

Spring 2019

The Road to Recovery: Injured Athlete's Perspectives on Recovery Through Social Support

Brooke Kuhn

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THE ROAD TO RECOVERY: INJURED ATHLETES' PERSPECTIVES ON
RECOVERY THROUGH SOCIAL SUPPORT

by

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A Thesis
Submitted to the Graduate School,
the College of Arts and Sciences
and the School of Communication
at The University of Southern Mississippi
in Partial Fulfillment of the Requirements
for the Degree of Master of Arts

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May 2019

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2019

Published by the Graduate School



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ABSTRACT

Injured athletes' perspectives on different aspect of their recovery process were analyzed using concepts such as social support, responsiveness, and self-disclosure based on three different sources: coaches, trainers, and teammates. 39 participants were used for this study. With an age range from 18-44 years old, the participants are both current college and former college athletes. Many of them ranged from the different types of sports played and at different divisional levels. 82.1% of participants were Caucasian, 12.8% were African American, and 5.1% selected other as their ethnicity. The results exemplify, through linear regression, that trainers are the most effective source of social support for an injured athlete, followed by coaches, and then lastly, other teammates. Through the analysis of mediation, the researcher also found that responsiveness mediates the relationship of social support and self-disclosure ($p=.849$ (coaches), $.819$ (trainers), and $.571$ (teammates)). All three sources were found significantly different when running this analysis. There are conclusions drawn from this study, including that the relational dynamics between a coach and athlete are not as strong for an injured athlete. Also, the researcher can imply that with the amount of time an athlete spends with a trainer during recovery, it could make the recovery process easier for the injured athlete and they would be more likely to go to the trainer for any kind of social support.

Keywords: social support, self-disclosure, responsiveness, injured athletes, sports, coach, trainer, teammates

ACKNOWLEDGMENTS

I would like to acknowledge a couple of important faculty members that were the key to the success of this thesis. First, I would like to thank Dr. Steven Venette for advising me and guiding me through all of the statistical analysis. Dr. Venette made sure I understood everything that I needed to in order to continue the writing process and was there for me emotionally, as well. Next, I would like to thank Dr. Kathryn Anthony for assisting me in coming up with a specific topic to research on while keeping my interests of sports communication in mind. Lastly, I would like to thank Dr. John Meyer for always being of assistance if need be and allowing me to come ask any questions, no matter how random.

Finally, I would like to thank the graduate department (faculty and students) in the School of Communication. Without this opportunity, I would have never been able to see myself grow as a writer, a researcher, and a study. Although, our time at USM is coming to a quick end, the memories made here the last six years will last a lifetime. Southern Miss, To The Top!

DEDICATION

I would like to recognize some important individuals in my life that have supported me throughout graduate school and the writing process. First, I would like to thank my mom. She has been my rock for the past two years and I could have never made it this far without her and her constant affirmations. I would like to also thank my grandmother for always being there to comfort me in all of the stressed times. Next, I would like to thank my significant other, Wyatt Butler. I know without him, I would not have made it as seamlessly as I did. Wyatt was always there for me emotionally and always proofread my drafts to make sure that we could catch the mistakes. Finally, I would like to thank my best friend, Alexandria Phipps. Being able to go through this experience with you has definitely had its benefits during writing sessions. Thank you for always being my writing buddy! I love all of you so much.

I would also like to thank some of my colleagues in the graduate department for always helping me by answering my questions, help me analyze the data, and assist in making tables, or anything else throughout the process; Abigail Barnes, Amy Ellefson, Sean Fourney, Braden Bagley, Steve Maxwell, Nazanin Baniamerian, Jessica Beckham, Sara Hill, and Carrie Reif-Stice. Thank you all for the individual help and support you have given me over the last couple of years. Our relationships that have formed will always be held close to my heart, thank you!

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CHAPTER I INTRODUCTION

In sports, it is common for athletes to endure injuries throughout their athletic careers. According to the NCAA (National Collegiate Athletic Association), during the football season of 2008-2009, there were 8.1 injuries per 1,000 players with over 64,879 players active that season (NCAA, 2009). The injuries range from concussions to lower limb injuries (NCAA, 2009). Overall, there are about 210,674 college athletic injuries per year (Kerr et al., 2015). Some of these athletes go on to have surgeries, rehabilitation services, and some are told they will never play sports again. Athletic injuries have negative impacts on the mental health of a college athlete including, but not limited to, distress, anger, depression, anxiety, tension, fear, and a lower self-esteem (Yang et al., 2010). Through the duration of an injury, an athlete forms his or her own opinion on what is occurring by factoring in their own perception of social support given to them from various sources (Newman & Weiss, 2018).

College athletes most commonly find their coaches as their primary group of social support (Newman & Weiss, 2018) along with other sources such as their teammates and athletic trainers. Being a part of an athletic team in college, a majority of an athlete's time is spent with the team, trainers, and especially, their coaches. With college athletes being away from home and the amount of time spent with their team or coaches, the athletes form a relationship with the coaches that encourages them to use their coaches as a main source of social support (Newman & Weiss, 2018). An athlete and coach relationship flourishes under extreme and quick circumstances contrary to other types of relationships. An athlete values their coach's time and communication tactics, specifically the way a coach portrays social support through different scenarios,

like injuries. However, coaches are not the only source of social support for the injured athlete. Other athletic personnel, such as trainers and teammates, have an impact on the recovery process an injured athlete go through. An athlete has the perception, from each source, on how they expect to be socially supported during an injury.

This idea of perceived and received social support plays a role in an individual's ability to cope with and overcome their injury. For example, if an athlete has the perception that going through rehabilitation services will work, the athletes are more likely to comply with the trainers and to be successful with their process of recovery and will (Bone & Fry, 2006). However, if athletes believe that they will not be successful with rehabilitation services, they are less likely to comply, and their results and recovery may be a lot slower (Bone & Fry, 2006). Social support can aid in the recovery process and can come from various sources for an injured athlete; coaches, trainers, and teammates.

Many factors, including the source of social support, how much the athlete self-discloses, and the perceived responsiveness, can influence an athlete's perception of social support through the duration of an injury. This project will examine the relationships between these variables in an effort to understand communication's role in supporting athletes who are suffering from injuries.

Chapter II will go into more depth on social support for injured athletes and what it looks like when the social support is coming from different sources like coaches, trainers, and teammates. It will also examine responsiveness and how it mediates the relationship between self-disclosure and social support. Chapter III will describe the participants, procedures, and analysis that is planned when the data collection process is

complete. Chapter IV will review the results found and Chapter V will offer an explanation for all of the proposed hypotheses.

CHAPTER II LITERATURE REVIEW

Social Support

Social support is best defined as efforts that can reduce the effects of stressful life events on an individual's health through supportive actions or the belief that support is available (Lahey & Cohen, 2000). Social support is "an integral aspect of the social environment and well-known and widely recognized concept associated with positive health practices," (Malinauskas, p. 743, 2010). Social support can be a type of coping mechanism that can be seen in many different kinds of relationships, even between coaches and athletes. Although, sometimes communication between coaches and athletes can be seen as aggressive or demeaning, that relationship still has aspects of social support that can be identified all throughout coach-athlete interactions (Jowett & Cockerill, 2002). There are two main factors that are influential at the individual level of social support; perceived and received support (Wethington & Kessler, 1986).

Perceived social support

Perceived social support is an outlook from an individual that can majorly impact the way they cope with different situational aspects in their lives. Often times, perceived social support is seen as more significant in relation to health behaviors than the actual giving of social support (Cohen & Wills, 1985). If an athlete does not perceive that he/she is being socially supported, then the social support that is actually given will be seen as effective and useful. The athlete must perceive that the social support given will be beneficial to them before the actual social support is given. With a negative perception that he/she is without social support, an athlete could endure negative effects that will impact rehabilitation outcomes for their injury (Malinauskas, 2010). For example, some

of the effects included could be motivation to participate or finish rehabilitation, depression, stress, and lack of motivation to return to competition within their sport. With a positive perception of social support, such problems could all be avoided for the athlete in the duration of their injury.

Athletes generally seek social support from their coaches when enduring an injury (Newman & Weiss, 2018). Low perceived support can result from pressure to return to practices quickly or from being isolated from other teammates. The use of positive social support can eliminate the risk of depression, distress, and will increase improvements throughout the rehabilitation process (Yang et al., 2010) which drives us to consider how athletes receive social support in beneficial ways.

Received types of social support

Received social support occurs in different forms including emotional, informational, tangible, or self-esteem (Goldsmith, 2004; in the context of sports and athletes: Rees & Hardy, 2000). Each of these types of social support could have different perceptions and receptions depending on the individual. According to Albrecht and Edelman (1987), “the support that counts is the behavior perceived by the subject as supportive” (p. 68). As stated, athletes must perceive that the efforts are beneficial to them before they consider them to be received social support.

Four types of received social support are used to determine athletes’ perceptions of the social support they receive throughout an injury. Firstly, emotional social support is the ability to be empathetic towards an athlete (from a coach or trainer) and to be able to demonstrate concern for an athlete (Cranmer & Sollitto, 2015). Emotional support is often times shown through universal nonverbal communication (Burlison, 2003). When

an athlete becomes injured, they are emotionally supported by their coaches through words that make them still feel like they are a part of the team. Secondly, informational support can be the advice or information a coach can give to their athlete in order to help readjustments in certain environments or situations (Cranmer & Sollitto, 2015). Injured athletes receive informative social support from their trainers, or other medical staff, when they receive knowledge of their injury or other details of their rehabilitation or surgery. Thirdly, tangible social support is the idea of supplying goods or resources to an individual in order for them to be successful with specific situations, like an injury (Cranmer & Sollitto, 2015). This can be shown to athletes when they become injured by giving them the resources they need for rehabilitation or for surgical needs, if possible (Rees & Hardy, 2000). Fourthly, esteem support is exemplified as coaches being able to reassure the athlete of their self-worth and instill confidence through motivational talks (Rees & Hardy, 2000; Cranmer & Solitto, 2015). Each of these types of support are vital to an athletes' performance in rehabilitation and to improve the likelihood of them returning, successfully, to their sport.

Social support impacts many factors throughout the health recovery process of an injured college athlete. The athletes face many obstacles throughout their recovery and their transition back onto the team. With the use of social support through different sources, such as their teammates, coaches, and trainers, they are able to successfully go through a rehabilitation period and re-join the team to their best capabilities once their injury is completely healed. Each source of social support is important to the injured athlete, especially when it comes to the time and the type of social support that is given from these various sources (Bianco, 2001).

Failures of social support

According to Beehr, Bowling, and Bennett (2010), social support can either have a positive effect, have no effect, or have a negative effect. Although, the source of social support may believe that their support given is positively effective and have good intentions, but social support can often times not help someone feel better from health-related injuries (Beehr, Bowling, & Bennett, 2010). Unsolicited support, which is help submissively obtained without asking, can result in many negative effects (Barrera, 1986). There can be negative psychological effects (depression, anxiety, tension), negative physiological effects (increased heart rate or low oxygen respiration) and can result in an individual having a low self-esteem (Deelstra et al., 2003).

Recovering from an illness or injury, there are many aspects to consider when thinking about giving social support to someone. Cohn and Syme (1985), stated that social support, if not given at the correct time, disposition, or manner, can negatively impact an individuals' ability to heal properly and completely. However, if the social support is coming from a positive, supportive source or social interaction, it can increase the positive benefits that can be gained by someone who is overcoming a health disparity, like an injury (Brownell & Shumaker, 1984).

Alternative sources of social support. Social support for an injured athlete can come from anyone in the athletic staff including athletic trainers, coaches, and other teammates. Each of these sources for social support can be beneficial to the injured athlete and exemplify different types of support (emotional, informative, tangible, and self-esteem support) in different ways. If the athlete does not have the idea that they are being socially supported, then they will deem the received social support as ineffective

(perceived support). The received social support needs to be perceived as beneficial for the athlete. If the athlete is expecting that he/she will receive emotional support, but receives tangible support instead, the athlete will likely experience frustration during the duration of the injury (Corbillon, Crossman, & Jamieson, 2008). The person giving the support may experience negative emotions as well, obviating the importance of athletes having social support given from various sources at various times of their injuries.

Throughout the experience of the injury the athlete could endure, it is more likely that they will reach out to their coaches, first, for social support (Smith, 2015). This relationship is important and the most impactful when it comes to the recovery process of an injury because of the relational dynamics of the athlete-coach relationship. The coach can provide self-esteem social support to the injured athlete by helping the athlete build confidence before the return to the sport (Udry, 1997). It is vital for the athletes to have the social support from their coaches to successfully complete the rehabilitation process and return back to the sport with full confidence (Hardy, Burke, & Crace, 1999).

Right when the injury occurs, the trainer is the most beneficial form of social support (Johnston & Carroll, 1998). The athletic trainer is able to provide informational social support to make the athlete aware of what the extent of the injury is or the next step the athlete can take in the recovery process (Johnston & Carroll, 1998). The trainer is also able to give tangible social support during the injury by assisting in the rehabilitation portion of the recovery process. The trainer-athlete relationship should be promoted during this time. Additionally, the trainer should assess what kind of social support the athlete needs and formulate a plan to facilitate the meeting of those needs (Crossman, 2001). Careful planning can aid in the recovery process for the athlete because the trainer

is covering the mental and physical dimensions of the injured athlete and assisting them in ways that the athlete did not even know they needed prior to the injury (Stowe, 2015).

The injured athlete also needs emotional support from teammates during this time, too. Throughout the rehabilitation process of the injured athlete, Gould and colleagues (1997) found that the athlete should remain in contact with the rest of the team in order to not feel isolated or cut off. However, athletes are more likely to be okay with the lack of social support given from teammates than from coaches or trainers (Corbillon, Crossman, & Jamieson, 2008). The injured athletes' teammates are likely to be similar in age and may have gone through similar experiences. This connection allows the athlete's teammates to successfully give their insights on their own experiences of injuries. The social support given may have been through emotional or informational social support towards the middle and the end of the athlete's injury versus the tangible or self-esteem support they would receive during the beginning of the injury (Clement & Shannon, 2011).

Each source and type of social support impacts the athlete's perception of support. This proposed study will determine which source of social support (coaches, teammates, and trainers) is the most significant to injured athletes. This study will also investigate which type of social support (emotional, tangible, informational, self-esteem, and perceived) is deemed the most significant for the injured athlete, as well. The following hypotheses and research question will be used to guide this investigation:

RQ1: How are perceived and received social support beneficial to an athlete?

H1: Athletes feel socially supported when they have a positive perception of their coaches' social support.

H2: Athletes feel socially supported with a positive perception of their trainers' social support.

H3: Athletes feel socially supported with a positive perception of their teammates' social support.

Self-disclosure of Information from Injured Athletes

Self-disclosure, defined by Knox, Hess, Petersen, and Hill (1997) is “an interaction in which the [individual] reveals personal information him/herself, and/or reveals reactions and responses to the client as they arise in the session” (p. 275). Self-disclosure and can be verbal or nonverbal (Way & Vosloo, 2016). There are also several benefits to self-disclosing information regarding an athletic injury. From various sources, such as athletic trainers, self-disclosure can come from calming the athlete, gaining trust from the individual, and making sure the athlete is able to understand the information that is given to them (Hanson, 2005). The goal for trainers is to be able to normalize the athlete's feelings or experiences, but to also get them to set their own goals throughout the recovery process (Sherman & Poczwardowski, 2005). However, self-disclosure, if not used at the right time or effectively can impede the athlete's willingness to participate in the rigorous therapy that they might have to go through and can end up being more focused on the feelings the athlete has about the injury that they have succumbed to (Peptitas, Giges, & Danish, 1999). Self-disclosure, for injured athletes, can come from the athlete him/herself, or even their coaches, teammates, and trainers.

Self-disclosure is valuable to any type of relationship that is formed. Being able to self-disclose information about an injury to a trainer, coach, or teammate can be vital to the success of the recovery process for the athlete. When self-disclosing information it is

important to think about who the information is being presented to, how will the other individual in the relationship respond, and how will it affect the relationship (Petitpas, Giges, & Danish, 1999). To self-disclose information about an injury successfully, each person in the coach-trainer-teammate-athlete relationship needs to understand that disclosure can change the dynamics of the relationship, positively or negatively (Petitpas, Giges, & Danish, 1999). Congruence, according to Geslo and Fretz (1992) is “the ability to be real, open, and honest in the relationship with a client,” (p. 348) which can establish a positive relationship between the athletes and their trainers, coaches, or teammates (Ravizza, 1990; Sexton & Whiston, 1994). Self-disclosure, from the injured athlete or the source, can result in an increased positive perception of responsiveness and perceived social support.

Athlete Responsiveness to Social Support

The notion of an individual successfully receiving given social support can be looked at through the lens of perceived responsiveness. Responsiveness, as described by Nambisan and associates (2016) states “the degree to which an individual perceives that a response was satisfactory in terms of its appropriateness and relevance in meeting the particular information need” (p. 90). In many relationships, including that of an athlete and coaches, teammates, or trainers, perceived responsiveness is vital to the satisfaction of perceived and received social support (Cutrona, 1996; Lemay, Clark, & Feeney, 2007). If perceived and received social support is high in perceived responsiveness then the athlete should feel a relief through the recovery process of their injury (Maisel & Gable, 2009). However, if the perceived responsiveness is low it can make the recovery process much harder on the individual (Maisel & Gable, 2009).

According to Ibarra-Rovillard and Kuiper (2011), responsiveness can come in two forms: perception of responsiveness and satisfaction of needs. An individual perceiving positive behavior from a partner is more important than the actual behaviors of social support given (Reis, 2007). For this study, the athlete should have a positive perception of responsiveness from their coaches, trainers, or their teammates throughout an injury in order to have a positive perception of the social support. Secondly, needs can be separated into innate and psychological types (Ibarra-Rovillard & Kuiper, 2011). Innate needs are an individual's basic needs (food, water, shelter, etc.), but psychological needs can be relevant to circumstantial situations (Reis, 2007). These needs are more specific and can generalize a satisfied individual and promote a positive overall well-being when in distressed situations, like an injury (Ryan & Deci, 2000). Athletes responsiveness to the social support received during an injury, can call for a positive perception of responsiveness, first and foremost, but this can enhance the benefits to an overall well-being of an individual athlete that is recovering from an injury. Through responsiveness, a fourth hypothesis is proposed in order to understand the complex relationship between self-disclosure, responsiveness and social support:

H4: Responsiveness mediates the positive relationship between self-disclosure and social support.

Conclusion

The purpose of this study is to assist in the understanding of how various sources of social support to an injured athlete can impact their recovery process based on the self-disclosure that is given in the relationship with having a positive perception of responsiveness. There are many aspects that influence an athlete's perception of their

injury and if they are socially supported by those around them. This research will explore what it could be like for an athlete who is not socially supported by their teammates, coaches, or trainers. On the other side of the spectrum, it can also assist in establishing that social support is a beneficial mechanism when helping athletes with injuries cope with their injuries in a positive manner. Comparing the three main sources for student athletes (teammates, coaches, and trainers), this study will investigate which source is the most important to the injured athlete and in what ways do they feel more social support from those sources. The overall goal of the study is to guide teammates, coaches, and trainers about how they can be more socially supportive with an injured athlete.

In review, scholars have been able to explain how social support can benefit and impact an injured athlete throughout their recovery process (Yang et al., 2010; Goldsmith, 2004). This study will use this information to decide which source of social support (coaches, trainers, or teammates) are seen as the more significantly supportive source. This study will also attempt to explain how responsiveness mediates the relationship between social support and self-disclosure. As discussed by previous scholars, including Hanson (2005), athletes can perceive their social support as effective with the influence of responsiveness.

CHAPTER III METHOD

Participants

After obtaining Institutional Review Board (IRB) approval, the researcher reached out to potential participants for this study. The survey had approximately 70 surveys completed and 39 ($N=39$) was as the sample. The surveys that were incomplete, were eliminated from the analysis. The age range for this group of participants was from 18 years old to 44 years old. The researcher sought out respondents from universities across the United States.

Since, to an extent, injured college athletes can be a difficult group of people to access, the researcher used purposive sampling. The survey was available via a link to Qualtrics. This link was shared through social media, email, and face-to-face interactions. The researcher also has personal contact with two university's athletic departments. Using a snowball approach, the researcher asked various coaches or other team administrators to distribute this survey to their student athletes, and these students also shared the link with potential participants.

Procedures

After gaining permission, the athletes were forwarded the link to the survey. Prior to beginning the survey, the participant was asked to indicate acceptance of the standard informed consent statement. The actual survey began with the Social Support Survey that was originally developed by a combination of Richman et al. (1998), Taylor and May (1995), and Zimet (1988). The scale had a Cronbach's alpha of .87 (questions on coaches), .76 (questions on trainers), and .90 (questions on teammates). Each of these

scales, combined, assisted in the modification of the scale that will be used throughout this research study.

The survey asked specific questions about the types of social support experienced. Each item is ranked by the college athlete on a Likert-type scale. The scale will be from 1 (never) to 5 (always). All five types of social support was included in each of their own sub-scales, along with sub-scales for the three different sources of support: coaches, teammates, and athletic trainers. This data was used to test hypotheses one, two, and three.

The Perceived Self-Disclosure Scale (Laurenceau et al., 1998) has been modified to ask about an athlete disclosing information about their injury. This scale had a Cronbach's alpha of .88 (questions on coaches), .70 (questions on trainers), and .69 (questions on teammates). The questions on teammates from this scale were left in, despite a lower Cronbach's alpha, because with the number of participants already had, there was significance values in the data. Also, the original scale also had a lower reliability of the questions asking about self-disclosure. There are three items on this scale that range on a 5-point Likert scale from 1 being none at all to 5 a great deal. This data was used to test hypothesis 4. Along with this scale, a modified version of Perceived Partner Responsiveness Scale from Laurenceau and others (1998) was used to measure the responsiveness an injured athlete receives from trainers, coaches, and teammates. There is a Cronbach's alpha of .73 (questions on coaches), .87 (coaches on trainers), and .73 (questions on teammates). This 5-point Likert scale also ranges from 1 (none at all) to 5 (a great deal). This scale will provide the data used to test hypothesis 4.

Two open-ended questions will be asked in order to get more of a perspective from the injured college athletes on what their experience was during the injury. The answers were used to provide exemplar quotes and will hopefully give the researcher more of an insight into social support and how injured athletes perceive it throughout their injury. Lastly, a series of demographic questions was asked to help determine sampling anomalies and to aggregate data.

Statistical Analysis

During the analysis of the data, SPSS was used for all statistical testing. For hypotheses 1 through 3, the researcher constructed a regression table. This allowed the researcher to see which source of social support stands out as the most important group.

To measure the complex relationship between self-disclosure, responsiveness, and social support, the process macro for SPSS (version 3) was used. Both direct and indirect effects were considered. Final determination of mediation was established using Hayes (2018) and Field (2013) criteria.

For the two open-ended questions, answers were coded by identifying repeated or reoccurring ideas that can be used as themes. These themes were placed into categories based on similarities, at a later time. However, specific examples were selected which are representative of a theme and were used as quotations in the results and discussion section of the research paper for exemplars for those athletes who were willing to describe the social support they did receive or did not receive and how it was perceived.

The two open-ended questions are

1. How did you perceive that your coaches, trainers, or teammates would socially support you during your injury?

2. Did your coaches, trainers, or teammates socially support you during your injury? If so, how?

Social support is important during any trying time. This supposition is no less true in the context of student athletes experiencing an injury. The perception of support may be influenced by the appropriateness of the responsiveness provided by coaches, trainers, and teammates. Through examination of this context, scholars will have a better understanding of communications role in connecting social support and effective recovery. Chapter IV will present the findings for the research question and hypotheses. In the same manner, Chapter V will draw conclusions and implications

CHAPTER IV RESULTS

The purpose of this study is to examine the relationship of responsiveness with social support and self-disclosure based on injured college athletes' experiences with coaches, trainers, and teammates. Chapter II presented the literature review, along with the proposed hypotheses and research question, while Chapter III explained the methods and statistical analysis that was used to complete the investigation. This chapter further explains the data found through a collection of survey responses.

The data collection survey to collect data was hosted on Qualtrics beginning February 18, 2019 and closing on March 7, 2019. The survey was sent to multiple athletic departments, was displayed on social media, and was announced in various courses across multiple campuses. Seventy total participants took the survey. After cleaning the data, a total of thirty-nine participants were analyzed ($N=39$).

Preliminary Analysis

Descriptive Statistics

Before the results are presented for each hypothesis, a complete understanding of the characteristics of the participants will be explained.

After the data collection process was completed, an analysis of the data found was then analyzed. Thirty-nine participants were used for the analysis. The participants consisted of 18-44 year old individuals, with a majority of the participants falling between the 18-24 age range (51.3%), 16 participants (41%) did not select their age range. Additionally, 82.1% of the participants were Caucasian, 12.8% were African American, and 5.1% selected "other" for their ethnicity (the one participant who selected other, wrote that they were African American/Caucasian mix). Also, 43.6% of the

participants selected their gender as being male, 17.9% selected female, while 15 participants (38.5%) did not clarify.

According to the participants, a wide range existed of different sports played during the time they experienced an injury. The answer choices included basketball, baseball, football, golf, softball, tennis, volleyball, or other. More specifically, 5.1% of participants played basketball, 25.6% played baseball, 12.8% played football, 5.1% played softball, 15.5% selected other. The other sports that were listed was soccer, track and field, and lacrosse. Unfortunately, 35.9% of participants did not select which sport they played.

Next, the length of the recovery was also analyzed. Specifically, 23.1% were able to recover in 1-5 weeks, 12.8% recovered in 6-11 weeks, 12.8% recovered in 12-17 weeks, and 10.3% had a recovery process of 18+ weeks. Sadly, 41% of participants did not select their recovery time during the survey.

Lastly, the division the injured athlete played in was also questioned. The options were Division I, II, III, and an other option. Within the participants, 12.8% selected they played Division I, 5.1% played Division II, 12.8% played at a Division III school, and 23.1% selected other. The other answers given included Junior College and NAIA (National Association of Intercollegiate Athletics). Regrettably, 46.2% of participants did not answer this question.

Statistical Analysis of Results

Simple Linear Regression Results

With the use of simple linear regression, the researcher assumes that the outcome should be linear, in relation to the predictors, with a constant homoscedasticity across all

of the predictors used in the analysis. Regression was used, for this study, to examine the relationship of the injured athletes' overall perception of social support comparatively to the social support given by various sources (coaches, teammates, or trainers).

Regression was used to test Hypotheses One, Two, and Three which examined the relationship of an injured athletes' overall satisfaction of social support (dependent variable) compared to the satisfaction of the social support given by the coaches, trainers, or teammates (independent variables). Results show that there was significance between each source of social support for the injured athlete; for coaches' social support ($b=.302$), for trainers' ($b=.391$), and lastly, for teammates' ($b=.288$). Again, social support was measured using a five-point scale.

Through the analysis of using simple linear regression, trainers ($b=.391$) were seen as the most significantly satisfying source for an injured athlete during their recovery process. Overall, each source (coaches, trainers, and teammates) were statistically significant.

The overall fit of the regression model was quite good ($R= .945$; $R^2= .893$). According to R^2 , the overall social support perceived by an injured college athlete can account for 89.3% of the variance between the different sources (coaches, trainers, and teammates) for social support. The F -ratio, calculated using analysis of variance (ANOVA), was equal to 114.33 ($p= .000$). Therefore, the three groups were found to be different. Specific differences will be discussed for each hypothesis.

Hypotheses Results

Hypothesis One

Hypothesis One argues that athletes feel socially support when they have a positive perception of their coaches' social support. Through the multiple regression analysis, the injured athletes' perceptions of their coaches' social support compared to their individual overall perception of social support, the coaches were perceived to be significantly different than the other two groups. The injured athletes' overall perception of social support ($m= 16.96, SD= 4.33, b= .592$) compared to the athletes' perception of the coaches' social support ($m= 14.96, SD= 5.42, b= .302$) exemplifies that there is a statistical difference and Hypothesis One was supported.

Hypothesis Two

Hypothesis Two predicts that athletes feel social support when they have a positive perception of their trainers' social support. Through the multiple regression analysis, the perceptions of the injured athlete of their trainers' social support, when compared to their individual overall perception of social support, was statistically significant. The injured athletes' overall perception of social support ($m= 14.96, SD= 5.42, b= .592$) compared to the athletes' perception of the trainers' social support ($m= 19.17, SD= 4.91, b= .391$) exemplifies that there is a statistical difference, thus Hypothesis Two was supported. Additionally, trainers had the greatest perceived difference when being compared to the other two sources of social support for the injured athlete; coaches ($b= .309$) and teammates ($b= .288$).

Hypothesis Three

Hypothesis Three argues that athletes feel socially support when they have a positive perception of their teammates' social support. Through the multiple regression analysis, the perceptions from the injured athlete of their teammates' social support compared to their individual overall perception of social support, was statistically significant. The injured athletes' overall perception of social support ($m= 14.96$, $SD= 5.42$, $b= .592$) compared to the athletes' perception of the teammates' social support ($m= 15.31$, $SD= 4.06$, $b= .288$) exemplifies that there was a statistical difference, therefore Hypothesis Three was supported.

Mediation Analysis

Hypothesis Four seeks to discover if responsiveness mediates the relationship between social support and self-disclosure. The mediation was tested for each of the three groups providing social support. Using an unstandardized beta, the analysis will evaluate the amount of change self-disclosure predicts social support with responsiveness as the mediator. To begin, with the coaches, there was a significant indirect effect of responsiveness on the relationship between social support and self-disclosure ($b= .296$, BCa CI [-.124-.716]). This represents a relatively large effect ($k^2= .28$, 95% BCa CI [.038-.972]).

For trainers, there was a significant indirect effect of responsiveness on the relationship between social support and self-disclosure ($b= -.061$, BCa CI [-.638-.516]). This represents a relatively medium effect ($k^2= .17$, 95% BCa CI [.112-.252]).

Lastly, to analyze the trainers, there was a significant indirect effect of responsiveness on the relationship between social support and self-disclosure ($b= -.267$,

BCa CI [-.716-.182]). This represents a relatively large effect ($k^2 = .29$, 95% BCa CI [.247-.980]).

Hypothesis four results. Hypothesis Four argues that responsiveness mediates the positive relationship between self-disclosure and social support. Using Bootstrapped confidence intervals, responsiveness does in fact mediate the positive relationship between self-disclosure and social support. For each source (coach, trainers, and teammates), all three Bootstrapped confidence intervals reflected statistical significance, meaning that responsiveness does mediate social support and self-disclosure. Alongside, for all sources, there is “full” mediation of responsiveness on social support and self-disclosure. Therefore, Hypothesis Four was statistically supported. Check Figure 1 for a visualization of the relationships between the variables and the relationships tested for Hypothesis Four. Also, Table 1 is available to see all the significance values per source per mediation analysis ran. The mediation relationships are shown visually in Figure 1.

Figure 1 These are the pathways (A, B, C, and C') and the relationship shown for the mediation analysis.

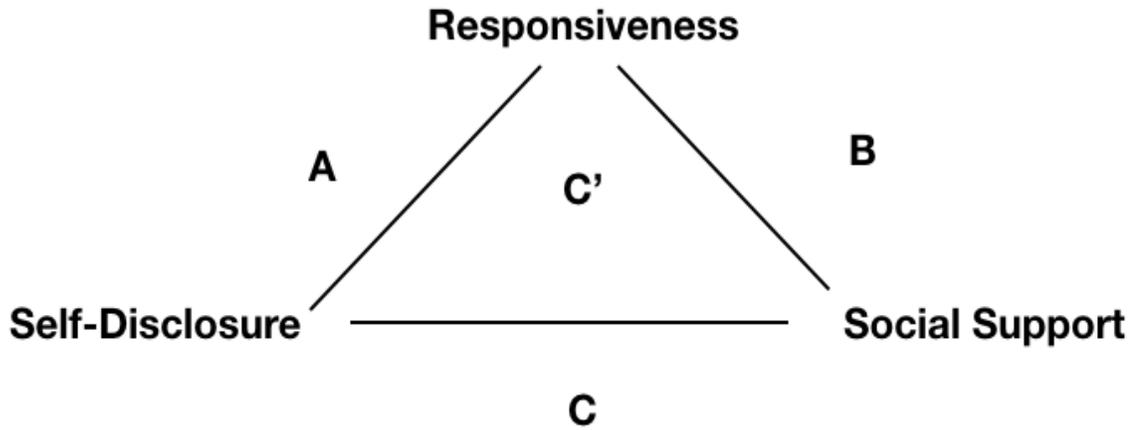


Table 1: Mediation Analysis Table for the Mediation of Responsiveness on Social Support and Self-Disclosure from Various Sources (Coaches, Trainers, and Teammates).

1-Group					Types of Mediation	
	a path	b path	c path	c' path	Bootstrapped	B&K
Coaches	.426*	1.30*	.849*	.296	Yes	Full
Trainers	.610*	1.44*	.819*	-.061	Yes	Full
Teammates	.502*	1.14*	.571*	-.267	Yes	Full

* $p < .05$

In review, this chapter explained, the analysis procedures and the results of the data collected. The following chapter will discuss the findings for each hypothesis, along

with some implications of the study. Lastly, the next chapter will discuss some limitations of this current study and recommendations for future research.

CHAPTER V DISCUSSION

The present study aims to explain the sources of social support for injured athletes and which source is the most pertinent for an athlete during their recovery process. The project also attempts to explain how responsiveness mediates the relationship between social support and self-disclosure for an athlete when they are experiencing an injury. The analysis resulted in really interesting results. In this chapter, the researcher will examine implications for each hypothesis and the overall study. Next, limitations and future research will be proposed. Lastly, a concluding review on the purpose of the study, the findings, and the contributions made to health and sports communication scholarship.

Discussion

As stated by Udry (1997), social support is vital for an injured athlete to have a successful recovery process. Each type of social support is asked about in the Social Support Survey scale to measure athletes' perceptions of their coaches, trainers, and teammates social support during an injury (Richman et al., 1998; Zimet, 1988; May, 1995). To commence, each hypothesis will be explained with implications of research.

Hypothesis One

The first hypothesis states that injured athletes feel socially supported when they have a positive perception of their coaches' social support. The data supports Hypothesis One. According to Newman and Weiss (2018), athletes are most likely to turn to their coaches for social support when coping with an injury. However, the athlete can often times not perceive that social support as beneficial and lack the support needed from their coaches (Newman & Weiss, 2018).

When the participants were asked about their perception of social support from their coaches, trainers, and teammates, one participant stated, “I expected more. I was put on a shelf during and after with almost zero chance of returning.” Coinciding to Newman and Weiss (2018), along with other research done, the coaches were shown to be significant. There are two participants that stated, “Coaches did not understand,” while another stated, “I didn’t think my coaches would be there for me. Football is football.” Although coaches were viewed as a significant source of social support, injured athletes might not always perceive positive social support. Contrary to Newman and Weiss (2018), the coaches were not seen as the most important source, compared to the athletes’ perceptions of the trainers’ social support.

Hypothesis Two

The next hypothesis analyzed examined if injured athletes felt socially supported when they have a positive perception of their trainers’ social support. The data analyzed supports Hypothesis Two. The findings are congruent with Robbins and Rosenfield (2001), who stated that between coaches, trainers, and teammates, trainers are the most influential source of social support for an injured athlete. This primacy could be because of the increased amount of time spent with a trainer when an athlete does become injured through their recovery process until they are back playing their sport (Clement & Shannon, 2011). Additionally, coaches and teammates were still viewed as a significant source of social support for an injured athlete. The significance of all three could have occurred because coaches, trainers, and teammates all play different roles for the injured athlete, and the types and timing of social support given can be vastly different (Clement & Shannon, 2011).

As an example, one participant stated that, “My trainer put me on a routine schedule to come in for therapy of all kind . . . my trainer always knew just how to handle my injury based on how it felt that day until I was fully recovered.” This participant had a positive interaction with the athletic trainer during his or her injury. The trainer seemed to be able to adjust to this specific athlete and give him the best types of social support he could possibly give to make the athlete perceive that the social support was beneficial.

Hypothesis Three

The last hypothesis predicted that injured athletes would have a positive perception of social support when it is given by their teammates. The data found throughout the collection process supports Hypothesis Three. According to Clement and Shannon (2011), teammates are not the most significant source of social support for an injured athlete, but are still an important source for an injured athlete, which is consistent with the data found from this study.

Many explanations exist as to why teammates may be an important source for injured athletes, but not the most significant source. Teammates are often times very similar in age with the injured athlete, and even some of the teammates may have similar experiences with injuries, like the injured teammate (Hardy, Burke, & Crace, 1999). Nevertheless, this could be the exact reason why injured athletes do not see their teammates as being the most significant source of social support. According to Johnson and Carroll (1998), since teammates are often times similar in age and have same experiences as injured athlete, this can lead to them giving the wrong type of social support or giving the social support at the wrong time, based on how the injured athlete is perceiving the social support at any given time.

A participant stated, “My teammates provided me with the emotional support throughout the entire injury and recovery process. A lot of the guys I played with over my career had be through similar, if not the exact injury, before. They were able to give me insight on how they felt what worked for them and what did not. But sometimes I did not really care what they had to say.” Another participant said, “Teammates were understanding, but not overly concerned.” These quotations are consistent with the quantitative findings.

Hypothesis Four

The last hypothesis tested predicted that if responsiveness mediates the positive relationship between self-disclosure and social support. Hypothesis Four, based on the data found, was supported. When an athlete self-discloses information about his or her own injury to various sources, this gives coaches, teammates, and trainers the ability to positively enhance the relationship, if they respond appropriately (Ravizza, 1990). When self-disclosing information, if an injured athlete is not able to perceive positive responsiveness, he or she will perceive a lower level of social support (Cutrona, 1996).

This finding is congruent with Ryan and Deci (2000) who stated that if the athlete is able to self-disclose information about their injury, there is a positive perception of responsiveness, and therefore, social support. This result could assist the individual of having an overall well-being and a satisfactory support network throughout the rehabilitation processes (Ryan & Deci, 2000). As one example stated, “When teammates and trainers asked how I was feeling, and I told them, it helped me feel support and take steps towards my recovery.” Simple questions asked by the sources of social support and

vice versa, allow responsiveness to mediate the relationship between social support and self-disclosure for an injured athlete.

Limitations

Although this study aims to add to the health and sports communication literature, there are still some limitations that need to be addressed. The first limitation was the small sample size used in the data. The sample size was small ($N= 39$). With a larger sample size, the researcher can account for more variance in the responses and be more confident about the generalizing results (MacCallum, 1999). Although, there was significance found for each hypothesis, if the sample size is increased, it could enhance the extrapolation to other groups.

Since the participants needed for the research were injured college athletes, purposive sampling was used to recruit the participants. Purposive sampling can also limit is the generalizability of the study. Using a select sample from a large athletic population (professional, college, and high school/youth athletes), can increase the difficulty of applying the research beyond college athletes. With the sample being majority male (43.6%), generalizing results to both sexes might be problematic.

The last limitation that needs to be examined is the idea of the length of recovery and how it can enhance the role in an injured athletes' perception of social support from coaches, trainers, and teammates. Recovery time was asked in the survey and the variety of answers was vast. With more of an idea on how the length of recovery can enhance the interactions with trainers, teammates, and coaches, it is possible that athletes with longer recovery times will have more of a positive perception of social support from different sources or vice versa.

Future Research

Although, this study does provide insight into injured college athletes' experiences of social support, responsiveness, and self-disclosure from coaches, trainers, and teammates, implications for future research do need to be considered. For example, this study uses the five types of social support (Rees & Hardy, 2000; Goldsmith, 2004); emotional, tangible, informational, esteem, and perceived social support. On the contrary, though, there are other studies, for example (Clement & Shannon, 2001) that break down the five types of social support into eight types; listening, emotional, emotional-challenges, reality-confirmation, task-appreciation, task-challenge, tangible support, and personal assistance. Using the eight types social support can increase the athletes' likelihood to think more specifically about experiences related to those eight types of social support, due to the fact that they are smaller categories that are broken apart from the five main types.

Another area of possible research can look at the gender differences from the injured athletes' perspectives of having an opposite-gendered coach and receiving social support from him/her. Thomas and Thomas (2008) stated that there are conflictual implications of having a male coach with female players and vice versa. This complexity can play a role on the athlete when receiving and perceiving their satisfaction of social support throughout the injury. While women coaches tend to be more nurturing, men coaches generally have a more aggressive demeanor (Thomas & Thomas, 2008). The difference could be interesting to examine during an injury.

Next, the researcher could use the data found to run the same tests of regression to see which type of social support is deemed as the most prevalent in an injured athlete's

perception (if any). Since the questionnaire asks about each type of social support, the data could be aggregated to determine which type of social support per source is the most important for an injured athlete during recovery.

The last suggestion for future research relates to a change in the methodology based on this study. This specific study had an emphasis on the quantitative method of collecting and analyzing the data. A qualitative study, with the hypotheses morphed into research questions, could increase the amount of information given by an injured athlete based on their coaches', teammates', and trainers' social support given. Interviews, instead of a survey, can be conducted from both sides; the sources' side of how they give social support and the athletes' perspective about how it is perceived and received as beneficial.

Summary

In the final chapter, conclusions and implications are made for each hypothesis, limitations were examined, and future research ideas are presented. Overall, the purpose of this thesis was to examine the social support and the relationship between injured college athletes and their coaches, trainers, and teammates. The researcher also examined if responsiveness mediates the relationship between social support and self-disclosure for an injured athlete during their recovery process. While of achieving this goal, concepts within the literature review were analyzed and proper methodology constructed. Results, implications, limitations, and future research was also offered. With the valued data established from athletes' experiences, individuals are able to understand the difficulties injured athlete endure through the duration of their injury while receiving social support from coaches, teammates, and trainers.

Since college athletes have very special, but different, relationships with their coaches, teammates, and trainers, it can be difficult to perceive and receive social support the same way from each source. Through the data collection process, the relative importance of three common support groups was determined. Additionally, the data highlight that the supporters' responsiveness to the athlete's self-disclosure has an important impact on the athlete perceiving social support.

Injuries in college can be career ending for some, and for others can lead to more and more complications over the years to come. A decreased perception of social support can contribute to depression and anxiety associated with an injury. Not only are the mental consequences important in themselves, but they can actually contribute to longer rehabilitation periods and reduce the overall wellbeing of the athlete. Furthermore, this researcher should be able to assist coaches, trainers, and teammates on how they can better communicate support to an injured athlete they may encounter through their own athletic careers. Through improved communication skills, injured athletes can have a more positive perception of the social support received from their coaches, trainers, and teammates during their recovery process.

APPENDIX A SURVEY INSTRUMENT

This is the survey and how it was presented in Qualtrics, including the survey flow.

The road to recovery: Injured athletes' perspectives on recovery through social support

Start of Block: Block 5

Informed Consent

Consent is hereby given to participate in the research project entitled The road to recovery: Injured athletes' perspectives on recovery through social support. All procedures and/or investigations to be followed and their purpose, including any experimental procedures, were explained above by the researcher. Information was given about all benefits, risks, inconveniences, or discomforts that might be expected. The opportunity to ask questions regarding the research and procedures was given.

Participation in the project is completely voluntary, and participants may withdraw at any time without penalty, prejudice, or loss of benefits. All personal information is strictly confidential, and no names will be disclosed. Any new information that develops during the project will be provided if that information may affect the willingness to continue participation in the project. Questions concerning the research, at any time during or after the project, should be directed to Brooke Kuhn at 985-718-6216. This project and this consent form have been reviewed by the Institutional Review Board, which ensures that research projects involving human subjects follow federal regulations. Any questions or concerns about rights as a research participant should be directed to the Chair of the

Institutional Review Board, The University of Southern Mississippi, 118 College Drive#5147, Hattiesburg, MS 39406-0001, (601) 266-5997.

Do you give your consent to participate in this survey?

Yes (1)

No (2)

Skip To: End of Survey If Informed Consent Consent is hereby given to participate in the research project entitled The road... = No

End of Block: Block 5

Start of Block: The first 5 questions ask about various types of social support.

The first 5 questions are asking about various types of social support for an injured athlete from different sources.

Q1 I felt I had emotional support during my injury.

	Never (1)	Sometimes (2)	About half the time (3)	Most of the time (4)	Always (5)
From my coaches (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
From my teammates (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
From my trainers (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q2 I was given valuable information about my injury and throughout recovery.

	Never (1)	Sometimes (2)	About half the time (3)	Most of the time (4)	Always (5)
From my coaches (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
From my teammates (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
From my trainers (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q3 I was given tangible resources throughout the recovery process.

	Never (1)	Sometimes (2)	About half the time (3)	Most of the time (4)	Always (5)
From my coaches (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
From my teammates (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
From my trainers (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q4 I felt that my self-esteem and confidence was built back up during my injury and recovery process.

	Never (1)	Sometimes (2)	About half the time (3)	Most of the time (4)	Always (5)
From my coaches (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
From my teammates (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
From my trainers (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q5 I perceived I would have others there for me during my injury and/or recovery process.

	Never (1)	Sometimes (2)	About half the time (3)	Most of the time (4)	Always (5)
From my coaches (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
From my teammates (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
From my trainers (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

End of Block: The first 5 questions ask about various types of social support.

Start of Block: The next 4 questions are to find information on athlete's self-disclosure.

The next 3 questions are being asked to find information on an injured athlete's self-disclosure to various sources.

Q6 How much do you disclose about your injury?

	None at all (1)	A little (2)	A moderate amount (3)	A lot (4)	A great deal (5)
To my coaches (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To my trainers (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To my teammates (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q7 How much do you disclose information about your injury?

	None at all (1)	A little (2)	A moderate amount (3)	A lot (4)	A great deal (5)
To my coaches (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To my trainers (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To my teammates (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q8 How much do you disclose your feelings concerning your injury?

	None at all (1)	A little (2)	A moderate amount (3)	A lot (4)	A great deal (5)
To my coaches (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To my trainers (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To my teammates (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

End of Block: The next 4 questions are to find information on athlete's self-disclosure.

Start of Block: These 2 questions are to find information on responsiveness for the athlete.

These 3 questions are to find information on responsiveness for an injured athlete.

Q9 To what degree do you feel accepted after disclosing injury-related information?

	None at all (1)	A little (2)	A moderate amount (3)	A lot (4)	A great deal (5)
To my coaches (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To my trainers (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To my teammates (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q10 To what degree do you feel understood when discussing injury specific information?

	None at all (1)	A little (2)	A moderate amount (3)	A lot (4)	A great deal (5)
By my coaches (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
By my trainers (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
By my teammates (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q11 To what degree do you feel cared for after disclosing your thoughts about your injury?

	None at all (1)	A little (2)	A moderate amount (3)	A lot (4)	A great deal (5)
By my coaches (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
By my trainers (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
By my teammates (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

End of Block: These 2 questions are to find information on responsiveness for the athlete.

Start of Block: These 2 questions are used to find information on experiences of injured athlete

These 2 questions are being asked to find information about an injured athlete's experiences throughout their injury.

Q12 How did you think that your coaches, trainers, or teammates would be there for you during your injury and/or recovery process?

Q13 Were your coaches, trainers, or teammates there for you during your injury and/or recovery process? If so, please give examples.

End of Block: These 2 questions are used to find information on experiences of injured athlete

Start of Block: The last 8 questions ask about various demographics and sports information.

The last 8 questions are asking questions about different demographic and sports-related information.

Q14 What gender do you identify as?

Male (1)

Female (2)

Transgender (3)

Other (4) _____

Q15 What age are you?

Under 18 (1)

18 - 24 (2)

25 - 34 (3)

35 - 44 (4)

45 - 54 (5)

55 - 64 (6)

65 - 74 (7)

75 - 84 (8)

85 or older (9)

Q16 What is your ethnicity?

- White (1)
 - Black or African American (2)
 - American Indian or Alaska Native (3)
 - Asian (4)
 - Native Hawaiian or Pacific Islander (5)
 - Other (6) _____
-

Q17 What division did you play in?

- D1 (1)
 - D2 (2)
 - D3 (3)
 - Other (4) _____
-

Q18 What sport did you play?

Basketball (1)

Baseball (2)

Football (3)

Golf (4)

Softball (5)

Tennis (6)

Volleyball (7)

Other (8) _____

Q19 Did you experience an injury while playing a college sport?

Yes (1)

No (2)

Q20 How long was the recovery process?

1-5 weeks (1)

6-11 weeks (2)

12-17 weeks (3)

18+ weeks (4)

Q21 Did you have interactions with an athletic trainer during your injury?

Yes (1)

No (2)

End of Block: The last 8 questions ask about various demographics and sports information.

APPENDIX B – IRB APPROVAL LETTER

**Office of
Research Integrity**



118 COLLEGE DRIVE #5125 • HATTIESBURG, MS | 601.266.6576 | USM.EDU/ORI

NOTICE OF INSTITUTIONAL REVIEW BOARD ACTION

The project below has been reviewed by The University of Southern Mississippi Institutional Review Board in accordance with Federal Drug Administration regulations (21 CFR 26, 111), Department of Health and Human Services regulations (45 CFR Part 46), and University Policy to ensure:

- The risks to subjects are minimized and reasonable in relation to the anticipated benefits.
- The selection of subjects is equitable.
- Informed consent is adequate and appropriately documented.
- Where appropriate, the research plan makes adequate provisions for monitoring the data collected to ensure the safety of the subjects.
- Where appropriate, there are adequate provisions to protect the privacy of subjects and to maintain the confidentiality of all data.
- Appropriate additional safeguards have been included to protect vulnerable subjects.
- Any unanticipated, serious, or continuing problems encountered involving risks to subjects must be reported immediately. Problems should be reported to ORI via the Incident template on Cayuse IRB.
- The period of approval is twelve months. An application for renewal must be submitted for projects exceeding twelve months.

PROTOCOL NUMBER: IRB-19-47

PROJECT TITLE: The road to recovery: Injured athletes perspectives on recovery through social support

SCHOOL/PROGRAM: School of COMM, Communication Studies

RESEARCHER(S): Brooke Kuhn, Steven Venette

IRB COMMITTEE ACTION: Exempt

CATEGORY: Exempt

Category 2. Research involving the use of educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures or observation of public behavior, unless: (i) information obtained is recorded in such a manner that human subjects can be identified, directly or through identifiers linked to the

subjects; and (ii) any disclosure of the human subjects' responses outside the research could reasonably place the subjects at risk of criminal or civil liability or be damaging to the subjects' financial standing, employability, or reputation.

APPROVED STARTING: February 14, 2019

A handwritten signature in cursive script that reads "Donald Sacco".

Donald Sacco, Ph.D.
Institutional Review Board Chairperson

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