



## Compete or rest? Willingness to compete hurt among adolescent elite athletes

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### ABSTRACT

**Objective:** Training and competing despite underlying health problems is a common social practice in sport. Adolescent elite athletes are particularly vulnerable to possible health consequences of this risky behavior due to their very sensitive developmental stage. Conceptualizing this phenomenon of playing hurt as sickness presenteeism, and taking the concept of absence/presence legitimacy into account, this paper analyzes the propensity of adolescent elite athletes to compete in the face of health problems. The central aim is to empirically identify characteristics of elite sport subcultures which affect athletes' willingness to compete hurt (WCH).

**Materials & methods:** Based on a comprehensive sample of 1138 German elite adolescent athletes from all Olympic sports (14–18 years), the paper applies classification tree analysis to analyze the social and individual determinants of the WCH.

**Results:** Determinants on three hierarchical levels were identified, including type of sport, perceptions of social pressure, coach's leadership style and athletes' age. The group with the highest WCH were athletes from technical sports who have a coach with an autocratic leadership style. Second was athletes from ball games, and those in aesthetic and weight-dependent sports, aged between 17 and 18 years old. The lowest mean WCH-score, by some distance, occurred amongst the group of endurance and power sports athletes who experienced no direct social pressure to play hurt.

**Conclusions:** The findings enhance our understanding of absence/presence legitimacy in highly competitive social contexts and contribute to the development of more effective target-group-specific health prevention programs for young athletes.

### 1. Introduction

Training and competing despite underlying health problems is a common practice in competitive sport. It often accompanies the use of painkillers, disregard of medical advice, or hiding pain from coaches and teammates (Howe, 2001; Malcolm, 2006; Pinheiro, Pimenta, Resende, & Malcolm, 2014; Roderick, Waddington, & Parker, 2000; Thiel, Mayer, & Digel, 2010). This phenomenon of playing hurt (Roderick et al., 2000) is not only associated with short-term effects (e.g. exacerbated medical conditions), but also with long-term consequences such as the development of chronic overuse injuries,

irreversible physical damage or recurring traumatic injuries (Kujala, Orava, Parkkari, Kaprio, & Sarna, 2003; Waddington, 2000). Moreover, the consequences can negatively affect a successful sports career and hinder the ability to pursue an active lifestyle in later life. Adolescent elite athletes are particularly vulnerable to such short- and long-term consequences, as they have to cope with numerous physical, psychological and social changes during this very sensitive developmental stage. However, to the best of our knowledge, there are no studies addressing the problem of playing hurt which encompass a large scale representative sample of adolescent elite athletes across a range of sports.

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Consequently, this paper analyzes the propensity of adolescent elite athletes to compete despite having a health problem. Particularly, the present study aims to identify specific groups of adolescent athletes who are willing to take the highest and lowest health risks in order to keep up their sports activity. As a consequence of identifying determinants of such high and low risk groups, it is possible to invoke strategies which will safeguard athletes' health and, in turn, enhance longer-term competitive performance. More specifically, such knowledge helps to better understand and improve return-to-play decision-making in elite sports.

### 1.1. Theoretical framework

Training and competing despite having a health problem can be conceptualized as sickness presenteeism in sport organizations (Mayer & Thiel, 2016). Sickness presenteeism is generally defined as attending work while being ill (Aronsson, Gustafsson, & Dallner, 2000) and is synonymous with keeping up social functioning despite having a medical condition or feeling ill. In this regard, decisions about presenteeism and absenteeism are generally conceptualized as resulting from the dynamic interplay of a current health event, various personal factors, and the organizational structures of the workplace (Johns, 2010). According to previous sociological research, the action fields of adolescent, elite and professional sports have to be considered as specific workplaces (Mayer & Thiel, 2016; Roderick, 2006; Thiel et al., 2010). Like any regular worker, athletes are bound by contractual regulations and face various formal or informal role expectations and performance requirements. However, the elite sports workplace is also a special one, as excellent fitness and physical health are of extraordinary importance.

As outlined in the dynamic model of competing hurt in elite sport (Mayer & Thiel, 2016), an athlete who experiences an acute, chronic or episodic health issue has to decide whether to show up for training, competition or other team events. In this regard, the characteristics of the work context influence presenteeism and absenteeism related decisions in two ways. First, situation specific expectations (e.g. the face-to-face order from a coach) can directly affect decision-making. Second, temporally outlasting expectations which result from the structure of the work context and other personal life circumstances can indirectly affect decision-making habits by shaping a person's attitudes towards work. This includes an individual's absence/presence legitimacy, understood as the extent to which employees perceive presenteeism and absenteeism as acceptable work behavior (Addae, Johns, & Boies, 2013; Harvey & Nicholson, 1999).

Based on this concept of absence/presence legitimacy, we argue that adolescent athletes develop a willingness to compete hurt (WCH). The WCH is defined as the extent to which an athlete perceives presenteeism and absenteeism as acceptable "work" behavior within their sports organization (Mayer & Thiel, 2016). Thus, legitimizing a lay-off with very mild subjective complaints would imply a low WCH while a high willingness would be associated with the neglect of more severe medical conditions in order to compete. Consequently, an individual athlete's WCH represents an attitude and a highly relevant personal precondition to decision-making about pain, injury or illness related 'work' absence. As shown in a foregoing study of elite adult athletes (Mayer & Thiel, 2016), there is generally a high willingness to compete despite subjective complaints and minor health problems. However, there is evidence that different athlete types exist, who are either rigidly rest averse or conditionally willing to rest.

In relation to competing despite health issues, both adolescent elite athletes and their coaches face a dilemma. On the one hand, the need to constantly push athletic bodies to the limit means that injuries are relatively routine. Thus, the acceptance of health risks is prevalent in competitive sports (Pike & Maguire, 2003; Theberge, 2008) and evident amongst youth participants (Schubring & Thiel, 2014). These findings suggest that athletes act within a culture of risk (Nixon, 1993) that is

closely entangled with the norms and values of what has been termed the sport ethic (Hughes & Coakley, 1991); namely sacrifice for the game, seeking distinction, taking risks, and challenging limits. On the other hand, there is the need to take care of the athletes' health, as performance is often predicated on unimpaired physical function (Nixon, 1996). This, for instance, explains why elite adolescent athletes might exhibit a healthier lifestyle in terms of lower prevalences in smoking or ever consumption of alcohol relative to their non-athletic peers (Diehl, Thiel, Zipfel, Mayer, & Schneider, 2014). Because elite adolescent athletes also need to successfully cope with routine physical, psychological and social changes associated with youth transitions, this dilemma even becomes a trilemma (Diehl et al., 2014). Adolescent athletes seem to respond to this trilemma of risking ones' health vs. securing ones' health vs. coping with youth typical development tasks in various ways. There are findings of contrast groups with different degrees of a general physical and psychosocial risk acceptance (Schnell, Mayer, Diehl, Zipfel, & Thiel, 2014), varying prevalences of eating disorders (Giel et al., 2016) and increased rates of binge drinking (Diehl et al., 2014; Peretti-Watel et al., 2003). However, we do not yet know how this elite youth sport trilemma is transformed into the adolescent athletes' WCH and which factors predict higher and lower levels of such readiness for presenteeism in sports. This paper is the first to answer these questions.

### 1.2. Predictors of the willingness to compete hurt

It is reasonable to suppose that the WCH is primarily mediated by processes of socialization into the context of competitive sports and progressively shaped through social expectations within elite sport organizations (organizational factors) and/or an athlete's individual biography (individual factors).

Organizational factors: The essential *raison d'être* of elite sport organizations is the pursuit of high performance in competition. Irrespective of the sports discipline, this is not only a central goal for these organizations as entities but also for those members - coaches, managers, doctors, and athletes - who constitute what has been termed the "sportsnet" (Nixon, 1992). Moreover, presenteeism research illustrates that organization- and profession-specific absence/presence cultures play a major role in the collective avoidance of the sick role (Dew, Keefe, & Small, 2005). Absence/presence cultures generally represent a "set of shared understandings about absence legitimacy and the established custom and practice of employee absence and control" (Johns & Nicholson, 1982, p. 136). New workers acquire knowledge about legitimate causes for sick days, as well as knowledge about when they are socially expected to continue to work. As shown in relation to handball and track & field, particular sports disciplines have specific presence/absence cultures that influence athletes' perceptions of absence legitimacy (Mayer & Thiel, 2016). Within their teams, injured athletes can feel socially pressured to compete and risk being stigmatized as soft or as malingerers (Malcolm & Sheard, 2002; Roderick, 2006; Roderick et al., 2000). Experiencing subtle or even direct social pressure to play hurt within their "sportsnet" can thus increase WCH. In this regard, the leadership style of the coach might also affect the way in which adolescent athletes perceive their health issues as legitimate reasons for absence. Finally, the extent of inclusion (Riedl, Borggreffe, & Cachay, 2010) into the adolescent elite sports organizations also needs to be considered. Legitimitization of training abeyance due to health issues might be affected when athletes leave their families to join a sports boarding school or when they spend more time within the sports network due to higher training loads and competition days. As the social constraints to compete increase with performance level, internationally performing athletes might well show a higher WCH when compared with those at lower performance or squad-levels.

Individual factors: As athletes become progressively socialized into competitive sports cultures during adolescence, age must be considered as a potential predictive factor. Indeed, age has been shown to be

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