

Resilience, Optimism, and Burnout in Athletes with Disability

Resiliencia, optimismo y burnout en deportistas con discapacidad

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Abstract:

An athlete's life is filled with challenges that must be faced. Adversity increases when the athlete has a disability that leads to different types of physical and psychological discomfort caused from coping with said disability, highlighting the emotional realm as the most affected. Consequently, knowing what abilities allow an athlete with disability cope with these situations is a priority. Therefore, this investigation has focused on studying resilience, optimism, and burnout as well as how these constructs relate in a sample of 73 athletes with disabilities. Results show that athletes with disabilities who scored low on resilience and optimism presented higher scores on reduced personal accomplishment, being more at risk of suffering from burnout syndrome. It is suggested that developing intervention programs for athletes with disabilities could be important to help them develop resources and strategies to cope with stressful situations within sport and related to disability.

Keywords:

Sport psychology, disability, resilience, optimism, burnout.

Resumen:

La vida de un deportista está llena de desafíos a los que debe enfrentarse. La adversidad aumenta cuando el deportista tiene una discapacidad que conlleva diferentes tipos de malestar físico y psicológico derivados del afrontamiento de dicha discapacidad, destacando el ámbito emocional como el más afectado. En consecuencia, conocer qué capacidades permiten a un deportista con discapacidad afrontar estas situaciones es una prioridad. Por ello, esta investigación se ha centrado en estudiar la resiliencia, el optimismo y el burnout, así como la relación entre estos constructos en una muestra de 73 deportistas con discapacidad. Los resultados muestran que los deportistas con discapacidad que obtuvieron puntuaciones bajas en resiliencia y optimismo presentaron mayores niveles de reducida realización personal, teniendo un mayor riesgo de sufrir el síndrome de burnout. Se sugiere que el desarrollo de programas de intervención dirigidos a deportistas con discapacidad podría ser importante para ayudarles a desarrollar recursos y estrategias que les permitan afrontar situaciones estresantes dentro del deporte y relacionadas con la discapacidad.

Palabras claves:

psicología del deporte, discapacidad, resiliencia, optimismo, burnout.

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Introduction

An athlete's life is filled with challenges that must be faced, including competitions, results (victories and defeats), and injuries, among others, that impact their athletic, personal, and psychological activities (García-Secades et al., 2014). Moreover, adversity is greater for athletes with disabilities (Ferrer, 2002) because disability in sport will generate diverse changes, forcing an individual to use different coping mechanisms (Ferrer, 2020) to adapt to their restrictions and the athletic context.

Most of the scientific literature has emphasized the negative effects of disability (Álava, Rodríguez & Ferrer, 2020), taking a pessimistic view of the circumstances in detriment of protective factors and potentialities that a person living through this adversity could present. Hence, different studies on this population have concluded that individuals with disabilities face different physical and psychological discomforts caused from coping with disability, highlighting the emotional realm as the most affected area (Álava et al., 2020).

However, not all individuals experience disability the same way, since some have manifested psychopathological alterations while others have been able to benefit from such experiences, demonstrating well-being and personal growth, interpreting difficulties as opportunities and challenges instead of threats, and acquiring new resources and solutions (Uriarte, 2014). Therefore, knowing what abilities allow an athlete with disability cope with these situations is a priority.

In this regard, the concept of resilience has been studied as a possible hypothesis to explain healthy behaviors when facing adversity; it has been related to healthier lifestyles and learning that leads to personal and social growth that allows an individual to successfully adapt to changing situations and contexts (Crespo, 2016). Fletcher & Sarkar (2012) concluded that experimenting stressful situations could benefit an athlete's development while Cardoso and Sacomori (2014) demonstrated how athletes with disability, who must overcome day-to-day challenges, have high levels of resilience that allow them to face challenges with better results.

There are several definitions for the term resilience in the literature. According to Reivich & Shatté (2002), resilience is a complex process of interactions composed of seven skills: emotion management, impulse control, optimism, causal analysis, empathy, self-efficacy, and outreach. As per these authors, these seven factors can be measured, taught and developed. Reivich & Shatté (2002) also state that resilience will be necessary in four different types of experiences. First, overcoming childhood obstacles such as a broken home, poverty, emotional neglect or physical abuse. Secondly, overcoming daily adversity, including arguments with family members, disagreements with a boss or unexpected expenses. It will also be crucial while recovering from major misfortunes, traumatic events or fatalities like the death of a family member, a job loss or the consequences of a natural disaster. And, finally, building a support group which will help you to connect with other people, enabling the creation of solutions to life's setbacks. In other words, Reivich & Shatté (2002) consider that, during lifetime, facing adversity is inevitable, everybody will have to deal with small day-to-day inconveniences, disaster situations and major traumas. However, these authors assert that it is possible to change the way we look at life, shifting the way we view adversity and, thus, modifying the impact it has on people's lives.

Therefore, resilience can be understood as a capacity and dynamic process of adaptation that overcomes tension and adversity while maintaining a normal psychological and physical functioning (Rutter, 2012). It is a multidimensional construct that includes individual, family, and



sociocultural factors (Monroy & Palacios, 2011) such as competence, external support systems, and personal structure (Campbell-Sills, Cohan & Stein, 2006); it is related to balanced and psychologically healthy personality profiles (Friborg et al., 2005); and with individuals who are capable of changing their affective and physiological responses with flexibility, adapting to the environment's demands (Waugh, Thompson & Gotlib, 2011).

In sport there are two theoretical models about resilience, Galli & Vealey's model (2008) and Fletcher & Sarkar's theory (2012). The first model found that adversities (injury, decrease in performance, etc.), sociocultural influences (social support or cultural variables) and personal resources (determination, competitiveness, and love for sport) were factors that lead individuals to positive outcomes such as improvement of learning and perspective, and higher motivation to help others. The most described resources in Galli & Vealey's model (2008) were being positive, mature, persistent, and competitive, in addition to having high determination and commitment to sport. Meanwhile, the second theory poses that a positive evaluation of stressors is dependent on perceiving a situation as a motivating challenge instead of a threat. In their study, Fletcher & Sarkar (2012) found that most athletes explained that if they had not experienced certain types of stressors in specific moments, including strong adversity as a parent's divorce, grave illness, or injury that threatened their athletic career, they would have been unable to obtain gold medals.

Scientific literature contains studies that analyze resilience in elite teams (Morgan, Fletcher & Sarkar, 2013), suggesting it is related to higher performance and athletic success (Fletcher & Sarkar, 2012); better coping skills (García-Secades et al., 2016); and higher levels of well-being within sport and less risk of mental health disorders (Hosseini, Besharat, 2010). García-Secades et al. (2014) classified the psychological variables that influence resilience, dividing risk factors (stress, negative affect, anxiety, depression, and posttraumatic stress) and protective factors (self-efficacy, self-esteem, social support, and optimism). Furthermore, psychosocial factors that contribute to resilience include optimism, autonomy, coping mechanisms, sense of self-efficacy, physical activity, humor, and prosocial behavior, among others.

Among these factors, optimism appears to present a high relation and contribution to the development of resilience (Reche, et al., 2018). Optimism can be considered as a personality construct that has demonstrated to play an important role in athletic performance (Marín et al., 2013).

Optimism refers to the stable belief that positive events will occur and to the ability of finding the best in one's experiences, always being realistic, without using denial or an unmeasured optimism that deviates from reality (Gómez-Díaz, 2016). According to Scheier & Carver's (2003) view on dispositional optimism, having positive expectations when facing challenges can increase effort and vice versa. Scientific literature suggests that optimistic athletes have better chances of success and situational control of stress when compared to pessimistic ones (Ortín, et al., 2011). Lipowski (2012) added that optimistic athletes compete focusing their attention in obtaining a possible success instead of focusing on negative emotions or fear.

Optimism has been related with favorable coping strategies and efficient skills to solve problems (Diener & Lucas, 1999), generating a better quality of life (Taylor et al., 2000); a higher life expectancy and protection against physical and mental illness (Manzo, Silva & Mink, 2001); and to resilient behaviors (Pettersson, 2000). Studies that associate resilience and optimism highlight the importance of these constructs as protective factors against the risk of suffering from mental health disorders (Tutte & Reche, 2016); other studies, as the one by Laborde et al.,

(2017), indicate that these variables are the most relevant to stay calm and improve planning. Additionally, other studies have revealed that more optimistic athletes tend to be more resilient. Reche et al. (2018) studied the interdependence between optimism and resilience, finding that optimism supports resilience.

Studies examining optimism in athletes with disabilities were not found by these authors. Other studies, as the one by Sikorska & Gerc (2018), where positive psychology constructs (resilience, psychological well-being, life quality, etc.) were measured were found, but they do not examine optimism.

As has been said earlier, competitive sport is filled with constant stress and the excessive psychic load on athletes could put their mental health at risk if they do not possess psychological skills as the ones commented, originating diverse illnesses associated to stress as burnout syndrome, being burned out, or overtraining syndrome, among others. Athletes who present lower optimism and resilience levels tend to present higher burnout scores (Tutte & Reche, 2016). This phenomenon is also named chronic fatigue syndrome by Reynaga-Estrada & Pando (2005) because fatigue and chronicity are essential for this syndrome to be present.

Maslach & Jackson (1981), suggested defining burnout as a syndrome characterized by the simultaneous presence of three dimensions: emotional exhaustion, present when an athlete feels a great reduction in physical and emotional capital; depersonalization, occurring when individuals provide cold and impersonal answers to those around them; and reduced personal accomplishment, present when there is a tendency to evaluate oneself negatively, which reflects the disappearance of idealism and hope to execute the task properly.

In sport, Raedeke (1997) defined burnout as the presence of emotional and physical exhaustion, originated by the high demands set by the competitive environment; lower reduced personal accomplishment because of a lack of sense of accomplishment and personal growth; and devaluation of sport, occurring when there is loss of interest in the activity. From a sport framework, depersonalization would be relegated by a negative attitude toward sport (devaluation of sport) and not towards other individuals (Reynaga-Estrada & Pando, 2005).

Burnout syndrome is characterized by different physiological components, including tension; fatigue and irritability unrelated to the sport context; difficulty experiencing positive emotions such as hope, positive expectations, high levels of energy, etc.; sleeping disorders; higher risk of suffering illness; and a tendency for enthusiasm for sport to disappear (Sánchez-Beleña & García-Naveira, 2017). Cognitive components include problems regarding self-concept, self-esteem, motivation, and emotions (Balaguer et al., 2009) while behavioural symptoms may include lower efficiency, "psychological withdrawal", alienation, behavioral disorganization, and attempts to avoid sport-related events, among others (Goodger et al., 2007).

Additionally, burnout in athletes can lead to consequences in three main areas: psychological, sport-related, and environmental (Cantú et al., 2015; Garcés de Los Fayos, De Francisco, Arce, 2012):

- Psychologically, individuals may present anxiety, boredom, guiltiness, depression, low self-esteem, problems concentrating, low tolerance to frustration, psychosomatic manifestations, and irritability, among others.



- Sport-related consequences are manifested through poor performance, low motivation, lack of satisfaction with sport-related roles, diminishment of fun, lack of commitment, negative attitude toward teammates, tardiness, absenteeism, and ideas of abandonment.
- Environmental consequences include diminishment of quality of life, lack of satisfaction with one's lifestyle, and feelings of isolation.

The risk of suffering from burnout is even greater if personal factors such as isolation, lack of athletic skills, lack of coping strategies, belief of being excluded from the group, lifestyle that is non-compatible with sport's demands, anxious personality, or lack of optimism and resilience (Reynaga & Pando, 2005) exist, leading the individual to be unable to manage the training load, and overcome difficulties and failure (González & Ortín, 2010).

When searching for studies focusing on burnout in athletes with disabilities, no investigations were found. A study examining thoughts related to fatigue by Ofoegbu et al. (2020) exists, but it does not measure burnout.

It is important to point out that the association of resilience and optimism could act as a protective factor against suffering from burnout (Reche et al., 2014). This demonstrates its importance to mitigate the risk of experiencing stress related to psychiatric disorders and offer coping strategies to athletes. Hence, the capacity to be resilient could help individuals resist conflicts while generating positive behaviors and attitudes when facing them (Vanistendael & Lecomte, 2002). This could be complemented by the suggestion that optimist individuals have more realistic and adaptable coping strategies than pessimists who shelter in failure, powerlessness, defenselessness, and depression (Flórez-Lozano, 2006); therefore, it is possible that a higher level of optimism in athletes relates to less burnout symptoms (Reche et al., 2014; Marín et al., 2013). This relation appears to be logical because an optimist athlete would be more predisposed to face challenges related to training and competing.

Currently, no studies examining these three constructs in athletes with disabilities have been found, although these three variables are of great relevance to athletic performance (Cardoso, Sacomori, 2014; Fletcher & Sarkar, 2012; Reche et al., 2014; Tutte & Reche, 2016). It is important to examine these three constructs in this population where adversity is not only related to elite sport demands but also to their disability. Therefore, this investigation aims to further the literature by studying these three variables in athletes with disabilities.

Materials and Methods

Participants

The study was composed of 73 athletes with disability aged 12 to 30, with a mean of 18.56 years ($SD=1.52$), from which 38 presented motor disability with an age range from 12 to 27 ($M=17.5$; $SD=2.65$), 25 presented intellectual disability with an age range from 13 to 25 ($M=28.92$; $SD=3.33$), and 10 presented other impairments (visual and hearing) with an age range from 15 to 30 ($M=21.7$; $SD=5.95$). All participants were male.

Instruments

A custom-made questionnaire to obtain sociodemographic information (age, sex, and type of disability) and sport-related data (practiced sport, experience in sport, and gold, silver, and bronze medals won) was applied. Additionally, the following instruments were used:

- Spanish Version of the Resilience Scale (Ruíz, De la Vega, Poveda, Rosado, Serpa, 2012; adapted from Wagnild, Young, 1993) adapted to Spanish for soccer populations; has demonstrated reliability in a sample of Spanish fencers and Uruguayan judokas (Reche, Ortín, 2014; Reche et al., 2014), with a global internal consistency of .89 in both cases. The scale consists of 25 items using a 7-point Likert scale. The scale aims to obtain a global resilience score as well as scores for each of the following factors: personal competence, and acceptance of oneself and life. The instrument's reliability in this study is .913.
- Revised Life Orientation Test (LOT-R; Scheier, Carver, Bridges, 1994) presents an internal consistency of .78. The instrument is composed of 10 items using a Likert scale (three positive, three negative, and four neutral). The instrument's reliability in this study is .725.
- El inventario de Burnout en Deportistas Revisado (IBD-R; Garcés de Los Fayos et al., 2012) consists of 19 items to measure the three dimensions of burnout proposed by Maslach and Jackson (1981): emotional exhaustion, depersonalization, and reduced personal accomplishment. It has an internal global consistency of .75. It uses a 5-point Likert scale. An ambiguous zone exists between P33 and P66, although this does not indicate an exact level of burnout, it can suggest a tendency or predisposition to suffer from it in the future and represents moderate burnout. In this study, it has a reliability of .806.

Procedure

To complete this study, permission from the Dirección de Deporte Competitivo del Consejo Estatal para el Fomento del Deporte (CODE) was requested as well as authorization by the athletes through informed consent. The questionnaire was applied by a team of psychologists in different training clubs during the 2020/2021 season. During the applications, the recommendations of the CODE ethics committee were followed. Athletes completed the tests individually and voluntarily. In order to be included, individuals had to actively practice a sport, be aged between 12 and 30, and present a disability. Additionally, individuals who did not fill the necessary test items and/or had missing sociodemographic data were excluded. In total 84 athletes accepted to participate; however, 11 were excluded. The final sample was composed of 73 participants.

Data Analysis

To analyze the data, a descriptive analysis of the sample was used, Cronbach's alpha was used to assess test reliability, a Chi-square test and an ANOVA test were performed to analyze the interaction target variable, and a regression analysis was used to evaluate the theoretical model of burnout. The statistical program SPSS version 24 was used.



Results

Results obtained for the three constructs in the studied sample are the following:

As observed in Table 1, 9.6% of the studied sample presents burnout syndrome; 58.9% burnout symptoms, related to high scores in one or two factors that make up the syndrome (emotional exhaustion, depersonalization, and reduced personal accomplishment); and 31.5% do not present burnout.

Table 1

Percentage of athletes with disabilities suffering from burnout

Syndrome	Percentage
Burnout	7 (9.6%)
Burnout symptoms	43 (58.9%)
No Burnout	23 (31.5%)

In Table 2, it is possible to observe how most athletes with disability in this sample present low-moderate optimism scores (86%) compared to 13.9% who scored high on optimism. Almost 60% of this population presents low resilience scores and, regarding the three burnout factors, it is possible to observe high general scores, with 37% of athletes scoring high in reduced personal accomplishment and emotional exhaustion while 40% obtained moderate scores on depersonalization.

Table 2

Description of the sample according to the interpretation of variables

	%low	%moderate	%high
OPTIMISM	34.7	51.4	13.9
RESILIENCE	59.4	0	40.6
Reduced personal accomplishment	31.9	30.6	37.5
Emotional exhaustion	30.1	32.9	37
Depersonalization	23.6	40.3	36.1

To start, target variable relations were analyzed with the reduced personal accomplishment (RPA) factor. The data shows diverse statistically significant differences, as can be observed on Table 3, which is described below:

Table 3

Relation with the Reduced Personal Accomplishment factor

	F	p	R ²
Pessimism	1.27	.264	
Optimism	14.6	.001	.171
LOT-R	8.17	.006	.103
Personal competence	9.06	.004	.116
Acceptance	12.1	.000	.144
RESILIENCE	11.2	.001	.139

- Optimism ($F(1,71) = 14.6, p < .05, R^2 = .171$). Participants that presented low scores on optimism also presented higher scores on RPA, having a mean of 10.043 and SD of 1.37, moderate optimism ($M=9.52; SD=1.66$), and high optimism ($M=8; SD=2.45$). However, differences were observed when comparing low and high groups ($p < .01$), and moderate and high ($p < .05$).
- LOT-R ($F(1,71) = 8.17, p < .05, R^2 = .103$). Participants that scored low on optimism also presented higher scores on RPA, obtaining a mean of 15.96 and SD 2.90, moderate optimism ($M=15.52; SD=3.53$), and high optimism ($M=13.33; SD=3.44$). However, differences were observed when comparing low and high groups ($p < .05$).
- Personal competence ($F(1, 71) = 9.06, p < .01, R^2 = .116$). Participants who scored low on personal competence also presented higher scores on RPA, obtaining a mean of 102,14 and SD 8.91, moderate personal competence ($M=99.20; SD=11.56$), and high personal competence ($M=89.37; SD=19.09$). However, differences were observed when comparing low and high groups ($p < .01$).
- Acceptance ($F(1,71) = 12.1, p < .01, R^2 = .144$). Participants who scored low on acceptance also presented higher scores on RPA, obtaining a mean of 47,48 and SD 3.79, moderate acceptance ($M=44; SD=4.65$), and high acceptance ($M=39.22; SD=8.46$). However, differences were observed when comparing low and high groups ($p < .01$) and moderate and high groups ($p < .05$).
- Resilience ($F(1,71) = 11.2, p < .01, R^2 = .139$). Participants who scored low on resilience also presented higher scores on RPA, obtaining a mean of 149.24 and SD 11.67, moderate resilience ($M=142; SD=15.33$), and high resilience ($M=128.59; SD=26.13$). However, differences were observed when comparing low and high groups ($p < .01$), and moderate and high groups ($p < .05$).

Regarding depersonalization, statistically significant differences were observed with pessimism ($F(1,71)=6.29, p < .05, R^2= .08$) and optimism ($F(1,71)= 4.58, p < .036, R^2 = .06$), with a low effect size as can be observed in Table 4. With respect to pessimism, the highest means in resilience were low pessimism ($M=7.41; SD=2.94$), moderate ($M=5.34; SD=1.95$), and high ($M=5.08; SD=1.72$). Additionally, when comparing groups, significant differences were observed between low and moderate groups ($p < .01$), and low and high groups ($p < .01$). Regarding optimism, the highest means for depersonalization were low optimism ($M=16.94; SD=4.59$), moderate optimism ($M=14.14; SD=3.23$), and high ($M=14.20; SD=2.18$). Moreover, when comparing groups, significant differences were found between low and moderate optimism groups ($p < .05$), and low and high groups ($p < .05$).



Table 4

Relation between depersonalization and optimism

	F	p	R ²
Pessimism	6.29	.014	.08
Optimism	.719	.399	
LOT-R	4.58	.036	.06
Personal competence	.029	.864	
Acceptance	1.31	.256	
RESILIENCE	.033	.856	

When analyzing emotional exhaustion, statistically significant differences with a low effect size as can be seen on Table 5. The highest means on emotional exhaustion were low optimism ($M=16.50$; $SD=3.86$), moderate ($M=14.25$; $SD=3.23$), and high ($M=13.88$; $SD=2.82$). In addition, when comparing groups, significant differences were observed between low and high pessimism groups ($p<.05$).

Table 5

Relation between emotional exhaustion and optimism

	F	p	R ²
Pessimism	3.85	.05	.05
Optimism	5.46	.022	.07
LOT-R	7.12	.009	.09
Personal competence	1.86	.177	
Acceptance	4.13	.046	.05
RESILIENCE	2.51	.118	

When evaluating differences depending on disability among participants, it is possible to observe that 52% of athletes with intellectual disability score low on RPA ($=7.141$, $p=.028$).

Finally, various regressions were performed to evaluate the relationship between the factors that compose burnout syndrome. In this analysis, statistically significant differences were found on the emotional exhaustion (as an independent variable) and depersonalization (as a dependent variable) regression ($F(1,70)=21.640$, $p<.01$, $R^2=.225$) with a medium effect size according to Cohen's criteria (1988).

Discussion

The goal of this study was to measure resilience, optimism, and burnout in athletes with disabilities. As results show, most athletes in this sample do not present high levels of resilience, in similar fashion to Reche et al. (2014) study with a group of judokas and Reche & Ortin's (2014)



study with a group of fencers. Because these athletes must face a great number of adverse situations due to disability, they may present difficulties when trying to adapt and overcome future challenges as they do not possess high resilience, which could lead to using inadequate coping strategies (García-Secades et al., 2016); lower well-being within sport and life (Bretón, Zurita & Cepero, 2016); higher risk of suffering from mental disorders (Hosseini & Besharat, 2010); and lower levels of performance and athletic success (Fletcher & Sarkar, 2012).

As discussed in the introduction, one of the factors that presents a strong relationship with resilience is optimism (Reche et al., 2018). In this group of athletes, 13.9% presented high optimism levels, being this one of the personality constructs that most influences athletes in pressure-filled situations (Seligman, 2004). This could be a consequence of their disability, perceived from a negative perspective centered on negative effects rather than on potentialities. Optimism is a protective factor that contributes to resilience and protects individuals from suffering burnout (Gustafsson & Skoog, 2012) because an optimist athlete will have higher predisposition to face the demands of a situation. Thus, the study's results could be alarming because low resilience and optimism levels could be related to higher risk of developing burnout (Tutte & Reche, 2016).

In this study's sample, 10% of participants suffer from burnout and a very high percentage of athletes present burnout symptoms (58.9%), similar to other investigations (Medina & García-Ucha, 2002; Reche et al., 2014; Tutte, Blasco & Cruz, 2010; Tutte & Suero, 2009; Vives & Garcés de Los Fayos, 2004). Hence, almost 60% of the studied sample presents high scores in one or two burnout factors. As results show, athletes with disabilities who scored low on resilience and optimism presented higher scores on reduced personal accomplishment. Therefore, according to burnout theories, these athletes are at higher risk of suffering from burnout syndrome, as studies such as Tutte's (2015) and Tutte & Reche's (2016) show, where athletes suffering from burnout symptoms also present profiles characterized by lower resilience and optimism levels when compared with other individuals.

In addition, athletes who scored low on optimism presented higher scores on emotional exhaustion and depersonalization. These two factors are usually present at the onset of burnout syndrome. Therefore, it is possible to observe how resilience and optimism work as protective factors against suffering from burnout, as other studies have found (Gustafsson & Skoog, 2012; Tutte, 2015; Tutte & Reche, 2016).

This study's results show the importance of developing intervention programs aimed at acquiring resources and coping strategies in athletes with disabilities in order to adequately manage stressful situations related to sport as well as to their disability, protecting them from suffering burnout syndrome or illness. An effective management of adversity as well as the capacity to transform unfavorable situations into motivating challenges could aid athletes in protecting themselves from the risk of suffering burnout (Tutte & Reche, 2016).

Future studies should consider replicating this investigation in athletes with disability to further understand why these variables are so important in their athletic participation as well as their personal life. This study's results could hardly be generalized because it was an observational study in a concrete moment in time with a concrete sample.

Although the previous section highlighted some of the most important ideas in the study, the authors have come to the following conclusions:



- This group of athletes does not present high levels of resilience which may generate difficulties when trying to adapt to adverse situations and overcome future challenges within elite sport and as a result of disability.
- In addition to low resilience levels, only 13.9% of athletes presented high optimism levels. This information could be alarming because an athlete with disability who presents low resilience and optimism could be at high risk of suffering from burnout syndrome.
- In this sample, around 10% of athletes suffer from burnout and a very high percentage (58.9%) present symptoms related to this syndrome.
- Athletes with disabilities who scored low on resilience and optimism presented higher scores on reduced personal accomplishment. Therefore, according to burnout theories, these athletes are at higher risk of suffering from burnout syndrome.
- Athletes who scored low on optimism obtained higher scores on emotional exhaustion and depersonalization. These two factors are present at the onset of burnout syndrome.
- It is possible to observe how resilience and optimism work as protective factors against suffering from burnout syndrome.

Declaration of Interest Statement

The authors report no conflicts of interest

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