

Perceived social support in the rehabilitation process among elite female handball players

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Abstract

The complexity which characterizes elite-level handball imposes great demands on the player to practice varied skills and presents a high training load, consequently increasing the risk of overtraining and injuries. The aim of this study was to investigate to what extent different types of social support is perceived amongst injured elite female handball players who had returned to active play at the elite level, hence, identify the presence of informative, emotional and tangible support from key stakeholders (e.g. family, coach etc.). Nine elite female players in the Norwegian Elite League (Rema-1000 league) who had suffered an injury that restricted their sport participation for a mean recovery period of 46 weeks were interviewed. The findings show that each of the groups (coach, physiotherapists, teammates, and family and friends) provided different types of social support, yet they were all considered crucial for optimal rehabilitation. In various ways, the support the players received helped them feel part of the team, motivated, and optimally challenged to develop as handball players and to feel safe and cared for during the rehabilitation process. Based on the results, we argue that coaches should be aware of the positive consequences of social support during the rehabilitation process.

Keywords: *Mental health, Injury, Emotional support, Inclusion, Loneliness, Professional handball*

Highlights

- Elite-level handball imposes high training loads and increased risk of injuries
- The findings revealed differences in type of social support from different actors
- The support the players received helped their rehabilitation process
- Highlights the need of awareness of sufficient social support from coaches

Handball is a complex sport that imposes great demands on players to practice varied skills (Laver et al., 2018). The requirements and high training load required at the elite level in handball, and sports in general, must be seen in the context of what is needed to succeed in such a professional context. At the same time, a heavy training load is a double-edged sword since it is a prerequisite for success that also increases the risk of overtraining and injuries (Wiese-Bjornstal, 2010).

Studies from elite handball show an injury incidence of 11.1–23.5 injuries per 1,000 hours of match play (Giroto et al., 2017; Møller et al., 2012; Rafnsson et al., 2019). Thus, handball is one of the sports with the highest injury risk and incidence (Åman et al., 2016; Laver et al., 2018). Furthermore, studies of a range of sports have found a gender difference, with a higher average prevalence of injuries, and specifically a greater risk for developing ACL injuries, among female youth athletes than among male youth athletes at the same level (Lin et al., 2018; von

Rosen & Kottorp, 2018). Taken together, the incidence of injuries in elite handball, and in combination with the higher risk of injuries among female athletes, clubs, teams, and coaches in elite female handball should be prepared for players being injured and therefore engaging in rehabilitation processes at any time.

Schilaty et al. (2016) highlighted the complexity of elite sports, where optimal performance is crucial for success, which means all the factors that might contribute to the best possible rehabilitation process should be included and considered. A broad-spectrum and effective rehabilitation process is essential for the athlete's present and future career and ability to compete at the highest possible level (Conti et al., 2019). In the biopsychosocial approach to sports, injury rehabilitation (Brewer et al., 2002) emphasizes that the rehabilitation process must be understood in the light of both biological, psychological, and social factors (Brewer et al., 2002; Brewer & Redmond, 2017).

Athletes' psychological reactions to injury can range from anger and despair to hopelessness and depression (Carson & Polman, 2008; Green & Weinberg, 2001). Injuries can therefore impact mental health, but also lead to less enjoyment and motivation in sports. For some, the injury can also contribute to athletes losing their identity as athletes, which can further intensify the problems and challenges that an injury entails (Hilliard et al., 2017; Ruddock-Hudson et al., 2012). One way that injuries can disturb an athlete's identity is when the injury isolates the player from the team (Hilliard et al., 2017).

A core social and psychological factor in a rehabilitation process is social support (Fernandes et al., 2014; Podlog et al., 2014). Schumaker and Brownell (1984, p. 13) defined social support as: "an exchange of resources between two individuals perceived by the provider or recipient to be intended to enhance well-being of the recipient" (p. 13). Another common definition of Bianco (2001) is a resource that facilitates coping in various phases of the rehabilitation process, which can help ease stress and increase the motivation and focus of the athlete through emotion-focused and problem-focused forms of coping. In sports research, there seems to be an agreement that social support could be divided into the following three categories: *Emotional support* includes listening, emotional comfort, and emotional challenges; *informative support* includes reality confirmation, appreciation of tasks, and task challenges; and *tangible support* includes both material assistance and personal assistance with the aim of using your own time, knowledge, and expertise to help the player complete their tasks (Bianco & Eklund, 2001; Hardy & Crace, 1993).

It is documented that both male and female injured athletes who do not receive sufficient social support during a rehabilitation process can experience higher levels of depression (Clement & Shannon, 2011), psychological stress (Green & Weinberg, 2001), fear of reinjury (Kvist et al., 2005), and reduced self-esteem (Mitchell, 2011). Social support is also highlighted as particularly important in periods where progress in training and rehabilitation is absent, invisible, or small (Nor, 2001). In a study of female soccer players, social support, in the form of constructive communication and rich interaction with significant others (e.g., teammates), was related to increased resilience and contributed to a more successful handling of the situation and rehabilitation process (Johnson et al., 2016). Studies have shown that women more often have a stronger intention to seek help from close relationships when they are injured (Hoar & Flint, 2008), have a greater expectation of emotional support (Judge et al., 2012), and that positive feedback, which strengthens self-image, is more important among women than men (Bejar et al., 2019).

Despite the decreasing gender differences in sports, there remains a gender data gap within sports science research (Cowley et al., 2021). There have been studies on female athletes and their experience of social support during times of injury (Johnson et al., 2016; Yang et al., 2014), and one included female handball players (Bon & Doupona, 2021). In comparison to other countries, the Norwegian "expert" coach is expected to possess not only extensive sport specific knowledge, but also strong relational competence (Augestad & Hjelseth, 2024). In addition, Norwegian sports have been described in the forefront for gender equality (Coalter, 2012). Nevertheless, few studies have investigated social support during times of injury in a Scandinavian elite female handball context. The aim of this study was therefore to investigate to what extent is different types of social support perceived amongst injured elite female handball players who had

returned to active play at the elite level, hence, identify the presence of informative, emotional and tangible support from key stakeholders (e.g. family, coach etc.).

Method

Research design

Based on the main aim of the study, a qualitative approach was taken. The present study was positioned within a social constructivist ontology, where knowledge is constructed through social interactions and norms, including the co-construction of knowledge through the researcher-player interaction (Creswell & Creswell, 2018; Markula & Silk, 2011; Moon & Blackman, 2014; Wahyuni, 2012). The approach suggests that multiple realities exist, and that reality is a subjective experience and adopt a social constructivist approach (Baxter & Jack, 2008), consequently, the participants constructed their reality within their own contexts with an aim to understand their perceptions of whether and how the players received social support when they were injured. Hence, the authors never attempted to find an absolute 'truth'. The data were collected using semi-structured interviews and analysed using reflexive thematic analysis (Braun et al., 2022).

Participants

To be eligible to participate in this study, individuals had to meet the following criteria: a) a female handball player in the Norwegian Elite League (Rema-1000 league), level 3 and 4 athletes, based on earlier classification framework (McKay et al., 2022) ; b) older than 20 years (adults); c) suffered an injury that restricted their sport participation for a minimum of 4 weeks; d) had returned to active playing at the elite level; and e) had been injured sometime during the prior 4 years.

Fifteen athletes were contacted using the first and last authors' network, of which nine players met all the inclusion criteria. The athletes had a mean age of 24.7 (SD 2.7) and a mean of 46.0 (SD 30.0) weeks of rehabilitation during their injuries. The encountered injuries included injuries to the shoulder, hand, Achilles tendon, and knee. In the descriptions of our results all participants were given pseudonyms.

Procedure

The data were collected using semi-structured interviews. Three interviews took place in a quiet public café in the players hometown. And six of the interviews were conducted using online video conference software (Zoom Video Communications, Inc.), due to participants preferences. All the participants consented to the use of a voice-recording device. The interviews lasted 40–90 min ($M = 56.8$ min, $SD = 15.8$).

Strategy of analysis

The aim of our analysis was to investigate how elite female handball players perceived social support in the rehabilitation process, and what factors promoted or inhibited an effective rehabilitation. To analyse the interview data, we used the six steps of reflexive thematic analysis (Braun et al., 2022). After transcribing the interviews, the first and last author read the text become familiar with the data (Step 1). Next, interesting features were coded semantically (Step 2), and themes were searched for (Step 3). In Step 4, all the authors which has extensively experience of conducting thematic analysis and competence in elite sports, reviewed and discussed the themes from different research angles and implications, in line with earlier research (Bergström et al., 2023; Patton,

2014), to ensure peer validity. To recognize how our expertise influenced our analysis, we engaged in regular critical discussions (i.e. 'critical friends') with the other authors. The main aims of these discussions were to foster reflexivity and to ensure that our interpretations were aligned with the study's objectives and data. Examples of such reflexivity was when we emerged the theme "injury buddies" or coaches lack of social support and interaction with their players when they were injured. In the next step, the themes were then refined and organized into four main themes in terms of: a) coaches, b) physiotherapists and physical coaches, c) teammates, and d) family and friends (Step 5). In the final stage of the analysis (Step 6), the report was produced, and several quotes were chosen to reflect the themes in relation to the study aim and previous research.

Ethical considerations

All the qualified respondents received a cover letter explaining in detail the purpose of the study; they were informed they could decline to answer any of the questions and retained a right to withdraw from the study at any point without repercussions. The participants were also informed that to ensure their confidentiality, pseudonyms would be used. Before participant recruitment and data collection, we obtained written consent from the participants and approval from the Norwegian Center for Research Data (NSD), reference number 593138, and adhere to the Declaration of Helsinki. The study was approved by the Norwegian University of Science and Technology, Norway. All the participants were informed they could receive the contact details of a named sport psychologist from the Norwegian Olympic Center if they wanted psychological assistance post-interview.

Results

From the data analysis process, four themes were constructed and named, including perceived social support from a) coaches, b) physiotherapists and physical coaches, c) teammates, and d) family and friends.

Perceived social support from coaches

As injured players, they highly valued the head coach's social support and especially their emotional support in the beginning of the rehabilitation process, but they noticed that they received less of this support after the acute phase of the injury, for instance:

Right after the injury occurred, the head coach called and asked how things were going and what they [healthcare personnel] had said. So, he showed interest for wanting me to be part of the team and hoping the injury wasn't too bad and would keep me out of sports for too long (...). But, somehow, he wasn't a big part of what I did afterwards during rehab. (Emma)

The players described a need for attention from their head coach, often related to their experience of the importance of the coach in their development process. This attention and support helped them feel safe and part of the team. Although they considered they did not need much attention, the attention they were given was important:

Just asking how you're doing today, it's so easy. And I think those things can help people a lot in a situation like that. It's important to see everyone (Ida).

Also, the athletes reflected on the importance of informative support in the rehabilitation process, especially highlighting past coaches including them in game preparation and practice (i.e., match briefing and debriefing, video analysis). While injured, they stated that it was easy to feel socially excluded, therefore being included in important sport-specific team activities could help counteract these feelings. Furthermore, inclusion could also contribute to maintaining or even developing their tactical competence and skills. Marie reflected on how it was "easy" to become isolated from the team:

We're used to participating in team sports, but then suddenly, you're alone doing something completely different than everyone else. And you actually just want to do team sports. (...) It's really important to include the injured person in, for example, the game in one way or another. You might ask for their opinion during practice or include them in video meetings.

When the players returned to practice and began matching up in the return-to-play phase, they highlighted that their worries could be reduced by enhancing their feeling of competence and by allowing them the safety to gradually challenge themselves throughout the phase of returning to play. The players especially described a need for feedback and support, preparing them for handball matches by guiding their focus and helping them with handball-specific exercises and providing feedback to challenge them to take the next step in the rehabilitation process. Emma reported:

I would have appreciated more concrete feedback on what was expected of me, what my job would be, what the team was missing, or what skills did they want me to focus on developing. You can't come back being great at every aspect of the game, so what was the most important thing to focus on?

Other players reported a lack of suggested individual adjustments from the head coach. For example, one player said:

I didn't get to challenge myself at all because the only focus was the next match and there was no room to try to get me back in shape, and therefore, the rehab took even longer. You need those couple of minutes in match before you can play more. But even though we were behind with nine goals, I wasn't allowed to play those 5 minutes. I felt completely useless, and that they didn't even want me back. (Jenny)

The players' experiences did, however, vary. Some players felt a lack of guidance and support in the return-to-play phase, whereas others felt pressured to return to play earlier than felt safe, as stated by Christina:

When I was almost ready to return to match, the head coach wanted me to play right away, as he said, "but you can do it in practice, so you can do it in matches, too". But then I felt like I had just barely come back, and I needed more time in practice before I could play matches. I felt pressured and not understood.

Perceived social support from physiotherapists and physical coaches

The physiotherapists were naturally considered important due to their knowledge and expertise regarding injuries, but also due to the competence and sensitivity the players perceived when they were guided throughout the rehabilitation process by them. Nora shared:

It's more security. Even though I've done most of the exercises before, I have a lot of questions about, for example, pain and swelling. So, it's really just about reassurance that what you're doing is right, and that you're not doing something you're not allowed to do by the physiotherapist.

Both physiotherapists and physical coaches could follow up and facilitate exercises by focusing on mastery and appropriate challenges, by implementing handball-specific exercises. All the players highlighted that they felt more comfortable and safer when handball-specific exercises were implemented during their rehabilitation process and monitored closely by the physiotherapist and physical coach. Some of the players related this follow-up to the clubs' resources (e.g., number of coaches and physiotherapists available), potentially impacting their development and performance since they felt better prepared if they got proper follow-up from a physiotherapist and physical coach when they returned to ordinary handball training sessions post-injury. Olivia reflected on the lack of follow-up in her current club compared to her former club:

I felt that I was much more equipped and prepared in my previous club because I'd had so many sessions with the physical coach in the handball arena. (Olivia)

The players, however, described differences in their follow-up by their physiotherapist, where some had been more hands-on and included the players in more handball-specific training. The players considered the need for a closer follow-up by the head coach if the follow-up by the physiotherapist or physical coach was not related to the handball practice. Emma stated:

If we didn't have a physical coach at handball practice, it may be that the head coach would have had to focus more on us, help facilitate some exercises and give more of himself for us to get back to what is expected from us. So, I think it's like it falls outside of his work duties because someone else is hired to do that job.

Perceived social support from teammates

In general, most players considered their teammates significant potential providers of social support. Leah offered:

My teammates are one of the biggest resources I've had along the way. Always when I've been sad or had to leave the court and was frustrated or in pain, there has always been support and encouragement from them. (Lea)

Still, while the whole team was perceived as important for the injured players, teammates who had been injured and gone through a rehabilitation process were described as a unique potential source of support. Getting emotional and informative support from people with similar experience and knowledge made the injured player

consider the support of their teammates to be relatively more satisfactory. Ida said:

I feel that those who have been through the same thing, they understand what I mean when I talk about different things. I don't know how to explain it, but the support is a bit different. (Ida)

Moreover, having teammates who were injured at the same time gave a good opportunity to train together and help each other with handball-specific exercises. Podlog et al. (2015) has labelled those players "injury buddies". They could support each other with their knowledge and experience during the entire rehabilitation process. Furthermore, they could challenge and push each other and contribute to adapted and realistic handball exercises. Nora admitted:

At one point, we were five injured players. It was really good to be able to actually set up fairly realistic situations that you need to practice on, instead of setting up cones [for example]. It helped quite a lot, and we managed to do some pretty good handball exercises together.

Injury buddies were also considered by the players as important for mutual social and mental health; they contributed with emotional support that seemed to counteract social exclusion and loneliness. When there were no injury buddies available, it really made it clear how alone and isolated from the team they otherwise felt, as this quote illustrates:

It was much easier to complain a bit to each other and support each other. You're not alone. And that was really good to feel. (...) When I was new on the [other] team and couldn't practice handball, then I was totally alone, because the others who were injured didn't come to handball practice. It was absolutely awful. (Jenny)

Having an injury buddy was also by some of the players considered a double-edged sword. A comparison with these players could help to create motivation and development, whereas at other times, the social comparison could cause negative feelings such as hopelessness, frustration, and reduced motivation because the individual's progress appeared comparatively slower, and thus they had not achieved the same rehabilitation goals as their buddies. Anna explained:

In one way, you're at the same stage as someone else, but suddenly you're behind. And I remember feeling frustrated. It's not about not wanting others to succeed, but it becomes so clear how far back you are sometimes. I think it's a reason though, and that may also be one of the reasons why I have not been in the handball arena as much as the others.

Perceived social support of family and friends

The main function of the family and partners in the rehabilitation process was their unconditional love, support, and help, but also providing a place where the players could vent their frustration and feelings, as this quote illustrates:

I've said that I feel a bit sorry for my boyfriend, because, poor thing, he's gotten a bit of everything. But I think it's easiest to go to him as

soon as something feels a bit shit and let out a lot of my frustration. But it's been good. (Anna)

Their families were an important "haven," a place to go to discuss and say things unfiltered and show the negative aspects and emotions they felt during the rehabilitation process. As part of the mental regulation of their rehabilitation, several of the players were at times occupied with getting handball news and observing the bad injury situation from a distance. Friends outside of sports sometimes gave the players an opportunity to talk and think about other interests than handball. Leah shared:

Friends are really important because there's something about relaxing when you're injured, too. It's important to not get hung up on feeling you should be in the handball arena all the time and think about what you should have done to get back or what you're missing out on. I think it's a good thing to distance yourself from the situation when injured.

Family, partners, or friends with a background from sports, or elite sports, were considered capable of providing more than just emotional support. As stated by Christina, they could also contribute by confirming the reality and understanding of the challenges the players meet, helping them stay focused:

The advantage was that my boyfriend also plays handball. So, he knows what it's like, that you just kind of have to get out there and try. I think he understood that better than my parents; that when you're back, you can play matches, but it takes time to get fit and to perform at the preinjury level.

Discussion

The aims of the present study were to gain an in-depth understanding of elite female handball players' perceptions and experiences of to what extent is different types of social support perceived amongst injured elite female handball players who had returned to active play at the elite level. The departure for the study was based on research indicating that lack of social support during a rehabilitation process might decrease athletes' mental health, i.e. increase the depression symptoms, psychological stress or reduced self-esteem (Clement & Shannon, 2011; Green & Weinberg, 2001; Mitchell, 2011). Studies has also indicated that female athletes seem to have a stronger need for social support when they are injured, compared to male athletes (Hoar & Flint, 2008; Judge et al., 2012). Therefore, there were no surprise that all injured elite handball players in the current study agreed upon the importance of social support from stakeholders surrounding the player, both within and outside the sporting context. Type of social support, such as emotional, informative and tangible, did however vary throughout the rehabilitation process and between stakeholders. This will be covered in more detail in the discussion that follows.

In elite sports, coaches through their dissemination of sports knowledge, management of team environments, selection of performance elements (e.g., strategies, playing time), and modelling of appropriate behaviour, set the tone for athlete's enactment of sport (Cranmer et al., 2022). Subsequently, coaches may be the stakeholders having the most impact on athletes' experiences related to their health within sports (Applequist et al., 2022), also during their rehabilitation process when injured. Our findings support

this notion, where the injured elite handball players considered the head coaches' handball knowledge and competence as highly significant in guiding them through informative support.

Nevertheless, the players in the current study experienced less than desired feedback and social support from their coach. This finding might partly be explained by the role and tasks description of a coach. Coach's primary focus and objective is to maximize an athlete's (and teams) development, hence, to enhance their competitiveness in their sport (Bon & Doupona, 2021; Jowett & Cockerill, 2003). In addition, the coach is responsible for the players individual development, contribute to the club organisation, and media communication (Nesti, 2024). Noteworthy, this understanding of the coaches' complex job description was acknowledged among the injured elite handball players in the current study. We can, however, speculate if lack of social support from the coaches also can be caused by coaches' lack of medical and/or psychological competence and understanding about injury and rehabilitation processes or lack of communication skills about how to support and care athletes in rehabilitation processes. It is however important to recognize that particularly a lack of emotional and informative support from the coach, regardless of reasons, made the players feel socially excluded (i.e. isolated from team practices). This finding can be seen in line with earlier research reporting a feeling of loneliness and a sense of reduced athletic identity when injured (Hilliard et al., 2017). In sum, our findings illustrate the conflicting expectations, the coach is expected to keep a close relationship to the injured players, and at the same time maintain focus on competition and results (also expected by the injured players).

Compared to the coach, the players in the current study experienced more substantial tangible and informative support from their physiotherapists and physical coaches. A reasonable explanation to this is the specific job description, and relevant professional tangible expertise, for a physiotherapists and physical coach, which is highly related to injury prevention and rehabilitation. This was also highlighted in the current study, where they recognized the importance of high-quality social support from their physiotherapists and physical coaches - they helped them secure a gradual comeback by reducing their fear of reinjury and increasing their self-confidence regarding physical form and performance ability. This is in line with findings in previous studies (Carson & Polman, 2012; Podlog et al., 2015) and underpin the importance of such actors in elite sport.

The social relationship within team sports, such as handball, is two folded, where the athletes are both teammates and competitors. There is a consensus among the injured athletes in the current study that social support from their teammates is considered particularly significant, and especially important for encouragement and motivation in a difficult situation. This finding parallel former research (Abgarov et al., 2012; Hildingsson et al., 2018; Podlog et al., 2015) and underpin the importance of athlete awareness regarding their role, responsibility and importance as a teammate. Furthermore, our finding identified co-injured teammates as particularly significant and important for an injured player during the rehabilitation process. These "injury buddies" became particularly important for the athletes in creating motivation, pushing each other, offering social comparisons, and creating a subgroup feeling of "we-ness", confirming earlier studies (Hildingsson et al., 2018; Martin et al., 2015; Podlog et al., 2015). This is in line with our and former studies, showing that injured buddies counteract feelings of low competence

and poor performance in rehabilitation process (Carson & Polman, 2012; Conti et al., 2019). Furthermore, both teammates and injury buddies were perceived as a resource and someone who helped them feel less lonely and more included in the team, which may underpin the importance of building social cohesion in a team, which can prevent the negative consequences of being injured (Høigaard, 2020). However, we also identify a double-edged sword in regard of the injury buddies, where a social comparison related to the injury rehabilitation process occurs between the injured players. This comparison can potentially create frustration and demotivation when some buddies progress relatively faster than yourself (DiSanti et al., 2018). As a consequence, coaches should be aware of the pro and cons of having a group of injury buddies and take into account when organizing the rehabilitation process.

By taking our elite handball players' reflections and recommendations into account, coaches might consider involving injured players in team activities more often during the rehabilitation process, by promoting an environment characterized by inclusion and social support for all on the team (e.g. social cohesion). Clement et al. (2013), for example stated that keeping athletes involved with the team may be one of the best psychological strategies to successfully help injured players manage their situation. It is therefore important that stakeholders within the sporting context identify injured players as valuable resources to the team (i.e. man management, tactical analysis), and not a lost opportunity. In addition, more focus on coaches' knowledge and competence are therefore warranted, and especially related to the coaches' communicative skills, which becomes important in the recovery period of injured players.

Importantly, our study did also identify valuable social support actors outside of the sporting context, such as family and friends. According to the elite handball players in the current study, these actors can offer unique unconditional love and care. Thus, family and friends outside the sporting context seems to allow the players to vent negative emotions, such as anger, sadness and frustration (emotional support). Furthermore, the fact that these actors view and understand the injury situation from a distance, it provides them with different and important perspectives, moreover, they can create positive distractions for the injured player outside the sporting context. Noteworthy, our finding is in line with other studies reporting that these actors are significant contributors of emotional support and a resource for coping and stress reduction (Ivarsson et al., 2018; Ruddock-Hudson et al., 2012). Therefore, we argue that significant actors within the sporting context should be aware of the value of involving actors outside of the sporting context. Additionally, elite athletes should be taught not be single-minded, hence, they should be open for other facets of life and promote relationships outside the sporting context (Carless & Douglas, 2013). And other stakeholders could orchestrate the provision of social support, where i.e. coaches could be more mindful of asking players about the resources, they have available to better understand the likelihood of the players having higher or lower expectations or needs for social support from the coach. There is also evidence indicating that athletes with a high degree of athletic identity respond more negatively to injury than those with a lower athletic identity (Johnston & Carroll, 1998; Manuel et al., 2002; Renton et al., 2021; Svensson & Stambulova, 2022).

Taken together, finding that all players in the rehabilitation process, especially in the return to play phase, reported a variety of challenges (i.e. negative emotions, worries related to their physical form and performance, and a fear of reinjury), in line with earlier research (Carson & Polman, 2008, 2012; Conti et al., 2019; Green & Weinberg, 2001; Ruddock-Hudson et al., 2012; Ruddock-Hudson et al., 2014). Furthermore, significant stakeholders (i.e. teammates, coaches, family) in elite sports is essential for a successful rehabilitation process and return to play. The quality of the relationship is influential on the athlete identity, connection to the team, and performance. However, there is still need for studies addressing how the different stakeholders around injured players are considered important in the way they provide social support for the athletes in the process.

Conclusion

The elite players in the present study reflected on how they experienced the social support from several actors both within and outside of sports. Each of the groups (coach, physiotherapists, teammates, and family and friends) provided different types of social support, but all were experienced as "crucial" for optimal rehabilitation. In various ways, the support the players received helped them feel part of the team, to remain motivated, and feel optimally challenged to continue to develop as handball players and to feel safe and cared for during the rehabilitation process. Maybe one of the most prominent effects of social support was the prevention of feelings of loneliness that helped injured athletes continue to feel included on the team, which positively impacted the players' emotions, motivation, and the concurrent rehabilitation process. The athletes reflected on the importance of informative support in the rehabilitation process, especially highlighting former coaches including them in game preparation and practice (i.e., match briefing and debriefing, video analysis), indicating a need for coaches in team sports to be aware of when handling injured athletes.

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