The Effects of Leisure Education on Quality of Life in Older Adults

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In the last ten years, quality of life has become a central focus of research. Many researchers are trying to determine what constitutes an individual's quality of life and what impact various components of life may have on perceptions of quality of life. This study examined the relationship between a leisure education program and perceptions of quality of life in older adults who reside in residential style retirement facilities in the Midwest. Through an experimental design study, for a period of six weeks, participants were able to identify how participation in a leisure education program influenced their perceptions of quality of life based on the Quality of Life Profile: Senior Version. A mixed-design Analysis of Variance determined that participation in the 6-week leisure education program did influence perceptions of quality of life based on the Leisure sub domain component of the profile.

KEY WORDS: Quality of Life, Leisure Education, Older Adults, Therapeutic Recreation, Programming
that includes both personal responsibility and quality of life. In an attempt to reduce medical and health care costs that have grown beyond society's ability to pay, the concept of promoting healthier lifestyles has become a focus of the health care system. The focus on quality of life has been a predominant research theme since the 1990's (Bowling, 1997; Renwick, Brown, & Nagler, 1996; Schalock, Silverstein, & Parker, 2002). Trying to define a specific meaning of quality of life, and relate that particular meaning to one population has been a focus of many of these researchers. Because no two people, from their own perspectives, think of excellence and superiority (common definitions of quality of life) in the same way, quality of life may be interpreted in a number of ways (Brown, 1994).

Health promotion and prevention is receiving a strong focus in the health care arena. The focus is on individuals becoming more responsible for their own health and defining what constitutes their quality of life. The notion that quality of life is dependent on an individual's own experiences is increasingly being recognized.

The ability to achieve a satisfactory social situation within the scope of one's physical environment is contingent upon the individual's perception of quality of life (Mendola & Pelligrini, 1979). Csikszentmihalyi (1990) believes that how individuals feel about themselves and what happens to them through experience is what determines their quality of life. The community as a whole seems to appreciate the ideal that there has to be quality in life if people are to lead satisfying and enriched lives. Recreation and leisure experiences are critical elements for generating joy and satisfaction. The concepts of life satisfaction and well-being are often linked to happiness and quality of life. Bowling (1997) stated that life satisfaction, happiness, morale, and well-being have been among the concepts upon which research regarding quality of life has focused. These areas concentrate on the whole concept of whom and what an individual is, rather than specific areas of life. According to Rowe and Kahn (1999) the level of engagement in life is a determination of how successfully one will age. Based on their research, maintaining close relationships with others and meaningful activity (such as leisure) are the two most important components of successful aging. An indicator of successful aging in older adults is the ability to maintain a positive sense of well-being (Smith, Borchelt, Maier, & Jopp, 2002).

Leisure and Healthy Lifestyles

The concept of leisure has been identified as an important avenue for promoting healthy lifestyles and activities. The leisure lifestyle of most people in our society evolves and develops throughout the lifespan of an individual. Satisfactory and appreciated lifelong leisure that becomes part of healthy lifestyles can enhance the perceived quality of one’s life as it is celebrated in both the community and the home. Kelly (1996) suggested that an individual’s leisure might have more impact on quality of life than any other area of behavior and experience. Leisure has been seen as an effective way of fostering the quality of community and individual life through recreational, cultural, and heritage activities oriented to people from childhood to old age. One of leisure’s most important dimensions is that of perceived freedom, demonstrated by an individual’s ability to choose participation in productive leisure experiences (Kelly). When people want to be involved in leisure activities, they feel in control of the outcomes and are therefore, more willing to participate. However, not all people understand the importance of leisure, thus the need for leisure education and therapeutic recreation. Involvement in therapeutic recreation increases life and leisure satisfaction and perceived quality of life (Leonard & Serravillo, 1997). The profession of therapeutic recreation offers opportunities that enrich quality of life, provides advocacy for access to leisure experiences, and assists clients in learning about the positive use of leisure they deserve.
Leisure and Aging

Programmers in leisure need to be aware of the leisure needs of the aging population. This group is the fastest growing minority population in the United States. By the year 2000, approximately 35 million Americans were 65 and older and by the year 2050, it is estimated that this group will grow to 67 million (Allison & Geiger, 1993). There will be a greater demand on the health care delivery systems by older adults in the near future. Services may take a different approach towards health promotion and prevention to meet other needs such as adult education, community recreation, arts, exercise, and travel programs. Being aware of the needs of older adults will also influence programs and services such as leisure education. Changes in lifestyles, social networks, health, living environment, and leisure patterns will need to be taken into account as therapeutic recreation programmers provide services and programs.

Leisure Education as a Potential Intervention

The role of leisure education is one potential avenue for enhancing quality of life in older adults. It is important that individuals have a greater understanding of what leisure is and how leisure may have a positive impact on one’s lifestyle. Preparing for a quality life should include building a lifestyle that includes an optimal portion of leisure participation. The concept of understanding how to participate in various leisure experiences, and how to best utilize resources to ensure continued leisure involvement throughout one’s life are also important. The goal of leisure instruction (education) is to educate and train people to apply their leisure skills and knowledge and appreciate the value and benefits of leisure (Crandall, Nolan, & Morgan, 1980; Dattilo & Murphy, 1991; Gunn & Peterson, 1977; Mundy & Odum, 1979; Stumbo & Peterson, 1998). This insight to leisure can be provided through leisure education.

The process of leisure education, which is comprised of participation in a variety of specifically designed leisure-based activities, allows the participant to learn how leisure relates to his/her lifestyle and how to incorporate leisure into everyday life. Through the process of leisure education a programmer may see increased freedom of choice, independence, and intrinsic motivation towards leisure that in turn may enhance the quality of life for his/her participants (Dattilo & Murphy, 1991; Howe, 1989; Mundy, 1998; Nour, Desrosiers, Gauthier, & Charbonneau, 2002; Stumbo & Peterson, 1998).

Leisure education is based on a model of self-determination through which an individual may establish what they need through leisure experiences in his/her life (Bullock & Mahon, 1997; Mundy & Odum, 1979). Leisure education has been described by Chinn and Joswiak (1981), Gunn and Peterson (1977), and Mundy and Odum, as a comprehensive program employed to enhance the quality of a person’s life through leisure. According to Mundy (1998) leisure education is a process that: (1) enables an individual to enhance their quality of life; (2) helps individuals gain a better understanding of leisure; (3) helps individuals comprehend the impact that leisure has on their quality of life and society’s quality of life; and, (4) allows individuals to make independent leisure choices based on this knowledge.

Various researchers have looked at the positive links between leisure and psychological well-being in older adults (Backman & Mannell, 1986; Dunn & Wilhite, 1997; Searle & Mahon, 1991). This research has included looking at the effects of the intervention of leisure education on older adults’ psychological well-being. In many of these studies involving leisure education as a treatment intervention, the researchers mentioned how leisure education sessions helped lead clients to a more satisfying leisure lifestyle and in turn positively enhanced their quality of life. Within these studies various tools that measure a client’s life satisfaction or satisfaction in their leisure lifestyle may have been used. No
recent research was found on studies involving measurement specifically related to the intervention of leisure education and its effect on quality of life.

**Purpose**

The purpose of this study was to measure the effects of a specific leisure education program on the perceptions of quality of life in older adults who reside in residential style retirement centers. There is a great deal of interest in establishing a connection between leisure and other areas of people's lives, such as mental health, quality of life, work and successful retirement. There is a need to investigate how perceived competency and freedom in leisure contribute to overall quality of life. As part of the leisure profession, therapeutic recreation purports to enhance clients' perceptions of quality of life through provision of services that allow them to become more independent in their leisure lifestyles and leisure choices based upon their communities. As individuals age, their needs and perceptions change based on internal and external factors. Programming for leisure to help meet these needs is necessary as a guide to help people age successfully. There is a need to understand what type of specialized leisure programming, designed for older adults, has an influence on perceptions of quality of life.

By documenting the effects of a leisure education program on perceptions of quality of life, the profession of therapeutic recreation may have a better understanding of the influence that a leisure education intervention has on client's perceived quality of life. With health care reimbursement organizations turning their focus to prevention and health promotion, the pressure and competition is intense for the limited health care dollar (Malkin, Coyle, & Carruthers, 1998). Currently, health care outcomes or benefits are viewed from an economic perspective. Health care providers need to show how any improvements, gains, or changes made through specific interventions are advantageous to an individual, group or society. In order to be competitive when securing funding, therapeutic recreation professionals need to base their treatments on efficacious research showing the long-term effects of specific therapeutic recreation interventions on an individual's health and well-being.

For this study: It was hypothesized that older adults participating in the leisure education program would show positive changes between their pretest and posttest scores on the Quality of Life Profile: Senior Version, Leisure sub-domain, and that their scores would differ significantly from those older adults who did not participate in the leisure education program.

**Review of Literature**

**Leisure and Older Adults**

Leisure needs and interests of older adults are different from what they were at other times in the human life span. There are various external factors that affect the leisure interests and needs of this population. Variables such as finances, health and mobility, family and friends, time, living environment, and desire are all influencing factors that can and may affect leisure involvement. Conditions, other than age, often times cause changes in leisure behavior. Changes in leisure patterns may be attributed to changes in health, finances, opportunities, and social constraints (McGuire, 1985). Because older adults are more likely to live in urban areas, live on a fixed income, have health problems, and have changes in their social needs, their leisure behavior may become affected.

Research suggests that leisure can provide a variety of benefits to older adult participants (Haberkost, Dellman-Jenkins, & Bennett, 1996; Mobily, Lemke, & Gisin, 1991; Patterson, 1996). Understanding the leisure needs of older adults has been a focus of many researchers in the field of therapeutic recreation (Backman & Mannell, 1986; Haight, 1992; Mobily, Mobily, Lane, & Semerjian, 1998; Osgood, Myers, & Orchowsky, 1990; Reh-
feldt, Steele, & Dixon, 2000; Schwab, Roder, & Doan, 1985; Searle & Mahon, 1991). Leisure may help identify and define a purpose for life. Participation in meaningful leisure activities allows an older adult to express his/her abilities, gain control over his/her environment, and be able to identify components of life that are of importance. It is essential that leisure activities for older adults are meaningful, age appropriate, and can allow a sense of accomplishment or satisfaction (Silverstein & Parker, 2002).

It is important, as people age, to understand that there is still a need for stimulation and challenge in leisure activities and, as needs and interests change it may even become more important. The need to modify and/or adapt past leisure interests may become more apparent along with the potential need to substitute newly learned leisure activities for past favorites. The focus of leisure for older adults should be based more on quality rather than quantity. Participation in meaningful leisure activities may help preserve identity, may contribute to a sense of integrity, and potentially an opportunity for self-renewal (Menec & Chipperfield, 1997).

**Leisure Education**

Research by Iso-Ahola (1980) has shown the need for leisure education programs to ensure that leisure based experiences serve to enhance an older individual’s psychological well-being. Leisure education, through its focus on increasing leisure knowledge, can be an effective device to improve the effects of the various constraints related to aging (Searle & Mahon, 1991). Leisure education programs can be long lasting, and have a significant impact on an older adult’s feelings of control and competence that in turn will enhance self-esteem and reduce boredom (Mahon & Searle, 1994; Nour et al., 2002). Control and competence in leisure are necessary for changes in leisure patterns to occur; therefore, leisure education programming with older adults can be a critical factor in promoting self-determination skills. A comprehensive approach to leisure education is the most effective in promoting social-psychological changes in older adults (Bullock & Mahon, 1997). As older individuals learn to accept greater personal responsibility for attaining their desired outcomes, they show an increase in personal well-being (Rodin & Langer, 1977; Schulz & Hannusa, 1978). Leisure education as a treatment modality helps facilitate the development of a leisure lifestyle that enhances an older individual’s quality of life (Stumbo & Peterson, 1998).

Many studies using leisure education as an intervention with older adults have shown outcomes of greater life satisfaction, increased independence and enhanced well-being in their participants (Backman & Mannell, 1986; Dunn & Willhite, 1997; Searle & Mahon, 1991). Backman and Mannell measured the effectiveness of a leisure-counseling program through teaching skill acquisition and exposure to activities as a way to promote leisure participation of residents at a facility for senior citizens. Outcomes from this study showed an increase in satisfaction in the participants overall leisure involvement. In the area of participation, only those individuals involved in both the leisure counseling and activity programs reported an increase in leisure participation. Dunn and Willhite developed a leisure education program for home-centered women. For the purpose of the study, the effects of the program on leisure participation and psychosocial well-being were measured. Although the measures of psychosocial well-being were not affected by participation in the study, positive changes were noted in both the frequency and duration of participation in leisure based activities. Searle and Mahon measured the perceived leisure competence of older adults in a day hospital based on a leisure education program. In this study, the authors found that leisure education may help in alleviating mental health problems, which may arise from loneliness and inactivity.

The leisure profession recognizes individual differences and designs programs that can...
enhance an individual’s leisure lifestyle. Leisure education as a therapeutic recreation intervention is designed to allow an individual the opportunity to personally understand the concept of leisure and become more self-determined in future leisure choices (Dattilo & Murphy, 1991). Enjoying leisure and participating in leisure-based programming is a personal choice. Making opportunities for leisure and becoming more knowledgeable about leisure resources is also very individualistic. Leisure education allows an individual the opportunity to identify leisure-based activities that are important to him/her and provides an individual with a sense of control based on those activities. A leisure education program is designed so that individuals can be assisted in developing leisure attitudes, knowledge, and skills that can be matched with suitably challenging opportunities, which facilitate a sense of competence and satisfaction. By exercising self-determination and choice in leisure, an older individual has the potential to enhance their perception of quality of life.

Quality of Life Research

Research in quality of life may have a tremendous impact in optimizing the aging process (Raphael, 1996). According to Arnold (1991), various factors such as physical, emotional, behavioral, social, sexual, intellectual and cognitive functioning need to be taken into account when measuring quality of life within older adults. Other areas include support systems, life satisfaction, health perceptions, economic status, leisure and recreational interests, energy, and vitality. A sense of well-being, perceptions of life satisfaction, and quality of life are often governed by how independent and active the older person is on a daily basis (Hawkins, May, & Rogers, 1996).

Quality of life in older adults should not be exclusively measured in any one area of concentration such as health, environmental, social, or spiritual. Because life is multifaceted, and each individual’s life is made of a myriad of experiences and opportunities, perceptions of quality of life are multi-faceted and unique to each individual. Many tools designed to measure quality of life in older adults are health based and focus on issues related to current health status and level of functioning (Bowling, 1997). Because of the complexity of an older adult, the focus of quality of life should be holistic in nature, taking into consideration all aspects of life, such as physical, psychological, spiritual, environmental, and social concepts. As life patterns change so does an individual’s perceptions of quality of life based on those holistic aspects of life (Renwick & Brown, 1996).

The Model of Quality of Life by Renwick and colleagues (1996) provided the theoretical framework for the definition of quality of life in this study, as well as a look at the relationship between quality of life and lifestyle components including leisure. Components such as, who we are as individuals, how we “fit” into our current environment, and what possibilities are available to make us complete, have an important role in our overall perceptions of quality of life. Perceptions of quality of life take into account the overall concept of the ability to enjoy the possibilities of one’s life (See Figure 1). Possibilities include the areas of: (1) Being (physical health, emotional status, and spiritual beliefs); (2) Belonging (physical ability, social opportunities, and community involvement); and, (3) Becoming (practical daily activities, leisure opportunities, and growth potential).

Quality of life, as defined by the Center for Health Promotion at the University of Toronto, is the degree to which a person enjoys the important possibilities of his or her life (Rootman et al., 1992). Whether environmental or personal, they occur by choice and by chance. The way individuals make decisions and live their lives influences their perception of quality of life. Those occurrences described as chance may be gender, genetic endowment (including inherited physical disorders), historical time of birth, and socioeconomic status of birth parents. These are components of life that an individual has no control over, and yet, they are part of life. Possibilities
Quality of Life:
Degree to which, a person enjoys the important possibilities of his or her life.

FIGURE 1. A MODEL OF QUALITY OF LIFE (RENWICK, BROWN, & NAGLER, 1996)

that occur by choice may include decisions about spending discretionary savings, current living environment, selecting friends, occupation, and social networks. Quality of life results from those occurrences that have become important to people and the way that they live their lives. How one enjoys important life possibilities includes both the attainment of meaningful things or goals that are available in one's life and the pleasure associated with them (Renwick & Brown, 1996).

All individuals have physical, psychological, and spiritual dimensions. Everyone has a perspective of who they are, how they fit into their environment, and what it takes to make choices and decisions based on their perspective of life. Being an individual, belonging in a specific environment, and allowing self-made decisions and choices that provide an increase in a sense of control of one's life are the conceptual foundation that the Quality of Life Profile: Senior Version (QOLP:SV) was built around (Renwick et al., 1996). The place that an individual exists in life and whether or not an individual has a disability is secondary. How an individual views his/her quality of life and understands and/or accepts his/her life choices becomes the important foundation (Renwick & Brown, 1996). Relatively little research, to date, explicitly conceptualizes the relationship of clinical variables, such as physical, social, or emotional health, to measurements of quality of life (Wilson & Cleary, 1995). In addition, few studies attempt to determine what intervening variables may mediate effects in an individual's perceived quality of life.

Method

Description of Participants

For this study, 47 residents from three residential-style retirement facilities in the mid-west volunteered to participate. Ages of the participants ranged from 62 to 99 years. A
total of 10 males and 37 females participated. The number of participants randomly assigned to each treatment condition was based on Cohen's (1988) table of power. The parameters along with their respective values in the table were as follows: \( \alpha = .05 \) (level of significance), \( d = .68 \) (range of standardized means), \( u = 1 \) (treatment groups), \( f = .35 \) (medium effect size), and a power of .67. According to the table, the number of participants in the control group was 24 and in the experimental group 23. The residents were chosen based on cognitive abilities and interest to volunteer in a six-week study. Screening for cognitive abilities (must be oriented to person, place, time, and situation), and assessment of level of interest in the study, were completed by the facilities administration and/or the director of activities prior to the start of the study.

**Setting and Design**

The study consisted of three locations (residential style retirement centers in the midwest) in which two groups (experimental and control) and two administrations of the QOLP:SV (Renwick et al., 1996) (pre and post) were conducted. The researcher hired three certified therapeutic recreation specialists to implement the leisure education program at each facility. The participants in each of the experimental groups received a six-week leisure education program while the control groups received no treatment for the six weeks and maintained their current lifestyle. Differences in QOLP:SV (Renwick et al.) scores in the areas of Leisure sub-domain, Becoming domain, and overall Composite from pretest to posttest were measured as indicators of the effectiveness of a leisure education program in enhancing perceptions of quality of life.

**Instrument**

For the purpose of this study, the Quality of Life Profile: Senior Version QOLP:SP (Renwick et al., 1996) was used to measure perceptions of quality of life. The Quality of Life Profile: Senior Version measures a comprehensive overview of quality of life that includes various domains and sub-domains. The Renwick and colleagues Quality of Life Profile, was designed to measure the degree to which a person enjoys the important possibilities of his or her life. This model is designed to assess nine essential areas, which are categorized into three specific domains, in which people can achieve various degrees of quality of life. These domains and sub-domains are: 1) Being—physical, psychological, and spiritual; 2) Belonging—physical, community, and social; and, 3) Becoming—practical, leisure, and personal growth.

Raphael (1996) discussed the reliability of the QOLP:SV (Renwick et al., 1996) short version (the version used in this study) and indicated high internal consistency (Cronbach’s alpha > .90) in the areas of importance, satisfaction, and overall composite quality of life. Criterion validity was provided through evidence of patterns of correlation with the QOLP:SV and the Life Satisfaction Scale, Memorial University of Newfoundland Scale of Happiness, Social Health Battery, and Life Activity Items based on the National Council on the Aging (Raphael). The high correlation with Leisure Becoming and the Life Activity Items (NCA) (.62), and the consistent correlation of the other general indicators of well-being with the QOLP:SV provide evidence of construct validity (Raphael).

**Experimental Procedure**

Subjects interested in participating in this study were randomly assigned to one of two groups prior to the start of the study. The leisure education (experimental) group participated in a six-week program of therapeutic recreation leisure education sessions. These sessions were conducted two times each week for a minimum of 1 hour. Thus each group participated in 12 sessions. Times for each session varied from 60 minutes to 90 minutes depending on the decision of the therapists and
specific participant needs. Programming consisted of leisure education sessions that addressed leisure appreciation, awareness of self in leisure, self-determination in leisure, making decisions regarding leisure participation, knowledge and utilization of resources facilitating leisure, and leisure and quality of life. The leisure education sessions were designed based on Dattilo and Murphy's (1991) Leisure Education Program Planning: A Systematic Approach. The sessions were adapted and modified to meet the language, activity, and age needs of the study participants.

Each session began with an introductory activity to introduce the topic for the session along with introduction and reintroduction of the participants. Following the introductory activity there was a debriefing period where the participants had an opportunity to answer specific questions regarding the activity and their feelings towards the activity.

**Analysis of Data**

Data were analyzed using a mixed design Analysis of Variance (ANOVA) model on the Leisure sub-domain score. The dependent variable in this study was the score from the QOLP:SV area of the Leisure sub-domain. The independent variables were: (1) level of leisure involvement (experimental and control); and, (2) data collection trial (pre and post). The alpha level for this study was pre set at the .05 level of significance. The number of participants totaled 24 in the control group and 23 in the experimental group.

Initial analyses of the data determined if there were significant interactions between involvement in leisure education and data collection trial. When necessary, a post hoc analysis was administered to determine, specifically, where the differences were in the interaction of Trial × Group. This procedure was carried out for the indicator of quality of life based on the Leisure sub-domain of the Becoming Domain.

Examining the nature of each interaction, the researcher was able to state whether or not the intervention of a leisure education program had a significant effect on perceptions of quality of life as related to the Leisure sub-domain. The results from this study provided insight for informed decisions regarding leisure programming for seniors in residential-style retirement facilities.

**Results**

A mixed design Analysis of Variance (ANOVA) was performed to examine the data. The results, based on the Leisure sub-domain revealed a significant interaction between the tests (pretest/posttest) and group (experimental/control) at the alpha level of .05, $F(1, 45) = 7.42$, $p = .009$. The data suggests that there was a significant relationship between the trial and the group on the Leisure sub-domain scores.

Based on a post hoc analysis of the data there was a significant difference found between the experimental and control groups in the Leisure sub-domain mean scores. With an alpha level of .05, the effect of group was statistically significant, $F(1, 45) = 6.23$, $p = .016$. This means that those individuals that were in the experimental group had significantly higher posttest scores on the leisure sub-domain than the control group (Table 1). Scores for the experimental group increased from a pretest mean score of 1.17 to a posttest mean score of 1.80. The control group posttest mean score of .980 showed a decrease from the pretest mean score of 1.00.

Results based on the individual components of the Leisure sub-domain, showed that in all six of the leisure subcategories, subjects in the experimental group revealed an increase in mean scores after the 6-week leisure education program. Scores of the subjects in the control group remained relatively at the same level in the posttest and were scored in the pretest. The most significant change can be seen in the area of getting out with others where the pretest mean score for subjects in the experimental group was .73 and the posttest mean score was 1.65 (Table 1).
Table 1.
Comparison of Pretest/Posttest Means Based on Group for the Leisure Sub-domain

<table>
<thead>
<tr>
<th>Domain/Group</th>
<th>Pretest Mean</th>
<th>SD</th>
<th>Posttest Mean</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall Leisure Sub-domain</td>
<td>1.17</td>
<td>1.10</td>
<td>1.80</td>
<td>.75</td>
</tr>
<tr>
<td>Experimental</td>
<td>1.00</td>
<td>.68</td>
<td>.98</td>
<td>.58</td>
</tr>
<tr>
<td>Getting out with others</td>
<td>.73</td>
<td>1.72</td>
<td>1.65</td>
<td>1.10</td>
</tr>
<tr>
<td>Experimental</td>
<td>.77</td>
<td>.89</td>
<td>.75</td>
<td>.77</td>
</tr>
<tr>
<td>Having hobbies</td>
<td>1.47</td>
<td>1.79</td>
<td>2.04</td>
<td>.97</td>
</tr>
<tr>
<td>Experimental</td>
<td>.72</td>
<td>.95</td>
<td>.65</td>
<td>1.22</td>
</tr>
<tr>
<td>Indoor activities</td>
<td>2.07</td>
<td>1.65</td>
<td>2.20</td>
<td>1.04</td>
</tr>
<tr>
<td>Experimental</td>
<td>1.40</td>
<td>1.08</td>
<td>1.36</td>
<td>.80</td>
</tr>
<tr>
<td>Outdoor activities</td>
<td>.64</td>
<td>1.61</td>
<td>1.21</td>
<td>1.13</td>
</tr>
<tr>
<td>Experimental</td>
<td>.65</td>
<td>1.12</td>
<td>.61</td>
<td>1.02</td>
</tr>
<tr>
<td>Socializing/friends</td>
<td>1.42</td>
<td>1.46</td>
<td>1.79</td>
<td>.98</td>
</tr>
<tr>
<td>Control</td>
<td>1.30</td>
<td>1.21</td>
<td>1.12</td>
<td>.94</td>
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<td>1.57</td>
<td>1.91</td>
<td>1.00</td>
</tr>
<tr>
<td>Experimental</td>
<td>1.29</td>
<td>1.40</td>
<td>1.26</td>
<td>1.09</td>
</tr>
</tbody>
</table>

Discussion
This study explored the effects of a leisure education program on perceptions of quality of life in older adults residing in residential-style retirement facilities. This study attempted to determine if participation in a 6-week leisure education program, specifically designed for older adults, influenced perceptions of quality of life as measured by the Quality of Life Profile: Senior Version (Renwick et al., 1996). Measurements from this profile included the Leisure sub-domain quality of life score.

The findings show that perceptions of quality of life in older adults, based on the questions in the Leisure sub-domain, were significantly influenced from pretest to posttest by participation in a six-week leisure education program. Perceptions appeared to be influenced in the areas of getting out with others, having hobbies, indoor and outdoor activities, and socializing with friends and family. Having a greater understanding of the role that leisure has in perceptions of quality of life allowed the participants an opportunity to relate leisure to other aspects of their lives, learning that through an active and healthy leisure lifestyle, individuals may take control of the possibilities that enhance their independence and freedom to choose. Through self-determination and a sense of belonging within their environment, older adults can gain a sense of self-confidence that ultimately affects their perception of quality of life. Participation in a leisure education program allows individuals to identify leisure-based activities that connect them with important components of their current lifestyle.

Based on the Model of Quality of Life by

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Renwick and colleagues (1996), the Leisure sub-domain is a component of the Becoming domain that encompasses those purposeful activities in which people engage in to realize their goals, aspirations, and hopes. These activities include the opportunity for independence in day-to-day activities such as domestic activities, volunteer work, and taking care of health or social needs. Having the ability to engage in meaningful and purposeful leisure activities that help promote relaxation and stress reduction, and activities that promote the maintenance or improvement of knowledge and skills and the ability to adapt to change. As an individual ages, his/her needs change. The ability to adapt to these changes effectively and the ability to cope with each situation that life brings, ultimately affects perceptions of quality of life. By participating in the leisure education program and through the discussion of goals, aspirations and hopes for the future the participant had the opportunity to identify his/her needs based on leisure activities. Through this identification of needs each individual had the ability to increase his/her perceptions of quality of life based on the Becoming domain.

Participation in the leisure education program allowed the participant to gain a better understanding of: (1) what leisure is; (2) how leisure plays a role in a healthy lifestyle; (3) what resources are available to maintain/increase participation in a leisure lifestyle; and, (4) self-determination in choosing leisure as a part of a lifestyle choice. Leisure is an important aspect of a healthy lifestyle for older adults. As an individual learns to accept greater personal responsibility for his/her lifestyle, he/she has an opportunity to show an increase in personal well-being (Rodin & Langer, 1977; Schulz & Hanusa, 1978). It is the identification of leisure as a part of a lifestyle that ultimately affects an individual's perceptions of quality of life.

As seen in this study, older adults who understand the value of a healthy leisure lifestyle are more likely to have higher overall perceptions of their quality of life as related to leisure. By introducing older adults to the concepts of leisure, providing them with the definition of leisure and allowing them to become more self-determined in their leisure choices, one can have an impact on some perceptions of quality of life. As individual's age, changes in lifestyle due to aging greatly affect perceptions of quality of life. A need to take control of these changes as well as having opportunities for independent choices in lifestyle, including leisure, have an impact on overall self-concept and motivation towards life.

In support of research conducted by therapeutic recreation professionals (Backman & Mannell, 1986; Haight, 1992; Mobily et al., 1998; Searle & Mahon, 1991), this study contributed to other empirical findings that support the effects of a specific therapeutic recreation intervention on older adults. Positive changes were seen in the participants' perceptions of quality of life as related to leisure and opportunities for growth. This study suggests that by participating in specialized programming that included leisure education, older adults were able to have greater perceptions of their quality of life based on leisure. Through participation in meaningful leisure activities, older adults can express their abilities and are able to identify specific components of life that are important to them.

Conclusion

As individuals age, changes that take place have a direct influence on perceptions of quality of life. These changes include areas such as health, finances, social circles, living environment, and leisure needs. The effects that physical health, economic status, living environment and social situations have on leisure and perceptions of quality of life have been supported in a review of the literature (Haberkost et al., 1996; Mobily et al., 1991; Patterson, 1996). The ability of an individual to have a certain level of independence, self-determination, and freedom to choose within his/her lifestyle may influence his/her perceptions of
quality of life with regard to leisure. The need for older adults to have control and independence in their living environment, as well as, the freedom to choose from multiple opportunities are factors that have an important role in a healthy lifestyle and, ultimately, quality of life.

The literature supports the effects of leisure and a healthy leisure lifestyle on increased levels of independence and life satisfaction in older adults (Bullock & Mahon, 1997; Searle & Mahon, 1991). Benefits of an active leisure lifestyle have been measured in the physical, emotional, cognitive, and social domains. The results from this study, as well as numerous others, suggests that a relationship exists between leisure, life satisfaction and perceptions of quality of life (Leonard & Serravillo, 1997; Patterson, 1996; Sabin, 1993; Saul, 1993).

Therapeutic recreation specialists, in today’s healthcare arena need to validate and justify their services in order to remain a viable part of the healthcare system. Through research that supports positive outcomes and shows third party payers the overall benefits of participation in therapeutic recreation services, therapeutic recreation professionals can have an impact on their client’s perceptions of quality of life (Riley, 1991). By providing outcome based research, the profession of therapeutic recreation can support the efforts of the healthcare movement towards health promotion and prevention by offering viable and justifiable services that ultimately enhance their client’s perceptions of quality of life.

The intervention of leisure education serves as a tool in which a therapeutic recreation specialist may “educate” his/her clients as to the definition of leisure and how a leisure lifestyle fits into an individual’s life. In relation to the enhancement of perceptions of overall quality of life, therapeutic recreation specialists can use leisure education as one component of an overall program. In order for a therapeutic recreation specialist to state that he/she has enhanced a client’s quality of life he/she should offer leisure education as a component of a comprehensive program that is designed to encompass overall perceptions of quality of life. Leisure education is based on the value of leisure and how leisure relates to one’s current lifestyle choices. A comprehensive program could include leisure education along with components in health promotion and psychosocial needs. A combination of these areas would broaden the focus to include other areas of life that determine how an individual perceives his/her life in relation to its quality.

Continued research is recommended to fully understand the impact of leisure education on perceptions of quality of life in older adults. Based on the findings of this study a leisure education program seems to enhance perceptions of quality of life related to leisure and personal growth. Offering a program that encompasses not only leisure as a component of quality of life, but health promotion, living environment, and psychosocial issues would direct more focus on overall concepts of quality of life. The concept of quality of life is multifaceted and to focus on only one component cannot influence overall perceptions of quality of life.

No matter how an individual considers the impact that the environment has on his/her perceptions of quality of life, it is truly the ability to have basic needs met, provide for a range of opportunities within the individual’s potential, and provide for personal control and choice within that environment that are important aspects of quality of life. How an individual perceives his/her quality of life will be based on meeting those challenges.

References


