Analysis Role of Social Support in Mental Development of Athletes After Injury

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Abstract

Sports injuries not only affect physical condition, but also influence athletes' mental development during the recovery process and return to training. This study aims to analyse the relationship between social support and athletes mental development after injury, as well as to examine differences in mental development based on the severity of the injury. A quantitative approach with a correlational design was used by distributing an online questionnaire to 51 athletes from various sports, including athletes undergoing rehabilitation at the Sport Therapist Injury Laboratory,Universitas Pendidikan Indonesia. The instruments used were the Multidimensional Scale of Perceived Social Support (MSPSS) and the Injury Psychological Readiness to Return to Sport (I-PRRS). Data analysis was performed using parametric statistical techniques. The result revealed a weak positive connection between social support and post-injury mental development ($r = 0.235$), which was not statistically significant ($p > 0.05$) and no significant differences across injury severity levels ($F = 2.175$; $p > 0.05$). These findings indicate that variations in injury severity and perceived social support do not significantly influence athletes' psychological readiness to return to sport.Overall, the findings indicate that internal psychological factors have a greater influence on mental recovery after injury than external help or injury classification. The results of the study showed that social support had no significant relationship with the mental development of athletes after injury, and there were no differences in mental development based on the severity of the injury. These findings confirm that internal psychological contributions play a more important role in the mental recovery of athletes.

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INTRODUCTION

The One of the biggest obstacles to an athlete's career is sports injuries (Moore et al., 2022). The effects are psychological as well as physical, particularly on athletes' mental development both during and after recovery (Gennarelli et al., 2020). Many athletes suffer from emotional depression, anxiety, loss of confidence, and even despair when they are forced to give up their identity of competing or training (Caron et al., 2023). This condition demonstrates how recovering from injuries needs a more all-encompassing strategy than just focusing on medical concerns (Qiao et al., 2022). Some athletes recover physically from an injury and even improve their performance, while others are unable to regain their peak performance (Lavoie-Gagne et al., 2021). This difference suggests additional mental health-related determinants, underscoring the significance of methodically investigating athletes' psychological recuperation following injury.

According to earlier studies, one of the most crucial psychological elements in athlete recovery is social support (Sullivan et al., 2022). Support from family, coaches, other athletes, and experts is thought to boost motivation, offer a sense of stability, and lessen anxiety throughout recovery (Sweeney et al., 2021). Strong social support boosts athletes' confidence to resume peak performance and helps them through the crucial post-injury phase (Lu & Hsu, 2013). However, responses to real-world situations vary widely. Strong social support does not necessarily translate into positive mental development in athletes (Hafidz et al., 2022). On the other hand, athletes who don't receive a lot of assistance can recuperate psychologically more successfully (Clement & Shannon, 2011). These results' inconsistency also suggests that there is still more to learn about the connection between athletes' mental growth and social support.

The process of post-injury recovery is explained by the biopsychosocial approach, which sees recovering as the outcome of interactions between biological, psychological, and social factors (Müller et al., 2023). According to this method, social support can serve as a safeguard because every athlete's personality, experiences, and coping mechanisms are unique, but it is not the only element that influences mental recovery (Braun-Trocchio et al., 2022). The Theory of Cognitive Appraisal states that an athlete's psychological reaction to an injury is significantly influenced by how they evaluate the injury scenario, their abilities, and the environmental support they receive throughout rehabilitation (Anshel et al., 2012; Baez et al., 2020). This study states that an athlete's psychological recovery is influenced by both their physical state and their emotional and cognitive understanding of the injury (Meijen et al., 2020). Positive evaluations of the rehabilitation process, optimism about recovery, and support from loved ones lead to better mental adaptability and preparedness to resume training (Malikova & Baikovskiy, 2023). Conversely, negative appraisal might result in tension, worry, and a decline in mental growth (Sajedi & Kirkbir, 2020). Accordingly, the social-emotional and internal exchanges that follow trauma lead to mental rehabilitation (Kuettel & Larsen, 2020). Therefore, a more thorough analysis of the connection between social support and athletes' post-injury mental development is required.

In context of this urgency, the purpose of this study is to investigate the impact of social support on the mental growth of athletes who are currently or have previously sustained injuries. Additionally, this study will determine how much of an athlete's injury affects their mental growth. It is intended that this study would contribute to the body of knowledge on athletes' psychological rehabilitation, particularly that of Indonesian athletes, which has received little scientific attention. Additionally, this study can serve as a foundation for the development of more focused and empirically supported athlete support strategies that aid in injury recovery and foster a more welcoming and long-lasting training environment. It is therefore hoped that this article will offer fresh perspectives on the connection between athletes' mental growth and the function of social support.

METHOD

In order to ascertain the connection bet-ween social support and athletes' post-injury mental growth, this study used a quantitative technique with a correlational design. Using numerical data from standardized instruments, this method was utilized to objectively examine the correlation between the two variables. 51 student-athletes who had sustained sports injuries within the previous three years, recovered, and resumed training made up the study's participants. Purposive sampling was used to choose participants based on their suitability for the study setting. Only 51 data points remained for analysis after two of the initial 53 replies were removed due to

their incompleteness or failure to meet the requirements.

The main instruments used in this study were the Indonesian version of the Multidimensional Scale of Perceived Social Support (MSPSS) (Sulistiani et al., 2022) and the Injury Psychological Readiness to Return to Sport (I-PRRS) (Dunlop et al., 2023).The MSPSS consists of 12 statements with a 1–7 Likert scale, which measures the perception of social support from three sources, namely family, friends, and significant others. The total score ranges from 12 to 84 and is categorised as low, moderate, and high. The I-PRRS instrument consists of 6 statements with a 1–10 rating scale, which is an adaptation of the original 0–100 scale to facilitate digital completion without changing the essence of the assessment. The total score ranges from 6 to 60 and is categorised as low, moderate, and high as an indicator of an athlete's psychological readiness to return to training after an injury.

In addition to the main instrument, participants were asked to complete an injury severity classification based on time-loss duration categories according to international consensus guidelines for recording sports injuries. The classification consists of four categories, namely no loss of training time (still able to train lightly), minor injury (absent for 1–7 days), moderate injury (absent for 8–28 days), and severe injury (absent for more than 28 days). This classification was used to describe the variation in injury conditions experienced by athletes and to analyse differences in mental development based on injury severity.

Based on an adaption of a scale that had been validated in earlier studies, the research started with the creation of a questionnaire that included statements concerning social support and the mental development of athletes following injury. Athletes that fit the research requirements were given access to the questionnaire online through Google Forms, over WhatsApp, and directly to athletes recovering at the UPI Sports Therapist Injury Lab. Respondents received a brief explanation of the study's goals and data confidentiality prior to completing the questionnaire. Three weeks of data collection were followed by a completeness check to guarantee that only legitimate data was examined. Descriptive statistics and correlation tests were used in IBM SPSS Statistics 22 data analysis to look at the connection between athletes' post-injury mental development and social support.

Descriptive statistics were first used in the study to characterize the distribution of respondent characteristics and variable scores.

Cronbach's Alpha item validity and reliability tests were used to make sure the instrument was appropriate. To determine the connection between social support and athletes' post-injury mental growth, a normalcy test was performed before parametric analysis and Pearson's correlation test. A One-Way ANOVA test was used to analyze differences based on the degree of injury in order to see how different injury groups' mental development differed.

RESULTS AND DISCUSSION

As shown in **Table 1**, there were 51 participants in the study who had suffered sports injuries in the last three years. The respondents consisted of 32 male athletes (62.75%) and 19 female athletes (37.25%). A total of 45 participants (88.24%) were from the Sports Science Study Programme at the Indonesia University of Education, while the rest were from various other study programmes and universities. The average age of the respondents was 20.16 years (SD = 2.32), with all participants being undergraduate students. Based on the type of sport, 32 athletes (62.75%) came from team sports, and 19 athletes (37.25%) came from individual sports. The average training experience was 6.41 years (SD = 4.02). In terms of competition level, 19 athletes (37.25%) competed at the national level, 14 athletes (27.45%) at the regional level, 12 athletes (23.53%) at the international level, and 6 athletes (11.76%) at the local level.

Table 1. Demographic profile of respondents

		Frequency	(%)
Gender	Male	32	62,75
	Female	19	37,25
Age (in years)	Average (SD)	20,16 (2,32)	
Education Level	Bachelor	51	100
Type of Sport	Individual	19	37,25
	Team	32	62,75
Length of Training (in Years)	Average (SD)	6,41 (4,02)	
Competition Level	Local	6	11,76
	Regional	14	27,45
	National	19	37,25
	International	12	23,53

The results of the injury classification, as shown in **Table 2**, indicate that 45 participants (88.24%) suffered joint and bone injuries, while 6 participants (11.76%) suffered muscle injuries. The majority of injuries occurred in 2025 (31.37%), followed by 2022 (25.49%), 2024

(23.53%), and 2023 (19.61%). Based on the time-loss category, 17 participants (41.46%) experienced minor injuries, 16 participants (39.02%) moderate injuries, 8 participants (19.51%) severe injuries, and 10 participants (24.39%) did not experience any loss of training time. The recovery status showed that 25 participants (49.02%) reported full recovery, 22 participants (43.14%) still had minor complaints, and 4 participants (7.84%) had not fully recovered. A total of 35 participants (68.83%) had returned to training, while 16 participants (31.37%) had not yet returned to full training. In addition, 41 participants (80.39%) had never received psychological counselling, and 10 participants (19.61%) stated that they had received it.Further, the numbering and descriptions in the form of images is given after the image and written under the picture. In addition to photographic images, sketches, illustrations, diagrams, flow charts,-and the like also dikategorisasikan se-like image. As a rule the same as images. For instance as follows.

Table 2. Injury profile of respondents

		Frequency	(%)
Injury	Joints, Bones	45	88,24
	Muscles	6	11,76
Time of Injury (In Years)	2022	13	25,49
	2023	10	19,61
	2024	12	23,53
	2025	16	31,37
Time-Loss	No time lost (still able to do light training)	10	24,39
	1–7 days (Minor injury)	17	41,46
	8–28 days (Moderate injury)	16	39,02
	More than 28 days (Severe injury)	8	19,51
Athlete Condition	Fully recovered	25	49,02
	Partially (Mild complaints)	22	43,14
	Not fully recovered	4	7,84
Return to Training Status	Yes	35	68,83
	No	16	31,37
Psychological Support Experience	Yes	10	19,61
	No	41	80,39

Descriptive results of social support, as shown in **Table 3**, indicate that the highest source of support comes from family, with an average score of 5.87 (SD = 0.30). Support from friends has an average of 5.48 (SD = 0.20), and support from close friends has an average of 5.28 (SD = 0.08). Overall, the average social support score was 5.54 (SD = 0.30).

Table 3. Factors of social support

Social Support	Average	SD	Description
Family	5,87	0,30	Family was the strongest perceived source of support during injury recovery.
Friends	5,48	0,20	Friends provided moderate support related to motivation and social interaction.
Significant Others	5,28	0,08	Support from significant others was perceived as relatively lower.
Overall	5,54	0,30	Overall social support was perceived at a high level.

Table 4 shows the descriptive results of mental development, with the highest average score in the aspect of commitment (M = 8.24; SD = 1.91), followed by concentration (M = 7.98; SD = 1.87), efficacy (M = 7.88; SD = 1.87), self-confidence (M = 7.76; SD = 2.00), and functionality (M = 7.22; SD = 2.67). The resilience feature received the lowest average score (M = 5.88; SD = 2.03).

Table 4. Mental Development Factors

Social Support	Average	SD	Description
Self-Efficacy	7,88	1,87	Moderate to high confidence in performing sport activities after injury
Resilience	5,88	2,03	Lowest mean score, indicating varied psychological adaptation
Functionality	7,22	2,67	Perceived physical and functional readiness to return
Commitment	8,24	1,91	Highest score, reflecting strong intention to return to sport
Self-Confidence	7,76	2,00	Stable belief in personal sport performance ability
Concentration	7,98	1,87	High focus readiness during training and competition

Table 5 shows descriptive analysis shows that the social support score (MSPSS) has a minimum value of 34.00 and a maximum value of

84.00, with an average of 66.51 and a standard deviation of 11.73. Meanwhile, the post-injury mental development score (IPRRS) has a minimum value of 19.00 and a maximum of 60.00, with an average of 44.96 and a standard deviation of 10.41. These results illustrate the variation in values among respondents for both research variables.

Table 5. Descriptive test of total variable scores

	N	Min	Max	Mean	SD
TOTAL SCORE MSPSS	51	34.00	84.00	66.50	11.73
TOTAL SCORE IPRRS	51	19.00	60.00	44.96	10.41

* The results indicate adequate score variability for both social support and psychological readiness variables across respondents.

Validity testing was conducted to ensure the suitability of the instrument prior to reliability testing. The results showed that all items on the MSPSS had correlation values above the table r (0.279), ranging from approximately 0.43 to 0.73, and were therefore declared valid. The I-PRRS instrument also showed item-total correlations above the minimum limit, ranging from approximately 0.75 to 0.88. Thus, all items on both instruments were declared suitable for further analysis.

Table 6 shows reliability testing was conducted using Cronbach's Alpha with the results shown in **Table 6**, which indicate that the MSPSS instrument has a value of 0.871 and the IPRRS instrument has a value of 0.913. Both values are above the specified reliability threshold, so both instruments are declared to have high internal consistency and are reliable for use in research.

Table 6. Cronbach Alpha reliability test

Variable	Alpha Score
MSPSS	0.871
IPRRS	0.913

* Both instruments demonstrate high internal consistency, indicating reliable measurement of the studied constructs.

Normality tests were also conducted using Kolmogorov–Smirnov, yielding results as shown in **Table 7**, which indicate significance values of p = 0.172 for MSPSS scores and p = 0.200 for IPRRS scores. Both values are greater than 0.05, indicating that the data are normally distributed and meet the requirements for parametric analysis.

Table 7. Kolmogorov-Smirnova Normality test of instruments

	Statistic	df	Sig.
TOTAL SCORE MSPSS	.110	51	.172
TOTAL SCORE IPRRS	.105	51	.200*

* The significance values indicate that the data are normally distributed and meet the assumptions for parametric analysis.

The results of the Pearson correlation test in **Table 8** show a coefficient value of r = 0.235 with a significance of p = 0.096. The coefficient is positive with a weak relationship, and the significance value is greater than 0.05. Thus, there is no significant relationship between social support and the mental development of athletes after injury.

Table 8. Pearson correlation test

			TOTAL SCORE I-PRRS
TOTAL SCORE MSPSS	Pearson Correlation	.235	.172
	Sig. (2tailed)	.096	.200*

* The correlation shows a positive but weak and statistically non-significant relationship between social support and psychological readiness.

A one-way ANOVA test was also conducted to examine differences in mental development based on injury severity, which yielded results as shown in **Table 9**, with an F value of 2.175 and a significance level of p = 0.103, which is above 0.05. These results indicate that there are no significant differences in mental development scores between athletes with different injury severities.

Table 9. One-Way ANOVA Test of Injury Level with Mental Development

	F	Sig.
Between Groups	2.175	.103

* The analysis indicates no statistically significant differences in psychological readiness across injury severity levels.

The findings of this study indicate that the social support received by athletes after injury is quite high, with the family playing the most significant role compared to friends and other close associates. Meanwhile, in terms of mental development, the aspects of commitment, concentration, efficacy, and self-confidence are relatively strong, while resilience is the lowest aspect. These results indicate that although athletes have the

motivation and readiness to return to training, there are psychological barriers that are still felt, particularly related to the courage to face the risk of repeated injuries and performance pressure after returning. This condition shows that mental readiness after injury is a complex process, involving internal and external factors simultaneously.

These findings are consistent with the general view in sports psychology that families play a fundamental role in creating emotional stability and a sense of security for athletes during the injury rehabilitation process, while support from training partners helps in the recovery of competitive motivation (McCann et al., 2022). However, when the results of this study are compared with previous studies, it appears that a high level of social support does not always correlate with an increase in psychological readiness to return to the field. This differs from the conclusions of studies that found that social support contributes directly to improving the psychological functioning of injured athletes (Latif et al., 2024). These differing results indicate that social support may not function as the primary determinant, but rather as a contributory factor supporting internal factors such as resilience, competition experience, coping strategies, and self-control.

In addition, the results of this study indicate that the severity of injury does not have a significant impact on variations in athletes' mental development scores. These findings suggest that the length of time away from training is not the sole indicator of mental readiness. Athletes with severe injuries do not always exhibit lower levels of mental readiness compared to athletes with minor injuries, confirming that the psychological adaptation process can occur on an individual basis and does not depend entirely on the medical classification of the injury. This provides a new perspective that psychological recovery does not always follow a linear pattern based on the severity of the physiological injury.

Practically, this research underscores the importance of a more systematic approach to psychological support in sports injury recovery. The lack of athletes who have received professional psychological support shows that the mental aspect of rehabilitation is still often neglected compared to the physical aspect. Thus, the results of this study can be used as a basis for coaches, sports therapists, and coaching institutions to design structured psychological interventions such as mental skills training, counselling, or mental readiness monitoring based on periodic assessments.

This study certainly has limitations, particularly in terms of sample size and the use of perception scales that depend on the honesty and understanding of respondents. In addition, this study only describes a snapshot of the mental condition of athletes without looking at the dynamics of change over time. Therefore, further research can develop longitudinal designs, experimental interventions, or the use of mixed approaches to gain a more comprehensive understanding of mental development after injury.

CONCLUSION

This study shows that social support has not been proven to have a influential relationship with the mental development of athletes after injury, so it cannot be used as a major determining factor in psychological readiness to return to training or competition. Although support from family, friends, and loved ones was found to be at a good level, mental development was more influenced by internal factors such as self-confidence, motivation, and the ability to cope with pressure. Furthermore, the severity of the injury did not show a influential difference in mental development, confirming that the length of absence from training is not always an indicator of psychological readiness. These findings imply the need for a more structured recovery approach through professional psychological counselling and mental skills training programmes in a sports coaching environment. Further research is recommended to use longitudinal designs or direct interventions so that changes in athletes' mental readiness can be observed in greater depth.

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