

Social Welfare Services and Improving the Quality of Life for the Physically Disabled

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Abstract

This study aims at measuring the quality of life for the disabled people and examining the relationship between social welfare services and improving the quality of life for the persons with disabilities.

Methodology This study is based on a des

criptive survey. The study sample consists of 67 disabled persons who benefit from the Comprehensive Rehabilitation Center and Disabled Girls' Association in Assiut. The analysis investigates data obtained from a questionnaire. The results of the study indicate that there is a significant correlation between social welfare services and quality improvement of life for those who are physically disabled in all subjective and objective forms.

Keywords: Social Welfare Services, Quality of Life, Physically Disabled

Introduction

Disability is a general concept which covers impedances, limitations on travel, and constraints on participation. Since physical performance and body structure are concerned, those persons face problems in performing physical tasks (Kanwal & Mustafa, 2016, p.14). The field of care and rehabilitation for people with disabilities is one of the most important fields of social work. Social workers extended their work in multiple institutions for the welfare of the disabled to contribute with other specialists in their welfare work (Ali, 2003, p.222).

Disabilities can take various forms. These forms range from impaired in physical and neuro-developmental disorders, delays, and flexibility to sensory deficiencies (Hall, MacMichael, Turner & Mills, 2017, p.59). In fact, disabilities have some adverse effects on disabled's life quality (Wasserman, Wachbroit & Bickenbach, 2005, p.103). It is known that this condition influences the quality of life of those individuals in both physical and mental domains because of the restrictions imposed on them (Olivier & Martins, 2016, p.488).

When asked about the quality of their own lives, people with disabilities describe a quality that is just marginally lower than that reported by people without disabilities. This quality sounds to be much higher than that expected by people without disabilities (Wasserman, et al, 2005, p.103).

In this regard, many disabled are in need of life quality care which is a relatively recent approach to practice in the field of disability promotion. The disabled's quality of life is integral to the philosophy of community care. Life quality has become one of those familiar phrases that we see and hear, frequently, at the person level which is common in professional conversations on the quality of life with disabilities and severe illnesses. It is one of the most critical problems facing the world today, and it is important for the development of social policy. (Phillips, 2006, p.2)

Because of the Social Indicators Movement, the impetus for the implementation of the life quality measurement and appraisal means was provided in the 1960s. Throughout the 1960s, numerous public economic, financial, and ecological projects were introduced. Objective metrics were in critical importance to assess their success or failure (Mollenkopf & Walker, 2007, p.4).

This approach began in 1985 with the conception of the current economic indicators and the attempts to expand these indicators to provide measures of all other relevant aspects regarding life quality of the society (Swain & Hollar, 2003, p.791). In the past few years, a great number of articles has been written about it, and a great amount of works has been conducted on facets of people's life and their lifestyles correlated with the quality of life (Brown, 2003, p.18).

It is generally considered that the new century is the era of globalization, democracy, and civil rights. We live in a society of considerable knowledge which is also full of risk and confusion. The interaction between these major developments and these circumstances requires a new approach to life quality studies. (Møller & Huschka, 2008, p.2)

Life quality work has seen great strides since the Social Indicator Movement emerged as scientific efforts in the 1960s. In many areas of the world, scholars from a wide variety of scientific fields are now involved in identifying and assessing human existence (Finkenflügel, 2009, P.2). Here, the human-centered approach to life quality is used to analyze the consequences of many variables found in the previous studies. Kolenikov (1999) managed to identify the two dimensions of life quality indicators which are differentiated, namely as subjective and objective ones. Expert assessments mixed both subjective and objective (p.5).

Vaarama, Pieper, and Sixsmith (2007) presented a study about life quality, which identified four main areas: Socio-economic status and living conditions Psychological health, subjective well-being, and happiness. Activities participation and social networks. Physical health and functional abilities.

Wallander, Schmitt, and Koot (2001) showed this in a more complete view. Life quality is the combination of subjective and objective suggested well-being in various dimensions of life considering one's own culture and time. Thus, it is adherent to universal human rights principles. Powell, Mercer, and Harte (2002) demonstrated

major effects of rehabilitation services on the improvement of the life quality of Cambodians with disabilities.

The results of Coggbuun and Schneider's study (2003) stated that there is a correlation between state government performance and life quality which occurs through the provision and the growth of the direct services. The government sector provides the most direct contributions to the life quality through enhancements done to the basic government.

Sadek and Salem (2007) found that after treatment, patients registered significant improvements in their life quality. The percentage of increase appeared in the factorial subscale ratings, the appearance's general self-consciousness, the appearance's social self-consciousness, and the negative self-concept.

Møller and Huschka's (2008) study stated that the life quality of people with disabilities was poorly relative to other individuals in the same group. They stated that people with disabilities are more likely to suffer from poverty. They were more probable to be ill. They have fewer opportunities to find work. They are removed from any leadership position. They are frequently divided, and they usually experience negative emotions.

Some recent results by Kanwal & Mustafa (2016) concluded that individuals with physical disabilities have low mental health compared to regular ones. In addition, those with physical disabilities have a low level of psychological well-being and life quality due to deprivation, weakness, and lack of job opportunities compared to regular ones.

Sultan, Malik, and Atta (2016) published another related study showing that quality of life could be improved by adequate social care. Normal students tend to have higher life quality when relatively

compared with disabled students and this largely occur due to the amount of social care they got from their respective environments.

In addition to his study, Hall, MacMichael, Turner, and Mills (2017) indicated that the sufferings of an individual with a disability, in itself, may not affect the life quality as much as it affects the ability to deal with others, assessing their circumstances, and satisfying their needs. However, awareness of the individual's condition and disability may affect their social careers and their sense of independence. At the same time Chaudhary, Srivastava, Vyas, and Sharma (2019) found that individuals who had lost two limbs had the lowest overall life quality (if compared to victims of polio amputees, single limb, or other persons with disabilities).

Life quality is one of the terms, in social science, that are used daily in everyday life and have become a part of the societal and political Discussions (Bond & Corner, 2004, p.1). It is routinely observed that particular studies frequently lack a formal definition of life quality. It is a concept that is understood and used in different contexts today. If we're talking about good quality of life, we're talking about having a life that is really important to people and offers opportunities for them (Brown, 2003, p.19).

Naturally, it is a broad concept that defines the negative as well as the positive facets of life. Life quality is a multidimensional concept in which mental health, physical health, and social aspects are included. It is typically measured by the self-report scales. (Whoqol, 1998, p.85)

Life quality refers to the evaluation and the happiness of people with their present level of functioning as opposed to what they believe is desirable (Ruta, Camfield & Donaldson, 2007, p.397).

Bowling (1991) defined life quality as a comprehensive concept for the social, the psychological and the physical aspects of life, as well as the subjective evaluation of the aspects of life for individuals as it is related to self-realization and life satisfaction (p.6).

On the other hand, Oliver, Huxley, Bridges, and Hadi (1996) described the life quality as a compromise among pressures, life events, environmental social conditions, resources, knowledge, feelings of suitability, life skills, healthy values, and belief system (p. 5).

Furthermore, Schalock (1997) established a concept of life quality in the ideal state of living of the individual (primarily linked to home and neighborhood living, education, job, or health) (p.340).

According to Bond & Corner (2004), life quality encompasses the built-human, economic, social conditions, the meaning of individual's life, and the subjective life quality evaluation (p.2).

Life quality is characterized as “the possession of resources needed to fulfill individual needs, wishes, and desires; involvement in activities that allow personal growth and self-actualization, a satisfactory relation between oneself and others” (Walker, 2005, p.10).

Fresh (2006) defined life quality as the degree of distinction, in aspects of life or in some expressed or implied needs, which most people need in a particular community (p.20). In short, life quality is a set of objective and subjective aspects which interact reversely. Improving the standard of living has been a focus of public concern in recent years. People are getting more involved in concerns about the life quality of several people with disabilities (Friedman, 1997, p.3).

In fact, we believe that the work in life quality, no matter where it came from, is relevant to all people rights regarding the disability field and in the wider society (Brown, 2003, p.19).

Hence, we can also find some evidence of a lower life quality for people with disabilities considering the life quality which decreases factors such as unemployment, poverty, and the condition of being a victim of crime. Disabled people have slightly higher score on these indicators than healthy ones (Wasserman et al. 2005, p.119).

Social work views the disabled as persons who need from the community to take advantage of their potentials and capabilities in the development process, and this, of course, can only be done by providing various social welfare services to convert them into a productive category that achieves an economic return (Ali, 2003, p.269).

Social welfare services that are provided for the disabled aims at achieving the primary goal of rehabilitation, which is to integrate the disabled in the community in a reasonable and satisfactory way. Social welfare services, for this group, are governmental, civil, organized, and targeted programs provided by the social institutions for the disabled, with the aim of exploiting the remaining capabilities they have to the maximum as much as possible and creating the most

appropriate possible compatibility between the disabled and his/her social environment in a manner that preserves his/her dignity, rights, and a decent life as a human being who has the right to live a life like other normal ones. (Al-Maghlouth, 1999, p.128)

Groch study's (1991) described and investigated what kinds of social services are provided for persons with disabilities in six areas: housing, recreation, employment, advocacy, transportation, and supportive services.

The results of Dundraoy's study (2005) showed the role of governmental and private institutions in achieving the social inclusion of the physically handicapped in an effective way. It also displayed the necessity of attaching the handicapped to work commensurate with their physical abilities that help them in improving their income and their participation in the development of the society.

Hassan's study (2006) focused on evaluating the effectiveness of the social rehabilitation association's programs for the disables in changing types of their behavior. It also examined the methods of developing and enriching their knowledge, adjusting negative attitudes toward themselves and others in society, providing them with new experiences and skills, and bringing about a change in their social position in the community.

In this regard, care for the disabled is carried out through a number of organizations for the disabled, whether governmental or non-governmental. social rehabilitation centers are considered one of these organizations that provide different services: social, psychological, professional, or medical within the framework of the preventive rehabilitation and development programs for the disabled. (Al Meligy,1998, p.249)

Accordingly, it is the right of all people with disabilities to get a quality of life, and the whole society has to try to ensure for them a sufficient quality of life. So, people with disabilities will be able to enjoy a reasonable quality of life and have access to all facets of society including acceptance, self-adjustment, equal human rights, equal access to opportunities, services, resources, and support. (Brown, 2003, P.69)

Through the previous presentation, how can you help persons with disabilities and their families to improve the quality of their lives and indicate the importance of asking them if their lives are positive? Are they satisfied with the quality of their lives? What are the challenges facing the persons with disabilities in obtaining a good

quality of life? The answers of these questions will provide programs more supportive and responsive to the needs of the persons with disabilities.

Based on the above, it is clear that we believe that the social welfare service has direct impacts on the quality of life for those persons with disabilities. Specifically, it influences social relations, family cohesion, and life satisfaction. Consequently, this study tried to outline the correlation between social welfare services and improving the quality of life for disabilities.

Objectives of the Study

This study aims at the following goals:

1. determining the level of quality of life of physically disabled.
2. determining the social welfare services provided for the physically disabled.
3. identifying the relationship between social welfare services and improving the quality of life for physically disabled.

Study Hypotheses

The first hypothesis of this study is "It is expected that the level of social welfare services provided for the physically disabled is high". This hypothesis can be tested through the following indicators:

- A. Economic Services.
- B. Social Services.
- C. Health Services.
- D. Educational Services.

The second hypothesis of this study is "It is expected that the level of the dimensions quality of life of physically disabled is high". This hypothesis can be tested through the following indicators:

- A. Objective Dimensions.
- B. Subjective Dimensions.

The third hypothesis of this study is "There is a statistically significant correlation between social welfare services and improving the quality of life for physically disabled".

The fourth hypothesis is "there is statistically significant differences between some demographical variables (gender, age, educational level, family income, disability type, and health) and improving the quality of life for the physically disabled.

Methodology

Population

This study is a descriptive study that relied on the comprehensive social survey method. The population is 67 disabled persons who are beneficiaries of Comprehensive Rehabilitation Center and Disabled Girls' Association in Assiut. The researcher indicates that the small sample is due to the fact that these are the only governmental institutions concerned with disability in the governorate of Assiut, and then, this result can be generalized only to the environment in which it was applied, which is the governorate of Assiut. These results cannot be generalized to all levels of Egyptian society, and therefore, it is recommended for those researchers who will be interested in this issue with an increase of the proportion of the sample.

Instrument

The analysis utilizes data obtained from a questionnaire prepared by the researcher. The questionnaire is consisted of four dimensions. The first dimension contains the demographical characteristics (gender, age, educational level, family income, disability type, and health). While the second dimension includes the social welfare services and consists of 27 items (economic services, social services, health services, and educational services). The third dimension is the objective dimension and includes 4 dimensions (healthy, educational, economic and social). In addition to the fourth dimension, the subjective dimension contains 7 items (social relationships, family cohesion, life satisfaction, psychological well-being, personal satisfaction, interpersonal relationship, social network). This study examines the quality of life using a questionnaire (Comprehensive Quality of Life) and it was conducted between January and February, 2020.

Validity and Reliability

The researcher verified the validity through content validity and internal consistency, concerning content validity judgment of five expert social work professors in Faculty of Social Work, Helwan University. Concerning internal consistency of the instrument was determined through calculating the correlation between each dimension of the instrument and the total score of the instrument using Pearson for a sample of 10 persons with disabilities outside the research sample sharing the same characteristics of the population. This is shown in the table (1).

Table (1): the correlation coefficient between the scores of each questionnaire item and the total number of questionnaire scores $N = 10$

SR	Dimensions	Pearson Correlation Significant
1	The first dimension: social welfare services	.855**
2	The second dimension: subjective dimension	.924**
3	The third dimension: objective dimension	.811**

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

It is clear from the previous table that all the values of correlation coefficients are significant at the significance levels of 0.01 indicating the internal consistency of questionnaire

Reliability: was measured using cronbach Alpha stability factor and was calculated on the estimated stability values of the beneficiary questionnaire on high.

Table (2) Reliability $N = 10$

SR	Dimensions	N Item	Cronbach's Alpha
1	Social welfare Services	27	.806
2	Subjective Dimension	14	.762
3	Objective Dimension	14	.845
	Total Questionnaire	55	.849

The results in Table 2 indicate that there is a significantly high alpha reliability coefficient for (Social welfare Services) which are .806 and (Subjective Dimension) which are .762 and (Objective Dimension) which are .845 and the total questionnaire are .849. This indicates that there is an appropriate degree of validity of the questionnaire.

Results

Table (3) Demographic Variables $N = 67$

Sr	Variables	Frequency	%	Mean
1	Gender	x	%	
A	Male	38	56.7	
B	Female	29	43.3	
2	Educational Level	x	%	
A	Preparatory School	13	19.4	
B	Secondary School	16	23.9	
C	Higher Education	38	56.7	
3	Physically Disabled Type	x	%	
A	Polio	53	79.1	
B	Single-Limb	10	14.9	

C	Amputees	4	6	
4	Health Status	x	%	
A	Poor	8	11.9	
B	Fair	35	52.2	
C	Good	24	35.8	
5	Age	x	%	Mean
A	12- 14	12	17.9	16.45
B	15-17	36	53.7	2.098
C	18- 20	19	28.4	
6	Family Income	x	%	Mean
A	Less than 500	7	10.4	1005
B	500-1000	29	43.3	356.778
C	1000-1500	31	46.3	

The descriptive analysis of the demographic variables of the study population show that 38 of the participants are male (56.7%) and 29 are female (43.3%), with the average age of 16.45 years with minimum age 12 years and maximum age 20 year. As for Family Income of the population the average income is 1005. Concerning Educational level, the highest percentage of the disability in this study is that higher education (56.7), Secondary School (23.9%), and the lowest percentage is that of Preparatory School (19.4%). In this study, majority of physically disabled (79.1%) are polio. As for Health status, (52.2%) of respondents interviewed are Fair (35.8%), are good and (11.9%) are Poor.

Table (4): shows the level of Social Welfare Services provided for physically disabled N = 67

Sr	Dimensions	mean	SD	Level	Rank
1	Economic Services	2.31	.391	medium	4
2	Social Services	2.41	.381	High	3
3	Health Services	2.51	.391	High	1
4	Educational Services	2.47	.392	High	2
Social Welfare Services		2.42	.387	High	

The table above shows that the dimension social welfare services are as follows. In the first order, came the health services with an average of (2.51). In the second order, came the educational services with an average of (2.47). In the third order, came the social services with an average of (2.41). In the fourth order, came the economic services with an average of (2.31). The results indicated that the general average of the dimensions social welfare services amounted to (2.42) as the average rate which makes us accept the first hypothesis.

It is expected that the level which the social welfare services provided for the physically disabled individual is high.

Table (5): shows the life quality level for physically disabled N = 67

Sr	Dimensions	mean	SD	Level	Rank
1	Objective Dimensions	2.45	.291	High	1
2	Subjective Dimensions	2.34	.308	Medium	2

The result of table No. (5) showed that the level of life quality dimensions for physically disabled are as follows.

In the first order, came objective dimensions with an average of (2.45). The Objective dimension of the life quality included improving the life quality (healthy, educational, economic, and social). While, came in the second order subjective dimensions with an average of (2.34). The subjective dimensions of the life quality included improving (social relationships, family cohesion, life satisfaction, psychological well-being, personal satisfaction, interpersonal relationship, and social network).

Table (6) shows the correlation coefficient between social welfare services and improving the quality of life N = 67

Social welfare Services Improving Life Quality	Objective Life Quality		Subjective Life Quality		Total Life Quality	
	Value	Sig	Value	Sig	Value	Sig
Economic Sservices	.582**	Sig	.373**	Sig	.532**	Sig
Social Services	.487**	Sig	.520**	Sig	.565**	Sig
Health Services	.545**	Sig	.458**	Sig	.560**	Sig
Educational Services	.605**	Sig	.572**	Sig	.659**	Sig
Social welfare Services	.663**	Sig	.575**	Sig	.692**	Sig

**Significant at 0.01 level

The table No. (6) shows significant correlation on the level, (0.01), between social welfare services and improving the life quality for persons with disabilities, where the value of the correlation coefficient is (.692**). On the other hand, there is some significant correlation on the level, (0.01), between social welfare services and improving the objective life quality for persons with disabilities, which includes (improving the quality of economic, social, health, and educational life), Where the value of the correlation coefficient is (.663**).

The results also show that there is a statistically significant relationship at the level of significance, (0.01), between social welfare services and improving the subjective life quality for persons with disabilities, which includes (satisfaction with life, social relations, and family cohesion), where the value of the correlation coefficient is (.575^{**}). We, then, accept the third hypothesis of the study. There is a statistically significant correlation between social welfare services and improving the life quality for the physically disabled as shown in table (6).

Table (7): shows the significant differences between demographical variables and improving the life quality N= 67

Demographic Variables	Source of Variation	Sum of Squares	Df	Mean Square	F.	Sig
Age	Between Groups	491.66	8	61.459	1.102	.375
	Within Groups	3234.18	58	55.762		
	Total	3725.85	66			
Family Income	Between Groups	795.48	19	41.868	.672	.827
	Within Groups	2930.36	47	62.348		
	Total	3725.85	66			
Educational Level	Between Groups	102.45	2	51.229	.905	.410
	Within Groups	3623.39	64	56.616		
	Total	3725.85	66			
Physically Disabled Type	Between Groups	223.38	2	111.691	2.041	.138
	Within Groups	3502.46	64	54.726		
	Total	3725.85	66			
Health Status	Between Groups	107.04	2	53.523	.947	.393
	Within Groups	3618.80	64	56.544		
	Total	3725.85	66			

Table No. (7) shows that, (An analysis of variance (ANOVA) there are no significant differences, ($P < 0.05$), between the demographical variables (age, family income, type education level, physically disabled type, and health status) and the total life quality of physically disabled. This makes us refute the fourth hypothesis of study that there are statistically significant differences between some demographical variables (gender, age, educational level, family income, disability type, and health) and improving the life quality of physically disabled. This indicates that demographic variables have not affected the improvement of the life quality of the physically disabled.

Table (8): shows the significant differences between gender variable and improving the life quality N= 67

Demographic Variables	N	Mean	Std. Deviation	Std. Error Mean	df	t	Sig
Gender	38	67.53	7.992	1.297	65	.430	.668
	29	66.72	6.948	1.290			

The results of table No. (8) show that there were no significant differences by using T Independent Samples Test (TIST) on the level of (0,01) between gender variable and improving the life quality of physically disabled. This result means that the improvement in the life quality of the physically disabled is not related to the type of the disabled person whether he/she is a male or a female.

Discussion

This paper attempts to identify correlation coefficient between social welfare services and improving the life quality. Table (6) describes the inter-correlations between scales and sub-scales. Results shown that social welfare programs have a substantial positive correlation with life quality and have a strongly positive correlation with their subscales of the objective life quality (economic, social, healthy, and educational) and the subjective life quality (social relationships, family cohesion, and life satisfaction).

On the other hand, these results reflected that the institutions for the care of persons with disabilities improve the life quality of these groups by providing health care programs (prevention, treatment, rehabilitation, and nutrition). They improve their educational level and encourage them to complete their education in addition to providing literacy programs and providing social services to develop their social responsibility to increase their self-dependence.

The present study also shows that the objective dimension of the life quality, which is related to the health, social, economic, and the high education, is with an average of 2.45. While, the subjective dimension came with an average of 2.34, which is related to strengthening social relations with others, achieving family cohesion, self-satisfaction, and developing the personal relationship. Persons with disabilities, as individuals in the society, always need to strengthen their social relationships because they may suffer from problems related to their isolation and their weak participation in social life, their sense of fear, and unity or deprivation. This requires working to increase their social relations. It reduces the psychological and social pressures that they suffer while providing comprehensive

social welfare programs which improve family cohesion and achieve psychological reassurance, strong bonding, and stability within his family. It improves social relations with other members of society and form relationships based on integration empathy and compassion. Thus, it achieves satisfaction with life for persons with disabilities as an effort to adapt and integrate them into the surrounding society. Accordingly, this positively reflects on the improvement in their life quality.

The results of the study also show that the demographical variables of the physically disabled did not affect the utilization of disabled care institutions and thus improved their life quality as all the variables came to no significant and this, by turn, indicated that these institutions provide services to all persons with disabilities regardless of their different demographical variables. These results and the detailed figures for all variables are provided in table (6) showing that life quality and its dimensions can be greatly improved by the implementation of integrated social welfare services. Therefore, social programs are the key factors that contribute to the improvement of life quality of the disabled.

Based on the results reported in the study, it is observed that the objective and subjective approaches to life quality research tend to have a greater promise of capturing the complex nature of life quality. There is some evidence that well-being or life quality may be identified as psychological well-being, personal satisfaction, economic well-being, interpersonal relationship, social network daytime activates, fulfillment of social needs or social relationships, family cohesion, life satisfaction, employment, a degree of positive response, or an acceptance of person with a disability by neighbors and others in the community.

In the light of the study's conclusions and its discussion, the results indicated a number of social, economic, and governmental services influences on the life quality satisfaction, According, they help people with disabilities to improve their life quality which is often more complicated and effortful than it is for people without disabilities. This may be due the reason that these individuals face difficulties in performing physical tasks.

Finally, based on the fore mentioned, it is clear that it is imperative here to suggest that, as a result, the study recommends the followings:

1. Providing the resources material and human capabilities of the institutions for the physically handicapped in order for these institutions to be able to improve the life quality of these persons with disabilities.
2. Studying the current conditions of the physically disabled and identifying the most effective problems and the most important needs.
3. Recognizing that the social welfare services provided to the physically handicapped aim to change these disabled persons from being recipients of assistance into active and participatory members in the society.
4. Identifying a policy for improving the socio-economic health status and the life quality of persons with disabilities.
5. Raising awareness of the difficult conditions in which the physically disabled live, and studying their needs, issues, and problems.
6. Changing the misconceptions of people with disabilities related to disability, besides the disability effects and teaching them how to deal with disability.
7. Focusing on programs that help physically disabled to accept themselves and their disabilities, to live with disability, to form positive directions based on co-operation, and to positively interact with others in the society.
8. Focusing on the preventive, developmental, and therapeutic aspects in the care and rehabilitation programs for the disabled. This support changes their life quality for the better.
9. Providing the physically disabled with the skills, directions, and information that make them more able to serve themselves and their community.
10. Raising awareness of social responsibility towards the issues of the physically disabled and their rights.
11. Helping the physically disabled to form successful social relationships with others in the community.

Conclusion

In general, it is clear that social welfare services matter to the life quality enjoyed by persons with disabilities. Our findings state that social welfare services capacity affects improving the life quality of persons with disabilities, whether through improving the life quality objective dimension (economic, social, healthy, or educational) or the subjective dimension of the life quality (social relationships, family

cohesion, or life satisfaction) as shown in table (5), on the other hand, the results of the study. The study recommends that attention should be paid to life quality studies for other types of disabilities. It sheds light on the importance of improving the objective life quality and its subjective counterpart in order to integrate them into the local community and to achieve good living standards for the disabled.

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