

A Study on Resilience and Quality of Life among Differently Abled Persons

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ABSTRACT

Background: The transformational journey of disability from pathology (physical limitation) to consideration within the domain of positive psychology is driven by the principle of normalization and community inclusion approach that has widened this psycho-social construct towards overall QOL and well-being among differently abled persons (Divyang). **Aim & Objectives:** The present study intends to examine the resilience and quality of life and to ascertain the significant relationship between these two variables among differently abled persons. **Method:** The correlational research study was conducted on a sample of 60 differently abled people (both working and non-working male and female; age range 25–50 years) with locomotive disabilities drawn from the state of Uttar Pradesh through purposive sampling. WHOQOL Brief and Resilience scale of Dr. Vijaya Lakshmi & Dr. Shruti Narain was used to measure quality of life and resilience respectively. **Result:** Findings establish a substantial relationship between the dimensions of resilience and quality of life as well as the influence of resilience on quality of life. Resilience was positively correlated with the Quality of life. QOL is found to be significantly influenced by the various dimensions of resilience. **Conclusion:** Despite of disability a good amount of resilience can ensure a high level of quality of life. The findings of the study have practical implications for improving the differently abled person's attitude towards themselves in a positive way and for planning intervention for them to deal with various psychological issues.

Keywords: Resilience, Disability, Quality of Life and Well-being.

INTRODUCTION

Disability is very common. It is not significantly different from what is normal. One cannot be isolated or restricted openly or covertly due to differences in physical appearance with other people. Disability lies in spirit. Individuals can feel disabled only when they consider themselves disabled in their mind. It is true that the group of differently abled persons have been hardest hit by the stereotypes and prejudices around entire the world, just like other marginalized and vulnerable social groups. They have been discriminated by the society. Consequently, they experience prejudice and social exclusion. Apart from physical problems they come across various mental issues such as stress, anxiety, depression, isolation and low self-esteem in comparison to normal population (Mushtaq & Akhouri, 2016) and they also face difficulty in getting jobs due to lack of employment and their mobility limitation (Rozali et al., 2017). World Health Organization (WHO) defines disability and according to it, "Disability is any restriction or lack (resulting from an impairment) of ability to perform in a manner or within the range considered normal for a human being". The term "disability" has many different meanings; the global burden of disease however, uses the term disability to refer to loss of health, where health is conceptualized in terms of functioning capacity in a set of health domains such as mobility, cognition, hearing, and vision. Further The National Sample Survey Organization (NSSO) defines disability as "Any restriction or lack of abilities to perform an

activity in the manner or within the range considered normal for human being". Beyond these definitions Disability is something else in individual's point of view. It comes under social category rather than medical. The social concept of disability presents the idea that society has put up barriers, either structurally or in terms of attitudes, that have an impact on a person with a disability (Kasthuri et al., 2010). Disability could be seen distinctly as a social phenomenon within most existing societies where differently abled persons interact with others and face many difficulties such as physical, social, emotional as well as environmental in some extent in different social context (Abraham, 2018). These difficulties have been internalized by them in their perception and sufferings have been accepted as their destiny. It causes detrimental impact on their well-being and quality of life which is also found in some research studies that physical disability causes low level of QOL especially impact negatively on its psychological domain (Kuvalekar et al., 2015). It reflects that there is a need to change the attitude of other people towards the differently abled people in society, and as well as the physically challenged people, they also need to change their own attitude towards themselves. It is necessary to concentrate on certain positive psychological features of people in order to help them recognise the psychological traits and characteristics that contribute to having a positive outlook on their own lives. People would have a greater chance of improving their QOL and leading better lives if they were effective in recognising and attempting to cultivate these qualities. It is highly important and vital

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for people with disabilities because, after being subjected to prejudice and discrimination in society, they must come to terms with their own potential and value. After all, they are also a part of a nation, and as citizens of any country, their growth, development, and productivity assign a value to the advancement of the particular country. The National Policy for Persons with Disabilities (2006) recognises that persons with disabilities are valuable human resources for the country and seeks to create an environment that provides equal opportunities, protection of their rights, and full participation in society. To facilitate the national objectives, there is a need for the collection, compilation, and analysis of data on disability. WHO has advised every nation to conduct studies on the quality of life and well-being of people with physical disabilities. Quality of life can be understood in terms of physical health, mental health, social belongings, education, environment, safety and security and many more aspects. It is a broader concept including subjective and multidimensional measures such as physical, social, emotional and functional well-being (Cella, 1994). The World Health Organization defines QOL as "an individual's perception of their position in their life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns" (WHO, 2004). On the other hand many studies found that there is negative impact of disability on the QOL of differently abled people and a substantial difference has found in living condition and quality of life between people with physical disability and people without physical disability (Arango Restrepo, 2015). Where disability is causing negative impact on the quality of life of the physically challenged people, resilience plays a substantial role in improving their QOL (Terrill et al., 2016). It is considered as a logical step to improve QOL of person with disability and their family members (Alriksson-Schmidt et al., 2006).

Resilience is the one of the psychological factor that helps people to be confident, motivated and energetic to do well in their life and move forward after even experiencing tragic and traumatic situation. Resilience is defined as an important psychological resource that is characterized by the capacity to adapt actively to adversities and "bounce back" effectively from stressful situations (Block & Kremen, 1996; Bonanno, 2005). Resilience is a category of events characterised by positive results despite significant barriers to adaptation or development (Masten, 2001). Research evidence shows that resilience positively influences QOL among differently abled persons by mediating the effect of some risk factors such as disability level, fatigue, walking impairment, and pain (Kasser & Zia, 2020). It has been discovered that several interacting processes,

such resilience, could contribute to reducing the harmful impacts of internalized stigma. Resilience acted as a mediating factor in the negative relationship that exists between internalized stigma and the psychological quality of life of differently abled people (Silván-Ferrero, P. et al., 2020). It was also found that the resilience of the parents and the amount of social support they received fully mediated the impact of their child's disability on the quality of their own lives. Resilience, however, only partially mediates the impact of adaptive skills on the quality of life of disabled adolescents. (Migerode, F. et al., 2012).

Quality of work has been done in this field of disability and it is not unexpected that social research frequently undermines the skills of those with physical impairments and reinforces disadvantages (Barnes et al., 1999) by mostly focusing on the detrimental effects of disabilities on differently abled people and comparing them to the general population. However, little study has been done regarding numerous psychological aspects of the differently abled people in India. So there is a need for much more research on the positive side as well as various positive psychological factors, such as resilience and quality of life, for people with disabilities to feel empowered to reduce the detrimental effects of their disability on their performance, attitude and the way of living life.

METHODOLOGY

Aim: To study the role of resilience on Quality of life among differently abled persons.

Objectives of the study:

- To assess and explore the Resilience and Quality of life (QOL) among differently abled persons.
- To determine the association between Resilience and Quality of life among differently abled persons.
- To examine the role of Resilience on Quality of life (QOL) among differently abled persons.

Hypotheses:

- Ha₁: There would be significant association between dimensions of Resilience and Quality of Life.
- Ha₂: Resilience and its dimensions would significantly predict the QOL of differently abled persons.

Research Design: The present study followed a cross sectional as well as correlational research design so as to probe the underlying relationships between each dimension of the variables being studied i.e. resilience and QOL.

Sample: A sample of this present study was comprised of (N = 60) differently abled persons, both male and female, through purposive sampling. They were between the age range of 25 and 50. The sample consists of those persons who have only locomotive disability, drawn from the different places both rural and urban of the state of Uttar Pradesh. Participants who were able to comprehend and respond on the items of questionnaire and have no visual, hearing and other impairment were included in the study. Participants with mental retardation, having severe illness or any other mental disorder were excluded from the study.

Measures:

Socio-demographic and personal data sheet: Socio demographic data sheet developed by the researcher was used to collect the socio demographic data of the participants such as age, gender, residential area, education, types of disability and any other medical history etc.

Quality of Life (QOL): QOL was assessed using the WHOQOL-BREF which was developed by WHO (2004). It is a 26-item tool to measure Quality of life of individuals under four dimensions includes physical health (7 items and $\alpha = 0.82$), psychological health (6 items and $\alpha = 0.81$), social relationships (3 items and $\alpha = 0.68$), and environmental health (8 items and $\alpha = 0.80$). It is a self-reporting scale. Each individual item of the WHOQOL-BREF is scored from 1 to 5 on a response scale

Resilience: Resilience scale (RS) of Dr. Vijaya Lakshmi & Dr. Shruti Narain (2017) was used to measure resilience. It consists of 30 items that aims to measure Perseverance, Composure, Self-Reliance and Faith as its dimensions. Each individual item of RS is scored from 5 to 1 on a response scale. The scale was found to be reliable with test-retest reliability 0.87 and split half reliability 0.84. The concurrent validity was found to be 0.86.

Procedure: The participants of the study from different places of Uttar Pradesh were approached and made aware about the study, its objectives and benefits. Rapport was established before stating the data collection procedure. With the informed consent of all the participants, data were collected. Ethical guidelines assigned by the American Psychological Association (APA, 2016) were followed. It took 30 to 40 minutes in collecting data from each participant. And then data were analysed for testing the hypotheses of the study. SPSS-22 version was used for data handling and analysis purpose.

Statistical Analysis: Data handling and analysis were done using the Statistical Package for Social Sciences (SPSS) version 20. To test the hypotheses of the study,

descriptive statistics (mean and SD) and inferential statistics (Pearson correlation and stepwise linear regression) were used.

RESULT

The present study intended to find out the relationship between the resilience and Quality of Life (QOL). Correlation analysis (Pearson Correlation) was used to explore the association between above variables. And step wise linear regression was used to find the causal relationship between resilience and QOL.

Table 1.1: Correlation between the various dimensions of Resilience and Quality of Life (QOL) of differently abled persons.

Dimensions of Resilience	Dimensions of Quality of Life				QOL (Total)
	Physical QOL	Psychological QOL	Social QOL	Environmental QOL	
Perseverance	.343**	.490**	.050	.390**	.467**
Composure	.440**	.567**	.179	.506**	.583**
Self-Reliance	.405**	.514**	.125	.438**	.521**
Faith	.244	-.005	.126	.073	.127
Resilience (Total)	.474**	.526**	.158	.471**	.567**

**p<0.01 (2-tailed); *p<0.05; N=60

Table 1.2: Correlational Coefficients for Study Variables.

Variables	RS	P_R	C_R	SR_R	F_R	QOL	Ph_Q	Psy_Q	SR_R	Env_R
RS		.803**	.853**	.790**	.571**	.567**	.474**	.526**	.158	.471**
P_R			.635**	.568**	.176	.467**	.343**	.490**	.050	.390**
C_R				.579**	.333**	.583**	.440**	.567**	.179	.506**
SR_R					.262*	.521**	.405**	.514**	.125	.438**
F_R						.127	.244	-.005	.126	.073
QOL							.860**	.782**	.485**	.890**
Ph_Q								.519**	.405**	.677**
Psy_Q									.160	.599**
SR_Q										.369**
Env_Q										

**p < 0.01 (2-tailed); *p < 0.05 ;N=60

Table 1.1 and 1.2 shows that the first dimension of Resilience (perseverance) is positively correlated with physical QOL (r=.343, p<0.01), with psychological QOL (r=.490, p<0.01) and with environmental QOL (r=.390, p<0.01) and with overall Quality of life (r=.467, p<0.01).The second dimension of Resilience (Composure) is positively correlated with physical QOL (r=.440, p<0.01), with psychological QOL (r=.567, p<0.01), with environmental QOL (r=.506, p<0.01) and with the overall QOL (r=.583, p<0.01). The third dimension of Resilience (Self-reliance) is positively correlated with physical QOL (r=.405, p<0.01), with psychological QOL (r=.514, p<0.01), with environmental QOL (r=.438, p<0.01) and with

overall QOL ($r=.521, p<0.01$). The fourth and last dimension of Resilience (Faith) is not correlated with any dimension of QOL and overall QOL.

Table 2.1: Regression Coefficient of Resilience on Quality of Life (N=60).

Predictors	R	R Square	Adjusted R Square	Beta	F	Sig. of F
Criterion: QOL						
Composure_R	.583	.340	.329	.583	29.937	.000
Criterion: QOL						
Composure_R	.625	.391	.369	.424	18.286	.034
Self-Reliance_R				.275		

** p < 0.01 (2-tailed); * p < 0.05 ;N=60

Table 2.1 shows the impact of one dimension of Resilience is i.e. composure on Quality of life. The R² value of .340, the prediction explained 32.9% variance in the outcome variable (QOL) with F(29.937), $p<0.001$. The findings revealed that both Composure and self-reliance (dimensions of Resilience) together positively predicted 36.9% of variance in Quality of Life with F(18.286), $p<0.001$ among differently abled persons.

Table 2.2: Stepwise Linear Regression analysis using dimensions of Resilience as a predictor and dimensions of Quality of Life as a criterion variable (N=60).

Predictors	R	R Square	R Square Change	Beta	F Change	Sig. of F Change
Criterion: Physical QOL						
Composure	.440	.194	.194	.440	13.956	.000
Self-Reliance	.405	.164	.164	.405	11.374	.001
Criterion: Psychological QOL						
Perseverance	.490	.240	.240	.490	18.292	.000
Composure	.567	.321	.321	.567	27.435	.000
Self-Reliance	.514	.265	.265	.514	20.863	.000
Criterion: Environmental QOL						
Perseverance	.390	.152	.152	.390	10.392	.002
Composure	.506	.256	.256	.506	19.996	.000
Self-Reliance	.438	.192	.192	.438	13.800	.000
Criterion: Overall QOL						
Perseverance	.467	.218	.218	.467	16.213	.000
Composure	.583	.340	.340	.583	29.937	.000
Self-Reliance	.521	.271	.271	.521	21.605	.000

Result table 2.2 shows that all the dimensions of resilience except faith significantly predicted overall Quality of life and its various dimensions except social relation. The physical health dimension of QOL is significantly predicted by composure (19.4% of total variance) and self-reliance (16.4% of total variance). The psychological health dimension of QOL is significantly predicted by three dimensions of resilience i.e. perseverance (24% of total variance), composure (32.1% of total variance) and self-reliance (26.5% of total variance). The fourth dimension environmental health is significantly predicted by perseverance (15.2 % of total variance), composure (25.6% of total variance) and self-reliance (19.2% of total variance).

The overall Quality of life is significantly predicted by the various dimensions of resilience, perseverance (21.8% of total variance), composure (34.0% of total variance) and self-reliance (27.1% of total variance). Hence it can be concluded that Ha₂ has been accepted.

DISCUSSION

The present study was aimed to study the role of resilience on Quality of Life among differently abled persons. The idea of QOL is crucial when considering how to ameliorate the lives of young adults with disabilities (Koot & Wallander, 2014). From the result it is evident that resilience and Quality of Life are related construct among differently abled persons. Correlational analysis gives clear indication that perseverance is positively correlated with Quality of life along with its two dimensions (i.e., psychological health and environmental health). Composure is significantly positively correlated with overall Quality of Life along with its three dimensions (i.e., physical health, psychological health and environmental health). Self-reliance is significantly positively correlated with overall Quality of life with its three dimensions (i.e., physical health, psychological health and environmental health). And this is how result also indicated that resilience is one of the factors that have association with quality of life of an individual with physical disability. In accordance to the present findings, it was also found that the improvement in QOL of adolescents with mobility disability by developing resilience as protective factor (Alriksson-Schmidt et al., 2006). Resilience played a substantial role in enhancing the quality of life of differently abled persons. It was found that higher amount of resilience increases the QOL even of the mothers having physically challenged children (Fereidouni et al., 2021).

As resilience is defined in terms of positive coping and adaptation in the face of significant risk and adversities or capacities to rebound or bounce back from it. It is also evident from this study that the various dimensions of resilience emerged as the significant predictors of quality of life along with its following dimensions physical health, psychological health and environmental health of an individual with physical disability. One more study of Pardeller et al. (2020) findings also supported that there was significant positive correlation between the resilience and QOL among depressive subjects as well as the healthy participants. Hence it can be said that getting aware of these positive aspects of oneself such as perseverance, self-reliance and composure i.e. dimensions of resilience and forming strong belief in these aspects one can enhance their quality of life in terms of physical health, psychological health and environmental health. Some consistent findings also found that resilience increased the

likelihood of higher quality of life of the persons with physical disability with a slightly higher effect size and also resilience as a protective factor mediated the relationship between risk factors such as fatigue, disability level, pain, walking impairment and QOL of differently abled persons (Terrill et al., 2016; Kasser & Zia, 2020). The findings of the study revealed that these psychology.

CONCLUSION

In the present study, it has been showed that the resilience of people with physical disabilities is positively correlated with their QOL and all of its components. Further it is seen that resilience and its different domains emerged as significant predictors of QOL among differently abled persons. Hence, it may be said that those persons who have higher level of resilience are more likely to have high QOL in terms of physical health, psychological health and environmental health. And by having resilience in terms of perseverance, composure and self-reliance one can enhance their Quality of life as well. The study's findings highlight the need to strengthen government programmes and regulations to improve overall quality of life and support people with disabilities so they can contribute to society and humanity.

Acknowledgements: This research is a part of Ph.D. thesis presented by the authors to Central University of South Bihar, Gaya. The authors would like to thank each and every one who has been a part of this research work.

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