

Introduction they felt
they were fully
recovered



Introduction Athletes can enhance their injury rehabilitation, prior to their return to competitive sport, by undertaking a prescribed rehabilitation program (Brewer et al.

, 2000). Intervention strategies, including goal-setting, social support and imagery, can be implemented to improve an individual's self-efficacy. Self-efficacy has been suggested to be an important factor in an injured athlete's motivation to return to competitive sport, which can lead to improved adherence to a prescribed rehabilitation program, and consequently the overall outcome of the injury process (Wesch et al., 2016; Brewer et al., 2003; Woodgate, Brawley, & Weston, 2005). Each injured athlete enters the injury process, comprising of three stages: onset, rehabilitation, and return to sport. The final stage of the injury process is the return to sport phase, where athletes are nearing the end of their recovery process, undertaking exercises and psychological intervention strategies that prepare them both physically and mentally for their return to competitive sport (Bianco, Malo and Orlick, 1999). During the return phase, some of the feelings that athletes may experience include impatience, comparing recovery expectations to reality, increased anticipation, doubts over an inability to reach previously set goals and a fear of re-injury (Bianco, 2001; Ardern et al.

, 2014; Podlog & Dionigi, 2010). Therefore, it is vital that athletes' levels of self-efficacy, with regards to the injury process and their abilities when fully fit, are enhanced and subsequently maintained in the final stages of injury recovery. Return to Sport Phase of Injury Injuries are disruptive experiences that most athletes will face in their career (Podlog & Eklund, 2006). Some injuries can massively hinder athletes' quality of life on and off the field, both

physically and psychologically (Santi & Pietrantonio, 2013). The return to sport phase of the injury process can be identified from when the athletes returned to training and competition until they felt they were fully recovered (Bianco et al., 1999). The study of Bianco (2001) allowed elite skiers to share their personal experiences of the injury process.

Several participants had experienced feelings of serious worry with regards to re-injury, during the return to sport phase. A number of stressors have been identified to influence re-injury anxiety, including the physical demands of competing in games or during skill practice and decreased self-efficacy, with regards to the functionality of the injured part of the body and the execution of the skill (and situation) that led to the injury's first occurrence. (Cox, 2002). Returning to playing competitive sport after undergoing injury process has been recognised as being a process that many athletes perceive as stressful (Bianco, 2001; Podlog and Eklund, 2007). This phase is also associated with a range of cognitive responses (Brewer 2009) and psychosocial variables, such as anticipation and nervousness, which have been suggested to influence an injured athlete's wellbeing and consequently recovery outcomes (Wiese-Bjornstal et al., 1998). Studies such as Taylor et al. (2003), found that athletes consistently find difficulties dealing with psychological uncertainties.

Prior to returning to sport, injured athletes must (re-learn, in some cases) demonstrate and practice the appropriate skills and abilities. However, these requirements may cause athletes to focus on the worry of re-injury, forcing them back to the initial stages of rehabilitation and starting the process again (Podlog & Eklund, 2007). Previous literature has suggested that

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adopting appropriate psychological intervention strategies can help athletes deal with the negative cognitive responses they may feel with regards to returning to sport, by increasing their self-efficacy in these specific debilitating domains (Carson & Polman, 2008; Podlog & Diogni, 2010).

These strategies include goal-setting, positive self-talk, relaxation and imagery (Brown, 2005; Vealey, 1988) and social support (Brown, 2005). To summarise, the psychological barriers that have caused them distress can be used to choose appropriate and effective intervention strategies, however strategy's design should look to draw on different sources of confidence, which will in turn increase the athlete's sense of self-efficacy (Maddux and Lewis, 1995). Sources of self-efficacy and sport confidenceCashmore (2002) stated that injuries affect both the physiological and psychological abilities of an athlete. In addition to this, they suggested that the way that they coped psychologically to an injury was influential towards their motivation to adhere to rehabilitation process prior too returning to sport. Within sport psychology literature, studies have consistently identified self-confidence as an important contributor to performance, when examining the relationship between to the two variables (Feltz, 2007; Jones & Hanton, 2001; Vealey, 2001). Self-efficacy is defined as a situation-specific self-confidence that reflects an individual's belief in his or her ability to successfully perform a skill to a certain level or degree (Bandura, 1977). Bandura (1997) identified performance accomplishments, vicarious experience, verbal persuasion and emotional control as the four sources that self-efficacy could be drawn from. Vealey (1986) then developed a sport-specific model of confidence, which

focusses on one's sport-specific confidence, whereas Bandura (1997) focussed on a broader, more general conceptualisation of confidence.

Sport confidence is defined as the “ degree of certainty that he or she has the ability to perform successfully in sport” (Vealey & Chase, 2008). Within Vealey's (1998) revised model, nine sources of sport confidence were identified. These were mastery, vicarious experiences, demonstration of ability, physical and mental preparation, physical self-presentation, social support, coach leadership, environmental comfort and situation favourableness. Hays et al (2007) further went on to identify preparation, performance accomplishments, coaching, innate factors, social support, experience, competitive advantage, self-awareness, and trust as salient sources of confidence to world class performers. Magyar & Duda (2000), who studied the link between sources of confidence and confidence restoration following athletic injury, found that the most valuable sources of confidence were the perception of leadership from the coach, and how comfortable the athlete felt about the training environment. Mastery, demonstration of ability, vicarious experience and forms of persuasion, including verbal, have also been identified as being important sources of confidence of which athletes can draw confidence from (Evans et al., 2000). These studies suggest that the self-efficacy levels of injured athletes may influence their recovery process.

Recent studies (Carson & Polman, 2008; Wadey et al, 2011) have identified social support as a particularly noticeable source of self-confidence regarding the return from injury. In both studies, the support came from medical professionals, by providing information about the injury process. Carson an

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Polman (2008) found it to increase self-confidence regarding their physical/mental preparation, as well as decreasing re-injury concerns that they may have been experiencing. Wadey et al (2011) also suggested that this support provided a source of self-confidence, with regards to the injury withstanding sporting demands. Despite this, other pieces of literature have suggested that athletes come under significant pressure to return to sport following injury too early. This pressure has been found to commonly come from significant others such as friends, family and coaches, however the athletes are commonly identified to add to this pressure, for example by setting themselves unrealistic recovery expectations (Bianco, 2001; Podlog & Ecklund, 2007; Bauman, 2005).

This combination of findings from previous literature suggest that athletes should draw confidence from a number of sources when approaching their return to competitive sport. This can be achieved by developing intervention strategies, with designs structured to target the relevant source of confidence. Goal Setting A goal has been defined by Locke et al., (1981) as “ what the individual is trying to accomplish, specifically the aim of an action.

” Process goals have been identified as the most influential goals with regard to self-efficacy (Kingston and Hardy, 1997). This type of goal focusses on technique and improvement at a specific performance level, which can be summarised as skill mastery. Realistic goal setting interventions can enhance the self-efficacy of athletes, by drawing on a number of sources of confidence (Hays, 2007). Goal setting can be operationalised to target motivation, anxiety and mastery (Burton & Naylor, 2002), as well as

enhancing the individual's own perceptions about efficacy (Locke & Latham, 2002).

Goal setting can aid the athlete's physical and mental preparation, which is particularly applicable to the return to sport phase, where the athletes will be nearing physical readiness, as they can undertake tasks/goals that require a higher level of skill demonstration (Short & Stewart, 2009). Goal-effectiveness has often been found to be affected by one's adherence, observational feedback received from coaches, task difficulty, goal orientation, with self-efficacy identified as the most important (Locke & Latham, 2002). Studies have recognised that effective goal setting can subsequently lead to increased confidence levels and decreased levels of worry, with regards to re-injury upon the athletes return to sport (Bianco, 2001; Carson and Polman, 2008; Podlog et al, 2011). Achievable, task based goals, focussing on mastery, have been identified as important (Ames, 1992) when addressing re-injury anxiety, with the focus of the goals being progressed towards physical demands, and skill execution (Cox, 2002).

By focusing on these goals, athletes can use mastery as a source of confidence, as they can positively reflect on being able to progress with things such as skill execution based on intrinsic feedback. This can lead to the athlete's re-injury concerns being diminished or removed, which in turn increase the confidence levels of the individual, with the process able to naturally progress as a cycle (Podlog and Eklund, 2010; Bandura, 1996). Other studies have used goal-setting to focus on skill acquisition (Vidic & Burton, 2010), which can be applied to injured athletes. By effectively having to re-acquire the appropriate skills required for competition, athletes can

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draw confidence from their previous performance accomplishments, based on the success of their goals, and comparisons with previous performances. Evans and Hardy (2002) suggested that participants who engaged in both long and short-term goals particularly benefitted from the motivational effects that may be commonly associated with long-term outcome goals, as proposed by Hardy et al. (1996), which could in turn suggest that short term goals are more beneficial in terms of adherence.

These benefits were suggested to be supported by the “ attention-directing, self-efficacy and controllability-enhancing properties of the process-orientated goals” (Hardy & Evans, 2002). Effective goal setting can also increase the confidence an athlete has in coach leadership, a source identified in the revised Vealey (1998) model, and can promote higher levels of self-efficacy within the athlete by drawing confidence from a range of sources such as the mastery of skills, as initially suggested in the study of Vealey (1986). Social Support Shumaker and Brownwell (1984) defined social support as ‘ an exchange of resources between at least two individuals perceived by the provider or the recipient to be intended to enhance the wellbeing of the recipient. This support can be applied to injured athletes by addressing the stressors that may provide psychological barriers through the return to sport phase (Tracey, 2003). Social support has been found to be an effective tool for decreasing the worry of re-injury amongst injured athletes, (Podlog and Eklund, 2006; Bianco, 1999) by developing athletes’ perceptions of ability, or skill mastery (Deci and Ryan, 2000), proving itself to be an effective mechanism against the challenging barriers that athletes in the injury process may be experiencing (Udry, 1996). Positive social support

from significant others such as coaches/teachers and medical staff has been found to promote adherence to the program and strategies set in place (Viswesvaran, Sanchez and Fisher, 1999).

This support has also been shown to be an important source of confidence information and perception (Magyar and Duda, 2000). Social support from team mates has also been found to combat barriers such as social isolation from the team, for example approval or encouragement, for example when undertaking team sessions (Mainwaring, 1999). This can aid the perceived environmental comfort of the injured athlete, by doing simple exercises in a team setting, However, they should not be observed when initially re-learning new skills, because it can further perceptions of isolation from the team if they cannot successfully complete the tasks. Coaches can combine goal setting with social support, as one strategy may not be enough (Bianco, 2001) by providing their athletes with encouragement, information and visual feedback, as well as using empathy if the goals were not being attained. This in turns adds to the increase of confidence, by focussing on the informational and emotional support that the coach may provide.

Conclusion Intervention strategies such as goal setting and social support can be used to combat the negative psychological responses that athletes may experience during the final phase of injury, by drawing confidence from a number of different sources. However, studies have found that using a sole intervention strategy may not be enough, instead suggesting that athletes should be undergoing several to draw from a wider range of confidence sources.