

The Provision of Employee Assistance Programmes in South African Football Clubs: A Case Study

Hlob'sile Manzini and Calvin Gwandure

University of the Witwatersrand, Johannesburg, South Africa

KEYWORDS Football Industry. Premier League. Employee Assistance Programmes. South Africa

ABSTRACT The aim of the study was to investigate the perceptions of football players on the provision of employee assistance programmes by a football club in South Africa. The study interviewed eight football players from a premier soccer club in South Africa. The study used interviews to collect data from the football players. The results of this study indicated that football clubs need to have employee assistance programmes for their players. Participants in this study reported that the football club did not provide adequate employee assistance programmes to deal with emotional, medical, insurance, investment, life skills and career development needs of employees. The results indicated that South African football clubs need to promote employee health and morale through the provision of employee assistance programmes. The findings of this study contribute to the rather under-researched area of employee assistance programmes in football clubs in South Africa.

INTRODUCTION

Football is big business the world over but very little research is done on footballers as employees (Frick 2007). Studies on employee assistance programmes tend to sideline football clubs although the media is alive with soccer news on almost every weekend throughout the year. The football industry in South Africa is booming and many South African clubs are buying players from other countries and selling some of their players to overseas clubs (Poli 2010). The industry is characterised by a huge demand for quality players and unbelievably huge player transfer costs between clubs. Football clubs are riddled with gambling and speculation risks in South Africa and abroad thus rendering the tenure of footballers at a club unstable.

The life of football players has demanding work schedules and a lot of travelling (Poli 2010). During the season, a time for league games and cup games, footballers could play two games every week and camp for every game. In a week, players could be away for four days. Being away from home more often than not could make their partners uneasy and they could miss quality time with their children (Gearing 1999). Some of the footballers and their wives are reported to en-

gage in extra marital affairs in South Africa and overseas (Parker 2001; Fuller 2010). The same risk sexual practices are reported among other mobile workgroups such as truck drivers, sales representatives and soldiers (Essien et al. 2010). There is pressure put on a player to perform according to their work contracts. Most of the players join football clubs soon after leaving high school. As young men, they might be overwhelmed by the large amounts of money they receive weekly and monthly as performance bonuses and salaries respectively (Gonzalez-Gomez and Picazo-Tadeo 2010). They instantly become celebrities and some dramatically become millionaires (Crompton 2010). The players are under public scrutiny to such an extent that the media could make or break them by exaggerating a player's performance. This could offend opponent clubs. The media can as well write damaging material about a player and his club.

It can be argued that football players, as employees, could experience emotional, social, political, economic and work-related problems for which they need the services of employee assistance programmes to cushion them against such adversity (Pollack et al. 2010). Work-related problems can lead to poor quality of life for employees and a decline in performance. Football players can be frustrated at work if they are often not selected to play in the first line-up (Desai 2010; Sanderson 2010). The frustration-aggression theory postulates that if a soccer player's expectations are not met it is more likely that the player could exhibit aggression that is associated with frustration (Priks 2010). Frustration at work

Correspondence to:

Dr. Calvin Gwandure,
School of Human and Community Development,
University of the Witwatersrand, P. O Box 3 WITS
2050 Johannesburg, South Africa.
E-mail: Calvin.Gwandure@wits.ac.za

can possibly lead to substance abuse or domestic violence; the player could comfort himself in drugs and alcohol or vent their anger on their family (Hattery 2010). Substance abuse, groping, sexual assault, and public violence are commonly reported among football players in South Africa and abroad (Merlo et al. 2010). This study argued that these behavioural problems among footballers could be reduced through the provision of employee assistance programmes in South African soccer clubs.

The reason why a study on employee assistance programmes in the soccer industry in South Africa could be of interest to researchers is that football clubs tend to be perceived as informal organisations that manage their affairs outside company laws that regulate business organisations (Frick 2007). It does not seem appealing to public opinion that football clubs are organisations that can develop young men into professional footballers (Relvas et al. 2010). Football players might not be perceived as workers but entertainers in the public eye (Wagner 2010). Even though, entertainers are regarded as employees if there is a legally binding contract of employment. The guiding principles are that the individual is employed in an industry that is regulated by legislation and that footballers sign employment contracts (Fees et al. 2010). Employee assistance programmes can be extended to football clubs because of the large numbers of employees they have besides the players. Footballers and their families need corporate assistance to promote their well-being. Corporate social responsibility in sport improves employee performance (Sheth and Babiak 2010). Employee assistance programmes in football clubs could look at employee benefits such as the provision of wellness programmes, counselling services, HIV and AIDS risk reduction services and personal effectiveness skills. The wellness programmes could include guidance on investment and retirement planning. Retirement planning is essential among footballers because the tenure of a footballer is short. The career is tied to an age restriction that is usually below the age of forty years (McDermott 2010). Employee assistance programmes help organisations achieve visibility and popularity. Footballers gain social status for playing in a highly rated football team (Poli 2010).

Advertising companies and insurance companies might want to be associated with high

achievers. They might choose to sponsor football clubs with a good publicity. This publicity depicts a football club as a helpful, progressive, caring and a responsible employer (Walters 2010). Corporate social responsibility by a football club can have benefits for both the football club and the player. The benefits could be reputation management, brand building, local authority partnerships, commercial partnerships, and player promotion (Walter 2010). In South Africa, clubs that promote players and their communities could get tax rebates (Swinneen and Vandemoortele 2010). The benefits that could be realised by football clubs that provide employee assistance programmes could include: attracting best talent in the country and abroad, having a motivated team and low footballer turnover (Poli 2010).

The focus of this study was to investigate the perceptions of football players about the provision of employee assistance programmes in the soccer industry in South Africa. The literature review looked at employee assistance benefits such as the provision of medical aid, life assurance and funeral insurance, career development, financial counselling, retirement planning, life skills and HIV and AIDS counselling.

Employee assistance programmes traditionally focused on alcoholism and substance abuse among employees (Grobler et al. 2006). Historically, they included counselling programmes to help employees deal with substance abuse. It became apparent to employers that employee assistance programmes reduce absenteeism and time off due to illness (Bacharach et al. 2010). Today employee assistance programmes are now broader in scope and they include almost all aspects that relate to an employee's wellness and personal development in the workplace (Aura et al. 2010). In this study, the focus of employee assistance programmes was on the provision of the following employee benefits in football clubs: medical aid, life insurance, funeral insurance, career development programmes, retirement planning and HIV and AIDS counselling.

Health insurance caters to the health needs of the employee and their immediate registered family members. The company provides health benefits to the employee and their family and pays for all or part of the health insurance (Hullegie and Klein 2010). However, medical care insurance is not compulsory but a mutual agreement between the employee and the employer. In some

instances, government intervention can result in compulsory health insurance for employees (O'Donnel 2010). In South Africa, football clubs can negotiate with employees about medical aid. Medical aid covers a footballer's injuries, disability and rehabilitation needs after retirement (Fuller and Walker 2010).

Life assurance cover for footballers includes group benefits such as the provision of financial resources to the footballer's family in case of death or disability. Footballers like any other group of employees could fall sick and die at work (Gwin et al. 2010). Footballers can have fatal injuries such as head injury, neck injury and spinal cord injury (Motaung 2010). In South Africa, common injuries are to the knees, ankles, thighs, lower legs, ligament, ribs and cervical spine due to rough play (Moutang 2010). Cases of cardiac arrest and sudden death on the field are common among footballers (Motaung 2010). In view of the unforeseen fatalities in soccer, football clubs need to provide life assurance cover for their employees.

Health insurance for a football club can provide funeral insurance for the policy holder and his family. The policy covers costs associated with death of the footballer and his family members. Most of the employees form burial societies in the workplace if the employer does not provide funeral insurance (Mbiba 2010). Friends and relatives could pool their resources together to help bury a colleague. Some football players can make arrangements to have their own insurance cover if the employer fails to provide such as a facility (Abraham and Feldman 2010). Some employees could turn down employer-sponsored insurance policies if they consider the premiums to be unsustainable.

Some companies provide educational advancement benefit to their employees. Employees are free to enrol for further studies at a college or university and the employer pays for the associated costs. Career advancement is of paramount importance to soccer players because most of them join football clubs with a high school certificate or nothing (Bourke 2003). The players need an education to help them cope with life after the end of a career in football. Players could be encouraged to study for entrepreneurship courses and management courses or focus on specific skills they would need to succeed in life.

Investment and retirement planning program-

mes focus on minimising immediate gratification for future larger benefits. Present sacrifices involve budgeting and investing in money markets for future rewards. An employee's intertemporal choice is determined by the value they place on current consumption and perceived effect on future consumption and utility. Future-oriented employees delay immediate gratification and save for their retirement. Some employees experience psychological distress when they approach retirement age due to perceived inadequacy of their retirement package or the non-existence of retirement benefits (Guskiewicz et al. 2010). It is common for some companies not to deduct pension and other investment premiums from their employees' salaries. Such companies argue that the decision lies with the employee to invest for the future or discount the future and live for the present (Wilson and Daly 2004). It is common among professional footballers to spend money on gambling, sexual partners, fast cars, parties, ostentatious consumption, alcohol, drugs, and other forms sensual gratification (Free 2010). In a footballer's life, hedonism can take precedence over future planning and the projection of a life after football (Rosenbloom and Murphy 2010). Employee assistance programmes in football clubs could have financial counselling programmes for their employees to help them deal with debt and investment.

Football players could be at risk of HIV infection like any other group of employees (Bird et al. 2010). Most of the organisations in South Africa have HIV and AIDS prevention programmes in the workplace (Bird et al. 2010). It is argued in this study that living with HIV can affect the footballer's career. HIV and AIDS education programmes could be extended to footballers' wives or partners. The incidence of HIV among the youth is a threat to the soccer industry in South Africa (Bird and Donaldson 2010). There are a number of professional footballers in South Africa who are involved in cases of unwanted pregnancy, sexually transmitted diseases, adultery and reckless sexual behaviour (Wood et al. 2007). The provision of HIV and AIDS programmes in football clubs could reduce the incidence of HIV among players.

Aim of the Study

The aim of the study was to investigate the perception of football players about the provi-

sion of employee assistance programmes by a South African football club. The study sought to identify employee assistance benefits that footballers expected to get from the employer.

Research Question

What are the perceptions of football players about the provision of employee assistance programmes in their football club?

METHOD

Research Design

This research used a qualitative approach in which interviews were conducted to get footballers views on the provision of employee assistance programmes by their club.

Participants

There were eight football players who participated in this study. They were drawn from a football club in the South African premier league. The study targeted to interview eleven players. The number of participants was considered adequate for the purpose of this study. The football players in this club had an age range of 20 to 30 years old.

Measuring Instrument

An interview schedule was used to ensure that all the participants were asked the same questions. The questions were open-ended to allow participants to elaborate on their responses. Participants were asked about employee benefits that they expected the employer to provide.

Procedure

When permission was granted by management of the club to conduct the study, interviews were conducted. The football industry is sensitive when it comes to privacy, thus interviews were not tape-recorded nor video recorded. Interview written notes were used instead. Although this method is time-consuming, it made participants feel at ease because handwritten notes were considered more secure than audio-tapes. Participants felt tapes and some other electronic means of data collection could leak confidential infor-

mation to the media or adversary clubs in error or deliberately.

Data Analysis

Thematic content analysis was used to analyse data. Main themes about employee benefits in soccer were put into categories. Common ideas about employee assistance programmes that were raised by all the participants formed the main themes in this study.

Ethical Considerations

All the participants volunteered to take part in the study. Participants signed a consent form to be interviewed after being told about the purpose of the study. Participants in this study provided informed consent, were free to withdraw from the study without consequences, and were assured that the information they provided was kept confidential.

RESULTS

The themes about the provision of employee assistance programmes that emerged in this study were: the provision of employee assistance organisational structures, medical aid and life insurance, retirement counselling, life skills and HIV and AIDS, and career development. The results showed that employees felt that their employer was not providing the benefits that they expected to get. Employees compared their benefits to that of clubs overseas. Employees were aware of benefits that were common to the industry in Africa and overseas and they expressed the need for South African football clubs to benchmark their benefits to international trends in the soccer industry.

Support Structures

All of the participants in the study indicated that it was important for football clubs to have support structures that cater for employees. A player's comment recorded in this study illustrates this point: "It is necessary for football clubs to provide support to players because if they have problems, they must know where to go or who to talk to". This implied that players expected football clubs in South Africa to have a department that deals with footballers' well-being. There

should be people who are employed on a fulltime basis to deal with employee welfare. The employee benefits should be included in the employment contract. Employees and their families should be free to approach the department. It was reported by footballers in this study that some of the daily hassles could distract them from doing their work properly hence the need for employee welfare structures that the worker and his family could utilise. The players felt that huge bonuses and salaries were not the only factors that kept employee satisfied with their work. Sometimes the players had matches away from home; they expected the employee assistance office to attend to some of the distracting issues in the player's life. The footballer's lifestyle in this club was characterised by routine, rigidity and monotony. The player leaves the house, goes to the field to train, participates in games and returns home to his family. The company was perceived as doing very little to excite and motivate the players and their families. Some of the players complained of neglect and likened their welfare to that of office equipment that is only recognised when it is functional but discarded promptly when it ceases to function properly.

Medical Care and Life Insurance

Football players in this study reported that a footballer's health determined his performance. This is illustrated by the following quotation from one of the football players: "Medical care extends to all other health problems that can prevent a footballer from performing well". The players reported that their club was not providing adequate health care for the players and their families. The club did not provide medical aid to players; it only helped players when they were injured. A player had to join medical aid societies without company assistance. Most of the participants in the study indicated that they did not have adequate medical cover to cater for their health needs. Employer-assisted medical insurance was considered essential. Most of the medical aid companies charged premiums that were beyond the players' affordability. As employees at risk of fatal injury due to the nature of their work, company contributory medical aid schemes were considered a necessity. They reported that the company assisted employees with "football-related injuries" but employees stabbed on their way home might struggle to get assistance as such

injuries were regarded as "not work-related injuries" or "home injuries" for which the company had no legal obligation to assist. The players were concerned that the football club would not be liable for their medical bills if they developed medical conditions that were not related to playing soccer. For example, cancer or tuberculosis would not be covered by the company's medical insurance. The players indicated that the company should provide insurance for employees as the parent company provided company contributory medical aid, life and funeral insurance to employees in its other divisions and subsidiaries.

Retirement Planning and Financial Counselling

Football players reported that their company did not provide adequate retirement planning and financial counselling to its employees. One of the footballers said: "In football, a player has to think for himself to save up and have a retirement plan, otherwise the club does not offer retirement plans to us, not even advice regarding it". The company did not have a club-based programme for retirement planning and financial counselling. Employees in need of such information were referred to external service providers. Short-term financial relief for employees in difficulties was not available. Employees reported that they needed a "club-based bridging finance" for assisting employees in dire straits. Most of the players reported that a career in the football industry was short hence they expected the clubs to provide investment opportunities for their employees. Most of the players reported that they were on their own trying to save money for their retirement.

Life Skills and HIV and AIDS Counselling

It was reported by players that they needed to have the services of life coaches or mentors provided by the club to assist them deal with life challenges. Life coaches were viewed as important in building the career of footballers and helping them cope with the pressures of life as can be deduced from the following remark by one player: "The club must offer life skills to players to help them balance life and handle fame, because it can be overwhelming at times, especially for players from humble beginnings".

They expected the club to invite overseas legendary soccer players and role models they could interact with in the development of their career. The club could assist players serve as role models in society in the fight against HIV and AIDS. The players wanted the club to put them in the limelight by featuring them in popular television and radio shows. The club could provide psychologists and attorneys to help them deal with hostile environments that worked against their career success. Life coaches could be hired by the club to help players succeed in their life pursuits. The young men reported that sometimes they felt overwhelmed about the money, talking to the media, and being a household name among South Africans and abroad. The players indicated that they needed more information on HIV and AIDS prevention. They needed the company to provide facilities for employees who needed voluntary counselling, testing and current information on HIV and AIDS treatment. Family counselling was considered important in a footballer's life. Health education on sports and diet was considered a necessity in their career. The players expected the club to engage a nutritionist or dietician to educate players about the importance of nutrition in physical and mental fitness.

Career Development

Football players in this study indicated that they needed career development programmes offered by the company to help them advance their education. The soccer players valued education as a means of earning an income after soccer. This is illustrated by the following statement taken from one of the players: "Clubs should provide bursaries for their players to further their studies". They expected the company to make partnerships with colleges and universities that could help them learn at subsidised rates and convenient times that suited football players. Clubs could provide bursaries for their players to further their studies. The company was expected to be on the forefront encouraging players to improve their education and career plans.

DISCUSSION

The results of this study indicated that employees perceived their club as not doing enough to provide employee assistance programmes.

The employee assistance programmes that were available in the club were administered on an ad hoc basis to such an extent that the football players were not clear of their existence. The help that was given to players was perceived as more cosmetic than real. There were no policies and procedures in place in the employment contract of the footballers that bound the club to provide employee assistance programmes. The concept of an employee assistance programme as benefiting the employee and his family was not honoured by the football club in this study. The inadequate provision of support structures, medical care and life insurance, retirement planning and financial counselling, and career development as reported by football players is discussed within the context of employee assistance programmes.

Support structures indicate organisational commitment to the provision of employee assistance programmes for employees. Corporate social responsibility was deemed as beginning with employees within the company and then extended to the general public (Walters 210). If the company ignores the welfare of its own employees, then any claims to being part of the community in which it is doing business could constitute corporate disingenuousness or undesirable business practices (Walters and Tacon 2010). The players in this study expected to have offices and personnel manning employee assistance programmes in the club. They felt that external organisations providing such services were not part of the company. This argument supports the notion of employer-provided or in-house employee assistance programmes (Relvas et al. 2010). However, it is also argued that, in some instances, in-house training programmes or employee assistance programmes might not be effective or held in high esteem by the employees (Wolf et al. 2010). Employees could avoid the employee assistance department in the organisation in a bid to maintain personal and family privacy resulting in the organisation having a facility that is not utilised by the target beneficiaries. In this study, the footballers were looking forward to the provision of such a department by the company.

The results of this study indicated that the football club did not provide medical aid and life insurance to its employees. The findings are in agreement with previous research which indicated that some organisations regard the pro-

vision of medical aid and life insurance as the employee's own initiative (O'Donnel 2010). The participants in this study indicated that they expected the football club to provide company-assisted medical aid and life insurance cover for the football players and their families. They argued that it was part of the company's social responsibility to ensure that it was working with a healthy workforce. For ethical reasons, the company was urged to take into account the high risk involved in playing soccer such as crude tackles, violence, injuries, a short career and sudden workplace-related deaths (Fuller and Walker 2006; Gwin et al. 2010; Moutang 2010). The life insurance could assist the surviving spouse and children with burial and living expenses. It is not uncommon for a footballer's family to become destitute soon after his death (Abraham and Feldman 2010; Mbiba 2010).

Participants in this study reported that their football club was not providing retirement planning and financial counselling. The findings of this study confirmed previous research findings which revealed that some employees were concerned about their future. Players in this study sought investment information (Guskiewicz et al. 2010). They imagined what their life would be like when they retired. The players in this study indicated that they expected the company to look for investment deals with leading insurance companies in South Africa. The company could consult actuaries who could broker a retirement and investment package that was tailor-made to suit the life of a football player in South Africa. Lack of initiative by the company was regarded by employees as negligent and uncaring organisational practice. Some of the players reported that they were at risk of being in debt and needed financial counselling. They expected the company to pursue best practices in securing wealth deals for the employees. In return, the players promised to grow the business by demonstrating best dribbling skills and winning games.

With regard to the provision of life skills by the company, the study found that the club did not provide life skills to players. Life skills training helps the youth develop personal effectiveness skills that are necessary in dealing with life pressures (Bacharach et al. 2010; Crompton 2010). Participants in this study wanted the services of mentors and life coaches in the club as these services were found to be effective in leadership skills development among employees in South Africa (Abbott et al. 2010). The "life

skills" that a club-based employee assistance programme should provide were: handling the public and media, dealing with substance abuse, avoiding violence, communication skills, coping with the celebrity status and reduction of indulgence (Hattery 2010; Merlo et al. 2010; Priks 2010). Participants indicated that they needed club-based HIV and AIDS education programmes to reduce risk sexual behaviour among players (Wilson and Daly 2010). Such a youth-based programme for young men playing football could be essential considering the high prevalence of HIV and AIDS among the youth in South Africa (Bird and Donaldson 2010; Fuller 2010).

Participants in this study indicated that they needed to advance their education. They expected the company to provide bursaries for their education. It was argued that a good education could help them get employment in other departments of the parent company or elsewhere. The expectations of the footballers in this company were similar to those of other employees in other industries. Future-oriented employees invest in education (McDermott 2010; Rosenbloom and Murphy 2010).

LIMITATIONS OF THE STUDY

Participants were interviewed at a time when the players were preparing for the World Cup. Their responses could have been influenced by the expectancy they had for the World Cup. They could have compared themselves to well established overseas clubs that provided world-class benefits to their players. Since the tenure of footballers is short and there is high turnover, the results of this study could have been affected by the fact that participants in this study did not have a historical picture of what the company used to give to players in the past. Each participant had a confidential work contract that was different from that of other players; perhaps there were some benefits provided by the employer that were not highlighted in this study. The study interviewed players from one club. The small sample size limited the generalisability of findings to other clubs and footballers in other premier league clubs in South Africa.

CONCLUSION

Employee assistance programmes are a common feature in many South African companies.

This study showed that such a facility was not available at a premier league football club in South Africa. Employees were aware of the employee benefits they could get from the club but apparently no initiative was taken by the employees to make the employer negotiate with them to rectify the problem. The findings of this study could be a tip of the iceberg reflecting the general welfare of football players in South Africa. Directions for future studies could focus on investigating the provision of employee assistance programmes in several premier league football clubs in order to have a broader perspective of the provision employee assistance programmes in South Africa.

REFERENCES

- Abbott P, Goosen X, Coetzee J 2010. Developing and supporting co-ordinators of structured mentoring schemes in South Africa. *South African Journal of Human Resource Management*, 8: 1-10.
- Abraham JM, Feldman R 2010. Taking up or turning down: New estimates of household denied for employer-sponsored health insurance. *Inquiry*, 47: 17-32.
- Aura O 2010. Strategic wellness management in Finland: The first national survey of the management of employee well-being. *Journal of Occupational and Environmental Medicine*, 52: 1249-1254.
- Bacharach SB, Bamberger P, Birom M 2010. Alcohol consumption and workplace absenteeism. *Journal of Applied Psychology*, 95: 334-348.
- Bird R., Donaldson R 2010. "Sex, sun, soccer": Stakeholder opinions on the sex industry in Cape Town in anticipation of the 2010 FIFA soccer World Cup. *Urban Forum*, 20: 33-46.
- Bourke A 2003. The dream of being a professional soccer player: Insight on career development of young Irish players. *Journal of Sport and Social Issues*, 27: 399-419.
- Crompton R 2010. The rise, fall, and rise of social class. In: A Giddens, PW Sutton (Eds.): *Sociology: Introductory Readings*. Cambridge: Polity Press, pp.154-160.
- Guskiewicz KM, Marshall SW, Bailes J, Mccrea M, Harding H, Mathews A, Mihalik J, Cantu R. 2007. Recurrent concussion and risk of depression in retired professional footballers. *Medicine and Science in Sports and Exercises*, 39: 903-909.
- Dermott JJ 2010. Direct v. Indirect discrimination in European football: The legal differences between UEFA's home grown player rule and FIFA's "6+5" proposal. *Texas Review of Entertainment and Sports Law*, 11: 267-294.
- Desai A 2010. *The Race to Transform Sport in Post-apartheid South Africa*. Cape Town: Human Sciences Research Council.
- Essien J, Mgbere O, Monjok E, Ekong E, Holstad MM 2010. Effectiveness of a video-based motivational skills-building HIV risk-reduction intervention for female military personnel. *Social Science and Medicine*. In press.
- Fess E, Gerfin M, Muehlheusser G 2010. The incentive effects of long-term contracts on performance-evidence from national experiment in European football. *JEL Classification*, 33: 1-32.
- Free M 2010. Migration, masculinity, and fugitive state of mind in the Irish emigrant footballer autobiography: The case of Paul. *Journal of Irish Studies*, 5: 45-57.
- Fuller LK 2010. *Sexual Sports Rhetoric: Historical and Media Contexts of Violence*. New York: Peter Lang Publishing.
- Frick B 2007. The football players' labour market: Empirical evidence from the major European leagues. *Scottish Journal of Political Economy*, 54: 422-446.
- Fuller CW, Walker J 2006. Quantifying the functional rehabilitation of injured football players. *British Journal of Sports Medicine*, 40: 151-157.
- Gearing B 1999. Narratives of identity among former professional footballers in the United Kingdom. *Journal of Aging Studies*, 13: 43-58.
- Gonzalez-Gomez F, Pica zo-Tadeo A 2010. Can we be satisfied with our football team? Evidence from Spanish professional football. *Journal of Sports Economics*, 11: 418-442.
- Gwin JT, Chu JJ, Diamond SG 2010. An investigation of the NOCSAE linear impactor test method based on in vivo measures of head impact acceleration in American football. *Journal of Biomechanical Engineering*, 132: 1-9.
- Hattery AJ 2010. Sportsworld as a site of violence against women. *Journal for the Study of Sports and Athletes in Education*, 4: 109-122.
- Hullegie P, Klein TJ 2010. The effect of private health insurance on medical care utilisation and self-assessed health in Germany. *Health Economics*, 19: 1048-1062.
- Mbiba B 2010. Burial at home? Dealing with death in the diaspora and Harare. In: J McGregor, R Primorace (Eds.): *Zimbabwe's New Diaspora: Displacement and the Cultural Politics of Survival*. New York: Berg-hahn, pp. 144-163.
- Merlo LJ, Hong J, Cottler, LB 2010. The association between alcohol-related arrests and college football game days. *Drug and Alcohol Dependence*, 106: 69-71.
- Motaung S 2010. The collapsed football player. *CME: Your SA Journal of CPD*, 28: 198-201.
- O'Donnel MP 2010. Making the impossible possible: Engaging the entire population in comprehensive workplace health promotion programmes at no net cost to the employer or employees. *American Journal of Health Promotion*, 24: 4-5.
- Parker A 2010. Masculinities and English football: Youth traineeship, subculture expectation and gender identity. *Studies in Educational Ethnography*, 3: 41-65.
- Pollack KM, Clinton-Sherrod M, Lindquist C, McKay T, Lasater B, Grisso JA 2010. Understanding the strengthening of the role of EAPS in addressing intimate partner violence: Lessons from EAP providers. *Injury Prevention*. In press.
- Poli R 2010. Understanding globalisation through football: The new international division of labour, migratory channels and transitional trade circuits. *International Review for the Sociology of Sport*. In press
- Relvas H, Littlewood M, Nesti M, Gilbourne D, Richardson

- D 2010. Organisational structures and working practices in elite professional football clubs. *European Sport Management Quarterly*, 10: 165-187.
- Rosenbloom C, Murphy R 2010. How to build a better football player: Nutrition and lifestyle considerations in launching a new football program. *Nutrition Today*, 45: 123-128.
- Sanderson J 2010. Weighing in on the coaching decision: Discussing sports and race online. *Journal of Language and Social Psychology*, 29: 301-320.
- Sheth H, Babiak KM 2010. Beyond the game: Perceptions and practices of corporate social responsibility in the professional sport industry. *Journal of Business Ethics*, 91: 433-450.
- Swinnen J, Vandemoortele T 2010. *Sports and Development: An Economic Perspective on the Impact of 2010 World Cup in South Africa*. Katholieke Universiteit Leuven: LICOS Centre for Institutions and Economic Performance.
- Wagner C 2010. *Football as an Urban Phenomenon*. Norderstedt: Grin Verlag Publisher.
- Walters G 2010. Corporate citizenship in football: Delivering strategic benefits through stakeholder engagement. *Management Decision*, 47: 51-66.
- Walters G, Tacon R 2010. Corporate social responsibility in sport: Stakeholder management in the UK football industry. *Journal of Management and Organisation*, 16: 566-586.
- Wilson M, Daly M 2010. Do pretty women inspire men to discount the future? *Proceedings of the Royal Society of Biological Sciences*, 271: 177-179.
- Wolf A, Aspin L, Waite E 2010. The rise and fall of workplace basic skills programme: Lessons for policy and practice. *Oxford Review of Education*, 36: 385-405.
- Wood K, Lambert H, Jewkes R 2007. "Showing roughness in a beautiful way": Talk about love, coercion, and rape in South African youth sexual culture. *Medical Anthropology Quarterly*, 21: 277-300.