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**Pressure to play: A sociological analysis of professional football manager's behaviour towards injured players.**

Dissertation submitted in accordance with the requirements of the University of Chester for the degree of Master of Science

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## **Abstract**

The objects of this study are to examine the ways in which professional football managers behave towards injured players, and in this context, the focus is on whether there is a 'pressure to play' in football. This study involved semi-structured interviews with current professional football managers from all levels of the professional game in England. The interviews focused centrally on the manager's experiences of dealing with injured players and if at certain stages of the season or in certain games the manager's behaviour towards an injured player was influenced. The effect that a player's injuries have on the long term future of the player were also discussed along with the influence the managers backroom staff had with the interdependent relationships of the network. The findings indicate that managers know that they are unlikely to ever field a team that has eleven fully fit players and that players are inconvenienced when they are injured to encourage a quicker return to playing games. It was also evident that risks are taken on players if that player is regarded as a key player and the match is of high importance, as this reduces the risk of uncertainty on the manager in the network of interdependent relationships. It was noted that an authoritarian style is used by managers to have more control over the network of a professional football club. The managers expressed how they did not want to risk the long term health of the players but the constraints that were put on them influenced their behaviour towards injured players when there was no deliberate attempt to do so.

### **Declaration**

I confirm that this work has not been submitted for any other degree or examination. I have read and understood the University's regulations on plagiarism and I declare this as my own original work.

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Signed..... Date.....

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## Introduction

This research will investigate elite football manager's behaviour towards injured players. Previous research has suggested that players fear becoming injured due to a number of uncertainties that are generated when injury occurs (Roderick, 2006). The main fears are that 'they may lose their place in the team and they may not be certain of regaining their position once the injury has recovered...the manager will replace them permanently, either by buying another player or by promoting a less established player from the reserves' (Roderick, 2006, p.53). These fears are said to be caused by actions from the manager, but no previous research has been carried out to investigate a manager's behaviour towards injured players.

Very little is known about the day to day life of a professional football manager within a professional football club. Although they are very much in the public limelight, much of what is known about these figures is based on journalistic accounts and autobiographies (Beswick, 2001). The job of the football manager could be seen as the most turbulent of professions as they face extreme pressures to succeed in the short term whilst trying to plan for the long term (Bridgewater, 2010). Potrac et al., (2007) explain how the pressure of being an elite football manager is added to by results being the main judgement of your success leading to very little occupational security.

The League Managers Association (LMA) end of season statistics highlight these job security pressures. In the 2012-2013 season the average tenure of a professional football manager who lost his job was 1.72 years, with 63 managers moving positions out of a possible 93. This included 43 dismissals and 20 resignations with the total of coaching and management position

dismissals being over 100, as more than 60 coaches were dismissed (LMA, 2013). This is an increase from the previous season where 33 managers were dismissed and 16 managers resigned from their position (LMA, 2012). The need for a manager to succeed within a short time frame is proven within the statistics; 29 of the managers that were dismissed had been in the job for less than the average tenure of 1.72 years, 15 of these were relieved of their duties within a year of undertaking the role, and 5 were dismissed within 6 months of beginning their employment at the club (LMA, 2013).

The pressures for a manager are increased by the uncertainty of when their next employment would be if they were dismissed. The average length of time for a manager to be given another managers position is 1.63 years (BBC Sport, 2011), and almost half of all first time managers are never appointed as a manager again. Bridgewater (2010) explains how the average tenure of a professional football manager has decreased since the introduction of the Premier League from 3.2 years to 1.72 years in the present day (LMA, 2013).

The demands have increased because of the need for success due to the financial gains that are now involved in professional football; plus, the chairman and directors are becoming increasingly impatient (Bridgewater, 2010). These pressures can all influence a manager's behaviour towards his players and his actions when they are injured.

From recent statistics, football is seen to be a results driven business, but at times having success does not always lead to job security (Bridgewater, 2010). An example of this is from the 2012-2013 season where Roberto Di Matteo was sacked by Chelsea Football Club after only eight months in charge. During these eight months Di Matteo had led Chelsea to FA Cup victory and secured

them their first ever Champions League trophy. This highlights how achieving success quickly does not guarantee you your job within professional football. Newcastle United manager Alan Pardew stated he was astonished by the dismissal of Di Matteo but explained 'it just goes to show you how precarious we are as Premier League managers and we can't take anything for granted' (BBC Sport, 2012). Therefore, with a manager never having a guarantee for his position, no matter how much they have achieved, it could be argued that it leads to a managers behaviour altering towards his players.

Success needs to be achieved along with keeping the chairman, directors and fans happy. In order to achieve this, his best squad of players are needed as often as possible. This point was highlighted by former Chelsea FC manager Carlo Ancelotti when discussing the fitness of John Terry for an important run of games: 'He is not 100%, no. He had a problem with his back and tried to train, and it wasn't perfect...but he is in my team at the moment' (The Guardian, 2010). John Terry himself explained that he is willing to play through pain in important games. Before a Champions League game he had 2 broken ribs and stated 'You can't treat it, but I can get through games, definitely' (BBS Sport, 2012). Current England manager Roy Hodgson made a comment on Peter Odemwingie when he was the West Bromwich Albion manager, regarding his expectations of this player playing through pain:

'For a player who we really put so much into in the hope that he would be a major force for staying in the Premier League we have not had much of a return...What makes it even harder is when you get a player who is frustrated or is frustrating it gets highlighted more when you have players

like the Geras, Longs, Reids and the Thomases who play through pain every week'.

(Sky Sports, 2011)

Subsequently, this research asks,

1. To what extent does a manager's behaviour alter, if at all, towards an injured player?
2. To what extent do relationships alter between the manager and the player when injury occurs?
3. What are the manager's expectations of a player regarding playing through pain?
4. Does the division the manager is employed in influence his behaviour towards injured players?

Firstly, a review of the existing literature surrounding the subject area will be analysed to provide an understanding of the background knowledge that is known regarding professional football managers and professional football players. This will highlight how managers act within their role and how players, physiotherapists and club doctors behave when dealing with injuries. The theoretical framework that has been adopted will be discussed. This chapter will provide an overview and justification for the combined use of a Weberian and figural sociology approach. Examples on Weber's use of authority will be given, and then an analysis will be given of the figural concepts that will be used within this study. The research methods utilised within this research investigation will then be explained. This will include the research strategy that has been employed along with the reasons for using the chosen strategy. The study will lead onto how the data was collected and examined along with the

ethical considerations that were carried out. The results and discussion section will discuss the key themes which occurred within the research process, and finally a conclusion will be given.

## Literature Review

This review will highlight research that relates to this study by firstly, focussing on the role of the manager. The medical research in sporting environments will be discussed before reviewing the evidence on the behaviour towards injured players in professional football clubs.

The role of the football manager has evolved. One of the biggest transformations is that of the power dynamics between player and manager (Bridgewater, 2010). Green (2002, p.47) stated that in the early days of football:

Football managers did precisely what their job title suggested - they managed football clubs. They did not coach the players...they did not devise tactics or discuss intricate moves...the manager – truly the gaffer of the football factory – wore a suit and ran the administrative affairs of the club.

The role of the manager has changed dramatically due to the size of the playing squads increasing and the influx of foreign players. He must now possess the skills that will enable him to manage in a variety of roles (Bridgewater, 2010).

Much of the information surrounding professional football managers derives from autobiographies and the media, and little academic literature on professional football managers is available (Beswick, 2001; Dosil, 2006; Kelly & Waddington, 2006; Kelly 2008). Previous research on the professional football manager includes Bolchever and Brady (2006), in which the aim was to analyse the characteristics of the very best football managers in Britain and discover the qualities which made them successful. From what was discussed within the introduction, success can be judged in very different ways as expectations on

all managers and clubs differ greatly. It is also suggested football management is now a model for managers in business. Bolchever and Brady (2006, p.5) explain how 'business leaders are arriving where football managers have always been, at the mercy of a constituency of desperate and demanding stakeholders'. This study found that there was no quick fix and a manager could not achieve success on his own; a good squad and backroom staff are required along with an ability to manage individuals as well as a team and most importantly, 'be lucky' (Bolchover & Brady, 2006, p.96). Bolchever and Brady (2006) gave an insight into the qualities that top level football managers possess without the use of interviews. Their evidence originated from autobiographies and journalistic accounts, therefore, no knowledge has been gained through the use of first hand research.

Other studies have focused on a coaches efficiency within professional football (Dawson, Dobson & Gerrard, 2000), whilst others have reached the conclusion that coaching is a conventional sequence that views coaches as 'merely technicians involved in the transfer of knowledge' (Macdonald & Tinning, 1995, p.98). Potrac et al., (2002) carried out an investigation in an attempt to provide a more holistic understanding of the coaching behaviours of a top level English football coach. This study focused on the methods used by a coach to gain respect. It discovered the need for the coach to demonstrate his knowledge and understanding of the sport and for this to be reinforced for the respect to stay intact. Although this study gave an insight into an area where little academic literature exists, it could be argued that this paper is not a strong study. The research was carried out on one coach, and also the findings were not something that found new evidence or allowed the reader to gain information that has not been learnt from autobiographies and journalistic accounts. These

studies have given us an insight into an area that is difficult to gain access to through an academic perspective but none have studied the area of a manager's behaviour towards injured players.

Later studies carried out on professional football managers include an investigation by Kelly and Waddington (2006), titled 'Abuse, intimidation and violence as aspects of managerial control in professional soccer in Britain and Ireland'. This was followed up by Kelly (2008), who focused on understanding the role of the football manager in Britain and Ireland. Kelly (2008, p.404) highlighted that many managers had no managerial training and they "learnt on the job". Managers would use techniques from those that they had worked under previously along with an ongoing learning profile. Therefore allowing each individual manager to develop their own style by seeing what works best for them and consequently each manager defines 'good practice as his good practice, based on his own experience' (Kelly, 2008, p.404). Kelly (2008) also highlighted that a large amount of managers used an authoritarian management style.

These findings were similar to the earlier research by Kelly and Waddington (2006) who suggested managers used an authoritarian style of management; this ranged from club fines for being late, through to abuse in terms of verbal and physical acts. Many managers controlled players largely through fear. Parker (1996, p.1) explains how this is because professional football is a 'distinctively working-class occupational domain [which] revolves primarily around a strict diet of authoritarianism, ruthlessness and hyper-masculine workplace practice'. Kelly (2008) illustrates how managers also express their authority through the appointment of their backroom staff, which in many cases

are staff that have worked with the manager before. Kelly and Waddington (2006) and Kelly (2008) have carried out indepth research into professional football managers roles, finding that a large number of managers use an authoritarian style as a way of controlling the players and by appointing their own backroom staff.

This leads to questions that have not been answered, such as, does this style of management continue into behaviours towards injured players, and does a manager influence the physiotherapists because he has a strong working relationship with them and in some cases has appointed them? Football is a high risk profession in terms of a player sustaining an injury. Hawkins and Fuller (1998) explain how professional footballers are 1,000 times higher the risk of injury than other high risk jobs, such as mining. But within professional football, injuries are not viewed in the same way as they would be in a normal non sporting profession. Walk (1997, p.24) implies that the work of Howard L Nixon II suggests that 'medicine is practiced differently, more competently, and/or more ethically in nonsports contexts'. This leads to the issue that constraints are put upon medical personell at professional football clubs (Waddington, 2012). Nixon (1992; 1993) explains how his concept of 'sportsnet', (which is the webs of interaction between members of a social network in a sport related setting), can expose athletes through the alliances formed between the members of the sportsnet. Walk (1997, p.51) disagrees with some aspects of Nixon's analysis by explaining that ' legitimation medically inadvisable sports participation by athletes can be obtained both inside and outside the sportsnet'. Walk (1997) also suggested that the main aim of the trainers was to get the athlete fit and return them to action. Murphy and Waddington (2007) carried out an investigation, 'Are elite athletes exploited?'; this research found that the

sportsnet was an environment which allowed for the risk to be transferred from those who control the sportsnet to reduce the uncertainty on to those who possess less power; mainly the athletes.

Waddington (2000) explains that the person who possesses the most power on the playing side of the football club is the manager. Therefore he has the power to bring in the backroom staff that he feels appropriate for his needs. The backroom staff that are drafted in, include coaches and physiotherapists which, as explained by Waddington and Roderick (2002), is an issue. Waddington (2012) highlights that medical personell are employed by the club, therefore a conflict of loyalties may arise in terms of who's interest they are acting on behalf of, the club or the players. Physiotherapists at professional football clubs may be subjected to high pressures from management to allow players to return from injury when the players are not fully fit 'possibly against their better medical judgement' (Waddington, 2012, p.205). This could lead to disapproval or conflict from the management if the physiotherapist was to go against the management; consequently puttting their own future at the club in doubt. These pressures from the management can cause physiotherapists to work differently to the way they would work outside the environment of professional football. This is highlighted by Roderick et al. (2000, p.173) with a physiotherapist stating, 'my private clients will get better quality treatment than the players' due to the need 'to get players fit yesterday'. This suggests that medical staff face problems when trying to balance the long term health interests of the individual player with the short term goal of the manager. The manager's objective is to play his strongest team to achieve success.

Managers can also show the control they have within the network by 'inconveniencing' injured players. Injured players are seen to be of little use to managers as they cannot carry out what they are employed to do (Roderick, 2006). Roderick et al. (2000, p.171) examines how physiotherapists are told to 'inconvenience the injured player', for example by not allowing them to become comfortable within the treatment room whilst the fit players are out on the training ground. This research highlighted that the inconveniencing of injured players was carried out through making them work longer days. An example of this was expressed by a physiotherapist who stated, 'If you're playing... you go home early. If you're injured you stay here until four o'clock, I don't care whatever day it is. And you're in Sundays as well if you're injured' (Roderick et al., 2000, p.171). The inconveniencing of injured players ensures that players are not tempted to miss training unless absolutely necessary. This encourages players to play through pain and urges them to normalise and accept pain as part and parcel of professional football (Roderick et al., 2000).

Murphy and Waddington (2007) explain how confidentiality is considered to be vital, but within professional football this relationship that is supposed to be confidential can be breached. Anderson and Gerrard (2005) suggest the biggest constraints on medical staff at professional football clubs are confidentiality and privacy, as physiotherapists pass on information about injured players to the coaches without the players permission. This goes against normal health care practice. In one instance it was stated that 'there is no such thing as confidentiality at a football club' (Murphy & Waddington, 2007). It was also evident that the medical staff have a conflict of loyalties and this can breach medical ethics (Waddington & Roderick, 2002).

Waddington and Roderick (2002) found that in some instances physiotherapists, are loyal towards the players where in other instances they expressed their loyalty to the manager and/or employer. It was also found that it was not just information about injuries that would be passed on to the manager it was also about a players lifestyle away from the football club. An example of one physiotherapists response whose loyalty was towards the manager, was 'I'm employed by the football club...if it was beneficial that the manager should know or essential that the manager should know then I would tell him' (Waddington & Roderick, 2002, p.120). This research also discovered that club doctors generally treated the confidentiality of players as they would any of their general practice patients, although in one instance a serious medical confidential breach was uncovered. It was found that a club doctor threatened to make medical information about a player public to undermine a transfer to another club even though this medical information was false and greatly exaggerated (Murphy & Waddington, 2007). Consequently, it can be found that players become cautious when discussing confidential information with their physiotherapists and doctors at the professional football club. Waddington's (2000, p.84) earlier research supports these findings by stating that these issues were major concerns for football players, as one interviewee explained, 'when a manager brings in his own people, that is where there is concern because this person is relying on the manager for his job and he's not going to go against the manager'.

Roderick (2006) highlights how footballers fear injury and it mainly stems from the change in behaviours from fellow players, the physiotherapist, coaches and the manager. Players fear being stigmatised by managers for being 'soft' and not physically strong enough for the first team squad (Roderick et al., 2000).

Roderick et al., (2000, p.169) suggest that players will play through pain to try and impress the manager with managers reacting like, 'it's fantastic...he's out there dying for the club'. And if a player does not play through injury he risks being isolated for being soft and having no heart by his team and manager. Roderick (2006) also states that some managers do not even talk to injured players because they are seen to be worthless to him while in their current state. This is also emphasised within the research of Murphy and Waddington (2007, p.243) who enquired as to how a player feels he is viewed by the manager when injured, 'injured players aren't worth spit basically...You are no use to us if you are injured'. This illustrates the power that a manager possesses within a football club over his players and how this encourages them to play through pain.

Parker (2000) suggests that the one thing that quite clearly differentiates professional football from other more typical types of work is that the length of a players career is determined by age and the constant threat of physical injury. Houlston's (1984) earlier findings support this by emphasising the fact that players have an expectancy of a ten to fifteen year playing career with the most probable outcome being early retirement, which in professional football is thirty five. A cause for this could be linked with the players having to play through pain and injury for the majority of a season. Murphy and Waddington (2007) asked players how many games they played in a full season with no pain or injury and the response was similar across the board, 'No more than five or six games in a season entirely free from injury and one senior player said, 'There's not one player goes out to play who's 100 percent fit' (Murphy & Waddington, 2007, p.244). These findings highlight the risks in which footballers are taking everyday with their career and long term health.

Roderick (2006) illustrates the uncertainties that a player has whilst being injured. For example how a manager may treat the player whilst they are going through the rehabilitation phase; along with whether the manager will bring in a replacement, thus putting the players future at the club in doubt. These doubts lead to players playing through injuries to purely stay in the team. A player losing their place in the team through injury, even in the short term, can lead to a significant financial loss for the player (Roderick, 2006). Managers also put pressure on players to play through financial blackmail. Roderick (2006, p.78) investigates further as a physiotherapist explains a managers view: 'You earn your money by going out there and playing on the pitch. That's where you earn your money'. These findings are all from a player's and physiotherapists perspective and no one to date has examined the actual managers and asked for their opinions on this. This research intends to do just that.

Players also described how managers discussed putting off operations until suitable times of the season, stating: 'the favourite thing for a manager is for players to get to the end of the season and then do the operation in the summer break' (Roderick, 2006, p.61). Roderick et al. (2000) and Roderick (2006) suggest the main consideration for the manager, physiotherapist and player is the availability to play, not the long term health of the player involved. This is because all constraints on the manager relate to the short term, the immediate future, not to what happens to the player or club in the future. This is highlighted by Roderick et al., (2000) through a player explaining how they played with two painkilling injections for half a season so that he could play with a broken toe. In another case it was found that a senior player had '16 operations but that, as is common in professional football, he had postponed the surgery until after the end of the season' (Roderick et al., 2000, p.174). Through the research of

Roderick et al. (2000), Waddington and Roderick (2002) and Roderick (2006), concerns have arisen about the treatment of players through times of injury. Many of the aspects that players have concerns about, and the reason they play through injury, leads back to the manager.

Although research has been carried out on professional football managers, no research has looked at the behaviour of the managers towards the players through a time of injury. Research has been carried out with players concerning managers attitudes towards them whilst injured, but research has not been undertaken concerning managers attitudes towards injured players. The researcher will evaluate this as their main objective alongwith with matters such as the size of the squad, the league they are in and the expectations of the club. All these factors can influence the behaviour of the manager and their attitude towards injured players.

## **Theoretical Framework**

This Chapter will identify the theories that will underpin this research project. It will consider why these theories have been used and how they apply to the research questions. The theoretical approaches that will be implemented will be Max Weber's work on authority and figurational sociology and they will be discussed sequentially in the following chapter.

### **Weberian approach**

Within the limited academic research that has taken place on professional football managers, Kelly and Waddington (2006) and Kelly (2008) used a Weberian approach. Within these studies the focus was on the traditional elements of the manager's role, therefore this research drew upon Max Weber's work and specifically his focus on authority.

Authority is explained by Weber (1964) as a method of structuring human relationships which can involve the combination of people's activities, preventing troublesome actions and organising activities to achieve goals that could not be done on an individual basis. When it comes to the treatment of organised groups, the most leading position is given to 'a type' in which an amount of authority is essential (Weber, 1964, p.56). Within an organised group there are actions that take place due to the order, which must be imposed by members within the group. Subsequently, this leads to one leader who possesses the most authority, which in turn filters down throughout the members, all of which have authority over the 'ordinary members' of the group (Weber, 1964, p.56).

Weber (1964) identifies three types of authority: Traditional authority, legal-rational authority and charismatic authority. Traditional authority is obeyed by people because a leader has 'customary authority, or because a command accords with customary practice' (Roberts, 2009, p.10). A traditional leader exercises his authority either on his own or with staff. These are typically employed 'from persons who are already related to the chief by traditional ties of personal loyalty' (Weber, 1964, p.342). Legal-rational authority is when people obey because an order meets the terms of the formal rules and the leader has been given the position through the appropriate procedures. They must carry out their duties in accordance with the established rules of the organisation (Roberts, 2009). Weber (1964) suggests that the members of the group obey an individual with the authority, but they are not obliged to comply with the leader's authority as an individual, but only within his role inside that group.

Roberts (2009) explains how charismatic authority is when someone is obeyed due to the astonishing personal qualities they possess. The charismatic leader is 'always in some sense a revolutionary, setting himself in conscious opposition to some established aspects of society in which he works' (Weber, 1964, p.64). Kelly and Waddington (2006) and Kelly (2008) identified that different types of authority are used within the role of the professional football manager. It is argued, the most common use of authority in professional football clubs is between a legal-rational authority and a traditional, authoritarian style. It is also argued, with the use of Weber's (1964) specific analysis of authority, there is a minority of professional football managers whose authority could be classed as being a charismatic style (Kelly, 2008). Kelly (2008, p.402) identifies how the authority of a professional football manager is based upon 'traditional forms of

authoritarianism' which allows for the manager to have a greater amount of independence when outlining their role and allows them to have the authority when employing their backroom staff, such as coaches and physiotherapists.

More traditional fundamentals of a professional football manager's authority is highlighted by Kelly and Waddington (2006) who explain, one of the most common forms used by a manager is to impose club fines, something that has been eradicated in every other modern industry. Carter (2006) describes how there is an importance placed on managers to learn on the job, therefore the job is not rule bound. Instead of training for the role and achieving the qualifications needed they can attain the job with no experience and on occasions fulfil the criteria needed, such as UEFA A License, (in the United Kingdom), after they have been employed. Weber (1964, p.341) insists the 'personal authority of the individual which he enjoys by virtue of his traditional status' is the manager. A manager having no clear job role allows for him to have freedom over his authority (Kelly & Waddington, 2006). Waddington (2000) highlights how some managers intervene within all aspects of the football side including the management of injuries. Some would name this the authoritarian style of management, having control over all aspects. Waddington's work highlights how each manager has a different outlook on what works, through reflection on their own experiences rather than having a set job description.

The research that has been carried out on professional football managers to date has illustrated the use of an authoritarian approach. This style of management provided the rationale to use a Weberian approach within this study when investigating professional football managers and their behaviours towards injured players. This will be used alongside a figurational approach.

## **Figurational sociology**

A figurational approach will be used alongside Webers work on authority to identify how a manager uses an authoritarian style in a network of interdependent relationships with changing balances of power. Figurational sociology derives from the work of Norbert Elias. Roberts (2009) explains how the central argument of his key text 'The Civilising Process' is that western societies have become more civilised over time and that people are increasingly able to control their behaviours and emotions. Van Krieken (1998) explains how Elias preferred the term process sociology as societies are constantly changing. Elias (1978) suggests that people through their basic nature and tendencies are guided or drawn towards each other in various ways. 'These people make up webs of interdependence or figurations of many kinds, characterized by power balances of many sorts' and these groups that are formed are 'networks of individuals' (Elias, 1978, p.15). Elias further argues that the figurations cannot be made clear if human beings are studied individually. An individual's identity is only present within and because of the figurations or networks that they are members of (Van Krieken, 1998). Figurations are always organised around the 'dynamic operation of power' (Van Krieken, 1998, p.57). Hughes (2008) further argues this fact by suggesting that power is an aspect of all relationships and within these relationships power balances exist.

Power relations within a figuration could be argued to be interdependencies. As if one person is dependent on another, this creates a relationship of dependence between the two (De Swaan, 2001). De Swaan explains how the greater the number of people in a network of power, allows for a greater dependency to be put on someone over another. Subsequently, that person has

a stronger position of power within that network. Waddington (2000, p.71) suggests that in terms of the footballer, the manager is the most powerful person at the club, as he is the person who chooses the team and if he wishes 'he can simply ignore the advice of the club medical staff' when discussing injured players. The players and back room staff are dependent on the football manager for being employed at the football club. However, the manager does not possess all the power in the network of a professional football club, as he needs a squad and if the players do not perform, the manager has no job, so therefore power can be negotiated. The manager is also an employee of the football club; therefore the members of the board and the chairman can decide his future at the club. To clarify this point, 'People who occupy positions of power are 'in power' for as long as they stay there. Yet to stay there, they are dependent on all those who are dependent on them' (De Swaan, 2001, p. 36). Therefore, nobody is completely powerless within a figuration.

Murphy and Waddington (2007) used a figurational approach when investigating 'Are elite athletes exploited'. Within this research the concept of risk transfer was used to highlight how the risk can be transferred from the person in a position of power, to reduce their uncertainty within their role. On occasions this occurs without the process being forced or even intended (Murphy & Waddington, 2007). De Swaan (2001) suggests that there are positions in a network that allow for more suitable formations of power and that the centre is connected with power, it is easier to influence others from the centre and guide their behaviours. When researching networks within the sporting environment, Nixon's (1992; 1993) concept of 'sportsnet' has been used, which is the network of relationships between, managers, players, coaches and other backroom staff. Nixon (1992; 1993) argues that the

formation of a 'sportsnet' can expose athletes and allow encouragement for them to take risks with their health by playing through pain and injury.

Murphy and Waddington (2007) highlight how rather than using Nixon's concept of 'sportsnet' to say athletes are exploited, the concept of 'risk transfer' has greater meaning. This concept highlights that it is not just athletes that have constraints on their role within a sporting network. Owners have constraints to make a profit; the manager may be under pressure from the owner and fans to produce a winning team. This in turn can also lead to medical personnel wanting to be linked with a winning team and having key members of the playing squad injured could hamper this. Consequently, this may cause the physician to transfer risk onto the players through encouragement to play (Murphy & Waddington, 2007). This illustrates how the people within a network with a greater amount of power have the ability to transfer risk to the members who possess less power. Furthermore, all aspects of the network have power, as the athlete has the power to not play even when others are encouraging them to do so.

Balances of power shape a fundamental part of human relationships, 'power balances, like human relationships in general, are bi-polar at least, and usually multi-polar' (Elias, 1978, p74.). Elias (1978) explains how game models allow for a clearer understanding when investigating human relationships if power is recognised in terms of balances; it allows for a greater understanding of what can be observed when focusing on the interdependent human relationships. The models allow for a clearer understanding when the gaps in power change within human relationships in a figuration (Elias, 1978). The concept of game models will be used within this research investigation to look at power

differentials that exist within the interdependent relationships of a professional football club. As aforementioned the manager is the person who possesses the greatest amount of power on the playing side of a professional football club (Waddington, 2000). If the only relationship that was interconnected within a football club was the manager and the players, then the manager would hold a greater amount of power over the player, although the player would not be completely powerless. As a greater amount of staff are introduced to the game, such as physiotherapists and coaches, this will alter the power differentials within the network (Elias, 1978). Even though the manager is seen to be the strongest person within the network, if the player and the physiotherapist are of the same agreement that that player is not fit to play, then the combined power of the player and physiotherapist may reduce the power that the manager holds. Consequently, this could lead to a different decision from what it may have been if it was just a two player model, the manager and the player.

Liston (2011) explains how the invisible chains of interdependence that exist within figurations have social actions which create intended and unintended consequences. Unintended consequences are an unavoidable consequence of 'complex social processes involving the interweaving of the more-or-less goal-directed actions of large numbers of people' which 'includes outcomes that no one has designed and no one has chosen' (Dunning et al., 2004b, p.200).

Within a professional football club decisions made by managers have unintended consequences for themselves, the players and the backroom staff. This concept will allow for the unintended consequences that happen due to managers behaviour towards injured players and the impact that this has on the network of the football club.

The figurational concept of involvement and detachment will also be employed within this research investigation, where the work of Elias and other researchers will be discussed in greater detail within the methodological chapter.

These two sociological theories will be used together to answer the research questions that are in place. Weber's authoritarian concept will be examined alongside the aspect of power from a figurational perspective when looking at manager's behaviour towards injured players. These two theories will aim to show how a managers thought processes and decision making skills can affect themselves and their framework. Furthermore, how their behaviour towards injured players can produce uncertainties within the network and how the manager acts in these ways to ultimately win football matches.

## **Methodology**

This chapter will explain the methods that have been used within this thesis.

This investigation is focusing on professional football managers and specifically, their behaviours towards injured players, the methods employed need to have a clear justification as 'gaining access to professional football players and managers normally presents major difficulties for researchers' (Kelly & Waddington, 2006, p.149).

### **Research strategy**

The research strategy adopted within this study was a qualitative approach.

This can be described as being 'minimally structured' as the research questions can be altered throughout the project. The aim of this approach is to allow the participants to direct the collection of information and for the researcher to then interpret this in the way that it was intended (Roberts, 2012, p.125). It is further explained by Roberts (2009, p.222) that methods from a qualitative approach are especially effective for 'generating new insights, concepts and hypotheses, and identifying processes that account for how variables are related to one another'.

A qualitative approach was used over a quantitative approach as Gravetter and Forzano (2009, p.147) explain, quantitative research focuses on 'measuring variables for individual participants to obtain scores, usually numerical values, that are submitted to statistical analysis for summary and interpretation'. As this research focused on managers behaviours towards injured players it was decided that a quantitative approach would not offer the methods that are needed to undertake this investigation 'as many aspects of professional and personal lives cannot be explained with numbers' (Pitney & Parker, 2009, p.4).

## **Study design**

The study design that was adopted in this research was a case study. Smith (2010, p.32) explains that the intention of a case study is to 'portray, analyse and interpret the uniqueness of groups'. This therefore allowed for a greater focus to be on a particular group, that of professional football managers. Cohen and Manion (1989, p.125) suggest the advantages of the case study approach, explaining that the researcher can 'analyse intensively the multifarious phenomena that constitute the life cycle' of the group, which then allows for the aim of establishing generalisations about the wider society to which the group belongs. Subsequently, allowing for an in depth study which has provided an extensive amount of data.

Bryman (2012) explains how within a case study there are different types of "case". Consequently, the case study design that was implemented was a typical case study; this is used when the 'objective is to capture the circumstances and conditions of an everyday or commonplace situation'. This objective relates to this investigation greatly, because professional football managers have to deal with injured players and make decisions on the fitness of players within his squad on a daily basis. Furthermore, previous research has been carried out within the subject area of injuries in professional football from the view point of physiotherapists, club doctors and players, but never from the manager's perspective (Roderick et al. 2000; Waddington & Roderick, 2002; Roderick, 2006). This type of study design was also used by Kelly and Waddington (2006) when investigating the role of professional football managers.

## **Data collection**

The data within this research investigation was collected through the medium of interviews. Interviews allow for the participants to discuss their 'own experiences in their own words' (Gratton & Jones, 2010, p.156), this enabled the participants to give answers in a greater amount of detail. Gratton and Jones (2010, p.157) further argue how the interviewer can gain a perspective and a 'sense of time and history rather than providing a series of static responses'. The participants were able to respond to the questions asked by the researcher, which in turn guided the researcher to adapt and probe for answers that were relevant from what the interviewee had said. The interview method used within this research investigation was semi-structured interviews.

Semi-structured interviews are a valuable source of research when conducting a case study as it can provide 'the richest single source of data' (Gillham, 2000, p.65). Gratton and Jones (2004, p.116) further demonstrate the strength of a semi-structured interview by explaining how it allows the interviewer to 'adopt a flexible approach to data collection'. Semi-structured interviews were used as the questions asked were from a predetermined theme, but the nature of the reply to each question was left open for the participant being interviewed. The argument for using semi-structured interviews is also strengthened by the research carried out by Kelly and Waddington (2006); Kelly (2008); Roderick et al. (2000) when investigating professional football. Kelly and Waddington (2006) explain that semi-structured interviews allow for follow up questions to be added when particular issues of interest arose; allowing for a greater amount of data to be collected.

At this point it needs to be identified that other types of interview methods could have been employed during the research, and a justification on why semi-structured interviews were used over structured or unstructured interviews needs to be acknowledged. A structured interview is explained by Smith (2010) as a data collection technique that requires the researcher to ask all the participants that are taking part in the research the same questions in exactly the same order through the use of a fixed interview guide. Therefore, the flexibility of questions would not be permitted. An unstructured approach was not used within this research as this method allows for the interview to be more like a conversation; therefore, the semi-structured interview approach was a more adequate method for the purposes of this research

Each interview was carried out on a one-to-one basis, as opposed to carrying out the research in a group environment such as a focus group. Pitney and Parker (2009, p.49-50) highlight how focus groups allow the researcher to 'obtain a lot of divergent thoughts over a brief period of time'. The main reason that focus groups were not used within this study was due to the fact that it would have been extremely difficult to get more than one professional football manager to meet and participate within an interview at the same time.

Consequently, one-to-one interviews were the only realistic approach that could be used. Each interview was conducted face-to-face rather than the interviews being carried out over the telephone. Gratton and Jones (2010) highlight how face-to-face interviews allowed for the interviewer to read the body language of the interviewee and the facial expressions. This allowed a better understanding of the context in which the participant was answering the questions being asked.

## **Sampling**

Professional football is a 'notoriously closed social world' and gaining access to professional football managers is difficult (Kelly & Waddington, 2006, p.149).

Three types of sampling were used within this study, these were, convenience sampling, purposive sampling and criterion sampling. These three sampling techniques have been chosen over others such as random sampling, as it was felt that they were more suitable to the research study. Random sampling allows for every member of the population or the random selection of a pre determined group, to have the same opportunity to be selected, which in turn allows for a representative sample to be created (Gratton & Jones, 2010). As professional football managers are part of a notoriously closed social world, the only realistic approach is convenience sampling.

Convenience sampling is 'one that is simply available to the researcher by the virtue of its accessibility' (Bryman, 2012, p.201). Professional football managers are accessible within this research investigation as the researcher has had a career within professional football. Throughout this time contacts were made, allowing for professional football managers to be available to participate within the study. This type of sampling was also used by Kelly and Waddington (2006) and Kelly (2008) to good effect and convenience sampling will be used in a similar way within this study.

Convenience sampling enables the researcher to be considered an 'insider' rather than an 'outsider' (Kelly, 2008). This may have allowed for more information to be acquired as the participants trusted the researcher more. It must also be identified that this type of sampling may be seen as a weakness to the study. Issues with familiarity may have posed an issue within the interviews

as the participants already knew the researcher. This could have lead to the researcher misinterpreting the information or having a biased approach towards the findings. To ensure this did not take place, Elias's concept of involvement and detachment was used within the study. 'The theory of involvement-detachment is introduced as part of Elias's perspective on the advancement of knowledge about social life' (Mansfield, 2007, p.117).The concept of involvement and detachment will be discussed in more detail later in this chapter.

Purposive sampling was used as the researcher did not require sampling participants on a random basis. Bryman (2012, p.418) explains how the goal of purposive sampling is to 'sample cases/participants in a strategic way, so that those sampled are relevant to the research questions that are being posed'. Within this study ten professional football managers were interviewed, this consisted of two managers from each division, English Premier League down to the National Conference Premier. This allowed for an in depth understanding to be gained from each level of professional football and to ascertain if approaches or behaviours towards injured players are similar across these different levels. Seven of the ten managers interviewed have also managed at different levels within professional football, including international, which gave a greater understanding of factors that could have altered behaviours towards injured players.

The final type of sampling is criterion sampling. Criterion sampling is used when the researcher sets a certain criteria for selecting the participants within the study (Pitney & Parker, 2009). The criteria that was set within this research was that each manager had to have at least two seasons experience so they were

able to discuss the issues that managers face when dealing with injured players over stages of the seasons and in the off season. The second criterion was that the manager needed to be a current professional football manager; this allowed for a stronger sample. Current managers allowed a better insight into the current day to day affairs of a professional football manager. If managers that were unemployed were interviewed the findings could be outdated which may have resulted in an untrue reflection. One of the participants is an ex premier league and international manager and is a current football league manager. During the interviews he was asked about his time as a premier league and international manager as he has only been within his current job a short period of time. Therefore, within the study he has been classed as a former premier league manager, rather than a current league manager.

### **Data analysis**

Once the information had been collected from the participants, thematic analysis was used to relate the data to the research questions. Thematic analysis is a process for encoding qualitative information (Boyatzis, 1998). Bryman (2012) explains how thematic analysis refers to the extraction of key themes in the data which are prominent between and within the transcripts. The interviews were transcribed word for word (Appendix C) before the data was analysed. Hastie and Glotova (2012) describe how thematic analysis takes place once the data is transcribed and core themes will be produced. Firstly, raw data that was seen to have relevance to the study was put into tables, keeping each piece of raw data separate, with its managers league division and number one or two next to the quote so it was identifiable, i.e. L1,1, (League 1, manager 1). This allowed for the information produced to be processed into key

areas that distinguish definite patterns and these were then given a code. Bryman (2012, p.13) states that coding is a 'process whereby the data are broken down into their component parts and those parts are then given labels'. These codes were first order themes which were then grouped together when they showed comparisons to others to form general dimensions. The structure for the results and discussion chapter was then formed from the general dimensions (Bryman, 2012). As a large number of data was collected from the ten interviews six general dimensions have been produced.

### **Ethical considerations**

Throughout all phases of the study the researcher was sensitive to ethical considerations. Before an interview took place, written and verbal consent was obtained from the participants. All the participants were over the age of eighteen, and these were the only consent forms that were required (Denscombe, 2010). Within the informed consent form permission was also asked for the interview to be audio recorded (Appendix B). Before the participants returned the informed consent form they were also given a participant information sheet (Appendix A). Bryman (2012) explains that the advantage of these forms is that it fully allows for the participants to be informed about the nature of the research and the implications of their involvement within the study from the very start. The participants were also given opportunities to ask questions prior to the interview and on the day of the interview itself. Each of the interviewees were also informed that they had the right to withdraw at any point throughout the study and no reason needed to be given; any information the participant had supplied would be destroyed and not used within the study.

At no point were the interviewees persuaded into taking part in the study and all participants took part voluntarily.

Gillham (2005, p.13) states that it is imperative in making it clear 'that there are restrictions on who has access to this information and for what purposes'.

Confidentiality has been ensured through the data collected being kept on a password protected computer in which only the researcher has access to.

Names of places and venues are not disclosed and names and addresses are being kept separately from any of the interview data. In line with the University of Chester, this data will be stored for a minimum of ten years.

Anonymity has also been applied for this study. This is the practice of guaranteeing that the individuals name is not directly linked or associated with the information that has been provided. Within this study the managers will only be referred to through the league they are managing in or in the case of the former premiership manager, which is how they will be referred to. Within this study specific clubs have not been disclosed and dates of success or identifiable events have not been identified. Only the current league of management and previous leagues managed in will be named. This process has been employed to protect the identity of the individuals involved.

### **Involvement and detachment**

The figurational concept of involvement and detachment comes from the work of Elias who explains how a man's stance cannot be fully involved or detached, because if adults were to go too far in one direction then 'social life as we know it would come to an end' so the survival of networks is dependent on actions being taken from both directions (1956, p.226). Elias (1956, p.237) further states 'in order to understand the functioning of human groups one needs to

know, as it were, from inside how human beings experience their own and other groups, and one cannot know without active participation and involvement'. Carrying out research and adding knowledge to the area of social science, should be the principal aim over any short-term interests but Elias, according to Dunning and Hughes (2013, p158), was specific when making the point that 'sociologists cannot and should not abandon their political interests and concerns'. During the research there was a need to have a suitable involvement and detachment balance which included 'a capacity for reflexivity, an ability to critically examine one's own passions and personal interests throughout the research process' (Mansfield, 2007, p.126).

Within this study the concept of involvement and detachment is critical. The researcher is involved as he has had a career in professional football and has experienced a manager's behaviour whilst being injured. A level of detachment ensured that the findings that were gained through the research were not interpreted from a biased view point or for the personal gain of the researcher. At no point did the researcher jeopardise their research as the aim was to discover new findings.

### **Trustworthiness**

Trustworthiness was employed as it is 'a set of criteria...for assessing the quality of qualitative research' (Bryman, 2012, p.717). One of these criteria is credibility which relates to the findings in the study being believable and to make sure the findings are accurate and relate to the data collected (Pitney & Parker, 2009). This was increased by transcripts being checked and re-checked to eliminate any mistakes and ensure reliability. The transcripts were then sent

to the participants along with some of the research findings to confirm that the researcher had interpreted the data correctly (Bryman, 2012). Dependability was also used within this study as part of trustworthiness. Dependability relates to a clear and correct research process (Pitney & Parker, 2009). Correct research procedures have been carried out with fully completed consent forms, data analysis stored securely and other aspects that have been explained within the ethical considerations, have all been followed correctly which has increased dependability (Bryman, 2012).

Transferability is the final criterion that was used to ensure trustworthiness. Within qualitative research the concern is more in line with the background of the participant's experiences (Pitney & Parker, 2009). A detailed description allows for others to make judgement on the 'possible transferability' of the findings (Bryman, 2012, p.392). It must also be noted that explaining the participant's background cannot risk identifying any of the participants. All of the participants had a playing career of over ten seasons and the time of managing ranges from two years to thirty one years. Three of the participants are in their first manager's job, with four of the participants having managed at a higher level than they are currently at.

## **Results and Discussion**

This chapter will identify and discuss the key themes that have been found when interviewing professional football managers. Firstly, the appointment of backroom staff will be discussed so the manager's network of interdependent relationships can be identified, and how the manager uses an authoritarian style to employ his staff. Accounts of risk transfer within professional football clubs will be looked at, linking through to the expectations of players playing through pain from the manager's viewpoint. The aspect of inconveniencing players whilst they are injured, and highlighting the power players possess will be examined, tying this all into the interdependent relationships and the approach the manager then takes when the power balances have changed. This chapter will be completed by discussing the procedures that are being taken to reduce the risk of injuries to players.

### **'Trust is a must': Appointment of backroom staff**

This section aims to prove that the appointment of backroom staff has an effect on how managers are able to behave towards injured players. Within professional football when a new manager is appointed to a club, a number of backroom staff that the manager has worked with previously quickly follow (Kelly, 2008). During the interviews managers discussed their backroom staff and the importance of making the right choices. A current League Two manager explained his experience when hiring his backroom staff in his first job:

'That was probably my biggest decision, and probably one of my poorest decisions. When I took over at [names club] ...I did need an assistant manager and I actually took my roommate...I knew him inside out, he knew me inside out, but I probably made the wrong decision there...their

work ethic is sometimes not as good as working with someone who is fresh and trying to impress and trying to take their chance. I made a mistake and it came to stab me in the back...because he went behind my back and tried to take my job...So you know, if you asked me now, trust is a must, must be 100% when you're hiring people'.

A League One manager also stressed how important the matter of trust is when entering a football club:

'I think it's vital. You can't go into a football club looking over your shoulder, who's saying what to who. You've got to make sure your staff and your backroom staff are passing on the same messages as you are as a manager. If that's not the case there is major problems'.

This relates to Kelly (2008), who found that trust was a vital aspect between managers and the people he employed. The managers interviewed explained how trust within their backroom staff was of critical importance but the luxury of hiring the staff you want was not always possible. The League Two manager emphasised how financial constraints meant that bringing in the staff he wanted was not always an option: 'I've never had the budget to do so, you know, I would love to but when your chairman says no then you can't really argue, you know. I'm in charge of the staff and the players, he's in charge of me and the budget'. This resulted in him having to work with the staff that previous managers had worked with, highlighting the constraints that all interdependent relationships within a network have (Dunning & Hughes, 2013). The League One manager described how he always gave the current staff the opportunity as he felt it was 'harsh' to move them out straight away and bring in his own

people, but if needed, it was something he was willing to do. The current Premiership manager did explain how his current club was having financial difficulties but he was able to bring in the staff he wanted:

‘Well I’ve got a mixture of experience, two of the lads I’ve actually got...they were actually my backroom staff when I was a player at [names club]... So they’ve got lots of experience then I go down to [names coach] an ex playing colleague... and a terrific goalkeeping coach in [names goalkeeper coach] who I brought from and who I first met when I took the job at [names club]...so that is who I brought from [names club] to here’.

This manager also brought the sports scientist from his previous club due to the success that they had achieved together in terms of minimising injuries. In the instance of the League One manager and especially the Premiership manager, who both brought backroom staff to their new club, their standards relate strongly to traditional authority. When a leader is appointing their staff they are not employed through a regular structure of selection, but through who already has connections of loyalty with the leader (Weber, 1964). This relates to the findings of Kelly (2008) who identified that a traditional form of authoritarianism enables the football manager to have a large amount of autonomy and very few constraints when appointing their backroom staff.

It must also be noted that the former Premiership manager identified having the resources to bring people in as a positive but it also had its problems:

‘The bigger the club, whether it be in the Premiership or International, you can have huge resources at your disposal, which is a very good thing...I’ve got to say if I’m being honest I think sometimes it can become

almost a little impersonal as well, when there is too many...If there is money there and resources there then you can bring people in but how efficiently and effectively are those individuals working? I like to keep things nice and trim so I know exactly where everybody is at, what their role is and then we can pull that all together and make it work'.

This suggests a greater number of staff would create a greater amount of power balances in the figuration. With a greater amount of people in a figuration, the greater the amount of interdependencies will exist within the network (Elias, 1978). Consequently, if the manager has a small number of staff there is a smaller number of people that are dependent on him and vice versa (Dunning & Hughes, 2013).

It must also be noted that it was common within the interviews that Doctors were not mentioned as part of the manager's backroom staff, they had to be asked directly if the club had a Doctor. The managers stated that the Doctor would be contacted by the physiotherapist if they were needed. The League One manager explained, 'Doctors get very connected with the club as friends of the board if anything. So they get to know everybody very well'. A similar view to that of a League Two manager, 'He has been at the club for years...basically, he is a fan as well as being the Doc'. This is similar to the findings by Waddington and Roderick (2002), and shows that managers did not see the doctors as part of their backroom staff.

### **‘The bigger the game is the greater the pressure’: Risk transfer**

This area of the investigation aims to argue that risk transfer contributes to the way in which managers behave towards injured players. Within professional football it is regarded as normal practice to play with pain or injury (Roderick et al., 2000). Certain managers described how, when it came to key players and/or bigger games, the expectations grew for certain players to play. The Championship manager stated:

‘It depends how valuable you think that player is for that particular game. If it is one of the better players you try and get them back as quick as possible. If it is someone that is not necessarily going to be involved in that game then or you don’t feel is that valuable then the physio... won’t take longer than he should do but he will make some reason up why it’s best not to come back and to hold him up from playing. If it’s somebody that we feel we need to play then the physio goes the other way and says look we need to get you fit and we’ll probably do extra treatment sessions and erm just try and rush the injury along if possible, in the hope that it doesn’t break down in that process. So it depends on the individual and whether we feel it’s important for him to play in that particular game or not.’

The Championship manager expressed how if it was a player that was of little value to the team, then methods would be taken for the player to be kept out longer than what the player wanted. When it was a key player that was injured every measure was taken to try and get the player ready for the game including encouraging him to play, when not fully fit. This view was also given by a

Conference manager, which illustrates that this view is seen at both ends of the football spectrum:

‘The bigger the game is, the greater the pressure for the manager from the chairman, so I probably put more on the players especially the better players that can make the difference. You know if a player is that important to the team then I will take a risk. If they are just on the fringe then it’s more a case of get yourself right you know take the time and get fit. If it is a big player then yeah, it is a different kettle of fish.’

When a League One manager was asked if certain stages of the season alter the way injuries are looked at, the answer also supported the view given by the previous two managers:

‘I think it certainly does. I mean if you go into our treatment room now the physio is just patching players up, with strapping’s, pain killing tablets, you know, just trying to get to the end of the season and keep us in this division. Even putting off little operations to the end of the season’.

As football managers are normally judged on results and success in certain games, managers play key players even when they are not 100 percent fit to try and reduce the pressure and uncertainty within their role as these players are more likely to have an impact on the result. Murphy and Waddington (2007) explain how the risk is transferred onto the athletes from those who have a greater amount of power, the manager, and that there is no deliberate attempt to transfer the risk on to the athletes. No manager deliberately risks an athlete’s health, they are playing players to try and reduce the pressure and uncertainty within their role especially in important games and at crucial times of the season. This can be viewed as an unintended consequence of the manager by

transferring risk onto his players, something that is not intended or planned (Elias, 1978).

The concept of risk transfer highlights that all members within the network of a professional football club are constrained in different ways (Murphy & Waddington, 2007). The three statements from the managers at three different levels of the football matrix, illustrate three different types of restraints that add to the pressures they face and how these then alter their behaviours towards the injured players.

The Championship manager explains that if it is a big game and a key player is injured then the player will be encouraged to play. In this case the manager is transferring the risk onto the player to reduce his uncertainty when preparing for an important game. Important fixtures add to the pressures of being judged by the fans and the chairman, this also shows how constraints exist for all members within the football club figuration. The manager is constrained by the pressure of the bigger fixture; he then transfers the risk onto the physiotherapist to encourage the player to play, who then in turn transfers the risk onto the player. The findings from the Conference manager relate in the same way. He stated that the pressure is greater from the chairman when it comes to the bigger games, causing him to transfer risk onto his key players.

In the case of the League One manager he explained how different stages of the season influence his view on injuries. In this case the pressure on the manager was to stay in the division, therefore, he reduced this uncertainty by encouraging the players to play with strappings on and pain killers to allow him to play his strongest team possible. This emphasises the concept of risk transfer within the network of a professional football club and how it affects a

manager's behaviour towards injured players. The manager's interviews also highlight the bonds of interdependence (Murphy & Waddington, 2007) that are in place within the relationships between all members of the figuration. As power balances exists in all relationships (Van Krieken, 1998), the manager is dependent on others within the network to allow for the risk to be transferred on to them. 'People who occupy positions of power are 'in power' for as long as they stay there. Yet to stay there, they are dependent on all those who are dependent on them' (De Swaan, 2001, p. 36). For the manager to reduce the uncertainty within his role and remain in his job he transfers risk on to those below him in the figuration but he is always dependant on others accepting that risk.

Waddington (2012) suggests that as the physiotherapist is employed by the football club then a conflict of loyalty can arise. If the physiotherapist goes against his manager and shows loyalty towards the player then he is putting his own future at risk, by undermining the manager's position of power. This was expressed by a League Two manager who explained that the physiotherapist was telling the players the worst case scenario:

'He would tell players, if for example they had an injured hamstring, he'd tell them they'd be out 8 weeks. Not it could be 2 weeks maybe 2 weeks, not let's see how we go...He would tell players the longest times and I said you know, I used to fall out with him, I said don't ever tell players what times and how long they'll be out because you know it gives players more scope to have time off'.

The effect of the physiotherapist not working how the manager thought he should, led the manager to take more of an authoritarian style and explained:

'that is why there will be changes... I'll be bringing in my own physio'. The manager also explained how he now just goes directly to the player when asking if they are fit to play: 'I'd prefer to communicate with the player first because I think with certain players they'll tell ya'. As the manager was not able to depend on the physiotherapist, he misses him out and goes directly to the player allowing him to transfer the risk onto the player and reducing the power balances within the network (Elias, 1978).

**'You probably won't get 11 fully fit players on the pitch at one time':**

### **Playing through pain**

Roderick et al., (2000) found that many players were willing to play through injuries as they stated that they were only 100 percent fit for five or six games a season; this was similar to what the managers interviewed suggested. The Premiership manager explained:

'I would say if you were a top level player and you're really, really committed I would say for 50% of the games you won't be 100% i.e. you will have a little niggle here or there. I think because it's impossible not to, you don't get the recovery time to let some of the knocks and bruises you've got from the previous games recover properly and it's, that's that mental toughness...you know having that pain threshold'.

This is also supported by the former Premiership manager who explained it was unlikely you would get a team that was fully fit: 'So you try and get 11, was going to say fully fit but I don't think that is the right expression, because you probably won't get 11 fully fit players on the pitch at one time'. This

demonstrates the awareness managers have of their players and how they may not be fully fit but are still capable to play. However some were not so willing to take risks with their players.

When discussing the issue of a player saying he was fit, but the physiotherapist and manager believing that he was not, the current Premiership manager explained how he tried to make the player come round to his way of thinking:

'I just try to tell them that, maybe for the sake of maybe one more game, one more week, why put the rest of the season in jeopardy. I like that type of character, obviously I'll congratulate them on that type of characteristics, but say as well you've gotta look at the bigger picture so...if he were to keep pushing and keep playing on a injury that might end up ending the season, it might end up having further repercussions further down the line for you'.

This response was similar to a Championship manager:

'I think you have to stress to the player that their health is err more important and to see the bigger picture really. Yes they may be desperate to play in this one game but that one game them playing could mean that they miss 5 or 6 weeks as opposed to missing that game and being in a better state for the next game and then being able to play all the time. So you have to look at the bigger picture with them and stress that too them'.

Although these managers express how they would prefer a player not to take risks in case of losing the player for a longer period of time, this was not always

the case across the football divisions. A Conference manager explained how one player had played the entire season with an injury:

‘There is a player who has had a hernia all season you know he has played every game, trained almost every session. But as soon as we knew we couldn’t get in the play offs he was in for the operation. So yeah on Saturday we drew which meant we couldn’t make it then today actually (Thursday), he had his operation and then he will be fit for pre season then. Now if we were still in the play offs then that wouldn’t be the case’.

This highlights how certain managers are willing to take risks with players until there is nothing of importance left to play for in that season. At times operations are put off till the off season, which reflects the findings within Roderick et al., (2000) and Roderick (2006) who found it was normal for a manager to encourage his players to have operations in the summer break.

During the interviews it was also apparent that some of the managers used methods of interaction to encourage the player to return from injury, and play through pain. One of these methods is questions or banter in the treatment room. A Conference manager explained how he tested players when he saw them in the treatment room:

‘I pop into the treatment and test the players you know, I ask the player are you going to be fit for sat, they’ll say yes gaffer, so I then say ok get your boots on and train today then’.

A League One manager explained how he had banter with the player: ‘you know, having a bit of banter with them, you know the, any danger of you being

fit type thing which goes on in the football environment'. These interactions can encourage a player to play through pain and reinforce the point that a manager's behaviour does alter towards injured players. This could be because of the environment that these interactions take place, as the physiotherapist and other players witness it; which could be construed as questioning a player's masculinity and the player would not want to be identified as being weak or soft (Roderick, 2006). Another influence could be when a contract is up for renewal. An unintended consequence of a manager renewing players contracts could force a player to play through pain through their fear of being released (Roderick, 2006). This point was stressed further by a League One manager:

'You know those who are out of contract at the end of the season...they know even though they might not be able to play full out you know, give lesser performances but they also know in the harsh reality of football if they aren't playing then they won't get a contract. So they might risk sometimes doing further damage and that's the way and how cut throat the injury can be'.

The current Premiership manager expressed his views on players that continue to pick up injuries and how this would affect his view on keeping said player in his future squad:

'If someone keeps getting repetitive injuries in terms of, soft tissue ones, I've gotta ask...what type of condition they're in really, so that raises the alarm bells straight away to be honest with you as the manager. And if someone keeps missing games through knocks and niggles, that's also alarm bells for me because you know have they got the right mentality to get through a 40 odd game season in the league'.

A League Two manager stressed how he would not have contract negotiations with players until the end of the season to see who had 'played through injuries' for him. The former Premiership manager also highlighted the importance of knowing a players injury history before signing them to the club:

'it's important that you as that potential club of signing that player does your homework from the medical, from the physio point of view any scans required on anything that has been a problem or an issue there to see where that is at. Assess it and then make your decision from there and I would always advise that to any football club because I think it is important, because the last thing you want to do is sign a player and low and behold a month down the road an old injury recurs ...you have lost the player and you are still paying a salary and that player is no good to you'.

Listen (2011) elucidates how the invisible chains of interdependence that exist within figurations have social actions which create intended and unintended consequences. The social actions that a manager must take within his role to ensure he has the best chance of keeping his job, which Dunning et al. (2004b, p.200) refer to as 'goal-directed actions' leads to unintended consequences, 'that no one has designed and no one has chosen', such as the player playing through pain to earn a new contract of employment at the end of a season.

### **'Punishment for being injured': Inconveniencing injured players**

Professional footballers are employed to take part in training sessions and play in matches. Therefore, when a player becomes injured they take on a role that

comes with a 'special status'. Consequently they are seen to be of little value to the football club (Roderick et al., 2000, p.171). Roderick et al., (2000) and Roderick (2006) found that the idea of inconveniencing injured players was to make their situation as uncomfortable as possible. This encouraged players to resume training as quickly as possible.

The research of Roderick et al., (2000) and Roderick (2006) on players and physiotherapists and their take on the normal training schedule for injured players is comparable to the research found in this study. A League One manager explained the different schedule time for injured players.

'Our lads are in at 8 o'clock, again you don't wanna cross being injured as rest time. In a way you wanna make it an environment that isn't that comfortable so they really put all their work into rehab and thinking I wanna get out of this treatment room. I wanna get back playing'.

The second League One manager interviewed explained how injured players were in earlier 'so they aren't in the way'. This allowed time for the fit players time to get strapping's or a rub before training as they are the 'most important at that time'. The managers from all levels explained how the fit players would arrive at about 10am to start training at 10.30am, and the injured players would be in between 8am to 9am depending on the club and the work load of the physiotherapist. A Championship manager explained how injured players would always be in for a double session till 3-3.30pm, which he felt was 'not too late'. A Conference manager clarified a training routine for an injured player:

'I mean today for example [names player] the lad was in at 8.30 and he left at 4 o'clock. You know some people keep them in till 5 o'clock. The

manager before me did that. I suppose it is a bit of a punishment for being injured’.

This emphasises the fact that at all levels players are inconvenienced in a similar way and for similar reasons. It can also be viewed as a manager proving his power within the network of a professional football club. He has employed the players to play, and therefore if they are not able to carry out their normal duties of employment then they are made to work longer hours. The second Championship manager interviewed also explained how it did not matter what day it was when you were injured as everyday became the same:

‘Anybody that is injured will be in the next day, whether that be on a Sunday... football sorta works 24 hours and every day is the same as any other day, you know birthdays kinda go out the window as do anniversaries and things like that, so you work when you have to. So they’d generally be in the next day and be assessed if they need scans or hospitalisation’.

When discussing the daily schedule of injured players with a League Two manager it was clear how important this set routine was:

‘You know so you get to the physio, no structure no times, there was no fines, it was all come and go when you like and I think that makes it easier. So I had to sit down with him and put a structure in place’.

This demonstrates how the manager does not possess all the power to implement a different training structure for injured players; he relies on others within the figuration. Nobody possesses all the power within a figuration and therefore everybody depends on others (Dunning & Hughes, 2013). For a

manager to execute the training schedule for injured players, he requires the physiotherapist to put the structure in place. Although the manager possesses the greater power within this relationship, the physiotherapist does possess some power as they carry out the implementation of the daily routine, highlighting that this relationship is 'bi-polar' (Dunning & Hughes, 2013, p.67). This also illustrates the fact that this structure limits the physiotherapist's autonomy, as they have to fulfil the criteria set by the manager. The argument relates to Waddington's (2012) study which found that restraints were put on a medical practitioner's autonomy.

Some managers also expressed how they used fines to implement the training routine for injured players. A Conference manager stated if the injured players did not report for 9am then 'you are fined, simple as that'. This is similar to a League Two manager who said 'I do like my rules, you know what I mean. If they are broken they pay it'. This complements the findings within the research of Kelly and Waddington (2006) who found that managers used a traditional method of authority by implementing a fine system.

### **'You can't make them play': Player power**

Waddington (2000) suggests that many professional football players will continue to play through injury for reasons such as; there are big games in the coming fixture list, professional pride, and the main reason, the fear of losing their place in the team. Many players will argue how having the attitude to play through pain gains praise from managers as they are seen to have a 'good attitude' (Roderick, 2006, p.65). This section will look at how managers view

players that do not play through injury when they are expected to, or feign an injury to miss certain matches.

Each manager was asked if they had ever experienced a player not wanting to play in certain games or if they had encountered a player having a phantom injury to miss a game. All the managers interviewed except one explained how they had experienced this. A League One manager elucidated on instances where he had experienced this:

‘Sometimes, you can’t do much about it because you can’t make them play. You can have phantom injuries and strains and pulls, you find that happens more when the team is struggling a bit or maybe they don’t like the manager or they are looking after themselves for a future move or something like that. You know I had it when I first came to this club. I had one player who wanted to move to Finland and one who wanted to go to Scotland, they weren’t prepared to get injured to put any doubt on those situations which were pretty much done deals. I couldn’t get them to play at all, all I wanted was them to play in a couple of games and they wouldn’t. I didn’t fall out with them. I didn’t like it but I understood it. I went into a previous club when they were bottom of the league and within two weeks of the other manager leaving and me coming in, 5 or 6 of the lads that were on the injury table were training again and wanting to be picked for the game on Saturday. It happens, it’s just how football is at times. It’s a people thing, you know players highlighting things at times.’

The former Premiership manager expressed how he would try to get the player to play, but there was not much that he could do if the player was not willing to play:

'I would go off the physio, very strongly. I have experienced it. I would say to that player I want you involved, I want you playing. Then if that player decides that, I aint fit, I don't want to be fit, there is very little you can do...So you would probably say, ok, leave it, you hope the individual coming in would do enough to try and retain the shirt to maybe give a little lesson to the individual that maybe that was a knock I could have got away with, I didn't and now I have lost my place in the team and I've got to work even harder to get back in.'

Reflecting on the former premiership managers hopes that the player loses his place in the team for a longer period of time rather than just a single match, relates to the findings from Roderick et al., (2000). This research identified that a player would play through pain in fear of losing his place. So a manager sees a player losing his place in the team over a long period as punishment for not playing when they could have. Both of the managers opinions on the player refusing to play highlights the point that when a person is dependent on others then there is a possibility that they can use this dependency to exert power over them within a network (De Swaan, 2001). So even though the manager is seen to possess more power than others within the network, a player deciding they do not want to play gives evidence of the power balances that exist within the relationships of a network (Elias, 1978).

The Premiership manager describes how he views the players that act in this way, and the process he goes through:

'Well yeah I have experienced that. Basically they are lost to me then.

They are lost to me. I can get all the evidence from me medical team and the data base from the data we collect and go from there...I don't have to worry, basically, I'd rather go with inexperienced youngsters who would give me genuine dedication who might make a raspberry because of their lack of experience, than a player who might do that kind of thing. I can't get my head round that type of scenario.'

The Premiership manager's comment on the player being lost to him was a similar response to many of the managers when talking about a player who would not play or was feigning an injury. The Championship managers interviewed both expressed what their view on this type of player would be, with one stating the player would find 'himself not involved more often than not' and the second Championship manager explaining that 'they are the type of people I don't want in my squad'. This view was replicated in the lower levels with a League Two manager describing how 'you form an opinion quite quickly, you know the ones who won't run through a brick wall for you, you learn pretty quickly and they don't last long'. One of the Conference managers supported these views by suggesting that if a player did not want to play then 'they are useless'.

De Swaan (2000) explains how relationships of power can also be called relationships of authority. This is when people within a network agree with the power being used by the person possessing the greatest amount of power.

When players do not play for the reasons discussed, this could bring into question the manager's power or authority. Therefore, if the managers react in a way which they have all expressed, it could be construed as a deterrent to other players acting in a similar way. A manager leaving players out of the squad in future games and forming an impression on a player links to the 'traditional forms of authoritarianism' which allows for the manager to have a great amount of independence when outlining their role (Kelly, 2008, p.402). The manager has the authority to make that decision on any player without influence from anyone else within the network, which allows for the manager to have authority over the 'ordinary members' of the group (Weber, 1964, p.56).

### **'I don't want half of the team out with muscle strains': Reducing the risk of injury**

During the interviews it was clear that greater measures are being taken within professional football clubs to reduce the risk of injury. The former Premiership manager explained how 'Injury has always been a part of football and will always be a part of football and I am very philosophical about injuries, from the point of view that I know they are going to happen'. Clubs are employing sports scientists and employing pre-hab methods of training to try and reduce the risk of intrinsic injuries. A Championship manager explained the benefits he has found with his squad:

'Yes...it has made a huge difference to our team, I hadn't heard of it till I came to [names club] in terms of activation...you would maybe go on a static bike and do something, but this is very much different exercises to do before we actually go out. So a lot of work with thera bands and

things like that you may have seen in the gym. Our team use them sorta in warm ups. So a lot of things like that and...last year we made a huge difference in terms of the percentage of injuries in terms of percentages of games missed or even training days missed by players...we have improved from last year again so it makes a huge difference’.

This was similar to the thoughts of the current Premiership manager who brought a sports scientist to his current club after the success at his previous employers:

‘Part of the set up I had at [names club] I worked with a guy called [names sport scientist] who is into the fitness side the injury prevention, motivation etcetera and actually at one stage we had the best soft tissue injury in professional sport, in world professional sport. I think we went one season where we only had 3 soft tissue injuries in the course of a season which in a professional team game which is a contact sport is a phenomenal turn around’.

This was the similar in all the divisions with one of the Conference managers explaining that a sport scientist was going to be employed on a permanent basis:

‘Yeah I think it is massive you know, and that’s why I am bringing someone in full time to work more with that cause if I can reduce injuries at a club then it’s a good thing. I don’t want half of the team out with muscle strains. Obviously you can’t prevent someone getting hurt in a tackle but I believe to a certain extent you can reduce the risk of muscle strains. The physio has little inputs in it but I want him to concentrate on

the injured players so the sport scientist will focus on the pre-hab and fitness side’.

The importance that managers are putting on the injury prevention highlights how damaging injuries can be to a football squad, and the manager. It was also highlighted by the Championship manager that the sports scientist plays an important role in the planning of the training session:

‘we talk to the sport scientist in terms of what he thinks we should do in terms of energy levels for that day whether it be a hard session or a medium session and we go through any ideas that we had for training with him and he takes them on board and sorta yes or no’s to a certain degree in terms of energy levels and times that we are going to do things’.

This suggests that the sports scientist is given a greater amount of autonomy within their role at the club. Although this differs from what a League One manager described:

‘I have a fitness coach now and we allow him his time but he works under my direction really you know I give him a time allocation and on the whole he’s fine with that. At the start he was a bit like well they need 30 minutes to make sure they are really warm so they don’t damage muscles and I just said make sure they are warm enough in 15 and he’s ok with that now. And nobody has pulled up in training’.

The League One manager did not see as much value in the pre-hab side of training and wanted to remain in control. It could be argued that some managers give a greater amount of autonomy to the sports scientists as their

specialist field is something that the manager does do not feel as comfortable with; maybe because it was not used when they were playing professionally. These findings imply that managers vary in their approach towards different medical staff. As Waddington (2012) suggests, when a manager is directly involved with the management of the physiotherapists role their professional autonomy may be continually restricted.

## Conclusion

The object of this study has been to examine the behaviour of professional football manager's towards injured players in English professional football. Previous research has suggested that players fear becoming injured due to a number of uncertainties that are generated when injury occurs (Roderick, 2006). The main fears are that 'they may lose their place in the team and they may not be certain of regaining their position once the injury has recovered...the manager will replace them permanently, either by buying another player or by promoting a less established player from the reserves' (Roderick, 2006, p.53). The evidence in this study has found that this directly links to the way managers behave towards injured players. The use of Max Webers work on authority alongside a figurational approach has allowed for an understanding and acknowledgement in which a manager uses an authoritarian style and position of power within the network of a professional football club, and thus his approaches towards injured players.

This study has identified that the appointment of backroom staff is a crucial part of the job; or at least to have people working for you that you can trust is a vital commodity. If the right staff are not employed then major problems can arise within the network. This relates to research by Kelly (2008) who explains how trust is a pivotal factor for a manager and his staff. It was also found managers showed an authoritarian style when employing their backroom staff, which links to the research by Kelly and Waddington (2006) and Kelly (2008). The Premiership manager explained how he had brought coaches, assistant managers and a sports scientist with him. Others discussed how financial constraints hampered them being able to bring in the staff they wanted.

Even though the manager is the manager, he is employed by the club and does not possess all the power within the network. Balances of power exist between himself, the chairman and the board of directors; they also exist between the manager and the staff he employs or that report into him. The evidence suggests that managers at the lower levels have greater difficulty bringing in their choice of staff due to financial constraints; and thus at times struggle to find that power balance.

The transfer of risk was also identified within the network of professional football clubs and reasoned with the argument this study poses of the relationship between football managers and injured players. 'Risk transfer' relates to the work by Murphy and Waddington (2007), who explain how risk is transferred onto athletes from those with greater power to reduce the uncertainty within their role. This was evident through the interviews in which the managers stated that if it was a big game, a crucial time of the season, or a key player, then the pressure would be greater to get a result, therefore greater risks would be taken. This was evident throughout the divisions, which highlights the constraints that football managers are under within the network, and that these constraints are short term as managers cannot think to the long term future for the risk of losing their job.

As power balances exist within the networks of professional football clubs, the manager is able to transfer risk onto his medical staff and players, but risk is also transferred onto him from his employers. The power balances were evident when interviewing a League Two manager. He explained how the physiotherapist was not willing to take the risk with the player's health, thus meaning that the manager had to employ a new physiotherapist because the

safety of his job does in fact rely on the compatibility and insurance that he remains at the top, keeping the power balances as he feels they should be. This also highlights the manager's authoritarian style by stating he would employ a physiotherapist that he knew and trusted.

It was also discovered that managers expectations of players playing through pain was one of normality, which reflects the studies by Roderick et al (2000), Roderick (2006) and Murphy and Waddington (2007). Managers suggested that players were very rarely fully fit for matches and that it was almost impossible for a full team to be 100 percent fit at the same time. Managers explained how mental toughness of the player played a big part towards the players playing through pain. Manager's expectations are if a player could do themselves long term damage then they would encourage a player to rest and seek treatment. It is important to have the player a game later in the season rather than lose them for a longer period of time. On the flipside to this it was found players were encouraged to delay operations till the end of the season, which could lead to long term damage.

Managers also interacted in different ways with injured players to encourage them to return to action earlier than was necessary. This study found that the use of banter within the treatment room to question the player's attitude was employed to encourage them to play or train. All the managers also discussed contracts, and how a player's history with injuries played a huge part on their decision to sign a player. This would suggest that players would play through pain due to the fear of not having a contract renewed at their present club or them being unable to find a new club. These issues also reflect the research by Roderick et al., (2000) and Roderick (2006).

It is evident that managers used the injured player's daily schedule as a way of encouraging players to return from injury early and play through pain.

Furthermore they aimed to inconvenience them. Players were given longer training days; earlier start times and later finishing times. The managers reasoned that when a player was injured they should not confuse it with rest time, and it was their way of punishing the player. Subsequently the study found that timings were necessary so the injured were not in the way of the fit players, as the fit players were considered more important at that time.

However, it did become apparent that players had some power within the network of a professional football club. All the managers interviewed, with the exception of one, explained how they had experienced a player that did not play when they and the physiotherapist felt they were fit to play. This highlights the power balances that exist within the interdependent relationships of a professional football club. All the managers displayed an authoritarian style by explaining that the players would no longer be part of their plans, as they would be seen as useless.

It has come to fruition that injury prevention has become a major part of some clubs with full time staff being hired at all levels of the football spectrum to introduce pre hab routines to improve muscle strength and flexibility. At some clubs evidence suggested that these members of staff were given a greater amount of autonomy within their role. Further research in this area would allow a greater understanding to see if this was evident throughout all clubs; and also to gain a greater perspective on why these members of staff are given more freedom than others such as physiotherapists, and how this relates directly to the treatment of injured players.

This study would argue that a professional football manager's behaviour does alter towards injured players with relationships altering to encourage players to play through pain and be mentally strong enough to play through certain injuries. This was evident at all levels of the game, especially if a key player was injured. All the managers expressed they did not want to risk the long term health of the players, however, the constraints and pressures they were under within the network quickly influenced their behaviour towards injured players while there was no deliberate attempt to do so.

It was also evident that whenever a manager's position of power within the network was under threat, an authoritarian style was used to ensure they remained in a position that was seen to possess a greater amount of power within an interdependent network. This in turn creates an impression to the players that if they do not risk themselves for the team and the manager, their future at the club may be in doubt. This reinforces the point that professional football managers behaviour towards injured players does alter due to the high pressures that they are under to be successful in order to remain in employment.

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## Appendices

### Appendix A



#### Participant information sheet

#### **Pressure to play: A sociological analysis of professional football manager's behaviour towards injured players**

You are being invited to take part in a research study. Before you decide, it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and discuss it with others if you wish. Ask us if there is anything that is not clear or if you would like more information. Take time to decide whether or not you wish to take part.

Thank you for reading this.

#### **What is the purpose of the study?**

This research is being undertaken on professional football managers. The study will examine the manager's perceptions towards players when they are injured examining the key relationships with physiotherapists, club doctors and other squad members.

#### **Why have I been chosen?**

You have been chosen because you are a professional football manager who has been managing professionally for at least two years. Therefore you have experience in dealing with different situations within your role as a professional football manager.

#### **Do I have to take part?**

It is up to you to decide whether or not to take part. If you decide to take part you will be given this information sheet to keep and be asked to sign a consent form. If you decide to take part you are still free to withdraw at any time and without giving a reason. A decision to withdraw at any time, or a decision not to take part, will not affect you in any way.

#### **What will happen to me if I take part?**

You will participate in one interview that will last for approximately 45 minutes to an hour. The interview will take place at your club training ground or main ground or in a venue that is most suitable to you. Each interview will be audio recorded and your permission will be needed for this to be carried out. No-one will be identifiable in the final report.

**What are the possible disadvantages and risks of taking part?**

There are no disadvantages or risks foreseen in taking part in the study.

**What are the possible benefits of taking part?**

By taking part, you will be contributing to the understanding of the role and behaviour of professional football managers.

**What if something goes wrong?**

If you wish to complain or have any concerns about any aspect of the way you have been approached or treated during the course of this study, please contact Professor Sarah Andrew, Dean of the Faculty of Applied Sciences, University of Chester, Parkgate Road, Chester, CH1 4BJ, 01244 513055.

**Will my taking part in the study be kept confidential?**

All information which is collected about you during the course of the research will be kept strictly confidential so that only the researcher carrying out the research will have access to such information.

**What will happen to the results of the research study?**

The results will be written up into a dissertation for my final project of my MSc. Individuals who participate will not be identified in any subsequent report or publication.

**Who is organising the research?**

The research is conducted as part of a MSc in Sociology of Sport & Exercise Science within the Department of Clinical Sciences at the University of Chester. The study is organised with supervision from the department, by Graeme Law, an MSc student.

**Who may I contact for further information?**

If you would like more information about the research before you decide whether or not you would be willing to take part, please contact:

*Graeme Law. @chester.ac.uk.*

**Thank you for your interest in this research.**

## Appendix B



**Title of Project:** A sociological analysis of professional football manager's behaviour towards injured players

**Name of Researcher:** Graeme Law

Please initial box

1. I confirm that I have read and understand the information sheet for the above study and have had the opportunity to ask questions.
  
2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason and without my legal rights being affected.
  
3. I agree to take part in the above study.
  
3. I agree for the interviews to be recorded.

\_\_\_\_\_  
Name of Participant                      Date                      Signature

\_\_\_\_\_  
Researcher                      Date                      Signature

1 for participant; 1 for researcher

## **Appendix C**

### **Interview transcript**

**Firstly, thank you very much for taking part in my study and before we start can I just get your permission to record this interview?**

Yes, not a problem at all.

**Ok, thank you very much. Can you tell me how long you have been involved in professional football?**

Erm, professional football, since I was the age of 17, so, which is what now 30, 36 years so I've hit that 50 barrier (laughs) erm. I started at 17, I was a year late, I was a brick layer for a year erm and I got the opportunity of going into [names club] as a second year apprentice.

**Ok, so talking about the managing coaching side of things, how long have you been involved in that?**

Erm, the managing coaching side it has been about 8 years now, you know. So erm I finished my career erm at 37 so, no sorry it is 13 years sorry I take that back. So when I finished my career I got into the player coach side of things and was put in charge of the reserves.

**Can you tell me more about your playing career?**

As a player I started off at [names club] when I was 17 and I had 5 years there when they were a top flight club, then a 22 I got sold to [names club] for £20,000 er I was there for 18 months. Got sold again to [name club] for £350,000, when they were in the top division. Erm I was at [names club] for 4 years then I got transferred to [names Club] and I stayed there for the rest of my career.

**And how did you first become involved in the coaching managing side of things?**

I was quite fortunate erm, obviously I had a long playing career at [names club] so I got very close with the manager [names manager] there and er unfortunately he got the sack and you know things drop on to you in football and you know the manager that came in was an old manager of mine from [names club], [names manager] and he couldn't get me on board quick enough as we were very close you know to help him. So I was very fortunate you know lucky.

**And how did you find that transition from player to the staff side?**

Erm, to be honest with you it wasn't too bad I was quite well respected by the players from being a player there and you know a good one and a good pro. You know from my honesty and work ethic. You know so the transition went quite smooth you know everything I said to do, the players did erm but then,

when [names manager] brought new players in the following year it changed a bit cause erm there was some bad eggs in the camp.

**And where did you go from there to progress into management?**

I then, I actually enjoyed the reserves but you know when you're in charge of the reserves you are restricted cause the players aren't really yours you know, you can't do any shape you know sometimes you have 6 players that were on the bench the night before for the first team so they don't wanna be there. So you know you just took team rather than coached them. Erm so I thought I would come back and I had an opportunity to take charge of the youth as the youth development officer with [names coach]. There was just the two of us and you know you had a team of your own then. You brought your own players in on the 2 year scholarships you know. So I actually enjoyed that more than the reserves because you actually built a side erm and worked with them and erm you could coach them your way rather than other people telling you what to do you know. So I really enjoyed that and did that for 2 years, we had a good youth set up did very well in the youth cups and er that gave me the bug. So for me that's a mini managers role rather than the reserves which is, it's not in between but it's no real relevance really.

**And how do you feel in terms of managing and coaching in terms of the responsibility?**

Coaching is probably more enjoyable because you haven't got to make big decisions or drop players or personal problems or everything that seems to go with today's player's erm, I found that very easy. I did love my coaching if it was doing extra, everything like that I was usually the last one in you know working with players on individual stuff or if the manager wanted something working on, you know not a problem with me. Managing is so different erm. I still say your biggest tool has got to be man management, working out each individual, what their strengths and weaknesses are because they are all different you know erm but what I find now is that players have got more personal problems than ever before and that wastes, not wastes a lot of time because you wanna help them erm but sometimes I have to just do my job which is care about football.

**OK. Can you tell me about your backroom staff that you hired within your first job?**

Erm, that was probably my biggest decision, and probably one of my poorest decisions when I took over at [names club] obviously I knew I was going to take the managers role after it had been offered to me when I was in charge of the youth team so I went into it on my own and the two coaches that I had with me in the youth team so that was quite easy. But I did need an assistant manager and I actually took my roommate for 16 years [names person] and I thought that was the ideal one. I knew him inside out he knew me inside out but I probably made the wrong decision there because it was, sometimes you can have too

many people that have been close to ya and their work ethic is sometimes not as good as working with someone who is fresh and trying to impress and trying to take their chance. I made a mistake and it came to stab me in the back at the end of the day because he went behind my back and tried to take my job. So you know, if you asked me now, trust is a must, must be 100% when you're hiring people. I think I can see through people quite quickly now but does that come with experience, ye its probably does you know, so in that first occasion, I never saw anything coming and that was for three years and people say, you must have seen something , you know I was even on the pro license course and there was some big hitters there you know managers and er we were sat having a drink and everyone got on well and someone actually marked my card that summer, he said be careful someone very close to you is after your job. I couldn't see it coming erm but they knew before me. So that just shows you that that experience is looking and identifying on a day to day basis at their work ethic, you know are they going home early? Anything like that, so that was a massive learning curve for myself.

**So now at [name present club], did you hire your own staff or were they already employed by the club?**

Well, all the ones that are there were there bar [names assistant manager] erm I was struggling to get him in because [names director of football] who I played with at [names club] so I knew him to a certain extent but he resigned which allowed me to get [names assistant] in. Erm but there are 4 other members of staff who I didn't know who are there now erm it was a struggle to get, especially at certain levels, to get extra members of staff in or your own staff in. You know when I was managing in old division one now the championship I basically chose who I wanted, where as now I'm in the league below and money in football is a lot tighter, it doesn't happen as much. But [names assistant] is as honest as the day is long and I've known him a long time he has worked under me at [names three clubs] and he's a very very good coach, but erm, very old school, you know, loves his discipline and I still think there is room for that in today's game so no, [names assistant] is great and he was the only one I was able to bring in. Erm we also have to masseurs who come in voluntary and work with the lads before and after training. I mean not many clubs get that. You know so I try and give to the boys as well as be strict you know.

**OK, and other than the team in the league above have you ever taken anyone else to clubs with you?**

No, I've never had the budget to do so, you know I would love to but when your chairman says no then you can't really argue. You know. I'm in charge of the staff and the players, he's in charge of me and the budget.

**And what sort of relationship have you had with the physios at these clubs?**

Good apart from my latest one you know, the physio now I have found very difficult. You know I think you're always weary when you go into a new club and you have to work with people the old manager worked with. You know the manager before me went in and only lasted 10 games so that said to me something is wrong? You know and when I went I looked at it and thought this was wrong, that was wrong, the physio was wrong, He was all wrong you know, work ethic was wrong, very laid back. You know I gave him a fair chance. You know I give everyone a fair chance. The kit man was the one I had the biggest worry about because he was the father in law of the previous manager but he was great you know, worked all hours did anything you asked of him you know, he was there for you. You know so you get to the physio, no structure no times, there was no fines it was all come and go when you like and I think that makes it easier. So I had to sit down with him and put a structure in place. You know we still have problems to this day. You know he would tell players, if for example they had an injured hamstring, he'd tell them they'd be out 8 weeks. Not it could be 2 weeks maybe 2 weeks, not let's see how we go or you know. He would tell players the longest times and I said you know, I used to fall out with him, I said don't ever tell players what times and how long they'll be out because you know it gives players more scope to have time off, you know. So ye little things like that.

**Ok, and how much interaction do you have with your physio regarding injured players?**

Er, loads. Erm, but it's me mainly doing the chasing and that's why the physio won't be there next season. So he's leaving erm he already knows that but no, I think the physio has got to be very professional we get the injure players in for 9 o'clock with the kit on ready to be treated or examined or whatever. The physio comes into me at 8.45 before he sees them and after he's seen the injured boys he come back in and reports to me on will they train, wont they train Sunday night, I always like to know who's available for me on the Monday for training, has anybody pulled out after a game? I always fine players if they don't report injuries to the physio or me after a game say on a sat and they turn up Monday injured, you know I don't like that because it disrupts me. But you know it's me chasing the physio on a Sunday night rather than him phoning me giving me the information which is arse about face but that is why there will be changes.

**And you've said you need to bring in a schedule for injured players, is that something you've had to do at other clubs?**

I think it is relatively straight forward because you've gotta have trust in your physio, you know. If he is good enough and he's qualified you'll get a feel, the players will tell ya. The players always give you information erm if the treatment is good erm if it's strict in there, and I do like my rules, you know what I mean. If they are broken they pay it. But 9 o'clock, quarter past 9 they have the treatment if someone's gotta do a little bit on the track they do that. There is the

youth physio there as well. Erm, which is important. You know but I'll tell you when I got there the work ethic of the physio was shocking, he would never tell me when he was leaving, so he'd sneak off at 2 o'clock. Now we have had to change so much in terms of the structure of the club. People think you can do it over night. I tell you now a lot of the stuff that goes on you don't see it. Now my office is round at the back of the ground and the physio room is at the other side so unless you go for a walk around they could be doing anything, getting off when they want. You know so you go for a walk and the physios cars gone so I kept clocking it for a while, you know, 2 o'clock quarter past 2, so then I pull him and say I want you to knock on my door before you leave every day, you know just to give me a little update about the players and where they are at. Then all of a sudden he's knocking on my door at 3.15. Didn't want me knowing he was leaving at 2 so he had to leave later. You know I need people around me with that work ethic, you know a physio that is in with the players early morning and will stay late to make sure it's not a holiday camp for them. And you know with the way I work I'm there five nights a week, you know stay in the flat there then travel back to see the wife when we have days off. So that makes it easier for me to see what's going on you know, I'm the first in I'm the last to leave. So next year I'm changing the structure a bit. The chairman has cleared it, I'll be bringing in my own physio and another coach who will take care of the rehab side and I know I can trust these guys so I can be less hands on in terms of what's going on in the treatment room. You know and you have to move with the time as well you know keeps everything fresh.

**So the physio coming in is he a chartered physio?**

Yeah, Yeah. I think that's important, my guy at the moment is as well. I know when I was a player and still at other clubs they aren't but I think it's right that my physio is fully qualified.

**And you mentioned that you can't see the physio room. So are the injured players kept separate from fit players?**

Ye I mean it's not intentional in anyway, you know. It's just the physio room the track and gym are at the main ground not the training ground. So it's just the set up. But you know it may encourage them to get back a fit a little quicker. Maybe, you know.

**Ok so you have said about bringing in a schedule, and getting the physio work in a way you're happy with. What is the protocol if a player gets injured on a Saturday and it's a 14 day injury but you have a big FA cup game in 10 days?**

Erm, you get the player straight in on a Sunday, you know to be assessed, you know players are always in on a Sunday if they get injured on a Saturday. Especially if they are a key player. You know if it is just a squad player I might just say see you Monday but if it's a big player then he will be in. I'll sometimes

leave the player with the physio for a couple of days and let the injury settle you know. Erm, I'm a great believer again is it old school? I'd prefer to communicate with the player first because I think with certain players they'll tell ya. You can tell by their facial expressions you know. I mean obviously you can tell by the extent of the injury if it will be defiantly over two weeks but if they have got a chance, I will get them in morning and afternoon obviously I'm hoping the player wants to play in the game as well you know, which is important. But its, it's erm, the player gives you so much information, yes gaffer I've got a great chance you know you can count on me. Every player is different, some go through the pain barrier, some won't you know so again, you know your players before they have even got the injury but no they would be in morning and afternoon right up until they haven't got a chance obviously, then if he isn't going to be involved you know 2 days before maybe then he will return to the normal injury schedule. You know but you get a feel as you go along you know. I'll be knocking on the physios door everyday if not twice a day getting information on that player. And I will give that player every chance to be fit. You know if that means playing with a strapping or taking pain killers and saying play at 75% and if it's a big game and a big player then we also look at injections. I'm not a big fan but if the player is happy to take them the we will use injections on players to get them through games. They aren't used you know for long term but in the short term we do.

**Ok so if it has been more of a 3 week injury and he's just coming back what's the protocol in the decision for him returning? Who's involved?**

Erm, fitness test is obviously important, you know so erm, I think the physios are now a lot more protective towards the players you know where as before when I played you said you were fit you trained or played the next day. You know today's physios and it is right you know that they do a little bit of running with them one day ball work the next day and then the third day then they have them checking and turning and sprinting and really they have like a three day fitness test whereas when we said we were fit we were training so ye I think the physios do right and that gives the player the best chance to be 100% fit if they do come back.

**And how much involvement does your club Doctor have?**

The club Doctor is there every home game, erm if there is any illnesses the physio will get him in. Erm but he's not really sport injury specific so we don't use him all that often it's just for emergencies on match days really. And anything else it's done through the physio. But we do use a specialist who is local to the club you know he pops in or the lads go there. But it all depends on what medical insurance you have as a club you know. At [names club] we had absolutely none you know we had to scrounge a scan erm but [names present club] we have a £25,000 so the players can have scans or anything the physio feels is needed you know. So if you've got the cover I think you get better treatment a lot of clubs maybe don't have the cover it can become a problem.

**Do you believe the scans are important to determine the injuries?**

Erm, .... yes I do, but, erm I mean I'm just going on my physio at the moment, if you get an injury you have a scan you have an MRI you have an x-ray, they come back with the results and the answer and the physio treats it. So for me the physio is not really doing his job by trying to diagnose it, the easy option now is go get the answers cause we have the cover so it's easy to treat. So personally I feel the physio needs to treat a little bit more and use his own experience here rather than the clubs expense all the time which is an easy option, which is a problem for me personally at the moment as our medical budget is getting very very close to the limit at this stage of the season.

**And, if a player wants to play through the pain, and your physio is a little unsure how do you react to that?**

Again, I've probably had that 5 times this season, they have had hamstring strains you know, grade 1,2 or 3 erm and the physio has held them back held them back and the players have come knocking on me door and said gaffer I'm fit for Saturday I wanna play Saturday. So I make the decision on what that player has said to me over what the physio has said and you know every time this season I have been 100% right. Lucky? Ye cause I could have lost a player but if a player broke down who was someone that wanted to play or go through that pain barrier for me, I'd look after them I always have and always will. I wouldn't just bomb them out or anything like that. They have tried to play for me they have tried to get a game under their belt, not a problem for me. I'd take that player over someone that said no I'm not sure, I want that extra week or two , then I don't want that player.

**Ok, so if a player is injured how much interaction do you have with that player?**

I'm in the treatment room quite abit, my assistant is in there quite a bit. Erm we have all had our injuries, especially if it's a long term injury, you know how lonely it can be. If it's a long term injury you know, knee operation or broken leg I will let them go home for a bit get them away from the club. You know sure they don't wanna be at the club and there isn't a lot we can do with them so I let them go and and when they are ready to start on the rehab they come back in. Erm but we are always in there having banter with them when we are at the ground cause it is important you know. You know it is easy to push injured players aside because in a way they aren't able to do what your paying tem for but you know it aint right. You know from my own exoeriences of injury you need that banter regardless if they are out of contention to play.

**So you think your experience as a player had aided how you as with players?**

Yeah it does, but I think everything that comes with experience helps you, you know, playing coaching managing. You can learn of so many different events or things you've gone through yourself. Yeah, yeah 100%.

**Ok. Towards the end of a session obviously contracts are coming up, what happens if a player is injured when his contract is running out?**

Let me tell you now, come to February is the hardest time to be a manager at lower levels when contracts are short. Players start knocking on your door asking for contracts, which is right you know they have their family to look after and mortgage to pay. Erm but I don't do any contracts till the end of the year, end of the season. I know they are all one year deals. So that gives me a bit of buying time. Erm but I do no players that will if they are carrying a little injury make sure they have the operation before the summer if they know they are getting released so that's why I don't have contract discussions till the season is over so I know who's fit who can last a season who's played through injuries for me and waited till the summer to get the operation. You know you have to analyse the whole season not just a few months of it. You know I have had players who have been injured through September, October and November then fully fit by February, give them a new contract then they break down again. So I've made that mistake before and I won't do it again.

**And if a player is carrying a little knock and he's not willing to go through that pain barrier how do you deal with that as a manager?**

It's a hard one I think you have to be 100% right before you dive in and point the finger. You know, everyone has got different pain thresh holds and I don't like pointing the finger. Erm, but again, if you're doing the recruitment side of it you should know your players and what they are like. But I've had some top players this year, so you know, but I have had an incident where erm they missed the Tuesday game and they trained on the Wednesday two of them and there saying I'll be ready for Saturday gaffer and im there going we had a game less than twelve hours ago and your flying round on the training pitch the morning after a game you weren't fit for. So they are not clever are they? You know are they 100% fit and they are just lacking confidence or something deeper.

**And then does that alter your opinion of the player?**

Ye you form an opinion quite quickly you know the ones who won't run through a brick wall for you you learn pretty quickly and they don't last long. The best I had was [names player] [names club] absolutely fantastic he might miss training through the week but I knew he would play on a Saturday or try and be as close to 100% as he could for the Saturday and some are so different and that's probably the hardest side but again, if your injured your injured and if it's a proper injury I won't come after you pointing the finger at you.

**And do you feel players view players who are seen to be taking the easy option?**

Players aren't daft. The thing is you find injured players will talk to the other players, ye I'm not really injured or you know I should be alright but I'm not playing this week. So players soon make an opinion of each other. And I have players who will come back and feed me everything.

**So you feel players playing through injury and getting the respect is vital in a changing room?**

Yeah, yeah I do. If you get the right players in there, you know the right captain, the right vice captain then I think the rest lead with it. Er You know I've got what 19 players and I can say hand on heart 17 are absolutely top draw if they are in the side out the side, they get on with it. Ye I think that is important as well you know I have players that I brought in and they would do anything for me. The players that were there before I came were, erm are causing some problems. One lad especially, a bad egg. Real bad egg. He's been out I'd say 75% of the season with a back problem. Now I never believed he was injured. He played the first five games then bang, you know, gaffer my backs gone. And I thought we could have one hear. So I ask the physio he says no he is struggling. So I say ok send him for a scan. Scan shows nothing. Right, so now I'm thinking he's fit. He starts complaining it's his hamstring now. So leave it for a bit, he's going to the gym with the injured boys and getting treatment and after about 3 weeks he looks like he's lost about half a stone, you know. I'm thinking he's doing work away from the club, you know running. So I say to another lad let me know what he's doing at the gym. Anyway turns out at the gym he's doing back weights hamstring weights, heavy ones you know not ones to improve the injury. So we had a meeting. I told him straight he was fit and had to train or I'd get him for breach of contract. Safe to say he was running again that week. But he knows he won't be here next season and I will tell other managers what he was like.

**Ok and do you feel at different levels and squad sizes you handle injuries differently?**

Look if you said to me would I like to have a squad with 28 players, no I wouldn't I think the ideal number is about 20, 20 max because you know you will carry 2 injuries a week within that 20 so 7 subs a week in the league erm so the players are all involved and you can bring players in on loan. And that can be a life saver you know so if you are left with the bare bones you can get lads in on loan. I think that's healthy it keeps the squad together and also allows the players to know you need them. If they pick up a knock, they know I need them to be fit whereas if I had a big squad they might think ah well I can have a couple of weeks off now, you know.

**And how do you feel you have developed as a manager over time?**

What have I improved in? Er, probably got stronger erm, learn to get the balance between being their friend and being their manager and probably the

biggest thing I have learnt has been to delegate. I've gotta be honest I thought I'd done everything when I took over at [names club] and that was in old division one and er I look back where I didn't have the support from my staff because they were personal friends and they asked to do a lot of things away from the club and I allowed it. Whereas now you know I'm the first one in and the last one out but I just make sure everybody they do their jobs first and help me and I give them things to do rather than me take it home and do it all on my own, let's get it done while we are in the office, you know. So delegation, I was quite poor at that and then I learnt a lot as I progressed and sometimes you don't see it cause you wanna do it yourself and it's not always the best way.

**Well thank you very much for your time**

No problem, no problem at all.