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Quality of Life in People with Physical Disabilities

Marinka Anđelić Bakula[1], Dražen Kovačević[2], Marijana Sarilar[2], Tija Žarković Palijan[2] and Marina Kovač[2]

[1] Office of Health and Social Welfare, Zagreb, Croatia
[2] Neuropsychiatric Hospital Dr. Ivan Barbot, Popovača, Croatia

A B S T R A C T

The aim of this study was to examine the possible differences in self-reported quality of life of people with physical disabilities with regard to both socio-demographic and disability-related characteristics. Testing was conducted on 153 respondents with physical disabilities, residents of the City of Zagreb. Positive correlations were found between the quality of life and income satisfaction, residence size (per capita floor area) and level of residence equipment. Multivariate analysis of variance showed statistically significant differences in quality of life among respondents with regard to the marital status, work status and home ownership. Statistically significant differences in the quality of life were found among the participants depending on their level of physical mobility and type of physical disability. The level of physical mobility is associated with general satisfaction with the accomplishment of goals, aspirations and hopes. The type of physical disability is related to the satisfaction with leisure activities, with the material status, expectations to achieve in the future what has not formerly been achieved. There was also a significant relation between the type of physical disability and general satisfaction with life in the past year. Positive correlations between duration of disability and quality of life were found. Membership in associations of persons with physical disability and related benefits were shown to contribute to the quality of life.

Key words: *quality of life, physical disability, multiple sclerosis, paraplegia, quadriplegia, cerebral palsy, muscular dystrophy, duration of the disability, physical mobility, socio-demographic characteristics*

Introduction

Quality of life is a complex experience influenced by objective conditions in which a person lives (social indicators), subjective response of the person to their life conditions (psychological indicators), the adjustment of expectations and needs of the person with their lifestyle (social policy) and external influences. Physical impairment and disability affect the satisfaction with health, the ability of independent functioning, ability to work and earn for a living, the ability to have and raise children, and achieving partnerships. Own body image, self concept and self-esteem can be significantly altered as a result of a disability[1]. All of these factors may contribute to a lower quality of life for people with disabilities. Some studies have shown poor quality of life for people with physical disability[2,3]. Others have shown disabled people to be more satisfied in some aspects of life, while less satisfied in others than people without disabilities. Gojčeta et al. found that subjects with cerebral palsy reported greater satisfaction with social aspects (relationships with other people, spiritual values, school performance, etc.), while subjects without cerebral palsy experienced more satisfaction with psychological aspects of quality of life (understanding, planning and personal expression). General satisfaction with life, self-care ability, leisure activities, education and sexual life is lower in people with spinal cord injury, while their satisfaction with family life is greater than in people without the injury[3].

Demographic variables (gender, age, ethnicity and level of education) do not account for a large proportion of the variance of subjective life quality[5,6]. In studies of the Croatian population, a negative correlation was obtained between age and life satisfaction[5–7]. Leutar et al[8] state that the quality of life of older people is worse than

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for people with disabilities of younger age. The level of education is positively associated with satisfaction with life[5,9]. Married people or those living with a partner were more satisfied with life than single people.[9–11] Employment is essential for quality of life of both general population and people with physical disabilities[11–13].

There was a correlation of the degree of disability with life satisfaction in people with spinal cord injury and multiple sclerosis[2,15,16]. The correlation between the degree of physical impairment, degree of disability and handicap level with the quality of life was also examined. Impairment is any loss or deviation from normal psychological, physiological or anatomical structure or function[14]. Disability means any restriction or lack (resulting from an impairment) of the ability to perform certain actions in the range considered usual for man[14]. It is the objective evaluation of impairment. Handicap occurs due to impairment or disability and limits or disables a person in fulfillment of their natural role in society (depending on age, gender and social and cultural factors)[14]. It results from lack of achievement or inability to adapt to expectations or social norms. It is the handicap in fulfilling social roles that directly affects life satisfaction, while the degree of impairment and disability are not directly correlated[2,15]. The duration of disability, according to some research is not related[3,17] while according to other is related with life satisfaction[18].

According to the type of disability, groups of people with paraplegia and quadriplegia were compared and no difference in quality of life was found[2–3]. In this study, there are four groups of persons with physical disabilities, i.e. with cerebral palsy, muscular dystrophy, paraplegia and quadriplegia and multiple sclerosis. These diseases are distinct entities, some representing impairment of the peripheral (muscular dystrophy), and others of the central nervous system (paraplegia and quadriplegia, multiple sclerosis and cerebral palsy). Some are progressive (muscular dystrophy and multiple sclerosis), and others non-progressive (cerebral palsy, paraplegia and quadriplegia). Some appear very early (cerebral palsy), others in the thirties (multiple sclerosis), and those as a result of spinal cord injuries occur regardless of age. Some of these diseases, apart from those with a reduction of mobility, are associated with a number of neurological or other problems (e.g. developmental difficulties, epileptic seizures, speech, hearing, or vision impairment in cerebral palsy or in the case of multiple sclerosis absence of senses, problems of the visual system, coordination and speech disorders, micturition disorders, disappearance of abdominal reflexes, cognitive problems of memory, attention, mental speed and executive functions[19,20]). Common in people with multiple sclerosis are mental status changes, emotional lability, depression, or even euphoria, as well as chronic fatigue, which can be defined as apathy, lack of energy and a sense of exhaustion not caused by depression or muscular weakness. There is high comorbidity of multiple sclerosis with anxiety and depressive disorders[21,22]. All these factors, in addition to reduced physical mobility, may further reduce the quality of life. Furthermore, some types of disabilities can be accompanied by additional neurological and physiological problems that can affect the differences in quality of life among these diseases. The purpose of the study was to examine the differences in self-reported quality of life of people with physical disability influenced by socio-demographic and disability-related characteristics.

Materials and Methods

The data for the study were collected in the associations of people with physical disabilities in the City of Zagreb during the agreed appointments. Two group tests were organized for each association. There were a total of 153 respondents, 46.7% male and 53.3% female ones. The average age was 44.43. The average duration of disability was 22.3 years, ranging from one year (3 respondents) to 70 years (1 respondent). In the majority of respondents (52%), disability lasted from 10 to 33 years. As many as 34.5% respondents had muscular dystrophy, 27% multiple sclerosis, 22.3% were paraplegics or quadriplegics and 16.2% respondents had cerebral palsy. 15.7% respondents were completely mobile, 56.9% partially mobile and 27.5% of respondents were completely immobile. The majority was either married (37.2%) or single (38.5%). Most of them had high school (54.9%), and 20.3% college or further education. The sample was made up for the most part of pensioners (51.3%), 11.2% were employed and 23.0% unemployed.

The survey used the Questionnaire on Socio-Demographic Data: age, gender, education, work, family and material status, housing conditions and their adaptation to the needs of people with disabilities, adaptation of the environment to the personal needs, the use of rights and services of social assistance, participation in social life and use of free time. The Scale of Life-Quality Assessment[23] for assessment of the subjective experience of life quality of respondents consisted of 21 items, six of which related to the satisfaction with friends, family and emotional relationships, four to education, employment and material status, one item to housing, health, religion and leisure, and six items to general satisfaction with life and expectations for the future. Respondents chose among the offered levels of satisfaction or dissatisfaction on a 5-point Likert scale.

Statistics

Bivariate correlations, t-tests and multivariate analyses of variance in the SPSS 13.0 program, were used for data processing. For the purposes of correlation, the average score (arithmetic mean of respondents' answers to 21 items) of satisfaction was calculated. In the multivariate analyses of variance all items of the Scale of Quality of Life were entered as dependent variables, except items referring to job satisfaction (47.7% did not respond) and satisfaction with children (56.2% did not respond). Inclusion of these items would significantly lower the total number of cases in the multivariate analyses. The associations of socio-demographic characteristics and

those disability-related ones with job satisfaction were calculated by means of correlations and univariate analyses of variance. The results for the satisfaction with children had too small variability to be processed further.

Results

Socio-Demographic Characteristics and Quality of Life

Marital status (married, living with a partner, single), employment status (employed, unemployed, incapable to work, retired), and place of residence (own apartment/house or apartment/house of parents) affect the quality of life (Table 1). Differences in life quality of persons of different marital status are for the most part influenced by differences in satisfaction with leisure time and material status (Table 1). Married people are less satisfied with their material status and their free time than single ones, and less satisfied with their leisure time than those living with a partner (Table 2 and 3). The differences in quality of life of persons with different employment status are significantly influenced by the differences in satisfaction with sexual life where the employed are more satisfied with their sexual lives than the unemployed (Table 1 and 2). The unemployed are less satisfied with the work than the employed and the retired (Tables 1 and 2). Educational status affects job satisfaction, so those with incomplete or complete primary school are less satisfied with their work than people who have completed high school or college (Tables 1 and 2). People living in their own apartment/house have different life quality from those living in their parents' apartment/house. People who live in their own home are more satisfied with socializing (arithmetic means: 4.197, 3.571), social status (arithmetic means: 3.879, 3.048), social environment (arithmetic means: 3.333, 2.667), life until now (arithmetic means: 3.924, 3.429) and life in the past year (arithmetic means: 3.636, 2.810) than people who live in their parents' apartment/house (Table 1). The greater the satisfaction with income, size and quality of living space equipment, the greater is the quality of life (Table 4). Compatibility of living space and also of the immediate neighborhood with one's personal needs is related with the quality of life (Table 4).

Disability-Related Characteristics and Quality of Life

Persons with longer-time disabilities are more satisfied with the present quality of life than persons with disabilities lasting for a shorter time (Table 4). The degree of mobility affects quality of life, particularly influenced by the differences in satisfaction with the past achievements of goals (Table 1). Partially mobile respondents are more satisfied with achieving the goals than completely immobile respondents (Table 2). People with different disabilities (muscular dystrophy, paraplegia and quadriplegia, cerebral palsy and multiple sclerosis) differ in satisfaction with leisure time, material status, life in

TABLE 1
MULTIVARIATE ANALYSIS OF VARIANCE FOR EXAMINATION OF ASSOCIATION BETWEEN SOCIO-DEMOGRAPHIC CHARACTERISTICS, DISABILITY-RELATED CHARACTERISTICS AND QUALITY OF LIFE

Variable	Multivariate tests		Tests of between subjects effects		
	F-statistic	Significance level	Life quality aspect	F-statistic/ Welch test	Significance level
Marital status	1.649	0.020	Satisfaction with free time	3.378	0.039
			Satisfaction with material status	3.948	0.023
Work status	1.788	0.039	Satisfaction with sexual life	2.924	0.038
Place of residence	1.881	0.031	Satisfaction with social contacts	4.219	0.043
			Satisfaction with social status	8.663	0.004
			Satisfaction with social environment	5.043	0.027
			General satisfaction with past life	4.391	0.039
			Satisfaction with life in the past year	7.812	0.006
Degree of mobility	1.582	0.027	General satisfaction with past achievements	3.450	0.036
Type of disability	1.529	0.015	Satisfaction with free time	3.654	0.015
			Satisfaction with material status	3.366	0.022
			Satisfaction with life in the past year	5.823	0.001
			Expectation to achieve the formerly not achieved	2.796	0.044
Education status			Satisfaction with work / studies	17.437	0.000
Work status			Satisfaction with work / studies	15.345	0.000
Place of residence			Satisfaction with work / studies	6.146	0.016
Use of social care rights			Satisfaction with work / studies	3.662	0.017
Type of disability			Satisfaction with work / studies	3.482	0.028

TABLE 2
POST-HOC MULTIPLE COMPARISONS TEST

Dependent variable	Independent variable	Comparison	Mean difference (1-2)	Significance level
Satisfaction with material status	Marital status	(1) No partner (2) Married	0.865	0.024
Satisfaction with sexual life	Work status	(1) Employed (2) Unemployed	1.40	0.043
Satisfaction with achievement of goals	Degree of mobility	(1) Partial mobility (2) Total immobility	0.801	0.040
Satisfaction with free time	Type of disability	(1) Muscular dystrophy (2) Multiple sclerosis	0.819	0.014
Satisfaction with material status	Type of disability	(1) Cerebral palsy (2) Multiple sclerosis	1.301	0.048
Satisfaction with life in the past year	Type of disability	(1) Muscular dystrophy (2) Multiple sclerosis	0.839	0.042
Satisfaction with life in the past year	Type of disability	(1) Cerebral palsy (2) Multiple sclerosis	1.382	0.006
Satisfaction with work	Education status	(1) Secondary school (2) Not-completed primary and primary school	1.957	0.000
Satisfaction with work	Education status	(1) University and higher (2) Not-completed primary and primary school	2.420	0.000
Satisfaction with work	Work status	(1) Employed (2) Unemployed	2.313	0.000
Satisfaction with work	Work status	(1) Retired (2) Unemployed	1.781	0.000
Satisfaction with work	Use of social care rights	(1) Never used (2) Used in the past and are still using	1.178	0.046
Satisfaction with work	Use of social care rights	(1) Used in the past (2) Used in the past and are still using	1.317	0.036
Satisfaction with work	Type of disability	(1) Paraplegia or quadriplegia (2) Cerebral palsy	1.775	0.037

the past year as well as with regard to the certainty of achieving not previously achieved goals (Table 1). People with multiple sclerosis are less satisfied with the material situation and life in the past year and are less certain of achieving not previously achieved goals as compared to people with cerebral palsy (Table 2 and 3). They are also less satisfied with leisure time and life in the past year compared to people with muscular dystrophy (Table 2).

TABLE 3
T-TEST COMPARISONS OF SATISFACTION WITH SPECIFIC LIFE ASPECTS

Quality of life aspect	Socio-demographic / disability characteristic	Comparison	T-test	Degrees of freedom	Significance level
Expecting to achieve the formerly not achieved	Type of disability	Cerebral palsy Multiple sclerosis	2.044	60	0.045
Satisfaction with free time	Marital status	Married Partnership	–2.702	67	0.009
Satisfaction with free time	Marital status	Married Single	–2.571	106	0.012

TABLE 4
CORRELATION OF QUALITY OF LIFE WITH SOCIO-DEMOGRAPHIC CHARACTERISTICS AND CHARACTERISTICS ASSOCIATED WITH DISABILITY

Variable	The average score on the scale of quality of life	
Satisfaction with income	Pearson r	0.446**
	N	142
Apartment size per member of the household	Pearson r	0.173*
	N	133
Level of apartment/house equipment	Spearman r	0.347**
	N	120
Satisfaction with house/apartment adaptation to the needs	Pearson r	0.377**
	N	143
Satisfaction with adaptation of immediate neighborhood to the needs	Pearson r	0.282**
	N	142
Duration of disability	Pearson r	0.197*
	N	144
Frequency of arrivals in the association	Pearson r	0.301**
	N	143
Satisfaction with association	Pearson r	0.229**
	N	143
Benefit from socializing	Pearson r	0.245**
	N	138
Benefit from improving the organization of free time	Pearson r	0.247**
	N	138
Benefit from going on trips	Pearson r	0.294**
	N	141

* Correlation is significant at the 0.05 level (2-tailed)

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

People with cerebral palsy are less satisfied with their job than people with paraplegia and quadriplegia (Table 2).

The analysis of the contribution of membership in organizations of persons with physical disabilities on their quality of life showed that people who frequently attend the association meetings and are more satisfied with the associations' work are also more satisfied with their quality of life than people who attend less frequently and are less satisfied with their work (Table 4). Meeting people and improving the organization of their free time (going on trips) are the benefits from membership in associations that are most related to a better quality of life (Table 4). The benefit of obtaining counseling and assistance in using privileges did not prove as a factor associated with the quality of life.

Discussion

Marital status, employment status, satisfaction with income, housing quality (the size of living space, house/apartment equipment and satisfaction with its adaptation to personal needs as well as ownership of the place of residence) are singled out as socio-demographic variables that contribute to quality of life. Our study has shown that married people are less satisfied with the quality of life than single people or those living in partnerships. Studies mostly show that married people are more satisfied with life[9–11] and even have more self-esteem and better mental health[24–25] as compared to unmarried and those without partners. However, an examination of trends over a longer period of time showed that life satisfaction is increasing among unmarried men, while decreasing among married women[26]. Our results show differences in two areas of living – leisure and material status. No differences were found in other aspects of life, including those related to general life satisfaction. Single people probably have more free time to pursue personal interests and find activities and hobbies that provide satisfaction. Due to a greater number of obligations related to the partnership, married and people in relationships may have a reduced choice when deciding on leisure activities. Material status could be better in relationships but only if both partners are employed. As employment and earning potential is generally low among people with disabilities, supported both by this study and other research[27], it is not unexpected that people in relationships are less satisfied with their material status because their living costs are at least double.

Employment or unemployment has a major impact on the individual. Being unemployed deprives a person of many functional benefits of employment such as time structure, social contact, having a larger sense of purpose, social status, self identity, and general activity. Also, future financial security is greater with employed than unemployed persons. Employed persons with disabilities are more satisfied with life than unemployed, as was shown by this and other studies[27–28]. Emotional impact of unemployment is greater among those with disability[28]. Area of life which proved particularly influenced by employment was the sex life. Satisfaction with sexual life is lower among people with physical disabilities than those without disabilities[29]. The presence and the level of sexual difficulties are associated with social functioning and health related distress in men and women with multiple sclerosis. In women, additionally, emotional well being and overall life quality are affected by presence of sexual difficulties[30]. The effects that sexual esteem, body esteem, and sexual satisfaction have on self-esteem and depression are stronger among people with physical disability than people without disability[31]. Unemployment, which has numerous financial, social and emotional effects, may further impair satisfaction with those aspects of life that are already seriously disturbed in people with disabilities, such as sexual life.

Income has a large effect among persons with low general life satisfaction but not among persons with high general life satisfaction[32]. Recent data indicate that Croatian citizens are most satisfied with family life and relationships with friends, and least satisfied with their material status[33]. On a more general social level, dissatisfaction with material status can cause material income to become more important factor in quality of life on a personal level.

So far the quality of housing has not been much studied in relation to its contribution to overall life satisfaction. Housing tenure is related to the mental health[34]. Overcrowding (reflected in per capita floor area) leads to higher prevalence of respiratory diseases, stomach infections and is related to the functioning of children[35]. The quality of apartment/house equipment is associated with general life satisfaction[36]. This study confirmed the significant contribution of the quality of housing to life satisfaction. People who live in larger, better-equipped space, owned by them, are more satisfied with life. The size is important because it provides a personal space for each household member, the area in which one can withdraw in case of stress or strife, or the need to be alone. This feature certainly increases the sense of personal freedom and autonomy. It can also prevent the intensifying of conflict, if there are any. The authors argue that good housing enhances the individuals' sense of self, for example they can express themselves through the way they shape the space in which they live; having housing increases the perceived social status and achievement and the experience of autonomy and independence[35]. In our study, people who live in their own apartment/house are more satisfied with their social status and social environment than people living in their parents' apartment/house. This may be a reflection of a better material status that allows the possession of the apartment/house. The material status in itself is essential for satisfaction with social status and social environment, but it can also contribute to a wider circle of social contacts and thus the satisfaction with companionship. Also, people who own their own living space are more satisfied with life in the last year and it should be taken into account that this variable is the most accurate indicator of current general life satisfaction.

While some studies have shown that the duration of the disability is not related to quality of life[3,17], most of them still show, as this study does, that the longer duration of disability, the better the quality of life becomes for people with physical disabilities[37–39]. The reason for this is that over time people learn accept their disability and go through changes in self perception. They learn to recognize values other than those that are in direct conflict with the disability, devalue importance of those aspects of physical ability and appearance that contradict their disabling condition, do not extend their handicap beyond actual physical impairment to other areas of the functioning and learn to emphasize their own assets and abilities.

In line with other studies, our study also demonstrated the relation between the degree of disability with life satisfaction[2,15,16] – partially mobile respondents were more satisfied with past achievements of the goals than the completely immobile ones. This is consistent with the research that shows that the degree of disability affects the life satisfaction by preventing the fulfillment of social roles[2,15]. Our results show that respondents with multiple sclerosis are the least satisfied group among people with disabilities. Most of the differences were obtained in relation to people with cerebral palsy, which can be associated with the fact that cerebral palsy is a disease that occurs in the first years of life, and multiple sclerosis sets on later in life, after a period of life without any disability. Persons with congenital disabilities are more likely to accept their disability than persons with acquired disability[40]. The quality of life of persons with pediatric-onset spinal cord injury is equal or better than of their non-injured peers[41]. Another reason that could have influence on less satisfaction in people with multiple sclerosis is that this disease is accompanied by numerous difficulties other than only physical impairment. The absence of sensation, problems of the visual system, coordination and speech disorders, urinary disorders, disappearance of abdominal reflexes, cognitive problems of memory, attention, mental speed, executive function and mood disorders (anxiety, depression)[9–22] are additional disabilities in people with multiple sclerosis. Such a large number of problems can seriously affect emotional well being, adaptation and functional abilities of persons with multiple sclerosis and thereby the quality of life. In our study, people with multiple sclerosis showed not only less satisfaction with current life, but also with leisure time, material status and were less optimistic regarding expectations of future life accomplishments.

Membership in the associations and the related gains and benefits contribute to the quality of life in our sample. Interestingly, the association services such as organizing leisure time and socializing are essential to quality of life while some concrete forms of assistance (counseling and exercise of benefits) in our study proved non-essential. Our results, in line with other studies[42–43], show that social participation and interpersonal relationships are important for quality of life of persons with physical disability.

Conclusion

Marital status proved to be essential for the quality of life, but in the opposite direction than expected from other studies. Singles are more satisfied with leisure time and financial situation than married people or those living with a partner. Employment status and satisfaction with income, similar to other authors, contribute to the quality of life. The employed and those more satisfied with their income are also more satisfied with life. Satisfaction with sexual life that can be seriously disrupted in people with physical impairments is associated with employment status. It is possible that employment has a beneficial effect on this area of life for people with physical impairments. Employed persons are more satisfied with themselves, they have higher self-esteem and less financial worries which may favorably affect the sex life. The quality of housing has proven to be important for the life satisfaction of persons with disabilities. With longer duration of disability, quality of life becomes better for people with physical disabilities most likely because people learn to adapt to and accept their disability. The degree of mobility affects satisfaction with the achievements of the goals which is consistent with research showing that the impairment has effect on life satisfac-

tion by denying people the fulfillment of social roles. People with multiple sclerosis were more dissatisfied with the quality of life than people with cerebral palsy and muscular dystrophy. This is probably due to better psychosocial adaptation and acceptance of disability in people with congenital and early-onset disabilities. Another factor contributing to poorer quality of life of people with multiple sclerosis is that the physical disability of the disease is accompanied by many other disabilities (neurological, physiological, mood disorders). Membership in the associations and its related gains and benefits contribute to the quality of life for people with disabilities primarily because of the possibilities of social participation and achievement of positive social relations.

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T. Žarković Palijan

Jelengradska 1, 44317 Popovača, Croatia
e-mail: tija.zarkovic-palijan@npbp.hr

KVALITETA ŽIVOTA OSOBA S TJELESNIM INVALIDITETOM

SAŽETAK

Cilj istraživanja bio je provjeriti postoje li razlike u samoprocjeni kvalitete života osoba s tjelesnim invaliditetom s obzirom na sociodemografska obilježja te obilježja vezana uz invaliditet. Ispitivanje je provedeno na 153 osobe s tjelesnim invaliditetom na području Grada Zagreba. Utvrđene su pozitivne povezanosti kvalitete življenja sa zadovoljstvom prihodima, veličinom i stupnjem opremljenosti životnog prostora. Multivarijatne analize varijance pokazale su značajne razlike u kvaliteti življenja između ispitanika različitog bračnog statusa, radnog statusa i mjesta stanovanja (vlastita kuća/stan ili stan/kuća roditelja). U kvaliteti življenja značajno se razlikuju ispitanici različitog stupnja pokretljivosti i različite vrste oštećenja. Stupanj pokretljivosti povezan je s općenitim zadovoljstvom dosadašnjim ostvarenjem ciljeva, želja i nada. Vrsta oštećenja povezana je sa zadovoljstvom slobodnim vremenom, zadovoljstvom materijalnim stanjem, očekivanjima da će u budućnosti ostvariti što nije dosada. Prisutna je i povezanost vrste oštećenja sa općenitim zadovoljstvom životom u posljednjih godinu dana. Trajanje invaliditeta je u pozitivnoj korelaciji sa kvalitetom življenja. Članstvo u udrugama osoba sa tjelesnim oštećenjima i sa istim povezane koristi i pogodnosti doprinose kvaliteti življenja.