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Navigating performance and professional duty: UK physiotherapists' experiences of speaking up in elite sport

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A B S T R A C T

Objectives: To explore perceived barriers and enablers influencing physiotherapists' willingness to speak up about safety and ethical concerns within elite sport environments.
Design: Exploratory descriptive qualitative study.
Setting: Fifteen physiotherapists working in UK elite sport participated in semi-structured interviews.
Participants: Participants were recruited through purposive and snowball sampling. Interviews were conducted via video conferencing and analysed using reflexive thematic analysis.
Results: Four interrelated domains shaped speaking up behaviour: (1) cultural dynamics, including hierarchical structures and performance-driven norms; (2) structural factors, such as employment precarity and unclear reporting systems; (3) interpersonal risk, including fear of reputational damage and not being believed; and (4) enabling conditions, including supportive leadership, trust within multidisciplinary teams and transparent processes. Participants described tension between their professional duty to raise concerns and the realities of working within high-performance systems. Employment insecurity and the interconnected nature of elite sport amplified perceived personal risk.
Conclusions: Despite strong professional and moral commitment to athlete welfare, physiotherapists' willingness to speak up is shaped by organisational culture, leadership behaviours and structural protections. Creating environments that support open dialogue is essential to safeguarding athlete welfare and enabling physiotherapists to fulfil their professional obligations within elite sport systems.

1. Introduction

Elite sport is characterised by high-performance expectations, complex interdisciplinary working and increasing scrutiny regarding athlete welfare. Within the United Kingdom, publicly funded performance systems have driven international sporting success while simultaneously raising ethical and safeguarding concerns (Bostock, 2014).

Healthcare professionals embedded within elite sport must support performance while safeguarding athlete health and wellbeing. Physiotherapists play a central role in injury prevention, rehabilitation and performance optimisation, often working closely with athletes, coaches and performance directors (Bulley et al., 2005). As regulated practitioners, physiotherapists are professionally obligated to raise concerns where safety or ethical practice is compromised (Chartered Society of Physiotherapy, 2021; Health Care Professions Council, 2023). Within elite sport, such concerns may extend beyond immediate physical injury to include inappropriate pressure to train or compete, unsafe return to play decisions, bullying or abusive behaviours, safeguarding concerns, psychological wellbeing and practices that compromise professional or ethical standards. Physiotherapists occupy a distinctive position within multidisciplinary teams, developing close and sustained relationships with athletes while simultaneously operating within systems prioritising performance outcomes (Phillips et al., 2024). Unlike many healthcare environments, elite sport physiotherapists frequently work in non-clinical settings where return-to-play pressures, competition schedules and organisational objectives may shape clinical decision-making (Anderson & Jackson, 2013). This positioning creates potential tension between professional obligations to athlete welfare and organisational expectations surrounding performance optimisation, consequently raising concerns may require physiotherapists to challenge the decisions or behaviours of colleagues and leaders with whom they must continue to work.

Speaking up, broadly defined as raising concerns to prevent harm, is well examined in healthcare literature. In this study, speaking up is used as an overarching term encompassing a range of voice behaviours, from informal questioning or challenge and internal escalation through to formal reporting of safety or safeguarding concerns. Whistleblowing is distinguished as a more formal disclosure of perceived wrongdoing, typically where established internal processes have failed or are considered

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inappropriate. Known barriers include hierarchy, fear of consequences, organisational culture and lack of procedural clarity (Landgren et al., 2016; Alingh et al., 2019). Enablers include psychological safety, supportive leadership and clear governance structures (Kim et al., 2020). Within elite sport, failure to raise concerns may have implications extending beyond immediate physical health, including athlete wellbeing, safeguarding, psychological harm and ethical integrity. Effective speaking up behaviours within multidisciplinary teams are therefore essential not only for patient safety but also for maintaining professional accountability and transparent decision-making processes.

Research examining speaking up within sport remains limited and has focused on athletes and integrity issues such as doping. Whitaker et al. (2014) found that athletes' anticipated willingness to report doping differed according to sporting context, with team loyalty and concerns regarding selection contributing to silence among rugby league athletes. Similarly, Erickson et al. (2017) found that although athletes considered the use of image and performance-enhancing drugs to be wrong, fewer than half indicated that they would report it, with informal confrontation or discussion with a coach preferred to formal reporting. Research examining actual whistleblowing experiences has further demonstrated the importance of sporting culture and anticipated consequences, including reputational, financial and psychological repercussions (Richardson & McGlynn, 2015; Erickson et al., 2019).

Concerns extend beyond doping. Independent reviews of UK elite sport have identified cultures in which performance priorities, power relationships and fear of consequences may inhibit concerns being raised. The Whyte Review of British Gymnastics identified an insular, coach-led culture in which athletes feared deselection, demotion and loss of funding, while practitioners reported concerns about coaches' reactions and organisational inaction (Whyte, 2022). Similarly, the Duty of Care in Sport review questioned whether performance and funding structures had sufficiently protected athlete health and welfare (Grey-Thompson, 2017). These findings highlight characteristics of elite sport that differ from traditional healthcare environments. Multidisciplinary teams may operate within performance-driven systems shaped by funding pressures, competitive selection and reputational stakes (Bostock, 2014), while physiotherapists may be employed directly by teams, institutes or governing bodies, or work through fixed-term or consultancy arrangements. These contextual factors have the potential to influence willingness to challenge decisions or behaviours. Despite these concerns, the perspectives of healthcare professionals embedded within elite sport remain underexplored.

Physiotherapists represent an important professional group through which to examine speaking up in elite sport. Their sustained contact with athletes and integration within multidisciplinary performance teams provide visibility of concerns relating to health, welfare, interpersonal behaviour and ethical practice. However, responsibilities to athletes, employers and teams must be negotiated alongside professional and regulatory obligations, placing physiotherapists at the interface between healthcare and performance. Despite this distinctive positioning, their experiences of speaking up remain underexplored. This study therefore aimed to explore physiotherapists' experiences of speaking up within UK elite sport, focusing on perceived barriers and enablers influencing their willingness to raise concerns.

2. Methods

2.1. Design

An exploratory descriptive qualitative design informed by interpretivist philosophy was adopted. The study sought to understand how physiotherapists working within elite sport perceived and made sense of speaking up within their professional and organisational contexts. Rather than seeking a single objective account, an interpretivist position recognises that experiences and meanings are constructed through individuals' interactions with their social and professional environments. This was particularly relevant to the research question, as perceptions of speaking up, and of the barriers and enablers surrounding it, may be shaped by practitioners' experiences, relationships and the organisational contexts in which they work. An exploratory descriptive design therefore enabled detailed examination of participants' experiences while remaining close to their accounts.

2.2. Participants & data collection

Recruitment was open to physiotherapists currently working full- or part-time, or with previous experience of working, within UK elite sport. Purposive sampling was initially used to recruit participants with relevant experience of the phenomenon under investigation (see Fig. 1). Snowball sampling was subsequently introduced to broaden the diversity of perspectives represented within the sample (see Table 1).

Semi-structured interviews were conducted via Zoom between June and October 2021 by the lead researcher (SK). Interviews were audio-recorded with consent and conducted with attention to privacy and anonymity. The interview guide was informed by the study objectives, literature, professional insider knowledge and supervisory discussion. A visual vignette comprising contemporary elite sport media headlines facilitated discussion of the sensitive topic. The interview process and guide were piloted with an eligible physiotherapist, informing additional pre-interview guidance. The same core questions were used throughout, with prompts and follow-up questions to explore individual accounts (Appendix A). Field notes were made following interviews. The 15 interviews lasted 30–61 min (mean 48 min; 721 min total). Interviews were transcribed verbatim by a Cardiff University-approved transcriber and returned to participants for verification; three requested amendments relating to anonymity, which were addressed. The researcher subsequently checked transcripts against the recordings during data familiarisation.

Sample adequacy was considered in relation to the study aim, specificity of the participant group and richness of the data. Consistent with reflexive thematic analysis, saturation was not used as a criterion (Braun & Clarke, 2019). The detailed accounts generated from this specific professional group were considered sufficiently information-rich to support meaningful interpretation of patterns of shared meaning.

2.3. Data analysis

Data was analysed using reflexive thematic analysis following Braun and Clarke's six-phase approach (Appendix C) (Braun and Clarke, 2013, 2022). The lead researcher conducted all coding and theme development which were then discussed during supervision. Analysis began with familiarisation through repeated reading of the transcripts while listening to the original interview recordings to check transcription accuracy. Printed transcripts were subsequently annotated by hand, with initial observations, reflections and potential patterns recorded in a research notebook and reflexive journal.

Initial coding was undertaken manually and involved iterative engagement with the dataset rather than a single linear coding process. Interviews were first coded in the order in which they were conducted, subsequently revisited in reverse order, and then considered across interview questions to explore patterns both within and across participant accounts. Qualitative data management software, NVivo 12 was subsequently used to organise and manage the developing codes and coded extracts.

Analysis progressed from predominantly semantic coding towards more interpretive engagement with the data, examining patterns of shared meaning and the relationships between participants' experiences, professional contexts and speaking-up behaviours. Candidate themes were developed through repeated movement between codes, individual extracts and the complete dataset. Initial thematic maps were used to explore relationships and intersections between developing themes. Themes were repeatedly reviewed for internal coherence, distinctiveness and relevance to the research question, with codes moved and themes refined throughout analysis and writing.

Fig. 1. Diagrammatic representation of participant recruitment.

Table 1
– Recruitment details.

CHARACTERISTIC	DETAIL
Initial Volunteers	22 Physiotherapists
Did not complete participation	7 Physiotherapists
Reasons for non-completion	1 did not attend two scheduled interviews; 1 returned a consent form but did not select an interview time; 5 did not return completed consent documentation despite reminders
Final sample	15 physiotherapists
Prior professional relationship with researcher	Some participants were known to the researcher
Repeat interviews	none
Present during interviews	Interviewer and participant

The supervisory team did not independently code the data or seek coding consensus. Consistent with RTA, themes were understood as interpretive outputs generated through the researcher's engagement with the dataset rather than objectively discoverable entities requiring inter-rater agreement. Developing interpretations, thematic boundaries and alternative explanations were discussed during supervision, requiring the lead researcher to critically reflect upon and justify analytical decisions. An audit trail comprising annotated transcripts, coding records, thematic maps, supervisory discussions and reflexive journal entries documented the development of the analysis. Participants provided no feedback on the themes.

2.4. Reflexivity

Reflexivity was embedded throughout data collection and analysis, recognising the lead researcher's position as an experienced physiotherapist and insider within UK elite sport. This positioning provided contextual knowledge of the environments and professional relationships being explored and may have facilitated rapport and participants' willingness to discuss sensitive experiences. Conversely, familiarity with the setting created the potential for assumptions about participants' accounts, for some experiences to be afforded greater analytical significance than others, and for participants to withhold information because they perceived the researcher as a professional peer.

Rather than attempting to remove this subjectivity, the analysis recognised the researcher's active role in knowledge production and that interpretations were co-constructed through interaction with participants and subsequent engagement with the data. A reflexive journal was maintained throughout interviewing and analysis to document assumptions, emotional responses, emerging interpretations and analytical decisions. These reflections were regularly discussed during supervision, where interpretations were challenged and the researcher was required to consider alternative readings of the data and justify developing themes. This process was particularly important when participants' accounts resonated with the researcher's own professional experiences. Reflexive consideration also extended to recruitment and sample composition; the researcher considered whether their professional seniority, age and established profile within elite sport may have influenced participation, particularly the absence of early-career physiotherapists from the sample.

2.5. Rigour

Trustworthiness was supported through prolonged and iterative engagement with the dataset, participant verification of transcript accuracy, maintenance of an audit trail and reflexive documentation throughout the data collection and analysis. All participants confirmed that they were happy with the accuracy of the transcripts.

The Consolidated Criteria for Reporting Qualitative Research (COREQ) checklist was used to guide reporting of the study.

2.6. Ethics

Ethical approval was obtained through Cardiff University governance procedures REC786. Participants provided informed consent and data were anonymised prior to analysis.

3. Results

The 15 participants (see Table 2) were aged between 30 and 69 years and had between 5 and 30 years' experience within elite sport (mean 12.8 years). Fourteen participants were working in elite sport at the time of interview (11 full-time and 3 part-time), while one had previously worked within the sector. Participants represented professional sport, National Governing Bodies and Home Country Sports Institutes across

Table 2
Overview of participants' demographics.

PARTICIPANT	GENDER	SPORT TYPE	YEARS IN ELITE SPORT	YEARS QUALIFIED
1	Male	Individual	10-19	20-29
2	Female	Team	0-9	0-9
3	Male	Multi	10-19	20-29
4	Male	Team	10-19	10-19
5	Female	Multi	0-9	10-19
6	Male	Team	0-9	10-19
7	Male	Individual	10-19	10-19
8	Female	Team	0-9	10-19
9	Male	Team	10-19	10-19
10	Female	Multi	10-19	20-29
11	Male	Individual	10-19	10-19
12	Female	Team	30-39	30-39
13	Female	Multi	20-29	20-29
14	Male	Team	0-9	20-29
15	Female	Team	10-19	10-19

England, Wales and Scotland. Individual sports and organisations are not reported to preserve anonymity within the relatively small UK elite sport physiotherapy community.

Four interrelated themes were generated that captured how physiotherapists' willingness to speak up was shaped by the interaction between performance culture, structural vulnerability, interpersonal risk and the conditions that made professional voice possible. Although presented separately for clarity, these themes were closely interconnected; cultural expectations acquired greater influence where employment was insecure, while supportive relationships and leadership could mitigate some of the perceived risks associated with challenge (see Fig. 2).

3.1. Cultural dynamics: performance, hierarchy and conformity

Elite sport environments were widely described as performance-centred, with winning, funding and competitive success shaping organisational priorities. Participants' accounts suggested that performance culture did more than establish organisational priorities; it shaped the boundaries of behaviour that could be questioned safely. Winning, funding and competitive success were described as interconnected, creating environments in which performance outcomes could acquire considerable organisational significance.

> "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)

Within this context the relationship between performance and culture was particularly evident as participants described a culture in which toughness, sacrifice and tolerance of discomfort could become markers of belonging in elite sport:

> "Sport is hard. Sport is tough, and it's a competition. And the feeling is that if you can't stick it or you can't make it, then you are someone seen as being weak, or you are somehow not useful to that programme … 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)

These accounts suggest that the performance imperative influenced not only what organisations valued, but also what behaviours became normalised and therefore more difficult to challenge. Where endurance and compliance were associated with commitment to the programme, questioning established behaviours risked positioning the practitioner outside accepted team norms. Speaking up could consequently represent more than disagreement with an individual decision; it could signal failure to conform to the identity and expectations of the performance group. Participants' accounts also indicated that belonging within the performance team could be conditional upon adapting to these established expectations. This relationship between conformity and belonging was particularly explicit in the following account:

> "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)

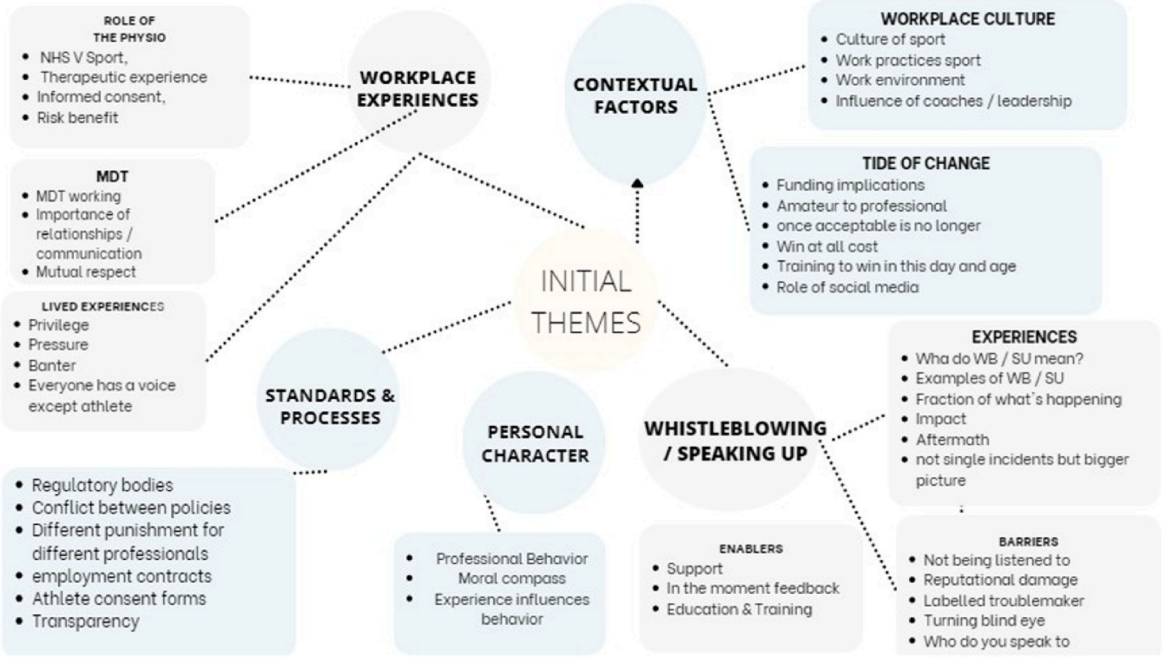

Fig. 2. Illustration of initial thematic map.

Other accounts connected these cultural expectations more explicitly with speaking up and silence. Participant 11 similarly described how becoming embedded within a team could influence willingness to challenge established practices:

> "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)

Together, these accounts explicitly connected team membership and established cultural norms with expectations of conformity. Across the dataset, this pattern was interpreted as one mechanism through which organisational culture could constrain professional voice. Where practitioners perceived that belonging required them to "fall into line", "get your head down" or avoid "rock[ing] the boat", remaining silent could represent a means of preserving acceptance, professional relationships and continued membership within the performance environment. Silence was therefore interpreted not necessarily as agreement with prevailing practices, but as a potentially adaptive response to the anticipated consequences of challenging them.

Participants also described problematic behaviours that were difficult to identify as discrete reportable events. One participant described experiencing behaviour that was "very passive aggressive" and "very subtle", making it difficult to identify a particular incident around which a formal concern could be constructed. This ambiguity appeared to further complicate speaking up: practitioners could recognise that an environment or relationship was problematic without necessarily being able to identify a clear event that justified formal escalation.

Participants frequently referred to the importance of understanding "*how the sport works*," suggesting that organisational culture influenced not only whether concerns were raised, but also how concerns were framed and communicated. This appeared to involve acquiring tacit knowledge about relationships, hierarchy and acceptable ways of challenging decisions.

Overall, cultural dynamics appeared to shape not only whether physiotherapists spoke up, but the perceived legitimacy and consequences of doing so. Speaking up was therefore socially situated: practitioners were negotiating their professional responsibility to challenge concerning practice within environments in which performance, hierarchy, conformity and belonging were closely interconnected.

3.2. Structural factors: employment and process

3.2.1. Employment precarity

Employment insecurity emerged as a prominent structural influence on speaking up. Participants described raising concerns as potentially carrying consequences extending beyond the immediate issue to continued employment, income and future career opportunities:

> "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 you are then not targeted off the back of it". (Participant 9)

The connection between employment security and professional voice was also expressed more directly:

> "Physios don't speak up … worried about their job, and worrying about the consequences of it, and not being protected." (Participant 11)

The perceived consequences of speaking up were amplified by responsibilities outside sport. Participants described mortgages, families and financial commitments as part of the calculation involved in deciding whether to raise a concern:

> "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)

These accounts suggest that employment precarity did not operate simply as a concern about losing a current post. Speaking up was considered against wider financial responsibilities and anticipated future employability. Within the interconnected environment of elite sport, participants perceived that acquiring a reputation for challenging an organisation could follow them beyond their current role. The potential cost of voice was therefore both immediate and prospective, extending from job security to longer-term professional identity and career sustainability.

3.2.2. Employment structure

The structure of employment relationships further influenced these calculations. Participants described considerable variation in who employed, managed and held responsibility for support staff:

> "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)

Where employment roles were closely aligned to senior performance personnel, participants described a particular vulnerability:

> "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)

These findings suggest tensions between professional responsibility and organisational dependency whereby employment arrangements functioned not merely as contractual structures but as mechanisms shaping interpersonal power. The individual to whom a physiotherapist was accountable could also be the person whose decisions or behaviour they needed to challenge, or someone with influence over their continued employment. Participants' accounts therefore suggest that contractual arrangements could shape the power attached to hierarchy, reducing the perceived freedom to exercise professional voice even where practitioners recognised a responsibility to do so.

3.2.3. Reporting processes

Uncertainty was also evident around formal reporting pathways. Participants described variation between organisations in the availability and visibility of mechanisms for raising concerns:

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

> "Its not always easy to know who the right person would be to take these type of issue to either." (Participant 10)

Even where formal roles existed, organisational relationships could complicate their use:

> "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 office is. But the safeguarding officer is a prime person in the programme, and what

if it's them that I'm having to whistle blow about? I don't know, that's not so clear for me". (Participant 12)

The existence of a reporting pathway did not therefore necessarily make it useable. Participants' accounts indicated that perceived independence, accessibility and trust in the individuals occupying reporting roles were as important as the formal presence of a process. Where reporting structures overlapped with existing hierarchies and relationships, uncertainty remained about how concerns could be escalated safely.

Participants often relied on informal escalation rather than formal systems. Informal approaches frequently involved "*sense checking*" concerns with trusted colleagues prior to escalation. Participants appeared to value opportunities for reflective discussion before initiating formal processes, particularly in situations involving interpersonal conflict or ambiguity. Informal escalation could therefore function as a form of risk management: practitioners sought reassurance about the legitimacy of their concern and considered possible consequences before entering a formal process. At the same time, reliance on these informal routes reflected uncertainty about whether formal systems would provide a safe or effective response.

Taken together, these accounts suggest that structural factors influenced speaking up by determining where power and vulnerability were located within the organisation. Employment insecurity increased what practitioners perceived they might lose; employment relationships could make them dependent upon those they might need to challenge; and unclear or non-independent reporting pathways limited perceived alternatives for raising concerns safely. Structural vulnerability therefore did not remove physiotherapists' awareness of their professional responsibility to speak up but appeared to influence whether exercising that responsibility was perceived as professionally and personally sustainable.

3.3. Interpersonal risk: credibility and reputation

The structural vulnerabilities described in Theme 2 were closely intertwined with interpersonal concerns about credibility, reputation and relationships. Participants' accounts suggested that the consequences of speaking up were not confined to employment or career security; raising a concern could also place the practitioner's judgement, motives and professional relationships under scrutiny.

A recurring concern was whether participants' interpretation of an event would be considered legitimate and whether others would trust both their account and their motivation for raising it:

"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)

This account illustrates that deciding whether to speak up involved more than determining whether a behaviour was concerning. Participants also anticipated how their interpretation of events, professional judgement and motives might themselves be scrutinised. Speaking up therefore involved an interpersonal judgement about credibility: practitioners had to consider not only "is this concerning?" but also "will others see it as concerning, and will they believe me?" This was particularly relevant where concerns involved behaviours that were ambiguous, relational or open to different interpretations. Speaking up consequently involved placing one's own professional legitimacy at risk alongside raising concern about another's behaviour.

Concerns regarding credibility appeared closely linked to professional identity and belonging within the MDT. Participants' accounts suggested that raising a concern could potentially alter how they were perceived by colleagues, particularly within the closely connected environment of elite sport. The ambiguity of some concerns therefore interacted with the cultural pressures identified in Theme 1 and the structural vulnerability identified in Theme 2. Where accepted cultural norms already discouraged challenge, and employment arrangements increased the potential cost of doing so, uncertainty about whether others would validate the practitioner's judgement added another reason for caution.

Professional reputation was similarly intertwined with belonging and future employability. Participants' concerns extended beyond whether a disclosure would be accepted to how raising it might alter their position within the closely connected elite sport community. Reputation therefore operated at the intersection of structural and interpersonal risk: being perceived as difficult, disloyal or as a "whistle blower" could affect both existing relationships and anticipated future employment. Credibility and reputation functioned as forms of professional currency within environments in which practitioners depended upon relationships to work effectively and sustain their careers.

Reputational concerns were not confined to the individual raising the concern. Participants also perceived organisations as having an interest in protecting the reputation of the sport:

"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)

Participants therefore perceived that the interests of the practitioner raising a concern, the athlete and the organisation might not always align. Where disclosure was considered capable of damaging organisational reputation, participants could not necessarily assume that raising a legitimate concern would be welcomed simply because it was professionally appropriate. This added another dimension to the anticipated consequences of voice.

Participants also described how the manner and timing of escalation could have significant relational consequences. One account concerned an athlete who disclosed feeling bullied by a coach to a physiotherapy practitioner. The concern was rapidly escalated through a safeguarding process:

"One of the athletes had reported to one of the physio practitioners … 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 … 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 … there wasn't any sort of dialogue beforehand … then sort of became a huge deal … 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". (Participant 3)

This account demonstrates that participants' risk calculations concerned not only whether to speak up, but also how and when concerns should be escalated. Formal escalation was perceived as potentially producing consequences for multiple parties, including the athlete, practitioner, coach and organisation. Speaking up was therefore not experienced as a simple binary between disclosure and silence; participants described navigating different forms of voice and considering the possible consequences associated with each.

It also highlights the role attributed to contextual knowledge. The practitioner was described as relatively new to the sport and therefore less familiar with its culture and relationships. Knowing "how the sport works", identified in Theme 1 as potentially encouraging conformity, could therefore have a more complex function: familiarity could increase exposure to established norms, but participants also perceived contextual knowledge as helping practitioners judge how concerns might most effectively be raised. This tension illustrates why embeddedness within elite sport could simultaneously enable and constrain professional voice.

Across Themes 1–3, anticipated consequences emerged as a connecting thread. Cultural expectations influenced what could be challenged without threatening belonging; structural arrangements influenced the material consequences practitioners believed might follow challenge; and interpersonal relationships influenced whether practitioners expected their judgement to be believed and their professional reputation preserved. These risks were not experienced independently. Rather, participants appeared to weigh them together when deciding whether, when and how to raise concerns. Speaking up was therefore interpreted as a process of navigating interconnected cultural, structural and interpersonal consequences while attempting to fulfil professional responsibility.

3.4. Enabling conditions: leadership, trust and action

Participants described communication as central to speaking up, but their accounts suggested that communication was not enabling in isolation. The ability to raise concerns depended on the cultural and relational conditions surrounding that communication: who could speak, who was expected to listen, how challenge was received and whether action followed. In contrast to the cultural and structural risks described in the preceding themes, supportive leadership could signal that challenge was a legitimate part of professional practice rather than a threat to hierarchy or belonging.

One participant described an incident in which a Performance Director (PD) observed concerning interaction between a coach and athlete:

> "On a training camp and we've seen how coaches have interacted with an athlete … aggressively shouting … I wouldn't go as far as verbally abusing, but probably not an expected behaviour from a coach. I don'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)

This account illustrates how hierarchy could operate as either a constraint or an enabler of professional voice. Rather than requiring the physiotherapist to challenge the coach alone or initiate formal escalation, the senior leader recognised the behaviour, engaged in dialogue and assumed responsibility for responding. Leadership therefore redistributed some of the interpersonal risk associated with speaking up. The practitioner's concern became something that could be discussed and acted upon within the team rather than an individual challenge to authority.

Participants described this leadership responsibility as extending beyond responding to concerns once they had arisen. Leaders were perceived as establishing the conditions within which staff judged whether openness and challenge were acceptable:

> *"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)*

Communication was therefore embedded within organisational culture rather than simply reflecting individual communication skills. By "set[ting] the tone", leaders signalled whether questioning, disagreement and uncertainty were legitimate within the performance environment. This directly contrasted with the expectations to "fall into line" and avoid "rock[ing] the boat" described in Theme 1: hierarchy could reinforce conformity, but participants also perceived that those holding organisational power could use that position to legitimise challenge.

Participants similarly emphasised that openness should be established proactively through shared expectations rather than introduced only after problems occurred:

> "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)

This account connected communication, culture and behavioural expectations. Establishing agreed norms provided practitioners with clearer reference points for recognising when behaviour departed from what the team considered acceptable and greater legitimacy to question it. A culture of openness was therefore not simply one in which individuals were encouraged to talk; it required shared expectations that made challenge an anticipated and acceptable component of team functioning.

Trust developed through everyday multidisciplinary relationships was also important. Participants described informal conversations, reflective dialogue and opportunities to "sense check" concerns with trusted colleagues before deciding whether further action was required. These interactions created space for practitioners to express uncertainty without immediately committing to formal escalation. Rather than representing an alternative to speaking up, informal dialogue could form part of the speaking-up process, enabling concerns to be articulated, tested and clarified.

Clear processes, mentorship and visible follow-up actions strengthened willingness to speak up. However, participants' accounts suggested that the effectiveness of these mechanisms depended on the relationships and behaviours surrounding them. A reporting pathway could identify where a concern should be taken, but trust in those receiving the concern and confidence that action would follow appeared central to whether the pathway was perceived as useable.

Across these accounts, enabling conditions appeared to lower the perceived cost of professional voice rather than simply increase individual confidence. Supportive leadership, trusted relationships, agreed behavioural expectations and visible responses to concerns collectively created greater permission to challenge. Speaking up was therefore experienced as most achievable where it was embedded within ordinary team communication and shared responsibility for athlete welfare, rather than relying upon an individual practitioner demonstrating exceptional courage when a problem had already escalated.

Across the four themes, speaking up was experienced not as a binary decision between voice and silence, but as a situated process in which physiotherapists negotiated professional responsibility alongside cultural, structural and interpersonal risk. These influences were closely interconnected: performance expectations established norms around acceptable behaviour, while hierarchy and employment arrangements affected the perceived consequences of challenging those norms. Concerns about credibility, relationships and reputation added further complexity to decisions about whether, when and how to raise concerns. Conversely, supportive leadership, trusted relationships, clear expectations and visible responses to concerns appeared to reduce the perceived risk associated with professional voice. Speaking up was therefore experienced as most achievable where challenge was normalised, responsibility for athlete welfare was shared, and practitioners perceived that concerns could be raised without disproportionate professional or interpersonal consequences.

4. Discussion

This study provides novel insight into physiotherapists' experiences of speaking up within UK elite sport. The findings demonstrate that professional voice was negotiated within interconnected cultural, structural and interpersonal conditions, while supportive leadership and organisational responses could reduce some of the perceived risks associated with challenge.

Consistent with healthcare literature, hierarchical structures and fear of retaliation constrained voice (Landgren et al., 2016; Kim et al., 2020). Fear of reputational and career consequences aligns with whistleblowing research demonstrating emotional, professional and organisational repercussions for those who raise concerns (Patrick, 2012; Peters et al.,

2011). Elite sport added contextual complexity through performance imperatives, funding pressures and reputational stakes (Bostock, 2014). Participants negotiated responsibilities to athlete welfare, organisational success and career sustainability, reflecting tensions identified within sports medicine ethics and sport-specific speaking-up research (Anderson & Jackson, 2013; Erickson et al., 2017, 2019; Whitaker et al., 2014).

Findings highlight the unique ethical positioning of physiotherapists within elite sport. Unlike traditional healthcare settings, practitioners are embedded within performance systems where organisational success and athlete welfare may not always align. Physiotherapists therefore negotiate competing responsibilities and expectations while attempting to maintain collaborative working relationships within the MDT. Their close integration within performance teams is professionally valuable, facilitating sustained relationships with athletes and collaborative care, but may also create circumstances in which challenging established practices threatens relationships on which effective working depends. Recent sports physiotherapy literature similarly highlights the distinctive safeguarding responsibilities associated with physiotherapists' proximity to athletes and their position within the wider performance environment (Phillips et al., 2024).

Importantly, the ethical tension identified in this study extended beyond recognising whether a behaviour was right or wrong. Participants also considered whether their interpretation would be believed, how their motives might be perceived and what consequences raising a concern might have for themselves, colleagues, athletes and the organisation. Professional responsibility was therefore exercised within relationships and organisational structures rather than independently of them. This may help explain why awareness of ethical and regulatory obligations did not necessarily translate directly into speaking up.

The findings also highlight how elite sport culture may shape professional behaviour through processes of social conformity and normalisation. Similar patterns have been described within healthcare and organisational silence literature, where individuals adapt behaviour to align with dominant cultural norms to preserve belonging and professional identity (Blenkinsopp et al., 2019).

Employment precarity created structural vulnerability, consistent with organisational silence literature demonstrating how power asymmetries suppress upward voice (Blenkinsopp et al., 2019). Importantly, the person or organisation on whom a physiotherapist depended for employment could also be whom they needed to challenge, intertwining professional accountability with organisational dependency. Concerns about income and future employability further increased the anticipated cost of speaking up.

The findings also suggest that formal reporting mechanisms alone may be insufficient to enable professional voice. Participants considered both independence of reporting pathways and whether concern would result in meaningful action. Informal "sense checking" provided opportunities to articulate uncertainty before escalation. This should not be interpreted as suggesting that safeguarding referral should be delayed where formal reporting is required; rather, it demonstrates that participants experienced speaking up as a process encompassing different forms of professional voice, from informal challenge and internal escalation to formal reporting.

Enabling conditions centred on leadership behaviours, relational trust and procedural transparency. Participant accounts suggested that communication was enabling when the organisational conditions surrounding it made challenge legitimate and supported. Leadership was particularly important: those holding organisational power could reinforce conformity, but could also use their position to establish openness, legitimise challenge and share responsibility for responding to concerns. Hierarchy should therefore not be understood as inherently silencing; its influence depended partly on how organisational authority was exercised.

These findings align with patient safety literature highlighting psychological safety and leader inclusivity as prerequisites for speaking up (Alingh et al., 2019). Psychological safety appeared particularly important within elite sport MDTs due to the interpersonal proximity between practitioners, athletes and leadership staff. Participants frequently described informal conversations, reflective dialogue and approachable leadership behaviours as mechanisms reducing interpersonal threat. This suggests that speaking up within elite sport is not solely dependent on individual confidence or ethical intent, but on whether team environments actively legitimise challenge and dissent. Leadership behaviours therefore function not only operationally but symbolically, signalling whether concerns are welcomed, tolerated or discouraged. Importantly, participant silence should not be interpreted as an absence of moral awareness or professional commitment. Across the findings, silence could represent an adaptive response to the anticipated cultural, structural and interpersonal consequences of challenging established practice.

Interventions focused solely on individual courage are therefore insufficient without attention to organisational and structural conditions. Speaking up should therefore be understood as a systems issue rather than solely an individual behavioural responsibility. Supporting professional voice requires organisational culture, leadership accountability and structural protections that enable legitimate concerns to be raised without disproportionate professional or interpersonal risk.

5. Clinical & practice implications

The findings support a shift in how speaking up is conceptualised within elite sport: from a predominantly individual responsibility to a shared organisational responsibility. Knowledge of professional reporting obligations alone is insufficient where speaking up is personally or professionally costly. Early-career practitioners may be particularly vulnerable within hierarchical systems; mentorship and reflective supervision may therefore help prepare physiotherapists for the relational complexities of elite sport environments and should therefore provide opportunities to discuss ambiguous concerns, "sense check" interpretations and identify appropriate escalation routes.

Organisations should address both the speaking and "receiving" sides of professional voice. Leaders should establish expectations around acceptable behaviour and challenge, respond receptively to dissent and create opportunities for reflective dialogue. Reporting systems should clearly identify who receives concerns, how confidentiality and protection are maintained, and how outcomes are communicated. Where the existing hierarchy contributes to the concern, appropriately independent escalation routes are required. Finally, where confidentiality permits, feedback following concerns should demonstrate that they have been heard and appropriately addressed, as visible organisational action may strengthen future willingness to speak up.

6. Strengths and limitations

Strengths include examination of an under-researched professional group with substantial elite-sport experience, a piloted approach to interviewing a sensitive topic, sustained reflexive engagement with the researcher's insider position, transcript verification and a transparent analytical audit trail. Reflexive thematic analysis enabled examination of how cultural, structural and interpersonal conditions interacted to shape professional voice. This provides a systems-level understanding of speaking up that has practical relevance for physiotherapists, leaders and organisations responsible for athlete welfare.

The lead researcher's insider position provided contextual understanding but also shaped participant interactions and interpretation. Consistent with the interpretivist approach and RTA, subjectivity was acknowledged as integral to knowledge production and critically examined through reflexive journaling and supervisory discussion.

Findings are contextually situated within an experienced group of UK elite-sport physiotherapists and are not intended to be statistically generalisable. No physiotherapists from Northern Ireland or early-career practitioners participated. Although gender representation was broadly balanced, accounts were not systematically compared by gender. Future

research could examine how career stage, gender and other intersecting characteristics shape professional voice.

7. Conclusion

Physiotherapists in elite sport operate within complex systems that both necessitate and constrain speaking up. While professional standards mandate raising concerns, organisational culture, leadership behaviours and employment structures shape practitioners' capacity to exercise voice. Strengthening structural protections, psychologically safe team environments and accountable leadership are essential to safeguarding athlete welfare and enabling physiotherapists to fulfil their ethical and professional responsibilities within elite sport.

CRediT authorship contribution statement

Sian Knott: Writing – review & editing, Writing – original draft, Project administration, Methodology, Investigation, Formal analysis, Data curation, Conceptualization. **Nicola Phillips:** Writing – review & editing, Supervision.

Ethics declaration

Written informed consent to take part in the study and to publish the article has been obtained from all participants or their legal representatives. The privacy rights of participants have been observed.

This study was performed in compliance with relevant laws, regulatory frameworks and guidelines where the research took place. This study was approved by the Cardiff University.(Approval No. REC786)

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Declaration of competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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Appendix A. Supplementary data

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