

A Study on the Mediated Effect of Quality of Life for the Disabled on the Relationship between Satisfaction with Residential Facilities and Satisfaction with Family Life in Families with Disabilities

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Abstract

The purpose of this study is to explore the factors affecting the satisfaction level of the disabled and their families. for proposing various future types of residential facilities required by parents of adults with disabilities.

Keywords: *Family convergence, Facility Satisfaction, Family Satisfaction, Disabled quality, Mediated effect*

1. INTRODUCTION

A family's life satisfaction can mean the degree of subjective feelings or attitudes toward satisfaction throughout life, including happiness and family convergence. The unexpected birth of family members with disabilities among family members leads to unexpected difficulties and negatively affects the normal daily lives of family members. It does not mean that disability can be recovered through treatment or education in a short period[1], so it causes psychological burden and stress to family members while also causing financial difficulties. It can also cause anxiety, psychological burden, and conflict about the future for family members, leading to a crisis.

As the appearance of the disabled and life expectancy increase, the number of elderly disabled people is expected to increase steadily. As a result, the need for economic and social support for the disabled, such as housing support and social care services, is increasing.

However, informal support gradually decreases due to nuclear family, increased female labor, and aging parents. Moreover, due to the nature of the disabled, legal guarantees are not comprehensive, and there are many practical difficulties to rely solely on the informal protection of the family[2].

In order to strengthen social support, there should be various alternative options for future residence and support for the disabled. However, due to practical difficulties, the final plan that families can choose is often unable to escape from accommodating facility protection.. The reality is that when a family cannot take care of it, there is no alternative but to enter the facility.

In a study by Robert, residential facilities for the disabled positively affected the social support network and life satisfaction of the disabled. Choi mentioned the effectiveness and necessity of using residential facilities for the disabled. However, discussions on the needs or perceptions of the disabled and their guardians have not materialized.

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Many prior studies have identified the problems of residential facilities for the disabled. Studies related to services and users' rights have also examined the characteristics of disabled residents, employees, and disabled organizations.

Therefore, this study aims to provide policy and empirical data for the qualitative and quantitative development of residential facilities as primary data to propose various future types of residential facilities required by disabled and disabled families[3].

2. THEORETICAL CONTEXT

2.1 Satisfaction level of residential facilities for the disabled and facilities for families with disabilities

Article 48 of the Welfare of Persons with Disabilities Act The types of welfare facilities for persons with disabilities are classified into the following five categories. Residential facilities for the disabled, community rehabilitation facilities for the disabled, vocational rehabilitation facilities for the disabled, welfare facilities for the disabled, and other facilities prescribed by Presidential Decree.

This study was conducted on families with disabilities living in residential facilities for the disabled. The term "residential facility for persons with disabilities" means a facility where persons with disabilities live for a necessary period of time and prepare for social return by receiving services such as counseling and training necessary for rehabilitation or taking long-term medical treatment due to disability.

In addition, residential facilities can improve sociality through the social rehabilitation of persons with disabilities, and enable integration with the general public through continuous relationships with neighbors. Therefore, such residential facilities can be said to be a very desirable service provision in terms of social integration for the disabled[15].

According to a study by Lee, three perceptions about residential facilities of families with disabilities were analyzed. Type 1 is divided into safe protection-oriented residential facilities; type 2 is life-oriented residential facilities such as homes; and type 3 is long-term residential facilities that ease the burden on families. This type of perception contains the current residential facilities in Korea[5].

Type 1 reflects parents' concerns about the current facility and appears to have responded to the facility's human rights issues, which the media sometimes reports. Type 2 seems to reflect the arguments of academia and organizations for the disabled that respect the participation and self-determination of the disabled and create a family-like environment. Type 3 is pursuing a particular community type, preferring residential facilities that can be separated from families and live for a long time.

It can be seen that solving the human rights problem currently emerging as a residential facility problem without departing from the current residential facility that puts protection first can affect the satisfaction of disabled families with residential facilities..

According to KukJe, factors are suggested that family members lack confidence in living together in Wonjojeong after leaving the residential facility and that Wonjojeong cannot help children with disabilities live happily under the current social care service and social environment[10].

Therefore, since residential facilities for the disabled are linked to various interests with their families, the level of facilities and services provided is analyzed to be an important factor in improving family satisfaction.

2.2 Satisfaction with the Life of Persons with disabilities

The concepts of quality of life and satisfaction of life are closely related to each other. Quality of life is generally defined as happiness and satisfaction that people perceive subjectively. Studies on factors related to

the life satisfaction of the disabled have been reported on factors affecting the quality of life of the disabled in people with various disability types.

For example, Putman studied the factors that promote the happiness of disabled people's lives, and analyzed them in 19 focus groups, expanding the happiness and emotional well-being of disabled people at the individual, community, and institutional levels.

Previous researchers analyzed participation in social activities as a significant variable in satisfying the quality of life of the disabled. In particular, it was found that the frequency of participation in social or leisure activities was more important than the empirical quality or functional aspect. Social participation and leisure activities include hobbies, gatherings with friends, reading, and fun.

2.3 Satisfaction with family life

Life satisfaction occurs when an individual's internal and external environment and resources do not meet appropriate needs. Usually, the uncomfortable state of a relationship is accompanied by tension, anxiety, and so on. Therefore, we try to find other countermeasures to solve this situation.[6]

It is reported that families with disabilities are most likely to use relationship-solving stress-coping methods to solve problems actively and objectively because they cannot flexibly change the family's structure about changing situations. However, regarding family life satisfaction for the disabled, only a few direct studies show that stress from family members' disabilities directly affects family life satisfaction; stress and support burden for family members is limited.

An approach that tries to understand disabled families based on recent trends in research on disabled families and emphasizes the search for countermeasures at the same time can find the characteristics of families that adapt more successfully than studies focused on maladjustment. Therefore, in this study, to increase the life satisfaction of disabled families, we examined ways to improve family relationships and quality of life and examined the effects of these factors on life satisfaction[12].

3. RESEARCH METHODS

3.1 Research Subjects

According to the purpose of this study, a survey was conducted on families using residential facilities for the disabled. The questionnaire was surveyed by distributing facilities or mailing them by mail. The survey was conducted from September 10 to October 12, 2018. The demographic and sociological characteristics of the study subjects are shown in Table 1. The total number of respondents was 810, of which 308 (41.0%) were male, and 428 (56.9%) were female, which was higher. The age consisted of 22 people in their 20s (2.90%), 60 people in their 30s (8.0%), 112 people in their 40s (14.9%), 252 people in their 50s (33.6%), and 298 people (39.6%) in their 60s or older.

3.2 Research hypothesis

- (1) Facility satisfaction will positively affect the quality of life for the disabled.
- (2) The quality of life for the disabled will positively affect family life satisfaction.
- (3) Facility satisfaction will positively affect family life satisfaction.
- (4) The quality of life for the disabled will mediate facility satisfaction and family life satisfaction.

3.3 Measurement and analysis methods

The family satisfaction scale developed by the International Social Welfare Association Research Committee (2019) was used in this study. The latent variables used in the analysis of the study are facility satisfaction, quality of life for the disabled, and family life satisfaction measures. Among the measurement variables for each, "Do you think residential facilities are free to go out and stay out?" "Do you think professional health services are better than family life before entering residential facilities?" "Do you think they are more satisfied with community disabilities than before entering residential facilities?" It consisted of eight questions: "(Desire and choice, participation and rights, development of abilities, daily life support, etc.)" and "Do you think your life is happy compared to before entering the residential facility?" and was measured with a Likert 5-point scale, very 5-point, and not at all[10].

The quality of life for the disabled is "How much change in behavior compared to before entering a residential facility?" "How much change in confidence (self-esteem) compared to before entering a residential facility?" "How much change in participation in hobby activities compared to before entering a residential facility?"

SPSS 23.0 and AMOS 23.0 were used as analysis tools, and frequency analysis, factor analysis, reliability, and validity analysis (KMO & Bartlett test), regression analysis, and Baron & Kenny mediating effect analysis were conducted as analysis methods according to the research purpose.

4. RESEARCH RESULTS

4.1 Descriptive statistics of key variables

The main variables of this study consisted of facility satisfaction, quality of life for the disabled, and family life satisfaction, and frequency analysis was conducted to find out the mean, standard deviation, skewness, and kurtosis of the main variables for mediating analysis. As a result of factor analysis to verify the validity and reliability of the variables, as shown in Table 2, the variables of facility satisfaction, quality of life for the disabled, and family life satisfaction were all extracted for each questionnaire, which is a measurement variable[11].

As a result, the reliability of facility satisfaction was Cronbach's ..871, the reliability of the quality of life for the disabled was Cronbach's ..866, and the reliability of family life satisfaction was Cronbach's ..792. Furthermore, regarding normality, it was confirmed that the assumption of the normal distribution was satisfied because the skewness was all less than two, and the kurtosis was all less than 7.

Table 1. Results of critical variable factor

Questions	facility satisfaction	Quality of life disabled	family life satisfaction	reliability
15. Are you satisfied with the living conditions of the facility ?	.822	.139	.083	.871
14. Are you satisfied with the food (snacks) provided by the facility ?	.785	.161	.099	
12. Do you think that your professional education and rehabilitation program is being provided better than before entered the residence?	.784	.264	.185	

11. Do you think that professional health services are better than home life compared to before enters the residence?	.743	.202	.152	
13. Do you think has more opportunities to participate in the community than before entered the residence?	.720	.269	.172	
17. How do you think your life is happier than before enters the residence?	.707	.268	.210	
16. Do you think that the facilities in which lives apply the lowest standards of residential services?	.643	.093	.046	
18. What is the overall level of satisfaction with living life?	.571	.182	.147	
10. Do you think that you are free to go out and sleep outside the facility?	.526	.238	.085	
7.How much change in confidence (self-esteem) compared to before enters the residence?	.258	.832	.182	.866
8. How much relationship change compared to before entered the residence?	.303	.826	.137	
6. How much change in challenging behavior compared to before entered the residence?	.184	.739	.230	
9. How much did participation in hobbies change compared to before entered the residence?	.356	.700	.140	
3. How much change in quality of life of family members afterentered the residence?	.107	.133	.859	.792
2. What is the change in your relationship with family members after entered the residence?	.093	.221	.762	
4. What are the opportunities and changes in economic activities of parents after entered the residence?	.122	.072	.753	
5. What is the psychological and emotional change of family members after enters the residence?	.278	.179	.633	
Eigen-Value	4.924	2.912	2.589	
Percentage of Variance	28.965	17.131	46.096	
Cumulative Percentage	2.589	15.232	61.328	
KMO Measure : .921, Bartlett Test of Sphericity : 6911.261, df : 136, Sig. : .000				

4.2 Correlation between significant variables

Table 4 shows the results of confirming the correlation between significant variables. Specifically, the satisfaction of family life and the quality of life for the disabled are $r=$. It appeared as 444 ($p<.01$) and was confirmed to have a positive correlation. Family life satisfaction and facility satisfaction are $r=.407$ ($p<.01$) is a positive correlation, and the quality of life and facility satisfaction of the disabled are $r=$. Finally, it was found that there was a positive correlation with 595 ($p<.01$).

	Family life satisfaction	Quality of life disabled	Facility satisfaction
Family life satisfaction	1		
Quality of life disabled	.444** (.000)	1	
Facility satisfaction	.407** (.000)	.595** (.000)	1

4.3 Hypothesis verification

Regarding research hypothesis 1, the effect of facility satisfaction on the quality of life for the disabled was investigated. As seen above, facility satisfaction showed a positive (+) correlation with the quality of life for the disabled. Regression analysis between each variable was conducted to find out the specific causal relationship between these variables. According to the analysis results, facility satisfaction explains the quality of life of the disabled by 35.3% according to the R2 value representing the explanatory power of the variable. The effect size of 595 was shown. We were looking at the standardized. Beta value representing the effect size and facility satisfaction significantly affected the quality of life for the disabled. Both the t-value ($t > 1.96$) and the p-value ($p < .001$) for testing significance were also significant. Based on the above results, Research Hypothesis 1 was adopted.

With research hypothesis 2, the effect of quality of life for the disabled on family life satisfaction was investigated. As seen above, the quality of life for the disabled showed a positive (+) correlation with family life satisfaction. Regression analysis between each variable was conducted to find out the specific causal relationship between these variables. According to the analysis results, the quality of life of the disabled explains 19.7% of family life satisfaction according to the R2 value representing the explanatory power of the variable.

The effect size of 444 was shown. We were looking at the standardized. Beta value representing the effect size and facility satisfaction significantly affected the quality of life for the disabled. Both the t-value ($t > 1.96$) and the p-value ($p < .001$) for testing significance were also significant. Based on the above results, Research Hypothesis 2 was adopted.

Concerning research hypothesis 3, the effect of facility satisfaction on family life satisfaction was investigated. As seen above, facility satisfaction showed a positive (+) correlation with family life satisfaction. Regression analysis between each variable was conducted to find out the specific causal relationship between these variables.

According to the analysis results, facility satisfaction explains 16.5% of family life satisfaction according to the R2 value representing the explanatory power of the variable. The effect size of 407 was shown. We were looking at the standardized. Beta value representing the effect size and facility satisfaction significantly affected the quality of life for the disabled. Both the t-value ($t > 1.96$) and the p-value ($p < .001$) for testing significance were also significant. Based on the above results, research hypothesis 3 was adopted.

Regarding research hypothesis 4, it was examined whether the quality of life for the disabled mediates the relationship between facility satisfaction and family life satisfaction. The mediating effect was analyzed using variables and concepts identified through the earlier analysis and verification. Table 5 shows the results of analyzing the mediating effect of the quality of life of the disabled in the relationship between facility satisfaction and family life satisfaction according to the three-step procedure. As a result of setting and analyzing the quality of life of the disabled as a mediating variable, the first-stage regression coefficient of facility satisfaction is .595, which has a positive (+) effect, and in the second-stage mediating effect

verification.

The regression coefficient value of 407 is shown. The independent variable in the three-stage mediating effect verification is. The value of the regression coefficient of 221, and the parameter is. It showed a regression coefficient value of 313. The t and p values that can determine the significance level of the mediating effect showed significant results in the first, second, and third stages of the mediating effect verification.

Table 2. Analysis of Mediating Effect

Steps of analyses	Independent variables	Dependent variable	Standardized Coefficients(Beta)	t	p	R2
step 1	facility satisfaction	Quality of life disabled	.595	20.993	.000**	.353
step 2	facility satisfaction	family life satisfaction	.407	12.641	.000**	.165
step 3 independent	facility satisfaction	family life satisfaction	.221	5.736	.000**	.229
step 3 mediating variable	Quality of life disabled		.313	8.124	.000**	

Table 2 shows the results of Comparing the effect of the independent variable in the second stage verification and the effect of the independent variable in the third stage verification to determine the mediating effect of the parameter, the effect of the independent variable in the second stage is smaller than that in the third stage.

In addition, the t-value and p-value of the independent variable showed significant results in step 3. The quality of life of the disabled showed a higher effect than the independent variable in step 3. The t-value and p-value showed significant results, indicating that the quality of life of the disabled has a partial mediating effect in the relationship between facility satisfaction and family life satisfaction.

The R2 value, which represents the explanatory power of the variable, showed 35.3% explanatory power in the first stage, 16.5% in the second stage, and 22.9% in the third stage of verification. Based on the above results, research hypothesis 4 was adopted.

5. CONCLUSION AND SUGGESTIONS

The primary purpose of this study is to examine the effect of residential facility satisfaction on family life satisfaction for the disabled, family life satisfaction, quality of life for the disabled, and family life satisfaction. The main research results are summarized as follows. First, as a result of examining satisfaction with facility life by area (8 items: environment, desire choice, food, participation and rights, ability development, and daily support), satisfaction with the physical environmental facilities on moment of residential facilities[1] was highly evaluated, but satisfaction with participation, rights, and daily support was low.

Second, as a result of examining the satisfaction with the quality of life of the disabled by area (behavior, confidence, interpersonal relationship, and participation in hobby activities), all four items were more than satisfactory. Therefore, programs for participation in various social activities should be developed and implemented to improve the quality of life of the disabled.

Third, as a result of examining satisfaction with family life by area (relationship change, quality of life change, economic activity change, and emotional change of members), family members' relationship change, quality of life change, economic activity change, and members' emotional and emotional life satisfaction were highly evaluated. Therefore, family members' relationship promotion programs or family communication programs should be activated, and in particular, continuous family life education programs should be implemented[13].

This study is significant in that it attempted an empirical study on the needs such as facility satisfaction and life satisfaction of disabled families that have not been dealt with in-depth and sought support measures.

However, it is hoped that more comprehensive follow-up studies will be conducted in the future as the various personal and social factors of the disabled and their families are not fully considered. The majority of the disabled in the facility have intellectual and mental disabilities.

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