

Determining The Sport-Health Belief and Life Satisfaction of Participants in Recreational Activities: A Research on Private Sector Employees

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Abstract: The purpose of this research is to examine the relationship between the sport-health belief and life satisfaction of the employees participating in recreational sports activities according to few demographic variables. The research is a quantitative study and was conducted in a relational screening model. The sample of the study consists of 118 employees working in different departments of Konya Şeker Industry Trade Inc. The data of the research were analysed by using statistical software program. For data analysis, arithmetic mean and standard deviation values were determined; t-Test and One-Way Variance Analysis (ANOVA) tests were used to determine the differentiation status of the scores obtained for the variables. In addition, correlation analysis was used to determine the relationship between variables, and regression analysis was used to test the predictive state of independent variables. As a result of the research; it was determined that the scores of the participants regarding the levels of recreational sport-health belief did not differ in terms of gender, age, marital status, monthly income, department, leisure time activity, participation in recreational activities and the type of participation, but there was a significant difference in terms of the professional seniority variable. According to life satisfaction scores; it was determined that there was only a significant difference found in monthly income variable. Overall, our study indicated that there were a positive moderately significant relationship between the participants' recreational sport-health beliefs and life satisfaction and this study emphasized that as individuals' perceptions of their recreational health beliefs increased, the quality of life satisfaction also increased.

Keywords: key health, life satisfaction, employees, recreational activities, private sector

Introduction

Health beliefs are cognitive judgments formed according to the general doctrines of the inner world and society in shaping the individual's attitudes and behaviors towards health. The Health Belief Model is basically developed on the value of being protected from an illness or being healthy for the individual and the individual's prevention and protection from illness, or expectations of having healthier life (Hochbaum, 1958, Nahcivan, 2007). Considering the integrity of the person and the environment together; health and health awareness have a direct impact on the individual's personal development and self-realization (Edelmen, 1998). The concept of health includes all aspects of life such as life satisfaction and quality of life, physical well-being, socialization, emotional capacities, and mental states.

The meaning of free time is that excluded from the time spent by individuals to maintain their lives for instance; eating, drinking, sleeping, and the simplest personal cleaning and the time spent for the continuity of their life such as making money, social responsibilities so on (Clawson & Kenetsch, 1971).

Free time and recreation are linked yet quite distinct concepts that are often used interchangeably (Torkildsen, 2005). Free time covers a broader domain than leisure and refers to the time that is free from mandatory activities. In order to understand the phenomenon of recreation clearly, it is necessary to examine the approaches related to leisure time. However, due to the fact that there are many different approaches to leisure time and these approaches are based on the infrastructure of the researchers' own disciplines thus the concept of recreation and leisure time cannot be clearly defined by one definition (Metin, Bıçak, Kodaş, 2013). The term of recreation derived from the Latin word "recreate" means regeneration, that is leaving the daily routine (Özil et al. 2016).

As it can be understood from the definitions made recreation can be expressed as activities that the individual freely chooses based on volunteering. It can be performed actively or passively in leisure time, and that gives the individual feelings such as relaxation and satisfaction as a result of the activity involved (Birol et al. 2014). Recreation has a different meaning for everyone because of its subjective characteristics rather than a symbolic meaning (Madrigal, 2006). Among recreational activities, the type of which is based on physical exercise or the application of various sports branches for recreational purposes and constitutes a large part of recreational activities is called sports recreation. The basis of sportive recreation is named as a physical exercise (Zora et al. 2008).

The concept of life satisfaction is defined as the cognitive aspect of subjective well-being and expresses the general evaluation of people's quality of life (Peterson et al., 2005). In the other meaning; life satisfaction has been described as a personal assessment of the overall conditions of one's life (Baur & Okun, 1983). Since participating sport activities provides the individual many opportunity and benefits, many evidence regarding both direct and indirect health effects of physical activity have been presented and reported previously in the literature (Hallal et al., 2006). In the light of the wide research area, it was investigated the relationship between the sport-health belief and life satisfaction of the employees participating in recreational sport activities in private sector according to few demographic variables and investigate the relationship between the sport-health beliefs and life satisfaction.

Method

Research Model

The research is a quantitative study and it was carried out in relational scanning model. In this study, it was examined whether there is a difference in terms of some demographic variables at the level of the relationship between health beliefs and life satisfaction quality of employees participating in sports recreational activities. In addition, the relationship between the health beliefs of the participants and the quality of life satisfaction and their predictions were tried to be determined. Approval was obtained from all employees participating in this study with the "Informed Volunteer Approval Form".

Population and Sample

The purposive sample of 118 employees working at different departments of Konya Şeker Industry Trade Inc. was used in the study. Since all employees in the research population were included in the research sample, no other sample selection was made. Participants were asked to fill in the scale forms online and manually, and thus, usable feedback was provided from 118 participants. 77.1% (n=91) of the participants included in the research sample.

Measurement

Sport Health Belief Scale

The version of the scale developed by Ertüzün (2013) into Turkish. Substances of scale are 7 point Likert type. Sports health belief scale sub-dimension are; perceived seriousness perceived obstacles, physical benefit, psycho-social benefit, self-efficiency. The scale is in the form of self-assessment consisting of such expressions "1" not satisfactory at all to "5" quite satisfactory. For reliability analysis; Cronbach's Alpha Internal Consistency coefficient was calculated as.88. In this study, internal consistency coefficient of Sports Health Belief Scale was found to be 88.

Life Satisfaction Scale

The original form of the "Life Satisfaction Scale" developed by Diener, Emmons, Larsen and Griffin (1985) is a self-assessment scale consisting of one factor, five items and 7-point rating in Likert type. The adaptain of scale was made by Koker (1991) into Turkish, 7 Likert type scale has been used by various researchers in Turkey.

Köker (1991) found that the test-re-test consistency coefficient of the scale is 0.85 after three weeks studying. Yetim (1991) calculated the corrected split-half value as 0.75 and the Kuder Richardson-20 value as 0.79. In this study, the internal consistency coefficient of Life Satisfaction Scale was found as .86.

Findings

Table 1. T-Test Results of Participants' Sports Health Belief Scale According To Demographic Variables

	Variables	N	\bar{X}	SS	sd	t	p
Gender	Male	91	3.78	0.54	116	-.74	0.941
	Female	27	3.79	0.58			
Marital Status	Married	86	3.80	0.52	116	.58	0.561
	Single	32	3.74	0.62			
Participation in sports recreational activities	Yes	86	3.84	0.48	116	1.74	0.085
	No	32	3.64	0.68			
Type of Participation in recreational activities	Individual	50	3.87	0.57	116	1.43	0.156
	Group	68	3.72	0.52			

($p < 0,05$)

As a result of the t-test in sports health belief scale scores, gender $t(116) = -.74$; $p < 0.05$., marital status $t(116) = -.58$; $p < 0.05$., participation in sports and recreational activities $t(116) = 1.74$; $p < 0.05$. and type of participating in recreational activities $t(116) = 1.43$; $p < 0.05$. Table 1 result indicated that; there were no statistically significant differences found in the variables.

Table 2. T-Test Results of Participants' Life Satisfaction Scale Scores According To Demographic Variables

	Variables	N	\bar{X}	SS	sd	t	p
Gender	Male	91	4.09	1.26	116	-.54	0.588
	Female	27	4.24	1.10			
Marital Status	Married	86	4.17	1.18	116	.48	0.633
	Single	32	4.04	1.33			
Participation in Sports Recreational Activities	Yes	86	4.17	1.22	116	.58	0.563
	No	32	4.03	1.24			
Type of Participation in recreational activities	Individual	50	4.26	1.40	116	.95	0.347
	Group	68	4.04	1.08			

($p < 0,05$)

As can be seen in Table 2, as a result of the t-test, gender $t(116) = -.54$; $p < 0.05$., marital status $t(116) = .48$; $p < 0.05$., participation in sports and recreational activities $t(116) = .58$; $p < 0.05$, and type of participating in recreational activities $t(116) = .95$; $p < 0.05$. There were no statistically significant differences found in the variables.

Table 3 was examined, as a result of the analysis made, the health belief scale scores of the participants include age ($F = 2.60$; $p = 0.079$), monthly total income ($F = 2.60$; $p = 0.079$), working department ($F = 2.60$; $p = 0.079$) and the way individual spending their spare time ($F = 2.60$; $p = 0.079$), there is no statistically significant difference was found according to those variables. However, a statistically significant difference was found in terms of professional seniority variable in the health belief scale.

Table 3. One-Way Analysis of Variance Results of Participants' Sports Health Belief Scale According To Demographic Variables.

	Variables	N	\bar{X}	SS	F	p	In-Differ Groups (Scheffe Testi)
Age	20-30 (a)	41	3.78	0.62	2.60	0.079	-
	31-40 (b)	51	3.69	0.52			
	41 age and over (c)	26	3.98	0.43			
Monthly Income	Less than 2334 TRY (a)	30	3.60	0.53	2.77	0.066	-
	2335 – 4000 TRY (b)	48	3.80	0.56			
	4001 TRY and above (c)	40	3.90	0.51			
Department	Sales Marketing+ Export (a)	42	3.85	0.54	.586	0.558	-
	Production + R.M (b)	37	3.72	0.54			
	Finance-Accounting, H.R (c)	39	3.77	0.56			
Seniority	Labour (a)	24	3.53	0.52	4.16	0.018*	c - a
	Officer (b)	50	3.79	0.57			
	Manager (c)	44	3.92	0.49			
How Do You Spend Your Free Time?	Home activities (a)	34	3.74	0.57	.135	0.874	-
	Participating Sport Activities (b)	48	3.79	0.62			
	Social and Culturel Events (c)	36	3.81	0.41			

*(p<0,05)

As a result of the Scheffe test conducted to determine among which groups the differences arise, sports health beliefs were found to be significant among those in the seniority of managers (\bar{X} manager = 3.92, SSmanager = 0.49) compared to those in the worker seniority (\bar{X} worker = 3.53, SSworker = 0.52). It seems to be high.

Tablo 4. One-Way Analysis of Variance Results of The Life Satisfaction Scale Scores of The Participants According To Demographic Variables.

	Variables	N	\bar{X}	SS	F	p	In-Differ Groups (Scheffe Testi)
Age	20-30 (a)	41	4.10	1.26	.960	0.386	-
	31-40 (b)	51	4.01	1.27			
	41 age and over (c)	26	4.42	1.04			
Monthly Income	Less than 2334 TRY (a)	30	3.69	1.33	5.87	0.004*	c - a
	2335 – 4000 TRY (b)	48	4.00	1.25			
	4001 TRY and above (c)	40	4.62	0.92			
Department	Sales Marketing+ Export (a)	42	4.00	1.44	1.78	0.173	-
	Production + R.M (b)	37	4.44	1.01			
	Finance-Accounting, H.R (c)	39	3.97	1.12			
Seniority	Labour (a)	24	3.96	1.17	.726	0.486	-
	Official (b)	50	4.07	1.26			
	Manager (c)	44	4.30	1.20			
How Do You Spend Your Free Time?	Home activities (a)	34	4.03	1.22	1.20	0.304	-
	Participating Sport Activities (b)	48	4.01	1.22			
	Social and Culturel Events (c)	36	4.39	1.21			

*(p<0,05)

When Table 4 was examined, as a result of the analysis performed, the participants' life satisfaction scale scores include age (F =, 960; p = 0.386), department (F = 1.78; p = 0.173), professional seniority (F =, 726; p = 0.486) and there is no statistically significant difference was found according to the variables of how you spend your leisure time (F = 1.20; p = 0.304). On the other hand, a statistically significant difference was found in terms of the monthly total income variable in the life satisfaction scale. As a result of the Scheffe test conducted to determine the differences between the groups, those who have an income of more than 4001 Turkish Lira(TRY) in terms of monthly total income variable in the life satisfaction scale (\bar{X} 4001 + = 4.62, SS4001 + = 0.92) have an income less than 2334 Turkish Lira(TRY) (\bar{X} 2334). - = 3.69, SD2334- = 1.33), it is seen that their life

satisfaction is significantly higher than those with. In order to determinate the relationship between participants' health belief scale and life satisfaction scale: "Pearson Moments Multiplication Correlation Coefficient" technique was used and the relationship between the participants' health belief scale and life satisfaction result is given in Table 5 below.

Table 5. Correlation Results of Participants' Sports Health Belief Scale And Life Satisfaction Scale Scores

Scales	Life Satisfaction
Health Belief Scale	.319*

N=118

*p<.05

Table 5 states that there is a moderate positive relationship between the sports health belief scale scores of the participants and the scores of the life satisfaction scale ($r = .32$).

Conclusion

Demographic data of the study provides that 22.9% (n=27) participant are male;34.7% (n=41) are female and 72.9% (n = 86) were married, 27.1% (n = 32) were single. Meanwhile 25.4% (n = 30) of the participants have an 2.334 Turkish Lira(TRY) monthly income, 40.7% (n=48) 2.335-4000 Turkish Lira(TRY) and 33.9% (n = 40) more than 4001 Turkish Lira(TRY). In the study universe, 35.6% (n=42) of the participants work in Sales Marketing and Export Department; 31.4% (n = 37) in Production and Research Development, 33.1% (n = 39) in Finance-Accounting and Human Resources Departments; 20.3% (n = 24) are workers, 42.4% (n=50) are officer and 37.3% (n=44) are in managerial positions. While 28.8% of the participants (n=34) spend their free time with home activities, 40.7% (n=48) of them participate in sports activities and 30.5% (n=36) of participant spend their spare time by participating in social and cultural activities. As a result of the statistics obtained in our research; 72.9% of the participants (n=86) said "yes" to participating in sports recreational activities, while 27.1% (n=32) answered "no" to participating in sports recreational activities; 42.4% (n=50) preferred to participate in recreational activities" individually" on the other side 57.6% (n=68) of individuals chose to participate in recreational activities "as a group"

The following results were obtained in this study, which aimed to determine the relationship between the sport health belief of individuals working in a private company and their life satisfaction:

In the first findings of the study; there were no significant difference in sports health belief scale scores and life satisfaction scale in terms of gender, marital status, the type of activity they participated in and the type of participation (see Table 1 and 2) based on the T test result. Those results showed that age, marital status, the type of activity they participated in and the type of participation were not a determining parameter.

According to one-way Analysis of Variance (ANOVA) specific to sport health belief scale scores; it was found that there were no significant differences in the variables of age, monthly income, working department and the way prefer to participate in recreational activities (see Table 3). Similar result inferred in life satisfaction scale that there is no significant difference was found in the variable of age, monthly income, working department and the way prefer to participate in recreational activities (see Table 4).

One of the significant findings of our research was on professional seniority. Based on the result it was concluded that the sports and health beliefs of the individuals work in the managerial position were significantly higher than the participants work in the worker seniority (see Table 3). Seniority is the length of time that an individual has worked for an organization. Seniority is important in all private sector establishments and among professions in achieving business goals and establishing successful relationships with other employees and creating a common business culture in the institutions. Supporting this present study shows that, thanks to their management skills and their extensive knowledge and experience, managers are more conscious of health problems due to their high professional competencies and educational foundations ($p < 0.05$).

In the life satisfaction scale, there is significant differences were found of the participants according to the monthly income level (Table 4). The findings stated that those with a monthly total income of more than 4.001 Turkish Lira(TRY) have significantly higher life satisfaction than those who have an income less than 2.334

Turkish Lira(TRY) ($p < 0,05$) According to these results, it can be said that individuals with high income levels have higher life satisfaction and develop more positive thoughts about life than individuals with lower income. Similar to findings conducted by Zora Raboteg-Sgric et al. (2008) on adolescents who have high socio-economic status and higher life satisfaction than adolescents with both middle and low socio-economic status. Moreover, Frijters et al. (2004) stated in their studies that higher real household incomes led to significant gains in satisfaction levels.

In the regression analysis; it was concluded that there were a positive, moderate significant relationship between the sports health belief and life satisfaction scale scores of the participants thus, life satisfaction increases as sport health beliefs increase. In order to bring better understanding to this context; health is an important component of life and individuals with high income and standard of living tend to have high levels of life satisfaction and happier life so individuals' perceptions and understanding of sports activities are expected to be high, as a result, their health belief levels are expected to be at a high level.

Recommendations

In this paper, it is broadly focused on the association between health belief and life satisfaction for private sector workers. In particular, examining the health beliefs and life satisfaction of individuals working in the same company, same managerial position with the same salary scale, was important in obtaining a clear comparison and result for the purpose of our research. In the future study, expanding universe of research can be more interesting in terms of reaching wider knowledge of these subjects.

Acknowledgements

I would like to express my very great appreciation to my colleagues in my company for corporate with me in completing this research.

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