2018 Fall

Kentucky Association of Health, Physical Education, Recreation and Dance

KAHPERD
Kentucky Association for
Health, Physical Education, Recreation and Dance

[KAHPERD JOURNAL]

Volume 56, Issue Number 1
ISSN: 2333-7419 (Online Version)
ISSN: 1071-2577 (Printed Copy)

KAHPERD Journal
Volume 56, Issue 1, 2018 (Fall Issue)
ISSN: 2333-7419 (Online Version)
ISSN: 1071-2577 (Printed Copy)

TABLE OF CONTENTS

(Peer Reviewed Articles)

2018 KAHPERD Board and Officers

Office	Name	Email
President	Candace Young	candace.young@newport.kyschools.us
President-Elect	Daniel Hill	Daniel.hill@fayette.kyschools.us
Past-President	Deborah Campbell	*Deborah.campbell@madison.kyschools.us*
Executive Director	Jamie Sparks	Jamie.sparks@education.ky.gov
Secretary	Barbara Willoughby	*b.willoughby@moreheadstate.edu*
Convention Manager	Deborah Campbell	*Deborah.campbell@madison.kyschools.us*
Physical Education	Trina Goodrich	katrina.goodrich@montgomery.kyschools.us
Health	Robin Richardson	robin.richardson@fayette.kyschools.us
General	Gavin Washington	gavin.washington@kysu.edu
Dance	Lydia Austin	*lydia.austin@bourbon.kyschools.us*
Sport and Leisure	Jamie Neal	Jamie.neal@simpson.kyschools.us
At Large West	Kim Demling	kimdemling31@gmail.com
At Large West	AJ Mortara	*Anthony.mortara@Berea.edu*
At Large East	Billie Stone	*Billie.stone@jefferson.kyschools.us*
At Large East	Lonnie Davis	Lonniejoedavis@gmail.com
Elementary Physical Education Section	Kyle Chevilier	Kyle.chevalier@kenton.kyschools.us
Secondary Physical Education Section	LaDonda Porter	ladonda.porter@fayette.kyschools.us
Adapted Physical Education Section	Juli Neace	juli.neace@boon.kyschools.us
Coaching Section	DeAndre Florence	deandre.florence@covington.kyschools.us
Sport Management Section	Kailie McKinley	kalie.mckinley@ahsrockets.org
Recreation Section	Chad Sweeny	chad.sweeney@hardin.kyschools.us
Research Section	Miranda Terry	mterry4@murraystate.edu

Exhibits Manager/Silent Auction	Billie Stone	*Billie.stone@jefferson.kyschools.us*
Co-Journal Editor	Steve Chen	*s.chen@moreheadstate.edu*
Co-Journal Editor	Gina Gonzalez	g.gonzalez@moreheadstate.edu
Newsletter	Angela Stark	angela.stark@fayette.kyschools.us
Website	Jamie Sparks	Jamie.sparks@education.ky.gov
Necrology	John Ferguson	*John.ferguson@eku.edu*

A Message from the KAHPERD President

Greetings KAHPERD friends,

It has been a pleasure to serve as your 2018 KAHPERD President, I have truly enjoyed this journey! It is an honor to introduce the 2018 Fall edition of the KAHPERD Journal. I first and foremost, want to thank Dr. Chen and Dr. Gonzalez and their incredible team for serving our profession and helping construct a high quality product, which is that of, the KAHPERD Journal. Their time and commitment to this publication is a treasured asset to all those in our profession! I would also like to acknowledge each of the writers for your professional contributions to this edition! Let's keep the momentum going to bridge the equity gap for improving the WHOLE individual. Let's continue to TREASURE OUR PAST AND SHAPE OUR FUTURE! #KYAHPERD18. The future of KAHPERD is bright and I truly hope you enjoy this edition of the KAHPERD Journal.

Sincerely,

Candace Young
KAHPERD President 2018

Acknowledgement

As the Editors of the KAHPERD Journal, we would like to show our appreciation to the following guest-reviewers for their assistance in reviewing this current issue.

Dr. Jennifer Dearden, Morehead State University; Dr. Monica Magner, Morehead State University; Dr. A. J. Mortara, Berea College; Dr. Elizabeth Whitney, University of Kentucky; Dr. Kristi King, University of Louisville; Dr. Elizabeth Ash, Morehead State University; Dr. Mei-Lin Lang American College,

Sincerely,

Gina Blunt Gonzalez, KAHPERD Journal Co-Editor
Steve Chen, KAHPERD Journal Co-Editor

KAHPERD Journal Submission Guideline

SUBMISSION OF A PAPER

The KAHPERD Journal is published twice yearly (spring and fall) by the Kentucky Association for Health, Physical Education, Recreation, and Dance. The journal welcomes the submission of empirical research papers, articles/commentaries, best practices/strategies, interviews, research abstracts (spring Issue only) and book reviews from academics and practitioners. Please read the information below about the aims and scope of the journal, the format and style for submitted material and the submissions protocol. Your work will more likely to be published, if you follow the following guidelines thoroughly. Articles are accepted via an electronic attachment (must be in Microsoft Word format, doc or docx) through e-mail to the editor before the deadline dates. Submissions should be sent to either one of the co-editors, Gina Gonzalez: g.gonzalez@moreheadstate.edu or Steve Chen: s.chen@moreheadstate.edu
Deadlines: Spring issue—March 1 & fall issue—September 1

AIMS AND SCOPE

The main mission is to bring together academics and practitioners to further the knowledge and understanding of issues and topics related to health, physical education, sport administration and marketing, exercise science, sport coaching, dance, and recreation, etc. We encourage submissions relating to these topics from a variety of perspectives.

CONTENT

All articles should be written primarily to inform senior practitioners and academics involved in areas of health, physical education, recreation and dance.
Research articles should be well grounded conceptually and theoretically, and be methodologically sound. Qualitative and quantitative pieces of research are equally appropriate. A good format to follow would be: Introduction, Literature Review, Methodology, Results, & Discussion, Conclusion, and Implication. Articles may include an abstract of approximately 150 words including the rationale for the study, methods used, key findings and conclusions. Article should not exceed 10 single-spaced pages (not including references, tables, and figures).
Reviews of books and/or reports are welcome (around 1000-2000 words). Information concerning the book/report must be sent to the editor.
Interviews (it would be nice to discuss with the editor beforehand) and best practice/strategy papers of 1,500-3,000 words should be objective and informative rather than promotional and should follow the following format: Objective/Background/Discussion and Practical Implication.
Research abstracts (300 words or less) are welcome. The submitted abstracts should have been presented (either an oral or a poster presentation) in the KAHPERD annual conference in the previous year.
*The editors are keen to discuss and advise on proposed research projects, but this is no guarantee of publication.

FORMAT AND STYLE

Manuscripts should follow the form of the guidelines for publications outlined in the 6th edition of the Publication Manual of the American Psychological Association.

Tables, charts, pictures, diagrams, drawings and figures should be in black and white, placed on separate pages at the end of the manuscript. They must be submitted photo ready and reproduced to fit into a standard print column of 3.5 inches. Only one copy of each illustration is required, and captions and proper citations should be typed on the bottom of the table and diagrams. Jargon should be reduced to a minimum, with technical language and acronyms clearly defined. The accuracy of any citations is the responsibility of the author(s).
For more specific style questions, please consult a recent edition of the journal.

SUBMISSIONS PROTOCOL

Submission of a paper to the publication implies agreement of the author(s) that copyright rests with KAHPERD Journal when the paper is published.
KAHPERD Journal will not accept any submissions that are under review with other publications. All manuscripts submitted will be peer reviewed by 3 members of the editorial board. To be accepted for publication in the journal, the article must be approved by no less than 2 of the 3 reviewers. Authors will normally receive a decision regarding publication within six to 12 weeks. Rejected manuscripts will not be returned.

(Peer Reviewed Article)

Using Wellness Coaching Techniques to Anchor SMART Goals

Paula Kommor, the University of Louisville in Louisville, KY.
Cheryl A. Kolander, the University of Louisville
Carol O'Neal, the University of Louisville
Betty W. Straub, Educational Evaluation and Consulting, Louisville, KY.
Patricia Benson, the University of Louisville in Louisville, KY.

Abstract
A successful pedagogy was developed that integrated a Specific, Measurable, Action, Realistic and Time-Bound (SMART) goals process into a wellness coaching curriculum at the university level. Wellness coaching is a client-centered, strength-based approach using clients' current strengths and past successes to reach health goals. This article described a strategy to prepare wellness coaching students to use SMART goals as the foundation for coaching clients. Students used the following coaching components to anchor and support goal setting with the clients: building rapport, creating a wellness vision, stating goals in the positive, setting SMART three-month goals and setting weekly goals. An interdisciplinary curriculum, which integrated five pillars of wellness coaching, supported the SMART goal setting process. The pillars included positive psychology, appreciative inquiry, motivational interviewing, stages of change model and self-efficacy theory. The effectiveness of the program was demonstrated by pre- and post-questionnaires of the Satisfaction with Life Scale and the Quickie Well-Being Assessment.

Keywords: wellness coaching, goal setting, peer coaching

Introduction

Wellness coaching, a client-centered, strength-based approach to reach health goals, is an emerging best practice in health promotion (Wolever, Jordan, Lawson and Moore, 2016). Wolever and colleagues (2016) initiated the process of delineating the competencies required of wellness coaches through a job-task analysis study. They found 21 tasks that identified the knowledge and skills required of wellness coaches. This article focuses on describing the knowledge and skills required for "work with the client to establish goals that will lead to the vision," a component of the coaching process (Wolever, Jordan, Lawson and Moore, 2016, p8). The development of a successful pedagogy that integrates a Specific, Measurable, Action, Realistic and Time-Bound (SMART) goal setting process into a wellness coaching curriculum is described.

At a large, metropolitan university in Kentucky, students seeking wellness coaching training enroll in a three-credit hour Introduction to Wellness Coaching course followed by a supervised internship. In the introduction course, students are prepared to become wellness coaches by

applying evidence-based principles with their peers. Successful completion of this course and its skills allows them to sign up for a three-credit hour internship in which they facilitate wellness coaching with a minimum of five clients (four university faculty or staff and one peer) for one semester. Faculty and staff sign up for wellness coaching through a health management program (Get Healthy Now) for university faculty and staff. The employees are informed that the students are supervised by a certified wellness coach, but are not certified themselves.

This program has been popular across our campus constituencies. In the last 5 years, 227 clients (faculty or staff) have been coached by wellness coaching interns, providing 1350 one-on-one wellness coaching sessions to employees enrolled in the health management program. The program has been successful in improving the well-being of our clients. Pre- and post-questionnaires of the Satisfaction with Life Scale (Diener, Larsen and Griffin, 1985) and Quickie Well-Being Assessment (Moore, and Tschannen-Moran, 2010) were used to evaluate the effectiveness of the program for our clients. In 2015, the Satisfaction with Life Scale indicated a 12% increased integration of values into day-to-day activities, and therefore enhanced well-being for the clients. The Quickie Well-Being Assessment indicated a 10% increase in the ability of the clients to master their well-being in 2015. The clients also rated their wellness coaches on International Coaching Federation (ICF) Core Coaching Competencies using a 5-point Likert scale. The ICF Core Coaching Competencies assessed were: set the foundation of the coaching relationship, co-create the relationship, communicate effectively, and facilitate learning, results and awareness (International Coaching Federation, 2018). The average Likert scale rating for the wellness coaches was 4.88/5.00 in 2015.

This paper focuses on preparing wellness coaching students to use SMART goals as the foundation for coaching clients, since goals play an important role in human behavior and are important regulators of human action (Alispatic, 2013). In addition, students are encouraged to use SMART goals for themselves to gain a deeper understanding of the goal setting process their clients will be experiencing.

Goals are defined in the program as conscious actions and behaviors that contribute to achieving higher levels of wellness. By setting goals, clients gain more control of their behaviors and the process used to achieve change and maintain improvement (Alispatic, 2013). In helping clients set and reach goals, our students facilitate the clients' ability to set and achieve future aims, health-related and otherwise. Our students also provide feedback to the clients during the coaching sessions throughout the semester to assist them in gaining clarity about the process of reaching a goal. Thus, the overall purpose of focusing on goal setting in wellness coaching is to give clients the tools necessary to achieve and continue health-promoting actions that often extend to other areas of life. This article highlights the current literature on goal setting theory. Then, the article describes a typical strategy for teaching goal setting. Finally, the article discusses the principles of wellness coaching in anchoring the best strategies for moving clients toward appropriate, effective goal setting.

Goal Setting Theory

A goal is the focus of an action or task that a person consciously moves toward achieving (Locke & Latham, 2006). In our case, the client purposefully sets a goal to serve as motivation to move toward a higher level of well-being. Setting goals generates motivation to change, and research by DeWalt and colleagues (2009) found a direct correlation between achieving a set goal and creating more goals. Goals typically include several important features: goal difficulty, goal specificity, feedback, goal acceptance and goal commitment. Goal difficulty focuses on setting increasingly more challenging aims because difficulty generates more enthusiasm for accomplishing the goal (Locke & Latham, 2002). Goal specificity provides increasing precision and explicitness of the plan, with explicit details leading to more likelihood of accomplishing the goal (Locke & Latham, 1990; Webb & Sheeran, 2005). Feedback is most effective when related to the goal and the method of tracking or checking the goal is readily available. Feedback can be positive or negative, and the individual's response to feedback determines their level of persistence and adherence (Locke & Latham, 2002). Goal acceptance suggests that internalized goals are more likely to improve performance than incentivized, external goals; external goals may be achievable but are not optimal for long-term success (Deci & Ryan, 2000). Internal goals are more likely to increase a client's motivation and perseverance to achieve and maintain desired results (Deci & Ryan, 2000). Thus, involving the client in setting a goal rather than imposing one upon the client is more likely to result in goal acceptance. Goal acceptance is more likely to result in goal commitment, leading to accomplishment and integration of the goal.

Components of Goal Setting

Guidelines for goal setting have been formulated precisely by Gauggel and Hoop (2003) and Locke (1996) and summarized by Alispahic (2013). These guidelines included:

1. More difficult goals result in greater achievement;
2. More specific and explicit goals give rise to greater achievement;
3. Commitment is essential and attained when:
    a. Goals are perceived as important to the individual; and
    b. Goals are perceived as attainable by the individual.
4. Self-efficacy influences:
    a. The challenge that the individual is willing to set;
    b. The commitment of the individual to the goal;
    c. The individual's response to negative feedback or failure;
    d. The choice of strategies to achieve the goal; and
5. Feedback related to the goal helps the individual track progress.

SMART Goals

The SMART strategy is a useful model to teach goal setting (Doran, 1981). Several definitions of the acronym exist, but we chose to use the description cited most often in health textbooks: Specific, Measurable, Action, Realistic, and Time-bound. A goal states the desired future action that the client wants to obtain. Setting goals using the SMART framework typically involves

using a template for clients to complete; a sample template is provided in Figure 1 **(**Moore, M. & Tschannen-Moran, 2010; O'Neil & Conzemius, 2006; Rose, 2015).

Table 1. SMART Goal Template

S	Specific	When? Where?
M	Measureable	How will you know you accomplished this action? How can you track this action?
A	Action	How will you do this?
R	Realistic	On a scale of 1 to 10, how confident are you that you can achieve this goal?
T	Time-Bound	When and for how long will you work on this goal?

With each component of goal setting, the client is asked several questions before writing down a response. For **S**pecific, a client might ask themselves: What is it I want to accomplish? What resources do I need to meet the goal? What barriers might prevent me from meeting the goal? Where will the action take place? What makes this goal important to me? For **M**easurable, the questions might be: How will I measure my progress? How will I know if the goal has been accomplished? How many or how much will I set? For **A**ction, the client would consider: How can the goal be accomplished? What are the logical steps I need to take to achieve the goal? How important is this goal to me? What values, attitudes, skills and capacity do I need to achieve the goal? For **R**ealistic, the client thinks about: Is this a worthwhile and challenging goal? Is this the right time for me to attempt this goal? Is this goal aligned with my well-being? For **T**ime-bound, the client wonders: How long will it take to achieve this goal? What is the time frame I have to complete the goal? When and where am I going to work on this goal? Can this goal be achieved during the time I have available? (Doran, 1981)

Using this model, clients learn how to move from vague "shoulds" and "wishes" to determine what they really want to accomplish and the motivation to get there. By achieving conscious goals, the clients become motivated to set and achieve future goals. They also will discover the benefits of setting time-bound goals (a semester or number of weeks) that can be used as they begin thinking about and setting longer-term goals throughout adulthood.

Wellness Coaching Approach to Behavior Change

During wellness coaching sessions, the students use the following coaching components to anchor and support goal setting with clients (Moore and Tschannen-Moran, 2010).

1. Build rapport. The wellness coach helps clients set and achieve SMART goals. When clients understand that the wellness coach can offer support and encouragement as they strive to meet a goal, clients will be more likely to discuss the barriers they are encountering as they move toward achieving a goal. Building rapport is essential if clients are expected to develop lasting results, rather than perceive this life skill as a superficial task. Some rapport-building techniques that are shared with clients may

include finding something they have in common, establishing confidentiality, mirroring the client's body language, being authentic, and being present in the moment.

2. Create a wellness vision. A wellness coaching technique that many coaches use to initiate goal setting is clearing the mind through an envisioning activity. Clients are encouraged to relax and envision their best self in place where they feel safe and comfortable. Clients are encouraged to select a vision from the heart, not the logical head. Clients then share this picture of their future, better defining the vision for themselves as the coach seeks clarity through prompts and refinements. Creating a wellness vision is a strategy to encourage the client to determine their highest wellness value and to increase intrinsic motivation.

3. State goals in the positive, not negative. Rather than focusing on stopping smoking or losing weight, the client can focus on becoming smoke free or increasing exercise levels or eating more fruits and vegetables. The focus is not on a negative pattern such as stopping or avoiding a behavior, but rather on moving toward behaviors that are more positive. After the wellness visioning activity, the wellness coach can ask the client: "What behavior are you willing to do on a regular basis that will help you move closer to the most important value identified in your wellness vision?"

4. Set SMART three-month goals. Based on the response to the above question, the wellness coach will begin applying the SMART goals strategy with clients. Since the typical school year is subdivided into semesters, establishing three-month goals will correspond with a wellness coaching internship. Using a template for SMART goals, the wellness coach can guide the clients through the process.

    a. Specific. Ask: When? Where?
    b. Measurable. Ask: How will you know you accomplished this action? How can you track this action? The wellness coach can suggest a log, an app, or the calendar.
    c. Action based. Ask: How will you do this? The client's goal is not an outcome or New Year's resolution; rather it is a behavior that will help the client move toward a desired outcome. Clients learn that they cannot control outcomes, but they can control their own behavior.
    d. Realistic. Ask: On a scale of 1 to 10, with 10 being the most confident, how confident are you that you will accomplish this goal. Work with clients to find a confidence level of at least eight. If it is below eight, ask the client how they might change the goal to increase their confidence level. Keep reworking the goal with the client to find at an adjusted goal with at least a confidence level of eight.
    e. Time bound. Ask: How many days and for how many hours will they work on this wellness goal each week?

5. Set weekly goals. Once a client has completed a three-month goal process, start by asking: What behavior are you willing to do next week that will help you move closer to your three-month goal? Each week (preferably Monday), the wellness coach will review the wellness goal with the clients and ask for feedback on how their week went. Clients will be encouraged to adjust their weekly goals as necessary. Accomplishing small steps is beneficial and critical for building confidence in goal setting strategies.

Five Pillars in Wellness Coaching

Our wellness coaching curriculum has an interdisciplinary foundation. Students are encouraged to take courses (e.g. Motivational Interviewing, Health and Exercise Psychology, Wellness Coaching, Life-span Developmental Psychology, etc.) that focus on five pillars of wellness coaching, which are presented here.

Pillar 1: Wellness coaching is built on positive psychology. Wellness coaches see the client as whole, resourceful and creative. Positive psychology, similar to wellness and health promotion, balance the disease or pathology models of the past. Coaches help the client increase life satisfaction and encourage movement from normal state to a positive state, rather than merely from a negative state to a normal state (Chapman, Lesch, and Baun, 2007).

Pillar 2: Appreciative inquiry (AI) allows the coach to explore and amplify the client's strengths and past successes. AI builds upon the focus on positive psychology by using affirmative questions to facilitate goal setting, creating a positive environment for coaching sessions (Billings & Kowalski, 2008).

Pillar 3: Motivational interviewing (MI) is a method to explore client or student ambivalence, a strategy that will help them move forward. The ultimate goal of MI is to have the client say aloud their own specific specific reasons for intended change. MI helps clients break down behaviors into manageable components and break through barriers (Droppa & Lee, 2014).

Pillar 4: The stages of change model (Prochaska & DiClemente, 1983) states that we typically go through identifiable stages when we are attempting to make a change. The coach customizes coaching tools based on the stage of change the client identifies being in and provides support for exploring potential roadblocks.

Pillar 5: Self-efficacy theory (Bandura, 1997) recognizes the belief in the ability to do something that increases one's chances of accomplishing it. Many health behavior change models recognize the importance of a client believing in their ability to affect change.

Summary

A successful process for helping both students and clients in achieving desired health outcomes by anchoring SMART goal setting in wellness coaching at the university level was described.

The foundation for using goals, our description of SMART goal setting, and the specific integration of SMART into individual wellness coaching components were outlined. Finally, an interdisciplinary curriculum, which integrated five pillars of wellness coaching to support SMART goal setting, was illustrated.

References

Alispahic, S. (2013). Motivational Function of Plans and Goals. *Psychological Thought*, 6(2), 196-203.

Bandura, B. 1997. *Self-Efficacy: The Exercise of Control*. Freeman and Company. New York, N.Y.

Billings, D.M. & Kowalski, K. (2008) Appreciate Inquiry. *Journal of Continuing Education in Nursing*, 39(3), 104.

Chapman, L. S, Lesh, N. & Baun, M. P. (2007). The role of health and wellness coaching in worksite health promotion. *The Art of Health Promotion*, 21(6), 1-12.

Deci, E.L. & Ryan, P.M. (2002). The "what" and "why" of goal pursuit: Human needs and the self-determination of behavior. *Psychological Inquiry*, 11, 227-268.

DeWalt, D.A., Davis, T.C., Wallace, A.S., Seligman, H.K., Bryant-Shilliday, B., Arnold, C.L., Freburger, J., & Schillinger, D. (2009). Goal setting in diabetes self-management: Taking the baby steps to success. *Patient Education and Counseling*, 77, 218-223.

Diener, E., Emmons, R.A., Larsen, R. J. & Griffin, S. (1985). The Satisfaction with Life Scale. *Journal of Personality Assessment*, 49, 71-75.

Doran, G. T. (1981). There's a S.M.A.R. T. way to write management's goals and objectives. *Management Review. AMA Forum* 70(11), 35-36.

Droppa, M. & Lee, H. (2014 Mar) Motivational interviewing: a journey to improve health. *Nursing*, 40-43.

Gauggel, G. & Hoop, M. (2003). Goal-setting as a motivational technique for neurorehabilitation. In W.M. Cox & E. Klinger (Ed.), *Handbook of motivational counseling: Concepts, approaches, and assessment* (pp. 439-456). Hoboken, NJ: Wiley-Blackwell.

International Coaching Federation (2018). *Core Competencies*. Retrieved from https://coachfederation.org/core-competencies.

Locke, E.A. and Latham, G.P. (2002). Building a practically useful theory of goal setting and task motivation: A 35-year odyssey. *American Psychologist*, 57, 705-717.

Locke, E.A. (1996). Motivation through conscious goal setting. *Applied & Preventive Psychology*, 5(2), 117-124.

Locke, E.A. & Latham, G.P. (1990). A theory of goal setting & task performance. Englewood Cliffs, NJ: Prentice Hall.

Moore, M. & Tschannen-Moran (2010). *Coaching Psychology Manual.* Philadelphia: Wolters Kluwer/Lippincott Williams & Wilkins.

O'Neil, J. & Conzemius, A. (2006). *The Power of SMART Goals: Using Goals to Improve Student Learning.* Bloomington, IN: Solution Tree Press.

Prochaska, J. & DiClemente, C. (1983). Stages and processes of self-change in smoking: Toward an integrative model of change. *J of Consulting and Clinical Psychology, 5*, 390-395.

Rose. G. (2015). *5 Steps to SMART Goal Setting.* Retrieved from https://www.livestrong.com/article/210994-5-steps-to-smart-goal-setting/.

Webb, T.L. & Sheeran, P. (2005). Integrating concepts from goal theories to understand the achievement of personal goals. *European Journal of Social Psychology*, 35(1), 69-96.

Wolever, R.Q., Jordan, M., Lawson, K., and Moore, M. (2016). Advancing a new evidence-based professional in health care: job task analysis for health and wellness coaches. *BMC Health Services Research,* 16, 1-11.

(Peer Reviewed Article)

Addressing Chronic Pain: Opioids or Exercise as a Treatment?

Olivia Estill, Bellarmine University
Kristi M. King, University of Louisville

Introduction: The Opioid Overdose Epidemic

Chronic pain and opioid abuse, while each significant and devastating problems on their own, have become intertwined in that Centers for Disease Control and Prevention (CDC) has declared the dramatic increases of opioid overdose deaths as an epidemic (CDC, 2018). Last year a federal report commissioned by President Trump, *President's Commission on Combating Drug Addiction and the Opioid Crisis*, provided recommendations to combat the addiction crisis in the United States, thus prompting the declaration a national public health emergency under federal law (President's Commission, 2017; Gostin, Hodge, Noe, & Hodge, 2017). It is estimated that 2 million people in the United States are addicted to prescription opioids (Center for Behavioral Health Statistics and Quality, 2016) contributing to an economic burden ranging from $78 to $92 billion dollars spent annually in healthcare, substance abuse treatment, and criminal justice costs (Florence, Zhou, Luo, & Xu, 2016; Murphy, Polsky, & Murphy, 2016). In fact, drug overdose death is now the leading cause of unintentional injury death in the United States (Rudd, Seth, David, & Scholl, 2016).

It is estimated that 11.2% of adults in the United States experience chronic pain (Nahin, 2015). Chronic pain is defined as pain that lasts longer than 3 months or beyond the time of typical healing. Other data, however, suggests that a much greater percentage of Americans (43%) experience pain-causing musculoskeletal conditions, including arthritis, chronic neck or back problems, or headaches (Park & Hughes, 2012). Although acute pain serves as a physiological warning as the body is experiencing a potentially damaging stressor, chronic pain does not serve a physiological purpose within the body, but rather it itself is the stressor. Chronic pain typically cannot be attributed to a single etiology and is thought to be the result of both physical and psychological causes (Jones & Hoffman, 2006).

Opioid prescriptions, while potentially effective for treatment of acute pain experienced after injury, illness, or medical procedure, do not appear to be effective for pain management long-term and should be used as a "last resort" (Schneiderhan, Clauw, & Schwenk, 2017). Both the numbers of opioid overdose deaths and number of prescriptions written increased simultaneously from 1999 to 2010 (Guy et al., 2017) although though there was no increase in the amount of pain that Americans reported (Chang, Daubresse, Kruszewski, & Alexander, 2014). For example, approximately 259 million prescriptions were written in 2015, and 20% of patients with pain-related diagnoses are prescribed opioid medications (CDC, 2018). Further, individuals in ethnic or racial minorities, older adults, women, and individuals with pre-existing conditions

are thus at further risk of being inappropriately prescribed opioid prescriptions (Dowell, Haegerich, & Chou, 2016).

Opioid Prescriptions versus Non-opioid or Non-pharmacological Treatments

The chronic pain and opioid abuse cycle prompted several agencies to band together in unison in response to the epidemic. The CDC produced the *CDC's Guideline for Prescribing Opioids for Chronic Pain* when determining whether an opioid prescription should be initiated or continued and emphasized the consideration of non-opioid or non-pharmacologic treatments as being the first priority (Dowell et al., 2016). Last year the National Academies for Science, Engineering, and Medicine released a report, *Pain Management and the Opioid Epidemic*, that addressed pain management and the opioid abuse epidemic (Bonnie, Kesselheim, & Clark, 2017; National Academies of Sciences, 2017). These reports emphasize the use of non-pharmacologic treatments (including exercise, physical therapy, cognitive-behavioral therapy, and acupuncture) to address chronic pain.

A recent study published in the *Journal of the American Medical Association* compared pain-related function, pain intensity, and medication-related adverse effects on 240 patients from Veterans Affairs with chronic back, hip, or knee pain who were randomized into an opioid treatment or non-opioid (acetaminophen or a nonsteroidal anti-inflammatory medication) treatment group for one year (Krebs et al., 2018). At the end of the year, although there was not a significant difference in pain-related function in the groups, he pain intensity was better for the non-opioid treatment group, and the opioid treatment group had more adverse effects. Researchers concluded that treating patients who have chronic pain with opioids was not better than treating them with non-opioid medications when improving pain-related function. Further, the results from their study do not support prescribing opioids as a treatment for chronic pain.

Exercise as a Treatment for Chronic Pain

Research demonstrates the effectiveness of exercise as treatment for chronic pain. A study of 28 physical and psychological non-pharmacologic interventions as treatment for chronic pain in community-dwelling older adults concluded that 75% of the studies demonstrated a significant improvement in pain outcomes of participants as compared to non-intervention groups (Park & Hughes, 2012). Non-pharmacologic interventions, such as exercise, were cost-effective alternatives for pain management and there was little risk of "side effects" of exercise when conducted appropriately.

The neck and low back are the most common sites at which people experience chronic pain. Neck pain tends to be chronic and recurring and may affect as much as 30-40% of the population annually (Bertozzi et al., 2013). Chronic neck pain that occurs without an identifiable cause, referred to as chronic nonspecific neck pain (CNSNP) or unspecified neck pain, accounts for most of the cases. Women, older adults, and individuals with a lower socioeconomic status tend to be at higher risk of developing neck pain than the general population. Additionally, lifestyle

factors such as history of smoking and high workplace demand are associated with neck pain. Individuals with unspecified neck pain may also experience decreased mobility, numbness, and migraines. Similarly, back pain that cannot be attributed to a single cause and persists longer than 12 weeks is referred to as chronic nonspecific low back pain (CNSLBP). It is estimated that 80% of the world's population will experience low back pain at some point in their lives (Cruz-Díaz, Bergamin, Bobbo, Martínez -Amat & Hita-Contreras, 2017).

A meta-analysis of randomized control trials aimed to examine research that used exercise therapy to decrease pain and improve function and disability outcomes for individuals experiencing chronic nonspecific neck pain suggested short-term and intermediate-term benefits of exercise for individuals with CNSNP, but no significant change in either long-term relief of chronic pain or disability outcomes for the participants (Bertozzi et al., 2013). In similar fashion to other literature, the authors of this meta-analysis emphasized the need for further research comparing various exercise modalities, intensities, and durations as treatment for chronic nonspecific neck pain.

Current research is primarily aimed at determining the most effective exercise modality to serve as treatment for chronic low back pain. Most literature focuses specifically on the effect of exercises that enhance coordination and co-activation of deep trunk muscles. For instance, a randomized control trial incorporating Pilates interventions exercise to strengthen deep trunk muscles of individuals experiencing chronic nonspecific back pain was conducted (Cruz-Díaz et al., 2017). The participants in both intervention groups (mat-based Pilates exercise and equipment-based Pilates exercise) experienced significant improvements in pain and disability outcomes as compared to the control group, participants of which received no treatment.

Other literature suggests that many individuals who experience low back pain exhibit weakness in back extensor muscles. Expanding on this concept, Atalay et al. examined the effects of upper extremity muscle strengthening on lumbar strength, disability, and pain on a group of sedentary male participants (Atalay, Akova, Gür, & Sekir, 2017). The study compared the effects of a traditional low-back exercise routine to those of an exercise plan with the goal of strengthening the muscles of the neck, upper back, and shoulder. While the members of both groups experienced improvements in pain and disability outcomes, the results of the individuals in the upper extremity muscle strengthening intervention group were significantly greater than those of the conventional exercise program.

Another study deduced that core stabilization exercise for six weeks was more effective in reduction in pain, compared to routine physical therapy exercise for similar duration (Akhtar, Karimi, & Gilani, 2017). Core stabilization exercise was more effective than routine physical therapy exercise in terms of greater reduction in pain in patients with non-specific low back pain.

Limitations in Research and Access to Treatments

Despite the reports represented by the CDC (Dowell et al., 2016) and the National Academies of Science, Engineering, and Medicine, (National Academies of Sciences, 2017) and the President's commissioned federal report (President's Commission on Combating Drug Addiction and the Opioid Crisis, 2017) indicating the effectiveness of exercise treatment for chronic pain as an alternative to prescription opioid drugs, there is little information suggesting the two treatments have been compared side-by-side. The National Academies of Sciences report suggests further research in pain and opioid use (Bonnie et al., 2017). Lack of research could be due to lack of funding, access to resources, or possible ethical concerns of conducting randomized control trials with such interventions.

Although the research supports exercise as an effective treatment for chronic pain, the need for further research comparing various exercise modalities, intensities, and durations as treatment for chronic nonspecific neck pain is also warranted. The literature is lacking in identifying the appropriate dose-response relationship and the effectiveness of different modalities of exercise (including range of motion exercises, strengthening of upper back muscles versus lower back muscles to combat low back pain, etc.). Furthermore, determining the necessary intensity level and duration of exercise therapy to receive the greatest benefits is needed. The difficulties in understanding these concepts are likely due to the varying nature of chronic pain from individual to individual. Other limitations of current research include small sample sizes, identifying chronic pain as a comorbidity with other chronic illness, and distinguishing different types of pain (i.e., visceral, musculoskeletal, etc.).

Lastly, and importantly, it must be noted that the prevalence of exercise treatments is not equitable among demographic sectors. Social and environmental circumstances may be limited due to lack of access to medical and treatment opportunities and further complicated by logistical or financial reasons, especially among minority or low socioeconomically disadvantaged communities (Jones et al., 2015). Individuals of ethnic and racial minorities, older adults, and rural-dwelling individuals, as previously mentioned, are at risk of receiving little or inappropriate treatment for chronic pain. Furthermore, these populations are also less likely to have access to exercise facilities (Washburn, Cornell, Traywick, Felix, & Phillips, 2017). Although great strides are being taken, there is much room for improvement in providing access to exercise as a treatment.

Current Efforts: Exercise in Healthcare

Efforts are being made to emphasize the importance of exercise in healthcare. Exercise is Medicine (EIM), managed by the American College of Sports Medicine (ACSM), is a global health initiative that encourages primary care physicians and other health care providers to include physical activity when designing treatment plans and to refer patients to evidence-based exercise programs and qualified exercise professionals (Medicine, 2018). The initiative recommends that healthcare providers communicate with their patients about their exercise habits and to incorporate an exercise "prescription" during visits increase access to physical activity and exercise resources and refer patients for exercise guidance by qualified exercise

professionals or allied health care staff. An EIM certification is available for health and fitness professionals to demonstrate their ability to safely and effectively develop, implement and lead exercise programs for patients, work in collaboration with health care providers, help create sustained lifestyle and behavioral changes for people with acute and chronic diseases.

Another initiate promoting safer alternatives to opioids is through the American Physical Therapy Association (APTA). Since the CDC guideline specifically recommends physical therapy as non-opioid approaches to chronic pain management (Dowell et al., 2016), the "#choosePT" campaign encourages healthcare professionals to discuss the risks related to the use of opioid medications and to promote physical therapy as treatment for pain management (Association, 2018). The APTA has organized its efforts to advocate to medical professionals, legislators, and other decision-makers the importance of "choosing physical therapy" as a safer alternative to opioid prescriptions.

Conclusion

The agreement amongst most healthcare professionals regarding chronic pain is that pain experienced long-term without a specific etiology should be treated with a multidisciplinary approach. In the fight against prescription opioid abuse, great strides have been made. Research literature makes clear the benefits of exercise as treatment for chronic pain. In comparison, there is little evidence supporting the long-term benefit of prescribed opioids. Support from healthcare professionals, insurance providers, and policy-makers is crucial to continue these efforts. Health and fitness professionals are in the ideal profession to organize and mobilize themselves and community members to advocate to legislators, decision-makers, and healthcare providers, and beyond (King, 2017) for exercise as a treatment for chronic pain as the nation strives to curtail the opioid addiction crises.

References

American College of Sports Medicine (ACSM). (2018). Exericse is Medicine. Retrieved from http://exerciseismedicine.org/

American Physical Therapy Association (APTA). (2018). Avoid Addictive Opioids. Choose Physical Therapy for Safe Pain Management. #ChoosePT. Retrieved from https://www.moveforwardpt.com/choose-physical-therapy-over-opioids-for-pain-management-choosept

Atalay, E., Akova, B., Gür, H., & Sekir, U. (2017). Effect of upper-extremity strengthening exercises on the lumbar strength, disability and pain of patients with chronic low back pain: A randomized controlled study. *Journal of Sports Science & Medicine, 16*(4), 595-603.

Bertozzi, L., Gardenghi, I., Turoni, F., Villafañe, J. H., Capra, F., Guccione, A. A., & Pillastrini, P. (2013). Effect of therapeutic exercise on pain and disability in the management of chronic nonspecific neck pain: systematic review and meta-analysis of randomized trials. *Physical Therapy, 93*(8), 1026-1036. doi:10.2522/ptj.20120412

Bonnie, R. J., Kesselheim, A. S., & Clark, D. J. (2017). Both urgency and balance needed in addressing opioid epidemic: A report from the National Academies of Sciences, Engineering, and Medicine. *Journal of the American Medical Association, 318*(5), 423-424. doi:10.1001/jama.2017.10046

Center for Behavioral Health Statistics and Quality. (2016). *Key substance use and mental health indicators in the United States: Results from the 2015 National Survey on Drug Use and Health* (HHS Publication No. SMA 16-4984, NSDUH Series H-51). Retrieved from Rockville, MD: http://www.samhsa.gov/data/

Centers for Disease Control and Prevention (CDC). (2018). Opioid Overdose: Understanding the Epidemic. Retrieved from https://www.cdc.gov/drugoverdose/epidemic/index.html

Chang, H.-Y., Daubresse, M., Kruszewski, S. P., & Alexander, G. C. (2014). Prevalence and treatment of pain in EDs in the United States, 2000 to 2010. *The American Journal Of Emergency Medicine, 32*(5), 421-431. doi:10.1016/j.ajem.2014.01.015

Cruz-Díaz, D., Bergamin, M., Gobbo, S., Martínez-Amat, A., & Hita-Contreras, F. (2017). Comparative effects of 12 weeks of equipment based and mat Pilates in patients with chronic low back pain on pain, function and transversus abdominis activation. A randomized controlled trial. *Complementary Therapies In Medicine, 33*, 72-77. doi:10.1016/j.ctim.2017.06.004

Dowell, D., Haegerich, T. M., & Chou, R. (2016). CDC Guideline for Prescribing Opioids for Chronic Pain--United States, 2016. *Journal of the American Medical Association, 315*(15), 1624-1645. doi:10.1001/jama.2016.1464

Florence, C. S., Zhou, C., Luo, F., & Xu, L. (2016). The economic burden of prescription opioid overdose, abuse, and dependence in the United States, 2013. *Medical Care, 54*(10), 901-906. doi:10.1097/MLR.0000000000000625

Gostin, L. O., Hodge Jr, J. G., Noe, S. A., & Hodge, J. G., Jr. (2017). Reframing the opioid epidemic as a national emergency. *Journal of the American Medical Association, 318*(16), 1539-1540. doi:10.1001/jama.2017.13358

Guy, G. P., Jr., Zhang, K., Bohm, M. K., Losby, J., Lewis, B., Young, R., . . . Dowell, D. (2017). Vital Signs: Changes in ppioid prescribing in the United States, 2006-2015. *MMWR. Morbidity And Mortality Weekly Report, 66*(26), 697-704. doi:10.15585/mmwr.mm6626a4

Jones, K. D., & Hoffman, J. H. (2006). Exercise and chronic pain: opening the therapeutic window. *Functional U, 4*(1), 1-9.

Jones, S., Moore, L., Moore, K., Zagorski, M., Brines, S. J., Diez Roux, A. V., & Evenson, K. R. (2015). Disparities in physical activity resource availability in six US regions. *Preventive Medicine, 78*, 17-22.

King, K. M. (2017). Advocacy and the health and fitness professional. *ACSM's Health & Fitness Journal, 21*(2), 33-36.

Krebs, E. E., Gravely, A., Nugent, S., Jensen, A. C., DeRonne, B., Goldsmith, E. S., . . . Kroenke, K. (2018). Effect of opioid vs nonopioid medications on pain-related function in patients with chronic back pain or hip or knee osteoarthritis pain: The SPACE randomized clinical trial. *Journal of the American Medical Association, 319*(9), 872-882. doi:10.1001/jama.2018.0899

Murphy, S., Polsky, D., & Murphy, S. M. (2016). Economic evaluations of opioid use disorder interventions. *PharmacoEconomics, 34*(9), 863-887. doi:10.1007/s40273-016-0400-5

Nahin, R. L. (2015). Estimates of pain prevalence and severity in adults: United States, 2012. *Journal of Pain, 16*(8), 769-780. doi:10.1016/j.jpain.2015.05.002

National Academies of Sciences, Engineering, and Medicine. (2017). *Pain Management and the Opioid Epidemic: Balancing Societal and Individual Benefits and Risks of Prescription Opioid Use*. Retrieved from https://www.nap.edu/catalog/24781/pain-management-and-the-opioid-epidemic-balancing-societal-and-individual

Park, J., & Hughes, A. K. (2012). Nonpharmacological approaches to the management of chronic pain in community-dwelling older adults: a review of empirical evidence. *Journal of the American Geriatrics Society, 60*(3), 555-568. doi:10.1111/j.1532-5415.2011.03846.x

President's Commission on Combating Drug Addiction and the Opioid Crisis. (2017). *President's Commission on Combating Drug Addiction and the Opioid Crisis. Interim Report.* Washington, DC. Retrieved from https://www.whitehouse.gov/ondcp/presidents-commission/.

Rudd, R. A., Seth, P., David, F., & Scholl, L. (2016). Increases in drug and opioid-involved overdose deaths - United States, 2010-2015. *MMWR. Morbidity And Mortality Weekly Report, 65*(5051), 1445-1452. doi:10.15585/mmwr.mm655051e1

Schneiderhan, J., Clauw, D., & Schwenk, T. L. (2017). Primary care of patients with chronic pain. *Journal of the American Medical Association, 317*(23), 2367-2368. doi:10.1001/jama.2017.5787

Washburn, L. T., Cornell, C. E., Traywick, L., Felix, H. C., & Phillips, M. E. (2017). Barriers and facilitators to adoption of a lay-delivered community-based strength training program for women in rural areas. *American Journal of Health Education, 48*(3), 156-166.

(Peer Reviewed Article)

Conceptualizing the Role Identification for the College Student-Athlete: An Analysis on the Student-Athlete Multidimensional Self-Concept

Chase M. L. Smith, University of Southern Indiana

Abstract

College student-athletes (SA) of the National Collegiate Athletic Association (NCAA) have a purpose of getting an education while they commit to a high level of athletic competition for their institution. The SA ascribes to the roles of student and athlete on a weekly basis that ultimately contribute to their multidimensional self-concept. The primary problem this study attempts to address is the fluid, complex, and cumulative effect of the existing struggle between the athlete and student roles for the college SA. The investigator collected a sample of NCAA division-II student-athletes (n = 202). The results show the SA commits to the Student Role more than their Athletic. The results confirm criterion validity for two athletic identification scales, Social Identity (SOC) and Exclusivity (EXC), as well as a student identification instrument, Measurement of Student Identity (MSI). Further analysis revealed females are more likely to exemplify their perceived student role-identity more than the athletic role.

Introduction

There are a considerable amount of studies utilizing measurement of the levels of athletic identification and student identification amongst the college student-athlete (SA) influencing scholars (Adler & Adler, 1985, 1987, 1991) to suggest that athletic administrators (e.g., athletic directors, coaches, and academic counselors) have the ability to utilize the data for the betterment of the SAs (Sailes, 2013). The utilization typically involves efforts to gain a better understanding of the college SA's views or supposed priority to their academic and athletic commitments (Abbott, Weinmann, Bailey, & Laguna, 1999; Adler & Adler, 1985, 1987, 1991; Curry & Weaner, 1987).

Since 2006, the National Collegiate Athletic Association (NCAA) has conducted three "GOALS study" investigations in 2006, 2010, and 2015 that aimed to analyze the experiences and well-being of the current SAs. The topics covered in the study include: college athletics experience, college academic experience, college social experience, recruitment, health and well-being, time commitments, on-campus support, and finances. NCAA committees and policymakers that include member institutions utilize the application derived from this important information (NCAA, 2016a, 2016b). Additionally, scholars constructed scales measuring the levels of athletic and student identification of student-athletes to provide applicable insights for athletic departments, academic advising, and student affairs, to further assist the institution's SAs (Brewer, Van Raalte, & Linder, 1993; Brewer & Cornelius, 2001; Nasco & Webb, 2006; Cieslak, 2004; Yukhymenko–Lescroart, 2014).

Across all divisions for both men's and women's sport, findings from the NCAA GOALS study show more time was devoted toward athletics in 2015 than in 2010. Contributing factors toward the hours devoted to athletics during the weekdays (Monday to Friday) and weekends (Saturday and Sunday) are practicing, training, competing, training room, meetings with coaches, team functions, and film study. Correspondingly, time spent on academics were also greater for the SAs across divisions and sports (NCAA, 2016a, 2016b). Table 1 exemplifies the hours of commitment devoted by the NCAA SA across all three divisions.

Table 1. *Median Commitment Hours of NCAA Student-Athletes*

	Academics Commitment		Athletics Commitment	
Year	2010	2015	2010	2015
Division-1	35.5	38.5	32	34
Division-2	35.5	38.5	30	32
Division-3	38.5	40.5	27	28.5

While previous research has taken levels of commitment of individuals into consideration for the development and application pertaining to the scales measuring athletic identification (Brewer et al., 1993; Horton & Mack, 2000; Martin, Mushett, & Eklund, 1994), the investigator of this study will treat the hours of commitment recorded by the NCAA as a delimitation. Thus, a supposition is the SA participating in this study have commitment levels commensurate to the hours listed in the table above. It is also the aim of this investigator to establish criterion validity for previous scales measuring student and athletic identification levels. The lengthy hours of commitment in athletics by the athletes are consistent with the conceptual framework for Identity Theory (IT). Hogg, Terry, and White (1995) sum up this framework by explaining, "the salience of a particular identity is determined by the person's commitment to that role… a particular role-identity is high if people perceive that many of their important social relationships are predicated on occupancy of that role" (p.258).

The purpose of this investigation is to examine the roles of student and athlete among the college NCAA Division II (D2) SAs. By utilizing instruments aimed at focusing on the multidimensional self-concept of an athlete, the investigator will gain a greater understanding for the perceptions on the student and athletic roles as an individual. Moreover, the investigator plans to assess the content and criterion validity for previously discovered latent factors within instruments measuring the levels of student and athletic identification. The analysis of these latent factors should provide clarification to the influence the factors have on the individual's corresponding role identities. This conceptualization within the scope of Identity Theory influences the investigator to create for the following hypotheses for the investigation:

> H1: The higher the level of athletic identification, the greater the salience for the athlete role-identity within the self for student-athletes.

H2: The higher the level of student identification, the greater the salience for the student role-identity within the self for student-athletes.
H3: The higher the level of student identification, the lower the salience for the athlete role-identity within the self for student-athletes.
H4: The higher the level of athletic identification, the lower the salience for the student role-identity within the self for student-athletes.

Literature Review

Conceptual Framework

The conceptualization and theoretical applications of an individual self describes the ways society influences oneself, thus influencing social behavior (Mead, 1934). The theoretical framework of the individual self is the foundation for many empirical studies (Stryker, 1968; 1980; Burke, 1991), One's self concept led researchers to interpret the theory differently throughout the fields of sociology and socio-psychology (Stryker & Burke, 2000), thus suggesting there are three distinct practices derived from past literature:

1. It refers to the culture of people.
2. It refers to a social category established by society's common identification, *Social Identity Theory*.
3. It refers to parts of a self, composed of meanings that individuals ascribe to the many roles they characteristically play in highly differentiated contemporary society (Stryker & Burke, 2000, p. 284).

The framework for IT addresses the meanings and associations ascribed by the individual having a particular role. Stets & Burke (2000) find "one's identities are composed of self-views that emerge from the reflexive activity or self-categorization or identification in terms of membership in particular to groups or roles" (p.225-6) which pertains to the theory. The third prong mentioned above for utilizing IT for investigative purposes includes the framework of S*tructural Symbolic Interactionism* (Stryker, 1980). Stryker and Serpe (1982) define Symbolic Interactionism by stating, "Symbolic Interactionism directs the social psychologist to that aspect of the social person termed the "self" as the key conceptual variable in the explanation of social behavior… self is the basis for a sociological conception of personality that is sociologically most relevant" (p. 199). This framework contributes to the understanding for the intermediate influence of social structures affecting the self. Moreover, it contributes to the understanding by describing how the self subsequently develops an understanding for appropriate social behavior (Stryker & Burke, 2000).

Symbolic Interactionism and Sport

As Coakley (2009) explains, cultural theories help explain the ways people reason and express their morals, ethics, ideas, and beliefs in their social worlds. "Cultural theories explain that to

change sports, we must change the symbols, values, norms, vocabularies, beliefs, and ideologies that people use to make sense of and give meaning to sports and sport experiences" (Coakley, 2009, p. 566). The theories of the interactionism construct a connection between social interaction and relationships within sport (Coakley, 2009, p. 36). Thus, the approach to symbolic interactionism in sport derives from the cultural specific, clearly visible activity shaped by symbolic significance within society. This happening is due to a social subsystem produced from sociocultural, transparent customs (Weiss, 2001).

The conceptualization for identity as it relates to the impact of the inner-workings within the self and evaluated by the individual is within the scope of IT. From a theoretical approach, this action of the individual showing an inner, cognitive practice of self-evaluation shows a link between roles individuals play within society and the individual's self (Stryker & Burke, 2000). "Role identities are self-conceptions, self-referent cognitions, or self-definitions that people apply to themselves consequently due to the structural role positions they occupy and through a process of labeling or self-definition as a member of a particular social category" (Hogg et al., 1995, p.256).

The fundamental principle that society and the self mutually shape and influence each other help shape the relationship of Identity Theory and Symbolic Interactionism (Thoits, 2003). Numerous investigations have left researchers (Thoits, 1983; 1986; 1992; 2003) concluding that the roles acquired socially have beneficial effects on an individual's well-being due to identities becoming more established. The argument continues that these identities provide the individual with purpose and meaning in their life (as cited in Thoits, 2012). The investigator of this study will assume from previous literature (Thoits, 2012; Cieslak, 2004; Horton & Mack, 2000; Abbott et al., 1999; Curry & Weaner, 1987; Jackson, 1981) that the SAs holds multiple role identities (e.g., Athlete, Friend, Student). Moreover, past researchers have concluded that when individuals hold multiple identities, there are role-identities that are essentially more salient than other role-identities within the individual's self-conceptions (Stryker, 1980; Thoits, 1992). However, the two role identities of student and athlete are more influential toward the individuals' self-conceptions than other role identities within the self-concept (Thoits, 2012; Mead, 1934; Stryker, 1980). The scope of this investigation includes the levels of athletic identification and the levels of student identification a SA possesses. The investigator will examine these levels of identification to find out if influences exist toward the role identities within their multidimensional self-concept.

Measuring Role-identity Saliency

Establishing an importance onto a role is the process of an individual expressing feelings and emotions representative of their true self in an effort to uphold concomitant values (Stryker & Serpe, 1982; Curry & Weaner, 1987). "Group membership brings with it the opportunity and responsibility to act in accord with the prescriptions that define one's position in the group (role enactment)" (Jackson, 1981, p. 138). Stryker and Serpe (1994) examined the college student experience to analyze the influence commitment has on a role-identity. Their analysis show an

associations for saliency and the time commitments SAs have for the roles represented by their participation in athletics and academics.

Jackson (1981) examined 309 college students' responses to ranking their subjective importance to seven role identities: associational, kinship, occupational, peer, recreational, religious, and romantic. He used a method of follow-up questions to confirm the respondents' ranking order were accurate. Next, the respondents were to rate the seven identities from zero – 100 scaling from zero "of no importance to me" to 50 "moderately important" to 100 "as important as I can imagine" to complete the hierarchy measurement. Lastly, the respondents completed a commitment index in an aim to find out if one's identity hierarchy corresponds to one's commitment to the identity. While the study only produced idiographic benefits, it did lead to a follow-up study leading Jackson to recommend the commitment index. This finding was a result of correlations existing between commitment and the role identities: peer, religious, romantic, and family (Jackson, 1981).

The level of athletic identification significantly impacts the role identities within the multidimensional self-concept is a relatively recent approach for attempts to contribute to the theoretical framework of identity and role theories (Cieslak, 2004; Abbott et al., 1999; Horton & Mack, 2000). An individual occupies various roles within society that are 'internalized and learned.' This process is through interaction or relationship development within groups and the individual, or SA (Stryker & Burke, 2000; Cieslak, 2004). In a study of intramural athletes, Cieslak (2004) found intramural athlete's priority to participate in sport to be just as important as it is for intercollegiate athletes. When examining their level of athletic identification and their role identities (Family, Friend, Student, Athlete, Religious, Romantic), 74.8% of the sample indicated that Family was the most important identity, followed by friendship covering 65.3% of the respondent's 2nd priority on the hierarchy, then student identity, and 4th on the priority list is athletic identity (Cieslak, 2004). A noteworthy element in this investigation was Cieslak's (2004) decision to focus primarily on the rating component of the role-identity measurement as the dependent variables. This decision to use a 100-point rating for the measure produced significant results that also acknowledged recommendations from previous literature (Abbott et al., 1999; Curry & Parr, 1988; Curry & Weaner, 1987; Horton & Mack, 2000) that included the ranking method.

Measuring levels of identification

While not numerous, there has been research recently that has specifically examined the SA's student and athletic identification levels together and its impact on the SA self-concept (Sturm. Feltz, & Gilson, 2011; Finch, 2007; Yukhymenko–Lescroart, 2014). National Collegiate Athletic Association SAs competing at the D1 and D3 competition levels showed a gender effect significant across the sample's levels of student identification (Sturm et al., 2011). Moreover, males displayed higher athletic identification levels than female, but females displayed higher levels of student identification compared to their male counterparts (Finch, 2007). Additionally, at the D1 and D3 levels, a significant negative correlation between the levels of athletic

identification and student identification existed (Sturm et al., 2011; Finch, 2007). The examination of student identification levels influencing a SA's future give reason to believe student identity is a significant predictor of a SA's decisions toward their career self-efficacy. When considering demographics, the gender and the type of sport played by SA have significant relationships with student identity and athletes playing the revenue-generating sports of men's basketball and football show lower levels of student identification than non-revenue sport SA (Finch, 2007). These findings are somewhat consistent with previous findings of male basketball players at a high-major NCAA institution identifying more as an athlete than as a student (Adler & Adler, 1985, 1991).

Methodology

Sampling Procedure

The demographic targeted for this investigation were NCAA D2 student-athletes (n = 202) within a prominent athletic conference due to the scarcity of the research including similar samples covering this level within the NCAA. After a received approval from the IRB, an attempt to contact the Senior Woman Administrator (SWA) of each of the 16 institutions of the conference via telephone or email was made to request their assistance in distributing the surveys electronically to the SA within their respective institution. The investigator successfully contacted 14 out of the 16 SWA, and all 14 replied with an acceptance to distribute the survey to their student-athlete email distribution list for the institution, or to attempt to gain approval from the compliance committee within the athletic department to distribute the survey to the SA at the institution. The conversations on the telephone consisted of a brief, concise overview of the aims and intentions for the investigation. This was in an effort to achieve transparency and gain consent with the support of the SWA due to the accountability accompanying the agreement to distribute the instrument. Based on this approach, the investigator did not interact with any of the participants. The electronic survey asked demographic questions that included a "gatekeeper" question to identify the participants as 18 years of age or older. The survey also explained that participation was strictly voluntary, answers would remain anonymous, payment would not be available for participation, and participation could be terminated at any time without penalty to the subject.

Measures of *variables*

The self (concept) of the NCAA Division-II SAs being examined consists of a number of roles making up their multidimensional self-concept (Cieslak, 2004). Techniques for measuring the self-concept of an individual must contain two approaches: they must be grounded theoretically and quantitative in nature (Burke, 1980). The scope of this investigation involves a dependent variable, identity salience, and the affective levels of athletic identification and student identification for the SAs have on each role identity's saliency. In this study (role) identity saliency is measured following the recommendations of previous studies (Curry & Weaner, 1987; Jackson, 1981; Cieslak, 2004) having the participant rate the identities (academic, athletic,

family, friendship, religion, and romantic) on a sliding numerical scale from 0 to 100. Previous studies utilized these six identities when involving college students (Cieslak, 2004; Curry & Weaner, 1987). Zero will indicate the particular identity is of "least importance," a 50 is "moderately important, and a 100 is "most important." The decision to operationalize the role saliency instrument into said rating scale was due to previous literature scrutinizing the ranking approach of the six identities due to the likelihood of the hierarchy becoming vulnerable to the participant's awareness, artificially, to their unfulfilled needs and wants (Curry & Parr, 1988; Curry & Weaner, 1987). This investigation will apply the same approach toward operationalizing the dependent variables – role identities (athletic, family, friendship, religious, romantic, and student) into a 100-point rating scale measure. The investigator implemented an ordinary least squares regression analysis on the dependent variables representing the Athlete Role and the Student Role.

Athletic identification is identified by five variables: private (PRI) *five-item*, public (PUB) *five-item*, social identity (SOC) *three-item*, exclusivity (EXC) *two-item*, negative affectivity (NEG) *two-item*. The two scales PRI and PUB derive as latent factors from previous scale development of the Public-Private Athletic Identity Scale (Nasco & Webb, 2006). The other three scales SOC, EXC, and NEG are latent factors (Brewer & Cornelius, 2001) from the foundational instrument known as the Athletic Identity Measurement Scale (Brewer et al., 1993). Student identification is identified by one variable, Measurement of Student Identity (MSI), a unidimensional scale without latent factors (Shields, 1995; Sturm et al., 2011).
The independent variable(s) being used to measure athletic identification were all deployed using a 5-point Likert-type scale (1 = strongly disagree, 5 = strongly agree). Examples of items for each scale are displayed in Table 2. Construct validity had previously been determined based on each of the five scaled dimensions (Nasco & Webb, 2006).

The independent variable being used to measure student identification, the MSI (Shields, 1995), includes 15 items accompanied by a 5-point Likert-type scale. The original instrument included a Likert-type scale conflicting (1 = strongly agree, 5 = strongly disagree) to the 5-point Likert-type used by the athletic identification instruments. The investigator adjusted the 5-point Likert-scale to be consistent with the athletic identification items, and reverse coded negative items. Construct validity had previously been determined by the "implied relationship to other measures tapping into the aspects of student identity" (Sturm et al., 2011, p.299; Shields, 1995).

Table **Error! No text of specified style in document.** *Example Items for Scales Measuring Levels of Athletic Identification*

Dimension	Items	Sources
Private	Athletics help me express my emotions and feelings It is very important for me to succeed at my sport	Nasco & Webb (2006)

Public	My popularity with others is related to my athletic ability My primary reason for competing in my sport is receiving awards and recognition	
Social Identity	I consider myself an athlete	(Brewer & Cornelius, 2001; Burns et al, 2012)
	I have many goals related to sport	
Exclusivity	Sport is the most important part of my life	
Negative Affectivity	I feel bad about myself when I do poorly in sport	

Results

Measuring the commitment of a role-identity within the NCAA D2 SAs multi-dimensional self-concept, the investigator found that the sample rated their six roles accordingly; *see Table 3 for demographic information*. The NCAA D2 SA rates the Family Role (*M*=95.19, *SD*=11.1) highest, Student Role (*M*=89.59, *SD*=11.2) next, followed closely by the Friendship Role (*M*=89.55, *SD*=11.1), then the Athlete Role (*M*=79.45, *SD*=17.5), and rounds out with the Romance Role (*M*=68.98, *SD*=21.6) and Religious Role (*M*=67.52, *SD*=34.2). The results also show that males (*M*=82.9, *SD*=15.2) committed to the Athlete Role more than the females (*M*=77.3, *SD*=18.7) of the study, and females (*M*=90.9, *SD*=9.1) committed to the Student role more than the males (*M*=87.8, *SD*=13.8). The breakdown of class commitments to the Athlete and Student roles showed 5th-year seniors (*M*=87.1, *SD*=9.5) the most committed to the Athlete Role and sophomores (*M*=92.4, *SD*=9.1) most committed to the Student Role.

Table 3. *Demographic Information for the Sample (N=202).*

Variable		N	%	Cumulative %
Sex				
	Male	82	40.59	40.59
	Female	120	59.41	100.00
Ethnicity				
	Black	8	3.96	3.96
	Hispanic / Latino	2	0.99	4.95
	White	176	87.13	92.08
	Other	1	0.50	92.57
	Am. Native & Asian	1	0.50	93.07
	Am. Native & White	4	1.98	95.05
	Asian & White	3	1.49	96.53
	Black & Hispanic	1	0.50	97.03
	Black & White	6	2.97	100.00

Class Status				
	Freshman	38	18.91	18.91
	Sophomore	54	26.87	45.77
	Junior	63	31.34	77.11
	Senior	38	18.91	96.02
	5th Year	8	3.98	100.00

Table **Error! No text of specified style in document.**. *Means and Standard Deviations for Athletic and Student Identification Scales*

	PUB		PRI		SOC		EXC		NEG		MSI	
Groups	*M*	*SD*	*M*	*SD*	*M*	*SD*	*M*	*SD*	*M*	*SD*	*M*	*SD*
Females												
Fr.	11.2	2.4	21.4	2.8	13.3	1.9	5.3	2.0	6.8	1.8	60.0	5.9
So.	13.3	2.7	21.7	2.7	13.3	1.5	5.3	1.5	7.6	1.5	61.4	6.0
Jr.	12.7	3.0	20.7	3.7	12.8	2.0	4.8	1.9	7.5	1.6	59.5	5.4
Sr.	11.6	2.2	21.4	2.4	13.0	1.6	4.7	1.6	7.5	1.4	57.9	4.3
5th	13.6	2.1	22.0	2.6	13.2	1.9	6.2	1.8	8.4	0.9	51.8	5.9
Males												
Fr.	13.2	3.7	21.8	2.1	13.0	1.7	5.8	2.2	7.5	2.1	58.6	4.6
So.	13.0	3.5	22.5	2.1	13.5	1.2	5.9	1.6	7.8	1.7	57.1	6.3
Jr.	14.0	2.9	21.0	1.9	12.2	1.8	5.9	1.7	7.8	1.1	54.7	6.1
Sr.	12.5	2.7	21.8	1.5	13.5	1.6	5.5	2.3	6.4	1.5	61.1	7.6
5th	10.0	1.7	19.7	3.5	13.3	1.2	5.0	1.7	4.3	2.3	54.7	3.5

Note. PUB = Public; PRI = Private; SOC = Social Identity; EXC = Exclusivity; NEG = Negative Affectivity; MSI = Measurement of Student Identity; Fr. = freshmen; So. = sophomore; Jr. = junior; Sr. = senior; 5th = 5th-year.

Table 5. *Correlation Matrix between Predictor Variables*

	PUB	PRI	SOC	EXC	NEG	MSI
PUB	1.000					
PRI	0.075	1.000				
SOC	0.097	0.648***	1.000			
EXC	0.325***	0.475***	0.364***	1.000		
NEG	0.383***	0.421***	0.365***	0.436***	1.000	
MSI	-0.208**	0.105	0.105	-0.303***	-0.071	1.000

* p<0.05, ** p<0.01, *** p<0.001

Note. PUB = Public; PRI = Private; SOC = Social Identity; EXC = Exclusivity; NEG = Negative Affectivity; MSI = Measurement of Student Identity

For Hypothesis 1, the investigator found evidence to support the influence of higher levels of athletic identification. The higher levels positively correlate to higher athlete role-identity ratings within the college SA. When investigating the impact of SOC on the Athlete Role, the investigator was able to determine that containing athletic levels of SOC has no impact on the

saliency for the student-athlete's Athlete Role-identity (t (6) = 4.13, $p < 0.001$). Therefore, on average and holding all else constant, NCAA D2 SAs that have one more additional unit of SOC is associated with roughly 3.27 more units of commitment to the Athlete Role in their lives ($\hat{\beta}$ = 3.274, $p < 0.001$). These results suggest that a NCAA D2 SA who is socially identified as an athlete, contains many goals in their life related to sport, and has friends that are mostly athletes will consider their role as an athlete of greater importance.

When exploring the impact of EXC on the Athlete Role-identity, the investigator was able to determine that containing levels of EXC has no impact on the saliency for Athlete Role-identity within the NCAA D2 SA (t (6) = 4.35, $p < 0.001$). Therefore, on average and holding all else constant, NCAA D2 SAs that have one more additional unit of EXC is associated with roughly 3.19 more units of importance for the Athlete Role in their lives ($\hat{\beta}$ = 3.186, $p < 0.001$). These results suggest that a NCAA D2 SA who does in fact place sport as the most important part of their life and spends the most time thinking about sport than anything else in their life will consider his role as an athlete of greater importance. The demographic control variables of sex, race, and class status did not show significance ($p > 0.05$). Moreover, the following identification instruments do not support hypotheses 1 and 3 respectively: PUB, PRI, NEG, and MSI ($p > 0.05$).

The Hypothesis 2 represented an investigation to find out if levels of student identification for the NCAA D2 SA contain influence on the Student Role-identity within their multidimensional self-concept. In addition, the purpose of utilizing an OLS analysis was to determine which, if any, of the five dimensions of athletic identification, and any of the demographic variables could explain the NCAA D2 SA's commitment to their Student Role. As shown in Table 6, the analysis revealed that MSI, SOC, NEG, and being female had a significant relationship with the Student Role-identity. Moreover, the investigator found the NEG scores to have a negative relationship with the Student Role-identity.

When measuring the levels of student identification, the investigator found that the MSI is a significant predictor on the Student Role-identity; when holding all else constant. More specifically, one more unit of MSI is associated with about half a unit of importance more toward the Student Role in their lives ($\hat{\beta}$ = 0.536, $p < 0.001$). In addition, the interpretation of the significant predictors is NCAA D2 SA that identify as female commit to the Student Role between 0.15 to 7.05 points higher than males do after accounting for other factors (95% CI: [0.145, 7.052], t (19) = 2.06, $p < 0.05$). The impact of the athletic identification scales for Hypothesis 4 showed significant influence on the Student Role. The investigator found a negative influence for NEG affecting the Student Role. One more unit of NEG is associated with 1.25 units less commitment to the Student Role for NCAA D2 SA ($\hat{\beta}$ = -1.240, $p < 0.05$). However, SOC on the Student Role significantly influences, on average and holding all else constant, the NCAA D2 SA that have one more additional unit of SOC is associated with roughly 1.58 more units of importance for the Student Role in their lives ($\hat{\beta}$ = 1.583, $p < 0.05$).

Table 6. *Regression Results for the Prediction on the Student Role*

Variable		$\hat{\beta}$	t-value	Sig
Student Identification				
	MSI	0.5361	3.62	0.000***
Athletic Identification				
	PUB	0.4639	1.51	0.132
	PRI	-0.5827	-1.35	0.179
	SOC	1.5826	2.55	0.012*
	EXC	0.2662	0.47	0.642
	NEG	-1.2403	-2.04	0.043*
Sex				
	Female	3.5986	2.06	0.041*
Ethnicity				
	Hispanic / Latino	6.6801	0.80	0.426
	White	-6.7689	-1.73	0.085
	Other	3.3612	0.30	0.768
	Am. Native & Asian	12.0664	1.06	0.291
	Am. Native & White	-9.3612	-1.40	0.163
	Asian & White	-7.1954	-0.84	0.403
	Black & Hispanic	10.2006	0.89	0.375
	Black & White	-2.9794	-0.51	0.609
Class Status				
	Sophomore	1.4924	0.63	0.532
	Junior	-1.1987	-0.51	0.609
	Senior	-2.2369	-0.87	0.385
	5th Year	-2.3543	-0.56	0.579

Note. $\hat{\beta}$ exemplifies the degree of variable influence in explaining the importance of the Student Role for the NCAA D2 SA. The corresponding sign of $\hat{\beta}$ specifies the direction of the relationship. MSI = Measurement of Student Identity; PUB = Public; PRI = Private; SOC = Social Identity; EXC = Exclusivity; NEG = Negative Affectivity.
* p<0.05, ** p<0.01, *** p<0.001

Discussion

The primary intent of this study was to examine the influence levels of athletic identification and student identification have on college student-athlete's roles. The investigator narrowed the examination to two of the roles the NCAA D2 SA contains by ascribing to the lens of IT and the theoretical framework for the multidimensional self-concept. From a symbolic interactionism perspective, "whose goal is to understand and explain how social structures affect self and how self affects social behavior" (Stryker & Burke, 2000, p. 285), the investigator narrowed in on the participant's primary social roles of student and athlete. The data showed participants committed to the Student Role-identity more than the Athlete Role-identity. When measuring the saliency of a role-identity within the NCAA D2 SA multi-dimensional self-concept, the investigator found the sample to rate their six roles as the following hierarchy: Family Role ($M = 95.19, SD =$

11.1), Student Role ($M = 89.59, SD = 11.2$), Friendship Role ($M = 89.55, SD = 11.1$), Athlete Role ($M = 79.45, SD = 17.5$), Romance Role ($M = 68.98, SD = 21.6$), and Religious Role ($M = 67.52, SD = 34.2$).

This finding provides support to the standard that NCAA D2 SA, on average, place a priority on their academics more than their athletics. The results are somewhat consistent with previous studies examining the role-identity for the athlete role saliency, and finding Athlete Role-identity not to be a high priority within the six role identities for an athlete (Curry & Weaner, 1987; Cieslak, 2004). This conflicts with other investigations examining the role conflict for the college SA which finds finding the Athlete Role to be highly salient in their lives (Adler & Adler, 1985, 1987, 1991).

The hypotheses in this investigation represented the investigator's aim to examine the influence on the Student and Athlete Roles. Due to efforts in determining model fit, the investigator included the lone student identification measurement into the regression equation. This decision stayed consistent with the six requirements endorsed by Burke (1980) when examining the multidimensional self-concept. This investigator sought to identify the internal and external influences to indicate a link between the role-identity and the image one perceives of their subsequent role (Burke, 1980; Stryker & Burke, 2000; Stets & Burke, 2000; Cieslak, 2004). These influences on the Athlete Role contribute to "the amount of depth within the social relationships an individual has that are dependent on the person being in a particular role identity" (Stryker & Serpe, 1982; as cited in Abbott et al., 1999, p. 371), and the relative centrality of the role-identity for defining one's core identity (Adler & Adler, 1987).

When considering the results of the two athletic identification dimensions SOC and NEG influencing the Student Role-identity, the investigator believes the lines may be blurry when identifying the influences on the role-identities within the NCAA D2 SA multidimensional self-concept. The participants in this study showed a supplemental increase in the saliency of their Student Role-identity when their levels of athletic identification increased from regarding themselves as an athlete, having goals related to their athletics, and consider their teammates or other athletes as their friends. However, the SA's Student Role-identity seems to decrease in saliency when the SA feels they need to participate in sport to feel good and believe others see them not as a student-athlete, but mainly just an athlete. The findings present a notable discussion to previous literature finding a significant, negative correlation between athlete and student levels of identification (Sturm et al., 2011; Finch, 2007). The recommendation from the investigator is to highlight and include the SOC factor of athletic identification when examining the role-identity of Athlete and Student for the college SA.

Sturm et al. (2011) reported female MSI levels higher than males for SA competing at the NCAA D1 and D3 levels. Consistent with the findings, this investigation found the interaction of the being a female SA and levels of MSI significantly influencing the NCAA D2 SA's saliency of the Student Role. The investigator believes an explanation for the consistency to the literature is the female SA's commitment to higher learning earlier in college than males. It appears the

literature supports the notion regardless of competition level that females will hold weaker athletic identity and stronger student identity levels when compared to males. Moreover, studies have recorded the "females' commitment to the role of being a student increases as they progress through college" (Sturm et al., 2011, p. 302).

The secondary aim of this study was to examine the dimensions commonly used to measure athletic identification and student identification. The investigator attempted to establish criterion validity for each of the five factors measuring athletic identification – public, private, social identity, exclusivity, negative affectivity – and the one scale used in the study measuring student identification. The investigator believes this investigation contributes to the literature significantly via the methods and approach utilized. The six theoretical properties of the self as practiced from an interactionist perspective: 1) defining the self through its dimensions within the cultural standards; 2) acknowledging the association between the internal identity and the external role; 3) examine the relationship between role and the counter identities; 4) indicate an association between the self and self-perceptions 5) specify a link between the self and role performance 6) consider the association between the role and motivation (Burke, 1980; Stets & Burke, 2000; Cieslak, 2004) were satisfied..

The scope established from the purpose to achieve criterion validity relied heavily on the examination of the internal identification and the external roles (i.e., Student, Athlete). Previous scholars recorded concurrent validity and sufficient reliability with the construction of the scales measuring a role's identification (Brewer et al, 1993; Brewer & Cornelius, 2001; Nasco & Webb, 2006; Shields, 1995); however, the investigator for this study sought to supplement the literature by examining the predictive element of the scales influence on the external role. The factors the investigator determined to achieve criterion validity are the SOC and EXC factors for athletic identification and the MSI for student identification.

The validity gives strong support that the NCAA D2 SA identity in the prominence of the athlete role in relation to other responsibilities or day-to-day activities, and their degree of social mindfulness regarding their athlete identification encompasses the saliency of the athletic role (Cieslak, 2004, p. 32-33). In addition, the investigator believes that the dual association between the self and self-perceptions includes the degree of social mindfulness regarding their athlete and student roles influencing their SA experience. This finding of SOC influencing both the Athlete Role and the Student Role is something that deserves focus. A recommendation by the investigator is to examine this athletic identification factor further to consider the role motivations within the SA by examining how they link to their experience at a higher education institution.

Conclusion and Future Implications

It is the hope of the investigator that the findings within this investigation will provide a better understanding for the characteristics the dimensions for the roles of Academic and Athlete within an individual's multidimensional self-concept provides to the existing body of literature (Nasco

& Webb, 2006; Brewer & Cornelius, 2001). This understanding should give college athletic department decision-makers an opportunity to meet the needs of the college SA in a preemptive manner, thus making their student-athlete experience more prolific. For example, one may be able to identify possible risks for living with the responsibilities of being a college SA (Brewer, Van Raalte, & Petitpas, 2000; Brewer & Cornelius, 2001), or potential difficulties toward transition to the workforce (Grove, Lavallee, & Gordon, 1997; Nasco & Webb, 2006) after the end of their competitive experience at the NCAA level. Lastly, the current investigation possibly can add to the current literature and narrow the void between the fields of sport management, sport sociology, and sport psychology.

The investigator of this study recommends that future research mimic the approach utilized in this investigation in an effort to stay consistent of the framework for Identity Theory and the multidimensional self-concept. Moreover, it is imperative to distinguish the characteristics of identity scales measuring levels of identification within a role-identity and identity scales measuring the commitment and saliency to a role-identity when examining the SA. The investigator sought to provide future investigations with a standard to follow so that future discussions may prove transparent to combat the fluidity of the SA experience.

College student-athlete key stakeholders in the roles of coaches, administrators, advisors and counselors can utilize the findings of this study in application for NCAA member institutions in the D2. For example, when analyzing the Family Role saliency of an individual, it provides a means to accomplish two things for a coach or college recruiter at once for a coach. It allows them to find out if the recruit is a great fit for the program, and it helps the coach or recruiter establish a rapport with the recruit's family.

The concept of family for the college SA portrays a significant manner of importance within their lives. While family members are routinely a top priority in a vast number of cultures and religions, the concept of family in sport takes on additional meanings. The term family is an expression of endearment for many athletes when speaking in locker rooms, competition, and motivational situations from one individual to another individual or collection of individuals. The concept is entrenched ideology that society ascribes to in an effort to produce cohesiveness within a team. It is common to walk into locker rooms and weight rooms across the United States, or watch a Hollywood movie with the term family presented in a way that promotes the communal culture of a sport team.

The implications of the findings are the college SAs in this study are highly salient to the student identity. It is reasonable to assume that the college SA, on average, will converse about their studies, grades, and classroom experiences during interactions of a social nature with their peers (Stryker & Serpe, 1994). The key stakeholders can apply the approach each year to gain an understanding for their SA's student role saliency. The findings in this study give the stakeholders specific items within the MSI that may provide them with a cognitive tool to pinpoint the influences on the student role if a SA is struggling academically. The investigator shares the recommendation of other scholars in respect that the measurement of athletic

identification can help identity the needs for student-athletes labeled as at “risk for experiencing some of the pitfalls of maintaining a strong and exclusive athletic identity” (Brewer & Cornelius, 2001, p. 107).

References

Abbott, C. L., Weinmann, C. A., Bailey, C. I., & Laguna, P. L. (1999). The relationship between sport salience and choice behaviour in Division I collegiate baseball players. *International Journal of Sport Psychology*, *30*(3), 369-380.

Adler, P., & Adler, P. A. (1985). From idealism to pragmatic detachment: The academic performance of college athletes. *Sociology of Education, 58* (4), p.241 -250.

Adler, P., & Adler, P. A. (1987). Role conflict and identity salience: College athletics and the academic role. *The Social Science Journal*, *24*(4), 443-455.

Adler, P.A., & Adler, P. (1991). *Backboards and blackboards: College athletes and role engulfment.* New York: Columbia University Press.

Brewer, B.W., Van Raalte, J.L. & Linder, D.E. (1993). Athletic identity: Hercules' muscles or achilles heel? *International Journal of Sport Psychology*, *24*, 237-254.

Brewer, B. W., & Cornelius, A. E. (2001). Norms and factorial invariance of the athletic identity measurement scale. *Academic Athletic Journal, 15*(2), 103-113.

Burke, P. (1991). Identity processes and social stress. *American Sociological Review, 56,* 836-849.

Cieslak II, T. J. (2004). *Describing and measuring the athletic identity construct: Scale development and validation* (Doctoral dissertation, The Ohio State University).

Coakley, J. (2009). *Sport in society: Issues and controversies*. (10th ed.) Boston, MA: Irwin/McGraw-Hill.

Curry, T.J. & Weaner, J.S. (1987). Sport identity salience, commitment, and the involvement of self in role: Measurement issues. *Sociology of Sport Journal*, *4*(3), 280-288.

Finch, B. L. (2007). *Investigating college athletes' role identities and career development* (Doctoral dissertation, Texas A&M University).

Hogg, M. A., Terry, D. J., & White, K. M. (1995). A tale of two theories: A critical comparison of identity theory with social identity theory. *Social psychology quarterly*, *58*(4), 255-269.

Horton, R., & Mack, D. (2000). Athletic identity in marathon runners: Functional focus or dysfunctional commitment?.*Journal of Sport Behavior*, *23*(2), 101.

Jackson, S. E. (1981). Measurement of commitment to role identities. *Journal of Personality and Social Psychology*, *40*(1), 138-146.

Martin, J.J., Mushett, C.A., & Eklund, R.C. (1994). Factor structure of the Athletic Identity Measurement Scale with adolescent swimmers with disabilities. *Brazilian International Journal of Adapted Physical Education Research*, *1*(1), 87-99.

Mead, G. H. (1934). *Mind, self and society* (Vol. 111). Chicago, IL: University of Chicago Press.

Nasco, S. A., & Webb, W. M. (2006). Toward an expanded measure of athletic identity: The inclusion of public and private dimensions. *Journal of Sport and Exercise Psychology*, *28*(4), 434.

NCAA. (2016a). *Results from the 2015 GOALS study of the student-athlete experience*. San Antonio, TX. Retrieved from *http://www.ncaa.org/sites/default/files/GOALS_convention_slidebank_jan2016_public.pdf*

NCAA. (2016b). *NCAA GOALS study of the student-athlete experience initial summary of findings*. Indianapolis, IN. Retrieved from *http://www.ncaa.org/sites/default/files/GOALS_2015_summary_jan2016_final_20160627.pdf*

Sailes, G. (2013). *Sports in higher education: Issues and controversies in college athletics* (1st ed.). San Diego, CA: Cognella.

Shields, N. (1995). The link between student identity, attributions, and self-esteem among adult, returning students. *Sociological Perspectives, 38*(2), 261-272.

Stryker, S. (1968). Identity salience and role performance: The relevance of symbolic interaction theory for family research. *Journal of Marriage and the Family, 30*(4), 558-564.

Stryker, S. (1980). *Symbolic interactionism: A social structural version*. Menlo Park, CA: Benjamin-Cummings Publishing Company.

Stryker, S. & Burke, P.J. (2000). The past, present, and future of an identity theory. *Social Psychology Quarterly*, 63(4), 284-297.

Stryker, S., & Serpe, R. T. (1982). Commitment, identity salience, and role behavior: Theory and research example. In *Personality, roles, and social behavior* (pp. 199-218). Springer New York.

Stryker, S., & Serpe, R. T. (1994). Identity salience and psychological centrality: Equivalent, overlapping, or complementary concepts? *Social Psychology Quarterly*, *57* (1), 16-35.

Sturm, J. E., Feltz, D. L., & Gilson, T. A. (2011). A comparison of athlete and student identity for Division I and Division III athletes. *Journal of Sport Behavior*, *34*(3), 295.

Thoits, P. A. (1983). Multiple identities and psychological well-being: A reformulation and test of the social isolation hypothesis. *American Sociological Review*, *48*(2), 174-187.

Thoits, P. A. (1991). On merging identity theory and stress research. *Social psychology quarterly*, *54*(2), 101-112.

Thoits, P. A. (1992). Identity structures and psychological well-being: Gender and marital status comparisons. *Social Psychology Quarterly*, *55*(3), 236-256.

Thoits, P.A. (2003). Personal agency in the accumulation of multiple role-identities. In P. J. Burke, T. J. Owens, R. Serpe, and P. A. Thoits (Eds.), *Advances in Identity Theory and Research* (pp. 179-194). New York: Kluwer Academic/Plenum.

Thoits, P. A. (2012). Role-identity salience, purpose and meaning in life, and well-being among volunteers. *Social Psychology Quarterly*, *75*(4), 360-384.

Weiss, O. (2001). Identity reinforcement in sport: Revisiting the symbolic interactionist legacy. *International review for the sociology of sport*, *36*(4), 393-405.

Yukhymenko–Lescroart, M. A. (2014). Students and athletes? Development of the Academic and Athletic Identity Scale (AAIS). *Sport, Exercise, and Performance Psychology*, *3*(2), 89.

(Peer Reviewed Article)

A Qualitative Examination of Sportsmanship and Behavior in a Little League Baseball Organization

Paula Upright, Western Kentucky University
Tricia Jordan, Western Kentucky University
Amy Halligan, United States Naval Academy

Abstract

The concept of sportsmanship and its impact on behavior is an important topic in sport, physical education, and recreational programs. Research has looked at behavior within sport in many aspects, but with special emphasis given to youth sport programming. However, the concept of sportsmanship is widely debated, and rarely is there an agreement on a definition or what role it might play in development of both athletes and others, such as coaches and parents. Sportsmanship has been seen as both a moral imperative and an outdated concept in contradiction to a winning mindset. The value and positive impact of youth sport on the development of young adults is well established. Therefore, the role of sportsmanship, as it relates to both good and bad behavior within youth sport is worthy of continued research. This study provides an in-depth look at youth and adult attitudes and behavior within a specific youth league organization.

Key Words: Sportsmanship, behavior, qualitative research

Introduction

Researchers have examined many concepts relating to sportsmanship. However, the definition and even the value of sportsmanship vary among sports and organizations. Sport has long been both lauded and condemned for its role in personal moral development. In the landmark essay *Sport and Sportsmanship*, Charles Kennedy (1931) posits that sportsmanship is a not simply a theoretical or scholarly concept, but a moral imperative which should permeate both the playing field and life in general. Albert Camus, the Nobel Prize winner for literature in 1957, stated he learned all he knew about ethics from sports (The Albert Camus Society , 2005).

According to Keating (1964), there are many other substantial claims regarding sportsmanship as a virtue, however, it is a moral category ignored by traditional philosophers and theologians. Albert Feezell (1986) built upon the early work and states sportsmanship is a relevant course of study due to the prevalent place of sport in American and international culture. Current studies examine sportsmanship at a variety of competitive levels including professional, collegiate, recreational, and youth sport.

Recent attempts at defining sportsmanship most often list certain expected behaviors by the athletes, coaches, administrators, fans, and parents. According to the National Collegiate Athletic Association (NCAA, 2003), a good sportsman possesses fundamental values based on respect, fairness, civility, honesty, and responsibility. Most sport and recreational organizations—like USA Gymnastics, National Alliance of Youth Sports, and Little League

Baseball and Softball—go beyond a definition and include a code of conduct and/or ethics for the athletes and all other stakeholders.

An understanding of the relationship between sportsmanship and stakeholders' behavior in youth sport still needs clarification and further examination. The purpose of this investigation is to examine Little League baseball player, coach, and parent behaviors related to the established concepts of sportsmanship. This study provides an in-depth look at youth and adult actions, both good and bad, in a specific setting. This study is relevant for a variety of audiences as sport faces many issues related to values and sportsmanship worldwide. Sport participation and the behavior of those involved impact youth in a variety of ways; we attempt to understand how through our time spent with these particular athletes. Our findings may aid in programmatic changes and policy development for various levels of competition.

Literature Review

According to the National Council of Youth Sports, estimates for youth sport participation vary with some as high as 44 million a year depending on the age group. Data mined by ESPN's Kids in Focus in 2013 shows 21.5 million kids between ages 6-17 are playing team sports, but the results also state that youth sport is so big that academics and organizations "don't really know the numbers". While there have been recent declines in football, soccer, basketball and baseball, mainly due to injury concerns, a majority of youth are still participating at some level. With this huge amount of participation number, it is important to know how youth are shaped and impacted by actions and practices guided by proper sportsmanship.

Much of the sport behavior research examines sportsmanship and development issues at the youth level. Prior research has shown both the positive and negative role of sport participation in the development and socialization of young people. Socialization is the process of interacting with others to learn customs, morals, and values. The majority of sport research supports the physical and psychological benefits of athletic participation. Leadership skills, self-discipline, respect, self-confidence, self-esteem, the ability to cooperate, and psychological well-being are just some of the benefits of competition (Smoll, Cumming & Smith, 2011; Ntoumanis, 2001; Kavussanu & Harnisch, 2000). There is also research suggesting that youth sport participation negatively impacts altruism and moral development (Blair, 1985; Shields & Bredemeir, 1995). The win at all cost attitudes can have a negative impact on behavior of young athletes. Studies have shown the excessive mental and physical demands can damage self-esteem and result in anxiety and depression (Fraser-Thomas & Côté, 2009; Bartholomew, Ntoumanis, Ryan, Thogersen-Ntoumani, 2011). And according to Goldstein & Iso-Ahola (2006) competition and sportsmanship behaviors are inextricably linked. Poor sportsmanlike behaviors include violence, abuse, and aggression, as well as cheating and willing at all costs attitudes (Wells, Ruddell & Paisley, 2006).

In youth sport there are many stakeholders for which sportsmanship can be considered. Attempts to understand relationships between the youth sport leader, parents, spectators, and the young athlete behaviors are common. Previous investigations provide insight into the relationship among youth sport participation and the behaviors of players, coaches, parents, fans, and umpires. Results suggest these stakeholders have evident an impact on the behavior of young athletes. Research shows when parents, fans, and coaches exhibited

unsportsmanlike or sportsmanlike behavior, young athletes also (mimicked and) demonstrated these behaviors. Ryska (2003) proposed that an athlete's level of competitiveness, sport motivation, and perceived purpose of his/her sport participation all impacted sportsmanship behaviors. In-depth studies into behaviors of youth athletes can result in improved understanding of youth moral development as related to and impacted by sport and competition.

Methodology

This in-depth qualitative study examined the behavior of coaches, parents, and players within one Little League baseball organization. The researchers interviewed randomly selected 10 all-star players and critically observed coaches, parents, and umpires participating in the regular season and all-star post season. The researchers also looked at league expectations regarding sportsmanship and behavior. The characteristics of qualitative research include eliciting understanding and meaning, using the researcher as the primary instrument, an inductive orientation to analysis and richly descriptive findings (Patton, 2002). This type of research does not provide a cause and effect relationship. The aim of this study was to describe the phenomenon and provide a narrative of the observed behavior of this specific group. Researchers included 2 faculty members with both academic and practical experience within youth sports, and an undergraduate honors sport management student. The research team stayed in the field from the beginning of the spring season in May through completion of the season at the Great Lakes Regional Little League tournament in August, year. Both practice and games were observed. According to Patton (2002), direct observation has several advantages: the inquirer is better able to understand and capture the context, has less need to rely on prior conceptualizations, and may notice things that escape others.

According to Kvale (1996), interviews are difficult to conduct, but they provide the richest source of information. The team interviewed 10 players. The questions were semi-structured and open-ended, leading to a conversation type discussion with the athletes. The subjects were minors, and according to Gill, Stewart, Treasure, and Chadwick (2008, p. 291), "the semi-structured interview format is, arguably, the most suitable for children, as it provides them with some guidance on what to talk about. Children, particularly younger children, generally find such guidance helpful in an interview situation." Furthermore, interviews with young children produce unique, detailed and trustworthy accounts, improving understanding on a variety of issues (Gill, et al., 2008). All interviews were kept anonymous with no names or team affiliation being used at any time. The minors in this study were allowed to talk freely and encouraged to make any comment they felt was accurate.

Based on over 3 months of observations and detailed interview notes, the interview team provided a detailed description of a variety of behaviors within a youth sport organization. The interviews with select players themselves delivered the most insights on player beliefs and team norms in regards to sportsmanlike behaviors and expectations.

Results

The Analysis was completed by employing an inductive process of comparing and coding the data. The constant-comparative method (CCM) as developed by Glaser and Strauss (1967) is a method for developing themes grounded in the data. The findings emerge from data. Using

comparison, a researcher is able to make conclusions by categorizing, coding, and connecting categories (Boeije, 2002). Themes grounded in the data represent the important findings of the study. The coding process took place in three steps and involved a line-by-line analysis of the interview data to generate and formulate categories that develop to a point of saturation. Open coding organizes interview data into relevant categories. Axial coding connects the relationships and similarities among all the interviews and other data sources to the study. The final step of selective coding identifies recurring themes or patterns. Comparing and coding is a funneling process used to narrow all interview notes into themes or main points for the study. Data was compressed and linked together in a description that conveys meaning. The following themes emerged from our interviews:

THEME 1: The Little Leaguers play baseball because it is fun, winning is important, but secondary.
THEME 2: It is never okay to cheat.
THEME 3: Sportsmanship is all about fairness, and respect and is learned from both parents and coaches.
THEME 4: Players do not pay attention to negative comments or actions of the various stakeholders.

As expected, the interviews provided the most insight into the thoughts and behaviors of these athletes. For example, when asked about playing by the rules one subject told us, “I would rather lose than cheat!” Another subject stated that, “Of course winning is important, everyone likes to win, but it’s more important to be nice and show respect. That is what Little League is all about.” When asked about fan and parent behavior, another subject stated, “I don’t listen to them, I tune them out, but don’t tell mom.” Another stated, “I really only listen to my coach, fans are loud and don’t even know baseball.” When asked about why they play baseball, almost all of the subjects stated “to be part of a team” and “to have fun.”
The research team observed an entire season of Little League baseball and maintained detailed observation notes. As observers, the researchers kept descriptive field notes of the game events and actions of players, fans, officials, and coaches. These notes also described the context of the physical setting including game attendance, game day weather, and other activities occurring at the ballpark. In support of overall themes presented in the findings, categories of coaches' and parent/fan comments that emerged most frequently included comments that act to reinforce behaviors, instruct the athlete, correct the athlete, and encourage hustle. The researchers used the Parents Observation Instrument for Sporting Events (POISE) tool to guide the recording and coding of comments (Randall & McKenzie, 1987). For brevity and though not an all-inclusive list, Table 1 provides examples of comments within each category mentioned.

Table 1 Coach and Parent Game Comments

Catergory	Coach Comment	Parent Comment
Reinforcing	Good eye! Good job, boys! Relax, no big deal. Good cut. Much better swing. Good hustle.	Nice play guys. Good eye. Be a hitter. Just like last night. You are due for one.
Instructing	Location, location, location.	Be ready for the steal.

	Know where it is, bring it. Play at first, two outs. Squeeze it, block it, throw to first.	Get up in the box. Don't reach!
Hustle	Hustle, sprint in sprint out. Let's go! Let's go big (& a name).	Let's go! Run, run, dig, dig. Be aggressive.
Correcting	Get down! You got to wait on it, recognize Stay in the box Finish	Don't reach for it. Throw it in there, your defense work. Keep your nose on it.
Scolding	I'm asking for the same courtesy. His body is on the plate. Have you ever play golf? Get your skirt down!	It is the right call. He is safe. Fantastic pitch, strike. Come on blue, slow play! You're gonna walk home if you don't get a hit.

Discussion

This study supports previous research in several ways. This study illustrates a positive reflection of sport influence on behavior. It supports the impact a positive environment, organization, and good coaching can have on youth behavior and sportsmanship. Each game observed included supportive and/or positive coaches' and parental remarks. Few instances of critical or unsportsmanlike behavior were modeled by the coaches or parents during games. According to "Who We Are*"* (2003), "Little League has instilled leadership, character, courage and loyalty in all that participate, including the nearly 1.5 million adult volunteers." Our research into a select group within this organization showed this to be true. The conduct fostered by this organization could be used as a model for other organizations that have sportsmanship and behavior issue NCAA 2003 sportsmanship.

Considering the recent scandals of cheating and bad behavior at all levels of sport, it is critical to the sporting community to examine youth sport and the factors that influence sportsmanship. For this study, it is important to note the maturity of the 12 year olds who participated in the study; the understanding of fairness and importance of doing things the "right way" were evident with this group of young athletes. The four emergent themes are profound. All of the athletes interviewed agreed that it was never ok to cheat. Comments such as "I always want to win, but having fun and doing it right is more important," "I can't cheat, that's right in Little League," and "I don't like it when people don't play fair," are just a few examples of the comments. The subjects all knew and mentioned the Little League pledge that states, *"I trust in God, I love my country and will respect its laws, I will play fair and strive to win, but win or lose I will always do my best."* Codes of conduct and rules must be modeled and enforced.

This research study showed that athletes will pay attention if emphasis is placed on sportsmanship. The pledge is not mandatory but in this group it was voluntarily committed. Future research should further examine Little League and other youth sport organizations on

their success. Researchers should also examine the impact of social economics status, sport played, and the training of coaches. A longitudinal study of these athletes would also provide and interesting look into the influence of youth competition and the elements that impact the formation of sportsmanship concepts.

References

Bartholomew, K. J., Mtoumanis, N., Ryan, R. M., & Thogersen-Ntoumani, C. (2011). Psychological need thwarting in the sport context: Assessing the darker side of athletic experience. *Journal of Sport & Exercise Psychology*, 75-102

Blair, S. (1985). Professional of attitude toward play in children and adults. *Research Quarterly for Exercise and Sport, 56,* 82-83.

Boeijie, H. (2002). A purposeful approach to the constant comparative method in the analysis of qualitative interviews. *Quality & Quantity, 36,* 391.

Feezell, R. M. (1986). Sportsmanship. *Journal of the Philosophy of Sport*, *13*(1), 1-13.

Fraser-Thomas, J. & Côté, J. (2009). Understanding adolescents' positive and negative development experiences in Sport. *The Sport Psychologist, 23,* 3-23.

Gill, P., Stewart, K., Treasure, E., & Chadwick, B. (2008). Methods of data collection in qualitative research: interviews and focus groups. *British Dental Journal*, *204*(6), 291-295.

Glaser, B. G. & Strauss, A. L. (1967). *The discovery of Grounded Theory: Strategies for qualitative research.* Chicago: Aldine.

Goldstein, J. D., & Iso-Ahola, S. E. (2006). Promoting sportsmanship in youth sports. *Journal of Physical Education, Recreation & Dance*, 18-24.

Keating, J. W. (1964). Sportsmanship as a moral category . *Ethics 75*(1), 25-35.

Kelley, B., & Carchia, C. (2013). *"Hey, data data -- swing!"*. Retrieved from ESPN: http://www.espn.com/espn/story/_/id/9469252/hidden-demographics-youth-sports-espn-magazine

Kennedy, C. W. (1931). *Sport and Sportsmanship*. Princeton, NJ: Princeton University

Press.Kavussanu, M., & Harnisch, D. L. (2000). Self-esteem in children: Do goal orientations matter? *British Journal of Educational Psychology,* 70, 229-242.

Kvale, S. (1996). *InterViews: An introduction to qualitative research interviewing*, Thousand Oaks, CA: Sage.

Little League © . (2003). *Who We Are*. Retrieved from Little League : http://archive.littleleague.org/Little_League_Big_Legacy/About_Little_League/Who_We_Are.htm

National Council of Youth Sports. (2018). *NCYS News*. Retrieved from https://www.ncys.org/news/news.php

Ntoumanis, N. (2001). A self-determination approach to the understanding of motivation in physical education. *British Journal of Educational Psychology*, 71, 225–242.

National Collegiate Athletic Assocation . (2003). *Respect. It's the name of the game. .* Retrieved from NCAA: http://www.ncaa.org/about/what-we-do/fairness-and-integrity/sportsmanship.

Patton, M. Q. (2002). Two decades of develpoments in qualitiative inquiry. *A Personal, Experiental Perspective,* 261-283.

Randall, L. & McKenzie, T.L. (1987). Spectator verbal behavior in organized youth soccer: a descriptive analysis. *Journal of Sport Behavior, 10*(4), 200-211.

Ryska, T. A. (2003). Sportsmanship in young athletes: The role of competitiveness, motivational orientation and perceived purposes of sport. *The Journal of Psychology, 137*(3), 273-293.

Shields, D. L., & Bredemeier, B.J.L. (1995). *Character development and physical activity.* Champaign, IL: Human Kinetics.

Smoll, F. L., Cumming, S. P., & Smith, R. E. (2011). Enhancing coach-parent relationships in youth sports: Increasing harmony and minimizing hassle. *International Journal of Sports Science and Coaching, 6*(1), 13-26.

The Albert Camus Society . (2005). *Albert Camus and Football*. Retrieved from The Albert Camus Society : https://camus-society.com/2017/11/29/albert-camus-and-football/

Wells, M. S., Ruddell, E., & Paisley, K. (2006). Creating an environment for sportsmanship outcomes . *Journal of Physical Education, Recreation & Dance*, 13-17.

(Peer Reviewed Article)

Consumer Participation in Healthcare Decision-Making

Jessica L. Price, Eastern Kentucky University

Introduction

In almost every major industry in America, consumer participation is considered to not only be desired, but absolutely necessary for the assurance of effective and efficient service delivery. Bankers are unable to properly manage a client account and ensure appropriate savings and investments without the participation of the client. Educators understand the value of students and parents who are actively involved in a child's learning. Realtors can only effectively guide the search for a home after many conversations with the homebuyers regarding their desires, needs, and expectations. Why, then, do many Americans still discuss and debate the place of consumer participation when it comes to making health-related decisions?

Consumers, in all sectors, demand they receive quality services in return for their time and money. Healthcare consumers, most commonly referred to as patients, are beginning to take note and demand the same quality from their healthcare providers. For years, the paternalistic model of healthcare has been widely accepted throughout most cultures by merely promoting the ability of the healthcare provider to determine treatment plans with little to no patient involvement (Kaba & Sooriakumaran, 2006). In the vast majority of cases, the patients trusted the provider's experience and expertise to effectively guide their care plan, while they took a backrow seat and prepared to simply follow the provider's instructions. In today's world, there has been a strong push toward information gathering and understanding at the individual and collective levels. Many societal groups nationwide have discovered ways to research and obtain information about almost any topic they choose and their demand to be in control of the decisions that affect lives has increased as their knowledge bank has increased. We have heard for many decades that "knowledge is power" and our society is now experiencing the driving effect of this idea in full force.

A 2002-2014 study of adult patients showed several positive trends within this collaborative decision-making model, including an increase in patient knowledge and better overall decisions. It was noted that shared decision-making includes four main components: 1) the provider and patient are both involved, 2) there exists a sharing of information, 3) the provider and patient build consensus, and 4) the provider and patient agree on a treatment plan (Levine, Landon, & Linder, 2017).

Appropriate Role

While many professional organizations and legislative efforts agree that patient involvement is a positive addition to the decision-making process, it is vital to recognize both appropriate and inappropriate involvement of the patient. Several studies have identified a difference in types of patient involvement, ranging from active involvement to simple information sharing. Even world healthcare leaders, such as the World Health Organization (WHO), have for

years struggled with explicitly defining patient participation and exactly what that looks like during the provider-patient encounter (Mavis et al., 2014).

Several factors determine the level at which a patient's involvement will be beneficial to the overall decision-making process. One important factor to consider when deciding the appropriate role of the patient in the decision-making process is whether the patient wants to be involved in his or her individual healthcare decisions. A 2005 study published by the *Journal of General Internal Medicine* discovered that many older adults felt strongly that they should not be involved in healthcare decision making, specifically medication-related decisions. Elderly patients often state that their illnesses are often overwhelming and they would prefer that the physician fully take charge (Belcher, Fried, Agostini, & Tinetti, 2006). This trend may be attributed to the generation of the individuals involved in the study and their common belief in the paternalistic model of healthcare. Forcing a patient to be involved in their healthcare decisions may become overwhelming and actually lead to a visit that is both stressful and unpleasant for the patient, despite well-intentioned efforts.

Obstacles

Increasing the involvement of patients is a sizeable change for the healthcare industry. Moving toward this new caregiving model certainly does not come without difficulties and challenges. Patients must first feel empowered as critical segments of the decision-making process before they can be expected to become actively engaged in their care (Ishikawa & Yano, 2008). Unfortunately, this patient empowerment is not always easy to promote.

Several 2009 focus-group sessions held in the San Francisco Bay area revealed that many patients are afraid of being labeled as difficult, if they attempted to become more involved in the decision-making process (Frosch, May, Rendle, Tietbohl, & Elwyn, 2012). These sessions focused specifically on medication-related decisions, but the responses and results indicate that the feelings of being challenged may extend on to all health-related decisions. The study indicates that this lack of patient participation may be attributed to several factors, including lack of time during visits, limited choices of physicians due to insurance restrictions, poor communication skills, and authoritarian physician personalities. Respondents stated that they have even felt compelled to apologize to their physician following expressing their opinion or wishes, especially when those opinions or wishes did not align with the doctor's recommendation (Frosch et al., 2012).

Another, and perhaps the largest, obstacle to positive patient-participation in decision-making involves varying health literacy levels among patient populations. The WHO defines health literacy as "the cognitive and social skills which determine the motivation and ability of individuals to gain access to, understand, and use information in ways which promote and maintain good health" (World Health Organization, 2016, para. 1). The WHO directly links proficient health literacy with increased patient empowerment throughout patients' healthcare experiences. When a patient lacks adequate health literacy, he/she also lacks the ability to understand health condition, available resources, and information gathered from those sources (e.g. the healthcare provider) (Ishikawa & Yano, 2008).

Does consumer involvement make a difference?

Research findings suggest that, when patients' activity level in the decision-making process increases, health outcomes generally increase, as well (Ishikawa & Yano, 2008). Not only do patients better understand their care plans when they are involved, but that understanding leads to increased compliance with self-management instructions following physician interactions. *Figure 1* shows the connection between increased health literacy, patient participation in decision-making, and increased patient and population health. Ishikawa and Yano (2008) indicate that this model provides a preliminary view of these connections, but recommend further research be completed to learn more about how each of these connections function. These links, however, do indicate that, by promoting individual health literacy, population health may increase. This improvement to population health could also lead to an increase in community services that cater to individuals with lower health literacy, allowing them resources to aid in their individual healthcare decision-making processes (Ishikawa & Yano, 2008).

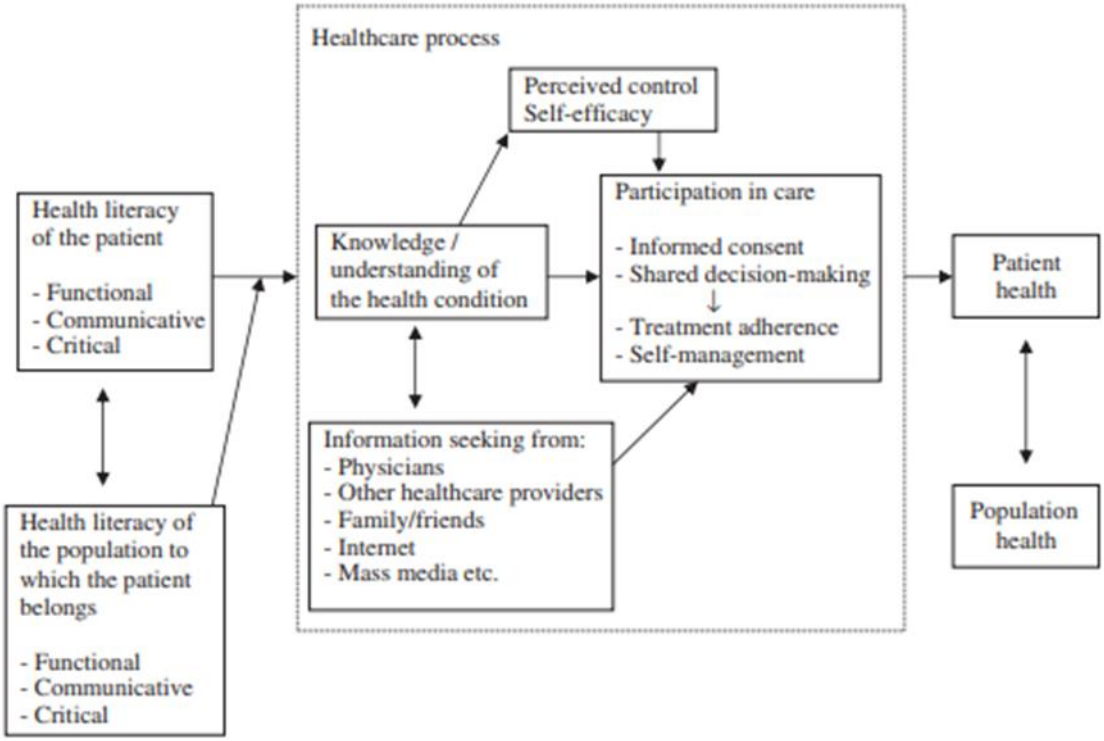

Figure 1: Possible pathways between patient health literacy, participation in the health-care process and health (Ishikawa & Yano, 2008)

Conclusion

Patients who feel empowered as participants in their healthcare decisions are more likely to experience better health outcomes. This improvement in outcomes is linked to several factors, including the patients' understanding of information provided to them and, in turn, their willingness and ability to comply with treatment plans. Increasing health literacy among patients through the encouragement of decision-making participation is vital to this goal. Consumer participation in health care decision-making is a factor that will propel health care effectiveness and efficiency throughout future years and ultimately lead to increased personal

and population health across the nation. To enhance this practice, the health educators and professionals would need to take more pro-active role to improve the health literacy of patients and public.

References

Belcher, V. N., Fried, T. R., Agostini, J. V., & Tinetti, M. E. (2006). Views of older adults on patient participation in medication-related decision making. *Journal of General Internal Medicine, 21*(4), 298-303.

Frosch, D. L., May, S. G., Rendle, K. A., Tietbohl, C., & Elwyn, G. (2012). Authoritarian physicians and patients' fear of being labeled 'difficult' among key obstacles to shared decision making. *Health Affairs, 31*(5), 1030-1038.

Ishikawa, H., & Yano, E. (2008). Patient health literacy and participation in the health-care process. *Health Expectations, 11*(2), 113-122.

Kaba, R., & Sooriakumaran, P. (2006). The evolution of the doctor-patient relationship. *International Journal of Surgery,* 5(1), 57-65.

Levine, D. M., Landon, B. E., & Linder, J. A. (2017). Trends in patient-perceived shared decision making among adults in the United States, 2002-2014. *Annals of Family Medicine, 15*(6), 552-556.

Mavis, B., Holmes Rovner, M., Jorgenson, S., Coffey, J., Anand, N., Bulica, E., & ... Ernst, A. (2015). Patient participation in clinical encounters: a systematic review to identify self-report measures. *Health Expectations, 18*(6), 1827-1843.

World Health Organization (2016). *The mandate for health literacy.* Retrieved from http://www.who.int/healthpromotion/conferences/9gchp/health-literacy/en/

Statement of Corrections

The primary author of the article, A Case of Racial Tasking and Prejudice: Analyses of Race, Playing Position, Rate of Injuries, and Salaries in NFL (in Volume 55, Issue No. 2 of the KAHPERD Journal) would like to issue a state of correction. After consulting with Dr. Bopp of University of Florida, the author has realized a mistake was done that might cause the readers to misunderstand the actual definition and historical context of "racial tasking." What the author had done in the article was actually describing the concept and history of "stacking". Racial tasking is actually a recently developed concept that is introduced by Dr. Bopp in his study, Racial tasking and the college quarterback: Redefining the stacking phenomenon. The author sincerely apologizes for this mistake and feels obligated to inform this correction to all readers. Readers may refer to the following reference to learn more about "racial tasking." Once again, the author would like to thank Dr. Bopp for sharing his thought during our conversation.

Bopp, T., & Sagas, M. (2012). Racial tasking and the college quarterback: Redefining the stacking phenomenon. Journal of Sport Management, 28, 136-142.