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Leisure and Older People: A Concept Analysis, and Implications for Nursing

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Abstract: There is considerable healthcare literature exploring leisure participation by older people, yet the conceptualization of the term 'leisure' remains unclear. The purpose of this paper is to analyze the concept of leisure based on Walker and Avant's concept analysis criteria, identifying the attributes, antecedents, consequences and empirical references of leisure based upon the findings of the literature review. A clear understanding of the concept of leisure for older people will provide nurses and other healthcare professionals with the necessary knowledge to develop an efficient health promotion plan for leisure activities targeting the aging population.

Keywords: Leisure Activity, Older People, Concept Analysis

Introduction

LEISURE IS A complex and subjective concept. Although there is considerable healthcare literature exploring leisure participation by older people, there remains a lack of consistent conceptualization of the term 'leisure'. During life cycle transitions in retirement with declining health, there are considerable changes in the patterns of leisure participation by older people (Bukov, Maas, & Lampert, 2002). As such, the purpose of this paper is to analyze the concept of leisure, aiming to provide nurses and other healthcare professionals with a clear understanding of the concept that can lead to the development of an efficient health promotion plan for leisure activities targeting the aging population.

Significance of Leisure for Older People

According to the World Health Organization (2008), by 2050, there will be 2 billion people over the age of 60, as compared to 1.2 billion in 2025. This rapidly aging population presents many challenges for older people, as they can now expect a longer life. Of these challenges, maintaining health and finding meaning in order to attain a good quality of life in advanced age are becoming particularly important. The theory of activity proposes that participation in different kinds of activities helps to enhance an individual's well-being and quality of life (Lemon, Bengtson & Peterson, 1972). Leisure-related activities are of particular significance to older people, who spend a lot of time participating in leisure activities due to having fewer obligations in terms of work and family (Chen & Fu, 2008).

Numerous studies have reported on the positive impacts of leisure participation by older people. These include better self-reported health, functional health, physical health (Avlund

et al., 2004), psychological well-being, and mental health (Fiori, Antonucci, & Cortina, 2006; Giles, Glonek, Luszcz, & Andrews, 2005; Litwin & Shiovitz-Ezra, 2006; Menec, 2003), a better sense of well-being due to a strong social support network (Chen & Fu, 2008), and lower risk of mortality (Hyypää, Mäki, Impivaara, & Aromaa, 2006; Lennartsson & Silverstein, 2001).

Leisure Activities Enhance the Physical and Mental Well-being of Older People

Leisure participation can enhance the well-being of older people on various levels depending on the different types of leisure activities chosen, which can include cognitive and/or physical components. Cognitive components include activities such as reading, writing, crossword puzzles, board or card games, group discussions, or playing music. Physical components refer to leisure-time physical activities such as swimming, cycling, dancing, tennis, golf, group exercises, walking, team games, and babysitting (Verghese et al., 2006). All leisure activities that can be stimulating, physically or mentally demanding, or socially oriented have been shown to contribute to the cognitive reserve in older people, leading to a decrease in dementia incidence (Ravaglia et al., 2008; Rovio et al., 2005; Wang et al., 2006; Wang, Karp, Winblad & Fratiglioni, 2002).

Studies show that older people who regularly participate in leisure-time physical activities have a lower risk of postural imbalance and risk of fall (Swanenburg, de Bruin, Stauffacher, Mulder, & Uebelhart, 2007). Regular physical activities were also found to prevent chronic diseases such as diabetes and coronary heart disease (Apullan, 2008; Qin, 2010), colon cancer (Zhang et al., 2006), and cerebrovascular disease (Ellekjaer, Holmen, Ellekjaer & Vatten, 2000). There was a significantly lower mortality risk among active elderly people as compared to those who did not participate in any leisure activities (Lan, Chang & Tai, 2006; Lennartsson & Silverstein, 2001). The psychological dimensions of leisure activities, such as motivation, inner direction, and purposefulness, are also major factors contributing to the health and longevity of older people (Lennartsson & Silverstein, 2001).

These study findings highlight the importance of the development of programs to keep older people actively engaged in leisure activities in order to achieve health and well-being in their old age.

Study Method of Concept Analysis

Review of Literature on the Concept of Leisure

A literature search was initially conducted using the MEDLINE, CINAHL and PsychINFO databases, and papers published between 1980 and 2010 were retrieved for concept analysis. The search was later expanded to include leisure studies textbooks for the purposes of a thorough understanding of the concept. The key words used were '*leisure, leisure activities, leisure participation, older persons, older adults, elderly, aged people, and concept analysis*'.

Adoption of Walker and Avant's Approach to Concept Analysis

Of the various approaches in undertaking concept analysis, Walker and Avant's concept analysis method (Walker & Avant, 2005) was chosen to analyze the concept of leisure and older people in this study. This method was selected not only due to its easy-to-follow step-by-step process, but also because it helps clarify ambiguous concepts into a precise operational definition through its rigorous processes. Walker and Avant's concept analysis method includes the following steps: identifying the uses of the concept; determining the defining attributes, antecedents, and consequences; identifying a model case, borderline, and contrary cases that exemplify various aspects of the concept; and finally defining the empirical referents of the concept.

Results of Concept Analysis

Definition of Leisure

Existing definitions of leisure according to various dictionaries and thesauruses (Hawker & Waite, 2009; Merriam-Webster's Collegiate Dictionary Online, 2010; Oxford English Dictionary, 2010; The Cambridge Advanced Learner's Dictionary Online, 2010) include 'the time when you are not working or doing other duties', 'the time for relaxation or enjoyment', 'the freedom or opportunity to do something specified or implied', 'free or unoccupied time', 'freedom provided by the cessation of activities' and 'ease'.

Uses of the Concept in Different Disciplines

According to Walker and Avant (2005), all sources should be explored for an in-depth and thorough understanding of the concept of interest, not confined to only nursing or medical literature. The concept of leisure is broad and is described in literature from various disciplines, including economics (Gronau, 1977; Parker & Haworth, 1997), psychology (Neulinger, 1981), sociology (Kelly, 2009; Agahi, Ahacic, & Parker, 2006; Parker, 1976) and health care (Wood, 2004).

Economic Perspective

From the economists' viewpoint, Marx (1867) stated that leisure is greatly affected by the demands of capitalism, which can lead to lower mortality. Leisure is also an important source of employment and can impact the growth of tourism. Allocation of time to leisure is closely related to work demands, including work at home and in the job market (Roberts, 1999; Tribe & Tribe, 2005). Leisure has been defined as the opposite of paid work (Gronau, 1977) and as "discretionary time", which means "the time remaining after working, commuting, sleeping and doing necessary household and personal chores, which can be used in a chosen way" (Tribe & Tribe, 2005, p. 3). This concept is in line with sociologists' and psychologists' view of leisure as the absence of work (Neulinger, 1981; Parry & Coalter, 1982) and also as related to the role of the family following the life-course sequence (Kelly & Kelly, 1994).

Psychological and Sociological Perspective

Much has been written about leisure in the psychological and sociological literature. Of all conceptualizations, leisure is traditionally defined as “free time” and “freedom” (Kelly, 2009; Robinson & Godbey, 1999). It is closely related to work, family, and education. Kaplan (1975, p. 19) stated that leisure should include “the perception of the activity as voluntary or free, a pleasant expectation and recollection, a full range of possibilities from withdrawal in sleep or drink to highly creative tasks”.

Leisure can also contribute to quality of life, as it offers opportunities for people to gain meaningful life experiences through providing a sense of achievement, empowerment and control, and social affiliation, as well as health benefits (Iwasaki, 2007 & 2008). Leisure can also be therapeutic (Caldwell, 2005). By gaining social support and realizing self-determination, purpose and competence through leisure participation, the capacity to cope with life stress can be enhanced (Caldwell, 2005; Coleman & Iso-Ahola, 1993). Thus, from the sociologists’ perspective, focus has been placed on defining leisure mainly in psychological terms and exploring it in relation to its psycho-social nature, such as through its correlation to life satisfaction and its barriers.

Nursing and Medical Perspective

In the nursing and medical literature, the topic “leisure” mainly focuses on the benefits it offers in maintaining or enhancing physical and psychological well-being (Fiori et al., 2006; Giles et al., 2005; Litwin & Shiovitz-Ezra, 2006; Menec, 2003; Nummela et al., 2008; Verghese et al., 2006). There has been no clear and consistent agreement on the definition of leisure, as different categories of leisure activities have been used in the literature (Chou, Chow & Chi, 2004; Janke, Davey & Kleiber, 2006; Kwan, 1990; Paillard-Borg, Wang, Winblad, & Fratiglioni, 2009; Verghese et al., 2006). Legitimate tools for evaluating leisure are lacking (Nilsson & Fisher, 2006). For example, in a study by Verghese et al. (2006), leisure categorization was limited to six cognitive activities (reading, writing, crossword puzzles, board or card games, group discussions, or playing music) and ten physical activities (tennis, golf, swimming, cycling, dancing, group exercises, team games, walking, climbing more than two flights of stairs, and babysitting) based on the Cognitive and Physical Activity Scales.

According to Haywood, Bramham, and Kew (1995), leisure activities can be classified into six major types: recreation; hobbies, crafts, and education; tourism and holidays; entertainment; commodities and shopping; and gambling and gaming. By contrast, in Janke et al.’s study (2006), leisure activities were broadly categorized into three domains: informal, formal and physical aspects.

Defining Attributes

The defining attributes are identified by locating the most frequently associated cluster of attributes with the concept. This helps to differentiate the concept of interest from similar or related ones (Walker & Avant, 2005). Based on this review of the identified literature, three defining attributes of leisure for older people are identified: freedom from obligations, freedom of choice, and meaningful or enjoyable experiences. These are discussed below.

Freedom from Obligations

The first attribute that defines leisure is freedom from obligations. Leisure has been defined by a group of older people as “time when you can do what you want without thoughts of duties or obligation, time available when there is no required activity... time to do things I want to do as contrasted to things I have to do, time to do things you wish to do without any pressure, unconstrained time” (McGuire et al., 2009, p. 96). Leisure was long ago referred to as “freedom from the necessity of labor” by Aristotle (Goodale & Godbey, 1988; Kelly, 1996; Neulinger, 1981).

The time definition is always used when examining leisure with older people, as they have more unobligated time due to being in retirement (McGuire, Boyd & Tedrick, 2009). The concept of leisure as free time is similar across different cultures (Liu, Yeh, Chick, & Zinn, 2008). However, there have been disagreements about the definition of leisure as “free time” or “residual time” because many retired older people may experience “embarrassment” instead of “leisure” if they are unable to make ‘good’ use of their free time or find meaning in their life (Argyle, 1996; Kelly & Godbey, 1992; Neulinger, 1981; Parker, 1996). For example, leisure has been defined as “non-work”, and does not include ‘non-work’ activities such as eating, sleeping, and other activities of daily living (Kelly, 2009). Leisure, characterized by freedom from obligations, is not only an event to fill time but also an activity with its own meaning, in which the participants find enjoyment (Dumazedier, 1967; Kelly, 2009; McGuire et al., 2009; Neulinger, 1981).

Freedom of Choice

A second attribute of leisure is the freedom of choice. Leisure has been regarded as neither required nor necessary but a voluntary behavior (Kelly, 2009; Rojek, 2005). This refers to the perception of choosing to do something, and with intrinsic motivation so that the activity is chosen primarily for rewards arising from the activity itself (McGuire et al., 2009; Neulinger, 1981). As leisure is freely chosen, it can provide personal satisfaction to the participant. Leisure is thus defined by the use of time, not the time itself, as well as being distinguished by the meaning of the activity but not its form (Kelly, 1996). This is in line with a number of studies and can explain why motivation is an important factor in determining leisure participation by older people (Losier, Bourque & Vallerand, 1993; Misener, Doherty, & Hamm-Kerwin, 2010).

Experience as Meaningful or Enjoyable

The third attribute is that the leisure experience must be meaningful or enjoyable. Leisure is defined as “an experience, a process, and an ongoing state of mind” (Neulinger, 1981), and can even be a feeling of flow that is characterized by a feeling of being absorbed and experiences of challenge (Csikszentmihalyi, Abuhamdeh, & Nakamura, 2005). Iso-Ahola and Mannell (2004) stated that leisure means one must experience enjoyment. This is supported by Siegenthaler and Vaughan’s (1998) study, in which 44 older women perceived leisure as meaningful and enjoyable activities that intertwined with life’s activities. In another qualitative study by Sellar and Boshoff (2006), relaxation and engrossment were the leisure experiences reported by older people. The concept of relaxation includes experiences such

as “inner peace”, “feeling free of stresses” or “demands”, and “shutting off”. Further, as Caldwell (2005) stated, older people who might experience uncontrollable life events, such as death, illness, and retirement, can experience some level of control and choice through leisure participation.

Antecedents and Consequences

The antecedents are phenomena that must occur prior to the occurrence of a concept, whereas consequences are the resulting outcomes (Walker & Avant, 2005).

Antecedents

For older people to participate in leisure activities, which are voluntary in nature, motivation is an important antecedent. One of the motivators comes from gaining great satisfaction from self-initiated leisure participation (Ball, Corr, Knight & Lewis, 2007; Losier et al., 1993), and because leisure can be used therapeutically as a way to deal with negative life events such as chronic illness and disability (Caldwell, 2005). Motivators also come from older people’s perception that leisure can enhance social support and relations, improve physical and mental health, elicit competence and self-efficacy, create pleasurable experiences, and enable the continuity of activity after experiencing disability (Caldwell, 2005).

Another important antecedent is freedom from barriers that can limit leisure participation by older people. Substantial evidence shows that freedom from illness or disability is the most important factor determining leisure behavior among older people (Satariano, Haight, & Tager, 2000; Searle & Iso-Ahola, 1988). Other barriers include past experiences, lifestyle, a lower level of education, long-standing social constraints, low income, life events, and lack of support from others, such as after the loss of a spouse (Fenech, 2008; Lefrancois, Leclerc, & Poulin, 1998). Older people should also be free from the perception of constraint that is related to loss of interest, lack of facilities or support, reduced ability, or lack of time (Backman, 2004).

Consequences

The impact of leisure on older people varies according to the frequency and type of their leisure participation. Increased leisure participation has been linked to improvements in mortality, morbidity, and disability (Bean, Vora, & Frontera, 2004; Dergance, 2003). Substantial evidence shows that leisure can satisfy specific and important needs including the psychological, educational, social, relaxational, physiological and esthetic needs of older people (Broughton & Beggs, 2006; Di Bona, 2000). Able to continue an activity after retirement, the older person can gain life satisfaction by freely choosing their leisure activities, which can contribute to a sense of personal identity and control, as well as enabling them to cope better with negative life events (Fenech, 2008; Hawkins, Foose, & Binkley, 2004) and increasing their social well-being (Fenech, 2008; Misener et al., 2010).

Nevertheless, the consequences of leisure are not necessarily positive. Broughton and Beggs (2006) found that some older people had low leisure satisfaction due to a variety of factors. For example, older people over the age of 80 and who were in poor health received fewer physical rewards from leisure participation. There were also feelings of tension,

anxiety or disappointment in these older people's volunteer experience, due to negative interpersonal relations (Misener et al., 2010). Feelings such as exhaustion, apprehension, nervousness, frustration and guilt were also reported when participants were involved in more challenging leisure activities such as sports (Lee & Datillo, 1994).

Cases Exemplifying the Concept of Leisure

To better understand the concept, we constructed a model case, a borderline case and a contrary case to illustrate the concepts of leisure activity. As Walker and Avant (2005) posited, a model case is used to demonstrate all the defining attributes of the concept, whereas a borderline case is an example that contains most of the defining attributes of the concept but not all of them. A contrary case, though connected to the main concept, does not show any defining attributes.

Model Case

Mr. W was a 65-year-old man who had just retired. He had been attending the elderly community center for a singing class since the previous year. He viewed his leisure activities as extremely positive and meaningful, and enjoyed his interaction with people. He felt that his physical and mental health had been good since joining the class. In addition, he stated that such leisure activities could provide a challenge or an opportunity for him to learn new skills, leading to a higher degree of life satisfaction. In this case, all the defining attributes of leisure were present, including freedom from obligations, freedom of choice and meaningful experience.

Borderline Case

Mrs. L, a 68-year-old woman, had started to volunteer in an elderly community center two years earlier. She went to the community center every week, where she said she could do something that satisfied her. She felt relaxed because she was free from the obligations of housework. However, she expressed a sense of obligation because of her volunteer role. For example, she felt stressed as the time commitment required for volunteering was sometimes excessive and prevented her from participating in other activities, which she perceived as limiting her sense of freedom.

In this case, Mrs. L had joined the leisure activities by her own choice as a volunteer, and derived enjoyment from the experience. Nevertheless, this is considered as a borderline case because Mrs. L had failed to free herself from all obligations and was having a stressful experience, which is contrary to the defining attributes.

Contrary Case

John, a 70-year-old man, worked as a part-time taxi-driver at night. He slept in the daytime and did not participate in any leisure activities during his non-work days. He appeared stressed and depressed, and said that he could not find any meaning in life. This example shows that John was not free from the obligations of his work and had no free time, unlike

other retired older people. He failed to find any meaning or pleasure in his work and other activities. None of the defining attributes of leisure were apparent in John's situation.

Empirical Referents

The above constructed cases provide observable phenomena of the concept of leisure in relation to older people. These cases demonstrate the empirical referents, as categories or classes of actual phenomena (Walker & Avant, 2005). In many ways, the empirical referents are identical to the defining attributes.

Conclusion and Discussion

There is no single definite measure of leisure satisfaction for older people. The Leisure Satisfaction Scale developed by Beard and Ragheb (1980) is the most frequently used self-administered tool and measures the role of leisure in satisfying individual needs. The Leisure Satisfaction Scale measures various aspects, including psychological, educational, social, relaxation, physiological, and esthetic dimensions (Broughton & Beggs, 2006).

The results of this 'concept analysis' suggest that a more comprehensive measuring instrument is needed if we are to evaluate leisure activities and their effects on older people. The instrument should consider measuring the attributes, antecedents and consequences of this concept, for example: the criteria of non-paid activity, freedom from obligations, freedom of choice, and meaningful and pleasurable experiences. The inclusion of these essential components in an instrument will unquestionably enhance the comprehensiveness and credibility of the instrument.

Implications for Nursing Practice and Research

Nursing Practice

Leisure has a great impact on older people's well-being, and motivation is one of the most important reasons for leisure participation. Nurses need to be well-informed, well-trained, and play an active role in providing health promotion and education for leisure to older people. For example, leisure counseling is provided to older people to help them make good use of their free time and select leisure activities that can have a positive impact on their overall well-being (Dowd, 1981; Leitner & Leitner, 2005). In addition, nurses need to collaborate with other healthcare professionals, health and social service agencies, and leisure service providers to consider the preferences of older people when designing programs for various kinds of leisure activities. Nurses should also act as advocates for the removal of barriers to leisure participation, as well as to raise awareness of the importance of leisure participation by older people.

Nursing Research

Research in the leisure area has been confined to leisure studies, psychology and sociology. More nursing research should be done into areas such as leisure needs, leisure experiences, leisure counseling, and leisure education in the diverse older population. For example, research

on leisure needs should explore the preferences of older people in order to identify factors that might motivate or discourage them from participating in leisure activities, so as to increase their compliance in leisure participation (Misener et al., 2010; Satariano et al., 2000).

An accurate assessment of leisure needs is also important (McDowell & Clark, 1982). Most studies have measured leisure satisfaction by exploring either self-rated health (Nummela et al., 2008), subjective leisure experiences (Csikszentmihalyi, 2005; Unger & Kernan, 1983), or patterns of leisure participation (Chou et al., 2004; Paillard-Borg et al., 2009).

The Leisure Satisfaction Scale is most frequently used for measuring leisure satisfaction, and has been used in different settings and populations (Beggs, 2002; Broughton & Beggs, 2006; Kibler & Smith, 2000). However, it was not specifically developed for use by older people (Beard and Ragheb, 1980). The Scale should therefore be refined and validated if it is to be used for measuring leisure satisfaction in the older population.

Conclusion

This paper helps to clarify the concept of leisure in relation to older people. The concept analysis differentiates leisure from nonrelated activities and highlights its importance in nursing practice. Using Walker and Avant's approach (2005), relevant issues are explored by identifying, for example, defining attributes along with antecedents and consequences, which can enable nurses and other healthcare professionals to develop an appropriate health promotion plan. It is hoped that through this short analysis of the concept of leisure in relation to older people, nurses will increase their awareness of the importance of leisure for the older population.

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