

THE INFLUENCE OF LEISURE ON THE QUALITY
OF LIFE OF REFUGEES IN TURKEY

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Presented as part of the requirement for the degree of Master of Arts in Sustainable
Leisure Management within the Department of Recreation and Tourism Management at
Vancouver Island University

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Declarations

This thesis is a product of my own work and is not the result of anything done in collaboration.

I agree that this thesis may be available for reference and photocopying at the discretion of Vancouver Island University.



Monir Shahzeidi

Thesis Examination Committee Signature Page

The undersigned certify that they have read and recommend to the Department of Recreation and Tourism Management for acceptance, the thesis title “The Influence of Leisure on the Quality of Life of Refugees in Turkey” submitted by Monir Shahzeidi in partial fulfillment of the requirements for the degree of Master of Arts in Sustainable Leisure Management.



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Abstract

Several factors including war, human rights violations, persecution, economic hardship, and climate crises force people, refugees, to leave their homes with the hope of a better life. Of the 80 million refugees across the globe, 73% are hosted in neighbouring countries. Among these host countries, Turkey accommodates nearly four million registered refugees, which is the world's largest number of refugees in one country. Quality of life (QOL) is of great concern for refugees who experience significant hardship and life changes. Leisure may be a tool to support refugee QOL, however, a review of the literature shows that there is a gap in understanding of the perceived availability and influence of leisure participation on QOL of adult refugees residing in Turkey. In my post-positivist study, I collected data via an online questionnaire translated into three languages commonly spoken among refugees in Turkey. The questionnaire examined different dimensions of leisure (i.e., active, passive, and social) and their relationship to dimensions of QOL (i.e., physical, psychological, social, and environmental). Responses from a sample of 203 adult refugees were analysed using structural equation modeling. In addition, independent-sample t-tests were used to explore the difference between the QOL, leisure availability, and leisure participation of men and women. Results showed that both leisure availability ($\beta = .80, p < .001$) and participation ($\beta = .32, p < .001$) strongly, directly and positively influenced QOL. Leisure availability also indirectly and positively influenced QOL through participation ($\beta = .39, p < .001$). The calculated R-squared ($R^2 = .45$) showed that variation in leisure availability and participation explains a significant proportion of variation in QOL of refugees in Turkey. T-test results showed no significant difference between men and women's leisure availability and participation. Other than in psychological dimensions, there was no significant difference between men and women's perception of QOL ($t(189) = -2.24, p =$

.02). Women's average score for perceived psychological QOL was significantly lower than for men with a small effect size. It can be interpreted that improving refugees perceived and real access to leisure and facilitating their leisure participation may substantially improve their QOL when coupled with other interventions. Preliminary evidence suggests that providing refugees with access to digital technologies and online communication devices may help them improve their social and passive leisure, and subsequently, their QOL. Other opportunities such as the development of refugee cultural centres may help build community through participation in relevant cultural activities, namely celebrating culturally meaningful holidays or sharing skills and knowledge.

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CHAPTER 1: INTRODUCTION

A review of the United Nations High Commissioner for Refugees' (UNHCR) data reveals an unprecedented increase in the number of refugees worldwide. By the end of 2019, over 70 million people around the world were forcibly displaced (UNHCR, 2019a). This number has dramatically increased since the 1970s (estimated to be 2.5 million in 1975; Ghazinour, et al. 2004). The refugee crisis has become a world-wide concern as it influences society at all levels from individuals and communities to countries and regions. Specifically, issues such as host inability to accommodate refugees (Ullah, 2011), poor living conditions during migration and after settlement (Habib et al., 2016), traumas associated with reasons for departure (Pugliese, 2009), loss of identity and community (Dugan, 2007), language barriers (Isphording & Otten, 2014), acculturative stress (Arbona et al., 2010), and burden on the economy of the host community (Luecke & Schneiderheinze, 2017) are challenges facing the host communities and refugees.

A *refugee* is broadly defined as a person who has been forcibly displaced from their original place of residence to escape to safety (UNHCR, 2019b). A more precise definition characterizes refugees as people who cross the border to seek asylum and whose case has been accepted by the UNHCR (vs. *displaced people*, those who remained within the borders of their homeland during hardship; Hein, 1993). Both refugees and asylum seekers are uprooted from their homeland, seek refuge in a safe place, and are not able to return to their native countries (UNHCR, 2019b). The distinction between the two is their claim as a refugee. *Asylum seekers* are people who have requested sanctuary and yet their request is in the process. *Refugees* are people whose case is accepted by the country where they submitted their application and are settling.

Refugees are further defined as people fleeing conflict and/or persecution, harassment, discrimination, and threat for reasons such as their “race, religion, nationality, membership of particular social group or political opinion” (UNHCR, 1951, p. 14). This notion distinguishes refugees from immigrants; that is, refugees left their country of origin involuntarily and desire to return, whilst *immigrants* are those who deliberately chose to leave (Hurly, 2015). This distinction between refugees and immigrants is supported by Williams and Berry (1991): “If given a choice, most refugees would prefer to stay in their countries and not seek shelter in strange, foreign lands, where they can be isolated, ostracized, and impoverished” (p. 632). Refugees cross borders with this hope, that they would soon return to their native countries (Hurly, 2015). This assertion is supported by UNHCR (2019a) behavioral data that suggests 5.6 million refugees were returnees at the end of 2019.

According to the UNHCR (2019a), most refugees come from the Syrian Arab Republic, Venezuela, Afghanistan, South Sudan, and Myanmar; areas that significantly experienced violence, conflict, war, human rights violations, and abuses. According to the UNHCR (2019a), many refugees flee to neighbouring countries. As of December 2019, major refugee hosting countries were: Turkey with 3.6 million refugees, Colombia with 1.8 million refugees, Pakistan and Uganda with 1.4 million refugees each, and Germany, which has accepted 1.1 million refugees. Given the fact that Turkey is located at the crossroads of Europe and Asia, 73 percent of refugees worldwide are accommodated in this country. Turkey was selected as the place of study in this research as it is the largest recipient of refugees in the world as of 2020 and because it has been most affected by the civil conflict, and related migration, in Syria (Tumen, 2016).

Refugee Crisis in Turkey

In 2016, the largest number of refugees since World War II entered Europe through countries such as Turkey. Turkey accommodates nearly four million registered refugees and asylum-seekers (UNHCR, 2019a). Since the start of the Syria civil war in 2011, 3.6 million Syrian people crossed the borders of their country, shared with Turkey, to seek safety (UNHCR, 2019a). The Turkish government followed an “open door” policy and generously responded to them (Dinçer et al., 2013; Toğral Koca, 2016). For example, by 2013, two years after the Syrian conflict began, almost 300,000 refugees (non-camp refugees) were registered and accommodated in urban areas of Turkey, and 500,000 refugees lived in temporary camps, built to provide immediate services to refugees. These temporary camps were set up and managed by NGOs and the Emergency Management Agency (EMA) of the government of Turkey (Döner et al., 2013). The EMA revealed that Turkey spent US \$1.5 billion for health care, as well as basic needs such as shelter, food, and other facilities (Döner et al., 2013). However, the emotional burden, psychological and physical needs, and social requirements of displacement are incalculable and often result in unmet needs (Döner et al., 2013). Not all the needs of refugees are considered tangible or “basic” (e.g., shelter and food). Some of their needs may be intangible, namely a sense of community/belonging (relatedness), autonomy, and competence (Deci & Ryan, 1985; 2012). Therefore, some of these issues are not solvable with monetary supports, even though financial support is extremely important. Moreover, as the number of refugees fleeing to Turkey continues to increase dramatically due to ongoing conflicts in Syria, more financial and non-monetary support is required to assist this population in Turkey.

Quality of Life and Refugees

Several factors including war, human rights violations, persecution, economic hardship, and environmental issues force people to leave their homes with the hope of a better life (Berchin et al., 2017; Lori & Boyle, 2015). Refugees may have experienced fear and stress due to this persecution, violence, and conflicts in their homeland (Moore & Shellman, 2004). Moreover, the experience of trauma often significantly influences different aspects of their lives. As De Vries and Van Heck (1994) indicated, refugee “migration is rarely voluntary, but developed in a context of fear, frustration, and failure” (p. 58). Consequently, these experiences, traumatic events, fear, threats, and uncertainty drastically impact refugees’ overall health and quality of life (Hengst et al., 2018). Quality of life is an important concept that represents individuals’ overall health (Rubin & Peyrot, 1999). As a multidimensional and subjective term, QOL covers various life domains including physical, psychological, social, and environmental (Cella, 1994). These domains are influenced by experiences, beliefs, expectations, and perceptions (Kolotkin, Meter & Williams, 2001). Because QOL is an important matter globally, the World Health Organization (WHO) developed a tool to evaluate the quality of life of people in diverse cultural settings and conditions, the WHOQOL scale. This tool targets people’s perception of their daily activities and feelings in relation to their QOL. This scale was designed to be applicable in diverse cultural settings (Fernández-Ballesteros, 1998). In my study, I use this scale to explore the perceived QOL of refugees in Turkey.

Throughout their journey, from their country of origin to the countries that accommodate them, refugees can experience various types and degrees of trauma (Bemak & Chung, 2017). These experiences are generally clustered into two categories of pre- (loss of home) and post-migration (rebuilding their home in the host country) trauma (Simich et al., 2010), which

profoundly affect their QOL in the four domains (physical, psychological, social, and environmental) identified by the WHOQOL (Akinyemi et al., 2012; Sangalang et al., 2019). For example, refugees are often disconnected from their community and lose their personal and social relationships (social QOL; Hynie, 2018). Displacement severely influences their accessibility to care, the quality of health services provided, and their attachments to place (environmental QOL; Behnke et al., 2018). A refugee who was dependent on medical aids before displacement may suffer from additional pain without the needed remedies, and mobility may add to their physical discomfort in other ways (physical QOL; Laban et al., 2008). Moreover, refugees are forced to leave their comfort zones, daily activities, and routines, memories, and relationships, which can result in feelings of isolation, anxiety, and depression (mental QOL; Davidson et al., 2008). These mental issues may often arise from having witnessed tragic events before their arrival in the new host society or during the process of migration (Li, 2016).

Likewise, some researchers have shown that many refugees suffer from post-traumatic stress disorders (PTSD) for up to 14 years after their settlement (Steel et al., 2002). PTSD occurs in addition to the stress caused by challenges of starting a new life at the host country. Having arrived, they must start with the process of adaptation: learning a new language and culture, finding new social connections and community resources, securing a job (if allowed to work), and acculturating to new norms of the society (Li, 2016). While it is clear, based on the examples provided, that forced mobility or refugee status can negatively impact quality of life, given their current circumstances, it remains unclear what factors, beyond caring for their basic needs (e.g., food, shelter) can improve the quality of life of refugees (Correa-Velez et al., 2020). To improve the experiences of both refugees and their host communities we need to evaluate their quality of life (QOL) and study the ‘non-basic’ factors that may influence it. Several researchers have

suggested that there is a positive relationship between leisure and QOL (e.g., Iwasaki, 2007).

However, the relationship between leisure and QOL of adult refugees in Turkey requires further investigation (Mata-Codesal et al., 2015).

Leisure and QOL

Leisure plays a key role in human happiness (Wang & Wong, 2014), wellbeing (Sirgy et al., 2016), and QOL (Brajša-Žganec et al., 2011). Leisure, therefore, may contribute to refugees' QOL. However, there is a gap in understanding the influence of leisure on refugees' QOL because their basic needs such as food and shelter typically take precedence over their leisure needs and experiences (Brajša-Žganec et al., 2011). Refugees' leisure opportunities and experiences undergo significant changes as their life and lifestyle changes (Stodolska, 2000). These postmigration behavioural changes are significant among refugees because of their priorities (Sangalang et al., 2019). Satisfying refugees' basic needs, dealing with traumatic experiences, losses, and several other factors are prioritized, such that their leisure participation is often ignored, despite its potential to contribute to QOL. For example, leisure may help satisfy psychological and social QOL needs such as the need for self actualization and self-determination in refugees (Fast & Frederick, 2004). However, the real and perceived availability of preferred social, active, and passive leisure activities may significantly influence refugees' leisure participation patterns. Participation in leisure can be constrained by lack of opportunities or facilities, resulting in changes in individual behaviour (Kay & Jackson, 1991). Thus, my study investigates access to and the role of leisure in improving the QOL of refugees. Specifically, given the scarcity of literature on this topic, I explore how *perceived leisure availability* and *leisure participation* influence the QOL of refugees in Turkey.

Gender Differences, Migration, Leisure, and QOL

According to UNHCR (2019a) more than half of the 3.5 million refugees accommodated in Turkey are women. Around the world, many women experience discrimination and violence daily. Discrimination against women is more significant in certain cultural groups and increases in vulnerable situations such as forced displacement (UNHCR, 2019a). Forced geographic mobility can decrease QOL of women because of higher prevalence of post-traumatic stress disorder, depression, anxiety, and traumatization among women, compared to men (Schweitzer et al., 2018).

Refugee women experience several traumatic experiences before and during their migration, which are often gender specific (Jesuthasan et al., 2018). As they settle, factors such as lack of trust between refugees and the host community and lack of social support networks negatively influence their QOL (Correa-Velez et al, 2020). In this research, I explored the differences between men and women across the dimensions of QOL, as well as leisure participation and access to leisure (in the sample of this study only one person reported their gender as non-binary).

Goals and Approaches

To date, several researchers have explored the migration process and refugees' QOL. However, refugees' leisure in relation to their QOL has not been extensively studied, particularly as it concerns refugees residing in Turkey. I aim to contribute to this understanding of the QOL among refugees' and explore understudied factors such as leisure that may improve their QOL. First, in this study I investigate the perceived availability of and participation in active, passive, and social leisure activities. Second, I examine the influence of these two factors (leisure availability and leisure participation) on refugee QOL. Finally, I explore how leisure and QOL

of life is experienced differently by refugee men and women. Results of my research may help immigration policy makers, refugee serving organisations, and health and wellness practitioners to better address refugees' leisure needs to improve their QOL, in support of UNHCR's work and the UN's broader sustainable development goals (SDGs; UN, n.d.). Specifically, my study may address the needs of refugees reflecting on multiple SDGs:

SDG Goal 3: Ensure Healthy Lives and Promote Wellbeing for All Ages

By providing all people with equal, quality health services, proponents of this goal intend to protect people from epidemic diseases, reduce the number of preventable deaths, promote mental health and wellbeing, implement effective treatment, and educate people about health services.

This goal also supports the development and recruitment of health practitioners in the least developed countries to improve the quality of medical care on a global scale. Many refugees, however, do not have access to proper medical services during their time as asylum seekers.

They also might have pre-existing conditions that require special medical care, which might not be available in many cases. Having no official status in the transition country, poverty, and several other reasons limit their access to medical services. However, as noted above, leisure has the potential to address a variety of health concerns and improve quality of life and may be an alternative mechanism for addressing deficiencies in health services for refugees. This global problem is addressed in four of the research questions of my study (Questions 1 thru 4).

SDG Goal 5: Achieve Gender Equality and Empower All Women and Girls

This goal aims to end discrimination and violence against women and girls. Protecting women and girls from abuses and promoting their rights is one of the main purposes of the sustainable development agenda. Due to cultural and other factors, many women, particularly women with refugee status, are subject to inequality across multiple domains. In this study, for example,

women may experience reduced access to leisure and lower QOL when compared to men. Suggestions to improve the leisure experience and QOL of refugee women may be a product of this thesis. This global problem is addressed in two of the research questions of this study (Questions 5 thru 6).

All these goals, when met via leisure or other interventions, may improve the QOL of refugees, which is the major concern of this research. Sustainable leisure management plays a crucial role in improving QOL of refugees by helping communities achieve these goals.

To address these goals, I embrace a post-positivistic paradigmatic stance, which “move[s] positivism from a narrow perspective into a more encompassing way to examine real-world problems” (Henderson, 2011, p. 342). My quantitative approach provides me the opportunity to investigate patterns across cases, examine the significance of the problem in a numeric way, and to collect data from a larger sample of refugees.

I used a self-reported online questionnaire to investigate refugees’ QOL, leisure availability, and leisure participation. The QOL section of the survey instrument was developed based on QOL scales previously created and validated by the World Health Organization (Crea, Calvo, & Loughry, 2015; Ghazinour et al., 2004). Considering culture and value systems, the WHOQOL scale measures individuals’ perception of their position in life regarding their goals, expectations, standards, and concerns (Kruithof et al., 2018; WHOQOL Group, 1995). The leisure availability and participation scales were developed based on Statistics Canada’s leisure inventory scale (Fast & Frederick, 2004). The population in this study comprised of adult refugees living in Turkey at the time of the research. A sample of refugees in Turkey was invited to complete an online questionnaire. Cohen’s (1992) and Ellis’s (2010) sample size recommendations were considered in the selection of the participants. Given that refugees may

be classified as being in vulnerable circumstances, I closely followed Tri-Council Policy Statement (TCPS 2) directions under the supervision of Vancouver Island University's (VIU) Research Ethics Board (REB). Before I administrated the survey, VIU's REB approval was obtained. I collected the data in the summer and fall of 2020.

Objectives and Research Questions

The main purpose of this study was to investigate the influence of leisure on QOL of adult refugees in Turkey. As the overarching hypothesis, I posit that having access to and participating in leisure improves refugee QOL. Therefore, leisure opportunity and availability are the main predicting variables that influence the QOL of refugees in this research. The research questions are:

- (1) What is the perceived QOL of refugees in Turkey?
- (2) Does the perceived availability of leisure influence QOL for refugees in Turkey?
- (3) Does leisure participation influence QOL for refugees in Turkey?
- (4) Does the perceived availability of leisure influence leisure participation for refugees in Turkey?
- (5) Is there any significant difference in QOL between men and women refugees in Turkey?
- (6) Is there any difference in perceived availability of leisure opportunities for men and women refugees in Turkey?

Definitions

In this introductory chapter, brief definitions of the key concepts are provided. In the following chapters, these concepts are discussed in detail.

Refugee. According to UNHCR (2019b), a refugee is a person who has fled war, violence, conflict, or persecution and is unable to return to the country of origin. Crossing an international

border to enter another country, refugees are registered as refuge seekers whose claim has been accepted by the host country. Therefore, they are protected by international law.

Asylum Seeker. According to the UNHCR (2019c), an asylum seeker is a person who is seeking international protection whose claim has not been accepted by the host country. Consequently, “not every asylum seeker will ultimately be recognized as a refugee, but every refugee is initially an asylum seeker” (WHO, 2020, “What is WHO doing” section).

Refugee Camps. Temporary facilities to provide refugees with immediate protection and assistance. As these camps are not permanent solutions for crisis, only urgent services such as immediate medical treatment, food, shelter, and basic needs are provided. Not all refugees live in camps (UNHCR, 2020). In Turkey, most refugees are residing in rural and urban areas across the country. Participants of this study were among non-camp refugees who have settled in different regions in Turkey.

Migrant. According to the UNHCR (2019b), a migrant is a person who moved to another country by choice. Migrants may move to another country, may stay in the country of origin, or may move back and forth between countries. Regardless of the factors that prompted the migration, the term migrant refers to any person who moves to other places internally or internationally. UNHCR is not recommending this term to be used for asylum seekers and refugees who are likely in need of international protection.

Quality of Life (QOL). According to the WHO, “QOL is defined as individuals' perceptions 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” (World Health Organization, 1997, p. 1).

Leisure. Traditionally, leisure is viewed as free time (Brightbill, 1960), activities apart from obligations (Dumazedier, 1974), or a state of mind in which individuals perceive a high level of autonomy and are intrinsically motivated to participate in the activity (Russell, 1932). More recently, Stebbins (2017) defined leisure as “un-coerced, contextually-framed activity pursued in free time and certain kinds of work, which people *want to do* and, using their abilities and resources, actually enact *in either a satisfying or a fulfilling way* or both” (emphasis added, p. 11).

The Impacts of COVID-19

This research was conducted in 2020, when the world was impacted by the novel Coronavirus (COVID-19). The COVID-19 pandemic severely influenced people’s lives and activities. Different social and physical restrictions transformed people’s lives (e.g., increased isolation, anxiety, etc.), lifestyle (e.g., altered leisure opportunities), and communication patterns (e.g., shifting from face-to-face to virtual). My research was unavoidably limited in different ways because of the pandemic and subsequent public health guidelines. I explain this in detail in the following chapters.

CHAPTER 2: LITERATURE REVIEW

Quality of Life

Quality of life (QOL) is a broad and complex concept that has often been referred to as wellbeing and happiness (Cella, 1994; Theofilou, 2013). It includes multiple aspects of individuals' lives and how they evaluate their wellbeing throughout life (Theofilou, 2013). Theofilou (2013) suggested that emotional reactions to events, personal relationships, and a sense of satisfaction are some of the factors that define the QOL of individuals. As such, QOL is a combination of both objective factors and individuals' subjective perceptions (Brajša-Žganec et al., 2011). Thus, defining QOL has been challenging and definitions tend to be somewhat broad and inclusive in nature. The World Health Organization (WHO), for instance, defined QOL 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" (World Health Organization, 1997, p. 1).

Improving QOL of residents is a major goal for healthy communities and nations. Refugees spend considerable time as members of the host countries in which they take refuge and in the destination communities in which they are ultimately resettled. Even though most host countries recognize and attempt to address refugees' basic physiological and health needs, relevant strategies to address these needs remain unclear because of poor communication between refugees and service providers (Pavli & Maltezou, 2017). Communities where refugees settle often welcome them to their new life and place of residence with the goal of improving their QOL and eliminating their health disparities (Akinyemi et al., 2012). Refugee hosting countries such as Turkey aim to improve the QOL of people by facilitating a smooth transition and settlement in the new destination. However, according to Aziz and colleagues (2014),

hosting a large population of refugees with special needs may cause major challenges for the host community. For instance, refugees who have experienced extreme living conditions with severe psychological impact may require complex healthcare. When refugees are welcomed in the host community, they often do not have any information about the health care system in the new country. Also, people with specific challenges may not be aware of their needs until they seek professional help (Akinyemi et al., 2012). Therefore, it is necessary to investigate their life challenges to support them through their journey. One way to do so, is to investigate their QOL and the factors that significantly influence QOL. Studying refugees' leisure behaviour and its influence of their QOL is important because if real or perceived leisure availability and participation significantly influence refugees' QOL then leisure can be utilized as an additional, often affordable tool to improve refugees' QOL.

Refugees and Quality of Life

The resettlement of refugees in a new country and community poses several challenges to both the host community and refugees due to cultural differences, language barriers, and several other stressors associated with resettlement (Akinyemi et al., 2012; Bemak & Chung, 2017; Kirmayer et al., 2011; Pressé & Thomson, 2008; Watkins et al., 2012). Stressors are classified as pre-migration and post-migration (Li, 2016). Examples of such stressors are displacement, traumatic experiences prior to- and during the trip, disruption from social networks and material belongings, acculturative stress, and unemployment (James et al., 2019). Refugees live in unstable situations until they settle in a safe place, where their challenges begin as a new immigrant. These migration related factors influence people's overall health and their QOL (Kirmayer et al., 2011; Teodorescu, 2012). Some of these stressors continue for years and are even transmitted intergenerationally (Dalgaard et al., 2016). Not all refugee experiences are the

same however, and some experience worse traumas than others. For instance, Dalgaard et al. (2016) compared two groups of refugee families from Lebanon and Iraq. One group of 15 families was tortured and traumatized while the second group did not experience physical torture. Dalgaard et al. (2016) concluded that tortured families compared to families that were not subject to torture were more anxious and were more likely to manifest behavioural disorders, post-traumatic symptoms, and depression. Although some of the refugee families were not directly tortured, they still suffered from displacement trauma.

Many refugees come from the Middle East, cross through neighbouring countries to seek refuge and end their journey in a developed country they can call home (UNHCR, 2019a). According to UNHCR (2019a), Turkey, located at the crossroad of Europe and Asia, is one of the major refugee-accepting countries in the world, where millions of asylum seekers and refugees are temporarily settled until they arrive at their final destination. This temporary situation can be an extremely stressful period for refugees waiting for their application to be accepted by the destination country. Many of these applications go through a frustrating and long review process (often up to 5 years). Refugees' unstable residential status in this forced displacement can cause serious *social issues* such as loss of identity (Ghahari et al., 2020; van der Boor et al., 2020). Specifically, refugee children are at a higher risk of losing their cultural identity as they often disconnect from their cultural background during this long waiting time and as they must move to the third country (Ndengeyingoma et al., 2014). This is a significant change that often occurs because of involuntary migration from one country to another (Ghahari et al., 2020). Refugees lose connection with their ethnocultural groups/community at two points, once in the transit countries such as Turkey and again in the final destination.

Financial issues are another concern for refugees, as they are not allowed to work during their temporary stay (Ceritoglu et al., 2017). This financial burden often remains after resettlement in the final destination as, in most cases, immigrants' educational background is not recognized in most receiving countries unless they recertify in a recognized institution, which takes several years (Berman et al., 2009). This limitation prevents refugees from finding a proper job in the host country. *Learning a new language* doubles the challenge, as language barriers limit their social interactions and communication (de Moissac & Bowen, 2017). New immigrants including refugees are often subject to discrimination and exclusion from the community because of these barriers. For example, many highly qualified adults, who often hold degrees from their country of origin and possess years of experience in their field, have difficulties finding a job relevant to their expertise in competition with non-immigrants (Ghahari et al., 2020).

Resettlement in their new environment often challenges refugee *families*. Bearing in mind that many refugees have experienced harsh living conditions or violence due to their living in war zones or other dangerous environments, forced displacement disrupts their social support and network. A considerable proportion of refugees are families with children (Drury & Williams, 2012). Children's sensitivity varies depending on their age, their degree of independence, and the quality of family support they receive (Williams et al., 2016). As Ertorer (2014) indicated, resettlement confuses refugees and diminishes their sense of sameness specifically in childhood and early adulthood. Kirmayer et al. (2011) discovered that children who have been taken away from school, their social network, and/or their extended family, often show symptoms of severe psychological challenges such as depression and anxiety. For these reasons, Kirmayer et al. concluded that children and youth immigrants are at higher risk for posttraumatic stress disorders, depression, and other behavioural problems related to the hardship

they may face during their transition from their country of origin to the safe place. All these factors combine to negatively influence the QOL of refugees of all ages. Therefore, both refugees and the host communities need organized support and education to cope with their unexpected changes and displacements. It is important for host communities to develop a safe and healthy environment for both newcomers and residents.

Many researchers have acknowledged severe trauma and various stressors that significantly influence the QOL of refugees (Hart, 2009; Papadopoulos, 2018). What has remained unclear is how the host communities and refugee accepting countries can accommodate refugees in a way that they can live with an acceptable QOL (Akinyemi et al., 2012). To better assess and improve the QOL of individuals, scholars call for research that measures refugees' life satisfaction and happiness as it relates to elements including, but not limited to their subjective perception of their QOL, social status, family and personal relationships, health, leisure, education, and income (Akinyemi et al., 2012; Cauley, 2020; Selim, 2008).

QOL is an internally perceived condition with a significant relationship with leisure (Kim et al., 2018; Lepp, 2018). Researchers have discovered that leisure assists people in the development of healthy relationships in communities and can help shape positive self-identity (Deschênes, 2016). However, there still exists a gap in the understanding of the role of leisure in improving life quality of refugees. As the academic definition of leisure is known as a Western concept with various meanings (Purrington & Hickerson, 2013), it warrants definition.

What Is Leisure and Why It Is Important?

Leisure is a complex concept. For decades, researchers have been trying to conceptualize and define this aspect of human life. Although the validity and existence of this concept has been observed cross-culturally, its definition across cultures is also complicated (Purrington &

Hickerson, 2013). The definition of leisure can vary according to type of activity, social contexts, physical environment, and cultural identity (Kelly, 2019). Some scholars define leisure as pleasurable behaviors people perform in their spare time (Sarriera et al., 2014). Others delimit leisure to activities people partake in with no obligations (Kelly, 2012). However, many researchers believe that leisure is not limited to these two situations. In general, most of the proposed definitions of leisure are based on concepts such as non-work activities; activities apart from obligations (i.e., work, family, and society; Veal, 2019); leisure as a state of mind (Smale, 2010); or leisure as unoccupied time (Kelly, 2019; Veal, 1992). Regardless of the definition and type of activity, what makes this concept important is its contribution to people's physical and emotional wellbeing (Kim et al., 2018). Leisure improves life satisfaction and sense of life fulfilment (Chick, 2015). As Stebbins (2017) stated, leisure refers to "un-coerced, contextually-framed activity pursued in free time and certain kinds of work, which people *want to do* and, using their abilities and resources, actually enact *in either a satisfying or a fulfilling way* or both" (emphasis added, p. 11). Leisure, as an essential human right (Veal, 2015), plays a key role in the improvement of wellbeing of people, flourishing, development of new skills, adaption to the new community, and integration in the new environment (Kim et al., 2018). For instance, Somalian refugee women expressed that gardening helped them develop a sense of belonging, as this leisure opportunity reconnected them with the feelings they had in their farms and gardens in their community of origin (Coughlin & Hermes, 2016). Additionally, gardening constructed a strong bond between these women and their gardens resulting in place attachment, place identity, and sense of place (Lewicka, 2008). As Raymond et al. (2010) ascertained there is a strong connection between people and their local networks as well as their place that results in place identity. These place attachments and identity are constructed through actions they perform in

that place. For example, leisure activities such as experiences with nature and people's farming history helps them develop a sense of place (Mazumdar et al., 2000).

My research draws heavily on the work of Smale (2010) who characterized leisure in three principal ways: (1) leisure as activity, (2) leisure as free time, and (3) leisure as a state of mind. Smale notes that "participation in activity generally regarded as recreational in nature is the *most common* way in which we see leisure" (emphasis added, p. 16) and he indicates that in activities such as "fine and performing arts, sports, games, exercise, outdoor recreation, holiday travel, hobbies, and media consumption...In other words, all of those activities assumed to comprise arts and culture, and recreation" can be considered as leisure in most contexts (p. 16). This approach to the study of leisure enables researchers to more readily conceptualize and operationalize leisure's contribution to wellbeing, including its social or solitary, active or passive, formal or informal, and/or competitive or co-operative nature. My research was further guided by the conceptualization of leisure 'as a state of mind'. In this definition, leisure is regarded as activities that are highly autonomous (high level of perceived freedom), where the individual can freely choose to participate, and are intrinsically motivated. Other factors such as perceived competence and positive affect also play a role in classifying an activity as leisure. Therefore, activities that are pursued intrinsically and free from life obligations can be deemed leisure (Hurd & Anderson, 2010). In my study, leisure activities used in the survey were guided by Statistics Canada's leisure inventory (Fast & Frederick, 2004) and aligned well with the definitions provided by Smale (2010) above. These activities consist of three different dimensions including active, passive, and social leisure.

To investigate the influence of leisure on QOL of refugees, it is important to understand the importance of leisure participation and leisure availability in refugees' cultural contexts as

well. Thus, the meaning of leisure in the Turkish context, where refugees temporarily reside, and the Middle Eastern culture, where most refugees residing in Turkey originate, is important in my research.

Leisure in Non-Western Cultures

Leisure carries different meanings in different cultures. For instance, one of the general perspectives is that leisure is a luxury activity, available to those who are often wealthy, with special power and prestige (Hurly, 2019). Moreover, Gui et al. (2019) revealed that not only does leisure carry different meanings across cultures, but it also carries several meanings within a culture. For example, leisure is defined and experienced differently in distinct regions of China. Individuals choose different activities based on their attitude, interests, background, and status. In other words, it is the individuals' perceptions which determine whether something is leisure or non-leisure. In some cultures, leisure may include daily activities such as preparing food for family, spending time with family and friends, dancing, recreational use of drugs, and several other activities that occupy individuals' free time (Hui et al., 2009; Purrington & Hickerson, 2013).

As noted in chapter one of this thesis, refugees in this study are non-camp refugees or urban refugees who temporarily or permanently settled in Turkey. In 2016, Turkey as a top host country entered into an agreement with the European Union to develop a project specifically focused on urban refugees; it is called the Supporting Urban Refugees Project (Hémono et al., 2018). This project was introduced and managed by the International Federation of Red Cross (IFRC) and Red Crescent Societies with the aim of assisting refugees to move from camps to urban areas with the financial support provided by IFRC (IFRC, n.d.; Singh, 2018). Food packages, hygiene sets for adults and kids, kitchen needs, and blankets were distributed, and

20,000 families were settled in the southern parts of Turkey and in Istanbul. Community centres and NGOs were established to support IFRC as the population of refugees was growing, resulting in an increased demand for various services. These communities assisted IFRC in organizing programmes through conducting training workshops to enhance these centres' capacities for providing psychological and health services for refugees, livelihood supports, child and youth programmes, and social and cultural activities for people with special needs (Singh, 2018). All these changes were necessary as Turkey was experiencing a massive influx of people that brought various cultures together into a growing economy (Rygiel et al., 2016). Turkey struggled to manage the situation and satisfying refugees' basic needs became the ultimate goal. Therefore, leisure was not viewed as an urgent concern, nor considered a basic need (Abbas et al., 2018).

As most refugees in my study are from Middle Eastern cultures, Islam plays a key role in their life. While Turkey is a secular country, most Turkish people (99.8%) and a considerable proportion of the refugee population are Muslim (Gürbüz & Henderson, 2014). Traditionally, Muslim countries have a strong family-oriented lifestyle and leisure behaviour that restricts some leisure activities (Stodolska & Livengood, 2006). In fact, according to Gürbüz and Henderson (2014), religion and traditional culture in the Middle East are the two significant components that shape leisure behaviour. For example, Muslims are banned from consuming alcoholic drinks whilst this is one of the leisure activities in Western culture. In addition, there are other religiously oriented factors such as gender differences, marital status and common-law relationships that limit leisure/physical activities for families and individuals within families. For instance, coffee houses in the Middle East are traditionally a masculine environment where men spend time with friends playing games or watching television. As another example, a significant

difference between a married and a single woman in the Middle Eastern cultures is that married women are expected to spend most of their time doing household duties (Koca et al., 2009).

Consequently, these culturally oriented structural, interpersonal, and intrapersonal constraints (Crawford et al., 1991) play important roles in the Turkish perspective of leisure (Daşkapan et al., 2006). Daşkapan et al. (2006) have confirmed that there are cultural and structural factors that lead the Turks toward passive, social leisure activities. Gürbüz and Henderson (2014) disclosed that passing time, independent of the type of activity, is leisure in Turkish culture. Most Turkish people traditionally participate in passive activities such as watching TV (Gürbüz et al., 2010) and socializing activities including card games, board games (e, g., backgammon) and gathering in places such as coffee houses (Daşkapan et al. 2006). It is expected that refugees, regardless of their background, will merge into the culture and follow Turkish lifestyle through acculturation processes (Safak-Ayvazoglu & Kunuroglu, 2019). On the other hand, refugees who have suffered from severe trauma and are often facing financial crisis, may not be ready to participate in leisure activities. They may need to regain their self-confidence and financial independence to be able to actively participate in leisure practices popular in the host community and to build relationships with new people from different cultures. Moreover, refugees are temporary residents in a new country and suffer from limited social and economic capacities. Therefore, most leisure activities are neither affordable nor accessible for marginalized people (Gürbüz and Henderson, 2014; Linn, 2020).

Pathway from Leisure to QOL for Refugees

Few studies have explored the role of leisure and physical activity in refugees' QOL (Spaaij et al., 2019). In fact, many of the studies in this area examined the role of leisure/physical activity on the QOL of a larger population named "newcomers". This term is used as an umbrella

that include all immigrants, international students, international visitors (those who stay longer), business travellers and workers, refugees who are new to the community and those new to a community within their country of origin. Most these groups can build their relationships and improve their QOL. Refugees, however, are in the most vulnerable circumstances because of their experiences of traumatic events such as forced displacement, loss of loved ones, and other stressors which prevent or reduce their involvement in daily routines including leisure. In other words, refugees are quite distinct from other immigrants. Reviewing 83 articles published between 1996 and 2019, Spaaij et al. (2019) studied the role of leisure and physical activities among people who have been forced to migrate. Other recent studies have emphasized the relationship between leisure and QOL for refugees (e.g., Demirbas, 2020). Demirbas (2020) revealed that leisure activities help people improve their knowledge through social relationships; they experience positive emotions and fulfillment and acquire skills that improve their QOL.

One of the major contributions of leisure to the QOL of refugees is that it provides social support (Leung & Lee, 2005), for which scholars have suggested several definitions. For instance, some researchers defined social support as relationships that deliver positive feelings such as a sense of belonging, being cared for, being loved, and being valued (Leung & Lee, 2005). Importantly, Gottlieb and Bergen (2010) identified leisure as a means of providing social support in different contexts. Iso-Ahola and Park (1996) emphasized the influence of leisure on social support and defined the latter as the general feeling of being cared for. They investigated the influence of leisure generated social support on companionship. They found that people develop friendship and companionship through participation in leisure. Studies have shown that leisure enables people to develop larger networks and closer friendships that enhance their social interaction (Wijndaele et al., 2007). Wijndaele et al. (2007) indicated that social interaction

provides people with a higher level of self-efficacy that lowers stress. Socializing as leisure and the social aspects of many leisure activities make this concept an ideal tool to provide social support. These studies indicate a strong association between social support, leisure, and QOL.

Stress management is another positive outcome of leisure (Iwasaki & Schneider, 2003). Refugees, living alone or with their family, are surrounded by stressors. Leisure can offer a context that protects these populations from feeling abandoned in the new society and distract them from emotional and mental distress (Hutchinson & Kleiber, 2005). According to the serious leisure framework (Stebbins, 2001), serious leisure activities such as training as a professional athlete can be more advantageous because of the high intensity of the activity, and the deeper absorption (flow) of the activity (Csikszentmihalyi & Csikszentmihalyi, 1990). However, Hutchinson and Kleiber (2005) found that “more casual forms of leisure can also make important contributions to aspects of health and well-being, particularly in response to stressful life circumstances” (p. 3). Therefore, refugees, with their limited resources, can benefit from participation in both serious and casual leisure; the latter, however, might be more available to them.

Community engagement and community development through leisure activity is another pathway that is particularly relevant in linking refugees' QOL to leisure. For example, Cummings et al. (2008) noted the significant influence of being a member of a community in small societies on QOL. They suggested that community leisure and group leisure opportunities are significant predictors of overall QOL and life satisfaction. Refugees are often disconnected from their community as they try to build a new life. Although limitations such as cultural differences and language constraints exist, refugees still try to build their social network and community to satisfy their sense of belonging as a basic psychological need (Deci & Ryan,

1985). Connecting to the community assists refugees in improving their skills, finding more information about their new place of residence, and committing to activities that frame their social engagement. Moreover, researchers found that social media and mobile applications are a communication tool used among refugees to connect with friends and family (Xu et al, 2017). These applications and communication tools significantly increased refugees' sense of community. Social media also enabled refugees to virtually build their community where face-to-face communication is not available (or they benefit from a combination of both). In conclusion, leisure as a means of communication and community building can play a significant role in improving the QOL of refugees.

According to Stack and Iwasaki (2009), refugees have limited access to leisure resources compared to other immigrants. A review of refugee literature reveals that neither studies in the leisure domain nor refugee QOL research have highlighted the influence of leisure availability and leisure participation in the QOL of this population (Mata-Codesal et al., 2015). The role of leisure in refugees' lives is often neglected, perhaps as most refugees are challenged in satisfying their basic needs. Consequently, there is a gap in understanding how leisure contributes to refugee's adaptation process and improves their QOL.

Gender, Migration, Leisure, and QOL

By the end of 2019 nearly 80 million people were forcibly displaced, of which, at least half were women (UNHCR, 2019a). Refugees typically experience traumatic events before their displacement and during resettlement period (Correa-Velez et al., 2020). Women refugees, particularly, are at a higher risk of gender-based violence, assault, and trauma during these periods. This puts them in a more vulnerable situation than men (Correa-Velez et al., 2020). Therefore, exploration of gender differences related to leisure and QOL is warranted.

In this study I hypothesized that leisure significantly influences QOL. Leisure holds distinct meanings and is experienced differently for women based on context, culture, and societal expectations (Thrane, 2000). Kelly (1996) supported this notion that leisure “cannot be defined clearly and comprehensively by any single concept or dimension. It involves freedom, but in the sense of action rather than lack of constraint. It includes decision, but always in a social as well as time and space context” (p. 414). Russell and Stage (1996) found, for instance, that for the Sudanese refugee women leisure means ‘meaningless free time’, which is considered as the enemy of their daily life and culture. Spending time without purpose for Sudanese women was thus perceived as waste of time. In fact, for these women a productive activity such as sewing cloths for themselves or others is more meaningful to them than leisure activity to pass time. Studies have shown that women spend less time participating in leisure (Shaw, 1985; Thrane, 2000). Thrane (2000) argued that factors such as household duties and societal expectations negatively impact women’s leisure participation. Demir (2005) studied these factors in Turkish cultural context. Their study showed that gender plays a significant role in leisure participation. They found that women’s role in society, their responsibilities, life satisfaction and expectation restrain their participation in leisure. Henderson (2011) identified that gender’s influence on leisure participation varies by religious and cultural background. Other studies on immigrant women’s leisure indicated that cultural and religious differences may influence the meaning of leisure (Hurly, 2019). Leisure as perceived and experienced by women, and its influence on QOL, is potentially different from men’s perception of this concept (Demirbas, 2020). A review of the literature of cross-cultural leisure differences suggested that the quality of women’s leisure is significantly lower when compared with men (Yerkes et al., 2020). Their study revealed that “in countries with conservative gender norms, low levels of childcare

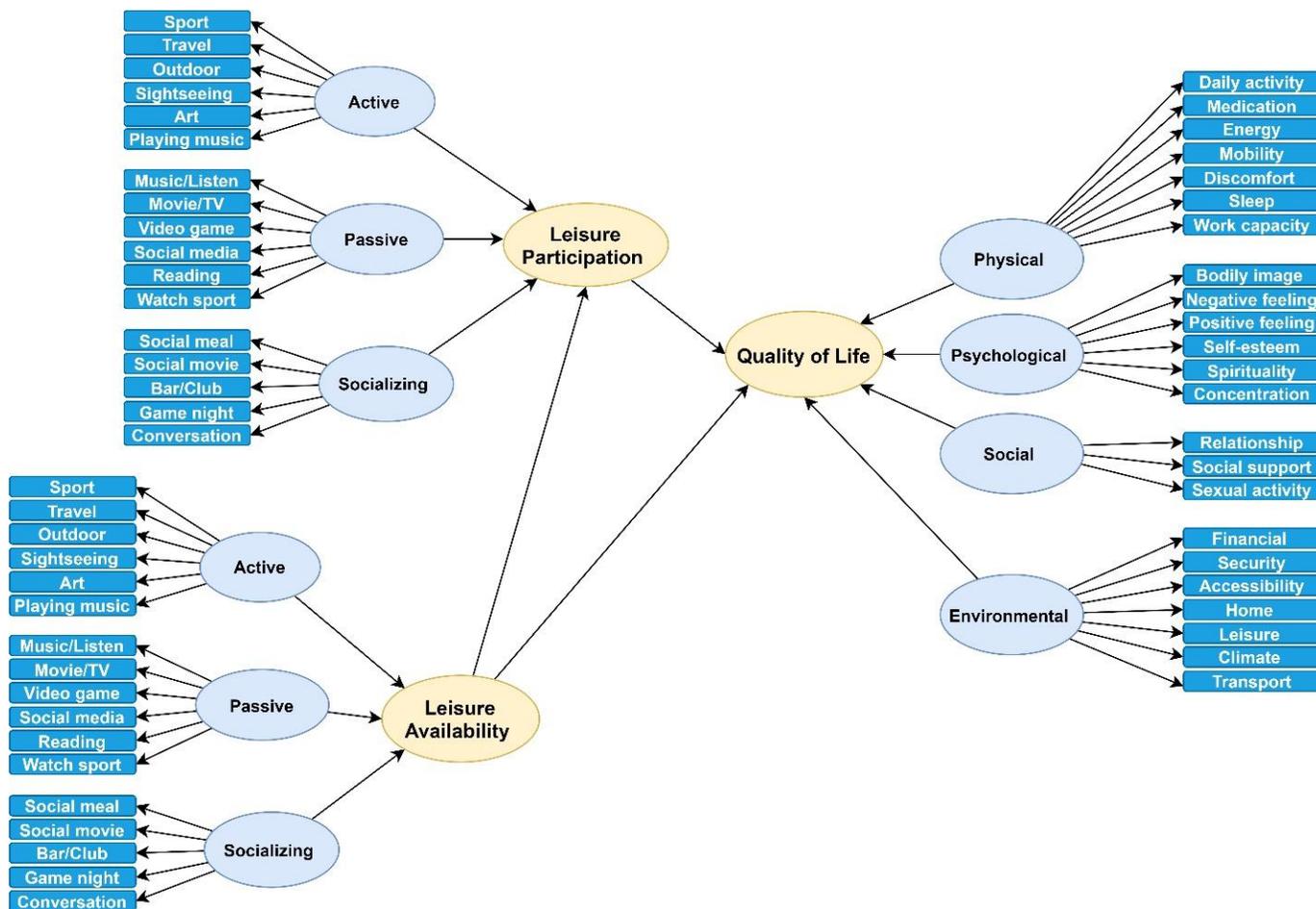
coverage, limited paternity leave and lower political power for women, women's leisure quality is lower than men. In more egalitarian countries, the gender gap in leisure quality is lower and, in some cases, reversed" (p. 367).

Conceptual Framework and Hypotheses

The limited literature on QOL and leisure suggests the association between leisure and QOL merits some attention. In most QOL studies at least one leisure domain is recognized as an essential element of life satisfaction. Participation in leisure activity, however, is not the only element that impacts the QOL of people. Leisure availability, real and perceived, is another factor that can directly impact the frequency of participation in leisure activities and therefore, influence QOL. The proposed framework of this study (Figure 2.1) posits that for the participants in this study: Leisure participation directly and positively influences QOL; Perceived leisure availability directly and positively influences both leisure participation and QOL; Perceived leisure availability indirectly and positively influences QOL through leisure participation. Moreover, these phenomenon and relationships may be highly gendered in nature, with women experiencing worse QOL and leisure; thus, it is also posited that women will report lower participation in leisure and QOL scores than their male counterparts.

Figure 2. 1

Structural Framework



CHAPTER 3: METHODOLOGY

This chapter addresses the methodological approach used to answer the research questions posed in this thesis. First, the researcher's worldview and approach to study refugees' QOL and leisure is explained. Second, the target population and sampling strategy are presented, including the selection of participants, recruitment process and sample size determination. Then, data collection, instrument development and design are elaborated. Finally, validity and reliability measurement are explained, and the conceptual framework of this study is presented.

Philosophical Approach

In research, the terms epistemology, worldview, and paradigm have been used interchangeably (Creswell & Creswell, 2018). This research uses the term worldview defined as “a basic set of beliefs that guide action” (Guba, 1990, p.17). Creswell and Creswell (2018) indicated that researchers develop their worldviews based on their research approach, background, and experiences. My background in finance and accounting, and my familiarity with data analysis has guided my approach to research. Therefore, I used a quantitative lens to study the topic of this research. This guided me to utilize empirical observation and measurement to study the leisure life and QOL of refugees.

Post-positivism, as a critical extension to positivism, uses the scientific method to study hypothetical associations between variables, examining real world problems and explaining social concerns (Henderson, 2011). In contrast to positivism which posits that an absolute truth exists, post-positivism challenges the existence of an absolute truth. Henderson (2011) suggested that in contrast to traditional positivism, post-positivism enables researchers to uncover meanings and interpretation of reality that people have for their surrounding world. Post-positivism assesses cause and effect based on probability (Manjikian, 2013) with a reductionistic approach

that reduces ideas into discrete sets to be examined through hypothesis testing (Creswell & Creswell, 2018). This approach assumes that any piece of research is guided by theory (Mackenzie & Knipe, 2006). With a similar approach, I test a set of hypotheses to obtain an understanding of the associations among the variables in the proposed model of this study. With a post-positivist approach, I intended to test a model developed, from the literature, to investigate the association among leisure availability, leisure participation, and QOL.

According to Stewart and Floyd (2004), there is a need for more research implementing a post-positivist approach to provide a better representation of the leisure experiences of people. This paradigm uses approaches such as survey research to measure people's perceived experiences, namely with leisure, and its influence on QOL. These approaches guided the conduct of my research.

Design

I used a survey design to obtain information regarding the target populations' subjective report of their QOL and leisure availability and participation. Survey design "provides a quantitative description of trends, attitude, and opinions of a population or tests for associations among variables of a population by studying a sample of that population" (Creswell & Creswell, 2018, p. 147). For this reason, a quantitative questionnaire was developed and distributed to a sample of refugees currently residing in Turkey. The questionnaire reflected QOL measurement items developed and validated by the World Health Organization. It also included leisure inventory measures borrowed from Statistics Canada's list of activities. These are elaborated below.

Target Population and Study Sample

The target population of my research were refugees who lived in Turkey at the time of this study. The sample was selected from refugees residing in two major refugee accepting cities in Turkey, Denizli and Afyonkarahisa. These refugees are settled as temporary residents in cities, towns and villages across Turkey, and thus have greater stability and access to resources than refugees in camps. They are registered as asylum seekers or have refugee status granted by UNHCR and the Government of Turkey. Almost all of the refugees residing in Turkey during the data collection of this study fell within this category. Only adults (19 and above) were invited to participate in this research. This study was conducted during the COVID-19 pandemic in 2020. Due to the pandemic's global restrictions, an online questionnaire was designed to limit physical interactions between the researcher and participants. Also, these restrictions caused limited access to participants in other cities/areas in Turkey. My personal contacts in Turkey (residing in the two above mentioned cities) were provided with the links to the online questionnaire. Different social media platforms such as Facebook and Telegram were also used to distribute the online survey among the target population. A research assistant in Turkey also delivered the link of the questionnaire to the participants through direct online channels. A convenience sampling method was used to collect data, meaning refugees in the two cities who were accessible through these online channels were invited to participate in this research. People who showed interest opened the link based on their preferred language and responded. Participants were invited multiple times through reminders sent via social media. No incentive was offered to increase response rate. The recruitment script and questionnaire were translated into the three languages commonly spoken by refugees living in Turkey, English, Farsi and Arabic.

Sample size is an important component in quantitative research. This component affects the power of analysis and fit measures (Blunch, 2012). As a rule of thumb, literature suggests that the sample size required for structural equation modeling needs to be “at least 10 times the number of free parameters in the model” (Blunch, 2012, p. 104). Accordingly, the proper sample size based on the number of latent ($n = 10$) and observed ($n_{QOL} = 26$; $n_{\text{leisure participation}} = 17$; $n_{\text{leisure availability}} = 17$) variables should be 600. However, as leisure participation and leisure availability items are repeating, the sample size of 430 satisfies this rule. This sample size determination approach, however, is not complete. A more precise way to calculate the sample size should also enable the researcher to detect the required effect size.

A sample of 200 participants is required to detect a small effect size of 0.1 with a power of analysis of 80% at 0.5 probability level for structural equation modeling analysis. These calculations are based on the formula presented below (Cohen, 1988; Soper, 2021; Westland, 2010) where j is the number of observed variables, k is the number of latent variables, ρ is the estimated Gini correlation for a bivariate normal random vector, δ is the anticipated effect size, α is the Sidak-corrected Type I error rate, β is the Type II error rate, and z is a standard normal score (Spore, 2020):

$$n = \max(n_1, n_2)$$

where:

$$n_1 = \left[50 \left(\frac{j}{k} \right)^2 - 450 \left(\frac{j}{k} \right) + 1100 \right]$$

$$n_2 = \left[\frac{1}{2H} \left(A \left(\frac{\pi}{6} - B + D \right) + H + \sqrt{\left(A \left(\frac{\pi}{6} - B + D \right) + H \right)^2 + 4AH \left(\frac{\pi}{6} + \sqrt{A} + 2B - C - 2D \right)} \right) \right]$$

$$A = 1 - \rho^2$$

$$B = \rho \arcsin \left(\frac{\rho}{2} \right)$$

$$C = \rho \arcsin(\rho)$$

$$D = \frac{A}{\sqrt{3 - A}}$$

$$H = \left(\frac{\delta}{z_{1-\alpha/2} - z_{1-\beta}} \right)^2$$

Data Collection Instrument

An online questionnaire was administered to collect data for this study. One reason for using an online survey was the COVID-19 pandemic limitations. The data collection of this study occurred during March to September 2020. Therefore, an online survey minimized in person contact with the respondents to avoid the spread of the virus. The online survey also enabled me to access the population of this study without a need to travel to Turkey (international travel was banned/limited during the time of this study). A potential limitation of the online survey was the exclusion of people without access to technology.

In this section each set of QOL and leisure items are explained. First, items to evaluate the QOL of refugees are presented. Then, leisure participation and leisure availability inventory scales are explained. Finally, items used to measure the influence of the COVID-19 pandemic are elaborated and demographics measures are explained.

QOL

The World Health Organization (WHO) defined people's QOL as "individuals' perceptions 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" (World Health Organization, 1997, p. 1). One of the most widely utilized QOL assessment scales was developed by the WHOQOL Group. The scale was developed to be applicable across cultural contexts. Fifteen international centres participated in the development and validation of the scale. The pilot version of the assessment included 236 items measuring different QOL domains. These items were tested in all fifteen centres with at least 300 people manifesting different levels of health in each centre. Eventually, 100 validated items were selected, and this scale was named the WHOQOL-100. This version of the assessment encompassed four domains including physical,

psychological, social, and environmental QOL as the key components of QOL. As the WHOQOL-100 was lengthy and time consuming for respondents, researchers developed a shorter form of quality of life assessment from the field trial data of the WHOQOL-100 encompassing all four domains of QOL. Later, field centres provided data to assist WHO researchers with the development of the shorter version. This shorter version was named WHOQOL-BREF and included 26 questions operating on a 5 pt. Likert scale (World Health Organization, 1997). The present study used this version of WHO's QOL measurement. Table A.2 (see appendix A) describes this scale, the minimum points, and the maximum points of Likert scale.

WHOQOL-BREF uses all four dimensions of quality of life:

- (1) Physical QOL: This dimension included questions to inquire about daily activities, dependence on medical aids, energy level and fatigue, mobility, pain and discomfort, sleep and rest, and work capacity. These factors were explored using questionnaire items such as 'To what extent do you feel that physical pain prevents you from doing what you need to do?' and 'How much do you need any medical treatment to function in your daily life?'
- (2) Psychological QOL: including factors such as bodily image and appearance, negative and positive feelings, self-esteem, spirituality/religion/personal beliefs, thinking, learning, memory and concentration. This dimension examined the respondents' perceived psychological QOL with items such as 'To what extent do you feel your life to be meaningful?' and 'How well are you able to concentrate?'
- (3) Social QOL: This dimension included items such as personal relationship, social support, sexual activity. These items evaluated social interactions with questions such as 'How satisfied

are you with your personal relationships?’ and ‘How satisfied are you with the support you get from your friends?’.

(4) Environmental QOL: Items such as financial resources, freedom, physical safety and security, health and social care, accessibility and quality, home environment, opportunities for acquiring new information and skills, participation in and opportunities for recreation/leisure activities, physical environment (pollution/noise/traffic/climate), and transport are environmental dimensions. These items questioned environmental QOL of respondents such as ‘Have you enough money to meet your needs?’ and ‘How healthy is your physical environment?’.

Overall health and *overall QOL* were measured using two independent items: ‘How satisfied are you with your health?’ and ‘How would you rate your quality of life?’.

Leisure Participation and Availability

Leisure items were classified into social, active, and passive leisure activities according to the Statistic Canada leisure inventory scale (Fast & Frederick, 2004). *Active Leisure*: this category included five different subsidiary leisure activities such as sport, traveling, outdoor, sightseeing, performing art, and playing music. This section was designed to examine how often refugees participate in active leisure. For example, they were asked to reveal how often they participate in activities such as swimming (sport), travel outside of their residential area (travel), camping (outdoor), visit cultural/natural sites (sightseeing), painting/performing (art), and playing musical instruments (music). The 5-pt Likert scale (never, rarely, sometimes, usually, and always) was provided to evaluate these questions.

Similarly, passive leisure and social leisure were evaluated with the same approach. *Passive Leisure*: this category was an umbrella for activities such as listening to music, watching movies/TV shows/sports, playing video games, social media, reading. Participants were asked to

disclose their participation in these activities. For example, how often they had opportunities to listen to music, watch TV, play video games, use social media, read a book/magazine in their leisure time. *Social Leisure*: eating out with friends and families, watching movies/TV shows/sports with friends and family, spending time with friends and family at a bar/club, playing games, and having phone conversations with family and friends were examples of social leisure.

As participation in these activities depended on availability of such activities, in the leisure availability section of the survey refugees were asked to reveal whether they have access to these three categories with the exact subsidiary leisure activities. For instance, we asked whether it is possible for them to participate in sport activities (e.g., swimming; active leisure), whether they have access to their favorite music or TV show (passive leisure), and finally whether they have the opportunity to spend time with friends and family in different ways (e.g., eating out; social leisure). Accordingly, these active, passive, and social activities as a whole were presented as leisure participation and leisure availability with the purpose of evaluating leisure.

COVID-19

The data collection occurred during the pandemic and participation in leisure was drastically impacted by public health restrictions. Consequently, responses may have been affected. Regarding these impacts on refugees' responses, a section was added to the survey addressing the influence of restrictions on their QOL and their leisure time. Table A.3 (appendix A) demonstrates these items.

Demographics

Finally, demographic items including age, education level, gender, and country of origin were asked. These questions helped to understand whether these factors influence the QOL, leisure activity, and leisure availability of participants. As was mentioned earlier two of the research questions in this study explored the gender differences regarding QOL and leisure.

Validity and Reliability of Items

Validity is the extent to which concepts have been accurately measured in a quantitative study (Heale & Twycross, 2015). One method of assessing validity is to examine the correlation among the questionnaire items (Creswell & Creswell, 2018). This assessment helps researchers to establish convergent validity. According to Heale and Twycross (2015), face validity – a subset of content validity – is where experts are asked to suggest their opinion and verify whether the instrument appears to measure the targeted content. The WHOQOL-BREF was tested and validated by the designers and by numerous researchers over the past two decades. Regarding the leisure section of the questionnaire, items derived from the Statistics Canada leisure inventory were adopted and adapted to match the cultural context of refugees residing in Turkey. To ensure the validity of this scale, four experts in refugee research, leisure sciences, and social survey design were invited to review the scales. The questionnaire was also pilot tested and discussed with three different refugees residing in Turkey to assure the quality and understandability of items.

In addition, due to the culturally diverse population of this study and different languages that refugee people in Turkey speak, the questionnaire was translated into three different language (i.e., English, Farsi, Arabic) commonly spoken in the region and among refugees. Back translation techniques were used to ensure the quality and validity of translations. This technique

is necessary to avoid “factors that affect translation quality, and how equivalence between source and target versions can be evaluated” (Brislin, 1970, p.185). In the back-translation process “two bilinguals are employed, one translating from the source to the target language, the second blindly translating back from the target to the source” (Brislin, 1970, p.186). Consequently, the researcher has two versions of the document in the original language. According to this technique, these two versions should be compared and, if they are identical, or near so, the translated version is equivalent to the source.

Reliability is the extent to which the items are measured consistently, internally or across people, time points, etc. This measurement confirms that the same results will be obtained with multiple attempts from a survey designed to explore a concept (Heale & Twycross, 2015). The internal consistency, or inter-item reliability, of the QOL and the leisure items were tested using Cronbach’s alpha coefficient. The Cronbach’s alpha coefficients calculated were within acceptable range ($\alpha \geq .60$; Cortina, 1993). The survey items as well as descriptive statistics and internal consistency coefficients are reported in Table 4.2.

Data Screening and Analysis

Several steps were taken to prepare the data file for analysis. First, I downloaded data from SurveyMonkey as an Excel file. As the surveys were available in three languages, there were three separate databases to be combined. Second, for data screening, incomplete cases (i.e., those with more than 50% blank) were removed (36 cases). Then unengaged cases (i.e., cases with standard deviation of smaller than 1.0 for Likert scale questions) were screened (no cases were deleted). No outliers were detected in the sample. Third, the clean Excel file was imported into SPSS. Three questions in QOL section of the questionnaire were negatively phrased; those question along with three COVID-19 related items were reverse coded.

QOL items consisted of four dimensions including physical, psychological, social, and environmental. Each dimension was measured by multiple observed items. These items were aggregated for each dimension for the sake of inferential statistical analysis. Likewise, leisure availability and leisure participation items were also aggregated into three dimensions including active, passive, and social. To prepare the data for Structural Equation Modeling (SEM) missing values in the aggregated items were replaced with the median of the series. Normality of the data was explored using visual methods (i.e., P-P and Q-Q Plots and Histogram) as well as skewness and kurtosis scores. Graphic methods showed no violation of normality. Skewness and kurtosis scores did not deviate from acceptable ranges (i.e., less than absolute value of two).

Data analysis was composed of three distinct stages: (a) reporting descriptive statistics and reliability test results, (b) examining a correlation matrix of the main variables in the model, and (c) reporting independent-samples T-test and SEM results. Descriptive and inferential statistics were used to analyse the data. The reliability of the main variables was evaluated using IBM SPSS version 26. Descriptive statistics were calculated using Excel and IBM SPSS 26. Independent-samples T-test and structural equation modeling (SEM) was used to test the hypotheses of this study using IBM AMOS 24.

CHAPTER 4: RESULTS

In this chapter the results of the research are explained. Of 239 surveys collected in Turkey, 203 cases were used for the analysis after data screening.

Demographics

Of the 203 participants 42% identified as women and 53% as men. One person identified their gender as non-binary and 11 people did not disclose their gender. Most of the sample were between 19 and 44 (74.4%) years of age with the highest frequency occurring in the 35 to 44 age brackets (31%). Regarding the participants' ethnicity, 34.5% were from Afghanistan, 33% had Iranian origin, 24% were Syrians, and the rest were from Bangladesh and Somali. Table 4.1 represents the details of demographic information.

Descriptive Statistics

Tables 4.2, 4.3, and 4.4 represent the constructs and measurement items used in this study. They provide frequencies, mean, and standard deviation (SD) of the items. These tables also report the internal consistency of constructs measured. For most items, participants reported poor (below 3) or average perceived QOL (close to 3) compared to the median of the Likert scale (median = 3). In an effort to establish a benchmark, I compared the reported QOL scores of this study against the results of studies that used a similar scale. For instance, Leiler et al. (2019) studied the QOL of 367 asylum seekers and 143 refugees residing in Sweden. Most of their participants were men between the age of 18 and 35. Using WHOQOL-BREF (same QOL scale used in the present study), the results of the refugees' self-reported QOL were below the population norms in all the four domains (compared against Skevington, Lotfy and O'Connell's (2004) international field trial of WHOQOL-BREF) with the lowest rating found in the environmental QOL domain. Similarly, Akinyemi et al. (2012) used WHOQOL-BREF to

investigate the QOL of refugees in Nigeria. Their study's sample consisted of 444 refugees and 527 non-refugees. Their results showed that refugees' QOL was significantly lower than non-refugees. Akinyemi's study also showed that refugees perceived their QOL as poor. These results mirror the findings of the present study and reaffirm that the perceived QOL of refugees is poor and requires careful attention.

Table 4. 1

Demographic Characteristics of Respondents

Variable	Frequency	Percent
Gender		
Women	84	41.4
Men	107	52.7
Non-binary	1	0.5
No answer provided	11	5.4
Age		
Under 19	-	-
19-24	33	16.3
25-34	55	27.1
35-44	63	31
45-54	19	9.4
55-64	7	3.4
65+	5	2.5
No answer provided	21	10.3
Nationality		
Afghanistan	70	34.5
Bangladesh	1	0.5
Iran	67	33
Somali	1	0.5
Syria	49	24.1
No answer provided	15	7.4
Education		
No formal education	43	21.2
Did not complete high school	62	30.5
High school or G.E. D	36	17.7
Some college	19	9.4
Associate degree (Bachelor's degree)	22	10.8
Master's graduate	5	2.5
Doctorate degree or PhD	-	-
No answer provided	16	7.9

Responses to leisure availability and leisure participation follow a similar pattern meaning they had limited access to leisure and did not actively participate in leisure. Most items' standard deviation was around 1.0 representing low dispersion.

Internal Consistency

Cronbach's Alpha (a measure of internal consistency) of all the dimension of leisure including active participation ($\alpha = .89$), passive participation ($\alpha = .66$), social participation ($\alpha = .79$), active availability ($\alpha = .88$), passive availability ($\alpha = .76$), and social availability ($\alpha = .86$) were in acceptable range. Similarly, Cronbach's Alpha internal consistency of physical QOL ($\alpha = .78$), psychological QOL ($\alpha = .74$), and environmental QOL ($\alpha = .77$) were in acceptable range (Pallant, 2011). The calculated Cronbach's Alpha of social QOL, however, was just below the acceptable range by 0.01 ($\alpha = .59$).

Table 4. 2*QOL Constructs*

Variables (Cronbach's Alpha)	Frequencies*					Mean	SD
	1	2	3	4	5		
<u>QOL</u>							
<i>Overall QOL ($\alpha = .72$)</i>							
Self-rate overall quality of life	31	28	33	29	6	2.61	1.21
Self-rate overall health	20	57	49	63	14	2.97	1.12
<i>Physical QOL ($\alpha = .78$)</i>							
Pain and discomfort ^{RC}	21	40	73	48	20	3.03	1.12
Dependence on medicinal aids ^{RC}	15	45	71	52	20	3.08	1.08
Energy and fatigue	5	57	28	17	17	2.87	1.14
Mobility	17	45	45	41	12	2.91	1.12
Sleep and rest	11	48	69	55	16	3.08	1.03
Activities of daily living	12	53	74	51	10	2.97	0.98
Work Capacity	27	42	68	49	11	2.87	1.11
<i>Psychological QOL ($\alpha = .74$)</i>							
Positive feelings	33	70	67	21	10	2.53	1.04
Spirituality / Religion / Personal beliefs	28	56	76	28	13	2.71	1.07
Thinking, learning, memory and concentration	11	58	74	40	20	3.00	1.04
Bodily image and appearance	4	12	20	48	29	3.76	1.06
Self-esteem	8	50	69	53	18	3.12	1.02
Negative feelings ^{RC}	43	48	65	33	13	2.63	1.17
<i>Social QOL ($\alpha = .59$)</i>							
Personal relationships	10	39	76	50	24	3.20	1.05
Sexual activity	26	44	56	35	36	3.05	1.29
Social support	30	35	88	34	13	2.82	1.09
<i>Environmental QOL ($\alpha = .77$)</i>							
Freedom, physical safety, and security	22	42	71	46	22	3.02	1.14
Physical environment	8	43	96	42	14	3.05	0.92
Financial resources	36	58	11	20	1	2.14	1.03
Opportunities for acquiring new information and skills	13	27	71	38	5	3.00	0.94
Participation in and opportunities for leisure activities	52	32	47	5	1	2.06	0.96
Home environment	17	57	75	39	11	2.85	1.01
Health and social care: accessibility and quality	35	49	53	52	11	2.78	1.17
Transport	19	46	72	48	15	2.97	1.07

Notes. * Likert scale numbers representing highest and lowest level of agreement or disagreement from 1 to 5.

^{RC} reverse coded items.

Table 4. 3*Leisure Participation Constructs*

Variables (Cronbach's Alpha)	Frequencies*					Mean	SD
	1	2	3	4	5		
<u>Leisure Participation</u>							
<i>Active</i> ($\alpha = .89$)						1.92	.85
Sport participation	100	61	19	13	5	1.80	1.03
Travel	85	65	32	11	6	1.93	1.04
Outdoor activity/camping	77	52	40	20	9	2.15	1.18
Sightseeing	111	45	24	15	4	1.77	1.05
Art	90	53	37	14	5	1.95	1.07
Playing music – frequency	110	42	32	10	5	1.78	1.05
Playing music – time spent	100	28	49	12	10	2.01	1.20
<i>Passive</i> ($\alpha = .66$)						2.70	.71
Listening to music	23	53	58	47	18	2.92	1.15
Movie and TV shows	23	53	58	38	27	2.96	1.21
Video games	76	45	45	22	11	2.23	1.23
Social media	1	43	85	47	23	3.24	0.94
Reading	46	46	66	32	8	2.54	1.13
Watching Sports	66	46	54	25	8	2.31	1.17
<i>Social</i> ($\alpha = .79$)						2.28	.82
Restaurant/Meals with friends	58	65	48	18	10	2.28	1.13
Watching movies with friends	68	56	43	24	8	2.24	1.16
Bar and Clubs	102	42	28	19	7	1.92	1.17
Game Nights	103	40	32	22	2	1.89	1.10
Talking/Conversation/Phone	10	42	90	38	19	3.07	0.99

Notes. * Likert scale, numbers representing highest and lowest level of agreement or disagreement from 1 to 5.

Table 4. 4*Leisure Availability Constructs*

Variables (Cronbach's Alpha)	Frequencies*					Mean	SD
	1	2	3	4	5		
<u>Leisure Availability</u>							
<i>Active</i> ($\alpha = .88$)						2.15	.91
Sport participation	90	52	26	20	6	1.97	1.14
Travel	76	46	41	23	8	2.18	1.19
Outdoor activity/Camping	62	59	43	27	3	2.23	1.09
Sightseeing	69	70	27	21	5	2.08	1.08
Art	67	60	33	19	14	2.24	1.23
Playing Music	69	44	48	25	6	2.24	1.17
<i>Passive</i> ($\alpha = .76$)						2.84	.76
Listening to music	18	38	67	45	23	3.09	1.14
Movie and TV shows	27	48	57	44	17	2.87	1.17
Video games	51	57	42	29	13	2.46	1.22
Social media	1	33	70	60	29	3.43	0.96
Reading	25	53	62	38	12	2.78	1.10
Watching Sports	57	45	57	20	13	2.41	1.21
<i>Social</i> ($\alpha = .86$)						2.44	.92
Restaurant/Meals with friends	58	48	54	17	16	2.40	1.23
Watching movies with friends	58	41	52	29	12	2.46	1.24
Bar and Clubs	77	59	32	20	5	2.05	1.10
Game Nights	65	52	41	23	11	2.29	1.21
Talking/Conversation/Phone	15	37	89	36	15	2.99	1.00

Notes. * Likert scale, numbers representing highest and lowest level of agreement or disagreement from 1 to 5.

Inferential Statistics Results

Gender, Leisure, and QOL

In this research it is hypothesized that there is a significant difference between men and women's QOL score, leisure participation, and their access to leisure. Below is the list of subhypotheses that were used to test these differences:

H1: There is a significant difference between overall QOL score of men and women.

H2: There is a significant difference between overall health score of men and women.

H3: There is a significant difference between physical QOL score of men and women.

H4: There is a significant difference between psychological QOL score of men and women.

H5: There is a significant difference between social QOL score of men and women.

H6: There is a significant difference between environmental QOL score of men and women.

H7: There is a significant difference between men's and women's participation in active leisure.

H8: There is a significant difference between men's and women's participation in passive leisure.

H9: There is a significant difference between men's and women's participation in social leisure.

H10: There is a significant difference between men's and women's active leisure availability.

H11: There is a significant difference between men's and women's passive leisure availability.

H12: There is a significant difference between men's and women's social leisure availability.

Independent-sample t-test was conducted to compare the overall QOL score of men and women (H1) as well as their overall health score (H2). Results did not show significant differences between the two groups.

Different dimensions of QOL were also tested for men and women. There was a significant difference in psychological QOL scores for men ($M = 2.98$, $SD = .70$) and women ($M = 2.75$, $SD = .76$); $t(189) = -2.24$, $p = .026$ (H4). Based on the average responses, men perceived a higher level of psychological QOL compared to women. Effect size calculation ($\eta^2 = .026$) showed that the magnitude of the difference in the means was relatively small according to Cohen's guidelines (Cohen, 1988, pp. 284-287). The other three dimensions of QOL (i.e., physical, social, and environmental), however, were not significantly different for men and women (H3, H5, & H6).

Similarly, independent-sample t-tests were calculated to compare leisure participation scores and leisure availability scores for men and women. Neither leisure participation nor leisure availability showed significant differences between men and women for any of the dimensions (i.e., active, passive, and social). Table 4.5 presents these results.

Table 4. 5*Independent-Samples T-test Results Based on Gender*

Variable	Groups	M (SD)	t (df)	p	S.E.	η^2
Physical QOL	Women	2.87 (.82)	-.97 (188)	.33	.12	
	Men	2.99 (.79)				
Psychological QOL	Women	2.75 (.76)	-2.24 (189)	.02*	.11	.026 ^a
	Men	2.98 (.70)				
Social QOL	Women	2.98 (1.00)	-.30 (152)	.76	.13	
	Men	3.03 (.78)				
Environmental QOL	Women	2.77 (.69)	-.45 (189)	.65	.10	
	Men	2.82 (.67)				
Active Leisure Participation	Women	1.85 (.90)	-.75 (188)	.45	.12	
	Men	1.94 (.82)				
Passive Leisure Participation	Women	2.68 (.79)	-.04 (156)	.96	.10	
	Men	2.68 (.65)				
Social Leisure Participation	Women	2.30 (.90)	.32 (162)	.75	.12	
	Men	2.26 (.77)				
Active Leisure Availability	Women	2.02 (.93)	-1.48 (187)	.14	.13	
	Men	2.22 (.89)				
Passive Leisure Availability	Women	2.81 (.84)	-.24 (186)	.81	.11	
	Men	2.83 (.70)				
Social Leisure Availability	Women	2.46 (1.01)	.41 (186)	.68	.14	
	Men	2.41 (.88)				

Note. *Significant

$$^a \text{Eta squared} = \frac{t^2}{t^2 + (N1 + N2 - 2)}$$

Structural Model*Correlations*

As a preliminary test to SEM, Pearson product-moment correlation among the aggregated QOL items as well as leisure availability and participation measures were calculated (Table 4.6). All the items were significantly correlated.

Table 4. 6
Correlations Among Structure Model Variables

	1	2	3	4	5	6	7	8	9	10
1. Physical QOL	1									
2. Psychological QOL	.665** (202)	1								
3. Social QOL	.461** (201)	.472** (201)	1							
4. Environmental QOL	.622** (202)	.670** (203)	.524** (201)	1						
5. Active Participation	.524** (198)	.573** (199)	.402** (197)	.489** (199)	1					
6. Passive Participation	.482** (198)	.379** (199)	.427** (197)	.400** (199)	.620** (199)	1				
7. Social Participation	.456** (198)	.468** (199)	.494** (197)	.453** (199)	.765** (199)	.713** (199)	1			
8. Passive Availability	.505** (193)	.365** (193)	.456** (192)	.427** (193)	.514** (193)	.733** (193)	.547** (193)	1		
9. Active Availability	.469** (194)	.408** (194)	.481** (193)	.494** (194)	.654** (194)	.594** (194)	.620** (194)	.729** (193)	1	
10. Social Availability	.431** (193)	.351** (193)	.516** (192)	.451** (193)	.500** (193)	.600** (193)	.665** (193)	.749** (193)	.780** (193)	1

** Correlation is significant at the 0.01 level (2-tailed)

Amos Graphics 24 was used to analyze the structural model of this study. Structural equation modeling was utilized to examine the proposed association between latent variables (Leisure participation, leisure availability, and QOL). It was hypothesized that leisure availability directly and positively influences both leisure participation and QOL. In turn, leisure participation directly and positively influences QOL. Leisure availability also indirectly influences QOL through leisure participation (Figure 4.1). The hypotheses were as below:

H13: Leisure participation directly and positively influences QOL.

H14: Leisure availability directly and positively influences leisure participation.

H15: Leisure availability directly and positively influences QOL.

H16: Leisure availability indirectly and positively influences QOL.

SEM Results

Analysis of the structural model of the study revealed that leisure availability positively and strongly influenced leisure participation ($\beta = .80$; p -value $< .001$) and positively influenced QOL ($\beta = .32$; p -value = $.003$). Leisure participation also showed a strong association with QOL ($\beta = .39$; p -value $< .001$). In addition, leisure availability indirectly, positively influenced QOL (Indirect effect = $.63$). All the proposed hypotheses in the model were supported. In total, the model explained 45% of the variation in perceived QOL of refugees (Table 4.7 & Figure 4.1).

Model Fit

Kline (2005) indicated that in SEM analysis the model is fit with the data when relative chi-square (χ^2/df) is smaller than 2, Comparable Fit Index (CFI), Normed Fit Index (NFI), Goodness of Fit (GFI), and Incremental Fit Index (IFI) are greater than $.90$, Root Mean Square Residual (RMR) is smaller than $.08$ and Root Mean Square of Approximation (RMSEA) is close to $.05$. Table 4.8 presents goodness of fit results of the SEM model. All the calculations indicate a good model-data fit.

Table 4. 7

SEM Results

Association	Direct effect (β)	Indirect effect	S.E.
Leisure availability \rightarrow Leisure participation	.80*	-	.057
Leisure availability \rightarrow QOL	.32*	.63	.085
Leisure participation \rightarrow QOL	.39*	-	.095

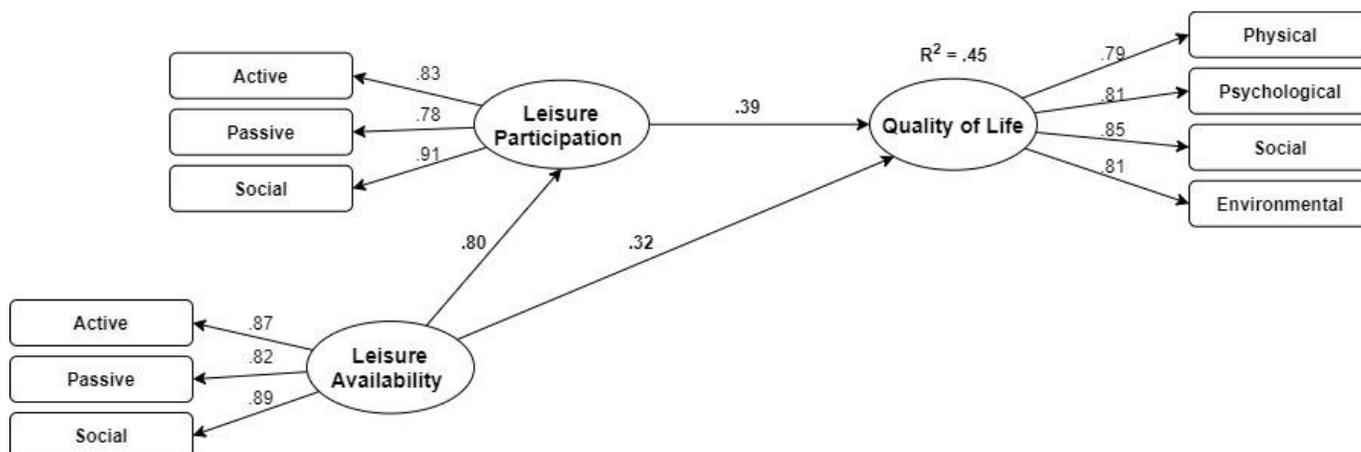
Note. *P-value $< .001$

Table 4. 8

Model Fit Indices

	χ^2 (df)	IFI	NFI	GFI	CFI	RMR	RMSEA
Model	41.317 (25)*	.989**	.972**	.962**	.989**	.022***	.057****

Notes. **IFI, NFI, GFI, & CFI $> .90$; ***RMR $< .05$; ****RMSEA close to $.05$ * $p = .021$

Figure 4. 1*Structural Model***COVID-19, Leisure, and QOL**

This study considered the impact of COVID-19 on leisure and QOL of refugees. Table 4.9 contains frequencies, means, and standard deviations (SD) of the COVID-19 items. Findings reflected that COVID-19 pandemic has impacted their QOL ($M = 3.23$). Leisure availability and leisure participation, however, were only slightly impacted by COVID-19 according to the participants' responses ($M = 2.72$; $M = 2.67$ respectively). Specifically, participants reported that their QOL was worse as a result of COVID-19 ($M = 2.37$) and their access to leisure decreased ($M = 2.36$). All items' standard deviation was around 1.0 representing low dispersion.

Table 4. 9*COVID-19, Leisure, and QOL*

Variables	Frequencies					Mean	SD
	1	2	3	4	5		
Impact of COVID-19 on QOL*	13	34	65	50	27	3.23	1.11
Impact of COVID-19 on leisure participation*	30	51	64	30	14	2.72	1.13
Impact of COVID-19 on leisure availability*	36	51	57	34	13	2.67	1.17
QOL change as a result of COVID-19**	45	62	58	21	5	2.37	1.04
Change in leisure availability as a result of COVID-19***	43	60	65	12	8	2.36	1.03

Notes.

* Likert scale, numbers representing 1 = not at all; 2 = a little; 3 = a moderate amount; 4 = a lot; 5 = a great deal

** Likert scale, numbers representing 1 = much worse; 2 = somewhat worse; 3 = unchanged; 4 = somewhat better; 5 = much better

*** Likert scale, numbers representing 1 = significantly decreased; 2 = somewhat decreased; 3 = remained the same; 4 = somewhat increased; 5 = significantly increased

CHAPTER 5: DISCUSSION AND CONCLUSION

In this dissertation, I aimed to understand the relationship between leisure and QOL of refugees residing in Turkey. For this reason, I conducted quantitative research using a survey questionnaire and tested the proposed structural model (Figure 3.1). The results of this study provided empirical support for the proposed model based on data collected from a sample of refugees living in Turkey. The model related leisure availability and leisure participation with QOL to investigate the influence of these two often neglected factors. Structural equation modeling was used to test the hypotheses of this study. The data strongly support the hypothesized role of leisure participation on QOL, and of leisure availability on both leisure participation and QOL. These results suggest that access to and participation in leisure activities significantly improves QOL of refugees directly, and indirectly. In this study, I also explored the differences between the QOL, leisure availability, and leisure participation of men and women. Results suggested that even though participants were generally not satisfied with their QOL or their leisure, no significant differences were found between men and women in any dimensions of QOL, leisure availability or leisure participation other than in psychological QOL (women have lower psychological QOL). This chapter discusses these findings. First the theoretical implications of my research findings are presented. Then, the practical implications are discussed. Finally, limitations and future avenues for research are elaborated.

Theoretical Implications

In this section, I discuss the findings of this study in the order that the research questions and hypotheses were presented. The research question of this research focused on (1) the perception of refugees' regarding their QOL during their time in Turkey; (2) availability of leisure and its influence on QOL; (3) their participation in leisure and its impact on their QOL;

(4) the relationship between leisure availability and leisure participation; and (5&6) the difference between men and women's QOL, their access to leisure, and their leisure participation.

Refugees Perceptions of their Quality of Life

Findings of this study accentuated that refugees' overall health and overall QOL as well as their physical, psychological, social, and environmental dimensions of QOL were poor. It is evident from the literature reviewed in this thesis that immigrants, especially refugees (i.e., involuntary immigrants) experience great challenges, challenges that might cause physical, psychological, social, and environmental problems (Mukherjee & Diwan, 2016). In fact, the prevalence of depressive symptoms is higher among refugees due to the lack of information about their immigration status, unemployment, financial problems, limited access to facilities, long periods of waiting for refugee applications to be processed and several other concerns. Many studies have supported this assertion. These studies identified that depressive symptoms (Leiler et al., 2018), poor QOL (Nante et al., 2016), and post-traumatic stress disorders (Acarturk et al., 2018) are common among refugees. This study's findings align with the literature. Refugees' responses to all the QOL items revealed a relatively poor perception of their own QOL. The average of the responses to these questions were below or close to the median of the five-point Likert scale ($Md = 3$) used to measure these items. Therefore, refugees' QOL should be of great concern for refugee institutions and host communities.

Perceived Availability of Leisure and its Influence on Quality of Life

The results of this study supply evidence that the perceived availability of leisure opportunities drastically influences both refugee participation in leisure and their QOL. In other words, improving QOL of refugees through leisure depends, in part, on the perceived and real availability of leisure opportunities.

Active leisure. Facing different challenges such as meeting basic needs (i.e., food, shelter, etc.), refugees often do not have the time or financial resources to meet their leisure needs. Moreover, program fees, transportation, and other costs are examples of challenges that limits refugees' access to active leisure. Thus, leisure becomes a secondary factor in their life. Language also is a vital way of communication that limits refugees' access to leisure and their information about activities (Watkins et al., 2012). For example, playing music, performing art, and participating in sports (active leisure) require mentors, who may be scarce or hard to identify in a new context. Also, some activities such as traveling, and outdoor activities require social support, community relationships, transportation, and leisure information, all of which are limited for this population.

Passive leisure. Even though activities such as listening to music, watching TV and sports, social media, and reading books or magazines are not expensive, these can be considered as limited for refugees. For example, even where services such as internet and smartphones are available to refugees, lack of programs in their native language is sometimes an important barrier that prohibits them from participating in activities (de Moissac & Bowen, 2017).

Social leisure. Having no sizeable community or friendship group is another challenge that restrains refugees' participation in social leisure activities. As was mentioned in chapter two of this study, socializing and gathering are the most popular leisure activities in the Middle East,

where the most participants of this study came from. Feeling isolated as a result of living far from their families, friends, and other social networks decreases their social interactions (Murad & Versey, 2020). Moreover, on special occasions such as Ramadan, Muslim people break their fasting together and prepare food for the family and friends for each day of this fasting month. Limited access to a close social network, therefore, forecloses their participation in this form of social leisure. This study's results indicated that leisure participation and availability of leisure opportunities strongly improved the perceived QOL of refugees. Therefore, increasing refugees' access and participation to different aspects of culturally appropriate/sensitive leisure is one of the ways that may result in improved QOL of this population.

Participation in Leisure and its Influence on Quality of Life

Based on the participants' perspective, there is evidence that active, passive, and social leisure have a strong positive influence on QOL of this population.

Social Leisure. As the leisure literature suggests, "leisure can be generative of a range of personal, familial, social, and cultural meanings," that provide people with "a sense of connection, accomplishment, self/relationship/cultural affirmation, hope, control, etc." (Hutchinson, 2004, p. 31). These benefits of leisure reflected in all the three dimensions of leisure studied in this thesis research significantly improve refugees' perceived QOL. Stack and Iwasaki (2007) also emphasized that "leisure can be purposeful and meaningful to provide opportunities not only for having enjoyable socialising experiences with others, but also for building and re-building connections to and networks with family, friends and the community" (p. 251). This emphasizes the benefits of the social aspects of leisure and the role that leisure can play in building and re-building of connections and communities. An opportunity that refugees can use to rebuild their network away from their home, and if lonely, leisure can help them build

new networks and gain a sense of community. Sense of community, as introduced by McMillan and Chavis (1986), encompasses several sociological and political aspects of people's lives. "Membership", "influence", "integration and fulfillment", and "shared emotional connection" are aspects of sense of community that create a positive influence on people. Membership is the feelings of emotional safety and sense of belonging. Influence is people's exertion on community and vice versa. Fulfillment of physical and psychological needs develops a sense of fulfillment and emotional connection (Darlaston-Jones, 2007, p. 10). Darlaston-Jones, (2007) suggested that "sense of community is a concept in community psychology that is usually associated with supportive environment and positive outcomes" (Darlaston-Jones, 2007, p. 26). Social leisure as a means of developing sense of community helps refugees build a sense of belonging/membership and fulfillment. It also helps them share their emotions with their network. Therefore, social leisure develops a sense of community that is a critical component in the QOL.

Active Leisure. Active leisure is a factor that not only enhances refugees' community building resources, but also improves their physical health and wellbeing. As most active leisure happens in group settings, it gives refugees the chance to build a network and therefore a new community that provides them with more social support. Regarding the physical dimension of QOL (discussed in chapter two) active leisure has the potential to improve refugees' energy level and mobility as well as many other physical health aspects of their life (Iso-Ahola et al., 2004). Active leisure improves their psychological wellbeing through improving their perception of their bodily image, increasing their positive feelings, improving their self-esteem and concentration (Han & Patterson, 2007). WHOQOL-BREF directly links QOL to leisure and recreation in the structure of the environmental QOL. It considers leisure opportunities as an

important means of improving QOL. It also indicates that skill acquisition improves QOL. Leisure participation often helps people learn new skills and improve their performance while enjoying their time more intrinsically (Cho & Chiu, 2020).

Passive Leisure. Findings of my research indicate that passive leisure was more available to refugees (Mean = 2.84; SD = .76). They participated in passive leisure more often compared with active (Mean = 2.15; SD = .91) and social leisure (Mean = 2.44; SD = .92). COVID-19 pandemic restrictions could influence refugees' social participation as well as their physical leisure participation, which often relies on shared physical space or team formats. Thus, COVID-19 needs to be taken into consideration when interpreting these results. Passive leisure plays an important role in improving refugees QOL. Many passive leisure activities such as social media and online meetings with friends and family can help refugees rebuild their connections. During unprecedented times, such as the COVID-19 pandemic, when the data collection of this study took place, passive leisure could be an effective way of socializing and coping with the challenges of the global lockdown. Therefore, passive leisure was not only a helpful tool for refugee people to stay socially active and have leisure time, but also helped all people cope with their challenges during this period. The strong associations of leisure availability and participation with QOL in this study confirmed that leisure can be a valid tool to improve people's QOL.

The Relationship Between Leisure Availability and Leisure Participation

Much like responses to the QOL measures, refugees in this study indicated that they do not have access to or participate in leisure extensively (the calculated average of the response was below or near the median of the scale; see Tables 4.3 & 4.4). In fact, the average responses indicated very poor conditions for both leisure availability and leisure participation with the

exception of passive leisure availability (Mean = 2.84; SD = .76) and participation (Mean = 2.70; SD = .71). Passive leisure showed a higher average compared with active and social dimensions of both leisure availability and participation; the difference was minor, and the average scores was around the median of the scale (see Tables 4.3 & 4.4). Based on these results, as well as the association in the structural model of this study, it can be concluded that provision of leisure opportunities and promotion of leisure participation can significantly improve refugees' QOL.

The Relationship Between Gender, Leisure, and QOL

To examine gender differences, a series of Independent-samples T-tests were ran to compare the average responses of the participants to QOL, leisure participation, and leisure availability items between participants who identified as men and women. Despite the obvious existing gender inequalities in the global scale, results of this study showed that both men and women participants had equally poor QOL (see Table 4.5), poor access to leisure, and poor participation in leisure. Among all the leisure availability, leisure participation and QOL items, the only dimension that showed a significant difference in the mean of men and women's responses was psychological QOL. In this dimension, women's perceived QOL was significantly lower than men's. Studies have shown that women report poor mental health, poor physical health, and limited access to daily activities compared to men (Nante et al., 2016). Stack and Iwasaki (2009) indicated that "the pattern of important leisure activities somewhat varies across different age and gender groups" (p. 251). This minority population of women (i.e., refugee women) face unique problems due to their circumstances. Most of their needs are neglected (Hunt, 2008) for several reasons including but not limited to socio-cultural beliefs and traditions that result in gender discrimination (Choudhury & Kumar, 2021). These are deeply rooted in the

societal norms. Therefore, more careful planning is required for this population of women. These are discussed in the practical implication section of this chapter.

Undoubtedly, culture and traditions play essential roles in refugees' leisure behaviour (Jin & Whitson, 2014). A lack of structure for leisure opportunities for women and limiting traditional views are two examples of cultural constraints that perhaps restrain refugee women's access to leisure (Arab-Moghaddam et al., 2007). Many studies confirmed that family-oriented cultures and collectivist ways of living strongly impact refugees' leisure participation (Iwasaki, 2007).

Overall, the findings of this study suggest that leisure availability and leisure participation are strongly positively linked to the QOL of refugees. The literature supports this association between leisure time and overall health (Yerkes et al., 2020), physical health, psychological health (Chang & Bae, 2017), social establishment (Adam et al., 2011), and life satisfaction (Wang et al., 2008). I also found that leisure participation heavily depends on leisure availability. In other words, providing leisure activities significantly influences leisure participation and consequently QOL of refugees. Results of this study reveal that refugees have limited access to active, passive, and social leisure. Therefore, there is a limited chance of participating in leisure.

In conclusion, this study strongly supports the association between leisure and QOL. The literature of leisure and QOL indicated a need for more empirical research in this field. This study included leisure availability and participation in its framework to examine the strength of the association among these two variables and QOL adding factors such as constraints to leisure participation provide more detail regarding this complicated matter. Including all the social, passive, and active dimensions of leisure in the framework of this study was another theoretical

contribution of this study. As was discussed in the literature and earlier in this chapter all these three dimensions need to be taken into consideration when studying leisure life of refugees. Any links to the SDGs? You presented 3 goals at the beginning of your thesis, but they don't come up again.

Practical Implications

This dissertation carries important practical implications for policy makers and practitioners in countries where refugees are settled (i.e., transition countries and final destinations).

My study emphasized that providing refugees with leisure opportunities performs a critical role in improving their QOL. Hurly indicated that “leisure afforded fitness and fun” (Hurly, 2019, p. 1). It also bolsters refugees’ psychological health and improves their social capital (Quirke, 2015). Leisure participation results in social integration (Alencar, 2018), and facilitates inclusion (Beißert et al., 2020). Findings of this research suggest that having access to leisure activities significantly influences refugees’ engagement in such activities. Providing refugees with leisure activities that align with their interests and cultural background may help them feel more comfortable engaging in leisure activities (Sawrikar & Muir, 2010). One of the barriers to their leisure participation may be lack of familiarity with opportunities available in the host community (Sawrikar & Muir, 2010). Removing this barrier can help refugees better integrate in the host community’s culture, participating in more leisure and eventually improving their QOL. Previous studies indicated that “the presence of public spaces increases the practice of physical activity during leisure time” (Manta et al., 2020, p. 51). Cerin et al. (2013) suggested that “easy access to recreational and public facilities may facilitate the engagement in leisure” (p.

88). As the findings of this research revealed, providing leisure space and opportunities improve refugees' QOL to a considerable extent.

Results showed that refugees spend a considerable proportion of their time participating in activities such as social media, listening to music, and having phone conversations with their relatives and friends. It can be concluded that providing refugees with cellphones or other devices and internet access can improve their leisure life, therefore, their QOL. Digital technologies have shed a light in millions of lives (Alencar, 2018). Providing access to devices such as the internet, smartphone, and computers is an affordable way of communicating and connecting (Dekker et al., 2018; Veronis et al., 2018). It also, improves refugees' resilience through building new networks or re-building the lost networks (Udwan et al., 2020). Moreover, refugees build a virtual community where they can cope with the barriers such as distance and COVID-19 pandemic restrictions (Komito, 2011).

Access to and participation in leisure as well as an understanding of its importance to QOL is an issue of skill and awareness, which can be addressed through leisure education. "Leisure education refers to a lifelong learning process that helps people achieve through socially-acceptable leisure activities their fullest leisure potential and desirable quality of life" (Sivan, 1997, p. 42). Leisure education is a process that helps people to understand themselves as well as the contribution of leisure in their life (Sivan, 2007). Providing leisure education to refugees may provide them with numerous opportunities such as leisure skills that help them improve their social interactions, awareness about leisure opportunities and physical fitness to participate in active leisure. To facilitate this, leisure experts and educators can support NGOs, UNHCR, and local organizations to better understand the importance of leisure and its contributions to refugees' QOL. For instance, the World Leisure Organization could develop a

special interest group (SIG) with the aim of providing such education to those organizations to increase their knowledge of leisure and awareness of leisure's influence on QOL. Leisure practitioners can educate refugees through leisure and organize activities that physically and emotionally engage them and assist them to build their social connections.

Another suggestion is to provide refugees with the opportunity to participate in nature-based recreation where they can have active leisure while socializing with their community or expanding their network. It is evident that participating in nature based leisure activities assists refugees with the acculturation process (Hurly, 2019). Nature based leisure can influence multiple dimensions of QOL of refugees including environmental aspects (e.g., nature connectedness), psychological QOL (e.g., self-esteem), social QOL (e.g., social support and relatedness), physical (e.g., improved physical health). Participation in such activities in the form of a club membership is common in the region. For instance, in Iranian culture, outdoor, hiking, and mountaineering clubs where people with similar interests get together to enjoy nature based recreation is popular (Moghimehfar & Halpenny, 2016; Moghimehfar et al., 2014; Zarei et al., 2020). Facilitating such opportunities through providing basic outdoor gear and transportation, can enable refugees to become active participants in leisure. This may eventually influence their QOL.

Providing a context to improve social leisure of refugees is also affordable for refugee institutions and the governments. Many refugees residing in Turkey are from collectivist backgrounds. Therefore, they enjoy getting together and celebrating different cultural and religious events. The cultural and religious cohesion in the region also makes it easier for the planners to provide social leisure contexts. For instance, events such as Eid Al Fitr and Norouz and many other occasions are being celebrated by most of the refugees in Turkey. Providing

facilities for these cultural groups to celebrate their events with help them re-build their community and find friends is recommended.

Another way of connecting people and providing leisure opportunity for refugees is to develop cultural centers where they can share their art, skills, and knowledge (Cadge & Ecklund, 2006). Among refugees, there are several skilled people or artists who can share their experience with others. Facilitating the above-mentioned leisure opportunities is not expensive, nor does it require a great deal of human resources. The impacts, however, can be huge. As was elaborated in chapters four and five of this document, improving leisure availability significantly increases refugees' participation in leisure and eventually improves their QOL. The moderately-high R^2 in the structural model of this study ($R^2 = .45$) indicated that leisure availability and leisure participation (as the only two predicting variables in the model of this study) defined a considerable proportion of variation in QOL. It can be interpreted that the influence of leisure is significant to the extent that investing in leisure facilitation improves refugees' QOL and, in turn, the host communities. Knowing how greatly leisure participation improves refugees' QOL, refugee accepting communities could strategize to provide leisure opportunities to refugees. This not only improve refugees QOL, but also helps them acculturate and build their communities in their new place of residence. This might avoid cultural conflicts as it gives refugees the opportunity to integrate with the host community culture and social norms.

In sum, by providing refugees with leisure opportunities, we may contribute to improving their QOL and promote their mental health and wellbeing (see SDG 3). Moreover, leisure may indirectly protect people from epidemic disease and reduce the number of preventable deaths, by increasing social support, physical, health, etc. The result of my study showed that social media and internet access were the preferred activity reported by the participants. During the COVID-

19 pandemic, having access to internet and social media not only satisfies this population's leisure needs but also helps them with coping with social/physical distancing. Another aim of my study was to explore gender differences. Women reported lower psychological QOL in this study. This may be a result of social/cultural norms or limited access to leisure. Addressing this psychological QOL gap could provide further support for SDG 5, reducing gender inequality.

Knowledge Mobilization

Knowledge mobilization is “an umbrella term encompassing a wide range of activities relating to the production and use of research results, including knowledge synthesis, dissemination, transfer, exchange, and co-creation or co-production by researchers and knowledge users” (SSHRC, 2021). An effective knowledge mobilization plan disseminates the findings in the public domain where researchers, practitioners, policy makers, and interested groups can access the data and the interpretation of the findings. To ensure that both refugees and those that work with them have access to the findings of this study, I have detailed a knowledge mobilization plan below.

First, the results of this study were presented at VIU's CREATE 2021 Conference as well as the Equity, Diversity, and Inclusion Symposium (virtual event organized by Vancouver Island University held in March 2021). Second, I will also present my results at the Canadian Congress on Leisure Research (the abstract of this study is accepted to be presented at the CCLR 2021 Conference to be held in June 2021 in Edmonton, Alberta). Third, the present thesis document will be available via VIU Library website and VIURRSpace, an open access domain. Fourth, the main research paper out of this study, reflecting the structural model of the study, will be submitted to *Leisure sciences*. Fifth, a research note from the preliminary results of this study

will be submitted to the *Journal of Refugee Studies*. This note will focus on gender differences in QOL and leisure domains.

Finally, in addition to the above-mentioned academic publications and conference presentations, I plan to present a working paper reflecting the findings of this study as well as an executive summary of the results to the UNHCR office in Turkey with the hope that the results of my study will assist refugee organizations in better understanding the leisure needs and QOL of refugees. If provided with the opportunity, I will eagerly present my results in the relevant events and symposiums. Findings of my study will also guide me through my future research as a PhD student. This thesis provided me with a better understanding of the refugees' situation and needs. I hope that the knowledge I gained enables me to conduct rigorous studies in future.

Limitations

There are a few limitations inherent in this thesis. First, this research was focused on refugees residing in non-camp, urban, and rural areas of Turkey. As such, it remains unclear whether the findings of this research were applicable to refugees who lived in camps where their basic needs are even more challenged, and they face different/greater barriers. These groups of refugees were not included in this research due to COVID-19 pandemic limitations. Moreover, because of the location and sampling method employed in this study, the findings are not generalizable to the broader refugee populations.

Second, participants in this study were from different cultural backgrounds. Therefore, the meaning of leisure could be interpreted differently by different participants. I utilised different methods such as back translation and consulting with people from backgrounds similar to the participants of this study to ensure the accuracy of the translation of the term leisure to avoid this bias. This limitation was more significant in this research as Turkey is a country with

multiple sub-cultures and there is a possibility of overlaps between the meaning of leisure in the Turkish culture and its meaning in the refugees' background. Therefore, the definition of leisure in the Turkish cultural context can be interpreted differently from the participants' perception of this concept. As the researcher, I am not sure whether the concept of leisure and its three categories (i.e., active, passive, social) could properly represent leisure across the cultural groups of this study, particularly given that the list was derived from a Canadian context.

Third, English literature framed the structure of this research. Most refugee participants were not familiar with this language. Therefore, the survey instrument was translated to two other main languages commonly spoken among refugees in Turkey (Farsi, Arabic). Thus, the survey items could be interpreted slightly differently in each language. Although back translation method (see chapter 4) was utilized to avoid this discrepancy, there still exists a chance of misinterpretation. Moreover, due to limitations such as time constraints and financial barriers the questionnaire of this research was available in three languages only (i.e., English, Farsi, Arabic). This excluded people who did not speak these three languages.

Forth, another goal of this research was to give voice to this marginalized population and gain insights about their QOL and their leisure life. To do so, a qualitative approach could be a next step as it provides refugees with the opportunity to speak instead of choosing from multiple predetermined choices. By incorporating face-to-face interviewing, participants could share their emotion and their stories, interviewers could probe and ask for elaboration, etc. In other words, quantitative method limit participants' ability to share their lived experience and thick rich descriptions.

In 2020, the COVID-19 (also known as the novel Coronavirus) outbreak challenged the world with no preparation or strategy. The most severe disruption happened very quickly and

impacted many lives and activities. Travel bans, public gathering restrictions, and several other social protocols were introduced to the world during this uncertain time. This situation minimized social involvements of individuals in public activities and consequently many activities were abandoned or shifted to virtual interactions. In academic fields these restrictions challenged students, researchers, and professional workers. Universities across the globe suspended their activities to control this uncertain situation. For example, limited work hours for researchers who were involved in laboratory activities were challenged as their work was restricted (Aydemir & Ulusu, 2020). Aydemir and Ulusu (2020) indicated that working from home and limited access to academic resources demotivated researchers. This pandemic more specifically influenced human-centered studies. Being socially distanced resulted in numerous research studies being left as incomplete. Restrictions on specific data collection methods such as observation, interviews, and in-person surveys limited researchers and forced them to either postpone their research or change their approach. The target population of this present research included refugees living in a challenging situation in places away from their home, in Turkey, with limited access to their basic needs. These, along with their limitations regarding access to internet and electronic devices such as mobile phone or computer made it difficult for both the researcher and the participants to use online survey as the main data collection tool. Also, it limited their engagement in the research as they were already occupied with COVID-19 related hassles. In addition, the influence of leisure on QOL of refugees was the focus of this research. However, leisure life of people was perhaps one of the most impacted aspects of life during this challenging time. Therefore, the results of this study should be interpreted considering such limitations. Despite and perhaps because of these limitations, this study contains important insights for leisure and QOL researchers, professionals, and policy makers.

Future Avenues for Research

Considering these limitations, I propose several important avenues for future research. First, my quantitative study explored the associations among leisure and QOL using a cross-sectional design. Whereas, examining refugees' QOL and the factors that directly influenced this concept (i.e., establishing a causal argument) requires a longitudinal research with possibly a qualitative component. In other words, low QOL could be the cause of lack of leisure participation or perceived availability of leisure, rather than the other way around. By conducting longitudinal research, possible changes to the QOL of refugees that occur over time in relation to changes in their leisure life could be studied in more detail. Moreover, according to WHOQOL scale used in this study, perceived QOL is assessed based on their recent experience (i.e., two weeks prior to this study). Following up with refugees who live with pre-existing conditions such as chronic disorders, necessitates a longitudinal study capturing QOL at multiple time points and in a variety of conditions. Second, future researchers should embrace a mixed method approach to examine the proposed relationships and potential causal mechanisms of this study more rigorously and deeply. Third, another potential avenue for future research is extending the model by adding variables that directly or indirectly influence leisure participation, such as constraints motivation, and negotiation. Leisure availability is the main influencer that was explored in this study, however, there are other factors such as motivation, constraints (Crawford et al., 1991), and negotiation (Jackson et al., 1993) that impact participation. The inclusion of these variable in the model could improve our understanding of this populations' leisure interests, opportunities, and challenges. Lastly, the proposed model is applicable to different groups and contexts. With the aim of improving the QOL of refugees across the globe, future research could apply the model of this study to compare the QOL and leisure life of refugees in different regions.

Moreover, the model of this study could be tested on various populations with different abilities, from different cultures, genders, education levels, age groups, and nationalities to confirm its validity.

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Appendix A: Table of Constructs

Table A.1

WHOQOL-BREF Domains of Quality of Life

Domain	Facets incorporated within domains
1 Physical health	Pain and discomfort Sleep and rest Energy and fatigue Mobility Activities of daily living Dependence on medicinal substances and medical aids Work capacity
2 Psychological	Positive feelings Thinking, learning, memory, and concentration Self-esteem Bodily image and appearance Negative feelings Spirituality/religion/personal beliefs
3 Social relationships	Personal relationships Social support Sexual activity
4 Environment	Freedom, physical safety, and security Home environment Financial resources Health and social care: accessibility and quality Opportunities for acquiring new information and skills Participation in and opportunities for Recreation/leisure activity Physical environment (pollution }noise/Traffic/climate) Transport

Table A.2

QOL and General Health Measurement Items

Concept	Domain	Measure	Questionnaire Item	Scale
WHOQOL-BREF	Overall	Overall QOL	How would you rate your quality of life?	Very poor Very good
	Overall	Overall health	How satisfied are you with your health?	Very dissatisfied Very satisfied
	Physical	Pain and discomfort	To what extent do you feel that physical pain prevents you from doing what you need to do?	Not at all Extremely
	Physical	Dependence on medicinal substances and medical aids	How much do you need any medical treatment to function in your daily life?	Not at all Extremely
	Psychological	Positive feelings	How much do you enjoy life?	Not at all Extremely
	Psychological	Spirituality / Religion /	To what extent do you feel your life to be meaningful?	Not at all Extremely

		Personal beliefs		
	Psychological	Thinking, learning, memory and concentration	How well are you able to concentrate?	Not at all Extremely
	Environmental	Freedom, physical safety, and security	How safe do you feel in your daily life?	Not at all Extremely
	Environmental	Physical environment (pollution/ noise /traffic/ climate)	How healthy is your physical environment?	Not at all Extremely
	Physical	Energy and fatigue	Do you have enough energy for everyday life?	Not at all Completely
	Psychological	Bodily image and appearance	Are you able to accept your bodily appearance?	Not at all Completely
	Environmental	Financial resources	Have you enough money to meet your needs?	Not at all Completely
	Environmental	Opportunities for acquiring new information and skills	How available to you is the information that you need in your day-to-day life?	Not at all Completely
	Environmental	Participation in and opportunities for recreation/ leisure activities	To what extent do you have the opportunity for leisure activities?	Not at all Completely
	Physical	Mobility	How well are you able to get around?	Very poor Very good
	Physical	Sleep and rest	How satisfied are you with your sleep?	Very dissatisfied Very satisfied
	Physical	Activities of daily living	How satisfied are you with your ability to perform your daily living activities?	Very dissatisfied Very satisfied
	Physical	Work Capacity	How satisfied are you with your capacity for work?	Very dissatisfied Very satisfied
	Psychological	Self-esteem	How satisfied are you with yourself?	Very dissatisfied Very satisfied
	Social	Personal relationships	How satisfied are you with your personal relationships?	Very dissatisfied Very satisfied
	Social	Sexual activity	How satisfied are you with your sex life?	Very dissatisfied Very satisfied
	Social	Social support	How satisfied are you with the support you get from your friends?	Very dissatisfied Very satisfied
	Environmental	Home environment	How satisfied are you with the conditions of your living place?	Very dissatisfied Very satisfied

	Environmental	Health and social care: accessibility and quality	How satisfied are you with your access to health services?	Very dissatisfied Very satisfied
	Environmental	Transport	How satisfied are you with your transport?	Very dissatisfied Very satisfied
	Psychological	Negative feelings	How often do you have negative feelings such as blue mood, despair, anxiety, depression?	Never Always

Table A.3*Leisure Participation Measurement Items*

Concept	Domain	Measure	Questionnaire Item	Scale
Leisure Participation	Active	Sport participation	How often do you participate in sport activities (e.g., football, volleyball, swimming, tennis, basketball, ping-pong, exercises)?	Never Always
		Travel	How often do you travel outside of your current place of residence for pleasure?	Never Always
		Outdoor activity/Camping	How often do you participate in outdoor recreation (camping, hiking, ...)?	Never Always
		Sightseeing	How often do you go sightseeing (natural and cultural heritage sites, museums, galleries, ...)?	Never Always
		Art	How often do you participate in art-related activities (painting, performing, singing, organizing traditional/ ritual festivals such as Nowruz, Yalda, Eid Al Fitr, etc.)?	Never Always
		Playing Music	How often do you play musical Instruments?	Never Always
		Playing music	How much time do you spend on playing musical instrument?	Not at all Extremely
	Passive	Listening to music	How often do you listen to music?	Never Always
		Movie and TV shows	How often do you watch movies/shows?	Never Always
		Video games	How often do you play video games (online games, game applications on smartphones, computer games, PlayStation, Xbox, ...)?	Never Always
		Social media	How much time do you spend on social media (Instagram, Facebook, Telegram, WhatsApp, ...)?	Not at all A considerable portion of my time
		Reading	How much time do you spend reading books/magazines for pleasure?	Not at all A considerable portion of my time
		Watching Sports	How often do you watch sports?	Never Always

	Socializing	Restaurant/Meals with friends	How often do you eat out with friends?	Never Always
		Watching movies with friends	How often do you watch movies/shows with friends?	Never Always
		Bar and Clubs	How often do you go to bars and clubs with friends and family?	Never Always
		Game Nights	How often do you attend game nights (card games, backgammon, chess) with friends and family?	Never Always
		Talking/Conversation/Phone	How much time do you spend talking with friends and family (in person/over phone) for pleasure?	Not at all A considerable portion of my time

Table A.4*Leisure Availability Measurement Items*

Concept	Domain	Measure	Questionnaire Item	Scale
Leisure Availability	Active	Sport participation	Is it possible for you to participate in sport activities (football, volleyball, swimming, tennis, basketball, ping-pong, exercises)?	Never Always
		Travel	Is it possible for you to travel outside of your current place of residence for pleasure?	Never Always
		Outdoor activity/Camping	Is it possible for you to participate in outdoor recreation (camping, hiking, ...)?	Never Always
		Sightseeing	Is it possible for you to go sightseeing (natural and cultural heritage sites, galleries, museums, etc.)?	Never Always
		Art	Is it possible for you to participate in art-related activities (performing, painting, organizing traditional/ ritual festivals such as Nowruz, Yalda, Fitr Eid, etc.)?	Never Always
		Playing Music	Do you have access to musical instruments?	Never Always
	Passive	Listening to music	Do you have access to your favorite music?	Never Always
		Movie and TV shows	Is it possible for you to watch movies/shows?	Never Always
		Video Games	Is it possible for you to play video games (online games, game applications on smartphones, computer games, PlayStation, Xbox, ...)?	Never Always
		Social media	Do you have access to social media (Instagram, Facebook, Telegram, WhatsApp, ...)?	Never Always
		Reading	Do you have access to reading materials (books, magazines, etc.)?	Never Always
		Watching Sports	Is it possible for you to watch sports?	Never

				Always
	Socializing	Restaurant/Meals with friends	Is it possible for you to eat out with friends?	Never Always
		Watching movies with friends	Is it possible for you to watch movies/shows with friends?	Never Always
		Bar and Clubs	Is it possible for you to go to bars and clubs with friends and family?	Never Always
		Game Nights	Is it possible for you to attend game nights (playing cards, backgammon, chess) with friends and family?	Never Always
		Talking/Conversation/Phone	Is it possible for you to talk with friends and family (in person/over phone) for pleasure?	Never Always

Table A.5
COVID- 19 Items

Concept	Questionnaire Item	Scale
COVID-19 Pandemic	How much has your quality of life been impacted by COVID-19?	Not at all A great deal
	Which of the following best describes your QOL as a result of COVID-19?	Much worse Somewhat worse Unchanged somewhat Better Much better
	Which of the following best describes your access to leisure activities and resources as a result of COVID-19?	Significantly Decreased Somewhat decreased Remained the same Somewhat increased Significantly increased
	How much has your leisure participation been impacted by COVID-19?	Not at all A great deal
	How much has your access to leisure been impacted by COVID-19?	Not at all A great deal

Appendix B: Research Ethics

VIU's Research Ethics Board Approval

File No: 100615 Mrs. Monir Shahzeidi

Faculty of Management\Master of Arts in Sustainable Leisure Management
Vancouver Island University

File No: 100615

Approval Date: April 22, 2020

Expiry Date: April 21, 2021

Dear Mrs. Monir Shahzeidi,

The Vancouver Island University Research Ethics Board (VIU REB) has reviewed your revised Application for Ethical Review of your project entitled 'Influence of Leisure on Quality of Life of Refugees: A Comparative Study of Refugees in Canada and Turkey'. Thank you for your attention to the points raised by REB reviewers.

I am pleased to relay that your application has been approved and, as at April 22, 2020, you are authorized to commence the research as outlined in the approved application. This REB approval is valid for one year less a day, until: April 21, 2021.

Throughout the duration of this REB approval, all requests for modifications to the approved ethical protocol must be submitted via the Research Portal.

If you have any questions about the REB review and approval process, please contact the REB Office at reb@viu.ca or by telephone at (250) 740-6631. If you encounter any issues when working in the Research Portal, please contact our system administrator at romeo@viu.ca.

Sincerely,

Vancouver Island University Research Ethics Board

Marina La Salle, PhD

Chair, VIU Research Ethics Board

Recruitment Letter

Dear _____

My name is Monir Shahzeidi and I am a graduate student at Vancouver Island University (VIU) pursuing my Masters' degree in Sustainable Leisure Management under the supervision of Dr. Garrett Stone. I am asking for your help in an important study about the influence of leisure on quality of life of refugee people.

We are inviting refugee people residing in Turkey to participate in an online survey that explores their leisure opportunities and participation, and its influence on their quality of life. To study their quality of life we utilized WHOQOL-BREF which is a standardized scale developed by World Health Organization.

To be able to conduct this study, I need your help with the distribution of my questionnaire to your network of refugee people who currently reside in Turkey. Participants are required to be refugees or asylum seekers. They can participate via an online survey provided in the invitation letter attached to this email. A copy of the consent letter is also attached.

We do not anticipate any risks with participation in the survey. Refugee people will not be identified by name in any reports of the completed study. All data will be kept in a password protected computer file. Individual responses will not be made available to anyone outside the research team. Participation in this study is completely voluntary, and refugee people do not have to answer any question that they don't want to.

We really appreciate your help and we hope that the results of this study provide us with a better understanding of refugee peoples' leisure opportunities and participation in order to improve their quality of life.

Looking forward to hearing from you. Please contact us if you have any question.

Sincerely,

Monir Shahzeidi
MA Student, Sustainable Leisure Management
Vancouver Island University

Garrett Stone
Ph.D. Faculty of Management/Recreation/Tourism
Vancouver Island University

VIU's Research Ethics Board

reb@viu.ca

Consent Letter

The Influence of Leisure on Quality of Life of Refugees in Turkey

Greetings,

You are being invited to take part in this study because you are a refugee currently residing in Turkey or because you lived in Turkey before you moved to Canada. We are very interested in your experiences around the leisure behavior and quality of life of refugees. This is a research project conducted by Monir Shahzeidi under the supervision of Dr. Garrett Stone at Vancouver Island University (VIU), Canada.

This research aims to identify the association between leisure and the quality of life of refugees. The findings may help researchers and managers to improve the quality of life of refugees. **This research is independent of refugee organizations in both Turkey and Canada.** No information collected in this survey will be shared with refugee organizations.

Survey Monkey will be used to collect survey responses. Data may be stored on Survey Monkey's servers located in United States. (Survey Monkey's privacy policy: <https://www.surveymonkey.com/mp/legal/privacy-policy/>). I will delete all survey data from Survey Monkey's servers after project data collection has been completed. I will not collect any identifying information such as IP address. Privacy will be maintained to the degree permitted by the technology, and thus no guarantees can be made regarding the interception of data by any third parties while data is transmitted across international borders. As Survey Monkey may store data on servers located in the United States, your data may be accessed by US authorities under US security legislation.

This survey should take between 20 and 30 minutes.

Your Rights as a Research Participant

Your participation in this research is voluntary and you can exit at any time before submitting your survey. You can skip any question that you do not like to answer. Your name and affiliation will not be recorded in the survey. **All data will be aggregated. Your participation is therefore anonymous and your actual survey responses will not be seen by anyone but the VIU researcher.** After collection, we'll hold on to the original surveys in a password-protected computer in the researcher's office until a certain time after the data is analyzed and published then we'll delete your survey responses.

The research findings may be published in academic journals and will be shared with interested groups such as UNHCR, Canadian Council for Refugees, and BC Refugee Hub. It will also be available to you on a publicly available web site.

Survey Risks and Benefits

We do not anticipate any risks with participation in the survey. Also, there will be no direct benefits for the participants. However, we see several indirect benefits to you participating in this

survey: For instance, the refugee-related organizations and refugee accepting communities may benefit through better understanding refugees' needs and will be able to better address those needs to improve quality of life.

If at any time during the completion of this survey you feel emotionally distressed contact refugee health line in Canada at +1-866-286-4770 or UNHCR Counselling Line by calling +90-444-48-68.

If you are comfortable participating in this survey, completing this questionnaire will indicate to us that you have voluntarily agreed to participate and understand your rights in this research.

Contact

If you would like further information on the research results, please contact:

Monir Shahzeidi
Vancouver Island University, Canada
Email: monir.shahzeidi@viu.ca

If you have concerns or complaints about your rights as a research participant and/or your experiences while participating in this study, contact the VIU's Research Ethics Board at via email (reb@viu.ca) or at 250-740-6631.

A brief report of the findings will be available to the public after completion of the research at VIURRSpace (<https://viurrspace.ca/>).

You may print or save a copy of this letter for your records.
Thank you!

