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Life satisfaction, life quality, and leisure satisfaction in health professionals

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Abstract

Purpose: This study was aimed to determine the relationships between life satisfaction, life quality, and leisure satisfaction in health professionals.

Design and Methods: The study was conducted with 498 health professionals working in a city of the Central Anatolia Region, Turkey. Data were collected using Socio-Demographic Form, the Satisfaction with Life Scale, the Short Form of World Health Organization Quality of Life Questionnaire, and the Leisure Satisfaction Scale.

Findings: There was a positive significant relationship between life satisfaction, life quality, and leisure satisfaction. As the level of leisure satisfaction of health professionals increases, the life satisfaction, and life quality also increase.

Practice Implications: Rise in the level of leisure satisfaction is important to increase life satisfaction and improve life quality of health professionals. Therefore, leisure patterns and behaviors that increase leisure satisfaction should be integrated into daily lives of these professionals.

KEYWORDS

health professionals, leisure satisfaction, life quality, life satisfaction

1 | INTRODUCTION AND BACKGROUND

Leisure is an activity that provides the relaxation, socialization, entertainment, and personal development of the individual, apart from his job, family, and community responsibilities.[1,2] The time set for leisure is called leisure time.[3] Physical, psychological, social, and cultural health of individuals is adversely affected by long-term work, heavy workload, and stress. To protect physical and psychological health, it is possible by sparing leisure time and feeling free and renewed.[4,5] In the literature, there has been a consensus that leisure time consists of activities such as sports, exercising, and recreational walking.[5,6] It is important how the individual evaluates this time rather than having free time, and the level of satisfaction about it.[1,2] Beard and Ragheb[1] stated that leisure time has psychological, educational, social, relaxing, physiological, and aesthetic aspects. The psychological aspect of leisure time involves the feeling of happiness and freedom, and increasing the attitude towards coping with difficulties. The educational aspect increases motivating the individual who devotes time to increasing personal development what and how individuals learn about themselves and their environment. In addition, social aspect helps to reduce the stress caused by interactions with other individuals, while the physiological aspect positively affects weight control and physical health. The aesthetic aspect of the leisure time includes the satisfaction of the entertainment environment and the activities provided by the individual.[1] Siefken et al[6] reported that the level of depression is reduced "an investigation into the relationship of leisure-time physical activity with depression and anxiety." Vancampfort et al[7] determined a positive relationship between an unplanned leisure time and loneliness. Matthews et al[8] determined that a statistically significant relationship between intensity leisure-time physical activity and reduced risk of some types of cancer, Patel et al[9] reported that people who do not develop effective hobbies at leisure time and who sit permanently pose have a risk for different cancers. Thus, to cope with and protect against chronic diseases such as cancer, addiction, and obesity, it is recommended to increase happiness and satisfaction by planned leisure time.[8,10,11]

The World Health Organization has defined that the life quality is the perception of the people in the whole of their culture and value judgments in terms of goals, expectations, and standards.[12] In other words; a person's perception of his or hers own health as a socio-cultural environment is called life quality.[13] The most important factors that affect the life quality are physical and psychological well-being. Due to the increased life expectancy, life quality has become an important issue in today.

To live healthy and minimize the physical and psychological health risks nutrition, physical activity, adequate rest, increasing inner motivation, and leisure activity are recommended.[3,6,14] Thus, the life quality and life satisfaction of the individual may be increased.[4,5,10,15,16]

Life satisfaction refers to how much the individual enjoys the life they live.[17] There are many variables that affect life satisfaction. These are socio-demographic characteristics such as age, gender, psychological features, lifestyle, participation of leisure activity, and leisure satisfaction.[2,14,15,18]

The main purpose of health professionals is to provide care by focusing on needs of public in protecting and maintaining the life of the individual/patient. Healthcare professionals may often postpone their own needs to meet the needs of individuals with whom they treat and practice care. Although this behavior is perceived as necessary for health professionals, it is emphasized in the literature that it is important to meet the needs of health professionals.[19,20] So, it is aimed to reduce the workload of health professionals. And, by providing healthcare professionals more time for themselves, it is attempted to increase their life satisfaction and life quality.

In the literature, it is emphasized that the activities planned in leisure time and increasing the level of leisure satisfaction contribute positively to the relaxation, socialization, entertainment, and personal development of individuals.[14-16] Although the psychological and physical effects of leisure satisfaction have been determined in different populations such as general population, urban population,[3,15,21] any study has been found examining the leisure satisfaction level of health professionals. Therefore, in this study, the relationship between life satisfaction, life quality, and leisure satisfaction in healthcare professionals was examined and other related factors were evaluated.

2 | METHODS

2.1 | Design and setting

This study was carried out as a descriptive study to determine the relationship between life satisfaction, life quality, and leisure satisfaction in healthcare professionals. The study was conducted with 498 health professionals working in a city of the Central Anatolia Region, Turkey between December 2019 and January 2020. The selection criteria included all health professionals who volunteered to participate in the study.

2.2 | Instruments

2.2.1 | Socio-demographic Form

This form consists of the personal information such as sex, profession, age, education, and income status of the health professionals.

2.2.2 | The Satisfaction with Life Scale

The Satisfaction with Life Scale (SWLS) was developed by Diener et al[22] and tested for validity and reliability in the Turkish language by Dağlı and Baysal.[23] It is a 5-point Likert-type scale. The scale anchored from 1 (strongly disagree) to 5 (strongly agree). High scores show high life satisfaction levels. Cronbach's alpha for SWLS in this study was 0.87. The scores are 5 and 25 points, respectively.

2.2.3 | Short Form of World Health Organization Quality of Life Questionnaire (WHOQOL-Bref)

The World Health Organization Quality of Life Questionnaire (WHOQOL-Bref) was developed by World Health Organization. It was tested for validity and reliability in Turkish language by Eser et al[24] It is a 5-point Likert-type with four domains (physical health, psychological health, social relationships, and environmental health). The scores of WHOQOL-Bref for physical health, psychological health, social relationships, and environmental health are measured as 4 to 20, respectively. Cronbach's alpha for WHOQOL-Bref in this study was 0.74.

2.2.4 | Leisure Satisfaction Scale

The Leisure Satisfaction Scale (LSS) was developed by Neal et al[25] and tested for validity and reliability in the Turkish language by Argan et al.[15] It is a 5-point Likert-type scale. The scale anchored from 1 (strongly disagree) to 5 (strongly agree). High scores show high leisure satisfaction levels. Cronbach's alpha for LSS in this study was 0.89. The scores are 6 and 30 points, respectively.

2.3 | Ethical considerations

The study was approved by the Ethics Board in University and verbal consent was taken from the participants. Study participants completed the survey in 10 minutes.

2.4 | Data analysis

The frequency, percentage, mean, and standard deviation of the data were analyzed using a statistical software program. Mann-Whitney *U*

and Kruskal Wallis tests were used to compare groups. The Spearman's correlation test was used to evaluate the variation of the variables. Regression analysis was carried out for further analysis.

3 | RESULTS

Of the 498 participants 75.9% (n = 378) were female and 65.3% (n = 325) were nurse and midwife and 45.3% (n = 225) were between 36- and 45-year-old group. The most participants were undergraduate (72.3%, n = 360). A total of 54.2% (n = 270) of the participants expressed their income status as medium. Participant characteristics were showed in Table 1.

The participants' mean SWLS and LSS scores were found as 16.85 ± 3.73 and 21.86 ± 4.36, respectively. The mean sub-dimension scores of WHOQOL-Bref for physical health, psychological health, social relationships, and environmental health were found as 15.46 ± 1.64, 14.67 ± 1.57, 14.99 ± 2.45, and 15.23 ± 1.39, respectively (Table 2).

Table 3 shows the relationships between the characteristics of the participants and their SWLS, WHOQOL-Bref, and LSS scores. There was a statistically significant relationship between participants' SWLS scores and sex. Female participants had higher SWLS scores than male participants ($P \leq .05$) (Table 3). Additionally, female participants had higher the psychological health sub-dimension score of WHOQOL-Bref ($P \leq .05$).

There was a statistically significant relationship between the participants' age and their LSS scores, physical health, and social relationships scores in WHOQOL-Bref ($P \leq .05$) (Table 3). While physical health sub-dimension of WHOQOL-Bref was the highest in the 26- to 35-year-old age group, social relationships sub-dimension of WHOQOL-Bref was the highest in the 18- to 25-year-old age group. LSS level was the lowest in the over 46 years (Table 3).

The correlations among the scores of SWLS, physical health, psychological health, social relationships, and environmental health sub-dimensions of WHOQOL-Bref and LSS are shown in Table 4. There was a positive significant relationship between the mean SWLS, physical health, psychological health, social relationships, and environmental health sub-dimensions of WHOQOL-Bref and LSS scores ($P \leq .05$).

The interaction effects between LSS and SWLS ($R^2 = 0.279$; $P = .000$), physical health, psychological health, social relationships, and environmental health sub-dimensions of WHOQOL-Bref ($R^2 = 0.188$, 0.171, 0.316, 0.177; $P = .000$) were statistically significant (Table 5). The positive effects between LSS and SWLS, physical health, psychological health, social relationships, and environmental health were all determined.

4 | DISCUSSION

According to the results of this study, most of the participants were women and nurse/midwife (Table 1). This result is related to the characteristics of the nurses and midwives in Turkey.

TABLE 1 Participant characteristics

		N	%
Sex	Female	378	75.9
	Male	120	24.1
Profession	Nurse/midwife	325	65.3
	Doctor	38	7.6
	Health officer/paramedic	135	27.1
Age	18-25 y	52	10.4
	26-35 y	167	33.5
	36-45 y	225	45.3
	>46 y	54	10.8
Education	High school	96	19.3
	Undergraduate	360	72.3
	Master/Doctorate	42	8.4
Income status	Bad	72	14.5
	Medium	270	54.2
	Good	156	31.3

When the results of the scales obtained from this study were examined, it is seen that it is above the average (Table 2). This result can be explained by the fact that being a health professional is respected in the society where this study is conducted. Because, although there are physical such as musculoskeletal pain and psychological diseases such as fatigue, burnout, depression among health professionals,[26-30] they have high prestige.[31-33] Health professionals also face low unemployment rates and are paid relatively higher incomes.[34] These may constitute important factors that increase the socioeconomic status of healthcare professionals and increase their life satisfaction, life quality, and leisure satisfaction levels.

When the relationship between the healthcare professionals' characteristics and the scales was examined, a statistically significant relationship was determined between sex and psychological health sub-dimension score of WHOQOL-Bref and SWLS score. The psychological health level and life satisfaction of female had higher than men ($P \leq .05$) (Table 3). According to this result of this study, the psychological life quality and life satisfaction levels of female

TABLE 2 Scale scores

	Mean	Standard deviation
Satisfaction with Life Scale	16.85	3.73
WHOQOL-Bref		
Physical health	15.46	1.64
Psychological health	14.67	1.57
Social relationships	14.99	2.45
Environmental health	15.23	1.39
Leisure Satisfaction Scale	21.86	4.36

TABLE 3 Relationship between characteristics of participants and scales

	Satisfaction with Life Scale		WHOQOL-Bref *physical health*		WHOQOL-Bref *psychological health*		WHOQOL-Bref *social relationships*		WHOQOL-Bref *environmental health*		Leisure Satisfaction Scale	
Sex												
Female	17.04 ± 3.64		15.48 ± 1.55		14.76 ± 1.52		15.09 ± 2.42		15.26 ± 1.33		21.98 ± 4.26	
Male	16.23 ± 3.95		15.39 ± 1.92		14.36 ± 1.69		14.67 ± 2.55		15.12 ± 1.58		21.47 ± 4.66	
		−2.05[a]		−0.33[a]		−2.75[a]		−1.13[a]		−1.20[a]		−1.26[a]
		0.04		0.74		**0.00**		0.25		0.22		0.20
Profession												
Nurse/midwife	16.80 ± 3.60		15.46 ± 1.56		14.74 ± 1.52		14.95 ± 2.47		15.18 ± 1.35		21.70 ± 4.29	
Doctor	16.18 ± 4.22		15.23 ± 1.47		14.40 ± 2.04		14.97 ± 2.19		15.18 ± 1.41		22.45 ± 4.51	
Health officer/ paramedic	17.15 ± 3.88		15.52 ± 1.87		14.56 ± 1.55		15.09 ± 2.50		15.37 ± 1.50		22.07 ± 4.50	
		1.16[b]		1.31[b]		1.89[b]		2.46[b]		2.47[b]		1.33[b]
		0.43		0.51		0.38		0.29		0.29		0.51
Age												
18-25 y	17.09 ± 3.23		15.17 ± 1.69		14.82 ± 1.42		15.84 ± 2.20		15.36 ± 1.31		22.84 ± 3.96	
26-35 y	17.08 ± 3.61		15.83 ± 1.57		14.56 ± 1.60		14.89 ± 2.54		15.23 ± 1.36		21.90 ± 4.32	
36-45 y	16.69 ± 3.94		15.28 ± 1.62		14.75 ± 1.53		15.01 ± 2.36		15.18 ±;1.42		22.04 ± 4.27	
>46 y	16.47 ± 3.71		15.26 ± 1.78		14.49 ± 1.79		14.30 ± 2.65		15.28 ± 1.47		19.92 ± 4.79	
		1.96[b]		12.67[b]		2.93[b]		11.41[b]		1.24[b]		11.02[b]
		0.58		**0.01**		0.57		**0.02**		0.87		**0.01**
Education												
High school	16.08 ± 4.04		15.53 ± 1.65		14.41 ± 1.70		14.66 ± 2.56		15.24 ± 1.49		21.18 ± 5.22	
Undergraduate	17.04 ± 3.63		15.42 ± 1.66		14.70 ± 1.46		15.00 ± 2.42		15.21 ± 1.38		21.97 ± 4.09	
Master/Doctorate	16.95 ± 3.75		15.70 ± 1.54		14.95 ± 2.09		15.52 ± 2.56		15.32 ± 1.38		22.41 ± 4.42	
		9.00[b]		2.17[b]		6.42[b]		4.10[b]		0.54[b]		5.21[b]
		0.06		0.70		0.17		0.39		0.96		0.26
Income												
Bad	16.30 ± 4.01		15.32 ± 1.76		14.60 ± 1.51		14.91 ± 2.43		15.22 ± 1.31		22.36 ± 5.17	
Medium	16.72 ± 3.76		15.44 ± 1.59		14.69 ± 1.51		15.05 ± 2.40		15.28 ± 1.40		21.64 ± 4.34	
Good	17.25 ± 3.53		15.60 ± 1.67		14.66 ± 1.77		14.92 ± 2.62		15.14 ± 1.45		21.96 ± 4.03	
		5.07[b]		3.07[b]		4.46[b]		3.03[b]		2.84[b]		1.74[b]
		0.07		0.21		0.10		0.22		0.24		0.41

[a]Mann Whitney *U*.
[b]Kruskal Wallis $P \leq .05$.

TABLE 4 Correlations among scales

	WHOQOL-Bref					
	Satisfaction with Life Scale	Physical health	Psychological health	Social relationships	Environmental health	Leisure Satisfaction Scale
Satisfaction with Life Scale	1.00					
WHOQOL-Bref						
Physical health	**0.369***	1				
Psychological health	**0.491***	**0.482***	1			
Social relationships	**0.440***	**0.461***	**0.481***	1		
Environmental health	**0.453***	**0.466***	**0.505***	**0.551***	1	
Leisure Satisfaction Scale	**0.524***	**0.436***	**0.384***	**0.539***	**0.379***	1

*$P \leq .01$ Spearman's correlation.

professionals may be related to their being mothers and their satisfaction with other members of their families and especially their children in daily life. Nitschke et al[35] reported that positive emotions experienced by mothers had positive effects and increased individual well-being. Subjectively feeling well is stated as the precondition for psychological health and life satisfaction.[36]

In this study, a statistically significant relationship was determined between the age of the participants and physical health and social relationships sub-dimensions scores of WHOQOL-Bref ($P \leq .05$). Physical health sub-dimension of WHOQOL-Bref score was the lowest among 18 to 25-year-old age group. When interpreting score result, it can be said that young participants have problems in protecting physical health. Physical health score was the highest among 26- to 35-year-old age and it was gradually decreased among participants with ages over 35 (Table 3). In addition, the life satisfaction levels of health professionals over 46 years were low. The physical health consists of energy and fatigue, pain and discomfort, sleep, and rest.[12] This result shows that age is important in maintaining physical health and leisure activity. In particular, chronic diseases increase and positive health outcomes decrease with age.[37] Wettstein et al[38] reported that chronic back pain increases, the life quality, and activity decreases as the age progresses, Rani et al[39] expressed that as the age progresses, the sleep quality decreases and, stress, and anxiety affect negatively of the sleep quality. According to this study, while the social relationship level of quality of life of 18- to 25-year-old age group was determined as the highest, it was the lowest amongst participants over 46 years of age. This result shows that the participants of the 18- to 25-year-old age group had a high quality of social relations and was satisfied with their lives (Table 3). Today, virtual communication is more common among young people, and this can enable them to expand their social relationships.[40-42] The low social relations of over 46 years health professionals may be related to their age characteristics. Interpersonal relationships and empathy with different individuals in health professionals cause them to experience many psychiatric symptoms yielding to fatigue and burnout.[43,44] These can also negatively affect their social relationships. As pronounced consequence of this study, the poor quality social relations of health professionals among over 46 years may be the result of fatigue and burnout over the years.

According to another result obtained from this study, there is a statistically significant relationship between age and LSS score ($P \leq .05$) (Table 3). Leisure satisfaction level of the participants who are over 46 years had the lowest. This result is similar to the results of the research by Mc Carthy et al.[45] In their research, they reported that leisure activity and leisure satisfaction levels of nurses over 40 years were low. Activities are planned with other members of the family at leisure times until the recent years in Turkey. In particular, social changes have begun with the younger generations who are

TABLE 5 Regression among scales

Dependent variable	Independent variable Leisure Satisfaction Scale Score				
	R^2	F	B	*t*	*P*
Satisfaction with Life Scale Score	0.279	187.636	0.453	13.698	.000
WHOQOL-Bref Physical health score	0.188	98.717	0.163	9.936	.000
WHOQOL-Bref Psychological health score	0.171	99.605	0.149	9.980	.000
WHOQOL-Bref Social relationships score	0.316	224.038	0.236	14.968	.000
WHOQOL-Bref Environmental health score	0.177	103.556	0.264	10.176	.000

identified with heavy use of internet and social media, and they do plan leisure time for themselves independent of older parents and relatives. Thus, they are able to have leisure time and recreational activities that make them feel relaxed and creative, free and therefore more renewed.[46,47] In this study, the low levels of leisure satisfaction of participants over 46 years compared to the younger participants may be related to their habits of maintaining attitude. Additionally, disorders of energy and cell metabolism[48] and difficulties of movement in aging[49] can negatively affect individuals' leisure satisfaction levels.

In this study, when the correlation between scales was examined, a positive significant relationship was determined between SWLS score and physical health, psychological health, social relationships, environmental health sub-dimensions scores of WHOQOL-Bref, and LSS score ($P \leq .05$) (Table 4). In other words, as the level of leisure satisfaction of health professionals increases, life quality, and life satisfaction also increase (Table 5). Similar to these results, Lapa[16] found that there was a positive linear relationship between life satisfaction and leisure satisfaction. Wang[14] stated that leisure activity positively affects life satisfaction and physical and mental health as well. Argan et al[15] determined that there were a significant relationship among constructs of well-being, life and leisure satisfaction, and happiness. Chang et al[21] determined that there are relationship between leisure satisfaction (ie, leisure in nature and outdoor recreation), subjective well-being and depression.

5 | LIMITATIONS

This study was conducted with health professionals in Turkey. Many of the health professionals participating in the study are nurses/midwives. The number of other health professionals volunteering to participate in the study is low. Consequently, a homogeneous group could not be formed. Therefore, the results of the study cannot be generalized to other health professionals. It also was included Turkish health professionals' cultural and environmental experience. Another limitation of the study is that it was investigated the relationship between life satisfaction and life quality and leisure satisfaction in health professionals; other factors such as chronic diseases and psychiatric disorders affecting life satisfaction, life quality and leisure satisfaction could not be controlled.

6 | CONCLUSIONS

In this study, life satisfaction, life quality and leisure satisfaction levels of health professionals were examined. There is a positive relationship between life satisfaction and life quality and leisure satisfaction. The results of this study are important to reveal positive physical and psychosocial outcomes of leisure satisfaction. In addition, leisure satisfaction may be addressed to increase and improve the life satisfaction and life quality of health professionals.

NURSING IMPLICATIONS

According to the results of this study, leisure satisfaction has a positive effect on life satisfaction and life quality. This result can be used to maintain and improve the well-being of healthcare professionals. Increasing the leisure satisfaction level of health professionals, especially nurses with high levels of psychological symptoms such as burnout, fatigue and anxiety, may ensure their well-being.

CONFLICT OF INTERESTS

The authors declare that there are no conflict of interests.

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