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Research Article

The impact of perceived social support and social exclusion on the quality of life of individuals with disabilities: A moderation analysis

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Abstract

Social exclusion is one of the factors that negatively affect the quality of life of people with disabilities. If these people do not feel that they receive social support, the problem may deepen. This study aims to examine the role of perceived social support and social exclusion in influencing the quality of life. The study included 577 individuals with disabilities aged 18-65 residing in Turkey. Data were collected through both face-to-face and online methods. The questionnaire prepared by the researchers consisted of a descriptive characteristics form comprising 13 questions (age, gender, education level, marital status, employment status, place of residence, family type, number of people in the family, income status, percentage of disability, type of disability, onset of disability), the Turkish version of the World Health Organization Quality of Life Scale for Disabilities (WHOQOL-DIS-TR), the Multidimensional Perceived Social Support Scale (MPSSS), and the Social Exclusion Scale for Disabled Individuals (SESDI). The results indicated that decreased social exclusion ($\beta = 11.11$, $t = 12.75$, $p < 0.001$) and increased perceived social support ($\beta = 8.83$, $t = 10.12$, $p < 0.001$) significantly and positively influenced the quality of life. Moreover, the perceived social support had a moderating effect in reducing social exclusion levels and increasing the quality of life by 2.45 times (95%CI: 0.93-3.96). Among the covariates in the model, being male ($\beta = 4.62$, $t = 2.60$, $p = 0.010$), having an increased income level ($\beta = 6.10$, $t = 3.24$, $p = 0.001$), and being employed ($\beta = 3.18$, $t = 2.84$, $p = 0.005$) were found to improve the quality of life. According to the results of the study, social support programs should be developed in addition to reducing social exclusion in order to improve the quality of life of people with disabilities.

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Introduction

Even if a person is not born with it, they may face the risk of temporary or permanent disability due to accidents or illnesses later in life. The concept of disability has varied from society to society and from era to era, taking on different meanings depending on the conditions of the society and the time period (Barton & Armstrong, 2001; Okur et al., 2010). From an international perspective, The United Nations General Declaration on the Rights of Persons with

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Disabilities defines a person with a disability as "someone who, due to a congenital or acquired deficiency in physical or mental capacity, is unable to fulfill, either partially or completely, the requirements of a normal personality and/or social life (General Assembly of United Nations, 1975).The World Health Organization (WHO) describes disability as "A complex phenomenon, reflecting an interaction between features of a person's body and features of the society in which they live," emphasizing the loss or limitation of the ability to perform activities that are considered normal in comparison to individuals without such impairments (WHO Disability Report, 2011).

The increasing number of elderly individuals and the rise in chronic diseases worldwide contribute to the growing prevalence of disabilities globally (Miller et al., 2000; Arslan & Gökçe-Kutsal, 1999). The increase in the number of people with disabilities worldwide poses a public health concern (WHO Disability Report, 2011). According to the latest data from the World Health Organization, there are an estimated 1.3 billion individuals with disabilities, representing approximately 16% of the world's population. In our country, according to the results of the Population and Housing Survey conducted by the Turkish Statistical Institute (TUIK) in 2011, the percentage of the population (aged 3 and above) with at least one disability is 6.9%, equivalent to 4,876,000 people. Similar to the global trend, the number of people with disabilities is increasing in our country as well.

When disadvantaged groups are mentioned, individuals with disabilities are among the first groups that come to mind. Their need for specialized health and education services compared to individuals without disabilities, the increased difficulty in accessing job opportunities and social facilities, and as a result, the more frequent occurrence of economic problems are some of the disadvantages of this group. While the challenges in the participation of disabled individuals in community life and employment lead to these individuals living in lower socioeconomic conditions, a lower socioeconomic level also implies an increased risk of disability (Güven, 2023).

The weak awareness of societies regarding disability contributes to individuals with disabilities facing challenges not only due to their physical, mental, and emotional limitations but also as a result of societal barriers. This can lead to difficulties in their participation in social life and fulfilling their social roles. This is because societies are often shaped and constructed based on the capacities of non-disabled individuals. Individuals with disabilities may face limitations in living seamlessly within society under normal conditions. Addressing these societal attitudes and promoting inclusivity is crucial for creating a more accommodating and understanding environment for individuals with disabilities (Oliver & Barnes, 2013).

The concept of quality of life emerges as an indicator of the extent to which individuals with disabilities, facing all these challenges, can feel their existence in this life (Çoban, 2008). The emotional, social, and economic problems associated with disabilities have a negative impact on individuals' quality of life. While there are common basic needs for all of humanity, the scope, depth, and degree to which these needs are met can vary from person to person. Quality of life is the perception of an individual's position in life within the context of their goals, expectations, standards, and interests, considering the culture in which they live. Despite the presence of numerous physical, psychological, and environmental components, this parameter lacks a universally accepted single definition and measurement. Although this absence poses challenges in terms of interpreting evaluations and comparing studies, the concept is highly important and beneficial for both clearly identifying disadvantaged groups and examining the impacts of various clinical and social interventions on individuals' lives (Güven, 2023; Haraldstad et al., 2019). Individuals with disabilities constitute a heterogeneous group, and factors such as gender, age, sexual identity, sexual orientation, religion, race, ethnicity, and economic status vary, influencing their quality of life and health needs in different ways (Buntinx & Schalock, 2010). Therefore, studies on the quality of life of individuals with disabilities require an examination of numerous parameters and a clear understanding of the relationships among them.

One of the significant public health issues that negatively affect the quality of life in individuals with disabilities is social exclusion. Certain disadvantaged groups, primarily those facing poverty and disability, experience issues of social integration (Masson, 2013; Bayram, Bilgel, & Bilgel, 2012). Due to societal ignorance, prejudice, and discriminatory

attitudes, individuals with disabilities are prone to social exclusion (Berkman & Kumaş, 2021; Krahe & Altwasser, 2006; Park et al., 2003). This leads to disabled individuals being excluded from the social, economic, and cultural processes of society and experiencing social isolation (Masson, 2013; Berkman & Kumaş, 2021). Social exclusion hinders the integration of individuals with disabilities into society, preventing them from benefiting from education, housing, healthcare services, and social relationships (Köten & Erdoğan 2014). Due to their inability to participate in employment or their limited inclusion, people with disabilities constitute the poorest one-fifth of the world's population (Genç & Çat, 2013). Social exclusion also encompasses situations such as marginalization and stigma (labeling) (Tartanoğlu, 2010). Stigma can lead to emotional issues in individuals with disabilities, including anxiety, depression, decreased self-esteem, feelings of inadequacy, and shame. Furthermore, over time, individuals may experience disruptions in their interpersonal relationships, a decrease in their inclination to be part of a community, and a diminished tendency to assert their rights. Individuals who feel ashamed of their current situation and experience a sense of social exclusion may be hesitant to seek help or care. This reluctance can lead to delays, deficiencies, and a deterioration in the quality of life in addressing health needs (Taleporos & McCabe, 2002; Bucuka, 2019).

Social acceptance is one of the primary psychological needs for every individual and is necessary to achieve satisfaction in life. This situation is no different for individuals with disabilities; however, they face greater challenges in adapting to the social environment and require more social support than non-disabled individuals to attain fulfillment in life. In this context, they are a more vulnerable group to social exclusion. It is known that social exclusion is frequently observed in individuals with disabilities, negatively impacting their emotional state and overall well-being (Bucuka, 2019; Özgökçeler, 2006).

An important way for individuals with disabilities to cope with negative situations such as social exclusion is through the social support they receive from their environment. Social support encompasses any kind of assistance, whether material or emotional, that facilitates an individual in dealing with any need or problem. Like quality of life, social support is a concept influenced by cultural values and shaped according to an individual's perception. While the quantity of support provided is important, the individual's perception holds a greater place in the positive impact of social support on their life. Various studies have highlighted the enhancing effect of perceived social support in increasing the quality of life (Proescher et al., 2022; Bishop-Fitzpatrick et al., 2018; Ferdiana et al., 2018; Başcıllar, 2017).

In light of all these reasons, it is considered important to detail the relationships among factors influencing disadvantaged groups, particularly individuals with disabilities, in order to organize studies aimed at improving their quality of life in a more targeted manner. This study aims to examine the role of perceived social support and social exclusion in influencing the quality of life.

Hypothesis 1: Social exclusion could predict the quality of life.

Hypothesis 2: Perceived social support would moderate the effect of social exclusion on quality of life.

The theoretical model is shown in Figure1.

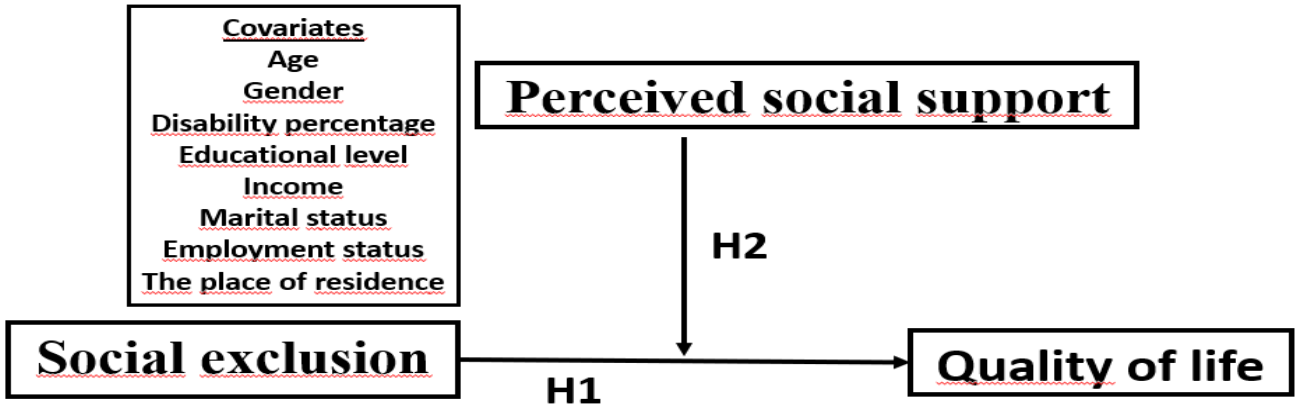

Figure 1. Theoretical model

Method

Participants

The population of this study consists of disabled individuals between the ages of 18-65 living in Turkey. Taking the population as 2,200,000, the prevalence as 50%, the confidence interval as 95%, and the design effect as 1.5, it was aimed to reach a sample size of 577 people with the OpenEpi program. 583 people were reached through face-to-face and online data collection methods, and a total of 557 people were studied by excluding 26 incomplete and unprocessable surveys.

Measurement Methods

The survey form prepared by the researchers consists of a descriptive characteristics form consisting of 13 questions, the Quality of Life Scale for the Disabled Turkish Form (WHOQOL-DIS-TR), the Multidimensional Perceived Social Support Scale (MSPSS) and the Social Exclusion Scale for the Disabled (ESDS).

In the sociodemographic form, variables such as age, gender, educational status, marital status, employment status, place of residence, family type, number of individuals in the family, income level, percentage of disability, type of disability, and the onset time of disability were queried.

Quality of Life Scale for People with Disabilities (WHOQOL-DIS)

The Quality of Life Scale for People with Disabilities (WHOQOL-DIS) was introduced to the Turkish context by Eser and colleagues in 2018. The scale comprises two components: the General form, an adapted 26-item version of the WHOQOL-BREF for individuals with disabilities, encompassing four main dimensions under the headings of physical, psychological, social relationships, and environment; and the WHOQOL-DIS disability module, consisting of three dimensions named Discrimination and Support, Independence, and Community Participation, with a total of 12 questions referred to as the "index disability module". The scale consists of a total of 39 questions, utilizing 5-point Likert-type response options. Questions 3, 4, 26, 28, 29, and 30 are reverse-scored and calculated negatively. Internal consistency, assessed through Cronbach's alpha values, yielded 0.81 in the physical domain, 0.74 in the psychological domain, 0.64 in the social domain, and 0.82 in the environmental domain. For the 12-item index disability module, the Cronbach's alpha value was 0.87. The scale is evaluated based on the total score, with an increase in the total score indicating an improvement in the quality of life (Eser et al., 2018).

Social Exclusion Scale for Individuals with Disabilities (SESD)

Developed by Yunus Bucuka in 2020 (Bucuka, 2020), the SESD is a 5-point Likert-type scale consisting of 25 items, addressing three sub-dimensions: exclusion from social participation, exclusion from access to basic services, and exclusion from income poverty and the economic sphere. The scale's highest score is 125, and the lowest is 25, with no reverse-scored items. The total Cronbach's Alpha reliability coefficient for the scale is determined to be 0.88. It can be stated that as the average score increases, the degree of social exclusion experienced by individuals with disabilities also increases (Bucuka, 2020).

Multidimensional Perceived Social Support Scale (MSPSS)

It was developed by Zimet et al. (1988), adapted into Turkish by Eker and Arkar (1995) and revised by Eker, Arkar, Yaldız in 2001. The Multidimensional Perceived Social Support Scale has three sub-dimensions: family, friends, and a special person. It is a 7-point Likert-type scale with 12 items. The total score varies between 12 and 84, and the higher the score, the higher the level of social support perceived by the individual. The total Cronbach Alpha internal consistency coefficient of the scale was calculated as 0.89 (Zimet et al., 1988; Eker & Arkar, 1995).

Data Analysis

Descriptive statistics (frequency, percentage, mean, standard deviation) and frequencies were employed to characterize the sample. Pearson correlation coefficient (r) was utilized to examine the relationship between numeric variables. Statistical significance was accepted at $p < 0.05$. To investigate whether the increase in social support moderates the positive effect of stigma reduction on the quality of life, a moderator analysis was performed using Model 1. The analysis was bootstrap resampled 5,000 times, with a 95% confidence interval. If the confidence interval did not include 0, the result was considered statistically significant (Erceg-Hurn and Mirosevich, 2008). To conduct the research, ethical approval was obtained from the SDU Faculty of Medicine Ethics Committee on October 27, 2022, with approval number 300.

Results

Descriptive statistics and correlation analysis

Five hundred fifty-seven individuals were included in the study. 64.8% of the participants were male, 32.3% had primary school degrees and less education, 57.6% had an income less than 10 000 TL, 55.5% were single, 63.0% were unemployed, and 69.3% of them lived in the city centre (Table 1). The average quality of life of the disabled individuals participating in the study was higher in men, those with a monthly income of 10000 TL or more, married, employed, and living in the city centre. In addition, as the education level of the individuals increased, their quality of life increased (Table 1).

Table 1. Descriptive analysis and risk factors of quality of life

		Quality of life	
	n (%)	**Mean (SD)**	**Sig.**
Gender			
Female	196 (35.2)	116.58 (24.51)	**0.003**
Male	361 (64.8)	123.38 (26.67)	
Educational level			
Primary school degree or less	180 (32.3)	113.65 (25.73)	**<0.001***
Secondary-High school degree	206 (37.0)	121.25 (25.48)	
University degree	171 (30.7)	128.40 (25.23)	
Income			
Less than 10,000 TL	321 (57.6)	114.55 (25.68)	**<0.001**
10,000 TL and more	236 (42.4)	129.74 (24.11)	
Marital status			
Single	309 (55.5)	118.88 (27.21)	**0.034**
Married	248 (44.5)	123.61 (24.46)	
Employment status			
Employed	206 (37.0)	129.60 (24.69)	**<0.001**
Unemployed	351 (63.0)	115.93 (25.62)	
The place of residence			
City centre	386 (69.3)	122.80 (25.90)	**0.014**
County-Town-Village	171 (30.7)	116.91 (26.19)	

Table 2. Means, standard deviations, and correlations among key variables.

Variables	Mean (SD)	1	2	3	4	5
Quality of Life	120.99 (26.11)	1				
Social exclusion	65.74 (20.44)	-.478**	1			
Perceived Social Support	55.35 (21.56)	.410**	-.064	1		
Disability percentage	66.39 (22.73)	-.151**	.155**	-.026	1	
Age	41.52 (13.42)	.017	-.027	.150**	-.034	1

The results showed that quality of life was positively correlated with perceived social support and negatively correlated with social exclusion and disability percentage; social exclusion was positively correlated with disability percentage; perceived social support was positively correlated with age (Table 2).

Direct effect of social exclusion on quality of life and the moderating role of perceived social support

Decreased social exclusion (β = 11.11, t =12.75, p < 0.001) and increased perceived social support (β = 8.83, t =10.12, p < 0.001) had a significant positive effect on quality of life. In addition to the moderator effect of the perceived social sport in reducing the social exclusion level, it was found that it increased the quality of life 2,45 times (95%CI: 0.93-3,96). Among the covariates included in this model, male gender (β = 4.62, t = 2.60, p = 0.010), increased income level (β = 6.10, t =3.24, p = 0.001) and being an employee (β = 3.18, t =2.84, p = 0.005) improved quality of life (Table 3).

Table 3. The moderating role analysis of perceived social support on the impact of social exclusion reduction on quality of life

Outcome variable (Quality of life)	Significance of regression coefficient				OFI
	Beta	95% CI	p	t	R- R2-F-p
Social exclusion ↓	11.110	9.398-12.821	**<0.001**	12.751	0.666-0.433-
Perceived social support	8.833	7.119-10.548	**<0.001**	10.121	39.470-
Social exclusion ↓ × Perceived social support	2.448	0.932-3.963	**<0.001**	3.172	**<0.001**
Covariates					
Gender (Male to Female)	4.618	1.130-8.106	**0.010**	2.601	
Age ↑	0.008	-0.147- 0.164	0.914	0.107	
Disability percentage↓	0.044	-0.121-0.032	0.256	1.138	
Educational level ↑	2.210	-0.275-4.695	0.334	1.747	
Income ↑	6.096	2.393-9.798	**0.001**	3.237	
Marital status (Single to Married	1.932	-1.996-5.860	0.334	0.966	
Employment status (Employed Unemployed)	3.843	1.181-6.504	**0.005**	2.836	
The place of residence (City center County-Town-Village)	0.070	-3.774-3.634	0.970	0.037	

Note. OFI: Overall fitting index

The moderating effect of perceived social support on the impact of social exclusion reduction on quality of life are shown in Figure 2.

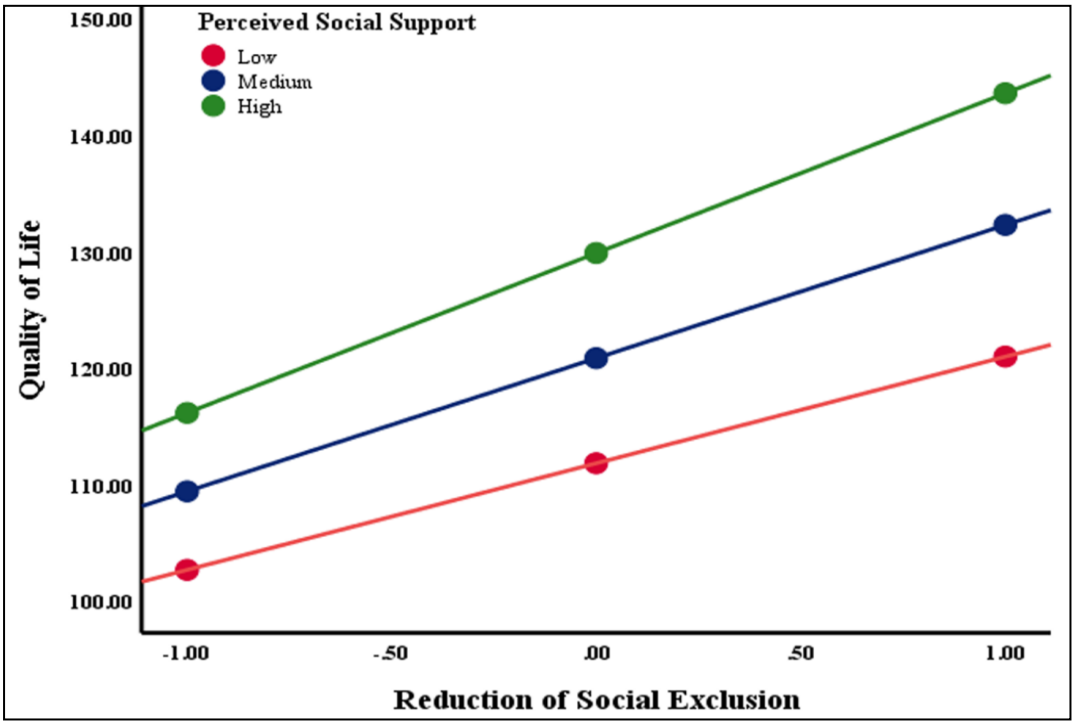

Figure 2. The moderating effect of perceived social support on the impact of social exclusion reduction on quality of life

Discussion

This study examines the impact of sociodemographic variables, perceived social support, and social exclusion on the quality of life levels of individuals with disabilities. Additionally, the study investigates the moderating role of perceived social support in the relationship between social exclusion and quality of life. Quality of life scores were found to be significantly higher in males, married individuals, employed individuals, and urban residents. The study observed a positive effect of education level, income level, age, and perceived social support on the quality of life score. Furthermore, a negative correlation was noted between the score of social exclusion and quality of life. However, perceived social support mitigated the negative impact of social exclusion on quality of life through a moderating effect. In this effect, gender, income level, and employment status played a covariant role.

In the literature, numerous studies have investigated the quality of life of individuals with disabilities and its relationships with various factors. However, the diversity of subjective measurement methods related to quality of life used in these studies complicates the comparison of results. When comparing the total quality of life scores in this study, it is observed that the life quality scores in this study closely align with those of the disabled groups in the examined studies (Lee et al., 2017; Eser et al., 2018). Despite quality of life being a cultural and subjective perception, the parallelism in results across different countries may indicate the need for interventions to be planned on a global scale.

In this study, the reduction of social exclusion in individuals with disabilities positively influenced the quality of life. In the literature review examining the impact of social exclusion on the quality of life in individuals with disabilities, particularly studies focused on this population were not found. However, when compared to various studies conducted with different samples, our findings exhibit similarities with the literature. For instance, studies conducted with elderly populations (Scharf, 2005), individuals with Hansen's disease (leprosy) (Borges-de-Oliveira, 2015), and adolescents testing positive for Covid-19 (Duan, 2023) have demonstrated the negative impact of social exclusion on quality of life. Moreover, research on stigma, a component of social exclusion, has revealed the negative effects of stigma on the quality of life of individuals with chronic illnesses (Earnshaw, 2012; Kumari, 2009) and cancer patients (Johnson; 2019). The sample groups in these studies, like individuals with disabilities, are disadvantaged

groups with restricted societal participation. The parallelism of our findings with these data may be attributed to this commonality.

It is believed that social support in individuals with disabilities acts as a barrier against negative effects in enhancing the quality of life. In this study, social support was identified as a significant predictor of quality of life, and the moderating effect of perceived social support on the relationship between social exclusion and quality of life was demonstrated, introducing a different role that social support could play in this relationship to the literature.

Examining the literature on the relationship between social support and quality of life reveals cross-sectional studies conducted with various disabled groups such as veterans, individuals with spinal cord injuries, and individuals with autism, indicating a positive impact of perceived social support on quality of life (Proescher et al., 2022; Bishop-Fitzpatrick et al., 2018; Ferdiana et al., 2018; Başcıllar, 2017). In a study investigating the mediating role of emotional support in the relationship between functional status and quality of life in older adults, the results showed that the negative relationship between disability and life satisfaction was stronger in individuals with low emotional support, an essential component of social support (Newsom & Schulz, 1996).

Additionally, a systematic review by Syifa and Hadi acknowledged the overall positive impact of social support on quality of life, highlighting that social support received from peers and friends had a more positive effect on the quality of life in the younger age group (Al Syifa & Hadi, 2023). Social support enhances quality of life by fulfilling needs such as social relationships, support receipt, independence, and community participation, which are components of quality of life.

Social exclusion and social support are concepts that represent the two opposite ends of the balance in terms of societal acceptance. While social exclusion is associated with a general decrease in well-being, social support is known to enhance overall well-being and quality of life (Lee, 2021; Kohli & Vedeler, 2023). When examining the literature, there are studies indicating that perceived social support mediates the relationship between stigma, a form of social exclusion, and mental disorders (Kondrat et al., 2018; Chang et al., 2022). Another mediating effect is the impact of loneliness on the relationship between health and social isolation in older adults in the United States (Czaja et al., 2021).

In our study, quality of life was used as the dependent variable, and a relationship between social exclusion and perceived social support could not be demonstrated. The role of social support was identified as a moderator. Regarding the quality of life of individuals with disabilities, a study by Daley and colleagues (2018) found that disabled youth with a strong sense of belonging reported higher life satisfaction, even when exposed to discrimination that could be considered a form of exclusion. The sense of belonging is intertwined with social support and is considered interactions that allow the mobilization of social support without creating an emotional burden (Mayer et al., 2023). Additionally, Yao et al.'s study (2015) on individuals with chronic illnesses showed that those who experienced high levels of discrimination needed more social support, and the received social support had a greater impact on their quality of life. From this perspective, it can be said that our findings parallel the existing literature.

Conclusion and Recommendations

While the individual impacts of social exclusion and social support on quality of life are already known, understanding their simultaneous and collective roles in scenarios that inherently involve the holistic content of societal life is crucial at the forefront of current scientific understanding. In this context, we believe that our study on the general disabled population will provide a more detailed contribution to the literature and policy makers.

According to our study, social exclusion emerges as a factor that reduces the quality of life for individuals with disabilities. This effect arises due to the restriction of areas such as social interaction, societal participation, employment, and education, which are components of quality of life. On the other hand, social support acts as a concept that positively influences the quality of life, counteracting the impact of social exclusion. Despite this

counterbalance, regulating both parameters is possible through increasing societal awareness and environmental adaptability. Therefore, social integration of individuals with disabilities should be supported, and efforts should be made to combat discrimination through societal awareness, education, and policy regulations. These endeavors can effectively enhance the participation of individuals with disabilities in their communities, consequently improving their quality of life.

Limitations and Strengths

The study was conducted on individuals with general disabilities, and detailed categorization based on different types of disabilities was not performed. This should be taken into consideration in future studies. As a cross-sectional study, there may be a problem with the simultaneous evaluation of cause and effect. Additionally, being a survey study, factors related to recall and perception should be considered.

In addition to the mentioned limitations, our study has notable strengths. One important strength is the use of moderator analysis within the framework of causality to address issues related to determining causation. This facilitates directing from cause to effect. The study is also one of the rare works that jointly assess the impact of social exclusion and social support on the quality of life of individuals with disabilities. It is important to acknowledge and address these limitations in the interpretation of the study's findings, and future research should build upon these strengths to further contribute to the understanding of the relationships explored in this study.

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