Risk and protective factors in the mental health of elite sports coaches: a scoping review

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ABSTRACT

Mental health is gaining recognition in sport, but research on coaches remains scarce, and even sparser in elite coaches, despite their central role in high-performance environments. This review examines and synthesises evidence on risk and protective factors related to elite coaches' mental health.

Scoping review following Joanna Briggs Institute and Preferred Reporting Items for Systematic Reviews and Meta-Analyses guidelines. Systematic searches were conducted in seven databases (Scopus, Embase, MEDLINE Ultimate, PubMed Central, APA PsycINFO, ERIC, SPORTDiscus) on August 20, 2025, without restrictions on publication year. Additional hand-search (snowballing and thematic reviews screening) was conducted between 15 and 30 October 2025.

We screened 4306 records, and 84 studies investigating 5570 elite coaches were included. Most studies originated from WEIRD (Western, Educated, Industrialized, Rich, and Democratic) countries, employed qualitative or cross-sectional design, and examined mixed or team sport samples. Majority of studies were published in the last decade. Six key thematic areas were identified: job characteristics, social and organisational support, personal resources and individual characteristics, coping styles, work–life interface, and lifestyle.

While mental health concerns are prevalent among elite coaches, research on risk and protective factors remains sparse, calling for more diverse, longitudinal, and intervention-based studies. Future research should adopt unified terminology, standardized reporting of contextual and participant characteristics, and greater adherence to established reporting guidelines.

INTRODUCTION

Over the past decade, mental health in athletes has become an increasingly prominent topic in both academic literature and public discourse[1–4]. Numerous studies have documented the psychological challenges faced by athletes[5], the prevalence of mental health concerns[4,6], and barriers to seeking support[7]. This rapidly growing body of research has led to greater awareness, targeted interventions, and clear guidelines on how to create environments and strategies that promote resilience and well-being[1,2,8]. In contrast, the evidence base concerning coaches is comparatively sparse, with research on elite coaches particularly lacking. This gap is especially notable given that coaches operate in the same high-pressure, high-stakes contexts together with athletes. Unlike athletes, though, coaches shoulder additional responsibilities in leadership, performance management, and team dynamics[9].

Elite coaches occupy a critical position within the high-performance sport ecosystem, bearing responsibility not only for athletic development and competitive success but also for team culture, strategic decision-making, and the day-to-day management of complex interpersonal dynamics[10,11]. Their role is multifaceted and demanding, often requiring long hours, frequent travel, and the capacity to operate under intense scrutiny from stakeholders[12–14]. The pressure to deliver consistent results at the highest level can contribute to chronic stress, emotional exhaustion, and feelings of isolation, particularly in environments where perceived failure may threaten job security or professional reputation[15,16]. Despite these considerable demands, elite coaches' mental health remains largely overlooked - research, best practices guidance, and organisational policies addressing both the prevention of mental ill-health and the promotion of mental well-being[9] remain limited.

While existing reviews have synthesized concepts related to stressors, well-being, coping strategies, and burnout in coaches more broadly, they have typically addressed general coaching populations rather than those operating at the elite level[17–20]. In contrast, this review focuses on elite coaches, recognising that they face distinct pressures and responsibilities compared to more numerous coaching populations such as personal trainers and youth, amateur, or volunteer coaches. Moreover, the present review expands upon previous work by including work-related factors associated with elite coaches' mental health and focusing on risk and protective factors that were marginalised in earlier syntheses. Recognising and delineating both risk and protective factors is essential for moving beyond symptom-focused models toward more comprehensive and actionable frameworks.

This scoping review aims to comprehensively map existing research on risk and protective factors influencing the mental health of elite coaches, highlighting methodological approaches, key themes, and gaps in the literature. By providing an integrative synthesis of current evidence, it seeks to clarify what harms and what protects coaches' mental health, thereby informing future research, policy, and intervention strategies.

METHODS

The approach to this scoping review was guided by the Joanna Briggs Institute (JBI) framework[21]. The Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-Sc) guidelines were followed[22]. The methodology was pre-specified in a publicly accessible repository protocols.io (link: protocols.io/view/protective-and-risk-factors-in-the-mental-health-o-g7vhbzn37).

Search strategy

The PCC mnemonic (Participants, Concept, Context) was applied to guide study selection. Searches were conducted in seven electronic databases (Scopus, Embase, MEDLINE Ultimate, PubMed Central, APA PsycINFO, ERIC, and SPORTDiscus) on August 20, 2025. Due to the emerging nature of the field, no restrictions on publication year were employed. The PCC components are presented in Table 1, and the detailed Boolean search strings are presented in Supplementary File 1.

Table 1. The overview of the PCC (Participants, Concept, Context) approach used in the review.

PCC component	Description
Participants	Elite-level sports coaches, defined as individuals in coaching roles at the highest professional levels of sport.
Concept	1) Risk and protective factors, including personal and occupational aspects.

	2) Specific job characteristics in high-performance sport settings.
Context	Mental health, including well-established constructs associated with both ill-health and well-being.

The keyword selection was guided by two seminal theoretical models in psychology and occupational health: the Job Demands-Resources model (JD-R)[23] and Self-Determination Theory (SDT)[24]. Both models, widely applied in sport contexts, enhance understanding of how personal and work-related factors may affect elite coaches' mental health[25,26]. In line with JD-R, elevated job demands, such as high workload, emotional pressures, or role ambiguity, may contribute to mental health challenges if not adequately balanced by sufficient resources. Protective elements, including a healthy lifestyle, organisational support, clear role definitions, and strong interpersonal connections, can mitigate these demands and foster psychological resilience. In contrast, SDT emphasizes the role of basic psychological needs (i.e., autonomy, competence, and relatedness) in shaping motivation and well-being. Applied to elite coaching, these models supplement each other to provide a nuanced understanding of how individual, organisational, and relational characteristics contribute to mental health outcomes among elite coaches[26–28].

Inclusion criteria, exclusion criteria, and data management

The inclusion criteria for this review were as follows: (1) samples consisting of elite sports coaches, defined as individuals coaching international and world class athletes, corresponding to Tiers 4 and 5 from the Participant Classification Framework,[29]; where samples included mixed coaching levels, the lowest level of inclusion was international[1]; (2) articles reporting original empirical data on outcomes related to mental ill-health or mental well-being concerning coaches; (3) studies focusing on functioning and environment (ie. lifestyle, organisational support, workload) of elite coaches; (4) peer-reviewed articles published in English. Exclusion criteria were: (1) studies focusing exclusively on athletes or other support

[1] Mixed international and world class samples were included, but studies with national level coaches were excluded unless data for different tiers were reported separately. Only exception was the highest national league of professional team sports, e.g., Premier League (UK).

staff without separate data on coaches; (2) non-empirical sources, conference abstracts, dissertations, case studies, editorials, or opinion pieces.

The reviewers were trained in the application of the predefined inclusion and exclusion criteria to ensure consistency in study selection. The final assessment of inter-rater agreement demonstrated a Fleiss' kappa of 0.9, reflecting very high consistency among reviewers. Titles, abstracts, and full-text articles were independently screened by two reviewing teams of two reviewers each. Any discrepancies were resolved through discussion, with a supervisor consulted to reach a final decision when necessary. An additional hand-search, including snowballing and screening of thematic review articles, was conducted by three reviewers (each screening a distinct subset of articles) to identify further potentially relevant publications not retrieved by the initial database search (15-30 October 2025). Data extraction was performed independently by two reviewers in calibrated extraction forms. In cases of disagreement, reviewers discussed the issue, and if consensus was not reached, guidance was provided by the supervisor. The extracted data included following variables: author and organisational information, study design (e.g., cross-sectional, qualitative), sample size, sex distribution, sport type (team or individual, direct or indirect contact), employment setting (national federation, professional club, or other), main operating country, risk and protective factors, methods used for their assessment, and key findings. In alignment with terminology used in the original sources, this review refers to sex (male/female) unless gender was explicitly reported. The Rayyan review management platform (Rayyan Systems Inc., Cambridge, MA, USA), with the blind mode enabled, was used to facilitate collaboration during the screening, selection, and analysis of the literature.

Data were synthesized using a descriptive approach consistent with the JBI methodology for scoping reviews. The key study characteristics and findings relevant to the review questions were summarized with key concepts highlighted based on an iterative process combining mapping of recurring concepts across the included literature and team discussion. No formal quality assessment was undertaken, as per JBI guidance for scoping reviews[21].

RESULTS

The systematic search retrieved 1119 records, and an additional 3187 records were screened during the hand-search. A total of 84 records were finally included in the review. The detailed

selection process is illustrated in the PRISMA-Sc flow diagram (Figure 1). The comprehensive summary of all the included studies, including research design, thorough population characteristics, applied tools, and key outcomes, is available in Supplementary File 2.

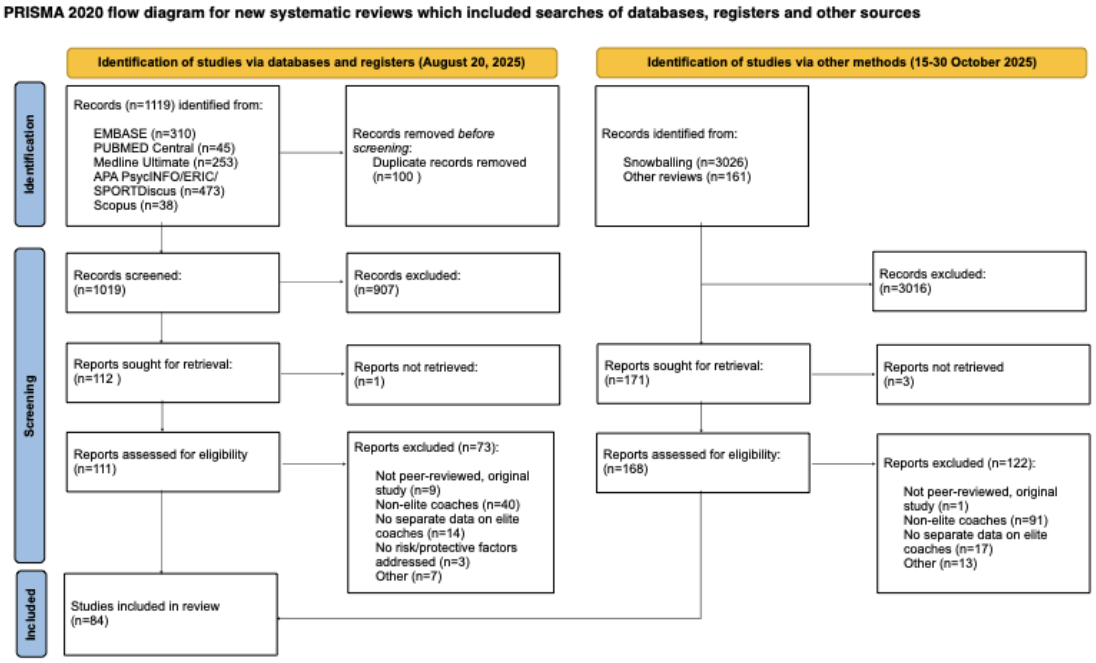

Figure 1. The detailed selection process via the PRISMA-Sc flow diagram

The included articles reported data concerning 5570 elite coaches (*n*=1589 females, 29.6% of the specified sample; *n*=3781 males, 70.4% of the specified sample; *n*=3 non binary/other, <0.1% of the specified sample; *n*=197 not specified), and 7 national sport federations' officials who provide data on the relevant population from a third-person perspective. The studies predominantly employed a qualitative study design (k=48). Longitudinal studies remained scarce (*k*=6). Only four studies (k=4) included insights from individuals other than the coaches themselves (e.g., coworkers, mental health specialists). The average sample size was 67.1 participants, and 33 records had sample sizes of ≤ 10 coaches, reflecting a mix of small qualitative studies and larger-scale quantitative surveys[2]. The number of studies has increased over time, with most publications appearing in the last decade (*k*=65). Most studies

[2] Study interviewing federations' officials was excluded from this calculation only.

investigated mixed-sport samples (*k*=61). However, research focused on soccer (*k*=38), followed by track and field athletics (*k*=26) and swimming (*k*=20). Across the included studies, coaches represented a range of employment settings, with those from professional clubs (*k*=28), national federations (*k*=23), and elite collegiate environments (*k*=21); multiple studies are included in more than one category. The majority of research was concentrated on WEIRD (Western, Educated, Industrialized, Rich, and Democratic) countries, especially USA (*k*=24) and UK (*k*=23). Key results are visualized in Figure 2.

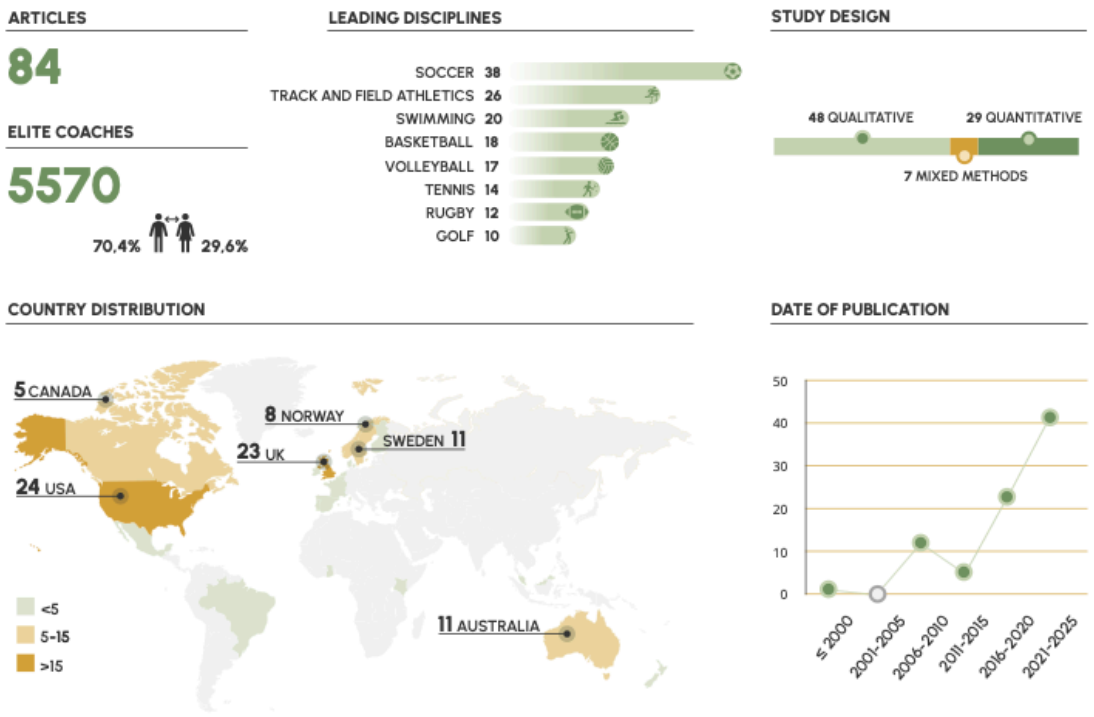

Figure 2. Overview of the selected characteristics across the included studies.

Following an iterative process combining mapping of recurring concepts across the included literature and team discussion, six key thematic areas were identified in the included literature: job characteristics (*k*=71), social and organisational support (*k*=59), personal resources and individual characteristics (*k*=49), coping styles (*k*=46), the work–life interface (*k*=38), and lifestyle (k=20). Multiple studies addressed more than one area, highlighting a multilayered system of interacting risk and protective factors. See Figure 3 for the overview and Supplementary File 2 for the detailed summary.

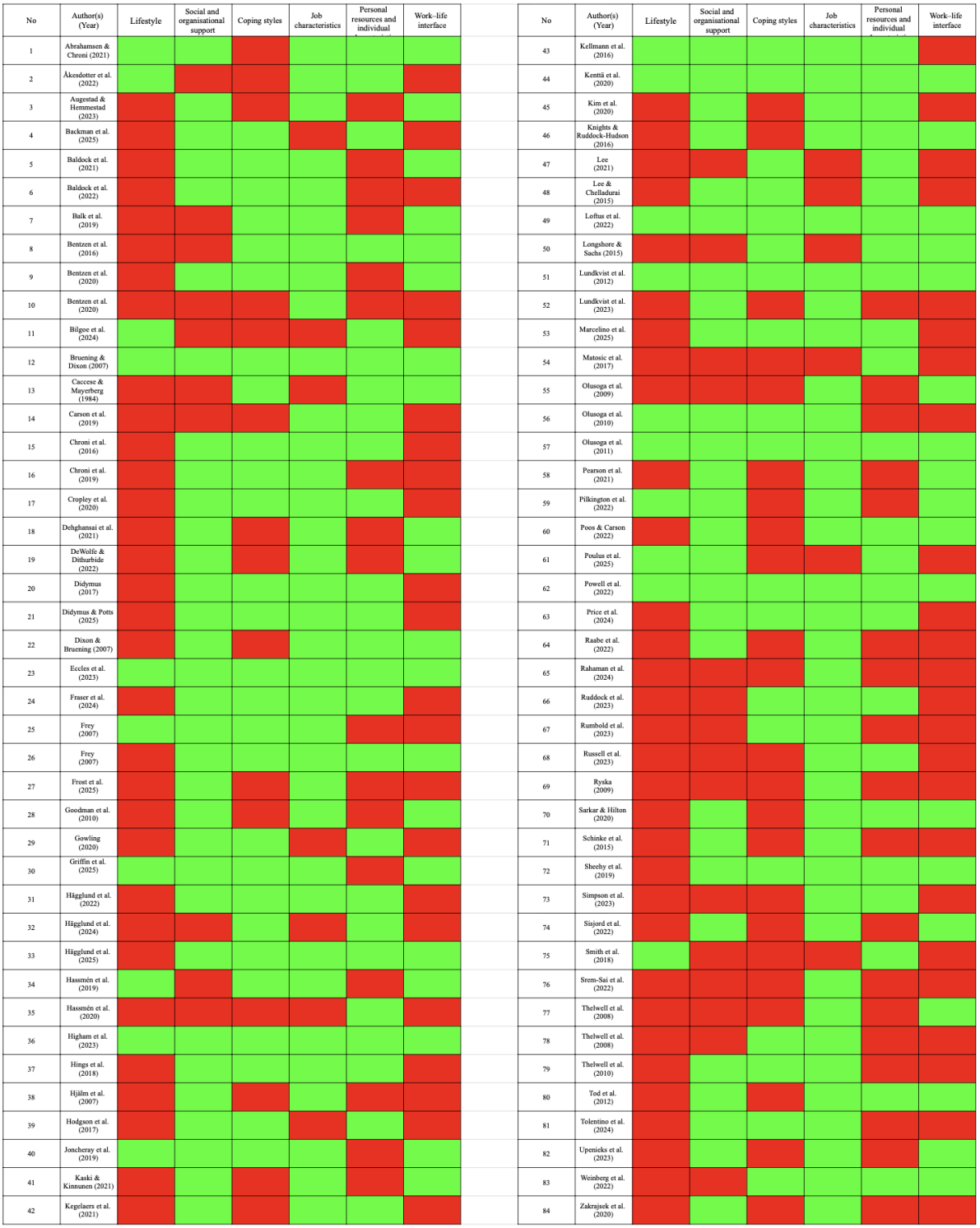

Figure 3. Summary of the included studies and key thematic areas

Job Characteristics

High job demands are pervasive among elite sport coaches, including long and unpredictable work hours, frequent and long travel, organizational instability, role conflict, job insecurity,

administrative overload, and near-constant evaluation[13,14,30–34]. Chronic exposure to performance pressure - from both internal (self-imposed standards) and external (media, public, management) sources - is a universal stressor, often compounded by extensive time away from family, and managing athlete well-being in high-stakes environments[13,15,35,36]. Coaches often reported constant cognitive load and unlimited professional commitment[37–39]. Such demands are often associated with physical, emotional, and mental fatigue[35,40,41]. Elements of organizational culture, such as care and recognition, open communication, autonomy, and clearly defined role boundaries, may mitigate these demands, serving as protective factors[42–45]. On the other hand, when these same elements are absent or poorly enacted—for example, when recognition is inconsistent, communication is unclear, autonomy is restricted, or role boundaries are ambiguous—they can shift from potential protective factors to significant risk factors that intensify employees' demands and stress[13,46,47]. Additionally, several studies noted broader systemic risks, including stigma surrounding mental health problems, cultural pressure to overwork, and the persistent effects of structural racism[37,48–50]. These factors can limit help-seeking, reduce access to supportive resources, and intensify the pressures experienced by coaches[49,51].

Social & Organisational Support

Social and organizational support consistently emerge as both direct and moderating protective factors[14,43,44,52,53]. Key forms include family and partner involvement, mentor and peer support, inclusive cultures, and structured organizational support (e.g., access to sport psychology, fair leadership, and professional growth opportunities)[43,54–59]. Effective support networks reduce perceived stress, buffer the impacts of adversity, and foster psychological safety, particularly important for minority, female, and immigrant coaches[57,60–63]. Leadership that prioritizes autonomy, open communication, and holistic well-being enables coaches to manage demands more effectively[52,54,64]. However, when these systems of support are inconsistent, inaccessible, or perceived as inequitable, they can become risk factors that heighten feelings of isolation, uncertainty, and vulnerability[13,52,58,65]. Finally, a lack of institutional mental health support for coaches - despite its availability for athletes - has been acknowledged, with calls for systemic organizational mental-health programs[34,44,49,66].

Personal Resources and Individual Characteristics

Personal resources, such as emotional regulation, self-awareness, optimism, values alignment, harmonious passion, and prior coaching experience, are repeatedly identified as buffers against burnout and distress[62,67,68]. Coaches thriving in high-pressure roles commonly report a strong sense of autonomy, commitment, intrinsic motivation, and identity rooted in both professional and personal values[32,64,69]. Self-compassion, cognitive reframing, and reflective practice are highlighted as essential for a sustainable career, with resilient coaches actively managing their own boundaries and emotional responses[53,70,71]. Long-term engagement in elite coaching is strongly linked to professional and personal growth mindsets, openness to learning, and flexible adaptation through transitions[70,72,73]. Conversely, narrow sport-related identity and self-worth issues tied to coaching success are associated with increased risk of burnout and impaired recovery[14,71]. Imposter syndrome is a noteworthy risk factor, as its persistent self-doubt and fear of inadequacy may amplify perceived pressures, undermine confidence, and heighten vulnerability to stress and burnout[65,74,75]. A comparable concern was the low mental health literacy, which was seen as a risk factor[48,49]. Moreover, perfectionistic cognitions and self-presentation were regarded as substantial exhaustion sources[76].

Coping Styles

Coping responses in this population are diverse but can be distinguished into more adaptive and less adaptive profiles[56,68,77,78]. Effective strategies include seeking social support (e.g., from colleagues, family, mentors), systematic reflection, deliberate planning, time management that includes recovery, acceptance, and proactive problem-solving[37,75,78,79]. Mindful self-reflection, self-awareness, and the use of psychological skills (e.g., imagery, self-talk, emotional regulation techniques) are shown to reduce exhaustion and sustain well-being[51,57,61,80]. Faith, spirituality, and leisure activities were also considered protective factors[66,81]. In contrast, maladaptive coping strategies include cognitive avoidance, emotional suppression, rumination, overreliance on self, and the tendency to solve problems in isolation. They are linked to various negative outcomes, such as burnout, emotional exhaustion, job dissatisfaction, decreased sense of purpose, and impaired relationships[30,58,82,83].

Work–Life Interface

The work–life interface is a recurring challenge, with most elite coaches describing persistent conflicts between professional and personal domains[41,54,58,84]. Excessive travel, irregular

hours, and emotional investment in team or athlete outcomes often come at the expense of family life, relationships, and personal well-being[32,66,85]. Female coaches especially cite societal and organizational expectations, role overload, and lack of tailored support as barriers to sustainable careers[84,85]. Moreover, they felt pressure to overachieve to prove their competencies, and considered achieving work-life balance particularly challenging due to societal expectations of household and family responsibilities[86]. Overall, multiple studies report work-life conflict as a substantial risk factor[30,54,58,71,81]. Successful navigation of this interface requires proactive management, organizational flexibility, and support networks that value coaches as people, not just performance assets[41,86,87]. Those able to maintain some balance between work and life, consciously disengage and prioritise recovery, demonstrate more sustainable careers and favourable well-being trajectories[38,65,88].

Lifestyle

Lifestyle habits, such as regular physical activity, adequate recovery, sufficient sleep, and meaningful disconnection from work, are identified as critical for achieving sustainable high performance and health[32,37,41,65]. Coaches who maintain hobbies, prioritize quality sleep and exercise, and successfully detach from work report higher well-being and lower burnout[16,31,37,81]. However, work–life boundaries are often blurred, with passion and job intensity consuming personal time and increasing risk for maladaptive outcomes such as risky alcohol use, sleep disturbance, and poor self-care[59,81,88,89]. Conscious disengagement strategies and deliberate boundary-setting can optimize well-being and career longevity, especially when reinforced by both personal discipline and organizational policies[31,37,38,74]. Conversely, lifestyle patterns common in high-performance coaching, such as chronic travel, inconsistent sleep, and a tendency to sacrifice personal routines for team demands, may become notable risk factors that undermine physical and psychological well-being[35,37,56,59,63,89]. Over time, these ingrained habits may make coaches particularly susceptible to stress-related health problems[81].

DISCUSSION

This scoping review mapped and synthesised existing evidence on risk and protective factors influencing the mental health and well-being of elite sports coaches. Research to date has been concentrated mainly in WEIRD countries and is dominated by qualitative and cross-sectional designs that examine mixed-sport samples. The reviewed literature focused on

six key thematic areas: job characteristics, social and organisational support, personal resources and individual characteristics, coping styles, work–life interface, and lifestyle.

Compared to the corresponding research on athletes, literature on coaches focuses heavily on a qualitative approach. For example, Kuettel and Larsen's (2020) review of risk and protective factors in elite athletes reported that 85% of the included studies used a quantitative design, while only 11% were qualitative[90]. In comparison, qualitative studies comprised 57.1% of those included in the present review. The geographical distribution of research remains similar in both populations. The lack of research from serial medal-winning nations, including China, Russia, Japan, South Korea, and Ethiopia, is particularly noteworthy. With regard to sex representation, the proportion of female participants was 24.9% in the athlete sample, compared to 29.6% in this review[90]. Interestingly, while women accounted for approximately 48% of athletes competing during the Tokyo Olympics, only about 13% of coaches were female[91]. In Europe, females represent 22% of coaches working with national teams or elite-level athletes[92]. In this context, female coaches do not appear to be underrepresented in research relative to their representation at the highest professional level, which contrasts with the pattern observed among athletes. However, despite this apparent parity, the limited number of studies including female coaches restricts deeper gender-based analysis. Future research should aim to examine gender-specific experiences, barriers, and support mechanisms that influence mental health in coaching, particularly in underrepresented regions and sports.

Job demands and stressors represent key risk factors for mental ill-health among elite coaches, including long and irregular hours, unstable employment conditions, constant performance evaluation, and limited autonomy[63,93]. These stressors are often amplified by organizational ambiguity and cultural expectations of relentless commitment, contributing to burnout, emotional exhaustion, and role conflict[56,79]. Conversely, personal resources function as critical protective mechanisms. Attributes such as emotional regulation, self-awareness, optimism, and values alignment enable coaches to navigate adversity and maintain psychological stability[53,70,71]. Adaptive coping styles further buffer against the negative consequences of chronic stress, whereas maladaptive strategies, such as rumination, emotional suppression, and avoidance, exacerbate vulnerability to distress[30,58]. Together, these findings highlight the dynamic interaction between external demands and internal resources as a defining feature of mental health outcomes in elite coaching contexts. This balance

underscores the importance of both organisational interventions that reduce structural stressors and individual strategies that strengthen psychological resilience.

At the interpersonal and structural levels, social and organizational support consistently emerge as pivotal protective factors[14,31,52]. Supportive leadership, clear communication, mentorship, and inclusive organizational climates promote psychological safety and mitigate the effects of excessive job demands[57,60,61]. On the other hand, poor organizational structures and exclusionary cultures constitute significant risk factors[14]. Lifestyle-related behaviors further contribute to mental health variability, with adequate recovery, sleep, exercise, and boundary management serving as protective influences[32,37]. Difficulty disengaging from work or maintaining healthy routines increases susceptibility to fatigue and maladaptive coping, particularly when compounded by occupational intensity[37,38]. Notably, only one study addressed nutrition, indicating a high prevalence of eating disorders in female NCAA Division I cheerleading coaches[94]. The work-life interface is another domain where risk and protection converge: sustained imbalance undermines, while flexible policies, social support, and conscious detachment favour well-being[38,52]. Overall, the literature portrays mental health in elite coaching as shaped by a multilayered system of interacting risk and protective factors that collectively determine both well-being and sustainability in high-performance sport. These findings highlight the need for multilevel interventions addressing individual, interpersonal, and organisational determinants of coaches' mental health and well-being.

Investigating mental health in elite coaches is largely motivated by the recognition that they operate under stressors similar to those experienced by elite athletes[95]. Despite the shared exposure to high-performance pressures, coaches face an expanded set of responsibilities, including administrative management and performance oversight[96]. In contrast, physical injury and subjection to surgery - important risk factors in athletes - are typically less relevant to coaches[90]. However, direct comparisons between these two populations remain limited, with only two relevant studies identified in the present review. Kim et al. (2020) reported a 14% prevalence of depressive symptoms among New Zealand coaches, aligning with a rate comparable to the general adult population but lower than that observed among elite athletes based in New Zealand and Australia[53]. Conversely, Åkesdotter et al. (2022) found stress and adjustment disorders in nearly three out of four high-performance coaches, compared with one in four elite athletes[97]. Such a line of research is particularly promising, as exploring the similarities and differences between coaches and athletes could help translate established

athlete-focused interventions to the coaching context and inform the design of coach-specific mental health frameworks[98].

Notably, only four intervention studies and no randomized controlled trials addressing risk and protective factors were identified in this review[57,61,74,99]. Similarly, a recent systematic review by Breslin et al. (2022) identified only six intervention studies targeting coaches, showing that such programs can improve their knowledge of mental health disorders, increase confidence in supporting others, and reduce stigmatizing attitudes toward mental health[100]. However, except for one study already included in the present review, the participants could not be classified as elite coaches. This is a significant difference compared to research on elite athletes, which has already moved from diagnosing the problem towards finding solutions and developing comprehensive screening tools with evidence-based diagnostic efficacy[4,98,101]. Moving forward, studies examining mental health characteristics of both elite coaches and athletes within the shared cultural environment are essential. Developing and evaluating tailored, coach-oriented interventions would represent a crucial next step in advancing mental health promotion in high-performance sport.

Strengths and limitations

This scoping review represents the first comprehensive effort to examine risk and protective factors among elite sport coaches. A broad and methodologically rigorous search strategy, encompassing extensive database coverage and a thorough manual search, enhances the credibility of the findings. However, some limitations should be acknowledged. First, as is typical of scoping reviews, no formal critical appraisal of study quality or risk of bias was conducted, limiting the ability to conclude the effectiveness or validity of the evidence. Furthermore, despite comprehensive search strategies, some relevant studies may have been missed due to database coverage, language restrictions, and the exclusion of unpublished or grey literature. Another limitation is the lack of a consistent definition of “elite”, which varies considerably across sports and contexts. For instance, programs in less competitive sports or organizations with limited international success may differ substantially in structure, culture, and demands from top-tier programs consistently competing at the highest levels. Moreover, although several studies reference “elite coaching” in their titles or abstracts, closer examination revealed that the participants were coaches of national- or regional-level athletes rather than those engaged with international-level elite performers. Next, coaching terminology varies across contexts; for instance, a football manager in the UK is considered a

coaching role, whereas an athletic trainer in the USA refers to a healthcare, not coaching position. Such discrepancies may increase the risk of human error and reviewer misalignment, despite inter-rater reliability showing a very high consistency (Fleiss' kappa of 0.9). Finally, the heterogeneity of included studies in terms of design, population, and outcomes limited our ability to synthesize findings beyond a descriptive level. Despite these limitations, the present review offers a valuable overview of the existing evidence base and highlights critical gaps that should inform the design of more standardised, longitudinal, and intervention-focused studies in the future.

CONCLUSIONS AND FURTHER RESEARCH

The present review synthesised existing literature on risk and protective factors associated with mental health among elite sports coaches. Overall, the evidence portrays mental health in this population as influenced by a multilayered network of interacting factors that together shape vulnerability and sustainability within high-performance sport. The findings confirm the presence of substantial mental health challenges among coaches, while also highlighting the scarcity of research capable of informing effective prevention and intervention strategies. Compared to the extensive body of psychological research on elite athletes, studies focusing on elite coaches remain limited, leaving many aspects unexamined and underscoring the need for further investigation.

Future research should systematically evaluate the quality and effectiveness of interventions that influence the mental health of elite coaches by targeting relevant risk and protective factors. Beyond this, studies addressing gaps in specific populations, settings, or outcomes are needed. In particular, research on para sports, winter disciplines, and low- and middle-income countries is lacking. Furthermore, longitudinal designs remain scarce, although they are essential for providing stronger evidence to inform both practice and policy. Another significant gap concerns research perspectives: most studies rely exclusively on coaches' self-reports, whereas insights from third-person perspectives (e.g., athletes, colleagues, significant others, or mental health professionals) could provide valuable complementary understanding. Finally, given the rapid development of this field, regular updates to the literature are warranted to capture emerging trends, evaluate new interventions, and ensure that research keeps pace with the changing realities of high-performance sport.

Finally, we offer several methodological recommendations to strengthen future research. The inconsistent use of terms such as “elite” or “high-performance coaching” should be addressed through the adoption of unified terminology to enhance rigor and comparability. Established frameworks for athlete classification could be adapted to research on coaches to support this effort[29]. Second, given that job demands vary across contexts, studies should report key organizational and workload characteristics. Reporting population characteristics, including anthropometric and sociodemographic variables, should become standard practice. Lastly, adherence to reporting guidelines such as CONSORT, STROBE, or SRQR remains limited and should be improved to promote transparency, reproducibility, and methodological rigor.

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The authors declare no conflict of interest.

CONTRIBUTIONS

All authors made substantial contributions to the conception or design of the work (TK, JZ, JGW), or the acquisition, analysis and interpretation of data (TK, NN, WM, MS, JK, WW, and JGW). TK wrote the first draft, TK and NN prepared the figures. All the authors were responsible for the critical review of the manuscript and approved the final version. There were no other contributors.

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