Patient Outcomes and Work-Life Balance in Athletic Training

Christanne M Eason, PhD, ATC
Lasell College, Newton, Massachusetts
Objectives

1. Define Work-Life Balance
2. Discuss the Potential Impact on Patients
3. Provide Recommendations for Enhancing Work-Life Balance
4. Real Life Examples of Work-Life Balance to Share
My Story…
Work-Life Balance

- Work-Life Balance is a term used to describe the balance that an individual needs between time allocated for work and other aspects of life.

- A multifactorial construct that reflects an individual’s approach to managing his or her paid occupation with his or her personal activities.

### The Six Components of Work-Life Balance

<table>
<thead>
<tr>
<th>Component</th>
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<tbody>
<tr>
<td>Self-Management</td>
<td>Change Management</td>
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<tr>
<td>Time Management</td>
<td>Technology Management</td>
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<tr>
<td>Stress Management</td>
<td>Leisure Management</td>
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http://work-lifebalance.com/
The Work-Life Interface

Work-Life Conflict

Work-Life Balance

Work-Life Enrichment
The theoretical framework for work-life enrichment focuses on the generation and applications of resources gained through participating in work and life roles that result in improved performance or positive affect in another role.

- Individuals receive various rewards by participating in multiple domains

<table>
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<tr>
<th>Three Distinct Categories of Work-Life Enrichment</th>
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<tr>
<td>Work-Related</td>
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<tr>
<td>• consider the effect of enrichment on job and workplace factors such as affective commitment, turnover intentions and job satisfaction</td>
</tr>
<tr>
<td>Non Work-Related</td>
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<tr>
<td>• consider the effect of enrichment on family and other non-work items such as life and family satisfaction</td>
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<tr>
<td>Health Related</td>
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<td>• consist of both mental and physical health</td>
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Influencing Factors and Possible Psychosocial Outcomes of Work-Life Conflict

Influencing Factors:
- Role Strain
- Long Work Hours
- Travel
- Work Schedule Autonomy
- Patient Care Needs
- Sex

Possible Psychosocial Outcomes:
- Overload
- Guilt
- Patients' Needs Over Own
- Burnout
- Increased Stress
- Decreased Job Satisfaction

We are Doing a Better Job Recognizing the Impact of Psychosocial Health in Our Patients
But...

We often overlook ourselves
Consequences for the Patient?

Clinician attrition and turnover
Perceived patient care
Potential for medical errors
Patient satisfaction
Retention and Attrition

- Membership data show that the majority (51%) of athletic trainers who maintain NATA membership are between the ages of 18 and 29, with numbers steadily declining over the age of 30.
The Consequence of Turnover

- Consequences of turnover at both the occupational and organizational levels are typically negative, but may have some positive impacts

- **Negative consequences** may include:
  - Turnover of Other Employees
  - Elimination of Positions
  - Increased Workload
  - Financial Difficulties
  - Worker Shortages

- **Positive benefits** may include:
  - Broaden Base of Knowledge
  - Change and Progress
  - Avoidance of ‘groupthink’

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Currently, we are not aware of ANY evidence that directly links patient care and outcomes with athletic trainer burnout or mental health and well-being.

There is a large body of anecdotal reports that suggests clinical burnout may impact patient care.

There is empirical evidence in other healthcare fields…
Those working overtime reported significantly higher burnout and significantly lower quality of care than those not working overtime.

Authors concluded that policies and interventions aimed at reducing overtime and work-related stress and burnout may be warranted in order to improve quality of care.
A total of 39% of respondents endorsed burnout.

Residents with burnout had significantly greater odds of reporting suboptimal patient care attitudes and behaviors, including:

- Discharging patients to make the service more manageable
- Not fully discussing treatment options or answering questions
- Making treatment or medication errors
- Ignoring the social or personal impact of an illness
- Feeling guilty about how a patient was treated.

Authors concluded that residency programs should develop interventions addressing burnout and its potential negative impact on patient care.
Surgeons

700 (8.9% of sample) surgeons reported concern they had made a major medical error in the last 3 months.

- Reporting an error during the last 3 months had a large, statistically significant adverse relationship with mental QOL, all 3 domains of burnout and symptoms of depression.

- Each one point increase in depersonalization was associated with an 11% increase in the likelihood of reporting an error while each one point increase in emotional exhaustion was associated with a 5% increase.

- Burnout and depression remained independent predictors of reporting a recent major medical error on multivariate analysis that controlled for other personal and professional factors.

Additional Empirical Evidence

- High levels of burnout in physicians and nurses are associated with poor patient satisfaction (1)
  - A significant negative correlation between staff emotional exhaustion and patient satisfaction (1)

- Compared with non–burned-out residents, burned-out residents were significantly more likely to self-report providing at least one type of suboptimal patient care at least monthly (2)

- The depersonalization dimension of physician burnout was associated with patient outcomes of lower satisfaction and longer post discharge recovery time (after controlling for severity of illness and other demographic factors) (3)

We Must Take Care of Ourselves…

“…Place the oxygen mask on yourself first before helping small children or others who may need your assistance.”

Before We Can Care for Our Patients
# Recommendations to Enhance Work-Life Balance

## Workplace Strategies & Recommendations

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<tr>
<td>Develop and communicate work-life policies that are gender-, marital- &amp; parent-neutral.</td>
<td>Set boundaries in the workplace.</td>
<td>Disengage from your role as an AT</td>
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<tr>
<td>Establish regular meetings with administration to facilitate communication</td>
<td>Communicate effectively with all staff as well as administration.</td>
<td>Create and utilize support networks including peers, family and friends.</td>
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<td>Establish a formal mentoring program for newly hired ATs.</td>
<td>Negotiate your role and opportunities as they unfold.</td>
<td>Develop healthy lifestyle practices</td>
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<td>Encourage and promote modified job sharing</td>
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<td>Model and practice effective work-life balance.</td>
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<td>Allow for workplace integration (work-life integration) when appropriate.</td>
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<td>Advocate for higher salaries for clinicians</td>
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<td>Campaign for more full-time staff members</td>
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## Non-Workplace Strategies & Recommendations

- Develop and communicate work-life policies that are gender-, marital- & parent-neutral.
- Set boundaries in the workplace.
- Disengage from your role as an AT.
- Communicate effectively with all staff as well as administration.
- Create and utilize support networks including peers, family and friends.
- Negotiate your role and opportunities as they unfold.
- Develop healthy lifestyle practices.
- Separate your work roles from your personal roles.
- Adopt a work-life enrichment philosophy.
- Allow for workplace integration (work-life integration) when appropriate.
- Advocate for higher salaries for clinicians.
- Campaign for more full-time staff members.
Motherhood and Work–Life Balance in the National Collegiate Athletic Association Division I Setting: Mentors and the Female Athletic Trainer

Christianne M. Eason, MS, ATC*; Stephanie M. Mazerolle, PhD, ATC*; Ashley Goodman, PhD, LAT, ATC, CPed†

*University of Connecticut, Storrs; †Appalachian State University, Boone, NC

**Context:** One of the greatest catalysts for turnover among female athletic trainers (ATs) is motherhood, especially if employed at the National Collegiate Athletic Association Division I level. The medical education literature regularly identifies the importance of role models in professional character formation. However, few researchers have examined the role of mentorship and professional role models as it relates to female ATs’ perceptions of motherhood and retention.

**Objective:** To evaluate perceptions of motherhood and retention in relation to mentorship and role models among female ATs currently employed in the collegiate setting.

**Setting:** Female athletic trainers working in National Collegiate Athletic Association Division I.

**Patients or Other Participants:** Twenty-seven female ATs employed in the National Collegiate Athletic Association Division I setting volunteered. Average age of the participants was 35 ± 9 years. All were full-time ATs with an average of 11 ± 8 years of clinical experience.

**Data Collection and Analysis:** Participants responded to questions by journaling their thoughts and experiences. Multiple-analyst triangulation and peer review were included as steps to establish data credibility.

**Results:** Male and female role models and mentors can positively or negatively influence the career and work–life balance perceptions of female ATs working in the Division I setting. Female ATs have a desire to see more women in the profession handle the demands of motherhood and the demands of their clinical setting. Women who have had female mentors are more positive about the prospect of balancing the rigors of motherhood and job demands.

**Conclusions:** Role models and mentors are valuable resources for promoting perseverance in the profession in the highly demanding clinical settings. As more female ATs remain in the profession who are able to maintain work–life balance and are available to serve as role models, the attitudes of other women may start to change.

**Key Words:** role models, retention, quality of life

**Key Points**

- Role models and mentors are being identified by female athletic trainers working in the Division I setting.
- Perceptions of work–life balance can be positively affected by how role models and mentors maintain balance within their own lives. Conversely, those individuals who cannot maintain balance can negatively affect their proteges’ perceptions of work–life balance.
- Female athletic trainers working in the Division I setting desire more female role models who are effectively balancing the multiple roles of their personal and professional lives.
Thank you!

QUESTIONS?

ceason@lasell.edu