Abstract

This study extends stress research by exploring the stressors experienced by physiotherapists' working in elite sport. The physiotherapists who were interviewed have prepared athletes and worked with them at international events (e.g., Olympic and Paralympic Games). Transcripts were analyzed using thematic analysis. Methodological rigor and generalizability were maximized through self-reflexivity and eliciting external reflections before seeking publication. Five themes were identified: *I am not a Machine*, *This is Sport*, *Relationships are Messy*, *Under the Microscope*, and *Beyond one's Remit*. These themes illustrate that sports physiotherapists experience a wide variety of stressors (e.g., workload, power-relationships, moral and ethical conflicts), with diverse consequences (e.g., work-life conflict, job insecurity, relationship breakdown). Although these findings resonate with practitioners in other sport science and management roles, they also provide unique insights into this population. Practical implications are discussed across multiple levels (i.e., policy, cultural, organizational, interpersonal, and intrapersonal).

Key Words: Emotions, Stress, Strain, Pressure, Culture, Climate, Ethics

Introduction

Building on a wealth of research on athletes' stress experiences, contemporary scholars are now focusing more attention on the professional challenges experienced by 'the team behind the team' (viz., those individuals operating in sport science and management roles in elite sport; Arnold, Collington, Manley, Rees, Soanes, & Williams, 2017; Hings, Wagstaff, Anderson, Gilmore, & Thelwell, 2018). Indeed, Wagstaff (2017) recently reported that there are additional 'performers' in sporting contexts (e.g., coaches) who, like athletes, encounter demanding situations and are expected to perform under pressure. This shifts the focus beyond athletes' stress experiences to provide novel insights into those operating in sport science and management roles. To date, research on stress has been conducted with coaches, sport psychologists, and parents (e.g., Didymus, 2017; Fletcher, Rumbold, Tester, & Coombes, 2011; Clarke & Harwood, 2014). Yet, Arnold et al. (2017) reported that many of the stressors experienced by other members of the sport science and management roles in elite sport have not been explored. This current study is timely and original in that it aims to explore the stressors experience in elite sport by physiotherapists.

One model that has been used to inform contemporary stress research is the Meta-Model of Stress, Emotion, and Performance (Fletcher, Hanton, & Mellalieu, 2006). Underpinned by the transactional conceptualization of stress (viz, Lazarus, 1999; Lazarus & Folkman, 1984), stress is viewed as an ongoing transaction between the environmental demands and a person's resources, with strain resulting from an imbalance between these demands and resources. In line with this conceptualization, Fletcher et al. (2006, p. 329) provided the following conceptual definitions: *stress* is an ongoing process that involves individuals transacting with their environments, making appraisals of the situations they find themselves in, and endeavoring to cope with any issues that may arise; *stressors* are environmental demands (i.e., stimuli) encountered by an individual; *appraisals* are a person's evaluation of his or her transaction with the environment; and *strain* is an individual's negative psychological, physical and behavioral responses to stressors. According to this model, stressors arise from the environment that an individual is operating within, are mediated by perception, appraisal, and coping, and consequently, result in various responses and outcomes. This

ongoing process is moderated by diverse personal and situational characteristics (viz., Arnold, Fletcher, & Daniels, 2017; Wagstaff, Hings, Larner, & Fletcher, 2018). This model proposes that negative outcomes occur when an individual uses inadequate or inappropriate coping strategies. With sub-optimal personal well-being and job performance being a consequence of an individual's inability to cope.

Before reviewing the dearth of research on sports physiotherapists, it is important to be cognizant of stress research conducted with other members of 'the team behind the team'. In their narrative review, Fletcher and Scott (2010) reported that coaches operate within a complex, ever changing environment that imposes many pressures on them. For example, Thelwell, Weston, Greenlees, and Hutchings (2008) interviewed 11 British coaches and following inductive and deductive analysis procedures identified 182 stressors (e.g., athletes' performances, contractual issues, private life). Subsequent research continues to illustrate the diverse pressures experienced by coaches (Didymus, 2017; Olusoga, Butt, Hays, & Maynard, 2009). Furthermore, these demands have been identified to reduce coach effectiveness (Thelwell, Wagstaff, Rayner, Chapman, & Barker, 2017a; Thelwell, Wagstaff, Chapman, & Kentta, 2017b). Turning to the stressors experienced by sport psychologists, Fletcher et al. (2011) interviewed 12 accredited sport psychologists. Five dimensions were identified: factors intrinsic to sport psychology, roles in the organization, sport relationships and interpersonal demands, career and performance development issues, and organizational structure and climate of the profession. Being unable to cope with these demands has been identified to negatively impact practice (Cropley, Baldock, Mellalieu, Neil, Wagstaff, and Wadey, 2016). Finally, research on stress experienced by parents of athletes (e.g., Burgess, Knight, & Mellalieu, 2016; Clarke & Harwood, 2014). Burgess et al. (2016) identified nine overarching demands including competition (e.g., child anxiety, spousal behavior), organizational (e.g., travel arrangements, interactions with other parents), and developmental (e.g., managing child education, social opportunities). Collectively, these findings illustrate that sporting environments are stressful for coaches, sport psychologists and parents; they each experience a wide variety of similar and

unique stressors given their specific roles and associated expectations. Furthermore, if these stress experiences are not properly managed, they can have an adverse effect on their own well-being and potentially the athletes they assist.

Arnold et al. (2017) illustrated that 'the team behind the team' in elite sport typically includes sports medicine personnel (e.g., doctors, physiotherapists), sport scientists (e.g., physiologists, biomechanists) and various other support staff (e.g., performance lifestyle advisors, performance analysts). Of interest in this study are the stressors experienced by physiotherapists working in elite sport. To date, this population has received limited research attention. Of the few studies conducted, one cluster of researchers have included physiotherapists amongst others (e.g., doctors, psychologists) when examining intra- and inter-professional conflicts which can arise due to differences in status and power between different roles (e.g., Collins, Moore, Mitchell, & Alpress, 1999; Malcolm & Scott, 2011; McEwan & Taylor, 2010). The challenge with this approach is that it makes it difficult to extrapolate the data from different subgroups. Other groups of researchers have either examined how sports physiotherapists can assist the recovery of injured athletes (e.g., Arvinen-Barrow, Massey, & Hemmings, 2014) or targeted specific professional challenges such as medical confidentiality (e.g., Waddington & Roderick, 2002). For example, Waddington and Roderick (2002) examined how confidential matters are dealt with between the club doctor or physiotherapist and the player as patients in English professional football clubs. It was identified that there was no commonly held code of ethics governing how much and what information about players is passed on to managers, which raised serious implications for dealing with confidentiality in sporting contexts. While this study provides an important and in-depth understanding into one specific professional challenge, by taking a more micro approach it ignores other potential demands experienced by sports physiotherapists.

The aim of this study is to explore the stressors experienced in elite sport by physiotherapists and their impact (i.e., emotions, outcomes). The rationale for this study is fourfold: (a) while the stressor experiences of other sport science staff have been examined, physiotherapists working in

elite sport have been ignored. This study, therefore, complements previous research and seeks to provide an additional 'piece to the puzzle' of the professional challenges experienced by the 'team behind the team' (viz., Arnold et al., 2017); (b) stress has been observed to impact the well-being of sporting personnel (viz., Fletcher & Arnold, 2017); therefore, it is critical that we seek to raise our awareness of the stressors experienced by physiotherapists and their impact to ensure their well-being is not being compromised; (c) considering the transactional nature of stress and how strain can be contagious (viz., Hings et al., 2018), it is important to understand physiotherapists' lived experiences of working in elite sport to identify whether they can impact the well-being and performance of others (e.g., athletes, coaches); and (d) only by understanding physiotherapists' working experiences on the 'ground' level can we raise sports organizations' awareness of whether policies and practices are providing them with a sufficient duty of care (e.g., National Governing Bodies, National Institutes of Sport). Findings can also inform professional societies and regulatory bodies codes of conduct that govern the professional practice of physiotherapists (e.g., Health and Care Professions Council, Chartered Society of Physiotherapy). These potential recommendations have implications for physiotherapists' personal well-being, performance duties, and the possible impact of physiotherapists' performance on others (e.g., coaches, athletes).

Method

Philosophical Beliefs and Sampling

This study was underpinned by interpretivism. That is, ontological relativism (i.e., reality is multiple, created, and mind-dependent) and epistemological constructionism (i.e., knowledge is constructed and subjective) (Sparkes, 1992). Following procedural ethical approval from the University's Ethics Committee, participants were recruited through maximum-variation, criterion-based, and snowball sampling procedures (Sparkes & Smith, 2014). Maximum variation was chosen to enhance the study's potential generalizability (i.e., naturalistic generalization and transferability). To clarify, naturalistic generalization is defined as conclusions arrived at through personal engagement in life's affairs or by vicarious experience so well constructed that the person feels as if

it happened to themselves (Stake, 1995). Whereas, transferability within this research is underpinned by interpretivism, therefore it is defined as when an individual or group in one context considers adopting something from another environment which the research has identified (Smith, 2018). Characteristics accounted for to maximize variation were sex, sport, and employment status (i.e., part-time and full-time). Criterion-based sampling was used to recruit participants who were registered with the Health and Care Professions Council (HCPC) in the United Kingdom and with first-hand experience of working in elite sport. Our rationale for these criteria were to ensure our participants were professionally accredited and ethically qualified to practice physiotherapy. By elite sport, we mean physiotherapists working within environments where athletes are performing at the highest level in their sport (i.e., Olympics, Paralympics, World Cups, World Championships; Swann, Moran, & Piggott, 2015).

Ten physiotherapists met the sampling criteria (5 males, 5 females), eight of which were full-time. All participants were working in elite sport, employed by a sport organization and worked on-site. Experiences ranging from three-to-25 years at this performance level (> 80 years' in total). Examples of the participants' working experiences included preparing athletes and working with them at six summer Olympic and Paralympic Games (including 2008 Beijing, 2012 London, 2016 Rio de Janeiro), Commonwealth Games, World Cups, and World Championships. Sports were varied and included men's and women's team and individual sports. In the interest of preserving the anonymity of individual participants, the sports are not identified and any specific information that could identify them or others they have worked with have been omitted.

Data Collection

Following ethical approval, participants who met the sampling criteria or were referred by previous participants to represent information rich cases (i.e., snowball-sampling) were contacted via email by the first author, informed about the study and invited to participate. All participants agreed to participate and provided written informed consent. To collect data on their experiences of working in elite sport, a semi-structured interview was chosen (see *Confessional Tale* subsection).

Our rationale for using this method of data collection was that it would provide the participants with the freedom to discuss their experiences, while also ensuring areas of interest pertinent to the study were discussed (Sparkes & Smith, 2014). An interview guide was developed for the purposes of this study; it included questions such as, “Can you tell me what it’s like working in elite sport?”, “What demands do you experience in a training environment?”, “What demands do you experience at a major international event?”, and “What effect do these demands have on you?” Questions were contextualized around training, competition, season/off-season, and work-life balance. Elaboration and clarification probes were used to elicit more information and ensure understanding. All interviews were conducted by the first author; three of the 10 interviews were conducted face-to-face (two in a private setting and one at a public café, at the request of the participant). The remaining interviews were conducted on the telephone to accommodate for the participants’ busy schedules. No interviews were conducted at their place of work due to the potentially contentious nature of the discussion (McEwan & Taylor, 2010). All interviews were audio-recorded to provide a complete and accurate account of what was discussed. The interviews ranged from 59 minutes to 111 minutes (M=81.8 minutes, SD=18.5).

Data Analysis and Rigor

Inductive thematic analysis was used by the first author to analyze the data (Braun, Clarke, & Weate, 2016). From the outset, the first author familiarized herself with the data. This involved transcribing the data, repeat reading of the transcripts, and noting down initial ideas. Codes were then generated by highlighting interesting features of the data in a systematic fashion across the entire dataset (e.g., “pressure”, “expectations”, “tension”, and “making tough decisions”). The next phase involved collating codes into potential themes such as “Tough decisions at competition”. Provisional themes were then reviewed in relation to the coded extracts, the entire data set, and the overall story they tell about the participants’ experiences. Clear definitions and concise and punchy names for each theme were then identified (e.g., ‘Under the Microscope’). This resulted in five themes that were refined, defined and named. Finally, producing the report involved ensuring the write up

provided a concise, coherent, logical, non-repetitive, and interesting account of the data, with vivid, compelling extract examples.

Guided by a relativist approach for judging the rigor of qualitative research (Sparkes & Smith, 2014), the authors invite readers to consider several quality indicators including the worthiness of the topic (e.g., timeliness and significance), rich rigor (e.g., appropriate sample), credibility (e.g., thick description), sincerity (e.g., transparency), and significant contribution and coherence of the work. Aligning with these indicators and to enhance the study's methodological rigor and generalizability (Smith & McGannon, 2017), two techniques were used. First, a reflexive journal (i.e., introspective reflexivity) was kept by the first-author to situate her own personal identities and to explore the surprises and un-doings in the research process (i.e., unexpected turns in the research, see *Confessional Tales*), with herself ultimately becoming the site of analysis and the subject of critique (McGannon & Metz, 2010). These reflections were also shared with the co-authors (i.e., intersubjective reflexivity) at regular intervals. Thus, the first author presented her interpretations of the data on a regular basis to the co-authors who provided a sounding board to encourage reflection upon, and exploration of, alternative explanations and interpretations. As part of this process of critical dialogue, the first author was required to make a defendable case that the available data supported her interpretations. For example, the first author debated the titles of the themes with the co-authors, to ensure they were concise, punchy and immediately gave the reader a sense of what the theme was about (Braun & Clarke, 2006).

Second, *external reflections* were sought from physiotherapists working in elite sport who did not participate in this study (viz., Wadey & Day, 2018). Specifically, three physiotherapists (2 female, 1 male) were contacted who were currently working full-time in elite sport. They were informed of the aim of the study and that we were interested in sharing our research findings and gaining their feedback. All agreed to participate, and a time and location was decided upon to meet face-to-face. To enable the physiotherapists to share their responses in an open group discussion, a focus group format was decided upon (Krueger & Casey, 2000). Facilitated by two co-authors, the

focus group started by describing the study's aim and methods. Then, each identified theme was defined and described using verbatim quotations. Following each theme, the physiotherapists were asked: What is your immediate reaction to this theme and why? The co-authors facilitated subsequent discussion using curiosity-driven follow-up questions (Sparkes & Smith, 2014). After all the themes had been discussed, the physiotherapists were finally asked: Which theme attracted your attention the most and why? The focus group lasted 56 minutes and was recorded. The discussions illustrate how the participants found the themes to resonate with their experiences. Rather than thinking *about* the themes, it was clear the participants thought *with* the themes. The physiotherapists reported physical feelings (e.g., I can feel my body tightening), emotions (e.g., anger, sadness, complacency), and told stories of their own and other people's experiences. Central within these dialogues was how the physiotherapists could identify with and incorporate their own experiences into the themes. One reported:

> As you read them out, I can feel myself nodding. It's a tough profession. Glamour of sport aside, it's tough. The *I am not a Machine* theme stood out for me. I really felt for the participants, as I know what that feels like. Like, you're just going through the motions. And, the *This is Sport* theme. Yes, it's like we operate in a bubble in sport. Being a physio in sport is so different from working outside of sport. That's why there's a high turnover of staff. We can't keep ignoring that physiotherapists have lives outside of sport.

Confessional Tale

To help "lift the veil of public secrecy surrounding fieldwork" (Maanen, 1988, p. 91), we herein include three confessional tales resulting from introspective and intersubjective reflexivity (Finley, 2002). The first confessional tale, *The Snowball Effect*, is concerned with the challenges of gaining access to hard-to-reach populations. Indeed, the first author wrote numerous emails, made dozens of calls, and approached several physiotherapists through social media (i.e., Twitter) for over three months to no avail, leading to heightened feelings of frustration. Yet, through mobilizing the co-authors' social capital, she identified one physiotherapist who was willing to participate, whom

provided access to many of the other participants. The first author reflected, “Such a relief. A fitting example of the power of snowball sampling. It operated like a domino effect; access to just one participant opened up access to so many others.” The second confessional tale, *Aligning the Method with the Participant*, reflects the difficulties with using certain qualitative methods. At the outset of this study, the first author aimed to use qualitative surveys, diaries, and interviews. Yet, she soon realized that surveys and diaries would be ineffective with this population. One participant reported, “Surveys won’t work. We fill these out all the time; sick to death of them … As for diaries, we just don’t have the time. If you want to find out what it’s like to be a physio, just talk to us.” The final confessional tale, *Knowing Your Ethics*, reflected the participants’ concerns with how the data would be stored and used. Although the consent form and information sheet provided information on this, the participants wanted to know a great deal more due to the elite sports they worked with. This dialogue with them led to more in-depth discussions on safeguarding their identities (e.g., not disclosing their sport and significant others), whilst also being mindful of mistaken identity (Mellick & Fleming, 2010).

Results

Five main themes were identified that described the stressors experienced in elite sport by physiotherapists. The first theme, *I am not a Machine*, reflects sports physiotherapists’ workload and working hours. The second theme, *This is Sport,* reflects the demands of being a physiotherapist working in a performance-and-risk orientated culture. The third theme, *Relationships are Messy*, represents the conflicts of working with elite athletes and in a multidisciplinary team. The fourth theme, *Under the Microscope*, concerns; having to make the ‘right’ decision under intense external pressures. The final theme, *Beyond one’s Remit,* reflects moral and ethical conflicts imposed upon them. Within each theme, stressors (i.e., environmental demands) and consequences (e.g., emotions, outcomes) are represented together to provide more compelling insights into the participants’ experiences.

I am *not* a Machine

This theme reflects the participants' workload and working hours (e.g., 'too much work', 'working 24/7', 'not enough hours in the day', 'working beyond my contractual hours'). Both of which were voluminous, unexpected from the outset of their career, and unpredictable over time. Participants reported, 'continually spinning plates', 'juggling demands', 'trying to stay afloat', and 'surviving rather than thriving'. One participant expressed, "There are no set hours; it's a twenty-four hour day, and your phone's always on because athletes will ring you whenever they want. It's a juggling act between meeting their needs and your own". This led the participants to express that they were being treated as 'machines' or 'robots' rather than living and breathing human beings. The associated stressors that significantly added to their workload and working hours were travel (e.g., having to make travel arrangements, too much travelling), scheduling (e.g., 'changes to competition schedules', 'extra games', 'more training'), limited staff (e.g., having to do two jobs, too little staff), and always being required to do more and having to work unsocial hours and days. One participant reported:

> You can end up working seven-day weeks. Plus, Christmas Day, Boxing Day, New Year's Eve, and New Year's Day. Your life revolves around a fixture list [upcoming matches]…It's a difficult profession. You can't plan-ahead because everything can change. Games can get rescheduled. You could do well in a Cup run and have extra games. You could have a cluster of injuries. The manager can decide to suddenly take the team abroad. You have no real control over your own time, your own life. You're pulled in different directions and that brings with it stress and anxiety; a feeling of letting people down all the time. It's okay for a while but it can become overwhelming.

Consequences of such a high workload and working hours were psychological strain (e.g., anxiety, anger, frustration, burnout, demotivation), physical strain (e.g., tiredness, headaches), lack of personal care (e.g., reduced exercise, poor diet), work-life conflict (e.g., lack of time for friends, family, oneself), shallow working alliances with others, and becoming someone they were not (e.g., inauthenticity, alienation of the self). To expand on the latter two consequences, participants

expressed that when they started working in elite sport, they were ‘excited’, ‘motivated’, ‘eager’, and above all it was, ‘a dream job’ for them. They were passionate about sport, enthusiastic about working within a multidisciplinary team, and were motivated to help support the physical well-being of elite athletes. Transactions with injured athletes reflected care, compassion, respectfulness, and personal responsibility; qualities the participants had in abundance. After all, possessing and embodying these qualities is why they reported joining the profession in the first place. However, with an ever-increasing workload, which they had not fully anticipated or expected, the makeup of these transactions changed to ones that were devoid of care and compassion. For example, rather than listening, understanding, and empathizing with injured athletes’ physical symptoms as well as their fears and implications associated with being injured, they saw injured athletes’ bodies as machines that needed to be repaired quickly and efficiently. Not only did this impact their transactions with others, but it also themselves (e.g., ‘I didn’t recognize myself’). One participant reported:

> I’ve always been a pretty caring and compassionate person. It’s why I joined the profession in the first place. I wanted to help athletes … But, the workload is horrendous. It changed me. I became far less caring. Some days, I didn’t recognize myself. I didn’t like who I was becoming. The way I interacted with injured athletes. I just repaired them. Like a machine that needed to be fixed; a mechanic rather than a physio. The time demands I was under didn’t allow the time to nurture them back to full health. They want everything yesterday! … I got to the point where I just didn't want to do the job anymore. They’d literally taken everything from me that I had to give, and they were still asking for more. If this is what it’s like to work in elite sport, I don't want to be a part of it; it's not for me. I am *not* a machine.

This is Sport

This theme represents the challenges of being a physiotherapist working in a performance-and-risk orientated culture (e.g., ‘ruthless pursuit of success’, ‘it’s all about winning’, ‘sport comes first’, ‘sport is life’, ‘play through injury’, ‘injury is part and parcel of sport’), where success is valued

above and beyond other factors (e.g., athlete well-being, staff satisfaction, life outside of sport). Participants detailed how the expectation for sporting success within this culture was a constant and unrelenting demand that was considered part-and-parcel of working in elite sport. One participant expressed, “Sport is a high-pressure environment. There are a lot of expectations on clubs to do well; it's a results-based business, where managers are only one result away from getting fired. It creates stress that permeates down through the club at every level.” The respective stressors resulting from these cultural messages were the constant expectation on physiotherapists to prioritize sport in their lives (e.g., ‘Sport has to come first’) and relegate other areas of their lives (e.g., friends, family, hobbies, interests). This culture also led to pressures of coercing athletes to play injured and through pain (‘They are paid to play’), ‘fixing’ less severe injuries quickly by whatever means necessary to maintain standards of performance (e.g., ‘Just do whatever it takes to ensure he’s ready to play this Saturday’), and expediting recovery from more severe injuries to minimize for potential declines in performance (e.g., ‘They want everything yesterday’). These demands were exacerbated, especially leading up to and during international competitions (e.g. Olympics, Paralympics), when ‘star’ performers were injured, when coaches were under pressure to perform, and following a defeat or a run of poor results. One participant reported:

> There’s more than one way to develop an Olympic Champion but coaches who have had medalists in the past have their own recipe for success. They want athletes pushing the boundaries to see if they can go a little bit more because those that do are more likely to succeed. As a physio you are there to support the athlete and the coach but there’s always challenges around injuries and people wanting athletes back before it's safe or wanting everything done quicker than physically possible. That’s the environment we work in.

The participants reported that the consequences of working in this performance-and-risk orientated environment were psychological strain (e.g., ‘a weight of expectation’, ‘excessive pressure’, ‘emotional exhaustion’, ‘feeling inadequate’, ‘suppress my emotions’), lack of personal fulfillment (e.g., one’s own professional development overlooked by performance outcomes),

expressing interpersonal messages that reflect cultural norms rather than injured athletes' well-being (e.g., 'Some things I've said, like rationalizing injury and pain, I now realize I didn't have the well-being of the injured athlete at heart'), job insecurity (e.g., 'if I don't do it, I know I'll get replaced'), and work-life conflict (e.g., professional commitments overriding personal interests). Expanding on the latter consequence, the participants reported that the performance-oriented culture perpetuated that it was a privilege to be working in elite sport and how 'lucky' they were. Consequently, they should prioritize sport above and beyond other aspects of their lives. Indeed, sport was portrayed by the participants as an 'all or nothing phenomenon'; you either give it your all or you get out. If you don't give it your all, you can be easily replaced by someone that will. These discourses led the participants to prioritize sport above themselves, their family, and their relationships, which led to a poor work-life balance. This consequence coupled with others (e.g., emotional suppression and exhaustion) led to frequent internal battles between the cultural-social values and their own personal values, with some deciding to align theirs with the performance-oriented culture and others deciding to leave sport altogether. One participant reported:

> This is sport. It's about winning. You either put up, shut up or get out. I've seen several excellent physiotherapists come and go particularly female physiotherapists. It saddens me that sport can't accommodate someone wanting to start a family. Ultimately, I think it is to the detriment of the sports because there are some very good physiotherapists that I've seen leave. I just can't see how it'll change. It's always been like this. This is sport. Sport has to come first. I understand why they've left because I'm feeling like that now; I've got a young family and because my daughter is born in the summer I've missed her first eight birthdays and I'm realizing the affect it has on my family and particularly on my daughter.

Relationships are Messy

This theme represents the conflicts of working in a multidisciplinary team and with elite athletes (e.g., 'who to trust', 'power relations', 'work politics', 'blurred lines'). Although not mutually exclusive, these conflicts can be divided into those with the coach (i.e., coach-

physiotherapist relationship), other staff members (e.g., doctors, fellow and more senior physiotherapists, psychologists, nutritionists, strength and conditioning coaches), and elite athletes themselves. Indeed, the coach-physiotherapist dyad was reported to be demanding, temperamental, and in constant flux. Demands identified were operating in a power-relationship (e.g., 'they dictate what I do', 'everything must go through the coach', 'they overrule me'), coach's character (e.g., he's a man's man, the coach is controlling), communication style (e.g., "they shout at me', 'they belittle me in front of others', 'they won't listen to me'), and expectations (e.g., 'they expect me to be a miracle worker', "they demand so much from me'). For example, one participant reported, "You come into this environment with qualifications, but you're patronized by coaches, who are earning more money than you, but they don't have a scientific background." When it comes to working with other sport science staff, this was also identified to be highly demanding, with high staff turnover (e.g., 'it's like a revolving door at our club'), cliques forming within multidisciplinary teams, role ambiguity between professions, and rivalry between staff (e.g., 'it's not nice to be stabbed in the back'). As one participant reported, "What often leads to butting of heads is everyone has their own agenda. Everyone's trying to prove their worth, trying to influence people's opinions behind closed doors, but they can end up stabbing you in the back in the process". Finally, the physiotherapist-athlete dyad was replete with demands, which related to rehabilitation adherence (e.g., 'doing too much', 'doing too little'), disclosure (e.g., 'they tell me everything', 'I find it quite overwhelming how much they do tell me'), ignoring medical advice ("Some athletes think they know better"), 'needy' athletes (e.g., "oh here comes another one she's broken her finger nail"), seeking alternative health care (e.g., 'If athletes don't like what I tell them, they'll go elsewhere'), toeing the line between friendship and a professional relationship (e.g., 'It's always tough getting that balance right'), concealing pain (e.g., 'Athletes lie to me all the time'), injury (e.g., 'I just hate to see them injured'), inappropriate behavior (e.g., "Some of them flirt with me"), and inappropriate comments (e.g., 'Ooh, that's the spot love'). One participant expressed, "You get, 'God your tits look big in that love' and all that. Some days its fine, but other days it can be too much. Yes, I have tits, now how can I help?"

Consequences of these demands were psychological strain (e.g., ‘anger’, ‘boiling point’, ‘overthinking’, ‘devastation when an athlete gets reinjured’), relationship breakdown (e.g., ‘we don’t speak anymore’, ‘the trust is gone’, ‘I have no one to turn to’, ‘I keep my thoughts and feelings to myself’, ‘It’s hard to switch off sometimes’), and emotional labor (e.g., ‘I play the part’, ‘I just smile and nod’). To provide an example of these consequences, the participants reported being psychologically impacted when their athletes got injured. Examples include, ‘guilt’, ‘despair’, ‘wanting to cry for them’, and ‘a huge sense of frustration’. Yet, despite experiencing this emotional cocktail, they reported suppressing these emotions by wearing a proverbial veil to manage the athletes’ emotional response to their injury, as well as maintaining the athlete’s, coach’s and parents’ hope that they will recover and ultimately return to sport. Indeed, playing sport for many athletes is a ‘dream come true’ and the only career path they have ever known; knowing this, the participants knew how much the sport means to them and the likely impact of injury. This led to internal struggles between what they were feeling and what they were expressing, which resulted in taking their emotions home with them. One participant reported:

> I felt devastated. I had to take a player to the hospital and constantly reassure him that it was going to be okay, but obviously I didn’t have a diagnosis yet. I had his parents run in and ask me questions because they were scared and wondering what’s going on. You build such a close relationship with these athletes because you see them day in and day out. So, it affects you deeply when they get injured. You don’t just go home and switch off; you think about it constantly. But, then the next morning you’ve got to move on and forget about it because you can’t put your worries onto other athletes.

Under the Microscope

This theme reflects the challenges of having to make the ‘right’ decision under intense external pressure (e.g., media, spectators, coaches, other support staff, athletes), where emphasis on making a ‘correct’ decision was not just a question of a medical assessment but to do what is ‘right’ in the context of the sport and for the athlete themselves. As one participant expressed, “It is

challenging to make the 'right' decision when you've got to also understand the context of the situation and what the athlete needs and wants from you. It's not only a clinical decision, it's a collective decision". Participants reported that every decision they made (e.g., 'whether an athlete should continue playing', 'whether an athlete is fit for an upcoming competition', 'whether to take an athlete off during a crucial time in a game') was scrutinized from every angle. The pressure came from various domains: (a) the *media* whom have a vested interest in who does and does not compete and also show physiotherapists' actions live on television (e.g., pitch-side first aid); (b) millions of *spectators* watching on television and in the crowd, as well as other physiotherapists who are critically watching their actions; (c) the critical eye of the *coach* and other support staff who are under ever-increasing pressure to bring about positive performance outcomes; and (d) the *athletes* themselves who have invested significant amounts of time and effort to perform at international sporting events, which hold a great deal of meaning to them. Participants reported how making the 'right' judgement call was complex and multilayered, for reasons such as minimal time (e.g., during a match, right before kickoff), during a critical moment (e.g., final stages of a match, before an Olympic event), or when there were lots of grey-areas (e.g., invisible injuries, emotional acting). One participant recalled:

> I remember the first time I did an international game. I ran onto the pitch to treat this player. Not only was there were over 80,000 spectators, I think there was over five million watching on the television and five hundred of which are probably physios watching what I'm doing, all ready to criticize. Not only that, you've got the coach screaming in the headset or directly in your ear. You've got the referee stood there saying, "What's going on?". And, not forgetting, you've got the player you're trying to have dialogue with, as well as other players coming to ask you things. You've almost got to make a judgement call in 30 seconds. You really do feel under the microscope.

Consequences of these demands were physical strain (e.g., 'heart was racing', sweating profusely') and psychological strain (e.g., 'anxious', 'restless', 'fear of getting it wrong', 'always

feeling on edge', 'fear of being punished', 'what if this, what if that'). Expanding on these consequences, the participants reported that making the 'right' decision within a demanding environment led to anxiety-related symptoms before, during, and after having made a decision. This anxiety was largely because of what they described as a 'catch-22 situation'; do they do what is best for the welfare of the athlete and risk being blamed and ostracized or do they listen to what the coach and athlete want and risk the potential for more injuries to occur? This consequence coupled with others (e.g., physical and psychological strain) led to frequent internal battles. One participant expressed:

> If you say, "Yes, he's fit" and then he comes off injured after five minutes, you're getting it in the neck because you've wasted a substitution. But then if you say, "No, he's not fit" and then 10 minutes later he goes, "But, I feel fine now", you're getting it in the neck. It's not a comfortable environment to be in, you're always on edge and second guessing yourself.

Beyond one's Remit

This theme encompasses the moral and ethical conflicts that can arise as a healthcare professional working within elite sport (e.g., 'influencing the outcome of a game', 'breaking patient confidentiality', 'conflicts of interest', 'unsporting behavior'). Indeed, participants reported that they were continually put in situations that were beyond their remit (e.g., area of authority or responsibility), which were not taught during their education or further professional development courses. Rather they reported that they were left to navigate these complex and unsettling dilemmas using their own professional judgement. Participants detailed how they felt they were 'morally conflicted' and had to toe the line between being a health care professional and an employee of a sport organization, which was intensified by the context in which these decisions were made (i.e., they largely operated in a sporting environment rather than their own home or private practice) and by power-relations (e.g., athletes were described as their employers as well as coaches). As one participant expressed, "You are there to support the athletes, but that can give some athlete's a sense of entitlement and they feel as though you basically belong to them, like they own you". The

stressors that encompassed this theme were operating in an open environment (e.g., ‘it’s an open door policy’, ‘everyone wants to hear or know what has been said’, ‘you often end up treating athletes in front of everyone’), maintaining patient confidentiality when coaches and directors want to know what is happening (e.g., ‘they’ll ask you over and over to tell them what’s been said’, ‘what one athlete has told me could impact on another, what should I do?’), being asked to influence the game (e.g., ‘say the knock looks worse so the other team gets punished’, ‘run on so we can slow the game down’), and being asked to do something illegal or against the laws of the sport (e.g., ‘it was overcast and they wanted sunscreen; I thought nothing of it until I saw them rubbing it onto the ball’). Ethically, all the participants were bound by codes and conducts as healthcare professionals but often reflected to what extent they had obligations to the sport organization they are employed by. One participant reported:

> One of my athletes told me they'd just done a doping test, but they'd smoked marijuana the night before. They weren’t testing for that, so it didn't matter, but then you've got an ethical consideration that the athletes come to you and shared this information. So, if that was a performance enhancing drug, what would you do? Athlete says, “You can't tell the coach”. However, from the sports perspective if that athlete did win a medal, got tested, the medal got removed, and I knew about it, so much goes through your mind. Do I respect the athlete’s confidence? Do I tell the sport organization? What’s going to happen to everyone involved? What’s going to happen to me?

The consequences of going (or not going) beyond one’s professional boundaries caused the participants to report psychological strain (e.g., ‘anxious’, ‘restless’, ‘mentally exhausted’, ‘nervousness about going into work’, ‘feeling alone’), physical strain (e.g., ‘physically fatigued’), concerns about job security (e.g., ‘if I do this I could lose my job, reputation, and livelihood’, ‘if I don’t go along with this, I’ll be fired’), and quitting their job (e.g., ‘I couldn’t do this anymore, I had to quit’). Expanding on these consequences, the participants reported that although working in elite sport was seen to be the ‘pinnacle’ of their careers; they soon realized that there was a darker side to

sport which cannot be ignored. On the one hand, sport was portrayed by the participants as this entity that has strict rules and regulations; do things by the book or you will be found out and lose your professional status. Yet, on the other hand, the participants expressed on many occasions where they were asked to do things beyond their professional boundaries, where rules and regulations were open to interpretation and more complex 'in the field' than written down in a formal code of conduct. This led some of the participants to feel their ethical and moral boundaries had been compromised, which ultimately led them to leaving their job. One participant explained:

> I was really nervous about going into work because I was starting to reach the point where I wasn't supported in what I was doing or the decisions that I was making. So, for me the pressures were starting to come through, if I go along with this, then I could lose my professional registration, reputation; I've still got bills to pay at home, I've got to pay my mortgage, keep the roof over my head. It was eventually coming to that point of making that decision of well actually it is just a job; although there's all this nice romanticism of being involved in sport at the end of the day you are a practitioner and you have set standards. I had reached boiling point, I did what I thought was right even if it meant losing my financial security, but not everyone will make this decision.

Discussion

For some time now, researchers have focused on the environmental demands athletes experience and their consequences (e.g., Neil, Hanton, Mellalieu, & Fletcher, 2011; Nicholls, Holt, Polman, & Bloomfield, 2006). Extending this body of research, contemporary scholars are now focusing more attention on the professional challenges encountered by 'the team behind the team' (Arnold et al., 2017; Hings et al., 2017). To date, researchers have conducted research with coaches, parents, and sport psychologists (Burgess et al., 2016; Didymus, 2017; Fletcher et al., 2011). Yet, one population that has received limited research attention in elite sport is physiotherapists. This study therefore provides a timely and novel exploration into the stressors experienced by physiotherapists working in elite sport. The findings suggest that physiotherapists operate in complex environments

that impose many pressures on them at various levels: cultural (e.g., performance- and risk-orientated culture), institutional (e.g., working hours), interpersonal (e.g., interpersonal conflict), and intrapersonal (e.g., conflicts with personal values). Consistent with the Meta-Model of Stress, Emotions, and Performance (Fletcher et al., 2006), these stressors were identified to have consequences that included physical, psychological, and behavioral strain (i.e., burnout, demotivation, physical tiredness, lack of personal care) and destructive outcomes such as relationship breakdown and inauthenticity. Furthermore, stressors and consequences were impacted by personal and situational factors (e.g., media, spectators, personal values). To expand on these findings, each of the five identified themes will now be discussed in relation to previous research.

The first theme, *I am not a Machine*, reflects the participants excessive workload and working hours (e.g., 'working 24/7', 'working beyond my contractual hours'), resulting from travel commitments, frequent changes to training and competition schedules, and the ratio of athletes to physiotherapists being typically large. These stressors have been reported by coaches and sport psychologists before (Didymus, 2017; Fletcher et al., 2011). Clearly, sporting organizations need to reflect on physiotherapists' contractual workload and working hours and how they align with what is happening at the 'ground' level. After all, an improved work-life balance has been observed to be conducive to employees' health and well-being, productivity, job satisfaction, and organizational performance (cf. Haar, Russo, Sune, & Malaterre, 2014).

Yet, an improved work-life balance will 'go against the grain' of the performance-oriented climate that dominates elite sport, which is reflected in the second identified theme: *This is Sport*. This theme is concerned with the performance-and-risk orientated culture in elite sport. Although previous research has illustrated how this culture negatively impacts athletes' and coaches' physical and psychological well-being (Cavallerio, Wadey, & Wagstaff, 2016; Douglas & Carless, 2009), the resultant stressors played out somewhat differently for physiotherapists. These cultural discourses imposed demands on physiotherapists to coerce athletes to play with injury and through pain, 'fix' less severe injuries quickly by whatever means necessary to maintain standards of performance, and

expedite recovery from more severe injuries to minimize for potential declines in performance. This theme not only resonates with Waddington's (2000) claim that athletic performance has become an important part of the raison d'être of sport medicine (cf. Roderick, Waddington, & Parker, 2000; McEwan & Taylor, 2010), but also reinforces the pioneering work of Howard Nixon II (1992, 1993, 1994) that illustrated how cultural messages (e.g., cultural value that links pain tolerance to the demonstration of masculinity) embedded in athletic subcultures have the potential to impact, for example, interpersonal exchanges between physiotherapists and injured athletes (e.g., "injuries and pain are part of the game"). Thus, interpersonal messages encourage a kind of overcomformity to cultural norms (Hughes & Coakley, 1991).

The third theme identified, *Relationships are Messy*, represents the conflicts of working in a multidisciplinary team and with elite athletes. Specifically, this theme illustrates novel insights into the professional challenges physiotherapists experience working with other staff members (e.g., doctors, physiotherapists, psychologists), as well as within specific dyads such as the coach-physiotherapist and athlete-physiotherapist relationship. Despite some previous research existing on the challenges of working within a multidisciplinary team (see Arnold et al., 2017; Hings et al., 2017), research examining the coach- and athlete-physiotherapist dyads has received limited research attention in the sport psychology literature. Drawing from sport sociology, a few studies have alluded to some of the interpersonal challenges that physiotherapists experience with coaches (Waddington, 2000; Malcolm & Sheard, 2002) and athletes (Kotarba, 1983; Safai, 2003; Walk, 1997). For example, one of the stressors identified by the physiotherapists in this current study was 'needy' athletes who frequently complained about aches and pains. This stressor resonates with a study by Kotarba (1983) whom explored chronic pain among professional athletes and identified that 'needy' athletes, or what he labelled as "nongamers", were a significant burden on trainers. Yet, despite supporting some of the extant studies conducted in this area, novel insights were also identified. For example, analysis revealed that observing athletes get injured was a stressful experience for physiotherapists, which triggered feelings of guilt, anger, and frustration. This finding resonates with recent research in the

sport psychology literature that has examined the concept of vicarious trauma with athletes and coaches (Day, Bond, & Smith, 2009; Martinelli, Day, & Lowry, 2016). Clearly, stress management interventions in sport should not only focus on athletes, but also target members of the 'team behind the team'.

The fourth identified theme, *Under the Microscope*, reflects the challenges of having to make the 'right' decision under intense external pressure. This pressure was identified to come from various sources, including the media, spectators, coach, and athletes. Yet, while previous research has illustrated that coaches, parents, and sport psychologists also report experiencing anxiety-related symptoms due to competition-related stressors (Burgess et al., 2016; Didymus, 2017; Fletcher et al., 2011), it is interesting to note that despite these observations, there is an imbalance in the sport psychology literature, with the majority of research focusing on and providing recommendations for athletes (Mellalieu, Hanton, & Fletcher, 2009). Consequently, there is limited specific recommendations for managing anxiety-related symptoms by those individuals operating in sport science and management roles in elite sport. This omission is perhaps particularly pertinent in the sport performance environment, since it seems reasonable to assume that physiotherapists should reframe from displaying or expressing any anxiety-related symptoms due to the potentially deleterious performance effects of emotional contagion (cf. Hings et al., 2017).

Adding to these external and internal pressures is the final theme: *Beyond One's Remit*. This theme reflects novel moral and ethical conflicts that can arise as a healthcare professional working in elite sport (e.g., confidentiality, gamesmanship, drug use). While research has focused on the ethical challenges experienced by physiotherapists in private practice (viz., Praestegaard & Gard, 2012), far more research is needed in sport to grapple with these complex issues (for an excellent example, see Waddington & Roderick, 2002). Despite some potential crossover between private practice and sport, there are likely to be many noticeable differences. To illustrate, a physiotherapist reported, "In private practice, my modus operandi is to cure the injury. In professional football, my modus operandi is to get the player on the pitch as quickly as possible" (Roderick et al., 2000, p. 172). It is important to

note, however, that the physiotherapists in this study reported that they were not taught how to grapple with these moral and ethical conflicts during their education or subsequent professional development courses. These findings, therefore, not only have implications for sporting organizations, but also higher education institutions, professional societies and regulatory bodies. Future research should investigate innovative methods of using scenarios to teach about ethics in education through, for example, confessional tales of physiotherapists 'in the field'.

Another novel finding in this study are the consequences of the stressors that have been identified. Using the Meta-Model of Stress, Emotions, and Performance (Fletcher et al., 2006) to interpret our findings, participants reported negative strain (e.g., anger, frustration) and negative outcomes (e.g., job termination, ill-being, and work-life conflict). Many of these consequences do resonate with practitioners in other sport science and management roles (viz., Arnold et al., 2017). For example, one prevalent consequence was the impact of these stressors on the physiotherapists' broader lives, resulting in a poor work-life balance. Drawing from organizational psychology (Cooper, Dewe, & O'Driscoll, 2001), there are a number of ways in which psychologists could support individuals experiencing work-life conflict, such as enhancing social support, increasing personal control, and developing appropriate coping strategies. Furthermore, sporting organizations have a critical role to play here too, especially regarding their policies and practices. Another prevalent consequence experienced by physiotherapists that extends previous research on the 'team behind the team' is shallow working alliances with others. That is, transactions with others, although initially reflexive of care, compassion, respectfulness, and personal responsibility, with the ever-increasing workload and working hours, became devoid of care and compassion. This can be interpreted by drawing on the concept of the *artificial person.* According to Wolgast (1992), artificial persons are those who "speak an act in the name of others, (who) can commit and obligate them" (, p. 1). Put another way, artificial persons are followers of orders and speak on behalf of institutional procedures and organizational rules (viz. Lindsay, 2008; Soundy, Roskell, & Smith, 2013). In the case of the physiotherapists in this study, shallow working alliances were the result of the external

environmental, which not only affected their transactions with others but also with themselves. Participants reported they were becoming, or had become, someone they were not (viz. Wood, Linley, Maltby, Baliousis, & Joseph, 2008), with some participants leaving the profession.

Applied Implications

Although more research is needed with this population, this study offers several preliminary applied implications from the identified themes. One model that may be useful in framing these implications is the *Multilevel Model of Sport Injury* (MMSI; Wadey, Day, Cavallerio, & Martinelli, 2018), which accounts for five distinct, yet relational levels of analysis. The first level, *Intrapersonal*, reflects the characteristics of the physiotherapists and his or her thoughts, feelings, and behaviors. Drawing from the stress literature in sport; professional development opportunities that raise physiotherapists' awareness of how to appraise stressors as a challenge rather than a threat could help to enhance their personal resilience to stressors (viz. Bartholomew, Arnold, Hampson, & Fletcher, 2017; Wagstaff et al., 2018). One specific example of this type of training is provided by Fletcher and Sarkar (2016) in their paper that describes mental fortitude training™ to develop resilience for sustained success. This type of training program could be used to target the theme *Under the Microscope* to aid physiotherapists in their decision-making processes under intense external pressure.

The second level in the MMSI, *Interpersonal*, focuses on formal and informal social networks and support systems within sporting organizations. An example of an intervention that could be used to foster relationships between co-workers is to teach emotion-related abilities to effectively monitor and manage other people's emotions (Wagstaff and Hanton, 2017). To illustrate, Wagstaff, Hanton, and Fletcher (2013) conducted a study to improve the practice of individuals operating in a sports organization by providing an intervention to develop emotion abilities and strategies. The intervention included how to identify emotions externally in others and how to build and maintain effective relationships. It was identified that the intervention improved perceptions of relationship quality and closeness. This type of intervention could be used to target the theme Relationships are

Messy to reduce conflict in multidisciplinary teams Yet, bearing in mind the work of Howard Nixon II (1992, 1993, 1994) that illustrates how interpersonal messages within an organization can encourage overconformity to cultural norms, it might be important that support networks extend to include physiotherapists from outside of sport. Indeed, it is important that physiotherapists do not become enmeshed in a particular way of thinking, thereby insulating themselves from the values, attitudes, and opinions from 'outsiders' (Nixon, 1992).

The third level of the MMSI, *Institutional*, is concerned with the sport itself, institutions and organizations, physical environment, and psychosocial architecture. Considering the theme, *I am not a Machine*; it might be that sporting organizations consider utilizing stressor reduction strategies (also known as primary stress management interventions). That is, rather than solely training physiotherapists to increase their resilience, sporting organizations could consider using stressor reduction interventions to adapt the environment to reduce or eliminate stressors (Randall, Nielsen, & Houdmont, 2018). An example of this type of intervention is job redesign where there are changes to the content of work tasks (Parker, 2014). Changes include adjustments to the amount, type, and intensity of cognitive, emotional, and physical workload, which include fixing issues with unsuitable work equipment and providing more opportunities to use skills and make decisions (Bambra, Egan, Thomas, Petticrew, & Whitehead, 2007; Montano, Hoven, & Siegrist, 2014). Organizational psychologists have evaluated changes such as these and other environmental conditions and found significant improvements in self-reported affect (e.g., satisfaction with the job), health, and in some cases also performance (Holman & Axtell, 2016).

The fourth level of the MMSI, *Cultural*, reflects the media, cultural narratives, collective norms, traditions and values. Considering the physiotherapists reported operating within a performance-and-risk orientated climate (i.e., *This is Sport*), it is important to consider whether there are alternative norms and values; that is, different ways of storying life in high performance contexts (cf. Douglas & Carless, 2015). One prevalent finding in this study was the continual struggle between being a sports physiotherapist and being a parent, which often led to physiotherapists leaving elite

sports environments. To better support physiotherapists, cultural sport psychology research illustrates that sports organizations should facilitate discussions (e.g., one-to-one or group) around identity, shared experiences of being a parent in elite sport, and the resultant implications for performance, which in turn might challenge dominant cultural norms (McGannon, McMahon, & Gonsalves, 2018).

The final level, *Policy*, is concerned with local and national policies. To illustrate, the Minister for Sport from the Department of Digital, Culture, Media and Sport in the United Kingdom requested an independent report to Government by Baroness Grey-Thompson (2017) into the Duty of Care in Sport. In the introduction it states, "The most important element in sport is the people involved, whether they are taking part, volunteering, coaching or paid employees" (p. 4). Recommendations were subsequently proposed, which provides a powerful illustration of how policies can be proposed and framed at a national level, which could positively impact at a cultural, organizational, interpersonal, and intrapersonal level.

Future Research

We provide several avenues for future research to extend this study. From a theoretical perspective, future researchers could draw on Lazarus's (1999) cognitive-motivational-relational theory of stress and emotions to inform their research questions and expand understanding of physiotherapists' experiences of stressors. While stressors are a salient feature of physiotherapists' lives, they only reflect one component of the stress process and say little about the evaluation mechanism underlying the encounter. Lazarus's theory is based around the notion of relational meaning and the evaluative process of appraisal. Future researchers could therefore explore the personal and situational factors that influence the appraisal process and the generation of emotions. To account for this relational meaning, it is recommended that future researchers embrace qualitative research, which would be well suited to provide nuanced insights into complex and dynamic person-environmental transactions. One qualitative tradition that is well placed to capture and analyse complexity is case studies (Stake, 2005). Furthermore, although there was considerable diversity in our sample (e.g., gender, age, experience, employment status), the aim of the analysis was to identify

themes within the data (Braun & Clarke, 2006), therefore future research could use other modes of inquiry (e.g., case studies, narrative inquiry, ethnography) to identify similar, as well as different, stressor experiences to address the complexities of these demands.

Following a more in-depth understanding of physiotherapists' stress experiences, researchers will then have an evidence-base to better inform applied interventions. However, it is important that researchers consider the level their intervention are targeting: a micro (i.e., individual), meso (e.g., dyads, team), or macro (i.e., institutional, cultural) levels (Wagstaff & Hanton, 2017). Finally, future researchers would also do well to consider the first author's confessional tales (i.e., The Snowball Effect, Aligning the Method with the Participants, and Knowing Your Ethics). Rather than seeking to do research on physiotherapists, future researchers should aim to do research with them. That is, within the researcher-participant relationship, there should be open dialogue about the study's ethical dilemmas throughout the research process, debate about the most appropriate methods of data collection, and discussion about information-rich cases that align with the research question. During this study a one-shot interview was used, however it is important that future researchers use multiple interviews and methods to encourage more nuanced insights and potential changes in demands over time.

Conclusions

The aim of this paper was to illuminate the stressor experiences of physiotherapists working in elite sport. With these demands now brought to the forefront, this present work highlights the complexity and variety of environmental demands and resultant consequences that physiotherapists experience working in elite sport. From a practical perspective, this study can aid key stakeholders of professional societies and regulatory bodies, employers in sporting organizations, and lecturers within higher educational institutions to better understand the professional challenges experienced by physiotherapists working in elite sport. Although it is perhaps somewhat easier to identify strategies at an intrapersonal level, it is critical that implications operate beyond personal agency. By only focusing at an intrapersonal level it promotes a neoliberal health role (Smith & Perrier, 2014), which

calls on the physiotherapist to be a responsible employee who must personally take care of his or her health. This perspective ignores social responsibility. Indeed, not only do we need to make physiotherapists more resilient to the stressors they encounter, but we also need to ensure that policies and practices are put in place the support their health and well-being.

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