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Quality of Life Among Adults with Intellectual Disabilities

Lixandru Anca
Clinical psychology, Private practice
Viorel Agheană, PhD.
University of Bucharest, Faculty of Psychology and Educational Sciences, Romania

Abstract

In recent decades, researchers have shown an increased interest in people with intellectual disabilities, as evidenced by the numerous research articles and book chapters written on this topic. This research developed in accordance with the new social politics sustained by the community and national laws and principles that promote the independence and autonomy of this population, Using the Quality of Life Inventory, developed by Michael B. Frisch, we surveyed 36 people active in the work field, diagnosed with mild and moderate intellectual disability. We found that women and men have different hierarchies of importance and satisfaction with life domains: self-esteem, money, goals, and values are important to men, and health, love, work, help, and children are important to women. We also found that health is the most problematic area for this population category, that men and people under 39 show a higher level of overall satisfaction with quality of life. The degree of impairment of the intellectual disability does not determine a low global quality of life score, since there are no major differences between people with mild intellectual disability and those with moderate intellectual disability in terms of the global level of quality of life

Keywords: intellectual disability, Quality of Life, adults, satisfaction with life

Introduction

According to the Mental Health and Protection of Persons with Psychiatric Disorders Law no. 487/2002, updated as of April 2, 2023, a person with psychiatric disorders is defined as "an individual with mental imbalance or insufficient mental development, or dependent on psychoactive substances, whose manifestations fall within the diagnostic criteria currently applicable in psychiatric practice [...] and by psychiatric disability, it is understood as the inability of a person with psychiatric disorders to cope with life in society, a situation stemming directly from the presence of the psychiatric disorder."

It can be observed that in Romania, individuals with intellectual disabilities are, on one hand, assimilated with those having psychiatric or behavioral disorders, including individuals diagnosed with mental disorders such as dementia, personality disorders, schizophrenia, mood disorders like bipolar disorder, disorders caused by psychoactive substance use, sleep disorders, or eating disorders. This complicates the endeavor to identify an accurate statistic that presents the exact number of intellectual disability cases in Romania, as well as their prevalence and incidence.

On the other hand, intellectual disability is protected through Law no. 448/2006 on the protection and promotion of the rights of persons with disabilities, republished, and is included in disability and handicap statistics. In Romania, official data released by the National Authority for the Rights of Persons with Disabilities (ANPDPD, 2023) reported, at the national level, as of March 31, 2023,

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a total of 886,950 persons with disabilities. Among these, 98.16%, i.e., 870,661 individuals, were under the care of families and/or living independently without institutionalization, while 1.84%, i.e., 16,289 persons, were institutionalized, residing in public residential social assistance institutions for adults, coordinated by the Ministry of Labor and Social Protection. Among these, women constitute 53.45% of the total persons with disabilities, and in terms of age, 67.62% of the total adult persons with disabilities are over 50 years old.

Regarding disability type, the statistics indicate a number of over 131,000 adults with mental disabilities, to which approximately 81,000 adults with psychosocial disabilities are added. Among adults with mental disabilities, 11,868 are classified as moderately disabled, and 869 as mildly disabled, while among adults with psychosocial disabilities, the statistics indicate a number of 6,219 persons are classified as moderately disabled and 324 are classified as mildly disabled (ANPDPD, 2023).

Nowadays in Romania, two parallel diagnostic reference systems are employed, with the first originating from the American context and being proposed by the American Psychiatric Association (APA) through the publication entitled the Diagnostic and Statistical Manual of Mental Disorders, reaching its fifth revised edition – DSM-5-TR (2022). According to the DSM-5, intellectual disability or intellectual developmental disorder is classified within the spectrum of neurodevelopmental disorders, with onset typically occurring in middle childhood, usually before entering school. It is grouped alongside disorders such as autism spectrum disorders, ADHD, communication disorders, specific learning disorders, motor disorders, and other related conditions. These disorders are characterized by developmental deficits that result in functional impairments in personal, social, academic, or professional spheres. The range of developmental deficits varies from very specific limitations in learning or executive function control to general impairments in social skills or intelligence. Neurodevelopmental disorders typically manifest comorbidly with one another (APA, 2016, p. 31).

Regarding intellectual disability, it is noteworthy that DSM-5 (APA, 2016) defines various levels of severity based on adaptive functioning, abandoning the evaluation of the intelligence quotient score, as adaptive functioning is the determinant factor for the required level of support (APA, 2016).

The diagnostic term “intellectual disability” is equivalent to the diagnosis of “intellectual developmental disorders” in the International Classification of Diseases and Related Health Problems, 11th Revision (ICD-11) (WHO, 2022), which constitutes the second reference system used in the Romanian context and is published by the World Health Organization.

The ICD, like the DSM, employs a classification of clinical severity utilizing four categories – mild, moderate, severe, and profound. However, unlike DSM-5, within ICD, these categories are based on the intelligence quotient (IQ) score. Thus, an IQ score between 50 and 69 falls within the mild range, between 35 and 49 is categorized as moderate, between 20 and 34 is considered severe, and below 20 is classified as profound (WHO, 2022).

The prevalence of intellectual disability in the general population is approximately 1%, as confirmed by a meta-analysis of studies conducted between 1980 and 2009, with a relatively equal incidence among men and women. This balance is influenced by the increased incidence of autism cases among the female population and a higher prevalence among children and adolescents compared to adults (McKenzie et al., 2016). In the USA, for instance, during the period 2019–2021, the prevalence evolved from 1.70% in 2019 to 2.20% in 2020 and 1.65% in 2021 (Zablotsky et al., 2023).

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In this context, according to a report published in 2023 by the Ministry of Health and the National Institute of Public Health (INSP), at the end of 2022, there were over 589,000 individuals in Romania with mental disorders and approximately 260,000 with psychiatric illnesses (INSP, 2023).

Quality of Life

Regarding the concept of quality of life, it has progressively gained international prominence in the field of intellectual disabilities as a notion for awareness, a social construct, and a general theme for the planning, provision, and assessment of individualized and support services (Schalock et al., 2002). Its utility has been demonstrated across three levels of the system: at the micro or individual level, where it can serve as a foundation for self-advocacy and valuable feedback for the educational and rehabilitative programs for individuals with disabilities; at the meso or agency and program level, where the concept can inform program planning, resource allocation, or research; and at the macro level, societal or cultural paradigm level (Schalock et al., 2005).

For a category of specialists, the concept of quality of life can be examined in terms of happiness. From this perspective, happiness can be categorized into three types or can progress through three stages, each associated with positive experiences: pleasure and gratification, embodiment of strengths and virtues, and, ultimately, meaning and purpose. To lead a life of quality and achieve life's purpose, an individual must progressively navigate through each of these stages (Sirgy, 2012).

For other theorists, such as Ryan and Deci (2000), the key to understanding a quality life lies in the theory of self-determination, the successful fulfillment of several fundamental psychological needs, such as the need for competence, the need for relatedness, and the need for autonomy, which collectively contribute to an individual's well-being.

Regarding the concept of subjective well-being, researchers have focused on measuring the two types of affect, positive and negative, whose scores are combined to obtain an index of subjective well-being. An individual with a high level of subjective well-being predominantly experiences positive affects, such as joy, satisfaction, or pleasure, and fewer negative affects such as sadness, depression, anxiety, or anger (Sirgy, 2012).

It is evident that this concept of quality of life is highly subjective, as two individuals cannot be identified who would precisely present the same sources or aspects that bring satisfaction in life. For instance, while one person may define the quality of life based on personal wealth and fulfilling life experiences, another may define it in terms of capability, referring to the personal capacity to generate a good life through one's emotional and physical well-being. An individual with disabilities may report a high quality of life, being content and accepting the disability as a distinctive element from the majority, as an inherent aspect of their own existence. Meanwhile, a healthy individual who has recently lost their job may report a low quality of life, failing to interpret this loss as a transition to another job.

Roșan (2015) interprets the quality of life in terms of agreeableness and considers that "in a broad sense," the concept revolves around three key factors: personal well-being, both on a physical and psychological level, protection, and social progress. These factors are further structured into subjective and objective evaluation components (Roșan, 2015). In other words, economists and sociologists should be the most interested in the quality of life, in the sense of the efforts required to improve economic and social policies that could provide the objective conditions for measuring the quality of life.

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From the perspective of the biopsychosocial theory, measuring the quality of life involves investigating how factors in the three domains - biological, psychological, and social - contribute to a satisfactory/exemplary existence through self-reporting. Regarding individuals with disabilities, the investigation of quality of life explains how this category of individuals is affected, both physically and psychologically, by certain limitations or reduced capacities for activity and participation in various domains of existence. In other words, it elucidates how their health is affected, with the caveat that in the field of healthcare, the quality of life is viewed as multidimensional, encompassing emotional, physical, material, and social well-being (Jenkinson, 2023).

The concept of Quality of Life (QOL) is paramount in understanding the well-being of individuals with intellectual disabilities (Schalock, Gardner & Bradley, 2007). QOL is influenced by personal and environmental factors, and its enhancement can be achieved through the promotion of healthy environments and the implementation of QOL-oriented services (Morisse & al, 2013). The concept of quality of life is particularly crucial in the context of professional education, where the quality of life of students with intellectual disabilities is closely tied to the quality of services they receive (Georgiadou, Vlachou & Stavroussi, 2021).

The quality of life of individuals with intellectual disabilities is influenced by various factors. Kraemer McIntyre & Blacher (2003) observed that adaptive functioning, workforce participation, and variables related to family and environment have a significant impact on the quality of life. Schwartz & Ben-Menachem (1999) highlighted differences in satisfaction with different aspects of life among individuals with mental retardation living in different environments. On the other hand, Janssen (1999) underscored the importance of quality control in care institutions, with the quality of life being a key standard for assessment, while Bratu, Verza & Folostină (2012) found that institutionalization had adverse effects on the quality of life of individuals with disabilities, including increased aberrant behavior, reduced social interaction, and diminished autonomy. The study further noted that the perception of individuals with disabilities and the general attitude towards the beneficiary within an institution or family setting are factors of much greater importance than material aspects (Bratu, Verza & Folostină, 2012).

In conclusion, a life of quality may be indicative of the extent to which an individual is happy, healthy, comfortable, determined, and capable of consciously participating in or deriving enjoyment from life events (Jenkinson, 2023). Thus, the term can encompass both an individual's subjective experience of their own life, the active engagement of the individual in promoting their well-being, and the living conditions in which individuals find themselves—referring to what the community or society provides for the welfare of the individual.

Method

The research was structured around three research questions:

- Are there gender differences in the perception of the quality of life among individuals with intellectual disabilities?
- Does the severity level of the disability influence the overall score of the quality of life?
- Are there age differences in the perception of the quality of life among individuals with intellectual disabilities?

The research took place between May 2022 and February 2023. The research methodology employed was that of social inquiry, involving the administration of the Quality of Life Inventory (QOLI). This is a concise yet comprehensive instrument designed to measure life satisfaction

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across 16 areas or domains. These life domains are measured and assessed based on their importance to personal happiness, as well as in terms of personal satisfaction in relation to them. Ultimately, a weighted satisfaction score and the overall level of life quality are calculated.

The Quality of Life Inventory conceptualizes satisfaction through 16 dimensions/domains: a) health, b) self-esteem, c) goals and values, d) money, e) work, f) play, g) learning, h) creativity, i) help, j) love, k) friends, l) children, m) relatives, n) home, o) neighborhood, and p) community (Sirgy, 2012). The model is linear and cumulative, asserting that the overall level of life satisfaction largely comprises a summation of satisfaction levels in areas that are valued or considered important. In each life domain, four components determine an individual's satisfaction level: the objective or circumstantial characteristics of the respective area; how the individual perceives and understands the area; the individual's assessment of fulfillment in that area, applying their own standards of achievement or fulfillment; and the value or importance the individual attributes to that area, in relation to overall life satisfaction or their own well-being. In this context, life satisfaction is defined as how someone feels their most important needs, goals, and wants are met in significant life domains (Frisch, 2015).
The reason for selecting the QOLI Test lies in its intelligibility for a wide range of population categories, with items utilizing very direct and simple language, featuring clear and easily understandable formulations.

The description of the sample

The sample consists of 36 active individuals with employment, social integration, and a diagnosis of mild to moderate intellectual disability. They are engaged in diverse occupational settings, including public institutions and private enterprises: 29 employees of a social enterprise under the municipality's jurisdiction; 4 employees of a cleaning company serving property associations; 2 employees of a car wash facility; 1 employee within the Archive Service of a public institution under the Ministry of Justice. Among them, 21 exhibit mild disability (11 males, 10 females), while 15 exhibit moderate disability (8 males, 7 females). With respect to the gender variable, the study includes 17 females, aged between 21 and 54 years (with a mean age of 39.18 years), and 19 males, aged between 22 and 52 years (with a mean age of 36.74 years).

Table 1. Research Sample Structure

			Intellectual disability		Total
			Mild intellectual disability	Moderate intellectual disability	
Women	Age group	≤ 39	4	3	7
		≥ 40	6	4	10
	Total		**10**	**7**	**17**
Men	Age group	≤ 39	7	6	13
		≥ 40	4	2	6
	Total		**11**	**8**	**19**
Total	Age group	≤ 39	11	9	20
		≥ 40	10	6	16
	Total		**21**	**15**	**36**

The sample type is non-probabilistic, utilizing the purposive sampling technique. In addition to the age criterion (over 18 years), each participant underwent a selection test (the non-verbal IQ test - Raven's Progressive Matrices Standard) to be eligible for inclusion in the study group. An exception was made for the employees of the social enterprise under the municipality's

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jurisdiction, as they were already part of the target group. Following the administration of the Raven Test, individuals who scored at level V (equal to or below the 5th percentile for the corresponding age category) were selected, indicating the presence of intellectual disability.

The research results

In the initial phase, we calculated the means and standard deviations for the Importance ratings across the 16 life domains within the entire sample. Through data analysis, we were able to discern a hierarchy of life domains based on their perceived importance. Consequently, for the investigated population, the most significant domains are health, self-esteem, and children, all exhibiting values close to the scale maximum, i.e., 2. In contrast, the least prioritized domains in this hierarchy are learning, play, and neighborhood.

Table 2. Means and Standard Deviations - Importance of Life Domains, Overall Population, and Analyzed Groups

Areas of life	Total		Woman		Men		≤ 39 years		≥ 40 years		mild disability		moderate disability	
	M	**SD**	**M**	**SD**	**M**	**SD**	**M**	**SD**	**M**	**SD**	**M**	**SD**	**M**	**SD**
Health	1,83	0,38	1,82	0,39	1,84	0,37	1,85	0,37	1,81	0,40	1,86	0,36	1,80	0,41
Self-Esteem	1,83	0,38	1,76	0,44	1,89	0,32	1,90	0,31	1,75	0,45	1,90	0,30	1,73	0,46
Goals-&-Values	1,75	0,44	1,65	0,49	1,84	0,37	1,80	0,41	1,69	0,48	1,71	0,46	1,80	0,41
Money	1,69	0,47	1,53	0,51	1,84	0,37	1,80	0,41	1,56	0,51	1,62	0,50	1,80	0,41
Work	1,78	0,42	1,76	0,44	1,79	0,42	1,85	0,37	1,69	0,48	1,71	0,46	1,87	0,35
Play	1,47	0,51	1,47	0,51	1,47	0,51	1,60	0,50	1,31	0,48	1,33	0,48	1,67	0,49
Learning	1,50	0,51	1,41	0,51	1,58	0,51	1,65	0,49	1,31	0,48	1,57	0,51	1,40	0,51
Creativity	1,58	0,50	1,41	0,51	1,74	0,45	1,80	0,41	1,31	0,48	1,62	0,50	1,53	0,52
Helping	1,72	0,45	1,76	0,44	1,68	0,48	1,75	0,44	1,69	0,48	1,62	0,50	1,87	0,35
Love	1,75	0,44	1,82	0,39	1,68	0,48	1,75	0,44	1,75	0,45	1,67	0,48	1,87	0,35
Friends	1,67	0,48	1,65	0,49	1,68	0,48	1,75	0,44	1,56	0,51	1,57	0,51	1,80	0,41
Children	1,81	0,40	1,76	0,44	1,84	0,37	1,90	0,31	1,69	0,48	1,76	0,44	1,87	0,35
Relatives	1,58	0,50	1,47	0,51	1,68	0,48	1,60	0,50	1,56	0,51	1,62	0,50	1,53	0,52
Home	1,72	0,45	1,47	0,51	1,95	0,23	1,80	0,41	1,63	0,50	1,67	0,48	1,80	0,41
Neighborhood	1,44	0,50	1,18	0,39	1,68	0,48	1,40	0,50	1,50	0,52	1,38	0,50	1,53	0,52
Community	1,58	0,50	1,35	0,49	1,79	0,42	1,65	0,49	1,50	0,52	1,57	0,51	1,60	0,51

For women, the most significant life domains are health, love, and self-esteem, while creativity, community, and neighborhood are considered less important. For men, the most important life domains are home, self-esteem, and health, with neighborhood, learning, and play being perceived as less important. It is noteworthy that, overall, the average scores for men are significantly higher.

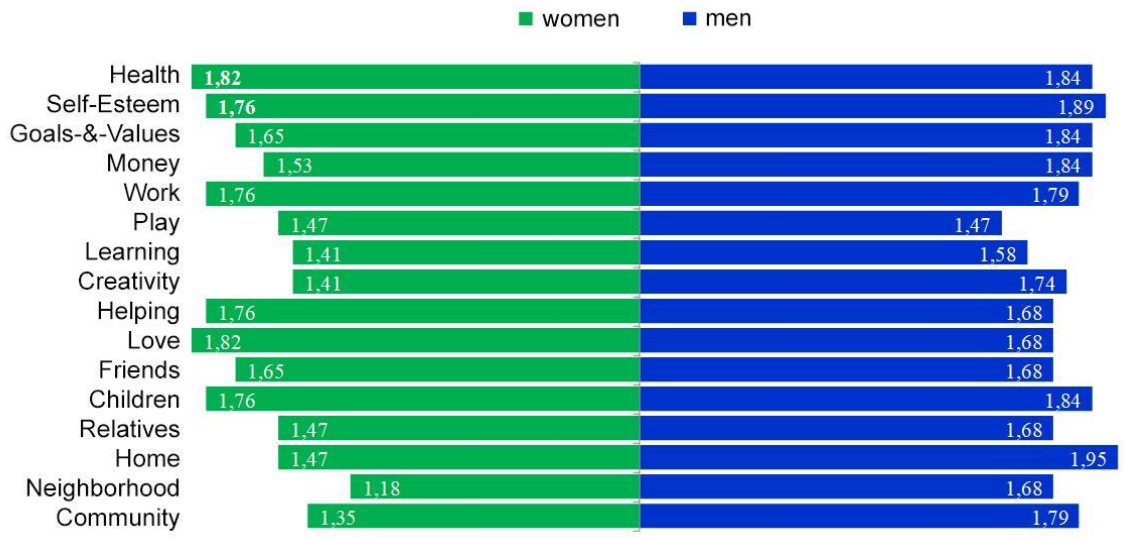

Figure 1. Mean Importance Values – Results by Gender

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For subjects aged up to 39, the most important life domains are self-esteem, children, and health, while play, relatives, and neighborhood are considered less important. For subjects aged 40 and above, the most important life domains are health, self-esteem, and love, with play, learning, and creativity being perceived as less important. Overall, it is notable that subjects aged up to 39 generally obtained significantly higher scores.

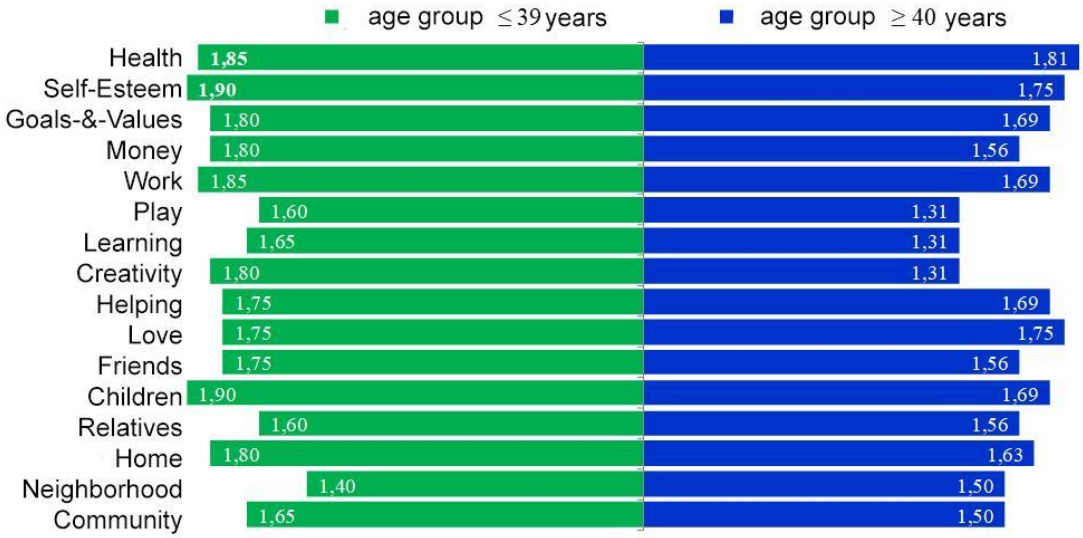

Figure 2. Mean Importance Values – Results by Age Groups

For subjects with mild intellectual disability, the most important life domains are self-esteem, health, and children, while community, neighborhood, and play are considered less important. For subjects with moderate intellectual disability, the most important life domains are work, help, and love, with neighborhood, relatives, and learning being perceived as less important. In the case of subjects with mild intellectual disability, except for the score for self-esteem, all other scores are lower than those assigned by individuals with moderate intellectual disability.

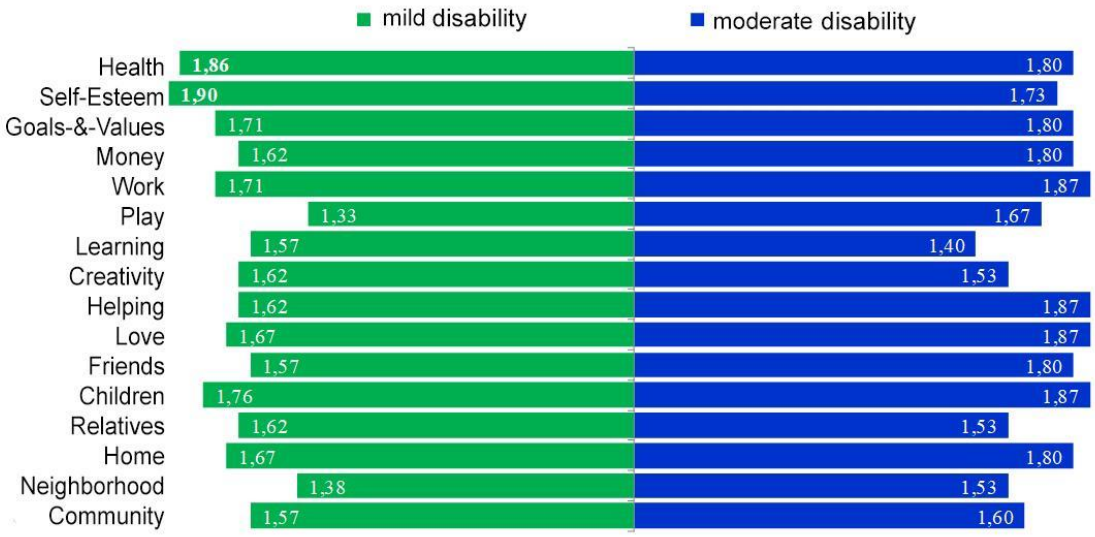

Figure 3. Mean Importance Values – Results by Intellectual Disability Severity Groups

It is worth mentioning how those life domains considered more important by the subjects in the study are fulfilled. Thus, health, considered the most crucial life domain, is satisfied to the least extent. The next two life domains in order of importance, self-esteem, and children, generally

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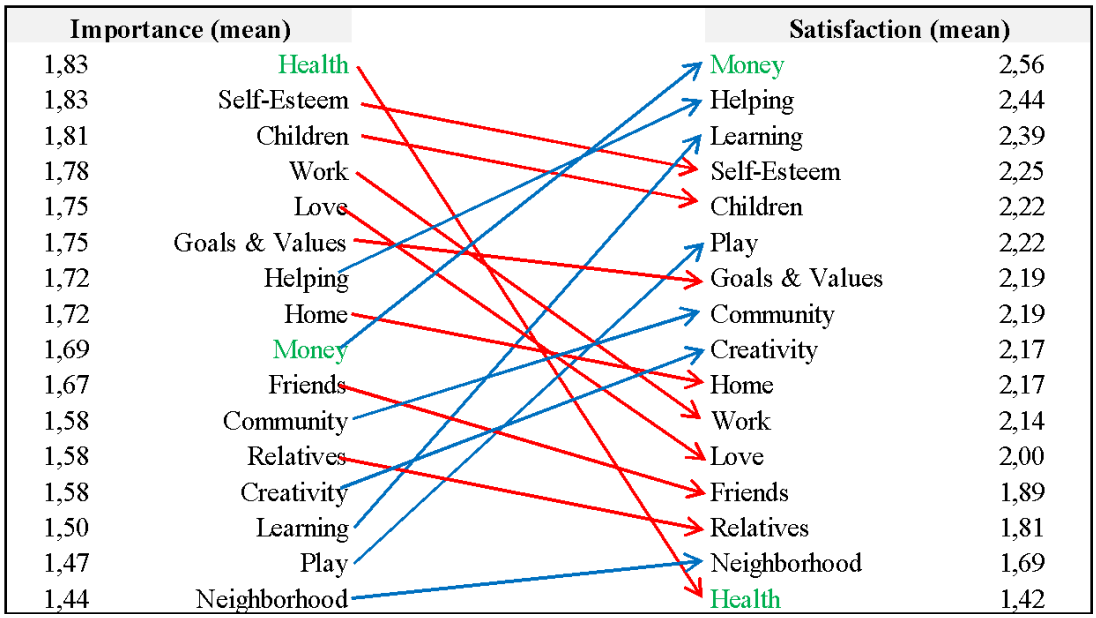
provide a high level of satisfaction. Despite being highly important, work and love do not score as well in terms of satisfaction. Although less important, learning and play exhibit a high degree of satisfaction.



**The values represent the means (average) of the areas of life for Importance and Satisfaction*

Figure 4. The matrix of the degree of Importance vs. the degree of Satisfaction with areas of life

For women, health, and love represent the most crucial life domains. However, health is the domain with the lowest level of satisfaction, while love is the domain with the highest level of satisfaction. Another important life domain for women, work, ranks among the areas with a high level of satisfaction. Less important domains for women, creativity, and community, nonetheless, exhibit a high degree of satisfaction. For men, the most important life domain is home, generally displaying a high level of satisfaction. Self-esteem, a highly important domain, takes the lead in the list of satisfying domains. Another domain, goals, and values, achieves high scores both in terms of importance and satisfaction. Less important domains for men, learning, and play, nevertheless, have a high level of satisfaction.

Note: No subject selected the response "0" (unimportant) for questions regarding the importance of life domains. All subjects provided a response to questions regarding the level of satisfaction with life domains. The theoretical values of the Weighted Total Satisfaction score can vary between -96 and 96.

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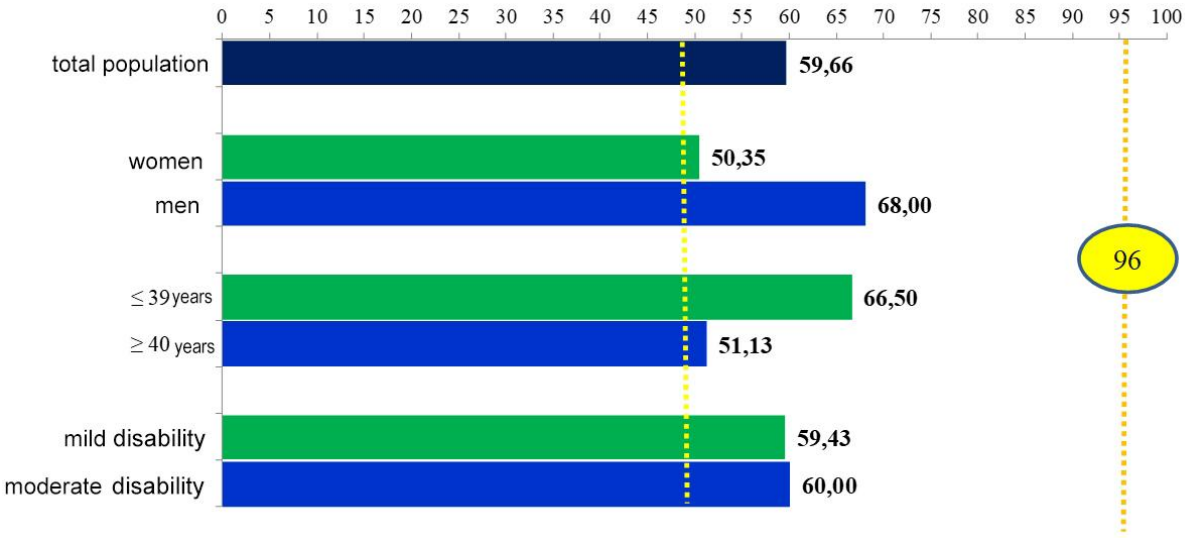

Figure 5. Weighted Total Satisfaction Score Means – Overall Population Analysis, Analyzed Groups

After calculating the raw QOLI score and locating the T scores and percentiles for the Romanian normative sample, we classified the subjects into categories based on the profile of their overall quality of life level.

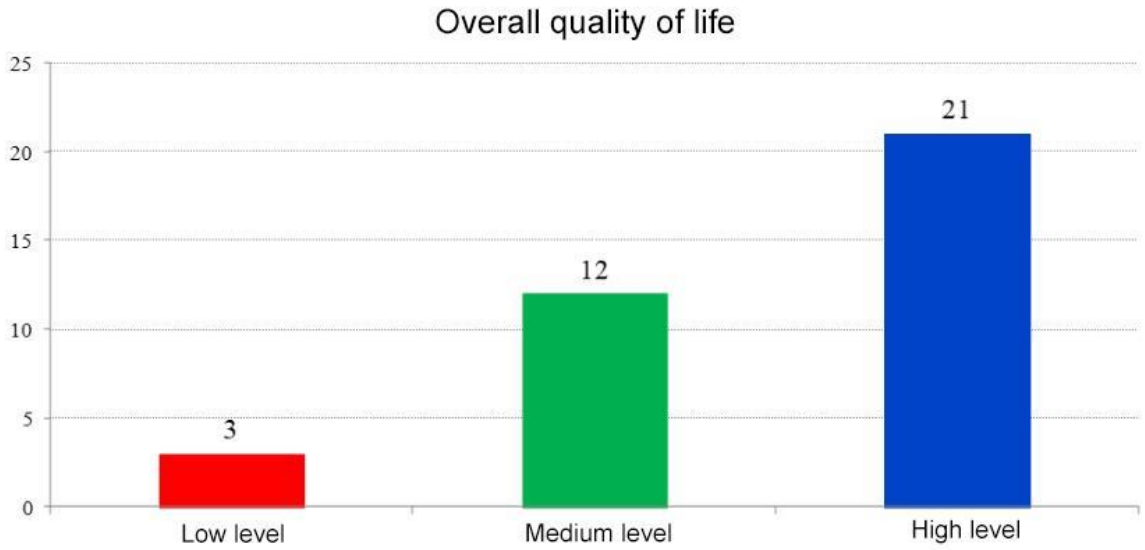

Figure 6. Global Quality of Life – Overall Population Analysis (36 cases)

Out of the 36 subjects included in the research sample, approximately 60% (21 subjects) exhibit a high level of quality of life, while 1/3 (12 subjects) have a medium level of quality of life. Only three cases with a low level of quality of life were identified.

Significant differences exist between men and women regarding the Total Weighted Satisfaction Score. The condition regarding the equality of variances for the two groups was met: $F(34)=0.797$; $p=0.378$. The test result: $t(34)=-2.491$; $p < 0.05$. Thus, the mean scores of male subjects ($M=68$; $SD=19.89$) are significantly higher than the mean scores of female subjects ($M=50.35$; $SD=22.63$). According to Cohen's criteria, gender has a high influence on the Total Weighted Satisfaction Score, $d=0.82$.

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Table 3. Independent Samples t-test Results. Total Weighted Satisfaction by Gender

	Women			Men			Levene's Test		t-test for Equality of Means			Cohen's d
	M	SD	N	M	SD	N	F	Sig.	t	df	Sig.	value
Total satisfaction weighted	50,35	22,63	17	68,00	19,89	19	0,797	0,378	-2,491	34	0,018	0,83

According to the obtained data, we observed that there are three times more men with a high level of overall quality compared to those with a medium level of overall quality. Women equally exhibit a medium or high level of overall life quality. Among women, we also find the three subjects with a low level of life quality.

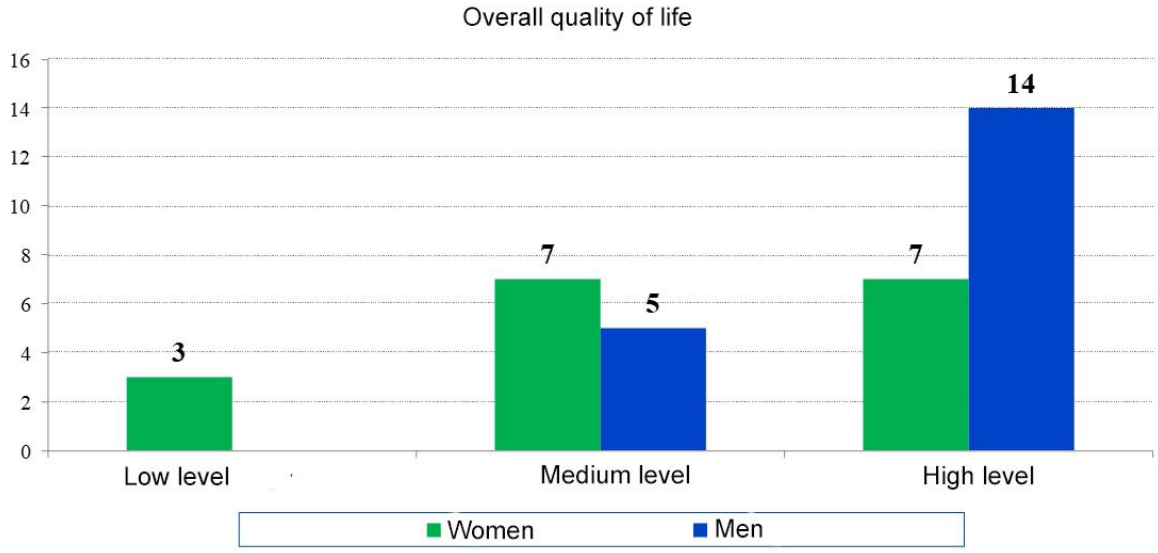

Figure 7. Global Quality of Life by Gender

To ascertain whether the overall quality of life differs based on the subject's gender, we applied the $\chi 2$ test of association. The results of the $\chi 2$ test (2) = 5.573, p = 0.062, indicate that there is no significant difference between the two groups regarding the level of global quality of life. The data from the graph suggest that men tend to have a higher level of quality of life.

Among subjects aged 39 and below (inclusive) and subjects aged 40 and above (inclusive), there are significant differences in terms of the Total Weighted Satisfaction Score. The condition of equal variances for the two groups was met: F(34)=0.396, p=0.533. Test result: t(34)=2.113, p < 0.05. Thus, the mean scores of subjects aged <= 39 years (M=66.50; SD=20.73) are significantly higher than the mean scores of subjects aged >= 40 years (M=51.13; SD=22.86). According to Cohen's criteria, age group has a medium-level influence on the Total Weighted Satisfaction Score, d=0.70.

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Table 4. Independent Samples T-Test Results. Total Weighted Satisfaction Score by Age Group

	≤ 39 years			≥ 40 years			Levene's Test		t-test for Equality of Means			Cohen's d
	M	SD	N	M	SD	N	F	Sig.	t	df	Sig.	value
Total satisfaction weighted	66,50	20,73	20	51,13	22,86	16	0,396	0,533	2,113	34	0,042	0,70

According to the obtained data, we observed that there are twice as many subjects aged up to 39, inclusive, with a high level of overall quality of life compared to those with a medium level. Individuals aged 40 and above, inclusive, equally exhibit a medium or high level of overall quality of life. In this group, we also encountered three subjects with a low level of overall quality of life.

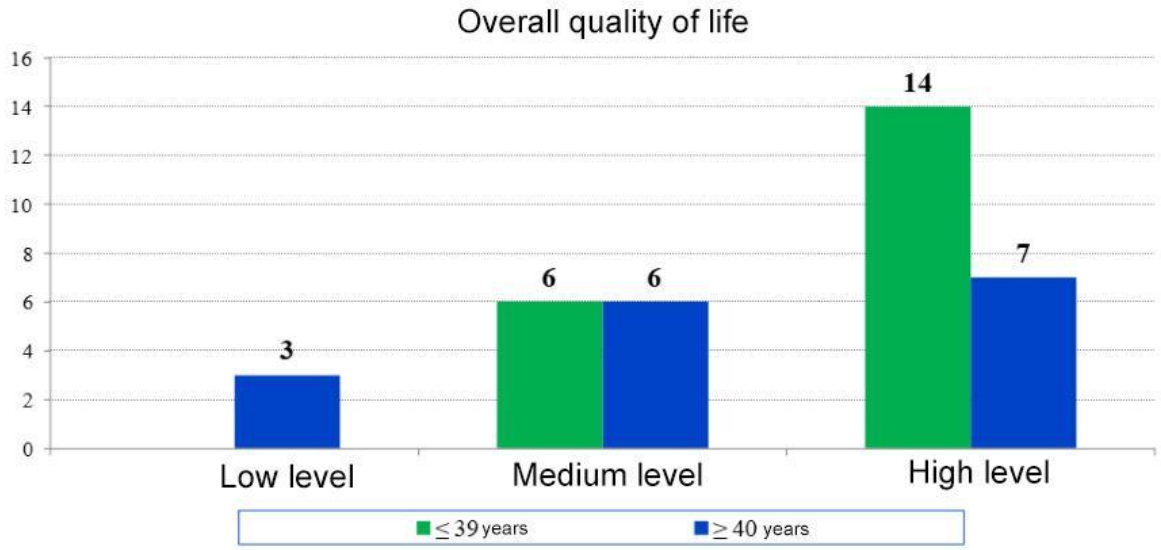

Figure 8. Global Quality of Life by Age Group

To verify whether the level of global quality of life differs based on the age group of the subjects, we applied the chi-square test of association. The test results $\chi 2(2) = 4.950$, $p = 0.084$, indicate that there is no significant difference between the two groups regarding the level of global quality of life. The data from the graph show that individuals aged up to 39 years (inclusive) tend to have a higher level of quality of life.

Between subjects with mild intellectual disability and those with moderate intellectual disability, there are no significant differences in terms of the Total Weighted Satisfaction Score. Even though the condition of equal variances between the two groups was met: $F(34) = 0.643$; $p = 0.428$, the test result: $t(34) = -0.073$; $p = 0.942$, indicates that the null hypothesis cannot be rejected. However, it is noteworthy to mention the mean scores for the two groups: mild intellectual disability group (M=59.43; SD=21.46) and moderate intellectual disability group (M=60; SD=25.20).

Table 5. Independent Samples T-Test Results. Total Weighted Satisfaction Score by Level of Intellectual Disability

	Mild disability			Moderate disability			Levene's Test		t-test for Equality of Means			Cohen's d
	M	SD	N	M	SD	N	F	Sig.	t	df	Sig.	value
Total satisfaction weighted	59,43	21,46	21	60,00	25,20	15	0,643	0,428	-0,073	34	0,942	0,18

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According to the obtained data, both individuals with mild intellectual disability and those with moderate intellectual disability generally tend to have a high overall quality of life. Considering the classification distribution for each group, there is a higher likelihood for a subject with mild intellectual disability to have a medium level of overall quality of life (38%) compared to a subject with moderate intellectual disability (27%).

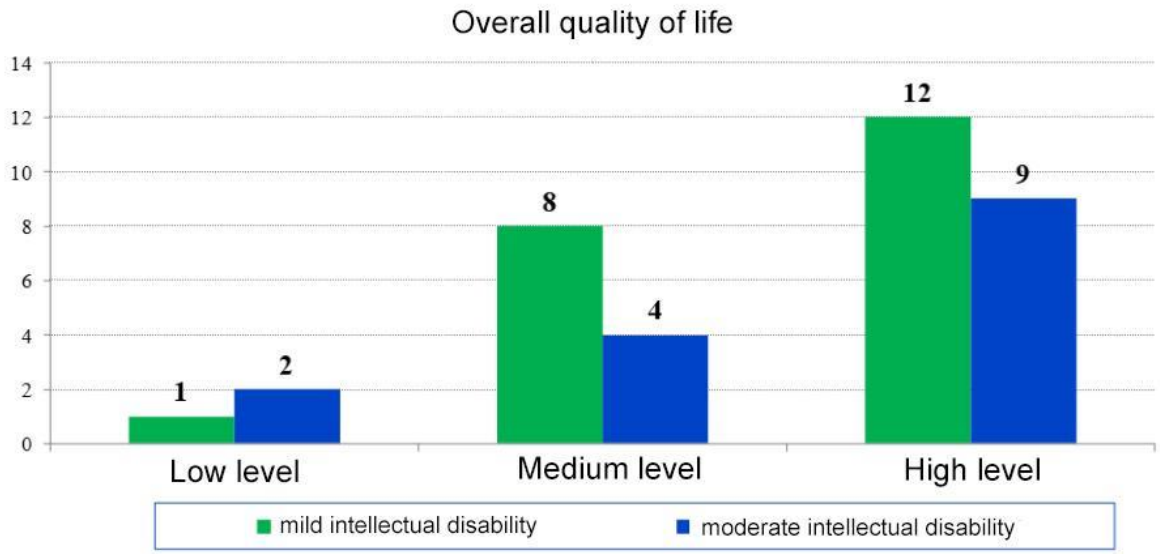

Figure 9. Overall Quality of Life According to the Type of Intellectual Disability

To assess whether the overall quality of life differs based on the degree of intellectual disability among subjects, we applied the $\chi 2$ association test. The results of the $\chi 2$ test (2) = 1.127, p = 0.569, clearly indicate that there is no significant difference between the two groups regarding the overall level of quality of life. The data from the graph show that individuals with mild intellectual disability tend to have a higher level of quality of life.

Discution

An initial significant aspect emerging from the statistical analysis is the average and high level of quality of life among the analyzed population. Out of the 36 subjects included in the research sample, approximately 60% (21 subjects) have a high level of quality of life, and one-third (12 subjects) have a medium level of quality of life. This is in contrast to the Romanian normative sample, where only 20% of individuals reported a high level of overall quality of life. This may suggest that the population analyzed in the study feels fulfilled, succeeds in achieving what it desires from life, and is capable of meeting basic needs and individual goals, either independently or with support from parents or established families. Additionally, it can be considered that this group of individuals does not perceive stress in the same way as typical/unaffected individuals and is generally more resilient to stress, precisely due to the social and/or psychological support provided by family and relatives

On the other hand, the elevated scores can be explained by the fact that these individuals do not perceive the world accurately, fail to grasp the gravity of situations and problems they face, and do not tend to ruminate on them. Their minds are more occupied with the concrete aspects of things, clichés, and areas of interest that are insignificant to typical individuals.

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In general, men exhibit a higher level of quality of life than women. Moreover, among women, only three cases with a low level of quality of life were identified. As is the case with typical individuals, societal pressures on women are considerably greater, as women are assigned more roles than men. Additionally, studies indicate that, in general, women are more prone to stress and anxiety disorders than men.

Regarding the quality of life-based on age groups, it can be observed that individuals aged up to 39, inclusive, report a higher level of quality of life than the study participants over the age of 40. In this context, we can consider that those under 39 have benefited more significantly and consistently from policies supporting the integration of people with disabilities throughout their lives compared to the other category. Those who are now 40/50 years old spent their childhood in an environment where they were considered a problem for society and were marginalized, and hidden. For them, the only assistance received from authorities was financial aid provided to their parents. Moreover, after the age of 40, many of them lose parental support, particularly with the passing of their parents.

Analysis based on the type of intellectual disability reveals that individuals with mild intellectual disabilities tend to report a higher level of quality of life compared to those with moderate intellectual disabilities. In this context, it is essential to consider that each person is influenced by their social and economic environment, past experiences, as well as the values and personal attitudes they have developed within the family setting. In relation to the earlier discussion, we can conclude that, in general, individuals with less severe disabilities are more likely to set and achieve personal (individual or family-related) goals than those with moderate disabilities, who are much more dependent in this regard on the support or presence of family members.

A second important aspect arising from the statistical analysis relates to the different ways in which the analyzed groups report the importance and satisfaction with life domains. Thus, the domains that men consider important are to some extent satisfied. For example, self-esteem, money, and goals and values considered highly important are also found in the top domains with the highest level of satisfaction. In contrast to men, women have a different hierarchy in terms of importance and satisfaction. They highly value health, love, work, assistance, and children. Except for health, which ranks last in the satisfaction ranking, all other domains are at the top of satisfaction. For women, advancing in age comes with a myriad of health problems. An interesting aspect is that women are very satisfied with money. Studies show that when there are two sources of income in a family, the pressure on men decreases, and this becomes a factor of emotional stability for both men and women.

Regarding the group of participants under 39 years old, including, a total discrepancy can be observed concerning the overlap of importance and satisfaction. Thus, while self-esteem, children, and health are deemed highly important, the most satisfying domains are learning, self-esteem, and money. Similar to women, health ranks among the least satisfying domains. In this context, why is learning important for them? One reason could be that the school activities conducted in the special school are insufficient for the majority of individuals with intellectual disabilities preparing to transition to young adulthood. Additionally, obtaining employment qualifications or acquiring professional qualifications in a field for which a person has an inclination and personal interest usually occurs before the age of 40. The high level of satisfaction with self-esteem can provide insights into the need of these young individuals to be well-regarded at the workplace or within their community.

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Among the population over 40 years old, the disparity between importance and satisfaction is even more pronounced. Thus, health is the most important but ranks last in satisfaction. In the specialized literature, it is indicated that with advancing age, the incidence of physical comorbidities increases among the population with intellectual disabilities, leading to the onset of mental disorders such as anxiety and depression. In this context, the issue of access to healthcare services arises, and it is crucial to establish whether these services exist but the individual chooses not to access them, or if the individual desires to access healthcare services but they are challenging to reach. Similarly, the issues of responsibility and information become relevant, often in these cases, the direction towards a medical service being initiated by relatives.

Health problems become even more evident when analyzing groups based on the degree of disability, ranging from mild to moderate. Despite being among the most crucial life domains, the satisfaction level is notably low. Two other domains that have drawn our attention are the neighborhood and the community. These are not considered important and, consequently, exhibit a low level of satisfaction. When discussing these aspects, we must consider the limited mobility and autonomy. The community should be important since it can provide employment opportunities. For people with disabilities, it would be much easier to work in the communities where they live than to commute. It is known that in better-rated neighborhoods, the chances of leading a more peaceful life are higher than in less reputable areas. In well-rated communities, the chances of receiving assistance and finding better-paying jobs increase. Therefore, we can explain the lack of interest in these two domains by the fact that they do not offer many facilities, except for leisure and entertainment.

In general, it is observed that the majority of research participants deem self-esteem important. As a somewhat abstract concept, additional explanations were required to elicit responses, and it is possible that these responses may be biased by the emphasis placed by the psychologist.

Conclusion

From a global perspective of the obtained results, it can be asserted that the responses provided by the target population are not contradictory and exhibit consistency within each analyzed group. Scores provided by men are considerably higher than those of women, and this may be related to the fact that women are more selective regarding things truly important to their lives.

Upon statistical analysis, it is observed that men generally have significantly higher average satisfaction scores across life domains compared to women. This is corroborated by the independent samples t-test, where statistically significant differences between the two groups are identified concerning health, self-esteem, and learning, with men generally having higher averages. A Cohen's coefficient exceeding 0.8 indicates a high influence of gender on the degree of satisfaction with life domains. Differences persist in the independent samples t-test with the dependent variable being weighted satisfaction. In this case, significant differences are identified in five life domains: health, self-esteem, goals and values, money, and neighborhood. Cohen's coefficient values close to or exceeding 0.8 suggest a high influence of gender on the degree of satisfaction with life domains. Results of the independent samples t-test, with the independent variable being the total weighted satisfaction score, confirm the aforementioned findings, with men reporting a higher level of quality of life.

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Upon statistical analysis, it is observed that individuals with mild intellectual disabilities generally have average satisfaction scores across life domains similar to those of individuals with moderate intellectual disabilities. This is confirmed by all conducted t-tests, concerning satisfaction with life domains, weighted satisfaction, and the total weighted satisfaction score.

Following the statistical analysis, it is observed that individuals aged up to 39 years, inclusive, generally exhibit significantly higher average satisfaction scores across life domains than those aged 40 years and above, inclusive. This is affirmed by the independent samples t-test, where statistically significant differences between the two groups are identified in terms of self-esteem, play, learning, and creativity, with young adults generally having higher averages. A Cohen's coefficient value approaching or exceeding 0.8 indicates a high influence of age on the degree of satisfaction with life domains. Differences persist in the independent samples t-test with the dependent variable being weighted satisfaction. In this case, four life domains with significant differences are identified: self-esteem, play, learning, and creativity. Again, young adults have significantly higher average values than mature adults. Cohen's coefficient values exceeding 0.8 indicate a high influence of age on weighted satisfaction with specific life domains. Results of the independent samples t-test, with the independent variable being the total weighted satisfaction score, confirm the aforementioned findings, with young adults reporting a higher level of quality of life.

The results of this research indicate that adults with mild and moderate intellectual disabilities represent a voice that must be taken into account, with diverse needs. Against the backdrop of improving living standards in Romanian society and an increase in the lifespan of adults with disabilities, the need for employment and earning a livelihood is a fundamental requirement for achieving autonomy and independence, even if only at a mental level.

For this category of individuals, health remains the most significant source of dissatisfaction, which can be attributed to a lack of education, irresponsibility, or difficulties in accessing healthcare services. Often, the concern for health requires an overwhelmingly disproportionate effort in terms of time and energy, which individuals with disabilities cannot independently undertake. Additionally, in many cases, there is a belief that regardless of effort, their health condition cannot be improved.

Regarding the limitations of the research, the small number of cases stands out, preventing the generalization of the obtained results to the entire population with mild and moderate intellectual disabilities engaged in paid employment in Romania. Furthermore, the study could benefit from additional data to provide a nuanced explanation of the results. This includes information about work tenure, the number of jobs held to date, living arrangements (whether they reside with parents or life partners), family situation, parental status, marital status, and potential data on comorbid conditions. Similarly, the research could be expanded to encompass all previously mentioned aspects.

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