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PSYCHOSOCIAL PREDICTORS OF QUALITY OF LIFE IN ADULTS WITH PHYSICAL DISABILITIES

ABSTRACT

Research Aim: *The aim of the study was to examine the relationship between psychosocial predictors, i.e. sense of coherence, self-esteem, self-perception, coping with problems, social support and quality of life in a sample of adults with physical disabilities.*

Research Methods: *A diagnostic survey method and the following instruments were used: Orientation to Life Questionnaire by Antonovsky, Tennessee Self-Concept Scale by Fitts, The Ways of Coping Questionnaire by Folkman and Lazarus, Norbeck Social Support Questionnaire, Quality of Life Questionnaire by Schalock and Keith. It was hypothesized that high levels of quality of life in adults with disabilities would be linked to high levels of the predictors. A multiple, stepwise regression analysis was employed for the hypothesis testing.*

Results: *General social support, instrumental support and sense of coherence (SOC) may be considered the best psychosocial predictors of an increase in quality of life (QOL). Higher global social support levels allowed a prediction of higher QOL in reference to independence and social integration. Higher levels of instrumental support were linked to higher levels of general QOL, including productivity and independence of the subjects. The strong, global SOC was predictive of an increase in QOL with regard to satisfaction. However, meaningfulness (a SOC dimension) was a good predictor of high QOL in terms of social belonging and community integration. The hypothesis was partially supported.*

Conclusions: *Taking into account the practical implications of the results, perceived social support and sense of coherence are the most important factors. Rehabilitation programs aimed at raising the quality of life among people with disabilities could be enhanced by improving the social skills in establishing social network ties, recognizing an individual's need for support and strengthening the sense of coherence.*

KEYWORDS: *physical disability, quality of life, sense of coherence, self-esteem, coping, social support, rehabilitation*

INTRODUCTION

People with physical disabilities face many psychological, environmental and social challenges Hashemiparast et al., 2023; Karr, 2011; Kim et al., 2018; Tansey et al., 2017). They may be confronted with chaos, confusion and ambiguity because their human value is not always recognized as well as their values and beliefs about their good quality of life are not all the time approved by society (Albrecht and Devlieger, 1999, p. 980; Van Loon et al., 2023, p. 125). Previous research attempts indicate that disability affects a sense of quality of life and life satisfaction (Ra and Kim, 2016; Umucu et al., 2024). However, nowadays the assumption that people with disabilities are not likely to achieve a satisfactory quality of life because of functional limitations, chronic diseases, restrictions in fulfilling social roles, stigmatization and deprivation may be controversial. Interestingly, according to the perceptions of people with disabilities, their quality of life may be good or high which is contrary to the views of most able-bodied external observers of the disabled daily existence. This phenomenon is known as the disability paradox (first described by Albrecht and Devlieger in the 1990.) which is only partially understood (Albrecht and Devlieger, 1999, p. 979; Van Loon et al., 2023, p.125). The quality of life of the disabled may depend on personal experience with disability in defining the self, disability self-worth, identity, optimism, the body image, and the highly valued social relations. The aforementioned aspects surely constitute an exceptional entity taking into account the personality and social milieu of an individual with disability (Albrecht and Devlieger, 1999, p. 978; Zapata, 2022, p. 150).

Nonetheless, not less important than the abovementioned topics, is the urge to discover a deeper sense of the psychosocial predictors of quality of life in adults with disabilities such as: sense of coherence, self-esteem, coping with problems and social support, namely the explanatory variables which can be predictive of subjective quality of life (Ang and Suen, 2023; Calandri et al., 2017; Kim et al., 2018; Umucu et al., 2023). More importantly, the meaning of the effects of psychosocial factors (e. g. sense of coherence, personality, perception of illness) on health-related quality of life has not been fully understood and it seems to be an underexplored area of research (Van Wilder et al., 2023,

p. 744). This notion was an inspiration for this study aiming at an examination of the relationship between the psychosocial predictors and the quality of life.

Sense of coherence is a crucial term in the salutogenic model by Antonovsky which denotes the degree of meaningfulness, comprehensibility, and manageability that people feel in their life (Hochwälder, 2019, p. 1). It is also conceptualized as a domain of personality which is supposed to account for individual differences in adjustment and coping with stress among adults with disabilities (Lustig et al., 2000, p. 134). A strong sense of coherence contributes to a mobilization of available resources and an activation of searching for new resources which are helpful in coping with stress. A person with such a sense is able to realize that the world can be seen from a rational, comprehensible, meaningful, logical, predictable perspective and thus the motivation for struggling with adversities is induced (Albrecht and Devlieger, 1999, p. 980). Sense of coherence is positively correlated with self-perceptions of health, self-esteem, internal locus of control, life satisfaction and quality of life (Hochwälder, 2019; Lustig and Strauser, 2008). Moreover, the research provides support for the relationship between sense of coherence and employment status (Lustig and Strauser, 2008, p. 140).

The research outcomes also point to a link between self-esteem of people with disabilities and their sense of quality of life. The disabled may feel a sense of blame, which results in low self-esteem, lack of resilience, and low quality of life. Their high self-esteem and emotional stability can lead to a stable high quality of life (Kim et al., 2017, p. 9). Furthermore, previous evidence suggests that self-esteem is a better predictor of quality of life of persons with spinal cord injuries (SCI) than severity of SCI (Tansey et al., 2017, p. 170). However, in the samples of older adults, self-esteem is the best mediator of the effect of disability on depression. Decreased self-esteem of people with functional disabilities, who encounter major or minor problems with self-care activities and independent living, promotes depression and the quality of life is diminished (Yang, 2006, p. 357).

According to the model of stress by Lazarus and Folkman, disability is a stressor, and the choice of coping strategy may depend on a series of factors (Lequerica et al., 2008, p. 349; Pande and Tewari, 2011, p. 178). The most popular styles of coping with stress are: problem focused, emotion focused, avoidance. Some scholars argue that problem-focused coping is beneficial to psychological adjustment of people with disabilities and it contributes to better

acceptance of disability. However, emotion and avoidant-focused coping styles are likely to denote medium levels of acceptance, increased depression and psychological distress (Groomes and Leahey, 2002, p. 20; Pande and Tewari, 2011, p. 183). Nonetheless, the research data on coping styles in a sample of persons with multiple sclerosis involving a duration of 5 years since the diagnosis are not so consistent. Some findings indicate that emotion-oriented style of coping does not promote social adjustment, because it is a predictor of depression and anxiety, and other results yield that avoidance is a more favorable strategy in terms of adjustment (Calandri et al., 2017, p. 1387).

Social support is a complex and a multidimensional phenomenon which is focused on a person's assessment of the available resources or existing opportunities to make use of them through the interactions with both other people and institutions providing various services (Vangelisti, 2009, p. 40). It may be considered one of the key predictors of a sense of the quality of life in people with disabilities for a few reasons. First, it is a topic of the research projects which also involve coping with stress, resilience, psychological and social adjustment of individuals with disabilities and chronic diseases (King et al., 2006, p. 903). Second, it contributes to psychological and emotional wellbeing, reduction of stress and depression, satisfaction with life and personal success (King et al., 2006; O'Brien, 1993; Allen et al., 2000; Hampton, 2004; Yang, 2006). Third, high density of the social network and strong community ties are not only a buffer against stress, but also a factor facilitating participation of the disabled in everyday life. Nevertheless, pain and social isolation are negatively associated with their quality of life (Albrecht and Devlieger, 1999, p. 979).

A few research studies underscore the importance of the age of an individual with disability, because human emotional support is rather believed to play a stress buffer role in the younger but not older adults (Rohrbeck et al., 2024, p. 756). However, the elderly with disabilities are more often prone to depression because of deficits in the specific forms of social support than those adults who are younger (Yang, 2006, p. 356).

For over four decades, quality of life has been a crucial concept encompassing an evaluation of psychological, social, economic aspects and the most important frame of reference taking into account rehabilitation of the disabled (Chapin and Holbert, 2010; Freedman, 2019; Livneh, 2016; Schalock, 2000;

Sinha et al., 2011; Van Wilder et al., 2023). High quality of life is supposed to be an ultimate purpose of the rehabilitation of people with chronic illness and disabilities, which makes it possible to determine the optimal outcomes of this process (Livneh, 2016, p. 68). Based on the literature review, it may be underlined that persons with disabilities, experiencing discrimination practices, are more often identified with the unchanging low quality of life (Kim et al., 2017, p. 15), however younger people and those individuals with disabilities who are employed reveal high quality of life (Chapin and Holbert, 2010; p. 7; Ra and Kim, 2016, p. 118).

A constantly growing number of studies on quality of life in the samples of younger and older adults with disabilities (see Albrecht and Devlieger, 1999; Calandri et al., 2017; Chapin and Holbert, 2009; Friedman, 2019; Karr, 2011; Sinha et al., 2011; Van Loon et al., 2023) as well as the psychosocial predictors, namely sense of coherence, self-esteem, social support, coping (see Hampton, 2004; Hashemiparast et al., 2023; Kim et al., 2017; Livneh, 2016; Umucu et al., 2023; Van Wilder et al., 2023) could justify reaching for the data concerning the associations between these variables.

The following research question is formulated: *What is the relationship between the psychosocial predictors and quality of life in a sample of adults with physical disabilities?* Therefore, the purpose of this study is to assess the correlations between the aforementioned variables. The specific research questions refer to determining the sign and strength of correlations between the levels of quality of life and the abovementioned predictors.

Based on an analysis of the abovementioned research literature on this topic, with regard to the basic research problem the main hypothesis is proposed: *The higher the levels of psychosocial predictors of the subjects with disabilities in terms of their sense of coherence, self-esteem and self-perception, styles of coping with problems, social support, the higher their quality of life.*

METHOD

To achieve the goal of the study, a diagnostic survey method and a set of the research tools were used. The aforementioned research approach utilizes the data acquired from questionnaires, rating scales.

Quality of Life Questionnaire (QOL-Q) by Robert L. Schalock and Kenneth D. Keith is a 40-item rating scale with 10 items in each of the four domains: satisfaction, competence/productivity, independence, social belonging/community. The answers are given using a 3-point scale. Thus, the respondents are supposed to rate how they perceive the abovementioned aspects of their life. The scale has a good reliability. Its validity was demonstrated for people with physical disabilities. Content validity of the QOL-Q translations into foreign languages was revealed in several geographical areas: Europe, Latin America, The United States, Canada, China (Karr, 2011, p.71).

The Orientation to Life Questionnaire (also known as SOC scale) by Aaron Antonovsky is a self-rating scale which consists of 29 questions. It allows an evaluation of the three specific dimensions of sense of coherence (SOC): comprehensibility (measured by 11 items), manageability (measured by 10 items), meaningfulness (measured by 8 items). Responses to each question are ticked using a 7-point (1-7) scale. Higher numeric values regarding either a total or subtotal index score represent a higher degree either of SOC or its specific dimension. Systematic reviews of research have proved that the SOC scale is reliable and valid, but the factorial structure is unclear, the measure's stability over time is moderate (Hochwälder, 2019, p. 2).

Tennessee Self Concept Scale (TSCS) by William Fitts allows a multidimensional self-description with respect to self-concept and self-esteem. Based on a total score, a general self-esteem level is estimated. The assessment is made by means of a framework which is composed of the five columns: physical self (CA), moral-ethical self (CB), personal self (CC), family self (CD), social self (CE) and the three rows: self-satisfaction (R1), identity (R2), behavior (R3). The total and sub-total scores are utilized to disclose the levels of both a global and a specific self-esteem compared to an accepted standard or a reference group (Fitts, 1965).

The Ways of Coping Questionnaire (WOCQ) by Susan Folkman and Richard Lazarus consists of 66 items. Answering the questions, the respondents

use a 4-point Likert-type scale by signifying the extent to which they used a particular way of coping. The points range from 0 = *not used at all* to 3 = *used many times*). Based on the WOCQ factor analysis it was possible to identify the eight distinct factors/subscales: problem-focused coping, wishful thinking, detachment, seeking social support, focusing on the positive, self-blame, tension-reduction, keep to self. The outcomes of the studies conducted in different adult samples point to the good reliability and stability of the WOCQ factor structure ((Scherer and Brodzinski, 1990, p. 406).

The Norbeck Social Support Questionnaire (NSSQ) contains three parts. The first one is about the significant others, supportive persons and a respondent's connections with these people. The second part contains eight questions concerning the persons who were mentioned in the first part. Filling in the third section of the NSSQ respondents are expected to answer an alternative question about the loss of the significant persons. After adding up the points, Functional Sums which indicate the social support levels provided by the source-specific groups in relation to particular situations pertaining to the three basic dimensions: Emotions, Affirmation and Support are computed. The scale's reliability is good (Cronbach alpha values range from 0.81 to 0.86) (K. and G., 2020, p. 83).

PARTICIPANTS

A total of 145 subjects with physical disabilities, including 80 women (55.17%) and 65 men (44.83%) were examined. The subjects were recruited from the geographical area of south-eastern Poland. A snowball sampling method was used to select the participants for this study (Rubin and Babbie, 2009, p. 358). The ethical principles which apply to the conducted research process were respected. The age of subjects ranged between 18 and 65 years, an average age was 36.22. The sample was comprised of: persons with spinal cord injury (37 – 25.52%), lower or higher limb amputees (32 – 22.07%), persons with cerebral palsy (31 – 21.38%), multiple sclerosis (27 – 18.62%); physical disabilities of other etiologies (18 – 12.41%). Most of the subjects were diagnosed with severe disability (119 – 82.07%). The duration of disability ranged between the moment of birth and 53.64, with a mean of 31.68 years. The

majority were single (74 – 51.03%) and married persons (47 – 32.41%), then either separated or divorced (21 – 14.48%) and widowed persons (3 – 2.69%). Most of them lived in the urban areas (96 persons – 66.21%). 94 persons (64.83%) were satisfied with their economic status and 32 (22.07%) subjects claimed that this status was very high.

RESULTS

Taking into account the primary research question, an analysis of multiple, stepwise regression was used in order to determine the contribution of the explanatory variables, namely sense of coherence, self-esteem and self-perception, coping with difficult situations, perceived social support, regarded as predictors of the quality of life (QOL) with respect to its such domains as: satisfaction, competence/productivity, independence, social belonging/community in a sample of adults with disabilities. Several regression models were built and the relevant data are summarized in Tables 1-5.

An analysis of the data regarding satisfaction in the sample indicates that the explanatory variables contributing to the variance explained by the regression model, on an estimated level of 14%, apply to the three partial indicators, most of them with a negative value (Table 1). It may be said that higher levels of satisfaction with respect to QOL are accompanied by an increase in the sense of coherence, namely, meaningfulness, comprehensibility and manageability. However, the abovementioned levels are not associated with a tension reduction as the preferred style of coping with problems. Moreover, a buffer is posed by the perception of moral-ethical self which does not translate into satisfaction pertaining to QOL.

Table 1. Results of multiple regression analysis for satisfaction and the explanatory variables

Predictors	Beta	Beta SE	B	B SE	T	p
Intercept			15.72	3.78	4.16	.000*
Tension reduction	-.18	.08	-.27	.13	-2.13	.035*
Sense of coherence	.24	.08	.05	.02	2.98	.003*
Moral-ethical self	-.19	.09	-.10	.05	-2.00	.048*

Note: SE = standard error, * $p < .05$ $R = .44$; $R^2 = .14$; $F(9, 135) = 3.607$; $p < .000$ *

The variability of the results concerning productivity is also shared among the three partial indicators (Table 2). The regression model ensures 14% of the explained variance in the outcome variable. All the correlations are statistically significant. Two of them are positive and one is negative. Based on the regression model it may be noted that productivity and effectuality in life is connected with higher levels of perceived social and instrumental support pertaining to various sources as well as positive personal self, excluding family and social self in the sample. However, strategy of solving problems based on wishful thinking is not linked to the life productivity and effectuality.

Table 2. Results of multiple regression analysis for productivity and the explanatory variables

Predictors	Beta	Beta SE	B	B SE	T	p
Intercept			1.12	4.71	2.15	.034*
Instrumental Support	.29	.08	.08	.02	3.52	.001*
Wishful Thinking	-.19	.08	-.35	.15	-2.37	.019*
Personal Self	.22	.09	.17	.07	2.31	.022*

Note: SE = standard error, * $p < .05$ $R = .43$; $R^2 = .14$; $F(8, 136) = 3.94$; $p < .000$ *

Table 3. Results of multiple regression analysis for independence and the explanatory variables

Predictors	Beta	Beta SE	B	B SE	T	p
Intercept			25.76	4.55	5.66	.000*
Instrumental Support	1.01	.42	.23	.10	2.40	.018*
General Social Support	-.86	.42	-.07	.03	-2.04	.043*
Sense of Manageability	.17	.08	.09	.05	2.01	.046*
Personal Self	-.18	.09	-.11	.06	-2.02	.046*

Note: SE = standard error, * $p < .05$ $R = .43$; $R^2 = .13$; $F(1, 134) = 3.089$; $p < .001$ *

The contribution to the variability of the data on independence applies to a set of the four partial indicators. The regression model accounts for 13% of the variance in the response variable. The statistically significant associations are half positive and half negative values (Table 3). Two positive correlations which are visible in the regression model show that perceived instrumental support and manageability are likely to enhance QOL with respect to a sense of independence. Nonetheless, those negative values demonstrate that higher levels of perceived global social support and self-perception about personality are not linked to self-reliance of people with disabilities.

The variability of the results obtained for social belonging and integration with community is derived from the three partial indicators (Table 4). The model can explain 24% of the total variance in the response variable. All the correlations are statistically significant. Two of them are positive and one is negative (Table 4). Upon an inspection of the regression model, it may be said that stronger sense of social belonging and integration denotes higher levels of meaningfulness and social support. However, sense of social ties and readiness for integrating with others are not connected with social self, namely self-perception of a person's value in terms of social relations, except her/his family and the relatives.

Table 4. Results of multiple regression analysis for social belonging/community and the explanatory variables

Predictors	Beta	Beta SE	B	B SE	T	p
Intercept			2.39	3.01	6.77	.000*
Sense of Meaningfulness	.23	.08	.09	.03	2.66	.009*
Social Self	-.38	.09	-.20	.05	-4.21	.000*
General Social Support	.58	.25	.11	.05	2.31	.022*

Note: SE = standard error, * $p < .05$ $R = .54$; $R^2 = .24$; $F(9, 135) = 6.146$; $p < .000$ *

The contribution to the variability of the findings concerning the general quality of life is demonstrated by the two partial indicators which constitute statistically significant positive regression coefficients. The regression model accounts for 20% of the variance in the response variable (Table 5). Based on

the model it may be argued that both perceived instrumental support and positive perception of family self are likely to boost the QOL.

Table 5. *Results of multiple regression analysis for general quality of life and the explanatory variables*

Predictors	Beta	Beta SE	B	B SE	T	p
Intercept			76.08	1.49	7.25	.000*
Instrumental Support	.57	.26	.32	.15	2.23	.027*
Family Self	.18	.09	.27	.13	2.10	.038*

Note: SE = standard error, * $p < .05$; $R = .51$; $R^2 = .20$; $F(1, 134) = 4.685$; $p < .000$ *

DISCUSSION

Considering the interdependencies between the sense of coherence, self-esteem, styles of coping with problems, perceived social support and the quality of life (QOL) in the research sample, a configuration of diverse correlations between the abovementioned predictors and the QOL could be noticed. The main hypothesis could be partially supported regarding all the statistically significant positive correlations between the dimensions of sense of coherence, self-esteem, ways of coping, social support (psychosocial predictors) and the sense of satisfaction, productivity, independence, social belonging and integration (QOL). The associations are visible in the regression models. It is possible to focus on their predictive validity. The regression model which accounts for the highest percentage of variance in the outcome variable (24%) in the sample yields that higher levels of both sense of meaningfulness and general social support are good predictors of an increase in the QOL with regard to social belonging and integration with community. This fact was confirmed by the outcomes which demonstrated that the strong sense of coherence, especially meaningfulness, namely the ability to lead a purposeful and valuable life allowing a ceaseless struggle with life adversities, predisposed humans to mobilizing available resources e. g. social support, and in addition that sense was positively associated with QOL (Lustig and Strauser, 2008 p. 140; Hochwälder, 2019, p. 2). Moreover, the results from the research

samples of people with spinal cord injury and other physical disabilities indicated that perceived social support was strongly connected with quality of life, including life satisfaction (Hampton, 2004, p. 32; Kim et al., 2018, p. 641). The self-perceptions which rely on high self-esteems concerning social relations of the subjects, excluding their interactions with family, are not in harmony with higher social integration (QOL). Perhaps the participants of present study want to conceal a social isolation problem and therefore their positive social self is actually unreal, false and this deceptive self-perception is contrary to their low self-ratings of QOL in terms of social belonging and integration. Several studies reveal that social isolation may be negatively related with QOL in the samples of adults with disabilities (Albrecht and Devlieger, 1999, p. 979). On the other hand, the regression model accounting for a slightly lower percentage of variance in the general quality of life (20%) indicates that based on higher levels of both instrumental support and family self, higher level of the aforementioned quality may be predicted. According to a body of research, perceived instrumental support has a positive effect on at least one of the QOL components, i. e. personal and life satisfaction, playing a role as a mediator for affective disorders, especially in the samples of adults with disabilities (Allen, Ciambrone and Welch, 2000, p. 335). In the absence of the research on an impact of family self on QOL, some available explorations of general self-perception prove that self-esteem of people with physical disabilities caused by spinal cord injury may be considered a better predictor of their QOL than the disability level (Tansey et. al, 2017, p.170). Likewise, central core self-evaluations, including self-esteem, and social support may significantly reduce the effect of perceived stress on the subjective wellbeing of students veterans with disabilities (Umucu et al., 2023, p. 51).

Taking into account the remaining regression models which are capable of explaining lower percentages of the response variable's variance (13%-14%) along with the respective marked, positive correlations between the psychosocial predictors and QOL, some attention could be paid to instrumental support regarded as a partial predictive indicator of high QOL regarding productivity, independence and general sense of coherence, a predictor of satisfaction with life as well as manageability (a dimension of this sense) which is predictive of self-reliance. Based on the present study, other research findings

pointing to a positive correlation between sense of coherence (SOC) and QOL in the sample of people with disabilities and multiple sclerosis can be validated (see Lustig and Strauser, 2008; Hochwälder, 2019; Calandri et al., 2017). Moreover, strong SOC may stimulate QOL in terms of productivity and independence, taking into account a productive use of available current and future personal resources with regard to coping with stress. However, taking a look at the inhibitors in the sample, namely the negative predictors of QOL, the most noticeable aspects pertain to the ways of coping with problems (tension-reduction, wishful thinking as a factor which impedes life satisfaction and productivity) as well as general social support, as an inhibition of a sense of independence in the sample. According to some research data, the circumstances in which too much support is provided may undermine a sense of independence among older adults with disabilities (Ang and Suen, 2023, p. 400). Furthermore, research shows that emotion and avoidance-oriented coping with problems may lead to adjustment disorders, lack of acceptance of disability, depression, low QOL (Groomes and Leahey, 2002; p. 20; Calandri et al., 2017, p. 1387).

STUDY LIMITATIONS

First, the age of the persons with disabilities who participated in the study covered a long span, between 18 and 65 years, therefore the sample suitable for a shorter age span was not available. Second, the study investigated physical disabilities of diverse etiologies, the duration of disease or impairment and the time of diagnosis were varied. Too small subgroup size of people with a specific acquired or congenital disability did not allow me to construct the appropriate regression models in regard to this variable. Third, such variables in the sample as: marital, economic status, place of residence were not included in the regression analysis. Fourth, as a purposive sampling method was utilized, the research outcomes could not have been typical of the entire Polish population of people with physical disabilities.

CONCLUSIONS

Taking into account the practical implications, perceived social support is the first important aspect. It may be concluded that higher general and specific QOL including the dimensions of productivity, independence, community integration may be predicted on the basis of higher levels of perceived instrumental, social support. This form of support is crucial as far as successful preventive actions against depression as well as low QOL of people with various disabilities are concerned (see Allen, Ciambrone, Welch, 2000; Ang and Suen, 2023; Umucu et al., 2023). Another topic which is worthy of note is a sense of coherence and its specified domains, mostly, manageability and meaningfulness, namely the positive predictors of QOL (selected areas). Rehabilitation programs aimed at raising QOL among people with disabilities could be focused on enhancing their social skills in building a social network and a valid identification of an individual's need for support. Moreover, the purpose of these programs should emphasize the importance of sense of coherence among the disabled, particularly by boosting the motivation for searching a rational world order, available current and new resources to be reasonably used while handling stressful situations. A stronger sense of coherence in a person with a disability may mean a greater probability of choosing the most appropriate way of coping with problems. Moreover, the research findings indicate that boosting instrumental support and manageability (SOC) can promote high quality of life in terms of independence in the sample of persons with disabilities, and higher general social support has an adverse effect, hence their sense of independence is diminished. From a perspective of the complex rehabilitation process which serves a purpose of ensuring high quality of life of the disabled, it is particularly important to improve parents', cousins', relatives', partners', friends', colleagues', caregivers' skills in providing the support which is adequate, by catering for individual needs, because the conditions in which too much support is given may result in excessive dependence and lack of autonomy. Furthermore, the other task that should be accomplished involves fostering manageability, namely confidence about personal and social resources allowing for overcoming ongoing everyday life problems as well as personal trust in the effective actions which are

supposed to improve a social network of an individual with disability taking into account the supportive humans who can be trusted and who are willing to help in a crisis situation.

The future research on psychosocial predictors of quality of life in the sample of people with physical disabilities could assess the contributions of such variables as age, cause and duration of disability, employment, economic and marital status. Thus, a more appealing picture of the associations between the predictors and quality of life could be displayed.

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