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LEISURE TIME IN COMPARISON TO LIFE SATISFACTION LEVEL OF ADULTS WITH PHYSICAL DISABILITY*

Introduction: Leisure time is an integral part of people's lifestyles. Recreation and proactive attitude during free time have an impact on physical development of a person with physical disability, moreover, foster building self-esteem.

Research Aim: The aim of this article is to identify the forms, dimensions and determinants of leisure behaviour in selected groups of respondents in correlation with the level of satisfaction with your own life.

Method: The research was carried out in the Lublin Province. Two groups of people aged 30–50 took part in it: A – with disability and B – control (a total of 262 respondents of both sexes). The survey research used a questionnaire by Bergier and Tomczyszyn modified with the authors'

* Suggested citation: Wysokińska, D., Rutkowska, E., Tomczyszyn, D., Rafałko, M., Szepeluk, A. (2024). Leisure Time in Comparison to Life Satisfaction Level of Adults with Physical Disability. *Lubelski Rocznik Pedagogiczny*, 43(4), 167–187. <http://dx.doi.org/10.17951/lrp.2024.43.4.167-187>

consent and the Satisfaction with Life Scale (SWLS) adapted by Juczyński.

Results: In their preferred leisure activities, the majority of respondents of both groups indicated primarily physically passive forms of leisure. Interviewees with a disability participated significantly less frequently in physical recreation and their physical activity was characterised by a shorter average duration compared to able-bodied respondents. Among the respondents of both groups an increase in the level of life satisfaction was noted, as well as the increase in time spent practising various sports and recreational activities.

Conclusion: Despite growing public awareness, people with disabilities still prefer passive leisure activities. Free time spent in an active manner had a positive influence on the sense of life satisfaction for able-bodied people, as well as people with disabilities.

Keywords: leisure time, disability, life satisfaction, physical recreation, physical activity

INTRODUCTION

Leisure time is an integral part of people's lifestyles, a value highly appreciated, in different cultural circles and social environments (Orłowska, 2018). It is the time remaining at the individual's disposal after all obligations have been fulfilled, during which he or she can voluntarily and without compulsion satisfy his or her needs by indulging in a variety of activities chosen according to his or her interests (Orłowska and Bleszyński, 2018; Różański, 2018). Proper management of leisure time allows for a sense of relaxation, restfulness, pleasure and satisfaction (Pięta, 2014; Magiera, 2020). The choice of forms and ways of spending it is determined by many factors, including gender, age, education, level of physical fitness, geographical location, and is based on a foundation of formed attitudes and various personal motivations (Kwilecki, 2011; Mokras-Grabowska, 2015; Warchoła, 2019). For people with disabilities, the use of leisure time has a creative and rehabilitative role in physical, spiritual and social dimensions (Kupczyk, 2017; Orłowska, 2018).

Among the multitude of leisure activities on offer, proposals formulated by advocates of the promotion and dissemination of physical culture constitute a significant set. These forms are autotelic in nature and should, by definition, contribute to self-improvement (Warchoła, 2019). Recreation as a leisure time sphere in human activity therefore allows not only physical development, but also multidimensional personal development in those areas that boost potential, improve self-esteem and thus foster the enhancement of social standing (Orłowska and Bleszyński, 2018; Ogłodziński and Parzonko, 2023). In this context, physical recreation for people with disabilities has a broader meaning than just shaping physical fitness.

For over a dozen years, representatives of social sciences, humanities and health sciences have been discussing topics related to life satisfaction. It can be said that life satisfaction is the primary goal of human existence and one of the main components of well-being and happiness. Veenhoven defines it as the degree to which a person positively evaluates the overall quality of his or her life as

a whole (Bendíková et al., 2018). According to Juczyński, the level of life satisfaction is influenced by comparing one's own situation with personal values, aspirations and norms. In the case of a large discrepancy between expectations and achieved results, the level of life satisfaction decreases dramatically (Juczyński, 2009; Jakubowska et al., 2010).

A sense of high life satisfaction results in greater activity in professional and personal life and easier overcoming life difficulties, including those related to disability. Life satisfaction of people with disabilities is perceived as lower compared to able-bodied people (Lin and Cheng 2019; Grabowska et al., 2022). Researchers emphasize the significant impact of leisure activities on the general well-being of people with disabilities. Engaging in recreational activities can improve life satisfaction for people with disabilities by offering physical, psychological and social benefits. Social interactions during free time are key to improving mood and reducing feelings of exclusion and loneliness. Active recreation is associated with greater optimism, mental well-being and positive emotions (Pagán, 2015; Pagán, 2020; Zabala-Dominguez et al., 2023).

RESEARCH AIM AND QUESTIONS

The main purpose of the research was to determinate dimensions, forms as well as conditions of free time behaviours in the group of adults (aged 30–50) with physical disability in correlation with the level of satisfaction with persons' life. The researched people have permanent disability certificate. The hypothesis was stated that free time activity of people with disabilities is an insufficiently used form of comprehensive community rehabilitation and its deficiency may significantly reduce their lives satisfaction, which is one of determinants of the quality of human life. Life satisfaction as the individual's evaluation of his/her life as a whole, while quality of life refers to the level of general well-being (Yildirim et al., 2013).

In order to verify the aforementioned assumptions, the following questions emerged:

1. What amount of free time people with physical disabilities have in comparison with control group?
2. What kind of forms of free time activity are undertaken by people with disabilities compared with able-bodied people from control group?
3. How often do respondents of both groups participate in selected recreational activities?
4. What are the motives and factors limiting free time activity for people with disabilities, as well as able-bodied people from control group?
5. What is the level of life satisfaction among the surveyed people with disabilities and able-bodied people?

6. Is there a correlation between selected aspects of free time and the level of life satisfaction among adults with physical disabilities?

RESEARCH METHOD AND SAMPLE CHARACTERISTIC

The research among people with physical disabilities was conducted in the Lublin Voivodeship (September 2022 – February 2023) in randomly selected healthcare facilities. 262 respondents aged 30–50 took part in the research. It is assumed that people of this age have reached a certain level of life stability and that their behaviour is the result of experience, knowledge and formed needs and a reasonably stable life situation. Choice of the research group was intentional – people with a certified disability were sought, mainly due to diseases of the musculoskeletal system as well as able-bodied people as a disability control group.

The respondents were divided into two groups. Group A ($n = 131$) consisted of respondents with a disability, excluding mental illness and intellectual disorders, who voluntarily agreed to participate in the research. The control group B ($n = 131$) consisted of respondents who did not have a disability certificate and declared a good health state. All respondents expressed voluntary consent to participate in the study. The surveying process was conducted in direct contact with the respondent. The respondents were introduced to survey questionnaire and then given instructions on how to fill it in accurately, so the questionnaire was complete. The respondents completed the surveys independently or in assistance with the disabled person's guardian.

A total of 262 respondents of both sexes took part in the research. Group A was slightly dominated by women (57.3%), while group B had more men (53.4%). The average age of the respondents was 40.2 ± 6.7 years (group A – 42.6; group B – 37.7). The vast majority of respondents of both sexes lived in an urban environment (A – 89.3; B – 81.7%). More than 40% of interviewees with a recognised disability and 66% of respondents in the control group were in a stable relationship. Group A respondents were mostly childless (57.3%), while 58.0% of group B interviewees reported having one child.

Participants in the survey are predominantly those with higher education (A – 62.6%; B – 81.0%) or secondary education (A – 29.8%; B – 11.5%). Almost half of the group A respondents (48.9%) and 92.4% of the control group were gainfully employed on a daily basis. More than half of group A and almost one-third of group B interviewees declared that their material resources were only sufficient to meet their basic living needs (group A – 57.3%; group B – 31.3%). One quarter of the surveyed people with disabilities and more than 65% of the control group (group A – 25.2%; group B – 66.5%) rated their material situation as good or very good.

All group A respondents had a disability certificate – 26.7% had a significant level of disability, 37.4% had a moderate disability certificate, 35.9% of respondents had a light disability certificate. The main cause of functional limitations in this group of respondents was musculoskeletal disorders and dysfunctions (95.4%) and neurological diseases (55.7%), followed by cardiovascular diseases (22.9%) and visual impairment (8.4%) (Table 1).

Table 1.
Characteristics of the research groups

Variable	Group A		Group B		General	
	<i>n</i>	%	<i>n</i>	%	<i>N</i>	%
Sex						
Woman	75	57.3	61	46.6	136	51.9
Man	56	42.8	70	53.4	126	48.1
Marital status						
single	78	59.5	44	33.6	122	46.6
in a steady relationship	53	40.5	87	66.4	140	53.4
Number of children						
0	75	57.3	35	26.7	110	42.0
1	32	24.4	50	38.2	82	31.3
2	22	16.8	35	26.7	57	21.8
3	2	1.5	8	6.1	10	3.8
4 and more	0	0.0	3	2.3	3	1.2
Place of residence						
city	117	89.3	107	81.7	224	85.5
countryside	14	10.7	24	18.3	38	14.5
Education						
primary education incomplete	3	2.3	3	2.3	6	2.3
National Vocational Qualification	7	5.3	0	0.0	7	2.7
secondary education	39	29.8	15	11.5	54	20.6
higher education	49	37.4	23	17.6	72	27.5
higher education + specialized education	33	25.2	83	63.4	116	44.3
Assessment of the family's financial situation						
All needs are covered and we have savings	5	3.8	34	26.0	39	14.9
All needs are covered	28	21.4	53	40.5	81	30.9

Money only for the basic needs	75	57.3	41	31.3	116	44.3
There is not enough money for the basic needs	18	13.7	2	1.5	20	7.6
I can't cover basic needs plus I have debts	5	3.8	1	0.8	6	2.3
I am professionally active						
yes	64	48.9	121	92.4	185	70.6
no	67	99.5	10	7.6	77	29.4
Level of disability						
no	0	0.0	131	100.0	131	50.0
light	47	35.9	0	0.0	47	17.9
medium	49	37.4	0	0.0	49	18.7
significant	35	26.7	0	0.0	35	13.4
Type of disability						
diseases and dysfunctions of the musculoskeletal system	125	95.4	0	0.0	125	47.7
neurological diseases	73	55.7	0	0.0	73	27.9
visual impairment	11	8.4	0	0.0	11	4.2
hearing/speech impairment	9	6.9	0	0.0	9	3.4
cardiovascular diseases	30	22.9	0	0.0	30	11.5
diseases of genitourinary system	8	6.1	0	0.0	8	3.1
metabolic diseases	6	4.6	0	0.0	6	2.3

Source: Authors' own study.

A questionnaire by Bergier and Tomczyszyn (2011) was used in the survey research. The full version of the questionnaire concerned the study of professional activity and free time of people with disabilities living in rural areas, some of the questions were used related to determining the ways of spending free time by people with disabilities. Additionally, the Satisfaction with Life Scale (SWLS) adapted by Juczyński (2009) was used.

Approval for the research project (PB/1/2022) was obtained from the Bioethics Committee at the John Paul II University in Biała Podlaska No. 7/2022.

STATISTICAL DATA ANALYSIS PROCEDURE

The collected data were statistically analysed using STATISTICA version 13.0 software from StatSoft Polska. Pearson's chi-square test (for qualitative variables) and Mann-Whitney *U* test (for ordinal variables) were used. Statistical inference was performed with a standardised significance level of $\alpha = 0.05$. In order to study the

relationship between leisure activities and life satisfaction (SWLS), the Pearson r correlation coefficient was used.

RESULTS

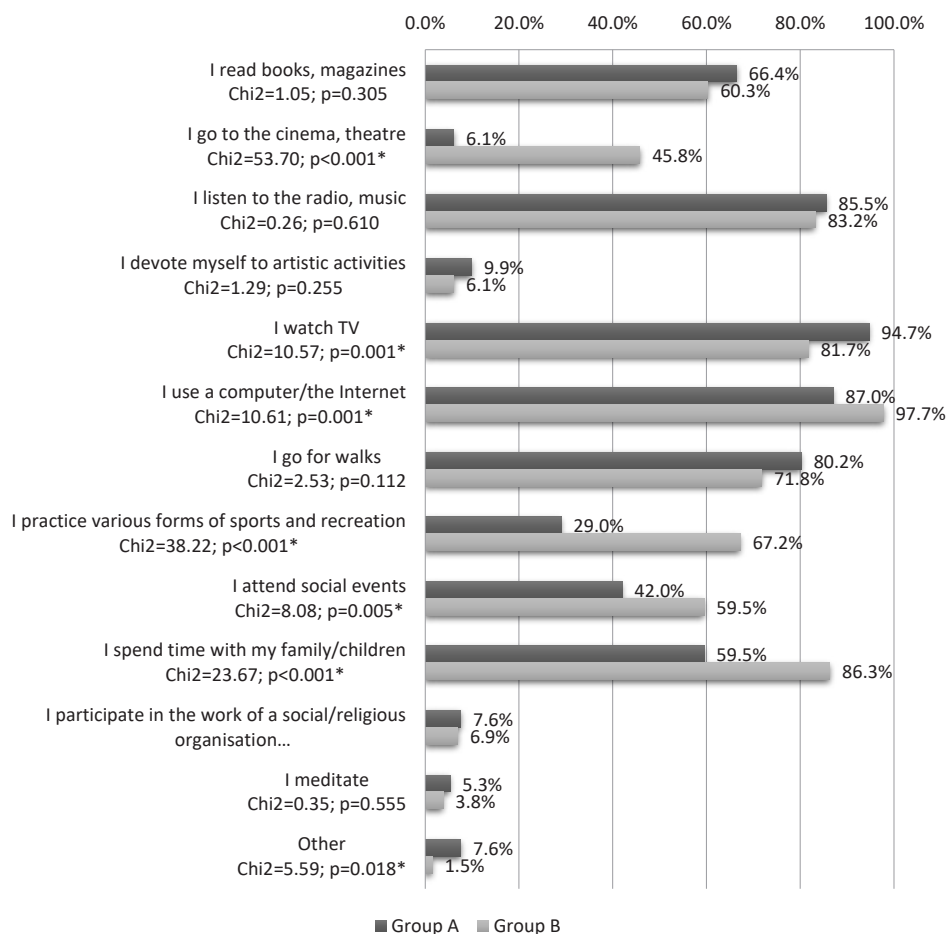
The surveyed people were asked to determine the average amount of free time (in hours) that is left at their disposal on weekdays, weekends and holidays. In group A, the figure was 5.53 hours on weekdays (Monday to Friday) and 7.73 hours at weekends and holidays. Group B respondents – compared to respondents with disabilities – had significantly less free time ($Z = 9.91$; $p < 0.01$ and $Z = 4.29$; $p < 0.0001$, respectively) – an average of 2.68 hours on weekdays and 6.50 hours at weekends and holidays.

Respondents of both groups were most likely to spend their free time on weekdays on physically passive forms of leisure such as: watching TV (group A – 94.7%; group B – 81.7%; $p = 0.0012^*$), computer/Internet use (group A – 87.0%; group B – 97.7%, $p = 0.001^*$), listening to music/radio (group A – 85.5%; group B – 83.2%, $p = 0.610$) and reading books/magazines (group A – 66.4%; group B – 60.3%; $p = 0.305$) (Figure 1).

Participation in various forms of sport and recreation on weekdays was declared by 29.0% of respondents with a recognised degree of disability and 67.2% of those in the control group. The way in which respondents spent their leisure time at weekends and holidays was similar to its organisation on weekdays. The differences that emerged concerned respondents' greater participation in social (group A – 81.7%; group B – 83.2%; $p = 0.745$) and family life (group A – 70.2%; group B – 88.6%; $p = 0.0003^*$). At weekends and holidays, respondents from both groups also went to the cinema and theatre more often (group A – 34.4%; group B – 65.7%). On these days, participation in sports and recreational forms was confirmed by 43.5% respondents from group A and 68.7% respondents from group B, which statistically distinguished them ($p < 0.001^*$).

In their leisure time, respondents most frequently went for walks and marches (group A – 87.8%; group B – 93.9%), followed by swimming (group A – 25.2%; group B – 58.8%), cycling (group A – 23.7%; group B – 77.1%) and participating in forms of tourism (group A – 23.7%; group B – 53.4%). Participation in music and physical activities was confirmed by 6.1% of respondents from the group of people with disabilities and 4.6% of respondents from the control group. Among other leisure activities surveyed people mentioned playing tennis, team games and jogging.

Figure 1.
Forms of spending free time during weekdays



Source: Authors' own study.

Declared leisure activities – compared to other carried out in spare time – were characterised by their short duration. Respondents in group A spent an average of 9.6 minutes of their free time on weekdays and 17.5 minutes at weekends and holidays on a single occasion on participating in physical activities. Group B respondents, on the other hand, spent an average of 43.4 minutes on weekdays and 68.2 minutes at weekends and holidays on a single occasion on participating in physical recreation (Table 2).

Table 2.
Time spent by respondents on particular free time forms (in minutes)

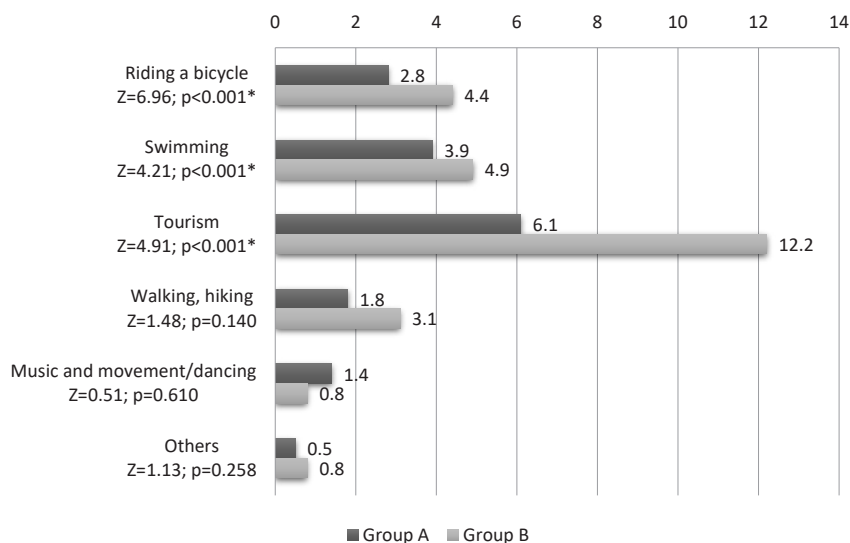
Forms of spending free time	Weekdays				Weekends and holidays			
	Group A	Group B	Z	p	Group A	Group B	Z	p
I read books, magazines	33.8	17.2	3.91	<0.001*	44.9	33.5	1.95	0.052
I go to the cinema, theatre	4.1	18.1	-7.48	<0.001*	28.1	45.3	-3.98	<0.001*
I listen to the radio, music	84.0	43.1	6.47	<0.001*	87.4	68.8	3.85	<0.001*
I devote myself to artistic activities	9.4	4.4	0.92	0.357	9.6	7.9	-0.72	0.472
I watch TV	98.0	44.3	10.05	<0.001*	98.8	61.8	7.65	<0.001*
I use a computer/ the Internet	73.9	66.8	1.58	0.113	77.2	82.9	-0.92	0.355
I go for walks	28.5	49.7	-4.01	<0.001*	33.9	75.3	-7.65	<0.001*
I practice various forms of sports and recreation	9.6	43.4	-8.20	<0.001*	17.5	68.2	-8.60	<0.001*
I attend social events	29.0	31.0	-1.87	0.061	70.1	82.1	-2.67	0.008*
I spend time with my family/children	63.4	81.5	-2.14	0.032*	74.4	99.0	-3.56	<0.001*
I participate in the work of a social/religious organisation	6.2	3.1	0.34	0.735	12.0	4.0	1.98	0.048*
I meditate	0.8	1.5	0.57	0.567	1.1	1.7	0.82	0.410
Other	5.7	2.3	1.19	0.233	10.0	1.4	2.67	0.008*

*significant differentiation at $p < 0.05$; Z – value of Mann–Whitney U test

Source: Authors' own study.

The forms of recreational physical activity undertaken were largely characterised by low intensity. At the end of the exercise, a feeling of no fatigue or slight fatigue was declared by 54.2% of interviewees with a disability and 62.7% of respondents in the control group. Nearly a quarter of respondents in both groups (group A – 28.2% group B – 23.7%) confirmed a moderate degree of fatigue after completing recreational physical activity.

Figure 2.
Average frequency of the chosen forms of recreational activities



Source: Authors' own study.

Respondents were also asked to identify the average frequency with which they undertake each recreational activity. On a monthly basis, surveyed members of both groups most frequently chose forms of tourism (group A – average 6.1 days/month; group B – average 12.2 days/month), swimming (group A – average 3.9 days/month; group B – average 4.9 days/month), and cycling (group A – average 2.8 days/month; group B – average 4.4 days/month) (Figure 2).

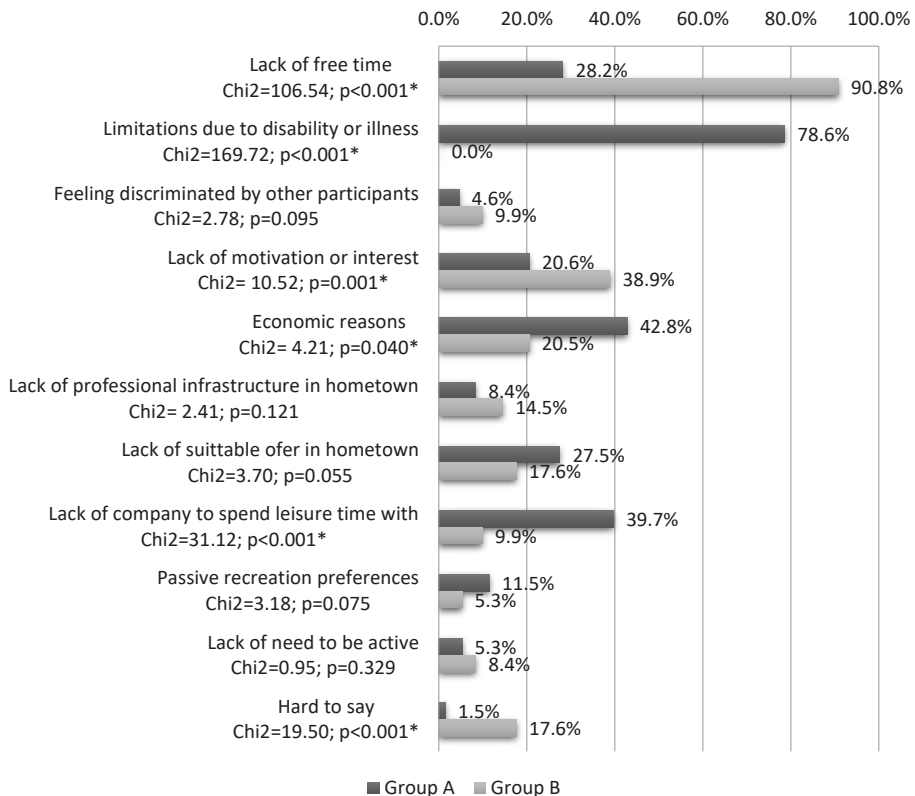
The declared average duration of passive leisure was significantly longer compared to its active recreational forms. Group A respondents spent the most time per day watching TV – an average of 98.0 minutes on a single occasion on weekdays (similar at weekends and holidays). Other activities with long durations are: listening to the radio and music (84.0 minutes on average), using a computer and the Internet (73.9 minutes on average). The survey results show that people with disabilities are significantly less likely to choose leisure time activities that require financial expenditure (going to the cinema/theatre or on tourist trips); whereas they are slightly more likely to engage in social/religious activities and unspecified forms of artistic creativity.

Respondents were also asked to indicate their personal motivations determining their choice of physically active forms of leisure. In both groups of interviewees, hedonistic motives played an important role (“for pleasure” group A – 45.8%; group B – 41.2%), the need to improve one’s own fitness and performance (“for better shape and greater fitness” group A – 43.5%; group B – 72.5%, as well as

health motivations (“for better health” group A – 44.3%; group B – 85.5%) In the control group, the need for relaxation (“for rest or/and the need for peace and quiet” – 71.8%), and the need for fun (“for entertainment and amusement” – 50.4%) were also found to be important.

Among the most important reasons limiting their ability to participate in leisure activities, respondents with disabilities mentioned the following as the main ones: limitations due to disability or illness (group A – 78.6%; group B – 0%, $p < 0.001^*$), economic reasons (group A – 42.8%; group B – 30.5%, $p = 0.040^*$) and lack of company to spend leisure time with (group A – 39.7%; group B – 9.9%, $p < 0.001^*$). Respondents in the control group primarily indicated a shortage of time as the main factor hindering them from taking up recreational physical activity (group A – 28.2%; group B – 90.8%, $p < 0.001^*$), followed by a lack of motivation or interest (group A – 20.6%; group B – 38.9%, $p = 0.001^*$), and economic reasons (group A – 42.8%; group B – 30.5%, $p = 0.040^*$) (Figure3).

Figure 3.
Factors which limit undertaking physical activeness



Source: Authors' own study.

On the Satisfaction with Life Scale (SWLS), people with disabilities had an average score of 12.7 (2.9 on a sten score – low result), which significantly differentiated them from the control group interviewees, who had a score of 23.4 (6.6 on a sten score – average result) (Table 3).

Table 3.
Life satisfaction of the respondents

	People with disabilities	Control group	The whole	Z	p
SWLS	12.7	23.4	18.1	10.80	<0.001*
SWLS STEN	2.9	6.6	4.8	10.79	<0.001*

*significant differentiation at $p < 0.05$; Z – value of Mann–Whitney U test

Source: Authors' own study.

Among the respondents of both groups an increase in the level of life satisfaction was noticed along with the increase in time primarily spent on practicing various sports and recreational activities, spending time with family/children, going for walks, going to the cinema, theatre. Life satisfaction level decreased most significantly with the increase in time devoted to: watching TV, listening to the radio, music and participating in the work of a social/religious organization.

In the case of respondents from group A (people with disabilities), an increase in the life satisfaction was noted on weekdays along with the increase in time spent with family/children ($r = 0.30$) and practicing various sports and recreational activities ($r = 0.28$). Life satisfaction decreased with the increase in time spent on: watching TV ($r = -0.46$), listening to the radio, music ($r = -0.37$) and reading books and magazines ($r = -0.21$). In the case of group B (disabled people), life satisfaction level of the respondents increased significantly only with the increase in time spent with family/children ($r = 0.22$) and decreased only with the increase in time spent participating in social gatherings ($r = -0.20$) (Table 4).

Similar trends persisted in individual groups during weekends and holidays. In the case of group A, an increase in life satisfaction was noted along with the increase in time spent practicing various sports and recreational activities ($r = 0.42$), going for walks ($r = 0.40$) and spending time with family/children ($r = 0.29$). Life satisfaction decreased with the increase in time spent on: watching TV ($r = -0.28$) and listening to the radio and music ($r = -0.26$). In the case of group B, life satisfaction of the respondents increased significantly with the increase in time spent going to the cinema and theatre ($r = 0.25$), spending time with family/children ($r = 0.24$) and practicing various sports and recreational activities ($r = 0.21$).

Table 4.
A correlation between forms of spending free time (in minutes) and live satisfaction (SWLS)

Forms of spending free time	Weekdays			Weekends and holidays		
	Group A	Group B	General	Group A	Group B	General
Reading books, newspapers	-0.21*	-0.06	-0.33*	0.01	0.05	-0.09
Going to cinema, theatre	0.16	-0.04	0.21*	0.08	0.25*	0.27*
Listening to the radio, music	-0.37*	-0.17	-0.47*	-0.26*	0.02	-0.24*
Spending time on artistic activity	-0.06	-0.04	-0.12	-0.10	0.03	-0.06
Watching TV	-0.46*	0.08	-0.53*	-0.28*	0.08	-0.38*
Using a computer/ surfing the Internet	-0.01	0.06	-0.04	0.08	0.12	0.12
Walking	0.17	0.01	0.25*	0.40*	0.17	0.49*
Doing different kind of sports	0.28*	0.12	0.43*	0.42*	0.21*	0.53*
Socializing	-0.01	-0.20*	-0.07	0.02	0.16	0.17*
Spending time with my family/ children	0.30*	0.22*	0.33*	0.29*	0.24*	0.37*
Taking part in the works of social/religious organizations	-0.11	-0.07	-0.16*	-0.15	0.07	-0.19*
Meditating	-0.03	0.00	0.02	-0.07	0.00	0.00
Different	-0.13	0.03	-0.11	-0.02	0.04	-0.14*

*significant correlation at $p < 0.05$

Source: Authors' own study.

DISCUSSION

Free time is a complex and specific structure. It is a unique resource subject to rational management and a valuable source for every person that allows them to meet their own needs according to their discretion and interests (Layland et al., 2018). When considering its organization, one can usually notice a certain dualism relating to the descriptions not only of quantity as well as the quality of spending it (Orłowska, 2018). Having a certain limited amount of free time, a person's personal conviction about its "proper" use, which gives a sense of satisfaction from this sphere of life, becomes crucial. Using free time according to one's preferences is a basic human right and an important element of social life (Hammel, 2015). For people with disabilities, the ways of using free time depend on health and environmental limitations (Parmenter, 2021), which affect

the self-assessment of the quality of life and the final results of rehabilitation (Lapa, 2013).

As available research results present that people with disabilities usually have much more free time than people without functional limitations. This difference is 2 hours or more depending on the cited source. However, the amount of time available does not transform into a sense of its appropriate – in a subjective assessment – use. This time is often assessed by people with disabilities as of lower quality and is often spent passively, at home and alone (Shandra, 2021). In this situation, promoting physical recreation as a way of spending free time seems to be particularly important. First of all, in relation to people with disabilities for whom appropriate and systematic physical activity should become a way of life, an opportunity to maintain health and social integration, as well as a natural continuation of activities (Rimmer et al., 2004).

Meanwhile, as the Central Statistical Office statistical survey results show, only 64.2% of Poles are satisfied with the way they spend their leisure time (GUS, 2017). A significant proportion of Poles organise their spare time around passive forms of leisure, i.e. watching TV (52.0%), idle sitting, lying down (27.0%), family gatherings (36.0%) or socialising (21.0%), as well as reading books (18.0%). Undertaking physical activity as a free-time activity according to statistics concerns only 24% of citizens and usually takes the form of walking (CBOS, 2010; Bojarska, 2016).

This trend was reflected in the results of this research. They confirmed that an important pillar in the organisation of leisure time in both groups of respondents was the use of mass media. Preferences for passive recreation are also clearly visible within the group of people with disabilities. Available research results confirm that people with limited mobility spend their free time significantly more often on reading, watching TV and listening to the radio, and less often spend it on social entertainment (e.g. theatre, culture and social events) compared to able-bodied people (Pagán-Rodríguez, 2014).

Overall participation in leisure-time physical activity is significantly lower among adults with disability (Hasset et al., 2021). The tendency of low participation of people with motor limitations in free-time physical recreation is also confirmed by the results of our own research. They show that participation in sports and leisure activities on weekdays was declared by only 29.9% of interviewees with disabilities and 67.2% of respondents in the control group. Similarly, at weekends and holidays, less than 44% of respondents with disabilities and nearly 70% of interviewees from the control group confirmed their participation in physical recreation.

A significantly higher proportion of respondents from both groups enjoyed walks in their leisure time. As a natural form of exercise, walking has virtually no contraindications to its practice. Nor do you need to be particularly physically predisposed to walk/march. Walking can be practised all year round, regardless of weather, age or material status. Moreover, it does not require investing in the

purchase/rental of expensive equipment. It comes as no surprise that it is a form of physical activity that is popular and widespread in society.

Among other preferred physical activities, people with disabilities also indicated first and foremost swimming (group A – 25.2%), cycling (group A – 23.7%) and tourism (group A – 23.7%). The declared forms of exercise were unfortunately characterised by a rather low average frequency and not very high intensity, which raises some doubts about the expected health benefits of taking them up.

Similarly, when considering the time spent on active forms of leisure, it can be seen that it was significantly shorter compared to its passive forms. The average time spent on watching TV and using the Internet at weekends in the group of people with disabilities was more than 98 minutes per day. Respondents also spent more time on reading books/magazines or listening to music/radio than on physical activity.

Low participation in active recreational activities by people with disabilities is linked to a number of limiting factors. These barriers are correlated with each other, enhance one another and collectively impede not only access to recreation in general, but also the choices of its forms (Dąbrowski et al., 2011). These factors are well recognised and classified within a number of items in the literature (Gottlieb et al., 2015; Konarska, 2016). However, knowledge of them alone does not solve the issue of impeded participation of people with disabilities in various areas of everyday life. Stereotypes regarding the perception of the exclusionary role of disability are firmly entrenched in society's beliefs (Ascondo et al., 2023). In addition, financial considerations, the lack of adequately trained instructors and the offer of recreational activities for people with motor impairments often cause people with disabilities to withdraw from taking up active forms of exercise (Lubarska, 2019).

These barriers were reflected in the results of this research. Among the factors limiting their recreational activities, people with disabilities indicated first and foremost: having functional limitations due to a disability or illness, financial considerations, followed by a lack of company to spend time with and a lack of recreational offer in the immediate area. In contrast, the main reasons hindering leisure time physical activity in the control group were lack of time (90.8%) and lack of motivation or interest (38.9%).

The Satisfaction with Life Scale (SWLS) used showed that respondents with disabilities taking part in the research declare a significantly lower sense of satisfaction with their own existence (SWLS – 12.7) in relation to those in the control group (SWLS – 23.4) as well as standardization groups.

The assessment of life satisfaction is the result of comparing one's own situation with the standards set by oneself. When the comparison result is satisfactory it results in feeling of satisfaction (Juczyński, 2009). The assessment of life satisfaction correlated with many determinants. These include: health situation, professional activity, economic conditions, family situation and the possibility of spending free

time (Addabbo et al., 2015; Shao, 2022), as well as social support, interpersonal relationships (Duvdevany and Arar, 2004; Lin and Cheng, 2019).

The significantly lower average score of respondents with disabilities obtained on the SWLS sten scale may have been caused by the current well-being of the respondents. The research was carried out in health care facilities (rehabilitation clinics, hospital wards, rehabilitation stays) while respondents were undergoing a series of physiotherapy treatments. It is therefore possible that the respondents, during the period in which the survey was conducted, may have experienced an increase in pain or difficulties resulting from their own musculoskeletal disability, and this could have had an impact – even temporarily – on the assessment of satisfaction with their own existence. Social resources that marginalize disabled people could also have been important in this assessment; next to economic ones (Ostrowska and Sikorska, 2001), they rank high among the factors influencing the level of life satisfaction (CBOS, 2023). The life satisfaction results obtained in the control group were similar to the population average of Poles aged 20 to 55 (6 on the stan scores – 20.37) (Juczyński, 2009; Rafa and Czyżowska, 2020). There is a limited access to data on the relationship between life quality, life satisfaction and physical activity undertaken during free time (LTPA – leisure time physical activity) (Vuillemin et al., 2005; Pieszak, 2012).

In scientific research concerning this topic, it has been proven that the higher level of quality of life correlated positively with the physical recreation. Thus confirmed that among people who are not eligible to practice a sport or a form of physical recreation, the level of life risk is not significant among people who do not practice sports (Tasiemski et al., 2005; Nemček, 2016; Pagán, 2020). What is more, as other sources state, it has been proven that regular practicing of physical activity is one of the factors that positively influences the improvement of life satisfaction, regardless of the level of physical efficiency or its limitations (Bolach et al., 2008; Pieszak, 2012).

In the research people with disabilities who spent free time with their families and children increased the level of life satisfaction. Positive impact of social relationships and friendships on the quality of life of people with disabilities was also stated by Duvdevany and Arar (2004).

CONCLUSIONS

The results of this research mandate the following conclusions:

1. Adults with physical disability had significantly more free time with compared able-bodied people.
2. Level of life satisfaction of the researched people with permanent disability was significantly lower in comparison with researched able-bodied people.

3. Actively spent free time had a positive impact on life satisfaction for both people with disabilities and able-bodied people.
4. People with disabilities still prefer physically passive forms of leisure activities (such as watching TV, using a computer/the Internet, listening to music/radio); significantly less than people without disabilities.
5. Compared to able-bodied people – people with disabilities are significantly less likely to choose sports and recreational activities as a way to manage their spare time.
6. Physical activity and time spent with family are factors which have a positive influence on the sense of life satisfaction among people with disabilities. Passive forms of spending free time, for instance: watching TV or reading had a negative feedback.
7. The interviewees did not take advantage of the opportunity for comprehensive self-realisation in leisure time, not only physically but also socially and spiritually. Significantly lower participation of people with disabilities in the direct reception of art was observed and less than one in 10 participants in the research indulged in artistic activities.

The results of research indicate the untapped potential of the organisation of leisure time for people with disabilities in the process of their comprehensive rehabilitation and the shaping of a better quality of life. To improve this, information and educational measures need to be enhanced in medical rehabilitation programmes, aimed at equipping patients with specific skills, beliefs and shaping their needs for self-care in health and fitness. It is also important to take environmental activation measures, facilitating an access to culture in its broadest sense, participation in social life, sport, the development of interests and self-fulfilment in leisure time for this group of people.

STUDY LIMITATIONS

The results obtained should be analysed in the light of several limitations. The study was conducted in one voivodeship, in one time period, in health care facilities. Due to this fact, the results obtained cannot be generalized to all people with disabilities. The study group does not represent other parts of the population, mainly in terms of education. Therefore, the conclusions formulated have a limited scope. We are also aware of the difference between the declared attitudes presented in research and the specific behaviours of individuals. Diverse reports from various studies regarding the discussed issues indicate a further need for in-depth analyses. Future research projects should consider increasing the number of respondents as well as expanding the research area.

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CZAS WOLNY A POZIOM SATYSFAKCJI Z ŻYCIA OSÓB DOROSŁYCH Z NIEPEŁNOSPRAWNOŚCIĄ FIZYCZNĄ

Wprowadzenie: Czas wolny jest nieodłącznym elementem stylu życia człowieka. Rekreacja i aktywna postawa w czasie wolnym wpływa na rozwój fizyczny osoby z niepełnosprawnością, a także sprzyja budowaniu poczucia własnej wartości.

Cel badań: Określenie form, wymiaru oraz uwarunkowań zachowań wolnoczasowych w wybranych grupach respondentów w korelacji z poziomem satysfakcji z własnego życia.

Metoda badań: Badania przeprowadzono na terenie województwa lubelskiego. Wzięły w nim udział dwie grupy osób w wieku 30–50 lat: A – z niepełnosprawnością oraz B – kontrolna (łącznie 262 respondentów obu płci). W badaniu sondażowym wykorzystano kwestionariusz ankiety autorstwa Bergier, Tomczyszyn zmodyfikowany za zgodą autorki oraz Skalę Satysfakcji z Życia (SWLS) w adaptacji Juczyńskiego.

Wyniki: W preferowanych sposobach spędzania czasu wolnego większość ankietowanych obu grup wskazała przede wszystkim bierne fizycznie formy wypoczynku. Badani z niepełnosprawnością istotnie rzadziej uczestniczyli w rekreacji fizycznej, a ich aktywność ruchowa cechowała się krótszym średnim czasem trwania w porównaniu do pełnosprawnych respondentów. Wśród ankietowanych obu grup odnotowano wzrost poziomu satysfakcji z życia wraz ze wzrostem czasu spędzonego na uprawianiu różnych form sportowo-rekreacyjnych.

Wnioski: Pomimo rosnącej świadomości społecznej osoby z niepełnosprawnością wciąż preferują bierne formy spędzania czasu wolnego. Aktywnie spędzany czas wolny wpływa pozytywnie na poczucie satysfakcji życiowej zarówno u osób sprawnych, jak i niepełnosprawnych.

Słowa kluczowe: czas wolny, niepełnosprawność, satysfakcja z życia, rekreacja fizyczna, aktywność ruchowa