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The quality of life of parents having graduates of a special education institution

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Abstract. This study aims to investigate whether there are statistically significant differences between parents whose graduates are employed and parents whose graduates are not employed in terms of fear of ageing, anxiety and satisfaction with their graduates. Overall, this research aims to determine whether there are any differences between categories of parents in terms of how raising a child with special needs affects their quality of life. The Quality of Life Inventory (QOLI) and CASE-Clinical Assessment Scales for the Elderly questionnaires on which this study was based were administered to a sample of 60 parents

Keywords. Quality of life, social status, anxiety, fear of ageing, satisfaction

1. Theoretical presentation of the constructs.

1.1. Quality of life

The concept of "quality of life", being a relatively modern one, is supported by many sciences, such as economics, political science, philosophy, religion, sociology, psychology, medicine and others. For more than 2,500 years, the question of human existence and survival has been the subject of philosophical research. The human needs or requirements for a good, quality life to be fulfilled were first systematised in 1954 by A. Maslow in his famous "Pyramid", which laid the foundations for subsequent research on quality of life.

In Romania, the basis of sociological research was laid in the 70s and 80s by C. Zamfir, N. Lotreanu and I. Rebedeu, whose studies were later completed by I. Mărginean, G. Socol and A. Bălaşa. To them belong the discovery of those three major functions of the sociological quality of life research theme, namely:

- more detailed definition of the objectives of social economic development;
- assessing the effectiveness of human development and determining its impact on quality of life;
- assessing quality of life as a tool for evaluating social progress.

Mărginean I. in the paper entitled "Quality of life in Romania" from 2002 makes the following statement: "a concept of an evaluative nature that defines all the elements that refer to the conditions in which people live (physical, economic, social, cultural, political, health, etc.), the content and nature of the activities they carry out, the characteristics of the relationships and social processes they participate in, the goods and services they have access to, the patterns of consumption they adopt, their way of life and lifestyle, the evaluation of their surroundings and the results of their activities, the expectations they have, as well as the subjective states of satisfaction/dissatisfaction, happiness, frustration, etc." (after Mărginean, 2002) Thus, the actual measure of quality of life includes both objective indicators of state and perception, evaluation and



personal experience, as well as evaluation by the researchers and the studied population as self-assessment. The purpose of this is to determine the impact of different quantitative values on people's lives. In this way, in the quality of life paradigm, state characteristics are subject to perceptions and appraisals by the population aimed at determining their state of satisfaction and, more generally, their degree of happiness/sweetness. (Mărginean, 2002)

"This concept crystallized around 1960, although it is fully justified to consider that reflections on one's life have accompanied man in the process of forming self-consciousness - since antiquity we record writings devoted to the subject and even more so we find it in modern approaches in philosophy and social sciences. Moreover, the concept of quality of life (quality of life, life quality, qualite de vie, lebensqualitat) is becoming more and more frequently invoked in scientific works, national and international organisation programs, in the media and in public discourse, with its concomitant reference to the issue of social indicators that measure the quality of life of the population." (Mărginean, Vasile, 2015)

Enache R. & Matei R. (2019) state in the paper "Optimising the quality of life of young people and adults with special needs" that "In a broad sense, quality of life resides in the realisation of an enjoyable life based on personal and social well-being, general social protection and social progress. ", goes on to say that there is not total agreement on the definition of the concept of quality of life, but it is known that specialists in this field agree that there is a combination of the subjective and objective dimensions of life. A person's perceptions and representations of the quality of personal life, their estimated level of satisfaction with their life and their degree of well-being are indicators of the subjective dimension. The subjective perspective refers to so-called 'happiness' and happiness-pleasure states, and is a difficult concept to define as it has many philosophical connotations.

1.2. Fear of ageing

Elderhood is a stage of life and its set is a natural phenomenon, in the face of which science tries to find different ways of postponing it (Fontaine, 2008, p.14-16). Old age is characterised by a decline in desires and ambitions, and is viewed with frustration, pessimism and resignation (Şchiopu and Verza, 1997, p.331).

Elderhood is the last cycle of human life, it is a genetic program, but above all it is a mental and emotional state, an experience. As one gets older, there are a series of changes in the daily regime of life that are accentuated from one stage to another, namely: the general duration of sleep decreases, insomnia frequently occurs, the diet changes, there are moments of bad mood and more frequent illnesses may occur (Creţu, 2009, p.364; Papalia et al., 2010).

Variables such as life satisfaction, self-esteem, depression and other characteristics that relate to psychological adjustment have been analysed and studied in the elderly population. Deteriorating health, loss of family, friends and the inability to engage in daily activities, gives the elderly a sense of being a burden and makes them waver in their will to live. (Golu, 2015)

Instead, some studies suggest that having children with intellectual disabilities in families has serious adverse effects. These include the study by Barbosa and others (2008). Emotions such as anger, rejection and lack of affection were notified by mothers who reported in this study. However, this may have been replaced at a later point in time by love. In another study conducted in Pretoria by Pilusa, analysis of data collected through semi-structured interviews indicated that



parents had experiences such as nervous breakdown and shock, despair, grief, sadness, uncertainty, embarrassment, fear and denial (Pilusa, 2008).

As the next 30 years are expected to see a sharp increase in the number of parents over the age of 80 caring for their children with intellectual disabilities (Jack, Guralnic et al, 2008), different aspects of the lives of these older people should be examined. Caring for a child with intellectual disabilities is a subjective, complex and multidimensional phenomenon, which depends on personal experiences and perceptions as well as the socio-cultural context.

1.3 Anxiety

"The entire dynamic of the human personality system (formation, manifestation and realization) is circumscribed and conditioned in a direct way by the dialectic of the relationship between internal demands (the individual's own motivational states) and external demands (the existences and motivational states of the existential environment, primarily the social one)" (Golu, 1993).

The word "anxiety" comes from the Latin word „anxietas” which is based on the ancient Greek word ”angh”, which was used with the meaning of overwhelmed or anxious, mainly to denote physical sensations (Joseph, 2018). It is believed that the term anxiety is found in dictionaries since 1771, there are opinions that argue that the concept of anxiety was first introduced by S. Kierkegaard, who defines anxiety as a thrill, a dread of something undefined and interminable, as opposed to the feeling of fear, in which the object is concrete and individual.

Anxiety is a social imbalance of a reactive type that can manifest itself in community-human groups as a result of the action of stressful, exogenous factors, with long and repeated action, which limit the capacity to complete human behavior in relation to its own tendencies or natural aspirations.

Anxiety is defined as an emotional state of uncertainty about the future: restlessness, feelings of insecurity, irritability, apprehension, even terror, impossible to control, is accompanied by motor tension, neurovegetative disturbances, tense, fearful expectation, hyper vigilant exploration of the environment.

2. Research aim, objectives and hypotheses.

2.1. Aim of the research.

The aim of the study is to highlight the level of quality of life of parents of graduates of a special education institution.

2.2. Research objectives.

Objective 1: To identify the level of quality of life of parents of graduates of a special education institution who are in employment and the level of quality of life of parents of graduates of a special education institution who are not in employment.

Objective 2: To highlight the level of satisfaction of parents of graduates who are employed and the level of satisfaction of parents of graduates who are not employed.

Objective 3: To observe the level of fear of ageing of parents with one child compared to the level of fear of ageing of parents with 2 or more children.

Objective 4: To determine differences in the level of anxiety of parents of employed graduates and the level of anxiety of parents of non-employed graduates.

2.3. Research hypotheses.

Hypothesis 1: We assume that there is a difference in the level of quality of life of parents of graduates of a special education institution who are in employment and the level of quality of life of parents of graduates who are not in employment. More specifically, parents of employed graduates have a higher level of quality of life than parents of non-employed graduates.

Hypothesis 2: We assume that there is a difference in the level of parental satisfaction with their children in terms of whether or not they are engaged in work activities. Specifically, parents whose graduates are employed show a higher level of satisfaction compared to parents of non-employed graduates.

Hypothesis 3: We assume that there is a difference in the level of fear of ageing of parents with one child compared to the level of fear of ageing of parents with 2 or more children. More specifically, parents with at least one other child without disabilities have a lower level of fear of ageing than those with only one child (the one with disabilities).

Hypothesis 4: We assume that there is a difference in the level of anxiety of parents of employed graduates and parents of non-employed graduates. Specifically, parents whose graduates are not employed show higher levels of anxiety compared to parents of non-employed graduates.

3. Participants and research instruments.

The research subjects were selected with the help of the HAO Assisted Employment Centre Constanta and the former tutors of graduates from the Albatros School Centre for Inclusive Education Constanta. For this purpose two batches of respondents were set up. The first group (group A) is made up of 30 parents of graduates who are employed through the assisted employment system; group B is made up of 30 parents of graduates who are not employed.

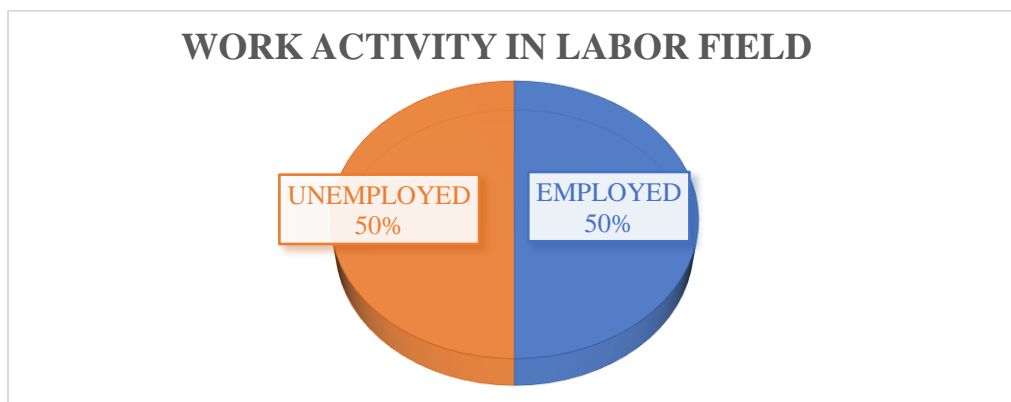


Figure 1. Percentage by social status of graduates.

As mentioned above, our group consists of 60 participants, of which 30 (50%) are parents whose graduates are employed with the help of the HAO Supported Employment Centre and 30 (50%) of the participants are parents whose graduates are not employed, who were interviewed with the help of the tutors from the Albatros ISSC. From the point of view of the activities carried out by the graduates in the labour market we can say that the groups are homogeneous.

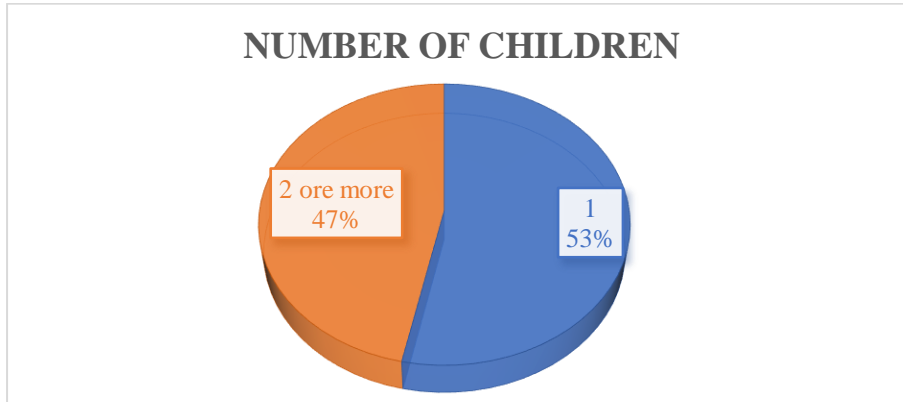


Figure. 2. Percentage according to the number of children of the participants (noting that only one of them has an affliction/disability).

In terms of the number of children, participants were asked whether they had only one child (the one with the condition/disability) or 2 or more children (of which only 1 had a condition/disability). We can see that in terms of the number of children, the group does not show significant differences, it is homogeneous, 47% (28) of respondents have 2 or more children and 53% (32) have only one child.

3.2. Research tools

The QOLI (Quality of Life Inventory) questionnaire was designed to support the need for assessment, measurement and treatment of mental health from a positive perspective. This questionnaire is a short but comprehensive method for measuring life satisfaction (quality of life). It looks at the total quality of life score using 16 areas: health, goals and values, self-esteem, play, money, work, help, learning creativity, children, love, friends, community, neighbourhood, home.

Respondents rate each area in terms of satisfaction and importance. Thus the questionnaire consists of 32 items, the wording is simple, it can be completed quickly and smoothly by the participants.

The raw score is obtained by averaging the sum of the weighted satisfaction scores and the number of areas each participant answered. After the score is found, we consult the table showing the corresponding ranges of T-scores and percentile scores to determine the overall level of quality of life.

The CASE Questionnaire - Clinical Assessment Scales for the Elderly was designed to assist the clinical psychologist in recognizing a disorder clinically. The questionnaire contains 13 scales, being divided as follows: 3 validation scales and 10 clinical scales: anxiety, cognitive coping, depression, lying, fear of aging, validity, psychoticism, somatization, anger, paranoia, substance abuse, obsessive compulsive disorder, rarity.

Among these 13 scales, we used 2 of them for our research: the anxiety level identification scale and the scale targeting the level of fear of aging. For this approach, we called on the advice of experts: two psychologists, a psychopedagogue and a social worker from the Centre for Assisted Employment in Constanta.



The questionnaire responses are graded on a 5-step likert scale:

- 1- Never (N)
- 2- Once a year or less (O)
- 3- Monthly (L)
- 4- Weekly (S)
- 5- Daily/ Always (Z)

The questionnaire is scored by adding the scores and generating a total value. When there are uncompleted items, a simple formula is used to find the raw score of the scale by proportional subtraction, thus the product of the raw score and the number of total items is divided by the number of items completed by the respondent.

4. Presentation, analysis and interpretation of results.

4.1. Hypothesis 1

For the sample of parents of employed graduates the average quality of life is 2,800, which according to the textbook means that on average parents of employed graduates have an average level of quality of life. The lowest value is 1.3 which corresponds to a low level of quality of life and the highest value was 4.5 which corresponds to a high level of quality of life. Looking at the sample of parents of non-employed graduates the average quality of life is 2.500, which according to the manual means that on average parents of non-employed graduates have an average level of quality of life. The lowest value is -1.4, which corresponds to a very low level of quality of life, and the highest value was 4.4, which corresponds to a high level of quality of life.

Table 1. Normality test by graduate status

	Is your child employed?	Kolmogorov-Smirnov ^a			Shapiro-Wilk		
		Statistic	df	Sig.	Statistic	df	Sig.
Quality of life of parents	Employed	,104	30	,200*	,967	30	,450
	Unemployed	,226	30	,000	,874	30	,002

*. This is a lower bound of the true significance.

a. Lilliefors Significance Correction

According to the Kolmogorov - Smirnov test in the table applied to the two samples, there are significant differences between parents of employed graduates and parents of non-employed graduates. We note that the group was homogeneous.

Tabel 2. Test Statistics^a

	Quality of life of parents.
Mann-Whitney U	366,000
Wilcoxon W	831,000
Z	-1,247
Asymp. Sig. (2-tailed)	,212

a. Grouping Variable: Is your child employed?



According to the results in the table, our hypothesis was not confirmed because the significance threshold is greater than 0.05. Which means that there are differences but not statistical significance in the level of parental quality of life according to the social status of the graduates (employed/unemployed).

This can be interpreted as follows: the parents of unemployed graduates have "consoled" themselves with the thought that the young people have little chance of employment and thus do not experience their non-integration into work as a "great failure in life".

Thus, **Hypothesis 1** "Assume that there is a difference in the level of quality of life of parents of graduates of a special education institution who are in employment and the level of quality of life of parents of graduates who are not in employment. Specifically, parents of employed graduates have a higher level of quality of life compared to the level of quality of life of parents of non-employed graduates." **not confirmed.**

4.2. Hypothesis 2

For the sample of parents of employed graduates the average satisfaction with the children is 3, which according to the textbook can be correlated with a very satisfactory level. The lowest value is 1, which corresponds to a low level of satisfaction with the children, and the highest value was 3, which corresponds to a very satisfactory level of satisfaction with their children. Looking at the sample of parents of non-employed graduates the average satisfaction with their children is 2, which according to the manual corresponds to a medium level of satisfaction. The lowest value is 1, which corresponds to a low level of satisfaction, and the highest value was 3, which corresponds to a high level of satisfaction.

Table 3. Normality test by social status of graduates

	Is your child employed?	Kolmogorov-Smirnov ^a			Shapiro-Wilk		
		Statistic	df	Sig.	Statistic	df	Sig.
How satisfied are you with your CHILDREN?	Employed	,371	30	,000	,701	30	,000
	Unemployed	,295	30	,000	,775	30	,000

a. Lilliefors Significance Correction

According to the Kolmogorov - Smirnov test in the table applied to the two samples, there are no significant differences between the satisfaction of parents of employed graduates and parents of non-employed graduates. We note that the group was homogeneous.

Tabel 4. Test Statistics^a

	How satisfied are you with your CHILDREN?
Mann-Whitney U	346,000
Wilcoxon W	811,000
Z	-1,713
Asymp. Sig. (2-tailed)	,087

a. Grouping Variable: Is your child employed?



According to the results in the table, our hypothesis was not confirmed because the significance threshold is greater than 0.05. Which means that there is no statistically significant difference in the level of satisfaction of parents of employed graduates compared to the level of satisfaction of parents of non-employed graduates.

This can be interpreted as follows: regardless of the social status of the graduates (employed/unemployed) in work of the disabled son/daughter, he/she remains in the eyes of the parents still their child. Young people with disabilities are valued and protected by their families regardless of their limited or less limited abilities and socio-occupational status at a given time.

Thus, **Hypothesis 2** "Assume that there is a difference in the level of parental satisfaction with their children in terms of the work activities they do or do not do. Specifically, parents whose graduates are employed show a higher level of satisfaction compared to parents of non-employed graduates." **not confirmed.**

4.2. Hypothesis 3

For the sample of parents with only one child (the one with disabilities) the mean level of fear of ageing is 64.50, this raw score is in line with the slightly increased to significant level. The lowest value is 45, which corresponds to an average or typical level of fear of aging, and the highest value was 73, which corresponds to a clinically significant level. Looking at the sample of parents who have 2 or more children (only one of whom has a disability) the mean level of fear of ageing is 53, which according to the manual corresponds to a medium or typical level of fear of ageing. The lowest value is 42, which corresponds to a low or very low level, and the highest value was 66, which corresponds to a clinically significant level.

Table 5. Normality test according to the number of children (only one has a disability)

	Number_ of children	Kolmogorov-Smirnov ^a			Shapiro-Wilk		
		Statistic	df	Sig.	Statistic	df	Sig.
Fear_of_ageing_score	one child	,121	32	,200*	,926	32	,031
	2 or more children	,161	28	,060	,910	28	,019

*. This is a lower bound of the true significance.

According to the Kolmogorov - Smirnov test in the table applied to the two samples, there are significant differences between parents who have only one child (the one with disabilities) and those who have 2 or more children (one with disabilities). Note that the group was homogeneous, there are no significant differences.

Tabel 6. Test Statistics^a

	Fear_of_ageing_score
Mann-Whitney U	157,500
Wilcoxon W	563,500
Z	-4,310
Asymp. Sig. (2-tailed)	,000

a. Grouping Variable: Number_ of children



According to the results in the table, our hypothesis was confirmed because the significance threshold is less than 0.001. Which means that there is a statistically significant difference in the level of fear of aging between parents who have one child and parents who have 2 or more children (only one with disability).

This can be interpreted as follows, parents who have at least one other child without a disability, present a hope that when they become more powerless in old age, the other child can take care of the disabled sibling.

Thus, **Hypothesis 3** "Assume that there is a difference in the level of fear of aging of parents with one child as opposed to the level of fear of aging of parents with 2 or more children. Specifically, parents with at least one other child without disabilities have a lower level of fear of ageing than those with only one child (the one with disabilities)" **is confirmed**.

4.4. Hypothesis 4

For the sample of parents of employed graduates the average level of anxiety is 46, which according to the textbook can be correlated with an average to typical level. The lowest value is 41, which corresponds to a low or very low level of anxiety, and the highest value was 71, which corresponds to a significant level of anxiety. Looking at the sample of parents of non-employed graduates the average level of anxiety is 62, which according to the manual corresponds to a slightly increased to moderate level. The lowest value is 48, which corresponds to a medium or typical level of anxiety, and the highest value was 72, which corresponds to a significant level of anxiety.

Table 7. Normality test by graduate status (employed/non-employed)

	Is your child employed?	Kolmogorov-Smirnov ^a			Shapiro-Wilk		
		Statistic	df	Sig.	Statistic	df	Sig.
Scor_anxiety	Employed	,288	30	,000	,796	30	,000
	Unemployed	,162	30	,042	,930	30	,048

a. Lilliefors Significance Correction

According to the Kolmogorov - Smirnov test in the table applied to the two samples, there are no significant differences between the parents of employed graduates and the parents of non-employed graduates in terms of anxiety level.

Tabel 8. Test Statistics^a

	Scor_anxiety
Mann-Whitney U	162,000
Wilcoxon W	627,000
Z	-4,267
Asymp. Sig. (2-tailed)	,000

a. Grouping Variable: Is your child employed?

According to the results in the table, our hypothesis was confirmed because the significance threshold is less than 0.001. Which means that there is a statistically significant difference in the level of anxiety among parents of employed graduates compared to the level of anxiety of parents of non-employed children.



This can be interpreted in the following way, integration into work represents an anchorage in social and professional relationships, provides concerns for young people with disabilities and a social status respected by parents and the community. Last but not least, "having a job" provides material security for the young person with a disability and his/her family.

Thus, **Hypothesis 4** "Assume that there is a difference in the anxiety level of parents of employed graduates and parents of non-employed graduates. Specifically, parents whose graduates are not employed show higher levels of anxiety compared to parents of non-employed graduates." **is confirmed.**

Conclusions

Employment benefits society, the family and the individual. Working alongside a person with a disability can make non-disabled employees more concerned about ensuring better working conditions for everyone. Staff turnover is, of course, lower when there is a well-coordinated disability awareness programme. Working with people with disabilities can provide a new perspective on how they learn, communicate and engage. As far as the family is concerned, engaging the child represents stability, relief from fear about their child's future, financial independence when the inevitable end comes. The benefits of supported employment for graduates represent a step towards self-sufficiency, a change in the stigma placed on them by society and its respect. Joining a community facilitates the social life of the disabled person, integration into a community, socialisation, have positive effects on the individual. Supported employment facilitates both self-employment and job retention.

Difficulties and limitations encountered during the course of the research were represented by the pandemic, where the research activity was carried out by the HAO Constanta Assisted Employment Center, another limitation was represented by the fact that we could not control variables such as anxiety and fear of aging, a level that may differ depending on the situation of each parent. One of the major difficulties was represented by the subjects coming from the School Center for Inclusive Education "Albatros" Constanta, since the small number of students in a class that were not institutionalized made finding subjects a difficult process.

Bibliography

- Crețu, T. (2009). *Psihologia vârstelor*, ediția a III-a revăzută și adăugită. Iași: Ed. Polirom.
- Crețu, T. (2009). *Psihologia vârstelor*, ediția a III-a revăzută și adăugită. Iași: Ed. Polirom
- Enache, G. R., Matei, S. R. (2019). *Optimizarea calității vieții tinerilor și adulților cu nevoi speciale*. București: Editura: Editura Universitară
- F., Golu, 2015 *Manual de psihologia dezvoltării. O abordare psihodinamică* Editura Polirom
- Fontaine, R. (2008). *Psihologia îmbătrânirii*. Iași, Ed. Polirom
- Golu, M. (1993), *Dinamica Personalității*. Ed. Geneze.
- Ha, J., Hong, J., Seltzer, M.M., & Greenberg, J.S. (2008). Age and gender differences in the well-being of midlife and aging parents with children with mental health or developmental problems: Report of a national study. *Journal of Health and Social Behavior*, 49(3), 301–316.
- Kotowska, I. E., Matysiak, A., Styrz, M., Pailhe, A., Solaz, A., Vignoli, D. 2010., *Second European Quality of Life Survey. Family life and work*", Luxembourg: European Foundation for the Improvement of Living and Working Conditions.



Lalvani, P. (2008). Mothers of children with Down syndrome: Constructing the sociocultural meaning of disability. *Intellectual and Developmental Disabilities*, 46(6), 436-445.

LeDoux, J. (2018). *Anxios. Cum ne ajută creierul să înțelegem și să tratăm frica și anxietatea*. Cluj- Napoca: Ed. Asociației de științe cognitive din România;

Mărginean, I., Balasa, A. (eds) 2002 *Calitatea vieții în România*, București: Editura Expert.

Mărginean, I., Vasile, M. (coord.). *Dicționar de calitatea vieții*, București. Editura Academiei Române, 2015

Șchiopu, U.; Verza, E. (1997). *Psihologia vârstelor. Ciclurile vieții*, ediția a III-a revizuită, București: Editura Didactică și Pedagogică