

Examination of the Sports Injury Anxiety Levels Between Professional and Amateur Wrestlers

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ORIGINAL ARTICLE

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Abstract

Pressure on wrestlers to be exposed to injuries cause them to have reinjury anxiety in the next term. Aim was to investigate anxiety levels toward sport-injuries. The sample consisted of 408 (263 male, ≥ 18 years) Turkish professional and amateur wrestlers. Demographics were obtained through online-platform with Google Forms due to the ongoing COVID-19 pandemic including personal information Form and Sports Injury Anxiety Scale (SIAS). Independent-sample t-test was used for gender, professional/amateur, rehabilitation after injury, and competitions during which wrestlers were injured. Pearson correlation analysis was used for the relationship between variables, the Sports Injury Anxiety Scale, and its sub-dimensions. There was a significant difference between groups in terms of disappointment, weak perception-anxiety according to gender variable ($p < .05$). There were significant differences in terms of professional, and amateur wrestler variables' losing skills, and reinjury-subdimensions ($p < .05$). There were significant differences in SIAS grand-average, reinjury-anxiety, disappointment-anxiety, suffering, weak perception-anxiety, losing-skills according to treatment according to reinjury-variable ($p < .05$). In conclusion, the cause of sports injury anxiety may be due to professionalization levels of athletes. It can be recommended that psychological and sociological support from parents, trainers, and experts may help wrestlers to have a readiness for any sportive injury.

Keywords: Anxiety, Sports Injury, Wrestling

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Profesyonel ve Amatör Güreşçilerin Spor Yaralanması Kaygı Düzeylerinin İncelenmesi

Öz

Güreşçilerde sakatlıklara maruz kalma baskısı sonraki dönemlerde tekrar sakatlık kaygısı yaşamalarına neden olabilmektedir. Çalışmanın amacı, spor yaralanmalarına yönelik kaygı düzeylerini incelemektir. Örnekleme 408 (263 erkek, ≥ 18 yaş) Türk profesyonel ve amatör güreşçileri oluşturmuştur. Demografik, kişisel bilgiler ve Spor Yaralanması Kaygı Ölçeği (SIAS) dâhil olmak üzere tüm veriler devam eden COVID-19 salgını nedeniyle Google Forms ile çevrimiçi ortamda toplandı. Cinsiyet, millilik durumu, yaralanma sonrası tedavi ve yaralanılan müsabaka değişkenleri için bağımsız örneklem t-testi kullanıldı. Spor Yaralanmaları Kaygı Ölçeği değişkenleri ve alt boyutları arasındaki ilişki için Pearson korelasyon analizi kullanıldı. Cinsiyet değişkenine göre hayal kırıklığına uğratma ve zayıf algılama kaygısı bakımından gruplar arasında anlamlı fark saptandı ($p < .05$). Profesyonel ve amatör güreşçi değişkenlerinin yeteneğini kaybetme ve tekrar yaralanma alt boyutları açısından anlamlı farklılıklar bulundu ($p < .05$). Yaralanma sonrası tedaviye göre yeniden yaralanma, hayal kırıklığına uğratma, acı çekme, zayıf algılama kaygısı ve yeteneğini kaybetme kaygısı SIAS genel ortalamada anlamlı farklılıklar gösterdi ($p < .05$). Sonuç olarak spor yaralanma kaygısının nedeni sporcuların profesyonelleşme düzeylerinden kaynaklanıyor olabilir. Ailelerden, antrenörlerden ve uzmanlardan psikolojik ve sosyolojik destek alınması, güreşçilerin herhangi bir sportif yaralanmaya karşı hazırlıklı olmalarına yardımcı olabilir.

Anahtar kelimeler: Güreş, Kaygı, Spor Sakatlığı

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Introduction

Wrestling is a physically demanding sport that requires a great deal of strength, agility, and endurance. As with any sport, injuries are an inherent risk, and wrestling is no exception. Wrestling is considered one of the most injury-prone sports due to its intense nature and close physical contact. Wrestlers are at risk for a range of injuries, from minor cuts and bruises to more serious injuries like concussions and broken bones. Wrestling injuries can result from a variety of factors, including the nature of the sport, poor technique, and inadequate conditioning or training (Hewett et al., 2005).

Anxiety is defined as “the activation of the autonomic nervous system or unwanted moods that are characterized by agitation and worry” (Spielberger, 1972). According to APA (American Psychiatric Association, 2008), anxiety is defined as an “emotion characterized by apprehension and somatic symptoms of tension in which an individual anticipates impending danger, catastrophe, or misfortune. The body often mobilizes itself to meet the perceived threat: Muscles become tense, breathing is faster, and the heart beats more rapidly. Anxiety may be distinguished from fear both conceptually and physiologically, although the two terms are often used interchangeably. Anxiety is considered a future-oriented, long-acting response broadly focused on a diffuse threat, whereas fear is an appropriate, present-oriented, and short-lived response to a identifiable and specific threat.” Like other athletes, wrestlers often experience anxiety about sports injuries, which can be a significant source of stress and worry.

The anxiety of getting injured can prevent athletes from performing at their best, and can even lead to a decline in performance. Anxiety can be particularly challenging for athletes who have experienced previous injuries, as they may be more susceptible to re-injury or may worry about the long-term effects of their injuries. Although it is believed that many of sportive injuries can be prevented with various physical strategies (i.e., proper conditioning and equipment), there is undoubtedly a psychological component to their occurrence. Therefore, understanding the psychological causes of injury like anxiety remains an important issue (Rex and Metzler, 2016).

The effects of psychological factors in sports injuries were revealed in several types of research by means of empirical studies. Most of these investigations and research were based on stress theory and personality profile approaches. Despite several psychological tests conducted in these studies, the common approach obtained from the results revealed that sports injuries are under the influence of “events experienced in daily activities”. In this context, social support to athletes may provide a buffering effect. As can be seen from many types of research related to sports injuries, only competition anxiety itself can be associated with the breaking out of a sports injury (Junge, 2000).

Sports injuries can be claimed as one of the most traumatic events that athletes experience throughout their careers. To talk statistically the frequency of being exposed to sports injuries was stated to be between 1% and 2% levels (Kalyon, 2000). The pressure on athletes to be exposed to injuries cause them to have reinjury anxiety in the next term. Therefore, once an athlete is exposed to an injury, he/she will experience similar anxiety at every turn. However, whereas some athletes experience higher anxiety, some athletes experience lower anxiety. It is crucial to prevent and treat injuries within all branches of sports. Hence, knowing the possible injuries and disabilities beforehand is very important in the sense of taking precautions (Tanyeri, 2019).

Using psychological principles in sports injuries and understanding related to this may provide a different rehabilitation process experience. In this sense, managing the injury process of an athlete effectively requires strategical knowledge and psychological principles, which may be effective for treatment. In other words, helping athletes in transition process from injury state to healing by integrating psychological skills into rehabilitation may contribute to the healing of the injured athlete (Crossman, 1997). Successful healing can not only be mediated utilizing injured athlete's care for him/herself but also there is a need for the support of his/her physician, therapist, and family (Petrie, 1993). The role of the athlete during the rehabilitation process should be explained before the treatment. An ideal scenario for athletes is to take responsibility for their own rehabilitation process. This is often named in the literature as a patient centered approach. Medical experts believe that athletes who experienced a successful rehabilitation process are motivated, decisive, and willing to listen to them (Brewer, 1994). Furthermore, those who believe their treatment was effective are in a tendency of receiving social support from coaches and family and have higher motivation and positive attitude towards the treatment (Duda et al., 1989; King et al., 2023). Most of the time that trainers approach to their athletes in a complicated way, they have to put up with their pains. The success in rehabilitation process for sports injuries means returning by athlete to the physiological and psychological position before he got injured. From a simple point of view, it is acknowledged that an athlete should take part in therapy sessions and work hard (Crossman, 1997). Sports medicine clinics should not only be the places where athletes heal, but these places should provide them also with socialization.

This study aimed to find out the effects of gender, being professional or amateur wrestler status and treatment after injury on sports injury anxiety levels of wrestlers. While this research may help professional and amateur wrestlers to have awareness related to sports injury anxiety throughout their athletic careers, the research also may be a for those who want to make research about sports injury anxiety in other sports branches.

Material and Methods

Research Model

Quantitative research (QR) was employed as the methodology for this investigation to explore the sports injury anxiety of wrestlers. This quantitative survey method was used to collect data from each participant. This, as a quantitative method, is a strong data collection type to obtain and measure to determine anxiety levels of athletes.

Research Group

Regarding the sample and population of this research, it consisted of professional and amateur wrestlers (18 years old and above) living in some provinces of Turkey, who have been wrestling actively. 263 of the participants (n = 408) were male wrestlers.

Data Collection

The research was carried out with Google Forms, which is an online platform due to pandemic lockdowns in Turkey between the dates of January 1 and March 30, 2021. The training of wrestlers continued individually during the lockdown. The local university Ethics Committee approved the project. Written informed consent was obtained from participants before the start of the research.

Regarding data collection tools. demographical information of participants was obtained through a personal information form prepared by a researcher and data related to sports injury anxiety of participants were obtained using the scale of “sports injury anxiety” developed by Caz et al. (2019). The measurement structure of the “sports injury anxiety scale” consisted of 19 items and six sub-scales, and explained 65% of the total variance. According to confirmatory factor analysis, the six-factor measurement structure had a good fit with the data. t the scale and its sub-scales had high internal consistency and reliability. The stability coefficients of the scale and its subscales were found to be high (Caz et al., 2019). In the adaptation study of the scale, the anxiety of losing skills was 0,72, the anxiety of perceiving oneself as weak was 0,64, the anxiety of suffering was 0,78, the anxiety of disappointment was 0,87, the anxiety of losing social support was 0,81 and anxiety of reinjury was as 0,60 and Cronbach Alpha internal consistency coefficient of the scale was calculated as 0,87 in total. In the current study, the anxiety of losing skills was 0,73, the anxiety of perceiving oneself as weak was 0,63, the anxiety of suffering was 0,81, the anxiety of disappointment was 0,82, the anxiety of losing social support was 0,80 and anxiety of reinjury was calculated as 0,60.

Data Analysis

Regarding data analysis, skewness and kurtosis values of data were evaluated to determine whether there was a normal data distribution or not. It was determined that skewness values were between -0.71 ± 1.39 and kurtosis values were between -1.03 ± 1.88 . Mallery and George (2000)

stated that values of ± 2 are appropriate for a normal distribution. Independent sample t-test was used for the status of being professional or amateur, treatment after injury, and competition when athletes injured variables. Pearson correlation test was used to determine the relationship between variables, scale, and subdimensions. SPSS 25 Package Statistics Package (IBM, Armonk, United States) was used for data analysis.

Ethics of Research

The ethics committee approval of the study was obtained from the Ethics Committee of Trakya University (Protocol No: TÜTF-GOKAEK 2020/446)

Results

Table 1

Mean Scores Related to Sports Injury Anxiety Scale (SIAS)

	$\bar{X} \pm Ss$	Min.-Max.
The anxiety of losing skills	2.81 \pm 0.74	1-5
The anxiety of perceiving oneself as weak	2.52 \pm 0.67	1-5
Anxiety of suffering	2.55 \pm 0.79	1-5
Anxiety of disappointing	2.74 \pm 0.79	1-5
The anxiety of losing social support	2.31 \pm 0.80	1-5
Anxiety of reinjury	2.54 \pm 0.66	1-5
SIAS	2.58 \pm 0.59	1-5

SIAS = Sports Injury Anxiety Scale

In Table 1, mean scores related to SIAS and its subdimensions are shown. It was shown that wrestlers received a low score regarding “losing social support anxiety” (2.31 \pm 0.80) and received a high score regarding “anxiety of losing skills” (2.81 \pm 0.74), “anxiety of perceiving oneself as weak” (2.52 \pm 0.67), “anxiety of suffering” (2.55 \pm 0.79), “anxiety of disappoint” (2.74 \pm 0.79), “anxiety of reinjury” (2.54 \pm 0.66) and “SIAS” grand average (2.58 \pm 0.59).

Table 2

t-test Results of Wrestlers According to Gender Variable

SIAS subdimensions	Male/Female	$\bar{X} \pm Ss$	<i>t</i>	<i>p</i>
The anxiety of losing skills	263	2.75 ± 0.76	-1.080	0.281
	145	2.87 ± 0.69		
The anxiety of perceiving oneself as weak	263	2.45 ± 0.66	-2.674	0.008*
	145	2.64 ± 0.67		
Anxiety of suffering	263	2.52 ± 0.82	-0.908	0.364
	145	2.60 ± 0.74		
Anxiety of disappointing	263	2.66 ± 0.81	-2.781	0.006*
	145	2.89 ± 0.73		
The anxiety of losing social support	263	2.30 ± 0.91	-0.405	0.686
	145	2.34 ± 0.70		
Anxiety of reinjury	263	2.51 ± 0.68	-1.011	0.312
	145	2.58 ± 0.63		
SIAS	263	2.54 ± 0.60	-1.806	0.072
	145	2.65 ± 0.56		

SIAS = Sports Injury Anxiety Scale. * *p* < 0.05

In Table 2, *t*-test results of the injury anxiety scale in wrestlers according to gender variable were shown. It was found that there were significant differences in the “perceiving oneself as weak” and “anxiety of disappointing” subdimensions according to gender variable (*p* < 0.05). Hereunder, female wrestlers were found to have higher anxiety levels than male wrestlers in terms of “perceiving oneself as weak” and “anxiety of disappointing” subdimensions. There were no statistically significant differences in the “anxiety of losing skills”, “anxiety of suffering”, “anxiety of losing social support”, “anxiety of reinjury” and “SIAS” grand average between groups (*p* > 0.05).

Table 3

t-test Results of Wrestlers According to The Status of Being Professional/Amateur Athletes

SIAS subdimensions	Professional		<i>t</i>	<i>p</i>
	Athlete/Amateur	$\bar{X} \pm Ss$		
The anxiety of losing skills	265	2.87 ± 0.70	1.987	0.048*
	143	2.72 ± 0.78		
The anxiety of perceiving oneself as weak	265	2.54 ± 0.68	1.041	0.298
	143	2.47 ± 0.66		
Anxiety of suffering	265	2.57 ± 0.79	0.952	0.342
	143	2.50 ± 0.80		
Anxiety of disappointing	265	2.77 ± 0.80	1.14	0.253
	143	2.68 ± 0.78		
The anxiety of losing social support	265	2.31 ± 0.85	-.237	0.813
	143	2.33 ± 0.84		
Anxiety of reinjury	265	2.60 ± 0.66	2.546	0.011*
	143	2.42 ± 0.65		
SIAS	265	2.61 ± 0.58	1.573	0.117
	143	2.51 ± 0.60		

SIAS = Sports Injury Anxiety Scale. * $p < 0.05$

In Table 3, *t*-test results of wrestlers according to injury anxiety scale and status of being professional/amateur athlete were shown. There were significant differences in the “being a professional athlete status”, “anxiety of losing skills” and “anxiety of reinjury” subdimensions ($p < 0.05$). Hereunder, professional athletes were found to have higher anxiety levels than amateur athletes. In addition, there were no statistically significant differences in “perceiving oneself as weak”, “anxiety of suffering”, “anxiety of disappoint”, “anxiety of losing social skills”, “anxiety of losing social support” and “SIAS” grand average between groups ($p > 0.05$).

Table 4

t-test Results of Wrestler According to Treatment after Injury Variable

SIAS subdimensions	Yes / No	$\bar{X} \pm Ss$	<i>t</i>	<i>p</i>
The anxiety of losing skills	240	2.95 ± 0.72	4.619	<0.001*
	165	2.62 ± 0.70		
The anxiety of perceiving oneself as weak	240	2.61 ± 0.70	3.291	0.001*
	165	2.39 ± 0.62		
Anxiety of suffering	240	2.67 ± 0.80	3.761	<0.001*
	165	2.37 ± 0.75		
Anxiety of disappointing	240	2.87 ± 0.81	4.124	<0.001*
	165	2.55 ± 0.73		
The anxiety of losing social support	240	2.37 ± 0.90	1.650	0.100
	165	2.23 ± 0.75		
Anxiety of reinjury	240	2.65 ± 0.66	4.267	<0.001*
	165	2.37 ± 0.62		
SIAS	240	2.69 ± 0.58	4.590	<0.001*
	165	2.42 ± 0.56		

SIAS = Sports Injury Anxiety Scale

* *p* < 0.05

In Table 4, *t*-test results of wrestlers according to the injury anxiety scale and treatment after injury variable were shown. It was found that there were significant differences (*p* < 0.05) in terms of “anxiety of losing skills”, “anxiety of perceiving oneself as weak”, “anxiety of suffering”, “anxiety of disappoint”, “anxiety of reinjury” and “SIAS” grand average according to “receiving treatment after injury” variable. Hereunder, athletes who received treatment after injury had higher anxiety levels than those who did not receive treatment in “anxiety of losing skills”, “anxiety of perceiving oneself as weak”, “anxiety of suffering”, “anxiety of disappoint”, “anxiety of reinjury” and “SIAS” grand average. In addition, there were no statistically significant differences (*p* > 0.05) in the “anxiety of losing social support” and “SIAS” grand average between groups.

Table 5

Pearson Correlation Results of Wrestlers Related to Weight Category, Frequency of Training, SIAS and its Subdimensions

	ALS	APOW	AOS	AOD	ALSS	AOR	SIAS
Weight category	0.229**	0.033	0.173**	0.122**	0.050	0.115*	0.152*
Frequency of training	0.192**	-0.026	0.088	0.085	0.036	0.058	0.092

ALS = anxiety of losing skills, APOW = anxiety of perceiving oneself as weak, AOS = anxiety of suffering, AOD = anxiety of disappointment, ALSS = anxiety of losing social support, AOR = anxiety of reinjury, SIAS = SIAS grand average, * $p < 0.05$, ** $p < 0.01$.

In Table 5, a correlation table related to weight category, frequency of training, SIAS, and their subdimensions was shown. It was found that there was a low level of positive relationship between weight category and “anxiety of losing skills” ($p < 0.001$, $r = 0.229$), “anxiety of suffering” ($p < 0.001$, $r = 0.173$), “anxiety of disappoint” ($p = 0.014$, $r = 0.122$), “anxiety of reinjury” ($p = 0.021$, $r = 0.115$) and “SIAS” grand average ($p = 0.002$, $r = 0.152$). In addition, there was a low-level positive relationship between the frequency of training and anxiety of losing skills ($p < 0.001$, $r = 0.192$).

Discussion and Conclusions

The purpose of this research was to investigate sports injury anxiety levels of professional and amateur wrestlers and, by this purpose, data obtained from sports injury anxiety scales and personal information were evaluated. When injury sites according to gender were discussed, male wrestlers had more injuries than females in all the body sites. There was a statistically significant difference in the “anxiety of perceiving oneself as weak” and “anxiety of disappointing” subdimensions according to gender variables.

Hereunder, it was found that female wrestlers showed anxiety levels higher than males in the “anxiety of perceiving oneself as weak” and “anxiety of disappointing” subdimensions. On the other hand, there were no statistically significant differences in the “anxiety of losing skills”, “anxiety of suffering”, “anxiety of losing social support”, “anxiety of reinjury” and “SIAS” grand average between groups. When viewed from this aspect, although male wrestlers were exposed to more injuries than females in all body sites, female wrestlers were found to have higher anxiety levels than males in “perceiving oneself as weak” and “anxiety of disappoint” subdimensions. In a study investigating anxiety levels of active athletes after an injury, Namlı and Buzdağlı (2020) found that there were no significant differences in individuals, who participated in sports actively in “perceiving

oneself as weak” and “anxiety of disappoint” subdimensions according to gender variable. In a study of injury risks, anxiety, and depression symptoms of collegiate athletes, Li et al. (2017) found that there were no differences between anxiety symptoms of male and female athletes, and also female athletes were found to show higher depressive symptoms than males. This may be because male and female individuals/athletes participate in different types of exercise and branches of sports and the personality traits of female participants in this research may be effective on status of anxiety levels.

In this study, it was found that there was a statistically significant difference between groups in subdimensions of “anxiety of losing skills” and “anxiety of reinjury” according to the professional/amateur athlete variable. Accordingly, it can be suggested that professional athletes were found to show higher anxiety levels than amateurs in the “anxiety of losing skills” and “anxiety of reinjury” subdimensions. In addition, there were no statistically significant differences between groups in “anxiety of perceiving oneself as weak”, “anxiety of suffering”, “anxiety of disappoint”, “anxiety of losing social support” and “SIAS” grand average. As a result of a literature search, there were no researches, which explicitly investigated athlete injury levels according to being a professional athlete or not to be found. However, in a study by Kayhan et al. (2019), it was found no difference in injury anxiety levels of professional and amateur female athletes. The results of this study do not agree with current research. On the other hand, similarly, in a study by Jansen et al. (2019) it was discussed the relationship between psychological symptoms and sports injuries in amateur soccer players. One of the significant results of their study was that amateur and professional athletes were found to show the same level of sports injury anxiety levels (Junge and Feddermann-Demont, 2016). In the same way, this does not agree with the results of current research. Cetindemir and Cihan (2019) found that there was a significant difference in Amateur footballers in terms of injury anxiety. In case being an amateur and professional athlete or being professional and non-national-level athlete would be considered to be the same, it can be concluded that the results of Cetindemir and Cihan (2019) study agree with the current research. Therefore, the reason why amateur and professional or national and non-national athletes had different injury anxiety levels may be due to the fact that professional and national athletes feel much more responsibility because of their positions, and this position can increase their anxiety level.

According to receiving treatment after injury variable, there were statistically significant differences in “anxiety of losing skills”, “anxiety of perceiving oneself as weak”, “anxiety of suffering”, “anxiety of disappoint”, “anxiety of reinjury” and “SIAS” grand average subdimensions. By this, it can be concluded that athletes, who received treatment after injury had higher anxiety levels than those, who did not receive any treatment. In the literature, there was no study discussing the anxiety levels of athletes, who received treatment after injury or not. However, according to the

results of the current study, anxiety levels of wrestlers, who received treatment after injury were higher than wrestlers, who did not receive any treatment. The cause of anxiety in athletes, who received treatment may be due to not being able to perform the same way after treatment as they used to perform before they got injured. As athletes, who have not received any treatment yet, may not be aware of treatment conditions as they may assume their injuries may not be intensely effective on their performances in a negative way. Therefore, these athletes may show lower levels of injury anxiety.

On the other hand, there were no statistically significant differences in the “anxiety of losing social support” and “SIAS” grand average between groups. In the current study, there were no statistically significant differences in “anxiety of losing skills”, “anxiety of perceiving oneself as weak”, “anxiety of suffering”, “anxiety of disappoint”, “anxiety of losing social support”, “anxiety of reinjury” and “SIAS” grand average subdimensions between groups according to competition injured variable.

This research is limited to amateur and professional wrestlers whose current sports injury anxiety status was measured. On the other hand, due to the Covid-19 pandemic, the data collection method was only limited to online data collection.

Further research could involve more than one scale measuring and comparing athletes’ personality traits along with sports injury anxiety status. Also, a comparison to other combat athletes’ injury anxiety could help have different perspectives relating to sports injury anxiety. Another future direction could be a qualitative measurement method. Qualitative research is a method that focuses on verbal expressions and words (Bryman, 2016). The basis of qualitative research is disciplines like sociology, psychology, anthropology, and philosophy (Yıldırım and Simsek, 1999).

The cause of sports injury anxiety may be due to the professionalization levels of athletes. Athletes professionalize in a branch of sports, show more injury risk and this may have negative effects on performance also this may be a barrier for athletes to take part in the training. In the current study, sports injury anxiety levels of professional and amateur wrestlers were investigated. Consequently, it can be recommended that psychological and sociological support from parents, trainers, and experts may help wrestlers to have a readiness against any sportive injury. For increasing the scale of this subject within further research, it is recommended to add and discuss the personality traits and sports injury anxiety levels of athletes altogether.

Ethics Committee Permission Information

Ethics review board: Trakya University Ethics Committee

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Statement of Researchers' Contribution Rates

The processes related to the introduction, methods, findings, methods, results, discussion, and suggestions part of the research were carried out by the first and second authors, and data collecting and analysis were carried out by the first, second, and third authors, writing-original draft preparation, review and editing findings were carried out by all authors.

Conflict of Interest

The authors declare no conflicts of interest.

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