

The Free Time Allocation and its Relationship with the Perceived Quality of Life (QoL) and Satisfaction with Life (SWL)

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Abstract¹

The aim of this study is to examine the relationship between the free time allocation with the Perceived Quality of Life (QoL) and the Satisfaction with Life (SwL).

1. Introduction

Historically, work and leisure were clearly defined. Work has been described as what one gets paid for while leisure as what one does when not working (see: Burlew, 1989). Work is an important factor for the well being since it provides people with the necessary means (e. g. financing and social association among others) to overcome the daily expenses, to maintain the family and to become accepted from the social environment. On the other hand, in the last three decades the importance of free time and especially the leisure have been extensively

examined and discussed and many positive results have been revealed.

Free time or leisure is a period of time spent out of work and it is an essential domestic activity. It is what remains after taking account of time that people have actually committed to 'paid labour', 'unpaid household labour' and 'personal care'. The distinction between leisure and obligatory activities is vaguely applied (i.e. people sometimes do work-oriented tasks for pleasure as well as for long-term utility).

World Health Organization has defined Health Related Quality of Life (HR-QoL) as the individuals' perception of their position in life in the context of culture and value systems they live, in relation to their goals, expectations, standards and concerns. It is a broad ranging concept affected in a complex way by the individual's physical health, psychological state, level of independence, social relationships and the relationships to salient features of the environment (World Health Organization, Quality of Life group, 1996). Several studies proved that the perceived condition of health and the health related

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quality of life are associated with future health status, functioning and even mortality (Kaplan et al. 1996 and Tuomi et al. 1997). Moreover, many scholars have documented the positive relationship between engaging in leisure activities sport physical activity and improved QoL (see: Baldwin and Tinsley, 1988; Wankel and Berger, 1990 and Dowall et al. 1988).

Life satisfaction reflects a person's considered evaluation of life (Campbell et al. 1976). It is one of the central constructs of well-being and has been of great interest to both cultural and personality psychologists (see: Diener, 1984 and Diener, Oishi & Lucas, 2003).

The above mentioned three dimensions (e.g. free time allocation, health related QoL and the SwL) have been extensively examined (see: Seitsamo and Ilmarinen, 1997; Lloyd and Auld, 2001; Chiu et al., 2003; Subasi and Hayran, 2005; Sørensen et al., 2008, Ekström et al., 2008 and Sajid et al., 2008 among others) and results revealed their importance, although no research examined all three dimensions in one study. As for the Greece, to our knowledge, no study up to now examined the relationship among these three elements. This was one of the motivations to conduct this study in Greek environment.

The rest of the paper is structured as follows: The theoretical background and the model development are presented in sections two, while methodology follows in section three. Section four presents the empirical results, followed by section five with the concluding remarks and suggestions for further research.

2. Theoretical Background

2.1. Free time allocation

Time-use studies collect information from people about how they use their time, coding their reports into various groups / categories. The methods of collection vary, as do the labels of the groups. But the essential distinctions to separate the groups are by now standard (see: Sorokin and Berger, 1939; Szalai et al., 1972; Robinson, 1977, 1985 and Andorka, 1987). The first group is 'time spent in paid labour'. The second one is 'time spent in unpaid household labour' – cooking, cleaning, childminding and the

physical care of children, shopping etc. The third group is 'time spent in personal care' – eating, sleeping, grooming etc. These groups are now entirely conventional in time-use studies, and we simply take them as given. Time spent in those three groups – paid labour time, unpaid household labour time and personal care time – collectively comprise time that is committed to what might be called 'obligatory' activities (see Robinson, 1977). The rest of the time is conventionally called 'free time'. This 'free time' is simply 'the time left over' after the performed activities in those other three groups (Robinson, 1977 and Andorka, 1987).

According to Robinson, and Godbey (1997) studying the use of time brings us into contact with all of human behavior, which has been described as falling into four general categories: (a) paid work (contracted time); (b) household work and family care (committed time); (c) personal care (personal time); and (d) free time or leisure.

Leisure activities were grouped into six areas based on the results of previous study on these items (see: Tählin 1985). These areas and their constituent activities are:

- (1) culture-entertainment (e.g. (a) going to movies, theatre, concerts, museums, and exhibits and (b) eating out in restaurants);
- (2) productive–personal growth (e.g. (a) reading books; (b) participating in study circles or courses, and (c) engaging in hobbies (such as knitting, sewing, carpentry, painting, stamp collecting));
- (3) outdoor–physical (e.g. (a) fishing or hunting; (b) working in the garden, and (c) going on walks);
- (4) recreation–expressive (e.g. (a) playing bingo; (b) dancing, and (c) playing a musical instrument);
- (5) friendship (e.g. (a) visiting friends and (b) having friends over to visit; and
- (6) formal–group (e.g. (a) belonging to organisations and (b) attending religious services.

In addition, leisure activities can be separated in two categories as follows:

- (1) active leisure activities, which involve the exertion of physical or mental energy; and
- (2) passive leisure activities in which a person does not exert any significant physical or mental energy.

To measure the free time activities, Lloyd and Auld (2001) combined a modified version of McKechnie's Leisure Activities Blank (LAB) and items selected from two ABS reports (Participation in Sporting and Physical Recreation Activities – Queensland, 1994, and Social Trends in Australia, 1995) developing six main categories of activities (e.g. (a) mass media, like watching TV and reading magazines and newspapers, (b) social activities, like visits to friends or participating in parties, (c) outdoor activities, like walking or garden maintenance, (d) sport activities, like fitness or golf, (e) cultural activities, like dance or theatre, and (f) hobbies, like sewing or various collections. Those six categories of activities (although not exactly the same) are consistent, in extend degree, to those proposed by Tählin (1985). To develop our instrument to assess the free time allocation we take into account the categories propose both from Tählin (1985) and Lloyd and Auld (2001) as well.

2.2. Perceived Quality of Life (QoL)

The term “quality of life” is often used to refer to these non-clinical areas, but unfortunately this expression is rarely well defined in the mental health field and is inconsistently used. “Quality of life” may be used to refer both to “objective” life conditions—such as current or recent functioning, external living conditions, and access to resources and opportunities in various domains— and to “subjective” indicators of well-being, including current satisfaction with various life domains and with one's overall life (see: Lehman, 1988; Lehman, 1997; Katschnig, 1997). Following the definition given by the World Health Organization in section 1, health related quality of life (HR-QoL) is a multi-dimensional dynamic concept that has developed from the need to estimate the psychosocial impact of diseases, which includes economic welfare, characteristics of community and environment, and health status (see: Sajid et al., 2007).

Moreover, the search for quality of life has become a growing concern for individuals, communities and governments seeking to find and sustain satisfaction, happiness and a belief in the future in a rapidly changing world (see: Compton, 1997; Eckersley, 1999 and Mercer, 1994). Thus, scholars have increasingly concerned themselves with the identification and measurement of key indicators

that might enhance QoL. Many studies have included selected leisure attributes such as, ‘amount of non-work time’, ‘spare time activities’ and ‘access to leisure facilities’ in assessments of life quality (see: Kernan and Unger, 1987 and Moller, 1992). However, the results vary and while several reports suggest a positive relationship between leisure and QoL, others do not (Allen, 1991).

Both the frequency and nature of leisure participation were considered as elements that could be determinants of QoL. Several scholars have revealed the positive relationships between engaging in leisure activities (see: Baldwin and Tinsley, 1988); sport (Wankel and Berger, 1990); physical activity (Dowall et al., 1988) and improved QoL.

Several studies proved that health-related quality of life is associated with future health status, functioning, and even mortality (Kaplan et al., 1996; Tuomi et al., 1997). Doing well in physical activities is a factor for independence, maintaining quality of life and increased life expectancy (see: Nguyen et al., 1996; Cooper, 1997; Gignac et al., 2000; and Wang and Badley, 2002). Limitation in activity has been shown to create restrictions in ordinary life (Guralnik et al., 2001), with increased dependence on others and need for help with personal care and housework (Pasco et al., 2005), and in the long run a growing risk for institutionalised care (see: Sernbo and Johnell, 1993). A recent study, conducted in Finland by Sörensen et al. (2008), on the association between work ability and HR QoL among others, showed a close relationship between perceived work ability and quality of life in middle-aged men working in physical demanding jobs. Thus, they suggested that promoting work ability may also influence on quality of life. Moreover, they proposed that measures targeting on work and the work environment, work community and organization, individual resources and professional competence, may have more potential to increase work ability. Sörensen et al. (2008) assessed the HR QoL using the RAND-36 instrument which proposed by Hays et al., in 1993 and the support for its reliability and validity have been extensively provided by Hays and Morales (2001). This instrument will be adopted for the present study to assess the HR QoL in the Greek environment.

2.3. Satisfaction with Life (SwL)

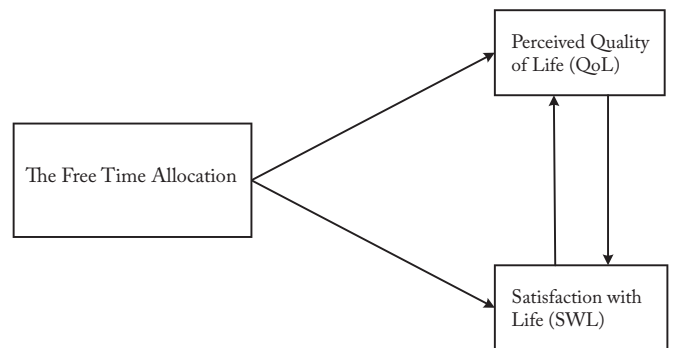
There are many potential determinants of satisfaction with life. These include personality, social expectations, socio-economic factors especially relative deprivation, relationships with significant others (neighbours, parents and children), physical and psychological health, accommodation, employment and problem with authority (Schimmack et al., 2002). According to Diener (1984) life satisfaction is an overall assessment of feelings and attitudes about a person's life at a certain point in time ranging from negative to positive. It is one of three major indicators of well-being: life satisfaction, positive affect, and negative affect. Life satisfaction is often considered a desirable goal, in and of itself, stemming from the Aristotelian ethical model, eudaimonism, (from: εὐδαιμονία - eudaimonia, the Greek word for happiness) where correct actions lead to individual well-being, with happiness representing the supreme good (see: Myers, 1992). Moreover, life satisfaction is related to better physical (Veenhoven, 1991) and mental health (Beutell, 2006), longevity, and other outcomes that are considered positive in nature. As it is mentioned above (Diener, 1984) life satisfaction is one of the central elements of well-being and has been of great interest to both cultural and personality psychologists (see: Diener et al., 1999; and Diener, Oishi, & Lucas, 2003). Though Kitayama and Markus (2000) presented a theoretical analysis of cultural differences in well-being, and argued that: (a) well-being comes from cultural participation; and (b) to the extent that cultural participation requires different forms across cultures, well-being feels different and means something different across cultures.

Results of the studies have been attracting growing interest in recent years. Despite a range of early criticisms (e.g. (a) cultural non-comparability and the effect of language differences across countries; and (b) psychological factors distorting responses), tests have disproved or mitigated most concerns. One objection is that responses to surveys do not adequately reflect how people really feel about their life and they just allegedly report how satisfied they are expected to be. But people know very well how satisfied they are. Several studies showed strong relationship between SwL and physical activity (see: Kelly et al., 1986 and Mence and Chipperfield, 1997

among others) and SwL and QoL (see: Ekström et al., 2008). More specifically, Ekström et al., (2008) examined the relationship between SwL and QoL in a group of 408 individuals in Skåne, the southern Sweden, and revealed the importance on social activities and leisure time activities.

2.4. The Theoretical Model

According to the literature presented in subsections 2.1, 2.2 and 2.3, a study for the potential relationship among Free Time Allocation, HR QoL and SwL should enhance the view whether Greece people perceive their life. Thus, the theoretical research model could be summarised as follows:



3. Methodology

Assessments

To measure the free time activities, Lloyd and Auld (2001) combined a modified version of McKechnie's Leisure Activities Blank (LAB) and items selected from two ABS reports (Participation in Sporting and Physical Recreation Activities – Queensland, 1994, and Social Trends in Australia, 1995) developing six main categories of activities (e.g. (a) mass media, like watching TV and reading magazines and newspapers, (b) social activities, like visits to friends or participating in parties, (c) outdoor activities, like walking or garden maintenance, (d) sport activities, like fitness or golf, (e) cultural activities, like dance or theatre, and (f) hobbies, like sewing or various collections. Similarly to Lloyd and Auld (2001), Tählin (1985) also determined six activities of free time allocation (nor exactly the same but consistent in extend degree).

World Health Organization has defined Health Related Quality of Life (HR-QoL) as the individuals' perception of their position in life in the context of culture and value systems they live, in relation to their goals, expectations, standards and concerns. It is a broad ranging concept affected in a complex way by the individual's physical health, psychological state, level of independence, social relationships and the relationships to salient features of the environment (World Health Organization, Quality of Life group, 1996). Several studies proved that the perceived condition of health and the health related quality of life are associated with future health status, functioning and even mortality (Kaplan et al. 1996 and Tuomi et al. 1997). Besides, many scholars have documented the positive relationship between engaging in leisure activities sport physical activity and improved QoL (see: Baldwin and Tinsley, 1988; Wankel and Berger, 1990 and Dowall et al. 1988). One of the most popular instruments to measure HR-QoL is the RAND-36 (an instrument of 36 questions) popularized by Hays, Sherbourne & Mazel, 1993).

Life satisfaction reflects a person's considered evaluation of life (Campbell et al. 1976). It is one of the central constructs of well-being and has been of great interest to both cultural and personality psychologists (Diener, 1984 and Diener, Oishi & Lucas, 2003). The Satisfaction with Life Scale (SWLS) is an instrument developed to measure the levels of global life satisfaction (Diener et al. 1985). The scale consists of five items and uses a 7 Likert type response format. Exploratory factor analytic studies have suggested that the scale is uni-dimensional.

To perform our study we adopt the above methods and instruments and develop a questionnaire consisted of four sections. The first one determines the free time allocation in different categories, the second one measures the Health Related QoL based on the RAND-36 instrument, the third one measures the Satisfaction of Life using the SWLS scale, while the fourth one section is focused on demographic data. Two confirmatory factor analyses have been applied in the second and third section of the questionnaire. The survey took place in Greece from November 2008 to mid January 2009. The sample consists of 386 individuals who are older than 24 years. Results have shown that: (a) the disposal of free time in sport activities is positively related with the vitality (one of the nine factors representing the quality of life), while there is no relation with the rest eight factors; (b) the satisfaction of life is not related with the free time allocation, and (c) there is a positive relationship between the mental health (one of the nine factors representing the quality of life) and satisfaction with life, while there is a negative relationship between the satisfaction with life and the vitality.

Considering how to further improve and examine in depth this study we are going to performed it in four different parts of Europe (e.g. Mediterranean countries, central Europe countries, Scandinavia, and European countries from the former 'East Europe'). A cross study and the relation of the results should definitely enhance the quality and the validity of the results.

Key words: Free Time Allocation, Quality of Life (QoL), Satisfaction with Life (SWL).