

'Good communication and good team building, it's half of the work in managing a player': how team doctors perceive communication in the European professional men's football context

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ABSTRACT

Communication influences players' performance and health and is influenced by the leadership style of coaches, internal team communication and the integration of the medical team in the professional men's football setting. However, the communication process between medical teams and other stakeholders in professional football has not been described in depth. Therefore, we explored the perspectives of team doctors regarding the communication process within the medical team and with other stakeholders in men's professional football. We conducted semistructured interviews with 10 team doctors from nine teams in six countries playing at the highest level of European professional football participating in the UEFA Elite Club Injury Study. Data were audio recorded, transcribed and analysed through reflexive thematic analysis. Three main themes described the communication process: (1) communication practices, (2) communication context and (3) communication foundation. The communication practices included involving specific stakeholders, using different communication channels and considering timing. The contextual factors in team structure, available resources and team standings require them to adapt their communication strategies. The foundation of effective communication relied on cultivating trust, acting respectfully, defining clear roles, following ethics and proactively developing relationships over time. In conclusion, the communication process is highly influenced by the context while team doctors constantly communicate with a diverse stakeholder group. This requires the team doctors to adapt to the different scenarios of professional football and dedicate time and effort to cultivating trustworthy relationships with stakeholders.

INTRODUCTION

Team communication relates to players' performance and health in a professional men's football setting.^{1 2} Research has shown

WHAT IS ALREADY KNOWN ON THIS TOPIC

- ⇒ Communication influences players' performance and health in European professional men's football.
- ⇒ Communication and decision-making are essential roles of team doctors.

WHAT THIS STUDY ADDS

- ⇒ Team doctors must cultivate trustworthy and respectful relationships, establish clear roles and uphold ethical values to develop a communication process.
- ⇒ Communication style, timing and content are constantly adapted according to circumstances.
- ⇒ Contextual factors such as available resources, team standings or staff structure influence communication.

HOW THIS STUDY MIGHT AFFECT RESEARCH, PRACTICE OR POLICY

- ⇒ Communication skills are essential for team doctors' success in performing their roles.
- ⇒ Considering the importance of effective communication processes, team doctors could benefit from obtaining communication skills outside the specific football context.
- ⇒ Clubs, media and sports organisations, amongst others, must support team doctors in their role to protect the player's health as the core of their conduct.

that this relationship is influenced by the leadership style of coaches,³ internal team communication^{1 4} and integration of the club medical team in the bigger organisation.^{5 6} The team behind teams in elite sports has grown in the last decades,^{7 8} bringing together a diverse group of professionals with different expertise.^{9 10} The medical team has also been described as supportive leaders in the professional football club setting.^{11 12} In professional rugby, such a

concept was reinforced to effectively reduce injury rates by harnessing the medical staff's teamwork.¹³

Making a multidisciplinary medical team work together and make joint decisions efficiently can be challenging.^{10 14} Multiple roles and individuals in a professional football organisation influence player performance and welfare. For instance, changes in head staff in men's football seem to negatively affect the hamstring injury burden.¹⁵ Hence, the entire system, from individual players to the football context, should be considered when optimising players' health and availability.^{16 17} Considering the importance of communication and the context of professional football in players' welfare and team performance, it is necessary to understand how team doctors perform their roles and communicate with other stakeholders within their organisations. However, the communication process between medical teams and other stakeholders in professional football has not been described in depth in previous publications.¹⁻³ In this respect, qualitative research can bring an insider perspective to deeply understand the practical context.^{18 19} These insights may benefit the development of approaches to facilitate effective communication of the medical team in professional football, consequently impacting players' health and performance. Therefore, this study explored the perspectives of team doctors regarding the communication process in men's professional football.

METHOD

Study design

This exploratory qualitative study is underpinned by a constructivist research philosophy,²⁰ which recognises that perceptions are shaped by individual experiences, cultural backgrounds and social contexts, which is valuable considering the diverse group of participants. This approach allows for the exploration of multiple perspectives on communication and its influence on player health and performance, recognising that meaning is co-constructed rather than objectively defined. We used semistructured interviews and analysed the data by applying reflexive thematic analysis proposed by Braun and Clarke.^{21 22} The design and reporting of the study followed the Consolidated Criteria for Reporting Qualitative Research.²³

Recruitment

We emailed the team doctors participating in the men's UEFA Elite Club Injury Study (ECIS)²⁴ with an enquiry to participate in this study. Based on the maximum variance sampling,²⁵ we aimed to include a diverse sample of doctors in this context (different ages, experiences, backgrounds and geographical areas). JE initially contacted 13 doctors who were the clubs' contact persons for the UEFA ECIS. They were informed about the research goals and could accept or decline participation or suggest other team doctors who could better answer the questions. Due to this strategy, as club organisations differ, our participants could be team doctors, the head

of medical or the medical director. The first author and interviewer (CSB) contacted them after they agreed to partake in the study. One doctor declined participation, and three, despite responding positively, did not respond to any further emails. After two reminders, no additional contact attempts were made. After eight interviews, the same concepts were repeated; one additional interview was already scheduled, and no new insights were gained after it was conducted. All doctors who agreed to participate were fluent in English.

Data collection

The first author (CSB) conducted all the interviews; no other researchers were present during the interview. CSB developed an interview guide, with the other authors providing feedback to refine the questions and get to the guide's final version (online supplemental material). These questions explored how doctors perform their roles, the communication with other stakeholders, key elements and strategies to develop good teamwork and shared decision making and how they deal with the communication challenges in their daily practices. No pilot interview was performed. The interviews were in English and conducted from May to July 2023 via an online platform. Interviews were scheduled according to the participant's availability. The mean time of the interviews was 35 min, ranging from 26 to 39 min.

Data analysis

The interviews were audio-recorded with a professional audio-recording device, transcribed verbatim, stored and analysed with MAXQDA Plus 2020 (VERBI GmbH). Any personal or club information mentioned during the interviews was deleted when transcribed.

A six-stage thematic analysis approach proposed by Braun and Clarke^{21 22} was used to analyse the data. The interview transcripts were first read for familiarisation by CSB and were opened-coded through an inductive approach. CSB and MH met to discuss the first version of the codebook. MH was not familiar with the interviews and received the open coding and quotes, acting as a critical friend,²⁶ providing feedback on the potential link between codes and asking for clarifications regarding the meaning of codes. New insights were discussed through online meetings until the results structure was reached. The results were then discussed with the research team in meetings until themes and relationships reflected the perceptions and experiences captured by the data. [Figure 1](#) provides one example of how initial codes were developed into subthemes and incorporated into a main theme.

Equity, diversity and inclusion statement

This study focuses on a particular sample of doctors working with men's professional football players, reflecting the participants' lack of diversity. Only one woman was interviewed, and all the participants were European. The author group is composed of two

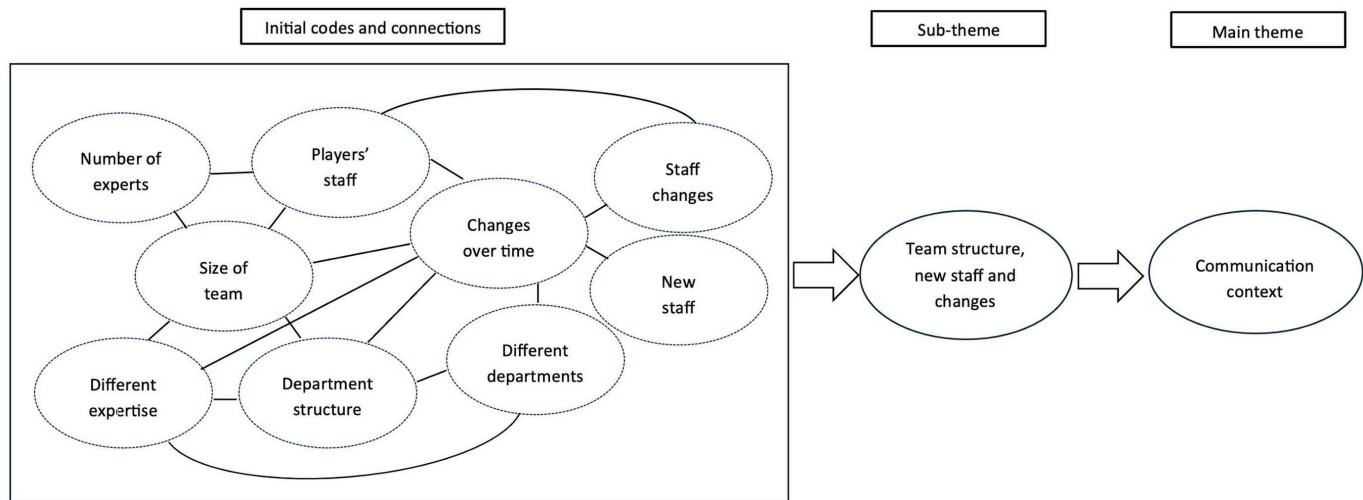


Figure 1 Illustrative example of the thematic analysis process from initial codes developing into subtheme and main theme. (Subtheme 2.1 – Team structure, new staff and changes).

orthopaedic surgeons (JE and MW), three sports physiotherapists (CSB, MH and HB), one sports administrator (MD) and one sports scientist (EV). The authors' group was led by a woman early career researcher from Brazil, supported by six men from Sweden, the Netherlands and the UK.

RESULTS

10 doctors (9 men) participated in nine interviews. One interview was conducted with two team doctors, which was proposed by the participants. The mean age of participants was 48.2 years (SD 8.0), and the mean experience working as a team doctor in professional football was 15.4 years (SD 5.4). The participants were working in clubs in Belgium, Germany, Italy, the Netherlands, Portugal and Spain. Five doctors had experience working with only one club, and five had experience working with other football clubs besides the one they were currently working in. No further details about participants will be given to guarantee confidentiality.

Three main themes described the main findings of the analysis: (1) communication practices, (2) communication context and (3) communication foundation. The communication process was described based on current practices for sharing and exchanging information, which was relatively similar across different interviews. Concrete examples of the communication practices were given, including the involvement of specific stakeholders, using various communication channels and considering the timing, for instance, a potential long-term absence or upcoming end of the contract. Underneath the tangible communication practices, the participants described contextual factors that influence the process, which require them to adapt their communication strategies. At the foundation, the participants mentioned the basis of the communication process. [Figure 2](#) provides an overview of these three main themes and respective subthemes, which gives an idea of a communication

iceberg—the visible (descriptive and tangible) practices and the underlying communication levels (the context and the foundation) in men's professional football. [Tables 1–3](#) present illustrative quotes divided by themes and subthemes.

Main themes

Communication practices

Most team doctors acknowledged communication as one of the critical factors influencing players' health and performance and one of the essential tasks of team doctors. The communication practices were described as a systematic approach. The following subthemes present a more detailed description of who is involved, how the practices are conducted and when the practices take place.

Who: many stakeholders, different opinions, different expertise

The doctors mentioned diverse professionals in the communication processes inside and outside the club. First, the player is the main one to be included. In the case of injuries, there is a focus on gathering the appropriate information (imaging examinations or physical assessment, for instance) to get the proper diagnosis and the potential prognosis. Based on that, a plan is made and disseminated across different levels. Regarding the stakeholders who need to be informed regarding players' health, the doctors first described the ones working close to them. This team comprises health professionals and usually includes performance professionals such as sports scientists and fitness coaches. The head coach is one key element that is integrated into the communication. Some participants noted that the information is delivered in a separate meeting to the head coach, and others said the coach could also participate in their pretraining or prematch meeting. Another stakeholder mentioned was the board of directors or any type of club

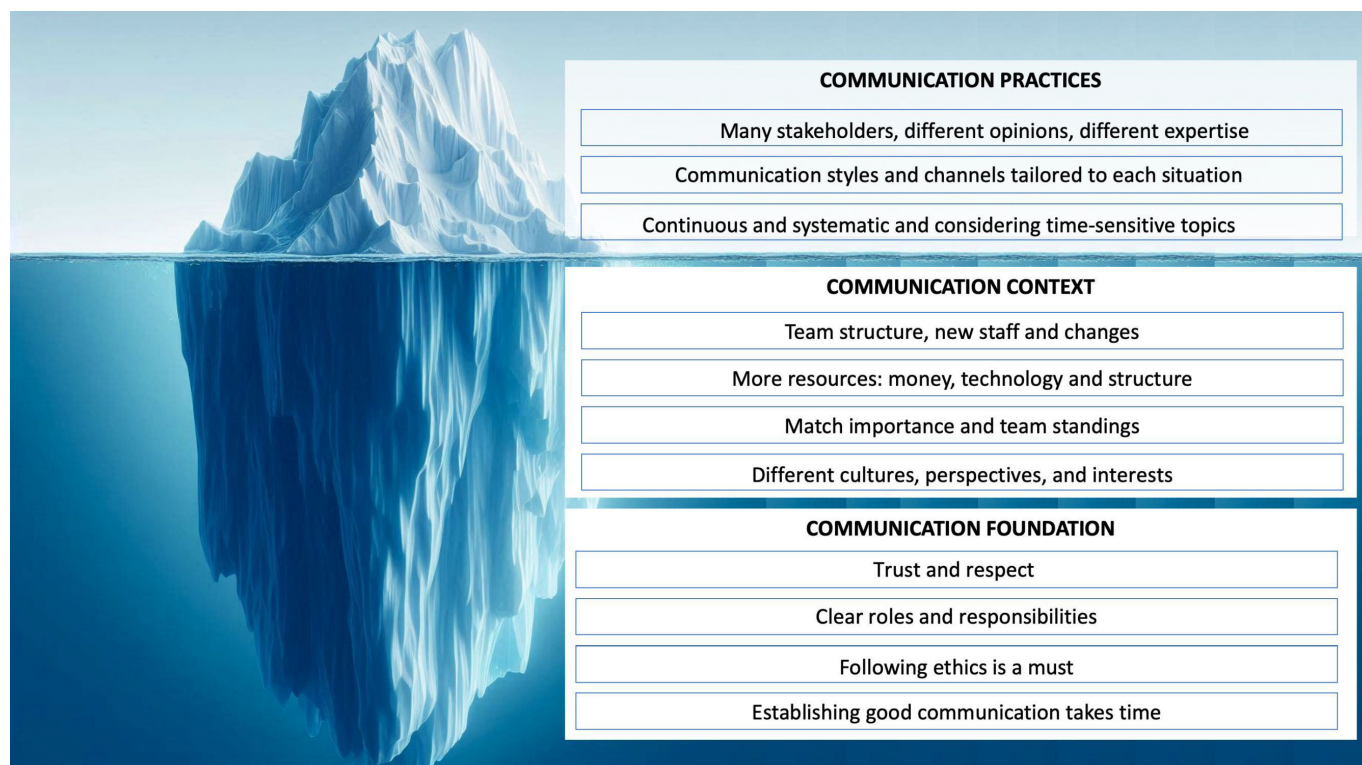


Figure 2 The communication iceberg in professional men's football. The three main themes, with the respective subthemes, describe the communication process. First, the communication practices are defined based on how doctors communicate. Underneath the visible described practices are the contextual factors influencing the communication and the foundations to establish the communication process. (Image AI generated by Microsoft Copilot).

manager who were considered key to supporting the medical team and ensuring that the system around them flows easily, but also, in case of a more severe injury that could influence contract and management decisions. Such cases sometimes require providing information to the media as well. Agents and parents were also considered as relevant stakeholders to be informed. They would not be included in all the communications, but when deemed necessary or requested by the players. Another professional mentioned was the players' personal physiotherapist or coach. The team doctors described that such professionals not working for the club are becoming more common, which requires establishing bidirectional communication to guarantee a complete understanding of the work done by both parties.

How: communication styles and channels are tailored to each situation

The doctors explained that despite the message delivered being the same, sometimes they need to adapt how they communicate with each stakeholder, considering expertise, background and interests. The communication was described in different ways, mostly indicating formal channels such as meetings, sharing information through reports and text messages and informal communication during coffee time or just having a chat or a quick phone call. The communication style also depends on the personality and preference of the receiver. The

communication with the head coach was an example; depending on who they are, their cultural background and their style, the way they communicate might change.

When: continuous and systematic inside the team and considering time-sensitive topics

The team doctors mentioned continuous communication with different stakeholders. Most doctors had a relatively consistent way of communicating with the team through meetings (pretraining or prematch). Some clubs also had formal post-training and postmatch meetings, sometimes less formal depending on circumstances. It was stated that some information is time-sensitive and needs to be shared immediately to avoid miscommunication and ensure time-efficient action from the involved professional. Other stakeholders are contacted according to the demand, so most communication happens inside the club, mostly between health and performance teams.

Communication context

While there is some degree of routine in the communication process, team doctors described elements of professional football that influence how they communicate, requiring them to adapt communication strategies.

Team structure, new staff and changes

Team turnover and change in group dynamics were mentioned as a challenge. Sometimes, the changes

Table 1 Subtheme and quotes related to the main theme: 'Communication practices'

Subtheme	Quotes
Many stakeholders, different opinions, different expertise	<p>'Normally, we communicate, from a medical point of view, with the physiotherapist, the doctor, and the performance coach. Then, we'll talk to the head coach as well, of course, the player. Sometimes, the manager of the player. It depends a bit on what type of person the player is: if he is older and takes a lot of responsibility himself or if he is really dependent on other people, like parents or managers. Then, we'll have them involved as well.' D05</p> <p>'The communication process is if you look at a normal day, we start in the morning and in this, if you just look at the first team and with our physiotherapists, with our head of sports science and with one physical coach and one doctor, we sit together, and we discuss all players.' D03</p> <p>Everybody has their own interests, and with different interests and points of view, every conversation about (probably) the same injury will be different. Because the coach is only interested in: 'Can he play on Sunday?' and the technical director will be: 'Is it a severe injury?', 'Will influence his value?' And his agent will be: 'Ah, I might have a transfer going on, which the technical director doesn't know about yet. Does this injury influence this?'. So, every conversation is different. D09</p>
Communication styles and channels tailored to each situation	<p>'Probably the more sensitive things coming in the day are for non-formal, but I need to do a formal communication regularly where all the people know everything that is relevant for the team.' D01</p> <p>'And if you tell them (head coaches) not in a medical language but in an understandable language, they will understand. So they also need this convincing. You need to educate, to inform them. And we try to do this on a daily base.' D04</p> <p>'If a coach wants to know something special about one player, he comes directly to the doctor, and he asks, and we make the decision together. In the past, I had some head coaches who were very different from this. In these cases, you have to use the second coach or another person who is very close to him to talk with him. So you have to take another road to get to the best communication.' D07</p>
Continuous and systematic and considering timing	<p>'Communication all day around because you're together every day, on and off the pitch, and during different moments. So, there's a lot of communication in general, and of course, those moments are really important. Then, you get new information during the whole day, new MRIs, other things, results, etc.' D02</p> <p>'Like now, they need to know, of course, because there's a new season coming up. Who are the players who have been injured for a long time? Do we need to prolong their contract or not? And in the beginning of the season, this is probably less important. If someone's not available for three months, it will still be inside the season. And if someone's available now, he won't make it until the preparation for the next season if he's out for three months. So now it's probably a bit more important to inform them.' D05</p> <p>'Then, if the coach has a press conference or so, and he needs to know something, we go there, and then I will just give a brief update. But most of the time, he already has an update in the morning on every player. But then, if something has been decided there that he needs to know, I go there and give him some extra information on that.' D06</p>

Table 2 Subtheme and quotes related to the main theme: 'Communication context'

Subtheme	Quotes
Team structure, new staff and changes	<p>'But the staff was much smaller at these years, I would say half of the people. And over the years, it became bigger and bigger, more and more people, and we need to make everybody informed. We started with the meeting, and I found it very important. Another thing that might have changed is that players have more and more external coaches and therapists.' D04</p> <p>'I suppose we can have the same structure and the same ideas, but if we change our coach and the new coach doesn't listen to us. It's impossible! Sometimes it's impossible. It depends on the coach and depends on my or our capacity to communicate and to make things clear.' D08</p> <p>'The changes affect, and when a new coach or new staff is coming, they have a lot of things to do. And also it's difficult to establish the best communication way from the minute one.' D01</p>
More resources: money, technology, structure	<p>'The technology that we use more and more has helped us a lot to have more assertive communication because sometimes it's based on data (...). And technological support has been a big change. It helps us a lot from different points of view. Ultrasounds in the office, some blood tests that we do, strength tests that we do. Also, the GPS and all these kinds of tools have helped us a lot to improve our communication.' D01</p> <p>'With our load management systems, we have a real-time status of, or try to have a real-time status of, every player, so we can influence the daily load every day. This makes it very important for injury prevention that the physical coaches, who are mostly responsible for load management, communicate with the head coach.' D08</p> <p>'Because if you qualify for Champions League or not, it's a matter of a lot of money. And this is, if you are EuroLeague (Europa League), the difference is at least 30 million euros. This changes the team for the next year. This changes the possibilities, and the pressure gets a little higher every year.' D03</p>
Match importance and results	<p>'So, you just have to explain the risk, and it will also depend, of course, on what kind of game it will be: 'If it's a final, if you can make it to the Champions League or not, or if it's just another game'. The important thing, I think, is just to come to a conclusion together to make the shared decision.' D05</p> <p>'So, it is not like we say: 'This is a 12-week injury, and this is only possible within 12 weeks'. We always find a compromise, and then we discuss it together. We also discuss how high the risk that we take together, and everybody has to be happy with it. And also the players and the board members. And then we say: 'Okay, this is an important game'.' D04</p> <p>'We keep a good teamwork but the teamwork depends on the results. If the team performs well, the atmosphere of working is always better.' D06</p>
Different cultures, perspectives and interests	<p>'There are players from, for example, South America. And communication by language is difficult because sometimes they just speak Portuguese or something like that. And so you need a translator, or some don't speak English, so it's sometimes quite difficult.' D03</p> <p>'I need to be aware of the different interests. I think that's very important. And how do you communicate? I don't have to communicate the different values or the different interests. I have to be aware of that. So, I basically have to tell the same story with a different twitch. So, you inform the stakeholders in different ways, but, keeping your reasoning and your values.' D09</p> <p>'The situation is that you have to do the best for your patients: your athletes. But you are paid by the club for the athlete. So, sometimes it's hard to be in this situation because you have to do the best for the player and sometimes also for the club.' D07</p>

Table 3 Subtheme and quotes related to the main theme: 'Communication foundation'

Subtheme	Quotes
Trust and respect	<p>'We try to have a good relationship, to have the trust of the players and from the coach, and to have good daily work.' D08</p> <p>'If you don't trust one together, one another, there is no way you can do the best communication.' D07</p> <p>'The key is to communicate. But the most important thing is that they trust the medical staff on the team. And then there are less problems.' D02</p>
Clear roles and responsibilities	<p>'I think we need a good organization of the roles. The roles and responsibilities of the duties of every person are clear, and also how we manage the agenda for the meetings. And for me, this is one of the keys to have a good team.' D09</p> <p>'I try to install open communication and mutual confidence between all team members. I think I really try to focus on, and I really try to respect the expertise that everybody has in here.' D06</p> <p>'We have a very flat hierarchy. So it's not like I'm the doctor and then nothing else. And then the physios and the fitness coaches. We have a very flat hierarchy. Everybody has his own opinion. And we have meetings. And we discuss every player every day.' D04</p>
Following ethics is a must	<p>'Respecting the privacy of the player, you have to talk about this. You have to explain all that.' D07</p> <p>'You get challenges when there are things that players tell you not to tell the head coach about when it's about confidentiality. Of course, you have your role as a doctor, and there are legal parts. You cannot say everything to anybody, everybody.' D02</p> <p>'But he (the player) signed that some medical issues might be discussed, and if he definitely doesn't want them to be discussed with the coach or technical director, then he can let me know. I've never had that issue yet, but obviously, there is some privacy involved in this.' D09</p>
Communication takes time	<p>'Time is a big point in getting to know each other and getting time to gain some trust for each other. That's probably an important factor in this field.' D03</p> <p>'I have players, and they trust me, but they need time for this.' D08</p> <p>'Time influences it (communication). Because you have to restart everything. You have to restart to gain trust. You have to gain the respect for your professional role. That is the first thing.' D07</p>

are mainly with the coach, but any staff changes were described as influencing communication. The doctors also noted the team's growth in size and diversity of expertise, which brings new challenges. Some of them have been working with professional football for many years and commented on how they need to adapt their communication practices based on the size of the team and the need to have 'everyone on the same page' (D01).

The presence of players' personal staff outside the club was perceived as a new challenge. Some doctors described negative experiences of miscommunication, overloading situations due to misinformation, having different plans and strategies and defending different interests.

More resources: money, technology, structure

Many doctors with long experience in the field described the changes over their careers. The growth of professional

football, with more financial resources, a more extensive staff structure and technological inputs, was perceived to influence communication. The innovations in Global Positioning System technology and diagnostics tools were examples of improvements in communication by providing more objective data and giving more credibility to the information being shared.

Match importance and results

Team doctors also mentioned how the context of competition and team standing can influence communication. For an important match, if a player could potentially return earlier to the pitch, communication intensifies, and the doctors, head coaches, players and other professionals need to be well-informed and agree with the decision. There is constant monitoring of players' recovery process and regular communication to discuss potential risks.

The team's success or standings were also described as influencing communication. When the team is winning and leading the standings, communication is smoother and more manageable, but communication becomes more challenging when the team 'is not doing well' (D05). For example, a head coach might be less open to dialogue regarding the decision of player participation in a match, which requires the team doctors to adapt their communication strategies.

Different cultures, perspectives and interests need to be aligned in one plan

Different stakeholders in the team were linked to different interests, which was mentioned as a challenge by the interviewees. The different cultural and professional backgrounds add to this challenge, which requires the team doctors to manage the communication process differently. The multiplicity of views was perceived as an inherent part of professional football. Still, the doctors perceive the need to adapt communication strategies when such views, interests or agendas diverge.

Communication foundation

Trust and respect

Trust and respect were considered essential for good communication. The team doctors often described the importance of creating an environment where the player, the coach and all the medical and performance team professionals trust and respect each other's work. It was also mentioned that this is essential for teamwork and shared decision-making.

When working with players' personal staff, doctors described the need to establish clear communication and work together as they are part of the system around the player, who trust such professionals. Most interviewers mentioned that working with such professionals brings communication challenges as they are part of the team staff.

Clear roles and responsibilities

Having clear definitions of the responsibilities of the different professionals and understanding the value of each of their expertise was also described as critical to communication. Competition between professionals, miscommunication and the lack of shared information were seen as challenges that could hamper teamwork and the health and performance of the players. The hierarchy was also mentioned in this regard. Some doctors described that hierarchy also influences the fact that everyone should be able to share their opinions according to their expertise.

Following ethics is a must

The player's welfare was mentioned as the core value of the team doctors. They widely described the influences of the system around the players at different levels but also highlighted the importance of being committed to

ethical conduct and respecting the privacy of the doctor–player relationship despite pressure from the media or club.

Establishing good communication takes time

The need for time to establish good communication was commonly described. Participants believe that to develop good communication, one needs to know each other and create a relationship. Some doctors related this to their challenges with new staff and coach turnover, impacting how they communicate and work together as a team.

DISCUSSION

This is the first study to explore the communication process from the perspectives of team doctors in men's European professional football. Participants described how communication influences the health and performance of football players. First, there are practices for sharing and exchanging information informing decision-making with various stakeholders. Such a process is dynamic, changes according to the context and relies on the communication foundation built by good relationships.

The Foundation—trustworthy relationships

Communication has been widely described as relevant to influencing players' health and injury risk.^{1 4 5} However, what is required to establish good communication in professional football is under-researched. Our novel findings indicate that good communication relies on establishing good relationships. To do so, the team doctors described the value of respect and trust, ethical values and clear roles. Trust, communication and professional bonds are some factors that influence therapeutic alliances.^{27 28} Trust and respect were perceived as essential aspects of developing therapeutic alliances. While a patient–doctor relationship in a 'usual' clinical setting happens one-on-one, the team doctors must build partnerships with various stakeholders. Also, respecting ethical values and medical privacy were mentioned, and previous literature has described it as a challenge for team doctors.^{29 30} Clear roles and responsibilities were mentioned, reinforcing previous literature regarding the importance of well-established roles in elite sports^{5 13 31} and how each individual's contribution maximises collaboration.³² Our participants acknowledged the expertise of each professional and the value of developing trustworthy relationships to facilitate the communication process.

Not the 'usual' sports doctor reality: professional football context intricacies and layers

Team doctors are, first of all, doctors with all responsibilities and duty of care. However, the context of professional sports is challenging. Influences include match performance, team standings, sponsors, media and future players' contracts. The context plays a role in the sports medicine setting and influences shared

decision-making.^{17 33 34} Our participants acknowledged the importance of being aware of the system around the players to communicate effectively. The value of understanding the context and the value of multiple stakeholders is not exclusive to football and was described in previous studies in elite sports.^{10 11 13} Previous literature described some challenges health professionals must navigate when working with elite sports, such as interdepartmental communication problems and coach-athlete relations.³⁵ Professional football is considered the most challenging environment, based on health professionals' perceptions who work with elite sports.³⁶ The doctor has a leadership role in managing relationships with multiple stakeholders and understanding the multilevel context around the athlete.^{32 37} Our participants described a few contextual factors that were not under their control and must be acknowledged as part of the professional players' context. Return to sports was one example given by the team doctors. As previously described in the literature,^{38 39} contextual factors influence decision-making regarding return to play earlier than anticipated. The doctors also described the new reality of the player's personal staff outside the club⁴⁰ as additional stakeholders to the communication chain and the need to establish transparent connections with the player's personalised support team. Despite all the external influences, the team doctors mentioned that the player's health is still the core of their practice and conduct.

Team doctors: chameleon role as communicators

Doctors mentioned that they constantly adapt their strategies to the injury situations and the 'ambience' depending on 'how the team is doing'. We already know that communication influences team performance or injury,^{1 3} but in our study, the doctors also described that performance and injuries will affect communication. The constant changes in professional football require a flexible professional who adapts to different situations,¹⁵ which is an essential skill our participants mentioned. Establishing purposeful communication channels was also described, reinforcing previous literature.⁴⁰ The fact that they deliver similar or even the same message but change the format to fit the purpose is a relevant skill for effective communication.⁴¹ In professional football, the challenge of handling players' health encompasses many interactions with professionals such as the agent, players' staff, national team and board of directors.^{42 43} The interactions seem to be influenced by hierarchy as well. Some doctors described the importance of giving the power of decision-making to different stakeholders depending on the situation and expertise. There is a parallel between the doctors' perspectives and some communication theories describing a continuous and dynamic interaction of many aspects that change and affect each other.⁴⁴ Hence, communication goes beyond the two-way direction and depends on interactions and feedback. Our participants described these interactions, highlighting, for instance,

the need to adapt communication strategies to fit the purpose and audience.

Practical implications

While communication has been recognised as a critical factor for health and performance in professional football, understanding and adapting to the context is essential for team doctors as communicators. Developing such skills should also be considered when educating future professionals in professional football. Mastering communication in professional football will require team doctors to develop trustworthy connections with many individuals, from agents to head coaches, acknowledging their expertise, interests and backgrounds. Developing such communication skills is essential for the success of team doctors.

However, in a system such as professional football, the doctors must recognise the multiple stakeholders influencing players' health directly and indirectly. Some values, such as player-centred care and ethical conduct, are primordial to guide these communication skills and must be protected and secured. The doctors are not the only ones working in a club; they are surrounded by the 'noise' of managers, media, sponsors and financial interests.⁴⁵ The system around the player (eg, club, media, sports organisations) must guarantee that the doctors can do their function, focusing on the best for the player.

Methodological considerations

Our study gives insight into a specific group of team doctors working at the highest European men's football club level. We took some measures to enhance the trustworthiness of our findings.⁴⁶ Despite the similar role and position, we aimed to have a good representation of this group by including doctors from different nationalities, ages, years of experience and working in various clubs, which increased the credibility of our results. All authors are involved in professional football research, which might have coloured our analysis. To improve confirmability and dependability, the main coder is an experienced qualitative researcher working with sports injury research and was supported during analysis by another experienced qualitative researcher not involved in the data collection or open coding, who critically appraised the initial findings from a neutral position. Each interview had field notes, and we kept an audit trail for our analysis.

Regarding reflexivity, our research team brings diverse professional backgrounds and experiences, which both enrich and shape our research. The lead author is a sports physiotherapist with extensive experience in elite sports across multiple disciplines and a qualitative researcher, which provides an insider perspective on the interactions between medical staff, coaches and athletes. Her background allows for a nuanced understanding of the practical challenges faced in high-performance environments. Yet, she remains aware of the need to critically reflect on potential influences on the coding

and analysis from her professional experiences and pre-existing knowledge of sports medicine dynamics. The last author, a physiotherapist from Sweden with vast expertise in football medicine and sports, played a significant role in the early stages of data analysis. Their deep familiarity with football-specific medical structures helped contextualise findings, but we remained mindful of the risk of overemphasising sport-specific norms that may not be universally applicable. In the later stage of the analysis, the whole research team was involved, including experts with well-established football medicine careers, including being clinicians and researchers. Some team members have a stronger focus on applied sports medicine, while others primarily engage in research, and one team member brings a background in sports management. This multidisciplinary composition allowed us to integrate different perspectives, balancing clinical realities with a research-driven approach to interpretation. Throughout the study, we engaged in ongoing discussions to challenge assumptions and reduce the impact of our interpretations shaped by our professional backgrounds. We actively sought to incorporate diverse viewpoints, particularly avoiding an uncritical acceptance of existing structures in elite sports. By acknowledging our positionality, we aim to recognise the potential impact of our background on the results and enhance the transparency of our findings.

Findings could have been different if we had interviewed more clubs from other countries or levels, influencing the transferability of our findings. The geographical distribution and sex/gender balance of the participants is uneven. Including a more diverse sample from other European countries and a higher representation of women could have provided additional perspectives. We acknowledge that the setting is exclusive, and other settings may have different communication processes. The invited doctors who declined the invite or did not answer could also have brought different perspectives.

Additionally, we only included the opinions and experiences of doctors and acknowledged that other stakeholders (managers, players, etc) could have different perspectives. We also recognise that using English for all interviews may have impacted their ability to express their views for non-native speakers. Overall, the group worked at the same level and helped to reach similar concepts after nine interviews, so additional interviews were not performed.

CONCLUSION

Despite the current evidence of the relevance of communication to managing players' health and performance, our findings show the big picture of the communication process. Beyond the communication practices, we described the foundations of the communication process, including what is needed to establish effective communication. The context highly influences the communication process, such as changes in staff, matches importance and team standings, requiring the

team doctors to adapt to the different scenarios of professional football and dedicate time and effort to cultivate relationships with stakeholders based on trust, respect, clear roles and ethical values.

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