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Original article

What do coaches want to know about sports-related concussion? A needs assessment study

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Abstract

Purpose: This study aims to identify the concussion-related training and education needs of Gaelic Athletic Association (GAA) coaches in Ireland, as well as the preferred method of concussion education delivery.

Methods: We used a self-report questionnaire to collect data from a convenience sample of 108 GAA coaches in Ireland. Data were captured on (1) informational needs and desires, (2) preferred methods of delivery, and (3) concussion practices and procedures. Questionnaires were completed electronically from June 3rd–September 29th, 2015.

Results: Coaches indicated that they were most interested in receiving information about the (1) signs and symptoms of concussion, (2) assessment of concussion, and (3) return-to-play guidelines. Over two-thirds of participants indicated that in-person training would be the most effective mode of delivery of concussion education for this population. Additionally, only 10% coaches reported that before the start of the season they talked to their athletes about concussion management and safety, and this was more common among coaches who reported being formally educated about concussion.

Conclusion: Our findings reveal a disconnect between the concussion education needs and the education that is currently provided to GAA coaches, in terms of content and delivery modality. Our results suggest a need for a multifaceted approach to concussion education, tailored to the needs and learning preferences of the target population.

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Keywords: Coaches; Concussion; Concussion education; GAA; Mild traumatic brain injury; Needs assessment

1. Introduction

Sports-related concussion (SRC) has been identified as a public health priority, with an estimated 1.6 to 3.8 million sports and recreation-related concussions sustained each year in the USA alone.¹ A high proportion of these concussions are sustained by young athletes under 18 years of age, which potentially represents a gross underestimate of the prevalence of this injury, as the diagnosis of concussion relies primarily on the self-reporting of symptoms and the recognition of concussion signs and symptoms by supervising adults.² Concussion is a mild traumatic brain injury, defined as a complex pathophysiological process affecting the brain induced by biomechanical

forces.³ Concussion-causing collisions can be subtle, and signs and symptoms of concussion (such as headache, nausea, and dizziness) are often non-specific and resolve spontaneously.^{4,5} Evidence of the potentially harmful cumulative effects from SRC, which include long-term changes in brain function,^{6–12} have been demonstrated in individuals who have sustained multiple concussions and among retired professional American-type football and rugby athletes.^{13–15} Young athletes have been found to be more susceptible to SRC than older athletes and to be at increased risk of acute and long-term complications post-concussion.^{16–22}

In Ireland, Gaelic football and hurling (the name camogie is used when there are exclusively female athletes) are the national sports. Both Gaelic football and hurling are amateur sports, governed by the Gaelic Athletic Association (GAA). These sports are played by more than 100,000 athletes, in 2500 sports clubs throughout the isle of Ireland, but are also played globally, with increasing participation in recent years.²³

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Both Gaelic football and hurling are characterized by high-velocity, multi-directional, and high physical contact elements, as well as the high speed at which they are played.^{24–26} These characteristics, when coupled with high physical contact, acceleration, deceleration and turning, leaves GAA athletes at considerable risk for injury,^{24,27,28} including SRC.²⁹ More specifically, previous research has found that approximately 25% of GAA athletes reported having played in practice or during a match while symptomatic from concussion.²⁹ Research amongst this population also found that GAA athletes lack a complete understanding of concussion, as common misconceptions prevailed, suggesting that a concussion education program amongst this population of athletes may be warranted.²⁹

Similar to many youth sporting events worldwide, medical professionals are rarely present during GAA practices or games at the grassroots level. Therefore, coaches play a crucial role in recognizing the signs and symptoms of concussion and ensuring that players with a suspected concussion are managed correctly.^{30–32} Despite their identified role in the detection and management of concussion, research has found that coaches lack knowledge about the signs and symptoms of concussion, the short- and long-term health consequences associated with this injury, and the most up-to-date concussion management guidelines.^{33,34} This finding causes concern as inappropriate management and non-disclosure of concussion may increase an athletes' risk of more severe health consequences, including further brain injury or possibly death, caused by second impact syndrome.^{35,36} As such, it is imperative that coaches become well educated in the identification and management of concussion and the appropriate and effective communication of the importance of concussion reporting and safety to their athletes.

Despite an increasing body of research and public awareness about concussive injury and recovery, relatively little is known about the most effective way(s) to disseminate this information to coaches, players, parents, and clinicians.^{37–40} Education efforts to reduce the prevalent risk behaviors of continued play while symptomatic have been largely ineffective.^{37,39–41} Specifically, the majority of evaluations have reported short-term benefits after being exposed to a concussion education program, while findings regarding the long-term benefits, such as improvements in participants' knowledge, behaviors, management practices, and attitudes toward concussions, were less clear and inconsistent.^{37,39–44} For example, the Centers for Disease Control's "Heads Up" concussion education program provides free information for coaches, parents, and physicians in a variety of formats, which include online training, factsheets, and posters. This program, which is widely distributed to youth and high school coaches across the USA, has been found to increase coaches' knowledge and awareness of the severity of concussion and has resulted in increased efforts to minimize the risks of concussion.⁴³ However, anecdotal evidence has also suggested that these materials are not widely utilized by coaches and may not be effective in changing coaches' concussion management practices; which suggests that passive education materials may not be widely adopted by coaches or the most effective mode of delivery of concussion education.³¹ Additional evidence suggests that many coaches face barriers to preventing and addressing concussions amongst

their teams, due to a lack of concussion-specific injury policies and the tendency of athletes and their parents to discount the potential severity of this injury.⁴³

As such, it is imperative that concussion education strategies are adapted to the specific audience, that barriers and facilitators of knowledge use are assessed, and that a proper intervention strategy is chosen, implemented, and evaluated. Therefore, assessing coaches' needs and priorities is an important first step in improving concussion education and prevention programs provided to this population, at present. Despite this, to our knowledge, this is the first piece of research that has explored coaches' educational needs and preferences for a concussion education program, as well as their compliance with best-practice return-to-play (RTP) guidelines and management practices.

The primary aim of this study was to assess the SRC informational needs and desires of a sample of coaches in terms of both content and preferred method of delivery. This study also set out to assess and describe current practices and policies in relation to SRC education, management, and RTP guidelines among GAA clubs throughout Ireland and to explore whether clubs and coaches are in compliance with the SRC management and RTP guidelines adopted by the sport's governing body, the GAA.

2. Methods

2.1. Sample and procedure

One hundred and eight coaches (out of 135 coaches) from all 4 provinces of the isle of Ireland (Connacht, Leinster, Munster, and Ulster) completed the survey (completion rate = 80.0%). Participants who coached (1) Gaelic football, (2) Ladies' football, (3) hurling, and (4) camogie were included in the sample. County-level Games Development Officers received an initial contact email from the GAA, Ladies Gaelic Football Association, or Camogie Association. The e-mail contained a description of the study, an information sheet, and a link to the online survey. They were asked to circulate or forward this email to all coaching staff and GAA clubs within their respective county. The survey was confidential and anonymous. The online survey was completed electronically during June 23rd–September 29th, 2015. Participants were first provided with information about the study to review prior to participation, with an additional statement stating that by continuing the survey, they agree to participate in the study. By completing and submitting the online survey, participants provided implied consent. All study procedures were approved by the NUI Galway Research Ethics Committee.

2.2. Measures

Participants were asked about the following: (1) demographic characteristics, (2) self-reported informational needs and desires, (3) preferred methods of delivery, and (4) concussion practices and procedures. A pilot study was conducted to assess item construction, comprehension, ease of completion, and internal validity using a small sample of coaches from the target population. Feedback was incorporated to produce the final version of the instrument.

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