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Injuries among female Rwandan soccer players: Return-to-play decisions

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Abstract

Soccer or football is regarded as an increasingly popular sport for women. Several studies highlighted the increased injury rate proportionally to its increased participation. Researchers are of the opinion that some injuries might not be regarded as serious by either the player or the coach thus leading to premature return to sport after initial injury. Return-to-play decisions within a team environment are a difficult and complex one and few studies have examined how coaches view return-to-play decision. A cross-sectional study design using qualitative methods was used to explore coaches' perspectives on the return-to-sport following an injury sustained by female soccer players in Rwanda. Interviews were conducted with the head coaches of the 12 female soccer clubs registered in the Rwandan first division for the 2010/2011 season. The interview yielded four main themes: decision making regarding return to play; length of time off play; perception of coaches regarding assistance of injured players; and the existence of programmes for returning players. The study shows that the return-to-play is a totally automatic decision, made either by the coach or the player with little evidence of collaborative decision-making. In addition the increased pressure on key players and the premature return-to-play might influence not only the individual's performance but also the teams.

Keywords: Return-to-play, coaches, female soccer, perspectives.

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Introduction

Soccer or football is regarded as an increasingly popular sport for women (Bennet & Fawcett, 2006). It is played in more than 208 countries (FIFA, 2008a) and more than 40 million female soccer players are registered by FIFA worldwide (Tegnander, Moholdt, Engebrtsen & Bahr, 2008). Bennet and Fawcet (2006) reminded us of the famous quote of Sepp Blatter that the future of football is feminine. Female soccer however is not an injury free sport. Female soccer is in its early stage in many African countries with the African Confederation of Football (CAF) controlling each country's Football Federation and connecting them to FIFA which coordinates football around the world (FIFA, 1997). Few studies have however been conducted among female soccer players in Africa (Mtshali, Mbambo-Kekana, Stewart & Musenge, 2009).

Studies have highlighted the increased injury rate proportional to the increased participation in soccer (Bell, Mangione, Hemenway, Amorosa & Jones, 2000). In addition studies suggested that female soccer players are more susceptible to injuries than their male counterparts (Silberberg, 2010; Bennet & Fawcett, 2006). The vulnerability of female soccer players is due mainly to intrinsic factors, such as their anatomical and physiological structure (Silberberg, 2010). Bennet and Fawcet (2006) therefore, cautioned that the demands of the game and the potential injuries should not be underestimated and that these injuries must be managed appropriately to ensure that young female soccer players have a future in this sport. Among the few studies that have been conducted in Africa the high number of injuries sustained by female soccer players are highlighted (Mtshali et al., 2009; Niyonsenga & Phillips, 2013). Furthermore, even though the number of female soccer participants in Rwanda is extremely low compared to the developed countries, the rate of injuries related to soccer is high. Niyonsenga and Phillips (2013) reported that almost half of the participants in a study among female soccer players in Rwanda sustained injuries. More than half (52.6%) of the injuries reported by Damascene and Phillips were recurrent injuries. Although similar to the findings reported by other researchers (Jacobson & Tegner, 2007), these recurring injuries could be due to inadequate rehabilitation of previous injuries. Söderman, Adolphson, Lorentzon and Alfredson (2001) states that some injuries might be not be regarded as serious by either the player or the coach leading to premature return to sport after initial injury.

Shrier, Charland, Mohtadi, Meeuwisse and Matheson (2010) highlighted that return-to-play decisions within a team environment is a difficult and complex one. They further stated that these decisions are made for someone (the injured athlete) who is otherwise capable of making decisions on their own. Furthermore, when these decisions are made, views from all the role players, i.e. the athlete, medical team, trainers, coaches, team administrators and athlete's family must be taken into consideration. Shrier et al. (2010) maintained that it is not entirely clear "who holds the seat of power" when making these return-to-play decisions. Coaches can play a significant role in athletes' recovery from injury and return to sport (Bianco & Eklund, 2001; Gould, Udry, Bridges & Beck, 1997). Podlog and Eklund (2007) argued that it is important to investigate coaches perceived roles in assisting athletes to return to sport given this important role they play. Few studies have, however, examined how coaches view return-to-play decisions (Shrier et al., 2010; Podlog & Eklund, 2007) and no studies have been done in Rwanda specifically.

Female soccer was recently started in Rwanda and limited information related to this area exists. However, the increase in the number of people participating in soccer is high in Rwanda (FIFA, 2008b). Currently, only one division female championship with 12 registered female soccer teams is organized. Each team registered 30 players and the total of 360 female soccer players are registered by

the Rwandan Federation of Football Amateur (FERWAFA). The aim of this study was to examine the factors influencing coaches' decision-making regarding the return-to-play after injury of female soccer players in Rwanda.

Methodology

Research setting

This study was conducted in Rwanda. Rwanda is a member of the African Confederation of Football (CAF) and has been affiliated to the International Federation of Football Associations (FIFA) since 1976 (CAF, 2004; FIFA, 2003). Fédération Rwandaise de Football Association (FERWAFA) is the national board controlling soccer for both males and females countrywide in Rwanda. Female soccer is only played in the first division at national level which consists of 12 teams and the majority of them originate from urban areas. These teams are all similar with regards to the locality of their players as well as the players' age and background. The coaches of all 12 soccer teams in the first division were approached to participate in the study.

Permission and ethical clearance for the study was obtained from the Senate Research Grants and Study Leave Committee at the University of the Western Cape, South Africa. Permission was also obtained from the Ministry of Sports in Rwanda, FERWAFA and the managers of the first division soccer teams. Written informed consent was obtained from all participating coaches prior to the semi-structured- interviews. All interviews were tape-recorded and lasted between 60 and 90 minutes. Coaches were asked to reflect on their perspectives on the return to sport of injured players, their role in the decision making to return players to training and competition and their role in assisting returning soccer players from injury.

The head coaches of the 12 female soccer teams registered in the Rwandan first division for the 2010/2011 season was approached and invited for participation in the study. All agreed to participate and structured face-to-face interviews were conducted at a convenient location for the coaches. During the interviews the following questions were explored: "C*oaches' perspectives on the return to sport of injured players, their role in decision making to return players to training and competition and their role in assisting returning soccer players from injuries*".

Data analysis

Audio recordings were transcribed verbatim. Analyses were done by reading through the transcripts several times, making as many headings necessary to describe all aspects of the content. All generated themes were grouped into

broader categories to make sure that no participant's opinion was omitted. To reduce the number of formulated themes, similar categories were conflated to produce headings. Independent researchers' views were considered to ensure a clear correlation between the reality of the participants and the presented information. To ensure trustworthiness, an independent researcher was asked to read through the transcripts and generate themes independently. Both the researchers and the independent researcher's developed themes were compared in their absence. There were no major differences identified when the two lists of developed themes were compared. Finally the researchers focused on searching the most relevant explanations for the data and the linkage between the categories.

Trustworthiness of qualitative data is measured by its credibility which in qualitative research is determined by the match between the constructed reality of the participants and the reality presented by the researcher (Lincoln & Guba, 1985). Several steps were considered to build credibility: prolonged engagement and persistent observation; member checks by giving feedback of the data to participants so that they could comment on accuracy of the recordings; responses were transcribed verbatim and independent researchers were asked to read through the transcripts and generate the themes.

Results

Interviews were conducted with the head coaches of the 12 female soccer teams registered in the Rwandan first division for the 2010/2011 season. Of these coaches, 6 were male and 6 female. All had completed secondary schooling and three (3) completed a first degree in Sport Science and Education. Three (3) of the coaches had completed some coaching courses while the rest had no training. In addition only three (3) were employed on full-time basis while the others were volunteers. All the coaches reported having no medical personnel available due to financial constraints. The thematic analysis of the transcripts of the interviews yielded four main themes:

- Decision making regarding return to play
- Length of time off play
- Perception regarding assistance of injured players
- Existence of programmes for returning players.

Decision making regarding return to play

All the coaches were asked to comment on how decisions were made regarding the return of players to sport. All the coaches reported that the final decision to return a player to sport to be their responsibility as highlighted in the following quotes:

> "*I am responsible of all technical decisions regarding my team, so I decide whether an injured player can resume the sporting activities, when and how*".

> "*Myself I decide for an injured player to resume sporting activities since we have no sport medical practitioner in our team*".

The lack of assistance from health care providers was a common issue discussed by the coaches. The need for assistance with regard to the decision making process was further explored. Some coaches were of the opinion that there was no need for assistance as quoted below:

> "*No, because I know my team better than anybody else and I know, when and why I make a decision*".

Although limited or no medical professional assistance were available some of the coaches indicated that they seek advice from either their team managers or assistant coaches. The question as to the most appropriate individual to seek advice from in the case of recurrence of injuries was raised too.

> "*Yes and I consult my team manager to make a final decision and/or consult my fellow experienced coaches for advices*".

> "*I do especially if a player is having repeated same injuries and /or if the injury takes long to heal but I wonder the right person to talk to in such situation*".

Length of time off play

Coaches were asked to comment on the time taken by an injured player to return to training or competition. It became evident from the interviews that the time taken for players to return to sport depends on the type and severity of the injury.

> "*There is no fixed time when an injured player might be back to sporting activities, it normally takes 3 to 12 days unless a fracture occurred because it takes long to heal*"

> "*For me, an injured player could come back to activities even in the following day after an injury but practically, the return time depends on the type and severity of the sustained injury*".

The profile of the injured player and the level of competition however seemed to play a significant role in the time allowed out of play. Increased pressure on key players to return to sport from coaches was evident as illustrated:

> "*If we are in competition, I cannot wait for long and key players cannot miss so important games unless they are hospitalised, in case of a too serious injury, I can wait 1 to 4 weeks but hardly beyond this period*".

> "*If we are in competition, I make them to come so quickly but if not, I give them chance to decide themselves but in all circumstances, key players are not allowed to miss important games unless so severe injury occurred to them*".

In addition to the level of competition, the financial rewards also play a significant role in the time it takes for players to return to sport. It became clear that players themselves play a major role in their return to sport when financial rewards were a contributing factor.

> "*Players themselves cheat and pretend that they are recovered fully because they are paid according to the played games and they do not want to lose their places in the team line up*".

> "*Injured players themselves, especially if there are an extra money promised and the away games, all influence the injured players restarting activities so quickly*".

Perception regarding assistance of injured players

Coaches responded to the question regarding the kind of assistance provided by them to injured players during the rehabilitation process. Various types of assistance were mentioned by coaches and amongst others included provision of medicine; negotiation of access to medical care; moral, psychological and financial support. The follow-up of injured players seemed to be merely a liaison between the player and the team managing committees as illustrated:

> "*If a player claims to have suffered from a serious injury then I visit her to see if it is true and after that I ask the team managing committee to intervene…*"
> "*I submit and connect the players to the team managing committee and I make sure that the player received medicines and/or went to hospital if necessary…*"

Most of the coaches reported to provide both psychological and moral support to the injured players. It was however clear that this type of support was not provided equally to all team members and that it depended on the profile of the player as stated:

> "*I do the follow up and give advices especially to the key players…*"
> "*…I provide psychological support, I visit, give advices and talk if judged necessary…*".

The coaches did not seem to offer any support with regards to rest for the injured players. Rest seemed to be regarded as a luxury depending on the level of competition.

> "*…I grant rest if required depending on my appreciation…*"
> "*…all depends on the player's availability and ability and the competition pressure, if the pressure is too much we do not wait*".

Existence of programmes for returning players

None of the coaches appeared to have a specific programme or plan to assist the injured players to return to sporting activities. No gradual return to sport was discussed. Instead coaches put pressure on players to convince them that they are indeed ready to return to sport as illustrated by following quotes:

> "*I ask a returning player from injury to try hard and convince me that she did not lose her fitness, otherwise she has to make an extra effort to catch up herself*".
> "*I remind her that she needs to work hard If she does not want to lose her place in the team , I do not have a specific training programme for the returning players*".

Coaches also offered no opposition if a player deems herself to be fit to resume to sporting activities.

> "*If a returning player qualifies herself fit enough to play, I do not oppose and sometimes I insist she should exercise/play more to regain the fitness if she does not want to lose her place in the team*".
> "*It depends on returning players themselves, if they say they are ready to exercise with others and/or play the game, I let them do*".

Two of the coaches interviewed indicated that they initiated a gradual training programme for returning players. It was however clear that the time allocation for the players to regain their level of fitness was very limited and dependent on pressure from elsewhere.

> "*I give 2 days of running and playing the ball alone outside the pitch and thereafter she trains with the rest of the team*".
> "*In collaboration with the team nurse, we plan for a special and specific gradual exercise programme for injured players returning to activities*

> *until she copes depending on the player's availability, ability and the competition pressure, if the pressure is too much, we do not wait*".

Discussion

Valuable information regarding the decision making process to return to play after injury, the length of time allowed off play, coaches perception regarding their assistance offered to injured players and the existence or non-existence of programmes for injured players were collected. Podlog and Eklund (2007) highlighted that very little empirical data exist on this topic internationally. It is thus natural to believe that this is the case for the African continent too. Therefore, the present study was designed to explore coaches' perspectives on the return to sport by injured female players in Rwanda, for which information is lacking.

Researchers have highlighted that returning to sport after an injury can be a traumatic or worrying process for athletes (Podlog & Eklund, 2007; Bianco, 2001). Kvist, Ek, Sporrstedt and Good (2005) stated that these athletes may experience fears about recurrence of injuries on their return to sport. Bianco and Eklund (2001), however, reported that social support from coaches and health care professionals may counter these stresses. They further argued that coaches, as individuals who work closely with athletes, can have a significant positive impact on both athletes' recovery from injury and their return to sport.

Various factors in the decision making process regarding the return to play of injured players in Rwanda were unearthed. The findings of the study indicated that one of the teams had any medical professionals available to them. Therefore, contrary to other research findings (Podlog & Eklund, 2007), considerations regarding players' readiness to return to play was not governed by formal medical clearance. Other research has highlighted that all considerations regarding return to play for an injured athlete to be secondary to formal medical clearance. Instead the interviews in the current study highlighted the absence of adequately trained health professionals. This highlights the disadvantage of not having access to health professionals on-site to establish the risk associated with premature return to sport. In addition, the coaches' lack of knowledge regarding injury prevention and management imply that all the coaches should receive some education or be accompanied by medical professionals to make the right decisions.

Other factors influencing coaches decision to return soccer players to play was consistent with other researchers' findings (Podlog & Eklund, 2007; Vergeer & Hogg, 1999). These factors included the player's status and ability, the importance of games and the level of competition. In addition to these factors it is evident that players with higher abilities influenced coaches to return to play

earlier to sport. Podlog and Eklund (2007) highlighted that the player/athlete might be willing to accept higher risks of injury because they are perceived to enjoy greater status among their coaches, teammates and their fans. Added to being pressured by coaches to return to sport too early, researchers have cautioned that all these could lead to the player experiencing feelings of guilt and shame which in turn could lead to low self-esteem and depression (Podlog & Eklund, 2007; Podlog & Eklund, 2005). In addition, a player who returns to sport prematurely and is not able to give his/her best might influence the team dynamics too. This highlights the psychological issues associated with injured athletes return to sport after injury. Moreover it raises the question if coaches are comfortable or able to address these issues.

Although most of the coaches in this study reported to provide both psychological and moral support to their players, it was clear that the support was not provided equally to all players. This is a cause for concern as literature has highlighted the importance of the support offered by coaches in contributing to the athletes feeling of competence (Podlog & Eklund, 2007; Bianco, 2001). Research has indicated the importance of continued social support and involvement with teammates to prevent the players' feelings of being separated or isolated from the team (Podlog & Eklund, 2007; Gould et al., 1997). If players perceive the support received from coaches as unequal, it could lead to negative effects such as anxiety, frustration, anger and depression and heightened feelings of separation and isolation from the rest of the team. It thus points to the fact that coaches should be cautious as "connectedness" as termed by Podlog and Eklund (2007) may be an important factor in the return to sport experience for injured players.

The lack of programmes aimed at re-integrating the injured player into sports and the pressure on key players to regain level of fitness in a limited amount of time was evident in this study. This could partly be due to the fact that none of the teams had the assistance of health professionals and hence limited knowledge with regards to the rehabilitation process injured players must adhere to. It would thus be recommended that coaches in collaboration with health professionals plan specific gradual training programs for returning players which will allow easy re-integration and the minimization of recurrent injury rates.

Recommendations

It would be important and interesting to determine the perceptions from the players regarding the support they receive from the coaches during the transition back to sport.

Conclusion

It is clear that the return-to play is a decision made by either the coach or the player with little evidence of collaborative decision-making. In addition the increased pressure on key players and their premature return-to-play might influence not only the individual's performance but the team's too.

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