

PERSONAL FACTORS AS PREDICTORS OF RECREATIONAL SPORTS INVOLVEMENT AMONG HEALTH CARE PROFESSIONALS IN FEDERAL MEDICAL CENTRES, SOUTH-WESTERN NIGERIA

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Abstract

*Recreational Sports Involvement (RSP) has been recognized for its preventive and potential curative effects on various medical conditions. However, research on RSP remains limited, particularly among healthcare professionals. This study investigated how personal factors predict RSP among healthcare professionals (HCPs) working in Federal Medical Centres (FMCs) across South-western Nigeria. Descriptive survey design was employed, with data collected from 723 respondents using a validated, self-developed questionnaire. Data were analysed using descriptive statistics and multiple regression analysis. Findings revealed a generally low level of RSP among HCPs in the selected FMCs. There was a significant joint prediction of personal factors of lifestyle, skill level and health benefit on RSP among the respondents ($F_{(3,719)}=379.292, p<0.05$). There were significant relative predictions of lifestyle ($\beta=-0.854, p<0.05$) and skill level ($\beta=0.169, p<0.05$) on RSP among the respondents, while health benefit ($\beta=-0.012, p>0.05$) did not. The study concluded that recreational sports involvement (RSP) was generally low among healthcare professionals. Personal factors were found to significantly predict RSP, with **lifestyle** and **skill level** showing significant individual contributions, while **perceived health benefits** did not. It was recommended that management of Federal Medical Centres in South-western Nigeria should strengthen efforts to implement targeted **health education programmes** promoting RSP among healthcare professionals.*

Keywords: *Personal factors, Recreational Sports, Involvement, Health care, professionals, perceived*

Introduction

Background to the Study

Globally, recreational sports involvement is receiving more attention among the medical practitioners and researchers in academic discourse. Recreational sports and exercises have been proven to have preventive capability and possible curative effect on certain types of ailments and medical challenges. Recreational sports have a big impact on human physiology and psychology and are a big part of leisure activities. Exercise offers real physiological advantages for improving health and lowering death rates. In addition to lowering the risk of diabetes, heart disease, and cancer, regular and moderate leisure sports are also linked to a number of death rates through correlations with health indicators including body mass index (BMI) (Valenzuela et al, 2023).

Recreational sports, if adopted as a way of life will have multi-dimensional benefits on individuals and the society (Lee, James & Hsien-Yuan, 2023). Physical activity has been shown to lower the risk of lifestyle-related illnesses such as diabetes mellitus, obesity, hypertension, cancer and cardiovascular disease (Ha et. al, 2020). A higher social and psychological quality of life is experienced in addition to physical advantages. Higher education institutions have made significant investments in sport and recreation resources because they recognize the importance of physical activity. Recreation is deliberate activity intended to achieve personal and societal goals, such as self-improvement and group connection (Wanja, 2022).

Regular involvement in recreational sports by individuals and groups could midwife good communal health delivery system in challenged communities. Recreational sports are social activities that promote contact between various social groups, according to psychological theory. In addition to improving mental and physical health, recreational sports also lower psychological stress and boost self-esteem (Valenzuela et al, 2023). Recreational sports carry the capability for strong social integration as a platform for unity, cohesion, societal progress and development. It creates a good window for individuals who are distant in terms of social class and status to interact and share experience. Recreational sports involvement is a good bridge that can link the high and low in the society together (Lee, James & Hsien-Yuan, 2023).

There are several factors that can account for fast aging process in individuals, which range from lifestyles, eating habits, genetic factors, sedentary lifestyle, and physical environment among others (Tomotaka, 2022). Health care professionals in south-western Nigeria may not be an exception. The COVID-19 health pandemic has created a great vacuum in the health sector to the extent that the shortage of manpower has left health care professionals with multiple shifts for the few ones available to shoulder (Tomotaka, 2022). There is the rising rate of labour migration of health care professionals to the western world in search of greener pastures, leading to an acute shortage of manpower in the health sector in Nigeria. Health care professionals needed to work for longer hours and which does not afford time for recreational activities. Regular

involvement in recreational sports and physical activity can reset the body system and the brain for more mental performance which is good for healthy living (Marianna et. al, 2022).

Nigerians' lifestyle choices have been blamed for a rise in health issues and avoidable fatalities in recent years. Nonetheless, one would anticipate that the health care industry would not likely be impacted by illnesses and health issues. Several of these issues are now daily struggles for professionals working in the health care delivery system. There have been incidents of suicides and health workers collapsing during work. Health care professionals now have an even heavier load in providing health care services to Nigerian residents as a result of the diseases outbreaks. As a result, they must work longer hours and numerous shifts (Isyaku, 2021; Marianna et. al, 2022).

In addition, Nigeria's health industry is facing a workforce crisis due to the increasing migration of healthcare professionals to the west for better opportunities. This has led to a shortage of leisure time, making leisure sports and physical exercise a valuable alternative. These activities provide a fulfilling sense of happiness, revitalize the body system, and tones muscles and ligaments (Isyaku, 2021). With rising healthcare costs and increasing health concerns, research on leisure and recreation activities is gaining global attention. Despite this, there is a paucity of studies on recreational sports involvement, specifically among professionals in health care sector. Therefore, this study investigated personal factors as predictors of recreational sports involvement among health care professionals in Federal Medical Centres in South-western Nigeria.

Statement of the Problem

There is a growing recognition of the importance of recreational sports involvement for promoting physical and mental well-being. However, in the context of Federal Medical Centres in Southwestern Nigeria, there remains a significant gap in understanding how personal factors influence healthcare professionals' involvement in recreational sports activities. Key personal factors, such as age, gender, income level, educational background, and individual health status, may significantly affect the attitudes and motivations of healthcare professionals toward engaging in recreational sports. This lack of comprehensive understanding not only hinders the establishment of a culture of wellness within the healthcare workforce but also undermines efforts to enhance overall health and well-being among health professionals. As a result, there is a pressing need to investigate and analyse these personal factors to better predict recreational sports involvement among healthcare professionals. Hence, this study. This study investigated personal factors as predictors of Recreational Sports Involvement (RSP) among Health Care Professionals (HCPs) in Federal Medical Centres (FMCs) in Southwestern Nigeria, aiming to emphasize the health benefits of RSP in preventing and managing medical conditions within this group.

Objectives of the Study

The objective of the study are to:

1. ascertain the level of recreational sports involvement among health care professionals in Federal Medical Centres in South-western Nigeria.
2. examine the joint prediction of personal factors (lifestyle, skill level and health benefits) on recreational sports involvement among health care professionals of Federal Medical Centres in South-western Nigeria.
3. examine the relative prediction of lifestyle, skill level and health benefit on recreational sports involvement among health care professionals of Federal Medical Centres in South-western Nigeria.

Research Question

1. What is the level of recreational sports involvement among health care professionals in Federal Medical Centres in South-western Nigeria?

Hypotheses

The following hypotheses were formulated and tested at 0.05 significance level.

1. There is no significant joint prediction of personal factors (lifestyle, skill level and health benefits) on recreational sports involvement among health care professionals of Federal Medical Centres in South-western Nigeria.
2. There is no significant relative prediction of lifestyle, skill level and health benefit on recreational sports involvement among health care professionals of Federal Medical Centres in South-western Nigeria.

Methodology

The descriptive survey research design was used for this study. The population of this study comprised health care professionals of Federal Medical Centres in South-western Nigeria. Multistage sampling procedure which comprised of simple random, proportionate and purposive sampling techniques was used to select seven hundred and twenty three (723) health care professionals from the three selected medical centres. The selected medical centres included Federal Medical Centre, Ebute Meta, Lagos State, Federal Medical Centre, Abeokuta, Ogun State and Federal Medical Centre, Owo, Ondo State. The researcher obtained approval for the study from the authorities of the three selected medical centres. Similarly, consent of the respondents was sought for before the administration of the questionnaire. The questionnaire was subjected to reliability test; which yielded coefficient value of 0.81. The researcher used three research assistants to gather the data. Descriptive Statistics of frequency counts and percentages were used to analyse socio-demographic variables. Frequency counts and percentages, means and standard deviation were used to analyse the research question. Multiple Regression analysis was used to test the two hypotheses at 0.05 level of significance.

Results and Discussion of Findings

The results and discussion of findings are stated as follows:

Demographic Characteristics of the Respondents:

Table 1: Distribution of the Respondents by Sex

Sex	Frequency	Percent
Male	382	52.8
Female	341	47.2
Total	723	100.0

Table 4.1 reveals that over half of the respondents (52.8%) were male, while female were below half (47.2%) of the entire sample size.

Table 2: Distribution of the Respondents by Age

Age	Frequency	Percent
30 years and below	261	36.1
31-40 years	357	49.4
41-50 years	52	7.2
51 years and above	53	7.3
Total	723	100.0

Table 4.2 reveals that almost half of the respondents (49.4%) were in the age range of 31-40 years, over one quarter (36.1%) were 30 years and below, few (7.3%) were 51 years and above, while few (7.2%) were in the age range of 41-50 years.

Research Question

The below research question was answered.

Research Question 1: What is the level of recreational sports involvement among health care professionals in Federal Medical Centres in South-western Nigeria?

Table 3: Descriptive Analysis on Level of Recreational Sports Involvement

Statement	O	RE	RA	N	Mean	Std. Dev.
Involvement in recreational sports is never part of my daily routine.	464 (64.2%)	159 (22.0%)	100 (13.8%)	0 (0.0%)	1.63	1.03
I reduce my involvement in moderate-intensity aerobic activities like dancing and brisk walking	476 (65.8%)	107 (14.8%)	140 (19.4%)	0 (0.0%)	1.73	1.17
Skipping and involvement in a game like volleyball are not part of my recreational activities	510 (70.5%)	213 (29.5%)	0 (0.0%)	0 (0.0%)	1.29	0.46
I don't involve in 20 minutes or more of vigorous-intensity physical activity that	441 (61.0%)	143 (19.8%)	139 (19.2%)	0 (0.0%)	1.58	0.79

makes me sweat or puff and pant (e.g., heavy lifting or jogging)						
I just don't think about recreational sports, I always forget to participate.	710 (98.2 %)	13 (1.8%)	0 (0.0%)	0 (0.0%)	1.02	0.13
I'm tired after work; I have no enough energy to participate in recreational sports.	321 (44.4 %)	163 (22.5 %)	153 (21.2 %)	86 (11.9 %)	2.01	1.06
I participate in recreational sports twice a week because of job demands	170 (23.5 %)	367 (50.8 %)	186 (25.7 %)	0 (0.0%)	2.28	1.09
Availability of ball games facilities in my environment did not translate to involvement in football/handball/volleyball or basketball	225 (31.1 %)	172 (23.8 %)	100 (13.8 %)	226 (31.3 %)	2.45	1.22
I just don't feel like participating in recreational sports due to lack of interest.	283 (39.1 %)	340 (47.0 %)	100 (13.8 %)	0 (0.0%)	1.89	0.97
Despite the provision of indoor games facilities in my house I am not inspired to participate in sporting activities	327 (45.2 %)	356 (49.2 %)	0 (0.0%)	40 (5.5%)	1.66	0.75
Specific facility of my choice of recreational sport is always over crowded/inadequate hence I keep off	245 (33.9 %)	379 (52.4 %)	99 (13.7 %)	0 (0.0%)	1.80	0.66
I don't do some forms of physical exertion and voluntary movements that burn calories	329 (45.5 %)	354 (49.0 %)	40 (5.5%)	0 (0.0%)	1.60	0.59
I dislike physical exercise in the public, I feel uncomfortable using the gymnasium with others and therefore I do not exercise.	430 (59.5 %)	293 (40.5 %)	0 (0.0%)	0 (0.0%)	1.41	0.49
For many health reasons, fitness training class and gym exercises are not part of my schedule	393 (54.4 %)	330 (45.6 %)	0 (0.0%)	0 (0.0%)	1.46	0.50
					Weighted mean=	1.70

Decision rule: 1.00-1.49=Very low, 1.50-2.49=Low, 2.50–3.49=High, 3.50-4.00=Very high

Key: Often (O), Regularly (RE), Rarely (RA), Never (N)

In table 3, reveals that 64.2% of the respondents indicated often on the fact that involvement in recreational sports was never part of their daily routine, 22.0% mentioned

regularly, while 13.8% stated rarely. Moreover, 65.8% of the respondents indicated that they reduce their involvement in moderate-intensity aerobic activities like dancing and brisk walking, 14.8% mentioned regularly, while 19.4% stated rarely. Furthermore, 70.5% of the respondents indicated that skipping and involvement in a game like volleyball are not part of their recreational activities, while 29.5% mentioned regularly. In addition, 61.0% of the respondents indicated often on the fact that they don't involve in 20 minutes or more of vigorous-intensity physical activity that makes them sweat or puff and pant like heavy lifting or jogging, 19.8% mentioned regularly, while 19.2% stated rarely. Likewise, 98.2% of the respondents indicated that they just don't think about recreational sports, they always forget to participate, while 1.8% mentioned regularly. Likewise, 44.4% of the respondents indicated that are tired after work so; they have no enough energy to participate in recreational sports, 22.5% mentioned regularly, 21.2% rarely, while 11.9% mentioned never. Similarly, 23.5% of the respondents indicated that participate in recreational sports twice a week because of job demands, 50.8% mentioned regularly, while 25.7% mentioned rarely.

Table 3 further reveals that 31.1% of the respondents indicated that availability of ball games facilities in their environment did not translate to involvement in football/handball/ volleyball or basketball, 23.8% mentioned regularly, 13.8% mentioned rarely, while 31.3% stated never. Besides, 39.1% of the respondents indicated that they just don't feel like participating in recreational sports due to lack of interest, 47.0% mentioned regularly, while 13.8% mentioned rarely. Also, 45.2% of the respondents indicated that despite to provision of indoor games facilities in my house am not inspired to participate in sporting activities, 49.2% mentioned regularly, while 5.5% mentioned never. Moreover, 33.9% of the respondents indicated that specific facility of their choice of recreational sport is always over crowded/inadequate hence they keep off, 52.4% mentioned regularly, while 13.7% mentioned rarely.

Additionally, 45.5% of the respondents indicated that they don't do some forms of physical exertion and voluntary movements that burn calories, 49.0% mentioned regularly, while 5.5% mentioned rarely. Moreover, 59.5% of the respondents indicated that they dislike physical exercise in the public, they feel uncomfortable using the gymnasium with others and therefore they do not exercise, while 40.5% mentioned regularly. Also, 54.4% of the respondents indicated that for many health reasons, fitness training class and gym exercises are not part of their schedule, while 45.6% mentioned regularly. It was further revealed that, on the average, the respondents' responses on recreational sports involvement had a weighted mean of 1.70 indicating it was low. This implies that the level of recreational sports involvement was low among health care professionals in Federal Medical Centres in South-western Nigeria.

Hypotheses

The following hypotheses were tested at 0.05 level of significance:

H₀₁: There is no significant joint prediction of personal factors (lifestyle, skill level and health benefits) on recreational sports involvement among health care professionals of Federal Medical Centres in South-western Nigeria.

Table 4: Summary of Regression Analysis of Joint Prediction of Personal Factors on Recreational Sports Involvement

R=0.783						
R ² =0.613						
Adj. R ² =0.611						
Std. Error=3.31412						
Model	Sum of Squares	Df	Mean Square	F	Sig. (p value)	Remark
Regression	12497.705	3	4165.902	379.292	0.000	Significant
Residual	7897.044	719	10.983			
Total	20394.750	722				

As shown in table 4, it was found that the linear combination of personal factors of lifestyle, skill level and health benefits was tested significant on recreational sports involvement among health care professionals of Federal Medical Centres in South-western Nigeria ($F_{(3,719)}=379.292$, $p<0.05$). The result yielded a coefficient of multiple regression of 0.783 and multiple R-square of 0.613. The result also revealed that adjusted R²=0.611; indicating that about 61.1% of variance was accounted for by the independent variables. This means that, there was a significant joint prediction of personal factors (lifestyle, skill level and health benefit) on recreational sports involvement among health care professionals of Federal Medical Centres in South-western Nigeria. The null hypothesis was therefore rejected.

H₀₂: There is no significant relative prediction of lifestyle, skill level and health benefit on recreational sports involvement among health care professionals of Federal Medical Centres in South-western Nigeria.

Table 5: Summary of Regression Analysis of Relative Prediction of Personal Factors on Recreational Sports Involvement

Model	Unstandardized Coefficients		Standardized Coefficients		Sig.	Remark
	B	Std. Error	Beta	t		
(Constant)	36.289	0.423		85.734	0.000	
Lifestyle	-1.596	0.054	-0.854	-29.303	0.000	Significant
Skill level	0.304	0.071	0.169	4.301	0.000	Significant
Health benefit	-0.026	0.092	-0.012	-0.278	0.781	Not Significant

Table 5 shows lifestyle, skill level and health benefit, the unstandardized regression weight (β), the standardized error of estimate ($SE\beta$), the standardized coefficient, the t-ratio and the level at which the t-ratio was significant. As indicated in this table, lifestyle ($\beta=-0.854$, $p<0.05$) and skill level ($\beta=0.169$, $p<0.05$) were independently tested significant on recreational sports involvement among health care professionals of Federal Medical Centres in South-western Nigeria, while health benefit ($\beta=-0.012$, $p>0.05$) did not. This means that there was a significant relative prediction of lifestyle and skill level on recreational sports involvement among health care professionals of Federal Medical Centres in South-western Nigeria, while health benefit did not. The null hypothesis which stated that there was a significant relative prediction of lifestyle and skill level on recreational sports involvement among health care professionals of Federal Medical Centres in South-western Nigeria was therefore rejected.

Discussion of Findings

The findings of this study on socio-demographic characteristics of the respondents revealed that, over half of the respondents were male, while female were below half of the entire sample size. It was further established that, almost half of the respondents were in the age range of 31-40 years, over one quarter were over 30 years, few were 51 years and above, while few were in the age range of 41-50 years.

The level of recreational sports involvement was low among health care providers in Federal Medical Centres in South-western Nigeria. This implies that a significant portion of respondents reported a lack of interest in recreational sports. This was authenticated through the weighted mean which indicated that it was low level. It was also established that the responses of most respondents on the fact that involvement in recreational sports was never part of their daily routine. Moreover, most of the respondents indicated that they reduced their involvement in moderate-intensity aerobic activities like dancing and brisk walking. Furthermore, majority of the respondents indicated that skipping and involvement in a game like volleyball are not part of their recreational activities. In addition, most of the respondents indicated often on the fact that don't involve in 20 minutes or more of vigorous-intensity physical activity that makes them sweat or puff and pant like heavy lifting or jogging.

Likewise, majority of the respondents indicated that they just don't think about recreational sports, they always forget to participate. Similarly, many of the respondents indicated that they are tired after work so; they have no enough energy to participate in recreational sports. Similarly, significant number of the respondents indicated that they participate in recreational sports twice a week because of job demands. Some of the respondents indicated that availability of ball games facilities in their environment did not translate to involvement in football/handball/ volleyball or basketball. Some of the respondents indicated that they just don't feel like participating in recreational sports due to lack of interest. Also, many of the respondents indicated that despite to provision of indoor games facilities in my house am not inspired to participate in sporting activities. Moreover, many of the respondents indicated that specific facility of their choice of

recreational sport is always over crowded/inadequate hence they keep off. Additionally, many of the respondents indicated that they don't do some forms of physical exertion and voluntary movements that burn calories. Moreover, most of the respondents indicated that they dislike physical exercise in the public, they feel uncomfortable using the gymnasium with others and therefore they do not exercise.

Also, some of the respondents indicated that for many health reasons, fitness training class and gym exercises are not part of their schedule. This finding of this study on low level of recreational sports involvement among health care providers aligns with a previous study which identified personal interest and motivation as critical determinants of leisure-time physical activity among Nigerian adolescents (WHO, 2003). Although this study focused on a younger demographic, the implications regarding motivation are pertinent across age groups. The data likewise reveals that some of the respondents feel too tired after work to engage in recreational sports. This finding is consistent with research indicating that occupational demands and resultant fatigue significantly hinder involvement in recreational activities among working adults (Lawler, et al, 2022).

The finding of this study in hypothesis one revealed that the linear combination of personal factors of lifestyle, skill level and health benefit was tested significant on recreational sports involvement among health care professionals of Federal Medical Centres in South-western Nigeria. The result further established that about 61.1% of variance was accounted for by the independent variables. The indication of this finding was that, there was a significant joint prediction of personal factors (lifestyle, skill level and health benefit) on recreational sports involvement among health care professionals of Federal Medical Centres in South-western Nigeria. This outcome established that the combination of personal factors of lifestyle, skill level and health benefit had significant impact on in ability of the health care professionals of Federal Medical Centres in South-western Nigeria to participate optimally in recreational sports involvement. The outcome of this study on joint prediction of personal factors involving health benefit was in line with the outcome of a previous study which established prevention of health is associated with sports involvement (WHO, 2003).

While personal factors are significant, socio-demographic variables also play a crucial role. Research discussed the implications of leisure activities and recreation facilities on community health, indicating that environmental and social factors can either facilitate or hinder recreational sports involvement (Aluko & Olaleye, 2022). The findings are consistent with existing literature, highlighting that personal factors such as lifestyle, skill level, and perceived health benefits, to mention but a few significantly predict recreational sports involvement among healthcare professionals. Addressing these factors through targeted interventions, health education, and the creation of supportive environments can help increase physical activity engagement within this population.

High occupational demands often lead to reduced leisure time, negatively impacting involvement in recreational sports. Healthcare professionals frequently face

long working hours and high-stress environments, which can limit their capacity for physical activity. This aligns with findings that perceived constraints, such as time limitations due to work commitments, significantly hinder active recreational sport involvement among urban residents (Bello & Hassan, 2023). The proximity of one's residence to recreational facilities significantly influences sports involvement. Studies have shown that individuals living closer to sports facilities are more likely to engage in physical activities. For instance, research indicates that the availability and usability of sports facilities are strong predictors of sustainable sports development, highlighting the importance of accessible recreational infrastructure (Bolarinwa, 2021; Bello & Hassan, 2023).

The presence and accessibility of sports facilities and equipment are crucial for encouraging recreational sports involvement. A study analysing the impact of sport infrastructure on involvement found that the availability of facilities like swimming pools and sports fields significantly determines engagement in sports activities (Cerin, Leslie & Owen, 2009). Additionally, the provision of well-maintained and accessible sports facilities has been linked to increased physical activity levels among community members (Eime, Harvey & Payne, 2021). The significant joint influence of occupational demand, residential location and availability of facilities/equipment on recreational sports involvement among healthcare professionals highlights the need for targeted interventions. Addressing these social factors by promoting work-life balance, strategic urban planning to improve access to recreational facilities, and ensuring the availability of necessary sports infrastructure can enhance physical activity engagement within this population.

The outcomes of hypothesis two revealed that lifestyle and skill level were independently tested significant on recreational sports involvement among health care professionals of Federal Medical Centres in South-western Nigeria, while health benefit did not. This means that there was a significant relative prediction of lifestyle and skill level on recreational sports involvement among health care professionals of Federal Medical Centres in South-western Nigeria, while health benefit did not. These outcomes denoted that lifestyle and skill level independently had significant impact on in ability of the health care professionals of Federal Medical Centres in South-western Nigeria to participate in recreational sports involvement; while health benefit that the respondents could derive did not have significant effect on their involvement. The outcome of this study on relative prediction of health benefits was in congruence with the outcome of a previous study which established prevention of health is connected with sports involvement (WHO, 2003). This suggests that individuals with demanding lifestyles or lower skill levels are less likely to engage in recreational sports. These results align with existing literature. For instance, a study found that socioeconomic factors, including lifestyle and skill level, significantly influence sports involvement patterns (Kaczynski & Henderson, 2007).

Similarly, a research highlighted that personal attributes such as skill proficiency are crucial determinants of physical activity engagement among Nigerian adolescents (Li & Wang, 2022). Furthermore, a study emphasized the role of individual lifestyle choices in determining involvement in leisure-time physical activities (Ngwoke, Ogbonna & Joel, 2021). These studies collectively underscore the importance of personal factors in influencing recreational sports involvement. Regarding social factors, the study revealed that occupational demand, residential location, and availability of facilities/equipment significantly predict recreational sports involvement. This implies that high occupational demands and unfavourable residential locations negatively impact involvement, whereas better availability of facilities promotes engagement. This finding is supported by another study, which reported that the availability and proximity of sports facilities are positively associated with involvement rates (Odunaiya, Agboola Okoye & Oguntibeju, 2021).

Conclusion and Recommendations

Conclusion

The study concluded that the level of recreational sports involvement was low among health care professionals in Federal Medical Centres in South-western Nigeria. Conclusion was made that there was a significant joint prediction of personal factors (lifestyle, skill level and health benefit) on recreational sports involvement among health care professionals of Federal Medical Centres in South-western Nigeria. It was established that there was a significant relative prediction of lifestyle and skill level on recreational sports involvement among health care professionals of Federal Medical Centres in South-western Nigeria, while health benefit did not.

Recommendations

Based on the findings of the study, the following recommendations were made.

1. The management of Federal Medical Centres in South-western Nigeria, should intensify efforts to organize an effective health education programme on recreational sports involvement specifically for health care professionals. This is to ensure that the low level of recreational sports involvement of the health care professionals is improved upon.
2. Periodic sensitization programme should be designed and implemented by the management of Federal Medical Centres in South-western Nigeria; for health care professionals on influence of personal factors of lifestyle, skill level and health benefit on recreational sports involvement. This is to ensure that healthcare professionals are fully aware of the positive impact these factors have on their involvement in recreational sports, thereby encouraging more active lifestyles and promoting overall well-being.

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