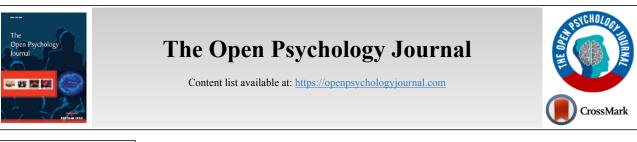
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RESEARCH ARTICLE

Peculiarities of the Relationships between Anxiety, Psychological Skills, and Injuries in Cuban Athletes

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Abstract:

Background:

In the present research, the general and specific relationships of anxiety and psychological skills with the history of injuries in a heterogeneous population of Cuban high-performance athletes are analyzed.

Methods:

Through a correlational and cross-sectional study, the Villa Clara basketball, baseball, soccer, and softball preselection's were studied between 2019 and 2022. To obtain data on injuries, a specific questionnaire was applied. The state of the psychological variables was determined by means of the Competition State Anxiety Inventory and the Sports Execution Psychological Inventory. Data were analyzed using empirical frequency distribution, descriptive statistics, the Kolmogorov-Smirnov test, and Kendall's Tau_b nonparametric correlation coefficient.

Results and Discussion:

High anxiety and psychological skills to compete prevailed. Most of the athletes had been injured with remarkable frequency, severity and in competitions. Lower motivational levels, attention and emotional control are related to the occurrence of injuries. The most severe injuries are related to high levels of anxiety, less control of attention and negative coping, while the occurrence in competition is related to less control of attitude. The relationships between variables differ between the sports analyzed.

Conclusion:

A lower degree of psychological preparation makes the athlete vulnerable to injury. However, the psychological risk factors are established specifically in each sport. These differences must be considered for the design and implementation of injury prevention.

Keywords: Anxiety, Team sports, Psychological skills, Sports injury, Psychological risk factors, Injury prevention.

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1. INTRODUCTION

The study of the relationship between psychological variables and injuries has shown the importance of psychological preparation for the mental and physical health of the athlete, offering a holistic understanding of the psychological intervention and care for injuries in sport from a biopsychosocial approach. Several investigations have obtained evidence of the dependency of injuries on negative emotional states such as anxiety and low coping resources in the face of the stresses of sports activity [1 - 6].

Although the Stress and Injury Model [7, 8] guides the studies by offering a general explanation of the relationship between psychological variables and injuries, this field of research requires a greater degree of systematization of the results to determine which are the most relevant variables that they constitute risk factors in a general and specific way

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according to the type of sport and the competitive level of the athletes.

It is essential to determine which are the most consistent relationships over time and what are the possible factors that condition these relationships. All this has not been possible due to the theoretical-methodological dispersion that has characterized the study of the subject, being expressed by several authors [9 - 11]. However, psychological injury prevention programs have been developed based on general results of studies in large populations of athletes of different modalities, experience, and competitive levels [12, 13].

Although these interventions have shown moderate effects on injury prevention, they have not been generalized, which means thinking about the development of compressive programs based on specific data in particular sports to maximize the results of psychological interventions given the principle of individualization of the sports training.

Before achieving the development and implementation of these specific programs, it is necessary to obtain criteria that support such a proposal, which is feasible and laudable by obtaining empirical findings that show the general trends and particularities of the relationships between psychological variables and injuries in different sports. For this, the common and differentiating characteristics that suppose psychological demands of the specific sports activity must be considered [14].

In this sense, the study of anxiety and the psychological variables of sports performance in their relationships with injuries has gone from having few studies [1, 3, 15, 16] to having a growing body of evidence in recent years, especially in Cuban athletes of high performance [6]. Although the results are still insufficient to establish trends and generalizations, they do allow a critical approximation of the characteristics of the relationships between these variables, which is why the present investigation was designed with the purpose of characterizing the relationships between anxiety and the psychological skills with the history of injuries in high-performance athletes of team sports.

2. METHODS

A correlational and cross-sectional study was carried out in the collective sports of the province of Villa Clara that have national championships in Cuba. The study was carried out between November 2019 and January 2022, always coinciding with the beginning of the preparation stage for the competitions of each year (2019, 2020, 2022). Data could not be obtained in 2021 because the COVID-19 pandemic did not allow championships to be held in that year and the teams were not integrated.

2.1. Subjects

A population of 200 high performance athletes was studied, Basketball n= 47 (23.5); Baseball n=49 (24.5%), Soccer n= 62 (31%) and Softball n= 42 (21%). The participants had a mean chronological age of 21.55 years (SD= 5.70) and a mean sports experience of 11.32 years (SD= 5). Only the softball athletes were female (n=42) and the rest were male (n=158).

2.2. Instrumentation

To obtain data and information, three instruments were applied in printed format. The start of three morning training sessions was taken to apply each instrument separately in each sport. In coordination with the head coaches of each team, optimal conditions were guaranteed for the proper application of the ad hoc Questionnaire on Sports Aspects and Injuries, the Competition State Anxiety Inventory to assess anxiety in competition and the Psychological Inventory of Sport Execution for the mental skills.

2.2.1. Ad hoc Questionnaire on Sports Aspects and Injuries

To record the injuries and the sociodemographic and sports characteristics, a specific self-report questionnaire used in other investigations was used, which allows retrospective information to be obtained on whether the athlete has been previously injured, the number of injuries he has suffered, the severity and the context of occurrence [17].

2.2.2. Competition State Anxiety Inventory

To assess competitive state anxiety, the Competitive Sport Anxiety Inventory was used in its Spanish version [18, 19]. The instrument has 27 items distributed in three subscales that measure cognitive, somatic and self-confidence anxiety with four Likert-type response options (1= Not at all; 2= A little; 3= Moderately; 4= A lot). Only the total scores of the cognitive and somatic anxiety scales were considered to classify anxiety as high (70-59 points), medium (58-50) and low (less than 50). It was obtained with a Cronbach's Alpha of .85.

2.2.3. Psychological Inventory of Sports Execution

For the evaluation of psychological skills related to sports performance, the Psychological Inventory of Sports Execution was used. This instrument constitutes the adaptation and assessment carried out by Hernández [20] of the Psychological Performance Inventory [21]. It is made up of 42 items on seven Likert-type response scales (from 1 = Almost Never to 5 =Almost Always). The variables were classified by obtaining quartiles. Self-confidence and motivational level high (30-28 points), medium (27-25) and low (less than 25). High attention control (26-24 points), medium (23-21) and low (less than 21). High Negative Coping Control (29-25 points), medium (24-20) and low (less than 20). Positive Coping Control and Visual Imaginative Control high (29-26 points), medium (25-23) and low (less than 23). High Attitude Control (30-28 points), medium (27-25) and low (less than 25). A Cronbach's Alpha coefficient of .75 was obtained for the Self-confidence factor, .71 for Negative Coping Control, .74 for Attention Control, .65 for Visual Imaginative Control, .68 for Motivational Level, .69 Positive Coping Control and .75 for Attitudinal Control.

2.3. Data Analysis

Empirical distribution of frequencies and descriptive statistics of central tendency and dispersion such as the mean, standard deviation, asymmetry, and kurtosis were used. The Kolmogorov-Smirnov test was applied to determine the distribution of the data and the non-parametric correlation coefficient Kendall's Tau_b to determine the relationship between the psychological variables and the variables that make up the injury history of the athletes. It is understood that the greatest strength of the correlation is expressed in the values closest to -1 and 1, while the negative and positive signs indicate the direction of the relationship between variables. A level of statistical significance where $p \le 0.05$ was considered. The IBM SPSS Software Package (Version 25.0 for Windows) was used.

2.4. Ethical Considerations

Informed consent was obtained from the participating athletes. The research was presented, approved, and endorsed by the Scientific Council and the Medical Ethics Committee of the investigation of the Provincial Center of Sports Medicine of Villa Clara. The investigative procedure and the treatment of the data strictly follow the ethical precepts contained in the Declaration of Helsinki.

3. RESULTS

Tables 1 and 2 describe the distribution of the variables under study. Most athletes experience high anxiety in competition, although high-level mental skills predominate. It is observed that negative and visuo-imaginative coping control are the psychological skills with the lowest distribution at high levels. There is a high presence of athletes with a history of injuries. The injuries suffered have been mostly moderate, occurring more frequently in competitions. The variables under study do not follow a normal distribution.

Table 1. Distribution of psychological variables and history of injuries.

V	ariables	%
	Low level	22.6
Anxiety state in competition	Middle level	31
	High level	46.5
	Low level	21.9
Self-confidence	Middle level	23.2
	High level	54.8
	Low level	21.9
Motivational level	Middle level	28.4
	High level	49.7
	Low level	18.1
Attention control	Middle level	36.1
	High level	45.8
	Low level	25.2
Negative coping control	Middle level	25.2
	High level	49.7
	Low level	16.1
Positive coping control	Middle level	26.5
	High level	57.4
	Low level	19.4
Visual and imaginative control	Middle level	37.4
	High level	43.2
	Low level	21.9
Attitude control	Middle level	26.5
	High level	51.6
Tintone of an anto initian	Yes	72.5
History of sports injury	No	42.5
	1	30.4
Sports injury number	2	33.9
	>2	35.6
	Minor injury	43.4
Sports Injury severity	Moderate injury	52.1
	Serious injury	4.3
7	In training	28.6
Sports injury context	In competition	71.3

Variables	Mean	SD	Asymmetry	Kurtosis	Kolmogorov-Smirnov	р.
ASC	2.24	.798	458	-1.286	.294	.000
SC	2.33	.815	674	-1.163	.343	.000
ML	2.28	.802	545	-1.236	.313	.000
AC	2.28	.752	507	-1.069	.290	.000
NCC	2.25	.832	488	-1.387	.315	.000
PCC	2.41	.754	850	734	.356	.000
VIC	2.24	.757	429	-1.137	.275	.000
ATC	2.30	.807	593	-1.214	.324	.000
HSI	1.65	.480	613	-1.646	.415	.000
SIN	2.02	.827	034	-1.540	.231	.000
SIS	1.57	.581	.419	716	.311	.000
SIC	1.75	.545	085	319	.373	.000

Table 2. Description of the variables and normality test.

Note. p < 0.05 (two-tailed); SD=Standard Deviation; ASC= Anxiety state in competition; SC= Self-confidence; ML= Motivational level; AC= Attention control; NCC= Negative coping control; PCC= Positive coping control; VIC= Visual and imaginative control; ATC= Attitude control; HSI= History of sports injury; SIN= Sports injury number; SIS= Sports Injury severity; SIC= Sports injury context.

Table 3. Relationship between psychological variables and injuries in the population.

Variabl	es	HSI	SIN	SIS	SIC
A	Kendall`s Tau_b	.148	.090	.200*	.140
Anxiety state in competition	p	.052	.289	.024	.112
0-16 6 d	Kendall`s Tau_b	150	152	019	043
Self-confidence	p	.051	.074	.828	.624
M-4i4i1	Kendall`s Tau_b	193*	156	045	085
Motivational level	p	.012	.067	.614	.332
	Kendall`s Tau_b	271**	.040	272**	043
Attention control	р	.000	.633	.002	.627
	Kendall`s Tau_b	221**	069	267**	072
Negative coping control	р	.004	.417	.002	.410
	Kendall`s Tau_b	219**	.009	047	114
Positive coping control	р	.004	.918	.593	.199
Visual and imaginative control	Kendall`s Tau_b	120	119	003	003
	р	.118	.161	.971	.974
Attitude control	Kendall`s Tau_b	100	.041	.043	227*
Aunude control	р	.191	.631	.626	.010

Note. **p < 0.01 (two-tailed); *p < 0.05; HSI= History of sports injury; SIN= Sports injury number; SIS= Sports Injury severity; SIC= Sports injury context.

Table **3** shows the analysis of the relationship between psychological variables and the injury history of athletes without specifying the sport they practice. It is appreciated that the motivational level, attention control, negative and positive coping establish an inverse relationship with the occurrence of the injury. The number of injuries suffered showed no relationship with psychological variables, while the severity of injuries established a positive relationship with anxiety in competition and a negative relationship with attention control and negative coping. On the other hand, the context of

occurrence was negatively related to attitude control.

Table 4 and Fig. (1) show that in basketball athletes only self-confidence establishes an inverse relationship with the number of injuries suffered. On the other hand, in baseball athletes, attention control, negative coping and positive coping are related to the occurrence of the injury. In these same athletes, the severity of the injuries suffered is positively related to competition anxiety and negatively related to attention control and negative coping.

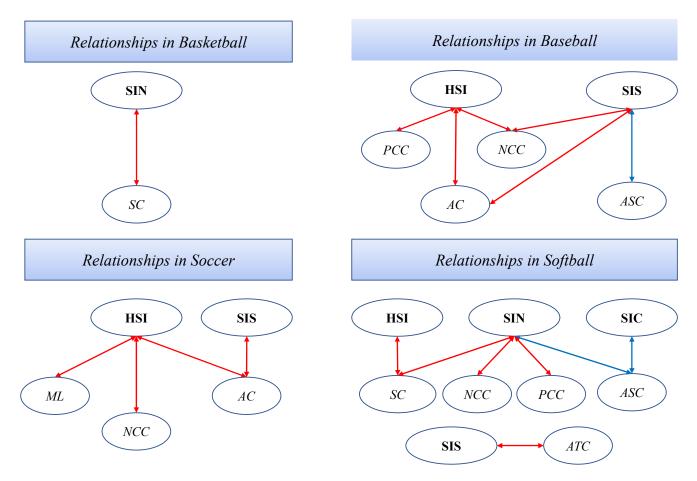


Fig. (1). Shows the relationships of the psychological variables with the history of injury, number, severity, and context of occurrence in each sport. Note. Blue Arrow= Positive Relationships; Red Arrow= Negative Relationships; ASC= Anxiety state in competition; SC= Self-confidence; ML= Motivational level; AC= Attention control; NCC= Negative coping control; PCC= Positive coping control; VIC= Visual and imaginative control; ATC= Attitude control; HSI= History of sports injury; SIN= Sports injury number; SIS= Sports Injury severity; SIC= Sports injury context.

Sport/Psychological Variables		Sports Injuries							
		HSI		SIN		SIS		SIC	
		Kendall`s Tau_b <i>p</i> .		Kendall`s Tau_b <i>p</i> .		Kendall`s Tau_b		Kendall`s Tau_b	р.
Basketball	ASC	.278	.174	208	.367	011	.961	.250	.267
	SC	.252	.214	482*	.039	105	.645	173	.448
	ML	.055	.785	079	.731	.067	.766	066	.769
	AC	.283	.160	449	.050	142	.529	.043	.848
	NCC	.358	.075	202	.377	258	.251	.021	.925
	PCC	.056	.782	198	.391	146	.520	376	.096
	VIC	201	.316	415	.071	166	.464	098	.664
	ATC	014	.945	285	.215	265	.242	424	.060
Baseball	ASC	.165	.226	.290	.058	.519**	.001	016	.920
	SC	171	.215	.029	.853	096	.557	150	.358
	ML	260	.060	264	.087	210	.199	288	.078
	AC	536**	.000	.203	.191	411*	.012	092	.574
	NCC	357**	.010	.046	.765	375*	.021	128	.433
	PCC	304*	.029	.066	.671	108	.513	119	.469
	VIC	229	.096	020	.896	145	.373	212	.194
	ATC	218	.113	.137	.372	.029	.857	107	.512

Table 4. Relationships between psychological variables and injuries in each sport.

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Sport/Psychological Variables		Sports Injuries								
		HSI		SIN		SIS		SIC		
•	arrables	Kendall`s Tau_b <i>p</i> .		Kendall's Tau_b p		. Kendall`s Tau_b		Kendall`s Tau_b	р.	
Soccer	ASC	.232	.065	.196	.161	.104	.476	.058	.690	
	SC	141	.249	.002	.991	.128	.364	.098	.485	
	ML	300*	.014	125	.354	003	.981	024	.862	
	AC	358**	.003	.160	.236	327*	.020	009	.947	
	NCC	328**	.007	.069	.609	181	.198	.002	.989	
	PCC	234	.056	068	.616	.048	.735	.004	.978	
	VIC	124	.314	014	.917	.114	.419	.050	.722	
	ATC	146	.232	.105	.440	.047	.736	150	.288	
Softball	ASC	116	.589	.505*	.037	.103	.687	.606*	.018	
	SC	558**	.008	657**	.006	065	.799	317	.211	
	ML	.045	.833	151	.530	.079	.754	.078	.758	
	AC	149	.480	.000	.000	095	.707	264	.295	
	NCC	276	.197	772**	.001	314	.218	486	.056	
	PCC	385	.075	500*	.040	.050	.847	032	.899	
	VIC	.232	.274	041	.864	.237	.347	.388	.124	
	ATC	.206	.332	.086	.723	561*	.027	324	.203	

Note. **p < 0.01 (two-tailed); *p < 0.05; ASC= Anxiety state in competition; SC= Self-confidence; ML= Motivational level; AC= Attention control; NCC= Negative coping control; PCC= Positive coping control; VIC= Visual and imaginative control; ATC= Attitude control; HSI= History of sports injury; SIN= Sports injury number; SIS= Sports Injury severity; SIC= Sports injury context.

In soccer players, being injured is negatively related to motivational level, attention control and negative coping, while the severity of injuries is inversely related to attention control. In softball athletes, the occurrence of the injury is inversely related to self-confidence, the number of injuries is directly related to competition anxiety and inversely to self-confidence, negative and positive coping, while the severity of the injury it was inversely related to the control of the attitude, and the context of occurrence in a direct way with the level of anxiety in the competition.

4. DISCUSSION

The high presence of athletes who have suffered injuries is consistent with the findings of epidemiological studies that have confirmed the high prevalence of this relevant medical problem in sports [22 - 24]. The propensity to experience high anxiety in competition and the high development of psychological skills to compete is an expected finding in highperformance athletes who have achieved sports mastery, coinciding with several investigations [25 - 28].

In this heterogeneous population of high-performance ball game athletes, presenting low levels of motivation, attention control, negative and positive coping are risk factors for the occurrence of the injury. In addition, high competition anxiety and insufficient skills to control this negative emotion and stay focused on competitive activity are related to more serious injuries, while being injured during competition is related to poor attitude control.

Previous studies that have analyzed these same psychological variables in heterogeneous populations of athletes do not coincide with the results obtained in the present investigation, although the findings of previous studies are fundamentally like each other in terms of the number of injuries suffered. Berengüí-Gil *et al.* [15] determined in a study carried out on 34 male athletes in the technification process of Olympic Wrestling and Taekwondo, that the number of injuries suffered is related to the presence of less self-confidence, negative and positive coping control, while in a later study carried out on 84 athletes also in the process of technification of four individual disciplines (athletics, cycling, canoeing and taekwondo) found that the number of injuries was related to low control of negative coping and high anxiety in competition [16].

In another study also carried out in a heterogeneous population of 115 female and male athletics, cycling, canoeing and taekwondo athletes, also in the technification process, the authors determined that the number of injuries suffered is related to lower self-confidence and greater anxiety in competition, becoming psychological predictors of the number of times an athlete is injured [1]. On the other hand, an investigation carried out later 50 amateur triathletes of both sexes determined that the higher incidence of injuries is related to less positive coping control and attitude and that competition anxiety and low negative coping control explained 33% of the causes of injuries even when controlling the effect of other variables [3].

The previous studies [1, 3, 15, 16] have analyzed the relationships between anxiety and psychological skills in individual sports and athletes of both sexes in the technification process or amateurs. The most consistent findings are that high anxiety in competition and fewer skills to control negative emotions are risk factors for a greater number of injuries and, to a lesser extent, agree that low self-confidence and positive coping control are relevant risk factors.

A recent investigation with 63 high-performance male athletes (softball, soccer and baseball) also obtained divergent results, although the findings coincide in terms of the severity of the injuries suffered. Severity was related to low attention control and negative coping. These divergences, even in populations of similar athletes, may be due to the influence of other uncontrolled factors, such as the relationship established between the psychological variables analyzed [6].

Regarding the relationships between anxiety in competition and psychological skills with injuries depending on the type of sport, specific and differentiating correlation matrices were obtained in the present study, even though the findings differ markedly between each sport and the correlation matrix overall obtained. These results denote the intrinsic complexity of the relationships between both groups of variables. Even notable divergences were obtained when comparing the findings in the same sport with different subjects. In this regard, it was obtained that the results coincide to a greater extent in softball athletes [29], since in both analyses, it was obtained that the occurrence of the injury is related to less self-confidence, the number of injuries is also related to less self-confidence and less emotional control, while greater severity is related to less control of attitude.

The results obtained in baseball athletes partially coincide with the findings of a previous investigation on baseball pitchers of different sports levels. The occurrence of the injury is related to lower self-confidence, negative and positive coping control. In addition, more serious injuries are related to greater anxiety in competition [30]. On the other hand, the results in basketball athletes differ almost completely from the findings in a similar investigation, only agreeing that the greater number of injuries suffered is related to lower selfconfidence [31].

CONCLUSION

The divergences with the results of other investigations in heterogeneous and specific populations not only denote the complexity of the relationships between psychological variables and sports injury but also pose a problem for the generalization of psychological injury prevention programs following the Stress and Injuries model. Although the psychological preparation of the athlete must contain actions aimed at preventing injuries and their effect on the subjectivity of the athlete, the results obtained allow us to infer that preventive psychological intervention must be carried out in specific sports according to the relationships obtained between psychological variables and injuries.

These findings go beyond the conception of stress as an antecedent of the injury, establishing the need to reorient research in this field of study. Future research should have as its purpose the explanation of the causes and consequences of the relationships between the psychological variables that configure the risk of injury and vice versa. In this sense, a future line of research could be the analysis of how the type of sport mediates the relationships between anxiety, mental skills and injuries depending on their differentiating characteristics. In addition, it is necessary to determine how the intrinsic relationships between psychological variables can explain the complex and specific nature of the relationship with past and future injuries.

Despite the value of the results obtained in this research to glimpse the complexity of a phenomenon of notable relevance in sport, it is considered that the type of cross-sectional study and its descriptive-correlational scope constitute the main limitations of the findings, as well the low representation of the athletes analyzed over the Cuban sports population, which does not allow the results to be generalized at the national level. Therefore, it is considered that these limitations must be overcome to arrive at generalizable and more conclusive results.

ETHICS APPROVAL AND CONSENT TO PARTICIPATE

This study is part of the research project: "Psychological Preparation and Sports Injuries in Team Sports", approved and endorsed by the Scientific Council and the Medical Ethics Committee of the Provincial Center of Sports Medicine of Villa Clara, Cuba.

HUMAN AND ANIMAL RIGHTS

No animals were used for studies that are the basis of this research. All the humans were used in accordance with the ethical standards of the committee responsible for human experimentation (institutional and national), and with the Helsinki Declaration of 1975, as revised in 2013 (http://ethics.iit.edu/ecodes/node/3931).

CONSENT FOR PUBLICATION

The athletes participated voluntarily, giving their informed consent.

STANDARDS OF REPORTING

STROBE guidelines have been followed.

AVAILABILITY OF DATA AND MATERIALS

The data used in this study are available upon request from the corresponding author [J.R.G].

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None.

CONFLICT OF INTEREST

The authors have no conflicts of interest to declare.

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Declared none.

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