

Study on Leisure Constraints of Medical and Nursing Staff in Nanchang

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ABSTRACT

The purpose of this study is to find out which factors will influence the leisure participation of medical and nursing staff. Three-dimensional leisure constraints based on the Jackson, Crawford and Godbey's (1991) leisure constraints model, were used as the theoretical framework for the study. The sample consisted of 547 medical and nursing staff being employed in the front line of hospitals in Nanchang city, Jiangxi province, China, in order to analyze the factors that definitely affected their leisure participation. The findings highlighted that the structural constraint was the most important than the interpersonal and intrapersonal constraint. Some factors, such as weather and climate, working pressure, lack of professional guidance and environmental pollution from structural constraints, could directly and positively influence the leisure choices of medical and nursing staff. In the end, the study showed that nearly 70% of these staff had no more than two times of leisure per week and more than 76% of them spent less than two hours to leisure in each time. This is useless to the physical and mental health of medical and nursing staff.

Keywords: leisure constraints, medical and nursing staff, leisure participation

INTRODUCTION

Aristotle, the ancient Greek philosopher, believed that "people can be happy only in leisure, and the proper use of leisure is the basis of life as a free man". At the beginning of the 20th century, western scholars began to study leisure from the perspectives of economics, sociology and psychology. At present, with the limited medical resources for the rapid growth of medical demand, medical and nursing staff, working on the first-line, are definitely given more professional missions and responsibilities for a long time. Studies have shown that nurses walk up to 5 miles during a 10-hour shift each day. Less than half of nurses engaged in recommended levels of physical activity^{1,2}. The leisure participation of medical and nursing staff is not only related to their own health, but also has an important impact on the establishment of a good doctor-patient relationship, which is the basis of the health of the whole population.

Although the study of leisure for medical and nursing staff is quite necessary, until now, there are few

researches on the relationship between medical and nursing staff leisure status and constraint factors. Most researchers focus on teachers, white-collar workers and younger or old people with the relations between leisure and life satisfaction, occupational stress and job burnout, and so on. This study takes the medical staff of public hospitals in Nanchang city as the research object, through empirical research and Crawford and Godbey's hierarchical model of leisure constraints, and analyzes what factors influence or constraint their leisure choices and how long it will be for leisure. As a result, it puts forward targeted suggestions for improving the leisure effect of medical and nursing staff in the future.

This article is organized as following. Firstly, we review the literature on leisure, leisure time and leisure constraints. Secondly, we formulate hypotheses about the relationship between different leisure constraint factors and leisure choice. Thirdly, we describe the data considered for our purpose. Finally, we discuss the theoretical and managerial implications of the study as well as its limitations and possible directions for the future.

LITERATURE REVIEW

"leisure" is usually defined as leisure time or quality of experience³. leisure time is the time left over from the business, work, job hunting, housework and education as well as other necessary activities such as eating and sleeping. As an experience emphasizes freedom of perception and choice, leisure is performed for "its own sake" to achieve the quality of experience and participation³. Other classic definitions of leisure include Thorsten Veblen (1899) of 'unproductive consumption of time'. Despite the fact that there are different disciplines defined leisure, they also share the same perspective. Sociologists and psychologists, for example, talk about leisure in terms of psychological and emotional states. From a research perspective, these approaches have quantifiable advantages and can be compared over time and place⁴.

In addition, economists believe that leisure time, like wages, is beneficial to people and they can spend it as money on leisure activities. If they could not do it, people only would work instead of leisure⁵. However, the difference between leisure and the inevitable activities is no longer a strictly defined one, for instance, people sometimes do work-oriented tasks for pleasure and long-term utility⁶.

The early research on "leisure constraints" started in 1960 by ORRRC (The Outdoor Recreation Resources Review Commission). In the 1980s, western academic circles launched a series of studies on "leisure constraints". In 1987 Crawford and Godbey summarized various studies on leisure constraints and classified the factors that restrict individual leisure preference and leisure participation into the following three categories: intrapersonal constraints, interpersonal constraints and structural constraints. In figure 1, Crawford, Jackson and Godbey (1991) further pointed out that these three distinct types of restrictive factors were operating and playing a restrictive role in a hierarchical relationship. Therefore, they proposed a Hierarchical Models that explained the whole process of leisure participation not happening⁷. Based on the model, some studies showed structural constraints are more important than other constraints in some countries or cultures⁸.

From the above discussion, one hypotheses to be empirically tested is as follows:

H1. The influence of structural constraints is less than that of intrapersonal constraints in the level of people's leisure participation.

It has been largely accepted and adopted by researchers⁹. Many researchers have conducted a series of studies on specific groups from diverse perspectives and aspects by using this model.

On the one hand, Zhang Qin, et al (2011)¹⁰, Pan Haiying (2014)¹¹, Fu Wen, et al (2015)¹² from different fields found that the leisure constraint factors of Chinese women in different jobs concluded that, for women of any age, busy work, lack of confidence and lack of good leisure and exercise habits are their common characteristics. Usually they adjust their leisure activities according to the interests of family and friends.

On the other hand, Some researchers tried to take different regions as the starting point to discuss whether the leisure constraint factors of various cities or countries are different. Jing Qingyun(2014)¹³ found in his research that the time constraint brought by busy work, the influence of family and friends, economic income, physical condition and environmental facilities are the main factors affecting people's leisure in Yanbian area of Jilin province, China. Sara Keshkar et al (2012)⁸ pointed out in her study that economic conditions, social and religious cultural factors are the main barriers for Iranian women to be involved in leisure.

In addition, researchers also paid great attention to the leisure industry development issues such as leisure seasonality through this model¹⁴.

There are few studies on the medical and nursing staff. In the existing literature, it fell short of specialized studies on the leisure activities of them. Most studies focus on career pressure, job burnout and life satisfaction etc¹⁵. This defect is likewise the main purpose of the study.

Based on the constraint factors mentioned by many researchers above, we chose 4 of them as the following hypotheses to test.

H2. Working pressure influences directly and positively the leisure participation of medical and nursing staff.

H3. The better physical environment, the more frequently they participate in leisure.

H4. Personal leisure experience influences directly and positively the leisure participation of medical and nursing staff.

H5. Support from family and friends has a positive effect on their leisure participation.

RESEARCH METHOD

The research was designed to assess the leisure constraints of medical and nursing staff in Nanchang, a historical and cultural city in the southeast China, and to explore the relationships between leisure constraints factors from Crawford and Godbey's hierarchical model of leisure constraints and frequency of participation of medical and nursing staff. Face-to-face interviews and questionnaires were utilized to collect the data required for the study.

The interview provide the major base of quantitative information for this study. The respondents consisted of medical and nursing staff residing and working in the city. Respondents were requested about their frequency of participation and what factors restricted their participation in leisure activities. On the basis of their answers, the choices in the questionnaire were determined. All factors were measured using a five-point Likert scale anchored by totally disagree and totally agree (Table 1). SPSS 23. wasutilized to conduct the following results.

In order to guarantee the reliability and validity of the questionnaire, 50 respondents as a sample invited to fill in the pre-testing questionnaire. In the consequence, Kaiser-Meyer-Olkin (KMO)'s measure of 0.849 was significant (Sig= 0.000) and Cronbach's Alpha was 0.914. It showed the data were reliable enough for further analysis. After that, a total of 600 questionnaires were applied in December 2020, including 200 offline and 400 online. In the end, 563 were recovered and the recovery rate was 93.8%. 16 of those are not valid. So a total of 547 questionnaires were valid and the effective rate was 91.2%.

In the survey data, 51.9% were men and 48.1% were women. There are 169 (30.9%) doctors, 241 (44.1%) medical technician and 137 (25%) nurses. Among them, 370 (67.9%) have bachelor degrees and 74 (13.5%) have master degrees or above. Those aged 20-35 accounted for 56.1% , while those aged 36-50 accounted for 34%.

RESULTS AND DISCUSSION

Based on Crawford and Godbey's (1991) leisure constraints model, the study found that three constraints affect their leisure participation at different levels, among which structural constraints are the most important, and intrapersonal and interpersonal constraints stood at the second and third ranks respectively. At the same time, in these constraints, different factors would positively affect their leisure participation.

For medical and nursing staff, results show that the structural constraint is the most important factor to limit their leisure activities that 53.6% of them believed it in real life. Others who chose intrapersonal and interpersonal constraints as the most important factors are 34.2% and 12.2% respectively. More than half of them consider that the structural constraint plays a decisive role in their leisure participation.

According to the correlation analysis, results show that in structural constraints, not all of the factors will affect the leisure activities of the medical and nursing staff. Even if it can influence, not all of them will influence their choices in leisure times per week and duration of each time at the same time. On the one hand, the factor influencing the number of leisure times per week is only "working pressure" ($p < 0.05$). On the other hand, the factors that influence the duration of leisure time are: weather, working pressure, lack of professional guidance and environmental pollution. The only one that affects both leisure choices is "working pressure". In the meanwhile, there are 201 respondents from the 293 ones who thought that the structural constraints are the greatest influence, only took part in leisure activities 1-2 times per week and 133 of them only took part in leisure activities 1-2 hours in each time.

Results show that to leisure times per week, the influence from intrapersonal constraints is not great than it from structural constraints. The number of staff who believed the intrapersonal constraints had a big impact is 187, while 222 staff believed it opposite. 130 respondents chose 1-2 times to leisure per week, accounting for 34% of the total staff with the same choice. More than half of 187 employees can only spend 1-2 hours to leisure.

The result also shows that only unwillingness to leisure with others ($p < 0.05$) from interpersonal constraints can definitely influence the duration of each leisure activity, and no factors has any correlation with leisure activities.

In terms of interpersonal constraints, medical and nursing staff did not believe it has great influence on their leisure activities. Although there are only 67 persons who believed the interpersonal constraints have great influence, most of all chose 1-2 times and less than 2 hours of leisure.

CONCLUSIONS

The results show that the structural constraints are the most significant constraint group, medical and nursing staff face when participating in leisure activities. 53.6% of them cited structural constraints as the main reason for their leisure participation, and the influencing factors from the structural constraints are more than those from intrapersonal and interpersonal constraints. In structural constraints, working pressure as well as weather and climate, lack of professional guidance and environmental pollution is considered as the most important factors in this regard. The above findings show that the order of the three-category constraints of the hierarchical model is not fixed throughout the world. Therefore, in Crawford and Godbey's hierarchical model of leisure constraints, the point of view that the influence of structural constraints is less than intrapersonal constraints and interpersonal constraints is limited. Thus, H1 was not supported.

With regard to the leisure times per week, firstly, working pressure is the only one factor from structural constraints positively. When employees work too much, they spend less time on leisure activities, preventing them from meeting their need to relax^{16,17}. According to the 2018 report by Chinese Medical Doctor Association (CMDA), in 2017, doctors work an average of more than 40 hours a week, fewer than a quarter of them take all their statutory annual holiday, and their right to rest is not protected¹⁸. In the study, it has also found that 467 respondents participated in leisure less than two times per week due to busy work. So the study also further proves that working pressure really has a positive influence on leisure choices.

When it comes to the duration of each time, the study demonstrated that weather, busy work, lack of professional guide and environmental pollution are the major factors from the structural constraints for medical and nursing staff. Obviously, the weather directly affects how long they stay out. But it has to say that working pressure plays an important role in the leisure choices from these respondents as same as its influence on leisure times per week. It can be proved that working pressure plays a decisive role in the leisure participation of medical and nursing staff, supporting H2.

The results also showed that lack of professional guidance has been a common problem. With the gradual improvement of people's living standard, fitness has gradually come into people's view, but the problem of the shortage of professional guidance talents comes¹⁹. Irregular and unprofessional are the impression of the majority in society on leisure activities. At the same time, because they are more professional in health, medical and nursing staff doesn't want to get any hurt or have harmful behaviors in leisure, so they value professional guidance more. 211 of them definitely agreed that the skilled guidance is necessary.

One of the significant contributions of this study is the finding that environmental pollution has a significant effect on their choice of duration of each time. Ambient air pollution may prevent people from exercising regularly through a number of mechanisms. From this study, environmental pollution had a modest effect on physical inactivity in individuals' leisure time. Although the relationship between environmental pollution and leisure times per week is not linear, it has a significant influence to duration of each time. The medical and nursing staff recognized that there is growing evidence of the adverse health effects of short-term and long-term exposure to environmental problems, such as ambient fine particulate matter (PM 2.5) air pollution²⁰.

In sum, working pressure from structural constraints is the only one factor significantly influencing both leisure times per week and duration of each time from medical and nursing staff in Nanchang. Thus H3 was partially supported.

However, this study demonstrated that the interaction effects of personal leisure experience and support from family and friends to leisure participation of medical and nursing staff in Nanchang were not significantly different ($p > 0.05$). This indicates that leisure participation of medical and nursing staff has not been influenced by those factors at all. Thus H4 and H5 were not supported.

This study proves that Crawford and Godbey's hierarchical model of leisure constraints has distinct order under different conditions. This model needs to be studied distinctively from diverse cultural backgrounds and social systems. The structural constraint that was generally known as the least influential factor in this model is the most important thing factor in this study.

The research also shows that medical and nursing staff is open to communicate with the outside world and they are willing to share with others. When they are naturally relaxed, it is beneficial to stimulate positive emotions and self confidence.

Therefore, the study enlightened that hospital administrators should improve work identification according to the source of working pressure, for example, providing them with better training or promotion opportunities, organizing them to leisure sports, improving their professional working ability and stress tolerance. It really can get patients' trust and affirmation by reducing the working error and increasing the quality of work. At the same time, the hospitals' managers should regularly organize them to participate in various health lectures and activities in communities to create opportunities for them to communicate with the outside world and relax physically and mentally.

In the meantime, the government should strengthen environmental governance to reduce pollution and create positive external conditions for people's leisure activities. The construction of greening can not only beautify the leisure environment, but provide good places for people to go out for leisure. It extends people's time to go out for leisure and improves the quality of life.

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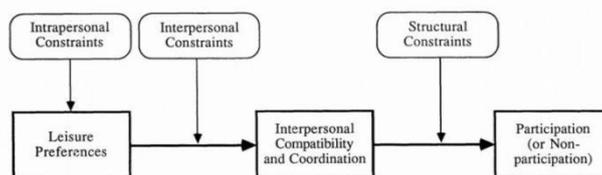


Fig 1. Crawford and Godbey's hierarchical model of leisure constraints

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Table 1 List of used factors

Leisure constraint model	Factors of measure	Sources
Structural constraints	<ul style="list-style-type: none"> ● weather and climate ● working pressure ● family obligation ● expensively cost to leisure ● lower income ● inconvenient traffic ● lack of leisure facilities ● Insufficient leisure promotion ● crowded leisure venues ● far from home ● lack of professional guidance ● lack of safety facilities ● environmental pollution 	<p>Fu Wen (2015)</p> <p>Sara Keshkar (2013)</p> <p>Fu Wen(2015)</p>
Interpersonal constraints	<ul style="list-style-type: none"> ● absence of family ● absence of friends ● unwilling to leisure with others ● worrying about the leisure choices being different from others ● personal knowledge or skills in leisure been disapproved by others. 	Tao Weining (2016) ²¹
Intrapersonal constraints	<ul style="list-style-type: none"> ● uncomfortable body ● unwilling to appear in public ● religious constraints ● leisure activities are harmful to health ● lack of relevant knowledge and skills ● lack of ability and confidence ● no interest 	<p>Tao Weining (2016)</p> <p>Sara Keshkar (2013)</p> <p>Tao Weining (2016)</p>