

Secondary School Athletic Trainers: A Data-Centric Overview of Job Satisfaction and Strategies for Risk Reduction, Recruitment and Retention

Created by the NATA Secondary School Athletic Trainers' Committee

Thank you to the NATA Secondary School Athletic Trainers' Committee members who have diligently worked on this project:

Jennifer Rheeling Dr. Ciara Taylor Amy Wiggins

Michael Prybicien Adam Wall Candice Dunkin

Mitchell Anderson Jason Viel Maria Rosanelli-Allen

Tiffany Phillips Kolin Tomlinson Jenny Van Meter

Mark D'Anza Dr. Marissa Fukunaga LaJoy Paige

Anthony Hunter Lynne-Marie Young Denton Norwood

Megan Olson

Donna Wesley, NATA Board of Directors Liaison Gina Perales Hethcock, NATA Staff Liaison

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Problem

While their loyalty has been driven by passion for contributing to the growth and well-being of our children, decadelong realities have nearly 30% of athletic trainers (ATs) in the secondary school setting throwing in the towel. What high school administrators need to know about the shortage of ATs in the secondary school setting was recently revealed through comprehensive data collected via National Athletic Trainers' Association (NATA) Secondary School Athletic Trainers' Committee (SSATC).

Currently in the United States, there are more than 26,000 public and private secondary schools, of which, it is estimated that more than 7 million students participate on sports teams. More than 1.4 million student athletes ages 14 to 18 will sustain some type of sport-related injury every year. It is imperative to provide quality comprehensive medical services to this population, yet it is becoming more difficult to hire athletic trainers in this space. The question needs to be asked: Why is the health care practitioner who is on-site to take care of these injuries not happy about their current work situation?

Since the COVID-19 pandemic, there has been a significant reduction in the United States workforce.³ This has been referred to as the "great resignation." The industries impacted the most by this shift in the labor market are health care, education and hospitality sectors.³ ATs in the secondary school setting fall within two of these sectors: health care and education.

SSATC distributed a survey to AT in the secondary school setting via NATA. There was a total of 706 participants. This yielded a response rate of 15%. The participants were 56% women, 43% men, 0.14% Non-binary and 0.28% preferred not to disclose. The race/ethnicities were 89.66% White/Caucasian; 6.09% Hispanic, Latino/a/x or of Spanish Origin; 3.68% Black/African American; 2.55% Asian; 0.57% Middle Eastern/Northern African; 0.42% American Indian/ Alaskan Native; 0.28% Native Hawaiian/Pacific Islander; 0.57% Other; and 0.13% Unknown/ Prefer not to answer.

According to the survey, approximately 25% of respondents state they are planning on leaving the secondary school setting and roughly 28% are considering leaving the athletic training profession altogether, which would exacerbate the problem. Primary reasons given for planned

resignation are perceived value of the profession, compensation and support (or lack thereof) from administrators. This data is alarming, and stakeholders should take proactive steps to improve job satisfaction to increase retention of ATs at their schools. This is increasingly important due to the increased job opportunities in emerging settings.

Comparably, data from the NATA Intercollegiate Council for Sports Medicine (ICSM), in conjunction with the NATA AT Compensation Task Force, identified burnout, value, compensation, culture, increased work responsibilities and demands as common themes for separation from the collegiate settings.⁴ Secondary school, collegiate and professional sports are deemed the traditional settings in the athletic training profession; they are the foundation on which the profession was built. The similarities run parallel as ATs in both secondary school and collegiate settings are pivotal to the athletic health care of adolescents and young adults.

Employment

There are nearly 60,000 ATs who are credentialed by the Board of Certification for the Athletic Trainer (BOC), the highest number of ATs since the inception of the profession.⁵ Employment of ATs in secondary schools is the largest (24%) setting, followed by clinic/hospital (18%) and collegiate (16%).⁵ While many ATs view the secondary school setting as a viable career destination, there are many factors that contribute to recruitment and retention. The Bureau of Labor Statistics (BLS) projects athletic training to see a faster than average job growth of 14% over the next decade.⁶ However, between 2022 and 2023, there was a decrease of 1,960 AT employment in the three industries most associated with the secondary school setting: hospitals, non-physician health care offices and secondary/elementary schools.⁷ When compared to historical data, the 2023 employment numbers are the lowest reported for data available, dating back to May 2019.⁸

Growth of the athletic training profession has yielded additional employment opportunities beyond the traditional settings. ATs are employed in more than 40 settings. There has been rapid employment growth in the industrial, military and hospital settings. These modes of employment offer predictable work schedules that allow ATs more personal ownership over work-life balance (i.e., set hours; no weekends, travel or night shifts).

Most ATs are between the ages of 31 and 40.5 This correlated with the data from the survey (29.18%). The age groups that follow are 41 to 50 years old (22.10%), 30 years old or younger (20.96%, and 51 to 60 years old (20.54%). With most respondents falling in the Millennial (1981-96) and Gen X (1965-80) categories, the survey data implies they are mid-career

professionals. With smaller percentages of early professionals in the setting, the pool for retention is shallow. As Gen X and Millennial ATs age out, the natural replacement structure does not exist. Our survey found that approximately 48% of ATs in the secondary school setting have worked in the setting for at least 16 years, indicating that secondary school positions have the potential for longevity, if the proper support and structure are in place.

As ATs age, priorities can shift. The secondary school setting requires ATs to work a significant number of nights and weekends compared to other secondary school professions. It is not uncommon for secondary school athletics to plan for six to seven days a week of activities that the AT may be expected to be present. Additionally, the secondary school setting offers various models for employment such as school-based and clinic outreach. ATs employed by the school or respective school district can be athletic only; however, per our survey, approximately 22% are also employed as teachers. ATs who are in outreach positions may have other responsibilities to their employer as well.

Value

ATs in the secondary school setting are fundamentally responsible for the comprehensive health care of student athletes. Pediatric patients have unique injuries/illness that require extensive knowledge and care. While there is an inherent risk in sport, ATs are a key component of mitigating that risk. Sports-related injuries account for roughly \$33 billion in health care costs annually. The average emergency room visit totals \$1,233; however, ATs in the secondary school setting routinely prevent costly and unwarranted visits to the emergency room. Research has indicated 32% of parents missed work due to minor injuries sustained by their children. On-site medical care from secondary school ATs can aid in reducing this statistic as well as minimize academic time lost by the student.

In 2019, NATA published the *Appropriate Medical Care Standards for Organizations Sponsoring Athletic Activity for the Secondary School Age Athlete*.¹¹ The document comprises 12 standards that are instrumental for the health and safety of athletes. These standards are crucial for risk reduction in the secondary school settings; all derive from the domains of athletic training. The standards include: (1) pre-participation physical examinations, (2) safe and clean athletic care facilities, (3) properly fitted equipment, (4) protective materials and products, (5) environmental policies, (6) education and counseling on nutrition/hydration/dietary supplementation, (7) wellness programs, (8) venue specific emergency action plans, (9) on-site immediate care of

athletic injuries/illnesses, (10) therapeutic intervention, (11) preparedness for athletes with psychological concerns and (12) athletic health care administration.¹¹

The standards are a testament to the value of the AT to the secondary school setting. It is extremely difficult for an organization sponsoring athletic activities for secondary school-age athletes to comply and uphold the 12 standards without the knowledge, expertise and experience of an AT. Three pivotal areas that set ATs apart from other health care professionals are emergency action plans, emergency care for heat illness and concussion management. ATs develop, implement and execute venue specific emergency action plans, manage heat illness (heat cramps, heat syncope, heat exhaustion, and heat stroke) and recognize, evaluate, refer and safely return athletes to sport following a concussion after clearance is granted in accordance with state laws and established international best practice.

A review of organizational preparedness through the lens of the NATA SSATC's Program Assessment for Safety in Sport (PASS) emphasizes the depth and breadth of services an AT provides. ¹² PASS was developed to assist secondary schools and organizations sponsoring athletic activity with prioritizing health and safety. It provides a framework for schools and organizations to benchmark success and opportunities by comparing the 12 standards for appropriate medical care for secondary school-age athletes to the current infrastructure. ¹²

The students attending the 23,519 public and 3,626 private secondary schools who participate in athletics deserve to have a qualified health care practitioner providing skilled medical services on the sidelines. ¹³ If an AT is not present, coaches become responsible, taking on both liability and responsibility for the health of the student athletes. There have been multiple student athlete deaths that made national news and have resulted in noteworthy settlements. ^{14, 15, 16}

As the current population of ATs in the secondary school setting ages, more athletes will participate in sports without proper health care. When care and emergency responses are not appropriately provided in any setting, lawsuits occur. The legal expenses incurred in preparing a defense in such instances can be astronomical, whether the case is subsequently dropped, settled or litigated. A brief Google search shows many financial awards in the millions of dollars. 14, 15, 16 Addressing the concerns reported by current ATs in the setting to increase hiring and retention can hopefully help avert this potential disaster. School districts, boards and administrators must be committed to risk reduction. The health and safety of athletes must be an exclusive priority.

Compensation

According to the 2023 NATA Salary Survey, the average salary for ATs in the secondary school setting is \$65,563.¹⁷ This figure sits right below the national average for ATs (\$68,907).¹⁷ Overall, AT salaries have been steadily on the rise since 2008. Recent data revealed the largest increase (\$7,000) in average national salary from 2021 to 2023.¹⁷ Secondary schools are unique due to the various employment models. ATs in the setting with academic and athletic roles had an average salary of \$70,609, while those employed by clinic outreach had an average salary of \$58,330, which is significantly below the average.¹⁷

When compared to other health care providers who work in the secondary school setting, the salary gap becomes even more apparent. The most recent BLS data reports that physical therapists employed in elementary and secondary schools mean salary is \$93,310, occupational therapists mean salary is \$85,180 and speech-language pathologists mean salary is \$83,720.18,19, ²⁰ ATs in the secondary school setting should be compensated in accordance with other health care providers.

ATs are a vital component of athletic health care in the secondary school setting. They are the nucleus of the sports medicine team. As health care professionals, they collaborate with school nurses, counselors, physical therapists, strength and conditioning specialists and coaches to ensure a safe return to sport. ATs work under the supervision of team physicians to provide patient-centered care. They work within a scope of practice set forth by respective state regulatory and licensing boards and the BOC. It is imperative that ATs are compensated in alignment with comparable health care practitioners.

For recruiting and retaining ATs in the secondary school setting, an accurate depiction of the duties and responsibilities should be reflected in the job description. A comprehensive benefit package that includes competitive salaries should be solidified. Research from current market rates, in respective areas, and the NATA Salary Survey are good disclosures of compensation. An overwhelming majority of ATs in the setting receive compensation packages that consist of insurance (health, dental, vision, prescription, life, etc.) paid time off, sick leave, retirement plans and continuing education allowances. While most ATs in the setting (62%) receive professional development benefits, which includes time and money allocated for professional membership, state license/regulation and continuing education conferences/courses, this should be standard for all organizations.

Teachers, administrators and other health care providers who work with secondary school-aged children are required to complete educational requirements to maintain their certifications, and ATs are no different. There is a minimum requirement of 50 hours of continuing education every

two years to maintain national certification, which is in addition to any state specific requirements. New graduates entering the workforce will also hold a master's degree to obtain national certification. Newer graduates need to be drawn to the secondary school setting. The requirements of the job are too high to justify below market wages.

There has been a recent uprise in state funding for ATs in the secondary school setting who are willing to work in rural areas. In Alabama, the Athletic Trainer Secondary School Incentive Program has been approved for 2024-25 and 2025-26 school years.²¹ This funding allocates grants up to \$7,500 directly to ATs employed in rural and/or Title I secondary schools. Comparably, the Athletic Trainer Professional Development Program in Louisiana offers ATs employed in rural secondary schools a loan repayment of \$6,000 if they obtained a Master of Athletic Training (MAT) within the state and \$4,000 for those who obtained the degree outside of Louisiana.²² Both Alabama and Louisiana have obtained funding through the Department of Education. These respective models can serve as a blueprint for states looking to increase the compensation and/or benefits of ATs in the secondary school setting. They are exemplary recruitment and retention tools.

Support From Administration

The respondents from the survey indicated lack of administrative support as a primary reason for leaving the secondary school setting. Most respondents (51%) indicated they are directly supervised by the athletic director. These administrators are key stakeholders within the athletic department. It is vital that all administrators (principals, assistant principals, athletic directors, school board members, etc.) support ATs by maintaining healthy organizational structures and work environments that aid in retention.

Research has indicated attractors to the secondary school settings stemmed from the ability to be around sports (continuation), help and teach people (service) and work with adolescent athletes (interpersonal).²³ It is also flexible and has no/low travel requirements. The culture of a school is inherently important. Administrators must create an organizational culture where ATs are valued and compensated as health care professionals to facilitate retention and growth. Administrator support (or lack thereof) is multifaceted; however, there are simple structures that can be instilled and communicated to promote healthy work environments where secondary school ATs can balance personal and work requirements respectively.

Administrators should establish policies that include regularly scheduled meetings (weekly, monthly, quarterly and/or annually) with ATs to ensure communication.²⁴ AT's workloads should be carefully analyzed with data (hours worked, daily patient care impressions and practice/games schedules).²⁴ This data can be derived from the documentation set forth by the AT. Documentation is a professional responsibility to ensure best practices and to mitigate risk.

Administrators should encourage ATs to work as a team with colleagues and coaches. Teamwork can decrease workloads and pressures to have unhealthy boundaries with work (working seven days a week, missing life events, not pursuing hobbies and not taking time away from work).²⁴ Athletic trainers can thrive in cohesive cultures; this can aid in longevity within the profession.

ATs in the secondary school setting should be given autonomy to practice within their full scope.²⁴ There is a standard of care that ATs must adhere to, and they must have autonomy to make decisions based solely on the well-being of the patient. ATs should be given emotional and social support to facilitate a healthy work-life integration.²⁴ Administrators can model the desired behaviors by setting the example for work-life rhythm.²⁴ Furthermore, workplace integration of family can also be deemed valuable for ATs in the secondary school setting via attendance at athletic events, travel and company sponsored activities.²⁴

Administrators can support ATs by advocating for higher salaries and additional athletic training staff.²⁴ As aforementioned, average salary of ATs in the secondary school setting is slightly below the national average, especially those employed in clinic outreach models. Within the outreach model, ATs are paid significantly less. Athletic directors and key stakeholders should advocate for higher compensation models or other models of employment. Most ATs in the secondary school setting (66%) preferred to be hired directly by the school. Access to ATs is vital for the health and safety of athletes. It must be a priority for administrators.

Conclusion

Athletic trainers working in the secondary school setting are specially trained health care providers who are skilled in prevention strategies, acute injury management and post injury care and rehabilitation. They provide a valuable service for communities as an on-site health care provider who can perform immediate care for secondary school athletes. When it comes to health care for secondary school student athletes, ATs are the most qualified health care provider.

Athletic trainers provide planning, guidance and expertise when it comes to health care for the unique demands of this patient population and, unfortunately, the recent trend is that ATs are

leaving this setting, which exposes student athletes to greater risk and compromised access to care. Athletic trainers report wanting to feel valued, feel supported and be compensated appropriately when compared with peers working in the same setting. If the goal in secondary school athletics is to provide a quality experience for athletes, health care can't be left out of the equation. The cost of health care in athletics is a cost of providing an athletic program. If schools can't afford that cost necessity, they simply can't afford athletics.

Checklist for Athletic Administrators

1. Job Descriptions and Work Hours:

- Develop job descriptions that reflect the non-traditional work hours of athletic trainers, emphasizing year-round commitment and flexibility.
- Consider setting athletic training facility hours that prioritize athlete treatment while allowing time for the AT's personal life.

2. Benefits and Compensation:

- Ensure benefits such as NATA dues, state license fees, continuing education allowance and competitive salaries are provided.
- Regularly review market rates and compare compensation for increased roles and responsibilities.

3. Administrative Support:

- Foster a culture that supports independent medical decision-making, policy development and work-life balance for ATs.
- Create a communication policy used by staff to alert ATs in the event of schedule changes.
- Develop protocols to separate work and personal life. Create flexible scheduling policies.

4. Staff Development and Training:

- Mandate coaches are CPR/AED certified.
- Establish that emergency action plans are developed and practiced regularly.
- Make certain ATs have access to continuing educational opportunities.

5. Facility Evaluation and Improvement:

- Regularly assess facilities to ensure they meet the needs of student athletes and ATs
- Remain up to date with current medical standards and technology within the athletic training facility.
- Implement strategies to maintain a family-friendly workplace and set boundaries for work communication.

By following this checklist and incorporating these strategies, athletic directors and administrators can create a supportive environment for ATs, leading to better student athlete care, improved job satisfaction and increased retention in the secondary school setting.

Resources

Athletic Training Location and Services:

https://ksi.uconn.edu/atlas/atlas-survey-and-maps/

Appropriate Medical Care Standards for Organizations Sponsoring Athletic Activity for the Secondary School-Aged Athlete: A Summary Statement meridian.allenpress.com/jat/article/54/7/741/420828/Appropriate-Medical-Care-Standards-for?searchresult=1

Secondary School Value Handout: A Safer Approach to Secondary School Sports<u>www.nata.org/sites/default/files/at_value.pdf</u>

Secondary School Value Model

 $\underline{www.nata.org/professional-interests/job-settings/secondary-school/secondary-school-value-\underline{model\#:} \sim :text = The \%20 Secondary \%20 School \%20 Value \%20 Model, the \%20 worth \%20 and \%20 value \%20 of$

Safer Sidelines

www.courier-journal.com/in-depth/news/investigations/2023/04/26/safer-sidelines-an-investigation-into-sudden-death-in-youth-sports/70134264007

RIO

datalyscenter.org/programs/rio

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