



(ISSN: 2602-4047)

Yüzgenç, A. A., Cin, H., & Onur, Y. (2023). An Investigation of perceived health outcomes in recreation, happiness and self esteem levels: A case of physical activity participants, *International Journal of Eurasian Education and Culture*, 8(20), 235-249.

DOI: <http://dx.doi.org/10.35826/ijoecc.657>

Article Type (Makale Türü): Research Article

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## AN INVESTIGATION OF PERCEIVED HEALTH OUTCOMES IN RECREATION, HAPPINESS AND SELF ESTEEM LEVELS: A CASE OF PHYSICAL ACTIVITY PARTICIPANTS

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Received: 14.09.2022

Accepted: 12.02.2023

Published: 05.03.2023

### ABSTRACT

The aim of this study is to examine the perceived health outcomes, happiness and self-esteem levels of individuals participating in recreational activities according to some variables and to determine the relationship among these three dependent variables. The study group of the research consists of 564 (335 female, 229 male) individuals participating in recreational activities. In this study, the "Perceived Health Outcomes of Recreation Scale (PHORS), the "Oxford Happiness Questionnaire Short Form (OHQ-SF)" and the "Rosenberg Self-Esteem Scale (RSES)" were used as data collection tools. In the study, descriptive statistical methods (percentage, frequency, mean, standard deviation), independent sample T-test and multidirectional analysis of variance (MANOVA) were used to analyze the data. Depending on the findings there was a significant difference according to the educational status variable in the sub-dimension "realization of a psychological experience " of PHORS, but there was no significant difference in the variables of sex and age group in all sub-dimensions of PHORS. On the other hand, no significant difference was found in the variables of sex, educational status and age group in RSES and OHQ-SF. The results of the correlation analysis showed that all sub-dimensions of PHORS were in a significant and negative relationship with self-esteem. In addition, it has been determined that all sub-dimensions of PHORS are in a significant and positive relationship with happiness.

**Keywords:** Recreation, perceived health outcomes, self-esteem, happiness

## INTRODUCTION

With the development of technology, changes in the modern lifestyle have been inevitable. People started to live more consciously and gave more importance to leisure activities and started to participate more in them (Roberts, 2018). Leisure time can be described as a time period in which individuals are able to freely express themselves (Henderson & Bialeschki, 2007) and it is accepted as a positive force that facilitates the acquisition of benefits for individuals in various aspects such as physical, social, emotional and psychological (Park & Kim, 2018). Gürbüz and Henderson (2014) accept the concept of leisure time as a support element for lifelong development process of individuals. Except this Veblen (2015) stated that leisure time is an anti-laziness concept and that this concept does not require laziness or rest, but rather an activity.

Today, the number of people participating in physical activity in their leisure time has increased. Especially with the impact of the Covid 19 pandemic and the development of diet and sports awareness in recent years, participating in physical activity as a recreational activity has become a concept that is frequently mentioned in daily life (Chen et al., 2020a; Chen et al., 2020b; Rodgers et al., 2015). Participating in physical activity as a leisure time activity is very important for people's health and being healthy is nowadays seen as an important factor for people to participate in recreational physical activities (Zwart & Ewert, 2022).

It has been proven in the literature that physical activity is beneficial for physical and mental health (López-Bueno et al., 2020; Mathews et al., 2020; Wiese et al., 2018; Wiese et al., 2018; Gumus et al., 2019; Çetinkaya, 2018). In addition sportive participation and an active lifestyle affects individuals positively, for example many studies demonstrated that types of depression and stress were relieved by an active lifestyle (Çetinkaya & Kirtepe, 2018). Besides that, Beşikçi et al. (2021) expressed that people who are physically active and did exercise during the Covid-19 pandemic had higher levels of psychological resilience and perceived health outcomes in recreational activities. Temel and Tukul (2021) came also to the conclusion that recreational physical activity had a positive effect on the perceived health outcomes and happiness of the participants.

The Perceived Health Outcomes of Recreation Scale (PHORS) which is used in the literature to investigate the perceived health outcomes of individuals, is conceptually based on Driver's (1998) benefits of leisure. Driver (2008), defines the utility of leisure as an outcome that causes "a change resulting in a more desirable condition than the preexisting state (improvement), the continuance of a desired condition that prevents an undesired condition from occurring (prevention), or the realization of a satisfying experience with regard to recreation (realization of a psychological experience)" (Berry et al., 2019).

Recreational physical activity is thought to improve people's quality of life, be good for their health, and have a favorable impact on happiness and self-esteem. It is thought that these benefits will be revealed with this research, and in this direction, this research may be useful to encourage an increase in the number of events and physical facilities where individuals can practice recreational physical activities. It is also assumed that the perceived health outcomes, the self esteem and happiness levels in recreation are important factors for

individuals to continue their participation in recreation as a leisure time activity. In this context the purpose of this research is to examine the perceived health outcomes, self-esteem and happiness levels of individuals who are participating in recreational physical activities. For this reason answers to the following questions were sought:

1. Is there a significant relationship among perceived health outcomes, happiness and self-esteem?
2. Is there a significant difference between the sex, age and educational status of the participants and the perceived health outcomes in recreation?
3. Is there a significant difference between the between the sex, age and educational status of the participants and happiness?
4. Is there a significant difference between between the sex, age and educational status of the participants and self-esteem?

## **METHOD**

In this study a quantitative research method, the descriptive survey model was used.

### **Selection of Participants**

The study group of the research consists of 335 female and 229 male, totally 564 participants who participated in recreational activities. The participants were selected the by convenience sampling method and they volunteered to participate in the research.

### **Data Collection Tools**

The "Personal Information Form", the "Perceived Health Outcomes of Recreation Scale", the "Rosenberg Self-Esteem Scale" and the "Oxford Happiness Questionnaire Short Form" were used as data collection tools in the research.

#### ***Personal Information Form***

This form consists of questions about independent variables such as sex, age, educational status in order to collect information about the individuals participating in recreational activities.

#### ***Perceived Health Outcomes of Recreation Scale - PHORS***

The Perceived Health Outcomes of Recreation Scale (PHORS), developed by Gomez, Hill, Zhu, and Freidt (2016) and adapted into Turkish by Yerlisu Lapa et al. (2020), was used to measure individuals' perceptions of recreational-based health. PHORS consists of 16 items and 3 sub-dimensions. The sub-dimensions of the scale are "realization of a psychological experience (PSYC)", "prevention (PREV)" and "improvement (IMPV)". The scale is answered according to a 7-point Likert-type rating scale from 1 (never/not applicable to me) to 7 (very much like me). In the adaptation study of the scale, the internal consistency coefficients calculated for the sub-

dimensions were found to be 0.89, 0.81 and 0.91. The internal consistency coefficients calculated for the sub-dimensions of the scale based on the data collected in this study are Realization of Psychological Experience, .92, Prevention, .90, and Improvement, .92.

#### ***Rosenberg Self-Esteem Scale-RSES***

The scale developed by Rosenberg (1965) was adapted into Turkish by Çuhadaroğlu (1986). RSES consists of twelve sub-domains and the first ten items measure self-esteem. In this study, only the self-esteem sub-dimension of the scale was used. 1. 2. 4. 6. 7. items are positive, 3. 5. 8. 9. 10. items are negatively loaded. Low score in scale scoring means high self-esteem; A high score indicates low self-esteem. In this study, the internal consistency coefficient of the scale was calculated as .84.

#### ***Oxford Happiness Questionnaire Short Form - OHQ-SF***

This is an 8-item scale developed by Hills and Argyle (2002) to evaluate the level of happiness. The Turkish validity and reliability of the scale was performed by Doğan and Akıncı Çötök (2011). As a result of the item analysis performed in the validity and reliability study, the item-total correlation value of one of the scale items was lower than .30, so it was removed from the scale (Doğan & Akıncı Çötök, 2011). The scale consists of 7 items and a single factor. The items of the scale are listed and scored as (1) "I strongly disagree" and (5) "I strongly agree". In the Turkish adaptation study, the internal consistency and test-retest reliability coefficients of the scale were determined as .74 and .85, respectively. In this study, the internal consistency coefficient of the scale was calculated as .76.

#### **Data Collection and Process**

Data collection was carried out via Google Forms. Before applying the scales, the participants were informed about the purpose of the research and the scales. The data obtained from 521 people who participated in the research on a voluntary basis were included. Publication ethics was complied with in our research.

#### **Data Analysis**

To analyse the data, descriptive statistics methods (frequency, percentage, mean, standard deviation), independent sample T-test, MANOVA and Pearson Correlation tests were used. Skewness and Kurtosis values were calculated to determine the conformity of the data to the normal distribution, and the Levene test was used to determine the equality of variances. Parametric test methods were used because the data were normally distributed and the variance equality was ensured. Cronbach Alpha coefficient was calculated to determine the reliability of the scales.

**FINDINGS**

**Table 1.** T-test (RSES and OHQ-SF) and MANOVA (PHORS) Results by The Sex of The Participants

	Women (n=335) X. $\pm$ Sd	Mean (n=229) X. $\pm$ Sd	p
RSES	19.04 $\pm$ 5.09	18.64 $\pm$ 4.94	0.349
OHQ-SF	23.64 $\pm$ 4.68	23.64 $\pm$ 4.89	0.997
PHORS	PSYC	38.92 $\pm$ 8.08	0.660
	PREV	28.91 $\pm$ 6.72	0.951
	IMPV	24.71 $\pm$ 4.51	0.142

The T-test results in independent samples reveal that the RSES (t=.938; p>0.05) and OHQ-SF (t=-.004; p>0.05) scores of the participants did not differ statistically according to the sex variable.

Similarly, the MANOVA test results showed that PHORS “PSYC” (F=.194; p>0.05), “PREV” (F=.004; p>0.05) and “IMPV” (F=2.159; p> 0.05) sub-dimension scores do not differ statistically significantly according to the sex variable.

**Table 2.** T-test (RSES and OHQ-SF) and MANOVA (PHORS) Results by the Age Group of the Participants

	18-28 (n=334) X. $\pm$ Sd	29-39 (n=230) X. $\pm$ Sd	p
RSES	19.03 $\pm$ 5.10	18.66 $\pm$ 4.94	0.386
OHQ-SF	23.66 $\pm$ 4.67	23.61 $\pm$ 4.91	0.895
PHORS	PSYC	38.92 $\pm$ 8.09	0.653
	PREV	28.91 $\pm$ 6.73	0.963
	IMPV	24.71 $\pm$ 4.51	0.131

The independent sample T-test results reveal that participants' RSES (t=.867; p>0.05) and OHQ-SF (t=.132; p>0.05) scores do not differ statistically significantly according to the age group variable. In addition, MANOVA results showed that participants' PHORS “PSYC” (F=.202; p>0.05), “PREV” (F=.002; p>0.05) and “IMPV” (F=2.291; p>0.05) sub-dimension scores do not differ statistically significantly according to the age group variable.

**Table 3.** T-test (RSE and OHQ-SF) and MANOVA (PHORS) Results by the Educational Status of the Participants

	High School (n=96) X. $\pm$ Sd	University (n=468) X. $\pm$ Sd	p
RSES	19.44 $\pm$ 4.50	18.76 $\pm$ 5.13	0.227
OHQ-SF	23.06 $\pm$ 4.74	23.76 $\pm$ 4.77	0.189
PHORS	PSYC	36.39 $\pm$ 8.51	0.001**
	PREV	28.14 $\pm$ 7.14	0.214
	IMPV	23.82 $\pm$ 5.17	0.136

\*\*p<0.05

The T-test results in independent samples revealed that the RSE (t=1.211; p>0.05) and OHQ-SF (t=-1.320; p>0.05) scores of the participants did not differ statistically according to the educational status variable.

The results of the MANOVA test performed according to the educational status variable showed that the participants' PHORS "PSYC" ( $F=11.981$ ;  $p<0.05$ ), sub-dimension scores differed statistically, PHORS "PREV" ( $F=1.545$ ;  $p>0.05$ ) and "IMPV" ( $F=2.234$ ;  $p>0.05$ ) indicates that the sub-dimension scores did not differ statistically significantly. It was determined that the average scores of the participants with a university education level were higher than those with a high school education level.

**Table 4.** Correlation Analysis between PHORS and RSES

	RSES	PSYC	PREV	IMPV
RSES	1			
PHORS	PSYC	-.383**		
	PREV	-.266**	.621**	
	IMPV	-.246**	.616**	.802**

\*\* $p<0.01$

The correlation analysis results between PHORS and self-esteem showed that there is a negative, low correlation between the PSYC sub-dimension of PHORS and self-esteem ( $r=-.383$ ,  $p<0.01$ ). Similarly, a negative and low correlation was found between the PREV sub-dimension of PHORS ( $r=-.266$ ,  $p<0.01$ ) and the IMPV ( $r=-.246$ ,  $p<0.01$ ) sub-dimension and self-esteem. A significant and positive, high correlation was found between PSYC and PREV ( $r=.621$ ;  $p<0.01$ ) sub dimensions of PHORS and between PSYC and IMPV ( $r=.616$ ;  $p<0.01$ ) sub dimensions of PHORS.

**Table 5.** Correlation Analysis between PHORS and OHQ-SF

	OHQ-SF	PSYC	PREV	IMPV
OHQ-SF	1			
PHORS	PSYC	.457**		
	PREV	.280**	.621**	
	IMPV	.282**	.616**	.802**

The results of the correlation analysis performed to test the relationship between PHORS and happiness showed that there is a significant and positive, medium relationship between the PSYC sub-dimension of PHORS and happiness ( $r=.457$ ,  $p>0.01$ ). A significant, low and positive relationship was found between the PREV ( $r=.280$ ,  $p>0.01$ ) and the IMPV ( $r=.282$ ,  $p>0.01$ ) sub-dimensions and happiness.

## CONCLUSION and DISCUSSION

In this study, the health perceptions, self-esteem and happiness levels of individuals participating in recreational physical activities were examined according to their sex, age group and education level. The relationships among the individuals' health perceptions, self-esteem and happiness were also determined.

The findings obtained were interpreted in this section and discussed in relation to the previous relevant studies.

It has been determined that the scores of the participants regarding to the sub-dimensions of PHORS do not differ according to the sex variable. This finding is in line with some studies in the literature on the perceived health outcomes of participants engaged in recreational physical activities (Aydın, 2020; Elçi et al., 2019; Bekar, 2019; Beşikçi et al., 2021; Kayapınar, 2021; Temel & Tukul, 2021; Berry et al., 2019; Gomez & Hill, 2016; Hill et al., 2018; McIntosh et al., 2019; Ahl et al., 2018; Yurcu, 2017; Budak et al., 2019; Honça & Çetinkaya, 2017). Studies in the literature that contradict the findings of this study are also available. For example, in the study of Serdar (2020) in which he measured the perceived health outcomes of individuals who are members of the health and fitness center, it was found that the IMPV sub-dimension scores of PHORS of women were higher than those of the men. Again, in the study of Hill and Gomez (2020) on individuals using mountain bikes, it was found that women's perceptions of the realization of psychological experience were higher than men's. In addition, in the study of Ahmed et al. (2002), women's perceptions of health outcomes are higher than the health perceptions of men. The fact that there is no difference between the health perceptions of men and women engaged in recreational activities according to sex shows that they perceive the benefits obtained from recreational activities in a similar way. In other words, men and women participating in the study care equally about the health benefits of recreational exercise.

It was determined that the scores of the participants regarding the sub-dimensions of PHORS did not differ according to the age group variable. In other words, the fact that the age groups of the participants are different does not change the health perceptions of these individuals who participate in recreational activities. In the study of Hill et al. (2018), in which the health outcomes of university students who do rock climbing as a recreational activity, there was also no significant difference according to the age groups of the participants. This finding is similar to the findings obtained in our research. The fact that there was no significant difference in the health outcomes of the participants in our study in terms of the age variable may be due to the fact that the participants were mostly the young generation and the largest age category in the study was the 29-39 age group. In other words, this situation can be explained by the fact that young people are not yet conscious about the benefits of recreational activities in terms of health compared to older individuals. There are also some studies that contradict our research findings. In the study of Gomez and Hill (2016), in which they examined the health outcomes of individuals walking the trail, a significant difference was found in favor of the 50 years and older group in the sub-dimension PREV of PHORS. This shows that the 50-year-old and older group, significantly attaches importance to participating in recreational activities to prevent a future situation more than the 18-24-year-old group. Gomez and Hill (2016) speculated that this may be due to the tendency of older people to naturally avoid the onset of a condition, depending on their age and sense of mortality. Again, in the study of Hill and Gomez (2020) in which they examined the health outcomes of individuals using mountain bikes, it was revealed that the 50 and over age group scored significantly higher than the other groups under the age of 50 in the PHORS sub-dimension PREV. In the study of Serdar (2020), in which he examined the health perceptions of the participants who are members of health and wellness centers, a moderate negative relationship was found

between the age variable and the IMPV sub-dimension of PHORS. In other words, as the age of the individuals increases, their health perceptions decrease, and as the age decreases, their health perceptions increase.

It was determined that the scores of the participants on the PSYC sub-dimensions of PHORS differed according to the variable of educational status, and the scores of the PREV and IMPV sub-dimension of PHORS did not differ statistically. Another result was that the average scores of the participants with a university education level were higher than those with a high school education level. According to Ahmed et al. (2002), education is an important determinant of the perceived health status. In other words, it can be said that individuals with a high level of education are more conscious about participating in recreational activities in order to be healthy, thus their health perception will be higher. As a matter of fact, in the study of Yurcu (2017) in which he examined the health perceptions of working individuals, it was determined that the health perceptions of doctoral graduates were higher than those of primary school graduates. In Aydın (2020)'s study, in which he examined the perceived health outcomes of individuals who regularly participate in recreational physical activities, a significant difference was found in terms of educational status in all sub-dimensions of PHORS. It was found that the significant difference was in favor of individuals with a university education status. In the study of Serdar (2020) in which he examined the perceived health outcomes of the participants who are members of health and wellness centers, there was a significant difference in all sub-dimensions of PHORS according to their education level, and it was determined that this difference was in favor of individuals who graduated from a postgraduate degree or who are continuing their education. The findings of these studies show parallelism with our research. There are also studies that contradict our research findings. For example, in the study of Budak et al. (2019) the perceived health outcomes of individuals visiting the ski resort were examined and no significant difference was found in terms of educational status according to all sub-dimensions of PHORS. But Kayapınar (2021) examined in his study the perceived health outcomes of individuals participating in recreational tennis and he found out that there was a significant difference in PSYC and IMPV sub-dimensions of PHORS. In PSYC sub-dimension, it was determined that the health perceptions of high school graduates were higher than those of graduate graduates.

The findings obtained that there is no significant difference in the self-esteem scores of the participants according to the sex, age group and educational status variables. But the results showed also that there is a significant, low and negative relationship between the perceived health outcomes of recreation and self-esteem.

Due to our study there is no statistically difference in the self-esteem mean scores of the participants according to the sex variable. Kan (2018) found out that there was no statistically significant difference between self-esteem according to the sex variable. This result is similar to the result of our study. But we encounter also different results in the literature. Kemigisha et al. (2018) stated that girls had higher self-esteem scores compared to boys. Besides that, Magee and Upenieks (2019) reported that self-esteem differs by the sex variable. These results are not similar to the results in our study.



Our study results reveal that that participants' self-esteem scores do not differ statistically significantly according to the age group variable. There are studies that contradict our research results. Orth et al. (2018) found out that the self-esteem levels changed in specific developmental periods of the participants (i.e., childhood, adolescence, and old age). Kan (2018) stated also in his research that there is a statistically significant difference between the ages of the students and their self-esteem. These results are not similar to the results in our study. Our sample group consists of individuals participating in recreation. It has been proven in the literature that participation in recreation increases self-esteem (Başaran et al., 2022; Taşkın, 2019; Piwkom, 2019). These different results may be due to the difference in the sample group.

There is no significant difference in the self-esteem scores of the participants according to the educational status variable in our study. Görün et al. (2020) conducted a research with referees and they found out that there was no significant difference between the education levels of the referees and their self-esteem status. Due to Tiryaki (2020) there was also no statistically significant difference between the educational status and self-esteem. This results go with our study results.

There is a significant, low and negative relationship between the perceived health outcomes of recreation and self-esteem in our study. Due to Piwkom (2019) the self-esteem levels of elderly people rised when they participated in recreation. Taşkın (2019) stated participating in recreational activities have a significant positive effect on the self-esteem levels of the individuals. Başaran et al. (2022) proved that recreational activities had a positive effect on the self-esteem levels of prisoners. These results are not similar to the results of our study. However, Orth et al. (2012) found that self-esteem had a very small effect on the trajectory of health. Besides that, Kara et al. (2018) came to the conclusion that self-esteem and the perspective of the activities/leisure time concept are in a circulation that affects each other negatively because self esteem reflects the perception of the need for acceptance, how the person is evaluated by other people and how individuals value themselves.

The findings of our study suggest that scores of the participants in happiness did not differ statistically according to the sex, age group and educational status variables. But the results showed also that there is a significant, positive relationship between the perceived health outcomes of recreation and happiness.

Depending on our study, there is no significant difference in the happiness mean scores of the participants according to the sex variable. Christoph and Noll (2003) and Yoo (2022) found out that the level of happiness do not differ in men or women. This findings support the results our study. In line with these results, it is possible to say that happiness is not related to the sex of the people, it is affected by different factors.

Frijters and Beatton (2012) reported that there is almost no change in happiness between the ages of 20 and 50. Due to the fact that the participants of our study are between the ages of 18-40, it can be said that these results are similar to the results of our study. But Bal and Gülcan (2014) stated that the happiness scores of the students aged 19-22 were higher than the happiness scores of the students aged 23-25. This result contradicts with the result of our study.

The happiness scores of the participants did not differ statistically according to the educational status variable in our study. There are similar results in the literature. Cuñado and de Gracia (2012) found out in their study that the impact of education on happiness does not depend on the level of education. Dumludağ et al. (2015) found also no significant effect of happiness on education. On the other hand Eren and Aşıcı (2017) stated that education brings more happiness only if it helps to increase income. There are people who are appointed to working life regardless of their educational status. Due to this situation, the educational status of people may not be in line with their income. Considering that happiness and income go together (Easterlin et. al, 2010) these results can be considered as natural.

A significant, positive relationship between the perceived health outcomes of recreation and happiness was found in our study. The study carried out by Liu and Da (2020) states that the happiest moments of the participants are closely related to leisure time, leisure space and leisure activities. Besides that, due to Yoo (2022) satisfaction with leisure activities can promote happiness. Ito et al. (2019) found also out that happiness was associated with leisure time. Budak et al. (2019) stated that There is a moderately positive and significant relationship with the Happiness Scale in all sub-dimensions of PHORS. Except those, Tükel and Temel (2019) stated that perceived freedom in leisure has a positive impact on the life satisfaction and happiness. This results confirm the results of our study. As it is proven in the literature, participating in physical activity as a leisure time activity is very important for people's physical and mental health (López-Bueno et al., 2020; Mathews et al., 2020; Wiese et al., 2018).

## **RECOMMENDATIONS**

By emphasizing the positive contributions of recreational physical activities to health in order to increase the perceptions of health outcomes of individuals with low education levels, training programs could be organized to raise awareness of individuals by the country administration. In addition, considering that the income levels of individuals with low education levels may also be low, it is necessary to create recreational activities that can be attended by all segments and to encourage the participation of the public.

Since there is a positive relationship between the perceptions of health outcomes and happiness of individuals engaged in recreational physical activity, more scientific studies that will reveal the importance of recreational activities in terms of health should be conducted and different variables (life satisfaction, leisure time facilitators, leisure time management) should be investigated.

## **ETHICAL TEXT**

Ethics committee approval for this article was obtained with the decision numbered 6/31 of Kastamonu University Social and humanity sciences research and Publication Ethics Committee dated 09.06.2022.

**Author(s) Contribution Rate:** The contribution rates of the authors were as followed: first author 50%, second author 30%, third author 20%.

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