

Continuing Care Residents' Leisure Participation, Leisure Satisfaction, and Subjective Wellbeing



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INTRODUCTION

Subjective well-being (SWB) “is a broad category of phenomena that includes people’s emotional responses, domain satisfactions, and global judgements of life satisfaction” (Diener et al., 1999, p. 277). Considerable research—albeit rarely involving continuing care (CC) residents—has found that frequency of leisure participation impacts overall leisure satisfaction which in turn influences SWB.

Leisure satisfaction (LS) involves “the positive perceptions or feelings which an individual forms, elicits, or gains as a result of engaging in leisure activities and choices” (Beard & Ragheb, 1980, p. 22). Five leisure satisfaction sub-dimensions—social, psychological, physiological, educational, and relaxation—are examined in this study.

The **purpose of this study** was to: **(1)** gain greater insight into how frequently CC residents participate in various types of leisure activities, and how satisfied they are with their leisure overall. **(2)** Ascertain what factors impact CC residents’ overall leisure satisfaction. **(3)** Determine what key factors influence CC residents’ SWB.

METHOD

Study Instrument

An on-site survey measured:

- **Leisure participation** – based on McKechnie’s (1975) inventory.
- **Leisure satisfaction** – using five aforementioned Beard and Ragheb (1980) leisure satisfaction scale sub-dimensions.
- **Leisure service modes** – a new, CC-specific scale based on Rossman and Schlatter’s (2008) leisure service continuum.
- **Positive and negative affect** – based on Tsai’s (2007) inventory.
- **Life satisfaction** – Neugarten et al.’s (1961) Life Satisfaction Index A, shortened based on Hoyt and Creech’s (1983) factor analytic results.
- **Socio-demographic and mobility limitation information.**

Study Sample

Invitations to complete the survey were sent to various organizations who then forwarded an information letter to CC sites. Efforts were made to ensure near equal numbers of supportive living (SL) and long term care (LTC) residents, as well as representation throughout Alberta. Trained research staff helped collect information from CC residents.

Usable data were obtained from 359 participants: 234 were female (65.2%); approximately half were widowed (48.8%); and the mean age was 80.1 years. Participants were split roughly evenly between SL and LTC facilities (47.1% and 52.9%, respectively). A majority (78.6%) of participants reported having physical mobility difficulties.

RESULTS

Frequency of Participation

■ CC residents reported most often participating in media activities, followed by social, relaxing, and exercise activities.

Leisure Satisfaction

■ CC residents reported the social and relaxation leisure sub-dimensions were satisfied the most.

Hierarchical Regression Results

■ As shown in **Table 1 (right)**, overall leisure participation frequency had a significant influence on overall leisure satisfaction.

■ As shown in **Table 2 (below left)**, overall leisure satisfaction had a significant influence on positive affect. (*Note.* No variables predicted negative affect.)

■ As shown in **Table 3 (below right)**, overall leisure satisfaction had a significant influence on life satisfaction.

Table 1. Hierarchical Regression Predicting Leisure Satisfaction

Regression Variable Predicting Overall Leisure Satisfaction	Block 1: Sociodemographic Characteristics and Type of Facility	Block 2: Block 1 Plus Overall Leisure Participation Frequency	Key Findings
Intercept	3.60	1.02	-----
Gender	-0.13**	-0.09**	Higher for females than males
Year of Birth	0.00	0.00	-----
Physical Mobility	0.08	0.05	-----
Type of Facility	-0.04	0.00	-----
Overall Leisure Participation Frequency	-----	0.73****	Variable having the largest positive effect
Explained Variance	.04	.31	-----

Note. 1=Never, 2=Seldom, 3=Sometimes, 4=Often, 5=Very Often.
* p < .05, ** p < .01, *** p < .001, **** p < .0001.

Table 2. Hierarchical Regression Predicting Positive Affect

Regression Variable Predicting Positive Affect	Block 1: Sociodemographic Characteristics and Type of Facility	Block 2: Block 1 Plus Overall Leisure Satisfaction	Key Findings
Intercept	3.52	2.27	-----
Gender	-0.05	-0.01	-----
Year of Birth	0.00	0.00	-----
Physical Mobility	0.15**	0.11*	Higher for those who could walk independently
Type of Facility	0.00	0.01	-----
Overall Leisure Satisfaction	-----	0.34****	Variable having the largest positive effect
Explained Variance	.02	.13	-----

Note. 1=Never, 2=Seldom, 3=Sometimes, 4=Often, 5=Very Often.
* p < .05, ** p < .01, *** p < .001, **** p < .0001.

Table 3. Hierarchical Regression Predicting Life Satisfaction

Regression Variable Predicting Life Satisfaction	Block 1: Sociodemographic Characteristics and Type of Facility	Block 2: Block 1 Plus Overall Leisure Satisfaction	Key Findings
Intercept	4.19	2.55	-----
Gender	-0.08	-0.02	-----
Year of Birth	-0.01	0.00	-----
Physical Mobility	0.19**	0.15**	Higher for those who could walk independently
Type of Facility	-0.02	0.00	-----
Overall Leisure Satisfaction	-----	0.46****	Variable having the largest positive effect
Explained Variance	.04	.16	-----

Note. 1=Strongly Disagree, 2=Disagree, 3=Neutral, 4=Slightly Agree, 5=Strongly Agree.
* p < .05, ** p < .01, *** p < .001, **** p < .0001.

DISCUSSION

Overview - Examined holistically, frequency of leisure participation was found to impact overall leisure satisfaction which in turn did influence two aspects of SWB: positive affect and life satisfaction. These findings are largely congruent with those of a meta-analysis conducted by Kuykendall et al. (2015). Why overall leisure satisfaction did not influence negative affect is unclear, as, for example, Lee et al. (2012) found that lower levels of leisure participation were associated with depression.

Practical Implications – There is a need for additional staff resources to provide CC residents with more recreation opportunities. CC sites also need to provide ongoing education to all staff on the importance of recreation activities to residents.

Limitations – Some potential CC sites were unable to participate due to weather conditions and flu outbreaks. As well, although our study was theoretically based, it was cross-sectional in nature. Thus, a longitudinal follow-up study is recommended.

Acknowledgement – We would like to thank Alberta Health, Continuing Care Branch for their financial support of this study.

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