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Exploring the Work-Related Quality of Life of Athletic Trainers in Physician Practice

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Athletic Trainers in Physician Practice Society (ATPPS) Abstract Presentations

The following abstracts were accepted and presented at the 7th Annual Athletic Trainers in Physician Practice Society Meeting and Conference February 29 – March 2, 2024.

Exploring the Work-Related Quality of Life of Athletic Trainers in Physician Practice

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Introduction/Context: The National Athletic Trainers' Association (NATA) identified the vitality of the athletic training profession as a research priority, which includes exploring solutions to improve work-life balance. There is a common perception that athletic trainers (AT) working in the physician practice setting have lower work-life conflict and increased job satisfaction, but no data to support this belief. Work-Related Quality of Life (WRQoL) has been studied in some healthcare settings but has not been studied in any athletic training clinical practice setting. Therefore, the purpose of this study is to investigate the WRQoL of athletic trainers in physician practice. **Methods:** A cross-sectional, web-based survey was used to explore the WRQoL of ATs in physician practice. The survey consisted of demographic questions, a description of daily work responsibilities, a characterization of autonomous clinical practice, and the pre-existing WRQoL Scale. The WRQoL Scale ranks agreement with statements related to home-work interface, general well-being, job and career satisfaction, control at work, working conditions, and stress at work on a five-point Likert scale (1=strongly disagree, 5=strongly agree). The survey was distributed to 1000 ATs through the National Athletic Trainers' Association. Sixty-three participants accessed the survey (6.3%). Of the 63 participants who accessed the survey, 4 did not finish, 18 reported they did not currently work in the physician practice setting, and 27 participants (age = 42.5 ± 7.8 years [range = 28-56 years], years of experience in physician practice setting = 7.74 ± 6.58 years [range= 1-24 years]) completed the entire instrument (42.9% completion rate). Descriptive statistics were used to analyze demographic variables, individual WRQoL Scale items, and overall WRQoL. **Results:** Participants reported years credentialed as an AT as 18.5 ± 8.7 years. When asked about other AT settings where they had previously worked, 81.5% (n=22) reported working in the secondary school setting at some point in their career, and 37.0% (n=10) reported previously working clinically in the college/university setting. The average WRQoL Scale score for participants was 81.38 ± 11.83 with scores ranging from 60 on the low end to 101 on the high end. Of the 23 questions from the WRQoL Scale, the statement with the highest agreement was "I work in a safe environment" with a mean response of 4.26, and the statement with the lowest agreement was "I often feel under pressure at work" with a mean response of 2.85. Other statements with a mean agreement of 4 or higher included "I have the opportunity to use my abilities at work" at 4.00 and "I have a clear set of goals and aims to enable me to do my job" at 4.11. For the statement "I am satisfied with the overall quality of my working life," participants reported a mean agreement of 3.74, indicating feelings between neutrality and agreement. **Conclusion:** The average WRQoL Scale score for participants in this study ranks in the 60th percentile, which is the high end of the average Quality of Working Life. These percentiles were established in a large study (N=953) of healthcare workers to validate the WRQoL Scale. However, since this is the first study to use this instrument in the AT profession, future work should consider measuring the WRQoL Scale across different practice settings.