THE EFFECTS OF LEISURE EDUCATION ON LEISURE SATISFACTION, LEISURE PARTICIPATION, AND SELF-CONFIDENCE FOR INDIVIDUALS WITH BRAIN INJURIES

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Purpose

Leisure Education is a component of therapeutic recreation that focuses on the development of leisure-related skills, attitudes, and knowledge to increase a person's quality of life. With the broad range of services that can be found in this area, leisure education programs can be tailored to meet the needs of the population. These needs can most often be classified under the four components of Peterson and Gunn's (1984) Leisure Education Content Model: leisure awareness, leisure resources, social interaction skills, and leisure activity skills. By focusing on a particular component, Therapeutic Recreation (TR) Professionals can begin to look at the impact these programs have on various aspects of a person's life. Ideally, TR professionals should be directing more attention to factors that affect leisure satisfaction to plan a more beneficial and fulfilling program for the participants.

Few studies examine the variables influencing an individual's leisure satisfaction (Beard & Rahgeb, 1980; Fines & Nichols, 1994; Riddick, 1986). It can be difficult to examine leisure satisfaction, particularly on physical medicine and rehabilitation units due to the trend toward shorter inpatient stays. When leisure satisfaction is not addressed, individuals with brain injuries can be discharged without the appropriate tools to lead a healthy and satisfying leisure lifestyle. They are discharged without the independence they might have had prior to the injury and without the self-confidence needed to face life's challenges. It is as an outpatient that leisure participation and self-confidence can be addressed more completely and direct education and training can be provided. It was the purpose of this study to examine the effects of leisure education on leisure satisfaction, leisure participation, and self-confidence for individuals with brain injuries.

Methods and Procedures

Subject Selection

The subjects were referred by the multidisciplinary team of an outpatient rehabilitation program associated with a large medical center in the Northwest region of the United States. Of the original 19 selected outpatients, nine participated in the program and completed the pre- and post-test interviews and instruments.

Leisure Education Program Planning

The needs addressed by the L.I.V.E. (Leisure Is a Valuable Experience) program were planned based on those identified from previous research (Baker-Roth, McLaughlin, Weitzenkamp, & Womeldorff, 1995; Fazio & Fralish, 1988), responses from the needs assessment conducted through the clinic, and direction from the outpatient rehabilitation program multidisciplinary team and other Certified Therapeutic Recreation Specialists. Each session was developed to meet the goals and objectives of the program and to target leisure awareness while building social interaction skills and knowledge of leisure resources. A formative evaluation was conducted to evaluate the program's content and processes during its implementation. At the completion of each session the investigator completed a modified version of the Post-session Report Form (Peterson & Gunn, 1984) to assist with revisions and improvements.
Instrumentation and Data Collection

Pre- and posttests were administered during a 45 minute interview. There were three instruments used to obtain information on leisure satisfaction, leisure participation, and perceived self-confidence: The Leisure Satisfaction Measure (Beard & Ragheb, 1980), a modified version of the State Technical Institute's Leisure Assessment Process (STILAP) (Navar, 1979), and the self-confidence index of the Health and Daily Living Form (Moos, Cronkite, & Finney, 1984).

Data Analysis

Quantitative and qualitative data were collected to better understand the content and process associated with this study. Quantitatively, a correlation was sought to determine if there was a relationship in the pre- to posttest data collected with the Leisure Satisfaction Measure. Given the interview format of the data collection, a qualitative approach was employed using narrative analysis and analytic induction to determine the impact of the L.I.V.E. program. Both qualitative methods focus on the experiences of the individual by identifying patterns that may emerge from what is said or written from an observation.

Results

Leisure Education Program

Very few modifications were made to the actual program during its implementation. When changes were made it was to meet the cognitive and physical abilities of the participants and to ensure that the program would be a positive and beneficial learning experience. Of the twelve objectives, seven were met by all nine participants. Eight of the nine participants demonstrated new learning in at least 50% of the objectives and five participants could demonstrate the ability to meet 100% of the objectives after the L.I.V.E. program. Areas that presented some difficulty for the participants were those related to leisure barriers and skills, and knowledge of resources.

Self-confidence

The self-confidence index of the HDL was not used in its entirety as the complete instrument was beyond the scope of the study. After the leisure education program was completed, total scores had increased for all nine participants. Increases in self-confidence were also evidenced by the behaviors displayed by the participants while on a community outing. Eight of the nine participated fully in the outing and verbally reported the difference it made in their attitude toward recovery.

Leisure Participation

A change in the degree of leisure participation over six weeks was not possible to detect from the STILAP as it was used more as an interview tool. The eight categories of leisure participation that were charted from the activity checklist were more balanced in the posttest than in the pretest. Participants reported that this change was as a result of understanding the importance of having activities in a variety of areas (physical, self-expression, group activities), and knowing more ways to access leisure related resources. With inductive analysis of the responses that surfaced from the sessions and from postinterview questions, it was found that for this group an increase in leisure participation could increase their leisure satisfaction.
Leisure Satisfaction

No significant correlation was found in the data and so items of the instrument were analyzed individually for changes. Participants reported that participation in the L.I.V.E. program gave them more confidence, encouraged them to learn new skills, provided a greater sense of accomplishment, increased learning about society, and allowed them to reveal thoughts, feelings, or physical skills. The pattern that emerged indicates that by increasing leisure skills or knowledge of community resources, the participant will either increase self-confidence, which in turn increases leisure participation; or that by increasing leisure participation, one's leisure satisfaction increases.

Conclusions

It was through the analysis of the anecdotal evidence and weekly discussions that indicated the effects of the L.I.V.E. program and patterns toward increasing leisure satisfaction. Participants of this study found the program to be beneficial. It was found that by increasing leisure skills and knowledge of community resources, there was an increase in self-confidence and leisure participation, increasing leisure satisfaction. More research is required to yield insight into the effectiveness of leisure education and to determine the benefits of partnering community re-integration practices and leisure education. It may be the combined efforts of these two rehabilitative practices that lead to a more successful and satisfying transition into the community.

References


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