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Effects of Social Support on Compliance in Rehabilitating Athletes

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The purpose of the study was to better understand if social support has an effect at all on the athlete’s compliance in coming in to do their rehabilitation during an injury. Those who participated in this study were from the colleges and universities in the state of Ohio. These participants are collegiate athletes who were in a rehabilitation program for six or more weeks and had returned to play. Of the 56 surveys returned, 18 (32.14%) of those were fully completed, and nine (16.07%) of those, consisting of seven (77.78%) females and two (22.22%) males, met the criteria set. Athletes were “strongly satisfied” with the listening support they received from their friends and athletic trainer (5 count each), seven athletes found it “very easy” to obtain more listening support from their athletic trainer, and 6 athletes answered “very much” for their athletic trainer for the questions on each persons contribution of listening support to their overall well-being. Athletes were then asked how they felt the social support they did receive impacted their desire to be compliant. A total of 89% answered yes with giving responses that had common themes such as: they felt encouraged, it was helpful, they felt stronger and better, and it motivated them. 11.11% responded that the social support did not have an impact on their desire to attend rehabilitation. The definition of social support that was used was an exchange of resources between two individuals perceived by the provider or the recipient to be intended to enhance the well being of the recipient. The definition of compliance that was used was the behavior an athletes demonstrate by pursuing a course of action that coincides with the recommendations of the clinician. It was found that there is a relationship between these two factors in order to show athletes the importance of having proper social support during their rehabilitation.

INTRODUCTION

When an athlete endures an injury, there are many different types of stressors that they go through (Abbott et al., 2012). Some of these are: feeling of loss, fear, anxiety, lack of confidence, decreased self-esteem, increased stress, denial, anger, and depression. With these emotional challenges, athletes often times do not want to come in to do their rehabilitation and are therefore seen as non-compliant.

PURPOSE

The purpose of the study was to better understand if social support has an effect at all on the athlete’s compliance in coming in to do their rehabilitation during an injury.

METHODS

Those who participated in this study were from the colleges and universities in the state of Ohio. These participants are collegiate athletes who were in a rehabilitation program for six or more weeks and had returned to play. Participants were excluded if they were younger than 18, if they completed fewer than six weeks of rehabilitation, and had not returned to play. At the beginning of the fall semester, an online survey using Qualtrics software was sent to each of the college and universities’ athletic director and head athletic trainer explaining the study and instructions to send the survey to all the current athletes at that school. Before participating in the study, all subjects read and signed an informed consent form approved by the University’s Institutional Review Board for the Protection of Human Subjects, which also approved the study.

Once the consent form was signed, the participant was brought to a series of quantitative questions that were modified versions of the Social Support Questionnaire. For each question, the participants rated the social support they received on a Likert scale for all of the categories. The categories were: family, friends, teammates, coaches, and athletic trainers. There was also an “other” option for those felt they had someone else who was socially supportive through their rehabilitation. After answering these closed ended questions the participant then answered open-ended questions based on their compliance to the rehabilitation program and whether they felt the social support they received had an effect on their compliance.

RESULTS

Of the 56 surveys returned, 18 (32.14%) of those were fully completed, and nine (16.07%) of those, consisting of seven (77.78%) females and two (22.22%) males, met the criteria set. From the first section of the social support survey, questions about the listening support that they athlete received were asked. From these three questions it was found that the athletes were “strongly satisfied” with the listening support that they received from their friends and athletic trainer (5 count each). Seven athletes found it “very easy” to obtain more listening support from their athletic trainer, and 6 athletes answered “very much” for their athletic training in the final listening support question on each persons contribution of listening support to their overall well-being. The charts for the listening support data can be found in Charts 1-3.

The second part of the Social Support Questionnaire looked into the emotional support that the athletes experienced. According to the results (see Chart 4) on the satisfaction of the overall quality of the emotional support received, coaches received the most votes with 7 choices under the “satisfied” option and teammates and athletic trainers both had 6 choices for “strongly satisfied”. In the difficulty level of obtaining more emotional support (see Chart 5) both coaches and family got one vote for finding it “difficult” to obtain more support. Athletic trainers received the most votes of 6 as being “easier” to receive more emotional support. Five athletes said that their teammates contributed to the emotional support “very much” with family, friends, and athletic trainers having 4 votes each under the “very much” option.

Following the quantitative questions were two qualitative questions. The first asking about the athlete felt that the social support that they did receive seemed to have an impact on their desire to attend rehabilitation sessions. The athletes would answer yes or no and then explain why they felt that way. A total of 89% answered yes with giving responses that had common themes such as: they felt encouraged, it was helpful, they felt stronger and better, and it motivated them. 11.11% responded that the social support did not have an impact on their desire to attend rehabilitation. There response was, “The desire to attend rehab was inside of me just wanting to get better and back to competition”.

The final two questions were asking the athletic to select the areas of social support that positively and negatively impacted their desire to attend rehabilitation programs. For these areas that positively impacted the athlete’s desire the top two were teammates and athletic trainers both receiving seven responses out of the total 24 responses. For negative impact on the athlete’s desire only one vote for athletic trainers was recorded with all other responses being other and stating that none of the areas negatively impacted their desire to attend rehabilitation sessions. The results for these questions can be seen in figures 7 and 8.

DISCUSSION

Social support

Through literature it has been noted that social support has an impact on the psychosocial influence on the recovery process of an athlete (Henderson et al., 2014). During the rehabilitation phase from the initial injury to the return to play the athletes will seek out social support from multiple different sources (Jennett et al., 2015; Tang et al., 2010). The athlete will also experience different types of stress as they go through the healing and rehabilitation process (Brown et al., 2012). Some of these stressors that have been discovered are: psychosocial demands, sport-related demands, social demands, and financial demands (Jennett et al., 2015).

One thing that was shown through the literature was that there are two categories that social support questionnaires are divided into. These are buffering hypothesis and direct-effect hypothesis (Jennett et al., 2015). Buffering hypothesis is what is taken the amount and effectiveness of social support influences psychological and physical well being. For example when an athlete is receiving low levels of social support there is a strong relationship between stress and psychological well-being; however, when there is high levels of social support being received the relationship between stress and psychological well being does not exist. The other inclusion is a direct effect hypothesis and this is taken the amount and effectiveness of social support influences psychological and physical well being. For example the more effective the social support received the better an individual’s psychological and physical well being. Whereas as in excessive social support the less well an individual’s psychological and physical well being will be.

After much reading through the literature the definition of social support that was used as an exchange of resources between two individuals perceived by the provider or the recipient to be intended to enhance the well being of the recipient (Brown et al., 2012).

CONCLUSION

As stated before, the purpose of this study was to understand if social support had an effect on an athlete’s compliance in coming in to do their rehabilitation during an injury. Through this study it was found that there is a relationship between these two factors in order to show athletes the importance of having proper social support during their rehabilitation.