

Master thesis (30 ECTS)

Master's degree programme in Sport Sciences, Department of Public Health  
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## MENTAL ASPECTS OF RETURN TO PLAY

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*- a case study of staff and players in a Danish elite basketball club*

*De mentale aspekter af return to play  
- et casestudie af stab og spillere i en dansk elite basketball klub*

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## Abstract

**Formål:** Der er kommet større fokus på de mentale aspekter af at være skadet som elite atlet. Fokus er ikke længere kun på at behandle de fysiske mén, men også de psykologiske udfordringer en atlet kan komme ud for.

Dette fokus har medført, at der er blevet udviklet forskellige forslag til protokoller som teamet omkring den skadede atlet kan følge med henblik på at samarbejde og arbejde holistisk i deres håndtering af skaden. Med manglen på studier der undersøger, hvordan de mentale aspekter opleves og håndteres i praksis mellem atleter og folk omkring dem ude i elitesportsklubberne, opstod formålet med dette speciale: At undersøge hvordan eliteatleter og folk omkring dem oplever de mentale aspekter af en skade, og sammenligne disse perspektiver. Samt undersøge hvordan den videnskabelige litteratur omkring de mentale aspekter understøtter fundene, og kan foreslå forbedringer til håndteringen af de mentale aspekter i hvad der i litteraturen og praksis kaldes *return to play*.

**Metode:** Specialet er udført som et casestudie omhandlende en enkelt case. Den udvalgte case er et herrehold fra en dansk elite basketball klub. Der blev lavet semi-strukturerede interviews med tre spillere samt holdets chef træner, fysioterapeut, fysiske træner og sportspsykolog.

Til at afdække forskningsfeltet omkring mentale aspekter i return to play blev der foretaget en systematisk og struktureret litteratursøgning i relevante databaser, hvorefter relevante artikler blev identificeret.

Analysen er gennemført med inspiration fra *Interpretative Phenomenological Analysis*, hvorved temaer omkring de mentale aspekter af return to play blev identificeret.

**Resultater:** For spillerne er de tre største temaer omkring de mentale aspekter 1) hvordan de håndterer bekymringer, 2) at de ikke kan dyrke deres sport og 3) vigtigheden af en plan.

For personerne omkring dem var temaerne 1) hvordan de har fokus på de mentale aspekter, 2) undgå at skabe unødvendige bekymringer samt 3) psykologisk tryghed.

**Konklusion:** Gennem diskussionen, der inkluderer den akademiske litteratur, kan det konkluderes, at personerne omkring spillerne har fokus på, og er bevidste om alle de mentale aspekter, som spillerne gav udtryk for at de oplever, når de er skadet.

Disse aspekter bliver understøttet af litteraturen, hvor samme mentale aspekter påvises også at blive oplevet af atleter fra andre sportsgrene. Litteraturen understøtter hvordan de mentale aspekter håndteres, samt udbygger håndteringen af den psykologiske tryghed, der udfordrer at spillerne ærligt deler hvordan de har det.

Personerne omkring spillerne oplever en del praktiske problemer, der spiller ind på hvordan de bedst holder alle informeret, så de bedst muligt kan hjælpe den skadede spiller. Fra litteraturen foreslås det at få struktureret og nedskrevet de mentale aspekter, samt hvordan og hvornår disse skal håndteres, til styrket samarbejde, at spillerne kan blive fuldt informeret, samt at alle arbejder ud fra samme plan. Det mentale fokus i return to play er vigtigt at have i fokus, struktur er relevant, og det er essentielt altid at huske, at det er atleten der skal være i fokus, for den plan der lægges.

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## Chapter 1: Introduction

You get that uncomfortable feeling, that something is not how it should be – you feel pain. Not the good kind from being soar after an intense workout or giving all you got in a championship-winning game. It is the kind of pain you know will probably lead to you hearing the one word, you as an elite athlete do not want to hear – injury.

It is not possible for an elite athlete to avoid experiencing one if not multiple injuries throughout a career, as being injured is a significant life event that happens quite often (Weinberg & Gould, 2015, p. 457). Being injured has even been said to go hand in hand with being an elite athlete (Team Danmark, 2016, p. 5).

McKay (2022) has outlined how sport injury historically has been “the domain for medical professions, with a duty to assess the damage, repair it, and send the athletes back out to compete again” (p. 1). Thousands of research studies have been conducted to identifying best treatment, surgical techniques etc. But as it has been acknowledged that injury is not solely a physical phenomenon, the narrow physiological approach to injury management needed to be broadened (McKay, 2022). And all though still secondary to the physical aspects (McKay, 2022), today sport injury psychology is a thriving academic field (Evans & Brewer, 2022), to the extend where the mental aspects now appears in the professional literature on sport injuries (e.g Liaghat & Bruun-Simonsen, 2023).

The recognition that an injury does not only has a physical but also a psychological aspect, has led to research findings, that quality and nature of athletes’ rehabilitation is influenced by cognitive appraisals, emotional reactions, and behavioral responses (Podlog et al., 2014). To give an example, the emotional responses has been found to include anger, frustration, loneliness, worthlessness, and the list goes on (Bauman, 2005). Furthermore, it is not just negative responses. It has been found, that positive psychological responses promote a greater likelihood for athletes to return to sport more quickly (Arderm et al., 2013). This has called for a multidisciplinary, holistic, and athlete-centered approach to rehabilitation, requesting teamwork between the different professions, e.g. sport psychologist, coaches, physical trainer, physiotherapists, helping the athlete return to sport (Burland et al., 2018; Clement & Arvinen-Barrow, 2013; Frank & Oscar, 2023). And the mental

aspects are not only a focus for people with a background in psychology, but everyone involved in the rehabilitation process (McKay, 2022).

This complexity of the rehabilitation process including both physical and mental factors, and with multiple professions included, has led to consensus statements and protocols (Herring et al., 2024; appendix 1) for recovery or rehabilitation processes also called *return to play* (RTP), which will be the focus in this thesis and will be defined below.

Evans and Brewer (2022) raise the question “(...) what can be done to increase the likelihood that findings from investigations of psychological phenomena in the context of sport injury will be applied [?]” (p. 1012). A step towards practical application is the fact that the team physician consensus statement produced by Herring et al. (2024) includes mental aspects in a multi-dimensional RTP process. Team Danmark is also taking the step to create a protocol for RTP - which they have tailored to different Danish sports federations - consisting of different aspects including the mental aspects (appendix 1). So, with the research field of sport injury psychology expanding, leading to the creation of protocols and statements, is the mental aspects then fully applied in practice?

Not being sure if I could answer “yes” to that question sparked my curiosity, and lead me to the aim of this thesis. Athletes are the ones experiencing the injury. They face the potential mental aspects, needing help from the specialists around them to help them deal with the injury. And the staff needs to be aware of how to best assist the athletes in their return to play.

So, in the hectic everyday life in an elite sports club, are the mental aspects actually a focus and being handled in the best way? Does the injured athlete’s needs match with what is being done by the people around them?

In my search for literature, I have not found studies with the aim to compare experiences of mental aspects of RTP from both athletes and staff members, from the same elite sports club. And so, inspired by Evans and Brewer (2022) calling for further research into sport injury psychology in real-world conditions, this lead to the formulation of the following research question which is studied in this master thesis:

## 1.1 Research question

*The aim of this thesis is to explore what perspectives elite athletes and staff members working together have on the mental aspects of RTP for an injured athlete. Then to compare how these perspectives match and lastly discuss how the findings are aligned with academic literature on mental aspects of RTP in order to support findings and provide suggestions for optimal handling of mental aspects of RTP.*

To explore this research question, I have conducted a single case study in order to compare the athletes and staff members working together to help the athletes return to play. The case has been explored using semi-structured interviews, and the academic field of mental aspects of RTP was explored by conducting a literature search to outline findings from the research field.

## 1.2 Reading guide

You are now reading **Chapter 1**, where I above have introduced the motivation for writing this thesis with the outlined research questions. It also includes a definition of concepts.

**Chapter 2** begins with an introduction to the theoretical foundations followed by the methodological background moving into a detailed description of methods used in the thesis including explanations for the choices, I have made in the process.

**Chapter 3** presents the results of analysis of the data from the interviews conducted divided into the analysis of the player-interviews and one for the staff-interviews respectively.

In **Chapter 4** I discuss the results from the analysis. First a comparison is made between the perspectives from players and staff. The discussion is supported by the literature search, and the final section outlines suggestions from the literature not mentioned in the interviews.

**Chapter 5** draws the final conclusion of the thesis, and the results will be summarized to provide answer to the research question.



Lastly **Chapter 6** ends this thesis with perspective on what the findings from the thesis has inspired me to reflect on, in order to go further in adding knowledge to this field of research.

The thesis includes 16 **appendices** that can be found after the bibliography. References to the relevant appendix are made throughout the thesis.

Citation and reference style of choice is APA 7<sup>th</sup> edition, which has been managed by using the software tool *Endnote*.

## 1.3 Definition of concepts

### 1.3.1 Return to play

Return to play (from here on “RTP”) is in this thesis defined as “(...) the process of returning an athletes to participate in his/her/their sport” (Herring et al., 2024, p. 767). Inspired by Team Danmark RTP covers the period from the second the athlete gets injured until they are back participating in their sport (appendix 1).

### 1.3.2 Injury

For the purpose of this thesis injury is defined as “(...) trauma to the body that results in at least temporary (but sometimes permanent) physical disability and inhibition of motor function” (Weinberg & Gould, 2015, p. 457)

## Chapter 2: Method

### 2.1 Theoretical foundation

To lay the ground for this master thesis (from here on “thesis”) I want to begin with an outline of the philosophy of science this thesis will be based upon and explain the theoretical foundations I have chosen. Throughout the thesis these choices will be mentioned when they have relevance for the research practice that have been carried out and explained in detail how they have had an importance for the given topic.

Philosophy of science might appear to be complex and a possible brain twister, but Sonne-Ragans (2018) defines it as simply as: “Philosophy of science is theory about what science or research is – e.g., theories, methods, concepts, etc. – and about the norm that should apply in doing research in a particular field” (p. 183). Langdridge (2007) adds to this by defining the concept of a paradigm: “A paradigm is a set of basic beliefs that provide the principles of understanding the world and, hence, the basic principles underpinning research in the social sciences” (p. 3.). The paradigm of choice will lead to a set of beliefs about the world, which leads to what is called an *epistemological* position with regard to what we can say we know about the world, again leading to the *methodology* being the way we research a topic and finally leads to the choice of *method* which are the specific techniques we choose to use (Langdridge, 2007, pp. 3-4).

As qualitative methods aims to describe or interpret a phenomenon in terms of the meanings it has for the person experiencing it (Langdridge, 2007, p. 2), this was my method of choice to answer the research question for this thesis. More specifically, I aimed to conduct interviews – which will be described in details in section 1.5. This choice lead me to the beliefs of the phenomenological paradigm. *Phenomenology* is a branch of philosophy that was developed by the German philosopher Edmund Husserl in the early 1900s (Justesen & Mik-Meyer, 2010, p. 21). Phenomenology is the study of human experiences by describing the world as the subject’s own experience of it and importantly also the way in which these experiences are perceived as they appear to consciousness (Brinkmann & Kvale, 2015, p. 30; Langdridge, 2007, p. 10). For all phenomenological approaches, the key focus is on experience and the correlation between the way

the world appears and how we experience it (Langdridge, 2007, p. 11). Described by Brinkmann and Kvale (2015), this philosophy can be used to understand social phenomena:

“(…) phenomenology is a term that points to an interest in understanding social phenomena from the actor’s own perspectives and describing the world as experienced by the subjects, with the assumption that the important reality is what people perceive it to be” (p.30).

Within phenomenology there is debate about the need to simply describe the things that appears and the need to interpret (Langdridge, 2007, p. 41). The interpretive addition to phenomenology is called *hermeneutic*. Hermeneutic stresses how all understanding involves interpretation (Langdridge, 2007, p. 52), and is defined by Brinkmann and Kvale (2015) as “(…) the study of interpretation of texts” (p. 60). With hermeneutic the point is that the interpretation is an important factor in how we as researchers try to explain a social phenomenon. The belief is that the same text will never be read and understood in the exact same way by two different readers – in this case researchers. One researcher might not even interpret the text the same way twice as the first reading shifted his/her perspective which will now affect the new interpretation. In other words, the researcher is a crucial factor for how a text is interpreted which affect the understanding of a phenomenon (Harboe et al., 2018, p. 63). How this affect the role of a researcher will be described in section 2.5.3.

For this thesis my theoretical foundation is based on the hermeneutic phenomenology rather than the descriptive phenomenology, as I believe the interpretations to be both unavoidable and necessary to answer the research question. To explore how more than one person experiences a phenomenon and in addition having the subjects divided into two groups for later analysis and discussion of their lived experiences, I will acknowledge that interpretations will be a central theme leading me to the philosophy of hermeneutic phenomenology (Brinkmann & Kvale, 2015, p. 60).

With hermeneutic phenomenology chosen, I still need a choice of methodology and method. In qualitative phenomenological research there are different approaches. Emerging from the same school of philosophy, the approaches have both similarities and differences, but it is important to be aware of which approach ones research will use, as it will determine methods of choice for practicalities such as design, data collection, analysis, and so on (Langdridge, 2007, p. 54). For this thesis the approach of choice is *Interpretative Phenomenological Analysis* (IPA), developed by Jonathan Smith in the 1990s and is an approach, that emphasizes both description and interpretation

(Langdrige, 2007, p. 55). With the aim to answer the research question of this thesis, IPA is considered as a valid choice of approach as it is described by Langdrige (2007) as: “The aim of all IPA studies is the detailed exploration of a participant’s view of the topic under investigation. However, the role of the researcher is recognized through the way in which the analyst interprets a participant’s understanding” (p. 107) and adds “Researchers do not enter the research process with a predetermined research hypothesis, although they will have a more general question that they wish to explore” (p. 104).

In the following sections describing the methods in this thesis, a qualitative research approach with the theoretical foundation of hermeneutic phenomenology will be described in detail in terms of the IPA approach and how this affects how data collection, analysis, and so on have been conducted.

## 2.2 Methodological background

In the following section an outline and explanation of the methodological approach will be made. Research methods has many forms. Common for them are that they are: “(...) a systematic analysis that may lead to better understandings – not only for us, but for others” (Tracy, 2013, p. 2). I am aware that I could have conducted this thesis in many ways, and I aim to argue for and be transparent about the choices I have made in the following.

In line with the theoretical foundation for my empirical data collection and analysis, it seemed suitable to choose a qualitative research approach to collect my data and answer the research question. As defined by Tracy (2013): “Qualitative methods are the methods concerned with the naturalistic description or interpretation of phenomena in terms of the meanings these have for the people experiencing them” (p.2). As I aimed to conduct a case study to explore the phenomenon of being injured as an elite athlete through exploring - rather than quantifying - the athletes’ and staff members’ experiences and meanings they give them, a qualitative method was chosen.

## 2.3 Case study

A case study can be of good use for exploring a phenomenon in a group, and has a flexible design that allows for many factors to be included in the exploration, and it gives the researcher a way to

explore a limited area or a *case* (Harboe et al., 2018, p. 93). As I wanted to explore the experiences of being injured from both athletes and staff members (from here on “staff”) and compare their perspectives on the mental aspects of RTP, I found that conducting a case study would be suitable. With the choice of a case study, the comparison could be made in regards of athletes and staff in the same elite sports club which would be the case for the thesis. In case studies the researcher has a choice of single case or multiple case design (Harboe et al., 2018, pp. 93-94). The multiple case design strengthens the generalization of the findings as more cases with similar findings from exploring the phenomenon in multiple cases will support general assumptions (Harboe et al., 2018, p. 94). However, for the scope of this thesis single case design was chosen. Important for the case study is to delimit the empirical field of study to be as transparent as possible with the case chosen. Full transparency was not possible for my case as I wanted to keep the interviewees anonymous. The chosen case can be described with the following details: a Danish elite basketball club with players representing multiple nationalities, only male athletes (from here on “players”). The staff consists of different professions, and at the time of this study they did not have a written protocol for mental aspects of RTP. It was more just implied between the staff members. Description of the recruitment of interviewees within the club will be described in section 2.5.4. Even though case studies has often been criticized for lacking generalization, Brinkmann and Kvale (2015) states that “single case studies based on interviews can also be valuable if done well (...)” (p. 298). And this is what I aim to do my best to fulfil with the method described in the following sections. Generalization will be revisited in more details in section 4.4.2.

When conducting a case study multiple qualitative methods can be used (Harboe et al., 2018, p. 92). For this thesis I chose to conduct interviews to explore the experiences of players and staff. To explore how their perspectives on mental aspects of RTP align with the field of research for mental aspects of RTP, I also conducted a structured literature search.

## 2.4 Literature search

The first step of the literature search was to search in relevant databases. The databases was chosen following advice from a librarian from Aarhus University and included: *PubMed*, *SportDiscus*, and *PsycInfo*.

The research question was broken down into four core concepts, and was defined as “return to play”, “mental health”, “sport injury”, and “athlete” constituting the “search profile” (Rasmussen et al., 2018, pp. 151-152). For all four concepts synonyms were identified and added to the search block with an “OR”. All words were further searched for in “mesh terms” and “thesaurus”. The four blocks were combined with “AND”, and a search was conducted in each database. For the four searches combined, the total number of identified studies were 299. Important to mention is that for the key concept “return to play” only “return to sport” was used as synonym. Originally many more synonyms were used, e.g. “recovery”, “treatment” and “rehabilitation”. These searches resulted in 1000+ studies, and as the aim was to identify literature on “return to play”, the synonyms were deleted from the search string. Another exclusion was made as only studies from academic journals were included. For the detailed search design see appendix 2.

The second step was to screen studies for their relevance for this thesis. I chose to use *Covidence* to help keep structure in the screening process. A total of 34 duplications were identified, and 265 were left for screening through title and abstract.

The 47 studies remaining were read more thoroughly leading to the exclusion of 26 more studies. The flowchart of the literature search can be found in appendix 3.

To further add to the search from the key studies, a chain search was made. This search is conducted from selected literature by searching for relevant literature from the reference list. By doing this, new and relevant studies can be found that the author(s) have identified prior to writing their own study (AU Library, 2024). To look for studies published later than the key studies from the literature search, citation searches was made. *Scopus* was used for citation index, and studies was found that has used the study as a reference (AU Library, 2024).

Relevant studies from both chain- and citation searches and the literature search will be used in chapter 4 to discuss how findings from the interviews align with findings from the field of research on mental aspects of RTP. All the included studies from the described searches can be found in appendix 4.

## 2.5 Interviews

As the research question states, this thesis aims to explore the experiences of being injured as an elite athlete from the perspective of both athletes and staff. To explore the actual experiences, qualitative research interviews is a relevant method, as Brinkmann and Kvale (2015) describes it: “The qualitative research interview attempts to understand the world from the subject’s points of view, to unfold the meaning of their experiences, to uncover their lived world prior to scientific explanations” (p. 3).

This makes the interview an intersubjective and social method involving both the interviewer and interviewee as co-constructors of knowledge (Brinkmann & Kvale, 2015, p. 22).

Throughout the entire process of the interviews the quality was kept in mind and acted as a sort of parallel guide with research question being the main guide. The question raised by Brinkmann and Kvale (2015): “(...) What is a good interview?” (p. 189) will not be addressed separately, but qualitative criteria to ensure a good interview will be included in the sections below.

### 2.5.1 Semi-structured life world interview

For the purpose of this thesis I chose the “semi-structured life world interview” (from here on “semi-structured”) as the form of interview I was going to use. This form of interview is described as being an interview with the purpose to obtain descriptions of the life world of the interviewee, “life world” being the world encountered in everyday life (Brinkmann & Kvale, 2015, p. 6). This in order to be able as a researcher to interpret the meaning of the described phenomenon, and better understand the phenomenon of the daily life from the interviewee’s own perspective. This comes close to an everyday conversation, but it differs as it is semi-structured with a purpose, techniques and a specific approach (Brinkmann & Kvale, 2015, p. 6). In this case the phenomenon being “mental aspects of being injured” and the interviewees was a mix of both players and the people working close to them (staff). With this form of interview, the aim was to create the knowledge needed to support the answer to the research question adding new knowledge to the field of mental aspects of RTP. To keep focus on the themes that one wishes to explore, the semi-structured interview is conducted using an interview guide, and the interviews are most often transcribed into written text which constitute the data that will be analyzed (Brinkmann & Kvale, 2015, pp. 31-37). This creates a structure with themes to be covered supported by questions. This form also provides

an openness to change order of themes and questions to follow up on answers and how the interviewees tell their stories (Brinkmann & Kvale, 2015, p. 150). The interview guide, transcription and analysis will be described in section 2.5.7.

### 2.5.2 Group interview

As it will be described in section 2.5.7, the interviews with some of the staff needed to be conducted as two group interviews for practical reasons. The group interviews with staff were conducted using the same interview guide as designed for the one on one-interviews with one staff member. Even though group interviews does not have the intention to have the interviewees discuss the subject with another (Harboe et al., 2018, p. 209), having the two interviewees present at one time could potentially have made them influence each other's way of talking about their experiences, this will be discussed in section 4.4.1. Which is why the interview guide was a key instrument for me as an interviewer to keep the structure, and make sure all research themes were explored from both interviewees' experiences. As IPA is a individualistic approach concerned with individual experiences (Langdridge, 2007, p. 110), the group interviews was kept as similar as possible to the one on one-interview, making it possible to analyze all the interviews in the same way.

### 2.5.3 Researcher's role

Even though they might have oversimplified the complexity of being a researcher, Booth et al. (2016) points to a very simple and beautiful mission I kept in mind throughout:

“When you do research, you learn something that others don't know. So when you report it, you must think of your reader as someone who doesn't know it but needs to and yourself as someone who will give her reason to want to know it” (p. 18)

A major part of my role as a researcher was determined by my choice of method, as Brinkmann and Kvale (2015) explains an interview as a “(...) professional conversation; it is an *inter-view*, where knowledge is constructed in the *inter-action* between the interviewer and the interviewee” (p.4). Going even further into pointing out this role they state: “The interviewer is the key research instrument of an interview inquiry” (Brinkmann & Kvale, 2015, p. 193).

With little experience of being an interviewer, I tried to prepare for this new role. Leaning on advice from Brinkmann and Kvale (2015, p. 154), my focus was on creating good contact with the



interviewee by being an attentive listener, showing interest and understanding for what is being said, and being clear about my purpose for conducting the interview. Brinkmann and Tanggaard (2015, p. 33) explains how research with interview as method is conducted through human interaction, hence why the interaction between the interviewer and the interviewee is crucial. And as the aim for this thesis was to gain knowledge about the interviewees experiences narrated by themselves, my goal as an interviewer was to be receptive, emphatic and a good listener (Brinkmann & Tanggaard, 2015, p. 33), as well as being morally responsible to ensure my integrity as a researcher (Brinkmann & Kvale, 2015, p. 97), keeping in mind the power asymmetry between interviewer and interviewee and the importance of reflecting on this (Brinkmann & Kvale, 2015, p. 38).

The phenomenological research approach is concerned with life experiences from a first-person point of view. As a phenomenological researcher the aim is to describe these experiences and understand the meaning they have to the subject (Langdrige, 2007, p. 17). This is important to keep in mind, as in the phenomenological philosophy it is believed that as a researcher one need to attempt to abstain from the presuppositions, we might have about the topics that are being investigated. This process of is known as *epoché* (Langdrige, 2007, p. 17). For a researcher it is crucial to be aware of and try to attempt to let go of one's preconceptions and prejudices about the phenomenon, and be open to and curious about the participant's experience (Langdrige, 2007, p. 18).

As a reflection of my preconceptions and prejudices I want to give a short presentation of these to provide readers of this thesis with as much insight as possible to know the person who has made the interpretations in order to understand the phenomenon in focus.

My preconception of the mental aspect of injuries in elite athletes was that it is overlooked or not prioritized, with the main focus being on the physiological aspect of an injury. To explore if this was the case, and how to bring focus on the mental aspects, was my initial motivation. I believe there is a general need for more focus on mental aspects, and I am driven to try and help people who struggle mentally. I also had a prejudice about a male dominated sport as basketball would be lacking openness to talk about feelings and emotions.

I have close to no knowledge about the sport of basketball but has a fascination for elite sport in general. I have been actively involved in elite tennis for many years, though this is an individual sport in contrast to the team sport that basketball is.

As for psychological approaches, I have been practicing mindfulness and meditation for years and has interned for the Danish Center of Mindfulness, and believe it is an effective approach that I hope I can help bring more attention to in the world of elite sport. I have a back ground in medicine with a bachelor's degree, and now I am at the master program in Sports Science on the physiological program now choosing a focus on sports psychology, as I strongly believe in the holistic view of the human/athlete. This shift in educational direction has made me go from mainly focusing on quantitative research to now choosing to conduct qualitative research for this thesis.

My preconceptions and prejudice did shift or evolve doing the process of conducting this research. As it will be described in section 2.5.5, the observations done and time spent with the team I interviewed shifted my understanding of the sport of basketball, and I got an insight into the lives of the staff and players on this team. All to say that preconceptions change all the time and the important point is to be aware of, and reflect on these and attempt to bracket them off as much a possible (Langdridge, 2007, p. 21).

#### 2.5.4 Recruitment

In order to conduct the interviews to collect the empirical data interviewees were needed. As this thesis was to be conducted as a single case study, I needed an elite sports club that would participate with both athletes and staff to explore their experiences and perspectives on mental aspects of RTP.

Direct contact was made with a team sport psychologist from a Danish elite basketball club and after explaining the aim of the thesis they volunteered to participate with both athletes (from here on "players") and staff. I did not have a criterion for which sport the club should represent, the choice on basketball was random and due to them agreeing to participate. One criterion for the athletes was a history with injuries in order for them to be able to talk about how they have experienced past or present injuries. No criteria for the type of injuries they had was made – this will be discussed in section 4.4.1. Recruitment of players was made in close collaboration with team sport psychologist in order to find players with an injury history and who was thought to be open to be part of the thesis and feel comfortable and have motivation for doing the interview.

While still with recognition of it being my responsibility to motivate them and secure the interviews would be rich in knowledge (Brinkmann & Kvale, 2015, p. 193). Three players were recruited. For the staff it would have been ideal to talk to everyone on the team, in order to explore their experiences of what happens when one of the players gets injured. For practical reasons and time limitations, it was decided to conduct two group interviews and one one on one-interview with the staff. One group consisted of the head coach and the sport psychologist, one of physical trainer and sport psychologist, and one with one of club's physiotherapists. The sport psychologist participated in two interviews as due to his profession he would be in charge of improving their focus on mental aspects in RTP if needed. So, he wanted to participate in order to also know his colleagues' perspectives.

The number of interviewees is based on the recommendations from Brinkmann and Kvale (2015, pp. 140-143), who states that the number necessary depends on the purpose of the study and often are due to a combination of time and resources. Further they recommend fewer interviews if this makes more time for preparation and analysis, this is also supported by Brinkmann and Tanggaard (2015, p. 32). This is in line with the IPA approach which tends to have small sample sizes (Langdridge, 2007, p. 109).

Time was the key factor in this thesis. Both the time frame of the thesis and more important time for interviewees as they were in season, and time was limited for them as well. For the aim of the present work, I do believe the number of subjects interviewed is valid. This will be discussed in section 4.4.2.

In addition, one smaller interview was conducted in order to explore what the "state of the art" in Denmark is, when it comes to mental aspects in RTP. Contact was made with Team Danmark – a Danish organization founded by the government working with and for Danish elite athletes (Team Danmark, n.d.; Wikipedia, 2023). It was possible to get an interview with one of their nutritional physiologists who have been a part of the team that has developed their RTP protocol. This interview was conducted online and was not transcribed, as it was designed to be analyzed as a meaning condensation on how Team Danmark approaches the mental aspects in RTP. This was done by recording the interview, re-listening to it, and comprise the interview into a summary. The meaning condensation will be used as reference and can be found in appendix 1. The nutritional physiologist read and approved the final version of the meaning condensation. The interview was

conducted as it was not clear on public websites what is being done and how mental aspects of an injury is handled. This interview will not be described further in the following sections.

### 2.5.5 Observations

When preparing for the interviews, I kept in mind that the knowledge processed in an interview is produced through the relationship between the interviewer and the interviewee (Brinkmann & Kvale, 2015, p. 21). Knowing very little about basketball and never before having had any relations to the club I was working with, I first of all wanted to get to know both the sport and the team.

To be familiar with basketball as a professional sport and the culture at the club I participated in two of the teams practices (Brinkmann & Kvale, 2015, pp. 168-169), where I was introduced and talked to some of the players, told them about my project and very informally chatted with them about life as an athlete, and injuries in general. On the same occasions, I was also introduced to the staff with whom I talked in more detailed about the project. I also tried to gain some inspiration from them and heard their thoughts on the topic.

It was everyday life conversations and did not at all simulate an interview situation. Much background knowledge was gained, and it also inspired more themes for the interview guides (section 2.5.7).

Another observation regards the way the players talked about feelings and emotions, which was important when designing the interview guides and constructing probing questions to help the players talk about emotions which not all of them seemed familiar with.

To understand the full part of the players' lives, I went to one of their games to understand how this is where they have to perform at top level. I am certain that the observation and being around for the practices and not just show up and interview the interviewees strengthened the relationship and created some trust between me, the players, and staff helping to co-produce knowledge.

### 2.5.6 Ethics

Ethical issues of interviewing are important to mention as Brinkmann and Kvale (2015, p. 85) emphasize it is important to keep the ethics in mind throughout the entire interview process from start of the investigation to finishing the report.

My first ethical consideration was regarding the aim of the thesis and whether or not it was ethical to involve players and staff to explore their lived world. As the aim is to help improve mental health of the players when injured I will argue, that the theme of the thesis can be approved ethically. This goes in line with the design of the interviews – which will be described in section 2.5.7 – exploring how the players and staff experiences injuries, and how I kept their interests in mind.

An important aspect of ethics in interviews is confidentiality (Brinkmann & Kvale, 2015, pp. 94-95). This was ensured in many stages of the interview process. To make sure the interviewees knew what they had signed up for by volunteering for the interviews, I constructed a consent form, one for the players and one for the staff (appendix 5 & 6). The interviewees were given the time needed to carefully read the form before signing it. The form described the purpose of the thesis, what personal information was needed, and explained how confidentiality would be ensured.

A mayor part of the confidentiality was to anonymize the interviewees. For the players this means that they have been named “player 1”, “player 2”, and “player 3”. The staff was a bit more complicated to make anonymous as there is only one “head coach”, one “sport psychologist”, and so on. To overcome this, I decided to not mention the name of their organization, but simply mention it as “Danish elite basketball club”. Identifying the sport, I will argue, is an important factor to know the kind of sport my case dealt with (discussed later in section 4.4.2).

Anonymization was ensured in all parts of the interview process. In the transcriptions names of people and clubs have been edited out, and the same goes for the reporting part, where quotes from the interviews have been anonymized. The interviewees did not get the quotes sent for approval before admitting the final report. This was simply to avoid not being able to use the quotes due to lack of response. Instead, the content form also stated that I was allowed to use their interviews in the thesis, and if at any point they wanted to pull out of the study, they could, and their interviews and statements would be deleted from the thesis.

### [2.5.7 Interview stages](#)

As Brinkmann and Kvale (2015, p. 125) points out there does not exist a standard way of conducting a research interview. For the different stages however, there does exist a number of choices of approaches and techniques. The following section breaks down the interview process into its different stages from designing them, to the execution, the transcription, how they were

analyzed and the reporting of the data and knowledge produced from them and the choices made will be presented and explained.

As mentioned, six different interviews were conducted. The three interviews with the players and one staff member were all conducted one on one. The two of the interviews with staff were conducted in groups. The interviews with the players and staff were all designed as semi-structured interviews and will be described below with mentions of when they differed in the different stages.

### *Designing the interviews*

Firstly the interviews were thematized which “(...) refers to the formulation of research questions and a theoretical clarification of the theme investigated” (Brinkmann & Kvale, 2015, p. 131). This should be clear from the introduction, and for this investigation refers to the research question. For the semi-structured interview, an interview guide is needed in order to keep a structure in the interview, and make sure the research themes one as an interviewer wants to touch on, will be included (Brinkmann & Tanggaard, 2015, p. 40). Two interview guides were designed for players and staff respectively and can both be found in appendix 7 & 8.

Two different guides were designed, even though all the interviews had the same purpose of exploring mental aspects through players’ and staff’s experiences. The focus for the players’ interviews was to explore their experiences with being injured, whereas for the staff it was about exploring how they play a role in and experience the situation when one of the players gets injured.

Both guides are built using the same structure with the research question being the base for interview questions and have probing questions where needed. Even if the interview is only semi-structured the themes are still important as they are what needs to be explored. Crucial though for the exploration is that answers are acquired through open questions (Brinkmann & Kvale, 2015, p. 34). An example from the players’ interview guide was the research theme regarding “focus on mental aspect of injury”:

Research question	Interview question	Probing questions
<b>Focus on mental aspect of injury</b>	Try to recall the last injury you experienced – and focus on the mental aspect of the rehabilitation. Can you describe how you dealt with it?	<p>Did someone help you? Who?</p> <p>Did you seek help or guidance from the team?</p> <p>Did you share the challenges? Team? Friend and family?</p> <p>What help did you need?</p> <p>Did you feel it was a focus from the team to also help you mentally get ready to return to play?</p>

*From appendix 7 (has been translated)*

All questions were designed accordingly to the advice from Brinkmann and Kvale (2015, p. 29) who explains how the questions should encourage the interviewees to describe what their expectations are, and in as many details as possible. Further they also explains how the questions of “why” an experience is experienced is for the interviewer to analyze and evaluate after the interview and not an aim for the interview questions (Brinkmann & Kvale, 2015, p. 33).

I aimed for an open approach to the interviews and did my best to design the guide free of leading questions or questions that might influence the interviewees’ answers. However I did allow for the probing questions to help me as the interviewer to have questions that served to clarify, provide the interviewees with clues to recall more details, and to help them in how to talk about feelings and emotions (Brinkmann & Kvale, 2015, p. 29).

The guide was an indispensable tool for me as an interviewer in the conduction of the interviews that will be described in the next section. It helped me not to forget themes and allowed for an openness in how the interviewees naturally touched on the themes, and guided me when the conversation seemed to stagnate. The semi-structured design created an overview and a feeling of

security, that provided me with an openminded approach, able to listen more carefully, let the narrative flow and be open to unexpected themes that the interview brought to life (Brinkmann & Kvale, 2015, p. 33).

### *Conducting the interviews*

Both the one on one-interviews and the group interviews were conducted at the basketball club's facilities. For the players, the interviews were conducted on practice days before practice when they had the time and did not have a game day to distract them.

To avoid to be in a rush or running out of time for all the research themes, the interviewees was told the interviews would last one hour, even though I had them estimated to last around 45 minutes. Keeping in mind that a long interview does not necessarily mean a good interview, a shorter interview can be rich in meaning if the interviewer knows what to ask and how to ask it (Brinkmann & Kvale, 2015, p. 190).

Before the interviews started a briefing was made outlining the thesis and purpose of the interviews, signing the consent form, and explaining the recording of the interview. At the end of all the interviews a debriefing was made to let the interviewees ask questions or say if they had more, they wished to share. In addition to the physical surroundings being familiar to the interviewees the aim was to create a friendly and non-judgmental atmosphere making the interviewees feel safe and free to share their experiences (Justesen & Mik-Meyer, 2010, p. 65).

When conducting the interviews I was very aware of the importance of silence and letting the interviewees have time to recall thoughts and feelings, and if needed try to help them recall with clues that might help them remember (Brinkmann & Kvale, 2015, p. 52). Trying to keep the post interview part in mind clarifying questions was asked when needed to try and validate the interpretations made in the analysis of the interviews (Brinkmann & Kvale, 2015, p. 138). Keeping the research question in mind I did my best to practice active listening, make on the spot decisions, use conversational skills, and most importantly try to assist the interviewee to unfold their stories (Brinkmann & Kvale, 2015, p. 194).

### *Transcribing the interviews*

The transcriptions were made "by hand". I listened to the interviews and transcribed them word for word. Rather than this being a simple task, it is said that transcription is an interpretative process,



and that listening to the interviewee's voice can be a method for early analysis and is a key part of the data analysis process (Brinkmann & Kvale, 2015, p. 203; Tracy, 2013, pp. 177-178).

When transcribing the interviews they transform. You go from a face-to-face oral conversation to a written form. As Brinkmann and Kvale (2015) puts it: "In short, transcripts are impoverished, decontextualized renderings of live interview conversations" (P. 204). Despite this rather negative view on transcriptions, to be able to analyze, document, and report the data from the interviews transcriptions were the method of choice, keeping in mind that this meant a transformation from one form to another.

The transcriptions was made in the original language, Danish, to keep the essence of the interviews.

When using the IPA approach, transcriptions of the interviews normally include questions asked and interviewee's answers. There is a focus on the so called "semantic meaning" which is simply what is being said. For this reason details like pauses, overlaps, etc. is not included in the transcriptions (Langdrige, 2007, p. 110). For the same reason, expressions like "hmm" and "ehh" were edited out of the interview. Interviewer's expressions like "yes" or "okay" overlapping the interviewee has been edited out as well. The transcripts are presented in appendix 9-14.

Ethical considerations should be made in the process of transcription. It is important to protect the confidentiality of the interviewee, other persons and/or organizations mentioned in the interview (Brinkmann & Kvale, 2015, p. 213). Before the recorder was started, the interviewees were being ensured that names mentioned in the interviews would be anonymized in the transcription of the interviews. This was done to ensure that they felt they could talk freely and not having to be aware of names themselves.

### *Analyzing the interviews*

The analysis of the transcriptions are determined by the IPA approach and is based on the description from Langdrige (2007, pp. 110-112), whom the following section is inspired of:

"Thematic analysis is the principal analytical approach used with IPA. Essentially, the analyst is concerned with making sense of the participant's world and, therefore, spends a considerable amount of time working through the transcript (and listening to the tape) in order to identify the major themes" (p. 110).

The analysis consisted of four stages:

*Stage 1:* when reading and re-reading the finished transcripts, comments were made in the margin to give meaning to the different sections of the transcripts. The aim here was to state what was going on in the text.

*Stage 2:* themes emerging from the transcripts were noted in the margins for each section of the transcript reflecting a broader meaning of the text.

*Stage 3:* at this stage the themes were listed separately. First, they were listed chronologically followed by a reorder after linking the themes together. Some themes can be merged while others had to be broken up in smaller sub-themes.

*Stage 4:* this last stage consists of creating a table of themes. Themes are linked to the transcript through specific quotes. Some themes were dropped as they did not add significantly to the analysis.

I chose to repeat the stages for all the transcripts, as I wanted to be open for new themes to appear in the next transcript. The importance of flexibility was kept in mind, and transcripts were revisited when new themes appeared in the next transcript to see if this theme had been overlooked in other transcripts. The transcripts of the interviews with the players and the interviews with the staff members, were analyzed as two separate groups.

### *Reporting the interviews*

The findings from the interviews are presented in the analysis in chapter 3 with themes and sub-themes followed by a discussion of the findings from both the interviews with staff and players in chapter 4. With the IPA approach, the link between data and analysis is presented with sufficient quotes from the interviews (Langdrige, 2007, p. 112).

The quotes will be contextualized, as the reader of the thesis does not know the context of the quotes. Consequently, interpretations are made when reporting quotes from the interviews. The researcher comments on the quotes to provide interpretation and meaning to a quote will be made

clear in the analysis to provide perspective and give meaning to the quotes (Brinkmann & Kvale, 2015, p. 215).

An important point to mention is that the interviews was conducted in Danish, but as this thesis is written in English the quotes have been translated from Danish to English. I am aware that a translation cannot be a hundred per cent accurate, and that this is another edit if not interpretation of what was being said by the interviewees. This will be discussed in section 4.4.1

## Chapter 3: Analysis

In the following two sections, separate analysis will be made for the interviews with players grouped as one and the interviews with staff members grouped as the other.

As described in section 2.5.7 the themes from the interviews will be supported by quotes from the interviews. As for most of the themes, more than one interviewee mentioned it, and I have selected one quote to represent the given theme. Themes that only one person mentioned has been included as well, as I wanted to include all themes about the mental aspects of RTP that emerged from the interviews. Some quotes include more than one theme as they are connected to one another. For meaning condensation of the quotes “(…)” means that the full quote has been broken down to the quote presented in the analysis. “[ ]” indicates words added from the researcher to ensure context for the reader.

Some of the themes will be supported by quotes from parts of the interviews where both players and staff described situations leading up to the player being pulled out of both practice and games due to the injury. I have decided to include these themes, as I realized when listening to the interviewees, that the time leading up to being pulled out was an important time in regards of the mental aspect of RTP both for players and staff. This will be discussed in chapter 4. For the full transcriptions please see appendix 9-14.

### 3.1 Interviews with players

All three players have experienced multiple injuries which the interviews centers around. Types of injuries will not be mentioned due to privacy of the players, but all three players experienced injuries that kept them out of the game for a certain time period. Two of the players recalled past injuries, and one player was injured during the interview. This will be revisited in section 4.4.1.

The themes regarding mental aspects of RTP identified from the interviews with the players are listed in appendix 15. From this list of themes, the following three themes including sub themes was identified and selected to be included in the analysis:

Theme	Sub themes
<b>Handling worries</b>	The influence of past injuries Talking about worries Being honest with the staff Toughness
<b>Being out of the game</b>	Effects of watching teammates play Meaning in everyday life Keeping role in the team Fear of re-injury
<b>Importance of a plan</b>	Trusting the staff Motivation Responsibilities Communication

### 3.1.1 Handling worries

The psychological condition the players mentioned most commonly was that they all had worries about different aspects of their injuries e.g. physical conditions, career, could they have prevented the injury. The following is not a listing of all the thoughts of worry the three players had, but subthemes from their experience that affected how they handled their worries both negatively and positively. Just to give an example, worries came in many forms. This player described how feeling like he is letting the team down is affecting him:

”(...) you want to help the team or contribute to the team, so in one way or another there is also a bit of a guilty conscience or a bit like that you let them down in one way or another. Both the team and the club etc. That you want to, well help them and contribute. So I think that sometimes you can feel that you feel that you are not really there for the team in the way you would like to be”

(Player 2, 132-136)

### *Influence of past injuries*

As mentioned all three players had a history with multiple injuries. When listening to the players talk about the one specific injury they focused on for the interview, all of them had phrases about how injuries are part of being a professional athlete, how they had tried it before, felt secure in knowing they had overcome something similar before and so on. One of the players explained how knowing that the injury is not a permanent state helped him feel better mentally:

”(...) there I was in a really good place mentally in relation to "okay, this is not bad, it is what it is". (...) many injuries are also a lot, I wouldn't say it's mental, but it's just like - okay you just have to get over it, it should go away, you can do some exercises and it will go away”

(Player 1, 33-37)

Another player described how this was his second time experiencing the same type of injury, from which he had managed to recover from well. And when asked if he had any worries about how the injury might affect his career, he drew on knowledge from his past injury, and could calm these kinds of worries by shifting from a short term to a long-term perspective:

“(...) well, in the short run, I had. It ruined some things, it did, but in the long run, I knew that if I wanted to keep playing basketball for a long time, then this was just a small part”

(Player 3, 254-256)

Experiences from past injuries seems to have a positive effect on worries about new injuries. The players know what it takes, and they have seen it being possible to get back into the game. And it might not just be one's own experiences that can help. When asked about situations where he experienced a type of injury for the first time, one of the players explained how talking to a teammate who had experience with the same kind of injury would be beneficial to his worries:

“(...) it would be nice to hear from someone who has been through it, and who afterwards can tell that "you will come out on the other side, and it will take time, but if you work hard enough for it and work for it, then it should return to the level you were at before”. So, to hear it from someone who has been in such a situation, I will certainly if not respect that more, but it will mean more, give more confirmation than if there is a physiotherapist who says "you'll be fine – you'll come back“ (...)”

(Player 2, 188-196)

### *Talking about worries*

When worries were mentioned in the interviews, it was followed up with a question about if they kept their worries to themselves or would share them with anyone, and if so, who they would share it with. All the players shared most of their worries both with people from the team and people outside basketball.

However, sharing was not always easy. One of the players described an experience when the injury is getting worse, he finds himself in the dilemma of wanting to play important games, but also knowing that might not be the best for his injury. When asked if he said that out loud, he responded:

”Yes, I say that to our sports psychologist, for example. And to some others. But I also wrap it up with: "if you need me to play, I'll do it". But I throw out all my thoughts and feelings. They must come out”

(Player 1, 204-206)

It appears that he knows he has to let out his thoughts and feelings, but in doing so, he does not want to let the team down. So he tells them how he feels, but he also leaves them with the option to keep him on the court even though he knows his injury might get worse.

From the interviews it does not appear clearly that any of the players uses their teammates for talking about worries they have when injured. It is mostly members of the staff with whom worries are shared with. One player described the talking to teammates in the injured situation as being more about getting motivation to get back on the court and getting the feeling, that they need you:

”(...) more like a pep talk. And then it's just how people are as individuals, so there are some who are better at saying it than others. (...) then they say something like - they think it would be great if you came back, or they could use you out on the court (...). It's very nice”

(Player 2, 164-167)

People outside of basketball plays a huge role for all the players. It was mentioned how they use friends and families to talk to about worries (Player 2, 147-149).

Apparently, it is difficult for the players to open up and talk about worries. Despite this, they also experience that it helps:

"It's easier, or it's like it slows down a bit, when you say something out loud to someone. And they can look at it with different eyes. So, it's actually very nice that yes, I relieve myself in that sense through them"

(Player 2, 153-155)

### *Being honest*

Being honest was mentioned many times throughout the interviews. When listening to the players' experiences it seems like they feel, they can talk to members of the staff. All of them described how they know the staff is supportive, attentive to what they say, understanding, and have their best interest at heart:

"(...) when I have expressed myself honestly, and as I probably should. Then it was also accepted. Nothing bad ever came of it, I expressed myself honestly, was vulnerable to certain things. Nothing bad came of it"

(Player 1, 493-495)

As the player implies even though nothing bad comes from being honest, this is not always the case. But why are the players not being honest? Multiple reasons were mentioned when the players reflected on this, and all of them seemed to be about the consequences it will have to open up and be vulnerable. Whether it is in the middle of a game with adrenalin pumping, where telling the coach that something feels off, might cost them minutes in the game (Player 1, 127-129). Or having worries or frustrations, but not wanting to create a bad vibe on the team (Player 3, 353-355). A third reason for not wanting to open up are the imagined consequences for yourself. This reason was described by one of the players, when talking about his worries about losing his position on the team while injured:

"I think it's a bit difficult to talk about. Because if you go to the coach, it is his decision, he is the one who decides how much and how little, and I have a really good dialogue and communication with our coach, but I still think it is difficult to say "can I get the same role when I come back" or "can I be allowed to start when I come back" because I have been out of shape and I also need time to come back. And with the players it is also difficult, because they are the ones who get the minutes, or get the role, so it is also difficult to say to them "when I come back, I want the minutes that you have got the last 2 weeks". You sort of have to deal with that yourself"

(Player 2, 322-329)



### *Toughness*

When analyzing the theme of handling worries, another factor mentioned by one of the players is being “tough”. This being professional sport, one might agree that it is important to be tough and that it is part of the game. However, the consequence of being tough also comes with downsides, and as one of the players described a situation at practice when injured, he shows how the ideal of being tough, keeps him from telling the truth about his injury:

”(...) when I practiced my explosive movements, I withdrew. I hold back a little, and then I heard "I can see you are holding back a bit?". Then I don't want to give myself any excuses "no, no I didn't hold back, I didn't, I just played badly". I don't want to give myself an excuse, that's weakness too”

(Player 1, 424-428)

### *3.1.2 Being out of the game*

Listening to the experiences of all three players, there is no doubt that they all love the sport, and not being able to play the game they love, affects them. One of the players even describes competing as being like “*crack*” for him (Player 1, 300). Another player described how being out of the game also had a positive effect on him, as it reminded him how much he missed playing basketball (Player 3, 85-86).

Being out of the game is another main theme from the interviews. To analyze it further the following subthemes will focus on how being out of the game played a part in the mental aspects of the player’s experiences of being injured.

### *Effects of watching teammates play*

All three players described the situation of watching teammates play as difficult and something they would rather not do. Even though agreeing on that they would rather not be at practice and games, it did affect them differently. One player described how practice was boring, but he enjoyed talking to teammates and staff. Whereas attending games affected him negatively (Player 2, 124-127).

Another player had a different experience: even though he knew he was still part of the team, he wished, he could just not be there. He wanted to do his rehabilitation in the morning, before the teammates came to practice, as he explained how attending practice was one of the most difficult

parts of being injured (Player 3, 69-74). The third player described how sitting on the bench started negative thoughts and doubt for him:

“(…) there's always competition, and I feel like I'm the best and I want to show it, so I just sat there and was like, "why don't I go out and show who's the best?". It's because I can't, I mean I just can't". It gave me that feeling of “oh, this isn't nice””

(Player 1, 164-167)

Worth mentioning is that all three players in addition to describing the difficulties of being at practices and games, they also experienced empathy and understanding from their head coach and the other members of the staff in regards of how much they should be present.

### *Meaning in everyday life*

Not all mental aspects of being injured mentioned by the players were negative. Being out of the game meant for all of them, that they had time of from basketball that they could spend in another way than what they used to. They all described this as an opportunity to focus on hobbies outside of basketball, learning new skills, improving physical aspects to get back even stronger than before their injury. One of the players described it in a way, that even in writing clearly express joy and motivation:

”I find that very motivating. (...) I'm not going to play basketball. But strength training, yoga (...) I'm starting to think about other things outside of basketball. All sorts of little hobbies, all sorts of thoughts, I have time for right now. (...) it is actually very motivating. (...) If I set aside the fact that I miss the game and so on, then I actually think it's nice, or I'm pleased with it. I can see what the potential is. Good things can come out of it in the end”

(Player 1, 470-481)

### *Keeping role in the team*

In conjunction with “worries” this theme does appear as a consequence of being out of the game. This is a professional sport, and when one player is out, another has to step in and fill out his role. And being a team sport, players still compete with each other for minutes in the game, and an injury sets you out of this competition.

The players seemed to be affected by the nervousness of losing their role on the team on different levels. From barely mentioning it as part of his experience, to one player described that just being out for two weeks still creates doubts for him:

”(...) I sometimes think, that if I've been in the starting line-up all season, I'd like to stay there. Sometimes I can feel, if I'm on the bench, that I'm lagging behind, both in my performance and development. Then there are others who take that role in the meantime. (...) I want to show that I belong here, and that is my role. So there is also a bit of that competitive gene in me. I want to show that I belong to that position or role”

(Player 2, 308-319)

Later in the interview he describes how experiences from past injuries helps him to believe that he has a role on the team: ”(...) So it give you some peace of mind” (Player 2, 387-388)

### *Fear of re-injury*

Being out of the game also means that hopefully there comes a time when it is time to get back in the game. When describing this part of RTP, the players describe that even if the rehabilitation has gone as planned, they can start to doubt if they are ready to get back on court. This phenomenon is in sports psychology known as *fear of re-injury*. The players describe it as feeling like they hold back and try to put less load on the injury. Even if the physiotherapist and physical trainer have done their tests and given the green light, the players can still feel like they want to protect the injury. One of the players described the different factors of overcoming the doubts:

”(...) first you must convince yourself, and convince your head, that you can play. You have to overcome a degree of caution, being afraid that it could happen again (...) Then it's a dialogue with the physiotherapist about their thoughts about it and mine, but most often I have actually experienced, that you are equally far in that process. (...) I feel pressured into it or something like that, but I feel that, I trust that they have it under control, and if they say it and the coaches say it, then it's their responsibility if something should happen. (...) then it's also the thing that here at the club, so there is an openness and good dialogue between players and coaches and physiotherapist. I trust them when they express their views or opinions”

(Player 2, 224-253)

This shows that it is not enough to just have someone tell him "go". He needs to feel it himself; his head needs to be convinced and as he mentioned, the openness and dialog that creates trust in the staff and their recommendations, are essential for him to overcome his worries about re-injury and feeling ready to go back onto the court.

### 3.1.3 Importance of a plan

When conducting the interviews it was very clear how important it was for all three players to have a plan for their recovery. One of the players left no doubt about the importance of a plan:

"Right now I'm just happy to have gotten a plan. I have been given a detailed plan, day by day. Strength exercise. My days off. I have on paper what I need to do. And it's super nice. I am top confident in that"

(Player 1, 450-452)

For the plan to be effective the interviews stressed multiple factors:

#### *Trusting the staff*

The plan given to the individual player is based on expertise and collaboration from several members of the staff as it will be explained from the analysis of interviews with the staff. However, it needs to be followed and carried out by the players, and they need to trust the plan. Throughout all three interviews, all players on several occasions mentions that they completely trust the staff. The trust seems to be built on a foundation of mutual respect and good relationships between players and staff:

"And I think it was our physical trainer, with whom I also have a very good relationship, he was the one who came "hey, are you okay?", and then we talked for a long time. (...) He has my health first"

(Player 1, 437- 439)

Despite undoubtedly trusting the staff, the players also point to the fact, that they will always listen to how they feel in their body and take that into account as well. One player said that trusting the staff is easy for him, but that is trusting himself, being the difficult part:

”I never felt like I couldn't trust anyone. So I think what it comes down to, it's probably been up to myself in terms of how honest I really am about it”

(Player 1, 316-317)

### *Motivation*

Being injured is obviously not an ideal situation, and as described by all of the players, they just want to get back into the game. For this to happen, they need to follow the plan they get from the staff, and they need to be motivated to do the work that is necessary whether that be for the first couple of weeks to do nothing; doing rehabilitation work with the physiotherapist or working in the weight room with the physical trainer. One player explains how it motivates him to feel the staff wants to do their best to help him recover (Player 2, 408-410). Another player was motivated by the plan itself because it provided him with a goal to work towards (Player 1, 303-305). Motivation was also described in relation to support from the head coach:

”(...) when you look at the coach and the injured player, it was nice to still be in contact with him, but it wasn't, well, it wasn't that I needed him to have an opinion about my rehab plan. (...) he was aware of me and supported me in that. (...) knowing you were still valued in some way”

(Player 3, 238-248)

This shows how motivation can be gained in many ways. It is motivating to know the staff is engaged and wants to help you back. Purpose is described as motivating to know what you are working towards. And knowing you have support from the head coach, and he shows attention to an injured player, strengthens the motivation as well.

### *Responsibilities*

Who is responsible for the plan? When listening to the players' experiences, the answer to this question seemed clear to all three players. They all explained how whom from the staff was responsible for what. When it came to their own responsibilities, one player described how he was aware that he did not want to be responsible for making the decision of whether or not he should continue playing:

”(...) the week I sat and waited for the decision, I hoped I would be pulled for the season. I didn't say that, but I sat and hoped. (...) It was probably like this: "okay, don't give up. It should not be your own decision, that it's you who gives up. It must be on them””

(Player 1, 212-219)

And when he gets pulled out of playing matches, he describes it as: “I was very relieved when our coach called and said "hey, now we've decided you won't play”” (Player 1, 222-223). It seems that the pressure of having the responsibility on him, created a feeling of giving up if he made the decision, whereas when it ended being on the staff, it was not all on his shoulders.

All the players are aware of their active part and responsibility in RTP. Mixed with the theme of being honest, it points to the different responsibilities the players have:

”(...) to listen to what my physiotherapist says, listen to what my physical trainer says, to improve. (...) And another responsibility for both them and myself to be honest and say how it goes, how much it hurts, and can I walk, can I run? So, in that way, to be honest, because it's me who can feel it best, no matter how professional and good they are, it's me, who can feel how much it hurts or how it feels”

(Player 2, 272-281)

### *Communication*

Without communication, the player would not know what the plan is for his recovery. The players' experiences were mostly described as positive in regards of communication. They all emphasize that they felt that the staff communicated great with each other, everyone knew what was going on, and they all communicated the same plan to them. This created a feeling of everyone being on the same page, which had a positive effect on them mentally. However, all with the best of intentions, there seems to be such thing as too much communication:

”Every time I was here, they asked "how's it going". (...) it's also just tiring to hear that question all the time. Because you think about it enough as it is. And then, every time you meet someone, that's all it's about, and that's what's being talked about. (...) So, of course, it's nice now and then, but in general, I've mostly preferred to manage it myself. And then I always had my family, if I really needed some care, they were the ones I went to”

(Player 3, 96-103)

This was mentioned by all three players. Constantly being reminded of their situation had a negative effect on them mentally.

Communicating openly is also important when the player is ready to go back into the games:

“I think it's nice to be told that "you're allowed to play for 20 minutes tops, and we'll do like this and that", because then you can prepare yourself for it and be ready for it, rather than in the game, like if I thought I was going to play 30 minutes, then you sit there and think "why don't I get in?" or "why do I have to sit here for so long?"”

(Player 2, 358-361)

Knowing what the plan was for him in the games, and the coach communicating openly with him, made the player more comfortable and spared him from having thoughts during the game about what the coach was thinking.

In summary, when exploring the players' experiences of being injured, all three of them point to several mental aspects of being injured. Despite the injuries being of different types, and periods out of play differing in length, the three players shared similar experiences about how being injured had an effect on them mentally. Their thoughts on what helped them the best to deal with the mental challenges of an injury were similar as well.

### 3.2 Interviews with staff

The following section is the analysis of the three interviews with the staff. As previously described this analysis is conducted using the same method as for the analysis of the player-interviews. However, please keep in mind, that the interviews with staff was designed to explore their perspectives on the mental aspects of RTP, and what their role is in RTP regarding the mental aspects. Hence, the themes and subthemes presented below differs from those of the analysis of the player-interviews.

All staff members will be named with their role on the team, but other personal details will be left out of the analysis for anonymization purposes.

As the sport psychologist was an interviewee in two interviews, reference to his quotes will be marked with “HC” referencing to the interview with him and the head coach and “PT” for the

interview with him and the physical trainer. This is to guide the reader to the original quotes in the transcriptions in appendix 9-14.

For background information the structure when a player gets injured, is by all four staff members described identically with the main person being one of the physiotherapist, advice from the team doctor if necessary, close collaboration with sport psychologist and physical trainer, and head coach taking the initial lead on getting all the information communicated and work out a plan, before taking a step back, and letting the other staff members be in charge of the RTP.

Throughout the three interviews, all staff members mentioned that there are different types of injuries, and that this do indeed have an effect on how they plan RTP. For the following analysis, there will not be made a distinction between the different types of injuries, as the focus is on mental aspects in RTP in general, no matter the type of injury.

From all the themes regarding mental aspects of RTP from the interviews with the staff members in appendix 16, the following three themes including subthemes was identified and chosen to be included in the analysis:

Theme	Sub themes
<b>Mental focus in RTP</b>	Motivation Meaning in everyday life Worries Fear of re-injury A focus for all staff members
<b>Limiting unnecessary worries</b>	Importance of a plan Being on the same track Player involvement
<b>Psychological safety</b>	Being honest Trusting the staff Mental openness on the team



### 3.2.1 Mental focus in RTP

Listening to the staff talk about how they experience handle when players get injured, mental aspects were mentioned several times throughout all three interviews. The sport psychologist put it very simply when he said:

”(...) so I think it's very much about getting security, safety. I mean, every physical injury becomes mental at one point or another, if it wasn't already”

(Sport psychologist-PT, 152-153)

The mental part of being a professional athlete is also mentioned by the staff members in regard to injury prevention in line with the physical aspects. The mental aspect is undoubtedly a focus for all interviewed staff members. The subthemes below represent the different mental aspects of RTP that was mentioned in the interviews.

#### *Motivation*

Keeping the injured player motivated is one of the mental aspects the staff focus on. It is motivation in different situations as well as in different parts of the injury period:

”And right here at the beginning, this is where I think there is a lot about objectives and motivation, just getting clarity about "what does this mean to me?", "what should I do now with my everyday life?", "should I attend practice or not", "I'd rather get some school work done", and then we change the practice rhythms a bit. Should you come and watch your team play tonight? If you don't play, you might be depressed, or you might get in a better mood. It varies and can also depend on which phase you are in during an injury period”

(Sport psychologist-PT, 147-151)

The sport psychologist describe how motivation is a key factor for the injured player. And it is important to ask all the necessary questions to explore what will motivate them, when they are injured. Equally important is what will not motivate them. This also shows the fact that no two injured players are the same. Some might be motivated by seeing the teammate play games while others might not benefit from it.

### *Meaning in everyday life*

The quote above mentions the question of what the injured player should do with their everyday life. The staff described how when injured, the player still has appointments with the physiotherapist, they might have sessions with the physical trainer, and these appointments will change during their recovery period. However, they all do agree that they have more time “off” than they are used to, and in addition that for a period they cannot play the sport they love. New meaning, motivation and goal-setting are described as mental focuses by the sport psychologist (Sport psychologist-PT, 23-34).

All four staff members mentioned it in the interviews, and explained how they try to ask about new hobbies, focus points, or whatever it might be the player is focusing on, in order to try to stay positive and see how there can actually come a positive outcome from this injury.

### *Worries*

One of the main, if not the biggest, mental aspect the staff talked about, are the worries the injured player has. Listening to the interviews, worries was described in many different variations, and at all time periods in RTP. Refraining from mentioning all the worries injured players have experienced, examples from the interviews involved worries about when to get back on court, what the consequences might be, and so on. One thing that stood out, was that they all experience how worries are highly dependent on the player:

”And there it is a bit different how people are affected. There are some who are not nearly as affected and just want a plan. For example "I just want to know what I have to do" and "if I have my practice plan in order, my life is actually okay". And then there are others, who are much more affected by it. Especially if there are uncertainties like "how long will this last" and "will I ever come back" - all those things”

(Sport psychologist-PT, 34-38)

All staff members described situations where they know they have to take into account, that the players have different personalities, and how this affects how much they worry, what they worry about, and hence how the staff handles worries and how to talk to the individual player. Another factor affecting the worries, are more practical matters. In basketball, they have statistics on the players from games that for some of the players are very important for their future career and not so much for others, which was explained by the head coach (Head coach, 215-218).

Age does also play a key role in worries according to the sport psychologist, who described how he try to teach the younger players to think long term when they get injured (Sport psychologist-PT, 460-463).

As mentioned, worries are a focus that recurred in all the interviews. In the time period of RTP, it seems that the player is mostly in contact with the physiotherapist, physical trainer, and sport psychologist. Despite describing that he sometimes feels a little bit “disconnected” (Head coach, 102) when he does not have a direct role in the recovery, the head coach still tries to be aware of worries that might occur:

“(...) what happens during that period for them. After all it’s their everyday life that changes quite a lot. So there I like to be close to where the player is, what's going on in his head right now, and things like that. So, I talk to them, I think, and try to sense what is happening with them even though I don’t have many decisions to make myself in that phase”

(Head coach, 104-108)

### *Fear of re-injury*

In the last phase of RTP the player has to start practicing and eventually play games again. In this phase, the worries most mentioned by the staff members was fear of re-injury or “fear avoidance” (Physiotherapist, 305). In all interviews the point was made that feeling pain can be both physically and mentally conditioned. It is not always the case that the players are aware of the mental aspect:

”(...) their most natural pattern of thought is, "when I feel something, it is 100% tissue related", that it is something physical. But we [staff members] are well aware that things are not that simple”

(Physical trainer, 502-504)

The sport psychologist explained how they all listen to what the player is saying and use each other in the staff team to explore if this is a mental or physical issue:

”Then it's very much like, "ahh, I think it hurts a bit", and people start to withdraw, and that is when we often talk together about "what's happening here?", "is it something physical or mental, what do we think” (...). But mentally, the body will react with fight-and-flight, and

reacts by withdrawing from it if there is any doubt. So, clarification of doubts (...), is a really important coordinating part about the mental aspects, I think”

(Sport psychologist-PT, 154-165)

This evaluation of whether or not a sensation of pain or discomfort is physical or mental needs to be taken seriously as it indeed can be physical and might require the player to slow down. But if it is mental, the staff described how they, after testing the player physically and finding no proof of anything physical, will never pressure someone to do anything they are not ready for. However, with the knowledge of it possibly being caused by worries, they will talk to the player and ensure them it is safe for them to try and play again:

”(...) then you talk about it, and (...) often in any case, you find out "well, now I've tested your knee completely, I don't find anything alarming, it's become a bit irritated, and that's all", then they feel much better, and often quite quickly so. Then they have less pain, they can do more. At least if they trust you and what you are examining. And that there is nothing. Of course it must be real”

(Physiotherapist, 305-312)

#### *A focus for all staff members*

As the above analyzed subthemes shows, it is not alone the sports psychologist who is responsible for the mental aspects of RTP. Listening to the staff, they all talked about mental aspects, and explained how they play an active part in making sure that mental aspect is in focus, as well as the physical aspects:

”We get access to information about how they feel outside the basketball world, etc. So we sometimes know a little about how they feel mentally too. And asks if they feel bad, as you do when you have a conversation. And then we talk to the sports psychologist once in a while, if something more structured needs to be added or needs to be talked about ”

(Physiotherapist, 7-10)

The physiotherapist further explained how he feels secure in knowing his own limits when it comes to handling mental issues, and when to advise the player to talk to the sport psychologist. The same

point of knowing your own limits is described by the physical trainer and explains how this does not prevent them from initiating conversations about mental aspects:

”But if it is a bigger concern, or they express something, then I am also very much aware, if it’s something, for which I do not have the tools or skills. Then it is my responsibility to pass the message on or get help from those who can, whether it’s the sports psychologist or the physiotherapists, or with the doctor. But everyone can have those talks”

(Physical trainer, 549-552)

From the sport psychologist’s point of view this very point is essential, and something the conscious work on implementing in how they work together in handling the mental aspects (Sport psychologist-PT, 267-269).

With everyone having a focus on the mental aspects and the teamwork around handling it the best they can. The sport psychologist also point to the fact, that their different professional backgrounds play a role and that there naturally will be a difference in how they focus on the different aspects of being injured (Sport psychologist-PT, 518-520).

Despite how beneficial it is to have many different skills on the same team working together and all of them being able to advice and support and be aware of mental difficulties for the injured player, they sometimes do experience it is too much, and they need to pull back and have one person take the lead in asking questions:

”Sometimes they also get tired of talking about it all the time. And it can sometimes, when there are so many of us around and the communication may not be 100%, then it is easy to go to the player himself, and if there are eight of us doing it at the same time, then the player must answer many times how it goes, and they get tired of it.”

(Head coach, 287-290)

### 3.2.2 Limiting unnecessary worries

One of the main themes from the interviews was not only the focus on the worries the injured player might have, but also that the staff was aware of the possibility of that they might create unnecessary worries for the injured player.

The following subthemes represents how the staff explained how they actively work on limiting the worries they might create from how they handle all aspects of RTP.

### *Importance of a plan*

All the staff mentioned several times how important a plan is for them and especially for the injured player. Even though everyone agreed on the fact, that it is one of the physiotherapists that in most cases take the lead of managing the injury, it is still, as mentioned before, a team effort with a lot of people involved:

”(...) there are extremely many people who need a plan. Different plans. The coaches want to know when they can practice again; the athlete himself would very much like to have a plan of what's going to happen, and it is often about "when will I be back again", "when can I do this and that". I think the stress part is very much about the fact that when people are injured, one of my most important tasks is to help ensure that there is no doubt whatsoever about where we stand, and particularly so when they enter the recovery phase”

(Sport psychologist-PT, 141-145)

As he explains, the plan can help avoid the player starts worrying about a lot of unanswered questions. If left uncertain, it could potentially be a stressor for the player. The sport psychologist in addition pointed to the importance of the staff meeting regularly to evaluate and adjust the plan (Sport psychologist-PT, 346-349).

This point is supported by the head coach when he described how dynamic a plan is, and that it might even be the wrong plan, or things change in a way you did not expect. But for the player to be able to not worry too much it is important to both be aware of when the plan needs to change, but also that it is kept in phases and not a day-to-day plan:

”(...) then you come in and don't really know what to do in practice (...). I think we need to get better at that, (...) "this week looks like this, now we do like this". So everyone knows, and then we can go on from there in a week, and if something miraculous happens, we can always adjust the plan, but there has to be a plan”

(Head coach, 333-336)

### *Being on the same track*

With this many people on the staff team, and knowing how important a plan is, the staff need to be on the same track, and communicate the same plan to the player to avoid any confusion or for him to start to not trust the plan (Head coach, 245-248).

This does not mean that the staff members always agree on what the plan should be. But they all agree that disagreements should never affect the player:

”And precisely because, like everywhere else, we have tried that one says one thing, and then another says something different, which obviously confuses the player. And it's not because you can't change direction, but we'd rather take it behind closed doors, so that it doesn't happen in front of the player: "Well, yesterday he said everything was fine, now I'm not allowed to play for 1-2 weeks". So, we try to get the same wording”

(Physiotherapist, 248-251)

However, this is not always easy to communicate, especially when the information is personal and some of the staff members through their profession has to secure confidentiality.

This is an issue stressed by all four staff members several times in the interviews. Not having a solution how to communicate best, it is something that effects the staff and their ability to feel professional and have the information needed to do their job in the best way possible. And as they come with their separate specialties, being on the same track and communicating becomes even more important when acknowledging the fact, that the physical and mental aspects cannot be separated:

”(...) after all, science also points to the fact that there is tension between the physical and the mental. (...) it is obvious that they interact or have significance for each other. So that's why it's also completely... it would be completely pointless not to communicate together”

(Physical trainer, 475-478)

### *Player involvement*

It is obvious already, that the injured player is in the center of how RTP is conducted. However, I do want to highlight a few important points from the interviews that shows involving the player has a positive impact on the mental wellbeing of the player:

”And when you are equipped with that knowledge, there is also some talk with the player, where especially the sports psychologist and I put our heads together in relation to how this particular player handles this specific situation. And we have often seen, that it is very different how players react to the same types of injuries”

(Head coach, 20-23)

”There it was also somewhat important for me to say to the player: "The physiotherapists have actually cleared you, so now it's my decision that I think there's a bit of a risk that I don't want to take". Precisely so that it [the decision not to play] doesn't get pushed onto the physiotherapists, where they can't understand why I haven't cleared the player”

(Head coach, 184-186)

Involving the player both means being aware, that different players can react differently to the same type of injury, and to involve the player in why certain decisions are made. This in line with communication and not creating unnecessary worries for the players about why a decision is made. Lastly, the sport psychologist addressed the maybe obvious, though easy to miss, point: If you want answers, then go straight to the source:

”I like that, if you're in doubt about something, you just ask the players "how is it really, are you affected by it". That's the kind of thing I ask "we're a bit in doubt how, I'm in doubt when we look at you”. Well no, I would never say we but "I'm a bit in doubt when I look at it, it looks like you're holding back. Is it physical or mental? Or am I just seeing it wrong?” But getting the player's angle on the things you consider (...)”

(Sport psychologist-HC, 265-270)

### 3.2.3 Psychological safety

Listening to all the interviews, another theme emerges in more than one context. When focusing on mental aspects it is not always something that can be tested like most of the physical aspects can. The staff depend on the injured players to actually tell them what they are experiencing, whether they are asked directly or they open up spontaneously.



### *Being honest*

To know what is going on with the injured player the staff need the players to be honest with them. This is in many cases easier said than done, as the players know that being honest might have some negative consequences:

”And then I think, it's perhaps one of the most difficult things in all of this, is that the players sometimes hold back from telling me the truth, because they know, that sometimes it can mean, that they won't play, and then we pull them out and they don't want to, so sometimes, you don't always get it all”

(Head coach, 151-153)

The head coach later in the interview describes how he in some cases knows the players are not being honest with him, and he needs to guess what they would like him to do:

”Sometimes I feel like I must guess what they want me to do. In other words, a player has some concern about, like "I hope he spares me now, but I don't want to say it myself. I hope he does". In that case, you read signals; what has he said to the physiotherapist and how has the history been. (...) And it's such a strange game, why can't we just talk together: "Can't I be allowed to sit out?", "Yes, you can". But there are some mechanisms there, that I still try to learn”

(Head coach, 437-442)

It is a complex situation, and as the head coach describes a situation with a player that is not 100 percent honest with him, he explains how it is about knowing the player, having a good relationship and being able to read the player, and test the waters before making his decision (Head coach, 452-458). The head coach is not the only one that experiences the lack of honesty. It is a focus for all the interviewed staff members. Being aware of that they might not get the whole truth every time, the ideal is still to help the player feel comfortable with being honest. And this is a focus for the staff members (Physical trainer, 245-255).

### *Trusting the staff*

To be honest, the staff agree on the importance of trust. The players need to trust them in order to feel they can open up and tell them the truth about their situation and what they think and worry

about, no matter the consequences. From the interviews it appeared that creating trust is multilayered and many factors come into play. One of them is the fact that the more that is on the line for the player, the stronger the trust has to be:

”(...) [sport psychologist acts out what a player would say] “it's my career, it's all good that the physical trainer think I should play, but it's my life and my ability and my bread and butter. You shall not gamble with it". We sometimes get into some situations where it's also a lot about trust. And that the players have security and confidence in that it is under control”

(Sport psychologist-PT, 233-236)

Even though it is a teamwork for the staff to help the injured player, and as mentioned earlier they all focus on communication and keeping everyone updated, sometimes this must be compromised for the trust to be built by having confidentiality and assuring the player that what they say will be kept behind the closed door if this is what they wish (Head coach, 153-159).

It is not only confidentiality that the staff members mention as important for creating trust. Also, the staff-player relationship, the players' different personalities, even a somewhat small practical matter as there being a door to close in the physiotherapist room, and that it is important that the staff members are present as much as possible to connect on an everyday level, with players injured or not. Hierarchy and culture were mentioned as well as they can influence the building of trust and needs to be kept in mind for the staff members, and the broadness in the staff is stressed as a strength in building trust. Trust is indeed one of the most important elements in creating the psychological safety for the injured players:

”(...) that I make it as easy as possible for the player to be in, and we arrive at the right decision, but without being exposed or feeling, walking away with a bad feeling, which of course the next time we are in that situation will influence how the dialogue can be. So sometimes one must make tough decisions, they don't always agree, but there has to be trust”

(Head coach, 476-480)

### *Mental openness on the team*

As the last subtheme about how to ensure psychological safety for the injured (and not injured) players, I briefly want to address mental openness on the team in general, as this could influence how the players approach being open about mental challenges when injured. A potential barrier for mental openness, is the concept of being tough as a professional athlete, not wanting to show any signs of weakness:

”And there they have such honor and pride, egos and a bit of a macho culture. You don't want to appear weak towards the group and us”

(Head coach, 295-296)

Continuing to talk about when a player gets injured if that is something the staff tells the rest of the team, the head coach explains how he has stopped pointing it out:

”(...) I've kind of stopped doing that, because they can see he's sitting on the exercise bike, and I don't need to say anything about what happens there so much. Because they are not so happy about the weakness being exhibited in some way, I think”

(Head coach, 299-301)

This macho-culture might not need to be broken down, but the awareness of it is important. Like the head coach explained, the staff members know it is there, so they navigate around it with the intention of keeping the injured player feel as good as possible with the unfortunate situation he is in, circling back to the theme of staff not wanting to create additional mental challenges. And although with challenges from time to time, it seems from the interviews that there is an openness on the team about mental aspects. Nothing appears to be taboo, and all staff members appears to have not only an open mind, but a focus on the mental aspects of RTP.

In summary, the mental aspect of RTP was most definitely a focus for all the staff members interviewed. Despite that they represent four different professions and roles on the team, they all took responsibility in making sure mental challenges is both recognized and dealt with. This was not just a responsibility for the sport psychologist alone. All staff members did point to challenges

that either do or potentially can affect the injured players mentally, leaving room for improvements in their RTP strategy.

## Chapter 4: Discussion

When reading the discussion, please keep in mind, that for this thesis the IPA approach was the methodology of choice. Within this approach a template of themes was not laid out beforehand but instead themes emerge from the interviews when listening to the recordings, transcribing the interviews, and re-reading the transcriptions.

As it is clear from the analysis-section above, this led to different themes and subthemes for the two groups analyzed (players and staff members respectively). Going into the discussion, wanting to compare the two groups, a direct comparison will not be made based on a template of themes. As the players are the ones being injured, and staff's main focus is to assist them to return to play, the comparison will be centered around the themes that emerged from the player-interviews, and then comparing these to the themes from the staff-interviews.

### 4.1 Comparing perspectives on mental aspects of RTP

The aim of this thesis was to compare the accordance between perspectives on the mental aspects of RTP from the players and the staff members that emerge from semi-structured interviews.

The three main themes of mental aspect in RTP that the players mentioned were *handling worries*, *being out of the game*, and, *the importance of a plan*.

#### 4.1.1 Handling worries

Worries were a widespread theme for the players, with worries coming in many forms. This has been noticed by the staff members and was one of the main focus points they mentioned, when it comes to RTP. Worries in its many forms are also mentioned in sports injury literature as a known part of being injured (e.g. Clement et al., 2015; Evans et al., 2012; Ruddock-Hudson et al., 2014). Worries was a clear focus for the staff members, as they all expressed an interest in knowing the thoughts of an injured player. For the players, talking about worries led to four subthemes:

*The influence of past injuries* had a positive effect on the players. From the analysis it is seen that experiences with past injuries had a positive effect on their confidence in getting back to their pre-

injury condition, as well as trusting the rehabilitation process. The literature search did not support this finding, neither did it challenge it. But it is not possible to exclude the possibility that the severeness of the injury can influence the effect of past injuries. And due to anonymization, level of severeness cannot be discussed for the players interviewed for this thesis. Past injuries was not explicitly mentioned by any of the staff members. However, they all pointed to the fact that personal differences are important, when it comes to how a player handles the injury mentally. Examples of such differences were age, personality, and career aspects.

The influence of personal factors has been a subject in the RTP literature as well. When interviewing both rugby players and golfers, Evans et al. (2012) found many different stressors which was not all mentioned by all the interviewed athletes, supporting the individual differences. Sport psychologist consultants confirms the importance of acknowledging these differences as they mention having more focus on an athlete-centered RTP approach as an area of improvement for RTP (Arvinen-Barrow & Clement, 2017).

One of the players responded positively to the idea of having a mentor when injured (Player 2, 188-196). A mentor being a player that had gone through the same injury. In another study coaches from different sports have agreed to the positive effect of having a role model for an injured player (Podlog & Dionigi, 2010). This role model can be a positive example of how to make a successful return and be of great support in how to handle the challenges that comes with being injured and increase motivation and inspiration.

*Talking about worries* appeared both difficult and important for the players interviewed. Talking about worries mostly involved the staff, friends, and family. Teammates on the other hand did not appear to be someone the players use for opening up about their worries. Talking about worries was also a focus point for the staff, as they all described how they ask the players how they are doing and tries to be aware of the need for privacy to talk and to support them. Even though the word “support” was not mentioned in the staff-interviews, there is no doubt the staff support the players through their injury, and that the players seek support.

Multiple studies have shed light on the importance of support when injured. Support plays a key role for coaches’ strategies to ensure a good recovery for the players (Podlog & Dionigi, 2010). Support has even been divided into different forms: *emotional support* as personal interest in the player. Second is *tangible support* as helping athletes with e.g. goal-setting. Lastly is *informational support*, e.g. informing the player as much as possible (Podlog & Eklund, 2007). This division of

support could be useful when trying to help the individual players and giving better knowledge about what they need, at what time, and from whom. Like when the staff interviewed for this thesis sense that the injured player is tired of being asked about the injury, they can seek to provide a different kind of support. In addition, no matter the kind of support, it should be given throughout the entire injury period regardless of the length of time out of play (Ruddock-Hudson et al., 2014).

A dilemma appeared for the players of *being honest with the staff*. Even though they all can recall experiences of how being honest helped them, they also find themselves holding back due to unknown consequences that being honest might have. All staff members said that this is not surprising to them, and they know that the players are holding back information. Talking about the importance of trust and building good relationships with the players, the staff from this thesis actively work on the openness to talk about mental aspects. Hiding the truth from staff is not solely a subconscious behavior. Athletes interviewed for another study said they even go the distance to hide pain from staff members by manipulating facial expressions and body language (Barrette & Harman, 2020), and in line with the players interviewed for this thesis moderating how they verbally talk about pain (Barrette & Harman, 2020).

From the literature search the theme of psychological safety did not appear. A sub theme was studied by Barrette and Harman (2020) exploring why athletes play through pain. Findings from their study add knowledge to the findings from this thesis. Barrette and Harman (2020) found that the consequences of not playing will interfere with their dreams and goals. Their study also supports the findings from this thesis of being, or pretending to be, tough - *toughness* mentioned by players and staff in this thesis. Athletes fear to be identified as weak, and the aspect of toughness is found to affect their decision making, as it was also apparent from the finding in this thesis. Suggestions to increase psychological safety includes the importance of a good staff-player relationship, staff acknowledging how the players' dreams and goals are affected, and education of players of long term consequences of playing through pain (Barrette & Harman, 2020).

Psychological safety is also a focus point for Team Danmark as they point to the importance of creating an environment where athletes feel safe sharing, and that sharing shows courage and strength as opposed to weakness (appendix 1).

Though not linked directly to injuries, Walton et al. (2024) explored the literature on psychological safety in elite sport. Their findings are in line with the findings from this thesis, that elite athletes avoid speaking openly about mental health, as they fear it will have negative consequences. Put

simply, they find that psychological safety has a role in support of mental health in elite sport. What they propose is a model for increasing a psychological safe environment. The list of factors to ensure this includes athletes feeling safe to be their authentic self, safe to take interpersonal risk (such as making mistakes, bring up problems), normalize openness and vulnerability, awareness of influence from staff on how they talk about own mental health, clear evidence that there is no punishment for being open, and meeting vulnerability with compassion. This will then lead to an environment that fosters help-seeking behavior. On an organizational level they mention easy access to mental health treatment and fostering respect, diversity and inclusion. This goes in line with much that was said in the interviews from this thesis, but the framework, although created for elite sport in general, could potentially be beneficial and act as inspiration on how to deal with the issue of players not being completely honest about their worries. It calls for further research linking psychological safety to the mental aspects of RTP.

#### 4.1.2 Being out of the game

The players love their sport. Simple as that. And the injury keeps them from playing leading to negative effects on their mental state. Love of the sport has been expressed by athletes from a variety of sports (Podlog & Eklund, 2006). The *effect of watching teammates play* was by all players interviewed in this thesis described in a negative way. Disengaging oneself from the club is a known behavior with injured athletes (Ruddock-Hudson et al., 2014).

However, it is important to understand, that a balance of being present or not in the club can be beneficial for motivation and compliance, as being absent can lead to isolation of the injured player (Podlog & Dionigi, 2010). Examples from coaches interviewed in different studies on why it is important to keep an injured player active in practice involves having the player stay updated on team tactics, create opportunities for players both with and without injuries to learn from each other, and the injured player can set an example for the other players to know what it takes when injured (Podlog & Eklund, 2007). Engaging in off-court responsibilities or engaging in a coaching role on the team while injured has also been proposed (Ruddock-Hudson et al., 2014).

From the interviews from this thesis players mentioned *meaning in everyday life* as a positive aspect of being injured, and the staff focus on it as one of the first mental aspects when a player gets injured. Time available of course will vary depending on the severity of the injury. However, goal-setting and positive thinking have been found to have a positive mental effect (Cederström et al.,



2022; Cindra S. Kamphoff & Hamson-Utley, 2013). If staff members help players keep their goal-setting and positive thinking realistic and achievable, it can foster a feeling of control, and should be adjusted to progress as well as setbacks (Podlog et al., 2015).

While trying to focus on the possible positive outcomes of the injury, the players are aware that other players will fill in for them, and *keeping the role in the team* is something they mention as a possible worry in the interviews. The staff explained how they know about this worry, and do not ignore it. Emphasizing once again that it is different from player to player in terms of degree of worry, confirmed from the interviews with the players, they try to limit this worry by involving the injured player as much as possible in decision making.

Loving the game should make the players eager to step into the court and play like they did pre-injury. However, this is not always the case, as the well known mental aspect of *fear of re-injury* might occur, as it is described by the players having experienced it. With their different professional backgrounds, the exact wording of the different mental aspects was throughout the interviews varying from the staff members, but fear of re-injury (or fear avoidance) was a term they all agreed on using, showing how well known and common this mental aspect is. Fear of re-injury has been identified in different studies (McVeigh & Pack, 2015; Podlog et al., 2011; Podlog & Eklund, 2006). However, some athletes does not experience this (Podlog & Eklund, 2006), pointing to the importance of acknowledging individual reactions.

The players interviewed in this thesis described how they need to trust the staff, but mostly they need to feel it in their body to take that first step, having the courage to overcome the doubts they have (Player 2, 224-253). For the staff-interviews, it is clear how they rely on each other to help the players overcome their fear of re-injury.

It is out of the scope of this thesis to go in detail with the many methods to deal with fear of re-injury. I do, however, want to mention one factor: social support from staff members can decrease the feeling of fear of re-injury (Forsdyke et al., 2022).

#### 4.1.3 Importance of a plan

Findings from the interviews in this thesis showed how having a plan was important for the players in order to limit worries. The importance of a plan, though only mentioned in regards of the

physical process by the staff interviewed for this thesis, has also been highlighted in regards of the psychological plan and process as well (McVeigh & Pack, 2015).

*Trusting the staff* plays an important role for the players and is necessary to trust the plan they are given. The staff-player relationship can foster this trust and the staff members showed awareness of this fact but also the difficulty in having stronger relationships with some players more than others.

The plan not only limited worries, but it also gave the players in this thesis *motivation*, setting goals to work towards. Again in agreement, the staff mentioned motivation as one of their focus points. Motivation has a cross-over with support, as being on the same track with a plan and having all staff members, even coaches, show support, even if they do not have an active role in the physical recovery plan. Research shows social support is beneficial to injury rehabilitation and the athletes' well-being (Lu & Hsu, 2013). In a review from Podlog et al. (2015) they show how studies indicate, that some athletes do feel isolated during their injury and that they feel unsupported. The importance of support was also found by Yang et al. (2014) when asking 501 injured athletes from nine different sports. They found that social support from the athletic trainer had an implication for successful physical and psychological recovery for the injured athletes. Staff members like physical trainer, sport psychologist, and physiotherapist are naturally part of the rehabilitation in the case used for this thesis, this not always being the case for the coaches. Podlog and Eklund (2007), interviewing coaches from a variety of sports, pointed to the importance of support and how this can be promoted with individual training sessions that is also believed to increase the positive coach-athlete relationship. However, it is important to note that social support need not only be provided, but the players also needs to perceive it as support (Forsdyke et al., 2022).

Everyone interviewed expressed how they have *responsibility* in the RTP. For the staff members it was clear, that all of them, even as they work as a team, given their different professional backgrounds, have responsibilities they contribute with. For this they have to coordinate and handle disagreements behind closed doors. It would appear they do this with great success, as the players expressed no knowledge of disagreements, and felt confident with the different staff members and their capabilities. This is important, as a survey of sport psychology consultants found that communication between members of the team not performed well, can leave the athlete vulnerable (Arvinen-Barrow & Clement, 2017). From the players' viewpoint, responsibility touch once again

on being honest and telling the staff how they feel both mentally and physically to reach optimal rehabilitation.

Another key finding from the player-interviews was *communication*. Very simply they want to be informed.

Pointing to the theme of player involvement, the staff members are aware of the importance of communication. They involve the player, maybe after they have talked to each other, in decision making, and why changes happen, or decisions are made even contrary to what the players wish for. Involving the injured player in the decision making during the rehabilitation is supported by Podlog and Dionigi (2010) when interviewing coaches from different sports. Communication has been mentioned in other interviews with physiotherapists, coaches, and physical trainers (McVeigh & Pack, 2015; Podlog & Dionigi, 2010). Communication is mentioned to assist in addressing concerns, ensure athletes feel supported, coaches care about their well-being, and to increase compliance with rehabilitation protocol (Podlog & Dionigi, 2010).

Along with communication is education of players. Educating the injured players about their injury, rehabilitation, and RTP guidelines has been found to prevent unrealistic expectations and misconceptions that might affect them negatively in RTP (McVeigh & Pack, 2015; Russell & Tracey, 2011). This would be favorable to keep in mind for the staff.

Too ambitious and unrealistic plan for RTP can create pressure for the player. Pressure has been found to have a negative effect on the players returning to play regardless of this is felt from coaches, teammates, physical trainer etc. (Podlog et al., 2015). This was not expressed by the players in this thesis as part of their injury experiences, but could be acknowledged by staff to keep it that way.

Acknowledging that the players all expressed a positive memory about their rehabilitation, it has been mentioned by other athletes from different sports when interviewed, that positive consequences of the injury was found to be a renewed perspective, increased motivation to play, physical improvements, and better appreciation for the sport (Podlog & Eklund, 2006).

## 4.2 Staff's work "behind the scenes"

Discussion of how staff members are both aware of and handles the mental aspects the players recalled from their experiences, left all themes from the players covered. However, certain themes from the staff-interviews are still left uncovered.

The themes were how the mental aspects is *a focus for all staff members*, how *being on the same track* is important, and how *importance of a plan*, however crucial, is also complicated matter to create in the logistics of a professional sports club. All the themes can be labeled "practical issues" and headlined as "teamwork".

The players seem not to be affected by the practical issues. However, staff points to the fact that being a large group of different people around the injured player is not always easy. They experience difficulties with how to get everyone informed and how confidentiality might hinder flow of information, or, lacking it, can be at the expense of the trust the player has in them. It is even mentioned, that staff members being physically absent in the club is an issue for the mental aspects, as it takes time away from creating strong relations and building trust (Physiotherapist, 327-337). It could seem as "seeing ghosts" as the players do not seem affected by this. But as the staff create the environment in which the players deal with their injuries, these practical matters could, if attended properly, help both improve their experiences and help the staff feel confident in being as qualified as possible to use their professions and help the injured player.

With insight and shared professional knowledge the staff help each other helping the players to be both physical and mentally ready to RTP (Hayden & Lynch, 2011).

Teamwork was addressed by Arvinen-Barrow and Clement (2017), where sport psychologist consultants pointed to the fact that improvements in interprofessional teamwork around injured athletes was needed in areas such as more formalized procedures, better education of the staff members and integrated physical and psychological case files to help a more holistic decision making in regards of RTP. In addition, they also point to the confidentiality challenged that the staff members interviewed for this thesis also struggle with.

When interviewing physiotherapists and physical trainers, McVeigh and Pack (2015) found that education is not only important in regards of the injured players. Educating coaches and other staff members was perceived as improving sufficient support and guidance to players and lowering the risk of the players feeling of isolation doing their rehabilitation. Education of potential mental

challenges is beneficial for both players, coaches, and other staff members in order to help players eliminate challenges or, if not possible, deal effectively with the psychological aspects of their injury (Evans et al., 2012).

As it was seen in the interviews with the staff they did not have a “common” language of how to speak about the mental aspects of RTP. The findings from the literature could inspire a focus on possible improvements for alignment of mental aspects, followed by an additional education of all staff members.

### 4.3 Suggestions for improvements from literature

The literature search conducted for this thesis on mental aspect of RTP showed additional themes that could provide suggestions for improvement of the handling of mental aspects from the findings of this thesis. Suggestions in regard to the players’ experiences have been mentioned throughout the sections above. What I want to add, are the practical matters pointed out by the staff.

Mental health disorders such as depression, anxiety, or eating disorders was not mentioned in the interviews in this thesis. The same is the case with the situation where an injury has a career-ending consequence. To stay true to the theoretical foundation of this thesis I stuck to only let the themes appear naturally from the interviews. However, I am aware that both factors have emerged in other studies (Ardern et al., 2013; Rogers et al., 2024), and can play a role in the mental aspects of RTP.

Lack of structured and formalized form of protocol to address psychological needs for injured athletes is well-known, leaning to a more intuitive and individualized process (Podlog et al., 2015). The same is shown in my findings. Literature points to how RTP could be improved by potentially structured into a protocol which will be discussed in the following.

As mentioned not two players or injuries are the same. Many studies confirms this and point towards a long list of different factors that might come into play: history of stressors, self-motivation, athletic identity, self-perception (Clement et al., 2015), level of performance, time lost from sports activity (Lambert et al., 2023). This should of course be kept in mind when considering an implementation of a structure of the mental aspects of RTP.

#### 4.3.1 Phases

From the interviews it does appear that the staff to a certain degree divide rehabilitation into different phases, e.g. the sport psychologist talks about the initial phases with motivation and meaning in everyday life, followed by a recovery period with more positive mental state as progression is made in rehabilitation moving into the phase of returning to practice and games where the fear of re-injury is in focus (Sport psychologist-PT, 138-165). According to Clement et al. (2015) the division into phases is important as the cognitive appraisals, emotional and behavioral responses varies in four phases: initial reaction to injury, reactions to injury after diagnosis, reactions to rehabilitation, and reactions to return to sport. This division is supported by Ruddock-Hudson et al. (2014) and Evans et al. (2012) leaving out the phase of reaction to injury after diagnosis.

Why is this important? It has been suggested that this division into phases provide a structure that can help the staff members to relate to the psychological responses the players might have as well as inform the players about what might come and that the mental aspects might change during their injury to prepare them for what could come and how to best deal with it (Clement et al., 2015). The different staff members' roles and responsibilities might also change, which the phased structure can help to remember and establish agreement on and strengthening the teamwork (Cindra S. Kamphoff & Hamson-Utley, 2013).

Through the analysis and the part of the discussion above, I believe the definition of RTP stated in the beginning of the thesis needs to be redefined, as it has become clear that the mental aspects of RTP starts before the injury is defined as an "injury", and that it stretches longer than when the player step into the court in the first post-injury game. This might lead to an addition of a phase including "decision making of taking the player out".

#### 4.3.2 Self-determination-theory

It has been suggested that self-determination theory (SDT) can be applied to facilitate an athletes RTP by increasing understanding and guide interventions (Podlog et al., 2015). SDT links competence, autonomy, and relatedness to self- (or intrinsic) motivation (Hayden & Lynch, 2011), and when these needs are satisfied, personal development, task performance and psychosocial functioning will be enhanced (Podlog et al., 2015). In regard of SDT, findings from this thesis are consistent as factors found to be important include goal-setting, social support, trust in staff member, fear of re-injury etc. (Podlog et al., 2015). SDT has also, when interviewing athletes, been

found to provide a good framework for the evaluation of athletes definition of their return to play to be successful (Podlog & Eklund, 2009).

This framework could potentially be used to improve communication about mental aspects, educating staff members, and keep being on the same track throughout the entire period of injury. Other frameworks exists too, and it is out of the scope here to compare, but mentioned in the literature is using rehabilitation profiling for both physical and psychological factors (Cindra S. Kamphoff & Hamson-Utley, 2013). Which is another way to create structure, common understanding, improve goal-setting, and effectiveness (Cindra S. Kamphoff & Hamson-Utley, 2013).

#### 4.3.3 Psychological readiness

Fear of re-injury when returning to play is a mental aspect in focus for the staff members and including players in decision of how they should return was a way to deal with it. The term “psychological readiness to return to sport” could be broadened a bit further. Podlog et al. (2015) conducted interviews with athletes in order to understand psychological readiness to return to sport, a readiness to be examined towards the end of an injury. They argue for the importance as it will provide staff members with the understanding of how to increase psychological preparedness and evaluate if a player is both physical and psychological ready to return to sport. Their findings suggest that psychological readiness includes the three dimensions: confidence in returning to sport, realistic expectations of one’s sporting capabilities, and motivation to regain pre-injury performance (Podlog et al., 2015).

The dimensions are influenced by factors that was also found in this thesis such as trusting the staff, social support, goal-setting, feeling wanted, positive outcomes from rehabilitations etc. These precursors should be kept in mind by the staff to help players get mentally ready to return to sport. With this in mind prolonging the definition of RTP could be argued necessary, as being both physically and psychologically ready to return to sport might stretch further than to the second the players steps onto the court in a game again.

#### 4.3.4 Interventions

Throughout the literature suggestions for different interventions have been suggested in regards of the different phases of the rehabilitation. It is out of the scope of this thesis to explore how they should or could be built into RTP in order to help athletes deal with mental aspects of their injury.

However, some of the interventions dominated the literature and should be mentioned when talking about suggestions for improvements: Goal-setting and positive self-talk has been mentioned above. The other two interventions consistently appearing were relaxation techniques and imagery (Cederström et al., 2022; Cindra S. Kamphoff & Hamson-Utley, 2013; Podlog et al., 2015; Reese et al., 2012). All four being mentioned as helpful in all phases of RTP.

#### 4.4 Methodological critic

Throughout this thesis, different methodological choices have been made, which has influenced the findings. In the following section some of these choices will be discussed applying a critical perspective. I conclude with a discussion of validity, reliability, and generalization.

##### 4.4.1 Limitations

As with any study, this thesis has a number of limitations.

In regards of the literature search conducted to identify the research field on mental aspects of RTP, the search string was narrowed to include only “return to play” and “return to sport”. However, I cannot be certain that important additional findings would not have appeared, if search words such as “recovery” and “rehabilitation” would have been included. However, it seems reasonable to assume that the broader search would only have supported the findings – but a broader search needs to be conducted in order to confirm this.

Recruitment of the interviewees needs also to be addressed. The staff members represented one person from each profession. Only interviewing the sport psychologist might have sharpened the findings on mental aspects from the staff’s perspective. However, since the players are much more in contact with e.g. the physiotherapists, the recruitment provided a more comprehensive picture of staff’s perspectives.

When recruiting the players the only criteria was that they had an injury history, which can have led to limitations. Only Danish players were recruited. And since this is a club with players from different nations it could be a limitation, that only one nationality is represented. The same argument can be made for the choice of only recruiting from one sport, and only male players. Only one player was currently injured when interviewed, the other two recalled past injuries that they had



successfully overcome. This could have led them to recall the experiences more positively than they would have if they had been interviewed while injured.

Limitations are also present in the interview set up. All interviewees knew, before agreeing to the interviews, what the purpose of the interview was. They knew well in advance that we would talk about the mental aspects. This might have influenced their answers. Had they not known the mental focus, they might have narrated their experiences in a different way. I will argue though, that not knowing would have presented an ethical problem.

Another limitation in this regard, is that I cannot know if the interviewees told the truth. The players knew that staff members would have access to the findings, not the actual transcriptions of course, but the thesis. This could have influenced them to hold back, as I also found, that being honest is not always easy. I will argue though, as they told me about being honest and mental challenges they had not discussed with staff members, they gave me honest answers.

Another limitation was the fact that the sport psychologist participated in two of the interviews. As the interview guide was the same, he knew the questions and had ten days between interviews to reflect on the perspectives. The physiotherapist was not interviewed with the sport psychologist present, he is with certainty the only one of the staff members not influenced by what the sport psychologist said in the interviews. Having the sport psychologist present explaining his perspectives, the other interviewees could potentially have been influenced or inspired by what he said.

Finally, the interview guide was not tested before conducting the interviews. A pilot interview might have qualified the actual interviews and improved my interview skills.

In terms of the transcriptions, it can be a limitation, that I was the only person checking the transcriptions. To eliminate this possible flaw, I re-read the transcriptions, and re-listened the recordings after each section had been transcribed.

For the analysis, limitations exist in me choosing to group the players as one group, and the staff members as another, limiting the finding in regards of each profession and each individual player. I do however argue, that with the research question in mind, this is a very small limitation, necessary due to the scope of this thesis.

Furthermore, a limitation is also identified in the reporting of the findings. The interviews were conducted in Danish, and all quotes were translated into English afterwards. This can lead to a bias as some meaning can get lost or is added in translation. In order to minimize the limitations all

quotes were followed by referral to the transcription providing the (Danish reading) reader with easy access to the original quotes.

Finally, due to ethical considerations and to ensure anonymization, the findings are limited by lack of background knowledge of the players such as type of injury, age, position on the team, etc. These variables might have influence on the mental aspects, as it has been mentioned in the discussion above about individual differences.

#### 4.4.2 Validity, reliability, and generalization

Brinkmann and Kvale (2015) explains how validity refers to the truth and correctness of a statement. They further define it as: “validity pertains to the degree that a method investigates what it is intended to investigate“ (p. 282). So, are the findings in this thesis valid?

Firstly, the research method of choice has to be suitable for answering the research question. The IPA approach is valid for this thesis, as the aim was to explore how players and staff members experience mental aspects of RTP. With IPA, experiences were explored and had an element of interpretation which was believed to be necessary as the aim concerns the mental aspect of RTP, which had to be interpreted from the exploring of experiences.

Validity according to Brinkmann and Kvale (2015, pp. 283-284) is affected by the entire research process, e.g. the design, conducting the interviews, analyzing, and reporting. I will argue, that validity of the findings is high. Through all the stages of the research process the research question has been the guiding light from creating interview guides, transcribing the interviews, to this finale reporting of the findings. And even though, it is an interpretative approach, acknowledging the responsibility it is to interpret other people’s experiences, the research aim did not reshape the experiences, but the experiences of the interviewees created the answers to the research question. The players experiences created answers. It was not my research question that created how they expressed their experiences.

Reliability refers to if the methods are well-defined so the findings in theory could be replicated in the exact same way by somebody else (Justesen & Mik-Meyer, 2010, p. 40). Despite this simple definition, reliability in qualitative studies is not always achievable: “(...) traditional conceptions of reliability have little application to qualitative research, because most qualitative studies are composed of a single analysis, made at a given contextual moment in time” (Tracy, 2013, p. 229).

With this statement in mind, I do however want to argue, that reliability was as high as possible in this thesis.

Full reliability is not possible using IPA. It incorporates an interpretative element in the analysis which, even though I tried to stay as objective as possible, and has been transparent with my preconceptions and prejudice, arguing that they have not played any role in my analysis, would be false. However, transparency has been as high as possible throughout the thesis, with descriptions of all steps from method to analysis to conclusion. Transcriptions was made by myself, in order to do the experiences of interviewees as much justice as possible, knowing that moods, pauses, body language etc. was left out.

Findings from this thesis are supported by the literature which strengthens the reliability of the findings from the interviews. Acknowledging that full reliability cannot be attained, I will maintain that this qualitative study has a high level of reliability.

If the findings of a study is found to be valid and reliable, Brinkmann and Kvale (2015) states that one question is left to ask: “(...) whether the results are primarily of local interest or whether they may be transferable to other subjects, contexts, and situations” (p. 295) – or put more simply can the findings be generalized?

I will base my argumentation on analytical generalization and reason to what extend these findings can be used to guide or even predict what might happen in another situation (Brinkmann & Kvale, 2015, p. 297). The case used for the findings has been explained in as much detail as possible still ensuring anonymization, to ensure the readers to evaluate if they believe it can be applied to another situation.

The more similar the case, the more accurate the generalization might be. I will argue that the findings from this study have different levels of generalization. The direct comparison of staff and players experiences have less generalization as it refers to their specific situation, and how this particular basketball club deals with the mental aspects of injuries, and how they work together. However, the findings in regards of the mental aspects experienced by the players, and how the staff members' experiences both challenges and success dealing with that, was supported by literature that was conducted in many other elite sports, in different countries, different professions, and in both individual and team sports.

I will argue that the findings can be generalized to a certain degree in regards of the arguments just mentioned. And even if the findings in regards of how experiences from staff and players align

might not be as generalizable, but maybe that is not their purpose – instead I would call for action from other elite sport organizations to explore the accordance between players and staff experiences and their handling of mental aspects of RTP.

## Chapter 5: Conclusion

The aim of this thesis was to explore the perspectives elite athletes and staff working together have on the mental aspects of RTP for an injured athlete. Further to compare these perspectives, and explore how the academic literature align with the findings in order to support the findings as well as provide suggestions for optimal handling of mental aspects of RTP.

The findings illustrate how the mental aspects of RTP are undoubtedly a part of the experiences the players have when injured. And that the staff acknowledge and has focus on the mental aspects when they help injured players back on the court.

The mental aspects of RTP described by the players included handling worries, being out of the game, and the importance of a plan. Their experiences showed that they did not only experience the mental aspects, they also shared perspectives on how they handled or did not handle the mental aspects of their injuries. In handling worries the players acknowledge that talking about their worries, no matter the shape and form, helps them, and they share with both staff, friends, and family.

However, it is not always easy to be honest, which was also described by the players as they are nervous about the consequences honesty might have, along with elite sport having an overshadowing image of toughness instead of vulnerability. The staff knows that the player might not be completely honest with them. They work on creating psychological safety for the players, creating good player-staff-relationships, create trust, and keep the players involved in the process. A more direct focus on creating psychological safety on the team, being injured or not, could potentially make the players more prone to be honest, when being in a vulnerable situation.

The players experience both positive and negative effects of being injured. With help from the staff finding new meanings in their everyday life, positive outcome can come from being injured. The more negative effects include difficulties of watching teammates play the sport they love, fear of re-injury, and worries about their position of the team. Most importantly, the effects vary from player to player, and the individual responses and needs in RTP should always be the dominant factor in how staff approach the way they help a player return to play. Comparing the experiences of players and staff, it is apparent that the staff does a great job knowing their players regarding the mental

aspects. This leaves the players with a big trust in the staff, where unnecessary confusion about responsibilities are eliminated.

Emphasizing the importance of a plan is supported by players and staff alike. Knowing what comes next gives the player peace of mind, and it strengthens the staff teamwork. Despite the players experiencing the staff being on the same track, this does not mean that the staff experience that everything runs smoothly. Practical issues are a concern for the staff.

With the plan being a key component in RTP, the findings in this thesis suggests, that a plan might not only be of physical character but also psychological. Even though the focus is there, a structured plan for the mental aspects of RTP could help staff support the players even more. A plan or protocol would help the staff both educate each other, educate the players on the mental aspects, and it would increase the support – no matter the kind – that the staff can provide the injured player in this difficult period of their professional career.

The findings from this thesis supports existing knowledge from the field of sport injury psychology, with that a focus on the mental aspect in RTP is important and should not be underestimated or overshadowed by the physiological aspects. The findings also challenge the field of research, as it was evident that psychological safety plays an important factor in optimal handling of the mental aspects of RTP but lacks in the field of sport injury psychology. The findings adds to the field, as they suggest that even if the staff and athletes does align in their perspectives, this does not mean there is no room for improvement. Maybe this is the first step to actually sit down and talk about how to ensure that the focus on mental aspects is not forgotten.

## Chapter 6: Perspective

The findings of this thesis did not only provide suggestions for improvements of how to handle mental aspect of RTP. They – if not even more so – provided perspectives on what are still in the unknown.

As mentioned, the findings creates a call for action to be aware of the synergy of staff and athletes' experiences of RTP, how what the athletes need is met by the staff, and how the actions of the staff is perceived by the athletes. Is the intended help from the staff implemented to the extend where it is experienced by the athletes?

As honesty was found to be one of the most difficult perspectives, psychological safety in regard to injuries should be explored to ensure the athletes feel safe sharing and have the courage to be vulnerable. This could provide the staff with more information and help them optimize and ensure they help the athletes in the best way possible with as much information as is accessible.

The practical issues in regard to how the staff ensures confidentiality, while still being able to communicate as a team, should be further explored as to provide solutions for optimal communication and handling in the mix of different professions dealing with the same athlete.

As it was out of the scope for this thesis to explore in details, what interventions to use for best helping injured athletes, this could be explored further, aiming to strengthen the handling of mental aspects even further.

As the club in the case did not have a written protocol for RTP, the findings cannot provide knowledge on if the exiting protocols and consensus statements on RTP are effective in real-world conditions. Further studies should test their effectiveness both for the injured athletes and the staff using them as a guide to keep focus on and in the best way handle mental aspects of RTP.

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