

Expectations of Medical School Students for Leisure Time Activities

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Cite this article as: Ercan S, Taş FU, Arslan E, Savran M, Şenol N. Expectations of Medical School Students for Leisure Time Activities. Med J SDU 2025;32(4):343-352.

Abstract

Objective

This study aimed to examine the expectations of medical students towards leisure time activities, reasons for participation, barriers they face, and their attitudes towards leisure time management within the framework of semester differences.

Material and Method

Süleyman Demirel University Faculty of Medicine students were included in the study on a voluntary basis. Participants were evaluated using a descriptive data form, the Leisure Time Management Scale, the Leisure Time Facilitators Scale, and the Leisure Time Barriers Scale. The data obtained were analyzed using SPSS software.

Results

458 students participated in the study. Participation in social activities was the lowest in class 2 ($p=0.008$). The reasons for participation were having fun, getting away from stress, and socializing, while the reasons

for not participating were the intensity of the course and the incompatibility of activity times. Participants' scores on the Scales of Leisure Time Management, Leisure Time Facilitators, and Leisure Time Barriers show class differences. Among the activities requested by students, music/concerts, social excursion programs, and hobby workshops were the most requested. These findings suggest that students have different attitudes towards social activities and leisure time management.

Conclusion

Medical students' expectations for leisure time activities change as the academic class progresses; intensive academic programs and structural barriers limit participation in social activities. These findings provide clues to educational administrators in terms of developing students' leisure time management strategies and supporting their psychosocial well-being.

Keywords: Leisure time, leisure time management, social activities, barriers, facilitators.

Introduction

Time is a concept that cannot be substituted or replenished, and whose value becomes more apparent once it is lost. Although it has been defined in various ways for thousands of years, time remains

a unique phenomenon that is not treated equally by everyone and is used at the discretion of the individual (1). Leisure time is defined as the period available for personal use after fulfilling obligations such as work, employment, sleep, and household tasks. It has also been recognized as a legal right in Article 24 of the

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Received: 30.05.2025 • **Accepted:** 15.11.2025

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Universal Declaration of Human Rights, which states, “Everyone has the right to rest and leisure, including reasonable limitation of working hours and periodic holidays with pay.” Technology advancements and rising living standards have made the place of leisure time in society’s structure more crucial. The World Leisure and Recreation Association defines leisure as a specific time period in which individuals can engage in activities that enhance their creativity and provide them with enjoyment and satisfaction (2). The concept of recreation emerged after the Industrial Revolution and was enriched in content following World War II, as increased personal income and rapid urbanization contributed to greater social mobility (3).

How leisure time is utilized depends entirely on the individual’s free will and common sense. Recreational activities used to occupy leisure time have become indispensable elements of modern social life (4). Although sports, music, and fine arts are commonly the first areas that come to mind in discussions of leisure (5), any activity that allows individuals to pursue interests aligned with their abilities and to discover themselves through those abilities can be considered a leisure activity (6). It has been noted that individuals seek to spend their leisure time for various reasons and expectations, often sharing a common purpose in participating in such activities. The purpose of engaging in leisure activities may not only include gaining knowledge, performing physical activity, or producing visual-auditory outputs, but also simply escaping from time that might otherwise be filled with boredom (7). Leisure can thus be defined as a period in which the individual exercises autonomy, experiences enjoyment, satisfaction, and happiness, undertakes activities voluntarily and without material gain, and lives fulfilling experiences independent of external pressures (8,9).

It has been found that medical students who do not engage in extracurricular activities are at higher risk of experiencing stress. Extracurricular activities are seen as a means through which students can express their autonomy, and they can enhance motivation both for academic success and broader life goals (10).

In terms of participation in leisure activities, various barriers and facilitators come into play. The Leisure Facilitators Scale was developed by Raymore (2002) (11). In this scale, individual characteristics are categorized as intrapersonal facilitators, support from close social networks as interpersonal facilitators, and factors such as financial status and gender as structural facilitators, thereby dividing the scale into three dimensions (9). The concept of “barrier” refers

to the reasons experienced by individuals that limit or prevent their participation in leisure activities (12). Alexandris and Carroll (1997) classified barriers into six distinct dimensions: individual psychology, lack of information, inadequate facilities, lack of companions, time constraints, and low interest (13). Gurbuz et al. (2020) conducted a validity and reliability study to adapt this scale to Turkish culture (14). In the literature, some studies have categorized the barriers more concisely into internal and external factors rather than six separate sub-dimensions (15).

The university period is a critical time for individuals to explore themselves and their surroundings, and it is also considered the most advantageous stage for allocating time to leisure activities (16). Although the education in medical faculties is generally longer and more intensive compared to other faculties, this period still represents the most favorable time for medical students, given the demanding nature of their future professional lives. Future physicians, who must navigate stressful periods at a young age while developing a healthy sense of self-confidence, may nevertheless face various challenges stemming from either internal or external sources in participating in leisure activities.

The aim of this study is to examine how medical students utilize their leisure time, identify the challenges they encounter in doing so, and provide data that may serve as a guide for administrators and stakeholders interested in this topic.

Material and Method

Students enrolled at Süleyman Demirel University Faculty of Medicine during the 2023–2024 academic year who voluntarily agreed to participate were included in the study. Internship-level students (6th-year medical interns) were excluded owing to their distinct, shift-based clinical workload and limited control over leisure time, which would bias comparisons with pre-internship students.

After collecting descriptive information from the participants, they were asked to complete a paper-based questionnaire consisting of items from the Leisure Time Management Scale (17,18), the Leisure Facilitators Scale (19, 20), and the Leisure Constraints Scale (13, 14). The questionnaire was administered in a face-to-face setting.

Descriptive Data Form

This form, developed by the researchers, gathered information on students’ sociodemographic charac-

teristics, their reasons for participating or not participating in social activities, and the types of social activities they were interested in.

Leisure Time Management Scale

This scale consists of 15 items grouped under four subdimensions: "Goal Setting and Evaluation" (6 items), "Leisure Attitude" (3 items), "Evaluation" (3 items), and "Scheduling" (3 items). Items are rated on a 5-point Likert scale ranging from 1 (Strongly Disagree) to 5 (Strongly Agree). Items under the "Scheduling" subdimension are reverse-scored due to their negative phrasing, while the others are positively phrased. Higher scores indicate more effective leisure time management (17,18). The scale was adapted into Turkish by Akgul et al. (18).

Leisure Facilitators Scale

This 16-item scale is structured into three factors: Intrapersonal, Interpersonal, and Structural Facilitators. Items are rated on a 5-point Likert scale ranging from 1 (Not Important at All) to 5 (Very Important) (19, 20). Gurbuz et al. adapted the scale into Turkish (20).

Leisure Constraints Scale – Short Form

This scale comprises 18 items distributed across six subdimensions: Lack of Companionship, Lack of Interest, Facilities, Time, Individual Psychology, and Lack of Information. Items are rated on a 4-point Likert scale ranging from 1 (Not Important at All) to 4 (Very Important) (14, 19). The Turkish adaptation of the scale was developed by Gurbuz et al. (14).

Power Analysis / Sample Size

The study population consisted of 1.398 students enrolled at Süleyman Demirel University Faculty of Medicine during the 2023–2024 academic year. Assuming a 5% margin of error and a 99% confidence level, the required sample size was calculated to be 451 participants.

Statistical Analysis

Quantitative data were analyzed using the SPSS v.23 software package (IBM Corp., Armonk, NY, USA). The normality of data distribution was assessed using the Shapiro-Wilk test, followed by descriptive analyses. After grouping the students according to their academic year (14), different analyses were conducted using the Kruskal-Wallis test, independent t test and the Chi-Square test with Monte Carlo correction. Data were presented as median (25th–75th percentile) and percentages (n).

A p-value of <0.05 was considered statistically significant. For continuous variables not conforming

to a normal distribution, the Spearman correlation test was applied. Correlation coefficients (r values) were interpreted as follows: $0 < r < 0.20$: very weak correlation, $0.20 \leq r < 0.40$: weak correlation, $0.40 \leq r < 0.60$: moderate correlation, $0.60 \leq r < 0.80$: strong correlation, $0.80 \leq r < 1.00$: very strong correlation (21).

Results

A total of 458 students participated in the study, with 56.6% (n=259) identifying as female and 43.4% (n=199) as male. An evaluation of the students' descriptive characteristics revealed that as the academic year progressed, there was a shift toward living alone ($p < 0.001$). The frequency of participation in social activities was determined to be 5 (3–10) times per month, with the lowest level of participation observed among second-year students ($p = 0.008$) (Table 1).

When considering all students, the most common reasons for participating in social activities were entertainment, stress relief, and socialization/making friends. First-year students were more likely to cite "developing skills" as a reason for participating, whereas this reason was less prominent among fourth-year students ($p = 0.011$). As students advanced through medical school, participation in social activities for the purpose of "relieving stress" became more common, especially among fifth-year students ($p = 0.020$) (Table 2).

Among all students, the most frequently cited reasons for not participating in social activities were inappropriate event timing, academic workload, and scheduling conflicts with lectures. Health-related issues were the most prominent barrier among first-year students ($p = 0.004$). Lack of interest in activities was least reported among second-year students ($p = 0.013$). Lack of interest in social activities among peers was lowest in the second year and highest in the fifth year ($p = 0.029$). Academic workload and scheduling conflicts with lectures were most prominent in the fourth year ($p = 0.020$ and $p = 0.025$, respectively) (Table 3).

Among the types of activities students wished to participate in, the top three were music/concert events, social trips, and hobby/craft workshops. These preferences did not significantly differ between academic years ($p > 0.05$) (Table 4).

The median scores obtained by participants were 50 (44–57) on the Leisure Time Management Scale,

Table 1 Identifying Information

	Total (n=458)	Year 1 (n=92)	Year 2 (n=61)	Year 3 (n=94)	Year 4 (n=116)	Year 5 (n=95)	p Value
Age (years)	22 (20-23)	19 (18-20) ^a	20 (20-21) ^b	21 (21-22) ^c	22 (22-23) ^d	23 (23-24) ^e	<0.001*
Gender (K/E), % (n)	56.6 (259) / 43.4 (199)	52.2 (48) / 47.8 (44)	55.7 (34) / 44.3 (27)	57.4 (54) / 42.6 (40)	62.1 (72) / 37.9 (44)	53.7 (51) / 46.3 (44)	0.648
Residence status, % (n)							<0.001*
With family	25.6 (117)	35.2 (32) ^a	14.8 (9) ^a	33 (31) ^a	22.4 (26) ^a	20 (19) ^a	
With friend(s)	20.6 (94)	25.3 (23) ^{a,b}	26.2 (16) ^{a,b}	26.6 (25) ^b	17.3 (20) ^{a,b}	10.5 (10) ^a	
Alone	53.8 (247)	39.5 (37) ^a	59 (36) ^{a,b}	40.4 (38) ^a	60.3 (70) ^b	69.5 (66) ^b	
Economic status, % (n)							0.123
Good	24.9 (114)	25.3 (23)	21.3 (13)	26.6 (25)	31.1 (36)	17.9 (17)	
Moderate	68.8 (315)	69.2 (64)	63.9 (39)	67 (63)	65.5 (76)	76.8 (73)	
Poor	6.3 (29)	5.4 (5)	14.8 (9)	6.4 (6)	3.4 (4)	5.3 (5)	
Health status, % (n)							0.264
Good	77.6 (356)	80.2 (74)	67.2 (41)	80.6 (76)	77.6 (90)	78.9 (75)	
Moderate	20 (91)	17.6 (16)	26.2 (16)	19.4 (18)	19 (22)	20 (19)	
Poor	2.4 (11)	2.2 (2)	6.6 (4)	0 (0)	3.4 (4)	1.1 (1)	
Leisure time (hours/week)	20 (10-35)	20 (10-40)	14 (10-30)	20 (10-35)	19 (10-30)	25 (10-35)	0.074
Participation in social activities (times/month)	5 (3-10)	4 (2-10) ^a	4 (2-5) ^b	5 (3-10) ^a	5 (3-10) ^a	5 (4-10) ^a	0.008*

Data are presented as median (25th–75th percentile) and % (n). Kruskal-Wallis Test and Chi-Square Test with Monte Carlo correction were applied. *: p-value < 0.05 was considered statistically significant. Different superscript letters indicate significant differences between groups.

Table 2 Reasons for Students' Participation in Social Activities

Reason for participating in social activities, % (n)	Total (n=458)	Year 1 (n=92)	Year 2 (n=61)	Year 3 (n=94)	Year 4 (n=116)	Year 5 (n=95)	p Value
Having fun	17.4 (391)	16.5 (79)	16.7 (49)	16.3 (79)	18.8 (96)	18.3 (88)	0.152
Relieving stress	15.2 (343)	12.3 (59) ^a	15.0 (44) ^{a,b}	14.4 (70) ^{a,b}	17.4 (89) ^{a,b}	16.8 (81) ^b	0.020*
Socializing/making friends	13.1 (295)	12.3 (59)	12.2 (36)	13.0 (63)	14.3 (73)	13.3 (64)	0.829
Improving interpersonal relationships	11.2 (252)	12.1 (58)	10.2 (30)	10.9 (53)	11.7 (60)	10.6 (51)	0.426
Gaining experience	9.2 (207)	10.9 (52)	8.2 (24)	9.7 (47)	8.8 (45)	8.1 (39)	0.058
Acquiring new skills	9.1 (204)	9.8 (47)	9.9 (29)	9.3 (45)	7.8 (40)	8.9 (43)	0.136
Maintaining health	8.3 (187)	7.7 (37)	9.5 (28)	8.4 (41)	8.4 (43)	7.9 (38)	0.804
Enhancing skills	8.2 (184)	9.2 (44) ^a	9.5 (28) ^{a,b}	8.4 (41) ^{a,b}	6.1 (31) ^b	8.3 (40) ^{a,b}	0.011*
Developing personality	8.2 (184)	8.6 (41)	8.5 (25)	9.3 (45)	6.8 (35)	7.9 (38)	0.092
Other	0.2 (5)	0.4 (2)	0.3 (1)	0.4 (2)	0 (0)	0 (0)	0.079

The data are presented as % (n). Since multiple responses were allowed, the value of n exceeds the sample size. The Chi-Square Test with Monte Carlo correction was applied. *: p-value is significant at the 0.05 level. There is a significant difference between groups indicated by different superscript letters.

Table 3 Reasons for Students' Non-Participation in Social Activities

Reason for not participating in social activities, % (n)	Total (n=458)	Year 1 (n=92)	Year 2 (n=61)	Year 3 (n=94)	Year 4 (n=116)	Year 5 (n=95)	p Value
Inconvenient timing of activities (day/hour)	20.0 (298)	20.0 (60)	20.3 (37)	18.6 (55)	21.1 (81)	19.5 (65)	0.424
Excessive course workload	18.8 (281)	16.0 (48) ^a	21.4 (39) ^{a,b}	17.3 (51) ^{a,b}	21.9 (84) ^b	17.7 (59) ^{a,b}	0.020*
Conflict between event time and class time	16.0 (239)	13.0 (39) ^a	20.9 (38) ^a	15.3 (45) ^a	18.5 (71) ^b	13.8 (46) ^a	0.025*
Lack of interest in the activity	14.8 (221)	16.7 (50) ^a	12.1 (22) ^b	17.3 (51) ^a	11.7 (45) ^a	15.9 (53) ^a	0.013*
Unawareness of activities	11.5 (171)	15.3 (46)	9.9 (18)	11.5 (34)	9.7 (37)	10.8 (36)	0.054
Lack of interest in social activities among peers	8.5 (127)	8.0 (24) ^{a,b}	6.0 (11) ^b	7.5 (22) ^{a,b}	8.4 (32) ^{a,b}	11.4 (38) ^a	0.029*
Financial constraints	8.0 (119)	5.7 (17)	7.7 (14)	10.5 (31)	7.0 (27)	9.0 (30)	0.119
Health problems	1.6 (24)	4.0 (12) ^a	0.5 (1) ^{a,b}	0.3 (1) ^b	1.3 (5) ^{a,b}	1.5 (5) ^{a,b}	0.004*
Other	0.9 (13)	1.3 (4)	1.1 (2)	1.7 (5)	0.3 (1)	0.3 (1)	0.186

Data are presented as percentages (n). Since multiple responses were allowed, the n value exceeds the sample size.

A Chi-Square Test with Monte Carlo correction was performed. *: p-values less than 0.05 were considered statistically significant. Significant differences were observed between groups denoted by different superscript letters

Table 4 Activities Requested by Students

	Total (n=458)	Year 1 (n=92)	Year 2 (n=61)	Year 3 (n=94)	Year 4 (n=116)	Year 5 (n=95)	p Value
Music/concert events	17.2 (351)	15.7 (68)	18.0 (46)	16.1 (71)	18.3 (92)	18.3 (74)	0.908
Social trips	16.2 (330)	14.4 (62)	14.5 (37)	16.3 (72)	17.5 (88)	17.6 (71)	0.146
Hobby workshops/ Handicrafts courses	12.8 (260)	11.8 (51)	12.1 (31)	12.7 (56)	12.9 (65)	14.1 (57)	0.800
Sports/exercise activities	12.0 (245)	12.5 (54)	12.9 (33)	10.4 (46)	12.7 (64)	11.9 (48)	0.691
Cultural events	11.1 (227)	10.9 (47)	11.7 (30)	11.8 (52)	9.8 (49)	12.1 (49)	0.412
Intellectual competitions (e.g., chess)	7.0 (142)	7.6 (33)	7.8 (20)	7.2 (32)	6.8 (34)	5.7 (23)	0.443
Science competitions	6.1 (124)	7.6 (33)	6.3 (16)	6.3 (28)	5.4 (27)	5.0 (20)	0.172
Intellectual reading activities (non-academic)	6.1 (125)	6.3 (27)	6.6 (17)	5.9 (26)	7.2 (36)	4.7 (19)	0.451
Community service/Social responsibility projects	5.7 (116)	6.9 (30)	5.5 (14)	6.8 (30)	5.2 (26)	4.0 (16)	0.058
Activities to develop presentation skills	5.4 (110)	6.3 (27)	4.3 (11)	5.9 (26)	4.2 (21)	6.2 (25)	0.212
Other	0.3 (6)	0 (0)	0.4 (1)	0.7 (3)	0 (0)	0.5 (2)	0.577

Data are presented as percentages (n). Since multiple responses were allowed, the n value exceeds the sample size.

The Chi-Square Test with Monte Carlo correction was applied. *: p-values less than 0.05 were considered statistically significant.

Table 5 Students' Attitudes Toward Leisure Time

	Total (n=458)	Year 1 (n=92)	Year 2 (n=61)	Year 3 (n=94)	Year 4 (n=116)	Year 5 (n=95)	p Value
Leisure Time Management Scale	50 (44-57)	49.5 (43.25-57.75)	48 (44-56)	50 (43-58)	48 (44.25-55.75)	52 (46-59)	0.135
Goal Setting and Method	18 (14-22)	18.5 (14-22)	18 (15-22)	17 (13-21)	18 (13-22)	20 (16-23)	0.073
Evaluation	10 (8-12)	10 (8-12)	9 (7.5-12)	9.5 (8-12)	9 (8-12)	10 (8-12)	0.699
Leisure Attitude	13 (11-15)	13 (11-15)	12 (9-15) ^a	13 (11-15)	13 (11-15)	14 (12-15) ^b	0.041*
Scheduling	10 (8-12)	9 (7-11)	10 (6.5-12)	10 (8-12)	10 (8-11)	11 (9-12)	0.107
Leisure Facilitators Scale	62 (55-70)	63 (54-69)	60.5 (51-67.75)	62.5 (56-69.25)	62.5 (54.25-70.75)	64 (58-71)	0.387
Intrapersonal	20 (18-24)	20 (18-24)	19.5 (16-22.75) ^a	20 (19-23)	20 (17-24)	22 (19-24) ^b	0.017*
Interpersonal	14 (12-16)	15 (12-17)	15 (12-16)	14.5 (13-16)	14.5 (12-17.75)	14 (12-16)	0.476
Structural	28 (24-31)	28 (23-30)	26 (22-31)	27 (24-31)	28 (23.25-31)	28 (25-31.5)	0.465
Leisure Constraints Scale	49 (43.75-55)	48 (42-53)	51.5 (44.25-56)	51 (45-56.25)	49 (43-54)	48 (43-55)	0.090
Individual Psychology	8 (7-10)	9 (7-10)	9 (7-9)	9 (7-10)	8 (6-10)	8 (6-9)	0.214
Lack of Information	8 (6-10)	8 (6-10)	9 (6-10)	9 (7-10)	8 (6-9)	8 (6-9)	0.223
Facilities	9 (7-10)	9 (7-10)	9 (7.25-12)	9 (7-11)	9 (7-10)	9 (8-11)	0.163
Lack of Companionship	8 (6-10)	8 (6-10)	9 (7-10.75)	8 (6-10)	9 (6-10)	8 (6-10)	0.303
Time	8 (7-9)	7 (6-9)	9 (7-9)	9 (7-10)	8 (7-9)	8 (7-10)	0.060
Lack of Interest	8 (6-9)	8 (6-9)	8.5 (6-9)	9 (6-10)	8 (6-9)	8 (6-9.5)	0.485

Data are presented as median (25th–75th percentile). The Kruskal-Wallis test was applied. *: p-values less than 0.05 were considered statistically significant. Significant differences were observed between groups indicated by different superscript letters.

Table 6 Distribution of Scale Scores by Gender

	Female (n=259)	Male (n=199)	p Value
Leisure Time Management Scale	50 (45-57)	49 (44-58)	0.356
Goal Setting and Method	18 (14-22)	18 (14-22)	0.955
Evaluation	10 (8-12)	10 (9-12)	0.189
Leisure Attitude	13 (11-15)	13 (11-15)	0.066
Scheduling	10 (9-12)	9 (7-11)	0.010*
Leisure Facilitators Scale	64 (57-70)	61 (54-69)	0.005*
Intrapersonal	20 (18-24)	20 (18-23)	0.367
Interpersonal	15 (13-17)	14 (12-16)	0.002*
Structural	28 (24-32)	26 (23-30)	0.012*
Leisure Constraints Scale	51 (45-56)	47 (42-54)	0.001*
Individual Psychology	9 (7-10)	8 (6-9)	<0.001*
Lack of Information	9 (7-10)	7 (6-9)	<0.001*
Facilities	9 (8-10)	9 (7-11)	0.756
Lack of Companionship	9 (6-10)	8 (6-10)	0.303
Time	9 (7-10)	8 (6-9)	<0.001*
Lack of Interest	8 (6-10)	8 (6-9)	0.362

Data are presented as median (25th–75th percentile). The independent t test was applied. *: p-values less than 0.05 were considered statistically significant.

62 (55–70) on the Leisure Facilitation Scale, and 49 (43.75–55) on the Leisure Constraints Scale. A statistically significant difference in "leisure attitude" was observed between second- and fifth-year students ($p=0.041$). A similar difference was found in the "personal facilitators" subscale of the Leisure Facilitation Scale ($p=0.017$) (Table 5).

When the scale scores were analyzed by gender, statistically significant differences were found in the "programming" subscale of the Leisure Time Management Scale ($p=0.010$), in the total score of the Leisure Facilitation Scale ($p=0.005$), and in the interpersonal ($p=0.002$) and structural ($p=0.012$) subscales. Significant gender-based differences were also seen in the subscales of psychological constraints ($p<0.001$), lack of knowledge ($p<0.001$), and time-related constraints ($p<0.001$), as well as in the overall score of the Leisure Constraints Scale ($p=0.001$) (Table 6). A weak correlation was found between the total score of the Leisure Time Management Scale and the total score of the Leisure Facilitation Scale ($p<0.001$; $r=0.319$).

Discussion

This study examined the expectations, participation motives, encountered barriers, and facilitating factors regarding leisure activities among students of Süleyman Demirel University Faculty of Medicine. Through an evaluation of participation characteristics and scale scores across different academic years, the students' leisure time management and attitudes toward extracurricular activities were explored in detail.

The findings indicate that students participate in social activities an average of 5 (3–10) times per month. However, the lower participation rate observed in second-year students suggests potential challenges during this period related to academic workload, the adaptation process, or difficulties in time management. Overall, the most common reasons for engaging in social activities were enjoyment, stress relief, and socialization. Notably, the greater emphasis on "developing skills" among first-year students implies that, at the beginning of their academic journey, students are more open to personal development and acquiring new abilities. As medical training progresses, the increasing importance of "stress relief" as a motive, especially in the fifth year, highlights the growing impact of academic pressure and stress on students' quality of life.

In a study conducted by Çakır with 250 students from the Faculty of Sports Sciences, it was reported that the

"leisure attitude" and "evaluation" subdimensions of the Leisure Time Management Scale were influenced by age, with participants aged 26 and older scoring higher (22). In our study, a significant difference in the "leisure attitude" subdimension was observed between second- and fifth-year students.

Among the reasons why students cannot participate in social activities, the incompatibility of activity times with course schedules and the intensity of coursework are the most prominent. This reflects the challenges faced by medical students due to the demanding curriculum. Differences are also observed across academic years; for example, health problems are more evident in the first year, whereas the influence of peer groups increases in the fifth year. This situation is thought to stem, in the first year, from students' adaptation to a new environment along with changes in dietary habits and lifestyle; whereas the increasing influence of friendships in the later years appears to be related to the expansion of small groups formed during the clinical training period, which provide greater opportunities for establishing and developing social relationships. Al-Ansari et al. reported that participation in extracurricular activities among dental students in Egypt and Saudi Arabia was low, with most participants engaging in community service, sports, and social activities. Their primary motivation was socialization, and the majority expressed dissatisfaction with school-organized activities (23). Similarly, in the present study, the leading reasons for participation in extracurricular activities were enjoyment, stress relief, and socialization. The motivation to "improve skills" observed in the first year indicates that students initially hold expectations focused on personal development. Almasry et al. noted that second- and third-year medical students participated in extracurricular activities for reasons such as résumé building and teamwork, while identifying lack of time and incompatibility with course schedules as the main barriers (24). In a study conducted at Akdeniz University, the most important reasons for participation were entertainment, spending time with friends, and relaxation, whereas barriers differed by gender: course intensity among women, and lack of interest in activities, financial limitations, and peer disinterest among men (25). These findings in the literature parallel the results of our study.

Both the Leisure Facilitation Scale and the Leisure Constraints Scale were used in a study by Siyahtaş et al. with 220 students from Istanbul University Faculty of Sports Sciences. The results indicated that gender, age, monthly income, and perceived level of welfare significantly influenced scale scores. The main factor hindering participation in leisure activities was identified

as a lack of facilities, while the most effective facilitator was structural facilitators (1). Results from the Leisure Constraints Scale indicated that perceived welfare level was a significant factor in activity participation in a different study that involved 328 students at Adnan Menderes University and sought to determine the reasons why they did not engage in leisure-time activities. Furthermore, significant differences were found between gender and the subdimensions of the scale (26). Similarly, in our study, we observed statistically significant differences in the total and subdimension scores of the Leisure Constraints Scale based on gender. Furthermore, it was determined that gender and academic year influenced the scale scores, and that gender differences existed in interpersonal and structural facilitators as well as in individual psychology, lack of knowledge, and time parameters. In a study by Köse et al., the role of personal and structural facilitators in enhancing leisure motivation was emphasized (27). The differences observed in the “personal” subdimension of the Leisure Facilitators Scale in our study also emphasize the importance of individual factors in managing leisure time. Moreover, our findings revealed statistically significant gender differences in the total score and in the interpersonal and structural subdimensions of the Leisure Facilitators Scale. It indicates that male and female students do not perceive the barriers and facilitators affecting participation in leisure activities in the same way. In the study conducted by Güler et al. with the participation of 324 university students, significant differences were found in the sub-dimension of skill acquisition strategies according to gender, year of study, participation in sports activities, and difficulty in managing leisure time, while significant differences were also reported for age, level of welfare, and adequacy of weekly leisure time. The study concluded that, depending on their sociodemographic characteristics, university students may exhibit diverse coping strategies for the barriers they encounter during leisure time [18].

Fares et al., in a study conducted with first- and second-year medical students in Lebanon, reported that 62% of the 165 participants experienced stress and 75% experienced burnout. They found that participation in extracurricular activities played a significant role in coping with stress. The study also concluded that engagement in music-related activities was associated with lower levels of burnout, whereas participation in social activities was inversely related to academic involvement (28). Consistent with these findings, our study also demonstrated that academic workload and lack of time were among the primary barriers to participation in social activities, highlighting the impact of the demanding nature of medical

education on students' leisure practices.

In a large-scale study conducted by Işıkgöz et al. with 1,894 university students, analysis of the Leisure Time Management Scale data revealed that the most influential subdimensions in leisure management were, in order, “Goal Setting and Method,” “Leisure Attitude,” “Programming,” and “Evaluation.” The study also found that factors such as gender, type of faculty/school, age, housing status, and duration of participation in recreational activities significantly affected leisure time management (29).

The primary limitation of this study is its single-center design: data were collected at one institution in Isparta, a relatively small city. Contextual differences from major metropolitan areas—particularly in leisure opportunities and resources—may limit the generalizability of our findings. In addition, internship-level (6th-year) students were excluded; generalizability to this cohort is limited.

Conclusion

This study identifies medical students' expectations and barriers to leisure participation, offering guidance for social and academic support programs. Administrators should adopt flexible, inclusive practices that protect time for social activity and strengthen motivation. Practical steps include broadening electives, resourcing student clubs, establishing mentorship and community-service opportunities, and providing leisure-time management training to promote efficient time use and reduce maladaptive behaviors. Programming should align with students' interests (e.g., music/concerts, social excursions, hobby workshops, sport/exercise, cultural events) and account for differences across year levels. Participation can be increased by addressing structural constraints—improving campus facilities, preventing clashes between classes and events, and enhancing communication channels for announcements. Future research should examine leisure-time management, motivations, and constraints across diverse subgroups using mixed methods to deepen interpretation.

Acknowledgments

We would like to extend our sincere thanks to all the students who participated in this study. We also express our gratitude to Süleyman Demirel University Faculty of Medicine students M. Emin AĞIR, Kübra BİLİR, Burak KORKMAZ, and Eren BAŞGÖR, as well as to Health Technician Bahtiyar Emine DURAN, for their valuable support during the data collection process.

Conflict of Interest Statement

The authors have no conflicts of interest to declare.

Ethical Approval

The study was approved by the Ethics Committee of Süleyman Demirel University with the decision dated 13.02.2024 and numbered 73/7. Institutional permission was obtained on 16.02.2024. All students participated in the study on a voluntary basis. The study was conducted in accordance with the principles of the Declaration of Helsinki.

Funding

This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors.

Artificial Intelligence Statement

The authors declare that they have not used any type of generative artificial intelligence for the writing of this manuscript, nor for the creation of images, graphics, tables, or their corresponding captions.

Authors Contributions

SE: Conceptualization; Data curation; Formal analysis; Investigation; Methodology; Validation; Writing-original draft; Supervision.

FUT: Investigation; Methodology; Project administration; Resources; Validation; Writing-original draft.

EA: Investigation; Validation; Writing-original draft.

MS: Formal analysis; Investigation; Visualization; Writing-original draft.

NŞ: Resources; Supervision; Writing-review & editing.

Editorial Statement

Despite the fact that SE, a co-author of the article, fulfills the role of field editor for the journal, she did not participate in any phase of the publication process for this particular article.

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