Athletes' Perceptions of Athletic Trainers:

The current state of gender bias in division III Texas colleges

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Overview

A. General Topic:

Gender has been a longstanding issue amongst people for centuries. These issues can especially be seen in society, sport, and healthcare. Athletic training not only involves the scope of healthcare, but also sport, where the majority of athletic trainers can be seen working. The purpose of this study is to determine if, and to what extent, gender bias still exists among the profession of athletic training.

B. Methods of research:

The results of this study will be acquired from a quantitative survey. First, a gender bias survey will be taken. Then, an occupation-specific survey will be taken to identify whether the bias is toward gender in general, or if it is specifically in athletic training.

C. Thesis Statement:

The purpose of this study is to determine the severity of gender stereotypes in intercollegiate athletic training and to examine the reasons stereotypes exist. It is hypothesized that athletes will have a preference toward athletic trainers of the same gender.

D. Scope/ Plans

This study will provide insight into gender bias in the field of athletic training and help athletic trainers better serve their clients. This research will be presented, in poster format, at the regional and/or national athletic training conventions.

Literature Review

Professionals in the field of athletic training agree that they are valuable members of the sports medicine team (Unruh, 1998). In most sport settings today, whether at the professional, collegiate, or interscholastic level, the athletic trainer is the first person on the medical team with whom the athlete interacts (Unruh, Unruh, Moorman, & Seshadri, 2005). The demand for more medical professionals in present sporting events has been met by an increasing number of athletic trainers. In 1971, the first Board of Certification exam was given in which only one woman sat. The second woman sat for the exam in 1973 (Schein, 2007). In 2010, women made up 52.1% of the athletic training professionals ("Growth in," n.d.). While athletic trainers perceive themselves as important members of the sports medicine team, there is little research on whether or not the athletes feel the same way. There is even less research exclusively comparing the perceptions of athletes toward female athletic trainers and existing gender stereotypes. The purpose of this literature review is to describe what comparisons have been found in relation to the perceptions that athletes have of men and women athletic trainers. A comparison of the two will bring into perspective whether a significant difference, such as athletes' preference, exists between male and female athletic trainers. This can be accomplished by first understanding the framework of women in the occupation and sport-related fields, comparing the past perceptions of athletes about men and women, and by understanding how women are perceived in the athletic training room now and in the past.

Women having challenges in the workplace is not something new. The barriers placed on women have been present since the beginning of time and have especially been present since the 1940s. Prior to WWII, only one in five women worked outside of the home, and it was not until the demand for workers and the demand for these jobs increased that women working was

finally considered acceptable (Chepko & Couturier, 2001). By the 1950s, 34% of all women were working outside of the home, a number that has been increasing steadily over the years (Fullerton, 2000). With women participating in occupations outside the home, it was inevitable that their presence would become more apparent in other aspects of life, such as athletics. In the 1960s, though female participation in the Olympics was on the rise, a practice was implemented to ensure that female athletes were indeed female, which included a humiliating examination by a gynecologist. This gender verification served little purpose other than humiliating women athletes and providing more fuel to the fire on issues relating to women "doing a man's work". It was not until 1999 that the International Olympic Committee discontinued the long standing practice of gender verification for female athletes. This gender verification consisted of a full examination of the female genitalia. After thirty years of testing, not one impostor was identified (Genel, 2000).

Since the passage of Title IX legislation in the United States, more opportunities have been made available for females in the sports world. For example, female intercollegiate participation has increased from only 16,000 participants in 1968 to 180,000 in 2008 (Acosta & Carpenter, 2008). In 1999, the United States Women's Soccer team won their first World Cup. Much hype surrounded this victory, and in 2001, a women's professional soccer league was formed, only to fold the next year. The league made a comeback in 2009, but was sold when there were not enough fans to support the sport. Why did this happen? Often, people are still at odds when they see women playing contact team sports and playing them well. It further "blurs that line" between genders (Dvorak, 2011).

Professions in health care also show evidence of gender inequalities. Women are normally seen as mothers, nurses, and teachers and men as soldiers, physicians, and politicians

(Sage, 1998). Nursing is a highly gendered profession with most nurses being female. Men report hesitation in joining the ranks of the profession because they may be perceived as feminine or unmanly due to nursing's gender stereotypes. However, despite the large percentage of female nurses, some male nurses feel as if they have better relationships with physicians and administrators than do female nurses (Poliafico, 1998).

The field of physical therapy is also dominated by women, yet it is the men who have a better connection with physicians. Men were perceived as favorites for leadership within the field of physical therapy, and physicians were viewed as taking male physical therapists more seriously than female physical therapists. According to patients, male physical therapists are often equated with physicians, and female physical therapists are comparable to lower-level female nursing assistants (Raz, Jensen, Walter, & Drake, 1991).

Women are also underrepresented in many other areas of medicine. Women have better or equal access to medical schools, yet still remain underrepresented in sectors of medicine such as hospital surgical positions and various medical specialties (Spindler, Buddeberg-Fischer, & Reed 2001). The fact that women hold these positions of lower status and men hold positions of higher esteem reflects the stereotype of women as nurturing and men as technically skillful; to figure out why, however, needs further investigation.

Starkey (2004) researched how certified athletic trainers (ATCs) are viewed in the public and the workforce. The purpose of his study was to identify how the general public perceived the roles and responsibilities of an athletic trainer. The first study he conducted was how the general public perceived athletic trainers. He found that the public seriously misunderstood the roles an athletic trainer serves. Four choices were given: athletic trainer, athletic therapist, both athletic trainer and athletic therapist, and neither athletic trainer nor athletic therapist. Out of the

several questions (who evaluates injuries, counsels individuals through injury and refers, applies therapeutic modalities, works under the direction of a physician, etc.) the public answered "no" to athletic trainers 17% of the time. This would not seem like a big issue normally; however, every question asked was one pertaining to a specific role of an athletic trainer.

The next part of the study focused on school administrators perceptions of athletic trainers. Principals, athletic directors, and superintendents strongly agreed that the profession of athletic training is highly misunderstood. Starkey's study shows that the athletic training field has been highly misunderstood since 2004, but, yet again, it does not focus on the perceptions of the people being interviewed (Starkey, 2004).

According to O'Connor et al. (2010), Division I collegiate football players from two programs felt female and male ATCs had the same level of education and background. However, the same athletes preferred male ATCs for both general medical conditions and sex-specific injuries. Little research has been done as to why this preference exists.

Female athletic trainers have been dealing with gender bias since they first entered the profession. Anderson (1992) interviewed 13 of the pioneer female athletic trainers and described their experiences entering the athletic training field that was then dominated by males. At the time of the study, less than .10 of 1% of female members of the NATA (National Athletic Trainers' Association) had held leadership positions. In a study on the emergence of female athletic trainers from 1969 to 1980, Herrick (1992) quotes a response to the survey used in the study:

> Basically, the general attitude was that a female was a student trainer because she wanted to get a lot of dates. Also, the attitude

was that the female really will not stick with the career as a trainer,

so she only does the minimum necessary to get by.

In 2010, the most recent study done on women in the athletic training room stated that male athletes attributed more communal roles to women and more agentic roles to men. Communal attributes include being compassionate, helpful, kind, sympathetic, sensitive, nurturing, and generous. Agentic attributes are being aggressive, forceful, self-confident, and self-sufficient (O'Connor et al., 2010). Are these bad traits to be ascribed to someone? No. The question it poses, however, is how much does this perception affect the roles of a female athletic trainer? Will a male athlete avoid going to a female because she can only handle "sensitive" subjects? Will that athlete assume she is not competent enough to handle the injury or issue simply because she is not a man? Ohkuba (2008) studied women in the athletic training room focusing solely on female athletic trainers' experiences with gender stereotypes. This study provided insight from female athletic trainers working in an intercollegiate setting, either full- or part-time, for at least two years. The ATCs had experience working with both male and female athletes and coaches. The results showed that out of the 11 women interviewed, all expressed that consequences associated with gender stereotypes existed. Some consequences included feeling like they had limited access to academic athletic training programs, equipment, facilities, budgets, supervision, and exposure to high risk sports such as football when compared with that of male athletic trainers (Ohkubu, 2008).

Athlete bias is also a problem faced by to female athletic trainers. Walk (1999) interviewed nine women athletic training students from a large midwestern university regarding relationships and interactions among athletes and others involved in the intercollegiate athletic system. The students noted that they often ended up either taking on motherly, sisterly, or lady-

like roles with the athletes, and they accepted that they adopted motherly roles to build a sense of trust between the athlete and athletic trainer. A sisterly role was taken on when the male athletes would protect the female student just as they would with their own sister. The final role, lady-like, was seen when football coaches would apologize for vulgarity or swearing on the football field.

The perceptions of male and female athletic trainers about women in leadership, awards recognition, networking, family and job conflict, hiring, and promotion was the purpose of another study. Dieringer (2007) found that the perceptions of both male and female respondents have changed over the past 10 years. Both genders perceived that opportunities and circumstances had improved for female athletic trainers. The degree to which they have improved, however, continued to show disparity, as females continued to perceive inequality overall (Dieringer, 2007). This finding leads to gaps, which need further investigation. These gaps include how the athletes perceived the women. All the study shows is that yes, inequality between men and women is becoming something of the past, yet it does not show how much still exists and why it remains.

Gender is an issue in athletic training. This can be seen through gender issues existing in society, healthcare, and athletics. In 2004, the first female ever elected as president of the NATA completed her second term (Dieringer, 2007). This shows that steps have been made to open the doors for females in athletic training, yet many issues are yet to be addressed. The literature has shown that many studies have been done on the perceptions of athletes, the public, and the coworkers of athletic trainers, yet hardly any focus solely on the athletes' perceptions of the athletic trainers themselves. Whom do they feel more comfortable going to and why? Due to limited research on the perceptions athletes have of their athletic trainers, both student and

ATCs, further investigation is warranted. The purpose of this study is to determine the severity of gender stereotypes in intercollegiate athletic training and to elucidate the reasons stereotypes exist.

Methods

Participants in this study consisted of men and women athletes from Division III (DIII) colleges in Texas. Texas has 15 DIII colleges that were included ("College athletes", 2007). There are approximately 400 athletes in colleges with football and 200 without football. Having 15 DIII colleges gave an estimated 4,300 athletes to participate. To be included, athletes must have had exposure to both male and female athletic trainers, and must have been a division III athlete aged 18 or older at the time of the survey. The ideal athletes this research concentrated on were those who had a strong perception for or against a particular athletic trainer based on gender.

A quantitative survey was used so results were acquired with ease and bias was limited. It also provided the athlete a comfortable way of expressing how they felt towards different genders without having the researcher in the room. This survey was created using a Likert scale. The first half of the survey, created by Swim, Aikin, Hall, and Hunter (1995), consisted of general gender bias questions (Appendix A). The second half of the survey was adapted with permission from Drummond, Velasquez, Cross, and Jones (2005) and provided basic information for the researcher about the athlete's background and how he or she felt about previous and current athletic trainers (Appendix B). Using a gender bias questionnaire and then following up with a specific athletic training questionnaire allowed the researcher to distinguish whether or not the bias lies within athletic training, or within gender itself. All DIII athletic directors in Texas were emailed and recruited to be involved in the study. They were sent the survey via "Survey Monkey" and were responsible for dispersing the information to the coaches and athletes. Completion of the survey was done on a voluntary basis.

A variety of questions were asked about the comfort level of several issues. "General Medical Conditions" included hypertension, gastrointestinal disorders, urinary tract infections, and sexually transmitted infections. "Psychology" included depression, addictions, and eating disorders. "Upper" included head/neck injuries, shoulder injuries, rib injuries, and breast/chest injuries. "Middle" included hip injuries, groin injuries, abdominal injuries, and back injuries. "Lower" included ankle and knee injuries. "Gender Specific" included testicle/vaginal injuries and conditions.

Results

Overall, 177 total surveys were returned out of the 4500 possible responses. Due to the survey being sent out via "Survey Monkey" it is assumed not all athletes were able to access it. Athletes were classified by gender, eligibility in sports, ethnicity, and the intercollegiate sport they participate in are presented in Tables 1 through 4.

Survey Participation Demographics Tables 1-4

Table 1

Gender	N	%
Male	85	48
Female	92	52

Table 2

Classification in Sport	N	%
Freshman	62	35
Sophomore	50	28.3
Junior	33	18.6
Senior	32	18.1

Table 3

Race/Ethnicity	N	%
White	122	68.9
Asian	2	1.1
Hispanic	31	17.5
African American	16	9.0
Other	6	3.4

Table 4

Intercollegiate Sport	N	%
Women's Soccer	11	6.2
Men's Soccer	29	16.3
Football	9	5.1
Baseball	9	5.1
Softball	38	21.3
Women's Basketball	26	14.6
Men's Basketball	29	16.3
Track & Field	4	2.2
Volleyball	10	5.6
Tennis	14	7.9
Swimming & Diving	0	0
Men's Lacrosse	1	.6
Women's Lacrosse	0	0
Cheerleading/Dance	0	0
Golf	5	2.8

Means and standard deviations for each condition category are found in table 5.The alpha level was set at .05. A significant difference is determined if there is a resulting value less than .05 (Sall, Lehman, & Creighton, 2012).

Table 5. Overall Athletes Perception of Male & Female Athletic Trainers

Domains	Specific Scenarios	Male Athletic Trainers M(SD)	Female Athletic Trainers M(SD)	N
General Medical Conditions	Hypertension	3.96(.81)	4.10(.81)	148
	Gastrointestinal disorders	3.17(1.02)	3.80(.87)	145
	Urinary tract infections	2.84(1.19)	3.64(1.05)	146
	Sexually transmitted infections	2.49(1.28)	3.05(1.22)	147
Psychology	Depression	3.23(1.01)	3.88(.92)	145
	Addictions	3.45(1.00)	3.67(.92)	144
	Eating Disorders	3.40(1.05)	3.90(.78)	146
Upper	Head/neck injuries	4.05(.79)	4.23(.77)	146
	Shoulder injuries	4.22(.79)	4.24(.76)	146
	Rib injuries	4.14(.85)	4.24(.76)	147
	Breast/chest injuries	3.24(1.25)	4.10(.75)	145
Middle	Hip injuries	3.92(.88)	4.24(.73)	144
	Groin injuries	3.27(1.16)	3.97(.89)	145
	Abdominal injuries	3.90(.93)	4.17(.79)	145
	Back injuries	4.16(.83)	4.25(.77)	147
Lower	Ankle injuries	4.30(.76)	4.28(.74)	147
	Knee injuries	4.20(.81)	4.25(.79)	146
Gender Specific	Testicle/vaginal injuries/ conditions	2.56(1.33)	3.26(1.19)	147

Paired t-tests were performed on all categories, comparing perception of treatment by a male athletic trainer and treatment by a female athletic trainer. A paired sample t-test compares the means of two variables. Data from the athletes were kept analyzed within each gender graph. The alpha level was set at .05 (Sall, Lehman & Creighton, 2012). A significant difference is determined if there is a resulting value less than .05. Each injury/illness was analyzed to see if

there was a significant difference between comfort level, and gender of the athletic trainer. Results are presented in Tables 6 and 7.

Table 6. *Male Athlete's Athletic Trainer Preference with Injuries*

Male Athletes Only					
Conditions	Specific Scenarios	Male Athletic Trainers	Female Athletic Trainers	N	Significance (p)
General Medical Conditions	Hypertension	3.76(.80)	3.79(.81)	67	
	Gastrointestinal disorders	3.58(.79)	3.35(.74)	65	
	Urinary tract infections	3.51(.95)	3.12(.98)	65	
	Sexually transmitted infections	3.18(1.08)	2.58(1.01)	66	
	Total	3.51(.73)	3.23(.66)	64	.001*
Psychology	Depression	3.52(.90)	3.74(.83)	65	
	Addiction	3.53(.93)	3.53(.83)	66	
	Eating disorders	3.65(.79)	3.79(.75)	66	
	Total	3.57(.73)	3.69(.73)	65	.119
Upper	Head/neck injuries	3.83(.84)	3.91(.82)	65	
	Shoulder injuries	3.97(.85)	3.94(.83)	65	
	Rib injuries	4.03(.74)	3.92(.81)	66	
	Breast/chest injuries	3.92(.85)	4.00(.78)	66	
	Total	3.95(.77)	3.95(.79)	64	.888
Middle	Hip injuries	3.98(.75)	4.03(.76)	64	
	Groin injuries	3.67(.86)	3.58(.96)	64	
	Abdominal injuries	3.94(.82)	3.92(.88)	66	
	Back injuries	4.02(.89)	3.97(.84)	66	
	Total	3.90(.72)	3.90(.73)	62	.925
Lower	Ankle injuries	4.12(.81)	4.02(.79)	66	
	Knee injuries	3.97(.89)	3.95(.87)	66	
	Total	4.05(.82)	3.98(.80)	66	.197
Gender	Testicle/vaginal injuries/ conditions	3.30(1.08)	2.80(1.19)	66	.011*
Overall Score		3.77(.63)	3.73(.62)	59	.302
*p<.05**					

No significant difference existed in the comfort level of psychology, upper body, middle body, lower body, or the overall score (See table 6). However, a significant difference was indicated on general medical conditions (p<.001) and gender specific injuries (p<.011). These results indicated that male athletes rated perceptions of male athletic trainers significantly higher than female athletic trainers on general medical conditions and gender specific concerns.

Table 7. *Female Athlete's Athletic Trainer Preference with Injuries*

Female Athletes Only					
Conditions	Specific Scenarios	Male Trainers	Female Trainers	N	Significance p
General Medical Conditions	Hypertension	4.12(.78)	4.36(.71)	81	
	Gastrointestinal disorders	2.84(1.07)	4.16(.80)	80	
	Urinary tract infection	2.30(1.09)	4.06(.91)	81	
	Sexually transmitted infections	1.93(1.16)	3.43(1.24)	81	
	Total	2.80(.82)	4.00(.74)	80	.000**
Psychology	Depression	3.00(1.04)	3.99(.97)	80	
	Addictions	3.38(1.06)	3.78(.99)	78	
	Eating Disorders	3.20(1.19)	4.00(.80)	80	
	Total	3.20(.91)	3.94(.79)	77	.000**
Upper	Head/neck injuries	4.23(.69)	4.48(.61)	81	
	Shoulder injuries	4.42(.69)	4.48(.61)	81	
	Rib injuries	4.22(.92)	4.49(.61)	81	
	Breast/Chest injuries	2.67(1.26)	4.18(.71)	79	
	Total	3.88(.69)	4.40(.58)	79	.000**
Middle	Hip injuries	3.86(.98)	4.41(.67)	80	
	Groin injuries	2.95(1.26)	4.27(.69)	81	
	Abdominal injuries	3.86(1.02)	4.38(.65)	79	
	Back injuries	4.27(.77)	4.48(.61)	81	
	Total	3.72(.81)	4.39(.57)	78	.000**
Lower	Ankle injuries	4.44(.69)	4.49(.61)	81	
	Knee injuries	4.39(.68)	4.50(.62)	80	
	Total	4.43(.66)	4.50(.62)	80	.096
Gender	Testicle/vaginal injuries/ conditions	1.95(1.20)	3.63(1.05)	81	.000**
Overall Score		3.48(.61)	4.21(.55)	72	.000**
p<.001**					

Significant differences were indicated in female athletes in the comfort level of general medical conditions (p<.001), psychology (p<.001), upper body (p<.001), middle body (p<.001), gender specific (p<.001), and the overall score (p<.001) (See table 2). However, no significant difference was indicated on lower body (p<.096). These results indicated that females rated perceptions of female athletic trainers significantly higher than male athletic trainers on all categories except lower body.

A within gender analysis individual t-test was conducted on sexism by gender. Individual t-test is between group comparison of differences (Sall, Lehman & Creighton, 2012). Male athletes had a significantly higher sexism score (M=24.43, SD=4.34, p=<.001) than female athletes (M=21.20, SD=4.95, p=<.001).

Discussion

Demographics

The goal of this study was to determine male and female athletes' perceptions of male and female athletic trainers and to determine if a gender bias existed in athletic training. The questions were condensed of different categories including general medical conditions, psychological conditions, upper body injuries, middle body injuries, lower body injuries and gender specific issues. The study consisted of mostly freshman athletes with 35%. Sophomore athletes followed shortly with 28.3%. The greatest response within ethnicity came from whites with a response of 68.9%. The greatest response in the intercollegiate sport came from women's softball (21.3%), men's basketball (16.3%), and men's soccer (16.3%).

Male and Female Athletes

Overall, male athletes had significant differences in their preference toward male athletic trainers in only general medical conditions and gender specific injuries. Female athletes however, indicated significant differences in the gender preference of athletic trainers in comfort level (e.g. general medical conditions, psychology, upper body, middle body, gender specific situations, and within the overall score). This indicated a strong preference toward female athletic trainers for most conditions. Female athletes indicated no athletic trainer gender preference with the lower body indicating that athletes have no preference when it comes to lower body injury management and diagnosis. These results both confirm and mirror those found by Drummond et al. (2005). Although male and females tend to still lean toward an athletic trainer of the same gender when dealing with gender-specific issues, as seen in Drummond's study, there is a difference in how male and female athletes view female athletic trainers in general. This can possibly mean that gender bias within health care professions is disappearing.

Sexism Score

Interestingly, a significant difference was found when comparing sexism by gender. Male athletes were found to have significantly higher sexism scores than female athletes when taking the "General Sexism" questionnaire. This proves interesting because while looking at males and females separately it was found that no bias existed. However, when compared together a significant difference was found. This study compares to Ohkubo's (2008) where gender stereotyping in athletic training was investigated. Ohkubo's study found a significant amount of gender stereotyping existed within athletic training. Although no clear answer is defined, it can be assumed that males have improved their views of sexism for women involved in healthcare, whereas there still may be some significant steps needing to be made within general bias.

Limitations

Some limitations within this study exist. First, this specific study had a small sample size. This does not make it feasible to apply this to the general population. Also, this study was only done within Division III colleges in Texas. This makes the study very focused, whereas the United States or international views need to be investigated. The question of "What school do you attend?" was also not asked. If asked in the future, this could specify whether or not the issues lie within the school itself, or in gender bias. Next, there were no questions asked as to whether the athletes had a female athletic trainer previously or currently. This study could have been expanded if the past of the athletes was known, making assumptions more feasible. Also, more gender-specific conditions need to be researched. This study grouped all possible gender-specific conditions into one general category rather than spacing them out and providing a

possible different response. The final limitation was that there was a 4% greater female athlete response than male athletes. This possibly can be attributed to the fact that at first glimpse, the study may have seemed like a gender-bias survey. This could have turned away males (particularly those with gender bias) and encouraged more females to participate.

Recommendations for future research would be to look at a larger population. Also, making the questionnaire more specific to injuries and illnesses will help provide a better, more concise response.

Conclusion

This study indicated that while males have fewer preferences, female athletes indicate strong preferences toward female athletic trainers, but are still comfortable receiving care from male athletic trainers. This can be assumed from the fact that more females have been going in to the athletic training field. Eventually gender equality will reach a steady point. Overall, at this time, male and female athletes are comfortable receiving care from both male and female athletic trainers.

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> An evaluation of the perception student-athletes had of their athletic trainers and of the medical coverage provided to them. This study showed the differences between the perception of athletic trainers between male and female athletes, high-profile and low-profile sports, and between athletes who competed at the NCCA Division I and Division II levels.

O'Connor, C. & Grappendorf, H. & Burton, L. & Harmon, S. & Henderson, A. & Peel, J. (2010). National collegiate athletic association division I football players' perceptions of women in the athletic training room using a role congruity framework. *Journal of Athletic Training,* 45(4), 386-391.

> The idea of this study was to research how males, particularly football players, felt with women in the training room. As stated in the article, male and female athletes feel more comfortable with the same-sex athletic trainer for sex-specific injuries and conditions. This study sought to answer the same question in a more present day of age. The objective specifically is to address football players' comfort with care provided by same-sex and opposite-sex athletic trainers for sex-specific and non-sex-specific injuries and conditions.

Ohkubo, M. Female intercollegiate athletic trainers' experiences with gender stereotypes. (2008). Master's Theses. Paper 3551. http://scholarworks.sjsu.edu/etd_theses/3551

> This specific piece is a Master's Theses. The purpose of this study was to qualitatively investigate female intercollegiate athletic trainers' perceptions of and encounters with gender stereotypes. What Ohkubo was trying to find out was if and how any of the stereotypes made about females in the profession of athletic training has changed.

Dieringer, K. An analysis of changes in perceptions of certified athletic trainers from 1996 to 2006 on the women in athletic training survey. (2007). Master's Theses. http://digital.library.unt.edu/ark:/67531/metadc3679/m1/1/high_res_d/dissertation.pdf

> This is a dissertation prepared for a Master's. Dieringer set out to investigate whether the perceptions of women in the athletic training profession has changed in a matter of 10 years. The results of this study suggest that athletic training has been dominated by men since its inception and until 2006 has maintained that level of patriarchy.

Unruh, S. & Unruh, N. & Moorman, M. & Seshadri, S. (2005). Collegiate student-athletes' satisfaction with athletic trainers. *Journal of Athletic Training*, 40(1), 52-55.

The purpose of this study was to evaluate the satisfaction collegiate student athletes had with their athletic trainers and the services provided to them. A questionnaire was sent out to a total of 325 student-athletes. The results found were significantly different between high- and low-profile sports, and between male and female athletes. In short, female athletes and athletes in high-profile sports were much more satisfied with their athletic trainers.

Starkey, C. (2004). Free communications, oral presentations: Perceptions of ATCs in the workforce. *Journal of Athletic Training*, 39(2).

The purpose of this study was to find out how people in the workforce feel about athletic trainers as a healthcare professional. The perceptions came from several different perspectives. These perspectives included those from the public, high school administrators, athletic directors, superintendents, and principals of secondary settings.

Steeves, Courtnie. (2007). Master's Theses. Abstract intercollegiate athletes perceptions of athletic training. http://humboldt-dspace.calstate.edu/xmlui/bitstream/handle/2148/294/whole%2520shabang2.pdf?sequence=1

This is a Master's Thesis touching on how athletes' throughout different sports feel their athletic trainers are doing through a Likert scale. Different perspectives were taken including from different levels (NAIA, CCAA), and different sports with different genders. Some of these included men and women's soccer, men and women's basketball, women's volleyball, women's softball, men's rugby, women's swimming, and men's baseball.

Appendix A: Modern Sexism Scale

Please mark the response that most accurately represents your views.

1	2	3	4	5
Strongly Disagree				Strongly Agree

1. Discrimination against women is no longer a problem in the United States.

1 2 3 4 5

2. Women often miss out on good jobs due to sexual discrimination.

1 2 3 4 5

3. It is rare to see women treated in a sexist manner on television.

1 2 3 4 5

4. On average, people in our society treat males and females equally.

1 2 3 4 5

5. Society has reached the point where women and men have equal opportunities for achievement.

1 2 3 4 5

6. It is easy to understand the anger of women's groups in America.

1 2 3 4 5

7. It is easy to understand why women's' groups are still concerned about societal limitations of women's' opportunities.

1 2 3 4 5

8. Over the past few years, the government and news media have been showing more concern about the treatment of women than is warranted by women's actual experiences.

1 2 3 4 5

Appendix B:
GENDER COMFORT WITH ATHLETIC TRAINER QUESTIONNAIRE

PART I: DEMOGRAPHIC INFORMATION: Please indicate your response by circling the **one** that fits you best or by filling in the blank.

1. Present Age:_____ 2. Gender: _____
3. Classification:
    (1) Freshman
    (2) Sophomore
    (3) Junior
    (4) Senior
    (5) Graduate
4. Race/Ethnic Background:
    (1) White
    (2) African American
    (3) Hispanic
    (4) Asian
    (5) Native American
    (6) Other

5. In what intercollegiate sport(s) do you participate?

_____
_____

6. I have received athletic training services from more female than male athletic trainers:
    (1) Agree
    (2) Disagree
    (3) Not Sure
7. I have received athletic training services from more male than female athletic trainers:
    (1) Agree
    (2) Disagree
    (3) Not Sure
8. Were athletic training services provided during your high school athletics?
    (1) Yes
    (2) No
    (3) Not Sure

If yes, were athletic training services provided by:
    (1) A male athletic trainer
    (2) A female athletic trainer
    (3) Both male and female athletic trainers

9. Are athletic training services provided for your intercollegiate sport?
    (1) Yes
    (2) No
    (3) Not Sure

If yes, are athletic training services provided by:
    (1) A male athletic trainer
    (2) A female athletic trainer
    (3) Both male and female athletic trainers

PART II: It is important that you read each statement carefully. Then, next to each statement, please circle the response that is **most true for you** by using the following scale:
(1) Strongly disagree (2) Disagree (3) Neutral (4) Agree (5) Strongly agree

1. I feel more comfortable receiving athletic training services from female than male athletic trainers.	1	2	3	4	5
2. I feel more comfortable receiving athletic training services from male than female athletic trainers.	1	2	3	4	5
3. I feel more comfortable receiving athletic training services from certified athletic trainers than athletic training students.	1	2	3	4	5
4. I feel that my gender influences the quality of athletic training services I receive.	1	2	3	4	5
5. I feel that the gender of the athletic trainer influences the quality of athletic training services I receive.	1	2	3	4	5
6. I feel more comfortable discussing injuries or conditions with the athletic trainer assigned to my sport than an athletic trainer not assigned to my sport.	1	2	3	4	5
7. I feel more comfortable discussing injuries or conditions with a certified athletic trainer than my coach.	1	2	3	4	5
8. I feel more comfortable discussing injuries or conditions with an athletic training student than my coach.	1	2	3	4	5
9. I feel more comfortable discussing injuries or conditions with a female coach than a male coach.	1	2	3	4	5
10. I feel more comfortable discussing injuries or conditions with a male coach than a female coach.	1	2	3	4	5

PART III: Receiving care from a MALE athletic trainer

The following is a list of 18 injuries or conditions you may experience during sport participation. Relate each of these to your comfort level in receiving care from a **MALE** athletic trainer using the following scale:

(1) Very uncomfortable (2) Uncomfortable (3) Neutral (4) Comfortable (5) Very comfortable

- If you choose (1) Very uncomfortable or (2) Uncomfortable, circle the **reason for your discomfort** from the choices listed under each injury or condition. Please **circle only one** reason.

1. Hypertension (High Blood Pressure) 1 2 3 4 5

If you circled (1) or (2), please circle ONE reason for your discomfort.
(1) Gender related
(2) Level of confidence in athletic trainer
(3) Level of experience of athletic trainer
(4) Other (Please specify): _____

2. Head/Neck injuries 1 2 3 4 5

If you circled (1) or (2), please circle ONE reason for your discomfort.
(1) Gender related
(2) Level of confidence in athletic trainer
(3) Level of experience of athletic trainer
(4) Other (Please specify): _____

3. Depression 1 2 3 4 5

If you circled (1) or (2), please circle ONE reason for your discomfort.
(1) Gender related
(2) Level of confidence in athletic trainer
(3) Level of experience of athletic trainer
(4) Other (Please specify): _____

4. Urinary tract infections 1 2 3 4 5

If you circled (1) or (2), please circle ONE reason for your discomfort.
(1) Gender related
(2) Level of confidence in athletic trainer
(3) Level of experience of athletic trainer
(4) Other (Please specify): _____

5. Gastrointestinal disorders 1 2 3 4 5

If you circled (1) or (2), please circle ONE reason for your discomfort.
(1) Gender related

(2) Level of confidence in athletic trainer
(3) Level of experience of athletic trainer
(4) Other (Please specify): _____

6. Ankle injuries 1 2 3 4 5

If you circled (1) or (2), please circle ONE reason for your discomfort.
(1) Gender related
(2) Level of confidence in athletic trainer
(3) Level of experience of athletic trainer
(4) Other (Please specify): _____

7. Back injuries 1 2 3 4 5

If you circled (1) or (2), please circle ONE reason for your discomfort.
(1) Gender related
(2) Level of confidence in athletic trainer
(3) Level of experience of athletic trainer
(4) Other (Please specify): _____

8. Knee injuries 1 2 3 4 5

If you circled (1) or (2), please circle ONE reason for your discomfort.
(1) Gender related
(2) Level of confidence in athletic trainer
(3) Level of experience of athletic trainer
(4) Other (Please specify): _____

9. Groin injuries 1 2 3 4 5

If you circled (1) or (2), please circle ONE reason for your discomfort.
(1) Gender related
(2) Level of confidence in athletic trainer
(3) Level of experience of athletic trainer
(4) Other (Please specify): _____

10. Shoulder injuries 1 2 3 4 5

If you circled (1) or (2), please circle ONE reason for your discomfort.
(1) Gender related
(2) Level of confidence in athletic trainer
(3) Level of experience of athletic trainer
(4) Other (Please specify): _____

11. Rib injuries 1 2 3 4 5

If you circled (1) or (2), please circle ONE reason for your discomfort.
(1) Gender related
(2) Level of confidence in athletic trainer
(3) Level of experience of athletic trainer
(4) Other (Please specify): _____

12. Sexually transmitted infections 1 2 3 4 5

If you circled (1) or (2), please circle ONE reason for your discomfort.
(1) Gender related
(2) Level of confidence in athletic trainer
(3) Level of experience of athletic trainer
(4) Other (Please specify): _____

13. Addictions (e.g., drugs, alcohol) 1 2 3 4 5

If you circled (1) or (2), please circle ONE reason for your discomfort.
(1) Gender related
(2) Level of confidence in athletic trainer
(3) Level of experience of athletic trainer
(4) Other (Please specify): _____

14. Abdominal injuries 1 2 3 4 5

If you circled (1) or (2), please circle ONE reason for your discomfort.
(1) Gender related
(2) Level of confidence in athletic trainer
(3) Level of experience of athletic trainer
(4) Other (Please specify): _____

15. Breast/Chest injuries 1 2 3 4 5

If you circled (1) or (2), please circle ONE reason for your discomfort.
(1) Gender related
(2) Level of confidence in athletic trainer
(3) Level of experience of athletic trainer
(4) Other (Please specify): _____

16. Eating disorders 1 2 3 4 5

If you circled (1) or (2), please circle ONE reason for your discomfort.
(1) Gender related
(2) Level of confidence in athletic trainer
(3) Level of experience of athletic trainer
(4) Other (Please specify): _____

17. Hip injuries 1 2 3 4 5

If you circled (1) or (2), please circle ONE reason for your discomfort.

(1) Gender related
(2) Level of confidence in athletic trainer
(3) Level of experience of athletic trainer
(4) Other (Please specify): _____

18. Testicle/Vaginal injuries/conditions 1 2 3 4 5

If you circled (1) or (2), please circle ONE reason for your discomfort.

(1) Gender related
(2) Level of confidence in athletic trainer
(3) Level of experience of athletic trainer
(4) Other (Please specify): _____

PART IV: Receiving care from a FEMALE athletic trainer

The following is a list of 20 injuries or conditions you may experience during sport participation. Relate each of these to your comfort level in receiving care from a **FEMALE** athletic trainer using the following scale:

(1) Very uncomfortable (2) Uncomfortable (3) Neutral (4) Comfortable (5) Very comfortable

- If you choose (1) Very uncomfortable or (2) Uncomfortable, circle the **reason for your discomfort** from the choices listed under each injury or condition. Please **circle only one** reason.

1. Hypertension (High Blood Pressure) 1 2 3 4 5

If you circled (1) or (2), please circle ONE reason for your discomfort.

(1) Gender related
(2) Level of confidence in athletic trainer
(3) Level of experience of athletic trainer
(4) Other (Please specify): _____

2. Head/Neck injuries 1 2 3 4 5

If you circled (1) or (2), please circle ONE reason for your discomfort.

(1) Gender related
(2) Level of confidence in athletic trainer
(3) Level of experience of athletic trainer

(4) Other (Please specify): _____

3. Depression 1 2 3 4 5

If you circled (1) or (2), please circle ONE reason for your discomfort.

(1) Gender related
(2) Level of confidence in athletic trainer
(3) Level of experience of athletic trainer
(4) Other (Please specify): _____

4. Urinary tract infections 1 2 3 4 5

If you circled (1) or (2), please circle ONE reason for your discomfort.

(1) Gender related
(2) Level of confidence in athletic trainer
(3) Level of experience of athletic trainer
(4) Other (Please specify): _____

5. Gastrointestinal disorders 1 2 3 4 5

If you circled (1) or (2), please circle ONE reason for your discomfort.

(1) Gender related
(2) Level of confidence in athletic trainer
(3) Level of experience of athletic trainer
(4) Other (Please specify): _____

6. Ankle injuries 1 2 3 4 5

If you circled (1) or (2), please circle ONE reason for your discomfort.

(1) Gender related
(2) Level of confidence in athletic trainer
(3) Level of experience of athletic trainer
(4) Other (Please specify): _____

7. Back injuries 1 2 3 4 5

If you circled (1) or (2), please circle ONE reason for your discomfort.

(1) Gender related
(2) Level of confidence in athletic trainer
(3) Level of experience of athletic trainer
(4) Other (Please specify): _____

8. Knee injuries 1 2 3 4 5

If you circled (1) or (2), please circle ONE reason for your discomfort.

(1) Gender related

(2) Level of confidence in athletic trainer
(3) Level of experience of athletic trainer
(4) Other (Please specify): _____

9. Groin injuries 1 2 3 4 5

If you circled (1) or (2), please circle ONE reason for your discomfort.
(1) Gender related
(2) Level of confidence in athletic trainer
(3) Level of experience of athletic trainer
(4) Other (Please specify): _____

10. Shoulder injuries 1 2 3 4 5

If you circled (1) or (2), please circle ONE reason for your discomfort.
(1) Gender related
(2) Level of confidence in athletic trainer
(3) Level of experience of athletic trainer
(4) Other (Please specify): _____

11. Rib injuries 1 2 3 4 5

If you circled (1) or (2), please circle ONE reason for your discomfort.
(1) Gender related
(2) Level of confidence in athletic trainer
(3) Level of experience of athletic trainer
(4) Other (Please specify): _____

12. Sexually transmitted infections 1 2 3 4 5

If you circled (1) or (2), please circle ONE reason for your discomfort.
(1) Gender related
(2) Level of confidence in athletic trainer
(3) Level of experience of athletic trainer
(4) Other (Please specify): _____

13. Addictions (e.g., drugs, alcohol) 1 2 3 4 5

If you circled (1) or (2), please circle ONE reason for your discomfort.
(1) Gender related
(2) Level of confidence in athletic trainer
(3) Level of experience of athletic trainer
(4) Other (Please specify): _____

14. Abdominal injuries 1 2 3 4 5

If you circled (1) or (2), please circle ONE reason for your discomfort.
(1) Gender related
(2) Level of confidence in athletic trainer
(3) Level of experience of athletic trainer
(4) Other (Please specify): _____

15. Breast/Chest injuries 1 2 3 4 5

If you circled (1) or (2), please circle ONE reason for your discomfort.
(1) Gender related
(2) Level of confidence in athletic trainer
(3) Level of experience of athletic trainer
(4) Other (Please specify): _____

16. Eating disorders 1 2 3 4 5

If you circled (1) or (2), please circle ONE reason for your discomfort.
(1) Gender related
(2) Level of confidence in athletic trainer
(3) Level of experience of athletic trainer
(4) Other (Please specify): _____

17. Hip injuries 1 2 3 4 5

If you circled (1) or (2), please circle ONE reason for your discomfort.
(1) Gender related
(2) Level of confidence in athletic trainer
(3) Level of experience of athletic trainer
(4) Other (Please specify): _____

18. Testicle/Vaginal injuries/conditions 1 2 3 4 5

If you circled (1) or (2), please circle ONE reason for your discomfort.
(1) Gender related
(2) Level of confidence in athletic trainer
(3) Level of experience of athletic trainer
(4) Other (Please specify): _____

THANK YOU FOR YOUR PARTICIPATION!!!