

Self-Perceived Quality of Life of People With Physical Disabilities and Labour Force Participation

**Karolina Pawłowska-Cyprysiak
Maria Konarska
Dorota Żolnierczyk-Zreda**

Central Institute for Labour Protection – National Research Institute (CIOP-PIB), Poland

The aim of this study was to assess self-perceived quality of life of people with physical disabilities from the perspective of work. The following tools were used in the study: a personal questionnaire, an SF-36v2 questionnaire, an I-E Scale at Work and a Polish adaptation of the Ferrans and Powers Quality of Life Index. The study involved 426 disabled persons aged 18–65. It demonstrated that quality of life depends, to a large extent, on factors such as age and labour force participation. Duration of looking for work had a significant influence on the satisfaction from the psychological perspective and on the perception of general health. For the respondents who were unemployed and not looking for work, quality of life decreased with increased duration of professional inactivity.

physical disability quality of life professional activity (employment)

1. INTRODUCTION

Quality of life is an ambiguous term. However, it has three fundamental dimensions: physical dimension related to human physicality and all aspects of physical fitness and somatic condition; psychological dimension related to cognitive and emotional performance of individuals; and social dimension related to social integration, relations with the environment and fulfilling social roles [1].

The World Health Organization (WHO) defines quality of life “as individuals’ perceptions of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns” (p. 11) [2]. According to Garbat and Paszkowicz, quality of life is an individual and subjective feeling of well-being arising from current, broadly defined life experience [3].

It is possible to describe quality of life with two main categories: subjective and objective. The former is based on perceptions and judgements of individuals, and their well-being. The latter is related to the microsocial factors of the living conditions of individuals and families, like their health, level of education, place of residence, housing conditions, and work and financial situation [1].

A disabled person with musculoskeletal dysfunction has limited mobility of upper or lower limbs or spine because of a permanent defect caused by brain damage or underdevelopment of the brain, diseases, damage or deformations within musculoskeletal or nervous systems. Therefore, physical disability can be understood as any disorder of the musculoskeletal system that may arise from various causes resulting in reduced mobility [4].

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Correspondence should be sent to Karolina Pawłowska-Cyprysiak, CIOP-PIB, ul. Czerniakowska 16, 00-701 Warszawa, Poland.
E-mail: kapaw@ciop.pl.

According to a report on the health status of population in Poland, almost 78% of adults with disabilities have legally binding certificates of disability. The remaining 22% do not have a legal confirmation of their condition but declare that they experience substantial difficulties in everyday activities. Within this group, the largest subgroup consist of people with moderate disability (~1.5 million), followed by severe (~1.3 million) and mild disability (~1.2 million). Physical disability is the most common type of disability affecting 56% of adults (59% men, 51% women) [5].

Pain, which people with musculoskeletal dysfunction often experience, strongly affects self-perceived quality of life. Verbunt, Pernot and Smeets demonstrated the detrimental influence of pain suffered by patients with fibromyalgia (muscle and joint pain that may be accompanied by strong fatigue or depression) on quality of life measured with an SF-36v2 questionnaire [6]. Pain caused the negative perception of most measured dimensions of quality of life: physical functioning, role-physical and role-emotional, social functioning and general health. However, patients complaining about intensive and lasting pelvis pain demonstrated a decrease in the perception of quality of life within psychological and environmental aspects [7].

According to Powdthavee, becoming disabled, at first increased life satisfaction of people with disabilities because of the amount of free time, which also improved private life satisfaction. The effect was less noticeable in other aspects of life such as health, social life, leisure patterns, income, housing situation, or having or not having a partner. Negative perceptions of health, income, social life and free time emerged after 4 years of acquiring disability [8].

Each type of disability entails specific adaptation challenges, which have various effects on the perception of quality of life. Parachomiuk and Byra studied 120 persons aged 17–28 with various disabilities: mild mental disability, hearing loss, low vision and musculoskeletal dysfunction. They used the Schalock and Keith Quality of Life questionnaire [9].

Hard of hearing people had the best perception of quality of life influencing a strong feeling of social integration, independence, self-reliance and ability to decide. For people with mild mental disabilities, independence and freedom to act and decide played a significant role, while the feeling of social integration was not so important. For partially sighted people, a need for freedom to act and empowerment played a key role. People with musculoskeletal dysfunction had the worst perception of their quality of life. In this group, the decisive factors were reduced independence, and capability to act and decide on their own. All groups rated the employment aspect as low [9].

Labour force participation has a significant influence on the functioning of people with disabilities [10]. It determines satisfaction with private life (it is higher for the employed). However, it is necessary to evaluate mental and physical capability of a disabled person and the importance of work for effective employment, and to prevent disability from worsening [11].

The aim of this study was to assess self-perceived quality of life of people with physical disabilities from the perspective of work. Analysed were the effect of labour force participation on quality of life, and the effect of work requirements on self-perceived quality of life.

2. METHODOLOGY

This study used a survey. The respondents received questionnaires by post (response rate: 87%). This study used research tools with Polish adaptations of scales.

2.1. Personal Questionnaire

A demographic questionnaire developed for this study had 63 questions divided into sections for (a) employed persons and for those looking for work, and (b) unemployed persons and for those not looking for work. The questions covered the respondent's disability, family and financial situation, and social relations.

The following aspects were chosen for a detailed analysis of the effects of labour force participation on quality of life:

- age, gender, place of residence, education level, marital status;
- employment (for those employed and those looking for work): place of work (open labour market, protected work environment, fee-for-task agreement [*umowa zlecenie* in Polish] or own economic activity), work experience, adaptation of a workplace to the needs of a disabled person, approval from colleagues and employer;
- reasons for unemployment (for those looking for work and for those unemployed, not looking for work): duration of looking for work, methods of looking for work, reasons for the difficulties in finding a job, total work experience, reasons for losing work, duration of unemployment, no interest in work.

2.2. SF-36v2 Questionnaire

SF-36v2 is a scale used to measure the quality of life of people with various health conditions [12, 13]. All 36 items in the questionnaire are measured on eight scales. Each item is attributed to one scale only. The eight scales consist of two separate components, so-called summary measures, i.e., physical health and mental health.

Physical health covers: physical functioning, role-physical, bodily pain and general health, whereas mental health covers vitality, social functioning, mental health and role-emotional. Scores varied from question to question. Scale indicators were the total scores of individual items; the indicators of the two primary measures are the total scores of individual subscales.

A Polish version of SF-36v2 was purchased from QualityMetric. Psychometric characteristics were the main aim of the adaptation of this questionnaire to Polish conditions and were examined, among others, in a group of people with rheumatoid arthritis and musculoskeletal disorders.

2.3. Ferrans and Powers Quality of Life Index

The Ferrans and Powers Quality of Life Index (QLI) used in this study is a Polish adaptation of Generic Version III [14]. The QLI was used to provide information on the satisfaction with indi-

vidual areas of life and on their importance to the respondents. It quantified quality of life. The QLI consisted of 66 questions divided into two parts: satisfaction and hierarchy of importance. It had four subscales:

- health and functioning: health, healthcare, pain, energy (fatigue), ability to take care of yourself, control over life, chances for living as long as you would like, sex life, ability to take care of family responsibilities, usefulness to others, worries, free time, entertainment, chances for a happy future;
- social and economic: friends, emotional support from people other than your family, neighbourhood, home, work or no work, education, financial needs;
- psychological/spiritual: peace of mind, faith, achievement of personal goals, happiness, life satisfaction, personal appearance, self;
- family: family health, children, family happiness, spouse, partner, emotional support from family.

The respondents graded their responses on a 1–6 scale (from *very unsatisfied* to *very satisfied* or, in the case of importance, from *without any importance* to *very important*). The subscale score was the total of all questions.

2.4. I-E Scale at Work

Gliszczyńska's I-E Scale at Work consisted of 25 items divided into two subscales: life philosophy (general sense of being in control) and work situation (aspects of the work environment) [15]. The general score provided information on the respondent's internal control. The score was either 0 or 1. The respondents answered the questions by marking one of two options. Then, the answers were checked with an answer key. If an answer was in line with the key, the score was 1, otherwise it was 0.

3. STATISTICAL ANALYSIS

SPSS version 11.5 was used for data analysis. Other calculations were also performed: descriptive statistics of the respondents, the Mann–Whitney

test and the Kruskal–Wallis test determining the significance of differences on selected groups of variables, and Pearson correlation for selected variables. Tables 4–8 present scores only for variables that showed asymptotic significance in the Kruskal–Wallis test (χ^2 test). The Committee for Ethics of the Central Institute for Labour Protection – National Research Institute (CIOP-PIB) approved the study and the participants' consent was obtained.

4. RESULTS AND DISCUSSION

4.1. Respondents

The study involved 426 disabled persons aged 18–65 divided into four groups. The main criterion for the division was employment: working in the open labour market; working in a protected work environment; looking for work; and unemployed, not looking for work. Men represented 54% of the respondents. The mean age of the respondents was 44.4 years (*SD* 12.6).

Most respondents were from large cities, had vocational secondary education, were married and had moderate disability. Injuries were most common causes of their disability.

The respondents' sources of income included their own work, disability pension, social benefits, income of other family members and unemployment benefit. About 52% of the respondents perceived their financial situation as satisfactory.

The mean work experience of the respondents since they became disabled was 11.9 years (*SD* 11.3) and the mean work experience in the current job was 9.8 years (*SD* 10.5). The mean duration of looking for work was 2.7 years (*SD* 2.8). Over 90% of the respondents looking for work had temporary work, 7% did not work and 3% did not answer that question. The mean duration of unemployment for the unemployed respondents not looking for work was 4.4 years (*SD* 3.6). The main reason for unemployment in this group was dismissal.

Over 85% of the unemployed respondents not looking for work had temporary work, 8% never worked and 7% did not answer that question. The work experience for the respondents who had temporary work was 14.1 years (*SD* 11.0). In this group and in the group of respondents looking for

work, the main reason for unemployment was dismissal. Poor health was the reason for lack of interest in employment of 55% of the respondents looking for work. Over 86% of the respondents mentioned difficulties resulting from disability. However, for 44% of the respondents, the limitations did not affect their capability to start work.

The most common difficulties were experienced in household activities (45%), transport and communication services (40%), work activities (32%), entertainment and socialising (28%), and other areas (10%) such as intolerance from peers, lifting, social attitudes and impossibility to practise sports. Moreover, it is significant that the respondents learnt how to live with their disabilities and, at the time of the survey, 55% of them declared that they liked themselves and 79% declared that they did not have a feeling of being socially excluded.

Most respondents (59%) worked in a protected work environment. About 38% of the respondents worked in their occupation. Over 53% of the respondents became disabled before starting their professional careers.

Most respondents (79%) did not intend to change their work, 80% would not change their occupation and 62% were planning to change their occupation when they became disabled. Over 80% of the respondents indicated that their workstation did not require any special equipment, 89% had an adjusted workstations and 98% stated that they were accepted by their employers and colleagues.

For 29% of the respondents, the Internet was the most common way to find work. About 24% of the respondents stated that the high unemployment rate was the main difficulty in finding work. Over 90% of the respondents looking for work had already worked. Dismissal was indicated as the main reason for losing and not having work. Over half of the respondents stated that poor health was their reason for no interest in employment (55%).

4.2. Quality of Life

4.2.1. SF-36v2

The findings of SF-36v2 were compared to Polish conditions. The respondents were below mean SF-36 standards, which reflects a poor

self-perceived quality of life. Table 1 shows the results. Compared to the standards, the factors that strongly affected the perception of quality of life were bodily pain, social functioning, role-emotional and physical functioning.

TABLE 1. Results of SF-36v2 (N = 426)

Scale	M	SD
Physical functioning	47.18	11.38
Role-physical	36.53	7.38
Bodily pain	26.43	2.22
General health	39.13	4.51
Vitality	34.57	3.05
Social functioning	23.78	1.96
Role-emotional	33.55	6.18
Mental health	41.73	4.23

Notes. Standard $M = 50$, $SD = 10$.

4.2.2. QLI

The results of QLI were compared to the maximum score possible in the questionnaire and to its individual subscales. Table 2 shows that the respondents did not demonstrate a high degree of satisfaction in individual subscales of QLI. The lowest level of satisfaction compared to the maximum score was in the health and functioning subscale; this might mean that the respondents did not manage well in everyday life. Higher importance scores in QLI were obtained in the health and functioning, social and economic subscales; lower scores were obtained in family and psychological/spiritual subscales (Table 3).

The scores of all respondents of QLI in each subscale demonstrated (a) the low satisfaction with health and functioning, and the high importance of this subscale; (b) the moderate satisfaction with family and spiritual/psychological subscales; (c) the importance of social and economic subscales, and the moderate satisfaction with this area.

TABLE 2. Results of QLI: Satisfaction (N = 426)

Satisfaction	M	SD	Max
Health and functioning	47.36	12.36	78
Social and economic	29.03	7.35	42
Psychological/spiritual	29.39	7.22	42
Family	20.52	6.03	30

Notes. QLI = Quality of Life Index, max = maximum score possible in a subscale.

TABLE 3. Results of QLI: Importance (N = 426)

Importance	M	SD	Max
Health and functioning	68.23	9.27	78
Social and economic	37.40	6.50	42
Psychological/spiritual	30.11	5.39	42
Family	23.79	4.67	30

Notes. QLI = Quality of Life Index, max = maximum score possible in a subscale.

4.3. Quality of Life and Labour Force Participation

4.3.1. Employment status

The respondents were divided into four groups: working in the open labour market, working in a protected work environment, looking for work and unemployed, not looking for work.

A comparison of QLI scores showed that the working respondents with disabilities perceived their quality of life to be better than those professionally inactive (Table 4). For the respondents working in the open labour market, compared to those working in a protected work environment, health and functioning were more significant. The satisfaction with their social and economic status and psychological/spiritual area was also important for them.

For the respondents working in a protected work environment, the satisfaction with health and functioning was most significant. The satisfaction with psychological/spiritual, social and economic, and health and functioning areas was also important. The satisfaction with and the importance of family life were less significant.

For the respondents looking for work, compared to those professionally inactive, the satisfaction with health and functioning, and psychological/spiritual areas were significant. Psychological/spiritual and family areas were important for them.

Health and functioning, social and economic, and psychological/spiritual areas were important for the respondents looking for work. The satisfaction with the psychological/spiritual subscale was also significant for them. Health and functioning, social and economic, and family areas were important for all groups.

The results of this study showed that self-perceived quality of life depended on labour force

participation (Table 5). The respondents working in the open labour market had the best perception of their quality of life. The score for this group was slightly lower, with respect to physical functioning, than for the group working in a protected work environment. Self-perceived quality of life was lowest for the unemployed respondents not looking for work.

4.3.2. Work experience

The employed respondents were divided into three groups according to their work experience: 0–3, 4–12 and 13–54 years. There were significant differences between the groups with different work

experience in two subscales of QLI: the importance of health and functioning, and social and economic areas. These subscales were the most important ones for the respondents with under 3 years of work experience (Table 6). The differences in other satisfaction and importance scales were insignificant with respect to self-perceived quality of life (in groups with different work experience).

4.3.3. Duration of looking for work

The respondents looking for work were divided into three groups according to the duration of looking for work: 0–1, 1.5–2 and 3–12 years. Differences between the groups were significant in

TABLE 4. QLI: Significant Differences Between Groups With Different Labour Force Participation ($p < .05$) ($N = 426$)

QLI	Open Labour Market ($n = 113$)		Protected Work Environment ($n = 167$)		Looking for Work ($n = 72$)		Unemployed ($n = 74$)	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
Importance								
health and functioning	70.30	7.64	69.49	9.64	63.17	10.47	67.46	7.44
social and economic	38.20	4.92	39.67	6.83	35.52	6.57	33.15	5.18
psychological/spiritual	31.15	4.42	30.86	5.63	28.17	5.97	28.80	4.92
family	24.16	4.12	25.47	4.36	21.35	4.58	22.01	4.61
Satisfaction								
health and functioning	49.73	12.53	51.00	11.69	44.42	10.26	38.53	10.42
social and economic	30.69	7.18	30.30	17.48	25.49	6.09	27.03	6.91
psychological/spiritual	31.08	6.36	30.73	7.79	26.97	6.63	26.33	6.18
family	19.93	6.11	22.51	5.57	17.84	6.03	19.59	5.16

Notes. QLI = Quality of Life Index, unemployed = unemployed, not looking for work.

TABLE 5. SF-36v2: Significant Differences Between Groups With Different Labour Force Participation ($p < .05$) ($N = 426$)

SF-36v2	Open Labour Market ($n = 113$)		Protected Work Environment ($n = 167$)		Looking for Work ($n = 72$)		Unemployed ($n = 74$)	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
Physical functioning	48.34	10.34	49.12	10.80	46.07	12.94	42.09	11.12
Role-physical	38.74	6.07	37.48	7.31	35.00	8.35	32.47	6.52
Bodily pain	26.60	1.99	26.20	2.17	27.03	2.70	25.99	2.05
General health	40.04	3.82	39.61	4.17	38.81	5.63	36.96	4.33
Vitality	34.96	2.32	34.74	3.25	34.54	2.99	33.62	3.43
Social functioning	24.08	1.70	23.90	1.75	24.21	2.19	22.61	2.17
Role-emotional	34.50	5.22	34.85	6.31	31.83	6.73	30.84	5.51
Mental health	42.48	3.36	41.93	4.31	41.28	5.43	40.50	3.65
Physical health	51.76	6.18	51.25	7.91	48.64	9.46	45.36	6.97
Mental health	54.26	5.66	53.96	7.55	51.51	8.66	48.80	7.34

Notes. Unemployed = unemployed, not looking for work.

TABLE 6. QLI (Importance): Significant Differences Between Groups With Different Work Experience ($p < .05$) ($n = 278$)

Importance	Work Experience (Years)					
	0-3 ($n = 98$)		4-12 ($n = 91$)		13-54 ($n = 89$)	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
Health and functioning	71.85	6.08	68.50	11.04	69.19	8.51
Social and economic	40.19	4.46	37.94	6.69	38.99	6.98

Notes. QLI = Quality of Life Index.

the satisfaction with the psychological/spiritual subscale of QLI and in the general health subscale of SF-36v2. Both scales were rated best by the respondents who had looked for work for under a year (Table 7). There was no statistical significance between the duration of looking for work and other scales of QLI and SF-36v2.

The duration of looking for work had a significant effect, with respect to self-perceived quality of life, only on the satisfaction with the psychological/spiritual area of QLI and on general health of SF-36v2. The scores decreased with an increase in duration of looking for work (Table 7). The differences in other variables of both surveys were insignificant.

4.3.4. Duration of unemployment

The professionally inactive respondents (not working and not looking for work) were divided into three groups according to the duration of unemployment: 0-2, 2-5 and over 5 years. Quality of life was perceived best by the respondents professionally inactive for under 2 years. The results showed the highest scores in the satisfaction with the health and functioning area, the importance of the social and economic area, general health, role-emotional and mental health. The respondents professionally inactive for over 5 years had the worst perception of quality of life (Table 8).

TABLE 7. Significant Differences Between Groups With Different Duration of Looking for Work ($p < .05$) ($n = 72$)

Questionnaire	Duration of Looking for Work (Years)					
	0-1 ($n = 30$)		1.5-2 ($n = 20$)		3-12 ($n = 22$)	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
QLI: satisfaction: psychological/spiritual	28.90	6.77	23.80	6.01	25.91	6.34
SF-36v2: general health	40.67	5.70	37.80	4.30	36.86	5.97

Notes. QLI = Quality of Life Index.

TABLE 8. Significant Differences Between Groups With Different Duration of Unemployment ($p < .05$) ($n = 74$)

Questionnaire	Duration of Unemployment (Years)					
	0-2 ($n = 24$)		2-5 ($n = 26$)		> 5 ($n = 24$)	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
QLI						
satisfaction: health and functioning	43.61	12.90	37.12	8.36	34.36	7.66
importance: social and economic	36.50	4.40	31.48	5.38	31.95	4.10
SF-36v2						
general health	39.13	4.17	32.83	6.11	48.87	8.11
role-emotional	35.65	2.60	29.85	3.79	44.42	5.61
mental health	36.18	5.12	29.45	5.54	42.64	6.18

Notes. QLI = Quality of Life Index.

The duration of unemployment, with respect to self-perceived quality of life, had a significant effect on the satisfaction with the health and functioning area, the importance of the social and economic area, general health, role-emotional and mental health. The results decreased with an increase in duration of unemployment (Table 8).

With respect to self-perceived quality of life, differences in the importance of the health and functioning area, the satisfaction with the social and economic area, the importance of the psychological/spiritual area, the satisfaction with and the importance of family area, and physical functioning were insignificant.

4.4. I-E Scale at Work

According to the respondents' scores, sense of internal control was moderate (Table 9). The respondents perceived themselves ambiguously: as completely dependent on their environment, completely independent and not influenced by their environment. Therefore, there were respondents who in certain circumstances made their decisions under the influence of their environment, and in other circumstances independently of their environment on the basis of norms, beliefs and systems of values.

TABLE 9. Results of I-E Questionnaire (N = 426)

I-E Questionnaire	M	SD	Max
Internal control	13.49	5.46	25
life philosophy	6.02	2.79	12
work situation	7.59	3.18	13

Notes. Max = maximum score possible in a subscale.

TABLE 10. Correlation Between Sense of Internal Control and Quality of Life Measured With Quality of Life Index (N = 426)

QLI Scale	I-E Questionnaire (r)		
	Internal Control	Life Philosophy	Work Situation
Satisfaction: health and functioning	.299**	.204**	.312**
Satisfaction: social and economic	.342**	.265**	.349**
Importance: social and economic	.241**	.107*	.313**
Satisfaction: psychological/spiritual	.364**	.276**	.374**
Satisfaction: family	.177**	.107*	.196**
Importance: family	.125*	.039	.170**

Notes. QLI = Quality of Life Index, * $p < .05$, ** $p < .01$.

According to the results, life philosophy, i.e., general sense of control of the respondents, was at the average level. The respondents did not have a strong sense of internal control in general life issues, so they relied both on the environment and on themselves, without a balance between the two components. However, internal control in work situations was at a relatively high level, which means that in work situations, the respondents' decisions depended on their personal convictions.

Table 10 shows that sense of internal control and its two subscales (life philosophy and work situation) had a weak positive correlation with QLI dimensions of the satisfaction with health and functioning, and social and economic subscales, the importance of the social and economic subscale, the satisfaction with and importance of the psychological/spiritual subscale, and the satisfaction with the family subscale.

The importance of the psychological/spiritual subscale was weakly correlated with a sense of internal control and its two dimensions: life philosophy and work situation. The importance of family subscale was weakly correlated with a sense of internal control and a sense of control in work situations. A sense of internal control with its two subscales, i.e., life philosophy and work situation, had a positive, if weak, influence on each dimension measured with SF-36v2 (Table 11).

5. CONCLUSION

The respondents' scores of SF-36v2 were below the overall mean, which means the low self-perceived quality of life of the respondents. An

TABLE 11. Correlation Between Sense of Internal Control and Quality of Life Measured With SF-36v2 (N = 426)

SF-36v2 Scale	I-E Questionnaire (r)		
	Internal Control	Life Philosophy	Work Situation
Physical functioning	.168**	.127*	.173**
Role-physical	.295**	.223**	.310**
Bodily pain	.151**	.153**	.114*
General health	.386**	.305**	.389**
Vitality	.142**	.139**	.124*
Social functioning	.182**	.179**	.168**
Role-emotional	.298**	.216**	.340**
Mental health	.375**	.357**	.346**
Physical health	.301**	.235**	.306**
Mental health	.349**	.301**	.357**

Notes. * $p < .05$, ** $p < .01$.

analysis of the scores of QLI showed that the respondents demonstrated (a) the low satisfaction with the health and functioning area; (b) the moderate satisfaction with family and spiritual/psychological scales and (c) the high satisfaction with social and economic, spiritual/psychological and family scales.

The respondents present on the labour market (working in the open labour market and in a protected work environment) rated, according to QLI, their quality of life higher than other respondents. For the respondents working in the open labour market, compared with those working in a protected work environment, health and functioning were significant, and the satisfaction with their social and economic status, and psychological/spiritual subscale. For the respondents working in a protected work environment, the satisfaction with health and physical functioning subscale were the most significant, and the satisfaction with family; social and economic, and family areas were important.

For the respondents looking for work, compared with those professionally inactive, the satisfaction with health and functioning, social and economic, and family areas was significant. Psychological/spiritual and family areas were important for them. For the respondents looking for work, health and functioning, social and economic, and psychological/spiritual areas were important. The satisfaction with psychological/spiritual area was also significant for them.

According to the results of SF-36v2, the respondents working in the open labour market had the best perception of their quality of life. The scores of physical performance of those respondents were slightly lower than of the respondents working in a protected work environment. Self-perceived quality of life was lowest for the unemployed respondents not looking for work.

The differences between the groups of the respondents looking for work were significant only in the QLI satisfaction with psychological/spiritual area, and in the SF-36v2 general health scale. Both scales were rated best by the respondents who had looked for work for under a year.

Quality of life was perceived best by the respondents professionally inactive for under 2 years. The respondents professionally inactive for over 5 years had the worst perception of quality of life. The respondents present on the labour market (working in the open labour market and in a protected work environment) rated, according to QLI, their quality of life higher than other respondents. According to the results of SF-36v2, the respondents working in the open labour market had the best perception of their quality of life. A sense of internal control with its two subscales, i.e., life philosophy and work situation, had a positive, if weak, influence on each dimension measured with SF-36v2.

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