## Perceived Health Outcomes of Recreation And Life Satisfaction Levels Among Individuals Engaged In Physical Activity

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Abstract: This study aimed to investigate the relationship between perceived health outcomes of recreation and life satisfaction levels among individuals engaged in physical activity. The sample group comprised 217 individuals, of which 41.9% (91) were male and 58.1% (126) were female. The physically active participants were selected using a match sampling method. In addition to a personal information form, the "Perceived Health Outcomes of Recreation Scale (PHORS)," developed by Gomez et al. (2016) and adapted into Turkish by Yerlisu Lapa et al. (2020), and the "The Satisfaction with Life Scale," developed by Diener et al. (1985) and adapted into Turkish by Yetim (1993), were used to gather data. The data analysis process involved percentage and frequency methods to determine the distribution of participants' personal information. Additionally, nonparametric tests, including Mann Whitney U and Kruskal Wallis, and Spearman correlation analysis were employed in the study. The findings indicated no significant differences based on participants' gender, educational status, marital status, and wealth levels. However, a significant difference was observed between perceived health outcomes of recreation and life satisfaction levels in terms of weekly leisure time. A positive relationship was found between the sub-dimensions of perceived health outcomes of recreation and life satisfaction. Consequently, there was a relationship between participants' perceived health outcomes and life satisfaction levels.

Keywords: Physical Activity, Perceived Health Outcomes, Life Satisfaction, Individuals, Recreation.

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### INTRODUCTION

owadays, due to rapid urbanisation and technological developments, the number of physical activity units has decreased over time. Accordingly, although an increase in leisure time is observed, the health effects of the decrease in physical activity are important.

It is thought that this decrease in physical activity also affects people's satisfaction with life. Today, it is important for individuals to spend their daily time efficiently. In this regard, "working time" refers to work-related activities, "existence time" is spent meeting basic needs, and "free time" is the period for independent activities outside of the mentioned activities and obligations (Çakır, 2017). When the concept of recreation is examined, it has gained prominence and popularity in both developed and developing countries, due to the rise in free time. Recreation activities play a critical role in supporting education, cultural and economic development, increasing the quality and efficiency of business life, protecting physical and mental health, and preventing harmful behaviors within society (Durukan et al. 2007). In modern terms, recreation is considered a social institution, a professional field of work, and a community of knowledge. Broadly defined, recreational activities encompass the pursuits that individuals willingly participate in during their free time to get personal satisfaction (Aslan, 2023). People engage in recreational activities to protect their physical and mental well-being and to avoid discomfort. Recreation activities also serve as a guide for people to improve their conditions based on their initial circumstances (Gómez and Hill, 2016). Those who engage in leisure activities refer to the positive results they experience during or after participation as leisure benefits (Driver, 1990). The desire to engage in leisure activities and the satisfaction expected to be derived from such participation are thought to positively affect psychological well-being, ultimately leading to seeking further participation in leisure activities (Nadirova and Jackson, 2000). One of the key concepts related to individuals' pursuit of a healthy life is their perception of skills. The importance of health perception is highlighted by the desire to protect and improve one's health, which motivates one to engage in recreational activities. Thus, it is important to establish and interpret the concept of perception objectively rather than subjectively (Bekar, 2019). The



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three sub-dimensions of recreation, namely an improved condition, the prevention of a worse condition, and the realization of a psychological experience, the "typologies of leisure time benefits" as termed by Drive (1990), comprised the basis of the "Perceived Health Outcomes of Recreation Scale". The validity and reliability study of the tool was conducted by Gomez et al. (2016). Life satisfaction is another key concept analyzed in this study as it stands as one of the most significant determinants of overall well-being and quality of life. It involves the evaluation of one's quality of life and well-being based on personal choices (İlk & Güler, 2023). In conceptual terms, the concept of life satisfaction, which was first introduced by Neugarten et al. (1961), is an evaluation of one's past and present life. The idea arises from the comparison between an individual's current resources and future expectations (Subaşı, 2021). Several factors affect life satisfaction, including happiness in daily life, finding meaning in life, achievement of goals, positive individual identity, physical well-being, and social relationships (Yılmaz & Aslan, 2013). Based on the realities in one's life, it represents the judgments about subjective well-being and quality of life. In general, life satisfaction, which encompasses an individual's entire life of the individual and its various dimensions, refers to one's emotional response to their overall life and general attitude towards life (Keser, 2005).

Leisure activities, the main purpose of which is to enable individuals to spend their free time in a good way, can be planned or unplanned and can involve people of all ages and genders. However, if this participation is not at a sufficient level, the individual's satisfaction with life decreases. As an individual's level of activity increases, it is thought that life satisfaction will increase (Tuncer, 2023.). Leisure activities in social life may also affect life satisfaction. In this sense, this study aimed to examine the relationship between the perceived health outcomes and life satisfaction of those engaged in recreational activities.

### METHOD AND MATERIALS

### Research model

A relational survey model was employed following the research goals. This model is used to ascertain the presence and extent of change between multiple variables. Relational analysis denotes a correlation obtained through comparisons (Karasar, 2005).

## **Research Group**

The group comprised a total of 217 individuals, with 91 males (41.9%) and 126 females (58.1%). The physically active participants were selected using the purposive sampling method.

### **Data Collection Tools**

Personal Information Form

A personal information form was developed by the researcher to determine the sociodemographic characteristics of the participants. The form consisted of questions about participants' gender, age, educational status, marital status, wealth level, and weekly leisure.

Perceived Health Outcomes of Recreation Scale (PHORS)

The instrument was developed by Gomez et al. (2016) to measure the perceived health outcomes of leisure activities. It was adapted into Turkish by Yerlisu Lapa et al. (2020). The 7-point Likert scale has 16 items and three sub-dimensions: "the realization of a psychological experience", "the prevention of a worse condition" and "an improved condition". The internal consistency coefficients of the scale were .93 for "the realization of a psychological experience", .83 for "the prevention of a worse condition" and .95 for "an improved condition".

The Satisfaction with Life Scale (SWLS)

"The Satisfaction with Life Scale" was developed by Diener et al. (1985) to measure life satisfaction levels and adapted into Turkish by Yetim (1993). The 7-point Likert scale has 5 items. Diener et al. (1985) reported the reliability of the scale as .87. In our study, the internal consistency coefficient was found to be .72.

## **Data Analysis**

The data were analyzed using the SPSS 25 package software. Percentage and frequency methods were employed to determine the distribution of participants' personal information. Skewness and kurtosis values were analyzed to ascertain whether the data had a normal distribution, which was found not to have a normal distribution. Therefore, nonparametric tests, including Mann Whitney U and Kruskal Wallis tests, were utilized. Spearman correlation analysis was used to establish the correlation between scale's sub-dimensions. Lastly, Cronbach's alpha coefficients were calculated to ensure the reliability of both scales.

### **FINDINGS**

**Table 1.** Distribution of demographic information

Vari	iables	n	%
Gender	Male	91	41.9
	Female	126	58.1
	Undergraduate	118	51.6
<b>Education status</b>	Graduate	99	48.4
	Single	112	51.6
Marital status	Married	105	48.4
	Poor	54	24.9
Wealth level	Normal	129	59.4
	High	91 126 118 99 112 105 54 129 34 28 65 86	15.7
	1-5 hours	28	12.9
Weekly leisure	6-10 hours	65	30.0
	11-15 hours	86	39.6
	Undergraduate Graduate Single Married Poor Normal High 1-5 hours 6-10 hours	38	17.5
To	otal	217	100

Table 1 shows the demographic characteristics of the participants. Accordingly, 58.1% of the participants were females, 51.6% were undergraduates, 51.6% were single, 59.4% had a normal wealth level, and 39.6% had a weekly leisure of "11-15 hours".

**Table 2.** Distribution of Scale Scores by Gender

<b>Sub-dimension</b>	Gender	N	Mean rank	Z	р
The realization of a	Male	91	112.82	772	.440
$psychological\ experience$	Female	126	106.24		
The prevention of a	Male	91	110.42	285	.776
worse condition	Female	126	107.97	<del></del>	
An improved condition	Male	91	110.35	280	.780
	Female	126	108.03		
The satisfaction with life	Male	91	110.76	365	.715
	Female	126	107.73	<u>—</u>	

Table 2 presents the results of Mann Whitney U test performed to ascertain whether there was a statistically significant difference between the perceived health outcomes and life satisfaction levels based on the gender of the participants. The analysis showed no significant difference between gender and perceived health outcomes and life satisfaction levels (p>0.05).

Table 3. Distribution of Scale Scores by Marital Status

<b>Sub-dimension</b>	Marital status	N	Mean rank	Z	p
The realization of a	Single	112	108.81	047	.962
psychological experience	Married	105	109.20		
The prevention of a	Single	112	109.16	039	.969
worse condition	Married	105	108.83		
An improved condition	Single	112	109.41	103	.918
	Married	105	108.57		
The satisfaction with life	Single	112	109.01	002	.998
	Married	105	108.99		

As seen in Table 3, Mann-Whitney U analysis was performed to determine whether there was a statistical difference between the perceived health outcomes of recreation and life satisfaction levels in terms of participants' marital status. However, no significant difference was found between the given variables (p>0.05).

Table 4. Distribution of Scale Scores by Educational Status

<b>Sub-dimension</b>	<b>Education status</b>	N	Mean rank	Z	p
The realization of a	Undergraduate	118	109.18	047	.962
psychological experience	Graduate	99	108.78		
The prevention of a worse condition	Undergraduate	118	109.00	.000	1.000
	Graduate	99	109.00	_	
An improved condition	Undergraduate	118	108.68	085	.932
	Graduate	99	109.38	_	
The satisfaction with life	Undergraduate	118	109.02	005	.996
	Graduate	99	108.98	_	

Table 4 presents the results of Mann Whitney U test performed to determine whether there was a statistically meaningful difference between the perceived health outcomes of recreation and life satisfaction levels based on participants' education status. The results revealed no significant difference between education status, perceived health outcomes, and life satisfaction levels (p>0.05).

Table 5. Distribution of Scale Scores by Wealth Level

<b>Sub-dimension</b>	Wealth level	N	Mean rank	$X^2$	р
	Poor	54	102.60	.873	.646
The realization of a	Normal	129	111.93		
psychological experience	High	34	108.06		
The prevention of a worse	Poor	54	111.96	5.809	.055
condition	Normal	129	113.99		
	High	34	85.37		
An improved condition	Poor	54	112.82	5.888	.053
	Normal	129	113.46		
	High	34	86.00		
	Poor	54	113.04	1.461	.482
The satisfaction with life	Normal	129	105.07		
	High	34	117.49		

In Table 5, the Kruskal Wallis test was performed to ascertain whether a statistical difference existed between the perceived health outcomes of recreation and life satisfaction levels based on the wealth levels of the participants. The analysis results revealed no significant difference between the given variables (p>0.05).

Table 6. Distribution of Scale Scores by Weekly Leisure

<b>Sub-dimension</b>			Weekly leisure	N	Mean rank	$X^2$	p		
				1-5 Hours	28	67.45	15.291	.002	
The	realization	of	a	6-10 Hours	65	117.38			

psychological experience	11-15 Hours	86	110.94			
	16 hours and above	38	120.91			
The prevention of a worse	1-5 Hours	28	49.89	29.201	.001	
condition	6-10 Hours	65	120.75			
	11-15 Hours	86	114.54			
	16 hours and above	38	119.91			
An improved condition	1-5 Hours	28	54.21	30.065	.001	
	6-10 Hours	65	128.31			
	11-15 Hours	86	110.69			
	16 hours and above	38	112.51			
	1-5 Hours	28	71.18	19.054	.001	
The satisfaction with life	6-10 Hours	65	129.95			
	11-15 Hours	86	106.16			
	16 hours and above	38	107.47			

As seen in Table 6, the Kruskal Wallis test was performed to determine whether a statistically significant difference existed between the perceived health outcomes of recreation and life satisfaction levels based on participants' weekly leisure. Accordingly, there was a significant difference between weekly leisure, perceived health outcomes, and life satisfaction levels (p<0.05).

Table 7. Correlation Analysis Results Regarding the Scale Scores and Age Variable

Sub-dimension		Age	The realization of a psychological experience	The prevention of a worse condition	An improved condition	The satisfaction with life
Age	r	1				
	р					
The realization of a	r	.593**	1			
psychological experience	p	.001				
The prevention of a	r	.418**	.639**	1		
worse condition	р	.001	.001			
An improved	r	.396**	.632**	.964**	1	
condition	р	.001	.001	.001		
The satisfaction with	r	107	.296**	.028	.033	1
life	р	.115	.001	.682	.631	

Table 7 presents the results of the Spearman correlation analysis performed to check whether there was a correlation between age and both scales' sub-dimensions. Accordingly, while there was a correlation between age and the PHORS sub-dimensions, it did not exist between age and SWLS sub-dimensions.

Table 8. Correlation Analysis Results regarding PHORS and SWLS Sub-dimensions

Sub-dimension		The realization of a psychological experience	The prevention of a worse condition	An improved condition	The satisfaction with life
The realization of a	r	1			_
psychological experience	p				

The prevention of a	r	.639**	1		
worse condition	p	.001			_
An improved	r	.632**	.964**	1	
condition	p	.001	.001		
The satisfaction with	r	.296**	.028	.033	1
life	р	.001	.682	.631	_

As seen in Table 8, Spearman correlation analysis was performed to identify the potential correlations between the PHORS and SWLS sub-dimensions. The analysis results indicated a positive correlation between "the realization of psychological experience" sub-dimension and life satisfaction level.

### DISCUSSION AND CONCLUSION

This study aimed to explore the relationship between the perceived health outcomes and life satisfaction of individuals engaged in recreational activities. A total of 217 physically active volunteers, 91 males (41.9%) and 126 females (58.1%), participated in the study.

According to the analysis results in Table 2, there was no statistically significant difference between the perceived health outcomes of recreation and life satisfaction levels of the participants based on their gender. Male participants had higher mean ranks than female participants. Similarly, Elçi et al. (2019) observed no significant difference in the PHORS sub-dimensions in terms of gender. However, Avsaroğlu et al. (2005) found a statistically significant difference in life satisfaction levels by gender. The findings in the literature reveal both similarities and differences with the present study's findings. Table 3 presents another result of this study. Accordingly, there was no significant difference between perceived health outcomes of recreation and life satisfaction levels based on participants' marital status. Aslan (2023) similarly observed no correlation between sub-dimensions and marital status. According to Güner et al. (2014), there was no statistically meaningful difference between the arithmetic means of marital status variable and the means of the Satisfaction with Life Scale. Upon evaluating the research results, we see an alignment with the findings in the literature. The perceived health outcomes of recreation and life satisfaction levels were examined based on participants' education status and the results were shown in Table 4. Accordingly, no significant difference was found. Nevertheless, Serdar (2020) observed a significant difference between perceived health outcomes by education status. In a study conducted by Yılmaz and Altınok (2009), life satisfaction levels did not vary significantly depending on the education status variable.

Furthermore, no significant difference was observed between the participants' perceived health outcomes of recreation and their life satisfaction with their wealth levels (see Table 5). The mean scores of the participants with a normal wealth level were higher than the others. In a study by Ertekin (2021) on life satisfaction, a statistically significant difference was found in individuals' life satisfaction with their wealth, which contradicted with our findings. According to the results in Table 6, in which the participants' perceived health outcomes and life satisfaction levels were investigated depending on their weekly leisure, there was a significant difference between the sub-dimensions and weekly leisure. Kurkmazlı (2022) reached a similar and significant difference between perceived health outcomes and leisure time. However, Tapsin et al. (2022) found no significant difference between life satisfaction levels and weekly leisure. As seen in Table 7, Spearman correlation analysis was performed to ascertain whether there existed a correlation between age, perceived health outcomes of recreation, and The Satisfaction with Life Scale" sub-dimensions. Accordingly, there was a moderate correlation between age and perceived health outcomes of recreation. According to the Spearman correlation analysis results regarding the perceived health outcomes of recreation and life satisfaction levels, there was a positive correlation between "the realization of a psychological experience" sub-dimension and life satisfaction. According to Elçi et al. (2019), there existed a positive relationship between the PHORS sub-dimensions and life satisfaction, which overlapped with our findings.

In conclusion, physically active participants' perceived health outcomes of recreation and life satisfaction levels differed based on certain socio-demographic characteristics. The significance of this difference was specifically evident in their weekly leisure. In the past, survival was the only motive for physical activity in life, but today, social skills and the pursuit of happiness and satisfaction with life have been among the motives behind physical activity. It is well known that physically active individuals are likely to experience greater satisfaction both in their working life and free time. In light of the studies in the literature, future studies could focus on working individuals and university students who engage in physical activity.

This study will help us to better understand the positive effects of leisure activities on health and

well-being, and to develop policy recommendations to promote such activities in society. In addition, highlighting the role of leisure activities in increasing life satisfaction will encourage individuals to participate more in such activities and enable measures to be taken to improve public health. At the same time, it is expected that participation in leisure activities will increase as individuals' life satisfaction increases. It is predicted that this will be an important source for the next studies in the literature.

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