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

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### Abstract

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) in Greece. A sample of 353 respondents showed that the Paid Labour is a very important factor in explaining the perceived QoL, followed by the active leisure and to a lesser degree by the passive leisure. The satisfaction of Life appears to be influenced more from the perceived QoL and to a lesser degree from the time allocation and leisure.

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### 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 wellbeing 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

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the last three decades the importance of free time and especially 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 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 Organisation 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 that they live by, 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 Organisation, Quality of Life group, 1996). Health related QoL is one dimension of a wider concept of QoL (Bowling, 2001) and is defined in relation to optimum levels of mental, physical, role and social; functioning; it includes relationships, as well as perception of health, fitness, life satisfaction, and well-being (Bowling, 2005).

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 (Mapes et al., 2003; Naito 2006; Osoba, 2011; Joyce et al., 2012; Østhus et al., 2012). Moreover, many scholars have documented the positive relationship between engaging in leisure activities, sport, physical activity and improved QoL (see: Brajsa-Zganec et al. 2011; Anokye et al., 2012; Gill et al., 2013; Li et al., 2013). Life satisfaction can be defined as the cognitive component of subjective well-being (Martikainen, 2008). It is one of the central constructs of well-being and has been of great interest to both cultural and personality psychologists (Diener et al., 2003).

The above mentioned three dimensions (e.g. free time allocation, health related QoL and the SwL) have been extensively examined (Seitsamo&Ilmarinen, 1997; Lloyd & Auld, 2002; Chiu et al., 2003; Subasi&Hayran, 2005; Ekström et al., 2008; Sajid et al., 2008; Sörensen et al., 2008) and results revealed their importance, although no research examined all three dimensions in one study. As for Greece, to our knowledge, no study has up to now examined the relationship between these three elements. This was one of the motivations to conduct this study in the 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 (Goodin et al., 2005; Bonke& Jensen, 2012). 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 (Goodin et al., 2005). The rest of the time is conventionally called 'free time'. This 'free time' is simply 'the time left over' after the performed activities in the other three groups (Goodin et al., 2005).

According to Robinson and Godbey (1997) studying the use of time brings us into contact with all of human behaviour, 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.

Silverstein and Parker (2002) grouped the leisure activities into six areas based on the results of previous study on these items. 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 into 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 (Weagley and Huh, 2004; Lennartsson & Silverstein, 2001).

To measure the free time activities, Lloyd and Auld (2002) 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. These six categories of activities (although not exactly the same) are consistent, to a certain degree, with those proposed by Tählin (1985). To develop our instrument to assess the free time allocation we take into account the categories proposed by Tählin, 1985; Robinson and Godbey, 1997, Lloyd and Auld, 2002 and Silverstein and Parker, 2002, and allocate the daily time into five main categories such as: (1) Sleep; (2) Paid labour; (3) Unpaid household labour; (4) Personal care; and (5) Leisure.

## 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 (Katschnig & Angermeyer, 1997; Schulz, 2000; Cummins, 2001). Following the definition given by the World Health Organisation 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 psycho-social impact of diseases, which includes economic welfare, characteristics of community and environment, and health status (Sajid et al., 2008).

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 (Compton, 1997; Eckersley, 1999). 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 (Davison & Lawson, 2006; Verbakel & DiPrete, 2008; Stack & Iwasaki, 2009). However, the results vary and while several reports suggest a positive relationship between leisure and QoL, and between leisure facilities and QoL others do not (Lloyd & Auld, 2002).

Both the frequency and nature of leisure participation were considered as elements that could be determinants of QoL. Many scholars have revealed the positive relationships between engaging in leisure activities (Silverstein & Parker, 2002); sport (Eime et al., 2010); physical activity (Gill et al., 2013) and improved QoL.

Several studies proved that health-related quality of life is associated with future health status, functioning, and even mortality (Tuomi et al., 1997; Domingo-Salvany, 2002; Unruh et al., 2008; Sokolowska et al., 2013). Doing well in physical activities is a factor for independence, maintaining quality of life and increased life expectancy (Cooper, 1997; Gignac et al., 2000; Wang & 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 term, a growing risk for institutionalised care (von Bonsdorff et al., 2009). A recent study, conducted in Finland by Sørensen 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 physically demanding jobs. Thus, they suggested that promoting work ability may also influence quality of life. Moreover, they proposed that measures targeting on work and the work environment, work

community and organisation, individual resources and professional competence, may have more potential to increase work ability. Sørensen 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, focusing mainly on two groups of HR QoL: (1) the physical health; (2) and the mental health.

### 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). Diener(2000) viewed life satisfaction as a cognitive appraisal of one's life that refers to "the degree to which individuals favorably judge the overall quality of their lives" (p. 484).

Life satisfaction is often considered a desirable goal, in and of itself, stemming from the Aristotelian ethical model, eudaimonism, (from: e?da?m???a - eudaimonia, the Greek word for happiness) where correct actions lead to individual well-being, with happiness representing the supreme good (Myers, 1992). Moreover, life satisfaction is related to better physical (Abu-Bader et al., 2002; Siahpush et al., 2008) and mental health (Beutell, 2006), longevity, and other outcomes that are considered positive in nature. As mentioned above life satisfaction is one of the central elements of well-being and has been of great interest to both cultural and personality psychologists (Diener et al., 1999; Diener et al., 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 a strong relationship between SwL and physical activity (Maher et al., 2013; Hyde et al., 2013) and SwL and QoL (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, in southern Sweden, and revealed the importance of social activities and leisure time activities. According to past literature, the SwL Scale is an appropriate instrument to measure the SwL (see: Pavot & Diener, 1993) and this is the one we will adopt for the current study.

### 2.4. The Theoretical Model

According to the literature presented in sub-sections 2.1, 2.2 and 2.3, a study for the potential relationship between Free Time Allocation, HR QoL and SwL should enhance the view of how Greek people perceive their life. Thus, the theoretical research model could be summarised as follows:

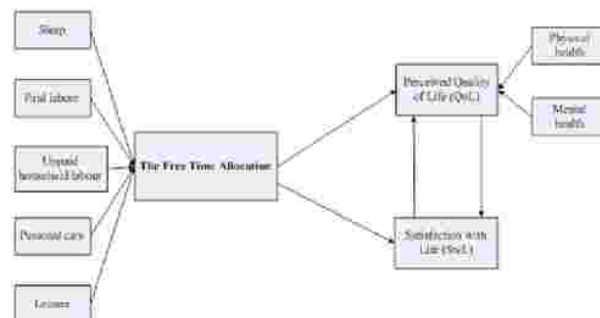


Fig.1. The Model

As we can see the free time allocation is comprised of five elements (see section 2.1), the perceived quality of life is supportive of two main categories, like the physical and mental health (see section 2.2), while satisfaction with life is summarised into one variable (see section 2.3). Thus, the main purpose of our study is to measure the five variables of time allocation, the two of perceived quality of life and the one of satisfaction with life.

### 3. Methodology

#### 3.1. Research questions and hypotheses development

The positive relationship between the QoL and time allocation, or its components and especially the leisure, has been revealed by many studies conducted in the past (Boley, 2001; Lloyd & Auld 2002; Huang, 2003; Stiglitz, et al., 2009; Caragea & Armstrong, 2010). Thus, the first research question of our study is in terms of whether QoL affects time allocation in the Greek environment. To explore this relationship we split the QoL into two categories (physical health and mental health) while we keep the five components of time allocation (sleep, paid labour, unpaid household labour, personal care and leisure). Thus, the following two hypotheses are developed:

**H1:** Quality of life – physical health is positively associated with time allocation

**H2:** Quality of life – mental health is positively associated with time allocation

However, since the leisure is the most examined component from the vast majority of studies conducted in the past, a second research question arises, i.e. trying to explore whether the leisure and its seven components (e.g. mass media, computer use, mental leisure, cultural leisure, social leisure, passive and active leisure) are affecting the perceived QoL. Since most studies proved the positive association between the leisure and the QoL we hypothesise that:

**H3:** Quality of life – physical health is positively associated with Leisure

**H4:** Quality of life – mental health is positively associated with Leisure

The third research question focuses mainly on whether the time allocation affects the SwL. Since the SwL has been proved to be positively associated with the time allocation and mainly the leisure (Ekström et al., 2008) we develop two hypotheses as follows:

**H5:** Satisfaction with Life is positively associated with Time allocation

**H6:** Satisfaction with Life is positively associated with Leisure

Finally, the fourth research question explores the association between QoL and SwL. The positive relationship between the QoL and SwL has been shown by many studies conducted in the past (Beutell, 2006; Andereck et al., 2007; Kulczycka et al., 2010). Moreover, the mental health score has been shown to have a positive relationship with SwL (Beutell, 2006). Thus, we hypothesise a positive relationship between the QoL and SwL and develop the following hypothesis:

**H7:** Satisfaction with Life is positively associated with perceived Quality of Life (physical and mental health).

#### 3.2. The questionnaire

To measure the time allocation, the QoL and the SwL, and subsequently to produce the variables needed to test the hypotheses described in section 3.1, a questionnaire has been developed. Time allocation is measured by three questions. The first one measures the time allocation for daily activities (including the sleep time during the night), while the second one measures those for weekends and holidays. The same seven sub-questions support the two previously mentioned questions. The third question measures the free time allocation using twenty-three sub-questions. Factor analysis has produced seven categories of free time allocation as follows: mass media leisure, computer use, mental leisure, culture leisure, social leisure and passive and active leisure. Reliability and validity

test proved the robustness of the three questions. Respondents were asked to answer all questions using the numerical scale in terms of hours per day (e.g. 1-24).

HR QoL is measured using the RAND 36-item Health Survey (RAND-36). It is an instrument developed by Hays et al. (1993) and has been extensively used in studies measuring the QoL. The RAND - 36 forms and assesses eight health dimensions: (1) general health perception; (2) physical functioning; (3) physical role functioning; (4) bodily pain; (5) emotional role functioning; (6) emotional well being; (7) social functioning; and (8) vitality. The first four dimensions comprise the physical health while the remaining four comprises the mental health (Hays et al., 1993; Hays & Morales, 2001; Moorer et al., 2001; Sørensen et al., 2008). Hays and Morales (2001) and Moorer et al. (2001) provided strong support for the reliability and validity of the RAND – 36.

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.

### 3.3. The equations

To test the seven hypotheses we developed the following equations:

**H1:** Quality of life – physical health is positively associated with time allocation  

$$QoL-Ph = a + S + PL + UhL + PC + L \quad (1)$$

**H2:** Quality of life – mental health is positively associated with time allocation  

$$QoL-Mh = a + S + PL + UhL + PC + L \quad (2)$$

**H3:** Quality of life – physical health is positively associated with Leisure  

$$QoL-Ph = a + MML + CU + ML + CL + SL + PL + AL \quad (3)$$

**H4:** Quality of life – mental health is positively associated with Leisure  

$$QoL-Mh = a + MML + CU + ML + CL + SL + PL + AL \quad (4)$$

**H5:** Satisfaction with Life is positively associated with Time allocation  

$$SwL = a + S + PL + UhL + PC + L \quad (5)$$

**H6:** Satisfaction with Life is positively associated with Leisure  

$$SwL = a + MML + CU + ML + CL + SL + PL + AL \quad (6)$$

**H7:** Satisfaction with Life is positively associated with perceived Quality of Life (physical and mental health).  

$$SwL = a + QoL-Ph + QoL-Mh \quad (7)$$

Where for all equations:

QoL-Ph	is Quality of Life – Physical health
S	is Sleep hours per week
PL	is Paid Labour
UhL	is Unpaid household Labour
PC	is Personal Care
L	is Leisure
QoL-Mh	is Quality of Life – Mental health
MML	is Mass Media Leisure
CU	is Computer Use
ML	is Mental Leisure
CL	is Cultural Leisure
SL	is Social Leisure
PL	is Passive Leisure
AL	is Active Leisure
SwL	is Satisfaction with Life

### 4. Empirical Results

#### 4.1. The sample and descriptive statistics

The sample consists of 353 individuals (161 men and 192 women) living in Greece with an average age of 40.97. The standard deviation is 10.638. They completed the questionnaire from January to February 2009 and the descriptive statistics for the main variables are as follows:

Table 1. Descriptive Statistics

Variables	Mean	S.D.
1 Physical Health - (QoL-Ph)	74.965	19.165
2 Mental Health - (QoL-Mh)	64.069	14.855
3 Satisfaction with Life - (SwL)	4.448	1.256
4 Sleep (hours / week) - (S)	56.04	9.235
5 Paid labour - (PL)	50.31	22.969
6 Unpaid household labour - (UHL)	23.51	19.748
7 Personal care - (PC)	9.88	6.159
8 Leisure - (L)	21.14	13.161
9 Mass Media leisure - (MML)	13.9064	12.36790
10 Computer use - (CU)	5.3938	7.74831
11 Mental leisure – (ML)	1.8917	3.67652
12 Cultural leisure – (CL)	8.9375	15.49029
13 Social leisure – (SL)	15.2094	11.50805
14 Passive leisure – (PL)	45.7413	31.38352
15 Active leisure – (AL)	8.8529	9.26337

#### 4.2. Regression Analysis, results and discussion

The seven equations testing the relevant hypotheses have been analysed using regression analysis. The main tool for the statistical analysis was SPSS v.17. The results of the seven regressions are as follows:

**H1:** Quality of life – physical health is positively associated with time allocation  

$$\text{QoL-Ph} = a + S + \text{PL} + \text{UHL} + \text{PC} + L \quad (1)$$

Table 2: The first regression model

Dependent variable	Independent variable	$\beta$	t	Sig. t
Equation (1)	Sleep	-.098	-1.799	.073
	Paid labour	.227	3.428	.001
Quality of Life	Unpaid household labour	-.091	-1.466	.143
Physical Health	Personal care	-.039	-.719	.473
	Leisure	.066	1.159	.247

$R^2 = .102$ ,  $F = 7.827$ ,  $\text{Sig. } F = .000$

The hypothesis is accepted ( $F = 7.827$ ,  $\text{Sig. } F = .000$ ) while the free time allocation explains only 10.2 per cent of the Quality of life – physical health. Moreover, examining the results in detail we see that only the variable Paid labour is significant at 1 per cent level. The rest of the independent variables are insignificant at any level. This

result shows the importance of the paid labour, since nowadays with the big recession the people consider the paid job as the first priority.

**H2:** Quality of life – mental health is positively associated with time allocation

$$\text{QoL-Mh} = a + S + \text{PL} + \text{UhL} + \text{PC} + L \quad (2)$$

Table 3: The second regression model

Dependent variable	Independent variables	$\beta$	t	Sig. t
Equation (2)	Sleep	-.001	-.014	.989
	Paid labour	.117	1.729	.085
Quality of Life	Unpaid household labour	-.165	-2.612	.009
Mental Health	Personal care	-.035	-.639	.523
	Leisure	.014	.245	.807

$R^2 = .061$ ,  $F = 4.502$ ,  $\text{Sig. } F = .001$

The second hypothesis is also accepted ( $F = 4.502$ ,  $\text{Sig. } F = .001$ ). However, the free time allocation explains less the Quality of Life – Mental health (only .061 per cent) compared to the 10.2 per cent of the Quality of life – physical health of the previous equation. A more detailed examination of the results show that only two variables are significant (Paid labour, sig. .085 and Unpaid household labour, sig. 0.009). The rest of the independent variables are insignificant at any level. This result shows again the importance of the Paid labour (to a lesser degree however). The Unpaid household labour, although significant, has negative t value, which means that it has the reverse effect to the Quality of Life – Mental health compared to that of the paid labour. The results from the two hypotheses are, to a certain degree, consistent with those revealed by Sørensen et al. (2008) for Finland.

**H3:** Quality of life – physical health is positively associated with Leisure

$$\text{QoL-Ph} = a + \text{MML} + \text{CU} + \text{ML} + \text{CL} + \text{SL} + \text{PL} + \text{AL} \quad (3)$$

**H4:** Quality of life – mental health is positively associated with Leisure

$$\text{QoL-Mh} = a + \text{MML} + \text{CU} + \text{ML} + \text{CL} + \text{SL} + \text{PL} + \text{AL} \quad (4)$$

Tables 4 and 5 show the relationship between Quality of life – Physical health and Leisure, and Quality of life – Mental health and Leisure. Both hypotheses are accepted ( $F = 10.797$ ,  $\text{Sig. } F = .000$  and  $F = 5.370$ ,  $\text{Sig. } F = .000$ ), however, the Leisure explains better the Quality of Life – Physical health ( $R^2 = .184$ ) compared to Quality of Life – Mental health ( $R^2 = .101$ ). The Active leisure is the most significant variable, at least in equation (3) meaning that the Active leisure (physical training included) affects the Quality of Life – Physical health.

The above results are consistent, to a certain degree, to those revealed in past studies showing a strong relationship between the perceived QoL and the Leisure (see: Lin, Tsai & Ettling, 2004; and Sener, Terzioglu & Karabulut, 2007, among others).

Table 4: The third regression model

Dependent variable	Independent Variables	$\beta$	t	Sig. t
Equation (3)	Mass Media leisure	-.498	-2.910	.004
	Computer use	.140	1.367	.173
Quality of Life	Mental leisure	.063	.935	.351
	Cultural leisure	-.101	-.516	.606
Physical Health	Social leisure	-.064	-.483	.629
	Passive leisure	.302	.807	.421
	Active leisure	.102	1.831	.068



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$R^2 = .184$ ,  $F = 10.797$ ,  $Sig. F = .000$

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Table 5: The fourth regression model

Dependent variable	Independent Variables	$\beta$	t	Sig. t
Equation (4)	Mass Media leisure	-.507	-2.824	.005
	Computer use	-.059	-.551	.582
Quality of Life	Mental leisure	.073	1.030	.304
	Cultural leisure	-.477	-2.325	.021
Mental Health	Social leisure	-.156	-1.126	.261
	Passive leisure	.710	1.809	.071
	Active leisure	.078	1.336	.182

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$R^2 = .101$ ,  $F = 5.370$ ,  $Sig. F = .000$

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**H5:** Satisfaction with Life is positively associated with Time allocation

$$SwL = a + S + PL + UhL + PC + L \quad (5)$$

**H6:** Satisfaction with Life is positively associated with Leisure

$$SwL = a + MML + CU + ML + CL + SL + PL + AL \quad (6)$$

Tables 6 and 7 show the detailed results from equations 5 and 6 respectively.

Table 6: The fifth regression model

Dependent variable	Independent Variables	$\beta$	t	Sig. t
Equation (5)	Sleep	-.171	-3.036	.003
	Paid labour	-.010	-.152	.879
Satisfaction with Life	Unpaid household labour	-.112	-1.758	.080
	Personal care	-.044	-.797	.426
	Leisure	.025	.421	.674

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$R^2 = .045$ ,  $F = 3.280$ ,  $Sig. F = .007$

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Table 7: The sixth regression model

Dependent variable	Independent Variables	$\beta$	t	Sig. t
Equation (6)	Mass Media leisure	-.624	-3.456	.001
	Computer use	-.083	-.764	.446
Satisfaction with Life	Mental leisure	-.043	-.601	.548
	Cultural leisure	-.524	-2.544	.011
	Social leisure	-.413	-2.974	.003
	Passive leisure	1.072	2.716	.007
	Active leisure	.144	2.449	.015

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$R^2 = .092$ ,  $F = 4.835$ ,  $Sig. F = .000$

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Results of the regression models 5 and 6 are not encouraging. Although the hypotheses seem to be accepted ( $F = 3.280$ ,  $\text{Sig. } F = .007$  and  $F = 4.835$ ,  $\text{Sig. } F = .000$  respectively) the low explanatory power of both time allocation ( $R^2 = .045$ ) and Leisure ( $R^2 = .092$ ) do not allow us to generalise. A comment on passive and active leisure (the only significant variables with positive  $t$  values) should be worthy of mention.

Finally, the regression model (7) proves a quite satisfactory positive relationship between SwL and perceived QoL. As it is presented in table 8 the  $R^2$  is 23.8 per cent, while the model is statistically significant ( $F = 54.683$ ,  $\text{Sig. } F = .000$ ). Both Physical and Mental health seem to almost equally contribute to this positive relationship. The results are consistent with those revealed by Ekström et al. (2008) for the Sweden.

Table 8: The seventh regression model

Dependent variable	Independent variables	$\beta$	$t$	Sig. $t$
Equation (7)	Physical Health	.217	3.548	.000
	Mental Health			
Satisfaction with Life		.319	5.213	.000

$R^2 = .238$ ,  $F = 54.683$ ,  $\text{Sig. } F = .000$

## 5. Concluding Remarks

Statistical analysis provided significant results supporting the acceptance of the hypotheses. However, the low  $R^2$  s in most of the models does not encourage the generalisation of the results. The first research question examined by the regression models 1 and 2 proves that people mainly consider the Paid Labour as the most important factor for their perceived Quality of Life, something logical for the period of time in which we are currently living. Research question two explored by the regression models 3 and 4 proved that Active leisure could be considered as an important element for the perceived Quality of Life – Physical health. The third research question explored by regression models 5 and 6 and examining the relationship between Satisfaction with Life and time allocation and Leisure does not provide the study with robust results. Only Passive and Active leisure seem to influence the SwL, to a lesser degree, however. Finally, the fourth research question explored by the seventh regression model examining the relationship between perceived QoL and SwL provided us with a relatively high explanatory indicator showing the positive relationship between the two variables.

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

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