

Leisure and Health Views of Nursing Students  
and the Implications for Therapeutic Recreation

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## ABSTRACT

This primarily qualitative research study examined the views of first and second year nursing students regarding leisure and its relationship to health. Thirty-two nursing students reflected on their own lived experiences of leisure by completing an on-line survey. Three of the students added depth to the initial survey results by completing the Leisure Attitude Measure (LAM) and participating in a focus group. This study examined how the nursing students understood the concept of leisure and the connection between leisure and health. As well, it explored the implications that this understanding has on Therapeutic Recreation (TR) professionals as they conduct advocacy and education sessions on the field of TR with other members of the interdisciplinary health care team.

The students' responses were analyzed using an inductive technique with themes emerging from the data. As a group, the students' responses touched on many of the components of leisure and connections to health outlined in the literature. However, individual responses were often missing key aspects related to the subjectivity of leisure, the holistic nature of leisure and the potential of leisure and TR in contributing to the treatment of patients. The responses suggest a number of implications for TR professionals as they prepare and deliver educational and advocacy sessions for other staff. From a broader sense, the data raise some areas worth considering in terms of the potential for leisure education within educational and societal contexts.

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## CHAPTER ONE

### Introduction

#### *The Situation*

We are currently facing a healthcare crisis in our country. There are daily reminders in our media coverage of waitlists for surgery, rising obesity rates and the potential quagmire of privatized care. This crisis has led to initiatives like the Integrated Pan-Canadian Healthy Living Strategy 2005. Donatelle, Munroe, Munroe, and Thompson (2007) described the first stage of this strategy as one that focuses on “healthy eating, physical activity, and their relationship to healthy weights” (p. 10) with a focus on improving the health of Canadian society as a whole. This will occur by rethinking what services are offered, who offers them and how they will be delivered. The healthcare system will continue to change “as a function of the increasing influence of market forces, welfare reform, and the rapid growth of managed care” (Shank & Coyle, 2002, p. 8). Mobily and Ostiguy (2004) suggested that “the nature of healthcare is changing (treating the whole client) and looking at prevention and the link between social, psychological, and physical health is becoming more common” (p. 4). With this change comes a push for a greater focus on health promotion and disease prevention. As an individual with experience in healthcare and with a background in therapeutic recreation (TR), I have long wondered about the potential role of leisure in helping to build a healthier society.

#### *My Experiences*

As a former recreation therapist and current educator in the field of TR I have seen firsthand the benefits that involvement in leisure can have for individuals with disabilities. Studies, that will be discussed in more detail in the literature review, have chronicled a wide range of physical, social, emotional, cognitive and spiritual benefits related to leisure involvement. While I have seen the impact that a more complete leisure

lifestyle can have on an individual, I have also been frustrated at times by the lack of awareness that many people have to what the field of TR entails. I have experienced having other members of the health care team and the family members of clients, with whom I was working, walk in during one of my TR interventions and remove the client. This leaves with the impression that they felt that what we were working on was not important. Unfortunately, I am not alone in this regard, as many of my TR colleagues working in geriatrics, rehabilitation, mental health, addictions and pediatrics share similar stories.

I have long ago come to grips with the fact that in my experience many people have very little idea of what TR involves. I am used to the slightly confused looks I get when I tell people that I teach therapeutic recreation to adult learners at a post-secondary institution. I do not view the lack of awareness as a bad thing, but instead treat it as an opportunity to educate people about the vast potential of TR. In an effort to spread the word about the potential of TR, I have interacted with friends, family members, work colleagues, acquaintances and strangers. All who would listen have heard me explain to them that TR is a profession that utilizes recreation and leisure as a modality to facilitate independent leisure functioning by achieving treatment goals tied to the physical, cognitive, affective, social, and spiritual domains. Robertson and Long (2008) further explained this by defining therapeutic recreation as “the purposeful utilization or enhancement of leisure as a way to maximize a person’s overall health, well-being, or quality of life” (4). In addition, I’ve conducted in-services at my places of employment to educate other health care professionals about the field, its potential and where it fits as part of an interdisciplinary healthcare team. What I have wondered though, is how effective we are at educating others and how we can best advocate on behalf of our profession.

More specifically, I have started to question whether or not it is enough to educate others about the potential of TR in utilizing leisure to enhance health and wellness; in fact, it may be difficult to educate others about the potential of TR if they do not acknowledge that leisure itself is important and can facilitate change in terms of the holistic health of individuals. Since TR is a profession that utilizes leisure as the modality to enhance functioning and wellness, for someone to truly appreciate what TR

can contribute to overall well-being, they will need to first understand leisure and recognize its potential to facilitate positive growth and development. Within the field of TR, it is recognized that leisure is not a concept that is universally understood or embraced. In fact leisure education is a significant component of the services that we provide for our clients because we recognize that they may not be fully aware of what leisure is, how it relates to them and how it can enhance their health and well-being. It stands to reason then that if many of our clients require assistance in developing their understanding of leisure, then others will as well. To know where to start in terms of successfully advocating about the potential of TR, we need to first learn more about the views of others regarding leisure.

Leisure is in fact an abstract concept with different meanings for different people. Although different meanings of leisure will be explored further in the literature review it is important to define the term now in advance of the research questions to follow. Starting with the belief that leisure is a subjective experience, we can establish in western industrialized societies that leisure involves freedom to choose what to be involved in, intrinsic motivation, enjoyment, and a successful match between skill and challenge (Searle & Brayley, 2000).

### ***Beginnings of Inquiry***

I determined that I wanted to research the views that others have about leisure and its possible connections to health and health promotion. The next question became who I should ask first. TR clients, their family members, society in general and other members of the health care team are all populations worthy of future study, but an examination of all of these groups is beyond the scope of this study. After much consideration, I decided to narrow down my search to some aspect of the interdisciplinary treatment team. The treatment team is comprised of a variety of healthcare professionals including, but not limited to, physicians, nurses, occupational therapists, physical therapists, speech-language pathologists, social workers, psychologists, and nutritionists.

Staff in many health care settings work together as part of an interdisciplinary treatment approach, where the team combines to create treatment goals. A TR working in this type of setting would strive to develop interventions that would help meet the overall team treatment goals while also “integrating the significance of leisure into the

total rehabilitation concept and approach, so that specific treatment goals related to leisure functioning can be a part of the total treatment plan” (Stumbo & Peterson, 2004, p. 48). To do this successfully, it is vital that members of the team understand each others’ roles since “to be successful in the evolving health care system, professionals must collaborate with others, both as leaders and team members” (Carter & O’Morrow, 2006, p. 1). For the field of therapeutic recreation to continue to evolve and solidify its position within the healthcare system, we need to have an awareness of how to best work with other healthcare professionals as part of the team. In essence we need to understand how and if other health care professionals value the contribution that TR professionals make and learn how we can better educate them regarding our role on the team.

Having narrowed my area of interest to some component of the interdisciplinary treatment team, I needed to determine which profession would be the best one to start with. For me, this was an easy decision in that the nursing profession is the one that is driving the engine of healthcare. They are by far the most numerous members of the treatment team in many settings where TR professionals work, they influence the atmosphere and schedules of health care agencies, and in many cases, the nurse manager is the direct supervisor to whom a TR professional reports. They are our colleagues, our team members and in many cases our eventual supervisors. Gaining an understanding of the views that nurses have about leisure and TR and its potential to facilitate positive health related change will be vital in determining how to best work together as part of the team.

Since TR professionals work with a variety of clients in a variety of types of agency, I wanted to conduct my study with nurses who have the potential to work with a variety of populations. In addition, TR is a relatively small profession at this time and many agencies are staffed by a sole TR practitioner, so many working nurses would have had their experiences shaped by as few as one TR professional. I did not want to conduct my research in settings where the views of the nurses were influenced either positively or negatively by interactions with a TR professional. I was cognizant of the potential impact that working with TR professionals could have on the working nurses’ views about the potential of leisure in influencing health. This fact caused me to consider conducting my research with first and second year students in a nursing program who

may not have prior knowledge of TR. The students will likely not have had their views on leisure influenced in the workforce by TR professionals. Therefore the information that they shared should reflect their personal opinion. As an educator, this idea was also attractive in that it may provide some insights about the potential of an interdisciplinary approach to health care education where students of different programs interact with each other to learn to work effectively before graduating and becoming a part of the interdisciplinary treatment team. A review of the nursing curriculum indicated that leisure is not part of a curriculum that is addressed as a way of influencing health, so the views that nursing students bring to the table will likely be based on their lived experiences and perceptions of leisure.

### ***Purpose of the Study***

The purpose of this study was to examine the leisure attitudes of first and second year nursing students. The study was driven by the following questions:

1. How do nursing students understand the concept of leisure?
2. How do nursing students understand the connection between leisure and health?
3. How does their understanding of leisure and health influence their understanding of TR?
4. What implications does this understanding have on TR professionals as they conduct advocacy and education sessions on the field of TR with other members of the interdisciplinary health care team?

In addition, although it is beyond the scope of this specific study, the results may provide insight into the possible need for interdisciplinary education to help students better understand the role of other health care professions and may provide justification to expand the scope of research to other members of the interdisciplinary health care team.

This study will focus on views related to leisure and health. For the purpose of this study the term view will be defined as a personal attitude, opinion or judgment (Random House Webster's College Dictionary, 1991). It is important to consider views, since "research in social psychology has made it clear that human attitudes and opinions play a crucial role in determining the intention to behave in a particular way, and intention, in turn, largely determines behavior" (Mitra & Lankford, 1999, p. 134). A better understanding of the views and attitudes that nursing students enter the workforce with is

important as these attitudes towards leisure may influence their behavior related to the role of leisure in health care, and ultimately, the health and well-being of the populations that will be jointly under our care.

## CHAPTER TWO

### Literature Review

#### *What is Leisure?*

In order to better understand the potential applications of leisure education as a tool of health promotion and to better understand the leisure attitudes of nursing students, it is important to first explore concepts related to leisure itself. Common ways of defining and understanding leisure, determinants of leisure behavior, and the benefits of leisure involvement will all be discussed to help lay a foundation of understanding.

*Defining Leisure.* Throughout the years, leisure has been defined in a variety of ways. The father of the concept of leisure was Aristotle, a philosopher in Ancient Greece. In Greek society, a class of men existed who did not work, but instead spent their time focused on personal development. Aristotle's concept of leisure was referred to as *scholē*. *Scholē* meant to have peace and quiet or to have time for one's self (Sessoms & Henderson, 1994). Ancient Greeks believed that leisure was different than work and from children's play and that it led to "aesthetic, spiritual or intellectual enlightenment through a search for understanding" (Torkildsen, 2005, p. 12-13). *Scholē* involved having the opportunity to engage in activities of your choice after all tasks were completed. This was the first example of the idea that leisure involves being free from the necessity of labor or that leisure can exist as a state of being. This concept was important because it: 1) saw that freedom is an important consideration in achieving a state of leisure; 2) recognized that leisure can be an objective on its own; and 3) recognized that leisure is more than just activity and is not bounded by the time you spend doing it (Searle & Brayley, 2000).

This view of leisure, often referred to as the classical view, has evolved over time. Similar ideas have been held by the Romans who linked *otium*, their word for leisure, with the concepts of contemplation and freedom (McCarville & Mackay, 2007). The main difference in leisure between the Ancient Greeks and the Ancient Romans was that for the Romans leisure was more utilitarian than aesthetic, with a focus on sport which was practiced to maintain physical fitness and preparedness for war (Torkildsen, 2005). Early Christianity, modern western religions, such as Roman Catholicism and classical

Hindu views also connected leisure to concepts such as contemplation, peacefulness, ethics and morality (McCarville & Mackay, 2007).

Over time these views continued to evolve, which led to the development in the 1970s and 1980s of a school of thought that focused on leisure as a state of mind. This definition of leisure focuses more on the individual and their relationship to their environment. It identifies conditions that are necessary for the individual to experience leisure. These conditions have been examined by different authors (Searle & Brayley, 2000; McCarville & MacKay, 2007) and include the following:

- a. freedom of choice
- b. how you are motivated
- c. relationship to work
- d. if a goal is present
- e. emotions
- f. consciousness of self
- g. feelings of competence

Key in this concept is the idea that the opposite of leisure is obligation (Cordes & Ibrahim, 2003). By this definition of leisure, you would not consider an experience to be leisure if you felt obligated to participate. “In this case, leisure is an attitude based on an individual’s own perspectives, feelings, values and past life experiences” (Jordan, DeGraaf, & DeGraaf, 2005, p. 2).

Efforts to further develop the idea of leisure as a state of mind led to the concept of flow. Flow looks at creating the optimal leisure experience and is achieved when there is a match between the individual’s ability and the challenge of the activity they are involved in. Michaelis (1991) suggested that the individual’s ability to achieve flow is influenced by the following:

- a. losing yourself in the activity, which is achieved when you lose track of time and self-consciousness
- b. a focusing of energy and awareness
- c. a feeling of control of yourself and the environment
- d. choosing the activity yourself
- e. being intrinsically motivated
- f. receiving clear and immediate feedback



Both the concept of flow and the idea of leisure as a state of mind base their ideas about leisure on the individual and are subjective since what is leisure for one, will not necessarily be leisure for another.

Leisure has also been defined in two very objective ways; leisure as free time and leisure as activity. The idea of leisure as time focuses on leisure as simply the time left over from responsibilities such as work and family (Cordes & Ibrahim, 2003). Although there is certainly an aspect of time inherent in leisure, this definition makes it difficult for some individuals to achieve leisure (Searle & Brayley, 2000). For example, someone who is unemployed may have lots of discretionary time but lack the resources needed to experience leisure. As well, this way of examining leisure ignores the quality of the experience and seems to suggest that “more free time equates with more leisure” (McCarville & MacKay, 2007, p. 6).

The idea of leisure as activity is based on the view that leisure is defined by the activities we engage in “such as sports, social activities, travel, and outdoor activities” (Jordan, DeGraaf, & DeGraaf, 2005, p. 3). Again, there is value in considering activity as part of our definition of leisure, but the problem here lies in how to categorize activities. Are all activities that aren't work, therefore leisure? For example, is gardening work or leisure? Does it depend on the individual? Are some activities semi-leisure? (Searle & Brayley, 2000). The concepts of leisure as time and leisure as activity are objective rather than subjective. They do not allow for the individual's preferences of what leisure is to them. Activity and time are certainly concepts involved in leisure, but they do not adequately explain the concept on their own.

By conceptualizing leisure in both subjective and objective manners, the question becomes how to clearly define leisure. There is no simple answer to this question and “it may be that there is more to leisure than any and all of these definitions suggest (McCarville & MacKay, 2007, p. 8). Leisure is in fact an abstract concept with different meanings for different people. For the purposes of this study though, it was necessary to define leisure, as this working definition will be utilized as a baseline against which to acknowledge the views of the participants of the study. Starting with the belief that leisure is a subjective experience, we can establish in western industrialized societies that leisure involves freedom to choose what to be involved in, intrinsic motivation,

enjoyment, and a successful match between skill and challenge (Searle & Brayley, 2000). For this study it is an appropriate working definition as it defines leisure within the context of how TR professionals use the term. I am interested in developing an understanding of how others' views towards leisure impacts the TR professional's role within the interdisciplinary team.

***Components of Leisure Behavior.*** Having identified a working definition of leisure, we can further examine leisure by looking at a number of components that influence leisure behavior. This is significant since “understanding of the nature of various concepts such as attitudes, motives, and participation is an important step in developing an appreciation of the nature of leisure” (Searle & Brayley, 2000, p. 60). Considering these factors, we are better able to understand the subjective nature of leisure and to fully grasp why people make the leisure choices that they do. Specifically, factors related to leisure participation, motivation, satisfaction, and constraints will be examined.

When examining leisure participation, it is important to consider the number and range of activities that individuals engage in, the activities that people actually prefer and how often they engage in each activity. Searle & Brayley (2000) and Torkildsen (2005) identified a number of factors that influence leisure participation. These factors have been summarized in the following chart:

Factors Influencing Leisure Participation	Brief Description of each Factor
Organization required	<ul style="list-style-type: none"> <li>• Many people choose to be involved in activities that require little organization</li> </ul>
Age	<ul style="list-style-type: none"> <li>• As people age, they either quit or continue activities that they were involved in earlier in life</li> <li>• Older individuals do not tend to add new activities the way that younger people do</li> <li>• Repertoire tends to decrease with age, although the degree of participation for remaining activities remains high</li> </ul>
Other socio-economic factors	<ul style="list-style-type: none"> <li>• Education, income and marital status also have an impact</li> <li>• Marital status can impact participation when a person takes on added responsibility in a new relationship and when an individual loses their partner with whom they participated</li> </ul>

Factors Influencing Leisure Participation	Brief Description of each Factor
Gender	<ul style="list-style-type: none"> <li>• It is hard to identify an impact that gender alone has on participation without considering the effect of opportunity, societal norms and the impact of the systems in place that govern education, recreation and sport</li> <li>• Societal limitations and expectations can impact one's ability to try new activities in the first place</li> </ul>
Social/psychological factors	<ul style="list-style-type: none"> <li>• Leisure attitude, motivation and the satisfaction one receives from leisure participation will all impact participation patterns</li> </ul>
Opportunity	<ul style="list-style-type: none"> <li>• Location and transportation can impact the range of activities that are available</li> <li>• Monetary issues can impact the range of activities that people can try</li> </ul>

It is clear, based on the above chart that many factors influence the leisure participation patterns of individuals and that by extension, leisure is a complex phenomenon.

Another key determinant of leisure behavior is motivation. Since leisure can be thought of as subjective, it stands to reason that “people pursue leisure opportunities for different reasons and with different levels of intensity, depending upon the nature of their needs, values, and attitudes at any given time” (Edginton, DeGraaf, Dieser & Edginton, 2006, p. 23). We can however, consider motivation from the perspective of intrinsic motivation and extrinsic motivation. Extrinsic motivation refers to motivation that comes from external rewards, such as trophies, money or food, and is more commonly “associated with work-like tasks” (Datillo, 1999, p. 21). Intrinsic motivation is “often associated with leisure participation” and “refers to motivation to participate based on the positive feeling derived from participating in the activity” (Dattilo, 1999, p. 21). These positive feelings are likely to be enhanced if the individual is aware of the benefits of participation. Motivation can also be enhanced if the individual feels competent at the task in which they wish to participate. Engaging in activities where we are more likely to succeed should only help increase the positive feelings. Of course, this assumes that the individual is engaged in an experience that is a proper match for their skill level. An Olympic athlete may feel competent, but if they are competing with non-athletes they

may not feel motivated to continue participating. Motivation and intrinsic motivation in particular are important determinants in examining leisure behaviors.

Another key determinant of leisure behavior is satisfaction. Quite simply, if an individual has a positive experience and finds that it meets his or her needs, then they will be satisfied and likely to participate again. If the experience is negative and does not meet an individual's needs, then he or she will not be satisfied and will in all likelihood choose not to participate again. We need to recognize that needs are very much tied to the individual. Some individuals will participate to increase feelings of competence. Others are interested in developing a sense of belonging and acceptance in a group, building their sense of self-esteem, or simply improving their physical fitness (Edginton, et al., 2006). To understand the choices that individuals make, you need to also understand their needs and whether or not they are being satisfied by their leisure involvement.

The final component of leisure behavior that will be examined is the idea of constraints or barriers to leisure. The term constraint is used "to refer to the subjective feeling individuals experience when obstacles inhibit their ability to engage in an activity of their choosing" (Dattilo, 1999, p. 25). In other words, constraints are factors that will limit an individual's involvement or cause it to cease entirely. Crawford, Jackson and Godbey (1991) identified the following three categories of constraints:

Categories of Constraints	Key Components of Each Category
Intrapersonal constraints	<ul style="list-style-type: none"> <li>• the individual's psychological make-up</li> <li>• this can include anxiety, a lack of interest in participating, a lack of confidence or other negative attitude</li> </ul>
Interpersonal constraints	<ul style="list-style-type: none"> <li>• relates to the individual's social interaction with others, such as family or friends</li> <li>• in other words a lack of someone to participate with or a lack of support by others towards an activity</li> </ul>
Structural constraints	<ul style="list-style-type: none"> <li>• includes physical and/or geographic constraints</li> <li>• examples include a lack of transportation or an inaccessible facility</li> </ul>

The idea of constraints, therefore, encompasses psychological, social, environmental and organizational factors (Edginton, et al., 2006). The individual's perceptions about his or

her ability to overcome these constraints will have a significant impact on their leisure behavior.

***Benefits of Leisure.*** As individuals and as a society we receive many benefits from our leisure involvement related to the economy, environment, society, culture, and the emotional, physical, social, spiritual, and cognitive domains (Jordan, et al., 2005; Russell & Jamieson, 2008). More specifically, Russell & Jamieson (2008) believed that:

Leisure teaches and provides us with many things that are vital for our growth and development from the day we are born until our death. It is a dominant source of our freedom of choice, intrinsic rewards, happiness, pleasure, play, risk, humor, relaxation, ritual, solitude, commitment, and often spirituality. It is even thought to prevent disease. To the point, leisure gives us wellness, satisfaction, and a high quality of life. (p. 5)

Stumbo and Peterson (2004) reviewed the existing literature and summarized the benefits of leisure involvement as follows:

- Improved self-exploration, self-identification, and self-actualization
- Improved opportunity for planning, making choices, and taking responsibility
- Improved opportunities for expression of freedom, control, and intrinsic motivation
- Improved ability to prevent, manage, and cope with stress
- Improved ability to adjust to and to be less distressed by negative life events
- Decreased symptoms of anxiety and depression
- Improved quality of life, life satisfaction, and psychological well-being
- Reduction of health problems such as high blood pressure and heart disease
- Improved physical health indicators, such as bone density, heart rate, and joint mobility
- Potential counteragent to lifestyle choices, such as smoking/obesity
- Reduction of secondary disabilities such as loss of flexibility and problems associated with recovery from surgery
- Increased levels of perceived freedom, intrinsic motivation, and social support
- Improved health as a factor in quality of life and life satisfaction
- Development, practice and application of social interaction skills
- Development and maintenance of social support networks
- Creation and nurturing of relationships with others
- Improved interaction with and acceptance by individuals without disabilities
- Improved family relationships
- Provides normalized and relaxed settings for interactions to occur

Having identified that leisure is a subjective experience that involves different things for different people, it is logical to assume that the benefits of leisure will also vary. The benefits of leisure presented in this section should be viewed as possible benefits as it will depend greatly on the types of leisure that individuals choose to engage in and what they are hoping to achieve from the experience.

The preceding section demonstrates that leisure is clearly a complex concept. By examining various ways of defining leisure, we are able to recognize that leisure is a subjective and individual phenomenon. Leisure is likely to occur when the individual is free to choose, has a sense of intrinsic motivation, enjoys the experience and has a good match between their skill and the challenge of the opportunity. Many factors influence whether an experience is actually leisure for the individual, including education, income, marital status, gender, geography, economics, motivation, satisfaction and constraints. Leisure has the potential to impact the individual holistically through a wide range of physical, social, cognitive, emotional, spiritual and environmental benefits. Due to the potential impact that leisure has on the individual and the complexity of factors that influence leisure for the individual, it is a concept worthy of additional study.

### ***What are Health and Wellness?***

It is equally important to understand what health and wellness are, if we are going to further explore the possible connection between leisure and health. Common ways of defining health and wellness and the domains that comprise wellness will be addressed.

Donatelle, Munroe, Munroe, and Thompson (2008) described health as “social, emotional, mental, spiritual, and biological fitness, which results from adaptations to the environment” (p. 3). They also point out that health and wellness are “used interchangeably to mean the dynamic, ever-changing process of trying to achieve one’s individual potential in each of the interrelated dimensions” (p. 3). Bishop and Aldana (1999) elaborated on the relationship between health and wellness by viewing “the human body as a complex mixture of physical, emotional, social, mental, and spiritual factors, all of which are dependent on each other and interact to create a sense of who we are and what we can become” (p. 2-3). Since this is a fairly complex concept, the authors also chose to define wellness by suggesting words that signify that a state of wellness has been achieved; these words include fulfillment, contentment, happiness, self-esteem and

quality of life. Hurley and Schlaadt (1992) believed that wellness is an approach to personal health that emphasizes individual responsibility for well-being through the practice of health promoting lifestyle behaviors. Human Kinetics (2006) acknowledge that although there is not a definition of wellness that is universally accepted; there are common constructs in the definitions including “the belief that wellness is focused on optimal well-being across multidimensional aspects of life” (p. 293). More specifically, they suggest that wellness is tied to the physical, intellectual, emotional, social, spiritual, and environmental domains.

To better understand the ideas of health and wellness, it is important to examine how each of the above domains is tied to being well. The following chart summarizes the attempts by Donatelle, Munroe, Munroe, and Thompson (2008), Human Kinetics (2006) and Bishop and Aldana (1999) to expand on the inter-related dimensions of wellness:

Dimensions	Brief Description of Considerations
Physical dimension	<ul style="list-style-type: none"> <li>• physical fitness components of wellness include cardio respiratory endurance, joint flexibility, muscular strength and endurance and body composition</li> <li>• physical fitness can help reduce the likelihood of a variety of illnesses</li> </ul>
Emotional dimension	<ul style="list-style-type: none"> <li>• involves the ability to handle the emotions that you have</li> <li>• emotional wellness is demonstrated through happiness, which is often tied to self-confidence and our ability to like ourselves</li> </ul>
Social dimension	<ul style="list-style-type: none"> <li>• incorporates our interactions with others</li> <li>• tied into the belief that you should treat others the way that you would like to be treated</li> </ul>
Mental dimension	<ul style="list-style-type: none"> <li>• comprised of intellectual and creative aspects</li> <li>• considers our ability to learn, adapt and change and the enjoyment that comes through learning new things</li> <li>• creativity and challenging ourselves with new ways of thinking helps keep us mentally healthy</li> </ul>
Spiritual dimension	<ul style="list-style-type: none"> <li>• spiritual wellness consists of coming to peace with one’s self and discovering a sense of purpose</li> <li>• religion is often a key component of spiritual wellness</li> <li>• people who are spiritually well, tend to follow personal morals and values</li> <li>• often involves a desire to contribute to society</li> </ul>

Bishop and Aldana believe that all of the components are equally important and that you must focus on all of the key domains to maintain a state of wellness. For example,

someone who is socially very active may not take the time needed to exercise or eat properly.

### ***Connecting Leisure to Health and Wellness***

It should be evident that there is a great deal of overlap between the concepts of leisure, health, and wellness. This overlap will now be examined to help demonstrate the clear connections between these concepts. In addition, the issue of who is and who is not recognizing this connection will be examined.

Edginton et al. (2006) suggested that “people turn to leisure and physical activity as a way of maintaining personal health and fitness” (p. 498). What is inherent in this connection is the idea that if leisure is going to improve or maintain health, then the leisure must be beneficial or positive. Repeated negative choices made in the name of leisure, such as drug or alcohol abuse or repeated inactive use of free time will in fact negatively impact the individual’s health and wellness. Since the goal of leisure use within a TR context is on improving functioning and quality of life, the connection that will be explored here focuses on the positive or beneficial connections.

Human Kinetics (2006) points out that the recreation and leisure field offers a variety of programs, opportunities and experiences which have an underlying philosophy of “positive growth and development of the whole person” (p. 292). The holistic growth and development that they are referring to matches very well with the definitions of health and wellness just discussed. The connection between leisure and health is further developed and clearly shown through the Canadian Parks/Recreation Association’s publication, *The Benefits Catalogue*. This document builds a case for recreation and active living as a key determinant of health status and as being essential to quality of life. They summarize this relationship through the following outcome statements:

1. Recreation and active living helps people live longer – adding up to two years to life expectancy
2. Recreation and active living prolongs independent living for seniors by compressing the disease and impairment period typically associated with aging – keeping seniors vital and involved in community life
3. Recreation, fitness, sports, and active living significantly reduces the risk of coronary heart disease and stroke – the leading cause of death in Canada
4. Recreation, fitness, sports, and active living combats osteoporosis – affecting 25% of postmenopausal women



5. Recreation, fitness, sports, and active living combats diabetes – the fourth ranking killer disease
6. Recreation, fitness, sports, and active living has been shown to help in preventing site specific cancers – particularly in the colon, breast and lungs
7. Recreation, fitness, sports, and active living help prevent and rehabilitate back problems – affecting 25% of adults
8. Recreation, fitness, sports, active living, parks and arts/culture all contribute to mental health – reducing stress, reducing depression, and contributing to emotional/psychological well being
9. Recreation, fitness, sports, active living, parks and arts/culture all enhance overall health and well-being critical to personal quality of life
10. Recreation is a proven therapeutic tool utilized in hospitals, clinics and communities everywhere (physical recreation, sports, arts/culture) – helping restore physical, mental and social capacities and abilities
11. Recreation, sports, and arts/culture build self-esteem and positive self-image – foundations to personal quality of life
12. Recreation, parks, fitness, sports, and arts/culture enhance life satisfaction levels
13. Recreation, parks, sports, and arts/culture enhance perceived quality of life – for individuals, families and communities
14. Recreation, sports, and arts/culture nurtures growth, acquisition of life skills, and independent living for those with a disability

(Canadian Parks/Recreation Association, 1997, p. xiii-xiv)

This list of outcomes clearly connects the impact that leisure can have on the various domains of health outlined before.

These concepts are also related in that they are all “fluid concepts, dependent on a number of lifestyle and functioning factors” (Stumbo & Peterson, 2004, p. 5). Iso-Ahola (1997) builds on this idea by suggesting that they all exist on a continuum and that leisure, health and well-being become mutually beneficial. Iso-Ahola believes that leisure may contribute to a person’s health in the following two ways:

First, in and of itself, leisure is conducive to health. The mere existence of leisure in a person’s everyday life has consequences for health. The fact that an individual acknowledges, values, and engages in leisure for its own sake, for its inherent characteristics, is one way in which leisure contributes to health.

Another way is where leisure is used as a tool to achieve certain health outcomes. An example of this is a person who takes time to exercise regularly: leisure provides time for him or her to exercise. (1997, p. 132)

The idea then is that leisure has the ability to contribute to health. Stumbo and Peterson (2004) examined this relationship in more detail when they suggested:

that those who feel healthier and happier will be more likely to engage in leisure activities and feel positively toward leisure, and those who engage in and have positive attitudes toward leisure are likely to feel happier and healthier and report higher life satisfaction. (p. 13)

Here, the reciprocity of the relationship between leisure and health is acknowledged. This would suggest that by concentrating on either health or leisure, we can have some impact on both. It would stand to reason that by looking at both, we can have an even greater impact on the individual and his or her quality of life.

What I have found fascinating during this review of literature is the idea of “who” seems to be recognizing the relationship between leisure, health and wellness. Much of the therapeutic recreation and leisure based community are writing about and studying the relationship between leisure and health, yet most of the health and wellness community are not. In conducting this research, I have referred to a number of textbooks related to health, wellness and health education. All of these books make almost no reference to leisure. The Bishop and Aldana (1999) text, entitled *Step Up to Wellness: A Stage-based Approach*, that I quoted in defining and looking at the components of wellness makes no reference to leisure in its index. This text does not explicitly suggest that leisure can be involved in any way as a step on the road to wellness. I also reviewed the Donatelle et al. (2008) text, *Health: The Basics*, 4<sup>th</sup> Canadian edition and an earlier edition of this text by Donatelle and Davis (1999) and found that the ensuing nine years had not led to the inclusion of any specific references to leisure. What is even more interesting is that the health and wellness textbooks that I examined included many pictures of active people engaged in leisure pursuits such as hiking, talking, exercising and reading. It is possible that what these authors are suggesting is that once you become healthy you will be able to engage in satisfying leisure activities.

What these authors seem to be missing is the full extent of the reciprocal relationship outlined above, that suggests that leisure can also serve as a pathway towards greater health and wellness. Clearly the link between leisure and health exists and it is crucial that both sides of the equation become more aware of this connection.

## ***Examining Leisure Education***

Having explored concepts related to leisure and seeing the link between the benefits of leisure and health, it becomes apparent that leisure has the potential to dramatically impact the quality of life for all individuals. Leisure education was previously introduced as a means of impacting the attitudes of individuals towards leisure. To more fully demonstrate the potential applications of leisure education it is necessary to first understand exactly what leisure education involves. To help develop this understanding leisure education will be examined in terms of common definitions, models, applications, and delivery settings.

***Defining Leisure Education.*** The concept of leisure education has been described in a variety of ways by several authors. Carter, Van Andel and Robb (2003) and Human Kinetics (2006) both succinctly stated that leisure education helps clients develop the attitudes, skills, and knowledge required for optimal leisure functioning. Bullock and Mahon (2000) have recently developed a concept of person-centered leisure education which will be discussed in more detail later in this section. They defined this concept as:

...an individualized and contextualized educational process through which a person develops an understanding of self and leisure and identifies and learns the cluster of skills necessary to participate in freely chosen activities which lead to an optimally satisfying life. (p. 332)

This definition was developed over many years and has a number of key points, worth acknowledging. Since leisure is a subjective and individualized concept, it is important for leisure education to be individualized as well, and to reflect the needs of the individual to allow them to become more self-determined (Mahon, 2003). In addition, we have examined the fact that leisure is influenced by many factors that are unique to the individual. Therefore, leisure education needs to be contextualized by remembering who the clients are, “where they have come from, where they’re going to be returning, and their support systems” (Mahon, 2003, p. 349). Bullock and Mahon (2000) also suggest that leisure education is a process and needs to be ongoing and continuous. Tied into this idea of leisure education as a process, is the recognition that as individuals we change over time. As we age and mature, our skills, interests and situations also change. Therefore, leisure education should not occur at a static moment in time, but instead

needs to be a process “able to meet individuals where they are, but also able to change over time as individuals’ perspectives grow and change” (Mahon, 2003, p. 349). The skills needed to participate in leisure should embrace a life-long approach to leisure participation and should help ensure that the individual is satisfied with their leisure.

Of the various definitions that have been developed, this person-centered approach to leisure education defined by Bullock and Mahon (2000) seems to most clearly illustrate the complexity and subjectivity of leisure education and as such most clearly aligns itself with the ideas of leisure discussed above. For that reason, it is the definition of leisure education that will be used in framing the rest of this paper.

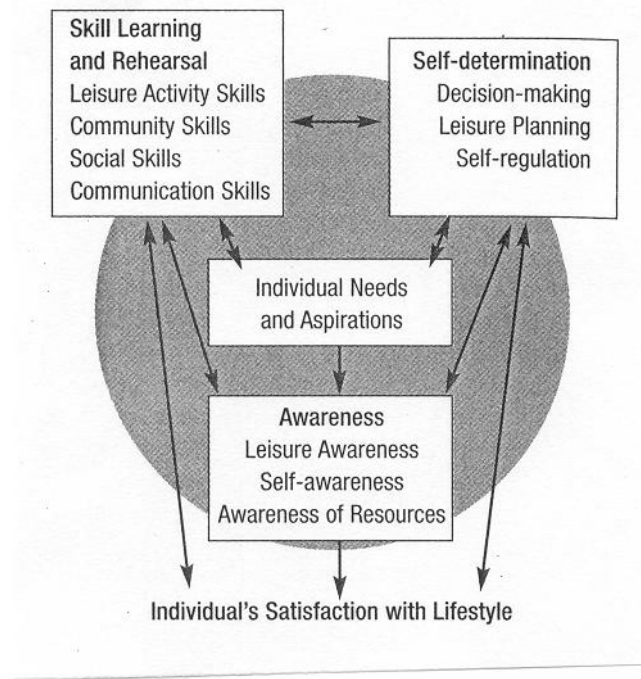
***Leisure Education Models.*** Many different leisure education models have been developed over the years. Three of these models, Mundy (1998), Peterson and Gunn (1984) and Datillo (1999) conceptualized leisure education around a number of topics or components that might be explored with a participant. The key areas of leisure education that are addressed to some degree within these three models include:

1. A knowledge of what leisure is and its potential impact
2. A self-awareness of what leisure is to you as an individual
3. The ability to interact socially during leisure
4. The use of resources to facilitate leisure
5. The development of skills that are related to leisure

The key to applying any of these models is that you will need to examine and stress the topic areas that are relevant to the individual. Depending on the strengths and needs of the person that leisure education is being developed for, different program components and sub-components will be more relevant.

The fourth and final model that will be considered was developed by Bullock and Mahon (2000). This model differs in that it focuses more on the relationship between the various components or topic areas of leisure education. The model is as follows:

**Figure 2.1 A Conceptual Model for Person-centered Leisure Education**



(Mahon, 2003, p. 350)

All of the common components identified in the aforementioned content models, are found in Bullock and Mahon's person-centered model. The difference is that the person-centered model identifies the needs and aspirations of the individual as the central point of consideration. In fact, the individual would work with the leisure education specialist to determine what content areas need to be addressed. Depending on the individual, this may necessitate addressing needs in any or all of the domains of awareness, self-determination and skill learning and rehearsal (Mahon, 2003). The two-way direction of the model indicates that the achievement of a satisfying lifestyle is tied into the interrelatedness of the individual, their context and the various content areas addressed via leisure education.

***Applications of Leisure Education.*** As previously stated, the components of leisure education that are actually utilized will depend on the specific needs of the individuals who are receiving them. Many applications exist both in the world of therapeutic recreation and beyond. An examination of these applications enables us to

better understand the potential of leisure education if it is found that the nursing students lack an awareness of what leisure entails.

Sylvester, Voelkl, and Ellis (2001), conducted a review of studies published in the *Therapeutic Recreation Journal* between 1991 and 1999 that focused on leisure education. This review summarizes possible applications of leisure education that a TR professional could utilize in working with clients. The following table has been modified and included to demonstrate the studies that occurred during that time frame:

Authors	Population	Program Content
Searle & Mahon (1993)	Elderly individuals in a day hospital	Defining leisure, leisure needs, constraints, preferences, goal setting, community resources and decision making
Mahon & Bullock (1992)	Four adolescents with mild cognitive impairments	Decision making and leisure awareness
Bullock & Howe (1991)	Seven individuals with physical disabilities	Activity identification, motivation, activity adaptation, sustainable activities, goal setting, resource identification, recreation skill development and coping with barriers
Zoerink & Lauener (1991)	Adults with traumatic brain injuries	Identifying and choosing activities, decision making, evaluating alternatives, exploring past events, examining benefits, barriers and planning
Williams & Dattilo (1997)	Young adults with cognitive impairments	Leisure appreciation, self-determination and social interaction
Dunn & Wilhite (1997)	Older women	Community reintegration, awareness, knowledge and benefits
Mahon, Bullock, Luken & Martens (1996)	Program consumers with mental illness, their family members and service providers	Community reintegration, community acceptance, social support, leisure interests, problem solving, life satisfaction, self-esteem and acting on choices
Bedini, Bullock & Driscoll (1993)	High school students in special education classes	Leisure awareness, self-awareness, leisure opportunities, community resource awareness, barriers, personal resources, planning an outing and evaluating an outing

(Sylvester, Voelkl, & Ellis, 2001, pp. 192-193)

A further review of more recent literature found the following research studies related to TR based leisure education applications:

Authors	Population	Program Content
Nour, Desrosiers, Guathier & Carbonneau (2002)	Older adults who have had a stroke and are living at home	Self-awareness, leisure awareness and competency development with a goal of autonomous practice and leisure satisfaction
Dattilo, Williams & Cory (2003)	Three youth with intellectual disabilities	Used computerized leisure education to examine social skills
Janssen (2004)	Older adults in assisted living facilities	Leisure appreciation, awareness of self in leisure, self-determination in leisure, decision making in leisure, knowledge of resources in leisure and quality of life and leisure

Up to this point, the focus has been on leisure education that is tied to the field of therapeutic recreation. Within this context, leisure education can be thought of as a component of TR services. In essence, leisure education may be one type of intervention that a TR professional utilizes to maximize the individual’s ability to enjoy a satisfying leisure lifestyle. At this point leisure education applications that exist beyond the scope of TR will also be examined.

One potential area for leisure education to be utilized that is of interest here is the school system. Sessoms and Henderson (1994) stated that one of the major responsibilities that the school has relative to parks and recreation is to educate students for leisure. They believe the content that should be addressed includes “the development of leisure attitudes and values, activity skills, knowledge of resources of the community available for leisure expression, and an understanding by the individual of his or her interests, motivations, and leisure aptitudes and appetite” (Sessoms & Henderson, 1994, p. 206). These content areas are consistent with the TR leisure education models previously discussed. Heyne and Schleien (1996) echoed these thoughts and also suggested that leisure education could play a pivotal role in helping students transition from school into adulthood with a goal of greater independence within their communities.

Sessoms and Henderson (1994) addressed the challenges that the school system faces relative to leisure based education. They suggested that the focus of the public school system has been to prepare students for work and change must now occur to better “prepare students for life in a postindustrial world. Education for leisure is a necessity.

Instruction must not focus just on developing good workers, but people must be prepared for living and for finding meaningful existence in whatever they do” (Sessoms & Henderson, 1994, p. 323). Again the idea here is that leisure education is clearly a topic worthy of much attention during the elementary and secondary school years.

One recent application that builds on the potential of leisure education within the school system was conducted by Caldwell, Baldwin, Walls, and Smith (2004) and examined the potential of leisure education to promote the healthy use of free time among middle adolescents. More specifically they have begun to implement “the TimeWise: Learning Lifelong Leisure Skills curriculum, which aims to increase positive free time use, and mitigate or prevent initiation of substance use and abuse” (Caldwell, et al., 2004, p. 310). The program was offered to grade seven students over a series of six lessons. The lessons looked at the use of time and the benefits of leisure, reasons for participating in activities during free time, developing interests and managing boredom, planning and decision making skills, managing free time for balance and variety and integrating all content in a final review session. Results at the end of this program found that students were “better able to restructure boring situations into something more interesting; having higher levels of decision making skills, initiative, community awareness; and participating in new interests, sports, and nature-based activities” (p. 310).

Another current example of a school course addressing the idea of leisure exists in Wellness 10, a secondary school physical and health education course offered in the province of Saskatchewan. The second of five units in the curriculum involves a section on leisure (Saskatchewan, 2004). This course, in particular, is of interest in its relationship to this study. If any of the participants of this research have taken Wellness 10, then it will be interesting to note the impact of his or her knowledge toward leisure and its contribution to health and wellness.

A review of the Pangrazi and Gibbons (2009) text, *Dynamic Physical Education for Elementary School Children* finds no specific mention of leisure. A chapter of this text is dedicated to the idea of wellness and how to develop a healthy lifestyle, but again leisure is not identified as a possible route to wellness. Specific topics such as coping skills, decision making skills, nutrition, physical activity, stress and relaxation are covered, but leisure is not. What is even more interesting is that the majority of those



topics areas are covered with the previously mentioned leisure education models. Although the role of leisure in the elementary and secondary school systems is not the focus of this research, it is interesting to consider the potential for increasing leisure education in this context and additional research in this area should be considered.

The final potential application that is of relevance to this study is the use of leisure education with health care staff. Dehn's (1995) Leisure Step Up is one program that has been utilized in such as way. The Leisure Step Up "is an eleven step process which helps the participant gain the skills and knowledge s/he needs to progress toward a healthy leisure lifestyle" (Dehn, 1995, p. 11). This occurs through a "step by step process of assessment, problem identification, goal setting, educating and actual experience (participation) in leisure" (Dehn, 1995, p. 11). Dehn (1995) identifies that the program has been utilized successfully with a variety of populations including various client groups that a TR professional would work with, plus adults in leisure and wellness education and health care staff in in-service settings. Unfortunately, no studies have been conducted on this application, but it does give credence to the idea of utilizing leisure education with health care professionals to help them gain an understanding of the potential role of leisure in addressing health related issues.

The preceding section of this paper defined leisure education as an individualized process that will help people explore leisure and its personal meaning to them, while also building the skills and knowledge needed to more actively engage in a satisfying leisure lifestyle. Leisure education models were reviewed and found to focus on topic areas related to leisure knowledge, self-awareness related to leisure, social interaction during leisure, resource use to facilitate leisure and leisure related skill development. Bullock and Mahon's (2000) Person-centered Leisure Education Model further focused on the individual's needs in developing leisure education curriculum. In addition, a review of potential leisure education applications relevant to this study was conducted. Due to the potential impact of leisure education on the individual and their quality of life, it is also a topic worthy of additional study.

### ***Examining Health Education and Health Promotion***

Health and wellness have been presented as holistic concepts that incorporate the social, spiritual, intellectual/mental, emotional, and biological/physical domains. We are

aware of the benefits of being healthy; yet we are faced with reports that talk about how unhealthy we are. What is needed is a better system of educating and supporting the public in relation to being healthy through health education and health promotion. This section of the paper will define and describe the concepts of health education and health promotion.

Cottrell, Girvan and McKenzie (2006) summarized many definitions related to health education and health promotion. They defined health education as “any combination of planned learning experiences based on sound theories that provide individuals, groups, and communities the opportunity to acquire information and skills needed to make quality health decisions” (p. 8), and health promotion as “any planned combination of educational, political, environmental, regulatory, or organizational mechanisms that support actions and conditions of living conducive to the health of individuals, groups and communities” (p. 8). Health education is therefore, clearly a component of health promotion. Where health promotion differs is that it goes beyond the educational component to try to ensure that supports exist in helping individuals actually facilitate change. Donatelle and Davis (1999) break health promotion into the following components:

- Provide information that will educate individuals about possible benefits of lifestyle changes
- Provide programs and/or services to encourage individuals to make the changes
- Encourage the individual to develop supports that will facilitate change
- Encourage the individual to develop an incentive or reward system that will help them succeed

The key to this approach is that once you have motivated someone to want to change, you need to help promote the likelihood of success and the continuation of the goals.

Donatelle, Munroe, Munroe and Thompson (2008) shared the following example to further clarify this concept:

In other words, health promotion programs don't just tell people to lose weight and to eat better: they help them learn more (*educational supports*), provide programs and services that encourage them to participate (*organizational supports*), establish rules governing their attitudes and behaviors and supporting their decisions to change (*environmental supports*), and provide monetary

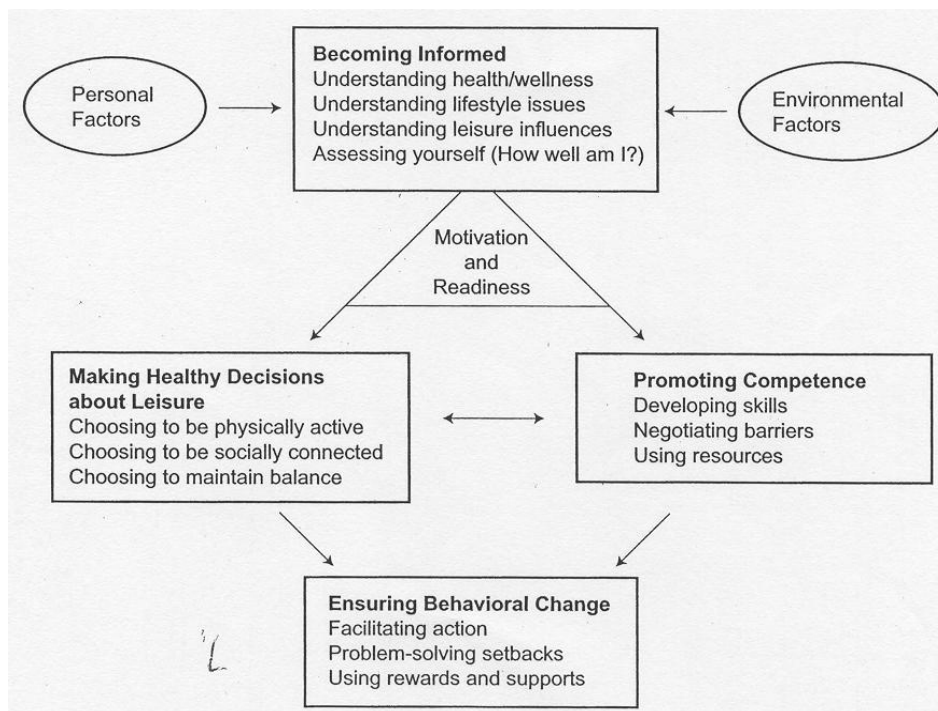
incentives to motivate them toward healthful decision making (*financial supports*). (p. 9)

### **Connecting Leisure Education to Health Promotion**

The literature supports the ideology that leisure has many benefits that overlap with the domains of health. Through leisure education, individuals can learn to make better use of their leisure opportunities and health promotion is meant to improve the health of individuals. It appears the concepts of leisure education and health promotion are clearly linked. Leisure education might be considered as a technique of health promotion and health as a logical extension of the common curriculum of leisure education. This section of the paper will further explore this relationship and will again address ways this relationship might be further integrated.

A clear example of the possible uses of leisure education as a health promotion tool is found in Shank and Coyle (2002). The following schematic model integrates the “concepts of health, wellness, and leisure and can be used to create health promotion and leisure education programs that assist clients with behavior change” (p. 155).

**Figure 2.2 Healthy Living through Leisure**



(Shank & Coyle, 2002, p. 156)

The model begins by stressing that people need to be informed about the connection between leisure, health, and wellness. In this case, instead of focusing solely on leisure related topics as most leisure education models do, the content involves an understanding of leisure, health and wellness. Like Bullock and Mahon's (2000) Person-centered Leisure Education model, this model also looks at the individual in his or her own context by examining the personal and environmental factors that influence them. The second part of the model explores the individual's motivation and readiness for change. Meaningful goals are developed as part of this stage (Shank & Coyle, 2002). The third section of the model is the activation stage where individuals develop action plans that "focus on lifestyle changes that promote health through recreation involvement" (Shank & Coyle, 2002, p. 156). The fourth and final stage of the model looks at ensuring behavioral change. Support is utilized to help ensure success.

The Healthy Living through Leisure framework is meant to be totally individualized "to help create specialized programs for specific groups of clients based on their needs" (Shank & Coyle, 2002, p. 156). In this way it is again similar to Person-centered Leisure Education Model developed by Bullock and Mahon (2000). The only real difference is that the content of Shank and Coyle's model is expanded beyond typical leisure education components to touch on the integrated topics of health and wellness.

Again this model represents something that has been developed by professionals in the field of therapeutic recreation. The question remains whether or not other fields or applications beyond TR exist. Payne, Orsega-Smith, Spangler, and Godbey (1999) suggested that local parks and recreation agencies could offer community-based leisure education programs that focus on health promotion. They viewed this as a logical extension of their current services as they provide affordable and accessible programs within a variety of facilities and would provide a logical transition opportunity between clinical rehabilitation and public services. McLean, Hurd, and Rogers (2005) further developed this idea and point out that "under federal and provincial leadership, many Canadian communities have developed cooperative programs to promote active lifestyles, with input from recreation and park agencies, business, environmental and educational bodies, and various health and social service organizations" (p. 188).

Again though, the connection between leisure education and health promotion seems to be primarily being made by individuals with connections to TR or recreation services in general. My concern is that health educators appear to be underestimating the potential of leisure as a health promotion tool and that is what brings me to this study. Having personally studied, learned about, observed and lived the relationship between the benefits of leisure and the components of health and wellness it seems logical that health educators would be embracing the potential impact of leisure as a health education and health promotion tool. That is why I strove through this study to understand the degree to which nursing students do understand the connection and the implications that this has for the field of therapeutic recreation.

## CHAPTER THREE

### Research Methodology

#### ***Introduction***

This was primarily a qualitative study which sought to learn the views and attitudes the participants have in relation to their lived leisure experiences. This was an appropriate methodology in that qualitative research views “reality as subjective, as seen by the study participants” (Mitra & Lankford, 1999, p. 49). As we have previously defined leisure as a subjective experience it made sense to analyze the students’ views with a subjective methodology. Cottrell and McKenzie (2005) described qualitative research as being “designed to answer questions about the complex nature of phenomena with the purpose of describing, explaining, and the understanding the phenomena being researched” (p. 3). Mitra and Lankford (1999) further described qualitative research as having a focus that is concerned with the nature or essence of the experience and goals that are tied to discovery and understanding. This supported the intent of this research to explore, describe and discover the views of what qualifies an experience as leisure and how that fits into these nursing students’ views of health. Qualitative research is also described as having a smaller sample size and a design that is flexible and evolving (Mitra & Lankford, 1999). Again this fit given the use of a focus group as one of the ways to collect data. In addition, quantitative measures were considered at the nominal and ordinal levels and the responses were analyzed for measures of central tendency (Cottrell & McKenzie, 2005).

#### ***Data Collection***

This research involved three components; an initial survey with 32 respondents out of a possible 337 nursing students and a second survey and focus group that three students completed. Each of these components will be described in more detail in the following section.

Data collection began when 337 students in the first two years of their nursing degree were invited to participate in a voluntary on-line survey (See Appendix A). Students were informed of this survey through an email that was distributed to all nursing students (See Appendix B). The email directed them to a web-based survey by providing

them with the URL. The URL was at a protected link, so only people made aware of the link were able to access the survey. In addition, the researcher had access to the student groups during five minutes of class time to invite them to participate in the study, clarify the time commitment, describe the purpose of the research, and answer any questions.

The survey contained a mix of open-ended and closed-ended questions. It began with a series of closed-ended questions which were meant to ease the participant into the study since “they appear less intrusive because the respondent does not have to divulge detailed information” (Mitra & Lankford, 1999, p. 198). These questions included a brief section looking at demographic background including gender, age, and level within the program. Additional closed-ended questions included identifying from a checklist which activities they felt were examples of leisure for people in general and what feeling or benefits they felt that people can take from leisure. Cottrell and McKenzie (2005) identified the Likert scale as an example of a common ordinal scale in health education research. Likert scale questions were used in this initial survey to examine the degree that students felt that leisure can contribute to the different domains of health. The survey also included open-ended questions that served to elicit detailed responses, while empowering the respondents by giving them the opportunity to expand on their thoughts about their lived leisure experiences (Mitra & Lankford, 1999).

The written survey was an appropriate choice in this case as “a person may be hesitant to answer questions verbally, but willing to write out answers” (Mitra & Lankford, 1999, p. 53). In addition, the online survey allowed “respondents to respond at their leisure and at their own pace” (Mitra & Lankford, 1999, p. 53). This flexibility and opportunity for reflection allowed these students to answer at a time that was convenient for them and provided them a chance to explore their leisure experiences and what these meant to them. Cottrell and McKenzie (2005) noted that “e-mail questionnaires tend to get very quick responses from those that respond” (p. 193).

One main drawback to this process is the potential need to do follow up to generate an appropriate response rate (Mitra & Lankford, 1999). With that in mind, a reminder e-mail was sent to the students after forty-eight hours to again invite them to participate. Thirty-two students completed the survey, which means a response rate of 9.5%. That is below the twenty-five to thirty-five percent response rate typical for leisure

and recreation studies (Mitra & Lankford, 1999). Cottrell and McKenzie (2005) suggest that a possible concern with electronic surveys is that groups of people still do not have computer access. This was not a significant problem in this case, since the students were used to accessing course information on-line and had access to computers at school. It is more likely that the limited response rate can be partially attributed to the scheduling of this research study towards the end of the students' semester when they were quite busy with school-work.

In addition, the online survey provided an opportunity for students to volunteer to participate in the second phase of this research study, which involved a second questionnaire and focus group. Seven students indicated an interest in participating in this second phase of the research. They were all invited to participate and three of them ended up choosing to take part. One focus group was organized and held for the three participants. The focus group lasted for 60 minutes. This grouping was below the size of the typical focus group of seven to twelve participants (Mitra & Lankford, 1999; Henderson, 2006). Before participating in the Leisure Attitude Measure (LAM) questionnaire and the focus group the participants had a summary of rights read and distributed to them. They provided consent by signing the form and received a copy for their records (See Appendix C). Specifically, the participants were made aware that this study had been reviewed and approved by the University of Saskatchewan Behavioral Research Ethics Board and was supported by the program head of their nursing program. They were also informed of the purpose of the research and the approximately forty-five minute time commitment. In addition, the contract addressed information related to confidentiality, voluntary participation, the right to withdraw at any time, the use of pseudonyms when quoting their individual views and ownership of the data. They were informed that the focus group would be audio-recorded and transcribed and that the transcript would be placed online at a secure link and they would be emailed the link so that they could review the transcription, correct any errors, and withdraw from the study without penalty if they so wished. Finally, all participants were encouraged to respect the opinions and thoughts of others as personal, and to maintain confidentiality outside the study, but were informed that this could not be guaranteed.



The focus group was an appropriate methodology in this case as focus groups are often used for the “identification and exploration of attitudes and behaviors” and for “interpreting previously obtained survey results” (Mitra & Lankford, 1999, p. 66). Possible advantages of this process included the fact that group interviews are often more exciting, allow people to express themselves, to refine and to further explore their ideas and to see similarities and differences between their ideas and those of others (Mitra & Lankford, 1999) and they provide access for probing and follow up (Henderson, 2006). To maximize the amount of information taken in, the moderator “should encourage all to participate, should not allow domination by one person and should not demand a consensus” (Mitra & Lankford, 1999, p. 67). The idea of not demanding consensus is particularly true in this case as the ideas being explored were subjective and individual.

The questions that were asked in the focus group (See Appendix E) came from the results of the initial survey. The general intent was to allow the students to further share their views on leisure and health and to comment on the results of the initial survey and any discrepancies within those results.

The second questionnaire that was administered was the Leisure Attitude Measurement (LAM) developed by Beard and Ragheb (See Appendix D). This tool was administered to the three participants of the focus group to help establish a baseline of their knowledge and attitudes towards leisure. This assessment tool is found in the book *Assessment Tools for Recreational Therapy and Related Fields*, (3<sup>rd</sup> ed.) by Burlingame and Blaschko (2002). This thirty-six item questionnaire looked at the respondent’s attitudes toward leisure on a cognitive, affective, and behavioural level. It looked at general knowledge and beliefs about leisure, beliefs about the relation of leisure to other concepts such as health and happiness, beliefs about the benefits of leisure, their liking or disliking of leisure activities, their intentions toward leisure choices and their past and present participation patterns (Burlingame & Blaschko, 2002). This assessment tool has been extensively tested for reliability and validity; specifically the LAM was found to have total alpha reliability of .94 and that in terms of divergent validity that “each question was placed correctly within each of the components” (Burlingame & Blaschko, 2002, p. 240).

By administering the initial online survey and the Leisure Attitude Measurement and conducting the focus group; data were triangulated or collected via a multi-method approach. The intent of this approach was to collect data in a number of ways to improve the quality of the data and the decision making that comes as a result (Mitra & Lankford, 1999). This safe guarded against an over-reliance on one method and helped guard against errors in data collection. Cottrell and McKenzie (2005) suggest that the “key to triangulation is to look for consistency rather than identical results” (p. 233) since you are not using triangulation in an attempt to find the same results.

### *Data Analysis*

The responses were analyzed using an inductive technique. The students’ written responses were examined to identify topics or themes within their writing. Specifically, I utilized McMillan and Schumacher’s (2001) process for developing an organizing system from data based on the following steps:

- Step One: Get a sense of the whole
- Step Two: Generate topics from the data
- Step Three: Compare for duplication of topics
- Step Four: Try out a provisional classification system
- Step Five: Refine an organizing system (pp. 468-472).

To begin this process each written response was read in its entirety. Each individual question was addressed one at a time; starting with all of the responses related to what the experience was, followed by all the responses regarding how it made them feel and ending with all of the responses about why they thought it was a leisure experience. Ideas or key words were written down as the individual responses were read. As this list of ideas or key words was reviewed, topics emerged from the data set which led to a classification system. Henderson (2006) referred to this as “finding the big ideas and reflecting on those ideas” (p. 133). The themes that emerged from this process were examined in relation to the previously outlined definitions of leisure, health, and wellness from the literature. Results from the focus group were then added in to provide further evidence of how the nursing students’ perceptions of health and leisure related to the definitions.

### ***Data Storage***

All audio-recorded data, subsequent transcripts and survey results will be securely stored for a minimum of five years by the researcher's supervisor in the Department of Curriculum Studies, College of Education, at the University of Saskatchewan.

### ***Ethical Considerations***

I received approval from the University Advisory Committee on Ethics in Behavioral Science Research. Involvement in this study was strictly voluntary. Students received an ethics contract that outlined the goal of the study, the nature of participant involvement and an indication of the time commitment (See Appendix C). The contracts addressed understandings and agreements related to confidentiality, voluntary participation, the right to withdraw at any time, and ownership of the data. Participation in both the on-line survey and the second questionnaire and focus group was voluntary and the participants' confidentiality was honored. During the study, participants in the focus group were given the opportunity to review the transcript prior to analysis and to correct any errors and withdraw from the study if they so wished. None of the focus group participants chose to withdraw from the study.

## CHAPTER FOUR

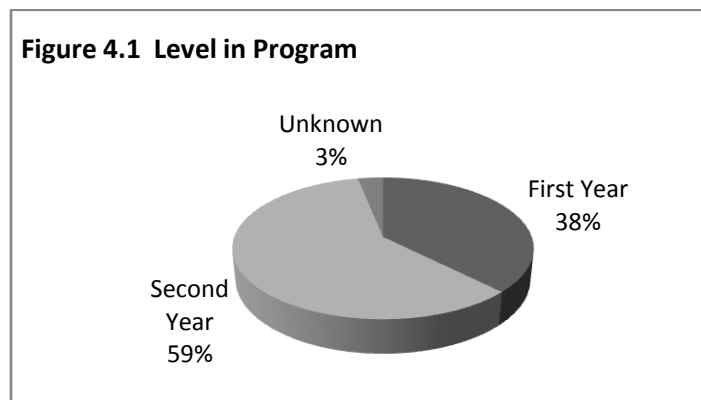
### An Analysis of Data

#### *Introduction*

A total of 32 participants completed the initial online survey; only 29 of the 32 participants completed all sections including the narrative questions that asked them to describe a personal leisure experience. The basic demographics of the participant pool were examined before moving on to look at the content of their responses. In addition, three individuals chose to participate in the second phase of this research, which consisted of the Leisure Attitude Measure (LAM) and a focus group. The knowledge gained from this second phase of the study was utilized to help provide a more in depth understanding of the views of the nursing students regarding the relationship between leisure, health and wellness for this group. Specific comments made by the focus group participants will be shared through the use of pseudonyms to add depth to the results of the initial survey. The three participants were referred to in this study as Linsey, Helen, and Marjorie.

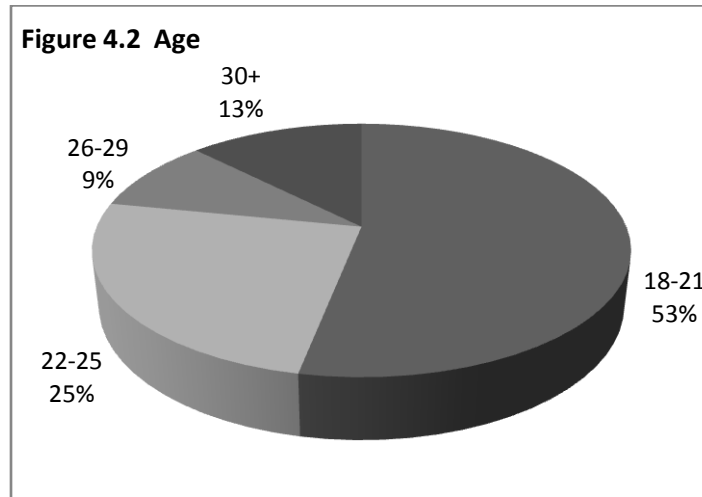
#### *Participant Demographics and Characteristics*

The 32 respondents to the initial survey were all female students in the first two years of their nursing degree. Twelve of the 32 respondents identified themselves as first year students, 19 were second year and one chose not to answer this question.



The age break down was as follows: seventeen respondents, or 53.1%, were between the ages of 18 and 21, eight respondents, or 25%, were between the ages of 22

and 25, three respondents, or 9.4%, were between the ages of 26 and 29 and four respondents, 12.5%, were 30 or older.



Twenty-three of the respondents, or 71.9% of them had taken Wellness 10, a physical education class in high school that included an introduction to the idea of leisure. Nine of the respondents had not taken Wellness 10. That said it is reasonable to assume that the majority of the respondents had been introduced to some of the topics addressed in this research since leisure is a topic addressed in the curriculum of Wellness 10 (Saskatchewan, 2004).

All three of the individuals who chose to participate in the LAM and the focus group component of the study were in their second year of the nursing program, and had taken Wellness 10. Since I chose to incorporate their responses from the focus group into the data results from the initial survey throughout this chapter, I thought it was important to provide more information about these three individuals at this point of the chapter. During the focus group they were asked where they want to work once they had graduated. Among the three of them they identified a number of possible settings including paediatrics, emergency medicine, community health, and labour and delivery. All three of them scored quite high on the LAM (see Appendix G). Typically a score of less than 2.5 out of five on any of the cognitive, affective or behavioural sub-scores indicates a need for leisure education (Burlingame & Blaschko, 2002). The students scored between 3.42 and 4.75 on these sub-scores, which indicated that they have a good general knowledge about leisure, its relationship to concepts such as health and happiness, its role in terms of developing friendships, relation, rejuvenation and self-

improvement. As well they feel positively about their own leisure involvement and communicate a desire for past, present, and future involvement (Burlingame & Blaschko, 2002).

***Responses to Quantitative Survey Questions***

The initial survey asked the participants to identify which of a number of possible activities could be considered leisure for people in general; not necessarily ones that they themselves enjoyed. Their responses to this question have been ranked and placed in the following table:

**Table 4.1 Activities Considered to be Leisure for People in General**

Choice	Count	Percent of Total Sample
Playing sports (soccer, hockey, baseball, gymnastics, etc.)	31	96.9%
Active activities (walking, bicycling, swimming, snowboarding, etc.)	31	96.9%
Gardening	30	93.8%
Painting or drawing	30	93.8%
Going camping	29	90.6%
Dancing	29	90.6%
Reading	29	90.6%
Playing music	28	87.5%
Exercising	28	87.5%
Board games or card games	25	78.1%
Hobbies (scrapbooking, models, etc.)	25	78.1%
Cooking	25	78.1%
Going out to dinner or coffee with friends	24	75%
Listening to music	23	71.9%
Collecting (stamps, sports memorabilia, etc.)	23	71.9%
Home renovations	21	65.6%
Computer games	19	59.4%
Volunteering	19	59.4%
Spiritual pursuits (church, prayer, bible study, etc.)	18	56.3%
Watching others play sports	18	56.3%
Watching television	17	53.1%

It should be noted that although there were 32 responses to the online survey, none of the leisure choices were selected by all 32 participants. It is possible that one of the respondents did not choose to answer this question, which would have a minor influence on the calculated percentages of respondents.

In examining these results, a number of points stood out. There was a difference between the percentage of individuals who selected some of the more active choices than some of the more passive choices. For example, 96.9% of respondents identified playing sports or engaging in activities such as swimming or bicycling as leisure activities, whereas only 56.3% felt that watching others play sports was a leisure pursuit. Watching television, another activity that is physically passive scored the lowest of all the activities. This point was addressed with the participants in the focus group. Linsey said, “just when I went through it, I was like I don’t think I should check off TV. I just think that some people would have thought that they shouldn’t say that TV was leisure”. Linsey also said that “I suspect that most nursing students who responded to this are in their 20s and 30s, so I think we are, ooh, I feel guilty if I say that TV is my leisure time or something. You know it should be physical activity”. Marjorie added that it depends who you’re talking about; that watching sports on television was a main leisure activity for her grandmother but that she tends not to think of it as a leisure activity for people who are younger. She went on to clarify that “I mean I think that watching can be leisure for a young person too, just, maybe it’s not recognized as such”. It is possible that during the initial survey that the nursing students were trying to give what they viewed as the right answer instead of what they truly believed.

Another point worth noting is the fact that spiritual pursuits such as praying, attending church and engaging in bible study tied for the second lowest response rate. Eighteen individuals, or 56.3% of those responding, felt that spiritual pursuits could be considered leisure for people in general. Again this was discussed with the participants in the focus group. All three considered themselves to be spiritual but considered spirituality to be a component of their lives that was separate from their leisure. Linsey specifically said that although “it’s very important in my life, not so much through my leisure”. Marjorie agreed that although she considered herself to be “really spiritually oriented” that she “can work on that sort of, maybe more privately”.

The responses to this question were then compared with the previously adapted definition of leisure. That definition started with the belief that leisure is a subjective experience and that in western industrialized society leisure involves freedom to choose what to be involved in, intrinsic motivation, enjoyment, and a successful match between

skill and challenge (Searle & Brayley, 2000). What this definition suggests is that in theory any activity could be considered to be leisure; if the person chooses to do it because they want to, they enjoy it and it is a good match for their abilities, then it is leisure for them. If their responses were fully in line with the idea of the subjectivity of leisure, then all of the respondents would have identified that all of the choices were in fact examples of leisure for people in general.

The participants were also asked to identify which of the same list of activities they considered to be leisure for themselves; including activities that they currently do, used to do, or wished to do in the future. Their responses to this question have been added to the results from above ranked and placed in the following table:

**Table 4.2 Comparing Activities Considered to be Leisure for People in General with Personal Leisure Choices**

Choice	For People in General		For Themselves	
	Count	%	Count	%
Playing sports (soccer, hockey, baseball, gymnastics, etc.)	31	96.9%	26	81.3%
Active activities (walking, bicycling, swimming, snowboarding, etc.)	31	96.9%	28	87.5%
Gardening	30	93.8%	11	34.4%
Painting or drawing	30	93.8%	10	31.3%
Going camping	29	90.6%	21	65.6%
Dancing	29	90.6%	17	53.1%
Reading	29	90.6%	28	87.5%
Playing music	28	87.5%	13	40.6%
Exercising	28	87.5%	23	71.9%
Board games or card games	25	78.1%	19	59.4%
Hobbies (scrapbooking, models, etc.)	25	78.1%	11	34.4%
Cooking	25	78.1%	20	62.5%
Going out to dinner or coffee with friends	24	75%	26	81.3%
Listening to music	23	71.9%	24	75%
Collecting (stamps, sports memorabilia, etc.)	23	71.9%	2	6.3%
Home renovations	21	65.6%	5	15.6%
Computer games	19	59.4%	9	28.1%
Volunteering	19	59.4%	9	28.1%
Spiritual pursuits (church, prayer, bible study, etc.)	18	56.3%	10	31.3%
Watching others play sports	18	56.3%	13	40.6%
Watching television	17	53.1%	18	56.3%

The responses for this question were spread out across a variety of activity types. Again there was a high ranking for personal leisure involvement in physically active pursuits such as engaging in active activities, (87.5% of respondents), playing sports, (81.3%), and exercising, (71.9%). During the focus group, Helen supported the view of



active pursuits as leisure experiences when she said “that as soon as I think leisure, personally, I think physical activity; running, soccer, intramurals”. The only other activities that were identified by over 70% of the respondents were not physical activities; reading,( 87.5%), going out to dinner or coffee with friends, (81.3%), and listening to music, (75%). This suggested a reasonable balance between active and passive leisure choices for many of the respondents.

Some of the leisure choices that had a lower response rate may relate to the stage of life that many of the participants are at; 25 of the 32 respondents are 25 years of age and younger. At that age activities such as collecting, (6.3%), and home renovations, (15.6%), may simply not appeal to the majority of individuals.

In all but three cases, the respondents selected the various leisure choices for people in general at a higher rate than for themselves. This fact does tie in with the subjective nature of leisure identified before. To some degree the participants were able to recognize that an activity may be leisure for someone else even if it is not one of their personal choices.

The participants were also asked to identify the feelings or benefits that they believe can be achieved through leisure participation. Their responses are as follows:

**Table 4.3 Feelings and Benefits that can be derived from Leisure**

<b>Choice</b>	<b>Count</b>	<b>Percent of Total Sample</b>
Fun	32	100.0%
Health	31	96.9%
Relaxation	31	96.9%
Tension reduction	31	96.9%
Accomplishment	29	90.6%
Companionship	29	90.6%
Contentment or pleasure	29	90.6%
Escape	29	90.6%
Fitness	29	90.6%
Rejuvenation	29	90.6%
Excitement	26	81.3%

The subjectivity of leisure experiences should in theory apply to feelings and benefits in the same way that it applied to activities; individuals should subjectively have different reactions or look for different benefits from their leisure involvement based on their needs and desires going into the experience. Each individual will engage in different

activities to meet different needs and therefore take different benefits from their various activities. As well, different individuals engaging in the same activity may receive different benefits. For example, a group of individuals may get together to play basketball. For some, it may be primarily a physical activity that leads to fitness and physical health. For others it could be a social activity that helps them stay connected to a peer group or an activity that leads them to feel relaxed or rejuvenated. During the focus group I asked about the role that leisure plays on a day-to-day basis. Helen's response captures many of the feelings and benefits outlined above; she stated that:

I can't function unless I have me time, which is sort of leisure. If I'm studying and I read five pages and I have no idea what I just read, I'll just go paint my toe nails, talk on the phone for like ten minutes and then I'm okay. Then I can study again. I just need to, like do something for myself that's not necessary, but like sort of pampering myself. Or I'll go for a run; I'm a big athletic person. I'll run really hard for 20 minutes and then I can study again.

It again makes sense then that if they believed in the subjectivity of leisure, that all 32 respondents would have selected all of the feelings or benefits that they believe can be achieved through leisure participation. Since ten of the eleven options did have a response rate of over 90%, the majority of the respondents did support this view.

The participants were also asked to identify how important leisure is in their own life. Of the 32 respondents, all of them either strongly agreed, 18 respondents, or agreed, 14 respondents, that leisure is an important component of their life. In addition, the participants were asked to identify the degree to which they agreed with a number of statements about the impact that leisure can have on each of the physical, cognitive, social, emotional and spiritual domains of health. The results for this data are as follows:

**Table 4.4 Views on the Impact of Leisure on Domains of Health**

Topic	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree	Not Answered
Regular leisure involvement can have a positive impact on physical health	24	8	0	0	0	0
Regular leisure involvement can have a positive impact on cognitive health	25	6	1	0	0	0
Regular leisure involvement can have a positive impact on social health	22	10	0	0	0	0
Regular leisure involvement can have a positive impact on emotional health	26	5	1	0	0	0
Regular leisure involvement can have a positive impact on spiritual health	20	9	2	0	0	1

From the results, it was clear that the respondents felt that leisure can positively impact all domains of health. No one indicated that leisure does not positively impact any of the physical, cognitive, social, emotional and spiritual components of health. Although the scores were universally high, there was some variation in the results, with a high of 26 respondents strongly agreeing that leisure can positively impact emotional health and a low of 20 respondents strongly agreeing that leisure can positively impact spiritual health. This further supports the previous results where the spiritual component of health is least connected to leisure by the survey participants.

These results were further supported by the participants in the focus group. When asked which domain of health they felt that leisure could most influence, they struggled to narrow it down. The consensus was that leisure can influence all domains depending on what type of leisure activity you are engaged in at that time. Marjorie stated that “if it’s physical activity, obviously it’s physical. And cognitive and emotional is big time for me because my brain can get really muggy sometimes and I can just go and I don’t know, sweat it out”. She later added that “I spend a lot of time with my family when I’m really stressed out and that’s what I meant on the emotional side that really brings me back because I’ll drop anything for my family and I find that that’s what keeps me in tune”. Helen specifically identified that it “in my leisure it would be physical and social because I meet a lot of my friends and go play ultimate”.

When asked which of the domains of health is least influenced by leisure, Linsey and Helen said that for them it was the spiritual domain. Specifically, Linsey said that “I just feel that that is an overall part of me as a person, like I don’t know if my leisure changes my spirituality. I guess if I went outside and was looking at nature, you know that’s a bit, but overall I’d say that’s the least one for me”. Marjorie added “but they all really just tie together”, which recognizes the holistic aspect of leisure.

### ***Respondents Lived Leisure Experiences***

The richness in responses from the survey participants comes more from their written answers to the question asking them to recall one or more experiences in his or her life when he or she experienced leisure; specifically they were asked to describe the experience, describe how it made them feel and why they thought it was a leisure experience (See Appendix F). Twenty-nine individuals answered this section of the survey.

These answers were examined using McMillan and Schumacher’s (2001) inductive technique for developing an organizing system by identifying topics or themes. This process involved the following steps:

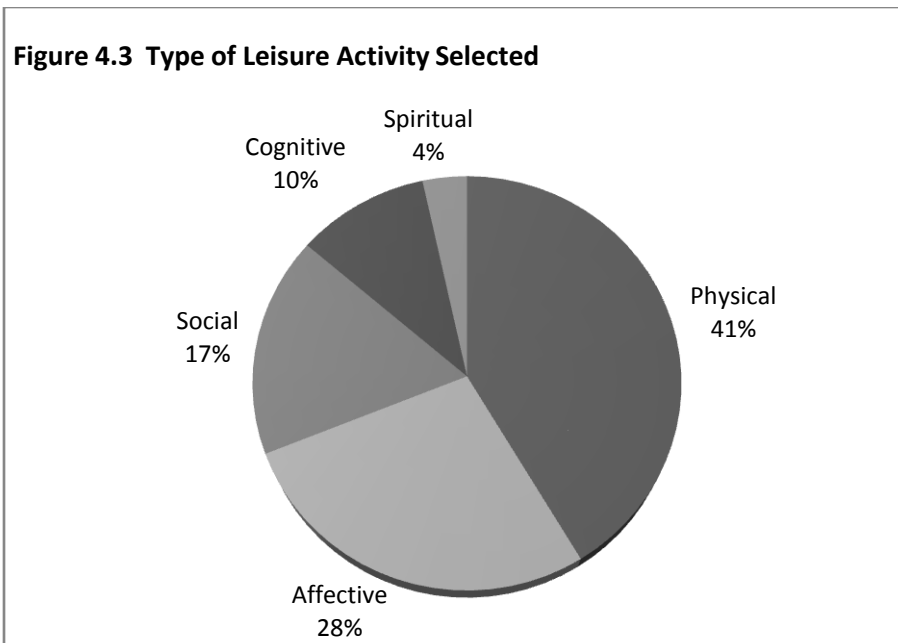
- Step One: Get a sense of the whole
- Step Two: Generate topics from the data
- Step Three: Compare for duplication of topics
- Step Four: Try out a provisional classification system
- Step Five: Refine an organizing system (pp. 468-470).

To begin this process each written response was read in its entirety. Each individual question was addressed one at a time; starting with all of the responses related to what the experience was, followed by all the responses regarding how it made them feel and ending with all of the responses about why they thought it was a leisure experience.

Ideas or key words were written down as the individual responses were read. As this list of ideas or key words was reviewed, topics emerged from the data set which led to a classification system. In terms of the types of activities that the participants felt were leisure, I first identified topics related to the domains of health discussed before. Twelve respondents identified physical activities such as going to the gym, dancing, swimming and playing team sports. Social activities were mentioned by three respondents with

activities including going for coffee or movies with a friend. Three individuals identified activities connected to the affective domain including relaxing and taking a vacation. Three more identified a cognitive activity such as reading or teaching a fitness class. One person identified the spiritual activity of listening to worship music. As well, seven individuals identified an activity tied to being outdoors, including camping, going for a walk and walking their dogs. Since outdoor activities didn't lend themselves to the classification system, it was necessary to further explore those activities and see if they did in fact fit with the identified topics related to the domains or if it would be necessary to develop a different classification system. In reviewing the seven activities that fit into this separate category by reading all parts of the respondents' entries, it became clear that the reasons why the individuals liked these activities did in fact relate to the categories already identified. Five of the seven individuals identified reasons for participating in their activity of choice that were related to the affective domain through words such as relaxed, refreshed, free, and escape. The remaining two participants identified reasons related to the social domain, by saying "I was spending time with my family" and "I was with people I enjoyed".

In combining those numbers with the previous results the total number of respondents for each of the categories can be found; physical domain had twelve responses or 41%, affective domain had eight responses or 28%, social domain had five responses or 17%, cognitive domain had three responses or 10 %, and the spiritual domain had one response or 4%. These results are shown graphically below:



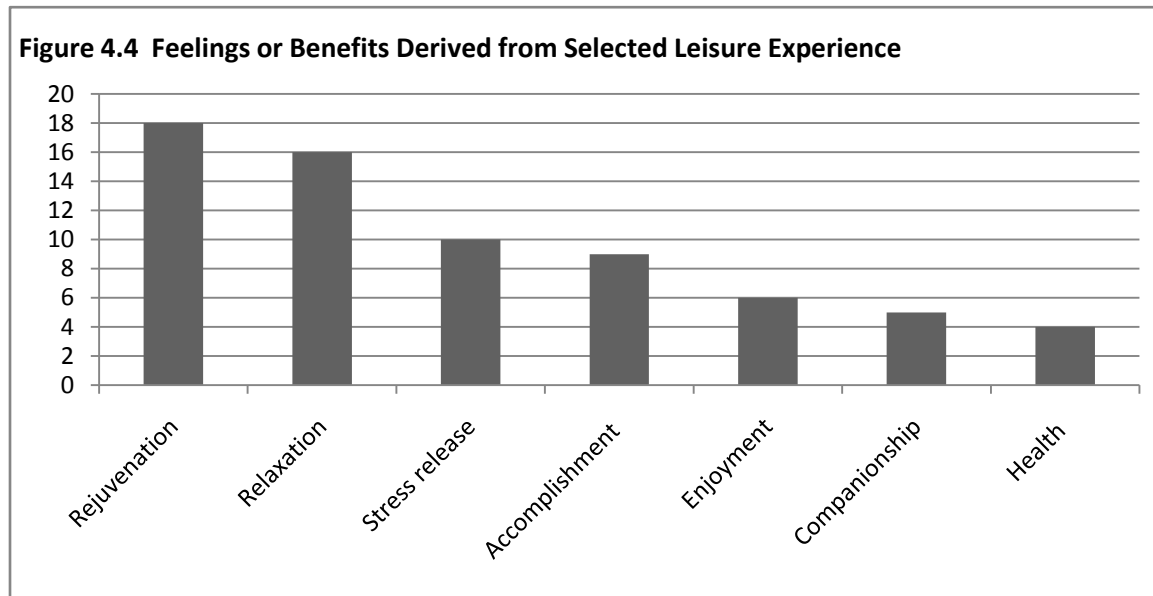
It is worth noting that within this sample group that the experiences that they selected to discuss included leisure activities encompassing all five of the domains.

A similar process was utilized to explore how their identified leisure experience made them feel. In essence, by identifying the feelings that they take from their chosen activities they are also identifying the benefits that they get from participation. Again 29 individuals answered this question on the initial survey.

These answers were also examined using McMillan and Schumacher's (2001) inductive technique for developing an organizing system by identifying topics or themes. Again, all 29 responses were addressed one at a time with key words written down as the individual responses were read. As respondents often indicated a number of feelings that they associated with their selected leisure activity, the data set that was generated included more than 29 feelings. After compiling the list, like responses were grouped and category headings were selected to represent each grouping. Eighteen respondents said that the leisure experience that they were describing made them feel a sense of rejuvenation. Words such as rejuvenated, energized, refreshed, and invigorated were used to highlight this response. Fifteen responses incorporated the feeling of relaxation, through the use of words and phrases such as relaxed, at ease and it clears my mind. Nine responses touched on the idea of accomplishment. Words and phrases such as a sense of accomplishment, challenged, proud and creative juices were used to describe this

sense of accomplishment. Eight respondents identified the feeling of stress release through words and phrases such as reduced stress, less worry, peace of mind, calm and tension free. Five respondents identified the benefit of companionship. They described their leisure experience through phrases such as “strengthens our friendships”, “give me a chance to interact with other people”, “developed very close relationships” and “connected to others”. Four respondents identified that a benefit of leisure involvement fit within the heading of health; all four utilized the word healthy to describe how their leisure experience made them feel. A further four respondents connected their feelings to a state of enjoyment by referencing the experience as either fun or one that made them feel happy.

A number of respondents also indicated feelings or benefits that did not lend themselves to the classification system. As before, it was necessary to further explore these feelings to see if they did in fact fit with the identified categories or if it would be necessary to develop a different classification system. The words and phrases that were reviewed included free, balanced, escape, warm, content and feeling very good about myself. In reviewing the entirety of the responses in question it became evident that the feelings that were being described did in fact fit with the categories already developed. Specifically, the word “free” was used to signify stress release and relaxation; “balanced” referred to a sense of accomplishment; “escape” referred to enjoyment and relaxation; “warm and content” referred to stress release; and “feeling very good about myself” referred to a sense of enjoyment. In some of these cases the category was already represented by another word that respondent used, so only discrete examples of terms used by each individual will be considered. In combining the previously uncounted feeling words with the existing results the total number of responses for each of the categories can be found; rejuvenation had 18 responses or 62.1%, relaxation had 16 responses or 55.2%, stress release had ten responses or 34.5%, accomplishment had nine responses or 31%, enjoyment had six responses or 20.7%, companionship had five responses or 17.2%, and health had four responses or 13.8%. These results are shown graphically below, with the numbers indicating how many times each feeling or benefit was selected:



Respondents selected descriptive words that captured a wide range of feelings or benefits. It is also interesting that all 29 responses touched on two or more feelings that they attributed to their selected leisure experience. Clearly, they saw the experience as something that could lead to multiple feeling/benefits. This supports the view of Russell and Jamieson (2008) that leisure “provides us with many things that are vital for our growth and development” (p. 5). A single leisure experience can provide multiple benefits across the domains. The specific benefits that occur will be dependent on the type of experience that the individual engages in and what they are hoping to achieve from the experience. If the respondents had each discussed a number of their leisure experiences and the range of feelings and benefits that they get from them all, it is possible that they would have each discussed the majority of categories ranked above. I asked the individuals in the focus group if different leisure experiences meet different needs for them. Marjorie supported this by saying that different types of activities will satisfy different needs for her; working out was physical, cognitive and emotional for her, that reading is good exercise for her mind, that sitting and laughing with friends is really great socially, and that sitting and looking at nature is really good for your spirituality.

It is interesting to note here that health was the feeling or benefit category that emerged from the data the least number of times. Earlier results showed that the nursing students felt that leisure had a positive impact on health in general and more specifically on all five domains of health. But when asked how their chosen leisure experience had



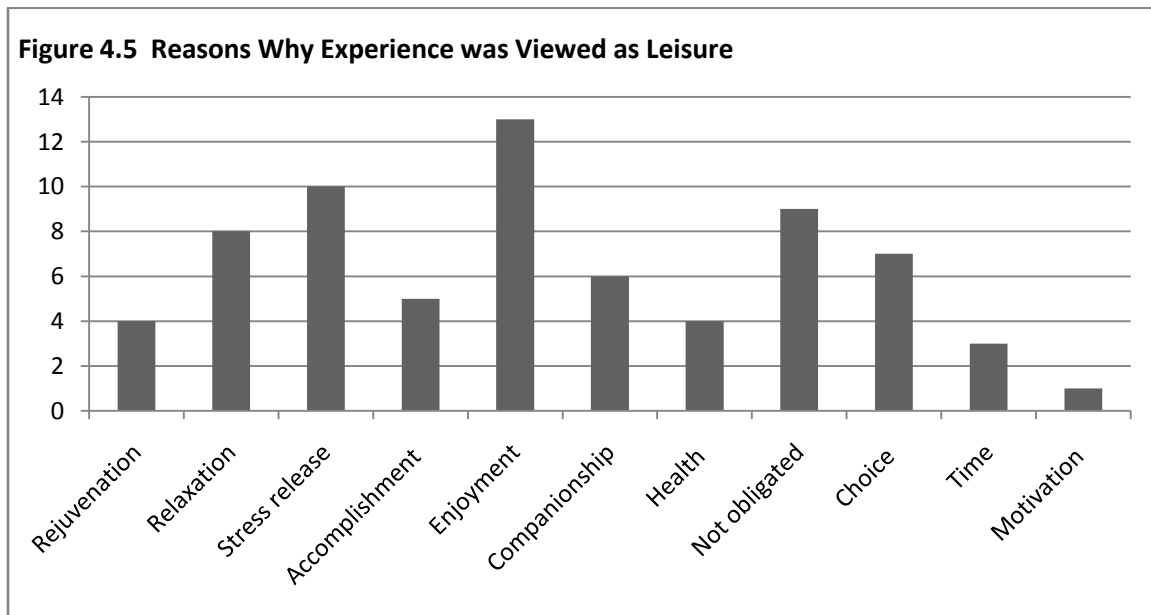
made them feel, healthy was a term that was used by only 13.8% of them. It is possible though that a sense of health is implied by the nursing students in the other categories. For example, having companionship could have implied a sense of social health; accomplishment may have included a sense of cognitive health; enjoyment, relaxation and stress release may have implied a sense of emotional or spiritual health; and rejuvenation could have implied a sense of physical, cognitive or emotional health. In essence, by identifying the benefits and feelings that they derived from their leisure experiences, they were in fact talking about how leisure helped make them healthy.

A similar process was utilized to explore all responses to the question of why they thought their identified experience was leisure. Again these answers were examined using McMillan and Schumacher's (2001) inductive technique for developing an organizing system by identifying topics or themes. As before, all 29 responses were addressed one at a time with key words written down as the individual responses were read. Again many respondents indicated a number of reasons as to why they thought their chosen experience was leisure, so the generated data set exceeded 29 ideas. After compiling the list, like responses were grouped and category headings were selected to represent each grouping.

In reading through the responses to this question it became evident that the categories developed for the feeling and benefit question also applied to many of the responses to this question. In other words, the respondents were connecting their reasons for why they viewed the experience as leisure to the feelings or benefits that they derive from the experience. As discussed previously, "people pursue leisure opportunities for different reasons and with different levels of intensity, depending upon the nature of their needs, values, and attitudes at any given time" (Edginton, DeGraaf, Dieser, & Edginton, 2006, p. 23). What an individual perceives to be leisure will be connected to what they are looking to take from the experience. In this case the reasons why they thought the experience was leisure were tied to the positive feelings and benefits that they associate with the leisure experience. These data were therefore analyzed in terms of the categories from the last section as well as new categories that did not arise from the last data set. In terms of the pre-existing categories, 13 respondents or 44.8% felt that it was leisure because it provided enjoyment; 10 respondents or 34.5% felt it provided stress

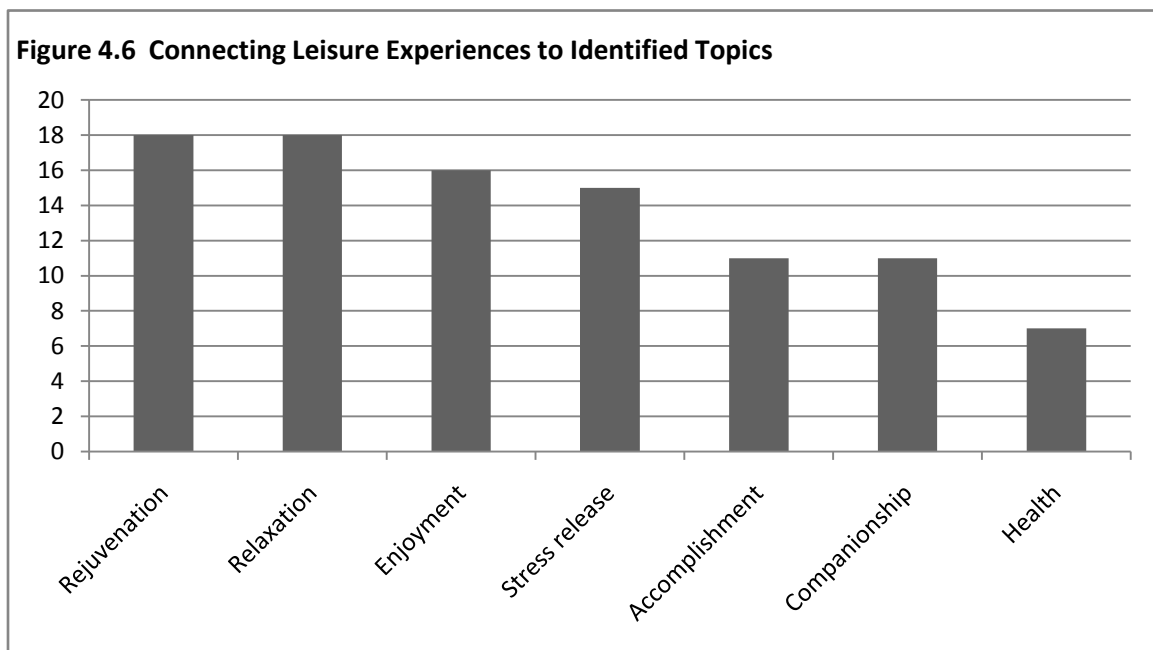
release; 8 respondents or 27.6% felt it provided relaxation; 6 respondents or 20.7% felt it provided companionship; 5 respondents or 17.2% felt it provided accomplishment; 4 respondents or 13.8% felt it provided rejuvenation; and 4 respondents or 13.8% felt it provided health.

In terms of new categories, the responses indicated a number of other ideas about why the individual felt that their chosen experience was leisure. These responses related to the following four new ideas or topic areas; namely that they chose to participate, they were motivated to participate, it was an activity they did on their own time or it was an activity that was free of obligation. Specifically, nine respondents, or 31%, felt it was leisure because they weren't obligated to participate; seven respondents, or 24.1%, felt that their experience was leisure because it was their choice; three respondents, or 10.3%, felt it was something that they did during their free time; and one respondent, or 3.4%, identified motivation through the idea that they wanted to do it again. These new categories related to the definitions of leisure that were explored in the literature. Although many of the respondents focused on the feelings and benefits that they derived from the experience, a number also looked at ideas of freedom of choice, intrinsic motivation, free time and being free of obligation. The combined results for the pre-existing and combined categories are shown graphically below with the numbers indicating how many times each reason was selected:



Some of these categories were also mentioned by the focus group participants. When asked what leisure means to you, Linsey said that it was “not work”; “any activity outside of what you have to do”. Helen said that it was “something that you choose to do” and Marjorie said that it was “taking a break; relieving stress”.

Since many of the responses for the question related to how the experience made the participants feel and why they thought the experience was leisure made reference to the same categories, I thought it would be valuable to combine that data. Specifically, I looked at how many of the 29 individuals indicated each category as part of their answer for either of the two questions. In tabulating these results, I cross-referenced the two sets of answers and made sure that I was only counting each person’s responses once for each category. In combining these data sets and totalling the number of responses for the categories of rejuvenation, relaxation, enjoyment, stress release, accomplishment, companionship and health were indicated as follows; rejuvenation had 18 responses or 62.1%, relaxation had 18 responses or 62.1%, enjoyment had 16 responses or 55.2%, stress release had 15 responses or 51.7%, accomplishment had 11 responses or 37.9%, companionship had 11 responses or 37.9%, and health had seven responses or 24.1%. These results are shown graphically below with the numbers indicating how many times each reason was selected:



These combined numbers further strengthened the fact that these respondents felt that their leisure experience of preference was one that provided them with a variety of feelings and benefits. The positives that they took from the experience were a significant part of why they viewed it as leisure in the first place.

### ***Summarizing the Views of the Participants***

Having examined in some detail the views of first and second year nursing students towards leisure, it was possible to examine how their views compared to the previously outlined definitions of leisure, health, and wellness from the literature. Results from the focus group were then added in to provide further evidence of how the nursing students' attitudes of health and leisure related to the definitions.

The definition of leisure adopted for this study started with the belief that leisure is a subjective experience and that in western industrialized society leisure involves freedom to choose what to be involved in, intrinsic motivation, enjoyment, and a successful match between skill and challenge (Searle & Brayley, 2000). The data collected through the initial survey and the focus group touch on many of these points. To some degree the participants have reinforced the idea of the subjectivity of leisure. The ideas of freedom of choice and enjoyment were raised by many of the respondents in describing a personal leisure experience. The idea of intrinsic motivation and a successful match between skill and challenge were not as widely addressed. Intrinsic motivation "refers to motivation to participate based on the positive feelings derived from participating in the activity" (Dattilo, 1999, p. 21). Since the experiences that were described were ones that people enjoy and that bring them pleasure it is likely that the experiences were intrinsically motivating even if the responses did not specifically highlight this fact. This same idea likely connects to the idea of a successful match between skill and challenge. People choose to participate in activities that they enjoy and that enjoyment is often tied to success. They participate in activities that challenge them and that they have the skills to do successfully (Michaelis, 1991). Again, since the responses outlined experiences that the individual chooses to do and enjoys, it is likely that they are experiences that involve the correct degree of challenge and allow the participants to experience flow.

The study data shows that the participants view leisure and health as holistic. Examples of leisure experiences and the benefits derived from participating were taken from the physical, cognitive, affective, social, and spiritual domains. Results from the initial survey showed strong support for the fact that leisure can positively influence all of these domains of health. When asked how they saw the connection between leisure and health, Helen said that leisure provided “an overall sense of wellness”. Linsey stated that leisure is “not just physical, but leisure can be other than physical; activities that give you mental and emotional sanity. Marjorie connected the social, physical, and cognitive components to her leisure experiences as a student, by adding that leisure can make;

you just enjoy school more because you are not constantly doing school or focusing on the things you have to do. If you step back and spend some time with someone you love or go exercising or something and then you come back and your head clears and you can start to learn and focus on what you need to learn.

The ideas of balance and personal development were also reinforced by one of the respondents to the initial survey. In discussing her personal leisure experiences this nursing student stated that leisure;

ultimately helped to shape me into a more complex being with a variety of attributes. I’m a dynamic person who is always looking for challenges and opportunities to grow and develop and leisure activities give me an opportunity to do this. Leisure experiences have the ability to complement one another which adds to a more fulfilling lifestyle. Plus I often will share in the experiences with my family and friends which makes life more enjoyable.

These views related to the literature in terms of seeing leisure as an opportunity for “positive growth and development of the whole person” (Human Kinetics, 2006, p. 292).

The focus group also provided an opportunity to further explore the students’ views regarding the potential of leisure within healthcare. I asked the intentionally ambiguous question of “what role do you think leisure can play in a health care setting”. I was interested in seeing if they would choose to focus on the potential of leisure for the patient or for the staff. They focused primarily on the impact it can have on health care professionals. Marjorie stated that if “we had a little more fun in the workplace, not to break away from professionalism, but just you know, some jokes that people would not

be on stress leave right now”. Linsey agreed about the reality of stress in the workplace and added that it would be beneficial for her and her patients if she had more time to be able to connect with them on a more personal level and “when you can make someone laugh or you laugh it just instantly relieves some stress and whew, there’s a little moment of leisure I grabbed in my work day and it’s going to affect the rest of my day positively”. The idea of the importance of leisure to health care providers was also reinforced by one of the students in the additional comments section of the initial survey. She stated that “I think leisure is SO important in health care, which can be one of the most stressful and demanding jobs there is”. It was interesting that they talked about leisure and the patient in terms of their interactions with the patient from a nursing perspective. They did not, however, talk about the importance of the role of TR in addressing the leisure needs of the patient. During the focus group we also discussed the idea of whether or not they thought that leisure was always positive. They all agreed that it could be negative and Linsey and Marjorie agreed with Helen who said that “drinking or drug use or something like that, where some person might think of that” as their leisure even though it’s “really not good for their body”. These ideas of staff awareness about the connection between leisure and health and the impact of being healthy on them as professionals are important ones and will be addressed further in the recommendations section.

In summary, three examples from the initial survey help capture the many roles that leisure can play within an individual’s life. The first example was from an individual who was writing about playing team sports such as volleyball and basketball. When she explained why she felt that playing team sports was leisure for her she said “it gave me an outlet from everyday stressors. I played with lots of my friends, we had fun and it kept me in shape which I also feel helps to relax me and give me confidence.” The second example was from someone writing about going camping in more remote places. She thought this was leisure for her “because it was something I chose to do in my spare time (away from work or school) that was enjoyable and even relaxing. It was an escape from my routine. Relieved stress!” The third example was from someone who was writing about dancing and camping. She felt that “anything that makes you happy/

relaxed /rejuvenated/feelings of accomplishment is a leisure experience. It is a leisure experience because it is something I use to clear my mind/keep me in shape/make me happy or relaxed.” These three examples demonstrated the impact that leisure can have across the domains and the variety of feelings and benefits that can be derived from the experience. They also helped demonstrate the fact that some of the students who contributed to this data had an understanding of leisure that compared favourably with the literature previously outlined.

## CHAPTER FIVE

### Finding Meaning

#### *Introduction*

This journey began with a personal desire to understand how others view the connection between leisure and health. Specifically, I was interested in knowing how future nurses viewed the potential of leisure and its relationship to health. I was interested as well in understanding what impacts these views had for Therapeutic Recreation professionals as they conducted advocacy and education sessions on the field of TR with other members of the interdisciplinary health care team. Beyond the scope of this study, I was also interested in whether these results would provide insight into the possibility of interdisciplinary education and the potential of similar research with other healthcare professionals besides nurses.

In general, the participants demonstrated an overall understanding of leisure that paralleled the literature review. As a group they identified leisure experiences related to the physical, cognitive, affective, social, and spiritual domains. They addressed a wide range of benefits or feelings that they associated with leisure including rejuvenation, stress relief, enjoyment, relaxation, companionship, health and accomplishment. In describing what made their experiences leisure, they further identified key aspects of the definition of leisure related to choice, motivation, time and the view of the experience as being not connected to obligation. Collectively, they also believed in the potential of leisure to impact all of the domains of health and wellness.

At the same time, their responses indicated that there is potential to enhance their knowledge of leisure and the connection of leisure to health and health care. The students' responses were not universal in recognizing the subjectivity of what constitutes a leisure experience. Their responses often focused on physical and active examples of leisure rather than more passive or sedentary experiences. The responses did not touch on all aspects of the TR definition of leisure that was adapted for this study as they rarely mentioned the ideas of intrinsic motivation or the match between skill and challenge. Although they identified through the survey and the focus group that they believed that



leisure can positively influence health, the majority of the nursing students did not explicitly identify health as a benefit of their own leisure experiences. As well, when they were asked to comment on the role of leisure within health care settings, they focused on the potential impact of leisure on them as professionals rather than the potential role of TR in supporting health through leisure or how professionals could work collaboratively for the benefit of the patient.

### ***Limitations of the Study***

It should be noted that this study was an examination of the views and attitudes of the 32 first and second year nursing students who responded to the initial survey and the three individuals who completed the Leisure Attitude Measure and participated in the focus group. Their views on leisure and health have been shaped by their lived experiences and those of others that they have come in contact with. That said the views they expressed cannot be generalized to the views of others. As well, the views expressed represent what these individuals believed at a static point in time. Just as an individual's leisure preferences may change with time, so may their views of leisure and its importance. The findings may help guide future interactions but they cannot dictate practice.

This study was potentially impacted by a number of factors. Firstly, the collection of data occurred towards the end of the students' semester as their exams drew near. This likely impacted the number of students who chose to participate and it is possible that it also led participants to answer the questions quickly without as much reflection as they otherwise might have given. It is also possible that the people who chose to get involved were the ones who saw value in leisure and its connection to health and health care. Since the views of those who chose to participate were positive, it is possible that the results are not indicative of the entirety of the nursing student population. While this does suggest that the results need to be viewed cautiously, it does not in any way reduce the validity of the views expressed by those who did choose to participate.

### ***Recommendations for Therapeutic Recreation Professionals***

As this study was conducted with a view towards improving the ability of members of the health care team to work together, it is positive that the group of future nursing professionals who participated viewed the potential of leisure so positively. The data collected indicates some room for potential improvements.

The students in question did not universally communicate an understanding of the subjectivity of leisure. Their responses often viewed physical and active experiences as leisure more often than they viewed passive experiences. Any future educational or advocacy related sessions should stress this idea of subjectivity; namely that leisure experiences are selected and defined by the individual and that what is leisure for one may not be leisure for someone else.

The responses did not touch on all aspects of the TR definition of leisure that was adapted for this study; namely, that by starting with the belief that leisure is a subjective experience, we can establish in western industrialized societies that leisure involves freedom to choose what to be involved in, intrinsic motivation, enjoyment, and a successful match between skill and challenge (Searle & Brayley, 2000). As was shown, many of the participants touched on the ideas of freedom of choice and enjoyment, but most did not refer to the ideas of intrinsic motivation and the match between skill and challenge. This definition of leisure could be further explored by participants in any in-service or education sessions. Again, this is a definition that outlines how TR professionals are using the term leisure in developing and implementing their services. It is important for other health care professionals to have an awareness of these ideas if they are to fully understand the purpose of our profession and our programs. All parts of the definition could be examined with a particular focus on the sections of motivation and the match between skill and challenge.

Although they identified through the survey and the focus group that they believed that leisure can positively influence health, the majority of the nursing students did not explicitly identify health as a benefit of their own leisure experiences. When discussing the potential role of leisure it could be useful to clearly tie the benefits that they do identify, such as stress relief, rejuvenation and enjoyment, to the domains of health.

As well, when they were asked to comment on the role of leisure within health care settings, they focused on the potential impact of leisure on them as professionals rather than the potential role of TR in supporting health through leisure or how professionals could work collaboratively for the benefit of the patient. This is an interesting point in that it provides a possible way of attracting interest in the in-services that are conducted. If the students and future staff members are interested in learning about how leisure can benefit them professionally, TR professionals can use that as a starting point in an educational session that also connects to the role of TR in benefiting the patient and how staff from various professional backgrounds can work together in achieving treatment goals.

It is possible that the TR professional could choose to implement a leisure education session or program with other health care staff by utilizing leisure education models. Dehn's (1995) Leisure Step Up is a program that has been utilized with health care staff in an in-service setting in just such a way. Although no studies have been conducted on this application, it does seem to be a worthwhile way of helping health care professionals gain an understanding on the potential role of leisure both for themselves and for the patients.

In a more general sense, it is a good idea to tailor any educational sessions to the specific needs of the participants. It is worthwhile then for TR professionals who are conducting in-services to attempt to assess the knowledge base of the people they are presenting to and help ensure that the session is tied to their needs. For sessions that look to educate other members of the interdisciplinary team about the potential role of TR, that means looking at the group's pre-existing views about leisure. That said it would be useful to utilize something like the initial survey used in this study to evaluate the knowledge base of the group before determining the content of the session. If they are knowledgeable about leisure and its connection to health and well-being, then you could focus the session on the role of TR and TR specific programs. If they are lacking some important pieces of background knowledge about leisure, then it would be possible to ascertain this and cover this content before moving into more TR specific aspects of the session. It should be noted that it will not always be possible to conduct a pre-session assessment, but the TR professional could still attempt to get a sense of the knowledge

base of the group by facilitating a general discussion on leisure before moving on to the focus on TR.

### ***Recommendations for Educational Practice***

The interest in leisure and its connection to health that was echoed by a number of the participants suggests a willingness on the part of the students to learn more about this relationship. This suggests the potential to do cross teaching within an educational context to better educate other students about the roles of different members of the interdisciplinary health care team. For example, as an educator in the field of TR, I could volunteer to teach a class on the role of TR to all first or second year nursing students. In theory this could take the role of an in-service or a leisure education session. If this was to happen, it might also be worthwhile to use the initial survey as an assessment tool. In other words, have the nursing students complete the online survey and examine the results to help tailor the session to the specific educational needs of the current students. Another educational possibility would be to engage TR students with nursing students to conduct interdisciplinary case studies related to patient treatment. As outlined before, the desire of the students to learn about how leisure can benefit them personally, could serve as an opportunity to further explore the potential of leisure, role of TR and benefits for the patient as well.

There is also an opportunity to further explore leisure and its potential by focusing more on the inclusion of leisure and leisure education within the elementary and secondary school systems. Although a number of authors (Sessoms & Henderson, 1994; Heyne & Schleien, 1996; Caldwell, Baldwin, Walls, & Smith, 2004) have explored the potential of leisure education within the school system, few practical examples exist of it being implemented. The potential exists for TR professionals to work jointly with Ministries of Education to develop curriculum that would be appropriate for students. Content, like that covered in Wellness 10 (Saskatchewan, 2004), could be expanded and addressed with students at various points during their elementary and secondary school educations. Developing leisure attitudes, skills and knowledge at a young age has the potential to benefit individuals and society in general through improved health. This implies the potential of an even greater collaboration between the Ministry of Education

and the Ministry of Health to develop a leisure education program that would serve as a health promotion tool.

### ***Recommendations for Further Research***

Again the results may be limited by the low response to the initial survey and the small number of participants in the focus group. It may be worthwhile to repeat this study with future groups of nursing students to further establish the validity of the findings. If this is done, it is recommended that data collection be done somewhat earlier in the year when the students are feeling less stressed about school. Similar studies could also be conducted with other student groups who represent different professions on the interdisciplinary team. Similar studies could also be explored with working professionals from different components of the interdisciplinary team, volunteers who help support TR programs, clients or patients and their family members.

Additional research could be conducted to examine the effectiveness of the curriculum in shaping views around leisure in existing school courses, such as Wellness 10. Other forms of leisure education should also be implemented into school settings to attempt to ascertain if there is a place or need for more formalized leisure education in school settings. In addition, existing leisure education programs such as the Leisure Step Up (Dehn, 1995) could be studied as the basis for an in-service within health care settings.

### ***A Final Thought***

It seems fitting to end this segment of my professional journey by turning to the words of the participants who have shared their opinions with me. One student in the section for additional comments on the initial survey stated that “I think...that a lot of people don’t know the true definition of ‘leisure’ and therefore may have many different ideas about what it means”. In wrapping up the focus group, I asked the participants if their views on the influence that leisure and health have on each other had changed as a result of the study; Helen said that she had “maybe a broader view of leisure based on answering the questions”. Regardless of the bigger implications discussed in this section, this study had an impact on at least some of the participants by allowing them new opportunity to engage in thoughtful dialogue and reflection regarding this topic. This

study began as a reflection of whether or not my education and in-service efforts had been successful when I worked as a TR practitioner in the past. It is only fitting that in some ways this research became exactly that: a chance for the participants to question and reflect about the potential of leisure and the field of TR.

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## APPENDIX A

### Initial Survey

#### Leisure and Health Views of Nursing Students and the Implications for Therapeutic Recreation

**Please complete all of the following questions.**

#### **Background Questions**

1. Are you at least 18 years of age?

Yes

No

*If you answered no, you are now finished the survey. Thank-you for your participation*

2. Level

First year

Second Year

3. Program

NEPS

Other

4. Age

18-21

22-25

26-29

30+

5. Gender

Female

Male

6. Did you take Wellness 10 as a class in high school?

Yes

No

#### **Leisure Questions**

7. Please indicate all of the following that you feel are examples of leisure for people in general.

(this does not necessarily mean activities that you yourself enjoy)

a.  Playing sports (soccer, hockey, baseball, gymnastics, etc.)

b.  Watching others play sports

c.  Active activities (walking, bicycling, swimming, snowboarding, etc.)

d.  Exercising

e.  Going camping

f.  Board games or card games

g.  Computer games

h.  Gardening

i.  Home renovations

j.  Watching television

k.  Playing music

l.  Listening to music

m.  Painting or drawing

n.  Dancing

o.  Volunteering

p.  Reading

q.  Collecting (stamps, sports memorabilia, etc.)

- r. \_\_\_ Hobbies (scrapbooking, models, etc.)
  - s. \_\_\_ Cooking
  - t. \_\_\_ Going out to dinner or coffee with friends
  - u. \_\_\_ Spiritual pursuits (church, prayer, bible study, etc.)
8. Please indicate all of the following that are examples of leisure for YOU (this can include activities that you currently do, used to do, or wish to do in the future)
- a. \_\_\_ Playing sports (soccer, hockey, baseball, gymnastics, etc.)
  - b. \_\_\_ Watching others play sports
  - c. \_\_\_ Active activities (walking, bicycling, swimming, snowboarding, etc.)
  - d. \_\_\_ Exercising
  - e. \_\_\_ Going camping
  - f. \_\_\_ Board games or card games
  - g. \_\_\_ Computer games
  - h. \_\_\_ Gardening
  - i. \_\_\_ Home renovations
  - j. \_\_\_ Watching television
  - k. \_\_\_ Playing music
  - l. \_\_\_ Listening to music
  - m. \_\_\_ Painting or drawing
  - n. \_\_\_ Dancing
  - o. \_\_\_ Volunteering
  - p. \_\_\_ Reading
  - q. \_\_\_ Collecting (stamps, sports memorabilia, etc.)
  - r. \_\_\_ Hobbies (scrapbooking, models, etc.)
  - s. \_\_\_ Cooking
  - t. \_\_\_ Going out to dinner or coffee with friends
  - u. \_\_\_ Spiritual pursuits (church, prayer, bible study, etc.)
9. Please indicate all of the following FEELINGS or BENEFITS that you believe can be achieved through participation in leisure by people in general (again not necessarily what you yourself achieve through leisure):
- a. \_\_\_ Achievement
  - b. \_\_\_ Pleasure
  - c. \_\_\_ Excitement
  - d. \_\_\_ Companionship
  - e. \_\_\_ Relaxation
  - f. \_\_\_ Fulfillment
  - g. \_\_\_ Satisfaction
  - h. \_\_\_ Stress reduction
  - i. \_\_\_ Rejuvenation
  - j. \_\_\_ Escape
  - k. \_\_\_ Fun
  - l. \_\_\_ Fitness
  - m. \_\_\_ Health

For each of the following questions please indicate the degree to which you agree or disagree with each statement from SA (strongly agree), A (agree), U (unsure or undecided), D (disagree) to SD (strongly disagree)

10. Leisure is an important component of my life  
— SA — A — U — D — SD

11. Leisure involvement can have a positive impact on physical health  
— SA — A — U — D — SD

12. Leisure involvement can have a positive impact on cognitive health  
— SA — A — U — D — SD

13. Leisure involvement can have a positive impact on social health  
— SA — A — U — D — SD

14. Leisure involvement can have a positive impact on emotional health  
— SA — A — U — D — SD

15. Leisure involvement can have a positive impact on spiritual health  
— SA — A — U — D — SD

16. Please recall one or more experiences in your life when you feel you experienced leisure and answer the following:  
a. Describe the experience  
b. Describe how it made you feel  
c. Describe why you think it was a leisure experience. Your REASONS are important.

17. Additional Comments  
Please add any additional comments about any of these questions or any other information that you think would be helpful for me to know.

### **Focus Group Involvement**

As part of the evaluation of the leisure attitudes of nursing students, I will be administering a second short questionnaire and conducting a focus group to allow students an additional opportunity to share their views. These two components will be held during one session and will require an additional commitment of approximately 45 minutes. This will occur at SIAST – Kelsey Campus during your lunch period on a mutually convenient date. Lunch will be provided.

The focus group will be confidential and private. In the written report, the identity of focus group participants will be protected, pseudonyms will be used and all identifying characteristics will be removed. Confidential quotations from a sample of not more than 25 participants may be included in the final report, but all identifying characteristics will be removed. Aggregate data, which is data that represents the summarized views of the group will also be reported.

Please answer the following question to identify if you are interested in participating in the focus group.

18. Are you interested in participating in a 45 minute focus group to further explore these ideas?  
\_\_\_ Yes \_\_\_ No

If you answered no to this question you have completed the questionnaire. Please proceed to the end to submit your answers

If you answered yes to this question, please click on the following email link and send an email to the researcher that provides the following information: EMAIL LINK – [parolin@siast.sk.ca](mailto:parolin@siast.sk.ca)

- Name
- Phone number
- Email address
- Level of program (first or second year)

All interested individuals will be contacted by Mark Parolin to confirm when and if they are needed to participate in the second questionnaire and the focus group.

***Please click the following submit button to send your answers to the researcher.  
Thank-you for participating in this survey.***

## APPENDIX B

### Introductory Letter

#### Leisure and Health Views of Nursing Students and the Implications for Therapeutic Recreation

Dear Student,

In conjunction with the Department of Curriculum Studies, in the College of Education at the University of Saskatchewan, Mark Parolin is conducting a study to learn about the attitudes of nursing students towards leisure. **This study has been reviewed and approved on ethical grounds by the University of Saskatchewan Behavioral Research Ethics board on (date pending).**

The focus of this research seeks to understand your perceptions on the concept of leisure. As an educator and former therapist in the field of Therapeutic Recreation (TR), I'm interested in the views of future healthcare professionals about the potential roles of leisure in healthcare. My hope is that your answers to the questions that I pose will help future TR professionals work more effectively with nurses in delivering multi-disciplinary health care services.

This survey has been developed to obtain your views about the potential role of leisure in healthcare. Your response to this survey is important to this study and it will provide me with data that will help me understand how we can better work together to meet the needs of our common clients. **Results of the data will be made available to all interested parties through the program head of the Nursing Education Program of Saskatchewan, Marian Morrissey.**

The data will be collected through two anonymous questionnaires and voluntary, confidential involvement in focus groups. The initial anonymous questionnaire will be conducted online and should take you ten to fifteen minutes to complete. If you are interested in completing this questionnaire, please access it at the following URL: *(this will be inserted once the survey is uploaded and the exact URL is known).*

In addition, you may choose to volunteer to participate in a second short questionnaire and a focus group that further examines your attitudes towards leisure. The administering of the second questionnaire and the focus groups will take place at SIAST – Kelsey Campus during your lunch period on a mutually convenient date. The session will last approximately 45 minutes and lunch will be provided. Surveys will be anonymous and private and only aggregate data, which is data that represents the summarized views of the group, will be reported. You have the right to opt out of any survey question as you see fit. **This evaluation involves minimal risk to you as participants. Although I am an instructor at SIAST – Kelsey Campus, I have not been designated to instruct any of your classes in the future. Results will not be attributed to individuals. Instead, data will only be linked to specific populations, such as first year students.**

I ask that you take ten to fifteen minutes to fill in the questionnaire. Please do not place any identifying marks on the questionnaire. Please follow the online directions to identify the response that best corresponds with your answer. Follow the prompts to complete any questions that you wish to answer and click, submit survey after completing the survey to submit your responses.

If you are interested in participating in the focus group, please answer yes to the last question and follow the email link provided in that question to share your contact information. All people who volunteer for the focus group will be contacted and informed of the time, date and location of the meeting.

**If you have any questions regarding your participation in this study, you may contact the Office of Research Services at the University of Saskatchewan, at 966-2084. If you are calling from outside of Saskatoon, you may call collect.**

**Consent to Participate:** I have read and understood the above description. By completing the survey, I give consent to participate in the study as described, understanding that I may withdraw this consent at any time.

Thank-you for your participation in this evaluation. If you have any questions please feel free to contact me **or my supervisor, Dr. Brenda Kalyn.**

Mark Parolin  
College of Education  
Department of Curriculum Studies  
University of Saskatchewan  
933-6713  
[parolin@siast.sk.ca](mailto:parolin@siast.sk.ca)

**Dr. Brenda Kalyn**  
**College of Education**  
**Department of Curriculum Studies**  
**University of Saskatchewan**  
**966-7566**  
[brenda.kalyn@usask.ca](mailto:brenda.kalyn@usask.ca)



## APPENDIX C

### Summary of Rights and Consent Form

#### Leisure and Health Views of Nursing Students and the Implications for Therapeutic Recreation

**This summary of rights will be read to each participant prior to their agreeing to participate in the Leisure Attitude Measurement questionnaire and focus group. Participants will indicate consent by agreeing to participate. They will confirm their consent by completing this form prior to participation.** In addition, each participant will receive a copy of this consent form for their own records.

#### *Preamble*

*In conjunction with the Department of Curriculum Studies, in the College of Education at the University of Saskatchewan, Mark Parolin is conducting a study regarding the leisure attitudes of nursing students. This study is supported by Marian Morrissey, program head of the Nursing Education Program of Saskatchewan (NEPS) – Kelsey Campus. In addition, this study has been reviewed and approved on ethical grounds by the University of Saskatchewan Behavioral Research Ethics board on (date pending).*

The purpose of this research is to examine the understanding that you have about the concept of leisure. As an educator and former therapist in the field of Therapeutic Recreation (TR), I am interested in the views of future healthcare professionals about the potential roles of leisure in healthcare. My hope is that your answers to the questions that I pose will help future TR professionals work more effectively with nurses in delivering multi-disciplinary health care services.

**Completing the second questionnaire and focus group will take approximately 45 minutes. Results of the study will be made available to all interested parties through Marian Morrissey, the NEPS Program Head.**

The focus group will be confidential and private. In the written report, the identity of focus group participants will be protected and all identifying characteristics will be removed. Confidential quotations from a sample of not more than 25 participants may be included in the final report, but pseudonyms will be used. Aggregate data, which is data that represents the summarized views of the group will be reported. **This evaluation involves minimal risk to you as participants. Results will not be attributed to individuals. Instead, data will only be linked to specific populations, such as first year students. You have the right to withdraw at any time without penalty or loss of services.**

The evaluator will undertake to safeguard the confidentiality of the discussion, but cannot guarantee that other members of the group will do so. Please respect the confidentiality of the other members of the group by not disclosing the contents of this discussion outside the group, and be aware that others may not respect your confidentiality. In addition, as direct quotations from the focus group interview may be reported. A transcript of the focus group will be placed online at a secure site. You will receive an email link to this site and given the opportunity to review the comments. You are free to contact the researcher at [parolin@siast.sk.ca](mailto:parolin@siast.sk.ca) and ask that your comments not be included in the report up to the time of publication.

### **Focus Group Questions**

The purpose of the focus group is to elicit further information about your views of leisure and its connection to health and wellness. The actual focus group conversation may diverge as necessary.

**If you have any questions regarding your rights as a participant in this research, you may contact the Office of Research Services at the University of Saskatchewan, at 966-2084. If you are calling from outside of Saskatoon, you may call collect. In addition, you may also contact my supervisor at the University of Saskatchewan, Dr. Brenda Kalyn. Dr. Kalyn can be reached by email at [brenda.kalyn@usask.ca](mailto:brenda.kalyn@usask.ca) or by phone at 966-7566.**

**Consent to Participate:** I have read and understood the above description. By signing and dating this form, I give consent to participate in the research as described, understanding that I may withdraw this consent at any time.

---

Participant's Signature

---

Date

## APPENDIX D

### Leisure Attitude Measurement (LAM)

Purpose: The purpose of this scale is to measure your attitude toward leisure

Directions: Listed below are 36 statements. Indicate how true that statement is for you. A “1” means that the statement is never true, “2” means that it is seldom true, “3” means that it is sometimes true, “4” means that it is often true, and “5” means that it is always true.

Definitions: “Leisure Activities” are the things that you do that are not part of your work and not part of your basic grooming needs.

- \_\_\_ 1. Engaging in leisure activities is a wise use of time.
- \_\_\_ 2. Leisure activities are beneficial to individuals and society.
- \_\_\_ 3. People often develop friendships in their leisure.
- \_\_\_ 4. Leisure activities contribute to one’s health.
- \_\_\_ 5. Leisure activities increase one’s happiness.
- \_\_\_ 6. Leisure increases one’s work productivity.
- \_\_\_ 7. Leisure activities help to renew one’s energy.
- \_\_\_ 8. Leisure activities can be a means for self-improvement.
- \_\_\_ 9. Leisure activities help individuals to relax.
- \_\_\_ 10. People need leisure activities.
- \_\_\_ 11. Leisure activities are good opportunities for social contact.
- \_\_\_ 12. Leisure activities are important.
- \_\_\_ 13. When I am engaged in leisure activities, the time flies.
- \_\_\_ 14. My leisure activities give me pleasure.
- \_\_\_ 15. I value my leisure activities.
- \_\_\_ 16. I can be myself during my leisure.
- \_\_\_ 17. My leisure activities provide me with delightful experiences.
- \_\_\_ 18. I feel that leisure is good for me.
- \_\_\_ 19. I like to take my time while I am engaged in leisure activities.
- \_\_\_ 20. My leisure activities are refreshing.
- \_\_\_ 21. I consider it appropriate to engage in leisure activities frequently.
- \_\_\_ 22. I feel that the time I spend on leisure activities is not wasted.
- \_\_\_ 23. I like my leisure activities.
- \_\_\_ 24. My leisure activities absorb or get my full attention.
- \_\_\_ 25. I do leisure activities frequently.
- \_\_\_ 26. Given a choice I would increase the amount of time I spend in leisure activities.
- \_\_\_ 27. I buy goods and equipment to use in my leisure activities as my income allows.
- \_\_\_ 28. I would do more new leisure activities if I could afford the time and money.
- \_\_\_ 29. I spend considerable time and effort to be more competent in my leisure activities.

- \_\_\_\_\_ 30. Given a choice I would live in an environment or city which provides for leisure.
- \_\_\_\_\_ 31. I do some leisure activities even when they have not been planned.
- \_\_\_\_\_ 32. I would attend a seminar or class to be able to do leisure activities better.
- \_\_\_\_\_ 33. I support the idea of increasing my free time to engage in leisure activities.
- \_\_\_\_\_ 34. I engage in leisure activities even when I am busy.
- \_\_\_\_\_ 35. I would spend time in education and preparation for leisure activities.
- \_\_\_\_\_ 36. I give my leisure high priority among other activities.

(Burlingame & Blaschko, 2002)

## APPENDIX E

### Focus Group Questions

1. Confirm name/age/year in program
2. Did you take Wellness 10?
3. What made you decide to take nursing?
4. Where do you want to work as a nurse (population/setting/etc.)?
5. What does leisure mean to you?
6. How do you see the connection between leisure and health?
7. Do you think that leisure has the potential to positively influence health?
8. Of the five domains of health (physical, cognitive, social, emotional and spiritual) what domain(s) do you think leisure can most influence?
9. Of the five domains of health (physical, cognitive, social, emotional and spiritual) what domain(s) do you think leisure can least influence?
10. What role does leisure play in your life on a day-to-day basis?
11. A lot of the survey results looked at the role of leisure in your life right now (as students). Do you the role of leisure will change as you get older, start working, have families, etc.?
12. What role do you think leisure can play in a health care setting?
13. How does this knowledge impact on your job as a nurse?
14. I'm going to share some of the results of the survey with you, please comment on anything that surprises you or that you agree with, etc.
  - a. There was a higher percentage for some physical activities (like playing sports) than some passive activities (like watching sports)
  - b. Spiritual pursuits are the 2<sup>nd</sup> lowest leisure choice for people in general (behind watching television)
15. Lots of people talked about leisure as a stress release, escape, chance to relax etc. Given that, are you surprised that only slightly more than half of you thought that watching TV was something that could be considered leisure for people in general?
16. Which of the following statements do you think is most correct:
  - a. Leisure can positively influence health
  - b. Health can positively influence leisure
  - c. Leisure and health positively influence each other
17. Do you think that your opinion on this has changed as a result of this study and being asked to consider these questions? If so in what ways?
18. Any comments?

## APPENDIX F

### Responses to Qualitative Questions from Initial Survey

Note: the responses for each individual for the three questions are grouped together so that it is easier to understand the experience, how it made them feel and why they thought it was leisure for each participant.

#### Q.16

- a. Describe the experience (sample of 29 respondents; indicated by solid round bullet)**
- b. Describe how it made you feel (sample of 29 respondents; indicated by hollow round bullet)**
- c. Describe why you think it was a leisure experience. Your REASONS are important. (sample of 28 respondents; indicated by solid square bullet)**

#### Respondent 1

- I occasionally go for coffee with friends especially when we feel that we need a "break" (from school, boyfriends, homework, work, etc.).
- It definitely relaxes me, strengthens our friendships, reduces stress and gets me ready to work hard all over again.
- I feel something is leisurely when I am enjoying myself, feel less stressed after, and want to have the experience again.

#### Respondent 2

- I played on a competitive city soccer team for about six years and I would continue to play but it does not work with my schedule. It was, overall, a great experience to meet new people with similar interests, getting exercise and having a competitive atmosphere, which I found challenging and exciting. We would have practice at least three times a week and would play one or two games a week, as well as tournaments on the weekends. This experience took a lot of commitment, both mentally and physically, and was a top priority in my life at the time.
- The competitive soccer made me feel rejuvenated and energized. Sometimes I left with negative feelings when we did not win due to lack of team work, but most often I always left with a sense of accomplishment.
- I think that playing on a competitive soccer team was a leisure experience because I did it on my own time and for fun. It was not something that I got paid to do, in fact I was paying to do it. It was not something I had to do, it was something I wanted to do.

#### Respondent 3

- Playing volleyball and basketball for my highschool sports teams and also playing volleyball for my college volleyball team
- Energized, relaxed

- It gave me an outlet from everyday stressors. I played with lots of my friends we had fun and it kept me in shape which I also feel helps to relax me and give me confidence

#### Respondent 4

- Recently, I have started kickboxing at a local martial arts studio and have fully enjoyed the experience. It was intimidating at first: however, once I began to meet new people it became a lot more enjoyable (plus the increase in muscle strength, flexibility, and endurance is not bad either!) -In highschool I participated in many sports including volleyball, curling, figureskating, badminton, track & field as well as got my grade 8 in piano
- When my life is composed of a combination of aspects including sports, friends, family, and school, it allows me to keep more balanced cognitive, emotional, physical, and spiritual states
- They were leisure experiences since they ultimately helped to shape me into a more complex being with a variety of attributes. I'm a dynamic person who is always looking for challenges and opportunities to grow and develop and leisure activities gives me an opportunity to do this. Leisure experiences have the ability to complement one another which adds to a more fulfilling lifestyle. Plus I often will share in the experiences with my family and friends which makes life more enjoyable. If you consider the increase in mental illnesses within our society the past decade, I personally feel that if we can encourage more leisure activities that people enjoy into their lives, we may cut down on this alarming rate.

#### Respondent 5

- Going out for coffee or to a movie with friends.
- It's often an escape from studying. It's relaxing and fun, and gives me a chance to interact with other people.
- Because it was relaxing and enjoyable, something I did because I wanted to and not because I had to or out of any obligation.

#### Respondent 6

- When playing basketball outside
- Refreshed and healthy
- I had fun, it helped me feel refreshed.

#### Respondent 7

- Relaxing
- At ease, with less worry
- Because i feel at ease while doing these things, they are things I choose to do not am forced(by myself) to do

#### Respondent 8

- Baking cookies on a cold afternoon when no one was at home
- Warm, content, satisfied, relaxed

- It allowed me to remove myself from the stress of life and enjoy just doing something alone without interruption

Respondent 9

- Reading a book to escape studying.
- Refreshed
- It allowed me to focus on mundane "easy" reading opposed to text book reading.

Respondent 10

- Listening to worship music
- Refreshed and relaxed
- I believe listening to music is a leisure experience because it gives me a chance to relax, rejuvenate, and nourish my spiritual self.

Respondent 11

- I joined a soccer team and gym and go on a regular basis now
- Very good about myself, more positive and less stressed out
- Because it got me doing something that makes me happy and feel better about myself that i enjoy. A leisure experience is an activity that you do with your time.

Respondent 12

- Playing basketball
- Invigorating, healthy, more sociable, competitive,
- Because I think that leisure mainly means physical activity.

Respondent 13

- Spending the day with friends shopping, visiting, going out for supper & movies
- Happy & relaxed
- Because it gave me time to spend with my friends with no other worries. A time full of laughter which took my mind off of other aspects of my life

Respondent 14

- Going camping as a child with my family, and when I travel with my family.
- Relaxed, refreshed.
- I was spending time with my family and doing something together, in a non-stressful environment.

Respondent 15

- I went to the gym at the university for the first time
- It made me feel like I could run a marathon and do anything at that point. I felt healthy and rejuvenated.
- Had fun, did something healthy for my body/mind



#### Respondent 16

- Going for a walk along the Meewasin trail
- Relaxed, invigorated, stress reduction
- It was something that I didn't have to do. It was not required, it was just to go and have a walk. I didn't have to write a paper about it nor did I have to write an exam about it.

#### Respondent 17

- Dancing twice weekly with my dance group, keeps my mind and body conditioned.
- It makes me feel rejuvenated each time I dance, and gives me a sense of accomplishment when a performance goes well.
- This to me is a leisure experience because I share this experience with 20 other dancers, we ENJOY what we do, and it is therefore a social event as well.

#### Respondent 18

- Rustic camping (not at a camp site, but with no one else around in the middle of nowhere).
- Challenged, free.
- Because it was something I chose to do in my spare time (away from work or school) that was enjoyable and even relaxing. It was an escape from my routine. Relieved stress!

#### Respondent 19

- I participate in city basketball league. Which is a planned leisure activity that allows me to meet with my team once a week.
- This experience made me feel more accomplished. I had a chance to participate in a sport that I love each week and developed very close relationships with my teammates.
- I think it was a leisure experience because it was something which I CHOOSE to do on my own accord, I was not forced into the league and I got genuine enjoyment as a result of it.

#### Respondent 20

- I use reading on a regular basis before i go to sleep. I read novels that i find interesting and that have nothing to do with school. As a second year nursing student, i am usually stressed. Reading before i go to bed helps relax me so that i can get a good night's sleep.
- Relaxed so that i could actually sleep. Also the next morning i feel more refreshed and i have more energy.
- 1) it had absolutely nothing to do with school. 2) it was relaxing 3) i feel better afterwards

Respondent 21

- Playing volleyball
- Excited, connected to others, healthy, reduced stress
- Because it made me feel better about myself without having to worry about work or school. It rejuvenated me.

Respondent 22

- Camping in the woods
- It allowed me to escape, it gave me peace of mind: it was calm and inviting. It also gave you "creative juices" when you had to figure out how to set up camp, how to start the fire, what to eat etc
- I was with people i enjoyed. you have a chance to escape reality of our everyday stressful world. mainly, there were very FEW worries and the only thought was about what other fun activities you could do

Respondent 23

- Camping... I find having that time with nature and just being able to relax is so rewarding. Also it can include some good physical activity too such as swimming, biking, cutting fire wood, beach volleyball the list goes on.
- It makes me feel happy,energized,relaxed and rejuvenated.
- It was a leisure experience because I was happy! I gave myself time to get away from stresses in life and just enjoy life.

Respondent 24

- Swimming as hard as possible to beat a time deadlines, I felt lots of relaxation and accomplishment afterwards.
- Oops sorry, like I said, relaxation and accomplishment.
- It is something I do out of choice for all of its many benefits, as refered to by question 9.

Respondent 25

- Teaching fitness classes
- Motivated and energized
- **No response given**

Respondent 26

- Going to the gym
- Energized, relaxed, better about myself (physically & emotionally)
- It's my free time, unrestricted time, at my convenience

Respondent 27

- Taking a vacation somewhere.
- excited, relieved, free, relaxed
- I did not have to worry about work, school, babysitting (although i did miss the kids)- i basically got to do something for me and not have to worry about pleasing other people for once.

Respondent 28

- Walking with my dogs in my neighbourhood on a snowy evening
- Happy, excited, relaxed, rejuvenated, proud
- Because I didn't HAVE to do it, I did it because I wanted to - to get exercise for myself and to give my dogs exercise & spend quality time focussed on them

Respondent 29

- During dance (was a ballerina for 15 years/am currently participating in bellydancing & swing dancing). Going camping (being outside in the fresh air, swimming, hiking, sitting around the campfire, visiting).
- Dancing makes me feel so alive and rejuvenated. After dance I feel stress free and tension free. It allows for me to be able to focus in on other aspects of my life (example: school) because it clears my mind. As for camping (and all activities involved) I feel very relaxed. There is no deadline to finish a task. Relaxation is very pleasurable.
- Anything that makes you happy/relaxed/rejuvenated/feelings of accomplishment is a leisure experience. It's a leisure experience because it's something I use to clear my mind/keep me in shape/make me happy or relaxed.

**Q.17 Additional Comments. Please add any additional comments about any of these questions or any other information that you think would be helpful for me to know.**

- Leisure activities are something that is a change from the normal routine of being a student, not involving studying, and having the time to do it and not feel guilty that I wasn't studying.
- I agree that leisure encompasses a lot of our lives as young people that we do not think of as specifically leisure activities, and therefore overlook these things in elderly patients. I think it is extremely important for their cognitive and emotional development and maintenance to remain involved in activity that keeps them involved with others. Leisure to me is an integral part of wellness.
- I think.... that a lot of people don't know the true definition of "leisure" and therefore may have many different ideas about what it means. Leisure is more stressful for most people than it should be to be beneficial.
- Leisure is anything that allows the person to have an escape from everyday stress, which they choose to do, and enjoy doing!
- I think leisure is SO important in health care, which can be one of the most stressful and demanding jobs there is, don't get me wrong rewarding as well. I think it's really hard being a student and getting in that leisure because it's such a busy and stressful time of life.

## APPENDIX G

### Leisure Attitude Measure (LAM) Scoring

#### Subscore A: Cognitive

Includes “the following elements: a. general knowledge and beliefs about leisure, b. beliefs about leisure’s relation to other concepts such as health, happiness and work, and c. beliefs about the qualities and virtues, characteristics and benefits of leisure such as developing friendship, renewing energy, helping one to relax, meeting needs and self-improvement” (Burlingame & Blaschko, 2002, p. 239).

Scores from  $(1+2+3+4+5+6+7+8+9+10+11+12)/12$

$$\begin{aligned}\#1 &= (4+4+4+4+3+3+4+4+4+5+5+5)/12 \\ &= 49/12 \\ &= 4.08\end{aligned}$$

$$\begin{aligned}\#2 &= (4+5+5+5+4+4+5+5+4+5+3+5)/12 \\ &= 49/12 \\ &= 4.08\end{aligned}$$

$$\begin{aligned}\#3 &= (3+5+4+5+4+3+4+4+3+5+4+5)/12 \\ &= 49/12 \\ &= 4.08\end{aligned}$$

#### Subscore B: Affective

Includes “the individual’s: a. evaluation of their leisure experiences and activities, b. liking of those experiences and activities, and c. immediate and direct feelings toward leisure experiences and activities” (Burlingame & Blaschko, 2002, p. 239).

Scores from  $(13+14+15+16+17+18+19+20+21+22+23+24)/12$

$$\begin{aligned}\#1 &= (4+4+4+5+4+5+3+5+4+4+5+4)/12 \\ &= 51 \\ &= 4.25\end{aligned}$$

$$\begin{aligned}\#2 &= (4+4+5+4+4+5+3+4+4+5+5+3)/12 \\ &= 50/12 \\ &= 4.17\end{aligned}$$

$$\begin{aligned}\#3 &= (4+5+5+4+4+5+4+3+5+4+4+4)/12 \\ &= 51/12 \\ &= 4.25\end{aligned}$$

### Subscore C: Behavioral

Includes “the individual’s a. verbalized behavioral intentions toward leisure choices and activities, and b. reports of current and past participation” (Burlingame & Blaschko, 2002, p. 239).

Scores from  $(25+26+27+28+29+30+31+32+33+34+35+36)/12$

$$\begin{aligned}\#1 &= (5+4+4+4+3+4+4+2+3+4+3+3)/12 \\ &= 43/12 \\ &= 3.58\end{aligned}$$

$$\begin{aligned}\#2 &= (3+5+5+3+3+4+4+2+4+3+2+3)/12 \\ &= 41/12 \\ &= 3.42\end{aligned}$$

$$\begin{aligned}\#3 &= (5+5+5+5+4+5+5+4+4+5+5+5)/12 \\ &= 57/12 \\ &= 4.75\end{aligned}$$

NOTE: Scores of less than 2.5 indicate a need for education

Low cognitive scores indicate that “education about the need for leisure in society and one’s life” may be required (Burlingame & Blaschko, 2002, p. 235).

Low affective scores point to the need for the professional to provide “positive experiences related to interests, values and needs” (Burlingame & Blaschko, 2002, p. 235).

Low behavioral scores show the need for “education about the importance of leisure activities for improving quality of life” (Burlingame & Blaschko, 2002, p. 235).