CONSTRUCTION AND DESIGN OF A PSYCHOLOGICAL TRAUMA SCALE TO MITIGATE THE IMPACT OF SPORTS INJURIES

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Sports injuries are an important event in the lives of athletes, and it is noted that the injured players often experience some psychological trauma as a result of some anchoring injuries that threaten their sporting future and their personal lives in general.

The impact of a sports injury depends on a number of factors, including: The nature of the degree of injury, the importance of sport in the life of the athlete, the degree of reaction of the athlete towards each athlete, and the type of activity he practices. Hence the importance of the study in building and designing a scale for mitigating psychological trauma from injuries in the southern region and for individual and team games in the field of sports and then helping them to relieve pressure Psychological care that they suffered due to some of the injuries they were subjected to, minimizing their psychological impact on them, and preserving their physical and psychological health.

Keywords: psychological trauma scale, sports injuries, Construction, design Introduction

1-1 Introduction and Importance of the Research

Sports injuries are a significant event in the lives of athletes, and it is noticeable that injured players often experience some psychological shocks due to certain sports injuries that threaten their athletic future and their personal lives in general. The impact of sports injuries depends on several factors, including the nature and severity of the injury, the importance of the sport in the athlete's life, the athlete's reaction to each injury, and the type of activity they engage in. Many sports injuries force some players to leave the field and retire. Some have the ability and susceptibility to overcome the psychological state that afflicts them during the injury period and emerge from it with minimal losses, quickly returning to their normal state, whether in social or athletic life. This type of coping is consistent with injuries that are often short-term and fall within minor and simple injuries, where the treatment period does not exceed thirty days or more. After that, this injury remains a memory for this athlete or that one day. This type of injury is the most common type of injury. This falls under the type of activity that the athlete practices, and these injuries often fade from their memory during a period of (6) months to a year. The psychological effects on injured players vary depending on the type of injury and its severity, and negative psychological effects increase as the severity of the injury increases. Also, the player's perception of how threatening the injury is to himself and its impact on his athletic level and his period of absence from training and competition, it is up to the sports coach and the psychological specialist to identify the psychological reactions of the player towards the injury since there are individual differences among injured players in this matter.

Statistics indicate that injury rates are continuously increasing among athletes in various sports and races. Despite progress in the field of sports injuries as a science, health, medical, and physical sciences, and physical therapy, despite the availability of specialists such as sports doctors and stadium injury specialists, despite all of this, sports injuries are still increasing among athletes in most sports.

Therefore, the process of alleviating the psychological shocks that players experience due to injury and rehabilitating them psychologically for injured players (after injury) is one of the most important stages in responding to treatment for sports injuries. It aims to return the player to training and competition as quickly and effectively as possible, while trying to maintain the physical and skill level of the players before the injury or reduce the loss of it as much as possible. The psychological rehabilitation process continues even after physical therapy and until the injured players return to normal athletic practice after completing physical and psychological rehabilitation.

Hence, the importance of the study lies in building and designing a scale to alleviate the psychological shock of some sports injuries for players of individual and team games in the southern region and then helping them to reduce some psychological shocks and reduce their negative impact on them while preserving their mental and physical health.

1-2 Research problem

There is no doubt that the seriousness of the sports injury, whose negative effects extend to the player's psyche, as the injured person becomes an unproductive member and is unable to perform sports duties and earn his living and other duties that he performs. He suffers from some stress and psychological trauma, and the player becomes a scene of psychological and health problems.

The problem of the research lies in building and designing a measure of psychological trauma to mitigate the impact of sports injuries that affect players, whatever the type of injury, as it is of great danger to the player and its direct and indirect damages and to reduce its psychological impact on them and maintain their physical and psychological health.

1-3 Research Objectives:

- 1-Building and designing a psychological trauma scale to mitigate the impact of sports injuries in individual and team games in the southern region.
- 2- Building and legalizing a measure of psychological trauma to mitigate the impact of sports injuries in individual and team games in the southern region.
- 1-4 areas of research
- 1- The human field: a sample of injured players in individual and team games in the southern region
- 2-The time frame: from 8/20/2022 to 1/20/2023
- 3-The spatial field: stadiums, sports halls, and physiotherapy halls in which the injured players are present in the southern governorates
- Theoretical studies and previous studies
- 2-1theoretical studies
- 2-1-1The psychological factor and its role in treating sports injuries

Doctors and physiotherapists focus on athletes' injuries, which has led to progress in sports equipment and rehabilitation methods for that, and based on what is witnessed in this field, interest has increased in the psychological factors resulting from sports injuries, since they lead to a long rehabilitation period and result in later consequences in the case. Emotionality

And psychological problems related to this, and it is necessary to verify the psychological reactions to the injuries of athletes by coaches, sports psychologists and sports medicine devices, and to note the individual differences between injured athletes in terms of their psychological reactions towards injury through dealing with them and developing appropriate treatment and rehabilitation approaches. After their injuries, athletes often go through five main stages (Hardy, Chris), which are (21, 69)

First - (the stage of rejection) where he feels shocked as a result of this injury, and he tries to show others that his injury is not important.

Second - (anger stage) where the injured athlete performs some actions and utters some words that express his anger towards himself or towards others around him.

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Second - (anger stage) where the injured athlete performs some actions and utters some words that express his anger towards himself or towards others around him.

Fifth - (Acceptance and Reorganization) The athlete performs work despite feeling depressed and is ready to focus on rehabilitation and return to activity. In addition to the previous stages that the injured athlete goes through, we find that there are psychologically negative effects of sports injury, and the accompanying means of treatment and rehabilitation that may be very difficult for most injured athletes, especially those whose treatment requires self-reliance, self-esteem and personal competence in performance. A sports injury can lead to significant emotional damage.

The impact of sports injuries depends on a number of factors that include the nature and degree of injury, the importance of sport in the life of the athlete, and the degree of the athlete's reaction to enduring the injury. These complex factors and their overlap with each other make predicting the reactions of injured athletes very difficult,.

Swain assumed the existence of a sequence of reactions including (1,23)

- 1-Trauma
- 2-Rejection
- 3-Depression
- 4-Anxiety
- 5-Complete or partial collapse

Psychological approaches are used in addition to physiotherapy to facilitate the recovery process from a sports injury. Those working in the field of psychological rehabilitation for athletes are

interested in understanding the psychological effects of sports injuries so that treatment can be planned in the light of the psychological and physical effects of the injury (2,10).

When planning the treatment of injured athletes, the psychologist faces many psychological factors that must be taken into consideration, such as:

- 1-Build a relationship with the injured athlete
- 2-Introduce the athlete to the extent of his injury and the recovery process
- 3- Containing the ego in sports
- 4-Developing the psychological skills of the injured athlete
- 5- Preparing the injured athlete to face the pressures of life
- 6- Providing social support

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The sports coach can play an important and effective role in prompting the injured athlete to recover quickly and restore his athletic level, and the following are some of what the coach can provide to the injured athlete (1, 359)

- 1-The sports coach should take into account that the period of injury is one of the most difficult and severe periods for the athlete's psyche, so he should act wisely and calmly when dealing with the athlete and do his best to calm him down and contain his negative emotions.
- 2-To be fully aware of the psychological effects of sports injury, and familiar with the foundations and principles of psychological guidance and counseling, and how to develop the psychological skills of the injured athlete.
- 3-To take care of the progression in the training process, as well as to participate in the competitions, and not rush to involve the athlete before the completion of recovery, as this leads to counterproductive results, and the injury may return to the player again.
- 4-To be aware of sports injuries and first aid so that he can provide assistance in the absence of members of the sports medical staff at the moment of the injury.
- 5-Pay attention to the use of relaxation exercises and mental visualization, as they contribute to the speedy return of the injured athlete to the level of
- 6-Caring for friendly contact with the injured athlete and encouraging him to release his emotions, which contributes to reducing his fears about the injury.
- 7-Avoid exaggerating the size of the injury
- 8-Setting specific goals for himself and striving to achieve those goals
- 9-The injured athlete should cooperate with the medical team and the sports coach in order to enable him to regain his athletic level before the injury occurred
- 10- Urging the athlete to abide by the instructions of the sports medical apparatus and the sports psychologist, if available

Through measurement, it is possible to identify the mental, skillful, psychological, or physical abilities of athletes, practitioners, or students, whether these abilities are acquired or hereditary, which shows the discrepancy between individuals, resulting from the process of education and training. (21,69)

3-Research Methodology and Procedures

3-1 Research Method

Because of the specifics of the issue at hand and the goals of the study, the researcher opted to use a descriptive survey strategy.

3-2 Research Population and Sample

Therefore, the research sample was intentionally selected and consisted of 620 injured players in the southern region, as the research included southern clubs and individual and team sports within the research population.

The research sample was distributed for what is required to build and design the scale and apply it to the initial application sample, the construction sample, and the application sample. 3-3Research Tools

The tools used by the researcher are an essential element used to solve his research problem, and research tools "are the means or method by which

the researcher can solve a particular problem, regardless of whether those tools are data, samples, or devices" (17, 163)

The researcher relied on the following methods to obtain data

3-3-1Data Collection Methods

- •The International Information Network Internet
- •Personal interviews
- Arabic and foreign sources
- 3-4-Design, Construction, and Field Procedures
- 3-4-1-Preparation of the Initial Formula for the Scale

The researcher reviewed scientific sources, previous studies related to sports psychology, and some scales and relied on the opinions of some experts in this field through personal interviews 3-4-2-Preparation of the Initial Scale Formula

The researcher formulated the items for the scale, attempting to ensure their clarity and ease of interpretation, as well as avoiding individual differences in their interpretation and keeping them concise. The initial formulation of the scale consisted of 20 items

3-4-3-1Determination of the Method and Principles of Item Formulation

The researcher relied on the Likert method in formulating the items, which is one of the common methods in measurement.

3-4-5-2Presentation of Scale Items to Experts

After formulating the scale with its initial items, which consisted of 20 items, the researcher did the following:

Firstly, the scale was presented in its initial form to a group of experts who have experience and specialization in sports science, management, and psychology. This was done to assess the validity and appropriateness of the scale's items, evaluate and modify the items, and judge them in terms of formulation and content accuracy.

The researcher analyzed the results of the questionnaire using the percentage as a criterion for accepting or rejecting scale items. The items that were agreed upon by 75% or more of the experts were considered valid and appropriate for the scale. Bloom states that "the researcher must obtain agreement of 75% or more from experts in this type of validity" (3, 126). The researcher obtained a level of agreement and used the chi-square test, which showed that a percentage of 75% or more is acceptable when an item obtains it. The calculated chi-square value at a significance level of 0.05 and degree of freedom of 1 was 4.26, which is greater than the tabulated value of 3.84. This indicates the significance of this percentage, which represents 15 out of 20 experts. After deleting some items, the number of items in the scale became 14.

3-3-4-3 Correction of Scale Items

The correction of the scale aims to obtain the overall score for each individual, which is calculated by adding up the scores they receive on the rating scale. As the items were formulated in a positive direction, weights were assigned to the items as shown in Table (1) below.

Table (1) shows the method of correcting the scale items.

Item Direction Always Often Sometimes Rarely Never Weight Positive 5 4 3 2 1

When each item is assigned a weight according to Table (1), the weights for all items are added up, and the result is the score that reflects the player's psychological attitude towards smoking. 3-4-3-3Preparation of the Final Scale Format

After determining the scale items, the researcher took the following steps:

Clarifying the purpose of the scale, which is to alleviate psychological stress on injured players. Writing instructions in short and understandable phrases that explain how to answer the scale items.

Stating that the information provided is for scientific research purposes only

Schedule (1) Explicitly demonstrates how to adjust the scale's paragraphs

| Paragraph direction | always | mostly | Sometime s | Scarcely | Never |
|---------------------|--------|--------|---------------|----------|----------|
| 5 | 4 | 3 | 2 | 1 | Positive |

When a predetermined weight is placed for each paragraph according to Table (1), the weights for all the paragraphs are collected, and the result is the degree that expresses the player Direction of psychological trauma as a result of the injury.

3-5-Survey Experiment

Following the development of the scale, the researcher administered a survey experiment to a sample of 30 players on February 1, 2022, prior to the final application of the research. The scale utilized in this study was titled "Designing a Psychological Shock Scale to Alleviate the Impact of Sports Injuries." The objective was to facilitate the success factors in administering the primary research test on the sample by ensuring their comprehension of the scale items and mitigating any potential errors or challenges during the main test.

3-6-Experiment of Applying Scale Items on the Sample Group

The purpose of this experiment is to apply the final version of the scale "Designing a Psychological Shock Scale to Alleviate the Impact of Sports Injuries" from May 4, 2022 to June 5, 2022, to analyze the items statistically. This process includes detecting the level of difficulty, item discrimination power, and effectiveness of alternatives in the test items (11, 74). To achieve this, the scale was applied to the sample group, which consists of injured players in the southern region clubs, totaling 180 injured players. After distributing and answering the questionnaires, each questionnaire was checked to ensure that it was answered correctly.

3-7-Statistical Analysis of Scale Items

The purpose of analyzing the scale items statistically is to improve the quality of the test by identifying weak items and then working on reformulating or excluding them if they are not valid (32, 55).

The internal consistency coefficient is considered one of the most important criteria used in analyzing data resulting from psychological tests. This coefficient measures the degree of similarity between participants' responses to the items that measure the trait being measured. To determine the internal consistency coefficient of the psychological scale for relieving psychological pressure on injured players, the researcher used Cronbach's alpha coefficient, which is calculated using the SPSS statistical program. After analysis, it was found that Cronbach's alpha coefficient for the scale was 0.89, indicating good internal consistency between the items of the scale. Therefore, this scale can be relied upon in analyzing data resulting from a study on the effect of relieving psychological pressure on injured players.

For a scale to be able to discover individual variations in the feature being assessed by a psychological test, it must have certain psychometric properties, one of which is the extreme groups method, which reveals the capacity of scale items to discriminate between people. This was accomplished by the researcher used SPSS's extreme group approach for determining items' discriminative capacity. Good, highly discriminatory items are what item analysis is all about.

Knowing the overall score of the research sample's replies and then sorting the survey responses in decreasing order reveals discriminative ability. The remaining 27% of the measured sample is then divided into two extreme groups: those with the greatest scores (the upper group) and those with the lowest possible scores (the lower group). The study's 56 participants were split evenly between a "upper" and "lower" group by the researcher. Item discriminative capacity was determined using the t-test procedure with 178 degrees of freedom. No item was omitted from the evaluation after a t-test result was extracted using statistical procedures and compared to the crucial t-value of 1.99 using a level of significance of 0.05 and an amount of freedom of 178. Table 3 demonstrates the discriminatory power of the psychological scale, with its 20 items, in reducing the emotional strain on wounded athletes.

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The internal consistency coefficient is considered one of the most important criteria used in analyzing data resulting from psychological tests. This coefficient measures the degree of similarity between participants' responses to the items that measure the trait being measured. Cronbach's alpha, obtained in the SPSS statistical package, was used to estimate the internal

reliability factor of the mental scale for reducing psychological stress in wounded athletes. Cronbach's alpha for the rating system was calculated, and it was found to be 0.89, showing high levels of reliability among its components. Therefore, this scale can be relied upon in analyzing data resulting from a study on the effect of relieving psychological pressure on injured players.

For a scale to be able to discover individual variations in the feature being assessed by a psychological test, it must have certain psychometric properties, one of which is the extreme groups method, which reveals the capacity of scale items to differentiate between people. This was accomplished by the researcher used SPSS's extreme group approach for determining items' discriminative capacity. The purpose of item evaluation is to retain test items that are both useful and highly discriminative. Knowing the overall score of the research sample's replies and then sorting the survey responses in decreasing order reveals discriminative ability. The remaining 27% of the measured sample is then divided into two extreme groups: those with the greatest scores (the upper group) and those with the lowest possible scores (the lower group). The study's 56 participants were split evenly between a "upper" and "lower" group by the researcher. Item discriminative capacity was determined using the t-test procedure with 178 degrees of freedom. No item was omitted from the evaluation after a t-test result was extracted using statistical procedures and compared to the crucial t-value of 1.99 using a level of significance of 0.05 and an amount of freedom of 178. Table 3 demonstrates the discriminatory power of the psychological scale, with its 20 items, in reducing the emotional strain on wounded athletes.

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3-7-2-Internal Consistency Coefficient

Items that are similar in discriminative power but assess various behavioral aspects are not always homogeneous in their measurement of the phenomena being investigated. Because there might be nearby things with somewhat differing dimensions, this technique reveals the items' overall similarity. This is accomplished with the use of the internal consistency coefficient, and the Pearson correlation coefficient was employed by the researcher inside the SPSS statistical software to deduce the link between individual item scores and the overall scale mean. Table 2 displays the correlation coefficients between the scores on each item and the total score on the scale, and the calculated value of all items is higher than the tabular value of the coefficient of correlation, which is 0.19 at the 0.05 level of significance.

The discriminatory power of the psychological measure to ease the minds of wounded athletes is shown in Table 3. The item discriminatory power was determined by applying the extreme group approach in SPSS, a statistical program designed for social science research. The purpose of item evaluation is to retain test items that are both useful and highly discriminative. Knowing the overall score of the replies from the research sample followed by sorting the survey responses in decreasing order establishes the discriminative capacity. A total of 27% of the measured sample is split into two extreme groups: those with the greatest scores (the upper group) and those with the lowest possible scores (the lower group). The study's 56 participants were split evenly between a "upper" and "lower" group by the researcher. Item discriminative capacity was determined using the t-test procedure with 178 degrees of freedom. No item was omitted from the evaluation after a t-test result was extracted using statistical procedures and

compared to the crucial t-value of 1.99 using a level of significance of 0.05 and an amount of freedom of 178. There were twenty total pieces.

Table 2 shows the correlation between how well each paragraph did and how well the scale did as a whole.

| Т | Phrase | Paragraph correlation with scale | Indication |
|----|--|----------------------------------|------------|
| 1 | I feel despair and I suffer from low morale. | 0.444 | Moral |
| 2 | I hesitate to make decisions and settle things | 0.466 | Moral |
| 3 | He took sedatives however he wanted, without medical advice. | 0.493 | Moral |
| 4 | He relied on vows and spells at times. | 0.526 | Moral |
| 5 | I feel pain when I compare myself to others. | 0.540 | Moral |
| 6 | My isolation prevented others from helping me solve my problems. | 0.507 | Moral |
| 7 | Others' looks at me make me sad because of the pity and sympathy they bear because of my injury. | 0.590 | Moral |
| 8 | I suffer from the lack of financial support for the injured | 0.390 | Moral |
| 9 | I am worried about what might happen in the future because of my injury. | 0.403 | Moral |
| 10 | I suffer from lack of appetite and poor digestion | 0.485 | Moral |
| 11 | I cannot provide comforts for my injured child at home. | 0.413 | Moral |
| 12 | I suffer from confusion in my relationship with my family members after my injury. | Moral | |
| 13 | I have disturbing dreams and nightmares. | 0.406 | Moral |
| 14 | I feel sweaty and cold in my extremities when I review the cancer parlour. | when I review 0.422 | |
| 15 | I feel embarrassed for not visiting and communicating with friends and relatives. 0.524 | | Moral |
| 16 | I visit places of worship to get financial aid for my child's treatment. 0.538 | | Moral |
| 17 | I don't feel like going back to the hospital and following up on my condition. | | Moral |
| 18 | I feel uncomfortable with others because of my injury. | 0.556 | Moral |
| 19 | I get nervous and restless when asked about my condition. | 0.513 | Moral |
| 20 | I feel unable to solve my problems | 0.522 | Moral |

8 indicators of validity and reliability of the scale

3-8-1 The validity of the scale

The idea of validity is fundamental to the study of measurement; it serves as a rule of thumb for determining whether or not a given test really measures the phenomenon under investigation. (12, 67). The researcher checked the validity of the scale using various different categories of validity.

First, you have to trust the arbitrators to be honest.

After presenting the data to a panel of experts in the topic being tested, an accurate assessment of the subject's candor may be made. The researcher might have faith in the opinions of specialists if they agree that the test he or she created accurately assesses the target behavior

(7, 55). In order to validate the scale's validity and determine the amount to which each paragraph gauges the components of each domain, the researcher submitted the scale and its paragraphs to a panel of specialists. As a result, only the paragraphs that were vetted by experts were included. Second, we must examine the soundness of the building itself.

Construction validity is a suitable type of validity for assessing building standards because it involves empirically verifying the extent to which the paragraphs of the scale align with the characteristic or concept being measured. In the researcher's current study, two indicators were used to establish the validity of the scale:

- 1. The method of the two extreme groups: This method examines the measure's ability to differentiate between groups that vary in their performance on the phenomenon. It assesses whether the scale's constituent parts adequately distinguish between such groups.
- 2. The validity of the internal criterion: The researcher employed this method because it provides a homogeneous scale where each paragraph measures the dimension of the scale as a whole. It also allows for the examination of correlations between the positions on the scale. An indicator of scale validity is the correlation between the degree of each paragraph on the scale and an internal test representing the overall degree of the scale. The researcher achieved this type of validity by calculating the internal consistency coefficient.

3-8-2 Stability

"the consistency of the results when a second application of the experiment on individuals and the retention of the true variability of the test" (14, 77) is what is meant by "stability," and it is one of the fundamental aspects in the development and validation of tests.

That example, a stable test or measure is one that yields the same findings when administered several times to the same people under same conditions (22, 22.(

The study only uses two of the many methods available for determining the stability coefficient: To start, we have the half-partition approach.

Using the sub-measurement items from the primary study of the building sample (177 questionnaires), the researcher split the test into two parts: the first half included sections numbered oddly, while the second half encompassed paragraphs numbered even. The researcher then calculated the Pearson correlation coefficient between the total scores from both parts of the test, but these values actually reflect the coefficients from only the first half of the test.

Table (4) shows the reliability coefficients of the retail midterm test with the correction coefficient of the psychological trauma mitigation scale

| stability after correction | stability before correction | the scale | Т |
|----------------------------|-----------------------------|---|---|
| 0,722 | 0,611 | Construction and design of a psychological trauma scale to mitigate the impact of sports injuries | 1 |

Second: Cronbach's alpha method.

The researcher utilized this technique to extract stability by applying Kornbach's equation to people in the building sample of (178) players in the statistical package for the social sciences

(spss), since "it is used in any type of subjective and essay questions" (11, 282). It was determined that the stability coefficient equals (0.734), indicating a good level of stability. Schedule (5)

It shows the reliability coefficients of the Cronbach's alpha test for the scale of psychological trauma mitigation

| Т | the scale | Cronbach's alpha coefficient |
|---|---|------------------------------|
| | Construction and design of a psychological trauma | 0,764 |
| 1 | scale to mitigate the impact of sports injuries | |

Objectivity 3-8-3

In the mathematical field, the instructions for applying the test (scale) must be clarified in terms of its procedures, management, and recording of results" (12, 169), and since the scale contains the key to correction, it is considered objective.

torsion coefficient 3-4-8

The tendency for most sample distributions to lean more heavily toward one side of the highest point than the other is known as torsion (4, 168). The distribution of a variable is said to be positively twisted to the right if its values are skewed more heavily toward the small values than the big values (15, 137.)

In order to determine how far the sample answers deviate from a normal distribution, the investigator determined the torsion coefficient using the following data: mean = 4.35, standard deviation = 2.25, and torsion coefficient = 2.25 for the psychological trauma scale used to reduce the negative effects of sports injuries.

Final use of the scale, March 11th, 2003

After completing all the requirements and procedures for designing the scale, the scale became ready for application and consisted of (20) items, where the researcher applied the scale in its final form on the application sample of (150) patients. On (2/1/2022 - 24/2/2023) and after analyzing the responses of the research sample, the data was collected in a special form.

3-12-Statistical methods

The researcher used the (SPSS) system for statistical information and the Excel program.

- 4- Presentation, analysis and discussion of results
- 4-1- Displaying, analyzing and discussing the measure of psychological trauma relief from some sports injuries

Presentation, analysis and discussion of the results:

It included presenting, analyzing and discussing the results and identifying the correlations of the scale.

Schedule (6)

Shows (calculated t) between the theoretical mean and the arithmetic mean of the psychological trauma scale to mitigate the impact of sports injuries

| Significant level | T calculated | standard deviation | Arithmetic mean | theoretical medium | The number of scale paragraphs |
|----------------------|--------------|-----------------------|-----------------|-----------------------|--------------------------------|
| 0,000 | 4,016 | 164,13 | 55,160 | 51,000 | 20 |

Table (6) shows that the number of items of the psychological trauma mitigation scale for injured players is (20) items, with a theoretical mean of (51,000), while the arithmetic mean of the research sample was (55,016) and with a standard deviation of (13,164), and the (calculated t) was between the theoretical mean The arithmetic mean of the research sample is (4.016) and the level of significance is (0.000), which indicates its significance at the level of significance (0.01). Some sports injuries as a behavioral problem.

The researcher attributes that the process of mitigating the psychological trauma that the players are exposed to as a result of the injury and rehabilitating them psychologically for the injured players (after the injury) is one of the most important stages in the response to treatment for sports injuries, and it aims to return the player to training and competitions as quickly and as best as possible, while trying to keep The physical and skill level of the players that they had before the injury or reduce the loss of it as much as possible, and the psychological rehabilitation process continues and extends until after physical therapy and until the return to normal sports after the completion of the physical and psychological rehabilitation of the injured players.

Also, the coach and the sports psychologist must form a friendly relationship and positive interaction with the injured athletes to reduce the severity of fear of injury, and the expected risks due to it, and encourage the injured players to social interaction and their participation with the team in various social activities. The team in scouting activities, camps and alternative activities that are commensurate with their abilities during the injury

Helping the injured player to regain his confidence in himself and his ability to cope with the injury.

Among the important matters is building relationships with the injured player, determining the size of the psychological requirements of the injured athlete, introducing the athlete to the extent of his injury and the recovery process, developing the psychological skills of the athlete and preparing the injured athlete to face life pressures and to mitigate the trauma of the injury, and to provide social support. J and maintain contact with the injured athlete so that he feels the interest and participation of others He is in his ordeal, and they understand his motives, needs, and what he suffers from despair or frustration and anxiety about his sporting future. In addition to that, helping the injured player to integrate into the sports system to make them more effective in performing their sports role, enjoying the sports practice and self-esteem of the player. (22,145).

CONCLUSIONS

1-A measure of psychological trauma was constructed and designed to mitigate 2- the impact of sports injuries in the individual and team games of the southern region clubs.

RECOMMENDATIONS

- 1-Adopting the current measure in mitigating psychological trauma for players due to some injuries.
- 2-Carrying out similar studies to relieve psychological stress for people with chronic diseases and on other samples.

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