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EDUCATION AND SPORTS



**THE RELATION BETWEEN PAIN AND
MOTIVATION BY SOME DEMOGRAPHIC
CHARACTERISTICS OF FOOTBALL PLAYERS:
EXAMPLE OF ELAZİG PROVINCE**

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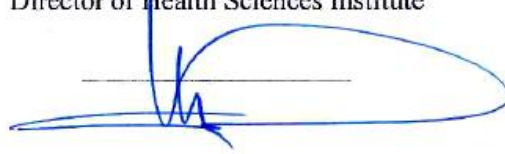
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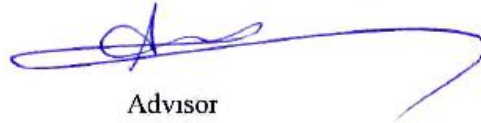


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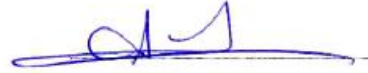
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ETHICAL DECLARATION

I declare that I have carried out this thesis study with my own studies, that it is not contrary to the ethics at all stages from the planning of the works, to the obtaining of the findings and to the writing phase, that I have obtained all information and data in this thesis under the academic and ethical rules, that I refer to sources, information and interpretations that are included in this thesis but which are not included in the findings of this thesis.

A handwritten signature in blue ink, consisting of a stylized 'Q' followed by a horizontal line.

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ELAZIĞ

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1. ABSTRACT

One of the negative effects of sports injuries is a pain situation. This situation is an unexpected result for football players. The pain situation that is caused by the injuries, which occur during trainings and matches, may have a negative impact on the motivation. In this study, determination of the experience of pain and motivation to perform sports in case of a pain of football players by some demographic characteristics forms the fundamental purpose of the study. The universe of the study consisted of amateur and professional soccer teams competing in Elazığ (n = 630) and the sample of the study consisted of 160 participants selected by the random selection method which played in these teams. A questionnaire will be applied to the participants in the study to be conducted in example of Elazığ province. In the first section of the questionnaire, questions on demographic characteristics of the participants and pain cases, in the second section, questions were asked to determine the motivation for sports in case of pain. Data collection will be carried out by using face to face interview method with amateur and professional football teams competing in Elazığ province with the available measuring forms by the researcher. After the data is transferred to computer, evaluations will be done in SPSS 22.0 package program. At first, to find the reliability of the collected data, Cronbach alpha test will be applied. Cronbach's alpha coefficient of 0.845 was obtained. To perform statistical analysis, parametric status of the data will firstly be investigated for determining the proper analysis method. Within the scope of the analysis, descriptive statistics, reliability analysis, independent sample t-test, Anova analysis and Regression analysis, Kruskal Wallis-H and Jonckheere-Terpstra Test analysis were

used. Significant results will be shown with tables and graphics. As a result of the statistics, variables such as age, body mass index, training frequency and duration were found to be different in participants' pain situations. It is possible to take necessary precautions after determining the pain situations of footballers and to raise awareness to determine the educational elements.

Key Words: Football, motivation, pain, training.



2. ÖZET

FUTBOLCULARIN BAZI ÖZELLİKLERİNE GÖRE AĞRI DURUMLARI VE MOTİVASYON İLİŞKİSİNİN İNCELENMESİ: ELAZIĞ İLİ ÖRNEĞİ

Spor yaralanmalarının olumsuz etkilerinden biri ağrı durumudur. Bu durum futbolcular için beklenmeyen bir sonuçtur. Eğitim ve maçlar sırasında meydana gelen yaralanmaların neden olduğu ağrı durumu, motivasyon üzerinde olumsuz etki yaratabilir. Bu çalışmada, futbolcuların acı çekmesi durumunda spor yapmak için ağrı ve motivasyon deneyimlerinin bazı demografik özelliklerle belirlenmesi çalışmanın temel amacını oluşturmaktadır. Araştırmanın evreni, Elazığ ilinde rekabet eden amatör ve profesyonel futbol takımlarından oluşmakta ($n = 630$) ve çalışmanın örneklemini, bu takımlarda oynayan rasgele seçim yöntemiyle seçilmiş 160 katılımcı oluşturmuştur. Elazığ ili örneğinde yapılmış olan çalışmada katılımcılara bir anket uygulanmıştır. Anketin ilk bölümünde, Katılımcıların demografik özellikleri, ağrı durumları ile ilgili sorular, ikinci bölümde ise ağrı durumunda spor yapma motivasyonlarını belirlemeye yönelik sorular sorulmuştur. Veri toplama aracı, Elazığ ilinde rekabet eden amatör ve profesyonel futbol takımları ile yüz yüze görüşme yöntemi kullanılarak araştırmacı tarafından mevcut ölçüm formları kullanılarak gerçekleştirilmiştir. Veriler bilgisayara aktarıldıktan sonra değerlendirmeler SPSS 22.0 paket programında yapılmıştır. İlk önce toplanan verilerin güvenilirliğini bulmak için Cronbach alfa testi uygulanmıştır. Cronbach's alpha kat sayısı olarak 0.845 değeri elde edilmiştir. İstatistiksel analiz yapmak için öncelikle uygun analiz yönteminin belirlenmesi için verilerin parametrik durumu incelenmiştir. Analiz kapsamında tanımlayıcı istatistikler, güvenilirlik analizi, bağımsız örneklem t-testi,

Anova analizi ve Regresyon analizi, Kruskal Wallis-H ve Jonckheere-Terpstra Testi analizi kullanılmıştır. Tablo ve grafiklerle önemli sonuçlar gösterilmiştir. Yapılan istatistikler sonucunda yaş, beden kitle indeksi, antrenman sıklığı ve süresi gibi değişkenlerin katılımcıların ağrı durumlarında farklılık oluşturduğu sonucuna ulaşılmıştır. Futbolcuların ağrı durumlarını belirledikten sonra gerekli önlemleri almak ve eğitim unsurlarını belirlemek için farkındalığı arttırmak mümkündür.

Anahtar Kelimeler: Futbol, motivasyon, ağrı, eğitim.



3. INTRODUCTION

One of the sports which is the most popular one by young athletes is football, it is also considered as a kind of sport which leads the players to suffer injuries the most. In different places such as doctor's offices, clinics for football-related injuries and emergency rooms the number of the athletes was 920000 who were treated, the athletes were under 18 years old, it is according to the U.S. Consumer Product Safety Commission (1).

Because having the positive effective of regular exercising, sports have been suggested for people in different ages, exercising has apparent effects on mental and body health and this has been proved in scientific researches (2).

We can say recently football is the most popular sport. If playing football was for spending some leisure time or getting joy or for better health, it is now developed widely and we can say it is a professional job for some people, businessman, area even countries. it is a great business that is why there are a lot of researches on football in order to develop it more. Today, science has reached the truth that there is a reverse relationship between pain and motivation, in the way that this relationship can be seen among the football players apparently. The relationship is in such a way that they have impact on each other.

3.1. Motivation

Motivation is defined as the unity of limited factors, the factors are internal and external factors with mechanisms that lead to organism to complete the activity. It determines the system and gives continuity to the activities, forms these activates

and makes the goal clearer with motivation to the mechanisms, which permit these factors to function (3). Motivation has more definition; another definition defines it as the ability to initiate and makes the task to be persisted. To show your best ability and skills, an athlete must start the process of developing as an athlete and must try to keep his or her efforts till reaching the certain goals (4).

One of the most important elements in any type of sports is to have a good motivation to fulfill it. Obviously, if there is no any motivation, an athlete can't perform his or her activity properly.

Motivation is regarded as a key factor that affects participation of athletes in a certain sport (2).

Sports participation motivation is known as a term that must be found and studied in individuals. Many studies have been conducted to find out the reasons that make the individuals to participate in the sports and in the physical activities to know the types of the reasons. Traditionally, motivation is divided into different ways. The first one is extrinsic reasons which consists of (physical challenge, social acceptance, rewards) and the second one is intrinsic reasons which consists of (pleasure from activity, self-recognition, self-satisfaction) (2).

It is not easy to take any activities without the motivation even if there is no any in pain, so, it is necessary to create a motivation by self or others such as a friend, family, or a trainer.

3.2. Intrinsic and Extrinsic Motivation in Sport

Athletes confront numerous awesome difficulties in their mission for greatness in sport. Along the street toward crest exhibitions, they confront (in

addition to other things) various hours of preparing, restoration from injuries, the anxiety and uneasiness of competition, and the anguish of annihilation. Ascending to those difficulties requires physical continuance and ability, as well as psycho-coherent quality also. It is therefore not amazing that first class athletes and mentors alike underscore the significance of motivation in sport (5). Research uncovers that athletes might be motivated out of two primary types of motivation (6). From one viewpoint, they might be intrinsically motivated-that is they may take part in sport activities out of joy and fun. Then again, they may show extrinsic motivation-that is they may share in sport so as to determine unmistakable advantages, for example, material (e.g., trophies) or social (e.g., eminence) compensates or to maintain a strategic distance from discipline. We suggest that the kind of motivation that underlies athletes' conduct is resolved partially by different social components introduce in the sport condition (7).

3.3. Training

Trading is the general aim which is given to all efforts in determined periods so as to strengths one's efficiency in sport which in organisms leads to some functional and morphologic changes (8). To perform different kind of sport, developed muscle and skeletal structure are the requirements, adequate level of motivation and high coordination (9).

Lately, the number of the injuries in involuntary exercises is significantly increased. These types of injuries happen to the athletes who perform in companions, and the reasons behind these increases are increasing in number duration and workload trainings. The injuries mostly happen to those athletes who are beginners in

training, and for those who start training again after a long break. There are some factors, which are also important in suffering injuries such as the materials, which are used, the floor, which the activity is, played in, techniques of training, weather conditions and also the anatomical structure of the athletes are important (10).

For reducing the risks of getting ill or tired during trainings, efforts should be taken into consideration, although efforts should be done to get the highest level of success during the competition period for the athlete (11).

A question remains unanswered which is about the dynamic of the professionally important skills development. To find this, the aim of this research is to study how motivation, imagery skills and anxiety contribute to the experience of football (12). Recently, literature in terms of volume which defines or given explanation about psychological determinants of sport success has widened. The basic emphasis has been on sport motivation (13).

This research aims to research the relation between the pain and the motivation, through a survey taken as a questionnaire among of the amateur and professional football teams competing in Elazığ province, by a set of questions on the paper given especially to the football players, face to face. This research aims to find the effect of pain on motivation and vice versa, an attempt to find the factors cause the pain, how to cure or reduce the pain, knowing those factors result in a reduced motivation, finding a method to get more motivation for applying activities.

It is very important to work on and find the factors that have effects on motivation of sportsmen and to improve new motivating techniques. This research aims to investigate, to some extent, how pain is caused by various factors, which affect motivation of athletes, or football players who play for different leagues (14).

In the current study, the relation between motivation and pain is aimed to be investigated by some demographic characteristics of football players.

3.4. Football

Football is one of the very common and popular sports in the world (15,16). The new modern kind of football attracts many researchers in the field except the wide range of audience. Lots of studies in football science were devoted to the intervention and psychological diagnosis for those athletes who are different in the range of their experiences (17-19). Football wants the player to have a very strong stamina while superimposing sprinting, jumping, tackling, sudden changes of direction, kicking, and defense. It also includes a combination of repetitive, high-intensity activities (20,21).

The players who play football get injured in the matches and trainings because of having some traumas caused by fallings, overstress, and impacts. There also some psychological factors besides these traumas, as the inadequate skills, condition, long-lasting and difficult trainings, quickness, concentration and conditions of the facility, flexibility, the materials used and also inappropriate weather conditions may be the reason to get injured (22).

There are some negative sides of injuries; one of the negative effects is pain situation. The pain for the football players is an expected result. Motivation is one of the aspects, which is affected by the injuries, mostly the injuries happen during the trainings and the matches (14).

In physical trauma or injuries psychological responses will occur and negative emotions will face the athletes in a negative emotion form, and there is lack

of self-confidence due to reduced physical ability, Coping strategies among long-term injured competitive athletes. A study of 81 men and women in team and individual sports (23). Therapists made a common observation in terms of physicality, those who work with patients. It is the shortage of confidence in the injured part, despite of having subjective and objective stability. Having the fear of terrible re-injuries may baffle the effect of the treatment of rehabilitation and reconstruction (24).

Motive is the basic part of motivation concept. Motive is defined by the behavioral scientists as “an internal strength and power that drives an individual to actions”. Motive shows a power that leads a person to a certain goal. So, motive has three basic characteristics, maintaining this motion, mobilizing, and directing it in a positive way (25).

For sport activities, relationship is between success and motivation is very important. When the motivation is less, it leads to less success (26). A skeletal structure and developed muscle is needed by one with sufficient motivation and which conditions to perform a sport activity (27).

Motivation is the basic part for all athletic attempt and achievement. Without your effort and determination to make your sports performances better, all of others; confidence, focus, intensity, mental factors, and emotions, are aimless. To become the best athlete you can be, you have to be motivated to perform what it takes to maximize your skill, ability and achieve your targets. It is a disposition to struggle for success in races with others with some standard of excellence, set by the individual athletes. Motivation is an internal energy power, which determines all the aspects of behavior; it also effects on how we consider, think, feel and interact with

others. In sport, strong motivation is broadly agreed on as a basic prerequisite in leading athletes to achieve their potential .

For all the athletic effort and achievements, motivation is the base. Motivation in sports is so crucial since you have to be willing to work vigorously in the face of tiredness, pain, boredom, and the willing to do other things. There are different aspects, which they are three things to affect how well you do the sport. Initially, your ability, these include; your technical, tactical, physical, and mental capabilities. Since ability is something innate and you have it since you were born with it, you cannot adopt your ability so it is out of your control .

Second, the hardness of the race influences performance. Contributors include the stamina of the rival and external factors such as an "away game" crowd and weather such as sun, wind, and temperature. No one has control over these factors .

Finally, motivation will affect the performance. It is the only reason, which someone has control. Motivation directly affects the phase of success that someone ultimately achieves. If an athlete is highly motivated to improve his or her performance, then he or she will reach the time and effort, which is necessary to raise his or her game. Nothing can affect the activities as thoroughly as an unexpected loss of motivation. Without motivation to make success, athletes cannot struggle the challenges sports races. If the team or player is performing through a terrible time then motivating his or her players, it would be very important. A highly motivated athlete may be confused and take risks. This study tries to look at motivation and suggest the ways to improve the motivational capacities of players (4).

3.5. Pain

Pain is a terrible sensory and emotional/affective and cognitive experience which is connected to actual or the damage of potential tissue or is seen in terms of such damage (28). Pain is the feeling of unhappiness that someone has when something bad or boring happens. It's an unpleasant feeling an athlete is caught by, but a positive thing, so it warns the brain that is important to avoid the injury. Everyone knows that the pain have a negative effect on the football players. It does so, they can't do their task properly.

There are many researchers stated that the whole injury risk was higher in male professional football players than in industrial occupations (29,30). Pain has many types. It gives warning against damage to the body, which is crucial for avoiding injuries and finally for survival. The way of feeling pain is individual and changes from time-to-time in the same person. The intensity of pain is hard to be measured and an individual's perception of pain relies on the person's emotional state, also environment under which the pain was acquired, and if it is perceived as a threatening signal (31-33). All nursing professionals realize that pain assessment is the base of pain management and that the target of pain management is to make sure that individual will be well. This must be scaled on a regular basis (34).

3.6. Motivation in Pain and Pain Relief

3.6.1. Relief of Pain is rewarding

Pain is a subjective personal experience consisted of sensory, affective and cognitive dimensions. The sensory basics of pain, includes the stimulus intensity, source, location (for example superficial structures or deep organs) and quality (for

example, stabbing, burning), are tightly connected to the activation of nociceptors, nerves and chemical insult signal mechanical, thermal or (35). The evolutionary effect of negative (pain) and positive (relief) explained as they are to elicit motivations, regularly resulting in escape and reach behaviors and to allow acquiring of how to consider dangerous or rewarding vents in the future (36).

Pain relief is rewarding. Pain has conceptualized relief as termination of negative will affect and return to a normal state. Psychological investigations, however, state that satisfaction of an aversive state is rewarding and may be thought as one of the primary positive emotions (37).

3.7. Pain and Suffering in Sport

3.7.1. What is Sport?

Is it composed of every intentional kind of movement activity? This is the most usage of this term. We would recollect an explanation within Journal of the Philosophy of Sports about the triangle of sports – game – play and how the relationship between these notions was searched for in terms of different hierarchy and meanings (38).

3.8. Form of Pain and Suffering in Sport

We can consider four different principles on the purpose of pain in sports (38):

1. A sign of one's training regime and lifestyle.
2. A sign of maximum exertion to reach top achievement.
3. A sign of a substantial component of a specific sport.

4. A demonstration of lost sports authenticity (disease, injury).

3.9. Treatment Motivation for Rehabilitation after a Sport Injury:

Application of The Trans-Contextual Model

Sport injury seems to be a fact of life that mostly happens to participants of all levels of expertise in sport (39). While a high level of evidence shows that motivation to undertake rehabilitation is a very important element to determine the treatment adherence of outpatients (40).

3.10. Enhancing Motivation

Studies from an achievement goal aspect, in sport and physical education, demonstrate that aim orientations and perceptions of the motivational cases are connected to the continued stream of achievement behavior, affect, and cognition. Providing the body of empirical task that documented the adaptive motivation and wellbeing feedbacks of learners who perceive mastery or task involving climates, physical education coaches and sport coach education systems would get benefit from integrating educational information referring to the creation of mastery climates into their program or curriculum. Specifically, scholars consider that in sports and physical education experience must develop strategies and guidelines and find the methods, which coaches, parents, and other important social experts can share in creating a mastery or task involving motivational climate (41).

3.11. Intrinsic and Extrinsic Motivation in Sport and Physical Activity

Motivation has been stated as an important element of athletes' success in sports in different studies. The researches have reported that social factors like rewards, competition, verbal feedback, and choice have influences on individuals' situational motivation. Some contextual reasons have been stated to influence athletes' contextual motivation in sports, evolving the coach, the motivational climate, scholarships, and the sport structures (41).

3.11.1. The Coach

The coach shows one of the most basic sources of effects on athletes' motivation and quality of participation in sports (42). provided a model posit that coaches' effect on their athletes' motivation carries out primarily by the coaches' interactional behavior with the athletes. Behaviors like these can show different degrees of autonomy-support, structure, and involvement and sheds light on the athletes, which are hypothesized to affect the athletes' thoughts of autonomy, competence, and relatedness. In turn, these thoughts creates athletes' self-determined motivation. Particular interest was the fact that Mageau and Vallerand reported some of the determinants of coaches' behavior toward athletes. These involve their special orientations to coaching (i.e., a natural desire to be controlling or autonomy-supportive), the context in which the coaches work (43).

3.11.2. Motivational Climate

Coaches can affect their athletes indirectly by the type of motivational climate they help to make. The motivational climate is closely related to the main ambience,

which has roles in a team or club, and the message shows to athletes. There are two primary kinds of motivational climate: task-involved (or mastery) and ego-involved (or performance) (44). A task-oriented climate helps participants to do an activity so as to evolve their skills; an ego-involved climate makes the athletes to believe that they should perform better than the other athletes, performing better than even their teammates. Studies show that work climate is more conducive to the increase of self-determined kinds of motivation (intrinsic motivation and identified regulation), while the opposite carries out with an ego-involved climate regarding respect to a variety of sports (45).

3.11.3. Scholarships and Sport Structures

Scholarships is considered as a contextual factor due to they show a kind of reward which will stay active for the athlete's collegiate during their career. The reason behind having scholarships is to provide the athletes more time for training and studying. Negatively, scholarship recipients may sometimes feel that they play more trophies more that playing for the pleasure of the game. Consequently, the athletes feel controlled and become less motivated. Researches earlier provided support for this finding, also the negative effects were real only for football players and but not for male wrestlers and female athletes from the different kinds of the other sports (46). Using the Intrinsic Motivation Inventory (47.48).

3.12.Factors of Motivation

There are two distinct sorts or types of motivation that we can utilize intrinsic motivation and outward motivation.

3.12.1. Intrinsic Factors

Intrinsic motivation is motivation that originates from inside us not from outer hotspots for emotions. This is the point at which somebody is roused to play out the action since they need to for their own advantages, for example, wellness, happiness and social advantages. It additionally gives the individual self-esteem as they feel great that they have accomplished something (49) .

3.12.2. Extrinsic Factors

Extrinsic motivation is motivation that originates from outside of us not from interior hotspots for instance individual pride. This factor is the point at which a athlete only motivated to perform to their best, if theirs is a reward set up for them to win. This is on account of winning is all they consider as they need to be the best constantly. Their own particular advantages don't mean anything to them (49).

3.13. Strategies to Improve Motivation

3.13.1. Reviewing Game footage

This is a decent route for the mentor to help enhance motivation for the competitors, on the grounds that in the event that they take a seat together and glance back at video film of their past exhibitions, at that point they can perceive what changes are should have been made to empower to competitor to move forward. This leaves the competitor feeling better about them as should be obvious precisely what should be done which will support their certainty levels as it may not be as awful as they initially thought. It likewise allows them to converse with their competitor about any issues they may have. For instance, this is a noteworthy part of motivation for a

boxing mentor as he/she should have the capacity to glance back at a warriors past battle to perceive what part of his procedure he didn't utilize all around ok against his rival and to contrast this with his next adversary to have the capacity to exploit his next adversaries shortcomings (50).

3.13.2 Pep Talk

A coach should give his or hers competitors a basic get up and go talk before any kind of physical action, as this will get the competitors thinking positive before they have even begun anything, which means they will probably invest more energy and increment execution levels as they recognize what is normal from them. For instance a mentor needs to give a motivational discourse, for example, 'I need you to go out there and give it your everything and have fun, I know we can beat this group however now it's dependent upon you to go out there and do it (50).

3.13.3.Goal Setting

Both the athletes and coaches should set themselves objectives to accomplish, for short and long haul impacts. As this will give the drive and motivation to buckle down so they can accomplish their objectives. Here and now objectives are critical amid objective setting in light of the fact that these are generally used to help accomplish their long haul objective which is typically the primary focus for the athletes. For instance a footballer may set themselves an objective of scoring 20 objectives amid a season, so from this objective, they will guarantee they are buckling sufficiently down in preparing to enhance their shooting abilities and furthermore putting additional preparation in to accomplish this objective. So if a

athlete does this then they are more than likely going to accomplish or even exceed expectations in the objective that they have set themselves (50).

3.14. What Can Do To Maintain Or Increase Intrinsic Motivation?

Coach, can impact the intrinsic motivation of your athletes and helping athletes feel like they control their own particular conduct even with the nearness of extrinsic prizes. Give nonverbal and verbal uplifting feedback in light of the particular practices of your athletes. Perceive athletes particular commitment to hone or the group; you will be emphatically advising athletes about their capacity. Cooperate with athletes to set individual and group objectives that are testing and practical. The more athletes encounter fitness and accomplishment because of their own behavior and abilities, the considerable their intrinsic motivation. Indeed, even with extrinsic prizes, athletes who feel like they are responsible for their practices, will be more fulfilled and more inclined to keep taking part (51).

3.15. Division of Pain

There are many different kinds of pain. One of them is Anatomic pain – which happens, because of local changes because of physiological receptor-functional (protective) or pathological. Another pain is Physiological pain – superficial pain, which is caused by irritation of the skin receptors. Pathological pain is another pain, which is caused by chronic irritation of pain receptors from damaged tissues. Deep pain is also pathological, which is caused by blood vessels, bone and joint system, muscles. Vascular pain is caused by stimulation of mechano- and chemo- pain receptors, located in the outer membrane of large arteries and veins.

Bone and joint pain is the source of pain is stimulation of the pain receptors of the joint capsule and periosteum (52).

Myalgia is caused by irritation of the receptors in muscles and fascias when they are over-load and tired. Organ pain includes biliary and renal colic. Wired pain arises as a result of direct stimulation of the nerve fibers or pathways. Neuralgia applies to the trigeminal nerve, sciatic, femoral and lateral femoral cutaneous nerve. Radicalgia – exacerbated by coughing and radiating movements to the appropriate areas of the skin. Causalgia, Convolutional, Phantom are also some other pains which the athletes face (52).

3.16. Why We Relieve The Pain?

Patients suffer from pain, there are changes connected to the physiological and social disorders, influencing the life quality. They rely on the span and the intensity of pain, not the reason behind the pain. When patients who feel pain, there are clear disorders relating to sleep and appetite. Sleep disorders are known as feeling difficulty in falling asleep due to the patient's inability to get a suitable position, and the pain later will be more annoying. The Sleeping duration does not give rest and it is disordered by pain attacks. Patients after waking up feel tires, and physical and mental tiredness. Pain makes changes in behavior relating to food. Patients suffer from the loss of appetite and body weight. Patients feel confused and an excessive desire to eat, which with insufficient activity, which later could be the reason of obesity. Pain results in frequent struggles with family and friends or relatives, which becomes the reason to the elimination of social life. Patients remain in the supine position, and their thoughts goes toward the pain and search for the

reasons and keys to get treatment. Many patients cannot work. Patients with pain feel their situation as disappointed. In desperation, they seek for more and new surgical procedures, demand help from quacks, healers, and look for the prescription of painkillers to reduce their suffering (52).

3.17. Strategies For The Pain Control

The treatment of pain should be multidirectional. There are different methods like pharmacological methods, physical, neuromodulation, psychological rehabilitation methods, and in some cases, invasive techniques. It is very important to ensure comprehensive care for the patient, and to make it clear and get agreement of the certain method of treatment from the patient (52).

3.17.1. Pharmacotherapy

Pharmacotherapy have to be chosen individually, since it helps one athlete does not effectively help another, and sometimes it can be harmful. Provide and using drug need to be based on suitable diagnosis and the new current use of analgesic treatment. It is critically needed to take into account possible side effects that happen during the pre-used use of the drugs. It is also important to take possible interaction of the proposed drug into consideration with other drugs used by patient for the purpose of different treatments. To obtain a very high level of pain control, a combination of drugs with various mechanisms of actions is being used. They are also present in the form of ready-made formulations having a combination of two or more components (52).

3.17.2. Physical therapy and rehabilitation

a supporting way used to treat pain. The most common methods of physical treatment are: thermotherapy (heat), manual techniques, medicinal extracts, cryotherapy (cold), laser therapy, electrotherapy, kinesitherapy. These methods – used in an effective manner – may make life and mobility better in some patients (52).

3.17.3. Neuromodulation

Neuromodulating treatments are used to stimulate the systems of pain. Nowadays, some neuromodulation techniques are used: percutaneous nerve electrostimulation (TENS), peripheral nerve stimulation, acupuncture and vibration. Neuromodulation helps pain treatment methods and reduces pain and help the quality of life patient (52).

3.17.4. Psychological Therapies

Psychological reasons have a big effect to realize pain, and the effectiveness of the treatment. Therefore, all patients who feel pain have to be able to get benefit from the professional psychological help, which can influence the emotional side of the pain. in the psychological methods, it can be effective as a method helping the treatment of the pain, the most noticeable techniques which used are: behavioral therapy, cognitive therapy, relaxation techniques and hypnotherapy (52).

3.17.5. Invasive Methods

Experienced specialists in the specific area can imply invasive methods of pain management. There are different methods: from individual nerves blocks, by intrathecal administration of to neurodestructive methods and neurosurgery. Modern medicine provides more and more techniques to treat pain. This makes it suitable to bring relief to people who suffer from ailments (52).

3.18. Common Types of Injury

There are some of the common injuries in football such as Traumatic, Concussions, Overuse and Heat (53).

3.18.1. How Can Football Injuries Be Prevented?

- Having a pre-season evaluation of health and wellness
- Perform appropriate warm-up and cool-down routines
- Consistently incorporate strength training and stretching
- Hydrate adequately to maintain health and minimize cramps
- being active in summer break to prepare for returning to sports in the fall
- Wear well-fitted protective equipment, such as a helmet, pads, and mouthguard
- Tackle with the head up and do not lead with the helmet
- Speak with professional in sports or athletic trainer whether one has any concerns about injuries or prevention strategies (53).

3.19. Treatment of The Pain

3.19.1.Injury Treatment Stages

Physiotherapists use a number of treatment techniques to reach the best outcomes. Treatments to find pain may involve physical agent modalities such as ice, heat, electrical stimulation, hydrotherapy as well as different kinds of soft tissue massage, muscle stretching, Exercising creates an important part of nearly all physiotherapy rehabilitation programmers.(54).

3.19.1.1.Cold and Ice

Cold and ice are used as treatments and to relieve pain, swelling, and inflammation from injuries and other conditions such as arthritis. Ice can be used for up to 20 minutes at a time. every two hours for the first 24 hours (55).

3.19.1.2.Heat

Heat is used to help relax and treat one's muscles and soft tissues by increasing blood circulation (55).

3.19.1.3.Massage

Pressure is used to the soft tissues of the body, such as the muscles. Massage helps relax muscles, enhance circulation, and ease pain in soft tissues. Massage therapy is applied by physiotherapists to enhance blood supply to an area, and it also used to release tension in muscles and connective tissues, Prepare muscles for stretching and sport (55).

3.19.1.4.Exercise

Exercise is basis to achieve recovery from sports injuries, following surgery, after a trauma such as from a fall or something effective like fracture. in dealing with back pain, neck pain and headaches and in the treatment of long term conditions such

as arthritis and osteoporosis, Exercise encourages and also restore correct muscle balance and reduces pain, while it increases blood supply to the extremities, which is effective to improve health (54).

3.19.1.5.Strengthening Exercises

Athletes regularly do exercises to keep or improve their strength. However, athletes are not the only people who can take advantage from exercises, if someone is recovering from a surgery or prolonged illness, or recovering from muscle strain, ligament sprain or another type of soft tissue injury, if an athlete has suffered a fractured bone, he or she may have to do strengthening exercises as part of his or her rehabilitation (54).

3.19.1.6.Medicine

The most known form of pain management is pharmacological treatment, Non-pharmacological pain management methods effects the treatment of pain in appositve way (56). Perioperative pain management. CNS Drugs are a primary supplement to pharmacological treatment Soothing music can increase oxytocin levels during bed rest after open-heart surgery: a randomised control trial (57). In decreasing pain perception and the related sensation Effects of music on patients undergoing a C-clamp procedure after percutaneous coronary interventions (58). Researchers, nursing professionals and teachers know all about it, non-pharmacological techniques are used rarely and are not part of the most used practices in pain treatment. One disadvantage of using pain medications which can be seen is the side effects, and patients might take less analgesic than is needed. Also, when it comes to the tolerance of the patients, nursing professionals might administer analgesia less than optimally (59).

3.20.Return to Sport After Serious Injury

Coming back to sport after genuine injury can be a troublesome procedure for some athletes (60,61). worries about their capacity to perform up to preinjury levels (62). It has additionally been recommended that athletes who start contending after genuine injury can encounter elevated aggressive anxiety,(63). concentrate pointlessly on the injured area, and battle to recover their specialized aptitudes and abilities (64) Ultimately, these negative musings and encounters may expand the danger of reinjury (65). and can detrimentally affect athletes' confidence.(66). and postinjury performance (63). Contended that the anxiety related with injury may be identified with two factors: the worry of being not able perform and the anxiety related with "returning from injury. Various examinations have proposed that the anxiety related with returning from injury may to be sure be identified with the dread of preinjury (67).

4. MATERIAL AND METHOD

4.1. Definition of the Study

The research is appropriate for descriptive survey method. A questionnaire will be applied to the participants in the study to be conducted in example of Elazığ province. In the first section of the questionnaire, questions on demographic characteristics of the participants and pain cases, and in the other section, questions towards the determination of performing sports in case of pain will be asked. Data collection will be carried out by using face to face interview method with amateur and professional football teams competing in Elazığ province with the available measuring forms by the researcher.

Pain conditions of football players and determining their motivation to do sports in case of pain, Determining the effect of some demographic variables of football players on having pain and motivation, Taking the necessary precautions after determining the pain conditions of football players and raising awareness to specify the training elements.

4.1.1. Aim of the Study

In this study, determination of the experience of pain and motivation to perform sports in case of a pain of football players by some demographic characteristics forms the fundamental purpose of the study.

4.1.2. Significance of the Study

In this study, determination of the experience of pain and motivation to perform sports in case of a pain of football players by some demographic characteristics forms the fundamental purpose of the study. It is possible to taking the necessary precautions after determining the pain conditions of football players and raising awareness to specify the training elements.

4.1.3. Research Model

In our study, proper analysis method will be chosen and analysis will be conducted. Within the scope of the analysis, descriptive statistics, reliability analysis, independent sample t-test, Anova analysis and Regression analysis, Kruskal Wallis-H and Jonckheere-Terpstra Testa analysis will be used. Significant results will be shown with tables and graphics. Significance level of 0.05 will be cared on relation and differences between variables.

4.1.4. Method of the Study

Population of the study consists of amateur and professional football teams competing in Elazığ province and sample of the study will include the athletes playing in these teams by random selection method. A questionnaire will be applied to the participants in the study to be conducted in example of Elazığ province. In the first section of the questionnaire, questions on demographic characteristics of the participants and pain cases, and in the other section, questions towards the determination of performing sports in case of pain will be asked. Data collection will be carried out by using face to face interview method with amateur and professional

football teams competing in Elazığ province with the available measuring forms by the researcher.

4.1.5 Population and Sample of the Study

Population of the study consists of amateur and professional football teams (n=630) and the sample of the study consisted of 160 participants selected by the random selection method which played in these teams.

4.1.6 Extent and Limitation of the Study

The limitations of the study are as follows.

- It is limited to Elazığ province.
- It is limited to both of the amateur and professional football teams competing in Elazığ province

4.1.7. Statistical Analyses Applied in Data Evaluation

After the data is transferred to computer, evaluations will be done in SPSS 22.0 package program. At first, to find the reliability of the collected data, Cronbach alpha test will be applied. To perform statistical analysis, parametric status of the data will firstly be investigated for determining the proper analysis method. To find parametric status, the data will be investigated if they are compatible with normal distribution. After finding out the parametric status of the data, proper analysis method will be chosen and analysis will be conducted.

4.1.8. Reliability Analysis of the Study.

The Relation between Pain and Motivation By Some Demographic Characteristics of Football Players. Several data have been used to explore the relation between pain and motivation in football. Quantitative method has been used to obtaining the result. Many theories have explains the relations between pain and motivation. The goal of this part to discuss about the results of the study within this chapter, For the collected data the researcher has used 160 participants as sample size, the collected data have used to analyse the results, for this study the researcher has used quantities method to analyse the data by using spss, the collected data has used in spss and from the output of the spss the researcher has found some results as follows: The average age, height and weight of the subjects were determined as 22.7, 176cm and 73.5kg respectively.

5. RESULTS

This study analysis the Relation between pain and motivation in football . Several data have been used to explore the relation between pain and motivation in football. Quantitative method has been used to obtaining the result. Many theories have explains the relations between pain and motivation. The goal of this part to discuss about the results of the study within this chapter, For the collected data the researcher has used 160 participants as sample size, the collected data have used to analyse the results, for this study the researcher has used quantities method to analyse the data by using spss, the collected data has used in spss and from the output of the spss the researcher has found some results as follows:

Table 1. Frequency and percentage distributions related to the experiences of attendants

Variables		Frequency	Frequency N
Age to start football	7 and under 7	18	11.3%
	8-10	51	31.9%
	11-13	30	18.8%
	14-16	27	16.9%
	17 and over 17	34	21.3%
Professional Experience	0-2 year	128	80.0%
	2-4 years	9	5.6%
	4-6 years	6	3.8%
	6 years and more	17	10.6%
Position	Goal keeper	16	10.0%
	Player	144	90.0%
Division	Spor Toto Super	15	9.4%
	Ptt 1. League	15	9.4%
	Spor Toto 2. League	15	9.4%
	Sport Toto 3. League	115	70.8%

11.3% of the attendants started playing football before 7, 31.9% between 8-10, 18 % between 11-13, 16.9% between 14-16 and 21.3% older than 17. 80% had

an experience of 0-2 years, 5.6% had 2-4, 3.8% 4-6 and other 10% had a professional experience for more than 6 years. 10% of the attendants were playing as Goalkeeper while the other 90% were in other positions. 9.4% of these players were in Spor Toto Super League, 9.4% in PTT 1. League, 9.4% in Spor Toto 2. League and the other 70.8% were playing in Spor Toto 3. League.

Table 2. Frequency and percentage distributions related to the duration, frequency and protection issues of trainings

Variables		Frequency	Column N
Duration of the training (hour)	Less than 1	109	68.1 %
	1	46	28.2 %
	1.5	4	2.5 %
	2	1	.6 %
	2.5	1	.6%
Frequency of training (in a week)	Less than 1	4	2.5%
	1	16	10.0%
	2	73	45.6%
	3	38	23.8%
	4	28	17.5%
	More than 4	1	1.3%
Protection	Not used	2	26.3%
	Shin pad	42	66.9%
	Wrist guard	107	.6%
	Knee guard	1	3.1%
	Other	3	1.9%

As for the duration of trainings, 68.1% of the attendants training for less than 1 hour, 28.2% for 1 hours, 2.5% for 1,5 hours, 0.6% for 2 hours, 0.6% for 2,5 hours . The frequency of weekly trainings were less than 1 for 2.5%, 1 for 10%, 2 times for 45.6%, 3 times for 23.8%, 4 times for 17.5% and more than 4 times for 1.3% of the attendants.

Table 3. The score results of attendants related to the pain situations

Items	0min	0	1	2	3	4	5	6	7	8	9	10	100min
For how many minutes can you sit without pain?		2.5%	5.0%	4.4%	6%	8.1%	5.0%	9.4%	8.1%	8.1%	48.8%	0%	
	Pain exists	0	1	2	3	4	5	6	7	8	9	10	Doesn't exist
Do you have pain when you lead downstairs normally?		5.0%	3.1%	2.5%	3.8%	7.5%	15.6%	10.0%	15%	5%	6.3%	26.3%	
	Pain exists	0	1	2	3	4	5	6	7	8	9	10	Doesn't exist
Do you have pain due to a burden when the knee joints are not fully active?		11.9%	5.6%	6.9%	14.4%	18.8%	8.8%	4.4%	5.6%	6%	23.1%	0%	
	Pain exists	0	1	2	3	4	5	6	7	8	9	10	Doesn't exist
Do you have pain when you spurt with the burden?		16.9%	16.9%	10%	7.5%	2.5%	4.4%	3.1%	4.4%	6.3%	2.5%	25.6%	
	Yes	0	1	2	3	4	5	6	7	8	9	10	No
Do you have any problem with crouching?		8.1%	2.5%	3.1%	6%	4.4%	14.4%	2.5%	3.1%	8.2%	4.4%	43%	
	Pain exists	0	1	2	3	4	5	6	7	8	9	10	Doesn't exist
Do you have pain during the act of jumping, or just after the act or when you perform 10 single leg exercise?		15.6%	10.5%	11%	15.5%	6.9%	6.9%	12.9%	2.5%	3.8%	1.9%	12.5%	

According to the table above the researcher could say that, some of the attendants got near 10 as the score within the evaluation above regarded to pain situation. It means that most of the attendants did not Have a problem with pain. On the other hand some of the attendants more close to 0 as the score within the Evaluation above related to pain situation. Thus, the attendants have a problem with pain. Therefore the researcher could say that there is a relations between pain and attendants.



Table 4. Frequency and percentage distributions related to the question “are you performing any sport or physical activities currently?”

Item		Frequency	Column N %
Are you performing any sport or physical activity currently?	I'm doing nothing	66	41.25%
	Modified training ± modified competition	55	34.37%
	Full training ± but is not at the same level as before due to the pain	29	18.12%
	I did at the same or higher levels after the symptoms occurred	10	6.25%

41.25% of the attendants are not performing any kind of sport activities currently. 34.37% are doing modified training/modified competition, 18.12% are continuing full trainings but these are not at the same level as before the pains and other 6.25% started to train at higher levels than before after seeing some symptoms.

Table 5. Frequency and percentage distributions related to the relation between pain and exercise

Item		N	N %
How long you perform exercises when you go to the gym if you don't have pain?	I do not	3	1.9%
	1-5 min	15	9.4%
	6-10 min	35	21.9%
	7-15 min	25	15.6%
	More than 15 min	82	51.3%
How long you perform exercises when you go to the gym if you have a pain but this doesn't prevent you from completing you training?	I do not	1	.6%
	1-5 min	11	6.9%
	6-10 min	23	14.4%
	7-15 min	72	45.0%
	More than 15 min	53	33.1%
Which movements make you stop exercising and how long you perform exercises if you have pain?	I do not	38	23.75%
	1-5 min	39	24.37%
	6-10 min	29	18.13%
	7-15 min	23	14.37%
	More than 15 min	31	19.38%

The proportion of attendants who do not exercise at the gym without any pain is 1.9%, 9.4% of the attendants exercise for 1-5 min, 21.9% for 6-10, 15.6% for 7-15 and the other 51.3% for more than 15 minutes. When the attendants have a dull pain in the beginning but this pain does not prevent them from completing the training, 0.6% of the attendants do not perform any kind of exercises while 6.9% exercise for 1-5 min, 14.4% for 6-10 min, 45% for 7-15 and 33.1% for more than 15 min. The percentage of the attendants who stop exercising due to pains is 23.75% while 24.37% work for 1-5 minutes, 18.13% for 6-10, 14.37% for 7-15 and 19.38% for more than 15 minutes.

Table 6. Kruskal Wallis –H test related to the age variable and pain situation of attendants

TABLE 11: AGE X PAIN		Chi-square	df	Asymp. Sig.
	For how many minutes can you sit without pain?	3.672	1	.055
	Do you have pain when you lead downstairs normally?	.235	2	.088
	Do you have pain due to a burden when the knee joints are not fully active?	.308	1	1.040
	Do you have pain when you spurt with the burden?	1.086	2	.581
	Do you have a problem with crouching?	1.384	2	.501
	Do you have pain during the act of jumping or just after the act or when you perform 10 single leg exercise?	3.955	2	.013*

H1: There is not a difference in pain situations based on age groups.

When the pain situation based on age groups are examined, it seen that some of the questions are Asymp.sig value are less than 0.05 which means that the null

hypothesis appears are false, so the researcher could concluded that the Question (Q6) is significantly different. On the other hand, some of the the Questions are bigger than 0.05 as have shown from the table above, the researcher concluded that the null hypothesis appear true, thus, Questions (Q1,Q2,Q3,Q4,Q5) are not significantly different. In conclusion the researcher can say that there is difference seen in pain situations of sportmen in some questions based on age group.

Table 7. Kruskal Wallis –H test related to body-mass index and pain situation of attendants

TABLE 12: BMI X PAIN		Chi-square	df	Asymp. Sig.
	For how many minutes can you sit without pain?	3.842	1	.050
	Do you have pain when you lead downstairs normally?	.748	2	0.688
	Do you have pain due to a burden when the knee joints are not fully active?	.175	1	0.676
	Do you have pain when you spurt with the burden?	3.445	2	.0179*
	Do you have a problem with crouching?	.210	2	0.090
	Do you have pain during the act of jumping or just after the act or when you perform 10 single leg exercise?	1.941	2	.0379*

H2: There is not a difference in pain situations based on body-mass index.

According to the body mass index when the pain situation is examined, the researcher is seen that most of the sig are less than 0.05, therefore, the null hypothesis rejects based on those questions output. On the other hand, some of the sig bigger than 0.05 which means that the results are accepted for those null hypothesis related to the questions. In conclusion, the researcher can say that there is a different in pain situations of sportmen based on body-mass index in some questions. (Q4 , Q6).

Table 8. Jonckheere- Terpstra Testa test related to the duration of trainings and pain situations of attendants

Items	Number of Levels in Duration (hour):	N	Observed J-T Statistic	Mean J-T Statistic	Std. Deviation of J-T Statistic	Std. J-T Statistic	Asymp. Sig. (2-tailed)
For how many minutes can you sit without pain?	6	160	3465.000	2896.500	258.092	2.203	.028*
Do you have pain when you lead downstairs normally?	6	160	3158.500	658053.000	271.141	.966	.334
Do you have pain due to a burden when the knee joints are not fully active?	6	160	3144.500	2896.500	271.455	.914	.036*
Do you have pain when you spurt with the burden?	6	160	3324.500	2896.500	270.996	1.579	.011*
Do you have a problem with crouching?	6	160	2982.000	2896.500	260.318	.328	.743
Do you have pain during the act of jumping or just after the act or when you perform 10 single leg exercise?	6	160	3575.000	2896.500	273.030	.743	.013*

H3: There is not a difference in pain situations based on duration of trainings.

When the pain situation is tested Based on the duration of the training, the output had showed thatmost of the Asymp sig are lower than 0.05, Therefore, the researcher is concluded that null hypothesis are rejected for thus questions. It showed that duration has effects on the questions, It makes significant difference for the rest. In contrast, some other questions Asymp sig are bigger than 0.05 that can concluded that all null hypothesis are not accepted and the researcher could indicated that the duration has effects on the questions (Q1, Q3, Q4, Q6).



Table 9. Jonchheere-terpstra testa test related to the frequency of trainings and pain situations of attendants

Items	Number of Levels in Frequency(weekly)	N	Observed J-T Statistic	Mean J-T Statistic	Std. Deviation of J-T Statistic	Std. J-T Statistic	Asymp. Sig. (2-tailed)
For how many minutes can you sit without pain?	6	160	3560.000	4442.500	298.961	-2.952	.000*
Do you have pain when you lead downstairs normally?	6	160	5111.000	4442.500	314.102	2.128	.003*
Do you have pain due to a burden when the knee joints are not fully active?	6	160	5342.500	4442.500	314.464	2.862	.004*
Do you have pain when you spurt with the burden?	6	160	6568.000	4442.500	313.932	6.771	.000*
Do you have a problem with crouching?	6	160	4726.000	4442.500	301.542	.940	.347
Do you have pain during the act of jumping or just after the act or when you perform 10 single leg exercise?	6	160	5590.000	4442.500	316.300	3.628	.000*

H4: There is not a difference in pain situations based on the frequency of trainings.

When the pain situation is tested based on the frequency of trainings, the output had showed that most of the Asymp sig are lower than 0.05, Therefore, the researcher is concluded that null hypothesis are rejected for thus questions. It showed that duration has not effects on those questions; It makes a significant difference for the rest. In contrast, some other questions Asymp sig are bigger than 0.05 that can concluded that all null hypothesis are not accepted and the researcher could indicated that the duration has effects on the questions (Q1, Q2, Q3, Q4, Q5).

Table 10. Regression analysis related to BMI of attendants

Dependent Variable	Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.	R Square
			B	Std. Error	Beta			
For how many minutes can you sit without pain?	1	Body mass index	6.697	.535	.348	12.512	.000*	.571
Do you have pain when you lead downstairs normally?	1	Body mass index	.301	.087	.307	3.468	.001*	.531
Do you have pain due to a burden when the knee joints are not fully active?	1	Body mass index	-.204	.082	-.228	-2.482	.014*	.591
Do you have pain when you spurt with the burden?	1	Body mass index	-.183	.063	-.252	-2.895	.004*	.663
Do you have a problem with crouching?	1	Body mass index	.295	.070	.348	4.233	.000*	.531
Do you have pain during the act of jumping or just after the act or when you perform 10 single leg exercise?	1	Body mass index	-.217	.070	-.283	-3.081	.002*	.571

H5: There is not a difference in pain situations based on body-mass index.

To analyse body mass index and pain are considered together and subjected to regression and the output of the test were obtained are listed below:

- A one - unit decreased in body-mass index output in a 0.348 - unit decrease in the variable" how many minutes cab you sit without pain?"
- A one - unit decreased in body-mass index output in a 0.307 - unit decrease in the variable" Do you have pain when you lead downstairs normally?"
- A one - unit decreased in body-mass index output in a -0.228 - unit decrease in the variable" Do you have pain due to a burden when the knee joints are not fully active?".
- A one - unit decreased in body-mass index output in a -0.252 - unit decrease in the variable" Do you have pain when you spurt with the burden?".
- A one - unit increased in body-mass index output in a 0.348 - unit increase in the variable " Do you have a problem with crouching?".
- A one - unit decreased in body-mass index output in a -0.283 - unit decrease in the variable" Do you have pain during the act of the jumping or just after the act or when you perform 10 single leg exercise?".

Table 11. Anova test related to the relationship between pain situation and motivation of attendants

Items		Sum of Squares	df	Mean Square	F	Sig.
Are you performing any sport or physical activity currently?	Between Groups	382.928	4	95.732	10.247	.000*
	Within Groups	1448.047	155	9.342		
	Total	1830.975	159			
How long you perform exercises when you go to the gym if you don't have pain?	Between Groups	1435.452	4	358.863	5.112	.001*
	Within Groups	10882.048	155	70.207		
	Total	12317.500	159			
How long you perform exercises when you go to the gym if you have a pain but this doesn't prevent you from completing your training?	Between Groups	442.316	4	110.579	2.301	.061
	Within Groups	7450.428	155	48.067		
	Total	7892.744	159			
Which movements make you stop exercising and how long you perform exercises if you have pain?	Between Groups	245.943	4	61.486	.467	.760
	Within Groups	20273.642	154	131.647		
	Total	20519.585	158			

H6: There is not a difference in motivation for performing a sport activity in a pain situation based on age groups.

Based on the age group, the researcher has examined the motivation for performing a sport activities in the pain situation. The results were showed that most

of the output of Sig value were lower than 0.05 therefore, this results rejected hypothesis for two questions. Thus, the researcher indicated that there is difference in the motivation of sportmen for performing a sport activity in the pain situation based on the age groups. In contrast, some of the questions were bigger than 0.05 which means that null hypothesis were accepted, therefore the researcher had indicated that in some questions there is no significant difference in the motivation of sportmen for performing a sport activity in a pain situation based on age groups.



Table 12. T-Test related to the position of the player and the relationship between pain and motivation

Items		Levene's Test for Equality of Variances		t-test for Equality of Means				
		F	Sig.	T	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference
Are you performing any sport or physical activity currently?	Equal variances assumed	.230	.632	1.418	158	.158	1.26389	.89143
	Equal variances not assumed			1.541	19.345	.139	1.26389	.82010
How long you perform exercises when you go to the gym if you don't have pain?	Equal variances assumed	.532	.467	.239	158	.812	.55556	2.32634
	Equal variances not assumed			.258	19.261	.799	.55556	2.15619
How long you perform exercises when you go to the gym if you have a pain but this doesn't prevent you from completing you training?	Equal variances assumed	.753	.387	1.119	158	.265	2.07639	1.85519
	Equal variances not assumed			1.071	18.115	.298	2.07639	1.93939
Which movements make you stop exercising and how long you perform exercises if you have pain?	Equal variances assumed	.355	.552	.843	157	.400	2.53584	3.00693
	Equal variances not assumed			.773	17.811	.450	2.53584	3.27948

H7: There is not a difference in motivation for performing a sport activity in a pain situation based on the position in the pitch.

Based on the age group, the researcher has examined the motivation for performing a sport activities in the pain situation. The results were showed that all of the output of Sig value were bigger than 0.05 therefore, this results accepted hypothesis from most of these questions. Thus, the researcher indicated that there is difference in the motivation of sportmen for performing a sport activity in the pain situation based on the age groups.



Table 13. Anova test related to the frequency of trainings and pain-motivation situations of attendants

		Sum of Squares	df	Mean Square	F	Sig.
Are you performing any sport or physical activity currently?	Between Groups	353.904	5	70.781	7.380	.000*
	Within Groups	1477.071	154	9.591		
	Total	1830.975	159			
How long you perform exercises when you go to the gym if you don't have pain?	Between Groups	1486.338	5	297.268	4.227	.001*
	Within Groups	10831.162	154	70.332		
	Total	12317.500	159			
How long you perform exercises when you go to the gym if you have a pain but this doesn't prevent you from completing your training?	Between Groups	499.304	5	99.861	2.080	.071
	Within Groups	7393.440	154	48.009		
	Total	7892.744	159			
Which movements make you stop exercising and how long you perform exercises if you have pain?	Between Groups	871.009	5	174.202	1.356	.024*
	Within Groups	19648.576	153	128.422		
	Total	20519.585	158			

H8: There is not a difference in motivation for performing a sport activity in a pain situation based on the frequency of trainings.

When the researcher is examined the motivation for performing a sport activity in pain situation based on the frequency of training, the results were showed that all the Sig value were lower than 0.05. Therefore, the results rejects null hypothesis related to the provided questions (Q1, Q2, Q4). Thus, the researcher could concluded that there is difference in the motivation of sportmen for performing a sport activity in a pain situation based on the frequency of.



6. DISCUSSION

Recently, there has been a significant increase in the number of injuries related to involuntary exercises and especially overuse. The symptoms of injuries related to overuse come out gradually. When the burden on the organism exceeds the physiological limits, the tissue gets damaged and a pain and inflammation occurs following this damage. It is seen that the person has to stop training or his/her performance dramatically decreases due to the pain (10). In this study, it is aimed to research on to some extent pain situations caused by different factors affect motivation of football players playing for different leagues. In order to achieve this aim, some questions were tried to be answered (14).

The discussion in this part of the study is based on the fulfilled objectives specified in the first chapter of this thesis and how it addresses the research questions provided by the research. The objective of this study was (The relation between Pain and Motivation by some demographic characteristics of Football Players).

The first objective of the research was the relationship between pain and motivation. Based on the finding motivation is defined as the unity of limited factors, the factors are internal and external with mechanism that lead to organize to complete the activities. To having a good motivation to fulfill it is the key element of any type of sports and its the key factors that affects participants of athletes in certain sports. This research aimed to find out the effects of pain on motivation and attempt to find the factors cases the pain and how to reduce the pain and those factors that decrease participants motivation.

To achieve the objectives the researcher is adopted methodology. The data analysis techniques are used to perform the research. In order to achieve the presented objective its important to to collect, analyses and interpret the collected data. Quantitative research methodology is used to attain the data related to the (The relation between Pain and Motivation by some demographic characteristics of Football Players). Several questions have been used to guide the researcher on relationship between motivation and pain to collect the data in order to achieve the goal of the study.

7. CONCLUSION AND RECOMMENDATION

According on the results from the study, there is a significant relationship between pain and motivation, the researcher can say that its related with the body condition of the participants that the issues of participants pain to motivate them to do activities. Therefore, when the participants have pain it demotivate them to decrease the activities. It can be concluded that pain has a significant influence on participants motivation to do activities. As a result of the statistics, variables such as age, body mass index, training frequency and duration were found to be different in participants' pain situations.

A qualitative approach may be used to carry out this study in order to ascertain the generally of its findings on a wider scale beyond the presents results, which is in this case was (The relation between Pain and Motivation by some demographic characteristics of Football Players). Furthermore, the research may be extended to involve more participants as this research was limited to only 160 participants of the (Elaziğ Province). It is possible to take necessary precautions after determining the pain situations of footballers and to raise awareness to determine the educational elements.

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