The Use of Social Support Following Sport Injury and its Impact on Post-Injury Stress

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Abstract

Social support is a detrimental aspect of recovery from sport-related injury. The effect that social support has on an individual’s post-injury anxiety is reviewed in this present literature. In total, ten different studies and reviews were chosen in order to identify the result and were taken from CINAHL, PubMed, and PsychINFO databases. The participants in all studies were athletes that had sustained injury while participating in an athletic event, either practice or official competition. Main findings included that athletes reported social support as a significant portion of recovery and that those with the perception of high levels of social support tended to return to activity with less anxiety than those with lower perceptions. The main limitation among all sources was that the data depended entirely on subjective reports of anxiety and perceived social support. For future practice it is suggested by the research to incorporate social support in rehabilitation of athletic injury in order to deter increased levels of anxiety.

Key word: social support, post-injury anxiety, stressor, athletic injury
Every person that sustains an injury is psychologically affected differently. Athletes, specifically, are known to partake in more demanding situations in everyday life, making the chances of sustaining a physical injury higher than most. Physical injury upsets that sense of normality when it limits activity. Losing this sense of self can cause a negative chain of events that help the athlete to spiral into a feeling of being lost (Cassidy, 2006; Green & Weinberg, 2001). According to Walker, Thatcher, and Lavallee (2007), an injured athlete experiences tension, anger, depression, frustration, and boredom.

Green and Weinberg (2001) note that since injury disrupts an athlete's emotional construct, social support may be the key to keeping a positive disposition and in good spirits. Social support is a coping mechanism that includes other people in the recovery process. This method can be used for those with addiction, stress, anger, injury, and other problems that can affect one's feeling of inclusion. Malinauskas (2010) defined social support as “social resources that persons perceive to be available...in the context of both formal support groups and informal helping relationships,” (p. 743). Using other people to help work through emotions, moods, and stress is healthy and natural for humans and thus makes a great basis for recovery (Cassidy, 2006).

Since every person reacts differently to situations of pain and injury, there are factors that must be considered when offering social support. The person who provides this care can be anyone who has frequent contact with the person and is available when needed (Williams & Appaneal, 2010). The main forms of support
that are seen are usually from family, friends, coaches, athletic trainers, physicians, teammates, and counselors (Yang, Peek-Asa, Lowe, Heiden, & Foster, 2010).

Given differences in persona, there is also variability in the type of social support that is needed at different times during the recovery process. The different types of social support, according to Williams and Appaneal (2010), are emotional support, emotional comfort, informational support, task appreciation, tangible (material) support, and personal assistance. Each form has its own place during the scheme of the patient’s recovery. The provided support is best received when it is what the person needs at that time (Fernandes et al., 2014). In most cases of injury, the athlete will need emotional and informational support in the immediate post-injury phase and then more group support in the long-term second and third post-injury phases (Williams & Appaneal, 2010). According to Fernandes et al. (2014) there is a greater need for emotional support immediately after injury and informational support near the end of recovery.

In this current review, existing literature will be examined with hope that the effect of social support on post-injury stress will be better understood. Clinical relevance and implications have been included in order to better demonstrate the applications of the information. Indications for future research have also been examined and included in this review.

**Problem Statement**

The purpose of the review is to evaluate the existing literature to assess the magnitude of social support in diminishing stress during recovery from an orthopedic, athletic-related injury.
Review of the Literature

The first of many aspects of social support that should be considered is the source of support post-injury. Being social is natural for all humans and student-athletes, in particular, have numerous avenues available to obtain support. These sources include family, friends, teammates, coaches, athletic trainers, or counselors. Yang et al. (2010) found that among all potential sources, family and friends tended to have the strongest influence on overall life stress. Noted in the same study was that there was increased satisfaction with support from athletic trainers, physicians, and counselors post-injury than there was normally. Supporting the findings from Yang et al. (2010), Petrie, Deiters, and Harmison (2014) found that familial support was among the highest satisfaction levels when compared to friends, athletic trainers, teammates, and coaches. Not only was it determined that familial support could mediate normal life stress, but could also have a stress-buffering effect post-injury. Given that immediate sources of support can be crucial to an athlete’s mindset beginning rehabilitation, Clement and Shannon (2011) investigated injured athletes’ perceptions and overall satisfaction of support from teammates, coaches, and athletic trainers. These people are active in athletes’ worlds and have large effects on their lives. Using the Social Support Survey, Clement and Shannon (2011) identified that athletic trainers, given the proximity to athletes at any time, were shown to provide more satisfaction during the post-injury recovery phase than were coaches and teammates. Although the latter did provide fulfillment to the injured athletes, it was common to see increased stress from teammates than athletic trainers. Further exploring the relationships of the coaching staff, Judge et
al. (2012) evaluated the significance of social support provided by the strength and conditioning coach (SC) during the final stage of rehabilitation, the reconditioning phase. The SC reportedly provided three main types of support, including listening support, task appreciation, and task challenge; the final type of support being identified as one that the SC was uniquely qualified to provide. Although family and parents can listen, it is more common for the SC to proactively challenge the student-athlete. This challenge can create a setting that allows the student-athlete to be motivated so that the transition from rehabilitation to practice and competition goes smoothly.

As for any part of rehabilitation, there are different preferences of support between men and women. After injury, female athletes continued to utilize friends as a source of support more so than male athletes, who turned to athletic trainers, physicians, and counselors (Yang et al., 2010). Women reported employing their friends as support more than usual and admitted to being more satisfied. Men, however, reported using friends and family less and opted to reach toward other parties to gain support (Yang et al., 2010). In corroboration with Yang et al., Judge et al. (2012) found that there was a difference in satisfaction between men and women when working with the SC during the reconditioning phase. Female athletes reported expecting more emotional support and viewing emotional support and challenge more importantly than did male athletes. This indicates that, should a female athlete need a SC, the coach should display more empathy and appreciation for completing tasks.
One of the most important parts of returning to play is complying with rehabilitation protocols and continuing to be positive. Although sometimes difficult, promoting positive rehabilitation beliefs is essential for athletes to diminish stress and recover strongly. Levy, Polman, and Clough (2008) found that those with strong social relationships better adhered to rehabilitation. Furthermore, task appreciation and emotional support were best provided by the physiotherapist and friends, respectively, which best predicted the level of faithfulness to the set protocol. While the two types of support provided strength to adherence, only familial support was found to predict attendance. In addition to types of sources benefitting rehabilitation, hope pathways and social support can predict subjective well-being (Lu & Hsu, 2013). Within the interaction effect between social support and hope, it was found that, for those with low hope pathways, high perceptions of social support were associated with higher scores of well-being. Along with these findings, social support alone was noted to have the largest buffering effect on life events and negative responses, including stress. In the final stages of rehabilitation, it is appropriate for athletes to do modified workouts of the respective sport being returned. Abgarov, Jeffery-Tosoni, Baker, and Fraser-Thomas (2012) found that when coaches were not receptive to adjustments, the athletes had feelings of self-doubt and unhappiness, which would increase overall life stress. In contrast, when coaches modified workouts for swimmers so that practicing with the team was a viable option, the athletes were happier, more motivated, and less stressed.

There are numerous aspects of social support that can effectively reduce stress in athletes after sustaining an injury, the first being resurgence of motivation.
Gillet, Vallerand, Amoura, and Baldes (2010) conducted survey-style research to assess athletes’ perceptions of autonomic support from coaches. Intrinsic motivation, along with four other forms of motivation, was included and cross-referenced with the progression made through the competition. It was found that when coaches were perceived as coaching with more autonomic support, the athletes were more intrinsically motivated to perform well. These same athletes that perceived higher autonomic support also felt more positively focused on performance and went further in the competition. Judge et al. (2012) established that when a strength and conditioning coach is able to challenge the athlete to be proactive in their rehabilitation, the athlete is more likely to have higher intrinsic motivation, decreased stress, and an overall smoother return-to-play transition.

Since the goal of social support is to reduce and manage post-injury stress, life satisfaction is a valuable survey to assess if the athlete is receiving the benefits. It has been seen in athletes who sustained a major injury, an injury that indicated removal from competition or practice for greater than 21 days, felt greater stress and lower life satisfaction immediately after the injury (Malinauskas, 2010). Mitchell, Evans, Rees, and Hardy (2013) performed two studies that assessed the interactions among stressors, moods, and perceived and actual social support. Mood subscales were used in the first study to determine athletes’ feelings toward injury including devastation, feeling cheated, restlessness, isolation, reorganization, emotional, esteem, tangible, informational, incapacitation, and loss of confidence. It was determined that each mood has an interaction effect with another, specifically between social support and various negative moods after injury. When support was
perceived as low there was a definite increase in psychological response toward the stressors, whereas when support was perceived as being higher there was less risk of feeling stress and a greater perceived ability to cope. In continuation, Malinauskas (2010) found a significant interaction between perceived stressors and social support. When support was perceived as high, there was a higher overall satisfaction with life as well as decreased perception of stress. The stress-buffering effect was supported, indicating that when there is negative attitude and diminished life satisfaction in rehabilitation, social support may aid in enhancing overall mood.

Conclusions

It can be concluded by the research presented and reviewed that social support is a useful tool to manage stress and eventual anxiety that an injured athlete may feel post-injury. Gillet et al. (2010) found that in general, with more autonomic support, there was greater self-determination, focus, and performance than opposing athletes. Given the present evidence, social support has shown to have a stress-buffering effect on injured athletes and can have a significant effect on overall life satisfaction (Mitchell et al., 2013). The most significant effects from social support are gained from numerous positive, readily available sources and from maintaining a positive outlook on life overall (Lu & Hsu, 2013). Increased life satisfaction can lead to quicker recovery rates, improvement and maintenance of confidence, and also diminished negative mood and emotional states (Malinauskas, 2010; Walker et al., 2007).

Since injury has a detrimental effect on an athlete's self preservation, it is necessary to provide the appropriate type of support throughout recovery. In this
present review it was found that there might be a difference in the type and source of support needed by injured female and male athletes (Yang et al., 2010). While this may be true, friends, family, and athletic trainers are reported to be the closest and most efficient sources of support for the majority of athletes, regardless of gender (Clement & Shannon, 2011; Levy, Polman & Clough, 2008).

Clinical Implications

It is important as a health care professional providing care to athletes that social support is understood and recognized as an aspect of injury recovery (Green, 2001). Since better rehabilitation adherence has been noted in student-athletes who have numerous sources of social support, it is important that it is included in the protocols (Malinauskas, 2010; Cassidy, 2006). This can be as simple as talking to the athlete about any new stresses that have manifested since injury and how to work through those in a healthy manner. Another way to provide this support is to create a rehabilitation protocol that can be done with a teammate or near the team during practice time (Abgarov, 2012). It is important that the clinician asks the athlete about relationships with friends and family (Cassidy, 2006; Yang et al., 2010). If there is a lapse in perceived social support, a potential for decreased life satisfaction and slower progression through rehabilitation may be noticed (Lu & Hsu, 2013).

Future Research

This review of present literature has opened many avenues that may be explored in the future in order to better understand the relationship between social support and post-injury anxiety. One of these avenues is the research of autonomic support while coaching in order to spark the intrinsic motivation of athletes (Gillet
et al., 2010). The next avenue of research would be to identify if there are gender-specific intervention strategies that may help male and female athletes better recover than by using the same types of support for both (Yang, 2010). If there is a difference between men and women’s recovery styles, it should be investigated in order to help the individual flourish. Another interesting opportunity for future research would be to find larger sample sizes with more “mixed” injuries. Many of the current studies focus on minor injuries and only study one college or university throughout a single athletic season. This makes the research extremely variable and with a larger sample size there would be the ability to assume the same responses to the entire population of injured collegiate athletes across the nation.
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