Leisure Time Participation, Subjective Vitality and Life Quality of University Students

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Abstract

The aim of this research was to examine the leisure time participation, subjective vitality and life quality levels of university students according to some demographic variables and determine the relation between them. A sample of 317 (121 females and 196 males) students who studying at university provided responses. The mean age of the students was 21.42 ± 2.90. ‘Subjective Vitality Scale’ and ‘World Health Organization Quality of Life Instrument (WHOQOLBREF)’ were administered on the participants. Descriptive statistical methods, t-test, ANOVA and correlation analyses were used in the data analysis. Subjective vitality and life quality perceptions of the participants were at middle level. While the participants’ life quality perceptions did not differ significantly according to gender, subjective vitality perceptions differed significantly. Subjective vitality and life quality perceptions of the participants differed significantly according to actively engage in sports, income, evaluation style of leisure time and participation frequency for recreational activities. In addition, middle and positive correlation was observed between subjective vitality and life quality. The results of the research showed that individuals who engaged in sport actively, had high income and participated in leisure time activities had a high subjective vitality and life quality perception. It had been determined that participation of sports, social and outdoor activities in leisure time had a positive effect on subjective vitality and life quality perceptions. In addition, as the subjective vitality of the participants increases, the level of life quality also increases.

Keywords: Subjective vitality, leisure time participation, life quality, university student

1The abstract of this study was presented as an oral presentation at the 2nd International Congress on Recreation and Sport Management (11-14 April 2019, Bodrum).
Introduction

Developments of science and technology not only reduce the need for people in production, but also lead to a decrease in the working time of individuals (Karaküçük, 2001). So, these developments in living conditions enable to people spending time for leisure activities increasingly (Kim et al. 2015; Ramazanoğlu et al. 2004). Similarly, besides the increase in leisure time, factors such as increase in education and income level and prolongation of life have led to the increase in demand for leisure activities (Mansuroğlu, 2002). The concept of leisure time is defined as the time in which an individual gets rid of all difficulties or connections for both himself/herself and others, can use them freely as he/she wishes (Bakır, 1990) and will engage in an activity of his/her own choice (Tezcan, 1994). In this context, it is stated that active participation in leisure activities, which constitute an important aspect of daily life (Heo and Lee, 2010), creates positive emotions on individuals (Caldwell et al. 1992; Murphy, 2003) and this situation contributes to the development of self-fulfilling and spiritually healthy young people (Passmore ve French, 2001). In addition, participation in leisure time activities reduces the level of depression and loneliness (Morgan and Bath, 1998; Warr et al. 2004), helps to cope with the challenges of aging (Steinkamp and Kelly, 1987), contributes to physical, social, psychological and cognitive health (Cheung et al. 2009; Shin and You, 2013), improves health and provides socialization (Drakou et al. 2008). On the other hand, studies have shown that participation in leisure activities is the most important determinant of life satisfaction (Riddick and Stewart, 1994) and is associated with increased happiness and life satisfaction (Menec, 2003; Ragheb and Tate, 1993).

On the other hand, it is stated that participation in leisure time activities has a positive effect on individuals' life quality as well as life satisfaction (Lloyd and Auld, 2002; Mannel, 2007). When these activities are well planned, they play an important role in improving of life quality socially and psychologically (Ashby et al. 1999) and it is one of the most important factors that contributes to the self-discovery, renewal and revelation of the individual (Aslan and Cansever, 2012). Research shows that participation in leisure time activities has effects that are characterized by direct improvements in a person's quality of life, often defined as increased mood (Hull, 1990), happiness, and pleasure (Csikszentmihalyi ve Le Fever, 1989). Similarly, the studies in the literature emphasize the role of leisure time contributing to the quality of life (Michalos, 2005; Wendel-Vos et al. 2004). The concept of quality of life, which was first used in the article ‘On the Quantity and Quality of Life’ published by Long in 1960 (Boylu and Paçacıoğlu, 2016), expresses how individuals perceive the positive and negative aspects of their lives subjectively (WHO, 1998) and includes both psychological and physical factors that affect the general perception of satisfaction in an individual's life (Diener, 1984; Diener et al. 1999). The quality of life defined as “individuals’ perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns” (WHO, 1993) is becoming a growing interest in finding and sustaining satisfaction, happiness and faith prospectively for individuals and communities in a rapidly changing world (Mercer, 1994). According to Seligman and Csikszentmihalyi (2000), positive individual traits, virtues such as subjective happiness, hope, optimism and courage, are very important to improve one's quality of life and avoid psychological problems.

Research shows that quality of life is associated with subjective vitality (Salama-Younes, 2011). The concept of subjective vitality, which is based on the theory of self-determination (Deci and Ryan, 2000), is defined as the energy felt by one's self (Ryan and Frederick, 1997). Subjective vitality is a complex and dynamic structure that is influenced by both physical and psychological factors (Ryan and Deci, 2001), which means that the person is full of energy,
enthusiastic, lively, cheerful, high-aroused and dynamic without fatigue, exhaustion or burnout (Fini et al. 2010; Ryan and Frederick, 1997). In this context, can be said that individuals with high levels of subjective vitality are more alert, more energetic and more committed to life (Bostic et al. 2000). Studies in the literature show that subjective vitality is positively related to well-being (Ryan and Frederick, 1997), life satisfaction (Salama-Younes, 2011) and subjective happiness (Akın, 2012), and negatively related to depressive symptoms and anxiety (Niemiec et al. 2006). So, can be said that subjective vitality refers to the assessment of people's quality of life (Diener et al. 2008; Pavot and Diener, 2004) and individuals who have a high level of subjective vitality perceive their lives as rewarding and satisfying, and experience their lives positively (Leontopoulou and Trilivía, 2012).

As a result of the literature review, studies were found in the literature that contextualised university students' subjective vitality and life satisfaction (Salama-Younes, 2011), subjective vitality and psychological well-being (Ryan and Frederick, 1997), leisure participation and life quality (Baştuğ et al. 2018; Peleias et al. 2017), leisure participation and psychological well-being (Karaca and Yerlisu Lapa, 2016; Liu and Yu, 2014; Molina-García et al. 2011), leisure participation and life satisfaction (Huang and Carleton, 2003; Yaşartürk et al. 2017). However, in the literature review, there were no studies about university students' leisure time participation, subjective vitality and life quality perceptions. In this context, can be said that university students are exposed to many stresses due to many reasons such as change of residence, increased responsibility, adaptation to the university environment and heavy curricula. So these factors may affect their subjective vitality and life quality perceptions negatively. On the other hand, it is thought that participation in leisure time activities has a positive effect on these factors and plays an important role in increasing individuals' subjective vitality and life quality perceptions. Therefore, the aim of this research is to examine the leisure time participation, subjective vitality and life quality levels of university students according to some demographic variables and determine the relation between them.

Materials and Methods

The study was based on the ‘survey’ method which widely used in the descriptive research model (Ekiz, 2009). In this model, the individual or object is tried to be defined as it exists within its own conditions (Karasar, 2012). And ‘questionnaire’ was used as the data collection technique (Nachmias and Nachmias, 1996).

Participants

The study sample consists of 317 (121 females, 196 males) university students (Mage=21.42±2.90) who were studying at Erzincan Binali Yıldırım University in Erzincan, Turkey. Also convenience sampling method was used to determine the research group.

Instruments

Subjective Vitality Scale (SVS)

The Subjective Vitality Scale (SVS) was administered on the participants as data collection tool. The SVS was originally developed by Ryan and Frederick (1997) in order to measure level of subjective vitality was translated into Turkish by Uysal et al. (2014). The scale was consisted of 7 items and all items were measured by using a seven-point Likert scale (Strongly disagree, strongly agree). High scores obtained from the scale indicate that the individual's subjective vitality level is high. In this study, Cronbach Alpha reliability coefficient was measured as 0.84 for the scale.
World Health Organization Quality of Life Instrument (WHOQOL-BREF-TR)

Turkish version of the World Health Organization Quality of Life Instrument (WHOQOL-BREF-TR) was used to measure life quality perceptions of the students. It was translated into Turkish by Eser et al. (1999). The scale was consisted of 5 sub-factor and 26 items, and all items were measured by using a five-point Likert scale. In this study, physical health, psychological health, social relations and environment sub-factor of the scale were used. High score points to the high quality of life. In this study, Cronbach Alpha reliability coefficient was measured as 0.69 for ‘Physical Health’, 0.77 for ‘Psychological Health’, 0.54 for ‘Social Relations’ and 0.72 for ‘Environment’.

Procedure

Data collection tool was administered to the participants following the getting necessary permissions in 2018-2019 Spring Semester. Required explanations were made about the purpose of the study and the detailed informations were given about the filling data collection tool in the guidelines. Application was based on voluntary basis. Questionnaire forms which were gathered by the researcher were controlled and filled out missing or wrong ones excluded from the study.

Data Analysis

The statistical analyses were carried out with SPSS 21 program. Descriptive statistics, t-test, one way ANOVA and Pearson Correlation were used in the data analysis. Skewness and Kurtosis values and results of Levene tests were examined and decided whether the data satisfied the prerequisites of parametric test or not (Büyüköztürk, 2012). And also Cronbach’s alphas were calculated for the scales in order to evaluate their internal consistencies. In the study, the level of significance was determined as 0.05.

Findings

The mean and SD of the SVS scores of the university students who participated in this study was 4.67 and 1.27 respectively. WHOQOL-BREF-TR scores when analysed based on factors, findings indicated that the ‘Physical Health’ (3.70) had highest average, while the ‘Environment’ had lowest average (3.38). The Skewness and Kurtosis values showed that the data was distributed within the area of normalcy (Table 1).

Table 1. Descriptive Statistics for the SVS and WHOQOL-BREF-TR

<table>
<thead>
<tr>
<th>Items Number</th>
<th>M</th>
<th>SD</th>
<th>Skewness</th>
<th>Kurtosis</th>
<th>Min</th>
<th>Max</th>
</tr>
</thead>
<tbody>
<tr>
<td>SVS</td>
<td>7</td>
<td>4.67</td>
<td>1.27</td>
<td>-0.17</td>
<td>1.00</td>
<td>7.00</td>
</tr>
<tr>
<td>Physical Health</td>
<td>7</td>
<td>3.70</td>
<td>0.56</td>
<td>-0.11</td>
<td>2.14</td>
<td>5.00</td>
</tr>
<tr>
<td>Psychological Health</td>
<td>6</td>
<td>3.54</td>
<td>0.66</td>
<td>-0.67</td>
<td>0.61</td>
<td>1.17</td>
</tr>
<tr>
<td>Social Relations</td>
<td>3</td>
<td>3.61</td>
<td>0.82</td>
<td>-0.26</td>
<td>1.00</td>
<td>5.00</td>
</tr>
<tr>
<td>Environment</td>
<td>8</td>
<td>3.38</td>
<td>0.59</td>
<td>-0.09</td>
<td>1.75</td>
<td>5.00</td>
</tr>
</tbody>
</table>

Results from the t-test indicated that there was a significant difference between gender and SVS scores (t=2.84, p<0.05). According to this result, male university students’ average scores (4.83) were higher than the female university students’ average scores (4.42). By contrast, there was no significant difference between gender and Physical Health’ (t=1.71, p>0.05), ‘Psychological Health’ (t=0.20, p>=0.05), ‘Social Relations’ (t=1.11, p>0.05) and ‘Environment’ (t=0.79, p>0.05) (Table 2).
Table 2. Results of t-test according to gender

<table>
<thead>
<tr>
<th></th>
<th>Female (n=121)</th>
<th>Male (n=196)</th>
<th>t</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>SVS</td>
<td>4.42</td>
<td>4.83</td>
<td>2.84</td>
<td>0.01</td>
</tr>
<tr>
<td>Physical Health</td>
<td>3.63</td>
<td>3.74</td>
<td>1.71</td>
<td>0.09</td>
</tr>
<tr>
<td>Psychological Health</td>
<td>3.53</td>
<td>3.55</td>
<td>0.58</td>
<td>0.01</td>
</tr>
<tr>
<td>Social Relations</td>
<td>3.67</td>
<td>3.57</td>
<td>1.11</td>
<td>0.27</td>
</tr>
<tr>
<td>Environment</td>
<td>3.41</td>
<td>3.36</td>
<td>0.79</td>
<td>0.43</td>
</tr>
</tbody>
</table>

Analyses showed that there was a significant difference between active involvement in sport and subjective vitality (t=3.16, p<0.01). According to this, participants who were involvement in sport actively had higher average scores (4.91) than the non-involvement participants (4.47). And also there was a significant difference between active involvement in sport and ‘Physical Health’ (t=3.37, p<0.01) and ‘Psychological Health’ (t=2.67, p<0.05) subscale scores. Students who active involvement in sport had higher ‘Physical Health’ and ‘Psychological Health’ subscale average scores.

Table 3. Results of t-test according to active involvement in sport

<table>
<thead>
<tr>
<th></th>
<th>Yes (n=146)</th>
<th>No (n=171)</th>
<th>t</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>SVS</td>
<td>4.91</td>
<td>4.47</td>
<td>3.16</td>
<td>0.00</td>
</tr>
<tr>
<td>Physical Health</td>
<td>3.81</td>
<td>3.60</td>
<td>3.37</td>
<td>0.00</td>
</tr>
<tr>
<td>Psychological Health</td>
<td>3.65</td>
<td>3.45</td>
<td>2.67</td>
<td>0.01</td>
</tr>
<tr>
<td>Social Relations</td>
<td>3.68</td>
<td>3.55</td>
<td>1.48</td>
<td>0.14</td>
</tr>
<tr>
<td>Environment</td>
<td>3.55</td>
<td>3.23</td>
<td>5.04</td>
<td>0.00</td>
</tr>
</tbody>
</table>

A significant difference was found between university students' SVS (F(2,314)=5.85, p<0.01), ‘Psychological Health’ (F(2,314)=6.14, p<0.01), ‘Social Relations’ (F(2,314)=3.64, p<0.05) and ‘Environment’ (F(2,314)=15.15, p<0.01) scores depending on income level. In SVS, ‘Psychological Health’, ‘Social Relations’ and ‘Environment’, the scores of the participants who had 1001 TL and more income level were higher than the others (Table 4).

Table 4. Results of ANOVA according to income level

<table>
<thead>
<tr>
<th></th>
<th>500 TL and less (n=165)</th>
<th>501-1000 TL (n=89)</th>
<th>1001 TL and more (n=63)</th>
<th>F</th>
<th>p</th>
<th>Significant Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>SVS</td>
<td>4.58</td>
<td>4.50</td>
<td>5.15</td>
<td>5.85</td>
<td>0.00</td>
<td>3&gt;1, 3&gt;2</td>
</tr>
<tr>
<td>Physical Health</td>
<td>3.67</td>
<td>3.66</td>
<td>3.82</td>
<td>1.88</td>
<td>0.16</td>
<td>-</td>
</tr>
<tr>
<td>Psychological Health</td>
<td>3.43</td>
<td>3.58</td>
<td>3.77</td>
<td>6.14</td>
<td>0.00</td>
<td>3&gt;1</td>
</tr>
<tr>
<td>Social Relations</td>
<td>3.50</td>
<td>3.65</td>
<td>3.82</td>
<td>3.64</td>
<td>0.03</td>
<td>3&gt;1</td>
</tr>
<tr>
<td>Environment</td>
<td>3.24</td>
<td>3.42</td>
<td>3.69</td>
<td>15.15</td>
<td>0.00</td>
<td>3&gt;1, 3&gt;2, 2&gt;1</td>
</tr>
</tbody>
</table>

1: 500 TL and less, 2: 501-1000 TL, 3: 1001 TL and more

It was determined that the SVS (t=3.13, p<0.01), ‘Physical Health’ (t=2.17, p<0.05) and ‘Environment’ (t=2.76, p<0.05) scores of the students differed significantly according to the status of participation in sport activities in leisure time. On the other hand, SVS (t=2.44, p<0.05) and ‘Psychological Health’ (t=2.75, p<0.05) scores of the students differed significantly according to the status of participation in social activities in leisure time.
According to these findings, it can be said that students who participate in sport activities in their leisure time had higher subjective vitality and perception of life quality related to physical health and environment. On the other hand, subjective vitality and life quality perceptions related to psychological health of students participating in social activities in their leisure time were found high (Table 5).

Table 5. Results of t-test according to evaluation style of leisure time (evaluation with sport and social activities)

<table>
<thead>
<tr>
<th></th>
<th>Sport Activities</th>
<th>Social Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes (n=174)</td>
<td>No (n=143)</td>
</tr>
<tr>
<td>SVS</td>
<td>M = 4.87, SD = 1.25</td>
<td>M = 3.13, SD = 0.00</td>
</tr>
<tr>
<td>Physical Health</td>
<td>3.76 (0.56)</td>
<td>2.17 (0.03)</td>
</tr>
<tr>
<td>Psychological</td>
<td>3.61 (0.62)</td>
<td>1.99 (0.05)</td>
</tr>
<tr>
<td>Social Relations</td>
<td>3.61 (0.77)</td>
<td>0.12 (0.91)</td>
</tr>
<tr>
<td>Environment</td>
<td>3.46 (0.54)</td>
<td>0.62 (2.76)</td>
</tr>
</tbody>
</table>

Analyses showed that the SVS (t=2.15, p<0.05) and ‘Social Relations’ (t=2.39, p<0.05) scores of the students differed significantly according to the status of participation in outdoor activities in leisure time. On the other hand, there were no significant different between SVS (t=1.28, p>0.05), ‘Physical Health’ (t=0.26, p>0.05), ‘Psychological Health’ (t=1.62, p>0.05), ‘Social Relations’ (t=0.44, p>0.05) and ‘Environment’ (t=1.05, p>0.05) scores of the students and the status of participation in touristic activities in leisure time. Students who participate in outdoor activities in their leisure time had higher subjective vitality and perception of life quality related to social relations (Table 6).

Table 6. Results of t-test according to evaluation style of leisure time (evaluation with outdoor and touristic activities)

<table>
<thead>
<tr>
<th></th>
<th>Outdoor Activities</th>
<th>Touristic Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes (n=83)</td>
<td>No (n=234)</td>
</tr>
<tr>
<td>SVS</td>
<td>M = 4.93, SD = 1.30</td>
<td>M = 2.15, SD = 0.03</td>
</tr>
<tr>
<td>Physical Health</td>
<td>3.75 (0.57)</td>
<td>1.08 (0.28)</td>
</tr>
<tr>
<td>Psychological</td>
<td>3.64 (0.61)</td>
<td>1.65 (0.10)</td>
</tr>
<tr>
<td>Social Relations</td>
<td>3.79 (0.79)</td>
<td>2.39 (0.02)</td>
</tr>
<tr>
<td>Environment</td>
<td>3.42 (0.58)</td>
<td>0.70 (0.48)</td>
</tr>
</tbody>
</table>

Results of the analyses showed that both SVS (F(2,394)=15.20, p<0.01) and ‘Physical Health’ (F(2,314)=7.19, p<0.01), ‘Psychological Health’ (F(2,314)=3.86, p<0.05), ‘Social Relations’ (F(2,314)=7.24, p<0.01) and ‘Environment’ (F(2,314)=14.50, p<0.01) scores of students differed significantly according to the frequency of participation in recreational activities (PFRA). Students who often participate in recreational activities had higher subjective vitality and life quality perceptions related to physical health, psychological health, social relations and environment (Table 7).
Table 7. Results of ANOVA according to participation frequency for recreational activities (PFRA)

<table>
<thead>
<tr>
<th></th>
<th>Rarely (n=68)</th>
<th>Sometimes (n=169)</th>
<th>Often (n=80)</th>
<th>M</th>
<th>SD</th>
<th>M</th>
<th>SD</th>
<th>F</th>
<th>p</th>
<th>Significant Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>SVS</td>
<td>4.03</td>
<td>1.22</td>
<td>4.72</td>
<td>1.16</td>
<td>5.12</td>
<td>1.32</td>
<td>15.20</td>
<td>0.00</td>
<td>2&gt;1, 3&gt;1, 3&gt;2</td>
<td></td>
</tr>
<tr>
<td>Physical Health</td>
<td>3.57</td>
<td>0.56</td>
<td>3.65</td>
<td>0.53</td>
<td>3.89</td>
<td>0.58</td>
<td>7.19</td>
<td>0.00</td>
<td>3&gt;1, 3&gt;2</td>
<td></td>
</tr>
<tr>
<td>Psychological</td>
<td>3.42</td>
<td>0.66</td>
<td>3.51</td>
<td>0.63</td>
<td>3.71</td>
<td>0.72</td>
<td>3.86</td>
<td>0.02</td>
<td>3&gt;1</td>
<td></td>
</tr>
<tr>
<td>Social Relations</td>
<td>3.41</td>
<td>0.86</td>
<td>3.55</td>
<td>0.76</td>
<td>3.89</td>
<td>0.84</td>
<td>7.24</td>
<td>0.00</td>
<td>3&gt;1, 3&gt;2</td>
<td></td>
</tr>
<tr>
<td>Environment</td>
<td>3.13</td>
<td>0.60</td>
<td>3.37</td>
<td>0.56</td>
<td>3.63</td>
<td>0.54</td>
<td>14.50</td>
<td>0.00</td>
<td>2&gt;1, 3&gt;1, 3&gt;2</td>
<td></td>
</tr>
</tbody>
</table>

1: Rarely, 2: Sometimes, 3: Often

There were significant positive and middle correlations between SVS and ‘Physical Health’ (r=0.48, p<0.01), ‘Psychological Health’ (r=0.59, p<0.01), ‘Social Relations’ (r=0.40, p<0.01) and ‘Environment’ (r=0.47, p<0.01) subscale scores of the university students (Table 8).

Table 8. Correlations between SVS and WHOQOL-BREF-TR scores

<table>
<thead>
<tr>
<th></th>
<th>n</th>
<th>r</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Health</td>
<td>317</td>
<td>0.48*</td>
<td>0.00</td>
</tr>
<tr>
<td>Psychological</td>
<td>317</td>
<td>0.59*</td>
<td>0.00</td>
</tr>
<tr>
<td>Social Relations</td>
<td>317</td>
<td>0.40*</td>
<td>0.00</td>
</tr>
<tr>
<td>Environment</td>
<td>317</td>
<td>0.47*</td>
<td>0.00</td>
</tr>
</tbody>
</table>

*p<0.01

Discussions

The results of the study revealed that subjective vitality perception of the university students was at middle level. The results support the findings of some studies in the literature (Deniz and Satıcı, 2017; Salama-Younes, 2011). In contrast to with these results, while the subjective vitality of the participants was above the middle level in some studies (Akın and Akın, 2014; Sarıçam, 2015; Taylor and Lonsdale, 2010; Yazıcı, 2015), was high level in the others (Vlachopoulos, 2012). On the other hand, similar to the results of some studies (Koçak, 2019; Sargöz, 2019; Yılmazer, 2016), the participants’ perception of quality of life was found at middle level. On the contrast, in the study conducted by Brajsa-Zganec et al. (2011), the participants’ perception of life quality was found at high level. The reason for this difference may be related to the university environment in which students study. Considering the stress situation that university students are exposed to both academically and socially and spending most of the day on campus, it can be thought that designing university campuses in such a way that students can participate in more social activities will contribute to the elimination of these negativities.

In regards to the influence of gender on perceptions of subjective vitality levels, in this study found that there was a significant difference between females and males. According to this result, male university students had higher subjective vitality level than the females. In some studies in the literature (Ryan et al, 2010; Yazıcı, 2015), it was determined that subjective vitality perception did not differ according to gender. And also, according to the results of the study, participants’ perception of life quality did not differ according to gender. Similarly, in
some studies, conducted by Akyüz et al. (2017), Baştuğ et al. (2018), Koçak (2019), Yılmazer (2016), there were no significant difference between gender and life quality perceptions. On the other hand, while it was determined that female participants had higher quality of life perceptions in some studies in the literature (Eriş and Anıl, 2015; Karaca and Yerlisu Lapa, 2016), and male participants had higher quality of life perceptions in some studies (Bozdağ, 2019; Cieslak et al. 2007; Emamvirdi, 2013; Gillison et al. 2006; Guallar-Castillon et al. 2005; Hamad Amin, 2018; Pekmezovic et al. 2011; Tekkanat, 2008; Ulutaş, 2019). This finding can be related that females who have more emotional nature as a personality and living more intense in their relationship on social life.

According to another result obtained from the research, the participants who stated that they actively engaged in sports had higher subjective vitality levels. In the study conducted by Yazıcı (2015), it was determined that subjective vitality perception did not differ according to actively engaged in sports. On the other hand, in some studies in the literature (Ju, 2017; Kinnafick et al. 2014; Moustaka et al. 2012; Ommundsen et al. 2010; Statthi et al. 2002), it has been concluded that participation in physical activity increases the perception of subjective vitality. Ryan et al. (2010) found that even imagining physical activity had a positive effect on subjective vitality. And also, similar to subjective vitality perceptions, the results obtained from the study indicate that the participants who stated that they actively engaged in sports had a higher life quality perception. The results support the findings of some studies in the literature (Emamvirdi, 2013; Yaran, 2014). On the other hand, in some studies in the literature (Dupuis and Smale, 1995; Gill et al. 2013; Kılınç et al. 2016; Moraes et al. 2009; Shibata et al. 2007; Sodergren et al. 2008; Ware and Sherbourne, 1992) have concluded that participation in physical activity increases the perception of life quality. In the studies conducted by Hamad Amin (2018) and Park and Kim (2013), it was determined that life quality perception did not differ according to participation in physical activities. The reason for this difference may be related to the nature of sport. As a matter of fact, it is a known fact that participation in regular physical activity has many contributions to psychological and physical health.

As a result of the study, it was determined that the participants with high income status had higher perceptions of subjective vitality. The results support the findings of some studies in the literature (Yazıcı, 2015). On the other hand, it was found that the participants with high income status had higher life quality perceptions. The results support the findings of some studies in the literature (Emamvirdi, 2013; Pekmezovic et al. 2011). In contrast, some studies have concluded that there is no relationship between income status and life quality perception [Akyüz et al. 2017; Ulutaş, 2019]. People who has higher income may has different social status can be effective in showing up these findings.

According to another result obtained from the study, it was found that the participants who evaluated their leisure time by participating in sportive, social and outdoor activities had higher subjective vitality perceptions. In the study conducted by Molina-Garcia et al. (2011) was determined that the participants who evaluated their leisure time by participating in physical activity had higher subjective vitality perceptions. On the other hand, similar to the subjective vitality perception, participants who evaluated their leisure time by participating in sportive, social and outdoor activities had higher life quality perception. In the studies in the literature, it is stated that the participants who evaluate their leisure time by participating in physical activities (Han, 2015; Jurakic et al. 2010; Lee et al. 2014; Lo et al. 2015; Rose et al. 2007; Vuillemin et al. 2005), social activities (Cheung et al. 2009; Lloyd and Auld, 2002) and outdoor activities (Lee et al. 2014) have higher life quality perception.
As a result of the study, it was determined that the participants who frequently participated in leisure time activities had higher perceptions of subjective vitality and life quality. Similar to this finding, it was concluded that quality of life increased as the frequency of participation in leisure activities increased (Gönülataş, 2016; Huang and Carleton, 2003). Individuals who can perform more activities in their leisure time move away from negativities such as work intensity or psychological pressure and thus have more subjective vitality and life quality level.

Finally, the results of the study show that there is a positive relationship between subjective vitality and life quality perception. On the other hand, studies show that there is a positive relationship between subjective vitality and psychological well-being (Fini et al. 2010). Similarly, in different studies in the literature, subjective vitality was found to be positively related to self-realization, positive affectivity, self-esteem, extraversion, intrinsic motivation and life satisfaction (Çakar, 2012; Ryan and Frederick, 1997). In this context, it can be said that subjective vitality perception has a positive effect on life quality and increasing individuals' subjective vitality perception plays an important role in improving life quality.

**Conclusions**

According to the results of the study, students who actively participate in sport and leisure activities and evaluate leisure times with sportive, social and outdoor activities have high subjective fitness and life quality perceptions. In this context, it is thought that directing students to leisure time activities will contribute positively in psychological sense. Therefore, university campuses need to be organized to increase participation in leisure time activities. This research that examines the role of participation leisure time on subjective vitality and life quality perception of university students can conduct in different groups which live in different socio-economic cities.
REFERENCES


