

Female Athletic Training Students' Perceptions of Motherhood and Retention in Athletic Training

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Context: Motherhood appears to be a catalyst in job turnover for female athletic trainers, especially those employed at the National Collegiate Athletic Association Division I level. However, most researchers examining this topic have investigated the perspectives of those who are currently employed rather than those who are preparing to enter the profession.

Objective: To evaluate female athletic training students' perceptions of motherhood and retention.

Design: Qualitative study.

Setting: Athletic training education program.

Patients or Other Participants: A total of 18 female athletic training students volunteered to participate. They were enrolled in 1 Commission on Accrediting Athletic Training Education–accredited athletic training program and represented 3 levels of academic study.

Data Collection and Analysis: The participants responded to a series of questions related to work–life balance and retention in athletic training. Analysis of the data followed a general inductive process. Credibility was established by interpretive member checks and peer review.

Results: The first theme, clinical setting, speaks to the belief that work–life balance and retention in athletic training require an employment setting that fosters a family-friendly atmosphere and a work schedule (including travel) that allows for time at home. The second theme, mentorship, reflects the acknowledgment that a female mentor who is successful in balancing the roles of mother and athletic trainer can serve as a role model. The final theme, work–life balance strategies, illustrates the need to have a plan in place to meet the demands of both home and work life.

Conclusions: A female athletic trainer who is successfully balancing her career and family responsibilities may be the most helpful factor in retention, especially for female athletic training students. Young professionals need to be educated on the importance of developing successful work–life balance strategies, which can be helpful in reducing attrition from the profession.

Key Words: athletic training careers, work–life balance, mentors

Key Points

- Balancing the demands of a career, parenthood, and life can be difficult for all professionals, including female athletic trainers, and may affect their choice of work setting and their decision to remain in or leave the profession.
- Among the factors that can help female athletic trainers in the collegiate setting attain work–life balance are supportive work and home environments, flexible schedules, and good time-management skills.
- Female athletic trainers who have learned to balance their career and family responsibilities can serve as role models for students and young professionals.

Comparable with other occupational settings,¹ the athletic training profession has seen a steady increase in the employment of female athletic trainers, who now constitute 52% of the National Athletic Trainers' Association membership.² These demographic data are somewhat deceiving in not reflecting age or employment setting, which reveal attrition from the profession and collegiate setting once a woman begins a family.³ The reasons for departure from the college or university clinical setting appear to be multifaceted, including irregular work hours, inflexible work schedules, and travel.^{3,4} Mazerolle et al⁴ found that only 22 women with children were employed in the collegiate setting, a statistic supported by Milazzo et al⁵ and Kahanov et al.⁶ Similar to Mazerolle et al,³ Milazzo et al⁵ reported a small number of women with children in the collegiate setting, and Kahanov et al⁶ noted that only about one-fourth of all athletic trainers (ATs) in the collegiate setting are women. Furthermore, Kahanov and Eberman⁷ found that at about

age 28, female ATs tend to leave the athletic training profession and postulated that work–life balance concerns have the greatest influence on occupation change.

Work–life balance issues and time for parenting influence the decision to persist at the collegiate and professional levels, where job responsibilities include long hours (>40 hours per week) and travel, which can limit time spent at home with family.^{3,4,6–8} Employment as an AT within the secondary school setting does not completely mitigate these concerns,⁹ but this setting appears to be seen as more helpful in allowing a woman to manage her parenting obligations.⁶ The literature regarding career planning complements findings that employment policies are important when a female AT selects an employment setting.¹⁰

In general, women with or without children appear to experience greater conflicts between work and home than their husbands and men do.¹¹ Gender differences regarding work–life balance conflicts have not been reported within athletic training,³ despite the concerns raised by female

ATs about the difficulties associated with parenting due to working long hours.^{3,4,6,8,12} Female ATs have opted to leave the profession of athletic training because of work–life balancing problems,^{3,8} and this concern seems to filter down to athletic training students (ATSS) because the extensive time commitment and reduced time available for parenting and spousal duties appear to influence retention in athletic training education programs.¹³ The role of the AT is demanding; however, emerging data indicate that work–life balance is possible, regardless of the clinical setting,^{9,12,14–16} but it requires personal and professional work–life balance strategies. Furthermore, even after starting a family, female ATs can find success as ATs, including at the collegiate level.¹⁶

Mazerolle and Goodman¹⁶ suggested the need for mentorship between mothers who are ATs and future professionals to increase retention. The purpose of our investigation was to explore the perceptions of female ATSS and the viability of a career in athletic training after starting a family. Particular emphasis was placed on their opinions regarding ways to establish work–life balance while managing the roles of AT and mother.

METHODS

Research Design

We borrowed principles from an exploratory case study design as well as a general inductive approach to data collection and analysis. Following the guidelines for developing a methodologically sound case study, we generated a series of questions to guide the data-collection procedure, used a purposeful sampling method, and approached the data with a systematic analysis.^{17,18} The exploratory nature allowed us to gain a holistic understanding of the female ATSS' perspectives on motherhood and a career in athletic training. We also established boundaries that bind the case, as is necessary with case study design; these consisted of sex and certification status (student enrolled in an educational program).

Data collection was guided by asynchronous online interviewing, a popular method in qualitative research studies because it facilitates confidentiality, greater time for reflection, and ease of communication between researcher and participant.¹⁹ Missing are the personal interactions between the interviewer and interviewee; however, rich data can be generated from online interviewing, which provides time for the participant to reflect without having to respond immediately to the interviewer's question.¹⁹ Compared with a semistructured interview, online interviewing is more structured: The participant responds only to questions developed before data collection.

Participants

A total of 18 female ATSS volunteered to participate. They were all enrolled in 1 Commission on Accrediting Athletic Training Education (CAATE)–accredited athletic training program and represented 3 levels of academic study (sophomores = 5, juniors = 6, seniors = 7). The average age of the participants was 21 ± 1 years. All participants were full-time students taking full academic loads in athletic training, which included a clinical practicum experience. The 7 seniors and 6 juniors had at

least 1 clinical education experience at the secondary school level, whereas the sophomores had more limited exposure to the secondary school setting. In addition, the juniors and seniors had exposure to the rehabilitation clinical setting, but the sophomores had yet to gain experience within that setting.

Only 1 of the 18 female ATSS indicated an interest in pursuing a career outside athletic training upon graduation. The remainder noted professional goals, including full-time employment in a secondary school or collegiate clinical setting. Individual demographic data for each participant are provided in Table 1. Each participant was identified by a pseudonym.

Recruitment

Female ATSS formally enrolled in a CAATE-accredited program were recruited by the researchers for participation. Students were purposefully recruited based upon the following criteria: (1) sex, (2) formal enrollment in the accredited program, and (3) engagement in clinical education experiences. Participants were recruited by e-mail using both convenience and snowball-sampling procedures.^{20,21} Recruitment was guided by data saturation,²¹ which was accomplished with 18 female ATSS. An additional group of female ATSS was recruited to help establish data credibility despite data redundancy.

Data Collection

Before participant recruitment and data collection, we received institutional review board approval for the study. Basic demographic data (age, academic standing, graduation date) and consent were obtained before the interview. The interview followed a structured format: The participants were asked to respond to a series of questions, which were posted on a secure data-tracking Web site (Survey-Monkey, Palo Alto, CA). After consenting to the interview, each student was sent an e-mail with specific instructions. Online interviewing has become a popular qualitative method for multiple reasons, including the ease of

Table 1. Participants' Demographic Data

Name	Academic Standing	Career Intention
Amber	Junior	Collegiate athletic trainer
Catie	Sophomore	Professional/collegiate athletic trainer
Emma	Sophomore	Small-college athletic trainer
Gillian	Junior	Collegiate athletic trainer
Grace	Senior	Military athletic trainer, outdoor sports
Jane	Junior	Collegiate athletic trainer
Janine	Junior	Athletic trainer
Karen	Junior	Physician extender/physician assistant
Laura	Sophomore	Collegiate athletic trainer
Lindsay ^a	Senior	High school athletic trainer
Quinn ^a	Senior	High school athletic trainer
Palmer ^a	Senior	High school athletic trainer
Payton ^a	Senior	Collegiate athletic trainer
Rhoni	Senior	Collegiate athletic trainer
Riley	Junior	Professor of athletic training
Sadie	Sophomore	Professional athletic trainer, golf
Sam	Senior	Collegiate athletic trainer
Sarah ^a	Sophomore	Collegiate athletic trainer

^a Indicates mentorship from a female athletic trainer with children.

Table 2. Interview Guide

What are your personal goals?
How do you maintain a balance as an athletic training student?
What has helped you succeed with the demands of your ATEP?
Do you believe females can persist in athletic training once they have started a family? (Please describe.)
How can females persist in the profession of athletic training once they've started a family?
What are your professional goals? Will they change once you have a family? Explain.
Is mentorship critical to keep female ATs in the profession? Have you had a role model/mentor? Explain.
Do you believe having a female mentor could positively influence your impressions of remaining in the profession of athletic training after having a family? (Does gender really play a factor in the mentoring?)
If you were able to work alongside one of these female (who are balancing work, parenthood, and other responsibilities) ATs, do you think you would be more apt to feel work-life balance is attainable?

Abbreviations: ATs, athletic trainers; ATEP, athletic training education program.

participation, increased sense of confidentiality and anonymity, and popularity of technology.¹⁹ Several researchers^{9,12,14,15} in athletic training have capitalized on this method to help increase participation among ATs, who work long hours and for whom this method is more accommodating. Moreover, online methods appear to be more appealing to college students, who are well versed in today's technology and have the freedom to share their experiences and opinions without having to engage in a phone or in-person interview with a previously unknown researcher.

The female ATs were asked a series of questions regarding their perceptions of work-life balance in athletic training, retention of women within the profession, and methods to help retain women in the profession (Table 2). The 9 questions were generated by the researchers to reflect existing literature on work-life balance,^{3,4,12,14} retention,⁸ and mothering.^{6,16} A female AT with experience in qualitative methods was asked to review the structured interview guide for clarity, interpretability, and content. Changes to correct grammar and improve flow of the interview questions were made based upon the feedback provided by the review. The participants were instructed to journal their thoughts and opinions, without a space or word-count limitation.

Data Analysis and Trustworthiness

All data were copied and pasted directly from the online system for analysis, and responses were grouped. The analysis followed the general inductive process, a common method used in health and social science research.²² This method of analysis was selected to help uncover the most dominant themes from the data as they related to the specific aims of the study. All transcripts were thoroughly and carefully reviewed several times by 1 researcher. Following the specific objectives established at the outset, labels were assigned to similar or shared thoughts and experiences. Once this stage was complete, the researcher shared the dominant themes with a peer, who reviewed the transcripts, researcher's notes, and assigned labels. Agree-

ment was reached, and the data were categorized into 3 themes, as discussed in the "Results" section.

Using at least 2 credibility strategies, as discussed, promotes methodologic rigor,²⁰ and allowing data saturation to guide participant recruitment has been recommended to prove credibility.²¹ In addition to peer review, participant checks²¹ were used to help establish credibility of the data. The interpretative participant check was completed in 2 phases and is a form of member checking²¹ that enables the participant to provide credibility and authenticity to the data by confirming the researcher's analysis. First, after data analysis and peer review were complete, 2 female ATs reviewed the themes. Both students agreed with the final presentation of the dominant themes. Second, 4 more female ATs, each from a different athletic training education program, were asked the same questions as the initial participants, and the data were analyzed to confirm the emergent themes derived from the initial cohort. The 4 female ATs in the second phase had comparable demographics (age, clinical experience) with the initial pool of students and were recruited based upon convenience and fulfilling criteria.²⁰

RESULTS

Three major themes emerged from the data to explain the female ATs' perspectives on persistence in athletic training after having a family. The first theme, clinical setting, speaks to the belief that work-life balance and retention in athletic training require an employment setting that fosters a family-friendly atmosphere and a work schedule, including travel and work hours, that allows for time at home. The second theme, mentorship, reflects the acknowledgment that a female mentor who is successfully balancing the roles of mother and athletic trainer would affect the ATs' ability to follow her lead. The final theme, work-life balance strategies, illustrates the need to have a plan in place to meet the demands of both home and work life. A discussion of each theme follows with supporting quotes from participants.

Clinical Setting

The participants discussed how persistence in the profession after starting a family depended upon working in a clinical setting that was conducive to the role of mother. For example, Laura said, "Once I have started a family, I would need to find a job that has a schedule that would work with my family lifestyle." Palmer wrote, "I would need a job with more structured hours." Amber shared, "It may require having a modified schedule, where it [is] more 9 to 5." One participant-check member felt similarly regarding the structure of a 9-to-5 job. She commented, "A female athletic trainer who *did* work a 9-5 AT [athletic training] job at a clinic or as a physician extender would have a much greater ability to maintain a stable family life." Many participants felt that the secondary school level would be more amenable than the collegiate setting to having a family and balancing the roles of mother and AT. Karen described her opinion on the best clinical setting for having a family: "I think the high school setting would make it easier to have a family as well. The overall school atmosphere is more welcoming to children. Also, there is very limited travel involved, unlike the

college setting.” Gillian echoed Karen’s thoughts, saying “being at the high school level would be easier, compared to the professional or college level, as the hours are longer, [and] travel time can be gruesome at those levels.” The transition to a position within the secondary school setting after starting a family was supported by another participant-check member, who noted, “Then once I am ready to settle down with someone and start a family, I would want to be an athletic trainer at a high school.” Her rationale for this position change was that “[it is] a low-key setting.”

Work hours and travel appeared to strongly influence the participants’ impressions of the high school setting and why it would be a more suitable work environment to balance motherhood and athletic training duties. Emma agreed with Gillian and Karen: “I think the easiest way for females to persist in athletic training once they start a family would be to work at a local high school. There they would not be required to travel with a team and the schedule would be a lot more regulated.” Several participants also mentioned working in a clinical setting that afforded more structured working hours, such as a nontraditional setting. Sam reflected, “Some female athletic trainers may seek alternate settings such as the clinic/hospital [or] industrial to gain a more traditional work schedule. It would help with scheduling.” Despite the discussions related to clinical setting, all but one indicated professional goals that included full-time positions working as ATs. Furthermore, only 3 students wanted a career as an AT in a clinical setting (eg, high school), which was identified earlier as more family friendly.

Mentorship

The female ATs felt strongly that a female mentor who had children would greatly benefit the profession, as well as them personally, in modeling that motherhood is possible in athletic training. Quinn wrote, “I think that mentorship is critical to keep female athletic trainers in the profession. If you observe a woman [who is] maintaining both aspects of her life [family and career] and is happy, then it makes you want to do the same, taking pointers from her [success].” Payton shared the same beliefs: “I believe having a mentor or seeing another female athletic trainer successfully balance both starting a family and working can/will motivate females and give them comfort knowing that it is possible.” Another student mentioned the importance of seeing other women not being overworked and managing both family and job responsibilities in reasonable time periods. Rhoni stated, “As a young professional, it is vital to see that you don’t have to work 80 hours a week to maintain your professional status as an athletic trainer.” A participant-check member supported the claims of mentorship: “MOST DEFINITELY. Seeing is believing, so they say. Hearing someone’s ‘story’ would go a long way and would be very motivating [for me to persist].”

Although mentorship was cited as an important retention factor, only 2 participants were able to receive mentorship directly from a female AT with children who was employed in the collegiate clinical setting. Three additional students were able to gain mentorship and supervision from mothers employed in the secondary school setting; however, overall exposure to female ATs who were married with children was limited for this group of participants. One participant

believed that direct mentorship would be of greater value than reading a case study or having discussions with a current clinical instructor. Catie wrote, “Having a female mentor who successfully has started a family, while also maintaining an athletic training position at the college/professional level, would positively influence my impression. It is easy to read stories of how women have managed or succeed but to actually witness it, that would be very interesting and more persuading.”

Work–Life Balance Strategies

While discussing the probability of persisting in athletic training, many female ATs mentioned developing strategies for fulfilling work–life balance, including a work environment that allowed integration, time-management skills, strong communication skills, and support from a spouse or supervisor (or both). Jane noted the need for integration and support in a work setting: “Having a supportive partner, then it can be possible to work things out. Also if you have day care near your work [to visit during the day] or to have the chance to have your child or husband come to work for lunch or what not, that can help a female persist.” Payton commented, “Females can remain in whichever setting they are working in if they have the support from their supervisors, administrators, peer athletic trainers, and spouse.” Rhoni felt it was simple: “Time management is very important in the balance of work and family.”

Sadie said that sharing responsibilities with her spouse could greatly enhance her ability to find a balance. She wrote, “I feel like the best way to persist for me once I have a family would be to have a balance of family duties with my spouse. If you have a husband who is willing to help, it just becomes that much easier to support a family.” The idea of having a supportive, understanding partner or spouse was conveyed by all 4 members of the participant check. For example, one revealed, “In order to persist in the profession of athletic training, a woman needs to have support to help her with her family. She needs a boyfriend/husband who helps out so she has time to do what she needs/wants to do [at work and at home].” Palmer noted that communication was essential to feel a sense of balance between the roles. She shared, “Communicate with your supervisor to let them know the certain times you may need to attend to family or personal needs.” Sadie, too, felt that communication is helpful in creating a family-friendly work environment, saying, “Asking in advance for certain times/days off to attend family events is important [to create a family atmosphere].” Lindsay summarized the most important elements for fulfillment of work–life balance for the female AT: “Females must have understanding partners, an understanding employer that allows for flexibility of one’s schedule and, if appropriate, is all right with children/partner occasionally being in the athletic training room or at events.”

DISCUSSION

Our study was motivated by a combination of factors, including the results of previous research, which indicated that impending motherhood can influence career choice,^{3,4,6,13} and the extensive time commitment associated with a career in athletic training, which can persuade the

student and athletic training professional to change majors, careers, or positions.^{3,6,23} Before completing this exploratory investigation, our understanding of female ATs' perceptions of the profession and the feasibility of sustaining a career in athletic training once starting a family was limited.

Comparable with other research findings, the clinical setting, particularly at the secondary school level, is perceived to provide a more suitable work environment than the collegiate setting for the female AT.⁶ However, the secondary school athletic trainer often works afternoons, evenings, and even weekends. This perception may reflect a focus on the prekindergarten years of child care and parenting, when the parent and child have limited school-related functions and responsibilities. This thought may be partially supported by the findings of Kahanov and Eberman,⁷ who noted that after age 28, women tend to leave the profession, possibly to start a family. Female ATs also recognize the need for the AT-mother to have strategies in place to balance the demands of both a career and personal and family needs.¹⁶

Clinical Setting

Athletic trainers who are employed in the National Collegiate Athletic Association Division I clinical setting are subject to working long hours (>40 per week), which can significantly affect the time available for family, friends, and personal obligations.⁶ The time commitment associated with the AT role has been a major catalyst for conflicts between work and home, as well as attrition from the clinical setting and the profession.^{4,12} Although the AT employed in the secondary school setting is susceptible to work-family conflict,⁹ this cohort of students perceives the setting as offering a more supportive, favorable environment for the working mother. This perception was based upon the work schedule, including lack of travel, as well as the impression that coaches and administrators are more supportive of family integration. The students' insights reflect the limited existing literature on the ability of the secondary school AT ability to find a balance within this setting.⁹ Furthermore, empirical data indicate the female AT moves away from the collegiate setting⁶ due to work-life balancing concerns⁹ and the profession entirely for a myriad of reasons.⁸

A family-friendly workplace is often established through coworker support and job sharing.^{12,15} However, at the secondary school setting, this may not always be possible because often only 1 AT is employed by the school. Even so, the female ATs seemed to feel that this work environment provides more viability when it comes to parenting and work-life balance. Control over their work schedule or a more structured work schedule was the dominant reason for this belief, which echoes the results of Pitney et al.,⁹ who demonstrated that ATs who had more control over their work schedule experienced fewer problems balancing their roles. Furthermore, ATs employed within the clinic or rehabilitation setting have a more structured, typical 9-to-5 workday compared with those who work in the more traditional setting at the collegiate or professional sports level.²⁴

Regardless of the clinical setting, it is important to note that a family-friendly workplace can be created. Many

organizational policies exist to help establish a family-friendly workplace environment, including the most popular: providing flexibility in one's workday.²⁵ As illustrated by several recent investigations in athletic training,^{10,14,24} other factors that contribute to a family-friendly workplace include supervisor support, professional autonomy and control over one's work schedule, and the implementation of personal work-life balance strategies. Communication with coworkers, supervisors, and spouses is also important, as mentioned by this group of students, because it allows the AT to capitalize on time management, prioritize daily responsibilities, and maintain a sense of balance. Effective communication was emphasized by a female AT employed at the collegiate setting as key to her ability to find a balance in life, because it enabled her to negotiate a better work schedule and capitalize on her professional strengths as an AT.¹⁶ Our findings from the perspectives of the female ATs align with those for other health care providers in managing work-life balance and suggest the need for a supportive workplace environment, protection of personal time, and control over an individual's work schedule.^{25,26}

Mentorship

Mentorship, a crucial component in helping a health care professional learn the roles, attitudes, and expectations of the profession, was identified by this group as a potential retention factor. Generally speaking, it is rare to see a female AT persist at the collegiate setting after having children, as indicated by the demographic data^{3,4,6} and empirical data^{6,8} linking position change, clinical setting change, and attrition from the profession to the start of a family. The lack of strong role models for young female athletic training professionals suggests it may not be possible to balance work and parenting or home life. Mentorship and role modeling have been documented as strong socializing agents for athletic training students and young professionals²⁷⁻²⁹ that have helped the young female AT navigate challenges associated with career development and gender bias.³⁰ As more women remain in the profession while successfully managing motherhood, they will be able to mentor others to do the same or at least give them an appreciation for the skills necessary to successfully assume both roles. Women who have successfully managed motherhood and employment in the collegiate setting may inspire other women to do the same.¹⁵ As pointed out by one female AT, case study presentations are helpful, but they lack a sense of realism in that the day-to-day role modeling is missing, making them less authentic and believable. Educational programs that are preparing young athletic training professionals should seek clinical instructors who are mothers to mentor female ATs to help them develop the necessary skill sets to be successful as both ATs and mothers. In addition, as more supervisors and administrators continue to support family-friendly work environments, more women may opt to stay in the athletic training profession instead of leaving once they have children. Conversely, however, the collegiate setting may not offer a work environment that is conducive to meeting the obligations associated with motherhood and parenting, which would indicate an organizational problem and not strictly a female concern.

Work–Life Balance Strategies

Achieving work–life balance has consistently been one of the most important retention factors, especially in the sport industry.^{8,16,31,32} It makes sense that this cohort of female ATs recognizes the importance of having strategies to achieve work–life balance. As previously discussed, the clinical setting can partially mitigate the difficulty of work–life balance for the female AT. However, as indicated by previous researchers,^{12,15} the individual must also recognize which personal methods will aid her in achieving work–life balance because personal values, attitudes, and family structure can also influence one’s ability to sustain a balance.³³ Similar to the findings of this study, support networks, spousal support, and time-management skills have been discussed frequently within the literature as important factors for the working professional to fulfill work–life balance.^{15,34} Establishing professional and personal boundaries and priorities is also an important strategy that may help to limit problems with work–life balancing by separating the roles and allowing for task completion.^{10,35} Although our cohort of female ATs did not mention this strategy, it should be encouraged among young professionals as they begin their careers, particularly because job stressors and demands can lead to work–life balance difficulties.⁴

Balancing motherhood in a collegiate setting requires a strong support network.¹⁶ Critical to achieving a supportive work environment is a supervisor or administrator who shares family values, promotes a philosophy of integration, and encourages job sharing and teamwork among the sports medicine staff.^{12,15,24} Retention in the workplace, especially for the female AT with children, has been linked to supervisor support and a family-friendly workplace.¹⁶ Sharing the workload among colleagues has been suggested as an important way to fulfill work–life balance^{12,24} by allowing the AT to attend family events (planned or unexpected) despite workplace obligations. The female ATs recognized that support at the organizational level would greatly benefit them as future mothers in affording them the chance to both be a hands-on parent and attend to the needs of their athletes and patients. Family integration has also been discussed as a means to promote more family time for the athletic trainer. This concept allows family time to be integrated into the workday. Although the secondary school level has traditionally been more open to this strategy,⁹ recent reports^{15,16} have indicated that family integration is possible at the collegiate setting with supervisor and coworker acceptance.

Having support outside the workplace is also important in promoting a balanced lifestyle, as identified by this group of women as well as by current AT-parents.¹⁶ Shared responsibilities in the home, as in the workplace, can help to alleviate some of the workload for the mother, allowing her to successfully meet her patient care needs and administrative responsibilities as well as her family obligations. Several participants also discussed the need for planning, communication, and time-management skills to succeed at both roles; these qualities are often associated with being an AT and a mother. Time-management skills, without a doubt, are necessary for any individual to be productive and diligent in completing tasks and maintaining a balanced lifestyle.¹²

Limitations and Future Research

The data presented in this manuscript reflect the opinions of only a small number of female ATs. Although they represent 3 academic levels, the results cannot be generalized to all female ATs. Future researchers should study all academic levels, including students who have not yet begun athletic training-specific coursework and clinical education experiences, because the socialization process may have a profound influence on their opinions and eventual career intentions. Moreover, this cohort represents students enrolled in an accredited program housed within a Division I university. They were exposed to clinical experiences in a variety of settings; however, their experiences may represent only those students at large universities with significant resources and may reflect a biased opinion toward that setting. Many of the students alluded to the fact that the collegiate setting, especially at the Division I level, was less supportive of a female AT trying to raise a family. Future investigators may want to examine whether clinical education experiences at the various levels affect women’s perceptions of work–life balance. Last, because mentorship appeared to be one of the most valuable tools for persistence in the profession, future authors should evaluate female students who have had female mentors with children. Our specific cohort lacked this experience, because only a few ATs were able to work directly alongside a female AT with a family, especially at the collegiate level.

CONCLUSIONS

All working professionals, including athletic trainers, are susceptible to experiencing conflicts while balancing the demands of a career, parenthood, and life. Although gender differences in work–life balance are often reported by other professionals, evidence that gender plays a role in these conflicts for female ATs has been limited.^{3,4,9} However, some findings^{6,8} contradict this notion and suggest that women leave the profession when they start a family, which is concerning because work–life balance can occur within athletic training. Our results parallel the existing data and continue to illustrate the need for support networks, creative work schedules, and personal work–life balance strategies. In general, patient care can be demanding, yet rewarding, and ATs must realize a balance can be established between motherhood and work responsibilities. As more female ATs learn to balance the roles successfully without sacrificing one for the other, athletic training will be seen as a viable profession for mothers.

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