

# The Quality Of Life Of Workers With Disabilities Due To Accident

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# The Quality Of Life Of Workers With Disabilities Due To Accident

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## Abstract

**Introduction:** Accidents could result in disabilities including partial or total disability, and even casualty. Declined of socio-economic status and reduced income of workers with disability due to accidents have an impact on quality of life. **Objectives:** The aim of this research is to analyze the well being of workers with disability. **Method:** This was an descriptive study with cross-sectional design. The population in this study was 344 workers with disability due to accident in Gresik and Sidoarjo and the number of samples used in this research was 182 participants. The variables were individual characteristics and quality of life of the workers. The data was collected using WHOQol-100 questionnaires and interview guidelines. **Results:** This research showed that most of workers with disability aged between 40-49 years old (31.3%), were male (73.6%), high school graduated (70.3%) and married (84.6%). The quality of life scores included social relations (average 68.78), spiritual (average 66.20), environmental (average 57.50), psychological (average 53.43), physical (average 53.26), and level of independence/productivity (average 52.71). **Conclusion:** They had high score in social relation and low score in level of independent/productivity. It is suggested to increase their level of independent/ productivity for better quality of life and survive their live.

Keywords: quality of life, workers with disability, disability

## 1. Introduction

The occupational accident rate increased in the last five years[1]. The impacts of the accidents include functional disability, partial disability, total disability, and death. Based on the data of BPJS for employment in 2016, the 150 workers suffered from the functional disability and 135 workers suffered from the partial disability in Indonesia[2]. Workers with disability have limitations in their lives, including in the socioeconomic context[3]. They experience various disabilities that limit their performance, work, and leisure, as well as reduce their quality of life[4]. Kitis et al.[5] also affirmed that disability affects quality of life.

The quality of life is a life condition in the context of the system, value, and culture where they live based on the individual perception and related to the goal, expectation, standard,

and the interest of each individual's life[6]. According to David Felce and Jonathan Perry in Brown, the quality of life covers five domains i.e. physical well-being, material well-being, social well-being, emotional well-being, and productivity well-being. Quality of life is a standard measure used to show quality of life in terms of health conditions based on individual perceptions[7]. Disability has different types, ranging from physical damage and mobility to sensory damage and slow neurological development. Living with a disability may not reduce an individual's perception of his quality of life as long as he is still able to deal with the situation and meet his needs. Disability affects work, social life, and the ability to live independently[8].

Sex, disability type, socioeconomic status, satisfaction with salary/work, interpersonal relationships, and self-esteem affect the quality of life[9]. Workers with disability often have their existence evaluated and related to a lower quality of life, but some can be freed from dependence, so workers with disability can still maintain their quality of life.

The purpose of this study is to analyze the quality of life worker with disability.

## 2. Methods

This research was a descriptive study with a cross-sectional design. That was conducted in Gresik and Sidoarjo districts from March to April 2018. The population of this research was workers with disability due to accidents in both districts. The sample size were 182 workers, which was determined by using simple random sampling technique. The variable measured were workers characteristics and quality of life. The WHOQol-100 questionnaires was used to measure the quality of life. The WHOQol-100 is scored for 24 facets, six domain scores, a general quality of life (Qol), general health and perception score based on the four questions pertaining to global Qol. The raw score (range 4-20) can optionally be transformed to a zero-100 scale. The primary data of this study were obtained from interviews with workers with disability due to accidents. Secondary data were obtained from documents owned by Institution of Social Security employment (BPJS Ketenagakerjaan). All data were processed descriptively and presented in the form of a narrative that describes the variables being studied.

## 3. Results

### 3.1 Individual Characteristics of Workers With Disability

The individual characteristics of the participants can be seen in table 1.

**Tabel 1. The Socio-demographic characteristics of the Participants**

Socio-demographic characteristics	n(%)
<b>Gender</b>	
Men	134(73.6)
Women	48(26.4)

Socio-demographic characteristics	n(%)
<b>Age</b>	
20-29 y/o	40(22)
30-39 y/o	47(25.8)
40-49 y/o	57(31.3)
50-59 y/o	37(20.3)
60-69 y/o	1(0.5)
<b>Marital Status</b>	
Single	20(11)
Married	154(84.6)
Widowed	8(4.4)
<b>Employment Status</b>	
Employed	157 (86.3)
Unemployed	25(13.7)
<b>Types of disability</b>	
Hands	25(13.7)
Fingers	112(61.5)
Arms	15(8.2)
Eyes	6(3.3)
Feet	18(9.9)
Body	4(2.2)
Head	2(1.1)

The research finding showed that 73.6% of workers with disability were men. Most of them (31.3%) aged between 40 years to 49 years old and 84.6% of them were married. Most of the workers with disability (86.3%) were still working after suffering from the disability.

### 3.2. Quality of Life of Workers With Disability

Quality of life measurement was done through indept interviews to the workers using WHOQol-100. WHOQol-100 is a validated instrument to measure the quality of live[10]. The lowest quality of life of workers with disability score was 41, while the highest was 76. Most of workers had quality of life scores in the range of 62-68. The quality of life scores included social relations (average 68.78), spiritual (average 66.20), environmental (average 57.50), psychological (average 53.43), physical (average 53.26), and level of independence or productivity (average 52.71). The higher score denote better quality of life.

Not all workers continued to work after experiencing disabilities. There were 15.8% of them lost their jobs due to their disabilities. Workers who continued to work had a quality of life between 51-76 which is higher than the participants who no longer work, quality of life score was between 41 to 73.

Their quality of life was categorized into low, moderate, and high. 78% of them were categorized in 'moderate' category with the average score of 58.64. The complete data can be seen in table 3 below.

Table 3. The Categories of Quality of Life

Category	n(%)
Low	25(13.7)
Moderate	142(78)
High	15(8.2)
Total	182(100)

## 4. Discussion

### 4.1 Characteristics of Workers With Disability

Quality of life is influenced by characteristics. Workers who became disable in older age, are married, and had more children may experience a decrease of their quality of life. The majority (61.5%) of workers suffered disability in the fingers that made them feel ashamed, limit their ability and participation in performing their work. Not all workers could return to work after experiencing disability. Not all companies accepted their return because lack of special access for workers with disabilities. Despite having physical limitations, many workers with disability proved that physical limitations were not an obstacle for them to engage in activities. They could still work hard, be responsible, obedient and honest. Workers with disability who have been working would gain strong social support, form high level of independence and made the quality of life better.

### 4.2 The Quality of Life of Workers With Disability

Quality of Life is affected by various factors, those are physical, spiritual, and health conditions, the level of independence, relationship with the social environment, and others[11]. According to David Felce and Jonathan Perry in Brown, quality of life is a multi-dimensional and multi-element concept. Quality of life covers 5 domains, those are physical well-being, material well-being, social welfare, emotional well-being, and productivity welfare. Physical well-being are about health, fitness, mobility and personal safety. Material well-being are about finance/income, security and tenure, housing quality, privacy, meals/food, transport, possession and neighbourhood. Social well-being are about personal relationship, family/household life, relatives, activities and events, acceptance and support. Emotional well-being are about positive effect, status/respect, mental health/stress, sexuality, fulfillment, faith/believe and self esteem. Productive well-being are about competence, independence, choice and control, productivity/contribution, job, homelife/housework, leisure and education[7]. The worker with disability who no return to work had high score in social relation and low score in level of independent/productivity. The most of worker's who return to work had highest score for physical and productivity well-being. They had good

score in physical and productivity because they still work and get money. They had bad score in psychological well-being because they still had psychological problem. Psychological deprivation experienced by workers with disability might be ; feeling ashamed, trauma, feeling uselessness, stress and frustrated. That was not easy for them to accept disability due to accidents. Physical condition that was initially perfect then in a relatively short time becomes imperfect/disable. Social support from the family was really important for persons with disabilities to accept their physical condition. Research conducted by Louis Leung and Paul S.N Lee stated that social support is the strongest determinant of quality of life[12].

Living with disabilities is often associated with a lower quality of life. Disability also affects psychological conditions[3]. 13.7% of workers with disabilities had a low quality of life, because they did not work again after experiencing a disability due to a work accident. They had no income and dependent on the family. Independent life and working had correlation with their quality of life[13]. Most (86.3%) of them had a good quality of life (moderate and high) because they continue to work after they experience disability. The company still gives them the opportunity to work as one form of responsibility and social support. Social support can make workers with disability to be independent, hence, more courageous, confident to socialize and excel in doing their job again. Disability programs can improve quality of life for both individuals and families[14]. Work contributed to the reconstruction of life and social functions. Regulation and promotion of workers with disabilities showed a large role[15].

## **5. Conclusion**

The worker with disability who no return to work had high score in social relation and low score in level of independent/productivity. Despite having physical limitations, many workers proved that physical limitations were not an obstacle for them to engage in activities.

It is suggested to increase their level of independent/ productivity for better quality of life and survive their live.

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