



<http://doi.org/10.22282/ojrs.2021.89>

EFFECT OF RECREATIONAL ACTIVITIES ON LIFE QUALITY OF ELDERS

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ABSTRACT

Recreational activities enrich life and provide to have a nice time as well as increase the life quality. The purpose of this study was to scrutinize the effect of recreational activities on the life quality of elders.

The population consisted of a total of 60 people, 30 application and 30 control, are staying in Darulaceze institution. The study used a two-group pretest-posttest experimental research design. It was studied for a total of 12 weeks, 2 days a week, and 90 minutes a day. The program included various activities The data were obtained via a personal information survey and WHOQOL-OLD.TR

(2005) short form. Paired Sample t-test and Wilcoxon test was applied to the data. It was found at the end of the study that there is a statistically significant relationship between psychological health and environment area for the application group and also in the environment area for the control group. Much as there is an increase in other area averages of the application group, the averages are not statistically significant.

In conclusion, recreative activities created positive impacts on the life quality of elders. Participating in such activities help them to increase their life quality and lead a happier life.

Key Words: Elder, recreation, life quality

INTRODUCTION AND PURPOSE

As lifetime increases based on the developments in health, education, and technology fields, quality life awareness increases at the same time.

Life quality, according to the World Health Organization (WHOQOL), is the way individuals perceive their lives within the culture and value system they live in, within the framework of goals, expectations, and standards, and how they feel themselves physically, psychologically, and socially. From a different viewpoint, life quality includes a common dimension which has the capacity for satisfaction and happiness, in which the quality of life and expressions of goodness related to sub-areas of life determines the quality (Tunç, 2011).

Life quality is a broader concept that covers personal well-being beyond personal physical condition. Life quality measurement reviews the concepts such as one's role, mood, experiences of illness and similar situations, general psychological state, happiness, and satisfaction with life (Doğduay, 2013).

Life quality is about self-development, enrichment of personal life, and reaching goals (Zorba, 2004). Life quality that can be characterized as contentment and happiness with life covers people's physical functions, psychological states, social relationships within and outside the family, interactions with the environment, and beliefs (Arslantaş et al., 2006).

On the other hand, activities that are performed to increase the life quality are the content of recreation in general (Tütüncü et al., 2011). Recreative activities for increasing life quality, being healthy and happy are more important for elders.

The aging process which starts with cell death continues till the end of life; it also displays itself through physical and psychological disabilities and diseases. Life quality with the healthy aging concept comes into prominence when isolation gets involved in this process. One of the activities that provide elders to grab with life with both hands and minimize the negativities of elderliness is the recreative activities.

Participation in recreation activities guarantees emotional well-being and life satisfaction besides free time evaluation. Therapeutic recreational activities for therapeutic purposes, on the other hand, help individuals increase their quality of life, as well as many benefits such as physical and psychological health, socialization, improvement in individual functions, self-confidence, and being able to lead an independent life.

Therefore, scrutinizing the Effect of Recreative Activities of Life Quality of Elders was the goal of this study.

METHOD

Research Group

The population consisted of 746 persons who stay at the Department of Health and Social Services Istanbul Darulaceze Institution while the sample consisted of 60 people, 30 of whom were in the application group and 30 of them were in the control group, who voluntarily participated in our research.

Research Method

This research was conducted by a double group pretest-posttest experimental research design. Recreational activities were applied for 12 weeks, 2 days a week, and 90 minutes a day.

Groups	Pre-test	Function	Post-test
Application Group & Control Group	Life Quality Scale	Recreational Program Implemented for 12 Weeks	Life Quality Scale

Program:

Day	Hour	Recreative Activites
Thursday	15:00-16:30	Silent Film+Illustrated Narration of Films
Tuesday	13:00-14:30	Hitting Goals with a Basketball for Women and a Soccer Ball for Men +Yoga
Thursday	15:00-16:30	Jenga+ Dart
Tuesday	13:00-14:30	Throwing the Ball from the Cover Held by 4 Persons to the Cover Held by the Other Four Persons + Carrying the Ball on the Badminton Racket
Thursday	15:00-16:30	Taboo Game for 5 Players and 6 Teams
Tuesday	13:00-14:30	Film (Comedy Movie)
Thursday	15:00-16:30	Yes-No Contest + Yoga
Tuesday	13:00-14:30	Bocce + Circle Dance + Ring To Tower Games
Thursday	15:00-16:30	Bingo + Word Chain Game
Tuesday	13:00-14:30	Billiards + Foosball
Thursday	15:00-16:30	Bowling + Mini Golf
Tuesday	13:00-14:30	Poetry Reading + Music, Singing
Thursday	15:00-16:30	Fun Photos Slide + Karaoke

Tuesday	13:00-14:30	Movie watching
Thursday	15:00-16:30	Lightly Carrying Water with Glasses Between 2 Buckets + Ringing the Tower + Yoga
Tuesday	13:00-14:30	Taboo Game with Drawings in 5 Person Teams
Thursday	15:00-16:30	Movie (Related to Çanakkale)
Tuesday	13:00-14:30	Joke Videos+ Watch Funny Videos
Thursday	15:00-16:30	Painting + Ceramic
Tuesday	13:00-14:30	Instrument with three double strings + Karaoke
Thursday	15:00-16:30	Dart +Jenga +Yoga
Tuesday	13:00-14:30	Chair Game Bubble Shooter
Thursday	15:00-16:30	Circle Dance + Circle throw to the Tower + Bowling
Tuesday	13:00-17:00	Party (Fun Last Day Party)

Data Collection Tools

Data were collected by WHOQOL-BREF. TR World Health Organization Life Quality Scale and the personal information survey that was prepared by the investigators.

Personal Information Questionnaire :

There are questions about gender, age, educational background, and frequency of participation in activities.

WHOQOL-BREF TR World Health Organization Life Quality Scale: (2005):

This study utilized the short form of WHOQOL-BREF life quality scale that was prepared by the World Health Organization and also adapted to Turkish by Fidaner et al.(1999). Relevant scale is based on the logic of scoring one's own quality of life. The scale consists of four (4) sub-dimensions as Physical Health Area (FSA), Psychological Health Area (PSA), Environment Area (CA), and Social Relations Area (SIA); it also is a 5 point Likert scale and there is no total score. The high point in every area better life quality. Cronbach alpha was found as between 0,53 and 0,83 (Fidaner et al., 1999). Cronbach Alpha values for this study are between ,622 and ,740.

Data Analysis

Data were analyzed by SPSS 22 packaged software within 0,05 significance level and the 95% confidence interval. Since psychological and physical health sub-dimension data of application group and also psychological and environmental sub-dimension data of the control group show normal distribution, a two-sample t-test (Paired

Sample t-test) was applied. Again, the Wilcoxon test was applied because other sub-parameters displayed non-parametric distribution.

FINDINGS

Table 1. Age and educational background

Age	Pract.		Cont		Education	Pract.		Cont	
	N	%	N	%		N	%	N	%
50-59	1	3.3	12	40	Literate	6	20	12	40
60-69	11	36.7	12	40	Primary School	15	50	5	16.6
70-79	11	36.7	5	16.7	Middle School	4	13.3	4	13.3
80-89	7	23.3	1	3.3	High School	4	13.3	8	26.7
90 and over	-	-	-	-	Bachelor	1	3.4	1	3.4
Total	30	100	30	100	Total	30	30	100	100

According to Table 1, those who are in the 50-89 age range and those in the application group are mostly 60-89 years old while others in the control group are in the 50-69 age range. Regarding educational background, most of the participants (50%) in the application group graduated from primary school while the ratio of bachelors is 3.4%. The educational level of the control group is as follows: the ratio of literates is (40%) while the ratio of high-school graduates is (26.7%). There is only 1 participant (3.4%) with a bachelor's degree.

Table 2. Gender and frequency of participation in activities

Gender	Activity				Frequency of Participation	Activity			
	N	%	N	%		N	%	N	%
	App.	App.	Cont	Cont		App.	App.	Cont	Cont.
Male	20	66.7	14	46.7	Several times a year	13	43.3	-	-
Woman	10	33.3	16	53.3	Several times a month	8	26.7	1	3.4
Total	30	100	30	100	Once a week	1	3.3	1	-
					A few times a week	5	16.7	7	23.3
					Every other day	-	-	-	-
					To all of them	3	10	22	73.3
					Total	30	100	30	100

According to Table 2, 66.7% of the participants in the application group are male and 33.32% of them are females. The rates in the control group are close to each other, with 53.3% being women. When we look at the frequency of participation in the activities of the institution; 43.3% of those in the application group stated that they attended several times a year, 10% all and 16.7% several times a week. Of those in the control group, 73.3% reported that they participated in all activities and 23.3% participated in activities several times a week.

Table 3. Pretest-Posttest data belong to the life quality scale of participants (t-test for two samples based on the mean of the difference of two dependent sums)

Practice Group	N	\bar{X}	SS	t	p
Physical Health Pre-Test	30	27,06	2,62	-,830	,413
Physical Health Post-Test		27,33	2,64		
Psychological Health Pre-Test	30	22,06	3,25	-4,080	,000
Psychological Health Post-Test		22,70	2,91		

According to Table 3, there is no statistically significant difference in physical health area pre/post-test comparison of life quality scale of application group participants ($27,06 \pm 2,62 / 27,33 \pm 2,64$; $p = ,413$) while a significant difference can be seen in psychological health area pre/post test comparison ($22,06 \pm 3,25 / 22,70 \pm 2,91$; $p = ,000$).

Table 4. Pretest-Posttest data belong to the life quality scale of Participants (Wilcoxon)

Practice Group	N	\bar{X}	SS	z	p
Social Relations Pre-Test	30	8,00	1,74	-1,342	,180
Social Relations Post-Test		8,10	1,60		
Environmental pre-Test	30	35,03	4,62	-2,558	,011
Environmental Post-Test		35,56	4,34		

According to Table 4, there is no statistically significant difference in the comparison of application group social relations pretest/posttest of life quality scale ($8,00 \pm 1,74 / 8,10 \pm 1,60$; $p=,180$) while a significant difference can be seen in environment area pre/posttest comparison ($35,03 \pm 4,62 / 35,56 \pm 4,34$; $p=,011$).

Table 5. Pretest-post test data belong to the life quality scale for elders (two samples t-test based on the mean of the difference of two dependent sums)

Control Group	N	\bar{X}	SS	t	p
Environmental Pre-Test	30	35,36	3,41	19,406	,000
Environmental Post-Test		33,30	3,53		
Psychological Health Pre-Test	30	21,53	3,09	,000	1,000
Psychological Health Post-Test		21,53	3,09		

According to Table 5, there is a statistically significant difference based on control group environment area pre/posttest comparison result of life quality scale ($35,36 \pm 3,41 / 33,30 \pm 3,53$; $p=,000$). There is no significant difference based on psychological health area pre/posttest comparison results ($21,53 \pm 3,09 / 21,53 \pm 3,09$; $p=1,000$).

Table 6. Pretest-post test data belong to the life quality scale for elders (Wilcoxon)

Control Group	N	\bar{X}	SS	z	p
Physical Health Pre-Test	30	23,96	2,44	,000	1,000
Physical Health Post-Test		23,96	2,44		
Social Relations Pre-Test	30	7,56	2,11	,000	1,000
Social Relations Post-Test		7,56	2,11		

According to Table 6, there is no statistically significant difference based on the control group physical health area pre/post test comparison of life quality scale ($23,96 \pm 2,44 / 23,96 \pm 2,44$; $p=1,000$) and also social relations area pre/post test comparison results ($7,56 \pm 2,11 / 7,56 \pm 2,11$; $p=1,000$).

DISCUSSION AND CONCLUSION

As lifetime extends, decreases start in physical power and daily activities. Life quality decreases because of psychological breakdowns with diseases. For the definition of the World Health Organization, benefits of recreative activities are classified as physical/mental and psychologic/social (Aydın & Tütüncü, 2017). Therefore, recreative activities have particular importance for elders as well as relevant activities are performed for them to increase their life quality. The activities carried out in the nursing home renew them, cause the development of self-confidence and provide them with a socialization environment (Esentaş et al., 2018).

There was observed a slight increase in averages when we compared physical health area total score pretest/posttest data in this study that was conducted to review the effect of recreative activities on the life quality of elders staying at Darulaceze institution ($27,06 \pm 2,62$ / $27,33 \pm 2,64$; $p = ,413$). However, this increase is statistically insignificant. There was also found a statistically significant difference in the comparison of psychological total scores with pretest/posttest data ($22,06 \pm 3,25$ / $22,70 \pm 2,91$; $p = ,000$). Darulaceze institution where this study was conducted is a big center consisting of neighborhoods. There are various sports, cultural and social activities to meet their needs. The elders can participate in the activities they want. However, it can be said that due to their age, physical inadequacies and diseases begin to increase, so short-term and non-specific activities are not very effective on their physical health. It shows that these application have a positive effect on their psychological health rather than their physical health.

There are studies that have results jibe with our study findings as well as different results. Vatansever & et al. (2015) made a survey called "relationship between physical activity level and quality of life in middle-aged" and expressed that as the physical activity scores of the elders increase, there occurs an increase in the areas of physical function, physical role, pain and social function, and also the life quality. Çetiner and Yayla (2021) found in their study that post-activity life satisfaction has a significant effect on and increases the overall quality of life of individuals. Zincir et al., (2008) researched whether there is a connection between life quality and depression; for their results, as the average score of quality increased in elders living in nursing homes, the average score of depression decreased. Results of these studies jibe with our study findings. İnal et al. (2003) examined the physical capacity and life quality of elders. The life satisfaction of elders with high physical performance increased, however, participation in group work has gained importance as much as physical activity for life satisfaction. Another result was that education had a positive effect on the mental state of people. While social isolation causes physical and psychological problems in the elderly, moderate physical activity and participation in social environments have a protective effect on health and positively affect the whole life (Aydın & Tütüncü, 2021).

There is no statistically significant difference in the comparison of pre-test/post-test mean score data in the area of social relations of elders in the application group of the life quality scale ($8,00 \pm 1,74$ / $8,10 \pm 1,60$; $p = ,180$) while there is a significant difference environment area pretest/posttest comparison ($35,03 \pm 4,62$ / $35,56 \pm 4,34$;

$p=,011$). The reason for the absence of a great difference in social relations dimensions is that relevant elders live together in the institution and they continuously are in communication with each other. However, for observations, it was beneficial for them to be in different environments and outdoors during the activity practices.

Demir et al. (2021) stated that there are positive and moderate relationships between quality of life and life satisfaction, and between quality of life and psychological well-being. Turhan (2019) also found a statistically significant difference only in the "social participation" sub-dimension in the participants in the experimental group with a high income and education level in his study on the core exercise program he conducted with the elderly. In addition, he determined that the program applied had a positive effect on body self-perception and quality of life in the elderly. Göktaş et al. (2016), on the other hand, found a strong relation between activity performance and activity satisfaction level and also expressed that person-centered assessment and treatment interventions to be planned to support elderly individuals' participation in self-care and leisure activities will increase the life satisfaction of the individual. In the research of Göz (2017), which is similar to this result, it was emphasized that the elderly living in their own home are more active and have a higher quality of life than the elderly living in a nursing home.

In our study, in the comparison of the environmental area pretest/posttest in the quality of life scale of the elderly in the control group, a statistically significant difference was found ($35,36\pm 3,41/33,30\pm 3,53$; $p=,000$) in the direction of the decrease of the average point at the post-test. The reason for this situation may be the stable life in Darulaceze Institution. There is no difference in other physical health, psychological health, and social relations area.

These differences may vary based on country and groups as well as types of activities that can be effective on differences. It is stated in Gönülateş's (2016) study called "The effect of recreational participation on life quality in different countries" that there is a difference in the physical area, psychological area, and social area sub-factors. Again, in the same study, there is no difference in environment sub-factor. Another study was conducted by Şahin & Emiroğlu (2014). According to their results, socio-economic level, leisure time activities, participation in nursing home activities, relations between family, nursing home residents, and employees, and access to health personnel are related to the area of life quality areas.

Conclusion;

- There can be seen a statistically significant difference in the psychological health area ($p=,000$) and environment area ($p=,011$) for the application group and also the environment area ($p=,000$) for the control group when pretest/posttest data of Elders Life Quality Scale are compared. Much as there is an increase in application group averages in the areas of physical health and social relations, the relevant increase is insignificant.

- In conclusion, it can be highlighted that recreative activities positively affect the life quality of elders while there is a higher increase in terms of psychologic and environment. Participating in such recreation activities increases their life quality and helps them to hold on to life and also leads a happier life.

Suggestions;

Each of the elders can have a chance to participate in the activity they want by multiplying the types of activities,

- Recreational activities should be made a state policy and implemented in all elderly care centers for elders to hold on to life,
- Elders should be taken into care while living in their own homes and they should be given the opportunity to participate in programs prepared in neighborhood environments.

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