FACTORS AFFECTING THE RECOVERY-STRESS, BURNOUT AND MOOD STATE SCORES OF ELITE STUDENT RUGBY PLAYERS

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ABSTRACT

A sample of 41 male student rugby players (mean age: 21.87 ± 1.39 years) completed the Recovery-Stress Questionnaire (Kellmann & Kallus, 2001), Athlete Burnout Questionnaire (Raedeke & Smith, 2001) and Stellenbosch Mood Scale (Terry et al., 2003) repeatedly over a five-month period. Independent t-tests, one-way analysis of variance and effect sizes were used to indicate significant differences between groups (categorised according to playing position, experience level and starting status). The group of forwards were shown to have significantly (d ≈ 0.5) better results than the backline players for 12 of the 39 tested variables. The group of less experienced players had significantly less General and Sport-specific Stress and negative Mood State scores than their very experienced and novice counterparts, whilst the novice players showed greater General and Sport-specific Recovery scores. Differences in starting status were also observed as the reserve players were shown to have significantly higher General and Sport-specific Recovery scores and better Mood State scores than the regular starters. These results suggest that playing position, experience level and starting status should be considered in player management strategies and during the psycho-social monitoring of players aimed at reducing the onset and development of overtraining and burnout.

Key words: Overtraining; Recovery-stress; Burnout; Mood States; Rugby.

INTRODUCTION AND PROBLEM STATEMENT

Numerous physiological, psychological and social stressors are believed to contribute to the onset and development of the overtraining and burnout syndromes (Kenttä & Hassmén, 1998; Kenttä et al., 2001). In Kenttä and Hassmén’s (1998) conceptual model of overtraining and recovery, overtraining and burnout are seen as the negative products of long-term imbalances between the total stressors and total recovery efforts, which exceed an athlete’s maximum stress tolerance. Despite the significant contributions of psychological and social stressors,