Thesis submitted in partial fulfilment of the degree of

Doctor of Advanced Healthcare Practice

# Speaking Up in Elite Sport: An exploratory-descriptive qualitative study of UK physiotherapists' experiences

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# Acknowledgement

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# Summary

This study provides a unique insight into physiotherapists' experiences of speaking up in elite sport, an area that to date has had little consideration making it a novel contribution to knowledge in this field.

Background / Aims

Globally sport integrity and reputation are being threatened with media reports of doping, match fixing, sexual harassment, physical and psychological abuse across various sports. Poor behaviours have all too often become normalised and accepted. Such issues come to light through speaking up which is everyone's responsibility, but physiotherapists also have a professional duty of care to do so. Challenges to speaking up in healthcare are well documented but little is known about speaking up in elite sport. This thesis explores physiotherapists' experiences of speaking up in elite sport whilst gaining an understanding of existing barriers and enablers.

Study Design

The context of this research was an interpretivist qualitative design drawing from a constructivist paradigm. Attention was placed on the experiences that physiotherapists reported thus an Exploratory Descriptive Qualitative Research design was utilised. Purposive and snowball sampling recruited 15 physiotherapists working in elite sport from England, Wales, and Scotland with data collected through in-depth interviews over zoom and analysis conducted through reflexive thematic analysis. A conceptual framework is presented along with implication for practice.

Analysis

The findings were conveyed through 4 themes. 1, Contextual factors reflect the working landscape for physiotherapists and the narrative is told through a sub theme of change and workplace culture. 2, workplace lived experiences shares physiotherapists' lived experiences in elite sport. 3, language of whistleblowing and speaking up, sharing participants' identified barriers and enablers. 4, the influence of internal (personal character) and external factors (standards and processes) on speaking up.

Conclusion

Working in sport is complex, with multiple organisations responsible for sport integrity, professional / non-professional staff with differing regulatory standards and physiotherapists have obligations to several groups. Physiotherapists have experienced barriers linked to culture, fear of consequences and hierarchies. Psychological safety and compassionate leadership play a significant role in facilitating speaking up which requires moral courage and ethical competence from the speaker and action from the hearer. This study supports the need for further exploration in this area, extending the research to include athletes and support staff.

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# List of Abbreviations

| Acronym | Definition |
|---|---|
| ACPSEM | Association of Chartered Physiotherapists in Sport and Exercise Medicine |
| BASEM | British Association of Sport and Exercise Medicine |
| BASES | British Association of Sport and Exercise Sciences |
| BMA | British Medical Association |
| CSP | Chartered Society of Physiotherapy |
| GDPR | General Data Protection Regulation |
| GMC | General Medical Council |
| HCPC | Health and Care Professions Council |
| HCSI | Home Country Sports Institutes |
| IFSPT | International Federation Sports Physical Therapy |
| IPED | Image and Enhancing Performance Drugs |
| MDT | Multi-disciplinary team |
| NGB | National Governing Body |
| NHS | National Health Service |
| NMC | Nursing and Midwifery Council |
| RTA | Reflective Thematic Analysis |
| S&C | Strength and Conditioning |
| TA | Thematic Analysis |

| | |
|---|---|
| Team GB | Team Great Britain |
| UK | United Kingdom |
| UKAD | UK Anti-Doping |
| USA | United States of America |
| UKSCA | UK Strength and Conditioning Association |
| WADA | World Anti-Doping Agency |

# PREFACE – Who am I?

Having undertaken this study as an insider researcher, clinically working in an elite sport environment and therefore a member of the group being studied an understanding of my own stance is required. My belief system has shifted, initially being relatively black and white, assuming a single truth, to becoming less of a realist where truth and reality is viewed as being known and more of a relativist where views of reality are constructed (Braun and Clarke 2022). My research journey reflects this, from searching for a single objective answer as an undergraduate (Knott 1995) to an approach more in keeping with multiple versions of the truth at Masters (Knott 2000).

My career within elite sport has seen considerable changes to the expectation of success because of lottery funding in sport, the impact of being awarded and hosting both the Olympic and Paralympic games in 2012. This has resulted in questions about the price of this change linked to athlete welfare, especially considering the allegations of negative behaviours in some sports. A significant moment for me was the publication of 'The Duty of Care in Sport' report; the following few sentences really struck a chord:

"It is clear that the drive for success and desire to win should not be at the cost of the individuals involved. Allegations about the past need to be

thoroughly investigated, but the focus must also remain on those in the current system to ensure that they are protected and free from harm, bullying, harassment, and discrimination. Although there are processes and safeguards in place, the right culture is still required to ensure they work. Sport cannot think of itself as special or different and able to behave outside what are considered acceptable behaviour patterns." (Grey-Thompson, 2017 p4).

This raised questions in my own mind as to whether physiotherapists working in sport with their unique insight, were speaking up and what was stopping them if they were not? Having worked with coaches, performance directors, and support staff, in various systems, environments and cultures, including multigame events, I have been immersed in their world often when stakes are high and behaviour change is observed. My background as a physiotherapist and experience within the sport sector is outlined in figure 1.


Figure 1: The researchers' experience as a physiotherapist

My current roles involve all 3 hats in figure 1. I am fully aware of the challenges this brought to the research and the blurred relationship between the researcher and the researched (Munce 2010). Physiotherapy in sport is a small world and, as a current executive member of the special interest group, it provided me with insight and connections that potentially helped in recruitment. I was known to potential participants which may have aided recruitment but could have been a barrier due to concerns about familiarity and confidentiality. Developing trust and rapport with those participants was easier, but there was the potential of not remaining focussed on the task at hand and participants may have

withheld information during data collection. As an insider researcher, the process of devising and asking questions could have been influenced by my assumptions and views; when reviewing data, information shared was weighted according to what I felt important, with the potential for details to be missed because they lacked significance in my opinion. These elements had the potential to transform what emerged from data analysis and my findings may be different to an outsider researcher as a result. Conversely, being an insider researcher had several advantages, including experiences and knowledge that I brought to the process that added richness to the study and physiotherapists spoke candidly to me (Holloway and Galvin 2017). Therefore, to ensure transparency a reflexive approach was adopted (Braun and Clarke 2022) where both written and typed entries storing thoughts, reflections, interrogation, and critical appraisal of myself as the researcher were documented. Examples of these records can be found in appendices 11.13 and 11.14.

This preface has introduced the physiotherapist at the heart of this research. The ensuing chapters present the background which sets the scene, the development of the research question, aims and objectives through the literature review, the methodological approach adopted, findings, discussions, and implications for practice.

# 1 CHAPTER 1 – BACKGROUND

This chapter will provide definitions of key areas for the study, some wider context and scene setting, providing a foundation to the thesis.

## 1.1 Physiotherapy

Physiotherapy, an internationally recognised healthcare profession, plays an important role in enabling health, wellbeing, and quality of life improvements. In many countries, physiotherapists have professional autonomy and "are concerned with identifying and maximising quality of life and movement potential within the spheres of promotion, prevention, treatment / intervention and rehabilitation" (World Physiotherapy 2023). In the UK, it is a degree-based profession, regulated by the Health and Care Professions Council (HCPC), with a mandatory requirement for all physiotherapists to be registered and continue to meet the standards that form the foundation of HCPC regulation throughout their working life (HCPC 2023a). It is optional for physiotherapists to join the professional body, the Chartered Society of Physiotherapy (CSP), which advocates values that promote person-centred, effective, and ethical care (CSP 2019). Codes of professional values and behaviours are in place defining the behaviours expected of chartered physiotherapists.

*Table 1: HCPC and CSP standards and codes for physiotherapists*

| **HCPC (2023a)**<br><br>MANDATORY MEMBERSHIP | **CSP (2019)**<br><br>OPTIONAL MEMBERSHIP |
|---|---|
| Standards of proficiency (linked to CSP) | Code of professional values and behaviours |
| Standards for continual professional development | Quality assurance standards |
| Standards of conduct, performance, and ethics | Professional networks –<br><br>Relevant to study = Association of Chartered Physiotherapists in Sport and Exercise Medicine (ACPSEM) |

Physiotherapists work in a variety of specialisms and sectors such as health and social care, occupational health, education, research, service management and sport (CSP 2019).

A sports physiotherapist is defined as:

*"a recognised professional who demonstrates advanced competencies in the promotion of safe physical activity participation, provision of advice and adapting of rehabilitation and training interventions for the purposes of preventing injury, restoring optimal function, and contributing to the*

*enhancement of sports performance, in athletes of all ages and abilities, while ensuring a high standard of professional and ethical practice" (Bulley et al. 2005, p26).*

The International Federation of Sports Physical Therapy (IFSPT) has been championing the recognition of expertise in sports and exercise physiotherapy (Phillips 2009), and ACPSEM offers a structured continued professional development pathway, linked to Sports Physiotherapy Competencies and Standards (Bulley et al. 2005). The IFSPT specialist recognition process, benchmarked at master's level, maps skills to competencies and requires reflective practice demonstrating contextual and situational awareness, all of which are required to develop the expert sports physiotherapist (Phillips and Paterson 2020; Paterson and Phillips 2021). The role of physiotherapists working in sport is broadly based on eleven main competencies involving evidence-based practice; these include injury prevention and injury management, rehabilitation (the period between injury and safe return to function, participation, and optimal performance) and performance enhancement (physiotherapists contribution to the multidisciplinary team input to enhance conditions to provide athletes an opportunity for maximal performance) (Bulley et al. 2005).

Sports medicine is distinct to other medical specialties because of the limited authority clinicians have over their patient (in this context

athletes) and negotiation of treatment is often trichotomous between athletes, clinicians, and coaches (Malcolm and Sheard 2002; Safai 2003; Malcolm 2006; Malcolm 2016). During the 80's and 90's sports medicine developed, from an amateur to a professional status, with a growing community of sport science practitioners, leading to a multi-disciplinary support model (Green and Houlihan 2005). This development is outlined below in Figure 2.

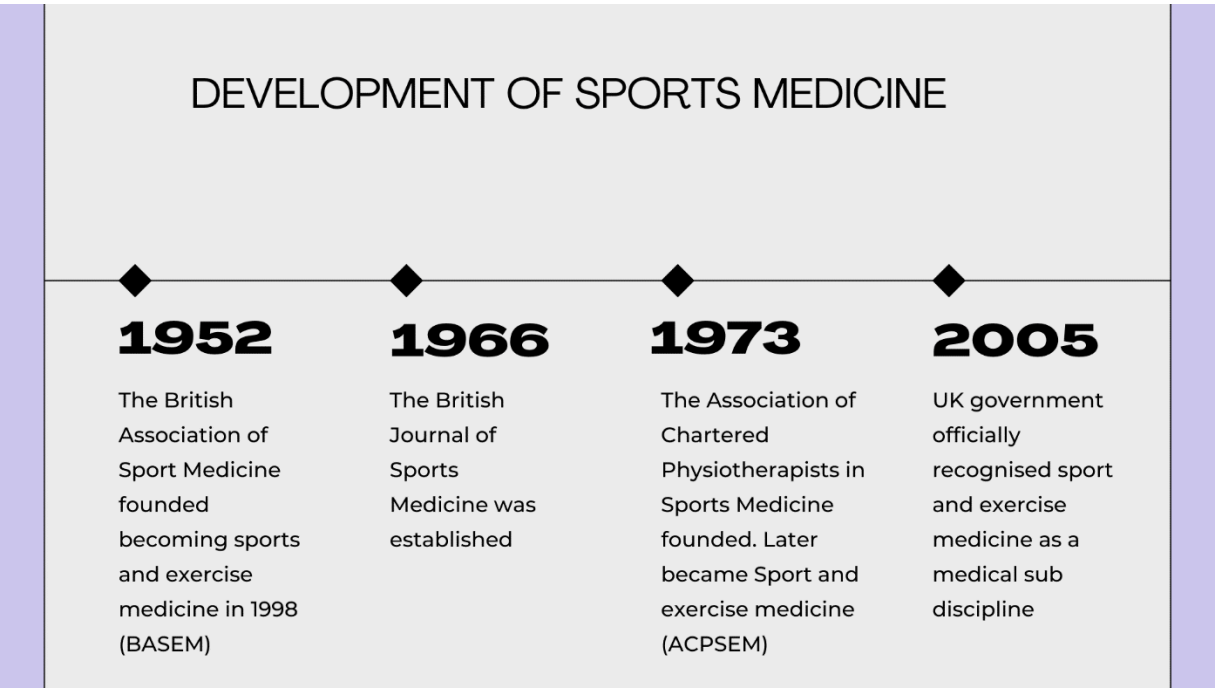


*Figure 2: Timeline showing the development of sports medicine*

## 1.2 Sport and Funding

Sport regulated by rules and involving physical exertion and skill, permeates every corner of human existence, transcending both geographical boundaries and historical epochs; it would not be an

overstatement to assert that sport is intrinsic to the essence of humanity (Pielke 2016). Most people are likely to have experienced sport in some capacity as a child or adult whether as a spectator, supporter, or through active participation for enjoyment or competitively. Physiotherapists can be found working across the spectrum of sport from elite to grass roots, but the focus in this study will be on funded elite sports where the goal is to win.

Sport in the UK receives funding from public money and private sponsorship. Atlanta 1996 saw Team GB win fewer medals than any previous Olympics. UK sport was founded the following year; as a strategic body overseeing performance sport in the UK, holding responsibility for lottery money funding allocations allowing athletes to train full time. There was a significant increase in funding in 2005 after London was awarded the 2012 games and increasing scrutiny on the medal return on this investment intensified when UK Sport stipulated targets to their funded sports. Seventeen Olympic sports and fifteen Paralympic sports received funding in the Athens cycle; despite Team GB climbing the overall medal table, the majority did not meet their agreed targets which resulted in funding cuts for the subsequent cycle (Grix and Carmichael 2012; Bostock 2014; Committee of Public Accounts 2016; Tyler-Todd 2023). The timeline in figure 3 shows funding levels for

Olympic and Paralympic sports combined, mapped against their performance at Olympic summer games.

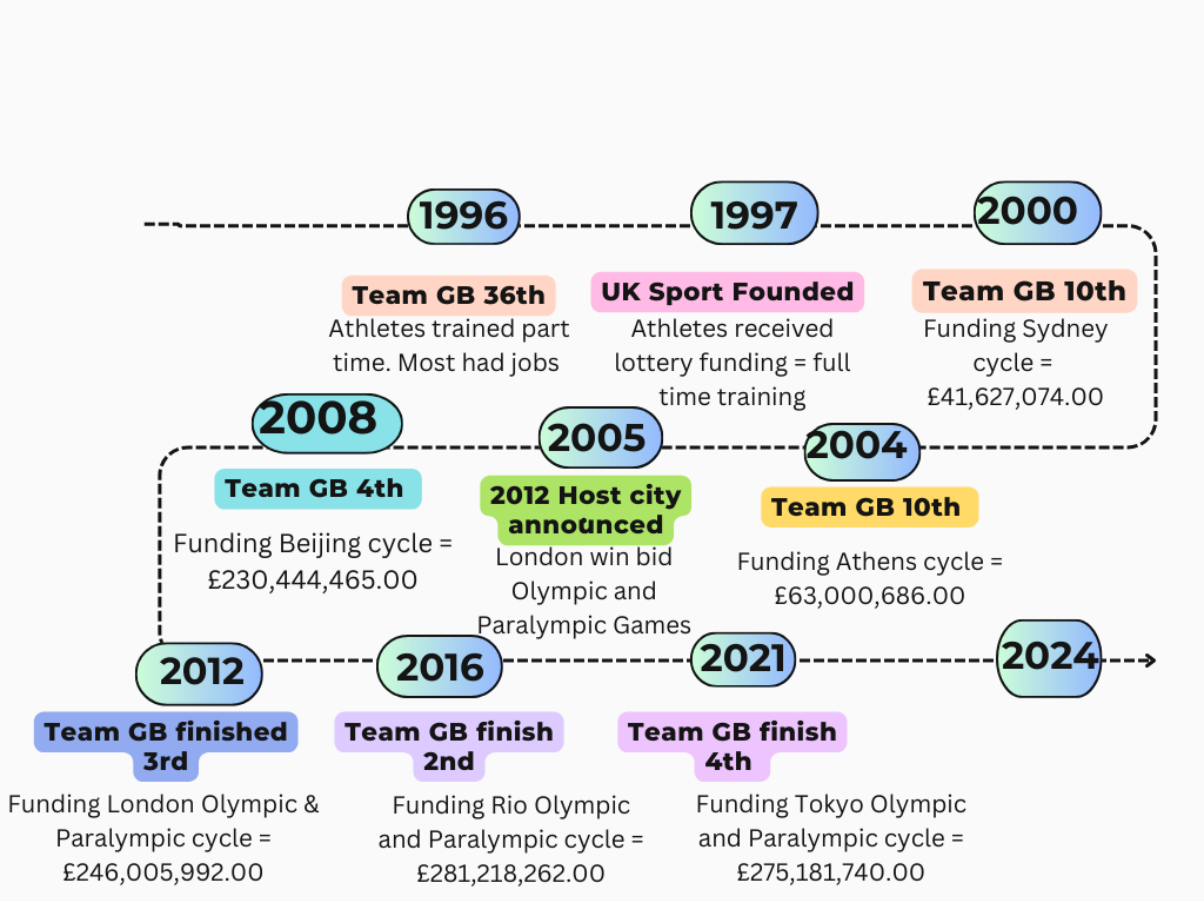


*Figure 3: Timeline Olympic / Paralympic Sport Combined Funding and Overall, Medal Table Positions 1996-2021*

## 1.3 Sport Support Team and their Regulation

The matrix of support that an athlete receives varies and may include all or some combination of the support staff shown in figure 4.

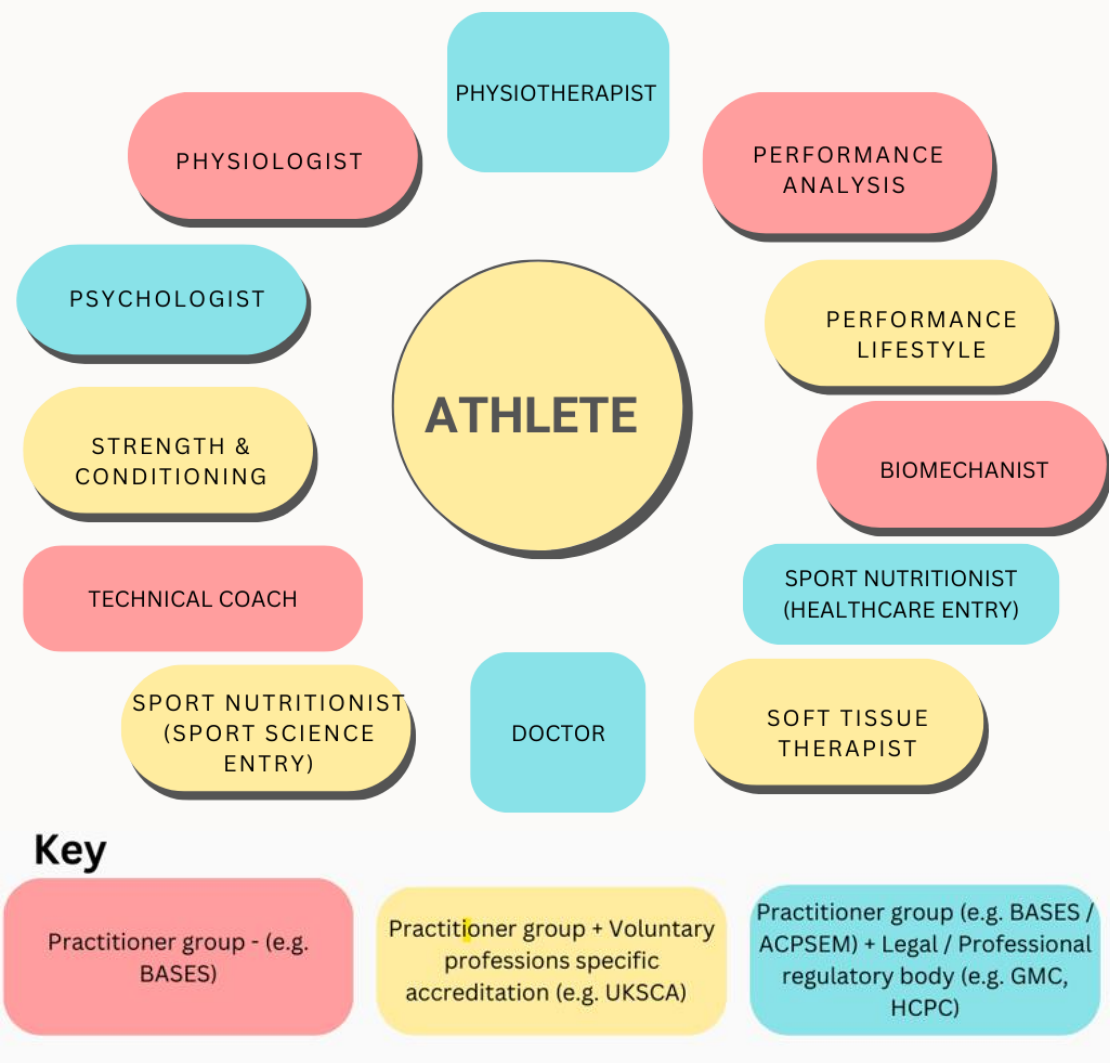


*Figure 4: Athlete Support Team, highlighting practitioner groups that have legal ethical requirements as part of their license to practice*

Some roles within sport multi-disciplinary teams are not regulated professions. A profession regulated by law in the UK has a legal requirement to have specific qualifications or experience to undertake professional activities and all regulated professions are overseen by regulatory bodies who act to protect the public interest (Department for Business and Trade 2024); in physiotherapy, this is the HCPC. Regulated and unregulated professions may have professional bodies (also known as

professional associations or professional societies) which, unlike regulatory bodies, typically serve the interests of the profession, advocating on behalf of their membership and advancing the profession. In physiotherapy, as other regulated professions, the professional body (CSP) works cooperatively with the regulator (HCPC) to protect the integrity of the profession; in unregulated professions the professional body may take on a similar role to regulatory bodies, by including a public interest statement in their mission statement, but this does not make it a regulatory body or the membership it serves a regulated profession. Figure 4 is colour coded to reflect regulation status of support staff which may be significant when considering barriers and enablers of speaking up. The next section explores the regulations that physiotherapists must adhere to relevant to this study.

## 1.4 Regulations relevant to physiotherapists in the context of this study

As mentioned above, physiotherapists are regulated by HCPC, and CSP guides professional standards. HCPC have 10 standards of conduct, performance, and ethics, of which number 7 'Report concerns about safety', is significant to this study, (see 11.1); this standard outlines how registrants have a duty to report concerns, encourage others to do the same, ensure that safety and well-being comes ahead of professional obligations, and to follow up on reported concerns. Revised standards,

published in 2023, stipulate that concerns must be raised if you have witnessed any bullying, harassment or intimidation of a service user or colleague (HCPC 2023a). HCPC standards should be embedded into practice; if registrants fall below these expected standards, HCPC as the regulator will act, potentially resulting in suspension or removal from the register (HCPC 2023a). A freedom of information request ascertained that 3 physiotherapists have been sanctioned for misconduct in relation to standard 7 resulting in all 3 being struck off (Noel 2024).

CSP code of professional behaviour is underpinned by three pillars: ethics, values, and concepts (see 11.2). The key message within the code is that physiotherapists have a "professional duty to raise concerns" (CSP 2019; CSP 2020). The CSP as the professional body does not have the same authority to suspend or remove a physiotherapist from the register if a members' behaviour should fall below the expected standard; however, they could report a member to the HCPC.

## 1.5 Sport Integrity And Reputation

We need to consider sport integrity, which is an emergent concept within research literature across multiple domains from ethics to governance and management with a growing body of academic work arising (Harvey and McNamee 2019). This is being threatened globally, as evidenced by the

examples of reported irregularities causing reputational harm, both internationally and in the UK, shown in figure 5. The examples are not comprehensive but signifies the extent of integrity issues, raising the question as to whether a lack of integrity in sport has become normalised (Manoli et al. 2020).

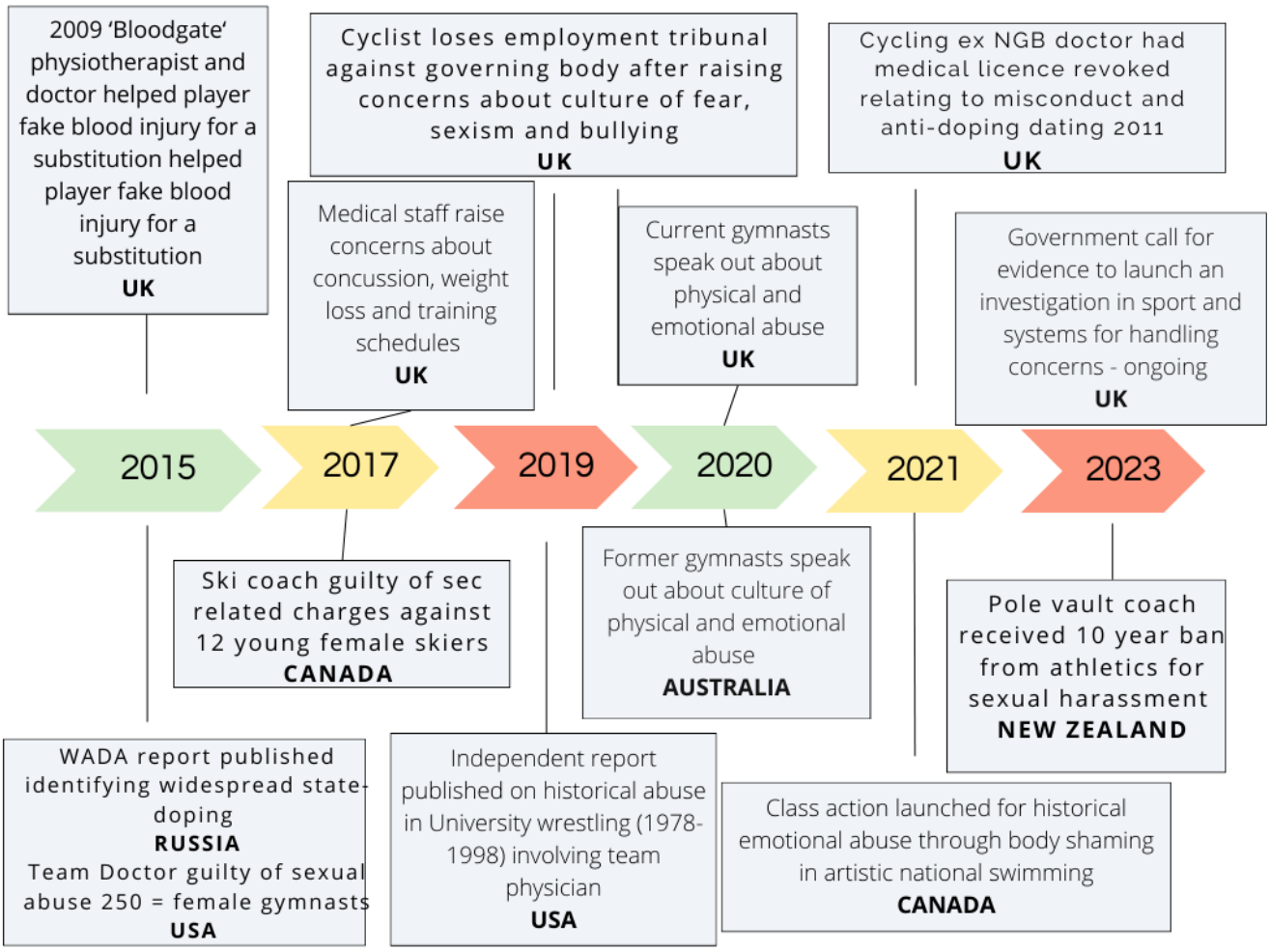


*Figure 5: International and UK examples of sport integrity issues*

An example to illustrate a lack of sport integrity is an incident known as 'Bloodgate'; this specifically involved a physiotherapist and doctor assisting a rugby union player to fake a blood injury, facilitating a

substitution to support the team winning the match (Holm and McNamee 2009). They were caught when the opposing team became suspicious, and it transpired that this behaviour was rife in rugby union, driven by a culture of rule manipulation.

Sport New Zealand (2019) identified characteristics and processes needing to be in place ensuring that sport integrity breaches are reported. These include having a speak up culture, whereby anyone involved in the organisation (athlete, coach, support staff, member) can report an incident or make a complaint without retribution and any issues raised will be taken seriously, handled in a fair and consistent way with consequences for those breaking the rules. Sport New Zealand made speaking up everyone's business. In acknowledging and attempting to tackle this further, Australia could be considered world leading in their merger in 2020 of Australian anti-doping authority, National Integrity of sport unit and the safeguarding functions of sport Australia into one powerful unit with greater authority – Sport Integrity Australia (Sport Integrity Australia 2022). UK sports strategic plan (2021) pledged to reject a 'win at all costs' approach but rather to win with integrity. As identified, there is breadth, diversity and complexity to these sport integrity issues, but this study will focus on physiotherapists speaking up when wrongdoing is apparent.

Whistleblowing and speaking up are tools that have and can be used in the fight against any of these misdemeanours to prevent ethical violations and deter or divulge wrongdoing, fraud, or corruption; definitions are provided below (1.7).

## 1.6 Ethics, Morals and Values

An introduction to morality and ethics is essential given these integrity issues. It is beyond this study's scope to provide the depth possible on these concepts, particularly when combining the healthcare and sport sectors, but it is necessary to provide definition and context for the purpose of this research; these concepts are not new but focus on what is right and wrong at their most basic level. In healthcare, the focus of ethics is on the delivery of healthcare, on the patients' rights, and the ethics of the professions involved in their care. In sport, ethics focusses on delivery of performance which encompasses athletes, officials and administrators who are all tasked with treading a fine line of effective tactics versus cheating. As a regulated profession, physiotherapy must abide by ethical standards outlined above 1.4. Morals differ from ethics, reflecting how individuals run their lives and are influenced by individual values which are beliefs, characteristics, or ideals an individual holds influenced by religious, cultural, educational, and environmental experiences (Seedhouse 2009). Additionally, attributes like moral competency and ethical courage are essential for empowering a

practitioner to challenge long-standing traditions in the field (Jensen and Patton 2018). Professionals should possess robust professional ethical identity or moral competence which is much greater than technical skill or specialist knowledge (Colby and Sullivan 2008). Ethical courage entails the capacity to respectfully question and improve both one's personal stance and professional practices and it is supported by strong clinical decision-making skills, including the ability to choose pertinent and credible actions tailored to the specific circumstances (Jensen and Patton 2018).

## 1.7 Defining Whistleblowing and Speaking up

As this study explored physiotherapists experiences of speaking up in elite sport some definitions of key terms are warranted. Although dated, the definition of whistleblowing as "the disclosure by organization members (former or current) of illegal, immoral, or illegitimate practices under the control of their employers, to persons or organizations that may be able to affect action" (Near and Miceli 1985, p.4) is widely accepted in the literature. Other terminology frequently seen in the literature includes speaking up or raising concerns; there are numerous definitions for speaking up but all centre around highlighting a concern to prevent harm. The following definition proposed by Kane et al. (2023) is adopted by this study: *"a healthcare professional identifying a concern that might impact patient safety and using his or her voice to raise the concern to someone*

*with the power to address it*" (Kane et al. 2023 p.3410) whilst also taking into account the broader definition provided by Morrison (2014): "informal and discretionary communication by an employee of ideas, suggestions, concerns, information about problems, or opinions about work related issues".

Whistleblowing and speaking up both involve raising concerns about wrongdoing, but they differ in approach, scale and context. Whistleblowing is a formal process whereby raising concern is conducted through an official channel, usually reporting illegal activities, serious violations, unethical practices or abuse of power (Mannion et al.2018). Consequently, this is typically external to the immediate team, such as to National Governing Bodies, senior management level, regulatory bodies, authorities or the media and frequently carried out anonymously. Whistleblowing may arise when internal channels fail or are perceived as inadequate. In the UK, whistleblowers are protected by law through the Public Interest Disclosure Act (1998) so that whistle blowers are not subject to negative treatment or unfair dismissal. Within health and social care, whistleblowing is mandated as part of their standards by national regulators and professional bodies, but the act of whistleblowing is no simple act and whilst some whistleblowers are deemed heroes for promoting care or championing management they can be seen as villains by others for damaging professional and organisational reputations. Additionally, not all whistleblowers do so with genuine intention or care about patient safety but are instead motivated by work or personality

grievances. A key independent review conducted in the NHS ‘Freedom to Speak Up’, unveiled the dislike of the term whistleblowing by healthcare staff (Francis 2015).

Speaking up, whilst a more acceptable term, refers to addressing concerns or issues internally within an organisation or functional team, often through informal dialogue with colleagues, line managers, human resources or internal reporting systems. It can include everyday issues like team dynamics, poor decision making or inefficiency and whilst many organisations encourage a culture of openness whereby speaking up encourages engagement and proactive problem-solving in healthy organisational cultures it is not protected by law, which may negatively impact on an individual's ability to speak up without fear of retribution. Mannion et al. (2018) suggest that it is useful to think of these terms along a continuum even though arguably all can be included under the broad definition of whistleblowing. An example of how these terms can be distinguished is given in Figure 6 (adapted from Mannion et al. 2018)

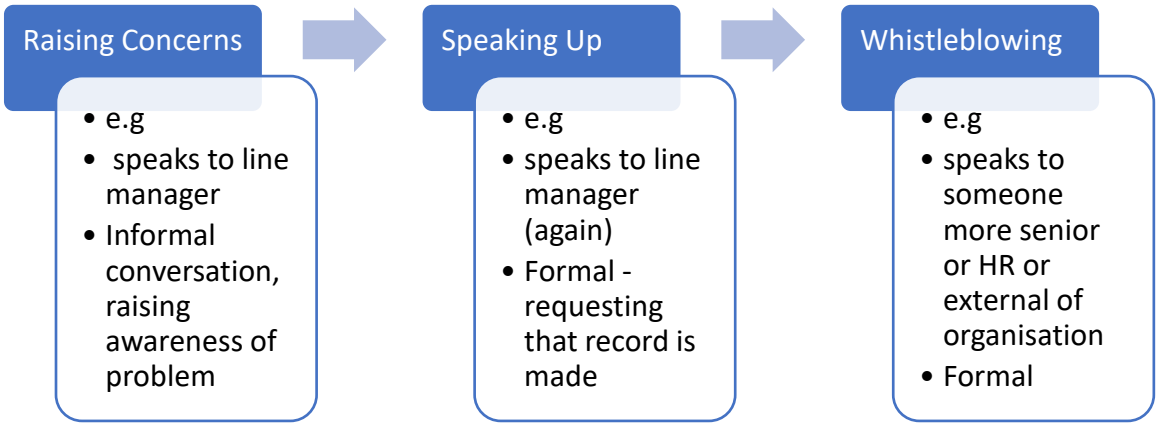


*Figure 6: Example of terminology and differing characteristics (adapted Mannion et al. 2018)*

Figure 6 is based on one example discussed by Mannion et al. (2018), there will be examples where the nature of other problems may dictate a different action whereby immediate whistleblowing is warranted. In essence both whistleblowing and speaking up bring a problem to light but there are conceptual and practical differences that exist, summarised below in table 2 below.

*Table 2: Conceptual and practical differences between whistleblowing and speaking up*

| Aspect | Whistleblowing | Speaking Up |
|---|---|---|
| **Definition** | Reporting serious misconduct or wrongdoing to external authorities or higher levels. | Raising concerns or suggestions internally to improve processes or address issues. |
| **Scope** | Focused on exposing significant legal, ethical, or safety violations. | Deals with a broader range of issues, often less severe, like interpersonal conflicts or inefficiencies. |
| **Intent** | Aimed at exposing harm, ensuring accountability, or preventing broader damage. | Aimed at minimising or preventing harm, improving organizational practices, culture, or decision-making. |
| **Channels Used** | External (e.g., regulators, media) or formal internal hotlines for serious issues. | Internal (e.g., direct conversations, team meetings, or suggestion systems). |
| **Escalation Level** | Often bypasses routine structures; used when internal processes fail or are unsafe. | Often handled at the earliest stage within the organization, aiming for collaborative resolution. |
| **Risks** | High personal and professional risks (e.g., retaliation or legal action). | Lower risks, particularly in supportive psychological safe environments. |
| **Protections** | Legal protections may apply but vary by jurisdiction and context. | Protections are often informal and rely on the organization's culture. |
| **Perceived Loyalty** | May be viewed as disloyal in unsupportive or hierarchical cultures. | Perceived as being more loyal to the team if kept 'in house'. Can be seen as constructive in cultures that value feedback and transparency. |
| **Outcome** | Can lead to legal action, public scrutiny, and systemic change. | Typically results in incremental improvements or resolution of specific internal issues. However also greater risk of it being ignored. |
| **Cultural Context** | Happens when speaking up internally is ineffective or unsafe. | Encouraged in open, transparent organizations with a feedback-friendly culture. |

This table encapsulates the distinctions in both conceptual and practical dimensions of whistleblowing and speaking up. Although both bring issues to light and are essential tools for ethical conduct and accountability they function at different levels of escalation and risk.

Linked to this is the concept of voice, which articulates thoughts and issues through active communication, and silence, which suppresses thoughts and issues through the absence of voice (Sherf et al. 2021). Effective use of voice through speaking up which is often internal, can create a more transparent, accountable and innovative workplace whereas whistleblowers are often the last resort when internal voice mechanisms have failed. Silence, by not speaking up can lead to missed opportunities for improvement and unresolved issues, potentially breeding a culture of disengagement. In the context of whistleblowing, silence can have more severe consequences, allowing illegal activities, corruption or unethical behaviour to persist. Understanding the barriers and enablers of speaking up will help our understanding of the interplay between voice and silence.

## 1.8 Summary of Background

This chapter began by describing physiotherapy, the role of a sports physiotherapist, what sport is and how it is funded, who awards funding and key performance indicators involved. It presented the wider support staff team and differences between regulated and non-regulated professions. The implications of being a professional and regulations that must be abided, relevant to this study are presented. Finally, a global overview of current sport integrity is presented with definitions of ethics, morals, values, whistleblowing and speaking up. This chapter has provided a foundation for this study as the next chapter moves on to consider the relevant literature.

# 2 CHAPTER 2 - LITERATURE REVIEW

## 2.1 Introduction

This chapter aims to provide further context, by exploring available literature and current knowledge on speaking up in elite sport. Approaches to literature reviews vary but given the exploratory nature of this study, a scoping review was employed; the chapter begins with a description of the search strategy used; literature found is discussed and, finally, the research questions are presented.

## 2.2 Search Strategy

Cinahl, Medline, EMBASE and Google scholar were searched using the main terms outlined in table 3; these were, in turn, combined using the Boolean function.

*Table 3: Key search terms*

| **Concept 1** | **Concept 2** | **Concept 3** |
|---|---|---|
| Physioth* | Sport | Whistleblow* |

| | | |
|---|---|---|
| Physical Th* | Elite sport | Whistle-blow* |
| Support team | Health* | Whistle* |
| Support staff | | Speak * |
| | | Speak up* |
| | | Raising concerns |
| | | Reporting * |
| | | Misconduct |
| | | Bullying |
| | | Unprofessional behaviour |

An initial search combining 3 key terms, e.g. Physioth*, sport, whistleblow* found no literature relevant to current research; however, combinations of any 2 of the 3 terms identified 12 such articles (see 11.3). Replacing whistleblow* with reporting concerns, raising concerns, speak* up unprofessional behaviour, misconduct, or bullying, each in turn combined with the terms sport and physi*, support staff and support team, found 4 other articles relevant to the study. Hand searches of key reference lists conducted from this literature added 4 more. A further search in the wider health sector combining Health* with speak* then

whistleblow* found 20 articles. Relevant documents of grey literature were also included, and context was provided from some media reports.

Before proceeding to examine what is known and understood about whistleblowing and speaking up, it was important to explore other published work that would inform this study. This included literature that is broadly considered under the subheading's complexity, regulations, and duty of care. The literature utilised in these sections was not included in the above numbers.

## 2.3 Complexity and Regulations

This section starts by considering sport as a complex system and then explores literature examining ethical considerations, balancing risk and coaches' power.

### 2.3.1 Complex system

Elite sport could be described as a complex system because of the dynamic, non-linear, unpredictable nature of the sector. Figure 7 reflects this complexity vertically from macro to micro level as Government and UK sport policy and funding at the macro level influences both National

Governing Bodies and Home Country Sport Institutes at the meso level and the athlete at the micro level; it also illustrates that horizontal connections between systems on the same level exist in complex systems and are evident in sport.

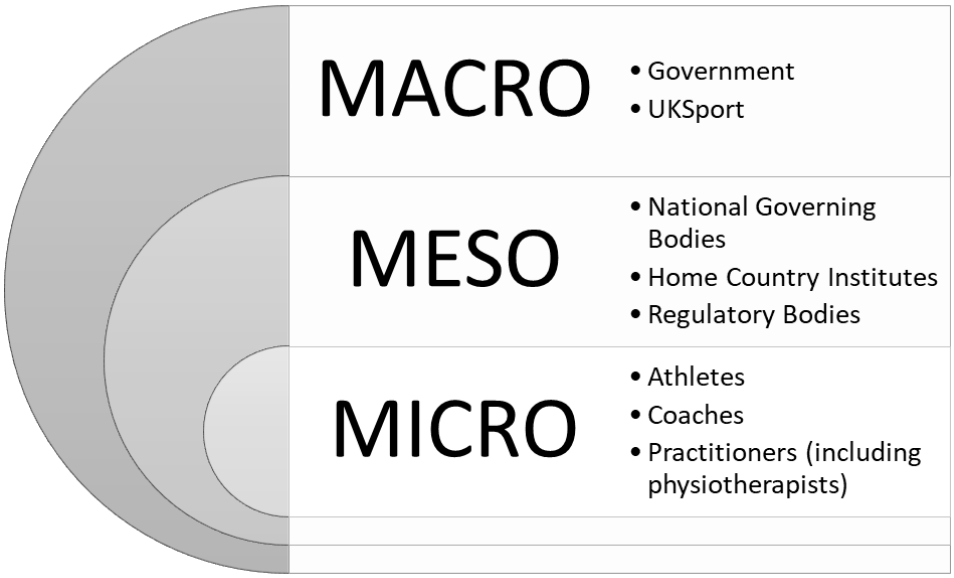


*Figure 7: An overview of Macro, Meso and Micro within elite sport*

It is important to remember that every action within the system will cause a reaction somewhere else in that system (Lipitz 2012; Hannigan 2013, Brimble and Jones 2017), e.g. funding changes and the consequences of a medal driven model previously discussed (1.2). Support staff working in these environments face intense pressure to help athletes and coaches achieve desired goals, coupled with a need for complex decisions which

may create ethical dilemmas (Tucker 2016). Literature relating to this was explored and is presented next.

### 2.3.2 Ethical issues for consideration

To ensure that practitioners do not work in silos at the micro level, a high level of communication is required to enable their interdependencies. That conflict arises within support teams, centred around role clarity and relationships between support staff, coaches, and athletes, was acknowledged in a descriptive paper over more than two decades ago (Collins et al. 1999); 20 years later this was supported by qualitative research where Arnold et al. (2019) interviewed 40 participants (11 physiotherapists, 15 S&C coaches, 12 performance directors and 2 sports scientists) in a study exploring organisational stressor experience of staff in elite sport. Of interest to this study are 2 of the 4 themes generated by thematic analysis 1) relationships and interpersonal issues and 2) contractual and development issues (including working hours).

One example of relationships and interpersonal issues relates to a physiotherapist's obligation to confidentiality, requiring athlete consent to share information (HCPC 2023a; CSP 2019). As described in section 1.3, some support professions are not regulated, and each has their unique

governance on confidentiality. Waddington and Roderick (2002) used semi structured interviews and questionnaires within English professional football clubs and, although the sample was predominantly doctors (12 interviewed and 58 questionnaires), 10 club physiotherapists were also interviewed. They found that there was no common code of ethics governing confidential issues and considerable variation in the kind and amount of information shared by doctor and physiotherapists with management existed. A new code of ethics for the Australasian College of Sports Physicians adopted in 2008 was based on research evidence from work by Anderson and Gerrard (2005). This earlier work, provided 3 key areas of interest 1) elite sport is a complex environment, often involving large amounts of money, media attention, and doctors are not necessarily given due respect 2) doctors felt they had multiple, often conflicting obligations towards players, coaches, team manager / management team, other team members, sport national governing body, professional medical bodies, and other medical team members. 3) variations in practice around confidentiality and risk taking with athletes (Anderson 2009; Anderson 2012; Anderson and Jackson 2013). Although this literature refers to Doctors in New Zealand, it could be argued that Doctors and physiotherapists are most closely aligned as support staff with multiple responsibilities, therefore postulating similar issues with physiotherapists.

Additionally, McNamee and Phillips (2011) acknowledged an issue existed for physiotherapists caught between two relevant codes of conduct, as obliging one professional code often conflicts with the other. The complexity of these obligations for physiotherapists is illustrated in figure 8; such complexities also exist for doctors and other regulated professionals (not reflected in figure 8).

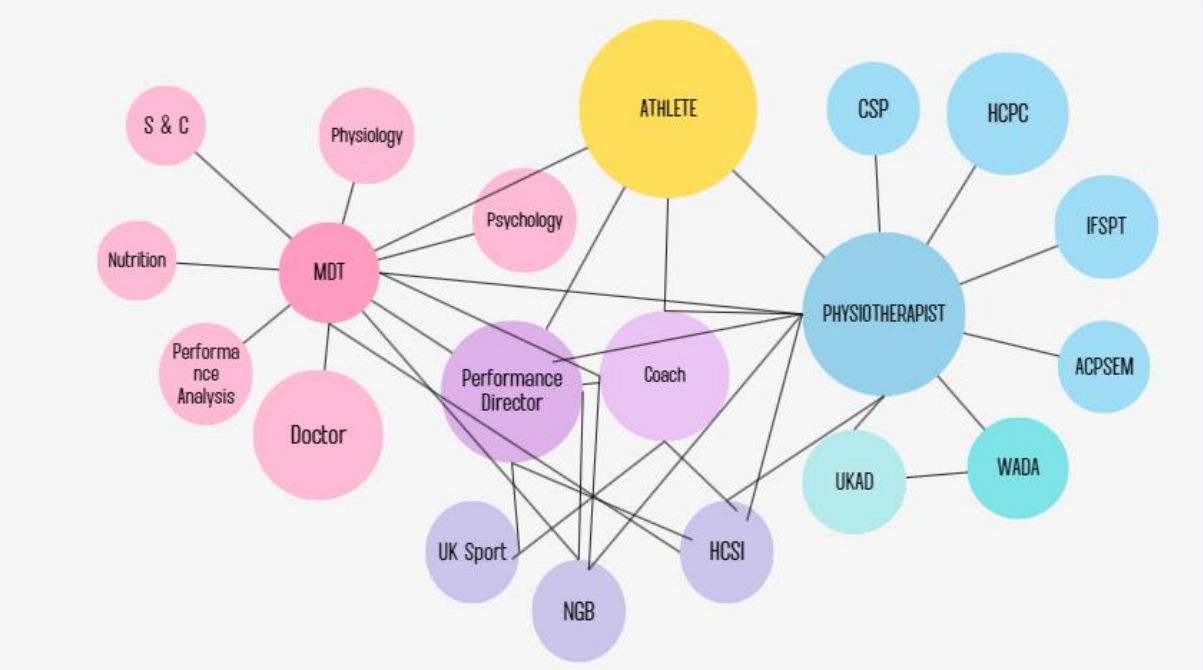


*Figure 8: Illustration of the complex connections for physiotherapists in supporting an athlete*

When athletes were put onto World Class Performance plans in 1997, Collins et al. (1999) had the foresight to present an Athlete Charter outlining the rights of the athlete in relation to confidentiality and how this could be overcome in view of the issues presented. Tucker (2016)

believes that confidentiality is fundamental to a working relationship between doctor and athlete which can also be said to be true for physiotherapists. Interestingly, Collins et al. (1999) raises a point about the athlete's perception of support staff and their concerns about what can be said without fear of information being shared with the coaching team, potentially affecting selection.  Consequently, this may implicate willingness to discuss concerns which could impact clinical efficacy of injury management. The notion of balanced decision making is further discussed below.

### 2.3.3 Balancing Risk

The concept of balancing risk and caution is described by Lo and Field (2009) as a conflict of interest, a situation whereby professional judgement or action concerning a primary interest is excessively influenced by a secondary interest. In sports medicine, clinical decision making is often a balance between return to play (short term) and future health / medical issues (long term), which can be at odds (Lo and Field 2009). For example, a quicker return to play could have short term financial or contractual benefits for the individual or for a team at a specific competition; however, there may be long term risk for the athlete associated to this approach. There is no test quantifying that risk, such decisions are based on judgement, balancing that of primary and

secondary interests. Tucker (2016) stated in an opinion piece that athletes now play an active role in decision making and medical staff are providers of information and options, discussing with athletes the benefits and negatives of each.  Such decisions can be swayed by pressure from coaches and or performance directors, but Dijkstra et al. (2014) suggests that medical personnel guard athletes from this pressure, playing a key role in athlete health risk management. The section below provides a brief overview of coaches' power.

### 2.3.4 Coaches power

It has been suggested that coaches have a great deal of perceived power (Whyte 2022). Early work by Dodge and Robertson (2004) investigated unethical behaviour in sport with an emphasis on the role of the coach, finding that athletes justified bending rules if the suggestion came from the coach. If asked to carry out an unethical action by someone in a position of power such as coach or performance director, then this dismissed their own personal feelings on the action. Although this study focussed on athletes, similar findings reported following 'Bloodgate' interviews, where players and support staff stated that the director of rugby held the power, suggests the same could be said for support staff including physiotherapists. However, Dodge and Robertson (2004) suggest that fundamentally power is held by the athlete, or support staff,

as they can walk away from anything they believe is wrong. Whyte (2022) documented that some science and medicine staff were nervous of raising concerns and one practitioner had moved jobs rather than face the consequence of speaking up. Regulated professionals including physiotherapists have a duty of care to speak up as outlined in 1.3.

So far, this section has considered sport as a complex system including multiple factors. The impact of a medal driven investment model, ethical issues for physiotherapists in view of regulatory expectations and their role within a multidisciplinary team, decision making based on balancing risk and caution, and the influence of coaches have all been considered within this complex system. The next section moves on to explore aspects pertaining to duty of care.

## 2.4 Duty of Care

Moving on to explore the concept of duty of care; two independent reviews conducted in sport are discussed, whilst maltreatment, the code of silence and normalisation of negative behaviours are also considered.

### 2.4.1 Independent reviews

Following a surge of anecdotal evidence across a wide range of sports within the UK, the government commissioned a review of athlete welfare. The "Duty of Care report", (Grey-Thompson 2017) convened information over a year from 2 review groups, including organisations across the sport sector, and a 6 week-long public call for evidence. 375 responses from elite and grassroots levels (89 from organisations and 286 from individuals) were collated and seven priority recommendations were made, one suggested the government should establish a Duty of Care Charter. UK Sport's 'Code for Sports Governance' first established in 2016 outlined requirements of Duty of Care for NGB's in receipt of public funding with revisions made to this 'Code' in 2021 whereby funded bodies had to appoint a director for welfare and sport safety, sitting alongside the expansion of the Safeguarding Case Management Service (UK Sport 2024). Grey-Thompson (2017) reported that increases in sport funding coincided with beliefs that success would come from investment, questioning whether a funding model dependent on medal numbers warps the balance between winning and athlete health / welfare, linking to 1.2.

The Whyte review (2022) concurs. In 2020, when current and former British gymnasts made disclosures to the press surrounding alleged abuse in the sport, an independent review was instigated due to a lack of action

to address concerns raised to the national governing body in the period 2008 - 2020. Over 400 submissions of evidence were reviewed from gymnasts, parents, carers, and others from the community in the production of the report (Whyte 2022) which found a coach led, insular culture resulting in a fear of speaking up by gymnasts and others involved in gymnastics. Athletes cited fear of de-selection, demotion, consequential loss of funding, whilst practitioners were fearful of a coach's reaction if they spoke up and inaction when complaints were made. The conclusion was that welfare and wellbeing of gymnasts had not been at the forefront of British Gymnastics culture, but rather the pursuit of competitive success. From this grey literature we move to consider literature relating to maltreatment.

### 2.4.2 Maltreatment

Elite sport has witnessed an increasing number of allegations, criminal convictions and media coverage of bullying, abuse, and misconduct over the past decade. Mountjoy et al. (2016) present a consensus statement on sexual harassment (related literature was not considered in this work due to the breadth) and abuse in sport which includes evidence of several other types of harassment and abuse including psychological, physical and neglect. Abuse is a form of maltreatment (Stirling 2009); someone is at risk if 1) experiencing or at risk of experiencing abuse or neglect, 2)

has needs for care and support, and 3) because of those needs is unable to protect him / herself against the risk of or actual abuse or neglect (Social Care Wales 2017, Social Care Wales 2024).

Less attention has been afforded in the literature to emotional abuse, harassment, and bullying (Stirling and Kerr 2008; Stirling 2009; Mountjoy et al. 2016) from the perspectives of either recipients or witnesses speaking up about these negative behaviours. To address this, athlete maltreatment research in sport has increased and will play a crucial role in relation to athlete protection initiatives and should ultimately impact speak-up culture (Stirling and Kerr 2008; Kavanagh 2014; Kavanagh et al. 2017). Work has been conducted in identifying factors pertaining to why athletes are more vulnerable and what increases such risk factors. Key aspects of this are captured in figure 9.


*Figure 9: Summary of factors that contribute to athlete vulnerability (modified from Ann Craft Trust 2024)*

Reports in gymnastics in America, Australia and UK have highlighted a culture whereby verbal and emotional abuse in training was disguised as hard training and competing in pain and without complaint was normal. Independent reviews in these countries conclude that gymnast welfare and wellbeing had not been at the heart of the gymnastics programmes (McPhee and Dowden 2018: Australian Human Rights Commission 2021; Whyte 2022). Additionally, during a media interview an Australian Olympic gymnast questioned how adults present witnessed the practices but said and did nothing (Baum 2020); this was also noted in the USA where the National team doctor was jailed for sexually abusing gymnasts

(McPhee and Dowden 2018). It is apparent that the normalisation of psychologically abusive coaching practices accompanied by an extensive bystander effect prevents speaking up (Mountjoy et al. 2016; Adams and Kavanagh 2020). This is a social psychological phenomenon when someone is less likely to offer help when others are present, assuming diffusion of responsibility, where individuals assume that others are responsible for action or expect that they have already done so. Additionally, in sport there is a code of silence, known as the 'omerta' which will be considered next.

### 2.4.3 Code of silence

The margins between success and failure are miniscule and the omerta offers protection for tactical and technological developments required for marginal gain (Whitaker et al. 2014). Davies and Mitchell (2016), however, suggest this code acts as an enabler, covers up wrongdoing, and is a barrier to speaking up e.g., the Lance Armstrong doping case, where the use of performance enhancing drugs was known within the circle for years, but no one dared speak up (Marty et al. 2015; Mountjoy 2019). In sport, many whistleblowers came forward once wrongdoing had been uncovered, often many years after the event (athletics Russian doping scandal, football corruption in FIFA) (Davies and Mitchell 2016). This could link to the moral dilemma suggested by Uys and Senekal

(2008), whereby adhering to the omerta conforms to the morality of loyalty, at the expense of the morality of principle.

Those involved in sport, either as an event organiser, a coach, or support staff have a duty of care to ensure that participants are safe to participate (Grey-Thompson 2017) and athletes of all ages and backgrounds have a right to engage in safe sport (Mountjoy et al. 2016; Whyte 2022). Any allegations reported should always be robustly, comprehensively, and independently investigated (Whyte 2022). To promote speaking up, Sport Integrity hotlines were launched internationally (International Centre for Sport Security, 2017) and nationally (UK Sport 2022); allegations made have included corruption, doping, match fixing, and sexual exploitation across a range of sports (Sport New Zealand, 2019). However, education may be required to ensure that all athletes and support staff are aware that such hotlines exist to enable reporting of negative behaviours. How such behaviours become the norm is explored in the next section.

### 2.4.4 Normalisation of negative behaviours

Banja (2010) states that research on contemporary disasters (space shuttle challenger, Chernobyl, and patient care catastrophes) shows that major incidents of this nature are not the result of a single mistake, made

by one person, but rather several harmless mistakes, made by multiple people, which often breach rule compliance or an organisation's safety net; the results of allowing these mistakes to accumulate unresolved over time can be disastrous (Oden-Forren 2011; Bienefeld and Grote 2012). If deviation from standards is ongoing then that behaviour becomes normalized and accepted in daily practice, a process referred to as normalisation of deviance in the literature (Vaughan 2004; Vaughan et al. 2005; Banja 2010).

Behaviour related to group conformity and nonconformity was explored by drawing on other literature to understand why this happens. It is suggested that the latter is a sign of disloyalty, damaging group cohesion, but opinions considered deviant are also important to stimulate growth and development (Packer and Chasteen 2010). Badea et al. (2021) conducted a large study comprising of 3 studies utilising French and Romanian psychology students as well as Romanian citizens (N=1161), exploring marginalised groups in society; the age range of subjects was broad (17-66) but had a 74% - 26% female to male ratio. Their findings highlight that conformity to group norms is propelled by group-affirmation; this amplified adherence to discriminatory standards by creating a social environment where deviant behaviour is accepted as the norm (Badea et al. 2021). Although the subjects and context are not directly related to this study their findings can be considered as

appropriate. Packer and Chasteen (2010) demonstrated that individuals strongly aligned with a group were, however, inclined to voice dissenting views when they perceived it to benefit the group and that expressions of disagreement were not driven by personal concerns but rather a sense of collective interest. Strong group values and conformity could potentially be a barrier to speaking up, particularly if the action had repercussions.

Bloodgate, where staff conformed with negative behaviour until caught, is one example where healthcare professionals have been involved in unethical behaviours (Holm and McNamee 2009; Anderson 2011) but the practice had seemingly become normal (McKenzie 2009). Conformity in this case continued with all parties (staff, players, and club officials) covering up the facts until the player came forward with the truth (McKenzie 2009). Dr Richard Freeman, team doctor for British cycling 2009-2015, is another example, being found guilty in 2021 of ordering banned testosterone and losing the appeal in 2023. This resulted in his removal from the medical register and receiving a 4-year ban from sport for anti-doping rule violations (UKAD 2023). The physiotherapist was caught up in media headlines (Benson 2016; Whittle 2016) but there was no evidence suggesting he was involved. Anderson (2011) suggests that behaviour of this nature reflects the pressure in such an environment, but it could be suggested that minor indiscretions or deviations from normal practice became normalised with an ensuing snowball effect.

This section considered duty of care, questioned the priority given to athlete welfare and wellbeing using two independent reviews, and discussed the influence a code of silence that exists in sport has on speaking up. In this study, maltreatment refers to negative behaviours such as emotional abuse and bullying; how these become normalised was explored through group conformity. The review now moves on to explore literature on whistleblowing and speaking up.

## 2.5 Whistleblowing / Speaking up

Whistleblowing and speaking up both involve raising concerns about wrongdoing or unethical behaviour; therefore, the terms are frequently used interchangeably especially in the UK and Australian literature whereas USA and Switzerland preference the term speaking up (Mannion et al. 2018; Kane et al. 2023). Whistleblowing is considered more formal, associated with serious matters, and coupled with legal protection, whilst speaking up is considered a broader term referring to informal communication or processes (see table 2, 1.7). The four elements involved include the person speaking up, the complaint made, the person (s) who receives the complaint, and the organisation or person that the complaint is against (Near and Miceli 1985). Although these elements

were described almost 40 years ago, current literature continues to acknowledge the complex social interaction of speaking up involving both speaker and receiver (Barlow et al. 2023). The literature review evaluated research focussed on physiotherapy and sport using either term, however, healthcare was also included due to the limited literature in these domains. The next section presents a review of the literature on speaking up in physiotherapy, healthcare, and then sport.

### 2.5.1 Speaking up in physiotherapy

Whistleblowing in physiotherapy was noted as early as 1985. Situations where whistleblowing was required within the profession were analysed and the benefits and risks of this action were explored under the headings dissent, breach of loyalty, and accusation (Banja 1985). The act of whistleblowing is acknowledged as being a drastic measure and one that occurs (frequently but not always) after internal mechanisms are ineffectual. Banja (1985) stated that physiotherapists have a prominent level of contact with other members of the multidisciplinary team, with an increased probability of them being aware of negative behaviour. Despite this being written 35 years ago this latter statement is arguably still applicable.

No further research was carried out specifically in physiotherapy for another 25 years. Mansbach and colleagues explored ethical dilemmas of whistleblowing in physiotherapy students, their self-reported willingness to report misconduct, either internally or externally (Mansbach et al. 2010), followed by the willingness of qualified physiotherapists to whistle blow on misconduct to protect patients (Mansbach et al. 2012a), then comparing the student and qualified physiotherapists (Mansbach et al. 2012b). The study design was the same for each, a multiple-choice questionnaire regarding socio-demographics with two vignettes describing 2 different situations, and each vignette had 5 questions for students and 6 for qualified physiotherapists rated on a 5-point Likert scale. The first was an ethical dilemma whereby the student had to make the choice between their allegiance to a colleague or duty to their patient; the second was allegiance to management over duty to their patient. Although specific to healthcare parallels can be drawn to sport.

Findings suggest both physiotherapy students and qualified physiotherapists view detrimental behaviour to patients as unacceptable, with a willingness to act (HCPC 2023a). Interestingly, students felt that misconduct by a manager was more serious than that by a colleague, whilst qualified physiotherapists reported the opposite; the severity of misconduct and how an individual would rate it was influenced by professional experience. Students were more likely to

report externally whereas qualified physiotherapists would report internally, reflecting either naïve judgement from the students, who may not be aware of the proper channel for reporting, or, as the wider whistleblowing literature suggests, that those who report externally face greater consequences, something students may not yet be aware of (Milligan et al. 2017). Student physiotherapists would be regarded as novice practitioners whereas qualified individuals are on a journey to becoming experts as their thought processes and experience further their actions.

Ethical approval was granted, and pilot studies were conducted increasing reliability; however, questions of coercion and pressure to participate were raised, as questionnaires were completed in the presence of the research assistant leading to unusually high response rates (82% students 87% qualified). Also, as the studies were conducted in Israel, the generalizability of their findings is questionable because the education curricula may be vastly different. The examination of self-expectations of behaviour does not necessarily mean that this would be actual behaviour exhibited. Although this research is based on hypothetical scenarios, given that research into physiotherapists whistleblowing is rare, these studies provide insight indicating that physiotherapists in principle understand what is ethically right and wrong. Whether physiotherapists put this into practice is questionable, as the

whistleblowing disclosure reports published for the past 6 years show limited disclosures made by physiotherapists (discussed below 2.4.5). No further literature on whistleblowing or speaking up in physiotherapy was found, therefore the review expanded to include healthcare.

### 2.5.2 Speaking up in healthcare

Health professionals, including physiotherapists, have a duty of care to speak up if a patient is at risk of harm (General Medical Council 2012; Nursing and Midwifery Council 2018; HCPC 2023a). It is apparent from various public inquiries, however, that such action from healthcare professionals is not always welcomed. Despite the time span of these reports (20+ years), there is no evidence of change or lessons learnt from previous adverse events in healthcare, unlike the aviation industry who embraced learning from disasters (Kennedy 2001; Vaughan 2004; Francis 2013; Kirkup 2015; Ockenden 2022; Thirlwall 2024).

Literature spanning decades, primarily in nursing (Jackson and Rafftos 1997; Ahern and McDonald 2002; Beckstead 2005; Attree 2007; Jackson et al. 2010; Moore and McAuliffe 2010; Jackson et al. 2011; Peters et al. 2011; Alingh et al. 2019), researched factors that

influence the decision to, as well as experiences of, whistleblowing. Fear of retribution, culture of fear, bullying, intimidation, loss of employment with the associated financial, social, and emotional loss and pressure to meet national targets have all been cited as key reasons not to whistle blow within the NHS (Patrick 2012; Francis 2013; Hooper 2015). Much of the whistleblowing research in healthcare focusses on nurses or nursing students, predominantly coming from work in Australia and the UK, a point to be mindful of when making generalisations to other sectors and professions. In a systematic narrative review of the whistleblowing literature, Blenkinsopp et al. (2019) identified 55 studies but stated that this did not amount to a coherent body of work as there was little evidence of building on previous research.

A review of whistleblowing in the NHS 'Freedom to speak up' surveyed 19,500 staff, taking evidence from 43 organisations and 600 individuals, stating that those who had spoken up were consequently poorly treated, with examples including blacklisting from obtaining other NHS posts and unpleasant referrals to governing bodies, reaffirming earlier research findings (Francis 2015). This report outlined the need for significant culture change within the NHS including a shift to using the term speaking up and the introduction of measures supporting good practice to uphold patient safety and allow staff to raise concerns without fear (Francis 2015). This language shift is evident in healthcare research over the last

decade with greater focus on speaking up; newer studies, however, do not connect or build on previous research knowledge, nor correct any weaknesses in it (Jones et al. 2021).

### 2.5.3 Barriers and enablers of speaking up in healthcare

Okuyama et al. (2014) reviewed 26 studies on speaking up behaviour (19 USA, 3 UK all on doctors and nurses) concluding that many influencing factors existed in the decision making, summarised below in Figure 10.


*Figure 10: Factors influencing speaking up behaviour (modified from Okuyama et al.2014)*

Some factors that appeared across literature will be discussed in greater detail below.

#### *2.5.3.1 Contextual factors*

Contextual factors that enabled speaking up included strong organisational support, existence of hospital policies, and a culture that openly encouraged speak up behaviour (Jones and Kelly 2014a, Rainer 2015). Schwappach and Gehring (2014a) concurred, reporting that contextual factors, particularly having a clear process and managerial support, promoted speak up. These findings were from a survey of 1013 oncology nurses and doctors who rated four clinical vignettes where regression analysis was used to model the likelihood of speaking up (Schwappach and Gehring 2014a). In 2015, a cross-sectional survey by the same researchers, exploring the prevalence of withholding voice on safety concerns among oncology staff, reinforced their earlier results. This follow-up study demonstrated the predictive role of psychological safety and organizational support in determining the likelihood of healthcare professionals speaking up about safety concerns (Schwappach and Gehring 2015). A meta-synthesis of 11 qualitative articles spanning a decade (2005-2015) concurred; having supportive managers increased speak up behaviour (Morrow et al. 2016).

A cross-sectional survey, involving a significant sample of 1217 doctors and nurses across 5 Swiss hospitals, explored psychological safety and speaking up behaviour through a vignette describing a hypothetical scenario (Schwappach 2018). Findings supported previous work identifying hierarchy as a barrier in healthcare, particularly for younger healthcare professionals with less influence (Okuyama et al. 2014; Schwappach and Gehring 2014c; Morrow et al. 2016; Okuyama et al 2019), and other non-healthcare workplaces (Bienefeld and Grote 2012; Weiss et al. 2016; Noort et al. 2021). The culture of their professional group (Blenkinsopp et al. 2019) also reported that teamwork and an individuals' relationship with colleagues would increase the prevalence of withholding voice (Schwappach and Gehring 2015); this links to conformity being driven by group affirmation as discussed above in 2.3.4 (Badea et al. 2021).

#### *2.5.3.2 Individual factors*

In their review of the literature, Okuyama et al. (2014) found that those who did speak up were motivated to create a safe working space. Barriers included lack of knowledge (Okuyama et al. 2014) and, through cross sectional survey of paediatric residents, lack of interpersonal skills (Landgren et al. 2016). Other literature noted that whilst experience (Schwappach and Gehring 2014a) enabled speaking up, interpersonal skills did not always improve with more clinical experience (Landgren et

al. 2016) and past experiences of speaking up influenced further speaking up (Schwappach 2018). Characteristics such as age, seniority, moral courage, personality traits (confidence) and desire to fit in were also identified as barriers or enablers to speaking up (Schwappach and Gehring 2014a, Jones et al. 2021).

#### *2.5.3.3 Perceived efficacy of speaking up*

Although organisations portray that they value speaking up (Violato 2022), a failure to respond positively to concerns and ensuing lack of action by organisations, is a significant barrier to speaking up (Jones et al. 2021; Abrams et al. 2023). Jones and Kelly (2014b) argued that organisational disregard for staff who speak up ultimately led to workers feeling dissatisfaction at not being listened to and a powerlessness to facilitate change in their workplace. A meta-synthesis literature review, focusing on safety voice, encompassing 504 health professionals (354 nurses), found that the hesitancy to speak up was widespread and reluctance was linked to a limited sense of self-efficacy when it came to expressing concerns about safety matters (Morrow et al. 2016). Senior executives hold optimistic views on the simplicity of reporting misconduct and the ensuing response, which is in stark contrast to the challenges highlighted by nurses (Blenkinsopp and Snowden 2016).

#### *2.5.3.4 Perceived safety of speaking up*

Okuyama et al. (2014) identified the perceived safety of speaking up as the likelihood of negative consequences or harm after speaking up. There was a general perception that speaking up would yield repercussions, e.g., fear of retaliation by the organisation with loss of employment (Francis 2015), reprisal from peers through bullying, intimidation, social rejection, etc (Bickhoff et al. 2016, Jones et al. 2021). Significantly, organisational culture was a key driver in enabling speaking up or withholding voice (Jones and Kelly 2014a; Blenkinsopp et al. 2019), and fear of disrupting positive working relationships acted as a barrier (Schwappach and Gehring 2014b).

Much of the healthcare research above reports anticipated behaviours based on hypothetical scenarios; therefore, it is difficult to ascertain if the responses have been over or under reported. Furthermore, the majority used samples that were nurses and / or doctors; findings would be more generalisable had the samples included allied health professionals.

In summary, experiences and perceptions of speaking up were negative. Speaking up was identified as an act valued by organisations yet not actively encouraged, whilst employees deemed the behaviour to be high risk, low reward, professionally unsafe and frequently ignored (Violato 2022). Factors affecting the decision to speak up, which, collectively,

drive silence can be categorised into contextual, individual, safety and efficacy. Table 4 summarises the inhibitors and enablers identified through literature in Violatos' (2022) review.

*Table 4: Inhibitors and Enablers of speaking up compiled from Violato (2022)*

| **Inhibitor** | **Enabler** | **Inhibitor / Enabler** |
|---|---|---|
| Hierarchies (inter and intra professional) | "Safety Voice" | Hierarchy |
| Imbalanced power dynamics | Organisational support – managerial & administrative | Mentor – mentee relationship |
| Culture | System support (the process) | Cultural & generational background |
| Lack of psychological safety | Experience & knowledge (clinical & safety related) | Attitude & personality |
| Inconsistent language | "Emotional build-up" | Experience & confidence |
| Lack of training | | Gender |

Additionally, those in authority need 'hearer courage' (Jones et al. 2021), yet most healthcare research to date focussed on barriers and enablers for the speaker (Schwappach and Gehring 2014b; Jones et al. 2021). Recently, there has been greater focus on the receiver as research identifies their importance as a key influencer in enabling 'in the moment' and future behaviour. Barlow et al. (2023) qualitatively analysed 22 interdisciplinary simulations, where 138 clinicians participated (nurses, doctors, and allied health professionals), and identified barriers and enablers to receiving speak up messages, concluding the speak up message received was influenced by both speaker and receiver behaviour as such speaking up education needs to consider both for a successful outcome.

### 2.5.4 Speaking up in sport

Moving on from healthcare to exploring literature on speaking up in sport. Much of the literature on speaking up in sport relates to doping, categorised as those that looked at anticipated behaviours, experiences of athletes directly affected by doping and experiences of whistleblowers. There is also work on the effectiveness of reporting

channels in the international sport sector and whistleblowing education. Although these studies do not include physiotherapists parallels can be taken from this literature allowing us to see what is currently known in sport.

#### *2.5.4.1 Anticipated speaking up behaviour in sport*

The following literature looks at anticipated behaviours within sport, whereby scenarios are put to the subjects, and they are asked to state how they would respond. Given this is hypothetical, there is no guarantee that the response will be the same in the moment where emotion can rule the rationale. Whitaker et al. (2014) used a qualitative lens to probe national level athletes' readiness to report doping in rugby league (n=5) and track and field (n=4), whilst Erickson et al. (2017) employed semi-structured interviews to understand the potential behaviours, regarding whistleblowing on those taking image and performance enhancing drugs (IPED) of student track and field athletes across the UK (n=14) and USA (N=14).

Differing standpoints emerged from Whitaker et al. (2014) which could potentially be explained by team versus individual nature of the two sports (Whitaker et al. 2014). Track and field athletes, who compete as individuals and could lose out on representing their country to an athlete that is cheating, were more likely to speak up whereas the rugby players

with a greater sense of team and loyalty to their teammates, were more likely to stay silent even though they disagreed with doping. According to the authors, the rugby players also expressed concern about the implications to their selection if they reported doping, which fits with other examples, as cyclists who broke the code of silence on doping were ostracized by the sport at every level (Urquhart and Walsh 2012).

Erickson et al. (2017) showed that all participants believed the use of IPED's was wrong and broke the rules, yet less than half would report it. Of those that would report it, only a minority stated they would report to the authorities, whilst the majority said either they would not do it officially but would try and tell a coach or they would directly confront the IPED user. The disinclination to use formal channels of reporting, yet a willingness to use confrontation, is interesting; confrontation is considered a form of self-regulation and Teo and Caspersz (2011) suggests that using this self-regulation can disband acts of wrongdoing before it snowballs into bigger problems.

Researching sensitive issues like doping is difficult and recruitment of participants challenging. Whitaker et al. (2014) selected through personal referral where gatekeepers were used to discuss the study with potential participants. It could be argued that this type of sampling method is biased towards participants characterised by the same attitudes and

beliefs; however, qualitative sampling designs are not intended to be generalizable but rather to provide theoretical understanding of the issue (Faugier and Sargeant 1997). Erickson et al. (2017) used convenience and snowballing sampling and acknowledge reflexivity in their paper.

This research helps us to understand that, within sport, there is both great variation and some similarities in how athletes perceive what they should or should not do. The results of these studies represent what may be termed as psychological distance, that is they are representative of what the athletes say they would do, not what they have done, and these standpoints may change in real scenarios.

#### *2.5.4.2 Athletes directly affected by doping in sport*

Erickson et al. (2016) considered the experiences of elite athletes personally affected by those that had been taking performance enhancing drugs and demonstrated a far-reaching dispersion effect on doping in sport. Retired athletes told of emotional, relational, and financial implications on them from others doping, whilst current athletes were constantly defending themselves as clean athletes. This research adds value and a unique perspective to the body of knowledge giving those directly affected by dopers a voice. Unstructured interviews allowed participants to recount on the direct impact on them of the use of performance enhancing drugs by other athletes, sharing openly and

honestly their experience, providing a unique perspective not seen elsewhere in the literature.  Crafting these stories would have been influenced by the lead author in terms of selection and inclusion of extracts, however reflexivity is seen throughout the paper.

#### *2.5.4.3 Experiences of whistleblowers in sport*

Work by Richardson and McGlynn (2015) and Erickson et al. (2019) looked at the actual experiences of whistleblowers in sport; the former considers whistleblowing on a larger breadth of wrongdoing (academic fraud, academic integrity issues, paying players etc) within the collegiate sport sector in the USA whereas the latter researched the experiences of doping whistleblowers in sport.

Richardson and McGlynn (2015) developed an empirical model of whistleblowing grounded in the experience of whistleblowers in collegiate sport. Similar in many ways to other previously reported models (Near and Miceli 1995; Gundlach et al. 2003; Henik 2008), their research found that the competitive environment and hypermasculine climate, which are context specific, played a significant role in each stage of whistleblowing which the researchers used to frame their model.

The stages described by Richardson and McGlynn (2015) were also reported by Erickson et al. (2019). Stage 1 (trigger event) wrongdoing is observed, stage 2 (decision making or deliberation) process through cost-benefit analysis, discussed with others. Waytz et al. (2013) refers to this as the fairness-loyalty trade-off, based on individuals' perceptions of moral norms, loyalty against fairness. Uys and Senekal (2008) refer to morality of loyalty being an obligation to an organisation, group, or people where the best interests of the organisation, group or people are put first to protect their reputation. Conversely, the morality of principle stipulates what is right regardless of who is involved in the situation. Stage 3 (action of whistleblowing), stage 4 (response from the organisation or stakeholder). Previous models have recognised the mutual influence between stage 3 and 4 but present them as discrete to each one another (Henik 2008, Near and Miceli 1995). Richardson and McGlynn (2015), however, state that this is not a static event, and that the whistleblowing behaviour reflects the response, finding that when initial internal whistleblowing attempts were met with passivity, whistleblowers made further deliberations about the next step, either further up the chain of command (7) or externally (4); two whistleblowers immediately went external. Erickson et al. (2019) reports a similar pattern, and it was perceived inaction from the antidoping agency that triggered the whistleblower to go public. Evidence of speaking up but not being heard is confirmed in other literature (Jones and Kelly 2014b, Francis 2013). Stage 5 (reflection). Was the experience a positive or

negative one? Erickson et al. (2019) reports that the doping whistleblower received nasty and vicious comments on social media, lost contracts, which had financial implications, and a lot of stress and anxiety. Such a response is common and has also been widely reported in the literature (Teo and Casperz 2011; Uys and Senekal 2008).

Richardson and McGlynn (2015) recruited their sample through a targeted internet search. Forty-two whistleblowers were identified, 19 were contactable, and 13 agreed to participate in the study, the mix comprised of coaches (2), support staff (3), university administrator (1), athletics academic support staff (1), athletic administrator (1), faculty members (3), teaching assistant (1) and athletics booster (1). 9 of these completed telephone interviews but 4 completed the questions via email as they did not want to be interviewed directly, an indication of how sensitive and difficult this topic is to people. 9 of the 13 whistleblowers in this study were female thus questioning whether there is a bias to the hypermasculine findings, which contrasts with Near and Micelli (1985) who found that males were more likely to whistle blow than females due to their higher self-esteem and greater internal locus of control. Butterworth (2008) states that female viewpoints are not validated in the same ways as their male counterparts in sport. The authors go on to argue that strong divisions of gender, and the norms that surround this, will act as a silencer to those who may wish to speak

out in this industry.  Sport, by its nature, is competitive and historically has been dominated by the male gender, although female participation is growing. When sampling for this current study, consideration will need to be given to the question 'are these factors contributors to driving behaviours such as bullying?' As some interviews were via phone and some via email the latter would not have allowed follow up, probing questions or the pursual of unforeseen topics; however, the researchers noted that they did follow up if clarification was required but the richness of the data would not be comparable to those who were interviewed by phone.

Erickson et al. (2019) shared the experiences of athletes speaking up and whistleblowers who exposed doping in sport. This paper provided a voice for the whistleblower in this sector, as well as further evidence that the consequences of speaking up fits with previous research, illustrating the complexity of whistleblowing and providing the reader with an insight into the moral dilemma faced, demonstrating the need for a cultural shift within the sport sector and a requirement for better policies including protection for those who whistle blow (Erickson et al. 2019). The authors suggest a need for greater education and that a culture whereby people are encouraged and permitted to speak up is critical.

#### *2.5.4.4 Education around speaking up in sport*

Attaining a healthy culture of integrity and ethics in sport is of paramount importance and educational methods are a useful tool in this armoury. Barkoukis et al. (2019) sought the opinion of trainers and participants in Romania on educational material taken from Sport Whistleblowing of Harmful Irregularities in Sport through Learning and Education project (Sport WHISTLE) and to establish its impact on whistleblowing. The educational material was designed to,

"a) increase awareness about recognising, resisting, and reporting wrongdoing in sport, in different types and levels of sport; b) teach coping skills on identifying, resisting offers, and temptations to engage in wrongdoing, such as doping, match fixing, fraud, bribery, corruption; and c) indicate ways to properly report irregularities, including abuse, violence, harassment, and bullying to the relevant authorities such as sport integrity platforms, sport governing bodies, ethics committees and / or sport compliance systems" (Barkoukis et al. 2019, p.4). A mixed methods design, utilising a focus group (N = 6, 2 coaches, 2 sport club directors, 2 university professors) and pre-post training survey (N=125 coaches (44%), teachers (32.8%), students (9.6%), management staff (6.4%) administrative staff (5.6%) and football players (1.6%) was used to collect data. Results showed a statistical improvement in whether participants believed whistleblowing to be meaningful, and generally a better understanding of the phenomenon, but they failed to acquire the essential procedural knowledge on whistleblowing during this education.

However, the methodology is not clearly presented and not all participants were provided with the same educational material. As the trainers selected the modules that improved knowledge about whistleblowing and that outlined the vital role of this behaviour. As the study is based in Romania, consideration should also be given to the cultural influence that may have swayed response to this material. Despite some limitations it is the first research to explore the area of sport whistleblowing education and provides a useful starting point for further work.

#### *2.5.4.5 Known determinants across sectors.*

An editorial piece by Mountjoy (2019) regarding speaking up reflects on the responsibility of sports physicians to ensure lasting change following the Nassar case in USA gymnastics, seeking to learn so that such abuse is never repeated, applicable to all support staff not just team doctors. Kavanagh et al. (2020) draws attention to the role played by other people, institutions, and organisations at meso and macro levels in concealing abuse that occurred at micro level and, therefore, understanding the determinants that drive this behaviour is imperative. A literature review (123 articles) by Vershuuren (2020) drew from research across sectors, including health and business, to identify whistleblowing determinants applicable in sport that would aid understanding of

effectiveness of reporting channels internationally. The study found that most of the literature had focussed on whistleblowing intention not actual behaviour, with much research having been conducted amongst student populations. The variety of approaches to research, in many different cultural contexts, potentially challenges the validity of these results and despite the volume of research conducted on the determinants of whistleblowing, consensus only exists on a few areas summarised below in table 5.

*Table 5: Whistleblowing determinants – created from Verschuuren (2020)*

| | **Whistle-blower characteristics** | **Contextual variables** | **Organisational variables** |
|---|---|---|---|
| **General literature** | REQUIRED: 1. Strong personal beliefs, moral values, and ethical awareness 2.Responsibility, power or organisational status held by | Quality of wrongdoing – i.e. more serious, severe, frequent, and intentional = more likely to whistle-blow | 1.Culture & ethical climate of environment 2.Social pressure to engage in whistleblowing & organisational support |

| | | | |
|---|---|---|---|
| | potential whistle-blower | | |
| **Sport** | Less likely to whistle-blow because:<br>1.Moral reasoning lower in athletes & greater moral disengagement in sport sector<br>2.Lack of organisational power generally held by potential whistle-blowers. | 1. Scrutiny of external factors (media, sponsors, community, other sport teams / organisations) = Inc risk ethical decision making with high-risk retaliation | Less likely to whistle-blow because:<br>1.Intense loyalty from team culture and hierarchy = organisational silence & low ethical commitment. |

Evaluating the determinants of whistleblowing across a breadth of literature, as summarised in table 5, identifies the difficulty faced by those in sport to feel able and supported to speak up (Verschuuren 2020). Having international reporting systems in place is a step forward; however, Verschuuren (2020) shows that the foundations to make these

reporting systems successful is not yet in place and until cultural change is embedded in leaders and organisations the effectiveness of such tools is limited.

### 2.5.5 HCPC whistleblowing disclosures

In 2017, to increase transparency in how they were dealt with, a new legal duty was brought into force requiring all healthcare professional regulatory bodies to publish an annual report on whistleblowing disclosures made to them by workers (Health and Social care professional regulators 2018). As stated in 1.3, physiotherapists are regulated by HCPC which contributes to an annual, jointly published, whistleblowing disclosures report by eight healthcare professional regulators. Figure 11 below provides a summary of the disclosures made by regulatory bodies in the period 2018-2023 and the breakdown of this figure is provided as a tabulated summary in 11.4.

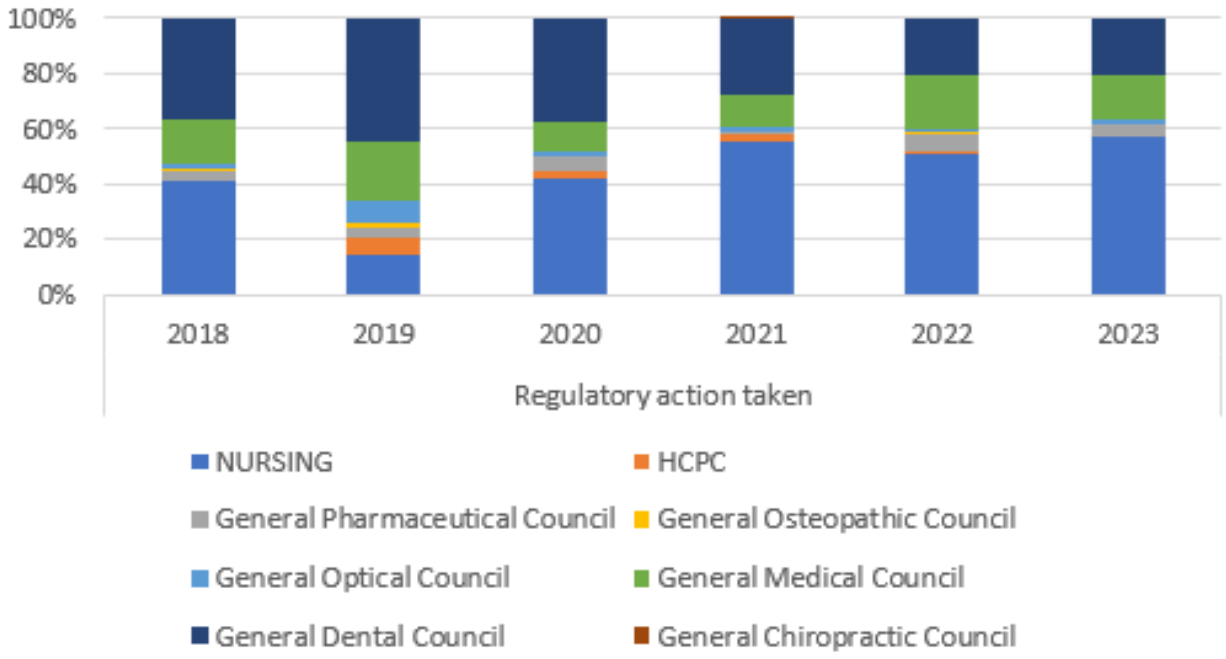


*Figure 11: Summary of disclosures made by regulatory bodies 2018-2023*

Figure 11 provides a snapshot of disclosures made by regulatory bodies; despite HCPC representing 15 professions, only 46 disclosures, a small proportion of the total, were documented over 6 years (see 11.4). Of those 46, 30 required regulatory action, 6 were referred to another body with regulatory action taken, 4 referred to another body with no regulatory action taken, 4 were closed with no further action and 3 remained under review. Given HCPC regulate 15 health and care professions, with 318,187 registrants in 2023 (HCPC 2023c), physiotherapists make up 21% of their register; however, no disclosures were made by physiotherapists in 2018, 2019 or 2022. Physiotherapy was

named as one of the professional bodies whose registrants did make disclosures in 2020, although no indication on numbers were provided (1st April 2019 – 31st March 2020), 2021 (1st April 2020 to 31st March 2021), and 2023 (1st April 2022 to 31st March 2023) reports (Health and Social Care Professional Regulators 2018; 2019; 2020; 2021; 2022; 2023). The 7 disclosures from 2020, 10 from 2021, and 1 from 2023 which had regulatory action taken varied from concerns about medication storage and dispensing, scope of practice, and response to risk in the initial stages of covid 19 pandemic; there was one, however, which referred to an employer's approach to investigating concerns in 2020 and one referring to conflict between operating guidelines and HCPC standards in 2023. No detail is provided as to which profession this came from within HCPC so we cannot conclude these were physiotherapists.

Analysing the pattern of whistleblowing disclosures over the past 5 years, and considering registrant numbers for 2023, HCPC is lower than some other regulators, e.g., the Dental Council with 121,824 registrants had a total of 413 disclosures, the Nursing & Midwifery council, with a much larger registrant base of 771,000 members had 616 disclosures. HCPC has 318,187 registrants and only 46 disclosures (Health and Social Care Professional Regulators 2018; 2019; 2020; 2021; 2022; 2023) from which we can conclude whistleblowing to the regulatory body amongst the

HCPC group of professional bodies of which physiotherapy is one, is very low.

In summary, there is little research within physiotherapy on speaking up and the conducted research is based on hypothetical scenarios but does show physiotherapists understand in principle what is ethically right and wrong. In contrast, there is an abundance of literature in healthcare, outlining barriers and enablers that influence speak up behaviour including the actions of the receiver. In sport most speak up literature relates to athletes and doping but is again based on anticipated behaviours. Interestingly, despite the factors influencing speak up behaviour being similar across healthcare and sport, loyalty to team culture was only apparent in the latter. The influence of psychological safety on speak up behaviour will be considered next.

## 2.6 Psychological Safety

Physiotherapists working in sport work either independently or within a team (or a mix) in extraordinarily complex, evolving environments under high pressure; consequently, psychological safety is key and was identified in healthcare literature as a determinant of culture. Psychological safety, a concept first introduced by Edmonson (1999) is referred to as feeling enabled to take interpersonal risks,

including admitting ones' mistakes, asking for help and or feedback. Conversely, a lack of psychological safety within a team leads to silence as individuals will not want to show their vulnerabilities and appear weak or incompetent (Edmonson 2004b; Moore and McAuliffe 2010). Psychologically safe settings have team members who display mutual respect even when mistakes are made, show authentic interest with positive intentions to teammates and that such behaviours lead to both improved creativity and learning within a team and enhanced team performance (Edmonson 2004a; Newman et al. 2017) As a concept in elite sport research, it is in its infancy and the work has focused on leadership by the coach, captain, or informal athlete leader (Fransen et al. 2016; Stevens et al. 2018; Slater and Barker 2019; Fransen et al. 2020). Fransen et al. (2020) demonstrated through their research (sample 289 basketball players, 83 coaches) that leaders able to create and strengthen a shared identity in teams cultivate a psychologically safe environment, in turn improving team function and athlete well-being.

## 2.7 Literature Review Summary

This review has explored current literature of the phenomenon of interest: physiotherapists speaking up in the elite sport sector. A complex system has been identified where physiotherapists balance responsibilities across many levels to athletes, teams, employers, and regulatory bodies. Additionally, within athlete support teams, whilst some practitioners are

regulated, including physiotherapists, others are not. Increasingly anecdotal research has surfaced strongly suggesting that the environment and culture within sport is not healthy. The literature tells us that in principle physiotherapists know what is ethically right, but they frequently face conflicting situations. We know that sport has a code of silence which may act as a barrier to speaking up. Literature specific to physiotherapy and speaking up is scant, but is plentiful in healthcare, primarily within nursing. Those with experience of whistleblowing in sport were linked to performance enhancing drugs and subject to the same negative consequences experienced and documented in healthcare. The crucial role of leaders cultivating psychological safety is essential given the strength of team loyalty in sport. Completing this literature review has established what is known, the next section will outline the rationale for this study.

## 2.8 Statement of the Problem

Physiotherapists have a duty to speak up yet a paucity of literature on physiotherapists speaking up exists both in healthcare, where there is an abundance of speaking up literature, and in sport, where speak up literature has focussed on anti-doping. There is a gap in our understanding of whether physiotherapists have spoken up in sport and not been listened to or whether they have stayed silent. Physiotherapists are a key member of athlete support staff and, considering independent

reports (Whyte, 2022 and Grey-Thompson, 2017), it is important to understand if barriers and enablers exist to speaking up in this sector.

## 2.9 Significance of this Study

The scope of this study will be novel as the first on speaking up to explore experiences of physiotherapists working in elite sport in the UK.

## 2.10 Research Question and Aims:

The following research question will be addressed in this study:

- What is the willingness to speak up of physiotherapists working in elite sport in the UK?

By addressing the above question, this research aims to:

- Increase the comprehension of what physiotherapists working in elite sport in the UK understand by the concept of "speaking up".
- Identify any procedures, policy, and guidelines on speaking up available to physiotherapists working in elite sport.

- Understand barriers to speaking up.
- Understand enablers to speaking up.

Ultimately, this research aims to improve practice and inform education and policy on speaking up about negative behaviour in sport.

# 3 CHAPTER 3 – Study Design

## 3.1 Introduction

This chapter provides an overview of how this study developed, focussing on the philosophy and methodology employed to conduct the research. The choice of appropriate research approach was driven by the research aims and question presented in chapter 2 (Hennink et al. 2020) but was also influenced by some philosophical assumptions that will be addressed in this section (Denzin and Lincoln 2013). Data collection and analysis, ethical considerations, and data storage are presented. Credibility, dependability (consistency of the method), transferability (declaration of how the study took place), and conformability (the neutrality of the researcher during data collection) are all essential to establish trustworthiness and rigour (Lincoln and Guba 1985), concepts valued in constructionism (Rees et al. 2020); these along with reflexivity, are discussed in the ensuing chapter.

## 3.2 Research Philosophy and Approach

This research was driven by a desire to understand and explore speaking up by physiotherapists in elite sport. A compelling gap in knowledge in

this area existed, thus the nature of the study was exploratory, aiming to generate insights where little was known, with limited pre-existing exploration within literature (Polit and Beck 2021).

In view of the exploratory nature, this research was driven by a conceptual framework approach to data collection (Varpio et al. 2020) and is a bottom-up model, which does not require a strict focus on a particular theoretical paradigm, as it is characterized by building theory from analysis (Creswell 2012). The inherent nature of exploratory research tends to make qualitative methodological tradition and 'philosophical schools' such as ethnography and phenomenology less useful (Sandelowski 2000 and 2004); therefore, this study adheres to a subjectivist-inductive approach (Varpio et al. 2020) utilising inductive analysis to explore experiences of physiotherapists speaking up in elite sport. Figure 12 provides an overview of the different approaches between theoretical and conceptual frameworks.

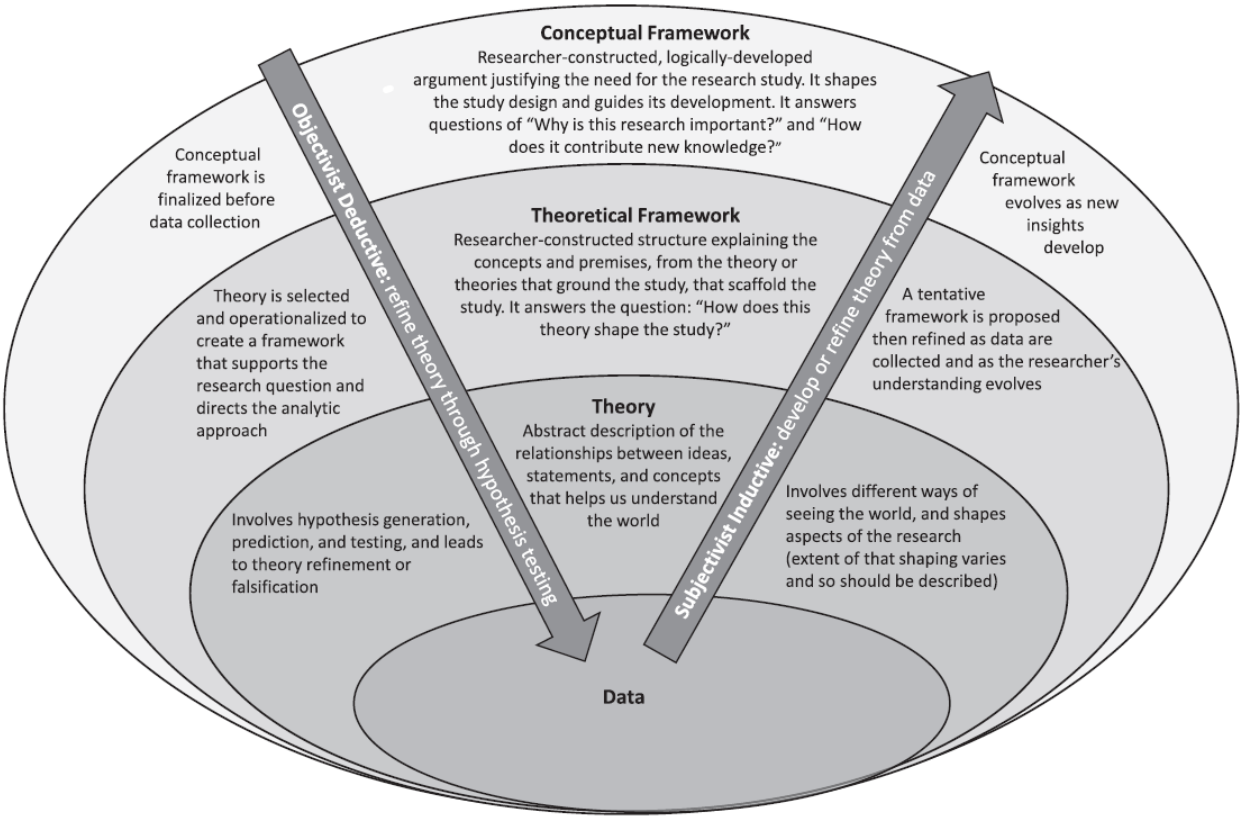


*Figure 12: Visual depiction of the similarities and differences between theory, theoretical framework, and conceptual framework across objectivist deductive and subjectivist inductive approaches to research (Varpio et al. 2020, p22)*

It is important for qualitative researchers to convey their assumptions and worldviews to assist readers in appreciating their stance. This research is based on a relativist ontology where reality is not a single truth but is relative to the individual and the context they are in. In this concept, knowledge is produced by exploring and understanding the social world of people being studied, is subjective, and is in a constant state of flux (Levers 2013). An assumption of this research is that these realities are best understood by interacting with subjects, who will construct meaning

of the same phenomenon in diverse ways based on their cultural, social, and historical perspectives, therefore taking a subjectivist epistemological approach (Cohen et al. 2007). It is fully acknowledged that, as an insider researcher, there was reciprocal influence with participants and knowledge was co-constructed between participants and the researcher, forming part of the methodological approach. Questions asked, and data analysed, were influenced by these individual values and assumptions, necessitating ongoing reflection on the subjectivity of interpretation and its influence on data collection and analysis (see 11.14 and 11.15). Axiologically, this study is value bound, the researcher is part of what is being researched and cannot be separated; however, the aim was not to prioritise one participant's viewpoint over another but rather acknowledge the variation, multiple realities and give voice to all participants. The research question aimed to generate knowledge about experiences of physiotherapists working in elite sport on speaking up and these aims combined with the researchers' ontology, axiology, and epistemology led to the selected exploratory methodology. These collective values are summarised in Figure 13 below.

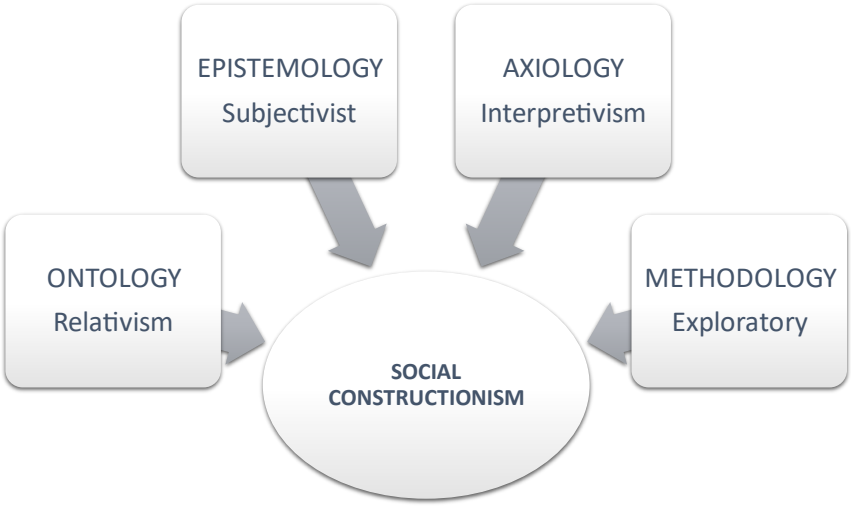


*Figure 13: The researchers philosophical principles presented diagrammatically*

Several philosophical views exist about the kind and nature of knowledge and truth as well as various methodologies and frameworks. The researcher's collective philosophical principles are the foundation of this research approach (Denzin and Lincoln 2013) which is social constructionism.

## 3.3 Adopting Exploratory-Descriptive Qualitative Research (EDQR)

Exploratory-Descriptive Qualitative Research (EDQR) was employed because it facilitated a flexible, open-ended methodology to examine physiotherapists' experiences of speaking up in elite sport, whilst providing an understanding of meanings and interpretations that study participants gave to certain events, behaviours, or objects (Sandelowski 2000; Doyle et al. 2020; Hennink et al. 2020). This strategy of inquiry allowed exploration of participants actions, interactions, perceptions, opinions, and encounters, all of which were needed to be able to answer the research question.

EDQR recognised the subjective nature of the problem and varying experiences of participants. It allowed importance to be placed on presenting findings in a way which closely resembled or directly reflected the terminology used in the research question (Bradshaw et al. 2017) and offered a focussed summary and broader understanding of an experience, without altering the data beyond recognition from the phenomenon under investigation (Hunter et al. 2019). EDQR did not require bracketing of data, presuppositions, or biases required of other strategies such as ethnographic and phenomenological based studies (Hunter et al. 2019). Instead, through reflexive thematic analysis (RTA) (Braun and Clarke

2022), results were represented in common themes moving beyond an individual's report, with the data representing common ideas, ultimately developing new knowledge in areas where there is little or no existing understanding (Reid-Searl and Happell 2012).

Thematic analysis (TA) is widely used but has many variations and approaches (e.g. reflexive, coding reliability, codebook) with common characteristics found in coding to develop patterns of meaning; both how coding is done, and the underlying philosophy and research values can vary (Braun and Clarke 2022). In the same way that research strategy and data collection must be congruent to the approach, so too must the choice of TA. Coding reliability is better suited to experiential approaches, aligning to objectivist deductive, whereas codebook, although used primarily with deductive research, can be used inductively but is better suited for experiential approaches (Braun and Clarke 2022); these were, therefore, not the most appropriate for this study. Alternatively, RTA focusses on understanding people's experiences and works well for inductive analysis (Braun and Clarke 2022), therefore, aligned with the underlying philosophy of this study, set in an interpretive, constructionism framework.

In summary, the exploratory framework employed was considered the most appropriate to answer the research question and fulfil the aims of

the study. It provided flexibility, openness, and adaptability to steer uncharted waters of physiotherapists working in elite sport speaking up (Sandelowski et al. 2007). The philosophical underpinnings of relativist ontology, subjectivist epistemology, and interpretivist axiology provided the foundation for this research. By understanding individual human experience in its own context, and by actively exploring experiences of this population, insights formulated will help develop new knowledge around the speak up culture within this sector. These perspectives guide the overarching approach and influence the methods selected to conduct the research.

## 3.4 Collecting and Analysing Data

Having considered the research approach, this section moves on to inform the reader about the methods of data collection employed.

### 3.4.1 In-depth Semi Structured Interviews

In depth, semi-structured, online interviews were identified as the most suitable to explore and gain insight into physiotherapists' experiences of speaking up in elite sport. As this had the potential to be a sensitive topic

area a word vignette was used to enhance the depth of the data and help build rapport with participants (Barton 2015). Given the exploratory nature of the research, the open-ended style of questions offered participants opportunity to steer the interview, encouraging participants to communicate freely (Sandelowski et al. 2007). Employing one-to-one interviews allowed more exploration of issues with study participants by fostering depth while nurturing the richness of data required in a qualitative-exploratory study (Bradshaw et al. 2017).

A range of methods could have been utilised (Creswell et al. 2014), but the selected method was guided by the topic, aim of the research, and participant accessibility. Use of focus groups was considered, which would have generated broad ranges of views as this is a useful method in exploring topics where little is known (Colorofi and Evans 2016); however, group conditions would not afford the participants confidentiality and consequently may not have encouraged participants to be frank, which would have impacted on the richness of the data (Hennink et al. 2020). Interviews conducted in a one-to-one manner reassured participants that information they provided would be confidential along with the freedom to choose what information they shared, and the level of importance placed on that information (Green and Thorogood 2018).

Interviews were conducted online, via zoom, for several reasons. Participants for this study were geographically spread creating a significant cost implication for face-to-face interviews; these were regarded as superior but there has been a change in people's attitude towards virtual interviews post pandemic (Braun and Clarke 2022). Additionally, working in sport meant irregular work schedules and online interviews provided the versatility required, offering both convenience for all parties, and cost effectiveness (Archibald et al. 2019; Gray et al. 2020). Online offered an advantage over telephone as it provided choice regarding camera on / off. Pre covid-19, skype was a popular platform and zoom was in its infancy (Archibald et al. 2019) but post pandemic zoom became superior due its ease of use, data management, and security options.

A word vignette was utilised at the start of the interviews as a means of enabling participants to talk freely about topics that some may have found sensitive or difficult to discuss. Recent media headlines available in the public domain were collated as a collage outlining some of the current issues in sport relevant to this study (appendix 11.6). Elicitation techniques such as word vignettes are used to encourage participants to talk but also help to build rapport (Barton 2015). Using such techniques can enhance interviews by bringing participants thoughts and ideas to the

surface while the articulation can be deeper and more complex, providing richness to the data.

Building rapport is something physiotherapists do daily within their work and the ability to connect is a skill of the profession; this was evident in how interviewees told their stories. As an insider researcher, some participants were known to the author and rapport was built with other participants prior to the commencement of the interview through small talk. Interviewing peers had its advantages; participants felt more comfortable, and dialogue flowed more freely but complexities can arise (Byrne et al. 2015). Participants could have a high expectation of the researcher, due to shared position, and boundaries can be less obvious with the potential for ethical issues (Hayfield and Huxley 2015); these could include participants oversharing, disclosing more than they had intended to or were comfortable with, and expecting the researcher to treat the data they share in a specific way. To avoid such issues, the researcher maintained a balance between being friendly yet professional throughout, reminding participants that they were talking to a researcher during the interview. All participants were treated with respect and parity by ensuring that the same interview questions were asked to guide the interview and prompts and follow up questions were used as required (Quinney et al. 2016).

### 3.4.2 Pilot Study

A pilot study with a physiotherapist fitting the study criteria was conducted. This was used as an opportunity to run through the process and ensure technology was set up correctly (invite / recording / screen share), sense check the elicitation technique, check the flow of the interview questions, and establish how the questions were interpreted. Attention was paid to the feedback provided, resulting in implementation of pre-interview information, sent to participants ahead of the interview (see 11.11). This included the vignette, advice about optimising the environment prior to the interview (silencing their phone, testing computer speakers and microphones, ensuring a strong internet connection, and ensuring the participant would not be disturbed during the interview), and reminding participants of the purpose of the study.

### 3.4.3 Study Setting

The study was conducted in the United Kingdom (UK) with participants from elite sports environments (Wales, England, Scotland, and Northern Ireland) including Home Country Institutes (HCSI), National governing bodies (NGB), National rugby centres, National football centres, Tennis, and Golf invited to take part. Recruiting participants from a large

geographical area, across multiple sports protected anonymity of the participants as the world of physiotherapists working in elite sport is quite niche.

The target population for this study was physiotherapists working in or with experience of working in elite sport environments. At the time of data collection (2021) there were 58,308 state registered physiotherapists working in the UK across all sectors, of which 41% worked in the NHS (HCPC 2021) but ascertaining the exact number in elite sport was difficult. As elite sport was not represented as a separate category, it was deduced that it formed a proportion of the workforce considered within the 'other' sector (9% or 5,247). However, the exact number working in sport within the other category was not known. In 2021, the professional network ACSPEM reported membership numbers were 587 but not all physiotherapists working in elite sport would be members of this network (ACPSEM AGM 2021).

### 3.4.4 Participants and Recruitment – Main Study

Purposive and snowball sampling were used. The sample population was any physiotherapist working in elite sport (either full time or part time), or with experience of working in elite sport across Wales, Scotland,

Ireland, and England, who desired to participate in the study. Figure 14 (below) details how physiotherapists working in elite sport were recruited. As an insider researcher, utilising gatekeepers guarded against participants feeling pressurised to take part in the study with the advantage of utilising insider knowledge to access gatekeepers (Hennink et al. 2020). Gatekeeper communication, recruitment letter, and examples of the participant information form, consent form, demographic questionnaire, and pre interview information can all be found in the appendices (11.7, 11.8, 11.9, 11.10, 11.11, 11.12). Both participant information and consent forms provided detail on the research, including potential risks and benefits and sufficient detail, allowing participants to make informed decisions about partaking.


*Figure 14: Diagrammatic representation of participant recruitment*

Twenty-two physiotherapists volunteered to participate in this study, of whom seven did not complete the interview. One failed to attend arranged interviews on two separate occasions, one sent the consent form but did not follow the process of accepting an interview time, and five were sent participant information sheets and consent forms but, despite reminders, did not complete / return the consent form. This resulted in a total of 15 interviews being conducted for data collection.

Purposive sampling involves the deliberate selection of people, events, or settings to gain information that cannot be gained from other sources to answer the research question (Holloway and Galvin 2017). This intentional sampling method was used to facilitate recruitment of study participants with specific characteristics and experiences required for the study (Bradshaw et al. 2017; Braun and Clarke 2019b), allowing recruitment of physiotherapists with extensive knowledge and experience of working in UK elite sport system in relation to speaking up, attributes crucial to meeting the study's aims (Patton 2002; Creswell and Clark 2011).

Utilising gatekeepers was a risk as the information might not have been disseminated, however, there had been a positive response when this method had been scoped as a possibility. Participants freely opted to take part in the study. As the author maintained a reflexive account of the

process a low ratio of female participants and poor geographical representation across the UK was noted, although the reasons were not clear it was postulated that the poor representation from 2 countries was because of non-dissemination by gatekeepers. Discussion with supervisors highlighted the need to ensure diversity and broadness of experiences, as well as perspectives, therefore snowball sampling was employed with a focus on female recruitment from England or Ireland. This decision was informed by the maximum variation approach in purposive sampling (Patton 2002).

The exploratory nature of this study, use of reflexive thematic analysis combined with a pragmatic approach driven by time constraints and ability to manage the volume of rich in-depth data produced mandated the sample size in this study.

### 3.4.5 Data Collection

In-depth semi-structured interviews were conducted online, via zoom, between June and October 2021 exploring perspectives, participants experiential accounts, and insights of speaking up in elite sport (Taylor and Francis 2013). Participants consented to the recording of the interview by selecting 'continue' on Zoom when prompted, thus

maintaining informed consent and increasing credibility of the study (Lobe et al. 2020). Participants were reminded not to name individuals or institutions at the start of the interview and pseudonyms were used to protect their identity. Participants were advised to ensure that they chose a secluded location due to the nature of the topic area, and away from the workplace, to ensure that confidentiality was maintained. Recordings were made of each interview.

Commenting on the collage allowed participants to speak freely and openly as a third person (outsider) as well as allowing them to determine the stage at which (if at all) they brought in personal experience to provide insight into their abstract responses (Barton 2015). The prepared interview guide that followed was formulated from concepts identified in the literature review, the research objectives, inside knowledge and discussion with supervisors (see 11.13). Arguably, the advantage of being an insider researcher meant questions developed were more meaningful and pertinent (LaSala 2003). Participants were afforded the opportunity to determine what issues they raised and, significantly, what importance they placed on the information shared (Hennink et al. 2020). Furthermore, the researcher had an opportunity to probe and explore issues to a greater depth, allowing participants to be open and authentic about their experiences. Although the selection of prompting questions varied, depending on what information was offered, similar types of data

were collected from the participants overall, increasing the credibility of the results (Holloway and Galvin 2017). The interview was terminated when all questions had been asked and participants were happy that they had shared their experiences and had nothing else to add.

On reflection, the researcher felt increased use of technology during the covid-19 pandemic had provided familiarity with online platforms, as all participants were comfortable and familiar with Zoom, helping to facilitate an ease to the interview process that might not have been present otherwise. Most participants conducted the interviews from home but one participated from work, as they were the only staff member on site. The potential for technological issues is a limitation to online interviews; this happened once but was resolved with the participant re-joining immediately once their wi-fi had reconnected. Other potential disruptions exist, e.g., a participant had to take a delivery and the question being discussed was re-asked; however, despite these limitations it was a convenient, time and cost-effective method of data collection overall (Archibald et al. 2019, Gray et al. 2020). The vignette worked well, acting as an icebreaker and facilitating rapport (Barton 2015; Hennink et al. 2020), allowing participants to talk freely about media headlines; it also facilitated rich contribution, as several participants expressed discussing issues they had not intended to. Additionally, by the second half of the interview participants were more relaxed, in line with King et al. (2019)

who reported that participants had been more willing to disclose information through remote interviewing, and participants in this study may not have disclosed the information if face to face. On reflection, when reading the transcripts, there were instances where participants answers could have been probed further.

### 3.4.6 Data Analysis

Fifteen interviews generated 721 minutes of interview data, the longest and shortest interviews were 61 and 30 minutes respectively, with the average being 48 minutes. Additionally, there were field notes on each interview. Reflexive Thematic Analysis (RTA) was undertaken guided by Braun and Clarke's six-phase process (2022) which was very much a nonlinear process. NVivo 12 was utilised to organise the data and aid transparency (Dollah et al. 2017).

An inductive approach was utilised, focussing on understanding participants experiences. The researcher had an active role in knowledge production using varied forms of media to help interpretation and reflection in the identification of patterns and themes within the dataset (see 11.15 for detail) (Braun and Clarke 2006; 2013, 2019a and 2022).

This ensured that data generated was analysed in a way that valued the participants' accounts whilst accepting individual interpretations of the researcher.

#### *1.1.1.1 Data Familiarisation*

All interviews were recorded and transcribed verbatim later to provide an accurate record of what was said or not said (Gill et al. 2008). An approved transcriber was appointed (identified through Cardiff University) due to time constraints. To aid familiarisation, the researcher re-listened to the interviews pre and post transcription, to gain an in-depth understanding of the data whilst starting to make handwritten notes on transcripts (see 11.15.1).

#### *1.1.1.2 Generating Initial Codes*

Initial analysis was completed manually, further facilitating full immersion into the data. Interviews were coded in their entirety in conducted order, then recoded in reverse order, before coding in the order questions were asked, this last round helped provide some generalisations of what participants were sharing. The approach for developing codes is driven by either data or theory, in this study it was the former and was, therefore, inductive. Table 6 shows examples.

*Table 6: Examples of codes*

| DATA EXTRACT | INITIAL CODE |
|---|---|
| Participant 4<br>I think this has a big impact on then on culture being built around success and winning. And that if you don't ... if you're perceived not to have that mindset or mentality, then you don't fit into the culture. | Success / winning<br><br>Culture |
| Participant 5<br>You should work ridiculous hours and, yes, you're going to miss all your friends' weddings but that's just how it is, and these are the hours that you put in and everyone's doing the same. | Working hours<br><br>Culture |

Transcripts were loaded to NVivo 12 for ease of storage and management. The codes (or nodes as referred to in NVivo) were transferred whilst completing a further round of coding and refining. There were initially 126 codes across 15 transcripts, after further cross checking for duplicates or similarities, this was reduced to 72 codes (see 11.15.2). Initially the researcher felt like an imposter during the coding process, reflexivity with the colleague reminded the researcher that there is no right or wrong number of codes rather the process needed to reflect the data as these individual blocks would later come together to generate themes (Braun and Clarke 2022).

Nvivo12 was used to organise the data.  The overall experience with the software was that some of the positives were outweighed by the amount of time it took to learn to use the software (Zamawe 2015).

#### *1.1.1.3 Searching for patterns*

Phase three progressed from interpreting individual data items to the identification of collective meaning across the dataset by grouping codes into categories. These themes did not passively emerge from the data but followed an active process of engagement. This involved searching for broad ideas that several codes could potentially be clustered around, that were meaningful and helpful in answering the research question (Braun and Clarke 2022). Codes were placed in candidate themes and sub-themes during this phase, examples showed in table 7.

*Table 7: Example candidate themes*

| Data Extract | Codes | Candidate Themes |
|---|---|---|
| Participant 4<br>Sport has built itself around there is a culture of dog eat dog, and no one gets to the top unless you're willing to push a little bit harder | Culture<br><br>Success | Workplace culture |
| Participant 5<br>I think it's a case of the reputation of the | Reputation | Workplace experiences |

| | | |
|---|---|---|
| sport has often been more important than acknowledging what's going on within the sport and trying to find solutions. | | |

#### *1.1.1.4 Reviewing themes*

Candidate themes were reviewed to ensure a clear distinction between themes and that data was consistently meaningful within themes (Patton 2002). For example, overlap was found between internal dynamics and culture and workplace experiences; therefore, some codes were move.

#### *1.1.1.5 Defining themes and writing up*

Themes were defined, and their narratives examined, ensuring that they completed a part of the overall story. Theme names were reviewed ensuring clarity and an ability to convey to the reader a sense of the topic. Writing the report was the final stage and is found in the following chapters. Fundamentally, RTA is a subjective process, and much reflection was required to minimise this (see 11.15), supported by supervisors (Braun and Clarke 2022).

### 3.4.7 Rigour

As alluded to earlier in this chapter, maintaining quality throughout this research process was important. Ensuring that presenting a representative and transparent account of participants experiences was a basic requirement in the pursuit of quality (Bradshaw et al. 2017). The principles of credibility, dependability, transferability, and conformability were adopted in this study (Lincoln and Guba 1985; Miles and Huberman 1994) and discussed further below.

Credibility reflects how believable and appropriate the research account is (Miles and Huberman 1994). This was demonstrated through creating trusting relationships with study participants by developing rapport prior to the interview. Additionally, during the interviews, paraphrasing or summarising back to participants was utilised; this is a form of member checking in action (Harvey 2015). Participants were also sent copies of their transcripts and asked to verify their accuracy (Bradshaw et al. 2017). There was an associated risk that participants might change their minds about what they had said once the transcript was seen. Concerns were raised by 3 participants linked to anonymity where the author reassured that these would be upheld. All participants then confirmed that they were happy with the transcripts.

Dependability alludes to the stability of results over time; an audit trail can support this (Miles and Huberman 1994). All phases of this study were documented and shared with supervisors, and, by using detailed quotes from the transcripts in chapters 4-7, this enhanced dependability. Transferability describes how well research results can be applied to new participant groups or contexts which has been demonstrated by providing adequate details of the setting, participants, and methods.

Confirmability is the extent that these research findings could be confirmed by other investigators (Miles and Huberman 1994). Utilising a research protocol demonstrated the planning and execution of the study, which served as an audit trail. Including direct quotations demonstrated that findings represented the data collected and that interpretation of the results were drawn from the data. Lastly, employing a reflexive diary increased confirmability of findings.

### 3.4.8 Reflexivity

Reflexivity is considered an essential part of rigour and is the act of conscious self-reflection on personal beliefs, prejudices, inclinations, and relationships (Lincoln and Guba 1985, Hennink et al. 2020; Braun and

Clarke 2022); this is even more important as an insider researcher. As discussed earlier, it is accepted that researchers in qualitative studies bring subjectivity to the process due to their active role (Braun and Clarke 2022), but steps were taken to guard against this. The potential risk of influence on interview questions was mitigated by discussing the questions and having an interview guide. Information shared by participants during the interview could not be controlled by the researcher. One could argue that participants were more willing to divulge sensitive information with a researcher who had a shared understanding; however, participants may not have shared information for fear of being judged by a peer. Utilising the vignette guarded against the latter, as participants could freely share their thoughts in the context of a third person. During data analysis and as a member of the community under investigation, the researcher was able to prioritise what information was shared and deemed important; this was balanced through challenge and justification in supervisory sessions.

Reflexivity allowed expression and documentation of the individual values, morals, beliefs, assumptions, and experiences, therefore affirming that knowledge was co-constructed by the researcher and participants. The process helped manage preconceptions, thoughts, ideas, and feelings and was a frequent topic of discussion during supervision meetings (see 11.14.1 – 11.14.4 and 11.15.7 for extracts from the journal). This critical

reflection on the position of the researcher strengthens the quality of this study.

### 3.4.9 Ethical Considerations

Ethical approval was granted from the School of Healthcare Sciences Research Ethics Committee in June 2021 (see 11.5). Certain information was treated confidentially and was only seen by the researcher and supervisors. Study participants were informed of the limits of confidentiality whereby, if information was revealed to the author during the interview indicating a likely or real harm to an athlete, the researcher had an obligation, as a regulated professional, to work according to HCPC standards of conduct, performance, and ethics to disclose to an appropriate authority (Participant Information Form 11.9).

More significant for this study, because of the potentially sensitive nature of the topic and fear of possible retribution, was anonymity, an aspect of confidentiality (Saunders et al. 2015). It was felt that research participants would be more likely to speak candidly if they were guaranteed they would not be identifiable, yet the process of anonymisation proved to be complex (Saunders et al. 2015). Changing participant identification, along with disguising locations, was just the

initial stage of a more intricate process aimed at handling identifiable information. This extended to the employing organisation or institution, as the sensitive nature of this topic could have implications on their reputation or even of misdemeanour (Creswell 2014). Participants were therefore asked to identify themselves via a pseudonym, but some were potentially identifiable and, therefore, a decision was made to refer to participants numerically in the analysis. They were advised prior to, and reminded at the time of, interview to refrain from naming individuals or organisations where possible; where organisations were mentioned, these were taken out of the data set to protect anonymity of participants. In places where potential identifying details had been used, these were disguised wherever possible whilst endeavouring to maintain data integrity and upholding anonymity (Saunders et al. 2015). Participants were made aware of the challenges of maintaining anonymity, particularly within a small population such as elite sports physiotherapists, and the participant identification sheet was kept separately from consent forms, ensuring that participants were not identifiable.

Participants had a choice whether to participate or not, it was entirely voluntary (Hennink et al. 2020). The insider status of the researcher could have made colleagues feel coerced into taking part and this was addressed by using gatekeepers in the recruitment process. All participants signed a consent form (see 11.10), and informed consent

was verbally reaffirmed prior to commencement of the interview. Participants were told that they could stop the interview at any point and withdraw their data up until it was written up, in line with guidance from the research integrity and governance code of practice (Cardiff University 2023).

All research has the potential to cause harm to participants and researchers (Long and Jonson 2007); qualitative research can cause distress and anxiety. In this instance, the sensitive nature of the topic area had the potential for interviews to provoke various responses, including the upset caused if candidates discussed an issue that they had not spoken about before. Although helpline information was available, dissemination was not required and no de-brief sessions for participants were needed. The author de-briefed at supervision sessions, an opportunity to record thoughts, feelings, and emotional responses that the study elicited (Latchem-Hastings 2018). Although offering understanding and empathy, the author, as an insider, consciously remained a researcher, and safeguarding for this came from supervisory meetings and a colleague (Hayfield and Huxley 2015). Extracts from the reflexive journal can be seen in 11.14 which includes an example immediately post interview, at the end of data collection and during data analysis.

Participants expressed that the experience of being part of this study had been an opportunity for self-reflection; some used for their CPD portfolio. Additionally, contributing to the body of knowledge in an area where little is known may provide participants with direct benefit as a professional and indirectly, as dissemination of this work may lead to policy change and encourage a more open culture within sport. Most importantly, this study gave participants a voice and an opportunity to share their stories.

### 3.4.10 Data Governance

Data was managed in accordance with Cardiff University Data Protection, Confidentiality & Record management policies (Cardiff University 2023) and with General Data Protection Regulation (GDPR) (UK Public General Acts 2018); this along with procedures relating to confidentiality and anonymity (discussed earlier) was fully disclosed to participants in advance.

With participants consent, all conducted interviews were recorded via zoom to password protected cloud storage on Cardiff University's one drive. The data was backed up using the Cardiff University one drive account, also password protected. Once transcribed pages were numbered (one printed copy was kept clean and stored in the master file,

placed in the researchers locked filing cabinet) the front sheet contained the date, time of interview, method, and each participant pseudonym. The master file contained core study information as well as signed consent forms and participant information sheets. No participant withdrew; therefore, all data sets were used. Files were only accessed by the researcher and shared as appropriate with the transcriber and supervisors. Participants were informed that the raw data (audio recordings) would be deleted at the end of the of the study but anonymised data files, including transcripts and field notes, would be kept for 5 years after completion of the study, in accordance with Cardiff University's Records Retention Policy (Cardiff University 2023). Participants were also informed of the potential of results being published in academic journals or presented at conferences.

## 3.5 Summary of study design

This chapter presented a comprehensive description of this research study's exploratory approach, driven by a desire to understand physiotherapists experiences of speaking up in elite sport, conducted through a subjectivist inductive lens. In-depth, online, semi-structured interviews were utilised, gathering data from 15 participants, generating 721 minutes of interview data, analysed through reflexive thematic

analysis. Ethical considerations and rigour were endorsed throughout the study. Upholding a reflexive approach helped ensure that the quality of the study was kept at the forefront throughout.

# 4 CHAPTER 4 - ANALYSIS: Demographic Data, Thematic map, and Theme 1 Contextual Factors of Elite Sport

## 4.1 Introduction

This study's findings will be presented over the next four chapters, beginning with participants' demographic data followed by a mind map and, finally, four themes generated from the data. Theme one is presented in this chapter; themes 2, 3 and 4 will follow in chapters 5, 6 and 7 respectively.

## 4.2 Participants Demographic Data

Fifteen participants took part in the study, table 4 provides an overview of participants demographic data. The gender breakdown and geographical distribution is displayed in figure 15 and their age ranges can be seen in figure 16 below. None of the participants were less than 30 years of age, and over half were in their fourth decade. All were qualified physiotherapists with a minimum of 9, a maximum of 36 years' (average 18.8 years) practice. Participants had a total of 192 years' work experience in elite sport, ranging from 5 – 30 years (mean 12.8 years). All participants

indicated that they had a pre-registration MSc, BSc or Grad Dip, with 10 indicating that they also had a post-registration MSc. This was the highest level of study.

Table 8: Overview of participants' demographics

| PARTICIPANT | GENDER | AGE RANGE | HIGHEST EDUCATION QUAL | EMPLOYMENT | SPORT TYPE | YEARS IN ELITE SPORT | YEARS QUALIFIED |
|---|---|---|---|---|---|---|---|
| 1 | Male | 40-49 | MSc | NGB | Individual | 10-19 | 20-29 |
| 2 | Female | 30-39 | MSc | Pro Sport | Team | 0-9 | 0-9 |
| 3 | Male | 40-49 | MSc | HCSI | Multi | 10-19 | 20-29 |
| 4 | Male | 40-49 | BSc | NGB | Team | 10-19 | 10-19 |
| 5 | Female | 30-39 | MSc | HCSI | Multi | 0-9 | 10-19 |
| 6 | Male | 30-39 | MSc | Pro Sport | Team | 0-9 | 10-19 |
| 7 | Male | 30-39 | MSc | NGB | Individual | 10-19 | 10-19 |
| 8 | Female | 30-39 | MSc | Pro Sport | Team | 0-9 | 10-19 |
| 9 | Male | 40-49 | MSc | Pro Sport | Team | 10-19 | 10-19 |
| 10 | Female | 40-49 | MSc | HCSI | Multi | 10-19 | 20-29 |
| 11 | Male | 40-49 | MSc | HCSI | Individual | 10-19 | 10-19 |
| 12 | Female | 60-69 | BSc | NGB / HCSI | Team | 30-39 | 30-39 |
| 13 | Female | 50-59 | MSc | HCSI | Multi | 20-29 | 20-29 |
| 14 | Male | 40-49 | MSc | NGB | Team | 0-9 | 20-29 |
| 15 | Female | 40-49 | BSc | HCSI | Team | 10-19 | 10-19 |


Figure 15: Gender and Geographical representation of participants

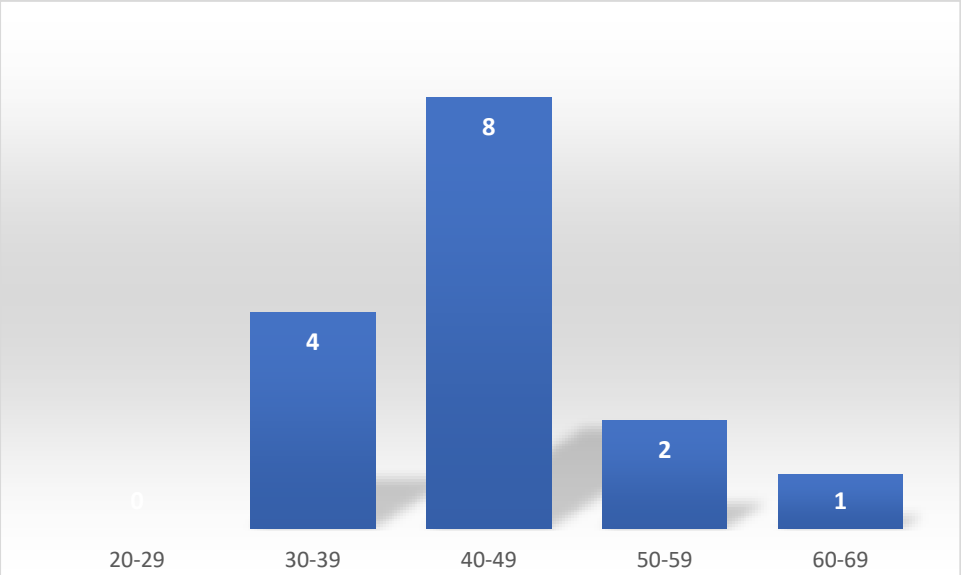


Figure 16: Participants Age Ranges (years)

Fourteen participants worked in elite sport, 11 full time and 3 part time; one participant had worked in elite sport, finishing 3 years previously. To maintain participant confidentiality, individual sports will not be named, but the area in which they worked is seen in figure 17 (below), showing that the largest number were in professional sport, followed by national governing bodies, then home country sports institutes. Table 8 provides additional detail showing that 8 participants worked in team environments, 4 in multi-sport and 4 with individual sports.

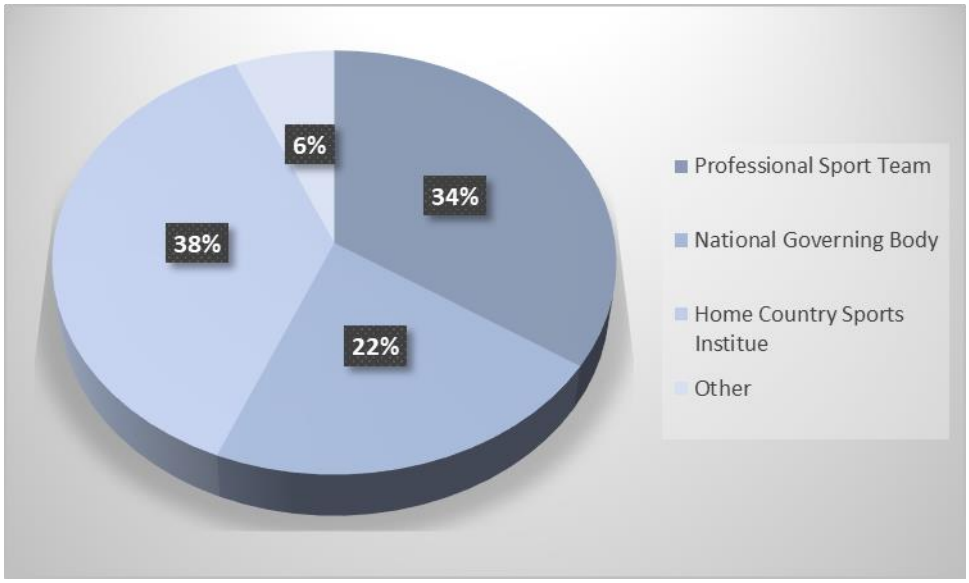


Figure 17: Participants Area of Work

Career pathways amongst the cohort varied, 12 out of the 15 indicated commencing their working lives in the NHS, 2 immediately worked in sport and 1 in private practice before moving to sport. Of those starting in the NHS, 6 transitioned to elite sport (5 after 2-3 years, 1 after 12 years),

4 worked in private practice before transitioning to sport, and 2 worked overseas, in a mix of private practice and sport before moving into sport full-time.  All participants had experience across two or more sports at national and international level.

## 4.3 Initial thematic map

The main themes initially generated from data analysis are presented in figure 18 as a thematic map; originally this was scribed on a whiteboard, a picture of which is included in appendix 11.15.

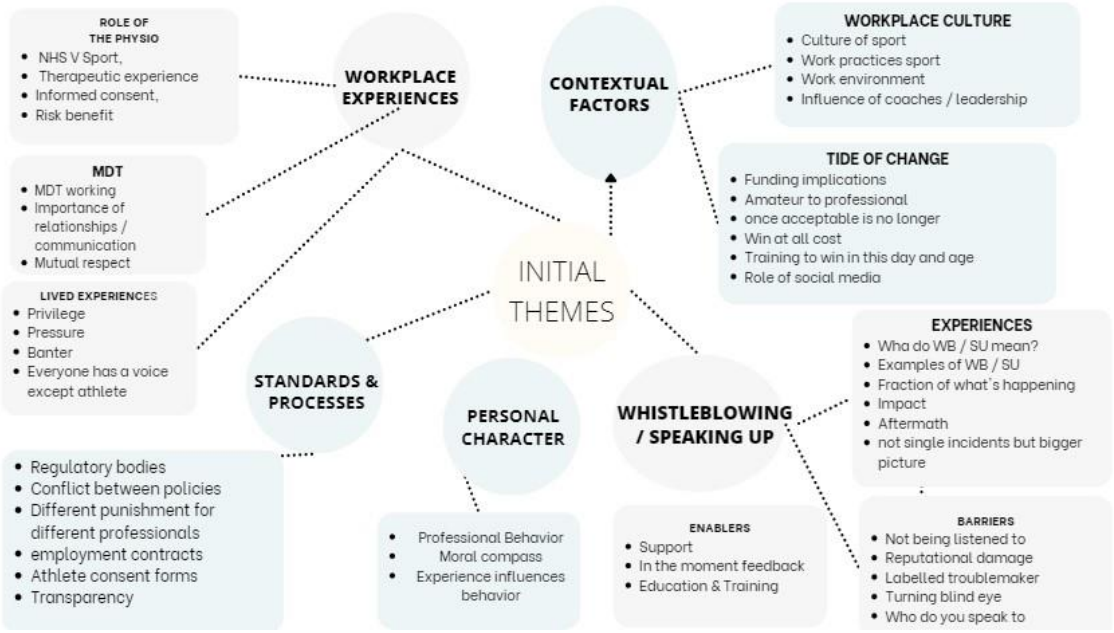


*Figure 18: Illustration of Initial thematic map*

The main themes included contextual factors, workplace experiences, whistleblowing / speaking up, personal character, standards, and processes. Each theme will be presented using extracts from participants interviews to convey the narrative. The remainder of this chapter will discuss theme 1, contextual factors of elite sport.

## 4.4 Theme 1 – Contextual Factors of Elite Sport

The data provided insight into the working environment of elite sport and this context aids our understanding of factors that participants felt were important to share. The theme "contextual factors of elite sport" was borne from the data set, reflecting the sectors' working landscape. Two sub-themes tell the narrative of how the landscape is influenced. 1) 'The tide of change' discusses cultural, organisational, and political changes, the impact they have had, as well as ongoing change. 2) 'Impact of striving for success on culture' discusses the pressure in the sector and how this affects culture subsequently influencing work practices within the environment.

### 4.4.1 Sub-theme: The Tide of Change

Nothing is constant, change is commonplace; elite sport is not unique and change, in whatever manner, can have both positive and negative implications. Understanding these changes provided context, helping the narrative of data analysis. The data set reflected past changes and associated impact as well as current or imminent change in trends, driven by societal changes. These will be presented below, supported by extracts.

#### *4.4.1.1 Past Changes*

Past changes were linked to a significant shift in funding for Olympic and Paralympic sport, when NGB's started to either receive money or an increase in funding; chapter 1 provided further context on this area. The extract below captures a strong sentiment suggesting a direct link between funding levels and success. Participants with over 10 years' experience in elite sport suggested an association between funding and success and how they were perceived to be reciprocally linked. Below is a typical example of what was said:

*I think you have to bring this in context with when success...money started being put into our sporting system, and when success became mandatory, where you had to be successful. If you weren't successful,*

*you wouldn't get your money. If you didn't get your money, you wouldn't have a sport. (Participant 13)*

Being the recipient of funding brings expectation to return successful performances, inferring that it is not possible to have one without the other. Furthermore, the consequence of failing to succeed was funding cuts, causing additional pressure and stress due to the reduced viability of the programme. If the programme ceased, the ripple effect would impact many people including athletes, performance directors, coaches, support staff, including physiotherapists and admin staff. Such observations were made across the data set regardless of experiences, echoing the collective opinion:

*A lot of things do come down to money unfortunately. And I think with the cutting of the funding that puts even more pressure on them…the sort of threat of existence. (Participant 2)*

This extract describes funding cuts as a threat to a programme, including individual job security. Both extracts express that a high-performance sport programme would no longer exist following a loss in funding. The pressure of being a successful programme was therefore immense, inferring that UK Sport's investment model for Olympic and Paralympic

sports was solely based on success, creating a predominantly medal winning culture. The extract below is taken from a participant who had moved from being a practitioner to more of a managerial role and discusses the implications of such a culture on those operating within the system, including physiotherapists.

*UK sports have been sort of implicated in this medals at all cost sort of culture that's been created from 20, 30 years ago from a relatively poor ability to success at Olympic games... Investment models that are based on how many medals you win...is clearly going to have both a positive but also detrimental effect on those that operate within it, not least sort of pressure on coaches and again we are part of those healthcare professionals, part of that system and I think the pressure is probably less on them but we're sort of in it together. (Participant 3)*

Funding model changes-initiated others, significantly around athlete status. Many athletes moved from amateur to professional status, where they no longer had another career alongside training and competing but were able to be a full-time athlete. This change would also have affected how sports operated, daytime training, number of times they trained per week, length of sessions, and amount of support the programme received from science and medicine practitioners. Previously, this may have been non-existent, or minimal at best, programmes suddenly received support

from multiple practitioners across various specialities of science and medicine, each wanting to ensure their contribution was valued and perceived as an asset. The extract below from a participant who had worked in elite sport their entire career suggests that, potentially, this was too much, indicating further change was imminent.

*That transition from being an amateur athlete into a professional athlete when the money came into it, people weren't quite sure what that meant. People weren't quite sure what that would involve, and these things happened, and nobody said anything about it, because they all just thought that was part of being a professional. Now we've had professionalism within Olympic sport for a period of time, and people have looked and gone, "Do you know what? We can be successful without doing all of those other things, because that's not okay any more. In today's world, that is not okay. (Participant 13)*

A consequence was less priority to athlete welfare whilst focussing on success, coined a win at all cost investment model. The above extract alluded to what society deems acceptable today, suggesting other avenues of achieving success are available. Finding a better balance between these aspects is acknowledged below; although there are many other factors that also need to be considered, prioritising focus on athlete

welfare and establishing a happy medium between success and athlete welfare is critical. Consider:

*Some of the welfare aspects have had less focus, but now they're back in focus and it's finding maybe that balance between funding; which is a key part of sport at elite level and what's going to get results and money; and the pressure of that and losing your funding, etc., and the welfare aspect of the culture. I think there's a lot to play in understanding that they're not black-and-white and what makes these things up. (Participant 14)*

Social change happens naturally over time, with resultant changes in human interaction and behaviours alongside what is considered acceptable, both in sport and general society. Societal change was identified in the data as seen below, but not all participants agreed, participant 5 suggested that "there is a still a belief that this is how things are done" attitude in sport, implying that this change has not been adopted in all sport and that behaviours and methods are still the same as they were. This contrasts with what was said earlier, when participant 13 felt that sport had identified that change was happening, the pace of which is further discussed below by participant 14. Of note the differing opinion was provided by a participant 5 with 8 years' experience in elite sport whereas participants who had been working in the environment for many more years felt that change was coming.

*Part of the challenge of how culture and what's considered appropriate/not appropriate, normal or not normal, has changed over time… You're looking back and you're judging them on how people think about bullying or maltreatment now, in terms of what we understand it is, and what should and shouldn't happen versus 20 years ago, 10 years ago culture and what was considered normal... Not as in sport, but in life in terms of what's considered appropriate and not appropriate within... wrongdoing or safeguarding issues. (Participant 14)*

This extract captures the essence of societal changes that have impacted sport through practices and behaviours once considered normal but now no longer acceptable. One participant felt that these previously acceptable practices were still seen because they were not challenged.

#### *4.4.1.2 Change is Imminent*

Having presented some historical context, where funding changes were identified as a potential reason for some problems faced by sport, participants went on to report that they felt "*there is a desire for things to change" (Participant 13).* The extract below shows that change is occurring, with an example provided of a behaviour change on reporting doping issues in sport. It could be argued that doping is clearer whereas some of the other issues that come into scrutiny, e.g., bullying, is individual and could, potentially, be more of a grey area and perceived

differently; adopting behaviours that involve speaking up more readily could normalise a cultural change.

*I do see positive change happening... some … is being driven by athletes, which I think is sad that it has to be the case, but I think it's great that it's the case because I think that athletes are now finding ways to speak up and finding a voice and finding support within sport to speak up…Social change from a WADA culture is happening everywhere with people speaking up that things are wrong ...I think that has permeated into sports where people are now able to say, I just don't think this is right, and we need to do something about it, and they can gain support and gain following and understanding much quicker and much easier because of the channels they have to do that. Now, that could also be abused. (Participant 4)*

Participants noted what society tolerates as acceptable behaviour has changed, but also what is deemed acceptable to speak up about:

Going back five to ten years ago it probably wasn't necessarily seen as okay to speak up about things like this...It wasn't… necessarily part of social life, if that makes sense? (Participant 7)

Change is broader than sport and the notion here is that speaking up in various guises of life is now perceived more positively; this is exemplified by high profile cases of sexual abuse within sport and care homes, which became known years after the original incidents, reflecting how speaking up has changed in society.

Further influencers on change were identified, including the media, encompassing the press's role in reporting issues and social media's role as a voice for athletes. Participants noted an increase in the number of reported speaking up stories relating to athletes; it was not clear whether this was because speaking up wasn't previously newsworthy, because speaking up is happening more, or because athletes have their own social media platforms. Although a few participants spoke about media and social media being a helpful speaking up platform there was also understandable concern noted by two participants, one relating to media headlines that were sometimes sensationalist, whilst the other related to disinformation. One participant noted that although there can be issues that need to be dealt with, what actually goes on within an organisation and what gets portrayed by the media can be quite different, with only one side of the story being told or heard, which is sometimes skewed.

These extracts are taken from participants working in multi-sport and individual sports. Consider these extracts:

*There is wrongdoing but there is also sometimes the media part of this information. From experience what goes on in an organisation and then what's portrayed in the media can be different. (Participant 11)*

*I just think they are media driven to have an impact and to make people read the article to start with. Doesn't mean that they are not based on anything that... that is valuable. But I also think that there are always two sides to a story. (Participant 13)*

Social media is a platform that athletes use to tell their stories directly, positively and negatively. Although all participants spoke positively about the platforms and how they can facilitate speaking up, two participants also discussed the downside. The extract below draws attention to the fact that these are not regulated and can cause harm as, once in the public domain, it is very difficult to delete, and information can be inaccurate.

*Social media and those types of platforms has probably given more people a voice to be heard… on the flip side of that… there will be athletes who are making false accusations as well… When one person puts a comment on, it's there forever now, it's not like you can take it down and you can remove it, because it's been viewed by a thousand more people who have screen shotted it, reshared it, saved it, sent it off in different formats… if people said something about somebody that was wrong, and then took it back… the damage has already been done… You can't un-ring a bell in that regard, because it's already out there. (Participant 1)*

Both participants that discussed the negative side of social media had been qualified physiotherapists for over 20 years, arguably have witnessed how social media has changed and influenced behaviours, creating communities where information and personal messages can be shared instantly and the inability to entirely delete any information posted. Additionally, participant 13 distinguished between the importance of athletes having a voice but not power which is what social media can arguably provide in the wrong hands.

Other notable change was identified by one participant relating to training regimes which had already occurred in some sports although the transition was not always smooth; this is illustrated by a specific sport that had changed their approach to training, then performances at the Tokyo Olympics were deemed as being below par and not equitable to

performances at previous Olympic Games. There could, of course, be multiple reasons for this but the extract below shares some interesting contrasting opinions from the sport observed by the physiotherapist who had 20-29 years of elite sport experience.

*Some of their reactions to not doing so well in [xxx]is you've got some people saying, we weren't successful because we changed the way we did things. When we did things in a hard and unrelenting way, we were successful. And then you've got the other people saying, well, I felt like I was better able to produce a performance because I wasn't under so much pressure...so you've got … really good example of where what works for one person doesn't always work for another. (Participant 13)*

The concept that changes are happening is further supported by the extract below from another participant which focusses on training regimes, specifically moving from one model, where 'hard' training yielded success but without considering athlete welfare, to another capable of achieving the same results whilst focussing on athlete welfare. It appears, however, that this new model of training is still a work in process as the determinants of success are not fully understood yet; consider:

*Safeguarding and athlete welfare is obviously hugely at the forefront at the moment and it's big in the media and I don't think people really truly understand what that means, and I think there's just a bit of confusion around it and what it actually looks like to train an athlete hard in this day and age. (Participant 5)*

Participants agreed that the end point of training for athletes was to be the best, but lived experiences shared reported a disconnect between training regimes achieving that goal whilst correspondingly considering athlete welfare. Additionally, the data makes clear inferences that changes in funding engendered a target driven model (presented in 4.1.1.1), the consequences of which became apparent over time. Consider this extract taken from a participant who had been qualified 10-19 years, working in elite sport for the majority of those:

*Older physios, older coaching staff, older performance directors probably don't see some of the things that are being brought up, you know, in term of bullying, as bullying, because it's something they have probably done for several years…Some people don't speak up because they don't necessarily see some of the things that maybe the younger generations see as being bullying or a problem. I've kind of experienced, people not being able to identify that maybe some things are just different now and they actually have to move with the times. (Participant 9)*

This extract infers that some support staff find it hard to see that what they consider acceptable no longer is and difficult to change to do things differently. The former relates to social changes and the latter is individual adaptability. Yet, participant 13 noted that there was an appetite to consider how things could be done differently whilst achieving the same goal "I think nowadays people are looking and going … this can be looked at differently".

This sub-theme has presented findings surrounding changes that occurred linked to funding and medal winning cultures. Societal changes were brought to the fore revealing a shift in acceptable behaviours. Media and, importantly, emergence of social media as an athlete voice was reviewed, whilst acknowledging opportunity for misinformation to be broadcast. Finally, changes participants felt directly reflected lessons learned were also presented.

### 4.4.2 Sub-theme: Impact of Striving for Success on Culture

This sub-theme pulls together data reflecting the impact that pursuing success had on the culture within elite sport environments. Participants

provided insight of this culture, how it differed from other workplaces, and expectations placed upon them.

All participants acknowledged that sport workplace culture was described as tough and different to other work environments. It seems to be accepted that success comes to those who go the extra mile. Consider:

*Sport is hard. Sport is tough, and it is competition. And the feeling is that if you can't stick it or you can't make it, then you are somehow seen as being weak, or you are somehow not useful to that programme or that culture. And so they are set aside, and that's not to say that's right…Sport has built itself around about there is a culture of dog eat dog, and no one gets to the top unless you're willing to push a little bit harder or take those next steps or, you know, put everything to the side to try and get to the top. (Participant 4)*

It is apparent that certain attributes are needed to exist as a physiotherapist in elite sport, including attitude towards the job and work ethic. A willingness to constantly go above and beyond is expected, which appears to be the norm. Consider:

*This is the programme. This is what I'm going to expect of you, because I'm going to deliver success. And if you want to be part of that success, then this is what you do, and if you don't want to be part of that success, then you have a choice, and you don't do it. (Participant 13)*

*In order to do your job well, you shouldn't feel like you're being thrown under the bus. You know, you shouldn't feel this expectation that you are a martyr to the job. (Participant 15)*

The extracts above share lived experiences of the environment. Participant 15 reflected that a physiotherapist perceived as sacrificing their own experiences for the benefit of the athlete, coach or team would be seen as a 'martyr', whilst participant 4 inferred an egocentric approach amongst athlete support staff. Both these extracts were from team sports, but others noted irregular work patterns, hours worked exceeded contracted hours and a perception that physiotherapists should feel privileged to work in elite sport, easily replaced if additional effort was not made, as elite sport operates in an employer's market for support staff. This was the consensus across the data set, regardless of work sector. Consider:

*It's like a precedent set of how it should be in sports medicine and if you're a practitioner … you should work ridiculous hours and, yes, you're going to miss all of your friends' weddings but that's just how it is and these are the hours that you put in but everyone's doing the same. You can feel if the culture's not a safe culture to raise your voice. (Participant 5)*

*My contract is 37 and a half hours. I probably do a minimum of like 50, 55, 60 hours a week... you have to treat it like a privilege that you're working there. (Participant 6)*

These extracts also support the notion of 'expectation.' Working conditions reflect normal working culture in sport, with a poor work life balance; as expressed above, challenging this was not safe. Participant 13 suggests coaches / performance directors desire for success drives this work culture, linking back to the sub-theme 4.4.1 Participants also expressed "*the culture ran on fear and bullying, and very old school"* (Participant 8), stemming primarily from leadership within those specific work environments. "*I was put under loads of pressure and the working environment was really negative coming from senior leadership*." (Participant 2).

Participants went on to offer suggestions of why such a culture existed, suggesting a "*link between success and medals, to me, which has potentially caused the issue here … creating a culture of win at all costs (Participant 3),* with *"a big impact then on culture being built around success and winning" (Participant 4)*. This has been brought to light in section 4.4.1 above when reflecting on changes that occurred with funding. The cultural drive goes beyond just doing your best but includes an expectation that you do whatever it takes to win.

> It's pushed upon athletes, so a culture of achieving the best you can, doing the best you can, but also that you have to find any way you can to succeed is pushed upon athletes to some extent. (Participant 4)

There is a hint here that culture driven by the desire to succeed involves mechanisms not considered within the true spirit of sport, raising questions as to the extent coaches and / or athletes would go to achieve the desired success. Several participants discussed the Bloodgate scandal in rugby union as it appeared on the vignette, where the physiotherapist was complicit with the coaching staff in manipulating the rules of the game to achieve victory. No participant that discussed the scandal supported the behaviours of those involved, but some expressed greater sympathy suggesting that those involved were coerced into those

behaviours. This extract captures the essence that a line had been crossed whereby this behaviour was not deemed acceptable:

People wouldn't do these sorts of things unless they were trying to win at all costs, but they've just gone past the boundary of where they should be going with it is my feeling with it. (Participant 10)

Similarly, the following extracts show that rule manipulation, arguably cheating to gain the competitive edge, was clearly accepted practice in some sports, as it was experienced by participants most notably those working in team sports:

*People faking injuries to get a replacement. (Participant 6)*

*Bloodgate is an example to me of cheating in sport that… that probably was on, you know, in terms of how you bend the rules to get somebody back on the pitch. (Participant 9)*

*We've had a player go down injured on a pitch, and I've been sent on knowing darn well they're not injured, just to buy time. (Participant 12)*

Players fake injuries, presumably under direction from the sidelines, but physiotherapists become part of the subterfuge as they are the medical professional on the field of play. What is considered acceptable or not is debatable, the extracts above show the different extent of rule manipulation that exists. Some may consider the experience of participants 6 and 12 as acceptable and normal behaviour, and it would come down to the individuals' moral values as to whether they would act the same. Compellingly, participant 4 suggests that conformity is an expected behaviour of a team member:

*There is a sense that if you are part of this team, you must also fall into line with the culture that we have built. And if you are not seen to be falling into that culture, we will simply replace you with someone who we think will fit into that culture better. (Participant 4)*

Knowing that, any physiotherapist who did not approve of what was seen or done would find it difficult to speak up, aware that job security was threatened. Physiotherapists are being asked to balance their own moral values (discussed in theme 4, 7.2.1) with the culture of the sport they work in. Additionally, bullying behaviours were identified "*I would say physios are more likely to be exposed to just the dysfunctional culture, you know, a bullying culture"* (Participant 15). Considering Bloodgate as an example, physiotherapists are allowed on the field of play because of

their role, accessing athletes during competition (not true in all sports). Where coaches cannot directly access players, messages are relayed through physiotherapists via commands from the side line or headsets; this makes physiotherapists vulnerable because of their role and associated access as a medical professional. The above behaviour could be considered as bullying and, participants specifically shared experiences of both direct and indirect bullying. The following extracts are taken from participants with 0-9 and 10-19-years sport work experience.

*I was bullied… but it was very passive aggressive, and it was very subtle… it was more kind of undermining me so it wasn't anything that I could feel that I could go with one incident and say this is happening because it was a bit grey. (Participant 5)*

*Bullying certainly resonates with me because I have been involved in environments where it clearly happens. (Participant 9).*

Furthermore, there was evidence of physiotherapists who had left jobs and moved because of the work environment. The extract below is taken from a participant working in professional sport who described the bullying culture of a particular environment that they no longer wished to be working in:

To find an environment that I felt was a good environment to work in, because I wasn't willing to go to work every day to something like that. (Participant 8).

Everyone has the choice whether to remain in a job, but the option to leave may be difficult due to family commitments, location, or lack of similar opportunities. A strong message from the data set was that the culture within the work environment was critical to staying in a job. A well-structured culture led to a better work environment where physiotherapists were more likely to stay for a period. Consider:

*Having worked in lots of different sports, and these headlines-related sports, I can definitely see different sports historically have different cultures… there's definitely obvious different work practices, environment, cultures, across sports. And they're different. (Participant 14)*

The consensus from participants was that culture was set by the leadership, be that chief executives / chair of a board or performance director / coaches. The data did not suggest that there was a model of good practice despite having participants representing professional sport, NGB's and HCSI's as culture varied from sport to sport.

*Culture seems to be built by those at the very top. Sometimes, it's the coaches... they'll plug themselves into a culture of others who are driven by that same thing, and then that culture will permeate through everybody… More often than not, I think by coaches or performance managers or again potentially sometimes moving higher than that. (Participant 4)*

This connection between culture and coaches was further re-enforced as a responsibility. Participants suggested that it was part of their duty to ensure that this environment was healthy and open:

> The coaches have this huge responsibility, I think, not only to lead the programme, but also to set the tone for the types of openness and communication opportunities that staff have. (Participant 1)

A coach possessing effective communication skills, prepared to listen to those in the team (athletes and staff) builds a healthier environment; they are seen as the leader, therefore their behaviour influences others, setting the tone for assistant coaches, other support staff and athletes.

*One coach in particular… was so disrespectful to support staff, then of course their athletes are going to think that's okay to behave in that manner…Culture of a sport and the style or behaviours of normally the head coach, because that massively dictates the behaviour of assistant staff and others. (Participant 15)*

It was apparent that behaviours seen by leaders influenced others; the extract from participant 15 demonstrates this, as the way a coach spoke to support staff normalised that kind of behaviour for athletes. The data found that culture has a direct impact on job satisfaction as it was evident that workplace experiences were poor when cultural tone was wrong.

*I think the environment has to be one of mutual respect … a coach who is mindful of the fact that they have certain knowledge, but they don't have all knowledge, a physio who is mindful of the fact that they have certain information and knowledge but are not the coach-in-waiting. (Participant 13)*

*For me, on any job… the thing that's made the biggest difference in how successful I've felt things have been, ether personally or just as a team, has been to do with the relationship with the management that I've got. (Participant 8)*

These extracts from participants in multi and team sports, we learn the importance of relationships between coaches and physiotherapists; participant 13 refers to mutual respect and reference was made earlier to coaches creating positive environments by setting a respectful cultural tone.

This sub-theme provided insight on culture in elite sport, noting it was tough, full of expectations of physiotherapists, and with a poor work life balance. This culture was driven from the top with fear and bullying tactics as well as lack of respect for support staff.

## 4.5 Summary of demographics and contextual factors of elite sport

Fifteen participants, 8 male, 7 female, took part in this study. 14 worked in elite sport, 11 full time, 3 part time, with an average 12.8 years in the sector. 8 participants were in their 40's, 2 in 50's, 1 in 60's and 4 in 30's.

Theme 1 reflected physiotherapists' working landscape, comprising two identifiable sub-themes. The first sub-theme centred around change, exploring changes that have occurred and their impact, then changes that are underway, some driven by societal change. The second sub-theme

considered the impact of striving for success on workplace culture. Elite sport has a tough culture, influenced by fear and bullying driven by leaders (coaches / performance directors). A lack of work life balance exists, as do high expectations for physiotherapists to go above and beyond and manipulating rules for a competitive edge is commonplace.

# 5 CHAPTER 5 - ANALYSIS: Theme 2 Workplace Experiences

## 5.1 Introduction

This theme covers lived experience of participants within the workplace. The emerging notion here is that a physiotherapist's role in elite sport is quite different to conventional environments characterised by routine and stability. Instead, it aligns more with an artistic performance world, e.g. musicals and ballet without customary structure. A second sub-theme identified the influence of the MDT and key factors influencing those experiences, either positively or negatively, were also established in a third sub-theme.

## 5.2 Sub-theme Role of Physiotherapist

It was evident that participants identified clear differences between working in NHS and elite sport environments, including healthcare and performance which are discussed in this sub-theme.

### 5.2.1 National Health Service compared to Sport.

Previous National Health Service (NHS) experience had given participants an anchor and reference point in terms of working environment. Twelve of 15 participants had worked in the NHS prior to their role in sport and emerging data suggested that, unlike the NHS, working in sport had no clear working hours or boundaries (discussed in theme 4). Participants who had worked in the NHS went on to identify different pressures existing in sport that they hadn't been aware of in the NHS. This pressure specifically related to performance and how quickly an athlete could be returned to competition. Conveyed by participant 2 who had worked in the NHS for 4 years prior to elite sport:

I think the NHS trust that I worked in, it was quite … friendly, … family orientated…. There wasn't any sort of like performance pressure...I think that's slightly different when you go and work in elite sport and you get that sort of performance pressure put on you, in terms of you might work a bit closer with an athlete and… rehab them, you know, once every day, twice every day to get them back.... In the NHS I found that, obviously, you're only seeing somebody once a week, or once every two or three weeks... Sometimes that process is slightly slower... You probably don't have that pressure to sort of rehabilitate them … NHS the sessions are far more infrequent. Secondly, the demand to return an athlete to their sport

is clearly greater often driven by financial implications as well possibly influence *of player position in team sport as an example.*

Implications about timeframes are identified here, alongside the frequency at which patients / athletes are seen. A patient attending for knee rehabilitation in the NHS expects to get better but not necessarily within the same time frame as an athlete. In elite sport there is an expectation that the sportsperson is back performing in the shortest time possible, and physiotherapists feel this very real pressure. The NHS is a healthcare setting, elite sports would be considered a performance setting, leading onto the next point.

### 5.2.2 Balance between Healthcare and Performance

A dichotomisation, between being part of the team versus the role of the physiotherapist, was described between doing what was right for the team, from a performance perspective, whilst reminding themselves about their healthcare role, conveyed through this example from Participant 11 although working with an individual sport currently, had previous experience of team and multi-sport:

*I think you're split as a physio. There's a coach group and there's an athlete group. Like where are you based? What's your driver? And my driver was … and I worked that out quite early in my career thanks to people setting the standard, and watching people work, mentors and things… That athlete is, or the group of athletes, that's what you're working for, that duty of care is for them, that welfare is for them. And sometimes that goes against other people's aims or ambitions or values… Bottom line is duty of care isn't it for us health professionals? And that doesn't change just because we're in elite sport … in other areas of elite sport, maybe people aren't held to that as much as physiotherapists.*

Participant 11 states that others' role within the team is driven by a performance goal including coaching staff and members of the MDT (explored later in the chapter). Physiotherapists, as team members, work towards the shared performance goal, whilst at the same time championing athlete health and well-being; this can create conflict. The extract below conveys this potential tension from a participant with only team sport experience:

*I always think that, and this is what I say to junior staff, the medical team working in sport have an extremely different role to the rest of the management. And we do sit quite separate in the sense of healthcare, the*

*reason we're there, we're there to look after people, we're there to do what's right for them, we're there to... manage their healthcare. Our priority is not the win at the weekend. (Participant 8)*

Participant 11 referred above to their contextual learning from mentors and peers and understanding the importance of a physiotherapists' role in duty of care (healthcare over performance). Participant 8 refers to the importance of ingraining this to junior members of staff. The concept of mentors and peers demonstrating good practice was echoed by several participants.

Experiences differed across participants and sporting environments when it came to being listened to. Some reported that their opinions and decisions were respected and listened to, which was evident across all sport environments as reported here from a participant working with a team:

*He was questioning you, but at the same time he was respecting your opinion. If you were saying… "You're medics, this is your job. If you're telling me that he can't play, he can't play. Or if you're telling me that he needs to come out, he needs to come out." As I say I think I've been quite lucky but talking with… as I said with some colleagues, with other*

*environment, I know there's been some bullying around. Coaches like even on the microphone calling the medics the C word, or even… sorry my French, but even like a faggot. Or even like on players, or some sort of bullying environment, which as I say is coming from third parties, so I won't be able to give you too much details, but that definitely is what I've heard. As I say we've been quite lucky. (Participant 6)*

This quote from participant 6 shows how they had positive experiences of being listened to, whilst also being aware of the use of abusive language, whether casually or intentionally, and bullying that had been witnessed. There were also examples where physiotherapists were not listened to. Consider this extract taken from a participant with a team sport:

*There is a grey area there where, having seen it historically…, where you've told a coach, 'this guy shouldn't play because his symptoms are getting worse and he's just going to fall the cliff off now,' with say, groin pains, are a good example, the coach goes, 'oh, I'll go and have a word with him,' and the next thing he's playing and then he falls off the cliff, do you know, and doesn't play for the next six weeks or something, whereas if he'd just not played that week, he might have been alright because we just didn't push him too far. And I don't know whether that sits in this field of bullying aspect, or whether, you know… most athletes are pretty*

*driven to compete, sore or not, so do they help themselves? I don't know. (Participant 9)*

In that instance, the physiotherapist provided a professional opinion, but we don't know whether it was coach or player making the decision to ignore the advice. This leads to informed consent and the importance of ensuring that athletes understand the risks and benefits of a decision. Conveyed in this extract by Participant 15:

*"I was made to compete on an injured ankle," or, "I was made to do this or do that," I think that's quite a dangerous statement, because obviously that's the belief of the person saying that, but they might be reflecting on things that happened eight years ago. You know, and when you look back in your notes, I think it's important to be able to say, "Listen, you know, we had a conversation. The risks and the benefits were on the table, and then you made a decision." …to protect ourselves as clinicians, it's really important that that is documented.*

Reflecting on the dilemma's physiotherapists face illustrates the importance of documenting conversations that occur. The relationships between athletes and physiotherapists are expressed as being unique because of the length of time athletes spend with a physiotherapist over

several years, not only whilst receiving treatment but also whilst travelling. This was echoed by all participants across all sport environments, but the extract below is taken from a participant working in an individual sport:

*As physios, we are … on the coalface. We are the ones that are seeing athletes probably primarily for longer, and for more contacts per week than maybe some other disciplines... Physio gives an athlete, hopefully, a safe space to talk about things when they are on the bed. So, I think yes, physios are probably in a good position to either recognise, or to provide a safe space for athletes to bring up some of the issues. (Participant 7)*

Participant 12 refers to the concept of trust within that unique relationship, allowing athletes the safe space to speak, as alluded to by participant 7.

*I also think that physios are the people that often athletes' trust. And they will actually either share quite a lot of information, or they will at least give out those vibes that just give you those red alarm bells going off. And that has happened to all of us. (Participant 12)*

Both extracts suggest that time with physiotherapists builds a bond between therapist and athlete identified as conducive to sharing sensitive information. Considering this unique relationship when discussing the vignette participant 7 felt that physiotherapists working in those environments would have known about some of the wrongdoing, questioning whether their motive for not speaking up was possibly linked to their own involvement.

## 5.3 Sub-Theme Influencers on the MDT

Whilst physiotherapy is a regulated profession, not all MDT staff in sport are regulated (discussed in chapter 1). Participants identified that when discussing issues that are sensitive or confidential during team meetings, if members of the same team are not governed by the same professional rules of conduct or core standards, discussions can become complex. This concept and potential issues this presents, is supported by this extract from participant 13 with 20-29 years elite sport experience:

*Some practitioners in support services in sports don't have regulation… I think that's a challenge. It's easy in certain groups, but other groups where there is no regulatory body or they don't have guidance about confidentiality and things like that, it creates a challenge, and within staff,*

*support staff, about who has practice guidelines and who doesn't… I remember being in a situation where I felt a bit uncomfortable around someone who was talking to someone that really didn't need to know it…There are challenges because then you are put in a challenging position whereby performance-side where physio might sit between kind of athletes and other staff, possibly, that don't have these confidentiality aspects and what are you going to share and what are you not going to share that can put you in a difficult situation. And I think you always have to, as a health professional, work within your code of practice, in a sense, that does say, 'I'm not going to tell anyone unless the athlete says it's all right', in theory. And then you have to kind of try and weave that into working in sport. (Participant 13)*

This extract clearly identifies the issue and concern of sharing information about athletes within a group of regulated and unregulated staff and how easily conversations can happen amongst a group. Additionally, Participant 1 points out their perception that physiotherapists came under greater scrutiny than other staff due to the regulations and standards they were expected to adhere to:

*I'm unsure as to what the codes of standards are for coaches and for performance scientists... It's probably not scrutinised as heavily as ours*

*is, so I think, you know, we are held by a much closer standard than I guess some are. (Participant 1)*

Working as part of a MDT is common in numerous settings and key differences were identified between NHS and sport settings, particularly around regulation, confidentiality, and role clarity. Due to their professional guidelines, MDT members in healthcare are all required to obey regulations, and confidentiality is a universally understood concept in the NHS; the same is not true in sport with all participants referring to it. This extract is a flavour of what participants shared:

*I think that's more difficult sometimes in a sports environment than it is, say, in a case conference in a hospital, you know, because actually typically in a hospital setting, everyone really understands confidentiality. (Participant 15)*

NHS staff have a common understanding of confidentiality, further bound by professional regulation, resulting in staff abiding by the concept; in sport, this common understanding is absent and variation in regulation causes ethical dilemmas. The issue of confidentiality within the MDT of sport has been identified and although most participants expressed concern about it participant 10, qualified for 20-29 years working half of

that in elite sport, felt that there was better understanding around this area now. Furthermore, measures have been put in place to overcome this from an athlete perspective. Participant 5 discusses the confidentiality agreement that athletes sign consenting for their information to be shared in team meetings; however, this does not consider staff members and does not address the issue that each member of the MDT understands what confidentiality means.

*Normally you would sign a confidentially agreement and the athlete will say, "I'm happy for information to be shared." So they've sort of agreed, consented to that really but I think within that they've also got the right when they tell you something to say… "I don't want you to disclose that," then that's where you then have to abide by that confidentiality, is my understanding. Whereas I feel like psych potentially, there's very little that's disclosed from that side of things. So do we disclose too much? I don't know. Potentially. (Participant 5)*

*I mean, the number of medical meetings that happen on a Zoom call with, like, 15, 20 people on, and they are not medical practitioners, and you are discussing an injury to within an inch of its life, along with all the other impacts that you feel might be influencing that injury, i.e., you know, mental wellbeing et cetera, they happen*

*numerous times a day every day. And you think, "That shouldn't be happening. Why are you discussing that information with somebody who is not a clinical person? (Participant 13)*

The issue raised here pertains to staff understanding of confidentiality and the appropriateness of staff numbers involved in those discussions. If an athlete has signed an agreement, where it has been made clear to them the type of personal information that will be shared and in what situations, then the onus is back to the athlete to stipulate about any information they want withheld. However, the data suggests that this process is not clear with a large grey zone. Furthermore, it seems that practitioners are encroaching on each other's roles within the sport MDT. An obvious example is between physiotherapy and strength and conditioning (S&C) whose work is often closely aligned when injured athletes are being rehabilitated. The data reflected a concern that S&C were encroaching into the physiotherapist's role, consider this extract from a male participant in a team environment:

*There's an era coming where strength and conditioning staff, seem to think they're now physios, and can diagnose things and disagree with diagnoses, and it's like, 'look, actually, until you go and get that bit of paper, you don't get to disagree.' We work together about a plan, and we can talk about things, and I think there's now that because I think S&C*

*tend to have a bigger personality than physios…They come from the 'performance first,' side of the realm. (Participant 9)*

Having role clarity, and clear boundaries, helps foster healthy relationships and mutual respect across the MDT including coaches and other practitioners. A lack of role clarity can, potentially, lead to conflict between practitioners whereas everyone having a clear understanding of what is expected from themselves, and their colleagues, can help foster respect within the MDT. Consider:

*It's a respect that you've got for each other and the trust that you've got for each other. There's been a couple of environments I've been in where I've seen that complete breakdown, and then there's environments I've been in where it's been a solid relationship that's just flourished. And it's the make or break of a team. (Participant 8)*

The above extract captures the essence of what numerous participants expressed about respecting each other's roles. Participant 13 gave an example where they go beyond role clarity to discuss professional respect between support MDT staff:

*Let's say a difference of opinion between... an S&C coach and a physio. You know, who's right? Who's wrong? It's a matter of interpretation. It's a matter of, "Well, I believe this to be right, and you believe that to be right, and are we going to be able to find somewhere in the middle where can agree to disagree, or are we going to keep hitting heads against each other, because I'm actually wanting to show that my view is more relevant than your view?" And that's where that whole culture of mutual respect needs to exist for it to work properly. And sadly, I think, where I certainly now work, there isn't necessarily mutual respect across the board.*

Participants 8 and 13 make the point that mutual respect is fundamental in allowing everyone working within a successful MDT to express their opinion. The environment should foster a culture of speaking up, where healthy discussion is encouraged. Another factor that emerged was communication within the MDT and with athletes. Consider the extract below about communication within the MDT:

*Perhaps the way in which people communicate with each other is quite frank and quite blunt and quite cutting… There are occasions perhaps where certain information could be relayed in a more sensitive way, and could be discussed in a more kind of considered format… In high performance sport, which is very much a coach led environment, but one*

*in which communication sometimes is given in whatever style that coach happens to be comfortable with, and sometimes… that doesn't take into consideration perhaps the individual needs around that person. (Participant 1)*

Communication style is considered important and situational context was identified as an influencer of the language and tone used, especially by coaches. In addition, *"how were things said versus perceived creates challenges" (Participant 14)* identified that communication was sometimes intended in a certain way, but the recipient received it differently.

Participant 12 discusses this in relation to communication with athletes, whether they hear what is being said accurately or hear what they want to hear:

*If I am wanting that message to be accurate, I need to make that call. I need to ring the physio that they work with on a regular basis. I need to ring the coach. I need to ring the doctor to say, "This is what I've asked them to do and here's why." So that it doesn't become a broken telephone, because an athlete will interpret what you're saying in the way they want to interpret it, because it'll be influenced by what they want to do, what they're scared of, and what they think they should be*

*doing...I'm very conscious of everything I say to them, they're going to hear through their own prism, which isn't necessarily how I'm meaning it. And that if it's a message for somebody else, that I need to give that message directly… It's about better communication. Better communication is hard. It's really, hard, so one, you've got to find the time to do it; two, you've got to find the right time for that person to hear what you're saying, because if it's in the middle of them… they're not going to hear what you're saying. They're going to go, "Yeah, yeah, yeah. Thanks, bye." And you think you've passed on the message, but actually it's not been heard properly at all. (Participant 12).*

These extracts show the critical importance of communication and how successful communication is impacted by both style, delivery, and timing. Participant 12 expresses how ensuring that the environment is conducive to both the giver and receiver influences the desired interpretation of communication. This is not only applicable to physiotherapists but relevant within the MDT team and between the MDT team and athletes.

## 5.4 Sub-Theme: Other Key Encounters

### 5.4.1 Pressure

Pressure was a common term used in the data set. Pressure to help performance, keep information within a small group, and return injured

athletes to competition quickly. There were suggestions that pressure to help performance was a result of the funding system, discussed in theme 1 (chapter 4), and the impact of this is conveyed by the extract below:

*UK Sport is accused of that would become a medal factory and I think that's probably created a culture of win at all costs and certainly puts coaches and healthcare professionals under a lot of pressure to achieve those targets and those goals or just to be consistent with that sort of dominant culture…Investment models that are based on how many medals you win, … that is clearly going to have both a positive but also detrimental effect on those that operate within it, not least sort of pressure on coaches and again we are part of those healthcare professionals, part of that system and I think the pressure is probably less on them but we're sort of in it together, aren't we, in terms of that sort of coach, healthcare professional or any other professional for that matter. (Participant 3)*

Physiotherapists are clearly identified as part of the system and, although it is performance directors and coaches who, potentially, may have felt the greatest burden, physiotherapists are part of this and will, therefore, have experienced that pressure. Suggestions were made, when referring to the vignette (see 11.6) that pressure was "*probably where a lot of*

*these headlines have come from*" (participant 2). Pressure was identified as a driver of behaviours from all participants. Consider:

*It's also the pressures that people are under to potentially do these sorts of things. My thoughts would be that people would do things that they shouldn't be doing if they feel a pressure. Now, that could come from within themselves to try to be doing what they feel is the best thing they can, maybe it's an insecurity that they're not doing the best thing, and, you know, needs to do something else to try to make them look like they're doing the best thing, or whether it comes from external factors to make them feel the pressure. (Participant 10)*

The above extract refers to the vignette, but it is clear from the extract below that these are lived experiences and difficulties faced by those uncomfortable in a situation who wanted or tried to speak up:

*Things may happen within an athlete group where it's not known at a level above… the pressure comes then to not speak out because we don't want people within the organization to know. So while we're keeping it in-house… it's kept in a very small group in-house to some extent…that comes back down to pressure that gets applied from the top to do something that you would deem to be really..., highly unethical and that,*

*you know, how to speak up if you feel pressure is being applied from…, the top down. (Participant 4)*

We learn from this extract that "*things*" happen in sport, but it is evident that physiotherapists feel pressure to keep these within a small group, or inner circle, to protect the reputation of the organisation. Sport, according to participant 5 "*can be a bit murky"* and "*there is a lot of grey areas*". This duress to stay silent was driven by a pressure to conform, along with the fear of losing their job as expressed by participant 6:

*Pressure from coaches to perform, or either to fake an injury or don't report an injury. A player, you think he might be concussed but maybe you're afraid that he's concussed. It's the best player. So I think the problem ethically is pressure coming above and again goes back. "If I don't do what I'm told, I'm losing my job".*

The word 'uncomfortable' and phrase 'doesn't feel right' was repeatedly seen in the data set. Sometimes, these alluded to physiotherapists decision making being compromised; other times, they were associated with information shared with them. The extracts below convey both these examples taken from participants with the least experience:

*I've been put in some uncomfortable situations in teams in the past where I've been asked to do something … or let an athlete compete when I've felt like they're not ready to. Or say that they're ready to compete when they're not ready to. So, I've always had to kind of be really open and honest and say, "Look, I don't think this is right because of this, this and this." (Participant 2)*

*There have certainly been situations where I guess you would be told something you're uncomfortable with but it's not something … you might have gone to safeguarding and they're like, "It's not a safeguarding issue but we'll keep an eye on it," but the athlete doesn't want you to say. So you've got that knowledge of something that potentially you could help to resolve so you either have to think about how you can go about that in a different way…without actually acknowledging that thing. (Participant 5)*

Uncomfortable feelings were also associated with banter and were reported within certain elite sport environments. "*At times there is a very grey area and fine line between what people class as banter and bullying*" (Participant 9). Banter is a style of communication which is more playful, but what is perceived as banter by one person may not be acceptable to another; they may interpret the behaviour as bullying or intimidation. Consider:

*I think we can definitely see that there can be banter in a performance environment and sometimes let's say that banter took a slant which was a little bit on the edge of being acceptable. And you might say, hang on a second, … banter's okay, but you're stepping over the mark here by saying some of those things. (Participant 1)*

Linking back to 5.3, the importance of communication has already been discussed alongside intention of a particular communication versus how it is received. This extract re-enforces the need to be mindful of using banter as a form of communication, as it can lead to misinterpretation and misunderstanding.

### 5.4.2 Privilege of working in sport

Physiotherapists perceived that others felt they should feel privileged to work in the sport environment with the option to leave if you did not like it. Consider:

*It's almost treated as a privilege for us to be working in sport. It's almost like you have to treat it like a privilege that you're working there… So you should thank me, for me to allow you to work for my team, this sort of mentality. (Participant 6)*

The inference of working in sport being a privilege was made by several participants. This links to culture (4.4.2) and could create an environment where challenging or speaking up about issues is difficult.

### 5.4.3 Misinformation

There can be occasional manipulation or misinformation, e.g., amongst disgruntled athletes who may not have been selected for a major competition or games, triggering responses that may not be authentic. Consider:

*In light of what's been brought to the forefront of people's minds in the public attention that, if there was an athlete with a particular agenda against a coach, it would be quite easy to fabricate a story, and to have traction on that story, because of the platforms they have to be able to publicise that… Because, you know, equally as vulnerable as the athletes can be, the staff are also in vulnerable positions… all of the staff have their own families and their commitments and, if there was an athlete*

*who didn't want a particular staff to be working with them and made a real false claim about that person, that could not only affect that person's current employment, but also their future employment. (Participant 1)*

This serves as a reminder that there are two sides to every story as already discussed in 4.4.1.2. Athletes can express themselves through social media, which is not necessarily an avenue available to support staff; the detrimental effect of misinformation can be significant, with potential long-term implications.

## 5.5 Summary of workplace experiences

Three sub-themes have been presented capturing workplace lived experiences of physiotherapists in elite sport. Firstly, 'role of physio' shared data extracts reflecting key differences between working in the NHS and sport, the balance required from physios between healthcare and performance, the potential conflict this may cause with other support staff and the importance of mentors in identifying this, and the importance of informed consent on risk / benefit and the unique relationship that physios have with athletes. Secondly 'influencers on the MDT' presented issues faced by the MDT, including differences or lack of regulation for some support staff, confidentiality, role clarity, mutual respect and the importance of communication. Finally, other key

encounters were identified from the data set; these were pressure, privilege, and misinformation.

# 6 CHAPTER 6 - ANALYSIS: Theme 3 – Language of Speaking Up

## 6.1 Introduction

The theme language of speaking up is captured in 3 sub-themes: 1) The real world, exploring participants understanding of speaking up, 2) Barriers, to speaking up 3) Enablers to speaking up.

## 6.2 Sub-theme – The Real World

The terms whistleblowing and speaking up were frequently used interchangeably; understanding participants' insights of these was important. Overall, participants sensed that whistleblowing was associated with reporting significant wrongdoing, often anonymously. Speaking up was perceived as something more casual, occurring on a day-to-day basis. The word clouds below (figures 19 and 20) reflect key words participants used to describe both terms.

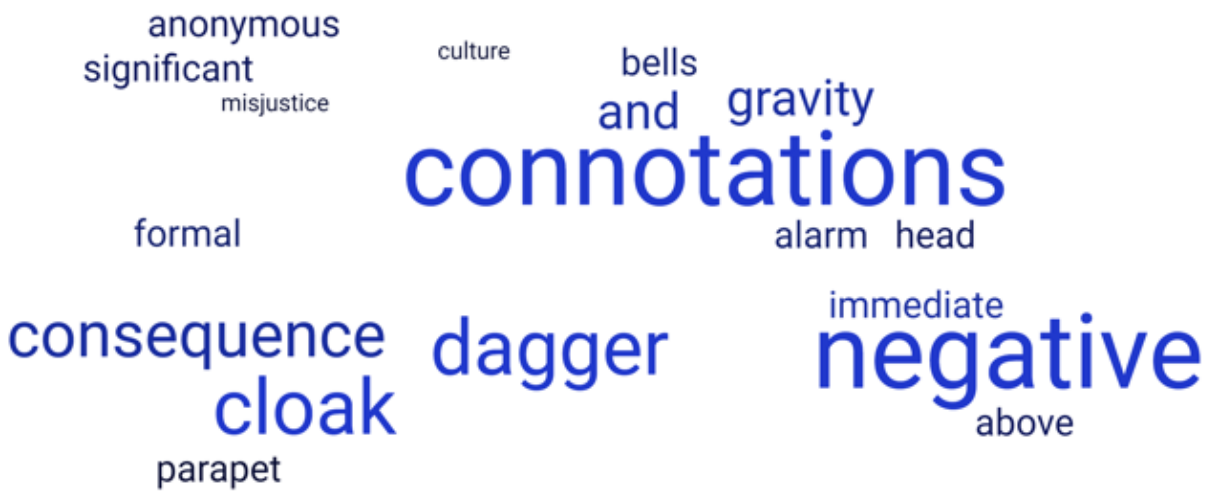


*Figure 19: Whistleblowing word cloud*

As seen in figure 19, whistleblowing is perceived by participants as having negative connotations, involving going against an entire culture. It was reported as an immediate, urgent action with a secrecy associated to it, leading to significant consequence or outcome. The term itself wasn't looked upon favourably with participants reporting dislike for the term:

*I don't like the term whistleblowing. It sounds like you are doing something you shouldn't be doing, I guess the way I think about it is whistleblowing, it's like blowing the whistle on the pitch, it's to stop or to start something. So you are either starting a process or you are trying to stop a process. (Participant 9)*

In contrast, speaking up was described more positively as can be seen below in figure 20.


*Figure 20: Speaking up word cloud*

Speaking up was considered a day-to-day occurrence, voicing opinion, raising awareness or concerns about an issue or issues, and bringing these to light in what was perceived to be a less threatening, less formal

manner; indeed, it was seen as something positive. More often the term speaking up was referred to when expressing concern about bringing something negative to light, and although all participants felt that this was a positive action, only participant 8 discussed speaking up as being a concept that could be in relation to negative or positive behaviour as reflected below:

*Typically the term speaking up its quite a negative connotation. You're speaking up about something that you don't agree with, or something negative that's happened. But actually, speaking up could be about anything. Speaking up about the fact that I highlighted someone [sport] that had just shown really good leadership skills and felt that [they] should become an off-field leader… It doesn't always need to be a negative thing. (Participant 8)*

Some participants noted key differences, others highlighted similarities between the terms:

*I think they are probably different in their scale, but the actual process of passing on communication to do with something you're not happy with is fundamentally similar. (Participant 1).*

*Whistle blowing is highlighting something that's wrong basically. And it should be seen as healthy and very important, fundamental probably to how things should work, not just in sport but across the way. And that's also speaking up. (Participant 11).*

Some participants perceived the terms to be similar but at different ends of a spectrum. In contrast, 2 participants were not clear in their understanding of whistleblowing, participant 6 stated that they did not know what the term whistleblowing meant, and participant 8 stated they struggled to know what the term meant. Both had a clear understanding of speaking up. This is a discrepancy with all other participants who understood whistleblowing, with participant 11 (above) stipulating that it was the foundation of what we do as healthcare professionals.

Other participants believed that whistleblowing occurs when speaking up has failed, due to lack of being listened to or inaction over concerns or issues raised. Consider the following:

*It's a failure of being able to do something in a mitigation sense, or to raise things earlier in the day... if it's got to the whistleblowing stage, then things have really, you know, developed. So you know it's failed*

*something. I don't think it necessarily is a failure on that individual's part to speak up. (Participant 15)*

*I have had experience of that initial report being dismissed or played down. But then that's down to I suppose the values of that individual to follow it up, to push and maybe find another avenue of doing it. In most of these circumstances you say, their bottom line is duty of care isn't it for us as health professionals? (Participant 11)*

This suggests that, when speaking up has failed, there is a responsibility on that person to push the issue until they are heard or listened to. Other participants proposed that whistleblowing is appropriate because of the anonymity offered, when concerns exist that it is not safe to speak up. The chosen route is, therefore, situation dependent. These concepts are reflected below:

*Is it a mechanism that allows someone to speak up, that maybe didn't feel they were in a position that they could, for whatever reason? Whether that was backlash or, kind of, impact on them... I think it might be just around the situation and the culture of how that person feels… is 'safe' the right word to use? But safe to speak up. And if they don't, then*

*whistleblowing is a route that allows them to do it without maybe being named or without it being so obvious who said what. (Participant 14)*

Regardless of terminology, what was apparent from all participants was the importance of expressing whatever needs to be brought to the fore, with a view that this should be perceived as something that fosters healthy relationships and cultures. Most participants felt that it didn't matter how this was done, in contrast participant 8 felt that it was "not always what you're going to say, it's how you're saying it and when you're saying it" influencing the success of speaking up. There was an acknowledgement that bravery was sometimes required to do this, and it was identified that speaking up was not always easy because of various barriers. Examples were given in the data set evidenced when speaking up had occurred and the outcome had not been positive, with consequences including job losses. Consider:

*That was part of an early aspect of a negative experience of working with [sport], which I'd worked with for two years... It is an example where I felt I was on the receiving end of a culture within the sport that then wasn't very conducive to how I was working as the squad or team physio. So it was a negative experience… Can't say it was the most helpful of conversations or experiences in terms of how it then dealt with… that*

*whole situation escalated over a short period of time… and I left working in that sport. (Participant 14)*

*I certainly know of people who have moved on. Whether they've lost jobs or chosen to move jobs, to be fair, I've probably heard of both: lost jobs and chosen to move on because they spoke up, and because they addressed something that they felt was wrong and inappropriate. And so there definitely are consequences. (Participant 13)*

Participant 14 shared personal experience of leaving a job after speaking up, whilst participant 13 who had worked in elite sport for 25 years talked of physiotherapists known to them who had either chosen to leave or been pushed out after speaking up. Job losses were identified in the data as a real consequence of speaking up. It was also apparent that the process of speaking up was neither easy or clear:

*I remember at the time… "Oh, that's not right." I remember thinking, "Hang on a minute. Did I hear that correctly?" Probably in a bit of denial that it happened, and then actually reflecting on it… And then I probably bounced that off close, in confidence, people... that sort of reinforced, "Hang on a minute, that's not right." And then Monday morning, I went to above that level. I went up to the board, to someone I trusted, to*

*someone who I thought would do something about it… And my experience of it was it was difficult. There wasn't a process in place. (Participant 11)*

This extract highlights the importance of having someone that physiotherapists can approach to discuss a situation, an opportunity to check their own instinct, or view of a situation, as a sense check before deciding the next steps. Furthermore, the importance of having a clear process in place to deal with concerns was highlighted, and a lack of process made an already difficult situation worse. Other examples of speaking up in the moment:

*On a training camp and we've seen how coaches have interacted with an athlete… aggressively shouting…. I wouldn't go as a far as verbally abusing, but probably not an expected behaviour from a coach. I didn't necessarily have to escalate that myself because the PD at the time actually saw it and we had an informal conversation about it afterwards… The PD approached that coach to just reflect on behaviour and highlight it with that coach. (Participant 7)*

Participant 7 provided a lived experience of speaking up that saw an immediate action following the dialogue and the concern raised dealt with in the moment, a significantly different experience to the lack of process

shared by participant 11 above. Another example, shared by participant 3, demonstrated how momentary reflection and discussion with a colleague was warranted, and the sense check discussed by participant 11 Consider:

*One of the athletes had reported to one of the physio practitioners that they were in tears and they were very emotionally upset and they felt they were being bullied by one of the coaches. The practitioner was new to the role, relatively new to the sport and the athlete… I certainly was aware the athlete having a very difficult sort of personal circumstances. So there was a very sort of sudden reaction to report what the athlete had said and that was straightaway in to a sort of safeguarding process, which later involved the sport… there wasn't any sort of dialogue beforehand… The button was pressed and I guess the question is was that the right thing to do given the circumstances? That's certainly what happened that then sort of became a huge deal that caused a lot of stress from my perspective in terms of practitioner but I can only imagine what stress that caused coaching and the sport because then you're in to sort of reputations, both personally and organisationally…the practitioner probably didn't have an understanding of the culture of the sport or the relationships within the sports, so any sort of opportunity to deal with this in a different way was probably lost. (Participant 3)*

Speaking up and raising concerns is important but this example reflects the reputational damage that can be caused to coaches, sports and, relationships between sports and support staff. This links to theme 2 (see 5.4.3) where reputational damage was discussed in association to misinformation. Participant 3 and 11 both refer to the value of having opportunity to discuss and reflect on situations before speaking up. It was clear across team, individual and multi-sport that the process of speaking varied and was not clear or easy, linking to the barriers, discussed next.

## 6.3 Sub-theme - Barriers to Speaking Up

Barriers to speaking up comprised multiple components including process, being believed, job security, employment structure, reputational damage, and lack of action.

### 6.3.1 The Process

Participants expressed a lack of awareness of who to speak up to or knowing what the process was (already alluded to in sub-theme 6.2). The data suggested that any process that lacked clarity, or was difficult to

understand, acted as an immediate barrier and did not encourage or facilitate speaking up. Consider:

*It's not always easy to know who the right person would be to take these type of issues to either. (Participant 10)*

*I chose someone within high management … I knew they were very experienced. They would probably offer advice. (Participant 14).*

Participant 10 summarises most participants views where the process of speaking up was not clear, who they should go to, and what the subsequent steps would be. Participant 14 refers to self-selection, who to go to does not indicate a clear available process but re-affirms a desire to sense check information and whether to speak up as seen in 6.2 where participants expressed value of sense checking information before speaking up. These extracts are taken from participants working in team and multi-sport environments, but the same was seen in individual sports.

### 6.3.2 Being Believed

A palpable anxiety was evident around speaking up and not being believed, or that participants motive for speaking up would be questioned.

This anxiety did not decrease with experience, the following extract is taken from participant 10 qualified for 20-29 years:

*That people will take your word… that you've not got an agenda behind the word that you have… why are you wanting to speak up about it, what's the reason for you wanting to speak up for it?... will your word be believed… or do people feel that you've perceived it in a different way to how it actually… how someone else would perceive it? (Participant 10)*

How two people perceive the same action or communication often varies; having opportunities to discuss, or sense check, can potentially alleviate this and validate concerns. This links to points already discussed in 6.3.1 and 6.2. but will not equate to belief or action.

### 6.3.3 Job Security

Job security was identified as another barrier:

*"Physios don't speak up… worried about their job, and worrying about the consequences of it, and not being protected. (Participant 9)*

The consequences of speaking up are real and evidenced in the data set by examples of physiotherapists seeking alternative employment. There was concern about the ability to get future work, and what sector this would be in. as participants feared they would be branded and "*seen as difficult*" or "*labelled as troublesome*" (Participants 13 and 1). Consider:

*People also had their own responsibilities that extend far beyond sport… their own family to support, their own bills to pay, their own mortgages and the weight of those responsibilities is also a big factor in perhaps why people don't say anything, through fear of losing income, or support, or a role which can be quite damning for them…They might have trouble then getting subsequent work, or playing for a different team, or getting a contract elsewhere that if they've been deemed to be somebody who is a whistle blower, and that negative side of that I think has probably underpinned why people have such established fears in coming forward. (Participant 1)*

*If there's something you don't agree with, sometimes you can raise your concerns and it can really come to bite you on the […] I don't feel like all sports have got that safe mechanism of reporting any concerns and, yeah, you feel like you could literally… if you say something, you know you're gone. (Participant 5)*

These extracts convey fear about job security, future employability, and reputation which was reported across the data set. The concern was expressed clearly and was a significant barrier to speaking up. The variations in employment contracts added a layer of complexity to speaking up, creating another barrier, discussed below in 6.3.4.

### 6.3.4 Employment Structure

Employment structure varies across sport. Some governing bodies or sports teams employ physiotherapists directly; others do so via Home Country Institutes. Processes and loyalties may vary. Consider:

> *A challenge of speaking up aspect of the culture is the structure of support staff and who employs them, who's responsible for them, who is your boss, line manager, and that's really different in sports. (Participant 14)*

Some physiotherapists are closely affiliated with a performance director or coach; when they change employer, they take their support team with them. Roles directly linked to a person can be a significant barrier to speaking up, as it could jeopardise the employment:

*Professional sports teams, they fix term contract people. They are associated with the performance director or the head coach, so as soon as you align somebody to that person and your job is dependent on your relationship with that person, if you speak up in an environment, that person then either has to leave their job, or your life is possibly not going to be that much fun, or you are going to end up losing your job eventually because they will just make an environment you don't want to be in and it kind of falls into that bullying side of, you know, pushing somebody out the door. (Participant 9)*

This extract demonstrates the power held by performance directors or head coaches in these situations. The issue of contract type is also raised here, where fixed term contracts are deemed to be a barrier to speaking up. Such contracts mean that jobs are only secure for a limited period, suggesting that physiotherapists would choose not to speak up during this time.

### 6.3.5 Reputational Damage

Participants went on to express that sports feared reputational damage and did not have a safe mechanism in place to allow reporting to happen:

*If something comes out and it tarnishes the sports it's like all of that seems to be more important than actually really listening to what's going on, which probably discourages people from actually reporting anything that is going on because there's not that… or a lack of awareness or a lack of any kind of safe reporting system and anonymity can be maintained. (Participant 5)*

Protecting the sports reputation appears more important than having an open, honest culture and having no structure in place becomes a barrier. Although most participants discussed the reputational damage to the sport only one discussed damage to colleagues and how that would also be a barrier to speaking up.

*I wouldn't want somebody else to come off badly for things. There has been a recent example in the team about some disagreements around annual leave, based on the complexities of furlough and lots of other things. And I'm keen for that to get sorted within the team because if its escalated my manager's probably going to get into trouble for the decisions he's made… You basically don't want to shaft people I'm working with. (Participant 8)*

This participant went onto say that they would not avoid having the conversations but in these situations would always try and resolve these issues within the team first.

### 6.3.6 Culture

Culture can, itself, be a barrier, particularly when it is made clear that a sport operates in a particular way with no indication that they would be prepared to change (discussed in theme 1, 4.4). Consider:

*The barriers are when you maybe have chief execs or people who are out to play in the same mindset as performance directors or coaches who are, 'it's this way, and this is how we do it, and we need to be as fast as we can and if we run over a few people in the process, that's fine, because we will win.' And I think that's your biggest barrier around poor HR teams, poor people in the roles that are there to support staff, and support all staff, not just senior staff. (Participant 9)*

The importance of winning is conveyed by participant 9 and how that overrides any duty of care to athletes or staff. The lack of processes is expressed again. How culture determines behaviour and inhibits speaking up is further expressed by participant 4, working in a team sport:

*Going into an environment where there may be barriers that are either put up… because people don't speak up, people are very much ingrained within the sport and have been there a long time... The culture here is you just get on with the work, get your head down and, you know, you just sort of follow all the rules that are set for you. (Participant 4)*

This extract suggested that staff became deeply embedded in a team with established behaviours and were expected to conform. Similarly, participant 11, now working in individual sport but had experience of team sports expressed a notion of becoming institutionalised within a team which can encourage you to speak up or become a barrier:

*Team can institutionalise you in two ways. It can institutionalise you into doing the right thing, but also, "Oh, no, don't rock the boat". (Participant 11)*

### 6.3.7 Lack of Action

Participants with all levels of experience expressed that if no action was taken then this is a barrier to speaking up. Consider:

*Well, what's the point? Nothing will happen. (Participant 15)*

The data has already identified that speaking up is difficult and this extract tells us is that if physiotherapists take the step to speak up and nothing is done about it, they will perceive it as pointless and stop speaking up. This links back to lack of process, discussed in 6.3.1, where it was evident that not having a clear, well understood process was a barrier to speaking up.

## 6.4 Sub-theme Enablers of Speaking Up

The data showed that there were factors facilitating speaking up within the sport sector, identified as anything that allowed, or made it easier for, participants to speak up. Supportive environment, the process, job security, trust, culture, and education were all identified as enablers of speaking up; each of these will be presented, supported by extracts from the data set.

### 6.4.1 Supportive Environment

The word 'supportive' was repeatedly identified in the data from all participants. In essence, this potentially links to culture of the

environment (discussed 6.4.5 below). Consider these extracts provided by one very experienced and one less experienced participant:

*Being in a supportive environment where you feel that you'll be listened to would definitely help in speaking up. (Participant 10).*

*Supportive … quite open, there's also …a little aspect of policy as well. If there's policy in place that allows you to speak up so that someone has put in place. This is the policy, and this is the sort of chain of command. (Participant 4)*

Participants stated that a supportive, open environment created the right conditions for speaking up. Additionally, whereas unclear process was identified as a barrier in section 6.3.1, having a policy and process in place was fundamental in enabling speaking up.

### 6.4.2 Process

All participants expressed the importance of having a process in place that was clear and understood, this extract from participant 7 echoes the data set:

*There needs to be a process. People need to know what the process is to be able to speak up… Who would you go to? What's the process? What happens with that information afterwards? It's the safety of the information that you're giving on. (Participant 7)*

The data suggested that process required clarity on:

- Who you report to.
- How reporting takes place (verbal, email, anonymous).
- Who the information is shared with.
- What happens to the information once it has been reported.

Participants identified that knowing the process would enable speaking up, which included methods of communication as individual physiotherapists have preferences and facilitating options on how information could be shared would enable speaking up. There was also an issue of safety of the information, and it was important to identify who would have access or sight of any information shared.

*I think avenues for communication and level for communication. Because I think some people find it hard… to do verbally. Some people would find it easier to do sort of email. (Participant 11)*

In contrast, participant 8 felt that email can be open to misinterpretation with face-to-face communication being preferential.

*I think that a face-to-face conversation to be able to speak up makes things much easier than hiding behind an email that could be misinterpreted. (Participant 8)*

In summary, having a clear process and various communication options were identified as enablers to speaking up.

### 6.4.3 Job Security

Job security was linked to process; when speaking up it was fundamentally important for participants to know that jobs were secure and that there was protection available from Human Resources. Consider:

*There should be no real or hypothetical threat of losing their job. (Participant 6).*

*Knowing you're protected from a HR perspective, that they can't turn around and sack you. So even having a bit of job security is really important. (Participant 5)*

Job security was not identified as simply keeping the job but also linked to the working environment and culture, e.g., treatment of the individual once they had spoken up and assurance the individual was not 'targeted' (Participant 9) because of speaking up.

*Security. So confidence that if you speak up about something that, one; you won't be performance managed out of the door, two; you won't lose your job, and three; whatever you are, I guess, raising, which is most likely bullying or player welfare, or staff welfare concerns, that then you are not targeted off the back off it, and so, again, it's… yeah, I think that's where you need to be comfortable and feel safe to be able to speak out (Participant 9).*

### 6.4.4 Trust

Several participants identified trust as a multifaceted enabler, encompassing that speaking up would not result in becoming embroiled or implicated in the situation being spoken up about. It also included trust that, when speaking up someone would listen, and opinions would be noted and valued. One participant also stated that when speaking up there must be acceptance that the opinion held of a certain situation may be wrong. The following extracts convey this:

*Trusting that you wouldn't be implicated. (Participant 15)*

*Trust. You have to believe that in speaking up, that somebody's going to listen to you. And value your opinion. You may not be right. You know, you have to be open to that as well. (Participant 12)*

Furthermore, trust was linked back to having clarity in the speaking up process, that the process would be followed, and how the sensitive information would be handled:

*Knowing who to go to, what the potential outcome would be and how it would be dealt with would probably give you trust in escalating that information on. (Participant 7)*

Trusting the person that you speak up to was important; participants stated that this came from having a well-functioning relationship with that person. This was linked to open communication and respect, resulting in being listened to:

*I already had a pre-existing relationship with that person and I had trusted them. If I didn't have that person in place, I wouldn't have known who to go to. (Participant 5)*

*Communication has to be an enabler. You've got to have open communication. You've got to not just go in, do your job, and walk out again. You've got to have some relationships within that in order to speak up... I think if you're not respected as a practitioner, it doesn't matter whether you speak up or not, you'll not be listened to… And you've got to earn that respect, it's not something that comes just because you're a physio. You've actually got to earn that. (Participant 12)*

Even when trusting, respectful relationships, with open communication, were in place to enable speaking up, there also had to be opportunity to have those conversations:

*I think you've got to give people the opportunity and almost the space and time to protect, to reflect, to go, "Right, I've got this time, let's reflect. Everything going okay? I need to report something. Who do I want to report it to?" (Participant 11)*

Linking to section 6.2. where the lived example discussed that identifying a person to have that conversation with acts as a safety blanket providing clarity on the impression of a situation, the importance of having time to reflect, review work practice, with opportunities to discuss any potential incidents with other colleagues, were identified as a key ingredient to enable speaking up.

### 6.4.5 Culture

Numerous points were identified that linked to culture within the environment, including relationships, level of experience, seniority, and agreed behaviours as expressed here:

*From an enabling point of view, I think again; it comes back to culture. I think you sort of put your line in the sand before you even start some of these processes where you say we want to have a culture of openness, we want to have a culture where people feel they can speak up. We also want to have sort of almost again agreed sets of behaviours, so we all understand those behaviours. (Participant 4)*

Key aspects of thriving culture were, by themselves, not enough. Participants identified that it was about how this culture is understood and embraced by those within the environment:

*I think it's really important to lay down your expectations as an organisation around values and behaviours and I think that those are shared and they're talked about and understood…When those expectations are breached, for want of a better word, it's not such a big deal to talk out about those. (Participant 3)*

Having the right culture was noted as fundamental to enabling speaking up, something that all participants agreed upon.

### 6.4.6 Education

A lack of education and training was identified by all participants as a concern and, conversely, improving this an enabler. The following extract represents and summarises key concepts that emerged from the data set:

*There's not enough education in terms of why it's important to speak up. I don't think there's enough education to chief execs, managing directors, and even these kinds of people, to actually understand why somebody*

*would be speaking up, and not to look at it as a negative. And I think that, you know, physios need education on, in particular, in elite sport, if something's wrong, you have to say something, and it's okay to do that… I don't know where that education comes… does it come in post-grad degrees like masters and things… When you see these headlines and you start speaking about it, people will talk about things they've seen and heard and done, and you just go, 'but they've never said anything,' so I think there's definitely education needed. (Participant 9)*

This suggests that education is required across the spectrum of elite sport, not just for physiotherapists but from higher management down. For physiotherapists, participants suggested education based on sharing experiences, as the best way to understand the context and complexity. Consider:

*I think that's also part of a learning thing… education we talked about is maybe sharing and discussing and how that helps people understand what isn't right, normal, not what you should do about it…Because it's not always in black-and-white, it's a grey thing and I think that's a challenge of the area. But I think it isn't until things maybe you read, or things happen, and you hear of someone, like the Bloodgate thing, that just makes you reflect, makes you think, 'What would I have done? Would I have done the same thing? Would I have done differently?'.*

*(Participant 14)*

Many participants indicated that this training should be carried out across staff groups in a multi-disciplinary manner and not in silos.

*Bring it out into the open a little bit more I guess and not make it such a taboo topic to discuss. I think if you've got your house in order you shouldn't have any issue. You should welcome this system… everyone does it together so that it's not like we've done our little bit of training here, we've done our little bit of training, but we've never really talked about this stuff together as a team. If we're all in a room together and everyone knows that these processes are what we do as a team then I guess it just brings that unity a little bit more in. (Participant 5).*

Training was also suggested to develop skills dealing with difficult situations and conflict, on receiving information, and feedback. People were asked to share experiences, or give feedback, without necessarily having the correct tools to do so; this led to conflict, becoming a barrier to speaking up. Consider:

*I think the education should be not just from the speaking up, but also from the receiving point of view, which I think is the challenge. People*

*are afraid of speaking up because of the way the other people will receive it, and the way the people will react on their speaking up. (Participant 6)*

Participants identified that having tools to receive information was just as important as having tools to speak up. It was noted that even the experienced practitioners felt that speaking up was a skill developed over time with one noting they had only developed these skills in the last 5 years despite being qualified for 10-19 years.

*When talking about speaking up it's a skill that you develop over years, one I've only really developed over the last 5 years. (Participant 8)*

This highlights not only is education in both areas essential but also when this education is delivered.

## 6.5 Summary of language of speaking up

The theme language of speaking up highlighted the interchangeable use of the terms whistleblowing and speaking up, noting perception of the

former was more serious and that the latter was viewed as something that occurred on a more day to day basis. It was evident that many of the barriers and enablers to speaking up are the same, with considerable cross over, centring around the process, job security, culture, and trust. Participants felt that there was a lack of education and training, with a clear requirement for specific tools to help.

# 7 CHAPTER 7 – ANALYSIS: Theme 4 – Influence of Internal and External Factors

## 7.1 Introduction

Theme 4 captures internal and external factors that play a role in the speaking up narrative. Sub-theme 1, 'Personal character', considers the internal factors whilst sub-theme 2, 'standards and processes', looks at external factors that could influence a physiotherapists decision to speak up.

## 7.2 Sub-theme: Internal Factors

Following descriptions of it being '*murky*' (Participant 4 and 8), internal factors explore personal characteristics and the need for strong moral values to work in sport, considering the role of an individual's moral compass and values and how these influence decision-making and behaviour. Participants directly linked experience to speaking up and the importance of self-reflection on their own historical practice or behaviour; initially this was evident in reactions to the vignette (see 11.6) but became apparent throughout discussions about participants' own professional behaviour, along with their opinion and tolerance toward others' behaviours. It was evident that there are differences in what practitioners accept as normal, affecting their threshold of action.

### 7.2.1 Moral Compass

How individuals view the world varies greatly, and participants were influenced by their own moral compass impacting several factors. Firstly, upbringing and experience:

*I think we all bring our own experience to things, obviously our own opinions on how you go about things and what's acceptable. And that's influenced by our own upbringing and our own experiences… that will always be variable. (Participant 15)*

Secondly, personality type:

*The type of personality I am, and friends will say this about me, I've got real clarity in what is right and wrong. Now, whether that's my right and wrong, everyone won't necessarily agree with what my right and wrong is, I'm probably not willing to budge on that too much with some real key things in life. (Participant 8)*

Thirdly, physiotherapy education:

*I think growing up, being around the right people that had the right morals and values, probably helped my core beliefs…my perceptions of what's right and wrong. So, I think that really helped me… I think where I went to University, we had some great lecturers who were really like, "Look, this is how you should do things. This is how things shouldn't be done." And I think that's helped me in sport, but that has also hindered me a little bit because … I really struggled when I first started working in elite sport to sort of work in the MDT, and if somebody had a different view to me which wasn't necessarily wrong, it was just their view and their way of doing something, I'd find it very difficult to see that from their point of view. (Participant 2)*

These extracts reflect that an individual's moral integrity is influenced by nature and nurture (individual personality type: upbringing, education & experience). Participant 2's extract demonstrates that balancing what is known and taught with lived experiences in sporting environments is not black and white; indeed, there are grey areas where strong ethical principles are required for guidance. Furthermore, those with experience have a responsibility to be a role model for junior physiotherapists. Consider:

*Being strong in your beliefs, what are your values? Then you've just got to stick to your values. Values of how you carry out those standards of practice, or how you portray those standards. Because there is grey areas in there... Especially within the elite sporting environment. But you're also in certain roles… especially with junior staff around. You've got to sort of set a standard of where that's at. (Participant 11)*

*The ethics can get lost on you at times especially if you're young starting out in the sport as well and you haven't got that strong personality to say no. You feel like there's a hundred people behind me knocking at the door trying to get this position and I'm lucky. You're made to feel like you're lucky to have it and this is how we do things, so definitely takes a strong moral code and a good understanding of your own values to not get swept up in that. (Participant 5)*

The above extract suggests that it can be difficult for physiotherapists working in elite sport to stay true to their moral and values. Further reflected when discussing the vignette, participant 5 alluded to having a degree of sympathy towards physiotherapists in particular situations, being mindful of the pressure they would have felt to carry out certain behaviours. Whilst participant 8 acknowledged how these things could have happened but firmly believed that characteristics of the individual physiotherapists would also have contributed.

The privilege of working in elite sport was identified as a pressure, in theme 5.4.1 and 5.4.2, which can also influence an individuals' decision making. Physiotherapists must balance their value principles with the pressure / privilege of doing the job, trying to ensure that their moral integrity doesn't get quashed. Experience plays a part in this, discussed below 7.2.2. The influence on decision making of a physiotherapist's internalised set of values is seen below with examples from participants working in team sports:

*The Bloodgate one and things like that… you never ever as a physio want to go through anything like that, or even think about doing anything like that…I think it serves as a good reminder… not to … go against your morals. (Participant 2)*

*I come across people even still that I suspect would struggle to cope with a situation like that. Now, whether that means that they would go ahead and do what they're being asked or whether they would just really not cope and walk away, I'm not sure. (Participant 8)*

This reflects upon the variable threshold for action; whilst understanding the right behaviour in principle, but participants acknowledge it may not

always happen in practice. Some expressed the principle of refraining from doing any harm before doing good:

> *I do what I think is right, in terms of ethically. I always go back to "Do no harm". (Participant 6)*

As a guiding principle doing no harm is sensible but in practice other external influencers, including pressure (discussed 5.4.1), may override this. The data in this study show the many variables that play a part in physiotherapists decision making.

### 7.2.2 Experience Influences Behaviour

The participants agreed that experience, or lack of, is perceived as an influencer on speaking up, particularly the number of years' experience; the following extract reflects this:

> *If I take myself back to a relatively qualified, or a new role in sport physio and I was trying to make my own mark, trying to be noticed, trying to do the best job I could, I wouldn't have liked the idea of anybody really thinking that I was a troublesome person. I've been in environments where… I've gone is it my place to speak up, or do I keep to myself?... I*

*can see how that can really easily happen. If you're a bit later down the line and you've had a fair amount of experience in those environments, perhaps it also shapes your understanding of what is professional sport and what isn't acceptable in professional sport. I think you do start to understand the boundaries a little bit, you know, as well, so you can have a bit more understanding and you can be a bit more confident that you can be heard, and just defend your position. (Participant 1)*

Experienced participants expressed that junior physiotherapists have lower confidence levels, primarily focusing on role and skill consolidation, potentially tolerating substandard behaviour to avoid being labelled a troublemaker; they also expressed these factors as barriers to speaking up. The data identified that skills required for speaking up don't automatically accompany experience but need to be specifically developed. Consider these extracts from participants qualified for 10-19 and 0-9 years respectively:

*When I look back over my career, it's probably only in the last five years that I feel I've really developed those skills to be able to speak up... Some people will speak up more than others, and partly that's personality. A lot of that's to do with experience. (Participant 8)*

*Physios in sort of less senior positions, or more junior in the sport, you feel really worried and disconcerted about speaking up. But I think you tolerate it more. I think there's almost that, "Well, I'm only a junior. I want to progress. I've got to put up with this." And I think actually there needs to be that collective standing up of physios in sport being like, "Actually, no. There should be like a zero tolerance to bullying." (Participant 2)*

These extracts suggest that the desire to progress in their career is considered a barrier to speaking up, linking to 6.3.3 where job security and future employability were raised. Generally, regardless of experience, participants considered that physiotherapists need to develop skills ensuring their voice is both heard and listened to when speaking up.

### 7.2.3 Having a Mentor

The role and importance of having a mentor, particularly for junior physiotherapists, was acknowledged by all participants alongside a suggestion that their role was to help facilitate the junior physiotherapists' voice. Any physiotherapist is likely to have a smaller network of trusted people to call upon to discuss matters of concern at the start of their career. Consider:

*If you were less experienced with less of a network, who would I speak to, to get that advice if I didn't have a mentor? I don't know... An opportunity to access that kind of peer support, or mentoring about the issue initially could be really useful. (Participant 14)*

The extract below talks about the mentor's role with junior physiotherapists, specifically on speaking up:

*The junior physio that we work with… trying to take on a mentoring role on with her now this year, and... trying to find ways to help her gain confidence to speak up. (Participant 8)*

Confidence and skill set are identified as key enablers to speaking up with junior physiotherapists, something that a mentor can help with. Furthermore, the complexities of working in sport were acknowledged, highlighting the need for a mentor, working in another sport or organisation, that understands the environment.

*It can be a bit murky when you first get into sport because I think having a mentor is really important, someone who's very experienced in*

*sport and somebody outside of that environment, you can bounce stuff off. (Participant 5)*

Participants all agreed that having a mentor was important in helping develop skills, confidence, and providing guidance in difficult situations but noted that this wasn't always available or encouraged in professional sport.

### 7.2.4 Tolerating Behaviour

Participants conveyed that unacceptable behaviour often persisted in environments because athletes or staff had not experienced other cultures, resulting in acceptance of this behaviour as normal. Consider:

*(SPORT) they can only go on what they know, so that's why cultures can persist, they've not been exposed to anything different…it would go for the same with support staff. Support staff that have only ever worked in one sport, you just get a bit conditioned to think that's the way things are done. They've not been exposed to anything else, so they think that's totally normal, you know, which probably isn't. But it is their normal… "I felt it was totally inappropriate, the athlete... again, that's what made me think, "Oh, this must happen all the time." You know,*

*because they weren't upset. I don't like what I'm seeing here. Everyone else seems to be going along with it." (Participant 15)*

This is one of numerous examples of lived experience reflections where repeated behaviour became normalised and accepted. There were examples where experienced physiotherapists who witnessed this had tried to speak up but, when faced with inaction, stopped raising concerns or moved to other jobs. In contrast, participant 15 felt that physiotherapists were good at spotting poor behaviours but were not good at "calling it out" and were more likely to move on from a job rather than deal with it. Participant 3 concurred, stating that it was difficult to blame people for "taking the easy way out and not having the courageous conversation". But the consequence of not being listened to led to a change in acceptable behaviour. Consider:

*If lots of people speak up and nothing gets done, what happens is people stop speaking up. And then something changes where there's a normal behaviour that's very wrong.… I think as a physio, medical profession that something could be highlighted and then that would be recorded. And then when it comes to actually action and changing outcome that doesn't happen. And that then festers into something a lot more difficult to change, because then it becomes historical and almost*

*behavioural within a group. And then what's normal? That's okay, that's normal. (Participant 11)*

If poor practice is not addressed immediately it can escalate; participants reflected that many of the cases from the vignette potentially resulted from such behaviours. The question was raised regarding accountability from all involved in those instances and there was consensus in the findings that it was everyone's business and responsibility.

### 7.2.5 Professional Behaviour

Professional behaviour raised 3 main points: confidentiality, respect, and duty of care. Confidentiality centred around consent and information sharing, which was twofold, staff roles and the environment. The extract below refers to the wider multidisciplinary team and which staff should information be shared with, linking back to previous discussions in theme 2 (see 5.3).

*We will all have conversations about lots of other things that it's not appropriate to share, you know, but I think there are certain factual things that you have to share, but I'm always mindful that I have always*

*sort of cleared it with the athlete: "This is what I'm going to say to the coach. Are you okay with that?" (Participant 15)*

This extract was not unique, suggesting that physiotherapists understand the need for consent to enable athlete information to be shared within the staff group. Difficulties in relation to the environment where these discussions take place, often within earshot of other athletes, coaches and staff that may not be privileged to such information, were described; however, as a training environment, is often considered a performance environment, there is an expectation that physiotherapists share information with other staff regardless of the surroundings. Consider:

*Talking openly about patients' problems when you're in environments that aren't really confidential environments, which are often by the side of a pitch, or in a pool… That's the biggest challenge to navigate in that environment, because it's almost expected that you talk openly about injured athletes' problems… they want to know what's going on… and it can become a little bit like ah, well, confidentiality's not really important here, because we're the performance environment and everyone knows she's injured, because she's not walking. (Participant 1)*

Generally, participants suggested that confidentiality was more difficult to uphold in a performance environment where there was an expectation that conversations occur openly, demonstrating a lack of respect for both

athletes and professional practitioners. It was identified in the data that mutual respect amongst the support staff group was sometimes lacking, leading to conflict. Consider:

> *I've seen more inter-communication and personality problems within the staff …from a conflict perspective…I've seen examples when staff have been at such loggerheads that their behaviour and their personalities are so different that they were becoming detrimental to the team environment…It's quite easy for personality traits and clashes to impact negatively on an environment in which you're immersed, particularly when you work in performance sport where the teams are often very close and they all get very used to reading body language, so the moment there's a problem, it's naïve to assume that the athletes don't pick up on that, you know. (Participant 1).*

Open, frank, and honest discussions are a healthy part of any work environment but ensuring these are conducted in a professional, respectful manner is important. When they are not, subsequent ill feeling can ripple through a team. Furthermore, the extract below identified how staff need to respect decisions, even if in contrast to their own opinion, including by athletes making decisions against medical advice:

*You respect that somebody's making the right decision at the right time, right for everyone involved and you respect that, and you go by it even if it's not ideal for you. (Participant 8)*

The context of this statement was based on relationships; therefore, it cannot be said that this would be true if the decision involved duty of care and there was a risk of harm. Other participants made it clear that they would not feel comfortable allowing athletes do something that was potentially harmful, as discussed in 7.2.1.

I'd feel really uncomfortable with letting somebody do something that I know could cause them harm... *I think as a registrant… you've got a duty of care to report something if you see malpractice, or something that… you're not comfortable with and that's illegal… Making sure that you don't get dragged into that and that you morally like report those things that are going wrong. (Participant 2)*

### 7.2.6 Reaction to Vignette

The response to the vignette (collage of media headlines, see 11.6) was predominantly one of shock at the volume of problems across sports, as

this had not been apparent to many until presented collectively; but equally, they were not surprised, as some were aware of issues within sport, if not the extent. Conversely, participant 2 felt that what the vignette presented and what was in the public domain was only a fraction of what was happening. The collection of headlines as a pictorial image struck a chord with participants:

*I was shocked when I saw this… I think we have an awareness of it in snapshots, but when you put it all together it's clear there's a big, underlying cultural problems in that area of elite sport. (Participant 11)*

*I can't believe these things go on. I would hope in this day and age that wasn't the case, but I think it probably is. Another part of me wasn't surprised, because of the nature of elite sport and the pressure that comes with it for everyone involved. And I suppose something that's just really important is that we try and get resolution, try and stop it happening. (Participant 8)*

*It's shocking to think in this day and age that things like that are still happening…I think actually that's probably just a fraction of the things that are happening. (Participant 2)*

The consensus from participants was that physiotherapists in those work environments would have had some awareness of what was going on. Consider:

*I can understand how all of those things happened without people being aware of it, and I can understand how eventually, that crescendo's to the point where it spilled over…I think certainly physios will have seen things, heard things, maybe not specific enough to be able to do anything about it, but I would be very surprised if physios didn't or weren't aware that some of those things were occurring. (Participant 13)*

This extract conveys the difficulties physiotherapists face when they know that there are issues but are not in possession of all the facts. Findings suggest that physiotherapists believe that speaking up can only occur when armed with all the pieces of the jigsaw. The vignette prompted self-reflection on their own experiences and actions:

*I see these headlines, I definitely reflect on situations previously where it's not a surprise. And that's quite uncomfortable, because you do think, "What could I have done? Could I have done anything different?" (Participant 15)*

This links back to 7.2.4, tolerating behaviours and the threshold for speaking up. Participant 3 felt that if physiotherapists saw anything that was contrary to their values, then they should have the courage to say something to someone but participant 15 felt that speaking up about things "you only half know about" can cause greater harm.  It is likely that participants personal experiences colour their viewpoint as participant 15 shared an experience where a specific situation became something it was not because the person who raised concerns was not armed with all the facts. However, what participants did agree on was that athlete welfare and duty of care was "the bottom line".

### 7.2.7 Summary personal character

This sub-theme has drawn together internal factors related to personal characteristics and their influence on the narrative of speaking up. In summary, an individuals' moral compass can be compromised by pressure, experience influences behaviours, mentors are important providing opportunity for sense checking, and some behaviours are tolerated and become normalised because they were not addressed from the outset. Physiotherapists understand confidentiality, respect, and duty of care but these can sometimes be compromised by others within the support team.

## 7.3 Sub-theme External Factors

This sub-theme investigates factors that are not specific to the individual, exploring participant understanding of standards and processes. Variations in employment routes for physiotherapists in elite sport is discussed (linking to 6.2) Regulatory requirements expected of physiotherapists is explored, linking to discussions in chapter 1.

### 7.3.1 Processes

In the main, data pertaining to processes considered speaking up through a safeguarding lens. Findings demonstrate that processes enabling speaking up had not been in place previously. Linking to theme 1, (4.2) it is more socially acceptable to speak up today than it was.

Variations on the first step of speaking up were reported in the data, these included reporting to line manager, technical manager, human resources, and safeguarding officers. The highest number of participants stated that their line manager would be their first point of contact, followed by HR:

> *The first person would be my line manager, and you know, certainly then to be the head of physiotherapy. (Participant 10)*

*I have a direct HR person I work with, so they're aligned to myself and… is there as an HR contact for all the staff. (Participant 9)*

Two participants spoke about safeguarding leads being the point of contact:

*We have safeguarding leads and if you see anything or experience anything that doesn't feel right or is uncomfortable you just report it. To a large degree that's handed over for a more objective sort of assessment of what the issue is and then that's sort of investigated as those safeguarding leads see fit. (Participant 3)*

Some participants lacked clarity on the process as they were contracted rather than employed by the sport. Participants also expressed confusion about who to report to if speaking up involved the line manager. Consider:

*They're clear to me who I would go to, and it would be my line manager. In my sport, it's maybe not so clear. I know who the safeguarding officer is. But that safeguarding officer is a really prime person in the programme, and what if it's them that I'm having to whistle*

*blow about? I don't know, you know, from that point of view. That's not so clear, for me. (Participant 12)*

There was no universal process across the data set; most participants knew who to approach first, but many were not aware of subsequent steps and what happened to the information shared thereafter. One participant reported that not all sports had sufficient mechanisms in place:

*I don't feel like all sports have got that safe mechanism of reporting any concerns. (Participant 5)*

Participants expressed a lack of consistency in sport about reporting mechanisms; some sports had clear mechanisms in place, others did not. Available processes outside of participants' sports or organisations, including HCPC and Sport integrity hotlines, were not brought into discussions; when directly asked about Sport Integrity hotlines, only 4 participants had heard of them and participants engagement with HCPC and CSP was minimal. Furthermore, physiotherapists working in elite sport are required to undertake an introduction to doping in sport course (UKAD) which complicates the landscape with conflict between what is being asked from HCPC, UK Anti-Doping (UKAD), and World Anti-Doping (WADA).

### 7.3.2 Employment Contracts

Employment routes varied and participants discussed positives and negatives of both main routes, direct employment with sport or indirect via HCSI. Not being employed by the NGB provided a certain distance between the physiotherapist and the sport, along with a support network readily available to listen and be a critical friend.

*I think just the way we're structured in terms of working alongside sports and providing support to sports but not being employed by sports, definitely gives you that sort of professional distance to be able to observe things in maybe a more objective manner, because you can remove yourself from the emotion of it all. (Participant 15)*

Being employed by a third-party organisation provides protection and opportunities for the physiotherapists continued professional development and professional aspirations; direct employment by a sport is less likely to offer these things:

*I'm part of a physio team, so, you know, I'll have my own goals and aspirations professionally that are not necessarily linked to the success or failure of the sport I happen to be working with…Whereas if you're the sole physio working in a team, and your funding... actually, let's be honest, they're not really going to care about your development professionally. (Participant 15)*

If employed directly by a sport, it was suggested that such employments should not be linked to personnel, as this would offer greater protection to physiotherapists:

*I think we can protect medical staff, which is by not contracting them in relation to head coach, whatever sport that is as a performance director they report to a head of medicine and their appointment is made in conjunction with the head coach, but not by a head coach, you know, and so then anyone who moves on from an organisation has got the ability to be protected from somebody who is not part of that squad. (Participant 9)*

Additionally, whether physiotherapists were contracted or not was raised as a potential challenge, particularly if the contract was for impromptu work which has unique challenges:

*I think there's challenges of how physios work in sport… "Are they full-time? Part-time? Ad hoc? Just covering? Are they contracted? Is it more of a relaxed approach to employment"? (Participant 14)*

### 7.3.3 Athlete Consent Forms

Issues around information sharing, confidentiality, and the multi-disciplinary team have already been reported in theme 2 (see 5.3), linking strongly to athlete consent forms which circumvent some of the issues discussed. Athlete consent forms was something most participants alluded to; however, questions were raised as to what extent athletes understood these and their consequences. Consider:

*I think any athlete that is involved... certainly in my environment, you know, they've signed up to our kind of code of conduct… they sign an Athlete agreement. Whether they've read that or not or understand what it means is a totally different thing, but, you know, I do think in our world, we will have to share certain information in order to do our job. (Participant 15)*

Participants reported that, occasionally, athletes asked for information not to be shared, particularly if it involved their mental health. Physiotherapists having information that they are unable to share can create tension in the team. Consider:

*The ones that we do find quite difficult is having information available to us that is confidential that we're not able to share with the coaching team, and then there's a lack of understanding from the coaching team as to why we're not fielding that player. (Participant 8)*

Athletes can withdraw consent at any time and ask for information not to be shared; in line with professional regulations, physiotherapists would have to abide by that request, which can create conflict within the work environment (see 1.5). The way information is shared was also raised as a concern by participants. Consider:

*From a standards point of view, obviously, confidentiality and consent and things like that are key. There are only certain ways that we can certainly pass on information…Had a conversation with the PD (performance director) around actually this isn't appropriate within a performance team meeting because it goes wider than the scope of who needs to know what. So, that was actually taken off of the agenda within*

*the performance team meeting. And now, it's a need to know basis. (Participant 7)*

Numerous participants referred to performance team meetings which involved several non-medical staff. The extract above shows how one participant changed their practice, removing injury updates as an ongoing agenda item that is now only included when needed, whilst others changed practice by, e.g., removing injury lists from openly visible spaces.

### 7.3.4 Standards Regulatory Bodies

Knowledge and use of regulatory body guidelines in place to support physiotherapists, including CSP and HCPC, varied considerably. Some participants engaged with the guidelines, utilising them in their professional practice; others did not use them at all. Consider these extracts:

*Rules of Conduct. I couldn't recite them to you. I'm not going to pretend I could, but yes, I do feel that there's a very clear responsibility to, you know, be active in not tolerating behaviour, which is inappropriate. As a*

*healthcare professional, that is a responsibility I take seriously. (Participant 1)*

*I'm aware they exist. I'm not sure if I would be aware of all of them, if I'll be 100% honest. (Participant 10)*

*No, I've never read them… I feel like morally, I've got a good moral compass, and I think if you don't… if you need to read those to know what's right and wrong. (Participant 9)*

This latter quote contrasted with most participants who had an appreciation that rules of professional conduct were there to guide practice, referring to them if required. But despite most participants being aware of the regulatory bodies participant 13 acknowledged that they would never have thought of using them in speaking up which by their own admission was "daft really".

### 7.3.5 Conflict Within Expected Standards

It was apparent that conflict exists between regulatory organisations. Consider the following extract, which discusses the conflict between the anti-doping organisations and physiotherapists regulatory bodies:

*It's a really odd one because from your anti-doping stance if you don't tell WADA or Anti-Doping or UKAD, you know, you could be seen as going against those rules, but on the other hand it's that confidentiality, and actually you've got to keep that confidentiality. So, you're stuck between a rock and a hard place, and actually as a physio what do you do? (Participant 2)*

If an athlete has asked a physiotherapist to keep something confidential, regulation stipulates that confidentiality can only be broken if the athlete is in danger or at risk of harm. Reporting doping would not constitute a reason to break confidentiality but by not reporting, the physiotherapist is contravening anti-doping regulation and would be considered complicit with the potential to face charges.

### 7.3.6 Summary of external factors

Sub-theme 7.3 explored external factors found to influence speaking up. Processes varied and were often unclear, although most participants would speak up to their line manager. Employment routes differed but two were considered, direct sport employment or indirect through a third-party organisation, with positives and negatives to both. Athlete consent

forms were discussed. Lack of engagement with regulatory and professional bodies was considered, as was the conflict that exists between differing regulations.

## 7.4 Summary of internal and external factors

Theme 4 examined the findings born from the data set that clustered around internal and external factors affecting speaking up. The sub-theme internal factors were person centred, reflecting the physiotherapists' individual characteristics, whilst the sub-theme external factors considered processes, employment routes and standards and regulatory bodies.

# 8 CHAPTER 8 - DISCUSSION

## 8.1 Introduction

Physiotherapists, key members of athlete support, have a duty to speak up and report negative behaviour, yet literature is scarce, and our understanding of this specific phenomenon is limited. A reminder of the question and aims of this study:

- What is the willingness of physiotherapists working in elite sport in the UK to speak up?

AIMS:

- Greater comprehension of what physiotherapists working in elite sport in the UK understand by the concept of "speaking up".
- To identify any policy, or guidelines, on speaking up available to physiotherapists working in elite sport.
- To understand any barriers to speaking up.
- To understand enablers to speaking up.

This chapter will address the research question by interpreting the findings presented in chapters 4, 5, 6, and 7, whilst evaluating connections to the literature presented in chapter 2. Concepts of psychological safety, normalisation of deviance, and systems thinking will be utilised to better understand physiotherapists' experiences of speaking

up in elite sport. Four main themes were presented: contextual factors, workplaces and lived experiences, language of whistleblowing or speaking up, and influence of internal or external factors; these findings demonstrate a web of interconnections between the identified themes, reflecting the complexity of this sector.

The chapter begins by establishing professional expectations of physiotherapists' and exploring their understanding of speaking up (8.2). The bulk of the discussion will look at their willingness to speak up (8.3) which will lead to barriers (8.4) and enablers (8.5) identified through this research.

## 8.2 Physiotherapists Understanding of Speaking up.

Physiotherapists have a professional obligation to ensure that standards of conduct, performance, and ethics are upheld, regardless of work sector, including speaking up about concerns, whether internally within organisations or externally (see chapter 1 & 11.1 and 11.2) (CSP 2019; HCPC 2023a and 2023b). However, original findings from this study indicate significant ambiguity surrounding these processes, particularly concerning the distinction between "speaking up" and "whistleblowing." This lack of clarity not only complicates the reporting pathways but also diminishes the perceived importance of raising concerns.

These novel results reveal uncertainty surrounding the processes and terminology associated with speaking up and whistleblowing. All participants understood the former, but two participants reported not understanding the meaning of whistleblowing and the interchangeable use of speaking up and whistleblowing further compounded the confusion (theme 3, 6.2). Arguably, these conceptual distinctions influence how physiotherapists understand and engage in these processes. Participants reported that procedures varied widely depending on the workplace and employment pathway, with many lacking a comprehensive understanding of available channels for raising concerns (see 6.3.1; 6.3.4; 6.4.2). This inconsistency in the practicality of speaking up fosters' uncertainty, potentially deterring individuals from escalating issues appropriately. The following section will explore these conceptual and practical issues in greater detail.

While speaking up was perceived as a positive, day-to-day activity aimed at addressing minor concerns, whistleblowing carried negative connotations of betrayal and anonymity, aligned with serious misconduct, This dichotomy, although reflective of differing levels of severity, risks undermining the gravity of concerns that require escalation, highlighted by Participant 9 (6.2), the term whistleblowing evoked mistrust, creating a barrier to its use despite its critical role in addressing severe ethical breaches, with most physiotherapists working in elite sport holding little

endearment towards it. It was described in a more negative manner, associated with anonymity, identified with reporting significant wrongdoing, concurring with existing healthcare literature (Jones and Kelly 2014a; Francis 2015; Rauwolf and Jones 2019). Arguably, one could state that terminology is semantics, but the term whistleblowing could be perceived a barrier to voicing concerns; despite whistleblowers playing a vital role in exposing wrongdoing, the term was surrounded by connotations of betrayal and negativity when it should be regarded positively for bringing an issue to light as participant 11 (6.2) noted that it should be seen as "healthy and important, fundamental to how things should work".

By contrast, speaking up was described by participants more positively and was seen as a day-to-day occurrence (6.2), a behaviour that should be encouraged, bringing issues to light in a less formal manner. All participants agreed both terms related to communication and a shared purpose of highlighting something that was wrong; the key difference was that speaking up was considered a normal behaviour, whereas whistleblowing was planned, deliberate, and an act not to be taken lightly. Despite speaking up being referred to in a more positive light most participants referred to the phenomenon in relation to bringing negative behaviour to light. However, one participant discussed the positive aspect of speaking up, which celebrated other individuals' skills. Linking this to

psychological safety literature, speaking up would encompass both constructive criticism and positive advocacy, thus whilst it can bring attention to wrongdoing, it plays a vital role in fostering innovation, collaboration and improvement.

Some participants perceived whistleblowing to be a failure of speaking up, or missed opportunities to diffuse a situation earlier, viewing it as the next step in the process (6.2, participant 15); they intimated that speaking up was an initial action whereas whistleblowing occurred later as a significant step up, supporting continuum literature (Mannion et al. 2018; Rimmer 2018).

Findings of this study show that escalation to external whistleblowing did not always happen and was not necessarily seen as the individual's failure to speak up; rather, the current findings showed a lack of internal listening, response, and action to speaking up resulting in physiotherapists no longer raising concerns, reporting it was pointless due to inaction (6.3.7, participant 15). We do not know from the findings if this inaction was from the hearer (line manager) or higher within the organisation, and whether this was linked to avoiding reputational damage or no. Arguably, a greater understanding of the phenomena of whistleblowing could potentially facilitate a move towards raising these concerns externally especially when the internal attempts have failed.

Having explored physiotherapists' external reporting practices during this study, through documented disclosures over a 6-year period (see 2.4.5), we know reported cases are few; however, we do not know if physiotherapists working in elite sport made reports to other external bodies but, given that only 4 of the 15 participants were aware that e.g. sport integrity hotlines existed, this is unlikely. Freedom of information request to UK Sport and Sport Resolutions revealed no reports had been filed (FOI team 2024), although Sport Resolutions denied the FOI request as it is not a public organisation (Sport Resolutions 2024); however, their UK sport integrity hotline has only been in existence since May 2022. Findings of this study may partly explain this; it showed physiotherapists working in elite sport had limited engagement with professional bodies (HCPC and CSP) and may not have been aware of options available to physiotherapists, e.g. a Professional Liaison Service aiming to prevent problems via a series of online seminars, one of which specifically focusses on reporting concerns before they cause harm (HCPC 2023b). Additionally, standards of performance, conduct, and ethics were revised with new guidelines active from September 2024 (HCPC 2023a). No literature is available reporting how many physiotherapists used internal reporting channels, but lived examples from this study will be discussed later reflecting that physiotherapists working in elite sport do speak up.

Moreover, findings indicate that concerns raised internally were frequently ignored or downplayed, contributing to participants' perceptions of futility in speaking up (theme 3, 6.1.5). Similar behaviour was reported in healthcare through public enquiries (Kennedy 2001; Francis 2010, Francis 2013, Francis 2015, Ockenden 2022), healthcare research (Jones and Kelly 2014b; Jones 2016, Jones et al. 2021), and doping research (Richardson and McGlynn 2015; Erickson et al. 2019). This aligns with existing literature on the "deaf effect" (Jones and Kelly, 2014b), where organizational inaction discourages further reporting. To counter this, organizations should establish clear feedback loops that validate concerns, demonstrating that actions are taken to address issues. Implementing compassionate leadership principles, such as empathetic listening and transparent follow-up, could bridge the gap between speaking up and actionable outcomes.

Physiotherapists in elite sport were knowledgeable about professional obligations, such as consent and confidentiality, but current findings showed that team members with no professional obligations sometimes made it challenging for these to be upheld. Although the thread uniting the MDT was performance, the study found that medical staff, including physiotherapists, had to balance this with health and wellbeing due to the requirements of their regulatory and professional bodies. Maintaining confidentiality in training environments, viewed as performance

environments by other team members, was reported as being more difficult and reluctance in sharing information created tension and conflict (see 5.3, participant 14) concurring with sport literature (Collins et al. 1999; Arnold et al. 2019). Physiotherapists are obliged to work within the parameters outlined by their regulatory body, where HCPC and CSP state that confidentiality of service users must be respected, and information can only be divulged if permission is obtained to do so (CSP 2019; HCPC 2023a). Findings suggest that there were times when adhering to these guidelines was difficult because not all support staff are governed by the same regulations.

Experiences were shared of MDT meetings where information relating to athletes' injuries was discussed inappropriately (see 5.3 participant 13), contravening confidentiality regulations that physiotherapists work within. Findings suggest that solutions have been sought to this identified issue e.g. the signing of athlete agreements where, unless stipulated otherwise support staff can share and discuss issues related to the athlete (5.3, participant 5). This does pose some unanswered questions: Is such a document sufficient, particularly if generic to staff roles and not individuals? What are athletes' understanding of the document and implications of signing? Once signed is this document valid for the period of funding (years) or is it annual? What timescales are appropriate?

Finally, should athletes be reminded at each point of contact with a practitioner?

This study identified the importance of a strategy to deal with concerns raised for those in positions of power; 'hearer courage' is just as important as the act of speaking up. The determinants of 'hearer courage' are yet to be identified in the literature but are an important area for future research as better understanding will impact on policy within organisations leading to targeted education. Healthcare literature demonstrated that there are negative effects to both parties, regardless of where organisational disregard occurs; when managers promise to act on concerns, then fail to do so, psychological harm is caused as mutual respect is lost between the person speaking up and the manager or receiver of information (Jones et al. 2022). This was not apparent from current findings, possibly because it was not specifically explored, but is an area for future research.

Barlow et al. (2023) described successful speaking up as a shared accomplishment between the speaker and receiver. An NHS Wales framework supported this and stated whilst the matter is under investigation, an individual that had raised concerns should be given appropriate feedback from the receiver fortnightly (Welsh Government 2023). To date, there is no evidence showing implementation or success

of this framework, it would be an area of significant interest for future research. Rawoulf and Jones (2019) showed that in healthcare, a lack of transparency and feedback by organisations impacts speak up rates, thus it is plausible that addressing organisational feedback within sport would improve speaking up rates.

In Contrast, other participants, felt that some physiotherapists were reluctant to speak up despite this generally being considered by some as a normal day to day behaviour. The 'norm' in their opinion was not to talk about it or to be selective about what was brought up (6.2), clearly visible from the vignette reactions where participants felt that physiotherapists would have had an awareness of what was going on. Although it is almost 40 years since Banja (1985) noted that physiotherapists have a prominent level of contact within teams, increasing the probability of them being aware of negative behaviour, this study's finding would concur that this is still true today.

This study showed that physiotherapists working in elite sport are selective about what they bring to the table, which is not consistent with psychological safety. As a reminder, psychological safety is a belief that you can speak up with ideas, concerns, mistakes, or questions without fear of being humiliated (Edmonson 1999). Detert and Edmonson (2011) allude to self-protection, or self-censorship, when an individual

deliberately chooses not to speak up to safeguard themselves from probable negative consequences. Withholding voice, as seen in this study, ultimately indicates that psychological safety is missing (Edmonson 2002, 2003, 2004). Elite sport physiotherapists are hesitant to speak up, describing the act as a high risk, low reward, professionally unsafe behaviour, concurring with healthcare literature (Okuyama et al. 2014; Violato 2022). Healthcare organisations in which employees feel comfortable voicing concerns, and concerns are addressed in a supportive manner, are linked with improved patient outcomes and enhanced staff well-being (Schwappach and Gehring 2015). It is, therefore, plausible to suggest that speaking up would be enabled if physiotherapists had supportive environments within sport. Barriers and enablers of speaking up will be explored further in 8.3, 8.4, and 8.5.

Current findings showed that information shared through speaking up was frequently downplayed, with the onus of being heard placed on the individuals' own values to persevere. A continuum represents a sequence, with no clearly defined boundaries from one end to the other, the gravitas of what is being said may not be completely appreciated or given the attention it deserves by the hearer the further it is from formal whistleblowing. Significant information may go unnoticed, and opportunities to address or deal with issues missed. Some participants linked this to physiotherapists' communication skills, where there was

need to ensure clarity in what was being conveyed, as ambiguity could lead to the hearer not receiving the message in the intended way with potential consequences to their response; the influence of compassionate leadership on how communication is received is equally important (Bailey and West 2022).

This study found previous experiences of speaking up influenced whether further attempts were made, reinforcing that negative experiences contribute to self-protection, concurring with Detert and Edmonson (2011). Current findings showed a lack of psychological safety as physiotherapists not listened to on the first attempt felt disrespected, devalued, and lost confidence. These components are essential ingredients of a psychologically safe workplace (Edmonson 2003) and such behaviour suggests a lack of compassionate leadership as one attribute would be 'attending' through careful listening (West 2021; Bailey and West 2022). Physiotherapists suggest the quality of listening in elite sport is currently lacking and the 'understanding' that accompanies listening is absent.

Findings from this study confirm the act of speaking up can be highly complex; some reasons for this have already been presented and will be discussed further in 8.4 and 8.5.

To address these challenges, organizations must clarify and communicate the distinctions between speaking up and whistleblowing. For instance, tailored educational sessions could ensure that all staff members understand the appropriate channels for each. Emphasizing a continuum of reporting, from informal discussions to formal whistleblowing, could help demystify these concepts.

This agrees with healthcare literature which discusses the difficulty of speaking up once, identifying 'moral courage' as a requirement for the speaker, making multiple attempts even harder (Schwappach and Gehring 2014a; Schwappach and Gehring 2014c; Jensen and Patton 2018; Jones et al. 2021). The schematic shown below (figure 21), of successful speaking up for physiotherapists working in elite sport, is developed from current findings of this study combined with literature. Organizations should establish clear feedback loops that validate concerns, demonstrating that actions are taken to address issues. Implementing compassionate leadership principles, such as empathetic listening and transparent follow-up, could bridge the gap between speaking up and actionable outcomes.

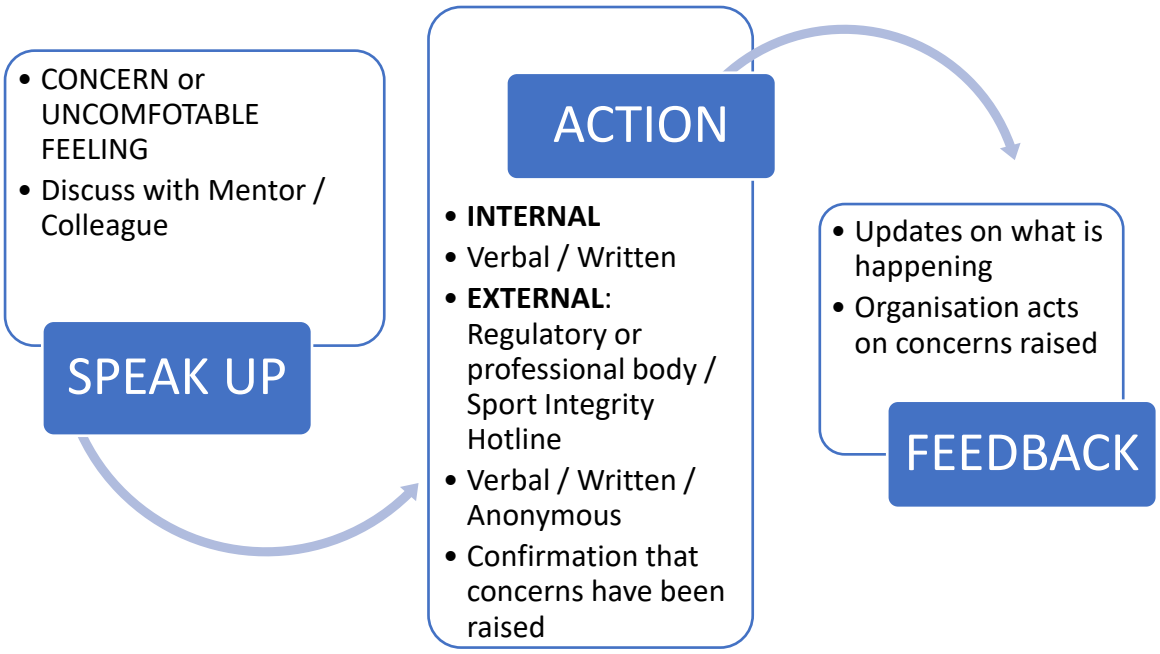


*Figure 21: Example of speaking up good practice devised from current findings and literature*

### 8.2.1 Summary of physiotherapists understanding of speaking up

The original findings from this study demonstrate that there are both conceptual and practical distinctions influencing how physiotherapists understand and engage in the process of speaking up. Although speaking up was reported to be a day-to-day occurrence, focussed on bringing issues to light, not all participants felt that this was happening in practice. Whistleblowing was perceived with more negative connotations, including betrayal and disloyalty and associated with serious issues. Not all

participants understood the meaning of whistleblowing, yet knowing the principles of whistleblowing arguably equips physiotherapists to be more effective, being able to address more severe issues responsibly with proper safeguarding.

Little evidence was found in this current study showing physiotherapists speaking up externally but did find they were aware of regulatory expectation to speak up, interaction with regulatory (HCPC) and professional bodies (CSP), however was low. Physiotherapists' lived experiences showed that speaking up internally is a complex process that varied across groups and not an event reliant on a single action; successful outcomes relied on organisations playing a key role through listening, and responding, linked to compassionate leadership. Original findings in this study showed attempts at speaking up that were downplayed, and silence following inaction from previous experiences of speaking up. Failure of organisations to respond, and a sense of futility by those speaking up, was identified in this current study, concurring with healthcare research. Addressing the shared responsibility of the speaker and receiver would potentially ensure a more successful approach to speaking up in elite sport. In practice, this means ensuring physiotherapists are more explicit in communicating concerns and improving organisations' listening skills, action, and feedback through compassionate leadership.

Education tailored to the specific challenges of elite sports could bridge knowledge gaps, ensuring that both speaking up and whistleblowing are understood and appropriately utilized. Similarly, leadership development programs focusing on fostering psychological safety and building trust could help mitigate the barriers associated with negative connotations and organizational inaction. These steps are critical to creating a culture where speaking up is normalized and valued as an integral part of professional conduct. This section has given some insight into physiotherapists' understanding of speaking up, addressing one aim of this thesis.

## 8.3 Physiotherapists' Willingness to Speak Up

Physiotherapists' willingness to speak offers a critical lens for evaluating the index of psychological safety currently within elite sport. The novel findings identified a complex interplay of factors that shaped physiotherapists decisions to voice concerns.

whereby willingness of physiotherapists to speak up was a behaviour shaped by individual characteristics, organisational culture, external influences and role specific challenges. These factors reflect the high-risk, high-pressure environment of elite sports, where ethical dilemmas and power dynamics often collide, which will be discussed below.

### 8.3.1 Organisational Culture

The culture within elite sports organisations was identified as a key determinant of willingness to speak up. Participants described environments often dominated by fear, hierarchy and win at all costs mentality where raising concerns could jeopardize their position (see 4.4.2, participant 2 and 8). Leaders, including performance directors and coaches, were responsible for setting the *'cultural tone';* we know from Edmonson (2004) that cultural tone is what allows staff to express their views without fear of negative impact. By example, leaders play a crucial role in fostering psychological safety by encouraging open communication, acknowledging mistakes, and demonstrating vulnerability (Fransen et al. 2016; Fransen et al. 2020). Research in the military has shown how leadership plays a pivotal role in fostering a culture of ethical behaviour and speaking up, despite hierarchical structures (Hannah et al. 2011). This study has shown that leadership in elite sport often contributed to fear-driven environments and suppressed speaking up highlighting a failure to model ethical behaviour.

In this study, participants suggested that cultures varied in sports, leading to differences in work practices across the sector, unanimously

agreeing that desire for sporting success was a key feature driving culture, often at the detriment of athlete and support staff health and well-being, concurring with reviews by Grey-Thompson (2017) and Whyte (2022). Participants expressed that elite sport environments were driven by bullying behaviour and fear tactics were accepted as normal. Physiotherapists confirmed that speaking up about negative behaviours did not always happen, highlighting that conditions underpinning psychological safety were absent and that deviant practice accepted as normal no longer felt wrong (Price and Williams 2018). Arguably, this is further fuelled by normative conformity and the desire to fit in which correlates with group identity, reflecting the scale and difficulty of change required in the sector. Literature concurs, suggesting that willingness to speak up is significantly moderated by organisational culture which steers and pressurises, or constrains, behaviour within the environment through shared rules, structures, customs, and habits. Cultures that prioritise trust, respect, and openness tend to be more psychologically safe (Eskola et al. 2016; Violato 2022). Additionally, research within business shows that psychological safety is essential for creativity and collaboration (e.g., Google's project Aristotle); a direct contrast to the fear-driven, hierarchical culture found in this study.

Examples were shared by participants of speaking up. At a training camp, one physiotherapist spoke up to senior leadership in the moment (6.2,

participant 7) highlighting the physiotherapists excellent communication skills and confidence, possibly linked to the trusting relationship between the performance director and physiotherapist. If in a truly psychologically safe workplace, the physiotherapist should have spoken directly to the coach and not through the performance director, as colleagues would be comfortable challenging each other's behaviours directly, and respectful challenge, an attribute of psychological safety, would be an accepted behaviour. Arguably, this example shows authentic interest towards a teammate, considering safety within the team dynamic, demonstrating an element of psychological safety; the physiotherapist speaking up did so with positive intentions towards the team, and its performance, despite the coach making a mistake (unacceptable behaviour) (Newman et al. 2017). Research evaluating effectiveness of healthcare leaders found that psychological safety was greater when leaders maintained mutual support and respect (Singer et al. 2015) and when the status gap between themselves and lower-level staff was actively closed (Nembhard and Edmonson 2012). When considering the performance directors role in this example, it could be argued that these behaviours were reflected, facilitating normative conformity, through positive behaviours, and preventing normalisation of deviance.

On other occasions, participants expressed that they had spoken up about negative behaviours, but inaction resulted in acceptance of such

behaviours. There were examples of speaking up about ethical issues, considered as practice that was deviant or cheating, although others perceived it as stretching rather than breaking the rules; these included physiotherapists entering the field of play to attend a player, knowing they were not injured, to disseminate key coaching messages or buy time for other support staff to relay the necessary communication (4.4.2, participant 6 and 12). Considering these examples, expected conduct in this situation would have been for the physiotherapist simply to examine the player; the deviance from the norm became the physiotherapist relaying key coaching messages whilst examining the player. Initially, such incidents may have occurred as isolated requests from coaches but gradually became more frequent and accepted over time through repeated exposure and reinforcement. Such behaviour reflects the concept of 'normalisation of deviance' whereby high levels of ethical behaviour is incrementally eroded by seemingly innocuous episodes; 'stretching the rules' eventually becomes normalised and the culture is 'reset' at a lower level (Vaughan 2004). Normalisation occurred through incremental change in the example above, but deviance can be context and situation specific. If the example above is taken and applied to a newly qualified physiotherapist joining the team, as a newcomer to the group fuelled by normative conformity and the desire to fit in, they would adopt the existing norms and behaviours through the socialisation process, including deviant ones cementing normalisation of deviance (Vaughan 2004, Price and Williams 2018). Although no newly qualified

physiotherapists took part in this study, participants acknowledged that, on reflection, they did not have the skills or confidence to speak up at that stage in their career. Participants also indicated that they would not take interpersonal risks early in their careers, supported by healthcare research showing that psychological safety is lower in early career professionals (Edmonson et al. 2016). Schwappach and Gehring (2014a) demonstrated that experience, in number of years qualified, is a barrier to speaking up, which is discussed further in 8.4.3.

Returning to the concept of normative conformity, group identity is an important element of effective teamwork in elite sport and a strong group identity creates normative conformity. This is good news if the group values are appropriate, but this is a negative factor if those values are inappropriate, as the fear of social rejection may lead team members to suppress dissenting opinions or concerns, even when they perceive potential risks or errors. Additionally, the group norms may pressurise individuals to conform with the majority opinion / behaviour, even if they disagree or harbour doubts about that decision. In elite sport, therefore, it is critical that there is a balance between strong group identity and any potentially negative effects of normative conformity. This can be supported by a workplace with a higher index of psychological safety as poor ethical behaviours could have been challenged by physiotherapists, but this study shows that group conformity and organisational culture

allows deviant behaviour to be accepted as the norm (Badea et al. 2021). This combination of team loyalty, low index of psychological safety, and normative conformity is suggested as a high-risk factor for silence.

Pielke (2016) discusses the battle between the performance edge and ethical edge, reflecting the fine line between the two. The same premise is seen in the incident referred to as Bloodgate (see 1.6), physiotherapists, knowing there was no genuine injury, facilitating opportunity for key coaching information, or tactical substitutions. It transpired the physiotherapist involved, who bought, carried, and provided the blood capsule, was under instruction from management; the question is whether the physiotherapist became performance focussed and lost sight of their primary healthcare responsibility (see 5.2.2), or were they conscious of non-compliance and job security, both potential barriers to speaking up (discussed further in 8.4.1). Dodge and Robertson (2004) found that athletes felt justified in bending the rules if asked to do so by the coach, reflecting the power status of coaches and essentially hierarchy, and there is no reason to believe this would not be the same with support staff. Indeed, status difference has been shown to be a barrier of speaking up (Edmonson 2003), work in healthcare and education showed positive correlation between an employee's status and their sense of psychological safety (Nembhard and Edmonson 2006; Edmonson et al. 2016). In elite sport, performance directors and coaches

rank higher than physiotherapists, thus we could postulate that physiotherapists behaviour in sport would replicate practitioners in healthcare and psychological safety is lower because of their hierarchical status.

This study showed that physiotherapists understand negative behaviours are wrong, balancing decision making between loyalty (team or organisation) and principles (personal and professional) to make speak up decisions. Considering the Bloodgate scenario further, physiotherapists in similar situations possibly find themselves in a dilemma with their moral values around loyalty and principles tested, but participants of this study overwhelmingly felt that moral principles should always win (Uys and Senekal 2008; Waytz et al. 2013). Another factor which may influence decision making in elite sport is the omerta (see 2.2.3), a recognised code of silence which plays a key role in environments where marginal gains and protecting information is fundamental (Davies and Mitchell 2016). Nonconformity in team culture reflecting the omerta would indicate disloyalty (Packer and Chasteen 2010), further promoting a culture whereby it is not psychologically safe to speak up. Adding this to factors already discussed indicates several barriers to speaking up in elite sport.

Returning to participants experiences of speaking up, the following could be considered the opposite of an earlier example. A physiotherapist, who

had not directly witnessed the negative behaviour under scrutiny, immediately acted on information about a coach's behaviour shared by an athlete, resulting in significant fall out between the physiotherapist and sport (6.2, participant 3). The participant's reflection and learning from the situation specifically discussed the value of having a discussion with a peer / colleague before jumping into action. One physiotherapist, even though new to the sport, instantly voiced safeguarding concerns having listened to an upset athlete describe how a coach had spoken to them; the example talked about a dial down of the continuum towards speaking up being more appropriate, ascertaining context and facts prior to going straight to formal whistleblowing. There are two sides to every story and this example reflects the detrimental effect of whistleblowing when it is not the most appropriate action to take. A complication is that standard safeguarding education teaches immediate referral regardless of the level of suspicion (NSPCC Child Protection Unit in Sport 2018), but this example showed the implications, resulting in personal distress and reputational damage to those involved with irreparable fallout. In such situations, once the process has started, it is exceedingly difficult to retract and stop the sequence of events. Additionally, we need to be aware that speaking up may be weaponised by some as a means of inflicting difficulties on colleagues / staff who they do not like or disagree with. As this example demonstrates these issues are not straightforward and understanding the context of a situation becomes critical for the hearer to have a clear understanding of what has driven the speaking up.

When considering education, discussing these complexities with physiotherapists is important; however, training would need to be broader than pure education and include support not just for physiotherapists but other support staff, coaches, and managers.

This study found a tough workplace culture (theme 1, 4.3.2), with phrases like *"culture of dog eat dog"* and *"a martyr to the job"* (participant 4 and 15), suggesting that to work in elite sport, certain attributes and work ethic are required. Table 9 below, conveys the key working issues identified in the data and how this may vary from physiotherapists in other sectors.

*Table 9: Key differences between physiotherapists working in sport and NHS*

| ***SPORT PHYSIOTHERAPIST*** | ***NHS PHYSIOTHERAPIST*** |
|---|---|
| *Working hours (50 – 60) well above contracted hours (37.5)* | *Working hours within contracted hours (37.5) or self-regulated if self employed* |
| *Irregular working pattern* | *Regular working patterns* |
| *Weekend work within normal week within professional sport - no time in lieu* | *Scheduled weekend work would be balanced with time off in the week* |
| *Bank holidays normal working day* | *Rota for bank holiday cover if required* |
| *Available 24/7 contactable via mobile, usually personal* | *Not contactable outside working hours unless occasional on call in acute setting* |
| *Blurred professional boundaries* | *Clear professional boundaries* |

Current findings show that a normal expectation, from coaches and performance directors seeking success, was that physiotherapists exceed contracted hours, deliver over and above what was required, and make personal sacrifice. Participants identified that pressure to deliver success through medals was linked to funding, concurring with Grey-Thompson (2017). Participants identified they felt unable to voice their opinion, and

afraid that they would, potentially, be managed out of the job if they did speak up (6.3.3 participants 1, 5, 9). As being able to share thoughts / concerns, without fear of repercussion is expected within a psychological safe workplace, this is further evidence that psychological safety was low. To deliver success, greater expectations from leadership were placed on physiotherapists, arguably an unintended consequence, and current findings concur with Arnold et al. (2019) who reported contractual issues as a stressor for support staff; building on this, job security was seen as more important than speaking up.

The findings showed that physiotherapists knew it was not safe to raise concerns about working hours, even though the demand to be available outside working hours made having a healthy work life balance difficult. Participants reported not being able to have time off to attend important social events with family and friends, which was normalised in the sector. The CSP indicate that good employers have clear policies on work life balance (CSP 2022), but no participants referred to such policies in the study. Participants did, however express that speaking up about working hours, or work life balance, was met with responses reminding them how 'privileged' they were to work in sport and that many others would take their job if unable to commit to the expected work ethic. It could be postulated that physiotherapists who had experienced such responses, or 'heard' this messaging, were influenced to believe that it was best not to

speak up about this, or anything else, promoting silence over voice, a clear indication of the current organisational culture in elite sport and the work required to change this.

Repeatedly working in this way will have a detrimental effect on an individuals' health and well-being, documented in the literature as problems with sleep (duration and / or disturbance), fatigue, and injury (Brindley et al. 2019). These could lead to poor decision making related to athlete care, be it field of play or treatment room. There was no specific mention or reference in the data set to any kind of remuneration (financial or time off in lieu / flexitime) for the additional hours; if no time off in lieu / flexitime is offered, then physiotherapists in this sector could face burnout (Rademaker and Phillips 2022).

In summary, this section discussed the impact of organisational culture on willingness of physiotherapists to speak up. The original findings suggest that the act of speaking up in elite sport is primarily moderated by organisational culture set by leaders (performance directors and coaches), concurring with evidence indicating the broader influence of leadership in fostering psychological safety (Edmonson 2004a; Edmonson et al. 2016). Elite sport could look to learn from other organisations such as aviation who prioritise safety by making psychological safety a cornerstone of its culture rather than prioritising performance arguably at the expense of

psychological safety. Shared positive examples of speaking up reflected cultures deemed safe and open. Other factors add to the complexity of speaking up including the omerta, loyalty of team culture and conformity, morality of principle and non-conformity all of which push the balance between performance and ethical edge and acceptance of poor behaviour, referred to as normalisation of deviance. Additionally, this study found participants working under pressure with poor work life balance and a fear about job security if they did speak up. Overall, the indices of psychological safety within organisational culture of elite sport were low, impacting physiotherapists willingness to speak up. To address these challenges, organisations must foster cultures that encourage respectful dissent and constructive dialogue. Research shows that leaders who model vulnerability and actively solicit feedback can significantly improve psychological safety (Fransen et al. 2020, Hannah et al. 2011).

### 8.3.2 Individual Characteristics

Aside from organisational culture, individual factors including moral competence, mentors and experience were pivotal in shaping willingness to speak up (see 7.2). Participants described the need for strong moral values to work in the sector, referring to elite sport as a '*murky world'.* Such terminology suggests the sector is perceived as morally questionable, potentially inferring the nebulousness and complexity of

morals and ethics in sport. This study's findings indicated an individuals' moral compass was influenced by a range of intrinsic and extrinsic factors, including upbringing, experience, personality, and education. A shared example from the data (see 7.3.5, participant 2) highlights the complexity surrounding doping and physiotherapists obligations to their regulatory body (HCPC) and anti-doping (UKAD), which can be at odds; this conflict between ethical guidelines and workplace requirements, ongoing a decade later was noted in the literature by McNamee and Phillips (2011). Such situations test physiotherapists' decision making and, according to study participants, contextual education provided by mentors is often helpful; the role they play in developing ethical courage is discussed below. To enable practitioners to make wise, sound judgements ethical courage and moral competence are required (Jensen and Patton 2018).

This study identified that a mentor was important but only if utilised to guide the guide participant's perception of specific situations and influence their subsequent response (7.2.3, participant 14). The mentor was seen to provide a listening ear, words of wisdom, and guidance through complex situations, shaping their moral code. Additionally, participants reflecting on their own mentoring roles suggested they perceived part of that role was to help mentees find their voice, discuss experiences, nurture their confidence to speak up in day to day working environments,

and sustain their moral code (participant 8). One mentor from elite sport was key, ensuring they understood the differing requirements of the role (see 5.3, linking to 5.2). Literature on developing moral competency in healthcare concurs, suggesting mentors can help develop a practitioner's willingness to speak up through environmental experiences (Seedhouse 2009; Jensen and Patton 2018). This literature argues that focus in professional education is predominantly on technical competence with ethical development being overlooked. For practitioners, qualities of moral competence and ethical courage enable their ability to question traditions or poor behaviour (Jensen and Patton 2018), and it is suggested that mentors could, defend against normalisation of deviance by limiting the erosion of some cultural norms discussed in 8.3. Furthermore, mentors would be well placed to maintain, or build, the indices of psychological safety within the environment, especially for early career physiotherapists or those lacking experience in the sport sector.

This study found that speaking up skills developed as careers progressed (participant 8) and a correlation between willingness to speak up and the time a qualified physiotherapist had been gaining experience (7.2.2), concurring with healthcare literature (Edmonson et al. 2016). Early in their career, participants did not want to be perceived as troublemakers or have their reputation tarnished; they chose silence over voice (participant 1 and 2), perceiving that the environment was not conducive

to interpersonal risk taking indicating a low index of psychological safety. If new to an environment or post, physiotherapists did not necessarily challenge practice potentially considered deviant or unacceptable, believing this was normal practice. Similarly, healthcare practitioners with limited experience have a less-than-ideal perception of their ability, knowledge, and skills to express concerns regarding patient safety, care, and risk (Milligan et al. 2017; Kim et al. 2020; Jones et al. 2021). Speaking up skills are, arguably linked to moral competence which suggests a need earlier in their career, or pre-registration within the physiotherapy curriculum, for moral competence training and education to develop skills to challenge and change professional practice.

In summary, physiotherapists' willingness to speak up has been explored through the influence of individual characteristics. Early-career physiotherapists were perceived as lacking the skills or authority to challenge norms, therefore future education needs to target and address this. Mentorship emerged as a critical enabler, providing professionals with the guidance and confidence needed to navigate complex ethical dilemmas.

### 8.3.3 Change and Systemic Factors

Systemic influences such as funding models and societal shifts also impacted willingness to speak up and will be discussed next. This study found changes in elite sport have not always been helpful, particularly a medal-based funding model which significantly influenced a result driven culture (see 8.3.1), concurring with Grey-Thompson's review (2017) which labelled this "*win at all costs"*. This study's findings inferred a direct link between funding sports received and success; without the latter, the former was stopped. Indeed, Mission 2012 stipulated target numbers of medals required from sports at European, World, or Olympic games linked to funding (UK Sport 2007). Consequences of this went beyond athletes; a results driven investment model had positive, and negative, rippling effects on those operating within the system including coaches and support staff. Applying systems thinking, interrelationships exist between UK Sport-NGB's-athlete-support staff, a disturbance in one place (threatened funding allocation) triggers unpredicted impact elsewhere (more competitive and toxic organisational cultures) (Hannigan 2013). In essence, a funding system rewarded for medal success affected not only the sport, e.g., type of programme run, but also subsidiaries involved in that sport, such as support staff, including physiotherapists, known as the ripple effect or 'waves of consequence' (Rittel and Webber, 1973) within the system. Although unintended, another consequence of medal targets

found in this study was the impact of "pressure" on coaches and performance directors; the burden of orchestrating success resulted in altered behaviours, triggering wider impact on both culture and psychologically safety, linking back to 8.3.1. Across multiple sports, a significant volume of media reports continues to highlight issues, with swimming being the latest (Woods 2023), supporting this belief that winning, and success are key priorities.

Establishing a Duty of Care Charter was 1 of 7 recommendations made by Duty of Care in Sport review (Grey-Thompson 2017), outlining how all involved in sport, including athletes, coaches, and support staff should expect to be treated. To the best of the researcher's knowledge, this recommendation has not been formally adopted by the government, with responsibility falling to the NGB's. Through revisions made to the 'Code for Sports Governance' in 2021, funded NGB's are required to have a director for welfare and sport safety (UK Sport 2021); it is unlikely that these would have been in place at the time of this study, as interviews were conducted June to September 2021, but future studies could explore implementation and effectiveness of these roles.

Moving on to consider generational change, this study identified that behaviours once deemed acceptable no longer were, potentially explaining the increased number of issues uncovered over the past

decade. Consideration should also be given to societal changes, where alterations in social patterns were evident. This study noted that, because today's society views practices differently, training regimes once deemed acceptable in elite sport were no longer considered appropriate and linking to culture, findings suggest alternative ways of achieving the same results by training smarter not harder. These changes have occurred over recent generations; as such, how sociologists and generation researchers define groups of people, born in the same period, based on social trends is significant. A summary of characteristics is provided in Table 10 below.

*Table 10: Summary of characteristics of groups of people born in same period based on social trends (Twenge 2006; Rauch 2019; Pendleton et al. 2021)*

| | GENERATION X | GENERATION Y | GENERATION Z |
|---|---|---|---|
| Born | 1965-1980 | 1981-1996 | 1997-2012 |
| Commonly known as | Lost or Forgotten generation | Millennials | I-Gen |
| Characteristics | Individualism<br>Ambition | Confident<br>Tolerant<br>Entitled | Lack of ability to engage with |

| | | | |
|---|---|---|---|
| | Addiction to work (workaholic) | Overly Sensitive | people face to face. Self-centred |
| | Huge shift in societal values | First generation to grow up in internet age | Most of their lives spent using technology |

This study identified social media platforms as significant for athletes' voice (4.4.1.2, participant 1), and since their emergence in the early 2000's, these may have enabled speaking up from an athlete perspective, providing a platform for users to upload content continuously, discuss, connect, and share experiences. Table 6 informs us that generation Z are known to give voice to social cause through the internet, whilst generation Y were the first to have technology as part of life as they were growing up. The number of athletes that have been speaking up could be linked to the "Me Too" concept where athletes who have similar experiences feel encouraged to speak up, sharing their own stories. In June 2020, under the hashtag #GymnastAlliance, current and former British gymnasts used social media platforms to bring attention to an 'abuse culture', allowing several current Olympic gymnasts to unite and speak up about their experiences of physical and psychological abuse. In such cases, social media provided a platform for concerns that might have been ignored or suppressed within the organisation, whilst fostering a community of people with shared experiences. Such platforms unlike

formal whistleblowing routes lack safeguards for anonymity, exposing individuals to personal risks such as online harassment, trolling or reputational damage for speaking out. However, they do offer individuals who either lack access or knowledge on how to access traditional reporting channels a platform to speak up.

This study found no evidence to suggest that physiotherapists would use social media to speak up but did identify concern that social media and traditional media could be *'friend or foe'.* There are two sides to every story, but media headlines need to be sensationalist to sell papers and the context which has driven an athlete to speak up through social media may not always be authentic, possibly being a source of disinformation leading to unverified claims gaining traction, potentially harming innocent parties. Social media's rapid dissemination of information can also to lead to unverified claims gaining traction quickly whilst running the risk of snowballing. Conversely the sheer volume of content on social media can also bury important concerns in noise. This study identified athletes using social media to express disgruntlement following a fall out or de-selection, potentially a way of seeking revenge. It was also suggested that stories could be exaggerated, or fabricated, to tarnish reputation or have individuals removed from post, especially when an athlete had a particular agenda against a staff member, (4.4.1.2 participant 1); however, given the vast number of media reports and published reviews,

it is credible that certain issues need addressing in sport.  Current findings suggest societal changes impact athletes' tolerance of training methods and social media has become a key tool in athletes speak up armoury.

In summary, the findings concur with grey literature that changes in funding models, which became target driven, had significant effects on the system, with winning and success taking priority over welfare. Significantly, this study identified how societal changes including greater public scrutiny and the rise of social media have increased accountability. While these changes empower athletes to speak out, they also expose physiotherapists (and other support staff) to heightened risks of reputational damage.

### 8.3.4 Role-Specific Challenges

This study showed that the dual responsibility of healthcare and performance often placed physiotherapists in ethical dilemmas, complicating their decision to speak up. The novel findings show that physiotherapists in elite sport constantly made decisions under pressure, doing so whilst balancing protection and performance. Arguably, this impacts on a physiotherapist's willingness to speak up, linking to ethical

courage and moral competence (see 8.3). However, they are not unique as several organisations and industries operate under high pressure conditions while prioritising safety over performance, including aviation where robust frameworks and cultural practices have been designed to manage risk, protect people and ensure ethical standards are upheld (Salas et al. 2001).

In this study, physiotherapists highlighted the difficulty of balancing their position in the team, aligning performance goals with their healthcare role, with these multiple obligations leading to conflict. The NHS driver is healthcare, with some performance issues considered; the competitive nature of sport, a desire to succeed, makes performance the driver, with health often a secondary consideration. Physiotherapists working in sport are, at times, caught in the middle of these conflicting drivers; available literature conducted with doctors concurs (Anderson and Gerrard 2005; Anderson 2008), showing similar conflict between performance and health alongside managing medical ethics and the burden of winning. Although this research did not specifically investigate physiotherapists, as regulated healthcare professionals the similarities can be considered.

Applying systems thinking to Bloodgate, an example in elite sport where the win (performance) was more important than healthcare, every action has a reaction potentially leading to unintended consequences. The

instigator and commander (performance director) of Bloodgate was neither player, physiotherapist, nor doctor, yet their involvement meant each suffered consequences which the instigator may have been intended; arguably each of them, independently could have stopped the reaction by speaking up about the practice. The physiotherapist's behaviour falls short of expected professional standards associated with honesty and integrity, as the safety of service users should be prioritised over professional loyalties (CSP 2019; CSP 2020; CSP 2021; HCPC 2023a); as this was not the first occurrence of faking blood injuries, there was a failure to raise concerns about wrongdoing. In his appeal, the player provided evidence endorsed by the physiotherapist, and supporting earlier discussion (8.3.1) suggesting that coaches and performance directors have a strong hierarchical power relationship with their subordinates (Dodge and Robertson 2004), that the director of rugby had an aura, and everyone did what he said, (McKenzie 2009). Surmising on the organisational culture set by this leader, and what we know about the influence of leaders (see 8.3), it is possible to see potential barriers to speaking up. Consideration needs to be given to this when contemplating physiotherapists' willingness to speak up and developing education tools around ethical courage which would also be applicable to the wider MDT.

It was identified in this study that funding changes presented in theme 1 (4.4.1), and discussed in 8.3, led to an exponential growth in support

staff numbers across disciplines; to maintain funding, coaches and performance directors required staff that could support athletes to achieve the required success. Additionally, the findings of this study indicated that elite sport, as a system, has no fixed or well-defined boundaries and is characterised by changes in membership (not all sports have the same make up of support staff) with increasing support staff numbers adding complexity and unpredictability (Plsek and Greenhalgh 2001). Large MDTs are common in other work sectors, but, as an example, the difference between sport and NHS MDT teams is that all staff in the latter have regulatory bodies with rules of professional conduct. As presented in chapter 1, many sport support staff do not have regulatory bodies and, consequently, are not held to the same level of account as physiotherapists (McNamee and Phillips 2011).

There was a delineation between staff that come under the umbrella of healthcare and those that come under performance. The former are overseen by both regulatory and professional bodies (e.g., physiotherapists HCPC and CSP; Doctors GMC and BMA) and, consequently, are members of several systems; the latter maybe overseen by a regulatory body (e.g., Sport psychology), or may only have a professional body (e.g., S&C UKSCA; physiology BASES), thus do not have to abide by the same regulations or balance the requirements and demands of several systems. This shows membership of the elite sport

system is variable and that some members of that system will be part of several other systems (Plsek and Greenhalgh 2001). Physiotherapists will belong to sport, either directly through NGB or indirectly through an institute, but will also be a member of physiotherapy regulatory bodies (CSP, HCPC) and professional networks offering specific speciality guidelines within sport, both nationally (ACPSEM) and internationally (IFSPT) see figure 7 (2.3).

Examples of potential conflict between support staff were provided, specifically when strength and conditioning practitioners and physiotherapists overlap in their roles, e.g., prescribing exercise during rehabilitation of injured athletes. Interactions between agents, resulting in unusual behaviour, is another characteristic of complex systems (Plsek and Greenhalgh 2001) and lack of clear role boundaries can create tension or conflict, recognised in the literature as a barrier to providing effective support (Arnold et al. 2019). Arguably, greater psychological safety within the team could dispel some of these issues, as staff would feel comfortable with challenging, but respectful, conversations.

In summary, this study has shown that physiotherapists working in elite sport faced ethical dilemmas in balancing their healthcare responsibilities with performance goals, often leading to conflicts. Unlike other regulated professions in elite sport, physiotherapists are subject to strict

professional and regulatory standards, complicating their roles within multidisciplinary teams. Role ambiguity and overlapping responsibilities with unregulated staff, such as S&C professionals further exacerbated these challenges, highlighting the need for clearer role boundaries and organisational policies that prioritise athlete welfare over competitive pressures, along with the role that psychological safety could play to enable speaking up.

### 8.3.5 Summary of physiotherapists willingness to speak up

This research has been driven by a desire to gain knowledge about the willingness of physiotherapists working in elite sport to speak up and in so doing has provided a critical lens for evaluating psychological safety in this environment. In summary, the findings show a complex interplay of several factors including organisational culture, individual characteristics, role-specific challenges, change and external factors. Novel findings from this study highlighted the existence of a tough workplace culture in elite sport, influenced by leaders and hierarchy, and while some physiotherapists demonstrated ethical courage and resilience others hesitated due to fear of retribution, lack of psychological safety or

conflicts between their professional obligations and organisational expectations as well as inaction once an issue had been raised.

To address these challenges, it is imperative to foster environments that prioritise psychological safety, where concerns can be raised without fear of negative consequences. Equally, the development of mentorship can empower early career physiotherapists to navigate ethical dilemmas with confidence. Organisations must also implement clear, protective policies that safeguard those who speak up, aligning performance objectives with athlete welfare. Figure 22 (below) illustrates key attributes required to develop psychological safety adapted cross industry but applicable in elite sport. Speaking up needs to be normalised as routine behaviour and leaders need to be trained to foster open dialogue and significantly actively address concerns and feedback on the outcome (linking back to figure 21).


*Figure 22: Attributes needed to develop psychological safety in elite sport*

Ultimately, improving the willingness to speak up requires a systemic shift toward open, supportive and ethically driven workplace culture. By creating cultures where physiotherapists feel valued and heard, athlete welfare and ethical integrity is more likely to be upheld.

## 8.4 Barriers to Speaking Up

Numerous factors affecting elite sport physiotherapists willingness to speak up, and the interconnections between those factors, were discussed in 8.3. A further aim of this study was to identify barriers to speaking up; findings are listed in figure 23. These barriers include organisational

factors such as closed cultures and hierarchical dynamics, as well as individual concerns like fear of retribution and job insecurity. This section explores these barriers drawing on participant insight and existing literature.

| Barriers to Speaking up |
| --- |
| Perceived job security |
| Fear of retribution |
| Closed culture |
| Lack of experience |
| Method of employment |
| Unclear process |
| Inaction |
| Not being believed |

*Figure 23: Identified barriers to speaking up in this study which concur with those identified in healthcare*

Perceived job security & fear of retribution

This study identified job security, loss of employment, and concern for future employment in the sport sector as barriers to speaking up; linked

to fear of consequences and retribution, with participants expressing concern about being "*seen in bad light*," a "*troublemaker*," "*blacklisted*," "*branded a snitch*" and "*not a team player*" (6.3.3, participant 1, 9, 13). These could have implications, directly or indirectly, on job security for present and future roles, as well as career progression, as participants expressed concern about discrimination for speaking up; the consensus was that you would never work in sport again. This concurs with healthcare literature, where loss of employment is identified as a barrier to speaking up and alludes to potential discrimination in future employment from whistleblowing (Patrick 2012; Hooper 2015; O'Donovan and McAuliffe 2020). In a sector as small as elite sport, where opportunities are limited, these fears are exacerbated compared to larger industries like healthcare.

This study identified a perceived ripple effect to speaking up by physiotherapists, fearing career progression would be hampered in current or future employment. Examples from healthcare justifies these concerns; an anaesthetist moved to Australia as a direct result of treatment received after whistleblowing in the Bristol Royal Infirmary children's heart surgery case (Dyer 1999) and UK media reports suggest doctors who spoke out about lack of adequate PPE (Personal protective equipment) during the Covid-19 pandemic faced disciplinary action and job loss (Drury 2020). In sport, riders who spoke up about Lance

Armstrong were referred to as “scumbags”, with strict disciplinary action and hostility toward whistle-blowers (Marty et al. 2015). As such, participants anxieties are both real and current.

Overwhelmingly, job security was identified as a significant barrier to speaking up, yet legal protection is only available to those who formally whistle blow. Speaking up is more informal, lacking anonymity and legal protection, factors highlighted by participants affirming the greater risk of job loss. Despite the law stating that people should not be treated unfairly or lose their job because they blow the whistle, remaining in post whilst peers make daily work life difficult is something that can only be endured for a brief period. It can, therefore, be appreciated why physiotherapists would have risk in mind when making decisions about communicating concerns. Similarly, in healthcare research, practitioners used trade-offs between silence and voice in their decision making (Schwappach and Gehring 2014b).

### 8.4.1 Closed Culture

A closed organisational culture was found to be a prominent barrier, characterised by systemic dismissal of physiotherapists’ concerns and a focus on preserving the organisation’s reputation. Participants described

these environments as lacking psychological safety (8.2 and 8.3.2), a fundamental enabler of open communication (Edmonson 1999). Closed cultures not only silence voices but also normalise deviant behaviours as evidenced by participant 11 (7.2.4). These findings align with healthcare literature, where organisational inaction perpetuates unethical practices, reinforcing silence (Francis 2013 and Sherf et al. 2021). Addressing this requires cultural transformation, where openness, transparency and action should be prioritised over organisational reputation. Elite sport could look at other industries such as aviation where their successful model Crew Resource Management (CRM) utilises principles that create environments where speaking up is normalised, in stark contrast to the current state of speaking up in elite sport (Salas et al 2001).

### 8.4.2 Lack of Experience

This study identified the importance of experience; all participants referred to this, i.e., the number of years they had been qualified and how this was either a barrier (newly qualified or new to sport environment) or conversely an enabler (many years' experience). The study found physiotherapists reported that a lack of skills, and a desire not to tarnish their reputation meant that early career physiotherapists did not speak up, described by all participants as a barrier (discussed in 7.2.2 and 8.3.2.3). No early career physiotherapists took part in this

study, but participants reflected on their own experiences when newly qualified and encounters with their mentees. Addressing this requires targeted mentorship and education. Mentors play a pivotal role in guiding early-career physiotherapists, equipping them with the ethical courage and moral competence needed to navigate challenging situations (Jensen and Patton 2018).

### 8.4.3 Method of Employment

Employment arrangements was also a barrier to speaking up with several variations in existence in the way physiotherapists are employed in elite sport. Like healthcare, where employment is direct or through agencies, participants identified both direct employment with sports and indirect employment, through a third-party organisation, where physiotherapists were sub-contracted to a sport. Discussing direct employment in sport, participants stated that some physiotherapist's employment was specifically linked to a coach or performance director, a situation unique to sport with additional complexities; if poor results resulted in dismissal of these leaders, then the physiotherapists were also dismissed. Arguably, when a role is directly linked to the employment of a coach or performance director, speaking up against either would be difficult, not

only due to jeopardising their own employment but also because that physiotherapist may have become ingrained in abnormal cultures and practices which had become normalized.

There were positives and negatives to both employment routes. When indirectly employed, participants stated that time was afforded towards physiotherapists' professional aspirations, opportunities to share practices, and discuss issues with impartial colleagues, peers, or mentors not directly involved with the sport; such opportunities offer alternative mechanisms to facilitate small changes, which might override the organisational barrier to speaking up. Seen as a negative, indirect employment meant physiotherapists were not considered part of the core team as obligations towards their employer, such as attending meetings and team days, conflicted with the sport's priorities. In contrast, direct employment meant physiotherapists were core team members, available for all duties prioritized by that sport, but this was sometimes noted to be at the expense of the physiotherapists' own professional development. Potentially, speaking up could be more difficult when directly employed by a sport as it would want to protect against reputational damage, which reflects the risk-reward dynamics of speaking up; in this instance, job security is the risk acting as a barrier to speaking up. To flip this from barrier to enabler, sporting organisations need to consider how they can offer job security and protection to those speaking up. No existing

literature was found relating to method of employment as a barrier to speaking up; however, anecdotal evidence suggests that speak up principles apply to all, whether employed directly or not. However, these nuances highlight the need for tailored strategies to address barriers across different employment models.

### 8.4.4 Summary of Barriers to Speaking Up

These barriers underline the complexities of speaking up in elite sport, where organisational culture, individual fears and structural dynamics intersect. Addressing these challenges requires a multifaceted approach that prioritises psychological safety, robust leadership and clear reporting frameworks. Integrating the principles of CRM model into elite sport could address several barriers identified in this study. For example, by normalising speaking up as a routine practice CRM training could help dismantle the culture of fear and silence pervasive in these environments. Additionally, fostering open communication and structured feedback mechanisms – hallmarks of CRM, would enhance trust and accountability, ensuring that physiotherapists feel their concerns are heard and acted upon. The next section explores factors that enable speaking up, providing potential insights into how these barriers can be overcome.

## 8.5 Factors that Enable Speaking Up

While barriers hinder physiotherapists from speaking up in elite sport, this study also highlighted several enabling factors, understanding these will help inform future training. Enablers of speaking up identified in this study such as open communication, culture, clear process, opportunity, education and training and are presented in Figure 24 and discussed below, providing critical insight into how organisations can foster environments that encourage ethical behaviour. This section explores these factors aligned with psychologically safety.

| | |
|---|---|
| Enablers of speaking up | Open communication |
| | Open culture |
| | Clear process |
| | Action & Feedback |
| | Education & Training |
| | Opportunity & Support |
| | Number of years experience |
| | Trust |

*Figure 24: Identified enablers of speaking up in this study*

### 8.5.1 Open Communication and culture

A psychologically safe environment, characterised by open communication and mutual respect, was repeatedly cited as key enabler of speaking up. Participants who worked in supportive environments described being able to raise concerns without fear of negative consequences as described by participant 8 "*within my current job I feel people can speak up…we are absolutely supported to speak up*". Research supports these findings as workplaces with high psychological safety enable employees to voice concerns constructively (Nembhard and Edmonson 2012; Salas et al. 2001). Participants felt that these conversations needed to be normalised and part of everyday activity.

Open cultures also reduce the stigma associated with raising issues, transforming speaking up into a routine, collaborative process. CRM training aligns with these enablers as it directly aims to improve communication, reduce hierarchical barriers and build trust within teams (Kemper et al. 2017). Findings suggest that respect means everyone has a voice, and an opportunity for that voice to be heard, linking to psychological safety. Hitchcock (2014), in a commentary piece suggested

that whistleblowing should be a last resort, and if workplaces encouraged staff to share ideas and voice opinions such organisations would not need whistleblowing; physiotherapists working in environments with a culture of openness know there are no repercussions to speaking up. A culture that is psychologically safe is not merely one where people are nice to each other, but is more complex, and does not just happen, but must be fostered through specific steps and behaviours (Edmonson 1999).

This study found that coaches set cultural tone in sport environments (discussed 8.3.1); given earlier discussion about normative conformity and psychological safety, if group values are not appropriate then negative behaviours are accepted as normal in that environment. This is supported by Fransen et al. (2020) who demonstrated that leaders in sport teams can cultivate psychologically safe environments through high quality leadership, strengthening team members identification with the team, leading to improved individual and team performance. The authors suggested that this occurred because the team had a shared belief that all members of the team were doing everything possible towards team success, including discussing problems and engaging in constructive conflict, aligning with psychological safety. Although Fransen et al. (2020) did not examine support staff, it is logical to consider similar results within the wider support staff team. Significantly, it demonstrates the important mediating role of psychological safety in fostering an

environment whereby voicing opinion, taking risks, asking for feedback following mistakes and engaging in decision making is part of daily activities in a setting promoting open culture.

### 8.5.2 Clear Process, Opportunity, Action & Feedback.

Participants highlighted the importance of clear processes and opportunity for raising concerns, along with consistent feedback on actions taken. Section 6.4.2 outlines this is greater than merely knowing who to report to, as modes of reporting (email, face to face, and anonymous) are important but understanding who will have access to the information, and how it is used and reviewed, was fundamental. The process was unique to each organisation at meso-level but at micro-level there was limited (4 participants) knowledge of its existence, e.g., an independent sport integrity disclosure and complaints service was piloted in the UK in 2022 but has been internationally available since 2018, but awareness of these external systems was low. There is a clear need for education about the available avenues of speaking up both internally and externally.

Feedback mechanisms are critical for reinforcing trust and ensuring individuals feel valued. This study highlighted how this was lacking in elite

sport and the importance of this has been recognised in healthcare; Barlow et al. (2023) describe successful speaking up as a shared accomplishment between the speaker and receiver. The NHS Wales framework on speaking up reinforces this, stating that whilst a matter is under investigation, the individual who has raised concerns will receive appropriate feedback fortnightly from the receiver (Welsh Government 2023). There is no research to date to show its implementation or success however given the findings of this study it is plausible to suggest that elite sport organisations should adapt similar models ensuring that every reported concern is met with timely and transparent communication.

### 8.5.3 Education & Training

Moving on from, but linked to, process was education and training; there was an overwhelming declaration in the findings that training and education on speaking up was lacking. This is in stark contrast to CRM education provided in aviation industry which has developed robust systems for speaking up, emphasising communication, teamwork, and the ability to raise concerns regardless of rank, fostering a culture where speaking up is normalised (Salas et al. 2001). CRM-inspired training could be utilised in elite sport organisations with the potential to address systemic barriers and hierarchical dynamics.

Findings suggest that physiotherapists working in sport undervalue the professional bodies, arguably because the support and material produced targets NHS and lacks specificity for other sectors, but their limited engagement potentially means they are not accessing some available education. Training tailored for sport, with more relevant context specific to their needs may encourage greater engagement. Participants suggested that education should focus on lived examples and case studies, allowing opportunities for discussion in workshop type environments; it was suggested that hearing other physiotherapists' experiences would allow better preparation for situations that might develop. Education should include all support staff within an organisation, not just physiotherapists; such collaborative education would facilitate openness and transparency, linking to psychological safety (Nembhard and Edmonson 2012). Finally, education needs to focus on the aspect of listening and receiving information as well as speaking up.

### 8.5.4 Experience and Trust

As physiotherapists gain experience, they also develop greater confidence in their ability to speak up, with less pressure to prove themselves in the sector conversely lack-of experience is a barrier to speaking up has been

discussed in 8.5.3. Participants expressed that they only developed the skills, after years of experience; arguably, this highlights the need for greater education at pre-registration. Participants specified that trusting the receiver of information was a significant enabler, reiterating the significance that speaking up is not a single action event but relies on interaction between speaker and hearer.

### 8.5.5 Summary of Enablers to Speaking Up

Understanding the enablers of speaking up in elite sport were part of this studies aims. The enablers identified in this study provide direction for elite sport organisations to cultivate environments where speaking up is not only possible but encouraged. By prioritising psychological safety, strengthening leadership, and embedding ethical values into organisational culture, these enablers can be leveraged to transform speaking up into routine practice. This could potentially be achieved by integrating CRM principles in any training that is developed as it represents a practical strategy for addressing the barriers whilst amplifying the enablers of speaking up. Ultimately fostering these conditions benefit not only physiotherapists but also the athletes and

organisations they serve, ensuring ethical integrity and professional accountability.

## 8.6 Summary of discussion

This chapter examined the experiences of physiotherapists working in elite sport regarding their willingness to speak up about concerns both internally and externally which were presented in chapters 4,5,6 and 7. Drawing on findings from the study and relevant literature (considered in chapter 2), this explores key themes including professional obligations, barriers, enablers and the influence of organisational and cultural dynamics. The discussion is framed using concepts such as psychological safety, normalisation of deviance and systems thinking, highlighting the complexity and multifaceted nature of the speaking up phenomenon in elite sports.

In this study, both conceptual and practical differences in speaking up were identified; a lack of clarity around the terms speaking up and whistleblowing were described, with speaking up seen as positive and routine, while whistleblowing was associated with severe misconduct and betrayal. Despite governance requiring physiotherapists to speak up about negative behaviour, through internal or external channels, there was little awareness of external mechanisms and limited evidence

showing that physiotherapists utilise external channels; interaction with regulatory (HCPC) and professional (CSP) bodies was low. Internal examples of speaking up showed it was not an event reliant on a single action but was a complex process; physiotherapists understood this to be a day-to-day communication tool requiring moral competence and ethical courage and, at times, physiotherapists chose to remain silent.

Physiotherapists willingness to speak up was shaped by organisational culture, individual characteristics such as moral competence, experiences and mentorship as well as systemic pressures. Despite professional obligations to speak up, this studies novel findings reveal significant barriers, including closed organisational cultures, fear of retribution and the normalisation of deviant practices. These challenges are exacerbated by hierarchical dynamics, unclear processes, inaction and systemic pressures such as performance driven funding models. Early career physiotherapists are particularly vulnerable to these barriers, often hesitating to speak up due to a lack of skills, experience and perceived risks to their careers.

Finally, the study identifies key enablers that can transform the organisational environment into one where speaking up is encouraged and valued. Open communication, supportive leadership and mentorship play a critical role in fostering psychological safety, while clear reporting

processes and feedback mechanisms ensure that concerns are acknowledged and addressed. The findings highlight the importance of leadership in setting the cultural tone and building trust within teams. Leaders who model empathetic listening and transparency create an environment where physiotherapists feel empowered to voice concerns without fear; in practice speaking up is a shared responsibility between both the speaker and receiver.

Whilst this study has shown that the barriers to speaking up are significant, they are not insurmountable. By addressing these challenges and amplifying enablers, elite sport can create a culture where speaking up does become a routine, integral part of professional practice. Such changes would safeguard ethical integrity but also enhance the well-being of both athletes and practitioners, ensuring a more sustainable approach to high performance sport.

This discussion has drawn together the findings, addressed the aims, and answered the research question. In so doing, the study demonstrates that speaking up in elite sports is not a straightforward process but a complex interaction of individual, organizational, and systemic factors. While governance frameworks mandate that physiotherapists raise concerns, the reality is that barriers often outweigh enablers, leading to silence or inaction. The lack of psychological safety within elite sports organizations

is a significant challenge, compounded by systemic pressures and hierarchical dynamics.

This chapter underscores the need for systemic and cultural reforms to promote speaking up in elite sport. By addressing the barriers and enhancing the enablers, organisations can empower physiotherapists to fulfil their professional obligations, ensuring ethical integrity and safeguarding athlete welfare. These original findings contribute valuable insight into the limited literature on this topic and provide a foundation for future research and policy development, considered in the next chapter. Additionally, the findings from this study have been developed into a conceptual framework, presented in chapter 9.

# 9 CHAPTER 9 – Summary, Proposed Theoretical Framework, and Recommendations

## 9.1 Introduction

This chapter summarises the research exploring physiotherapists experiences of speaking up in elite sport. Contribution to knowledge generated, a proposed theoretical framework and implications for practice are presented. Limitations and quality of the study are evaluated; finally, recommendations for future research are suggested.

## 9.2 Summary of the Thesis

This research represents a significant contribution to the underexplored area of speaking up in elite sports, specifically from the perspective of physiotherapists. The preface introduced and placed the insider researcher, whilst chapters 1 and 2 provided context and background for the study before exploring available literature. Chapter 1 described the profession and practice of physiotherapy, specifically sports physiotherapy, linking to regulation and professional bodies; other staff who form part of athlete support teams were introduced, identifying those

who are regulated. International problems facing sport integrity was presented through the lens of media and grey literature; mechanisms for tackling integrity issues, including whistleblowing and speaking up, were defined. This research focussed on integrity issues related to negative behaviours.

Chapter 2 considered elite sport as a complex system, and literature exploring ethical issues amongst elite sport support teams was evaluated. Physiotherapists balance responsibilities, across micro- and meso-levels, to athletes, teams, employers, and regulatory bodies. The impact of grey literature, including the Duy of Care report and Whyte review, was presented whilst considering normalisation of deviance. Whistleblowing and speaking up are used to bring negative behaviours to light; literature relating to both was explored as the terms are used interchangeably. Speaking up had been comprehensively researched in numerous fields but literature specific to physiotherapists was scarce. Healthcare literature primarily centred on nursing, provided insightful information on the complexity, barriers, and enablers of speaking up. In sport, literature on speaking up focussed on doping with a paucity of literature on other integrity issues; none was specific to physiotherapy, but parallels were taken from this literature to inform the work. Increasing anecdotal literature strongly suggested sport was not a healthy environment and literature identified psychological safety as a key determinant of culture

created by leaders. Physiotherapists are duty bound to speak up, yet there was a scarcity of literature evidencing this. The focus of this thesis was on addressing this gap and understanding physiotherapists experiences of speaking up in elite sport.

Chapter 3 described the study development, focussing on research philosophy and methodology. Exploratory-Descriptive qualitive research was employed, adhering to a subjectivist-inductive approach. Seven hundred and twenty-one minutes of data was collected from 15 UK based physiotherapists over a 4-month period in 2021; recorded online semi-structured interviews were transcribed verbatim and analysed through reflexive thematic analysis. Four main themes were generated, presented in chapters 4 to 7, using quotes from the interviews to convey the narrative.

Chapter 4 provides participants' demographic details and introduced the theme 'contextual factors'; this reflected physiotherapists' working landscape, encompassing two sub-themes. The first centred on the impact of change, specifically funding and the impact on medal winning cultures as well as societal changes which considered a shift in acceptable behaviours and the use of social media in athletes speak up armoury.

The second sub-theme focussed on success and how that influenced negative cultures in elite sport environments, where fear, bullying tactics

and a general lack of respect was identified, specifically being driven by leaders. Chapter 5 considered lived workplace experiences through three sub-themes, role of the physiotherapist, influence of the MDT, and other key encounters including pressure, privilege, and misinformation. The role of the physio identified key differences between physiotherapists working in sport and the NHS and the balance between healthcare and performance; the influence of the MDT explored regulation amongst support staff, role clarity and mutual respect. Chapter 6, language of speaking up, is made up of three sub-themes; the first, the real world, explores participants understanding of speaking up which identified the interchangeable use of terms, whilst themes two and three present speaking up barriers and enablers identified by participants. Many of these concur with those already identified in healthcare literature but the lack of education and training specifically to this phenomenon was significant. Chapter 7 considers the influence of both internal (individual) and external (regulations) factors on speaking up. Internal factors explored personal characteristics identifying that an individuals' moral compass can be compromised by pressure, experience influences behaviours positively, whilst mentors are crucial. External factors found a lack of clarity around the process of speaking up, varying employment routes and a lack of engagement with regulatory and professional bodies.

Chapter 8 discussed these findings relative to the literature whilst answering the research question and aims. While physiotherapists are professionally obligated to raise concerns, the reality of doing so is fraught with challenges that are deeply embedded in the unique dynamics of sport. This novel study has offered critical insights into the barriers and enablers of speaking up, and the findings have broader implications for organisational culture and leadership.

Conceptual differences were identified as participants' understanding of speaking up and whistleblowing reflected interchangeable use of terminology; many viewed them as the same, communicating about an issue but on different ends of the continuum. Yet two participants were unclear on the meaning of whistleblowing and whilst arguably you can still be effective in raising concerns by speaking up understanding the principles of whistleblowing would provide strategies enabling more severe issues to be addressed responsibly with proper safeguarding. The term speaking up was seen more favourably than whistleblowing and use of language may be a factor in addressing speak up behaviour as participants showed clear preference for speaking up due to its positive framing and perceived safety. There were experiences of participants' voices not being heard, or listened to, with organisational inaction and examples of silence, due to a lack of psychological safety and fear of

consequence These findings support literature in healthcare, confirming that the same is true for physiotherapists in elite sport.

Willingness to speak up was dependent on several factors.

- Organisational culture within the elite sport environments demonstrated a low index of psychological safety. This was consistently highlighted as a central barrier to speaking up, highlighting the urgent need for both cultural and systemic reform. Elite sport organisations often operate under fear-driven, hierarchical systems that prioritise performance over ethical considerations, fostering environments where deviant behaviours are normalised. Fostering psychological safety as a foundational element, supported by compassionate leadership is crucial to changing this narrative.
- Individual characteristics: The foundation of this was physiotherapists' moral competency and ethical courage. The unique findings of this research revealed a significant disconnect between professional obligations and practical realities. Despite the existence of external reporting mechanisms through regulatory and professional bodies, these are seldom utilised by physiotherapists, largely due to a lack of awareness and trust. This gap highlights the importance of simplifying and standardizing reporting processes, ensuring they are accessible, transparent and aligned with specific

contexts of elite sport. Additionally, providing feedback to those who speak up is critical to reinforcing trust and encourage future reporting.

- Change and systemic factors: Performance driven funding models often exacerbate the tension between achieving results and upholding ethical standards, placing physiotherapists in ethically precarious positions. Addressing this requires change where performance and well-being are balanced, potentially incorporating mechanisms for evaluating effectiveness of integrity measures.

The above summarises the practical differences identified in this study which centre around the mechanisms of speaking up and engagement with the process, further impacted by barriers and enablers discussed below.

Another important contribution of this study is its focus on mentorship and education as key enablers to speaking up. Mentorship was particularly important for early-career physiotherapists, who often lack the skills, confidence and experience to voice concerns in high pressure environments. (Jones and Kelly 2014; Schwappach and Gehring 2014a; Rainer 2015). Educational interventions were sought after by participants

and would need to be tailored to equip physiotherapists with ethical courage and moral competence, preparing them to navigate the complex ethical dilemmas inherent in their roles. Training initiatives should extend beyond individual physiotherapists to include the entire support team, fostering a collective understanding of ethical standards and collaborative approaches to speaking up. The proposed conceptual framework below offers a practical tool for addressing some of the issues identified in this study.

## 9.3 Proposed Conceptual Framework

In line with the research approach a conceptual framework has been developed from insights gained during the study and can be seen below (figure 25). This original framework conceptualises speaking up in elite sport and is the contribution to knowledge that is the result of this work. Factors identified amongst physiotherapists working in sport on promoting voice or enabling speaking up (green) and silence or barriers to speaking up (red) are conveyed in the main circle; there are two outer circles, psychological safety (yellow) and compassionate leadership (purple), encapsulating the barriers and enablers of speaking up, as both are critical to the outcome of voice or silence. The circle is sandwiched between ethical courage and moral competence, important components to both the speaker and hearer.

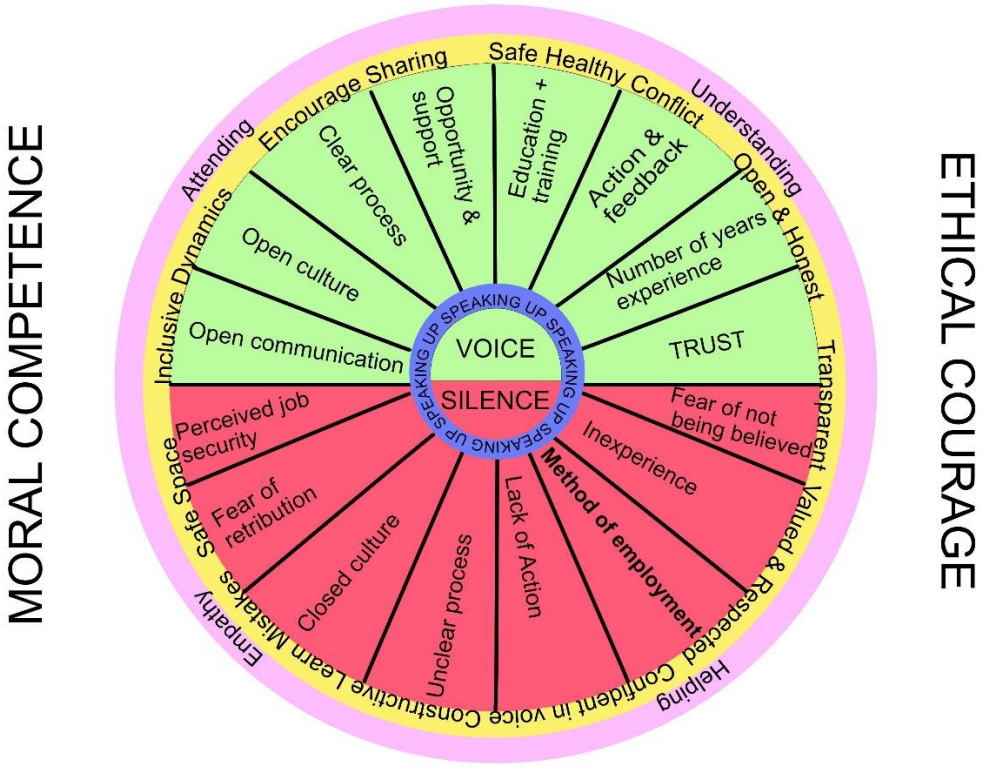


*Figure 25: Proposed conceptual framework of factors that affect physiotherapists abilities to speak up in elite sport*

This proposed conceptual framework offers a practical tool for addressing some of the issues identified in this thesis. By integrating barriers, enablers and the broader contextual factors influencing speaking up, this framework provides a structured approach to fostering environments that support ethical behaviour. At its core, the framework emphasizes the importance of psychological safety and compassionate leadership as critical components for enabling voice and addressing silence.

## 9.4 Quality and Integrity

To ensure quality and integrity within exploratory descriptive qualitative design, the approach was meticulously documented and presented in the thesis. Adherence to ethical requirements was maintained throughout in participant recruitment, interviews, data protection, and commitment to confidentiality which, due to the sensitive nature of this phenomenon, were of critical importance. As an insider researcher, maintaining a diary and revisiting this at various points during the journey allowed the researcher to maintain a reflexive view, further supported by probing, stimulatory, and challenging supervision sessions. The commitment to transparency is evident within the main body and appendices of this thesis.

## 9.5 The Original Contribution of this Thesis:

Components of this thesis (speaking up) have previously been explored in other sectors (healthcare) and documented in the literature. Physiotherapists' speaking up in elite sport was a phenomenon where little was known; this exploratory research, therefore, makes original contribution to an under researched field. In giving physiotherapists voice

and an opportunity to share their lived experiences of speaking up, the empirical findings of this study informed understanding of physiotherapists' working in elite sport on speaking up. It provided insight into policies and processes, physiotherapists' willingness to speak up, and identified barriers and enablers to speaking up. Although psychological safety has been documented in other sectors, this research has demonstrated that it is lacking in elite sport; the findings of this study will be invaluable in shaping future education for physiotherapists and sport organisations.

## 9.6 Implications For Clinical Practice:

This exploratory study identified several implications for practice. Adopting the conceptual framework in elite sport practice will mediate and promote the role of psychological safety, encouraging physiotherapists to speak up, empowering voice. It is imperative that leaders of organisations cultivate an environment and culture that will nurture this which, hopefully, will decrease the need to be at the other, more formal end, of the continuum.

### 9.6.1 Policy and professional practice concerns

Physiotherapists have channels available to them through regulatory and professional bodies, as well as sport integrity channels, but it is apparent

that the former are not being engaged and the latter's existence unknown. An urgent need for a clear process on speaking up about negative behaviours in elite sport was identified, with a call for this to be uniform within the sector and applicable at local, national, and international level; this process should encompass all phases so that physiotherapists have a clear understanding of what happens to information once it has been shared, including feedback about what action has been taken. It is evident that poor experiences of speaking up perpetuates silence and is further fuelled by inaction and lack of listening.

### 9.6.2 Education and training requirements

For Physiotherapists:

Formal learning through the development of courses, potentially through the professional network (ACPSEM), that: reflect physiotherapists lived experiences, designed to encourage conversation about managing these experiences; recognise when behaviour is not normal, using vignettes to facilitate discussion in workshops; clarify the process for speaking up and steps to take in the moment.

Informal learning through mentored practice recognising the importance of decision making – an individual physiotherapist owns their own decisions and is accountable for those decisions.

Ethical courage and moral competence – develop formal learning on these attributes specific to sporting context; this needs to be added at undergraduate / pre-registration level, given the findings of this study and the link between speaking up and experience.

Training and education could be completed alongside, or in addition to, the training offered by professional bodies but should be completed collaboratively, including all sport support staff; such an approach would facilitate openness and transparency, helping develop psychological safety within the sector.

For Organisations:

Broader than this, training is also required within organisations of elite sport. CRM training could be introduced for use across organisations as the core principles are focussed on improving communication, reducing hierarchical barriers, fostering teamwork and enhancing decision-making. By implementing at an organizational level elite sport could create a culture where ethical behaviour and speaking up are normalised as routine practices, hierarchical barriers are minimised, fostering mutual respect across MDT teams and athlete welfare and performance are balanced effectively, aligning with the dual goals of success and ethical integrity.

## 9.7 Limitations

This thesis presents original knowledge, contributing to evidence in this field; however, there were limitations, considered below:

The findings presented are interpreted through the researchers' lens, influenced by personal values and experience, which is acknowledged and mitigated through a reflexive approach. Additionally, given the sensitive nature of the phenomenon, the researcher felt an overwhelming sense of responsibility for the valuable data collected and accountability to ensure that this was all utilised.

The flexibility of qualitative exploratory approach, through semi-structured interviews, provided an opportunity for physiotherapists to speak freely about their experiences. On reflection there were occasions during interviews where participants could have been probed further; as only one interview was conducted per participant, a follow up may have gained even greater depth, given participants would have had an opportunity to reflect between interviews. During the analysis, the

researcher was conscious of approaching each interview with an open mind and not intentionally seek topics that had previously been mentioned; reflexivity helped this but there is a chance that other information was given less priority.

All but one of the participants who volunteered for this study had been qualified for over a decade (the other participant had 9 years' experience). It is not known whether findings would be different if newly qualified physiotherapists had taken part, this is therefore a limitation and an aspect that needs to be explored in future work.

This study focussed on physiotherapists, but elite sport support teams include doctors and sports science staff. The findings of this study are not immediately generalisable to other support staff in elite sport, but some findings may be transferable to regulated staff. The context of elite sport also means that the findings are not immediately generalisable to physiotherapists working in other sectors, including NHS, but there are aspects that would be applicable; for example, the need for more formal education focussed on developing ethical courage and moral competence would be applicable to all physiotherapists.

## 9.8 Future Research

In addition to the implication for practice discussed above, this exploratory study shows that speaking up in elite sport warrants greater research attention. The focus on physiotherapists' speaking up, and the ensuing knowledge generated, is only a small piece of the jigsaw; future research should be expanded to other support staff, across sports science and medicine, as well as coaches and performance directors, to ascertain further pieces of this complex jigsaw. Future research exploring athletes' experiences of speaking up would also be valuable as it would offer an alternative perspective. This study showed that successful speaking up is entwined with hearer action, an area under researched in general and unexplored in elite sport. This research used semi-structured interviews; potentially future research could take aspects of the findings and build on this knowledge through focus groups with a multidisciplinary approach.

Psychological safety has been found to be low in elite sport and this needs to be explored, and measured, to ascertain which aspects need to be focussed on to nurture the required change. If the conceptual framework

is adopted in elite sport practice, future research could assess the effectiveness of the framework.

As in all systems, changes trigger effects which can be widespread and unintended. To date minimal attention has focussed on understanding interrelationships within the elite sport sector system. From this exploratory study, it is feasible to suggest that understanding organisations' perspectives on speaking up, especially how they receive such information and their processes for dealing with it, would add value to this body of knowledge.

Establishing whether the recommendations of two substantial reports (Grey-Thompson 2017 and Whyte 2022) have been implemented would be beneficial; in particular, have funded NGB's employed Directors of welfare and sport safety and what impact, if any, have these had? At national level, where sport integrity hotlines have been established, understanding their effectiveness and impact is also required in future research.

## 9.9 Final Remarks

Sport integrity issues are a global concern, there seems to be an appetite for change and reform in the U.K sport sector following some damning reports (Grey-Thompson 2017, Whyte 2022); it is imperative that recommendations and learning is applied from these reviews. This research has illuminated the complex and multifaceted nature of speaking up in elite sport, offering valuable insights for physiotherapists, sport organisations and regulatory bodies. Despite professional obligations to speak up and the identification of deeply entrenched barriers, key enablers were also highlighted that can help transform the organisational culture. The findings call for nothing less than a paradigm shift where psychological safety and moral courage are woven into the very fabric of elite sport; by fostering ethical leadership and implementing systemic reforms elite sport can create an environment where speaking up is encouraged, valued, heard and acted upon. The voices of physiotherapists and other support staff are not merely tools for identifying negative behaviours but a catalyst for change which are essential for protecting athlete welfare but arguably for ensuring ethical integrity of elite sport.

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# 11 APPENDICES

## 11.1 HCPC Regulation 7 (HCPC 2023).

### 7 Report concerns about safety

**Report concerns**

7.1 You must report any concerns about the safety or well-being of service users promptly and appropriately.

7.2 You must support and encourage others to report concerns and not prevent anyone from raising concerns.

7.3 You must take appropriate action if you have concerns about the safety or well-being of children or vulnerable adults.

7.4 You must make sure that the safety and well-being of service users always comes before any professional or other loyalties.

**Follow up concerns**

7.5 You must follow up concerns you have reported and, if necessary, escalate them.

7.6 You must acknowledge and act on concerns raised to you, investigating, escalating or dealing with those concerns where it is appropriate for you to do so.

## 11.2 Underpinning ethics, values, and concepts of physiotherapists code of professional behaviour (CSP 2019).

| Underpinning ethics | Underpinning values | Core professional concepts |
|---|---|---|
| ☐ Respect for individual autonomy<br>☐ Promoting what is best for an individual<br>☐ Avoiding harm<br>☐ Fairness in how services are delivered | ☐ Altruism, in terms of giving priority to the interests of individuals<br>☐ Advocacy<br>☐ Honesty and integrity<br>☐ Compassion and caring<br>☐ Accountability for decision-making and actions<br>☐ Fulfilment of duty of care and social responsibility<br>☐ Commitment to excellence | ☐ Competence<br>☐ Person-centred practice<br>☐ Professional autonomy<br>☐ Professionalism<br>☐ Scope of Practice |

## 11.3 Primary Literature Search Strategy Results (not including grey literature & literature used to provide context).

| KEY WORD | Yield | Papers for screening | Papers selected after duplicates removed | Relevant papers selected for inclusion |
|---|---|---|---|---|
| Whistle* | 6804 | 136 | 7 | 6<br>Mansbach et al 2010<br>Mansbach et al 2012a<br>Milligan et al 2017<br>Whitakker et al 2014<br>Erickson et al 2016<br>Erickson et al 2017<br>Erickson et al 2019 |
| Physioth* | 73,200 | 416 | 0 | Nil |
| Physical Th* | 256,113 | 27 | 5 | 2<br>Mansbach et al 2012b<br>Banja 1985 |
| Sport | 262,045 | 17 | 8 | 4<br>Barkoukis et al (2019)<br>Anderson and Gerrard 2005 |

| | | | | |
|---|---|---|---|---|
| | | | | Davies & Mitchell 2016<br>Verschuuren (2020) |
| Support team | 16,906 | 44 | 0 | 0 |
| Support staff | 10,196 | 77 | 5 | 3<br>Collins et al 1999<br>Waddington & Roderick 2002<br>Arnold et al 2019 |
| Wrongdoing | 689 | 8 | 0 (all duplicates) | Nil |
| Blow * | | 172 | 1 | 1<br>Richardson and McGlynn (2015) |
| Speak* up | 115,686 | 156 | 21 | 15<br>Okuyama et al 2014<br>Schwappach and Gehring 2014 x 3<br>Schwappach and Gehring 2015<br>Morrow et al 2016<br>Landgren et al 2016<br>Schwappach 2018<br>Alingh et al 2019<br>Mountjoy 2019<br>Okuyma et al 2019<br>Violato 2022<br>Jones et al 2021<br>Barlow et al 2023<br>Kane et al 2023 |

| | | | | |
|---|---|---|---|---|
| Health* | 368,487 | 201 | 8 | 5<br>Moore & Mcauliffe 2010<br>Jones and Kelly 2014<br>Blenkinsopp and Snowden 2016<br>Mannion et al 2018<br>Blenkinsopp et al 2019 |

## 11.4 Whistleblowing disclosures reports collated 2018-2023

| | Regulatory action taken | | | | | |
|---|---|---|---|---|---|---|
| | **2018** | **2019** | **2020** | **2021** | **2022** | **2023** |
| **NURSING** | 53 | 18 | 107 | 192 | 152 | 167 |
| **HCPC** | 0 | 8 | 7 | 10 | 4 | 1 |
| **General Pharmaceutical Council** | 5 | 5 | 13 | 3 | 19 | 12 |
| **General Osteopathic Council** | 1 | 2 | 0 | 0 | 1 | 0 |
| **General Optical Council** | 2 | 10 | 5 | 5 | 3 | 4 |
| **General Medical Council** | 21 | 26 | 28 | 41 | 60 | 47 |
| **General Dental Council** | 47 | 56 | 95 | 93 | 61 | 60 |
| **General Chiropractic Council** | 0 | 0 | 0 | 1 | 0 | 0 |

| | Onward referral to another body – regulatory action taken | | | | | |
|---|---|---|---|---|---|---|
| | **2018** | **2019** | **2020** | **2021** | **2022** | **2023** |
| **NURSING** | 7 | 16 | 24 | 27 | 0 | 0 |
| **HCPC** | 5 | 1 | 0 | 0 | 0 | 0 |
| **General Pharmaceutical Council** | 0 | 1 | 5 | 0 | 3 | 0 |
| **General Osteopathic Council** | 0 | 0 | 0 | 0 | 0 | 0 |
| **General Optical Council** | 0 | 2 | 0 | 1 | 2 | 0 |
| **General Medical Council** | 0 | 4 | 3 | 2 | 1 | 1 |
| **General Dental Council** | 3 | 2 | 0 | 3 | 0 | 0 |
| **General Chiropractic Council** | 0 | 0 | 0 | 0 | 0 | 0 |

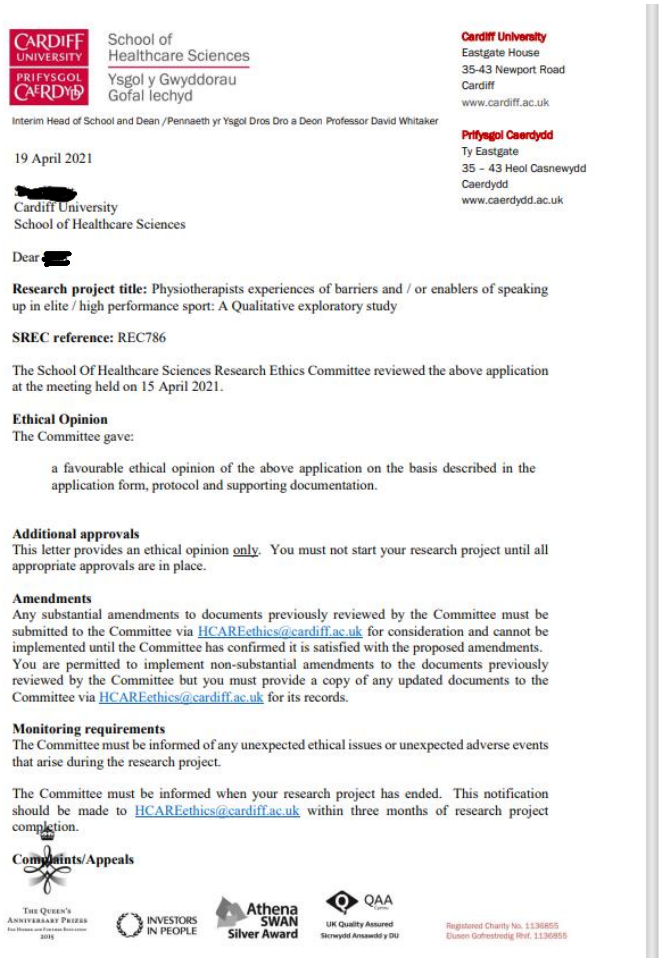
| | Onward referral to another body – no regulatory action taken | | | | | |
|---|---|---|---|---|---|---|
| | **2018** | **2019** | **2020** | **2021** | **2022** | **2023** |
| **NURSING** | 0 | 0 | 0 | 0 | 19 | 47 |
| **HCPC** | 0 | 0 | 0 | 0 | 0 | 4 |
| **General Pharmaceutical Council** | 0 | 0 | 0 | 0 | 0 | 3 |
| **General Osteopathic Council** | 0 | 0 | 0 | 0 | 0 | 0 |
| **General Optical Council** | 0 | 0 | 0 | 0 | 0 | 2 |
| **General Medical Council** | 0 | 0 | 0 | 0 | 0 | 0 |
| **General Dental Council** | 0 | 1 | 0 | 0 | 0 | 0 |
| **General Chiropractic Council** | 0 | 0 | 0 | 0 | 0 | 0 |

| | Closed no action | | | | | |
|---|---|---|---|---|---|---|
| | **2018** | **2019** | **2020** | **2021** | **2022** | **2023** |
| **NURSING** | 1 | 0 | 0 | 0 | 0 | 0 |
| **HCPC** | 1 | 0 | 1 | 1 | 0 | 1 |
| **General Pharmaceutical Council** | 0 | 3 | 0 | 0 | 0 | 1 |
| **General Osteopathic Council** | 0 | 0 | 0 | 0 | 1 | 0 |
| **General Optical Council** | 0 | 0 | 0 | 2 | 1 | 3 |
| **General Medical Council** | 0 | 0 | 0 | 0 | 0 | 0 |
| **General Dental Council** | 7 | 6 | 0 | 0 | 0 | 0 |
| **General Chiropractic Council** | 0 | 0 | 0 | 0 | 1 | 0 |

| | Under review | | | | | |
|---|---|---|---|---|---|---|
| | **2018** | **2019** | **2020** | **2021** | **2022** | **2023** |
| **NURSING** | 0 | 0 | 0 | 0 | 0 | 0 |
| **HCPC** | 0 | 0 | 0 | 1 | 0 | 1 |
| **General Pharmaceutical Council** | 1 | 7 | 4 | 2 | 3 | 5 |
| **General Osteopathic Council** | 1 | 0 | 0 | 0 | 0 | 1 |
| **General Optical Council** | 5 | 5 | 2 | 0 | 1 | 0 |
| **General Medical Council** | 0 | 0 | 0 | 0 | 0 | 0 |
| **General Dental Council** | 0 | 0 | 0 | 0 | 0 | 0 |
| **General Chiropractic Council** | 0 | 0 | 0 | 0 | 0 | 0 |

| | OVERALL TOTAL |
|---|---|
| | |
| | |
| **NURSING** | 830 |
| **HCPC** | 46 |
| **General Pharmaceutical Council** | 95 |
| **General Osteopathic Council** | 16 |
| **General Optical Council** | 78 |
| **General Medical Council** | 243 |
| **General Dental Council** | 495 |
| **General Chiropractic Council** | 2 |

## 11.5 Ethical Approval Letter



CARDIFF UNIVERSITY
PRIFYSGOL CAERDYDD

School of
Healthcare Sciences
Ysgol y Gwyddorau
Gofal Iechyd

Interim Head of School and Dean /Pennaeth yr Ysgol Dros Dro a Deon Professor David Whitaker

**Cardiff University**
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**Prifysgol Caerdydd**
Ty Eastgate
35 – 43 Heol Casnewydd
Caerdydd
www.caerdydd.ac.uk

19 April 2021

[redacted]
Cardiff University
School of Healthcare Sciences

Dear [redacted]

**Research project title:** Physiotherapists experiences of barriers and / or enablers of speaking up in elite / high performance sport: A Qualitative exploratory study

**SREC reference:** REC786

The School Of Healthcare Sciences Research Ethics Committee reviewed the above application at the meeting held on 15 April 2021.

**Ethical Opinion**
The Committee gave:

> a favourable ethical opinion of the above application on the basis described in the application form, protocol and supporting documentation.

**Additional approvals**
This letter provides an ethical opinion only. You must not start your research project until all appropriate approvals are in place.

**Amendments**
Any substantial amendments to documents previously reviewed by the Committee must be submitted to the Committee via HCAREthics@cardiff.ac.uk for consideration and cannot be implemented until the Committee has confirmed it is satisfied with the proposed amendments. You are permitted to implement non-substantial amendments to the documents previously reviewed by the Committee but you must provide a copy of any updated documents to the Committee via HCAREthics@cardiff.ac.uk for its records.

**Monitoring requirements**
The Committee must be informed of any unexpected ethical issues or unexpected adverse events that arise during the research project.

The Committee must be informed when your research project has ended. This notification should be made to HCAREthics@cardiff.ac.uk within three months of research project completion.

**Complaints/Appeals**

If you are dissatisfied with the decision made by the Committee, please contact the School's Research Ethics Officer, Dr Kate Button on HCAREthics@cardiff.ac.uk in the first instance to discuss your complaint. If this discussion does not resolve the issue, you are entitled to refer the matter to the Head of School for further consideration. The Head of School may refer the matter to the Open Research Integrity and Ethics Committee (ORIEC), where this is appropriate. Please be advised that ORIEC will not normally interfere with a decision of the Committee and is concerned only with the general principles of natural justice, reasonableness and fairness of the decision.

Please use the Committee reference number on all future correspondence.

**The Committee reminds you that it is your responsibility to conduct your research project to the highest ethical standards and to keep all ethical issues arising from your research project under regular review.**

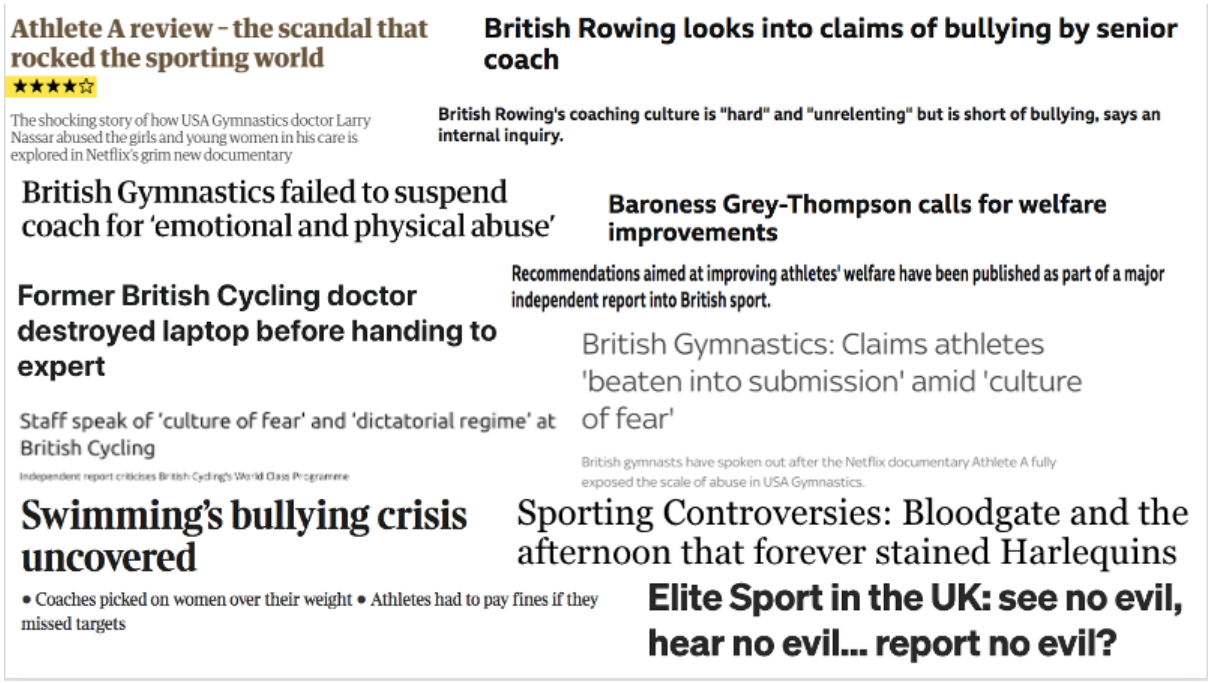
**You are expected to comply with Cardiff University's policies, procedures and guidance at all times, including, but not limited to, its Policy on the Ethical Conduct of Research involving Human Participants, Human Material or Human Data and our Research Integrity and Governance Code of Practice.**

Yours sincerely,

[redacted]
Director of Research Governance

[redacted]

## 11.6 Vignette of media headlines



Athlete A review – the scandal that rocked the sporting world

★★★★☆

The shocking story of how USA Gymnastics doctor Larry Nassar abused the girls and young women in his care is explored in Netflix's grim new documentary

British Rowing looks into claims of bullying by senior coach

British Rowing's coaching culture is "hard" and "unrelenting" but is short of bullying, says an internal inquiry.

British Gymnastics failed to suspend coach for 'emotional and physical abuse'

Baroness Grey-Thompson calls for welfare improvements

Recommendations aimed at improving athletes' welfare have been published as part of a major independent report into British sport.

Former British Cycling doctor destroyed laptop before handing to expert

Staff speak of 'culture of fear' and 'dictatorial regime' at British Cycling

Independent report criticises British Cycling's World Class Programme

British Gymnastics: Claims athletes 'beaten into submission' amid 'culture of fear'

British gymnasts have spoken out after the Netflix documentary Athlete A fully exposed the scale of abuse in USA Gymnastics.

Swimming's bullying crisis uncovered

• Coaches picked on women over their weight • Athletes had to pay fines if they missed targets

Sporting Controversies: Bloodgate and the afternoon that forever stained Harlequins

Elite Sport in the UK: see no evil, hear no evil... report no evil?

## 11.7 Gatekeeper Letter

Dear

I hope you don't mind me contacting you, I am currently studying a professional doctorate at Cardiff University. I have just received ethical approval from The School of Healthcare Sciences Research Ethics Committee REC 786 to progress with my research. The title of the study is -

Physiotherapists experiences of barriers and / or enablers to speaking up in elite sport: A qualitative exploratory study.

Recruitment for the study will be through a gatekeeper, in this case the head of medical / head physiotherapist of various elite sport bodies, hence this email to you. The role of the gatekeeper is merely to disseminate within your organisation, an invitation letter to potential participants (attached) which explains what the research is about. I would be grateful if you would share this with physiotherapists working within your organisation, or previous employees. If they are interested in partaking in the research, they are informed in the letter to contact me directly, thus there is no further involvement from yourself.

If you feel unable to be the gatekeeper, would you be kind enough to let me know, but if you are happy to help by sharing the attached, it is much appreciated.

Many thanks

Sian

Sian Knott

Student: Professional Doctorate Advance Health Care Practice

Cardiff University

## 11.8 Participant Recruitment Letter

Dear Physiotherapist,

I am a physiotherapist conducting research as part of Professional Doctor qualification in Advance Healthcare Practice at Cardiff University.

Title: Physiotherapists experiences of barriers and / or enablers to speaking up in elite / high performance sport: A Qualitative Exploratory Study.

This study aims to explore experiences, barriers and enablers of elite sport physiotherapists working in the UK in speaking up on wrongdoing in this environment in relation to athletes or support staff, with an overall aim to improve practice and safety which will hopefully result in a more open culture. Wrongdoing for the purpose of this study will include the maltreatment of athletes (e.g. emotional and physical harm safeguarding issues) and / or support staff (e.g. bullying, not respecting professional opinion, crossing boundaries).

I am inviting any physiotherapist with experience of working in elite / high performance sport to take part in the study and this letter comes to you having had permission to disseminate it through the head / lead physiotherapist at your organisation. I appreciate that confidentiality may be a great concern to you given the potentially sensitive topic area and what is being done to ensure anonymity can be found in the participant information leaflet.

If you are interested in taking part in the study, please contact me directly via email [redacted] and I will be able to share with you a Participant Information Leaflet which has greater detail on the study as well as the consent form. You will be asked to return the consent form via email if you agree to take part in the study. If you do take part in the study, you will be interviewed virtually using Zoom at a time that is mutually convenient. It is anticipated that the interview could take between 45 and 60 minutes depending on the discussions. The interviews will be recorded with your permission.

The study has been reviewed by and received ethical approval by the School Research Ethics Committee – School of Healthcare Sciences – Cardiff University. For more information about the study or to volunteer please contact myself, [redacted]. This project is

being supervised by [redacted]

Thank-you for your time and consideration,
Your sincerely,

Sian Knott, Student Professional Doctorate Advance Healthcare Practice,
School of Healthcare Studies, Cardiff University.

11.9 Participant Information Form

# PARTICIPANT INFORMATION SHEET

Physiotherapists experiences of barriers and / or enablers to speaking up in elite / high performance sport: A Qualitative Exploratory Study.

You are being invited to take part in a research project. Before you decide whether or not to take part, it is important for you to understand why the research is being undertaken and what it will involve. Please take time to read the following information carefully and discuss it with others, if you wish.

Thank you for reading this.

## 1. What is the purpose of this research project?

My name is Sian Knott, I am a physiotherapist working clinically and as a lecturer at Cardiff University. I am studying towards a professional doctorate qualification and this study will be carried out as part of that qualification.

A duty of care in sport review raised concerns that precedence was not being given to the welfare and safety of athletes and staff, because the drive to win and desire to be successful had become the prime focus at the detriment of those involved. Recent media reports suggest that athletes train in pressurised environments with media statements from athletes reporting they have been pressurized to compete with

injuries. Elite athletes are not supported by a single person or discipline but instead are surrounded by a matrix of practitioners from science and medicine, depending on the needs of the athlete / sport. Sports medicine is a complex space where clinicians including physiotherapists constantly battle negotiation and trust building with athletes and coaches which can result in compromise. This study aims to explore experiences, barriers and enablers of elite sport physiotherapists working in the UK in speaking up on
wrongdoing in this environment in relation to athletes or support staff, with an overall

aim to improve practice and safety which will hopefully result in a more open culture.

Wrongdoing for the purpose of this study will include the maltreatment of athletes

(e.g emotional and physical harm safeguarding issues) and / or support staff (e.g

bullying, not respecting professional opinion, crossing boundaries).

## 2. Why have I been invited to take part?

You have been invited to take part in this study because you are a physiotherapist with experience of working in elite / high performance sport. However, participation is your choice.

## 3. Do I have to take part?

No, your participation in this research project is entirely voluntary and it is up to you to decide whether or not to take part. If you decide to take part but you have further questions, I am happy to discuss the research project with you. When you are happy, I will ask you to sign a consent form and return this to me electronically. If you decide not to take part, you do not have to explain your reasons and it will not affect your legal rights.

You are free to withdraw your consent to participate in the research project at any time, without giving a reason, even after signing the consent form. If you withdraw after the interview stage but before data analysis, then your interview data will be destroyed. If withdrawal is after the data analysis stage (Feb 2022) it will not be possible to withdraw the interview data at that point.

**4. What will taking part involve?**

If you decide to take part in the study, you will be required to be available for an interview (at a mutually convenient time to yourself and the researcher) which could last up an hour. The interviews will take place between April and September 2021 using Zoom and will be recorded with your permission. A back up recording will be made on a Dictaphone. Both sound files will be saved onto the University's secure one drive.

**5. Will I be paid for taking part?**

There is no payment for taking part.

**6. What are the possible benefits of taking part?**

The benefit to you may be direct or indirect. This experience may be an opportunity for reflection on your own practice which could be used for your CPD portfolio. Indirectly, dissemination of this work may lead to policy change but also to encourage a more open culture within sport to which you will have been a contributor.

**7. What are the possible risks of taking part?**

Some topics discussed may raise uncomfortable memories or feelings and cause upset. If this occurs the interview will be stopped and will only continue once and if you feel able to. If following the interview, there is continued distress then a de brief will occur with the researcher that is not recorded or included in the research. If required, you will be provided with information for anonymous helplines which are accessible immediately such as Run by Protect or advised that they seek support through their workplace if available, or their General Practitioner.

Following this route allows privacy and anonymity to be maintained at all times. There is a potential risk that some direct quotes could inadvertently potentially identify you. If this is the case any implicating words will be removed from the direct quote (e.g organisation name / team name / your gender) before being used in any publication and / or presentation to manage that risk. Involvement in the research will not prejudice any activities or other processes (e.g selection or interview panels).

**8. Will my taking part in this research project be kept confidential?**

All information collected from (or about) you during the research project will be handled, processed and stored confidentially and any personal information you provide will be managed in accordance with Data Protection legislation. Please see 'What will happen to my Personal Data?' (below) for further information.

Confidentiality will be maintained at all times. You will be asked to select a pseydonym and steps have been put in place to ensure that the information holding your name, and pseudonym will not be stored in the same place.

There may be circumstances in which the research team may need to over-ride confidentiality e.g. in exceptionally rare cases, the research team may be legally and/or professionally required to over-ride confidentiality and to disclose information obtained from you to statutory bodies or relevant agencies. For example, this might arise where the research team has reason to believe that there is a risk to your safety, or the safety of others. Where appropriate, the research team will aim to notify you of the need to break confidentiality (but this may not be appropriate in all cases).

**9. What will happen to my Personal Data?**

Personal data, according to the General Data Protection Regulation (GDPR) means any information relating to an identifiable living person who can be directly or indirectly identified in particular by reference to an identifier.

In this instance this relates to your contact details and video recordings which will be deleted at the end of the study.

Cardiff University is the Data Controller and is committed to respecting and protecting your personal data in accordance with your expectations and Data Protection legislation. Further information about Data Protection, including:

- your rights
- the legal basis under which Cardiff University processes your personal data for research
- Cardiff University's Data Protection Policy
- how to contact the Cardiff University Data Protection Officer
- how to contact the Information Commissioner's Office

may be found at https://www.cardiff.ac.uk/public-information/policies-and-procedures/data-protection
[If you do not have access to the internet, printed copies of the above-mentioned documentation are available.]

A transcriber will be used to transcribe the interviews. This person will be selected from Cardiff University's list with whom agreements are already in place.

After transcription, the research team will anonymise all the personal data it has collected from, or about, you in connection with this research project, with the exception of your consent form. Your consent form [including details of any other personally identifiable information which must be retained] will be retained for 5 years in accordance with the University Records Retention Schedules and may be accessed by members of the research team and, where necessary, by members of the University's governance and audit teams or by regulatory authorities. Anonymised information will be kept for a minimum of 5 years in accordance with the University Records Retention Schedules but may be published in support of the research project and/or retained indefinitely, where it is likely to have continuing value for research purposes.

It will not be possible to withdraw any anonymised data that has already been published.

## 10. What happens to the data at the end of the research project?

The anonymised research data will be retained for 5 years in accordance with Cardiff

University Research Retention Schedule.

## 11. What will happen to the results of the research project?

It is hoped that study will be completed by 2023. Once the study is finished, I will make the findings available to you personally. The research findings will be incorporated into the thesis towards my Professional Doctorate in the first instance. The findings will also be published in academic journals and sources and used in presentations at professional conferences / seminars, through the special interest group Association of Chartered Physiotherapists in Sports and Exercise Medicine (ACPSEM) at their biannual 2-day conference or annual study day as a poster presentation or speaker. Participants of the study will not be identified in any report, publication or presentation although verbatim quotes from participants may be used. The findings will also be shared through stakeholders including the NGB's, HCSI's, UKSport, British Olympic Association and British Paralympic Association. At this stakeholder level the results from this research will help to shape and inform policy within these organisations.

## 12. What if there is a problem?

Should you wish to raise a complaint or have grounds for concerns about any aspect of the manner in which you have been approached or treated during the course of this research,
please contact [redacted]

[redacted]in the first instance.

If you they feel that your complaint has not been handled or managed to your satisfaction, then you may contact [redacted]

If you are harmed by taking part in this research project, there are no special compensation arrangements. If you are harmed due to someone's negligence, you may have grounds for legal action, but you may have to pay for it.

## 13. Who is organising and funding this research project?

The research is organised and funded by [redacted]

## 14. Who has reviewed this research project?

This project has been reviewed and given a favourable opinion by the Healthcare School Research Ethics Committee, Cardiff University.

## 15. Further information and contact details

Should you have any questions relating to this research project, you may contact us during normal working hours:

**Thank you for considering partaking in this research project. If you decide to participate, you will be given a copy of the Participant Information Sheet and a signed consent form to keep for your records.**

**11.10** Consent Form

## CONSENT FORM

**Title of research project:**

Physiotherapists experiences of barriers and / or enablers to speaking up in elite sport: A Qualitative Exploratory Study

**SREC reference and committee:**

SREC Reference: REC781

School Research Ethics Committee – School of Healthcare Sciences

**Name of Chief/Principal Investigator**: [redacted]

| | **Please initial box** |
|---|---|
| I confirm that I have read the information sheet dated 31/01/21, version 1 for the above research project. | |

| | |
|---|---|
| I confirm that I have understood the information sheet dated 31/01/21, version 1 for the above research project and that I have had the opportunity to ask questions and that these have been answered satisfactorily. | |
| I understand that my participation is voluntary, and I am free to withdraw at any time without giving a reason and without any adverse consequences. I understand that if I withdraw, information about me that has already been obtained may be kept by Cardiff University. | |
| I understand that data collected during the research project may be looked at by individuals from Cardiff University or from regulatory authorities, where it is relevant to my taking part in the research project. I give permission for these individuals to have access to my data. | |
| I consent to the processing of my personal information – Name and email address, for the purposes explained to me. I understand that such information will be held in accordance with all applicable data protection legislation and in strict confidence, unless disclosure is required by law or professional obligation. | |
| I understand who will have access to personal information provided, how the data will be stored and what will happen to the data at the end of the research project. | |
| I consent to being audio and video recorded for the purposes of the research project and I understand how it will be used in the research. | |
| I understand that anonymised excerpts and/or verbatim quotes from my interview may be used as part of the research publication. Any quotes that could inadvertently identify me will have the implicating words removed (e.g organisation name / team name) before being used in any publication(s) or presentation(s). | |
| I understand how the findings and results of the research project will be written up and published. | |

| | |
|---|---|
| I agree to take part in this research project. | |

| | | |
|---|---|---|
| Name of participant (print) | Date | Signature |
| Name of person taking consent (print) | Date | Signature |

**Role of person taking consent**

**(print)**

**THANK YOU FOR PARTICIPATING IN OUR RESEARCH**

**YOU WILL BE GIVEN A COPY OF THIS CONSENT FORM TO KEEP**

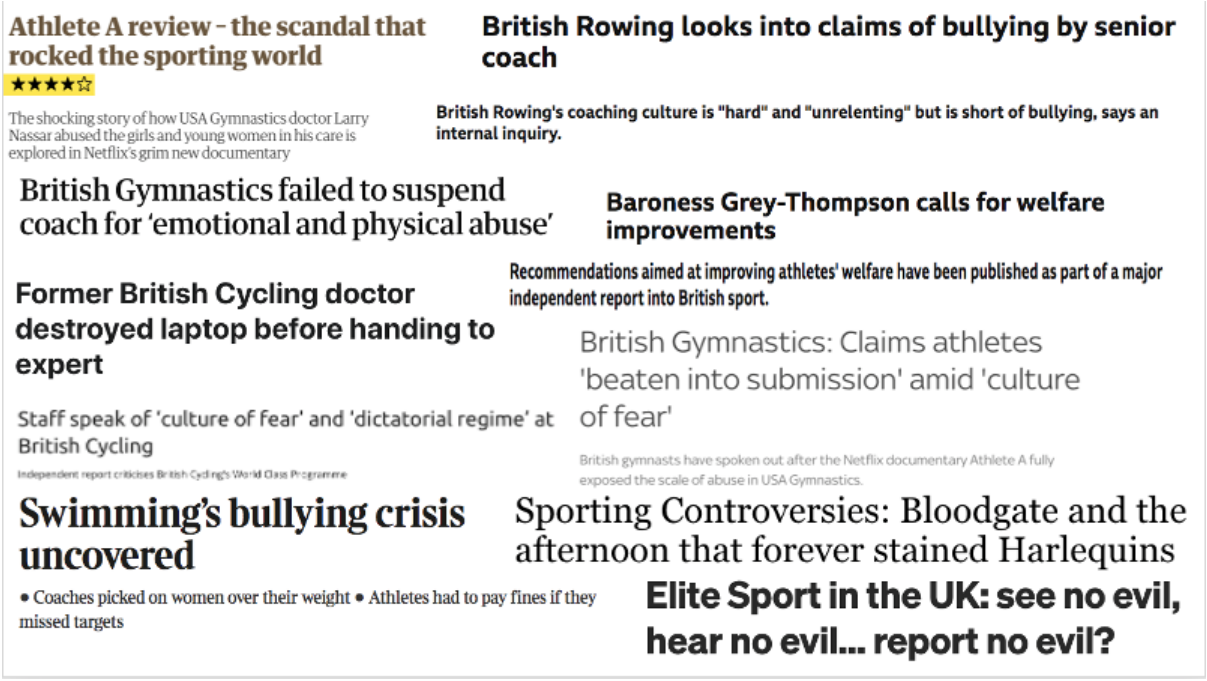
## 11.11 Pre-Interview Information

**PRE-INTERVIEW INFORMATION**

This interview is divided into two sections. We will firstly discuss the pictorial collage of recent media headlines below. The second will be questions aimed at understanding your viewpoint on speaking up. As a reminder this study aims to explore experiences, barriers and enablers of physiotherapists working in elite sport within the UK on speaking up about wrongdoing in relation to either athletes and / or support staff with an overall aim to improve practice and safety and inform education and policy.

Wrongdoing for the purpose of this study will include the maltreatment of athletes (e.g. emotional and physical harm safeguarding issues) and / or support staff (e.g. bullying, not respecting professional opinion, crossing boundaries).

**The collage: a selection of media headlines in UK papers from 2016 to now**




## 11.12 Pre-Interview Questionnaire

**NAME: _____**

**PSEUDONYM (please select a pseudonym for yourself that will be used going forward):**

**_____**

**The study will recruit through purposeful sampling. Please answer the following questions which will help with this recruitment stage. I will be in touch again to arrange an interview.**

1. What gender do you most identify with?

_____

2. What is your age?

☐ 20-29 ☐ 30-39 ☐ 40-49 ☐ 50-59 ☐ 60-69

3. What educational qualification do you hold? (tick all that apply)

Pre Reg MSc / BSc / Graduate Diploma ☐

MSc ☐

PhD ☐

Other ☐

4. Tick the statement which applies to you –

Currently working in elite sport ☐

Previously worked in elite sport ☐

If you ticked previously worked in, please indicate how long ago this was.

☐ 0 -2 years ☐ 3 – 4 years ☐ 5 – 7 years ☐ 8 – 9 years ☐ 10 years +

5. In which sector do you work?

Professional Sports Team ☐

☐

National Governing Body

Home Country Institute ☐

Other ☐

6. Are you full time or part time employed?

Full time ☐

Part time ☐

Other ☐

If other, please specify _____

7. How many years have you worked as a physiotherapist working in elite sport?

_____
_____

8. Briefly outline your career as a physiotherapist.

## 11.13 Interview Schedule

**INTERVIEW NUMBER:** **DATE:**

**INTERVIEW PSEUDONYM:**

Thank-you for agreeing to participate in the study. As a reminder this study aims to explore experiences, barriers and enablers of physiotherapists working in elite sport within the UK on speaking up about wrongdoing in relation to either athletes and / or support staff with an overall aim to improve practice and safety and inform education and policy.

Wrongdoing for the purpose of this study will include the maltreatment of athletes (e.g. emotional and physical harm safeguarding issues) and / or support staff (e.g. bullying, not respecting professional opinion, crossing boundaries).

There are no right or wrong answers.

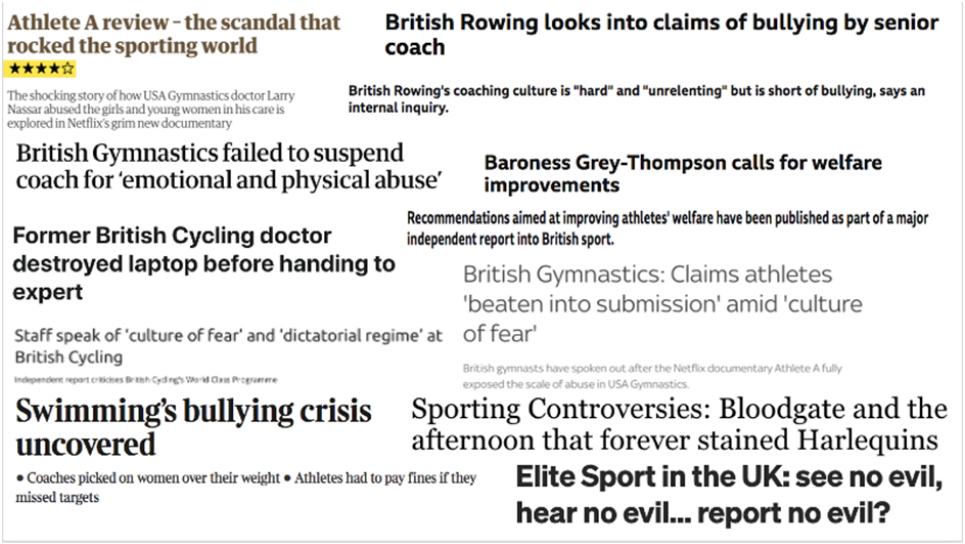
If you do not want to answer any of the questions I ask, please tell me and I will move onto the next question.

Can I remind you not to name specific individuals or organisations.

If you wish to end the interview at any time, again, please tell me.

Before we start, do you have any questions?

If you are happy, I will share my screen so that I can pull up the collage of media headlines that you were sent as pre interview information.




**SECTION 1**

It is apparent from the media headlines that there is a recurring theme around unacceptable behaviours which seemed to be happening over a period where no one spoke up. I am interested in the potential role of physiotherapists in these scandals. what are your initial thoughts?

PROMPTS

- Do you think physiotherapists had any potential role in these events?

- Do any of the headlines resonate with you?

- There is a recurring theme in many of these headlines (and in healthcare more generally) where it seems that unprofessional behaviour was chronically occurring over a period where no one immediately spoke up. Why do you think this is?

**SECTION 2**

Having spoken in general terms about reported issues in the elite sport sector we will now discuss your own experiences. If you don't wish to an answer a question, or you wish to pause for a minute just let me know.

**Q1** What do the terms whistleblowing and speaking up, mean to you?

PROMPTS:

- Do they mean the same thing?

**Q2** Have you ever reported wrongdoing either formally (gone through a process) or informally (raised something with line manager / colleague as a sense check / might include challenging person that is behaving inappropriately to you)?

PROMPTS:

- What decision making process did you go through?
- If informally, who did you discuss it with and what was the conclusion.
- If formally – did you go through an informal process first?
- Did you follow it up?
- What was you experience of this?
- Were there any specific barriers or enablers to this?
- Would you do so again? Why / Why not?

**Q3** What do you believe are the ideal conditions needed to speak up in this specific sector?

PROMPTS:

- What words would you use to describe the workplace culture in your sector with reference to speaking up and whistleblowing activities?
- Is there an open culture where the organisation and leaders are willing to learn from speaking up, or a closed culture where workers fear suffering detriment for speaking up?

**Q4** Is there a reporting channel available to you as a physiotherapist working in elite sport?

PROMPTS:

- Are there specific channels within your organisation that you are aware of?
- Are you aware of / familiar with the sport integrity hotline, launched by the International Centre for Sport Security in 2017?
- Is there enough information & training / education to support speaking up in this sector? If not, what do you believe is needed or would be useful?
- Are you aware that individuals who make whistleblowing disclosures are protected by the public disclosure act (1998)?

**Q5** What is your awareness of the CSP Core Standards and Rules of Professional Conduct and Health Care Professions Council Standards of conduct, performance, and ethics?

PROMPTS

- Have you ever read them?
- How often do you utilise them?
- How helpful do you find them? For example, would you use them as a reference guide in a clinical dilemma? Can you give an example?
- Specifically, Standard 7 "Report concerns about safety"
- Working In sport do you ever see there being a conflict between the sport and professional code, for example the sport may expect you to work in a certain way but this is at odds with your professional code of conduct. One that comes to mind might involve confidentiality.
- Professional and elite sport wanting you to share information to aid selection but is this conflict and if you see this do you report it?
- WADA / confidentiality

**Q7** What is the current state of speaking up within your sport at present?

**Q8** Is there anything that I haven’t asked that you were expecting me to ask?

Thank-you very much for your time and willingness to share information today.

## 11.14 Extracts from Reflexive Journal During Data Collection

- June 2021

During interviews I am finding it hard not to chirp in and give my opinion. I'm constantly reminding myself of my role as a researcher and evaluating that I am not crossing this imaginary line that I've created for myself. Today I decided to stick a postcard above the laptop with a picture of a hat and "[redacted] the Researcher" written inside. I'm a visual person so I thought this might help and it did. This helped to keep my focus particularly when events were shared that I was familiar with and there were times and opportunities where I really wanted to chip in and share my own thoughts and opinions.

- August 2021

Reflection after today's interview is specifically about comments that were made by the participant in relation to Bloodgate. It is part of the vignette, and this participant had some strong views which brought back

to the fore my own. It is 15 years since Bloodgate, but I recall at the time that it divided opinions amongst physiotherapists and personally felt appalled when I heard about the incident wondering how a physiotherapist could have gone so rogue. Sometime later I heard the physiotherapist at the heart of the incident speak at a conference and 2 things stood out for me. It was clear that there this behaviour was the norm in that environment and the physiotherapist rightly or wrongly fell into the culture. I was asked to do the same thing much earlier in my career, but I did not succumb to the pressure of the coach. Admittedly I wasn't working at the same level in rugby with the same pressures, but still, I just said no. Secondly, how the Dr who physically cut the inside of the players jaw with a scalpel was perceived by the GMC to be less of an issue than buying and providing a fake blood capsule by the physio. I am hoping that the act of writing and documenting my own thoughts and opinions on this incident will help me remain focussed as I had to battle during today's interview reminding myself that I was wearing my researcher hat, not my physio one.

- September 2021

The interviews are now complete. There is a sense of achievement in this, and I will take a moment to say whoop whoop. But some general reflections.

I got better the more I did. I became a better interviewer; I was less nervous, less anxious. I was scared when I started that physios wouldn't talk, and I wouldn't have any data but those anxieties were quickly cast aside after the first few interviews. This helped me relax and didn't feel like everything was so 'scripted'. I felt more comfortable not having to read the prompts word for word but utilised them instead to help. This has then then made me wonder if the earlier interviews would have brought any other information to the fore.

Should I have done a second interview? I felt that during some interviews there was much more depth to gain and wonder if I had followed up with a second interview if these would have borne richer insight. Regardless of that I know that I have plenty to get on with and feel a sense of gratitude to my participants for volunteering to take part in the study and for sharing with me their stories.

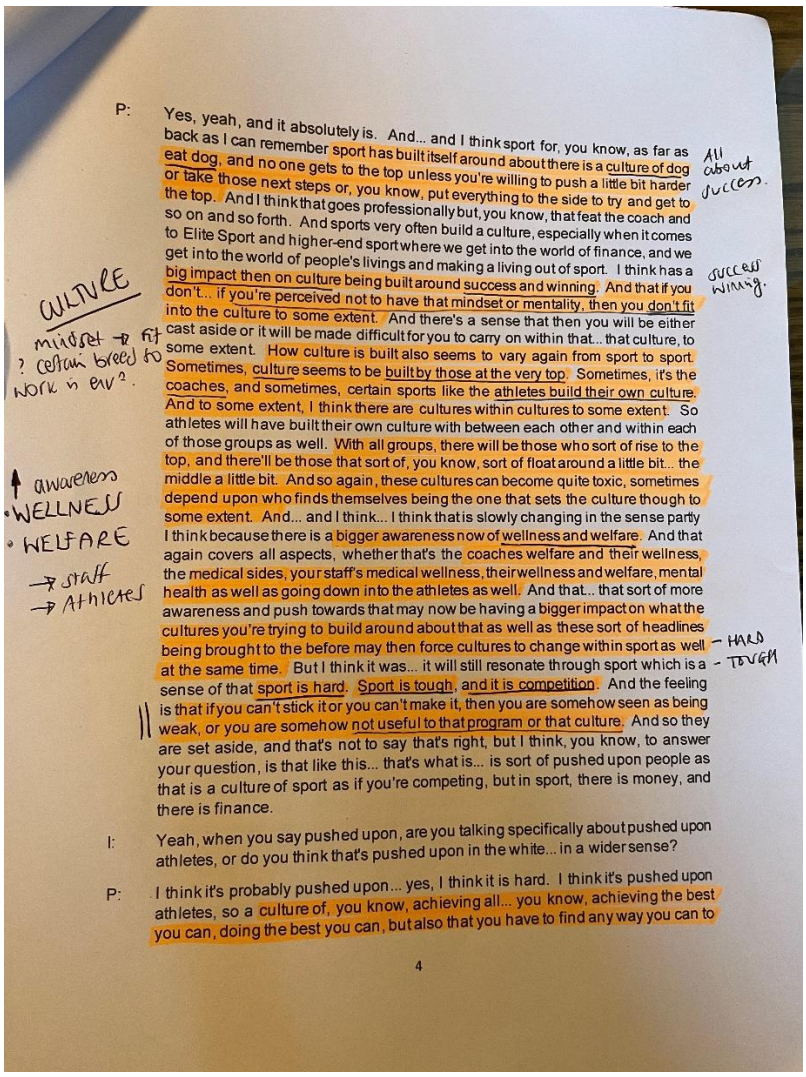
- January 2022

Having been working on data analysis it prompted further reflection on how my personal biography as a female in her forties with 25 years plus experience as a physiotherapist may have influenced data collection. The call for participants went via gatekeepers. As an insider researcher where the population pool was relatively small did seeing my name as the person conducting the research encourage or discourage physiotherapists from coming forward. It was only when looking at the demographic of participants that it dawned on me that all participants were over the age of 30 with a minimum of 5 years' experience. No early career physiotherapists took part in the study. Was this related to my age? Did younger physiotherapists feel that they might be judged? Or did they feel that because I still have an active profile in multigame events that these might impact on potential involvement or selection.

## 11.15 RTA – Phases of data analysis with reflexivity

- PHASE 1 - Familiarisation

The interview data had been generated over a 4-month period and familiarisation started immediately following transcription. This sounds simple enough, but it was difficult not to dive straight in at the deep end, running before I could walk so to speak. I had to hold myself back to be truly immersive. First, I read through the transcripts whilst listening to the interviews to check for accuracy of transcripts. At this point I did not take any notes but actively listened allowing myself the opportunity for familiarisation with the data. I found a better connection with paper copies, so transcripts were printed where I hand wrote comments, highlighted sections, and jotted notes in my accompanying notebook. Phase 1 took a long time but on reflection it was time well spent as it allowed to be familiar with the data which was the whole objective!



P: Yes, yeah, and it absolutely is. And... and I think sport for, you know, as far as back as I can remember sport has built itself around about there is a culture of dog eat dog, and no one gets to the top unless you're willing to push a little bit harder or take those next steps or, you know, put everything to the side to try and get to the top. And I think that goes professionally but, you know, that feat the coach and so on and so forth. And sports very often build a culture, especially when it comes to Elite Sport and higher-end sport where we get into the world of finance, and we get into the world of people's livings and making a living out of sport. I think has a big impact then on culture being built around success and winning. And that if you don't... if you're perceived not to have that mindset or mentality, then you don't fit into the culture to some extent. And there's a sense that then you will be either cast aside or it will be made difficult for you to carry on within that... that culture, to some extent. How culture is built also seems to vary again from sport to sport. Sometimes, culture seems to be built by those at the very top. Sometimes, it's the coaches, and sometimes, certain sports like the athletes build their own culture. And to some extent, I think there are cultures within cultures to some extent. So athletes will have built their own culture with between each other and within each of those groups as well. With all groups, there will be those who sort of rise to the top, and there'll be those that sort of, you know, sort of float around a little bit... the middle a little bit. And so again, these cultures can become quite toxic, sometimes depend upon who finds themselves being the one that sets the culture though to some extent. And... and I think... I think that is slowly changing in the sense partly I think because there is a bigger awareness now of wellness and welfare. And that again covers all aspects, whether that's the coaches welfare and their wellness, the medical sides, your staff's medical wellness, their wellness and welfare, mental health as well as going down into the athletes as well. And that... that sort of more awareness and push towards that may now be having a bigger impact on what the cultures you're trying to build around about that as well as these sort of headlines being brought to the before may then force cultures to change within sport as well at the same time. But I think it was... it will still resonate through sport which is a sense of that sport is hard. Sport is tough, and it is competition. And the feeling is that if you can't stick it or you can't make it, then you are somehow seen as being weak, or you are somehow not useful to that program or that culture. And so they are set aside, and that's not to say that's right, but I think, you know, to answer your question, is that like this... that's what is... is sort of pushed upon people as that is a culture of sport as if you're competing, but in sport, there is money, and there is finance.

I: Yeah, when you say pushed upon, are you talking specifically about pushed upon athletes, or do you think that's pushed upon in the white... in a wider sense?

P: I think it's probably pushed upon... yes, I think it is hard. I think it's pushed upon athletes, so a culture of, you know, achieving all... you know, achieving the best you can, doing the best you can, but also that you have to find any way you can to

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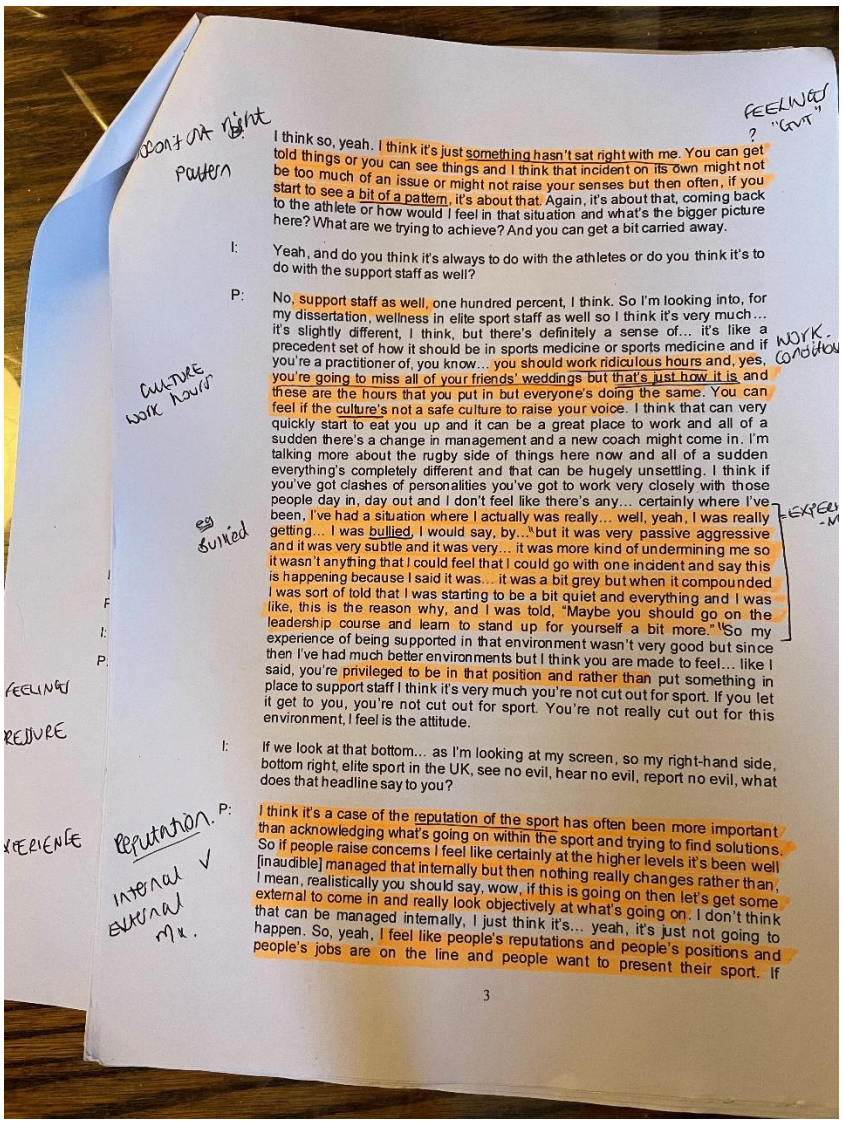

I think so, yeah. I think it's just something hasn't sat right with me. You can get told things or you can see things and I think that incident on its own might not be too much of an issue or might not raise your senses but then often, if you start to see a bit of a pattern, it's about that. Again, it's about that, coming back to the athlete or how would I feel in that situation and what's the bigger picture here? What are we trying to achieve? And you can get a bit carried away.

I: Yeah, and do you think it's always to do with the athletes or do you think it's to do with the support staff as well?

P: No, support staff as well, one hundred percent, I think. So I'm looking into, for my dissertation, wellness in elite sport staff as well so I think it's very much… it's slightly different, I think, but there's definitely a sense of… it's like a precedent set of how it should be in sports medicine or sports medicine and if you're a practitioner of, you know… you should work ridiculous hours and, yes, you're going to miss all of your friends' weddings but that's just how it is and these are the hours that you put in but everyone's doing the same. You can feel if the culture's not a safe culture to raise your voice. I think that can very quickly start to eat you up and it can be a great place to work and all of a sudden there's a change in management and a new coach might come in. I'm talking more about the rugby side of things here now and all of a sudden everything's completely different and that can be hugely unsettling. I think if you've got clashes of personalities you've got to work very closely with those people day in, day out and I don't feel like there's any… certainly where I've been, I've had a situation where I actually was really… well, yeah, I was really getting… I was bullied, I would say, by… but it was very passive aggressive and it was very subtle and it was very… it was more kind of undermining me so it wasn't anything that I could feel that I could go with one incident and say this is happening because I said it was… it was a bit grey but when it compounded I was sort of told that I was starting to be a bit quiet and everything and I was like, this is the reason why, and I was told, "Maybe you should go on the leadership course and learn to stand up for yourself a bit more." So my experience of being supported in that environment wasn't very good but since then I've had much better environments but I think you are made to feel… like I said, you're privileged to be in that position and rather than put something in place to support staff I think it's very much you're not cut out for sport. If you let it get to you, you're not cut out for sport. You're not really cut out for this environment, I feel is the attitude.

I: If we look at that bottom… as I'm looking at my screen, so my right-hand side, bottom right, elite sport in the UK, see no evil, hear no evil, report no evil, what does that headline say to you?

P: I think it's a case of the reputation of the sport has often been more important than acknowledging what's going on within the sport and trying to find solutions. So if people raise concerns I feel like certainly at the higher levels it's been well [inaudible] managed that internally but then nothing really changes rather than, I mean, realistically you should say, wow, if this is going on then let's get some external to come in and really look objectively at what's going on. I don't think that can be managed internally, I just think it's… yeah, it's just not going to happen. So, yeah, I feel like people's reputations and people's positions and people's jobs are on the line and people want to present their sport. If

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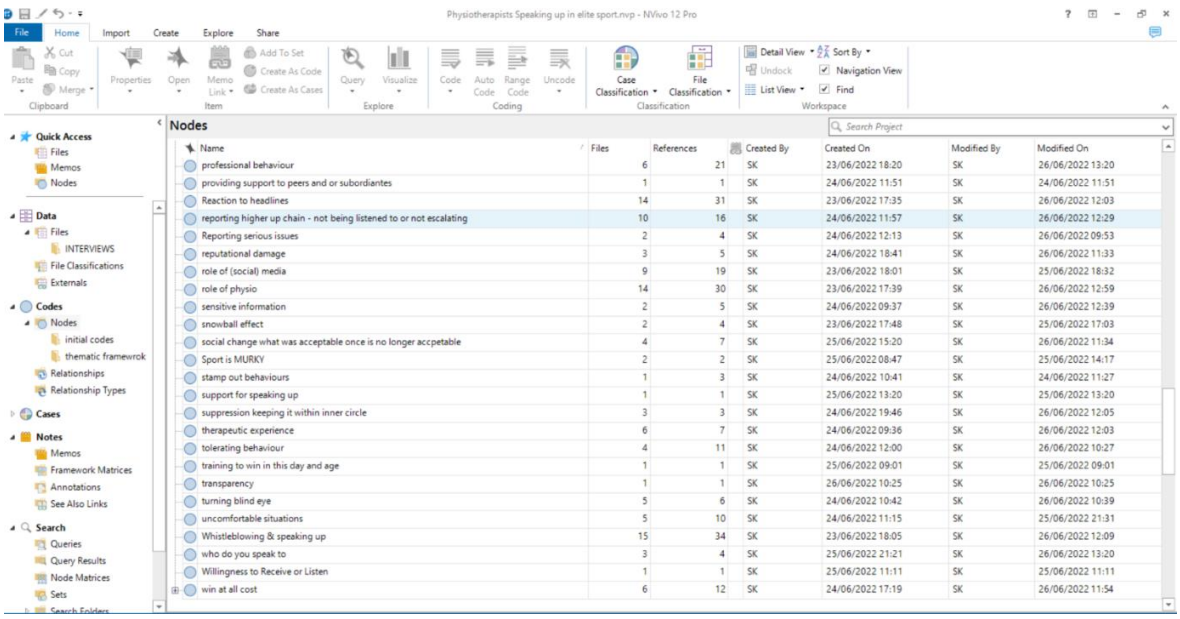
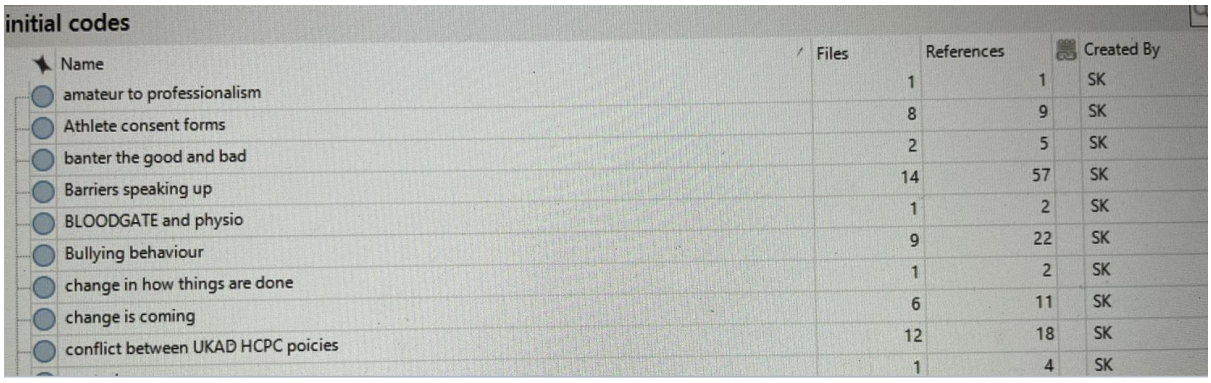
Examples of transcripts with highlighted and scribbled notes.

- PHASE 2 – Coding

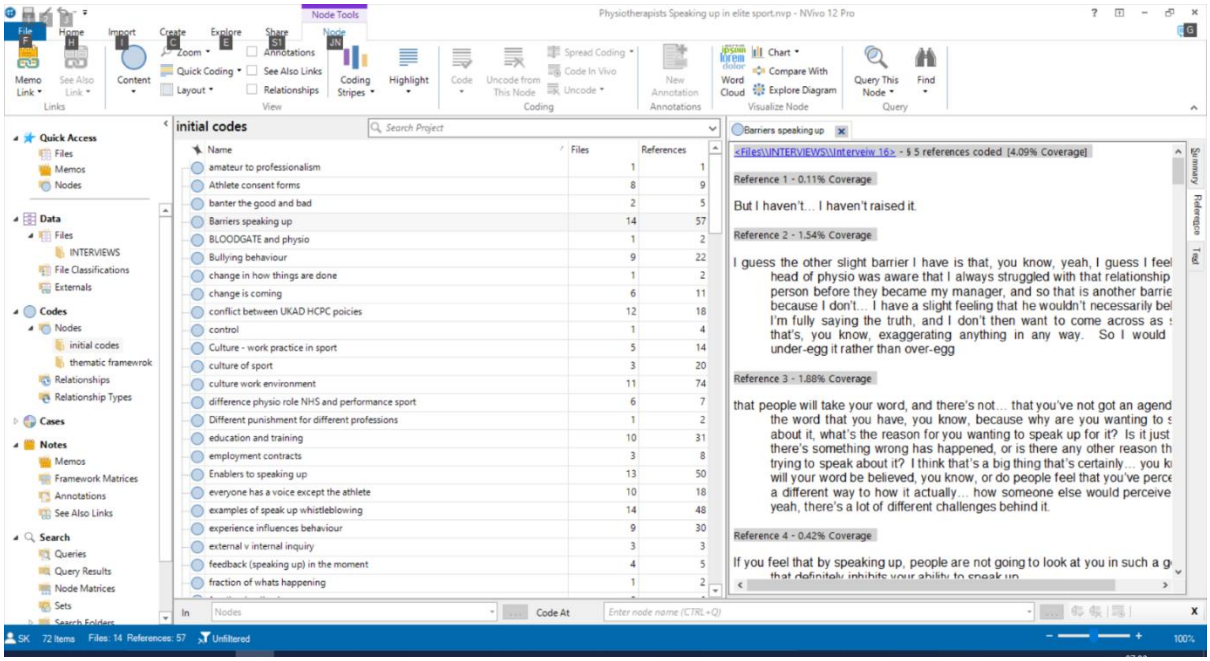
Moving onto coding, again by hand initially where I felt a better connection with the data. Aware that there was no right or wrong way to code I just wanted to ensure that my coding truly reflected the depth of rich data that I had been gifted by participants. This again was not a simple process but one that took time and a lot of going back and forth. I initially coded interviews in their entirety in the order they were conducted, then re coded in reverse order before finally coding in the

order questions were asked. This last round of coding helped provide some generalisations of what participants were sharing. It was here that I became stuck trying to see how I was going to store the codes because of my manual approach so far and after trying to excel and failing miserably I returned to NVivo 12. More you-tube videos and the help function of NVivo were well utilised! Transcripts were uploaded and a further opportunity to code or more importantly to refine the codes whilst doing this.



Screen shot of NVivo codes inputted.

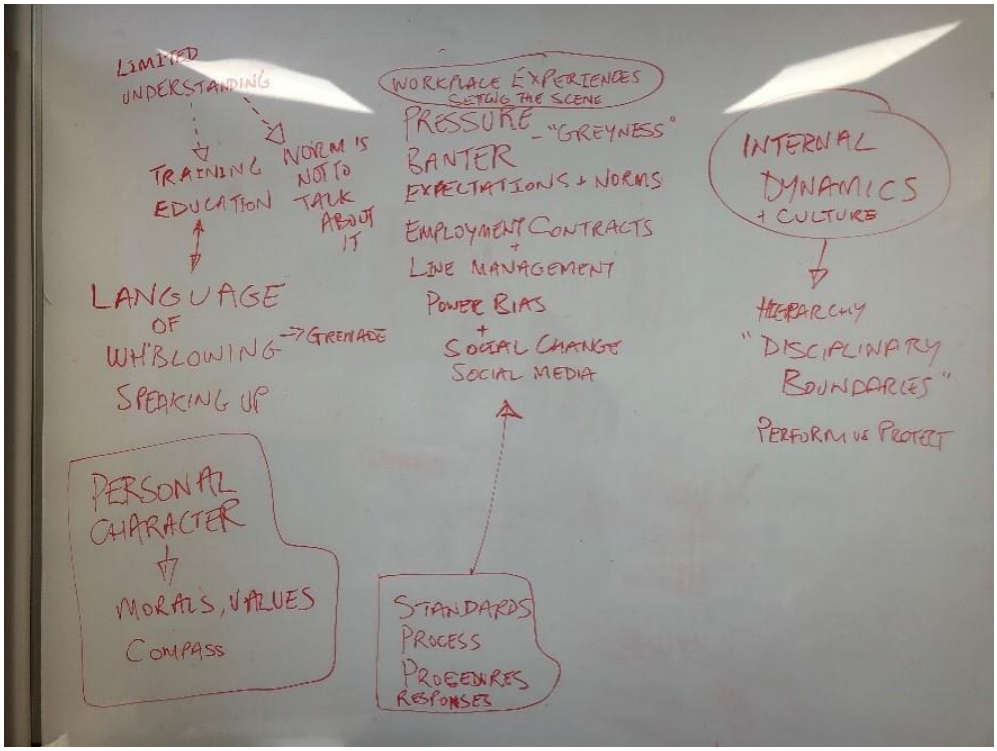



NVivo screenshot code with example of extract

- PHASE 3 – Create Themes

A theme "is a shared meaning organised around a central concept" (Braun and Clarke 2022, p77). I'm not sure what I was expecting at this point having read in some literature about themes 'emerging' I had visions of these themes just suddenly appearing in front of me! But they did not, as more engagement with the data was required, more back and forth, more playing with the codes. This was done by printing and cutting out the individual codes from NVivo, helping me to visualise codes that could potentially be clustered together. This was conducted as an ongoing mapping type exercise. Some clusters were immediately obvious and fundamental to answering the research question, including barriers and enablers of speaking up and another around culture. Others were a bit more along the lines of not being able to see the 'woods for the trees'! As codes were cut out individually it was easy to move them around with time for reflection. I would often move them, leave them, and come back to them. I found this helped me see more clearly and an emerging pattern was identified around workplace experiences, thus codes related to this were grouped together. There were clusters of codes that related

to professional standards and finally there was a cluster of codes that reflected behaviour. Not all codes immediately fell into clusters and some codes could arguably fit into more than one cluster which is when I sought discussion with my supervisors and a thematic map was drawn up during a supervision meeting (October 2021).

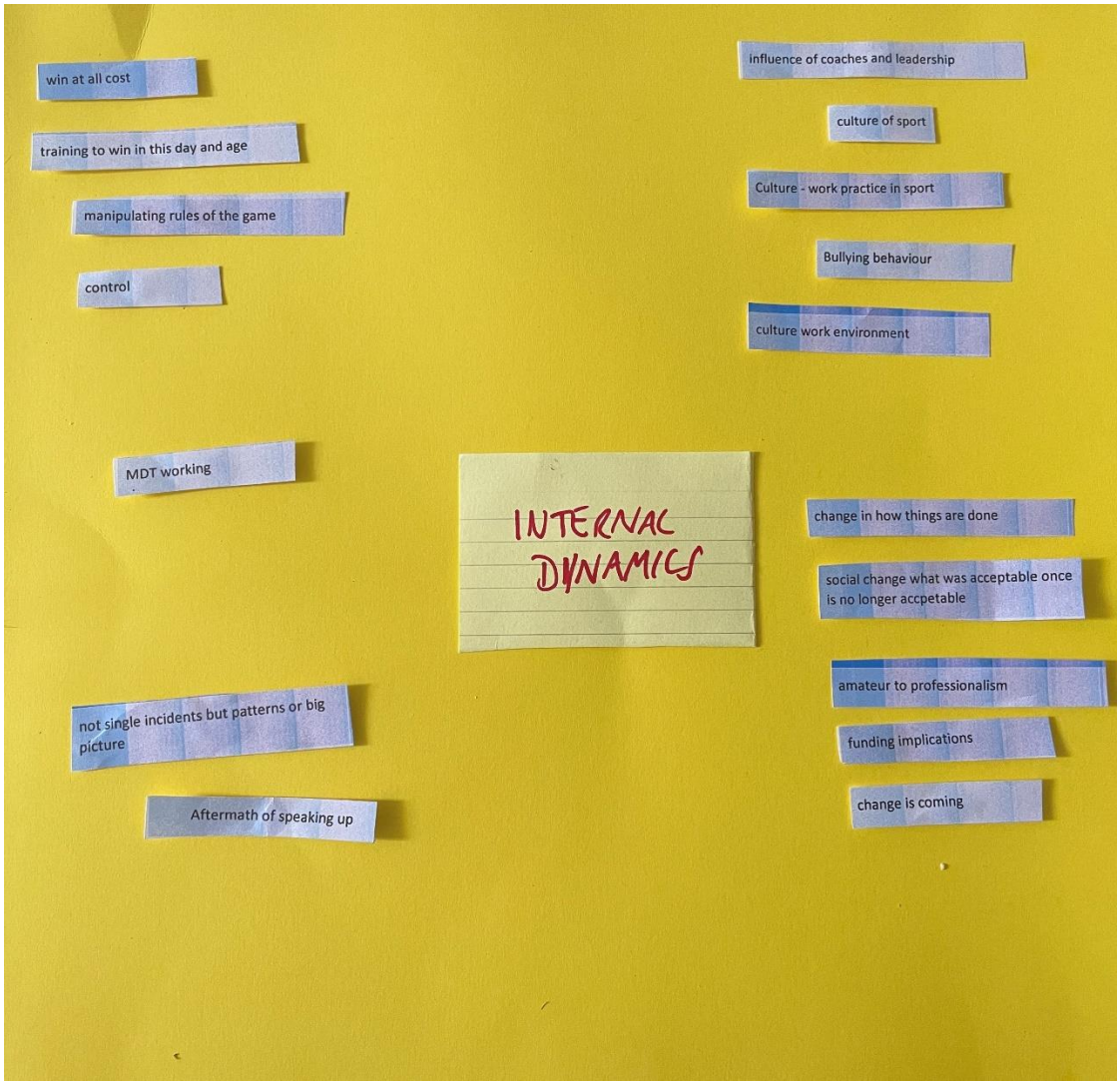


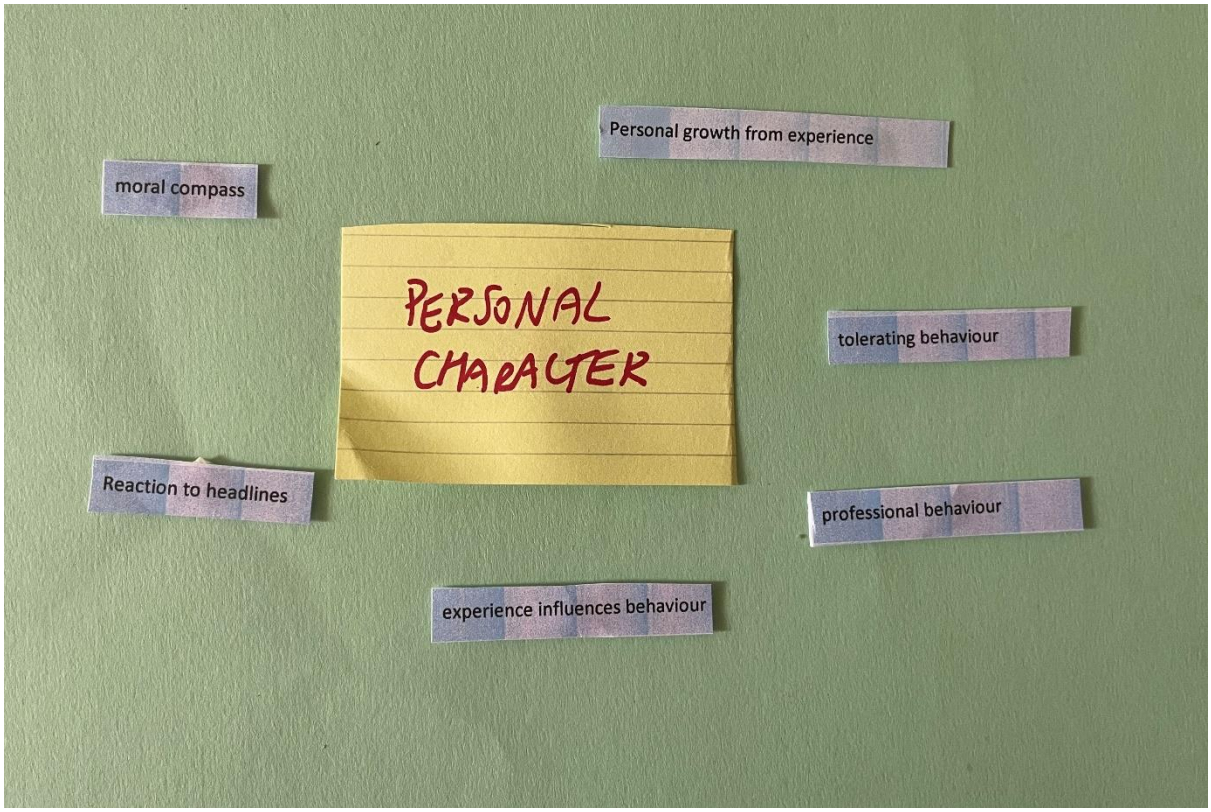

Initial hand drawn thematic map.

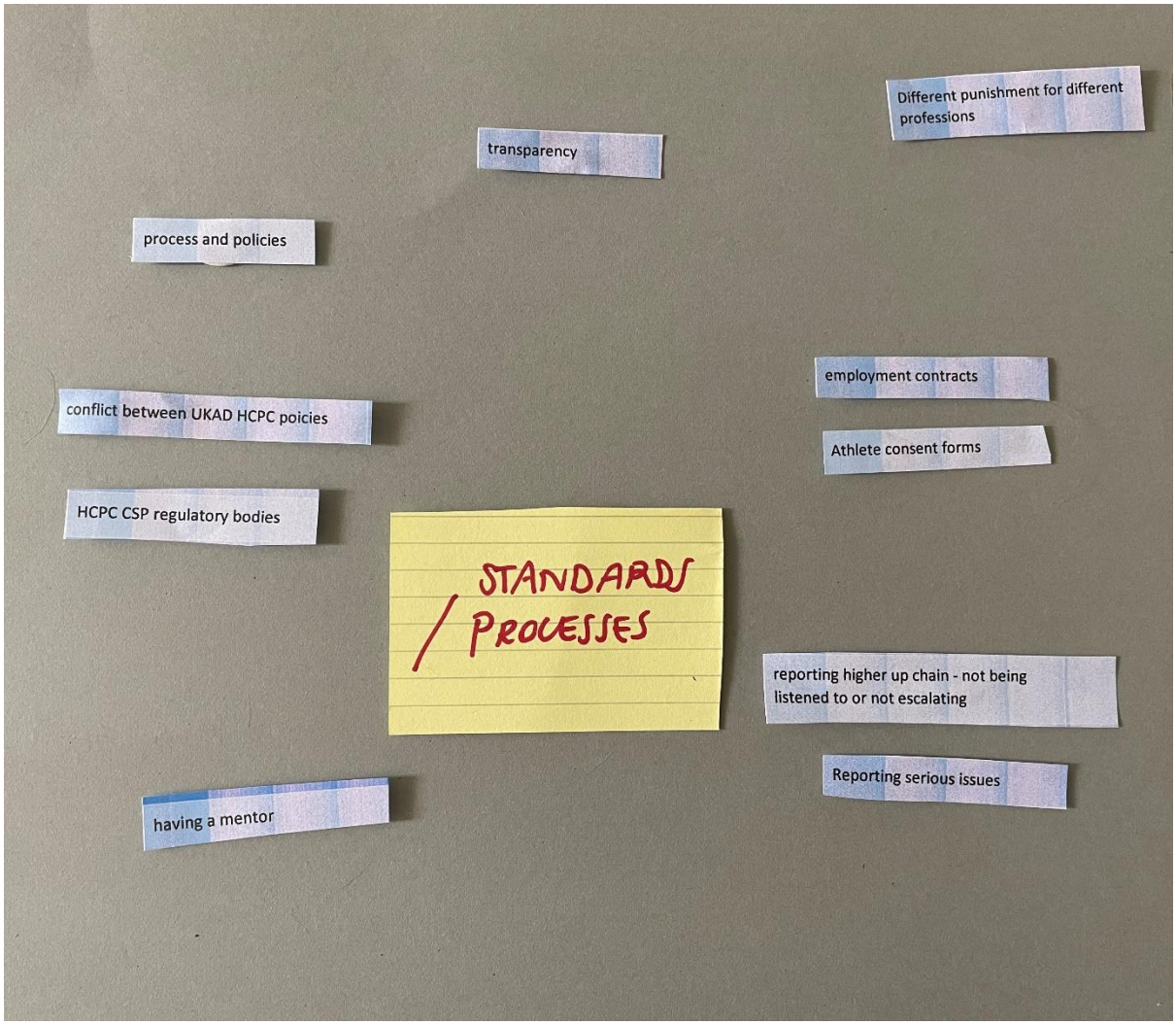
This initial thematic map was a working document and helped ascertain patterns of meaning as well as potential connection and interconnections. This is reflected in figure 2 with arrows and intersecting lines. Preliminary candidate theme development was guided by my research questions and discussions with supervisors which helped focus on what was or was not relevant and were further refined during the analysis period. However, this process was ongoing as codes were moved throughout the entire process up to and including writing up.

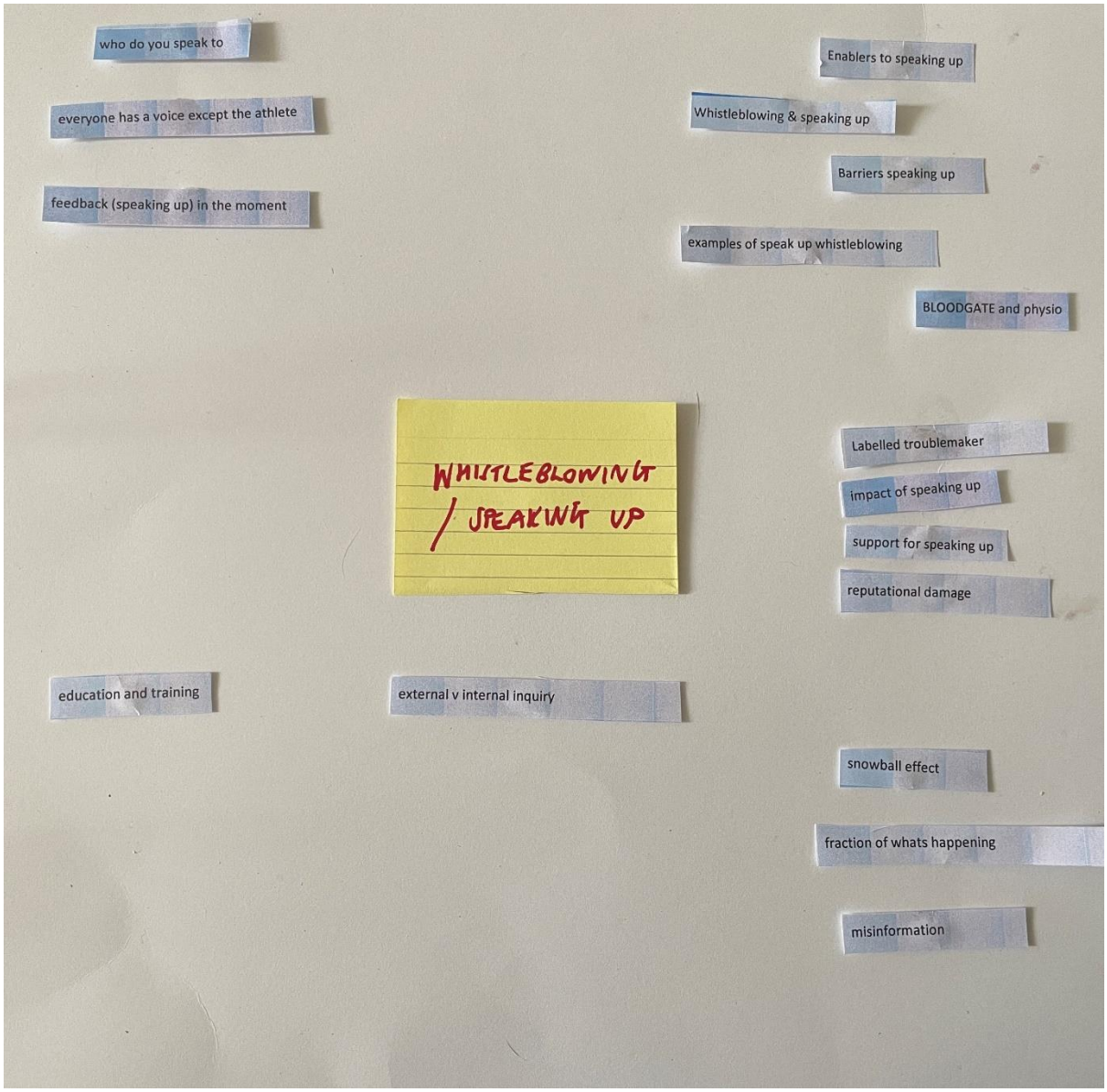
- PHASE 4 Review Themes

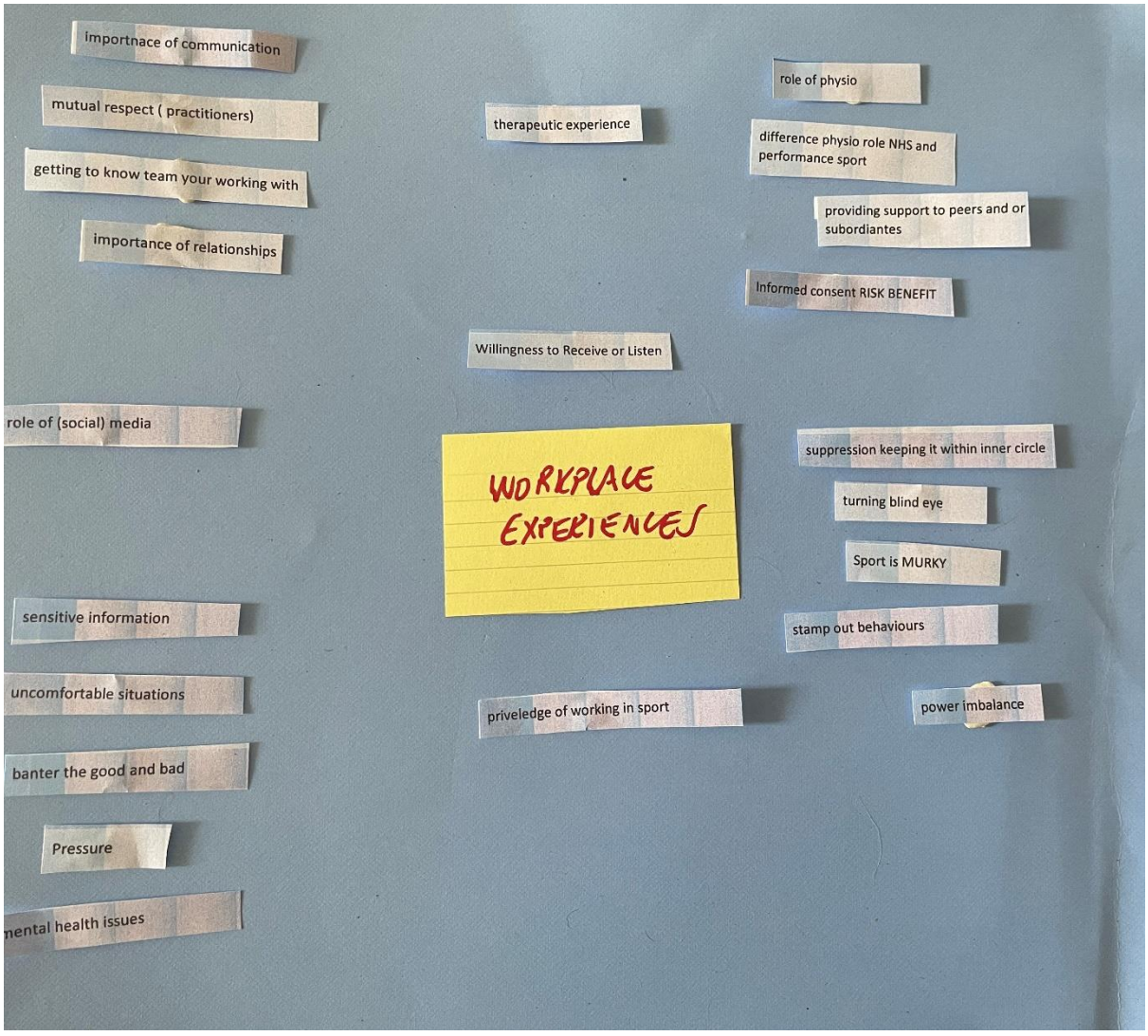
Aware of potential overlap between the candidate theme of internal dynamics and culture and workplace experiences and ensuring that they were distinctive yet able to stand alone was key in this phase. It should be noted that the themes were not considered domain summaries (Braun and Clarke, 2022). Further review of the dataset including the coded data extracts allowed further consideration of themes in relation to the data set whilst reflecting on whether these candidate themes captured key meaning as well as examining their internal cohesion yet distinctiveness from each other (Braun and Clarke, 2022). During this process codes were moved from one candidate theme to another and sometime back again. This was done by printing out the codes and placing them on sheets of cardboard paper, one for each theme. The codes were stuck on with white tack and therefore they were easily moved. Pictures of this are included below. This part of the reviewing process included consideration of the centralising concept of the theme and how the themes would relay a story reflecting the data set, how the research questions would be answered and whether the story would be coherent.


win at all cost
training to win in this day and age
manipulating rules of the game
control
influence of coaches and leadership
culture of sport
Culture - work practice in sport
Bullying behaviour
culture work environment
MDT working
INTERNAL DYNAMICS
change in how things are done
social change what was acceptable once is no longer accpetable
amateur to professionalism
funding implications
change is coming
not single incidents but patterns or big picture
Aftermath of speaking up


Personal growth from experience
moral compass
PERSONAL CHARACTER
tolerating behaviour
Reaction to headlines
professional behaviour
experience influences behaviour


Different punishment for different professions
transparency
process and policies
employment contracts
conflict between UKAD HCPC poicies
Athlete consent forms
HCPC CSP regulatory bodies
STANDARDS / PROCESSES
reporting higher up chain - not being listened to or not escalating
Reporting serious issues
having a mentor


who do you speak to
everyone has a voice except the athlete
feedback (speaking up) in the moment
Enablers to speaking up
Whistleblowing & speaking up
Barriers speaking up
examples of speak up whistleblowing
BLOODGATE and physio
WHISTLEBLOWING / SPEAKING UP
Labelled troublemaker
impact of speaking up
support for speaking up
reputational damage
education and training
external v internal inquiry
snowball effect
fraction of whats happening
misinformation




- PHASE 5 – Define Themes

The theme Internal Dynamics & Culture conveyed a narrative on the culture of the work environment which was specifically referenced along with the notion of change. This included change that had occurred in the past and a sense of the impending change that was coming. Workplace 'experiences' as a theme was very broad and had crossover to internal dynamics and culture. It was evident at this early stage that there was the potential here for codes to swap from one theme to another but also a need for these interconnections to be brought to the fore in the discussion. The cluster of codes expressed a narrative that a

physiotherapist working in sport had a different role with different pressures compared to an NHS physio, identifying the importance of both relationships, communication and decision making. The theme "Language of whistleblowing & speaking up" although capturing codes that told the narrative expressing participants barriers and enablers, was broader than this, as codes had captured the diversity of understanding amongst participants related to this as well the importance of external inquiry. "Standards & processes" was a clearly definable theme expressing codes that told the story of procedures but also of the conflict between regulatory bodies and the consideration or lack of given to professional regulatory bodies and standards set. "Personal character" as a theme was also clearly definable with collated coded data items telling a narrative of influencers on behaviour. This included participants moral compass and values as well as professional experience.

- THEME 6 – Writing Thematic Analysis

As I wrote, I moved data around as some seemed to have a better fit in other themes. This only became obvious to me at this writing stage. I thought that because I had the codes and themes, I had all the pieces of the puzzle, I didn't, because the writing was a further piece of the puzzle. The writing helped create the story and complete the puzzle.

- OVERALL RTA REFLECTION

There had been a lot of discussion about using NVivo. I had attended a course tailored for post graduate students and found it very confusing, I didn't find it intuitive and part of this was around the language NVivo use. I had made the decision not to use NVivo which my supervisors supported however I was intensively questioned during an annual appraisal about this decision, having the rigour of the study questioned because of this decision. It was after coding when I was searching for a way to store my data that I revisited NVivo. Much time was spent watching you tube videos and utilising the help function on NVivo and it was used purely as a storage system which was helpful and worked systematically. I am sure that I have not made use of the entire capabilities of the programme

however as a novice researcher I utilised the functionality that best worked for me.

Having never completed reflexive thematic analysis before it certainly wasn't an easy straightforward journey. I joined webinar sessions organised by Sage with Virginia Braun and Victoria Clarke which proved invaluable. The process was time consuming with much soul-searching wondering if the imposter in me would seize the day. In terms of my own personal experience, it was like my London marathon experience. I started enthusiastically, too quickly, eventually got into a steady rhythm where there were some tough bits but worked my way through and then most definitely hit the wall when I wanted to just throw out my code boards. But you keep going and eventually get across the finish line with a resounding sense of achievement.