienced injured players to encourage conformity to the normative code of behaviour.

Inconveniencing injured players

Some of our managers had different schedules in place for injured players so it was not a comfortable environment for them, which is largely in keeping with results found elsewhere.⁶⁸ Mike explained: 'You don't want life when you're injured being easy do you? You know if they were in at normal time having lots of banter and leaving when they [fit players] left, with treatment in between, they might enjoy it more than playing'. George had a similar view: 'Well you know, traditionally injured boys are in early so if they don't start till later then they finish later, [it's] just how it works when you're injured. You have longer days; it's got to be tough when you're injured'. A longer day for injured players was the norm at the lower level. The managers concerned had experienced this approach as players and we argue that a socially constructed habitus was formed through their occupational experiences.⁶⁹

For many managers being injured had to involve a tough daily routine to avoid players taking longer to recover than was deemed necessary. The managers at the lower levels typically only had one physiotherapist and therefore the players could not be treated simultaneously, which ultimately lead to longer days in the treatment room. David explained that the physio was 'in with the players early morning and will stay late to make sure it's not a holiday camp for them'. Chris took a slightly different view and explained the timetable for injured players was not a punishment but, rather, he had to prioritise his time with the fit players: 'The injured boys come in early, leave late. It's not punishment but I need to work with the boys that are fit so they get the better times if you like, they get priority'. He went on to say that seeing the fit players having a better time of it might give the injured players 'that bit of encouragement to get fit a bit quicker', as if it was simply within their gift to do so.

The results that have been discussed so far highlight that there are similarities with the existing literature. There is a clear consensus that players are expected to play through certain

injuries and managers believe it is the norm for players to be less than 100% fit. The players that were unwilling to play with minor injuries were stigmatised by the managers and some said they did not want this type of player within their squads. Some managers also saw an injured player's training routine as a way of punishing them through inconveniencing them. However, we found much that diverges from the existing literature, which we will now focus on.

Managing the injured

A key difference with some of the findings from our study was that although all managers acknowledged that they were aware of situations where players were effectively ignored when injured, some of our managers stated quite explicitly that they were against such practices. Mike, for example, stated: 'I have heard the stories about managers, when players have long term injuries they just dismiss them. I'm not one of them, I think it is important for you to just keep the spirit of those players up and just keep them going'. Furthermore, contrary to ignoring injured players, as was the case with some of our managers, and players interviewed in previous research,⁷⁰ some of the managers in our study saw communication with injured players as a way of ensuring they still felt valued. As George stated: 'I'd be speaking to every player and seeing how things are going with him. I think that communication is very important. Erm, so the player still feels wanted and special and also so you try to find out as much about how he is feeling'. Terry also highlighted the importance of communication for the long term benefit of the player:

I have seen players get really depressed over it and it is just trying to keep them as upbeat as you can 'til they get back playing. It's not their fault they got injured and it is not their fault they can't come down the training ground with the rest of the lads to join in with everybody else.

Some managers also explained that encouraging players to play before they were fully fit may have adverse effects in the long-term, as Mike explained: 'you may run the risk of him not working as hard for you when he is fit if he has been forced to play'. This demonstrates the interdependent relationships that exist within the football network, as a 'person's 'plans', 'intentions' and 'actions' within any encounter are always inter-related and interdependent with the 'plans', 'intentions' and 'actions' of others'.⁷¹ These interdependences, according to Dunning and Hughes, are parts of chains which stretch across time and space forming an

order that is stronger than the determination of the individual directing it, and thus their ability to 'control' it is diminished.⁷²

Roderick stated that players were often seen as 'non-producers' when they were unavailable through injury.⁷³ As such, contrary to isolating these players, as has largely been the case in previous research and some managers within our study, many of the managers within our study developed ways to keep injured players as involved as possible, in order that they still felt like they were making some contribution – and to keep their spirits up. Terry discussed his methods: 'A way I keep them involved is on match days, which, let's be honest, is the hardest day for an injured player. So I say to them "right, I want your opinion of the game or individual players"'. He felt this allowed the injured players to continue to feel part of the group and contribute to the team even though they could not play. Chris also explained how having an injured player in the changing room on match days could benefit the fit players: 'I think it is quite good for the boys to see a lad on crutches wishing them all the best. You know, they think he got injured playing for us, it's a nice reminder for them that football matters'. This was also beneficial, he argued, for injured players to feel part of the group and it would help them on their return. Stephen also considered there were benefits of keeping injured players involved: 'I think they're going to go that extra mile because they know you care about them and they'll give you a little bit more back'. It is clear that our managers valued the 'character' of the player in terms of being prepared to play through injury, but this was mixed with greater empathy than has been reported hitherto, and a desire for many of our managers to keep the injured player involved.

It would seem from our findings that there has been a shift in the balances of power, compared to the findings of previous research, insofar as for managers operating within the higher divisions, players were, perhaps, enjoying greater levels of power within the network of relations. As highlighted earlier, managers, generally, are arguably in a more precarious position in relation to keeping their job than has been the case in previous decades,⁷⁴ and therefore there is a greater dependency on keeping players happy more often, particularly key players at the top level. In this respect, it could be argued that the football figuration is more dynamic, and not quite as clear-cut, as previous research in this area has suggested. That is to say, power relations are continually in flux, and at some clubs managers felt they had to force players to play, albeit reluctantly, whereas at others, most typically within the top two divisions, there was a greater need to take into consideration the situation of the injured player more sympathetically.

A further illustration of these dynamic interdependent relations was the fact that some managers in our study that had experienced particularly significant injuries as a player thought that this had subsequently shaped the way they felt as a manager, insofar as they considered that they had not been treated appropriately when they were injured. Stephen described one such specific incident when he was sat in the treatment room after suffering a severe injury and his manager said:

“Well you’re costing me a lot of fucking money. What a waste you are now” ... I then didn’t speak to him for about 8 months as he didn’t wanna know me ‘til I was nearing fitness again. So yeah that’s why I sit with the long-term injury lads every couple of weeks. I think that’s a good time to let them know you care ... I now go out of my way to speak to lads with long-term injuries because you know the feelings I had at that time was as if I was non-existent.

Henry also explained that he was keen to treat injured players differently as a direct result of his own negative experiences as a player:

There is a belief in football that managers can just forget about you if you’re injured and I’ve had that ... I think you’re missing out ‘cause a player can then come back fit and think “right, you didn’t care about me”. I think you have to treat them all as if they are members of your family. I think everyone here wants to be treated fairly, erm, because when he comes back they think “he’s treated me fairly”. So that’s what I try and do ... I think if you’re genuine then, and you know, treat them as if they are your son then, you know, people won’t wanna let you down.

The way Chris tried to treat injured players in his squad was also shaped by his own experiences as a player, as he had been forced to retire early, he argued, because he was made to play when injured. As, such, he said that as a manager:

I have never risked a player’s injury. I’ve been injured as a player myself and probably contributed to me stopping when I did but at the same time I would never want to put that on anybody else or somebody to say I delayed their career or gave them a problem, you know. One football match is not important enough for their career or a person.

Several managers’ attitudes towards the injured players were shaped by their habitus, formed from their own experiences as a player. Habitus reflects the lived reality to which individuals

are socialised, their individual experience and objective opportunities. Thus, their habitus represents the way group culture and personal history shape the body and the mind, and as a result, shape social action in the present.⁷⁵ Therefore it became the norm for these managers to deal with injured players differently, as opposed to managers referred to in previous research.⁷⁶ We argue that the greater reliance on sport science support, and bigger squad sizes in the recent era, helps begin to explain these behaviours among some managers. In addition, some of our participants were concerned about the long-term health of the players, which further impacted on their approach.

Managers unwilling to put players' health on the line

Many of the managers within our study welcomed the 'attitude' of players that were prepared to play through injury, much like in existing research, however, we found that much greater emphasis was put on the long-term health of the player than has hitherto been highlighted. Arthur, for example, neatly encapsulates this view when he stated that:

I like that type of character [of a player willing to play through injury], obviously I'll congratulate them on that type of characteristics, but say as well you've gotta look at the bigger picture so, err, also point out what could be the negatives of that, if he were to keep pushing and keep playing on an injury that might end up ending the season, it might end up having further repercussions further down the line for you. It's such a short career, players when you're young, you don't realise how quickly it finishes.

Although much previous research found that players were encouraged to play with pain-killing injections or delay operations until the off-season, which could harm the player in the long-term,⁷⁷ many of the managers interviewed for this paper claimed, on the contrary, that they would not put players' health on the line. Terry explained even if there was pressure from his employers he would not risk a player's health, 'Say I don't play the top scorer in a big game and we lose. Then my chairman will be asking "why didn't he play"? But for me you gotta do right by the player. You know I don't wanna risk potentially damaging his long term health'.

This highlights how some of the managers in our study were taking a longer-term view of the players' career and health, as opposed to those managers from previous research and some within our study, who were willing to take risks with players within certain high pressure situations.⁷⁸ Such an approach, we argue, is linked to the increased involvement in

sport science within professional football clubs, which allowed managers to show greater empathy towards the players.

Approach to sport science support in managing and preventing injuries

Our data suggests that greater measures are being taken within professional football clubs, particularly in the top two divisions, to reduce the risk of injury. This contributed to a greater appreciation of the medical staff amongst many of the managers interviewed as they increasingly embraced sport science techniques, especially since many considered that they were better able to keep injuries down. For example, Chris discussed the impact playing an injured player could have on his relationship with his medical staff: 'If I did play them I would lose the trust of my Doctor, my physio and that, to me, is more valuable ... than just losing a player and upsetting him for a short period of time'. Furthermore, the increasing use of sport science support allowed managers to have more players available for selection for larger periods of the season, meaning a manager would be able to play a stronger team and therefore reducing the risk within his role.⁷⁹ For example, Arthur stated that:

I take a lot of pride in me medical team ... at one stage we had the best soft tissue injury in professional sport, in world professional sport, I think ... We only had 3 soft tissue injuries in the course of a season, which in a professional team game which is a contact sport is a phenomenal turn around.

George also felt that he had seen significant improvements with the implementation of a more science-based approach and how introducing specific sessions, designed by the sports scientist, had reduced the percentage of injuries from the previous season when it was not used: 'Last year we made a huge difference in terms of the percentage of injuries in terms of percentages of games missed or even training days missed by players'.

Some of the managers within our study claimed that they gave medical personnel greater amounts of autonomy than has been suggested in previous research. Waddington et al. for example, found that managers were often directly involved with the management of injured players, which compromised the professional autonomy of the physiotherapists.⁸⁰ Jon explained the role the sport scientist, which was a new addition to his backroom staff, played at his club: 'The one I probably have the most contact with is the conditioning coach because we work in tandem. In terms of timings, you know, how long is he taking them for warm ups what is that based on, you know is it relevant to the session I am putting on? Then how will

we incorporate injury prevention work'. Jon was increasingly prepared to use 'sport science' to help prevent injuries, which arguably gave him a greater appreciation of the need to deal with injured players more 'scientifically'. The growing involvement of sport science support was evident at other clubs within the lower levels where resources were much more limited, as Mike explained:

We will be hiring a full time sports scientist next season. Because I think fitness is a huge thing so I want someone in I know is good and they will be full time ... 'cause if I can reduce injuries at a club then it's a good thing. I don't want half of the team out with muscle strains. Obviously you can't prevent someone getting hurt in a tackle but I believe to a certain extent you can reduce the risk of muscle strains. The physio has little inputs in it but I want him to concentrate on the injured players so the sport scientist will focus on the pre-hab and fitness side.

These points highlight the fact managers at all levels were willing to embrace methods that reduced the risk of injury if they felt it would give them a greater chance of succeeding within their role. This perceived improvement in reducing injuries allowed some managers to adopt more scientific approaches to the prevention and rehabilitation of injuries, which consequently benefited the long- and short-term health of the players. Elias's game models allows us to more adequately explain how greater amounts of 'players' (in this case back room staff) contribute to a greater number of power differentials.⁸¹ The more differentiated social functions become, the larger the number of people the individual depends upon and depends on her/him.⁸² Therefore the power balances within these roles become more even. Elias argues that 'when one person (or a group of persons) lacks something which another person or group has the power to withhold, the latter has a function for the former'.⁸³ As 'sports science' is a field that is a relatively new concept within professional football many managers had not used it to any great degree as a player. Some managers believed, because of their experiences as players, they had a better understanding of injuries and how these should be handled by the physiotherapists, which might explain why for some they often felt they 'knew' best in regards to managing injuries. However, they felt less comfortable in outlining the role of the sports scientist and they were less familiar with the nuances of the approaches taken, as such, they were not nearly as comfortable challenging such staff within their club, and this contributed to a growing respect for what they could offer to them, highlighting how the power balances within these roles have become more even. This growing respect was further enhanced as many of the managers saw what they believed to be the contribution

sports scientists were making to the reduction in injuries. An example of this was given by George who discussed 'pre-hab' as a key implementation from his sports science team, which he felt had a direct link to the reduction in injuries and also the lengthening of senior players careers.

Conclusion

This study examined the attitudes of professional football managers towards injured players from a figurational perspective. A close examination of the figurations of which managers are a part, and the characteristics of the power relationships within the network of a professional football club, have allowed us to gain a more object-adequate understanding of the pressures and influences on their attitudes toward injured players. Our findings suggest that some managers' attitudes aligned with previous research in regards to the handling of injured players. There was an expectation that players would play through certain injuries due to the understanding that within professional football, players are rarely fully fit. A player unwilling to play when a manager was encouraging them to, could lead to that player being unwanted at the club and through the interconnected relationships within the football figuration, these players could become stigmatised and therefore this could hamper potential employment at other clubs as well. Some managers developed a habitus that had been constructed during their employment within professional football around the routine of inconveniencing injured players. This, they believed, encouraged players to return to training as quickly as possible. The findings that aligned with previous research were more common among those managing in the lower divisions as the squad that they were working with was typically smaller, which is comparable to squad sizes when previous research was conducted. Therefore they felt an increased pressure to have as many of the squad available at all times.

Many of our findings, however, differ from the existing literature. Some managers within our study adopted different methods for how they treated injured players, in large measure due to their own personal experiences as a player. They recalled the way they had been treated when injured during their playing days, and this shaped their habitus and made them more empathetic towards the players under their charge as managers. They saw the importance of ensuring injured players felt part of the team and some included them on match days by giving them certain roles to undertake. Some managers felt that this enabled players to return to training with a more positive attitude and would give the manager a greater chance of succeeding within his role. Certain managers also explained how they would never risk the

long-term health of the player for short-term gain. The managers felt it was important to look after injured players so they could return fully fit and also so the injury would not hamper the player beyond football. We argue that this was more empathetic approach was combined with a shift in the balances of power, compared to the findings of previous research, insofar as for managers operating within the higher divisions, players were, perhaps, enjoying greater levels of power within the network of relations. As managers, generally, are arguably in a more precarious position in relation to keeping their job than has been the case in previous decades, and therefore there is a greater dependency on keeping players happy more often, particularly key players at the top level.

A further process that helps us to explain the apparent changing attitudes toward the treatment of injured players has been the growing willingness to use 'sport science' by most of our managers. The introduction and increasing use of more sophisticated sport science techniques within many football clubs has contributed to a perception that there has been a reduction in injuries, as highlighted by managers within this study. This led to managers at all levels introducing these methods and giving greater autonomy to the personnel employed to conduct these roles. This, we argue, is because the power balances in the football figuration have become more even. The sports scientist has the power to withhold his knowledge and expertise, something that the manager lacks and therefore the former has a function for the latter. This contributed to a change of attitudes, compared to previous research, amongst the managers toward the way they dealt with injuries and medical staff. The managers felt that they saw the benefit it was having on the health of the players and how, subsequently, it could also enhance their own position within the club. This shift in power balances has allowed managers to show greater empathy towards the players and this led to some managers also giving a greater amount of autonomy to medical personnel than has been suggested in previous research. We acknowledge the point that these differences cannot, solely, be explained by virtue of the managers' playing past, since the managers included in earlier studies are also likely to have experienced injuries as players too. However, we argue that the apparent 'empathy' shown by some of our managers has been further enabled by the sport science support at their disposal, thus, they seem to have a better grasp on the science of injury as a result.

The key findings from this paper have demonstrated that although the pressure for managers to achieve quick success has arguably increased, we have identified alternative ways that managers behave towards injured players compared to previous research. In this respect, it is

important to appreciate that football managers are not a homogenous group, and their response to injured players is as much to do with their habitus, heavily influenced by their own past as a player, and the way they were treated by their then managers, as it is to do with the current circumstances in which they manage. That is, for those managing at the higher levels, they were able to rely more and more on sophisticated approaches to sport science and had bigger squads of players to choose from, which contributed to a different approach to the management of injured players when compared to that identified in previous research, and also some of the managers in our study operating within the lower leagues. This illustrates the need to focus on the diverse, complex networks of relationships managers find themselves working within, in an attempt to more adequately understand the role of the manager within the football figuration.

Acknowledgements

The authors would like to thank all the participants from the professional football clubs for their generous contribution of time and insight.

Disclosure statement

No potential conflict of interest was reported by authors

Notes

1 Potrac et al, “Understanding Power and the Coach’s Role in Professional English Soccer”; Bridgewater, *Football Management*.

2 Beswick, *Focused for soccer*; Dosit, “Psychological Interventions with Football (soccer) Teams”; Kelly, “Understanding the Role of the Football Manager”; Kelly and Waddington, “Abuse, Intimidation and Violence”.

3 Murphy & Waddington, “Are Elite Athletes Exploited?”; Roderick, *The Work of Professional Football* ; Roderick et al., “Playing Hurt: Managing Injuries in English Professional Football”; Waddington, “Researching the World of Professional Football”.

4 Roderick, *The Work of Professional Football*.

5 Ibid, 53.

6 Perry, “The Boss? The Contemporary Role of the Football Manager”, 62.

7 Kelly, “Understanding the Role of the Football Manager”; Kelly and Waddington, “Abuse, Intimidation and Violence”; Roderick, *The Work of Professional Football*; Roderick et al., “Playing Hurt: Managing Injuries in English Professional Football”.

8 Bridgewater, *Football Management*; Potrac et al “Understanding Power and the Coach’s Role in Professional English Soccer”.

9 Potrac et al., “Understanding Power and the Coach’s Role in Professional English Soccer”.

10 Ibid.

11 Jones et al, “Constructing Expert Knowledge: A case Study of a Top-Level Professional Soccer Coach”, 226.

12 Ibid.

13 Ibid, 218.

14 Kelly and Waddington, “Abuse, Intimidation and Violence”.

15 Ibid.

16 Kelly, “Understanding the Role of the Football Manager”.

17 Hammond et al. “The impact of playing in matches while injured on injury surveillance findings in professional football”.

18 Ibid, 196.

19 Hammond et al. “Playing hurt and other issues: considerations for the interpretation of epidemiological evidence in sports medicine”; Hammond et al. “Considerations for the interpretation of epidemiological studies in team sports: illustrative examples”; Hammond et al. “The impact of playing in matches while injured on injury surveillance findings in professional football”.

20 Hawkins and Fuller “A Preliminary Assessment of Professional Footballers Awareness of Injury Prevention Strategies”.

21 Walk, “Peers in Pain: The Experience of Student Athletic Trainers”.

22 Roderick et al., “Playing Hurt: Managing Injuries in English Professional Football”, 172.

23 Ibid.

24 Murphy and Waddington, “Are Elite Athletes Exploited?”; Roderick, *The Work of Professional Football*; Roderick et al., “Playing Hurt: Managing Injuries in English Professional Football”; Waddington, “Researching the World of Professional Football”;

Waddington, *Sport, Health and Drugs*; Waddington & Roderick, "Management of Medical Confidentiality in English Professional Football Clubs".

25 Roderick, *The Work of Professional Football*.

26 Roderick et al., "Playing Hurt: Managing Injuries in English Professional Football".

27 Ibid.

28 Murphy and Waddington "Are Elite Athletes Exploited?"; Roderick, *The Work of Professional Football*; Roderick et al. "Playing Hurt: Managing Injuries in English Professional Football".

29 Roderick, *The Work of Professional Football*.

30 Ibid, 68.

31 Roderick et al. "Playing Hurt: Managing Injuries in English Professional Football".

32 Roderick, *The Work of Professional Football*.

33 Ibid.

34 Roderick et al. "Playing Hurt: Managing Injuries in English Professional Football".

35 Murphy and Waddington, "Are Elite Athletes Exploited?".

36 Ibid.

37 Ibid.

38 Ibid.

39 Waddington and Roderick, "Management of Medical Confidentiality in English Professional Football Clubs".

40 Ibid.

41 Ibid.

42 Ibid.

43 Ibid.

44 Ibid, 121.

45 Murphy and Waddington, "Are Elite Athletes Exploited?"; Roderick, *The Work of Professional Football*; Roderick et al., "Playing Hurt: Managing Injuries in English Professional Football"; Waddington and Roderick "Management of Medical Confidentiality in English Professional Football Clubs".

46 Elias, *What is Sociology?*, 261.

47 Ibid, 261.

48 Ibid.

49 Van Krieken, *Norbert Elias: Key Sociologists*.

50 Elias, *What is Sociology?*, 15.

51 Ibid.

52 Ibid, 80.

53 Ibid.

54 Fry et al., “Professional golf – A license to spend money?”.

55 Kelly, “Understanding the Role of the Football Manager”; Roderick, *The Work of Professional Football*; Roderick et al., “Playing Hurt: Managing Injuries in English Professional Football”.

56 ‘Niggle is a term often used by players to refer to a slight but persistent injury which causes discomfort or annoyance’.

57 Roderick, *The Work of Professional Football*; Waddington, *Sport, Health and Drugs*.

58 Ibid.

59 Murphy and Waddington, “Are Elite Athletes Exploited?”.

60 Waddington, *Sport, Health and Drugs*.

61 Elias, *What is Sociology?*

62 Murphy and Waddington, “Are Elite Athletes Exploited?”; Roderick, *The Work of Professional Football*; Roderick et al., “Playing Hurt: Managing Injuries in English Professional Football”; Waddington and Roderick, “Management of Medical Confidentiality in English Professional Football Clubs”.

63 Murphy and Waddington, “Are Elite Athletes Exploited?”; Roderick, *The Work of Professional Football*; Roderick et al., “Playing Hurt: Managing Injuries in English Professional Football”.

64 Elias, *What is Sociology?* 73.

65 Waddington, *Sport, Health and Drugs*.

66 Van Krieken, *Norbert Elias: Key Sociologists*.

67 Elias and Scotson, *The Established Outsiders*.

68 Murphy and Waddington, “Are Elite Athletes Exploited?”; Roderick, *The Work of Professional Football* ; Roderick et al. “Playing Hurt: Managing Injuries in English Professional Football”; Waddington and Roderick, “Management of Medical Confidentiality in English Professional Football Clubs”.

69 Van Krieken, *Norbert Elias: Key Sociologists*.

70 Roderick et al., “Playing Hurt: Managing Injuries in English Professional Football”; Roderick, *The Work of Professional Football*.

71 Dunning and Hughes, *Norbert Elias and Modern Sociology*. 155.

72 Ibid.

73 Roderick, *The Work of Professional Football*, 80.

74 Bridgewater, *Football Management*: Murphy and Waddington, “Are Elite Athletes Exploited?”.

75 Van Krieken, *Norbert Elias: Key Sociologists*.

76 Roderick et al., “Playing Hurt: Managing Injuries in English Professional Football.”; Roderick, *The Work of Professional Football*: Waddington, “Sports Medicine, Client Control and the Limits of Professional Autonomy”; Waddington, *Sport, Health and Drugs*.

77 Murphy and Waddington, “Are Elite Athletes Exploited?”; Roderick, *The Work of Professional Football*; Waddington, “Sports Medicine, Client Control and the Limits of Professional Autonomy”; Waddington, *Sport, Health and Drugs*.

78 Roderick, *The Work of Professional Football*; Roderick et al., “Playing Hurt: Managing Injuries in English Professional Football”.

79 Waddington, *Sport, Health and Drugs*.

80 Roderick et al., “Playing Hurt: Managing Injuries in English Professional Football”.

81 Elias, *What is Sociology?*

82 Mennell, *Norbert Elias: Civilization and the Human Self-Image*.

83 Elias, *What is Sociology?* 78.

References

Beswick, B. (2001). *Focused for soccer: Developing a Winning Mental Approach*. Champaign, IL: Human Kinetics, 2001.

Bridgewater, S. *Football Management*. Hampshire: Palgrave Macmillan, 2010.

Dosil, J. "Psychological Interventions with Football (soccer) Teams". In *The sport Psychologist's Handbook*, edited by J. Dosil, 139-158. West Sussex: John Wiley & Sons, 2006.

Dunning, E., and J. Hughes. *Norbert Elias and Modern Sociology: Knowledge, Interdependence, Power, Process*. London: Bloomsbury, 2013.

Elias, N. *What is Sociology?* New York: Columbia, 1978.

Elias, N., and J. L. Scotson. *The Established Outsiders*. Dublin: University Dublin Press, 2008.

Fry, J., D. Bloyce, and I. Pritchard. "Professional golf – A license to spend money? Issues of money in the lives of touring Professional golfers." *Journal of Sport and Social Issues* 39, no.3 (2014): 1-23

Hammond, L.E., Lilley, J. Pope, G.D. and Robbans, W.J. "Playing hurt and other issues: considerations for the interpretation of epidemiological evidence in sports medicine." *Br J Sports Med*, 43, no.2 (2009)

Hammond, L.E., Lilley, J. Pope, G.D. and Robbans, W.J. "Considerations for the interpretation of epidemiological studies in team sports: illustrative examples." *Clin J Sport Med* (2011) 77-79.

Hammond, L.E., Lilley, J. Pope, G.D. and Robbans, "The impact of playing in matches while injured on injury surveillance findings in professional football." *Scandinavian Journal of Medicine & Science in Sport*, 24 (2014) 195-200.

Hawkins, R.D. and C. W. Fuller. "A Preliminary Assessment of Professional Footballers Awareness of Injury Prevention Strategies." *British Journal of Sports Medicine* 32' no, 2 (1998): 140-143.

Jones, R.L., Armour, K.M., and Potrac, P. "Constructing Expert Knowledge: A case Study of a Top-Level Professional Soccer Coach." *Sport, Education and Society*, 8, no.2 (2003): 213-229.

Kelly, S. "Understanding the Role of the Football Manager in Britain and Ireland: A Weberian Approach." *European Sport Management Quarterly*, 8, no. 4 (2008): 399-419.

Kelly, S. and I. Waddington. "Abuse, Intimidation and Violence as Aspects of Managerial Control in Professional Soccer in Britain and Ireland." *International Review for the Sociology of Sport* 41, no. 2 (2006): 147-164.

Mennell, S. *Norbert Elias: Civilization and the Human Self-Image*. Oxen: Basil Blackwell, 1992.

Murphy, P. and I. Waddington. "Are Elite Athletes Exploited?" *Sport in Society: Cultures, Commerce, Media, Politic*, 10, no. 2 (2007): 239-255.

Perry, B. "The Boss? The Contemporary Role of the Football Manager", In *Singer and Friedlander Review 1999-2000 season*, 59-62. London: Singer and Friedlander, 2000a.

Potrac, P., R. Jones, and C. Cushion. "Understanding Power and the Coach's Role in Professional English Soccer: A Preliminary Investigation of Coach Behaviour." *Soccer and Society* 8, no. 1, (2007): 33-49.

Roderick, M. *The Work of Professional Football: A Labour of Love?* Oxon: Routledge, 2006.

Roderick, M., I. Waddington, and G. Parker. "Playing Hurt: Managing Injuries in English Professional Football." *International Review for the Sociology of Sport* 35, no. 2 (2000): 165-180.

Van Krieken, R. *Norbert Elias: Key Sociologists*. Oxon: Routledge, 1998.

Waddington, I. "Researching the World of Professional Football." In *Doing Real World Research in Sports Studies*, edited by A. Smith., and I. Waddington, 11-25. Oxon: Routledge, 2014.

Waddington, I. "Sports Medicine, Client Control and the Limits of Professional Autonomy." In *The Social Organization of Sports Medicine*, Edited by D. Malcolm, and P. Safai, 204-226. Oxon: Routledge 2012.

Waddington, I. and M. Roderick. "Management of Medical Confidentiality in English Professional Football Clubs: Some Ethical Problems and Issues." *British Journal of Sports Medicine*, 36 (2002): 118-123.

Waddington, I. *Sport, Health and Drugs: A Critical Sociological Perspective*. London: E & FN Spon, 2000.

Walk, S. "Peers in Pain: The Experience of Student Athletic Trainers." *Sociology of Sport Journal*, 14 (1997): 22-56.