



The Effect of Social Support on Improving Athletes' Motivation and Self-Confidence After a Sports Injury

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Abstract

Background: Psychological recovery after a sports injury may be shaped by support from family, friends, and coaches. **Purpose:** This exploratory study examined the relationships of perceived social support with sport motivation and psychological readiness to return to sport among injured adolescent soccer players. **Methods:** A cross-sectional correlational design was used. Seven athletes aged 13–17 years from one soccer club who had sustained an injury within the previous six months and had returned to the field were recruited purposively. Social support, motivation, and return-to-sport readiness were assessed using the MSPSS, SMS-II, and I-PRRS, respectively. Pearson two-tailed correlations were calculated from the participant scores, with alpha set at .05; Shapiro–Wilk tests and visual inspection were used as limited assumption checks. **Results:** Social support was positively but not significantly correlated with motivation, $r(5) = .439$, $p = .324$, 95% CI $[-.469, .896]$, and negatively but not significantly correlated with psychological readiness to return to sport, $r(5) = -.243$, $p = .600$, 95% CI $[-.842, .625]$. **Conclusion:** The data do not establish a statistically significant relationship or causality. Given the very small, purposively selected sample, these estimates are exploratory and require confirmation in a larger study.

Keywords: Motivation, Psychological Readiness to Return to Sport, Social Support, Sports Injury, Soccer.

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A. Introduction

Soccer places substantial physical and psychological demands on adolescent athletes. Alongside physical, technical, and tactical preparation, athletes must manage the possibility of injury and the uncertainty associated with returning to training and competition. An injury may temporarily disrupt participation and may coincide with changes in motivation and confidence in performing sport-specific tasks. For this reason, rehabilitation research increasingly considers not only physical recovery but also the athlete's social environment and psychological readiness to return to sport (Pratama & Utami, 2024; Tamminen & Watson, 2022).

Within adolescent soccer, family members, friends or teammates, and coaches may provide emotional reassurance, practical assistance, information, and encouragement during rehabilitation. Perceived social support may therefore be related to an athlete's motivation to resume sport and confidence in performing after injury. These constructs should nevertheless be distinguished: motivation reflects reasons for sport participation, whereas the I-PRRS assesses situation-specific psychological readiness and confidence to return to sport rather than general self-confidence (Glazer, 2009; Pelletier et al., 2013).

Previous studies have discussed social support and psychological recovery after sport injury, but evidence focused specifically on injured adolescent soccer players and simultaneously examining perceived social support, sport motivation, and return-to-sport readiness remains limited. Much of the prior discussion is conceptual, qualitative, or based on broader athlete populations, which leaves uncertainty about the direction and magnitude of these relationships in a youth-club context (Arasy et al., 2025; Roy-Davis et al., 2017).

This study addresses that narrow gap through an exploratory cross-sectional

analysis of athletes from one adolescent soccer club. Its contribution is not a causal test of whether support improves recovery; instead, it provides preliminary estimates of the relationships between perceived social support and two distinct psychological outcomes measured after return to the field.

Accordingly, the study aimed to examine whether perceived social support was associated with (1) sport motivation and (2) psychological readiness to return to sport among previously injured adolescent soccer players. The hypotheses were that perceived social support would be positively related to sport motivation (H1) and positively related to psychological readiness to return to sport (H2).

B. Methods

This study used a quantitative, cross-sectional correlational design. The accessible population comprised adolescent athletes registered at the Bee Bold soccer club. Participants were recruited purposively if they were 13–17 years old, had sustained an ankle, knee, hamstring, or hand injury within the previous six months, and had subsequently returned to field participation. Seven athletes met these criteria and completed the survey at one time point. The source study records available for this revision did not state the number of athletes screened, the recruitment dates, a priori power analysis, clinician-confirmed diagnoses, operational definitions of injury severity, exact time since return to sport, or participant-level injury characteristics. Injury type and severity were therefore not controlled statistically. These omissions and the small sample restrict external validity and are acknowledged as limitations.

Perceived social support was measured with the 12-item Multidimensional Scale of Perceived Social Support (MSPSS), which covers family, friends, and significant others and uses a 1–7 response scale (Zimet et al., 1988). Sport motivation was assessed

with the 18-item Sport Motivation Scale-II (SMS-II), comprising intrinsic motivation, integrated regulation, identified regulation, introjected regulation, external regulation, and amotivation (Pelletier et al., 2013). Psychological readiness and confidence to return to sport—not general self-confidence—were assessed with the six-item Injury-Psychological Readiness to Return to Sport scale (I-PRRS), scored from 0 to 100 (Glazer, 2009). Reliability coefficients reported in the original validation studies describe those samples and do not establish reliability in the present Indonesian-language, $n = 7$ sample. The available study record did not document translation, back-translation, cultural adaptation, local content validity, or sample-specific reliability; consequently, measurement findings must be interpreted cautiously.

The three questionnaires were administered once to the selected participants, and the resulting participant-level scores were analyzed in IBM SPSS; the software version was not recorded in the source manuscript. Descriptive statistics

included N , minimum, maximum, mean, and standard deviation. Shapiro–Wilk tests and graphical inspection were used as limited checks of distributional shape and influential observations. Homogeneity-of-variance testing was not used because it is not an assumption of a correlation between continuous variables. Two-tailed Pearson product–moment correlations tested $H1$ and $H2$ at $\alpha = .05$. Results are reported as r , degrees of freedom ($df = n - 2$), exact p values, 95% confidence intervals, and r -squared. Because $n = 7$ provides very low precision and limited power, all inferential results are treated as exploratory rather than confirmatory.

C. Result and Discussion

Result

The results describe the seven participating soccer players and the distributions of perceived social support, sport motivation, and psychological readiness to return to sport. Table 1 presents the number of observations, minimum, maximum, mean, and standard deviation for each variable.

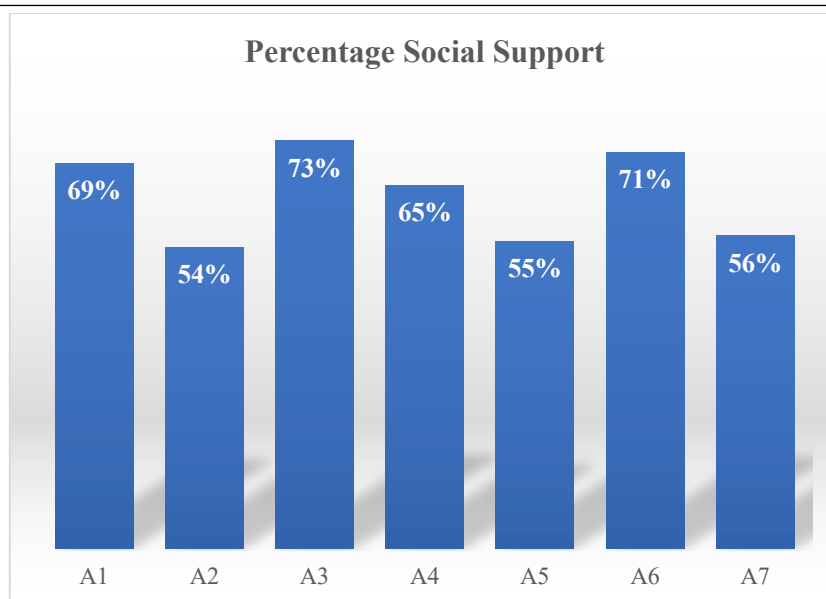
Table 1. Statistical Description

Variable	N	Min.	Max..	Mean	Std. Deviation
SS	7	54.00	73.00	63.2857	8.13868
Motivation	7	83.00	100.00	90.8571	5.84319
PRRS	7	59.00	92.00	76.4286	12.98534

* Max. (maximum), Min. (minimum), N (number of participants), PRRS (psychological readiness to return to sport), SS (social support), SD (standard deviation).

Table 1 shows data from seven soccer players. Social-support scores ranged from 54.00 to 73.00 ($M = 63.29$, $SD = 8.14$), motivation scores ranged from 83.00 to 100.00 ($M = 90.86$, $SD = 5.84$), and psychological-readiness scores ranged from 59.00 to 92.00

($M = 76.43$, $SD = 12.99$). These values are reported on the scoring scale used in the source dataset and should not be interpreted as percentages unless divided by a clearly specified maximum possible score.

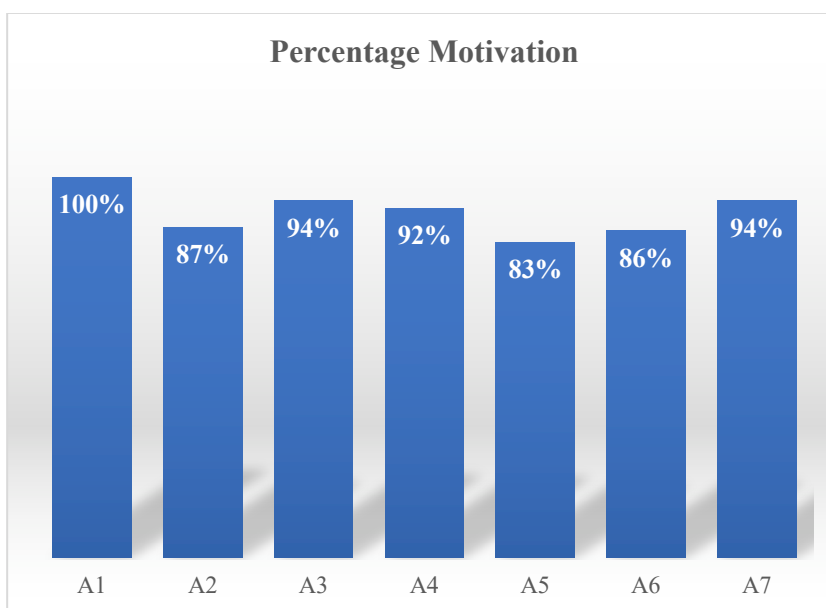


*A1–A7 denote Athletes 1–7.

Figure 1. Social-support scores by participant

Figure 1 displays the recorded social-support scores for the seven participants (69, 54, 73, 65, 55, 71, and 56; $M = 63.29$). The source worksheet formatted these values as percentages, but the available record

does not document a transformation formula or denominator; they are therefore described here as scores rather than percentages.

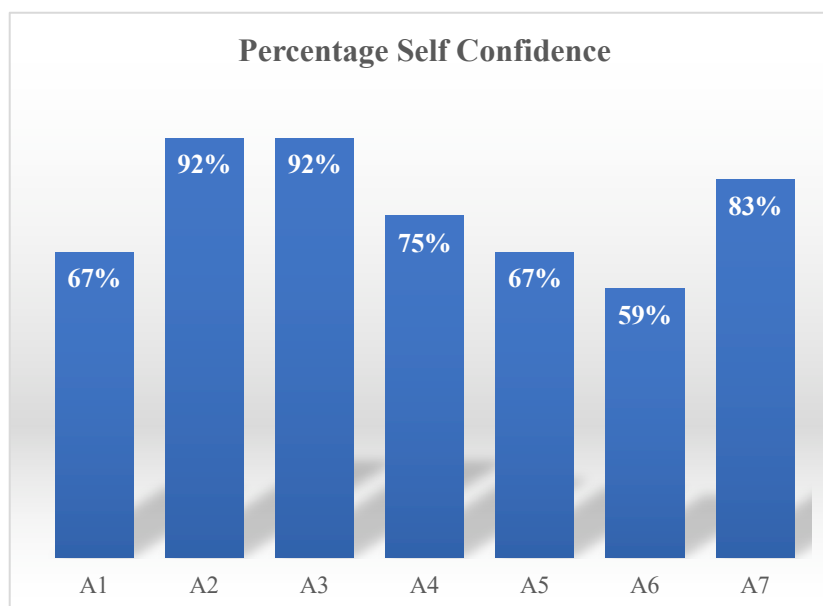


*A1–A7 denote Athletes 1–7.

Figure 2. Motivation scores by participant

Figure 2 displays the recorded motivation scores (100, 87, 94, 92, 83, 86, and 94; $M = 90.86$). Because the source record does not specify the denominator or

transformation applied to the SMS-II values, the numbers are retained as recorded scores and are not interpreted as percentages.



*A1–A7 denote Athletes 1–7.

Figure 3. Psychological-readiness-to-return-to-sport scores by participant

Figure 3 displays the recorded I-PRRS psychological-readiness scores (67, 92, 92, 75, 67, 59, and 83; $M = 76.43$). These values

describe readiness at the single measurement occasion and do not represent change over time.

Assumption Checks

Shapiro–Wilk tests yielded $W = .863$, $p = .162$ for social support; $W = .957$, $p = .796$ for motivation; and $W = .913$, $p = .419$ for psychological readiness to return to sport (all $df = 7$). None was statistically significant; however, with $n = 7$ these tests have low power to identify non-normality. The scores and scatterplots were therefore also inspected for marked nonlinearity and influential observations. These checks cannot

eliminate the substantial uncertainty created by the very small sample.

Variable	Shapiro–Wilk W	df	p
Social support	.863	7	.162
Motivation	.957	7	.796
Psychological readiness	.913	7	.419

Correlation Analysis

Pearson correlations were used to estimate the direction and magnitude of the relationships. A homogeneity test was removed because equal variances across

groups are not required for this analysis. Table 2 reports complete exploratory correlation results.

Table 2. Pearson correlations of social support with psychological outcomes

Outcome	r (95% CI)	p	r ²
Motivation	.439 [-.469, .896]	.324	.193
Psychological readiness	-.243 [-.842, .625]	.600	.059

Note. Pearson product-moment correlations; N = 7, df = 5; p values are two-tailed; CI = confidence interval.

Social support showed a moderate positive correlation with motivation, $r(5) = .439$, but the association was not statistically significant, $p = .324$, 95% CI [-.469, .896]. The wide interval includes both negative and strong positive values, indicating substantial uncertainty; H1 was not supported. Social support showed a small negative correlation with

psychological readiness to return to sport, $r(5) = -.243$, $p = .600$, 95% CI [-.842, .625]. The estimate was not statistically significant and its confidence interval was very wide; H2 was not supported. These cross-sectional results do not show improvement or causal effects.

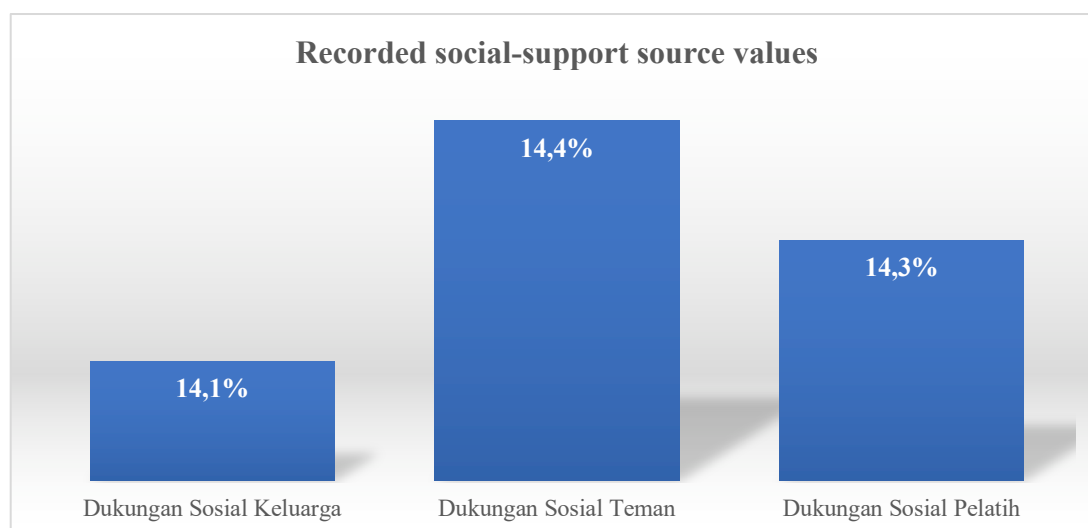


Figure 4. Distribution of recorded social-support source values

Figure 4 presents the values recorded in the source worksheet for family (14.14%), friends (14.43%), and coach support (14.29%). They are descriptively similar. Because the source record does not document the denominator or calculation used to derive these percentages, and no inferential comparison among support sources was conducted, the figure must not be interpreted as evidence that one source increased outcomes or was statistically more important than another.

Discussion

The exploratory results did not demonstrate a statistically significant relationship between perceived social support and motivation. Although the point estimate was positive ($r = .439$), its 95% confidence interval was wide and crossed zero. This pattern is compatible with multiple possible population relationships and should not be described as a strong effect. Prior literature suggests that social environments may be relevant during sport-injury rehabilitation (Roy-Davis et al., 2017; Tamminen & Watson, 2022), but the present cross-sectional

data do not establish that support caused higher motivation.

The relationship between perceived social support and psychological readiness to return to sport was also not statistically significant. The point estimate was negative ($r = -.243$), contrary to the hypothesized positive direction, and the wide confidence interval indicates that the estimate is unstable. With only seven observations, one participant can materially change the correlation; consequently, the result should be treated as preliminary rather than definitive.

The findings distinguish the constructs measured in this study. The SMS-II assesses different forms of sport motivation, whereas the I-PRRS measures confidence and psychological readiness in the specific context of returning to sport (Glazer, 2009; Pelletier et al., 2013). General self-confidence, anxiety, recurrence anxiety, treatment adherence, recovery speed, and subsequent performance were not measured and therefore cannot be inferred from these results.

Descriptively, the three recorded sources of social support were similar, but their percentages cannot be interpreted fully without a documented denominator. The study also did not statistically compare family, friend, and coach support. Existing theory may justify supportive communication during rehabilitation, yet such recommendations should be presented as implications from prior literature rather than as effects demonstrated by this dataset.

The main contribution of this study is a transparent exploratory estimate in a narrowly defined youth-soccer setting. Contrary to the original causal interpretation, the reanalysis indicates that neither hypothesis was supported at the .05 level. Larger prospective studies with repeated measurements, verified injury data, validated local-language instruments, and prespecified analyses are required to determine whether social support predicts later motivation or return-to-sport readiness.

All participants were minors. The records available for this revision did not contain an ethics-committee name or approval number, documentation of parental consent and participant assent, or a statement covering confidentiality and the right to withdraw. These protections cannot be asserted retrospectively without documentary evidence. The authors must supply and verify the original approval and consent records before publication; their absence is a serious ethical and reporting limitation.

This study is limited by its purposive sample of only seven athletes from one club, cross-sectional measurement, unknown screening denominator, lack of an a priori power analysis, heterogeneous and incompletely verified injuries, absence of participant-level demographic and injury data, undocumented instrument adaptation, and imprecise correlation estimates that are highly sensitive to individual observations. Injury type, severity, recovery status, and time since return were not controlled. The results cannot be generalized or used to infer causality.

D. Conclusion

In this exploratory sample of seven previously injured adolescent soccer players, perceived social support was not significantly related to sport motivation or psychological readiness to return to sport. The cross-sectional design permits conclusions about association only and cannot establish influence, improvement, or change. The findings therefore do not support causal claims or clinical recommendations based on this dataset. Future research should recruit a larger and more diverse sample, document and control injury characteristics and time since return, use culturally validated instruments, and employ prospective repeated measurements.

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F. Conflict of Interest

The authors have no conflicts of interest to declare.

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