

## Alltech-Hartpury Student Conference – Abstract Guidelines

**Please format your abstract in a Word document as outlined below. It is strongly recommended that you use the template provided on our website.**

### **Submission File Name:**

Initial Abstract submission files must be named as: “First Author Surname & Second Author Surname V1” e.g. Davies & Cameron V1.

Revised Abstract files must be named by Authors & new version number: i.e. V2 (after V1 feedback), V3 (after V2 feedback), and so on. E.g. Davies & Cameron V2.

*Please note, students will be asked to resubmit files with corrected version names, which may delay reviewer feedback.*

### **Project Type:**

We welcome both qualitative and quantitative research at the Alltech-Hartpury Conference. Students who have completed Systematic Literature Reviews or Meta-Analysis projects may submit abstracts for Poster Presentations only. We do not accept narrative literature review abstracts.

### **Formatting:**

Please use the Calibri font. Unless otherwise stated below, font should be size 12, single spacing and 2.5cm margins.

Abstracts should be structured by ‘section’ using the listed chapters below as ‘headings’ in line with the start of the sentence, followed by a colon (**bold**). Each section of the abstract should begin on a new line.

**Title:** Should be descriptive, specific, and concise (20-word limit).

**Authors (your supervisor must be included as a co-author of your work):** Surname, initial with the corresponding author identified by an asterisk (\*) (*italic, size 10*).

**Author affiliations:** Institution name and address. Included below the title (**bold**).

**Keywords:** A maximum of four keywords can be included, separated by a semi-colon, and should not include words used as part of the main title.

**Introduction:** Background and rationale to the work, closing with a concise outline of the study aim.

**Material & Methods:** Clearly reported description of your methods, including details about your sample (size, inclusion criteria) and method of data analysis.

**Results:** Inclusion of all relevant results and their statistical significance (if appropriate). Results must reflect the methods previously described and provide sufficient evidence to support interpretations. Be accurate and consistent with units and restrict to two decimal places.

**Tables & figures:** The abstract may include **one** figure or **one** table to display results but must be numbered and appropriately titled; table legends above and figure legends below.

**Discussion & conclusions:** These should reflect accurately the data given in the Results section. Consider why the information is useful to industry or our current level of knowledge in this field.

**Acknowledgements:** Please acknowledge any party (other than that of the affiliated institution) that has contributed financially to the study.

**References:** Please reference, in full, any citations given in the preceding text using the Harvard system of referencing. A maximum of three references is recommended.

Abstracts must **not exceed 500 words**, excluding author names and affiliations, figures and table legends, keywords and list of references.

## The psychological responses of elite equestrian athletes to their horses' injuries

*Davies, E\*, And Loyer, V.*

Hartpury University, Hartpury House, Hartpury, Gloucestershire, GL19 3BE.

**Key Words:** Emotion; partnership; coping; Olympian

**Introduction:** Equestrian sport requires optimal performance from horse and rider for a successful partnership, and the high-risk nature increases the injury risk for both parties. Negative psychological responses have been reported following equine injury in amateur (Davies and James, 2018) and youth riders (Davies et al. 2018), but little is known about elite athletes, for whom the horse-rider relationship may be more transactional than familial. The aim was to investigate the psychological responses of elite riders to their horses' injuries.

**Materials and Methods:** Twelve international riders (8 women, 4 men,  $\bar{x} = 30.8 \pm 10.8$  years (range 20-51 years), who had competed from CCI-2\* to the Olympics and World Equestrian Games (WEG), were interviewed about their experiences of equine injury. Interview questions explored athletes' careers, initial reactions, coping mechanisms, and return to elite competition.

**Results:** Thematic analysis revealed three themes: cognitive appraisal, emotional responses, and coping strategies. Riders reported a sense of loss, and several felt this impacted their athletic identity. All riders reported a sense of duty towards their horse. Elite athletes experienced negative emotional responses, including devastation, frustration, denial, and guilt, at the onset of equine injury. Several coping strategies were utilised, including avoidance and reliance on social support, and some riders also reported personal growth.

**Discussion & Conclusion:** Elite riders reported wider psychological impacts on support networks and responses were shaped by the normalisation of injury within the equestrian community. Further research should explore the benefits of intervention programmes on equestrian athletes' coping strategies, as well as the impact of equine injury on the mental health of grooms.

### References:

Davies, E. and James, S., 2018. The psychological responses of amateur riders to their horses' injuries. *Comparative Exercise Physiology* 14(2):135-142. <https://doi.org/10.3920/CEP180009>  
Davies, E., Ennis, J. and Collins, R., 2018. Psychological responses of elite young riders to the injury of their horses. *Comparative Exercise Physiology* 14(3):189-198. <https://doi.org/10.3920/CEP180007>

## Is injury an occupational hazard for horseracing staff?

Davies E\*, McConn-Palfreyman W, Parker J.K, Cameron L, and Williams J. M.

Hartpury University, Hartpury House, Hartpury, Gloucestershire, GL19 3BE.

**Key Words:** safety; workforce; health; horseracing

**Introduction:** Occupational health is a key priority for the horseracing industry yet little research on occupational injuries exists. This study investigated prevalence and effect of injury in British horseracing staff during a 12-month period.

**Materials and Methods:** An online retrospective survey was answered by 352 participants, identifying self-reported injury prevalence, injury management practices and attitudes towards workplace injury reporting. Chi Squared tests for independence were undertaken.

**Results:** A total of 310 (88.1%) staff reported injuries; risk factors for injury type included self-perceived job security, working hours, and perceived job control. Physical limitations, loss of confidence, workplace changes, and lifestyle implications were reported as consequences of injury. A total of 75.3% (n = 134) of staff were likely to seek time-off following fractures, but only 48.6% (n = 86) would take time-off for concussion. Attitudes towards injury management were influenced by financial circumstances, perceived staff shortages, previous injury experiences, and perceived employer expectations.

**Discussion & Conclusion:** The high self-reported injury prevalence could result in decreased workforce efficiency, poor physical health, and negative implications on retention and career longevity (De Castro and Fujishiro, 2010; Dembe, Erickson and Delbos, 2005). The perception of invisible injuries, i.e., concussion, and subsequent management, should be of immediate concern to racing organizations. This paper identifies recommendations to enhance the safety and wellbeing of horseracing staff.

### References:

- De Castro, A. B. and Fujishiro, K., 2010. Associations between work schedule characteristics and occupational injury and illness. *International Nursing Review*. 57(2):188-194. <https://doi.org/10.1111/j.1466-7657.2009.00793.x>
- Dembe, A. E., Erickson, J. B. and Delbos, R. G., 2005. The impact of overtime and long work hours on occupational injuries and illnesses: new evidence from the United States *Occupational And Environmental Medicine* 62(9):588-597. <http://dx.doi.org/10.1136/oem.2004.016667>