



ANXIETY LEVEL OF SSB KIJANG PINRANG PLAYERS AFTER EXPERIENCING INJURY

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ABSTRAK

Penelitian ini merupakan penelitian deskriptif. Metode yang digunakan adalah survei. Teknik pengumpulan data menggunakan angket. Populasi dalam penelitian ini adalah pemain SSB Kijang Pinrang yang berjumlah 25 orang. Pengambilan sampel dalam penelitian ini dilakukan dengan purposive sampling. Kriteria dalam penentuan sampel ini meliputi: (1) bersedia menjadi sampel penelitian, (2) hadir pada saat pengambilan data, dan (3) pernah mengalami cedera. Berdasarkan kriteria tersebut yang memenuhi berjumlah 15 pemain. Teknik analisis data menggunakan analisis deskriptif kuantitatif yang disajikan dalam bentuk persentase. Hasil penelitian menunjukkan bahwa tingkat kecemasan pemain Kijang Pinrang setelah mengalami cedera berada pada kategori "sangat rendah" sebesar 6,67% (1 orang), "rendah" sebesar 33,33% (5 orang), "cukup" sebesar 26,67% (4 orang), "tinggi" sebesar 26,67% (4 orang), dan "sangat tinggi" sebesar 6,67% (1 orang).

Kata kunci: Kecemasan, Sepakbola, Cedera, Olahraga

ABSTRACT

This research is descriptive. The method used is a survey. The data collection technique uses a questionnaire. The population in this study were 25 SSB Kijang Pinrang players. Sampling in this study was carried out by purposive sampling. The criteria for determining this sample include: (1) willing to be a research sample, (2) present at the time of data collection, and (3) having experienced an injury. Based on these criteria, 15 players were met. The data analysis technique used quantitative descriptive analysis presented in the form of a percentage. The results of the study showed that the level of anxiety of Kijang Pinrang players after experiencing an injury was in the category of "very low" at 6.67% (1 person), "low" at 33.33% (5 people), "sufficient" at 26.67% (4 people), "high" at 26.67% (4 people), and "very high" at 6.67% (1 person).

Keywords: Anxiety, Football, Injury, Sports

INTRODUCTION

Sports in Indonesia have developed with the application and technology in the field of sports and the application of sports medicine that supports sports achievements. Sports medicine is very influential in the world of sports to help prevent and treat injuries that are identified early so that athletes or athletes can do training activities faster (Satya Graha, 2015). As in competitive sports both internationally and domestically, medical personnel are needed as explained in the Republic of Indonesia Law Number 3 of 2005 concerning the National Sports System, Article 20 which reads: "For the safety and health of athletes, each organizer must provide medical and paramedical personnel following the technical implementation of competitive sports". Sports are one way to maintain physical fitness so that they remain in good condition. Many men and women, young or old, are found doing sports exercises either on the field, walking, or indoors. All of this is done so that health and physical fitness are maintained properly as an important basis for a happy and useful life.

The statement above proves that sports medicine is very important in the world of sports, as expressed by (A. Purba; 2015) sports medicine can help prevent injuries both preventively and curatively measurably and continuously, thereby improving athlete performance. Football is one of the most popular sports in the world. Football comes from two words, namely "Sepak" and "Bola". Sepak or kicking can be interpreted as kicking (using the feet) while "bola" is a round game tool made of rubber, leather or the like.



Injuries in sports activities are of many types, ranging from minor injuries, moderate injuries, and severe injuries (Suarsyaf et al., 2015), as stated by (Ali Satia Graha and Bambang Prionoadi 2012) sports injuries are classified into three, including minor, moderate and severe injuries with the type of injury in each sport. Types of sports injuries include fractures, sprains, strains and others (Alimuddin & Mulyaningsih, 2019). Sports injuries are all kinds of injuries that occur during training during matches or after matches (Wibowo, 1995). In general, the types of injuries that may occur are bruises, ligament injuries, muscle and tendon injuries, bleeding on the skin, and fainting (Taylor, 1997). Dunkin (2004) said that "injuries that occur during exercise are caused by several things, including (1) accidents, (2) poor exercise implementation, (3) poor equipment, (4) lack of physical preparation, and (5) inadequate warming up and stretching."

For some people, injury is a very frightening event because it causes pain, and soreness, and also causes a sense of trauma that is difficult to forget (Putri, 2019). Players generally perceive injury as a form of physical threat and danger and have different responses. Heil (1993) revealed that when a player experiences an injury, the attitudes developed are distress, denial, and determined coping. Distress is related to emotional responses that arise such as shock, anxiety, anger, depression, guilt, withdrawal, shame, and feelings of helplessness (Kamadi et al., 2019). Denial is related to not believing in the failure received so it leads to rejecting the severity of the injury experienced. Determined coping is the phase of requesting injury conditions and understanding the short-term long-term impact on the player's sports career. Many aspects are affected after a player experiences an injury, including the physical, emotional, mental, and behavioural aspects of the player concerned (Samsudin, 2019).

When viewed from the emotional aspect, the player's response to injury is anxiety, anger, frustration, and so on (Junaidi et al., 2017). Anxiety in players who have a history of injury is different from players without a history of injury (Taufik Hidayat, Ramadi, 2016). Anxiety in players with a history of injury develops because they prepare themselves to face the pressure of the match (Kusuma & Anhar, 2020), players must also psychologically prepare their physical readiness to face the match (Samsudin, 2018). When injured, players will experience physiological changes such as muscle tension, and psychological changes such as the development of anxiety to depression (Priyambada & Kusumawati, 2018). The relationship between anxiety and matches is expressed by Cartty (Husdarta: 2011) as follows: (1) in general, anxiety increases before a match due to the shadow of the heavy tasks and upcoming matches, (2) during the match, the level of anxiety begins to decrease because adaptation has begun, and (3) approaching the end of the match, anxiety begins to rise again, especially if the match score is the same or only slightly different (Prastya et al., 2019).

Anxiety in players comes from both internal and external sources, Gunarsa (2008) stated: that the source of anxiety comes from within the player, namely excessive self-confidence, negative thoughts, easily satisfied thoughts, and performance that does not meet expectations (Putra Maiza Rianda et al., 2020), while those that come from outside are confusing stimuli, the influence of the audience, the mass media, opponents who are not a match, the presence and absence of coaches, facilities and infrastructure (Maulana & Rusdiana, 2020), and the weather. In general, anxiety increases before the match due to the shadow of the heavy task and the upcoming match. Anxiety is a condition that is experienced by almost all players (Rahmalia et al., 2022). This is because it is an outdoor sport that is competed, so it makes the players tired all day and worried about the final result of the match being the same or different from the other team (Ramadhan & Syafii, 2022). Spectators and other team players often shout to trick their opponents while flying (Robinanto et al., 2022) and control the plane, making players confused, annoyed and not confident in flying their planes. Therefore, it is rare for players to have confidence in the match, especially players who have been injured (Widyanti et al., 2023).

METHOD

This research is descriptive. The population in the study were 20 SSB Kijang Pinrang players. Sugiyono (2007) stated that the sample is part of the number and characteristics possessed by the population. Sampling in this study was done by purposive sampling. Sugiyono (2011) stated that purposive sampling is a sampling technique with certain considerations. The criteria for determining this sample include: (1) willing to be a research sample, (2) present at the time of data collection, and (3) having experienced an injury. Based on these criteria, 15 players were met. The instrument or tool used in this



study was a closed questionnaire. Arikunto (2006), stated that a closed questionnaire is a questionnaire presented in such a form that respondents only need to provide a checklist (√) in the appropriate column or place, with a direct questionnaire using a graded scale. The graded scale in this questionnaire uses a modification of the Likert scale with four answer choices, namely, Strongly Agree (SA), Agree (A), Disagree (D), and Strongly Disagree (SD). The questionnaire assessment in Table 1 is as follows:

Table 1. Questionnaire Answer Alternatives/Weighting

Statement	Alternative Options			
	SA	A	D	SD
Positive	4	3	2	1
Negative	1	2	3	4

The questionnaire grid is presented in Table 2 as follows:

Table 2. Instrument Grid

Variable	Factor	Indicator	Item	
			Positive	Negative
Anxiety Level of SSB Kijang Pinrang Players After Experiencing Injuries	Cognitive	Excessive feeling of worry	6	1, 2, 3, 4, 5
		Feeling doubtful	9	7, 8, 10
		Decreased concentration	13, 14	11, 12
		The feeling of pressure from the sound of the audience	15, 16, 18, 19, 20	17
		Feelings of self-doubt	22, 23, 24, 25, 26	21
	Somatic	Body feels stiff	29, 30	27, 28
		Stomach feels tense		31, 32, 33, 34,
		Heart beats fast	38,	35, 36, 37,
		Changes in body temperature	39,	40,
		Body feels uncomfortable	47, 48	41, 42, 43, 44, 45, 46

After all the data is collected, the next step is to analyze the data so that a conclusion can be drawn from the data. The data analysis technique in this study uses the descriptive percentage data analysis technique (Sugiyono, 2007). Categorization uses Mean and Standard Deviation. According to Azwar (2016) to determine the score criteria using the Norm Reference Assessment (PAN) in Table 3. as follows:

Table 3. Norm Reference Assessment

No.	Interval	Category
1	$M + 1,5 S < X$	Very high
2	$M + 0,5 S < X \leq M + 1,5 S$	High
3	$M - 0,5 S < X \leq M + 0,5 S$	Enough
4	$M - 1,5 S < X \leq M - 0,5 S$	Low
5	$X \leq M - 1,5 S$	Very Low

RESULTS AND DISCUSSION

The results of this study are intended to describe the data, namely the level of anxiety of SSB Kijang Pinrang players after experiencing injury expressed in a questionnaire consisting of 48 items, and divided into two factors, namely cognitive factors and somatic factors. The results of the analysis are presented as follows:

Table 4. Descriptive statistics of anxiety levels of SSB Kijang Pinrang players after experiencing an injury.



Statistics	
N	15
Mean	160.8667
Median	156.0000
Mode	132.00
Standard Deviation	17.68723
Minimum	132.00
Maximum	189.00

Descriptive statistics of research data on the level of anxiety of SSB Kijang Pinrang players after experiencing injury obtained the lowest score (minimum) 132.00, the highest score (maximum) 189.00, the average (mean) 160.87, the middle value (median) 156.00, the value that often appears (mode) 132.00, standard deviation (SD) 17.69.

When displayed in the form of a frequency distribution, the level of anxiety of SSB Kijang Pinrang players after experiencing injury is presented in Table 5 as follows:

Table 5. Frequency Distribution of Anxiety Levels of SSB Kijang Pinrang Players After Experiencing Injuries

No.	Interval	Category	Frequency	%
1	187,40 < X	Very high	1	6,67%
2	169,71 < X ≤ 187,40	High	4	26,67%
3	152,02 < X ≤ 169,71	Enough	4	26,67%
4	134,34 < X ≤ 152,02	Low	5	33,33%
5	X ≤ 134,34	Very Low	1	6,67%
Total			15	100%

Based on table 5 above, shows that the level of anxiety of SSB Kijang Pinrang players after experiencing injury is in the category of "very low" at 6.67% (1 person), "low" at 33.33% (5 people), "sufficient" at 26.67% (4 people), "high" at 26.67% (4 people), and "very high" at 6.67% (1 person). Based on the average value, which is 160.87, the level of anxiety of SSB Kijang Pinrang players after experiencing an injury is in the category of "sufficient".

Cognitive Factors

Table 6. Descriptive Statistics of Cognitive Factors

Statistics	
N	15
Mean	88.6667
Median	88.0000
Mode	83.00
Standard Deviation	8.73962
Minimum	76.00
Maximum	102.00

Descriptive statistics of research data on the level of anxiety of SSB Kijang Pinrang players after experiencing injury based on cognitive factors obtained the lowest score (minimum) 76.00, the highest score (maximum) 102.00, the average (mean) 88.67, the middle value (median) 88.00, the value that often appears (mode) 83.00, standard deviation (SD) 8.74. When displayed in the form of a frequency distribution, the level of anxiety of SSB Kijang Pinrang players after experiencing injury based on cognitive factors is presented in Table 7 as follows:

**Table 7.** Frequency Distribution Based on Cognitive Factors

No.	Interval	Category	Frequency	%
1	101,78 < X	Very high	1	6,67%
2	93,04 < X ≤ 101,78	High	4	26,67%
3	84,30 < X ≤ 93,04	Enough	3	20,00%
4	75,56 < X ≤ 84,30	Low	7	46,67%
5	X ≤ 75,56	Very Low	0	0%
Total			15	100%

Based on table 7 above, shows that the level of anxiety of SSB Kijang Pinrang players after experiencing injury based on cognitive factors is in the category of "very low" at 0% (1 person), "low" at 46.67% (7 people), "sufficient" at 20.00% (3 people), "high" at 26.67% (4 people), and "very high" at 6.67% (1 person). Based on the average value, which is 88.67, the level of anxiety of Kijang Pinrang players after experiencing injury based on cognitive factors is in the category of "sufficient".

Somatic Factors

Table 8. Descriptive Statistics of Somatic Factors

Statistik	
N	15
Mean	72.2000
Median	71.0000
Mode	65.00
Standard Deviation	9.40517
Minimum	56.00
Maximum	87.00

Descriptive statistics of research data on the level of anxiety of SSB Kijang Pinrang players after experiencing injury based on somatic factors obtained the lowest score (minimum) 56.00, the highest score (maximum) 87.00, the average (mean) 72.20, the middle value (median) 71.00, the value that often appears (mode) 65.00, standard deviation (SD) 9.40. When displayed in the form of a frequency distribution, the level of anxiety of SSB Kijang Pinrang players after experiencing injury based on somatic factors is presented in Table 9 as follows:

Table 9. Frequency Distribution Based on Somatic Factors

No.	Interval	Category	Frequency	%
1	86,31 < X	Very high	1	6,67%
2	76,90 < X ≤ 86,31	High	4	26,67%
3	67,50 < X ≤ 76,90	Enough	3	20,00%
4	58,09 < X ≤ 67,50	Low	6	40,00%
5	X ≤ 58,09	Very Low	1	6,67%
Total			15	100%

Based on table 9 above, shows that the level of anxiety of SSB Kijang Pinrang players after experiencing injuries based on somatic factors is in the category of "very low" at 6.67% (1 person), "low" at 40.00% (6 people), "sufficient" at 20.00% (3 people), "high" at 26.67% (4 people), and "very high" at 6.67% (1 person). Based on the average value, which is 72.20, the level of anxiety of SSB Kijang Pinrang players after experiencing injuries based on somatic factors is in the category of "sufficient".



Discussion

This study aims to determine the level of anxiety of SSB Kijang Pinrang players after experiencing injury. Based on the results of the study, show that the level of anxiety of SSB Kijang Pinrang players after experiencing injury is in the sufficient category. The highest frequency is in the low category with 5 people or 33.33%, then in the sufficient and high categories, namely 26.67%. This shows that players still feel quite anxious after experiencing injury. Two factors influence a person's anxiety, namely internal factors and external factors. Where internal factors are factors that arise from within a person because of a sense of worry about something that will happen, while external factors are factors that arise from outside or the environment around us, one example is when someone tries to tell the risk that will occur afterwards.

For some people, injury is a very scary event because it causes pain, and soreness, and also causes a sense of trauma that is difficult to forget. SSB Kijang Pinrang players generally perceive injury as a form of physical threat and danger and have different responses.

Heil (1993) revealed that when an athlete experiences an injury, the attitudes developed are distress, denial, and determined coping. Distress is related to emotional responses that arise such as shock, anxiety, anger, depression, guilt, withdrawal, shame, and feelings of helplessness. Denial is related to not believing in the failure that is received, thus leading to rejecting the severity of the injury experienced. Determined coping is the phase of requesting the injury condition and understanding the short-term long-term impact on the athlete's sports career. Many aspects are affected after an athlete experiences an injury, including the physical, emotional, mental, and behavioural aspects of the athlete concerned. When viewed from the emotional aspect, the athlete's response to injury is anxiety, anger, frustration, and so on. Anxiety in athletes who have a history of injury is different from athletes without a history of injury.

Anxiety in athletes with a history of injury develops because of preparing to face the pressure of the match, athletes must also psychologically prepare their physical readiness to face the match. When injured, athletes will experience physiological changes such as muscle tension, and psychological changes such as the development of anxiety to depression. Even though they have recovered from injury, there are psychological factors that influence an athlete who has been rehabilitated to return to the match. Psychological factors such as anxiety, self-confidence, intrinsic motivation, self-concept, and self-efficacy certainly determine the readiness of an injured athlete who has been rehabilitated to return to the match (Chirstakou, Zervas, Psychountaki, & Stavrou, 2012). In the self-confidence factor, for example, if an athlete has good self-confidence, then the readiness of the injured athlete who has been rehabilitated will be better. And have an impact on better performance in a competition (Hanton & Connaughton, 2002).

The level of anxiety of SSB Kijang Pinrang players after experiencing injury based on cognitive factors is categorized as sufficient. The highest is in the low category with a percentage of 46.67% or 7 players, followed by the high category with 26.67%. The level of anxiety of SSB Kijang Pinrang players after experiencing injury based on cognitive factors has five indicators, namely feelings of worry, feeling doubtful, decreased concentration, feeling pressured by the sound of the audience's screams, and feelings of distrust of oneself. Cognitive anxiety is anxious thoughts that appear together with somatic anxiety. These anxious thoughts include worry, doubt, the shadow of defeat or feelings of shame. These thoughts are what make a person always feel anxious. Both types of anxiety occur simultaneously, meaning that when an athlete has doubts when competing, then at the same time he will experience somatic anxiety, namely with physiological changes.

The anxiety level of SSB Kijang Pinrang players after experiencing injuries based on somatic factors is categorized as sufficient. The highest is in the low category with a percentage of 40.00% or 6 players, followed by the high category with 26.67%. The anxiety level of SSB Kijang Pinrang players after experiencing injuries based on somatic factors has five indicators, namely the body feels stiff, the stomach feels tense, the heartbeat beats fast, changes in body temperature, and the body feels uncomfortable. This discomfort is indicated by the player feeling nervous and nervous so that the body trembles in the face of the match, the mouth and throat feel dry in the face of the match, and sleep quality is also disturbed. Somatic anxiety is a physiological change related to the emergence of anxiety. Somatic anxiety is a physical sign when someone experiences anxiety. These signs include Nausea, cold sweat,



heavy head, vomiting, dilated pupils, tense muscles and so on. To measure this type of anxiety, an in-depth understanding of the athlete's body condition is needed. Athletes must always be aware of the physical condition they feel. In general, anxiety arises from excessive perception. Because it involves perception which is a cognitive process, the most common handling process is to improve the cognitive process of an athlete.

CONCLUSION

Based on the results of data analysis and discussion, it can be concluded that the level of anxiety of SSB Kijang Pinrang players after experiencing injury is in the category of "very low" at 6.67% (1 person), "low" at 33.33% (5 people), "sufficient" at 26.67% (4 people), "high" at 26.67% (4 people), and "very high" at 6.67% (1 person).

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