

Self-care and Self-Compassion in University Student Athletes

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ABSTRACT

Background: Student athletes (SA) face unique challenges in balancing academic and athletic demands, frequently impacting well-being. This study aimed to measure levels of self-care and self-compassion in SA in one university in Munster, Ireland and also aimed to investigate the relationship between these and identify some ways that universities could support SA in strengthening self-care and self-compassion behaviours.

Methods: A cross-sectional survey was used, employing shortened forms of the Mindful Self-Care Scale and the Self-Compassion Scale, as well as demographic questions. One multiple-option question asked participants to identify potential supports. Data were analysed using descriptive and inferential statistics.

Results: Fifty-six responses were received. Most participants had below mean self-care and moderate self-compassion. Self-care and self-compassion were moderately positively correlated. SA who trained most frequently had lowest self-compassion. SA want tailored support with self-care and self-compassion. Support and education are needed to enable SA to develop positive self-caring and self-compassionate behaviours.

Conclusion: Although it is not possible to draw causal relationships, results suggest that more self-compassionate SA are more self-caring. Support, advocacy and education is needed to enable SA to maintain and develop positive self-caring and self-compassionate behaviours.

Keywords: mental health, well-being, quantitative, occupational therapy, support.

INTRODUCTION

Student-athletes (SA) are defined as students in full-time third-level education who compete at an elite (national or international) level in sport (Aquilina, 2013). For this study, SA are full-time university students involved in regular training and competition at a national level or higher. SA are a unique cohort as they often experience a range of stressors in their lives due to the pressure of balancing both academic and athletic demands, which can result in reduced overall well-being (Chang et al., 2019; Warehime, Dinkel, Bjornsen-Ramig & Blount, 2017). The well-being of SA has attracted great attention in sport and health literature internationally, with researchers finding that one in three SA have reported developing adverse mental health (MH) symptoms (Reardon et al., 2019). Caulfield, Lee and Baird (2022) argue that the well-being and dignity of SA should be prioritised in university athletics and sport. Previous

studies have shown that increased support for SA, including provision of academic tutoring, clear communication with coaches and lecturers, financial support and having a key support worker, ultimately results in more positive academic performance and increased student retention (Brecht, 2014).

Well-being is a positive state experienced by individuals and societies (World Health Organisation, 2021). Self-care incorporates the use of skills and knowledge to promote and maintain well-being through engagement in activities of daily living (Martínez, Connelly, Pérez & Calero, 2021) and is a concept that is being explored at increased rates and within diverse populations and contexts (Garcia et al., 2022). Self-compassion encompasses allowing kindness and understanding to ourselves when experiencing hard times or feelings of inadequacy; it too is a topic which is being explored in research and literature at an exponentially increasing

rate (Kotera, Green & Sheffield, 2019; Neff, 2023). Self-compassion in particular, when applied to athletes, has been said to have an important influence on subjective well-being (Mosewich, 2011, as cited in Jeon, Lee & Kwon, 2016). SA with high self-compassion have reported higher senses of well-being and more objective, balanced general viewpoints with greater mindfulness (Jeon et al., 2016). A study of 569 adults in the United Kingdom showed self-care and self-compassion as vital for positive MH and well-being (Zhang, Roscoe & Pringle, 2023). Further, SA worldwide are reported to have reduced self-care behaviours and a lack of self-compassion, contributing to higher rates of MH disorders (Stamatis et al., 2020). The high prevalence of MH disorders amongst SA internationally (Reardon, 2019), as well as the individual and societal costs of mental illness (Central Statistics Office, 2021), make understanding SA well-being paramount for universities, sports administrators and sporting organisations (Morris et al., 2020).

Little is known about SA self-care or self-compassion in universities, or how it can be supported. The purpose of this research was to explore current levels of self-care and self-compassion amongst university SA and gain an understanding of how SA can be supported to develop and maintain healthy levels of self-care and self-compassion.

A literature review was conducted with the aim of critically exploring and appraising the current research on SA self-care and self-compassion. The most prominent themes identified in the current literature were mental health, support, time management and stress.

MENTAL HEALTH

Mental health (MH) was the primary theme identified throughout the literature on SA and well-being. Research has identified that SA face extra demands and unique challenges compared to non-athlete students such as overtraining, highly regimented schedules, status, risk of injury, competitiveness, career termination, low self-compassion, body dissatisfaction, disordered eating, performance expectations and pressure from coaches (Chan & Lee, 2021; Gomez, Bradley & Conway, 2018; Hilliard, Watson II & Zizzi, 2020; Morris et al., 2020; Jones & Petrie, 2023). SA are at increased risk of developing MH symptoms and disorders and the cohort displays reduced overall well-being when compared with non-SA (Morris et al., 2020; Warehime et al., 2017). This puts them

at risk psychologically, physically and intellectually in ways that undermine development and flourishing (Caulfield et al., 2022). Drew and Matthews (2019) conducted a study of SA (n=185) in Ireland, finding that 31% reported feelings of anxiety, depression and poor MH. Similarly, Morris et al. (2020) conducted a study with SA (n=109) in a mid-sized university in the United States of America (USA), of which 24% reported clinically low mood. The National Collegiate Athletics Association (NCAA) measured the MH symptoms of 682 SA and found that 66% reported stress and anxiety (Bullard, 2020; Wang et al., 2020). A nine-year NCAA study identified suicide as the fourth leading cause of death amongst American SA (Rao, Asif, Drezner, Toresdahl & Harmon, 2015). The high strain on SA MH reported in the current literature is not surprising when their busy lifestyle is considered, whereby self-care behaviours can be less of a priority in comparison to competition (Miller & France, 2020). In a German study of 866 SA, participants spent an average of 3 (and up to 4) hours per day doing athletic training (Brand, Wolff & Hoyer, 2013). A New Zealand study found that SA were physically active for an average of four hours and 42 minutes per day on top of their scheduled training times; the study measured SA heart rate, step count, distance covered and calories burnt daily using an activity monitor (Driller, Dixon & Clark, 2017). This increases the likelihood of social isolation, relationship issues, decreased emotional well-being and lack of sleep (Chan & Lee, 2021). Practising self-care and self-compassion, along with access to positive professional and social support systems, has been shown to support SA to maintain their MH, fostering psychological resilience, coping and overall well-being (Hussain, Wang & Li, 2023). Ongoing attention to MH is recommended as a critical consideration for SA well-being, including increased awareness, opportunities for further discussion and more effective treatment plans (Edwards & Froehle, 2021).

STRESS

The literature surrounding stress and SA highlights that they experience multiple stressors as they not only have to perform well academically, but they must also compete at a high standard in their chosen sport as they may have to retain scholarships and win competitions (Chan & Lee, 2021; Drew & Matthews, 2019; Gomez et al., 2018; Miller & France, 2020). Stress from academia, overtraining, expectations from friends and family, pressure from

coaches, athletic identity, juggling busy schedules and social and financial expectations (Drew & Matthews, 2019) can cause SA to experience role conflict due to differing responsibilities associated with being students and athletes (Hilliard et al., 2020). In particular, turning points in the lives of SA such as injury, retirement and graduation can cause significant crises of identity (Aqualina, 2013). Lack of lifestyle balance in SA can negatively affect the relationship between athletic participation and academic performance, and result in negative consequences such as lack of student or athletic role experimentation and delayed identity development (Warehime et al., 2017). SA may need increased support to stimulate the development of a harmonious identity (Quinaud, Possamai, Gonçalves & Carvalho, 2023).

Some SA feel physical activity can help buffer their stress levels (Chan & Lee, 2021). Taking part in sports can promote positive psychological behaviours such as self-confidence, positive self-image and social support, which in turn may help individuals effectively manage stress (Weber, Winkelmann, Monsma, Arent & Torres-McGehee, 2023). Nonetheless, it is widely accepted that being a SA is very stressful at times (Gomez et al., 2018; Hagum, Tonnessen & Shalfami, 2022). It should also be considered that SA are constantly surrounded by competitive environments with a focus on 'winning' or 'losing', which may exacerbate stress (Tingaz & Çakmak, 2021).

TIME MANAGEMENT AND PRIORITISATION

Time management and prioritisation appears to be a challenge that is commonly faced by SA due to their extremely busy schedules, as they struggle to achieve lifestyle balance (Gomez et al., 2018). Requirements placed on SA to achieve excellence in sport can leave very little time to focus on other aspects of life; dedicating so much time to sport can often lead to academic neglect and compromised academic success (Aquilina, 2013). Gomez and colleagues (2018) assert that SA need adequate time and flexibility to engage in both areas, as they can struggle cope with their demands and find balance. Cosh and Tully (2013) suggest that SA ability to prioritise time was more of an issue than a lack thereof and interestingly, that there seems to be a disparity in SA expectations for their academic and athletic performance, due to significant pressures that can

be placed on SA to excel in sport. SA need more time and flexibility as they can struggle to balance and cope with athletic and academic demands (Sallen, Wendeborn & Gerlach, 2023). Gomez and colleagues (2018) assert that time management, stress and academic success are closely linked and suggest that SA should receive professional help and education on how to manage their time effectively.

EXTERNAL FACTORS THAT SUPPORT SA

Regular support and monitoring of training loads can help to preserve physical and psychological development and ensure positive performance development amongst SA (Hagum et al., 2022). The presence of positive social support can positively affect self-compassionate attitudes in athletes, which is important to note because high levels of self-compassion result in greater life satisfaction (Jeon et al., 2016). In addition, involvement in campus life and associations with faculty and peers has been shown to enhance SA university experiences and positively influence performance in both academics and athletics (Kamusoko & Pemberton, 2013).

Attitudes also play a critical role in help-seeking behaviour (Drew & Matthews, 2019). SA are less likely to seek professional help than non-athletes, perhaps due to culture, which has been shown to influence SA perceptions of sporting and academic success (Chan & Lee, 2021). Not recognising the need for help-seeking was frequent in a study carried out on 328 SA from three USA universities (Hilliard et al., 2020). A USA study of 109 SA found that despite the benefits and need for support services, SA can be sceptical of seeking these to avoid showing weakness or being stigmatised by their peers, teammates, coaches or fans (Morris et al., 2020). Drew and Matthews (2019) report that students who did not seek professional help when needed reported higher levels of depression and anxiety. Hence, stigma seems to be a significant barrier to help seeking for SA.

A cohort who can have an instrumental role in signposting to supports and addressing help-seeking are coaches. Coaches support SA to have higher self-compassion when a supportive environment is provided (Gano-Overway & Peterson, 2023). Morris and colleagues (2020) suggest that they should be trained in recognising MH symptoms to identify students who could benefit from services. Regular support and monitoring of SA well-being is needed and can preserve physical and MH while facilitating positive performance development (Hagum et al., 2022).

In summary, there is limited research on SA well-being and even less is known about self-care and self-compassion in SA. Thus, the aims of this study were to measure levels of self-care and self-compassion in SA, investigate the relationship between these and identify potential means to support SA in managing self-caring and self-compassionate behaviours.

METHODS

RECRUITMENT

SA were defined as any full-time student attending a selected mid-sized Irish university ($N=24,195$, $N(SA)=200$), over the age of 18 years and competing in sport at a national level or higher. Ethical approval to complete this study was obtained in December 2022 (log number CT-SREC-2022 (26)). A sample of participants was recruited via a gatekeeper, the Performance Manager at the Department of Sport and Physical Activity at the selected university. To the researchers' knowledge, no database (potential sampling frame) currently exists for the target population in Ireland. Convenience sampling was employed for this reason and also as cultural differences in experiences and provisions for university SA vary significantly internationally (Caulfield et al., 2022). Furthermore, this study was an undergraduate research project and was not funded; therefore, a pragmatic approach to recruitment was necessary.

INSTRUMENTS

A cross-sectional online survey method was employed. The survey was administered in February 2023 and hosted on Microsoft Forms (Microsoft Corporation, 2021).

Demographic data were gathered by closed response items. Fifty-six participants were recruited. The majority were male (80%, $n=45$), in an undergraduate degree course (87.5%, $n=49$) and living in their family home (64.2%, $n=36$). See Table I for further sample characteristics.

The Mindful Self-Care Scale Brief (MSCS) (Cook-Cottone, 2015) and the Self-Compassion Scale Short-Form (SCS) (Raes, Pommier, Neff & van Gucht, 2011) were used. These scales are answered based on respondents' current behaviours of self-care and self-compassion using a Likert scale. There are five options on the rating scale for both questionnaires; one indicates never while five indicates always or regularly, thus higher ratings

represent higher levels of self-care and self-compassion. Each scale is measured as one total score and six subscales can also be calculated for both questionnaires. For this study, the total MSCS score, the six MSCS subscales and the SCS total score were analysed. Both instruments have been shown to have excellent reliability and validity (Hotchkiss & Cook-Cottone, 2019; Neff, 2023). This was evaluated further in the present study. Cronbach's alphas of .763 and .859 were generated for the MSCS and SCS respectively, demonstrating high levels of internal consistency for both scales. MSCS scores were interpreted in the context of being above or below the sample mean. SCS scores were classed in terms of low, moderate or high self-compassion using author recommended cut-offs (mean could range from one to five, so self-compassion cut-offs were: low 0-2.49, moderate 2.5-3.5, high 3.51-5).

SA were asked what would be beneficial to support them in fostering positive self-care and self-compassion. This was an open-response, multiple choice question developed by the researchers, informed by the current literature.

DATA ANALYSIS

Data were downloaded to Microsoft Excel (Microsoft Corporation, 2021) and then entered into the Statistical Package for Social Sciences (SPSS) Version 28 for analysis (International Business Machines Corporation, 2022). Data were cleaned. Reverse-scored items and non-numeric values were recoded and user-missing values were replaced using a mean series method. Descriptive and inferential statistics were used to analyse the data. Data are reported as mean $\pm$ standard deviation unless otherwise stated. Data were normally distributed, as assessed by Shapiro-Wilk's test ($p>.05$) and visual inspection of bar charts. There were no outliers in the data, as assessed by inspection of a boxplot and Mahalanobis distance ($p>.0001$). A Pearson's product-moment correlation was run to assess the relationship between MSCS and SCS. An independent samples t-test was conducted to investigate the effects of gender on overall MSCS and SCS scores. A series of multivariate analysis of variance (MANOVA) tests were run to determine whether MSCS and SCS total scores differed by independent variables (course of study, accommodation, hours of lectures per week, number of training sessions per week).

RESULTS

Table 1. Sample Characteristics (n=56)

Baseline Characteristic	n	%
Gender		
Male	45	80.4
Female	11	19.6
Level of Study		
Higher certificate (level 6)	1	1.79
Ordinary degree (level 7)	3	5.36
Honours degree (level 8)	49	87.5
Masters (level 9)	2	3.57
PhD (level 10)	1	1.79
University Hours		
Less than 5 per week	2	3.57
5–10 per week	7	12.5
11–15 per week	24	42.85
16–20 per week	12	21.43
21–25 per week	8	14.29
More than 25 per week	3	5.36
Training Hours		
1–2 days per week	3	5.36
3–4 days per week	20	35.71
5–6 days per week	24	42.85
Every day	5	8.93
More than once per day	4	7.14
Accommodation		
Student	8	14.29
Privately rented	12	21.42
Family home	36	64.29
Hours of Paid Employment		
5–9 per week	9	16.07
10–14 per week	9	16.07
15–19 per week	8	14.29
20 per week	10	17.86
I do not work	20	35.71
Number of Competitions		
Less than 5 per year	21	37.5
5–7 per year	17	30.36
8–10 per year	8	14.29
11–15 per year	3	5.35
15 or more	7	12.5

The mean total score for MSCS was 3.13 (SD $\pm$.37) and for SCS was 2.93 (SD $\pm$.68). Table II shows the total means of both scales, including

MSCS subscales. Most participants had self-care scores that were below the sample mean and most had moderate self-compassion.

Table 2. Descriptive Statistics for MSCS and SCS Total Scores

Scales (and sub-scales)	n	Mean	Std. Deviation
MSCS Total	56	3.13	.37
Mindful relaxation	56	2.12	.53
Self-compassion & purpose	56	2.50	.75
Supportive relationships	56	3.98	.78
Supportive structure	56	3.47	.68
Physical care	56	3.48	.45
Mindful awareness	56	3.17	.75
SCS Total	56	2.93	.68

There was a statistically significant moderately positive correlation between overall scores on MSCS and SCS, with SCS explaining 13% of the variation in MSCS (see Table III).

Table 3. Pearson Correlation Test Between MSCS and SCS Total Scores

Measure	SCS Totals	MSCS Totals
SCS Totals		
Pearson Correlation	1	.362**
Sig. (2-tailed)	-	.006
N	56	56
MSCS Totals		
Pearson Correlation	.362**	1
Sig. (2-tailed)	.006	-
N	56	56

**correlation is significant at the 0.01 level (2-tailed).

There was no statistically significant difference in overall scores in any independent variable except for training hours. A one-way MANOVA test for number of training hours per week and the dependent variables (MSCS and SCS total scores) proved statistically significant, $F(4, 51) = 3.888, p < .05$; Roy's largest root = .305; partial $\eta^2 = .234$. Follow-up univariate ANOVAs revealed a statistically significant difference only in SCS total scores of SA who trained for sport more or less frequently ($F(4, 51) = 2.883, p < .05$; partial $\eta^2 = .184$), using a Bonferroni adjusted α level of .025. Tukey post-hoc tests showed that for SCS scores, SA who trained

more than once per day had statistically significantly lower mean SCS scores than those who trained just 1–2 times per week ($p = .008$).

Participants were asked to select as many of the support options as they felt would be useful to them in the management of their self-care and self-compassion (table 4). Some participants selected the 'other' option (7.14%), where they suggested supports such as understanding from family and friends, a holistic approach to working with SA, wellness coaching, stress management, positive coping skills and facilitating a focus on meaningful activity.

Table 4. Participant Response Frequencies for Survey Question on Support

Supports	n	%
Support and understanding from the university (e.g. extensions, exemptions)	30	53.6
Support and understanding from athletic coaches	23	41.1
Counselling services especially for SA	22	39.3
Someone to work exclusively on time management with you	18	32.1
Counselling services that anyone can use	12	21.4
None of these would benefit me	9	16.1
Other	4	7.1

DISCUSSION

The first aim of this study was to measure self-care and self-compassion in this sample of university SA. Results showed that most SA had below average self-care and moderate self-compassion. Previous research on SA has drawn similar findings, where SA demonstrated below average self-care and/or self-compassion (Jeon et al., 2016; Stamatidis et al., 2021; Tingaz & Çakmak, 2021). Self-care and self-compassion have been noted as important in the context of well-being, especially for athletes (Jeon et al., 2016) and university students (Viskovich & De George-Walker, 2019). Existing research has presented that self-care and self-compassion are often used frequently as reactive coping strategies rather than consistent preventative strategies (Andrews, Tierney & Seers, 2020). This is a concern as SA are a cohort who experience additional stressors and are already significantly at risk of poor MH (Warehime et al., 2017); thus, lacking essential self-caring and self-compassionate behaviours may put these groups further at risk.

Mindful self-care and self-compassion were significantly positively correlated. This is not surprising as they have been correlated in a number of other studies, showing self-compassion to be a predictor of self-care (Miller & France, 2020; Garcia et al., 2022) and establishing definitive causal relationships between self-compassion and self-care (Zessin, Dickhäuser & Garbade, 2015). This suggests that SA can first take steps toward developing self-compassionate attitudes in order to enhance self-care.

In statistics, effect sizes are classed as small ($\eta^2 < .01$), medium ($.02 < \eta^2 < .06$) or large ($\eta^2 > .06$) (Cohen, 2013). Effect sizes in this study were medium for accommodation and large for all other variables, most notably training hours (partial $\eta^2 = .234$).

This means that each of the independent variables affect the dependent variables (MSCS and SCS scores) a large amount; in other words, they have an impact on SA self-care and self-compassion. The significance of these large effect sizes can especially be seen when compared with other studies; Tingaz & Çakmak (2021) investigated self-compassion and mindfulness in SA and found that the effect of non-judgement was statistically significant, where $\eta^2 = .067$. Similarly, Wang et al. (2020) explored the impact of COVID-19 on university student mental health and found that this was influenced by gender ($\eta^2 = .05$) and classification ($\eta^2 = .02$). Comparing with results from other studies further emphasises the magnitude of effect sizes in the present study and thereby highlights their clinical and practical significance. The magnitude of effect sizes in this study make the results more robust, holding significant impact and with strong generalisability to the wider SA population.

Gender differences in overall scale scores were not observed. This is not in line with most literature, as female SA are often reported to have poorer self-care and self-compassion behaviours (Kamusoko & Pemberton, 2013; Edwards & Froehle, 2021; Hagum et al., 2022). A potential reason for this result may be the small sample size, with a considerably higher number of male participants. Therefore, further research is required in this area to investigate the effects of SA gender identity on self-care and self-compassion.

Overtraining amongst SA is a recognised stressor and can result in poorer physical and MH outcomes (Hagum et al., 2022). In the current study, SA who trained higher numbers of hours per week for sport demonstrated lower levels of self-compassion. This result is consistent with other research where overtraining in SA has been linked to poor

MH (Drew & Matthews, 2019; Hilliard et al., 2020). The consequences of such overtraining typically present a combination of adverse physiological and psychological factors, with increased fatigue and decreased performance; it can even cause SA to discontinue participation altogether in a sport which was previously enjoyable (Xanthopoulos, Benton, Lewis, Case & Master, 2020). Furthermore, it has been described that poorer self-compassion behaviours can also lead to poorer MH amongst SA (Stamatis et al., 2020). Support can be lacking for SA with these issues which puts SA at risk of negative outcomes; this reinforces the need to provide tailored support in this area and prioritise SA MH and well-being.

The final aim of this research was to identify external factors that support SA with the myriad of challenges they face. A significant portion of SA wanted increased support from athletic coaches. This is a strong theme in literature also, with SA feeling pressured to prioritise sport and expressing a desire for coaches to support them as students and not solely in their athletic endeavours (Cosh & Tully, 2013; Kamusoko & Pemberton, 2013). Coaches have been named as instrumental for SA development, playing key roles in help-seeking and combatting stigma to preserve SA well-being (Morris et al., 2020). SA feeling supported by coaches in their roles as students and as athletes can enable identity and role development (Kamusoko & Pemberton, 2013), reduce stigma (Hilliard et al., 2020) and reinforce self-compassionate behaviours (Germer, 2009, as cited in Jeon et al., 2016).

Several SA in this study reported that someone to support them with time management would be helpful. This is reasonable considering the myriad of barriers to lifestyle balance faced by SA (Cosh & Tully, 2013). Challenges such as stress and overtraining can result in other areas being neglected (Warehime et al., 2017). This may manifest in neglect of socialisation due to pressure to prioritise sport and academics, which is problematic in SA due to the well-established benefits of meaningful social support and their positive influence on self-caring and self-compassionate behaviours (Jeon et al., 2016; Kamusoko & Pemberton, 2013). SA need targeted, professional support with MH in areas like time management (Gomez et al., 2018) and lifestyle balance (Warehime et al., 2017), particularly at transition periods (Aquilina, 2013). As expressed by SA in this study, individualised, tailored supports, both sporting and academic, would be likely to serve as an enabling factor to minimise

stress and maintaining academic-athletic balance (Gomez et al., 2018).

SA in this study asserted a desire for supports such as communication from coaches and lecturers as well as counselling and practical supports. More participants in this study selected SA-exclusive counselling services as opposed to general counselling services. Research has shown that SA are less likely to seek professional help, mostly due to stigma but also due in part to feeling that general counsellors may not fully understand the unique challenges they experience (Drew & Matthews, 2019; Edwards & Froehle, 2021; Hilliard et al., 2020; Morris et al., 2020). Thus, results from this study suggest that support services which directly target SA are likely to yield increased help-seeking behaviour.

IMPLICATIONS AND FUTURE DIRECTIONS

Results from this present study offer several meaningful implications for groups interested in SA well-being such as universities, coaches, lecturers, healthcare professionals and national sporting organisations. Firstly, universities can acknowledge that SA have additional needs in terms of managing academic and sporting responsibilities by investing resources to support SA in these areas. For universities wishing to host high-level athletes, the development of SA support policies should be a priority (European Commission, 2016, as cited in Quinaud et al., 2023). The provision of increased support by universities is likely to result in increased student retention and recruitment (Brecht, 2014). Evidence suggests that SA will benefit directly from professional support in this area, due to time management, stress and academic success being closely linked (Gomez et al., 2018).

SA in this study have expressed a need for targeted support to enable them to better manage their athletic and academic demands alongside their MH, social life, finances, relationships and work. Professionals who work with SA to provide such support include speech and language therapists, counsellors, occupational therapists, physiotherapists, nurses, sports psychologists, psychotherapists, psychiatrists, sport scientists and athletic trainers (Moesch et al., 2018; Anjum, Johnson Krug & Kindsvogel, 2020; Devana, Solorzano, Vail & Jones, 2022). Current best practice literature recommends that trained sporting professionals adopt a multidisciplinary approach to intervention with the SA population

(Anjum et al., 2020). There are existing examples of innovative interventions being used with SA, such as programmes that teach self-care and self-compassion, including using mindfulness-based interventions, which have been shown to result in thriving amongst SA populations (Augustus, Zizzi, Voelker & Costalupes, 2024). Occupational therapy (OT) is one under-researched profession when it comes to SA, however OTs are experts in providing highly individualised support to university students and in a wide range of the problem areas that SA experience, including time management, stress, MH challenges, lifestyle balance and overall well-being; they would be well placed to support SAs in dealing with the issues listed above (AOTA, 2017; Hunt & Coombes, 2021; Dendinger, 2021; Douglas et al., 2023). OT can contribute to this interprofessional process in collaboration with other disciplines, with a focus on health, wellness, and prevention that is inclusive of SA values, beliefs and roles – in both sporting and academic contexts (Kloczko, Herman, Gormley, Di Meo & Leonard, 2021).

Further research can investigate SA self-care and self-compassion in other third-level institutions internationally. In doing so, it would be possible to compare results to determine whether differences seen are attributable to institutional or cultural factors. Future research with larger samples could investigate more comprehensively the relationships between independent variables explored in this study, especially level of study, which was not tested due to insufficiently distributed responses. Qualitative research would enhance insight into SA personal, lived experiences with self-care and self-compassion.

LIMITATIONS

There are some limitations regarding the study's scope and results, which are important to consider when evaluating the findings. Firstly, the relatively small sample size and convenience sampling within one institution decreases the generalisability of the findings. In addition, the use of a cross-sectional survey means that data were collected at a single point in time and no causal inferences can be drawn. Finally, the imbalance in the gender of participants in the study (80% male) reduces the generalisability of findings related to gender. Despite these limitations, the study provides novel, valuable insights into self-care and self-compassion of SA in the university context.

CONCLUSION

SA are particularly vulnerable to experiencing poor MH in comparison to their non-athlete counterparts. Self-care and self-compassion have both been identified as important for overall well-being, with self-compassion having a causal effect on well-being. Despite this, there has been little research on this topic. The aims of this study were to measure SA self-care and self-compassion in a university and to identify potential measures that could support the management of these behaviours to positively impact upon their lives. The key findings of this study are that self-compassion is significantly correlated with self-care and that SA who train the most hours per week report the lowest levels of self-compassion. These results are consistent with existing literature on this topic and have meaningful implications, highlighting the need for support and education to support SA in positive management of self-care and self-compassion. The importance of the results lies ultimately in the need for the prioritisation of SA self-care and self-compassion, and more widely general well-being. The unique needs of SA should be acknowledged by all parties concerned with SA well-being, including universities, local, national and international sporting organisations, lecturers, coaches and healthcare professionals. SA would benefit from provision of additional targeted supports, including professional support with areas such as time management, lifestyle balance, transition periods, stress and mental health. Access to positive support systems would promote overall SA well-being, enabling them to flourish in sporting and academic endeavours.

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