



EXAMINATION OF AMATEUR FOOTBALL PLAYERS' FOOTBALL ATTITUDE AND INJURY CONCERNS IN SPORTS

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Abstract:

Football is known to be associated with a relatively high injury rate. This study was carried out in order to reveal the differentiation status of football attitudes and injury concerns of football players according to some variables and their interactions with each other. **Methods:** In the study, the “Football Attitude Scale” and the “Sports Injury Anxiety Scale” were used. 202 amateur football players actively playing in 8 clubs in Bahçelievler, Başakşehir, Esenyurt and Sarıyer districts of Istanbul province participated voluntarily. Since the data showed normal distribution, Independent Simple Test, One Way Anova, Correlation and Regression analyzes were used. **Results:** 62.4% of the participants stated that they had an injury that lasted more than 0-7 days, 52.5% of them received treatment after injury and 44.1% of them stated that they had surgery due to sports injuries. According to the findings, the football attitudes of the participants; differs significantly according to age, education level, being treated for sports injury, and having surgery from a sports injury. Injury anxiety in sports differs significantly according to age, education level, having a sports injury, being treated for a sports injury and having surgery from a sports injury. **Conclusion:** As a result, as the individual effects score of football players, which is one of the sub-dimensions of football attitude, increases, the anxiety of injury in sports increases; anxiety about suffering, loss of social support, and re-injury also increases. As social interaction scores increase, the anxiety of losing social support also increases. In addition, as the performance scores of football players increase their anxiety about losing their talent decreases. The predictive power of football attitude about injury anxiety in sports was examined and it was found that the total variance predicted 13%. From football attitude sub-dimensions, 1 point standard deviation change of individual effects increases 17% in sports injury anxiety, and 1 point standard deviation change in social interaction increases 22% in sports injury anxiety. A 1-point standard deviation change of performance, one of the sub-dimensions of football attitude, reduces injury anxiety in sports by 16%. Psychological effects, one of the sub-

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dimensions of football attitude, do not seem to predict the total score of the sports injury anxiety scale.

Keywords: sports injuries; sports faculty students; sports injury anxiety.

Özet :

Futbolun nispeten yüksek bir yaralanma oranı ile ilişkili olduğu bilinmektedir. Futbol oyuncularının futbol tutumu ile yaralanma kaygısının bazı değişkenlere göre farklılaşma durumlarını ve birbiriyle olan etkileşimini ortaya koymak amacıyla bu çalışma gerçekleştirilmiştir. **Yöntem:** Araştırmada, Kayapınar ve Combul (2021) tarafından geliştirilen "Futbol Tutum Ölçeği" ile Caz, Kayhan ve Bardakçı (2019) tarafından geçerlik ve güvenilirliği yapılan "Spor Yaralanması Kaygı Ölçeği" kullanılmıştır. Araştırmaya, İstanbul ilinin Bahçelievler, Başakşehir, Esenyurt ve Sarıyer ilçesine bağlı 8 kulüpte aktif oynayan amatör 202 futbol oyuncusu, gönüllü katılım sağlamıştır. Veriler normal dağılım gösterdiğinden Independent Simple Test, One Way Anova, Korelasyon ve Regresyon analizleri kullanılmıştır. **Bulgular:** Katılımcıların %62,4'ü daha önce 0-7 günden fazla süren sakatlık yaşadığını, %52,5'i sakatlık sonrası tedavi gördüğünü ve %44,1'i de spor sakatlığından dolayı ameliyat olduğunu belirtmiştir. Bulgulara göre katılımcıların futbol tutumları; yaşa, eğitim durumlarına, spor sakatlığı tedavisi görme durumlarına ve spor sakatlığından ameliyat olma durumuna göre anlamlı düzeyde farklılaşmaktadır. Sporda yaralanma kaygısı ise yaşa, eğitim durumuna, spor sakatlığı yaşama durumuna, spor sakatlığı tedavisi görme ve spor sakatlığından ameliyat olma durumuna göre anlamlı düzeyde farklılaşmaktadır. **Sonuç:** futbol oyuncularının, futbol tutumunun alt boyutlarından bireysel etkiler puanı arttıkça sporda yaralanma kaygısından; acı çekme, sosyal desteği kaybetme ve yeniden yaralanma kaygısı da artmaktadır. Toplumsal etkileşim puanları arttıkça da sosyal desteği kaybetme kaygısı da artmaktadır. Ayrıca futbol oyuncularının, performans puanları arttıkça yeteneğini kaybetme kaygısı azalmaktadır. Futbol tutumunun, sporda yaralanma kaygısını yordama gücü incelenmiş ve toplam varyansın %13 yordadığı tespit edilmiştir. Futbol tutumu alt boyutlarından, bireysel etkilerin 1 puanlık standart sapma değişimi sporda yaralanma kaygısında %17 artırmaktadır ve toplumsal etkileşim 1 puanlık standart sapma değişimi sporda yaralanma kaygısında %22 artırmaktadır. Futbol tutumu alt boyutlarından performansın 1 puanlık standart sapma değişimi sporda yaralanma kaygısını %16 azaltmaktadır. Futbol tutumu alt boyutlarından psikolojik etkiler ise sporda yaralanma kaygısı ölçek toplam puanını yordamadığı görülmektedir.

Anahtar kelimeler: futbol oyuncuları, futbol tutumu, yaralanma kaygısı

1. Introduction

Around 260 million people all over the world play football professionally or amateurly. From the past to the present, sports activities have become a business area that is chosen

as a profession and has professional studies, as well as being a treatment method used to have physical beauty, to protect from a number of diseases or to heal existing diseases. In this business area, every athlete is seen as a product of that club and marketed on a global basis. Every profession has its difficulties, but the stress, anxiety and worry created by the competition, the audience, the media and the team of the athletes cause threatening psychological and physiological diseases (Evli et al., 2020). Physical education in schools is a very important lesson for raising healthy generations, gaining sports habits, developing talents and physical beauty. Along with training, talent and personal interest, many athletes met sports at a young age and chose sports as their profession. Being an athlete is more difficult than in other professions. Trainings and overloads cause physical injuries to the athletes, and the stress, anxiety and worry created by the competitions cause threatening psychological diseases. The physical and psychological pressures they are exposed to bring along long-term rehabilitation processes (Zhang, 2021; Married et al., 2020).

Sports injuries are defined as injuries that occur during training or competition and affect the functioning of damaged structures, resulting in tissue changes or damage. Although the level of injury varies depending on many reasons such as branch and experience, it is a negative experience that anyone who does sports can experience (Goldstein & Wee, 2011). Contact sports such as football, rugby, martial arts, basketball, handball, or hockey carry a higher risk of injury compared to other sports branches (Rochcongar, 2007; Ciro et al., 2007; Hammami, 2018). The effect of each injury is not only physiological, but also causes psychological and sociological damage. But being a successful athlete is all about hard work and the ability to recover quickly. Amateur athletes do not develop this ability as fast as professional athletes. Heavy training, intense competition programs and the stress they are exposed to reduce the risk of injury by gaining experience in professional athletes (Penttila et al., 2022). Injuries experienced by athletes in sports; loss of ability, being perceived weak, being disappointed and disappointed, loss of social support and re-injury (Caz et al., 2019). The injuries of amateur athletes may differ from those of professional athletes. Injuries are affected by external and internal factors. Being a player in a field such as football, which is a popular sport and has plenty of spectators, can become even more wearisome. The process of getting used to the wearing psychological conditions of amateur football players, the desire to prove themselves, overloads, and serious injuries can result in high performance. In addition, low physical performance for a long time after injury causes damage to the club and alienation from the team. While the injuries experienced, treatment period or rehabilitation processes wear out the athletes mentally, they can also affect their attitude towards football.

Being a successful athlete is about talent, hard work and the ability to recover quickly. The fact that amateur teams have these importance does not develop as fast as professional athletes. Heavy training, intense competition programs and the stress they are exposed to can affect injuries and attitudes towards sports after injury (Penttila et al., 2022). It is also known that excitement and stress trigger anxiety (Erdoğan, 2017).

Football is a global game that has a great place in the world economy as a concept. Football, with its millions of fans, has come from history to the present without losing its activity. However, most of the successful football players had to say goodbye to sports life early due to injuries, and some football players differ in their attitudes towards football after major injuries. This research was conducted to examine the football attitude of football players and their injury anxiety in sports. We think that the research will also try to reveal the effect of injury anxiety, which is one of the reasons affecting the attitudes of football players and will contribute to the literature.

2. Method

2.1. Participants

Male football players actively playing football in the 2020-2021 season in 8 football clubs in Bahçelievler, Başakşehir, Esenyurt and Sarıyer districts of Istanbul participated in the research. The data were collected face-to-face with the permission of the club managers. Our research group consists of 202 male amateur football players. In this article, the journal writing rules, publication principles, research and publication ethics, and journal ethical rules were followed. All responsibilities related to the article belong to the responsible author(s). Ethics committee approval was obtained with the meeting decision of Nişantaşı University dated 29/06/2022 and numbered 2022/27.

Table 1: Demographic Information of Participants

		N	%
Age	18-20 age	48	23,8
	21-23 age	113	55,9
	24-26 age	41	20,3
	Total	202	100
Education	Middle school	23	11,4
	High school	96	47,5
	University	77	38,1
	Graduate	6	3,0
	Total	202	100
Football playing time	0-12 month	30	14,9
	1-3 year	52	25,7
	4-9 year	79	39,1
	10 years and above	41	20,3
	Total	202	100
Training frequency	Every day	88	43,6
	Few days a week	114	56,4
	Total	202	100

2.2. Instruments

In this study, which used a quantitative research method and relational survey model, the change of more than one variable together was examined.

Personal Information Form: A total of 3 questions were asked to the participants: the status of experiencing sports injuries, the status of treatment after sports injuries, and the status of surgery due to sports injuries.

Sports Injury Anxiety Scale: The "Sports Injury Anxiety Scale" was used by Caz et al., (2019), which was adapted into Turkish and tested for validity and reliability. Anxiety about losing talent ($\alpha=.724$), anxiety about being weak ($\alpha=.645$), anxiety about suffering ($\alpha=.780$), anxiety about disappointing ($\alpha=.876$), anxiety about re-injury ($\alpha=.812$) and anxiety about losing social support ($\alpha=.608$), 19 items, and a 5-point Likert scale (strongly disagree-strongly agree).

Football Attitude Scale: The Football Attitude scale, which was validated and reliable by Kayapınar and Conbul (2021), was used. The scale consists of 26 items, 4 sub-dimensions (individual effects, social interaction, performance and psychological effects), 5 items (never-rarely-sometimes-often-always), BMD value of 0.728 and a factor load value of 0.453- It is a scale between 0.741. It is a measurement tool that can be applied to all age categories.

2.3. Analysis

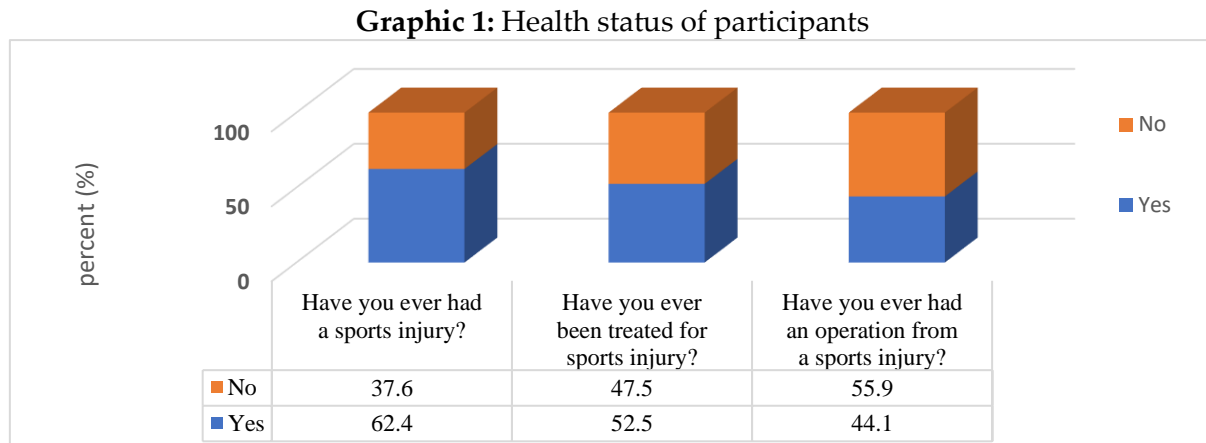
Data collected from participants was transferred to SPSS 21.0. Outlier checks and reliability analyzes were performed. For distribution normality, skewness, kurtosis, Kolmogorov Smirnov and histogram graphs were examined. According to George and Mallery (2016), the data are considered to be normally distributed, based on the fact that skewness and kurtosis values are between -2 and +2 as a "normal distribution".

In order to determine the differentiation of football players' attitude towards football and injury anxiety in sports; One Way Analysis of Variance (One Way Anova) by age, education, football background and training frequency; Independent Sample T-test (Independent T-test) according to the injury caused by the football game, being treated and whether or not to have surgery; Correlation analysis for the relationship between football attitude and sports injury anxiety; Multiple Regression analysis was used to examine the effect of the total score of injury anxiety in sports on the sub-dimensions of football attitude and the effect of the total score of football attitude on the sub-dimensions of injury anxiety in sports.

For regression analysis, multicollinearity was also examined with VIF (variance inflation factor <2.5) and TOL (Tolerance value >0.10) values, and it is possible to say that there is no multicollinearity (Dormann, et al., 2013: 27-46). In addition, VIF and TOL values were examined and it was found that there was no significant relationship, that is, there was no multicollinearity. Since the Durbin-Watson coefficient is in the normal range (1.5-2.5), we can say that the study meets the regression assumptions. According to Field (2009), the closer the Durbin-Watson coefficient is to 2, the stronger the assumption.

3. Results

The percentage distributions of some questions and answers about the health status of the participants are given in Chart 1. Hypothesis analyzes are given in Table 1, Table 2, Table 3 and Table 4.



Mostly, 62.4% (n=126) of our participants experienced an injury that lasted more than 0-7 days, 52.5% (n=106) received injury treatment, and 55.9% (n=113) He stated that he did not have surgery for sports injuries.

Table 2: Differences between football attitudes and sports injury anxiety by age of participants

	Age	N	X̄	Ss	ANOVA	df	F	p
Football Attitude	18-20 age	48	3,53	,20	Between groups	2	6,58	,00*
	21-23 age	113	3,49	,22	In groups	199		
	24-26 age	41	3,37	,22	Total	201		
	Total	202	3,47	,22				
Sports Injury Anxiety	18-20 age	48	3,29	,44	Between groups	2	7,96	,00*
	21-23 age	113	3,32	,42	In groups	199		
	24-26 age	41	3,01	,43	Total	201		
	Total	202	3,25	,44				

*p<0,05

The football attitudes of the participants differ significantly according to the age variable [F(2-199)= 6.58; p=0.00]. The difference is in favor of the participants aged 18-20. Anxiety about being injured in sports also differs significantly according to the age variable [F(2-199)=7.96; p=0.00]. The difference in sports injury anxiety is in favor of 21-23 age participants.

Table 3: Differences between football attitudes and sports injury anxiety by educational level of participants

Educational Status		N	X	Ss	ANOVA	df	F	p
Football Attitude	Middle school	23	3,54	,24	Between groups	3	1,11	,34
	High school	96	3,48	,20	In groups	198		
	University	77	3,46	,25	Total	201		
	Graduate	6	3,38	,29				
	Total	202	3,48	,23				
Sports Injury Anxiety	Middle school	23	3,45	,33	Between groups	3	4,05	,01*
	High school	96	3,30	,47	In groups	198		
	University	77	3,17	,44	Total	201		
	Graduate	6	2,89	,30				
	Total	202	3,25	,45				

*p<0,05

There is no significant difference in football attitudes according to the educational status of the participants ($p>0.05$). Injury anxiety in sports differs significantly according to education level [$F(3-198)=4.05$; $p=.01$]. The difference is in favor of the participants with secondary school education.

Table 4: Differences between football attitudes and sports injury anxiety according to participants' football playing time

Football Playing Time		N	X	Ss	ANOVA	df	F	p
Football Attitude	0-12 month	30	3,46	,21	Between groups	3	1,11	,34
	1-3 year	52	3,48	,22	In groups	198		
	4-9 year	79	3,51	,23	Total	201		
	10 years and above	41	3,44	,24				
	Total	202	3,48	,23				
Sports Injury Anxiety	0-12 month	30	3,28	,52	Between groups	3	,60	,61
	1-3 year	52	3,20	,46	In groups	198		
	4-9 year	79	3,30	,43	Total	201		
	10 years and above	41	3,23	,41				
	Total	202	3,25	,45				

*p<0,05

There is no significant difference in the football attitudes of the participants according to the duration of playing football ($p>0.05$). There is no significant difference in injury anxiety in sports according to the duration of playing football ($p>0.05$).

Table 5: Differences between football attitudes and sports injury anxiety according to the football training frequency of the participants

Training Frequency		N	X̄	Ss	ANOVA	df	F	p
Football Attitude	Every day	88	3,49	,22	Between groups	1	,46	,50
	Few days a week	114	3,47	,23	İn groups	200		
	Total	202	3,48	,23	Total	201		
Sports Injury Anxiety	Every day	88	3,18	,51	Between groups	1	4,31	,04*
	Few days a week	114	3,31	,39	İn groups	200		
	Total	202	3,25	,45	Total	201		

*p<0,05

Football attitude was not found to be significant according to the training frequency of the participants ($p>0.05$). Injury anxiety in sports differs significantly according to the frequency of training [$F(1-200)=4.31$; $p=.04$]. The difference is due to the participants who do sports a few days a week.

Table 6: The difference between football attitudes and sports injury anxiety according to the injury of the participants from football game

Disability Survival Status			N	X̄	Ss	df	t	p
Football Attitude	Individual Effects	Yes	126	3,8	0,34	200	1,26	,20
		No	76	3,74	0,36			
	Social Interaction	Yes	126	3,54	0,41	200	-0,64	,52
		No	76	3,57	0,34			
	Performance	Yes	126	2,59	0,48	200	-1,75	,08
		No	76	2,72	0,49			
	Psychological Effects	Yes	126	3,26	0,69	200	-0,56	,57
		No	76	3,32	0,63			
Disability Survival Status			N	X̄	Ss	df	t	p
Sports Injury Anxiety	Anxiety of Losing Talent	Yes	126	3,29	0,73	200	0,61	,54
		No	76	3,22	0,79			
	Poor Perception Anxiety	Yes	126	3,03	0,76	200	-0,65	,51
		No	76	3,1	0,76			
	Suffering Anxiety	Yes	126	3,36	0,77	200	0,64	,52
		No	76	3,29	0,73			
	Anxiety of Disappointment	Yes	126	3,17	0,73	200	0,78	,43
		No	76	3,08	0,74			
	Anxiety of Losing Social Support	Yes	126	2,95	0,89	200	0,17	,85
		No	76	2,92	0,81			
	Re-Injury Anxiety	Yes	126	3,75	0,61	200	3,06	,00*
		No	76	3,47	0,65			

*p<0,05

There was no significant difference in all sub-dimensions of football attitudes according to the sports injury experience of the participants ($p>0.05$). From the sub-dimensions of injury anxiety in sports, the anxiety of losing one's ability, the anxiety of being perceived weak, the anxiety of suffering, the anxiety of disappointing and the anxiety of losing

social support do not differ significantly according to the disability status of the participants ($p>0.05$). A significant difference was found between re-injury anxiety scores according to the status of experiencing sports injury ($t(200)=3.06$; $p=0.00$). The difference is in favor of the disabled.

Table 7: Differences between football attitudes and sports injury anxiety according to participants' injury treatment experience

Disability Treatment Vision Status		N	X̄	Ss	df	t	p	
Football Attitude	Individual Effects	Yes	106	3,71	,35	200	-2,79	,00*
		No	96	3,85	,33			
	Social Interaction	Yes	106	3,46	,40	200	-3,46	,00*
		No	96	3,65	,35			
	Performance	Yes	106	2,61	,47	200	-,85	,39
		No	96	2,67	,51			
	Psychological Effects	Yes	106	3,33	,71	200	1,06	,28
		No	96	3,23	,61			
Disability Treatment Vision Status		N	X̄	Ss	df	t	p	
Sports Injury Anxiety	Anxiety of Losing Talent	Yes	106	3,13	,07	200	-2,53	,01*
		No	96	3,40	,77			
	Poor Perception Anxiety	Yes	106	2,93	,76	200	-2,53	,01*
		No	96	3,20	,72			
	Suffering Anxiety	Yes	106	3,22	,81	200	-2,22	,02*
		No	96	3,46	,67			
	Anxiety of Disappointment	Yes	106	2,98	,70	200	-3,16	,00*
		No	96	3,30	,74			
	Anxiety of Losing Social Support	Yes	106	2,73	,84	200	-3,70	,00*
		No	96	3,17	,83			
	Re-Injury Anxiety	Yes	106	3,66	,67	200	,36	,71
		No	96	3,62	,61			

* $p<0,05$

According to the sports injury treatment status of the participants, football attitudes were found to be significant in the sub-dimensions of individual effects ($t(200)=-2.79$; $p=.00$) and social interaction ($t(200)=-3.46$; $p=.00$). There are differences in level ($p<0.05$). The difference is in favor of the participants who did not receive treatment after the disability. According to the status of receiving treatment for sports injury, the anxiety of losing one's ability in sports ($t(200)=-2.53$; $p=.01$), anxiety about being perceived weak ($t(200)=-2.53$; $p=.01$), anxiety about suffering ($t(200)=-2.22$; $p=.02$), anxiety about disappointing ($t(200)=-3.16$; $p=.00$), and anxiety about losing social support ($t(200)=-3.70$; $p=.00$) sub-dimensions were found to have significant differences ($p<0.05$). The difference is in favor of the untreated participants in all sub-dimensions. No difference was found in re-injury anxiety ($p>0.05$).

Table 8: Football Attitudes and Sports Injury Anxiety According to Participants' Surgery Experience

Situation of Surgery		N	X̄	Ss	df	t	p	
Football Attitude	Individual Effects	Yes	89	3,68	0,34	200	-3,59	,00*
		No	113	3,85	0,34			
	Social Interaction	Yes	89	3,38	0,37	200	-5,77	,00*
		No	113	3,68	0,35			
	Performance	Yes	89	2,59	0,48	200	-1,3	,19
		No	113	2,68	0,49			
	Psychological Effects	Yes	89	3,34	0,71	200	1,18	,23
		No	113	3,23	0,63			
Situation of Surgery		N	X̄	Ss	df	t	p	
Sports Injury Anxiety	Anxiety of Losing Talent	Yes	89	3,13	0,69	200	-2,19	,02*
		No	113	3,36	0,79			
	Poor Perception Anxiety	Yes	89	2,84	0,69	200	-3,8	,00*
		No	113	3,23	0,76			
	Suffering Anxiety	Yes	89	3,17	0,84	200	-2,67	,00*
		No	113	3,46	0,66			
	Anxiety of Disappointment	Yes	89	2,95	0,73	200	-3,31	,00*
		No	113	3,28	0,7			
	Anxiety of Losing Social Support	Yes	89	2,57	0,77	200	-5,83	,00*
		No	113	3,23	0,82			
	Re-Injury Anxiety	Yes	89	3,69	0,68	200	0,96	,33
		No	113	3,60	0,6			

From the football attitudes of the participants according to the experience of sports injury and surgery; There is a significant difference in the sub-dimensions of individual effects ($t(200)=-3.59$; $p=.00$) and social interaction ($t(200)=-5.77$; $p=.00$) ($p<0.05$). The difference is in favor of those who do not have surgery for sports injuries. There is no significant difference in the sub-dimension of performance and psychological effects ($p>0.05$). According to whether there is surgery or not, in the sub-dimension of anxiety about losing one's ability ($t(200)=-2.19$; $p=.02$), anxiety about being perceived weak ($t(200)=-3.80$; $p=.00$), anxiety about suffering ($t(200)=-2.67$; $p=.00$), anxiety about disappointing ($t(200)=-3.31$; $p=.00$), and anxiety about losing social support ($t(200)=-5.83$; $p=.00$) sub-dimensions have significant differences ($p<0.05$). The difference is in favor of those who do not have surgery after injury. There is no significant difference in re-injury anxiety ($p>0.05$).

Table 9: The relationship between participants' football attitudes and sports injury anxiety

		Sports Injury Anxiety						
		Anxiety of Losing Talent	Poor Perception Anxiety	Suffering Anxiety	Anxiety of Disappointment	Anxiety of Losing Social Support	Re-Injury Anxiety	
Football Attitude	Individual Effects	r	,11	,07	,20	,06	,14	,19
		p	,12	,30	,01**	,41	,05*	,01**
		n	202	202	202	202	202	202
	Social Interaction	r	,11	,20**	,11	,13	,32	,05
		p	,12	,00	,11	,06	,00**	,46
		n	202	202	202	202	202	202
	Performance	r	-,24	-,11	-,13	,07	-,12	-,09
		p	,00**	,10	,06	,35	,09	,22
		n	202	202	202	202	202	202
	Psychological	r	-,05	,01	,08	-,08	-,06	-,10
		p	,47	,86	,27	,24	,38	,16
		n	202	202	202	202	202	202

p *.05 ** .01

When the relationship between the football attitude sub-dimensions of the participants and their injury anxiety in sports is examined; There is a weak positive correlation between the individual effects sub-dimension of football attitude and injury anxiety in sports ($r=.20$), anxiety about losing social support ($r=.14$), and re-injury anxiety ($r=.19$) ($p<0.05$). There is a moderate positive correlation between the social interaction sub-dimension of football attitude and the anxiety of losing social support ($r= .32$) of injury anxiety in sports ($p<0.05$). There is a weak negative correlation between the performance sub-dimension of football attitude and the anxiety of injury in sports ($r= -.24$) ($p<0.05$).

Table 10: The effect of participants' football attitude on sports injury anxiety

	B	Beta	t	p	R	R ²	Adj. R ²	F	TOL	VIF
Constant	2,06		4,425	,00	,35	,13	,11	7,08		
Individual Effects	,22	,17	2,505	,01						
Social Interaction	,25	,22	3,248	,00						
Performance	-,14	-,16	-2,365	,02						
Psychological	-,04	-,06	-,907	,37						
Dependent Variable: Sports Injury Anxiety Total Score										

In the regression modeling, the total score of sports injury anxiety was assigned to the dependent variable and the football attitude sub-dimensions were assigned to the independent variables. In the established model, the absence of correlation above 0.80 and the TOL value >0.10 and VIF values <2.5 showed the absence of multiple correlations in the model, and the condition for regression analysis was met (Allison, 1999). As a result of the analysis, the predictive power of football attitude on sports injury anxiety was

examined and it was determined that the total variance predicted 13% ($R=.35$; $R^2=.13$; $F=7.08$; $p=0.00$). One-point standard deviation change of individual effects, one of the football attitude sub-dimensions, increases 17% in sports injury anxiety ($\beta=.17$, $p<0.05$), and a 1-point standard deviation change in social interaction increases 22% in sports injury anxiety ($\beta=.22$, $p<0.05$). A 1-point standard deviation change of performance, one of the football attitude sub-dimensions, reduces injury anxiety in sports by 16% ($\beta=-.16$, $p<0.05$). Psychological effects, one of the sub-dimensions of football attitude, do not seem to predict the total score of the sports injury anxiety scale ($p>0.05$).

4. Discussion

Studies have revealed that team athletes' pain anxiety is higher than individual athletes and amateur athletes have higher injury anxiety than professional athletes (Karayol and Eroğlu, 2020; Çetindemir and Cihan, 2019). It can be said that athletes who experience sports injuries mostly experience the anxiety of losing their abilities (Recep, 2010). Based on these results, it can be said that competing in competitions as a team increases the anxiety of injury and amateur athletes who do not have the competitive experience, mental and physical endurance as professional players have higher anxiety levels.

Our research group consists of 202 amateur football players. 62.4% of our participants stated that they had a disability that lasted more than 0-7 days, 52.5% of them were treated for disability and 44.1% of them stated that they had surgery for sports clumsiness. Kirişçi (2011) also asked the athletes who play team sports such as football, volleyball, handball and basketball, among the most popular sports in his study, "Have you had an injury that lasted longer than 7 days?" 96% of football players answered yes to the question.

Some studies investigating the causes of injury in football players:

Yıldız (2009), the reasons for injury of amateur teams; listed as insufficient training, insufficient warm-up and field ground at a high rate. He also found that as the importance of the competition increased, his injuries increased. Loose et al., who participated in 1130 young football players and examined the incidence of injury. (2019), it was determined that the football players suffered 2630 injuries, mostly in the knee, ankle and thighs, in the 2015-2016 season. In another study conducted with 588 football players, it was revealed that play style and importance, concentration, reaction times and competitive anxiety can affect injuries (Junge et al., 2000). For this reason, a successful training program, nutrition and mental training should be done to prevent injuries. In addition, returning to sports is one of the issues that should be emphasized. In a study, it was found that warm-up exercises, regeneration training and core stability were preferred as the most important trainings to prevent injuries in football.

According to our research findings, football attitudes; it differs significantly according to age, education level, being treated for sports injury, and having surgery from sports injury. Injury anxiety in sports differs significantly according to age, education level, having a sports injury, being treated for a sports injury and having

surgery from a sports injury. Tanyeri (2019) found significant differences in sports injury anxiety according to gender, branch, injury status and level of sportsmanship, and sports field. In addition, there was no difference in the findings of the study according to the state of being operated. Budak et al. (2020) and Arıkan and Çimen (2020) found differences in injury anxiety in sports according to age and sports history. Again, Yalçın, Demirci, and Kızılyar (2020) also determined that injury anxiety in sports differs according to age and gender. The literature review results support our study findings.

It has been determined that the football attitudes of amateur football players, our research group, affect injury anxiety in sports by 13%. There are some factors that affect the development of young football players positively or negatively, and these are; It has been underlined that there is awareness, endurance, goal-oriented and sports-oriented qualities (passion, professional attitude), intelligence and environmental factors (Mills et al., 2012). It is equally important to investigate the reasons that hinder development for development. In a study examining the relationship between the level of trait anxiety of the players, the perception of football success and injuries, it was found that anxiety has a significant relationship with the number of injuries and injuries that occur during the match, and there is a negative relationship between anxiety and perception of success (Olmadilla et al., 2009). In general, the literature supports our findings. In economically strong competitions such as football; External factors such as the importance of the competition, the pressure of the club, the coaches, the technical management, the media and the audience return to the players as psychological pressure. This psychological pressure can cause football players to be overloaded and make mistakes, causing injury to themselves or their opponents. In particular, the length of recovery periods after injury also complicates mental returns. The physical or mental damage caused by the injury also affects the sports attitude of the athletes. 81.4% of elite amateur football players wanted to decide for themselves when to return to football after injury (Loose et al., 2018). Many athletes may have to leave sports at an early age due to health problems caused by their injuries.

Football is a phenomenon that has gained a great place in the world industrially. Many countries have a sports club income, which is more than their national income, and football players are the most fortunate commodities for the club, which have the greatest impact on economic growth. The importance of the club, the audience and the competition cause a lot of stress and physical or psychological wear on the athletes. These loads lead to sports injuries. Since football is a sport that requires frequent contact, the injury rates of football players are undeniably high. Many studies have examined the importance of preventing sports injuries and developing effective physical procedures and psychological techniques for the injured athlete's recovery. Although injuries are important economic difficulties and poor team performance in football team, they mean injury, health problems and deterioration of career plans for a football player. Professional football players, who care about their career plans, undoubtedly have injury concerns. It is also very important to investigate the reasons that trigger this anxiety.

5. Conclusion

As a result, it is seen that the strongest relationship between the football attitude of football players and the anxiety of injury in sports is between social interaction from football attitude and the anxiety of losing social support from the anxiety of being injured in sports. It has been determined that as the performance of football players increases, the anxiety of losing their talent decreases. In addition, it was found that football attitude predicted injury anxiety in sports by 13%.

Football players' expectations, intentions, attitudes and commitments to football can cause an increase in injury anxiety in sports. Athletes should do physical and mental training in order to control their emotions. We conclude that the cause of sports injuries is multifactorial and therefore interdisciplinary work is important, such as the development of programs that approach the athlete from a holistic perspective. It is recommended that this study be applied to professional athletes, female athletes and athletes from other branches.

Conflict of Interest Statement

The author declares no conflicts of interest.

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