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Quality of Life of Adults with Dwarfism - Focused on the Perception of Social Welfare-related Workers

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Abstract

The purpose of this study is to examine social welfare workers' perception about the quality of life of adults with dwarfism. The subjects of the study were 246 social welfare related workers working in Y City, Jeonnam. The results are as follows. First, both male and female social welfare workers commonly perceived "family relation" was the most important factor in the quality of life of adults with dwarfism. Second, social welfare workers in 20s, 30s and 40s and 50s perceived respectively that "health", "family relation", and "interpersonal relation" were the most important factor in the quality of life of adults with dwarfism. Third, social workers, therapists and office workers and day-care teachers perceived respectively that "family relation", "health" and "interpersonal relation" were the most important factor in the quality of life of adults with dwarfism.

Keywords: Adults with Dwarfism, Quality of Life, Social Welfare-related Workers

1. Introduction

Dwarfism is a term which refers to people who are abnormally short. It is variously called short stature, microsomia or dwarf¹. "The Welfare Law for Persons with Disabilities" uses a term, dwarfism. Achondroplasia, which is the most common disease of dwarfism, occurs genetically or non-genetically in about 2~3 per 100,000 births. Achondroplastic adults are known to be as short as 140 cm². People with dwarfism often suffer severe stress during their growth because of short stature and prominent physical appearances. Also, many of them are socially isolated because of poor interpersonal relation with peers. Negative self-image and low self-esteem often worsen their social withdrawal and isolation³. They frequently experience bias and discrimination in all areas of social life⁴. The experience negatively influences their

psychological and emotional aspects and becomes an important factor to determine their quality of life.

The quality of life is a relative and value-oriented concept that is easily influenced by specific value such as times or culture. Thus, uniform definition is difficult. Quality of life index is suggested as many as various value systems. The quality of life has been defined as follows. First, the quality of life should be possible to be statistically objectified. It means that the quality of life is to live in social comfort based on individual life environment. Second, the quality of life should be defined by subjective evaluation as subjective satisfaction. Third, both definitions should be combined.

This study, therefore, attempts to examine importance by factors which determine the quality of life of adults with dwarfism based on the perception of social welfare workers closely related to them rather than on the perception of adults with dwarfism themselves.

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Previous researches on the quality of life have approached personal aspects such as a physical and psychological level and social aspects such as social expectation and demands. They suggest that it is important to participate in community activity and live in an integrated status to secure the quality of life⁶⁻⁸.

The purpose of this study, therefore, was to examine perception about the quality of life of adult with dwarfism and about important factors of influencing their quality of life in social welfare-related workers who have an occupationally close relation to them. It would provide basic information about welfare policy for adults with dwarfism.

Research questions are as follows.

First, what is the difference in perception about the quality of life of adults with dwarfism by sex in social welfare workers?

Second what is the difference in perception about the quality of life of adults with dwarfism by age in social welfare workers?

Third, what is the difference in perception about the quality of life of adults with dwarfism by job category in social welfare workers?

2. Methodology

2.1 Subjects

The purpose of this study was to examine perception about the quality of life of adults with dwarfism in social welfare-related workers. The study was conducted with 246 practicing social welfare workers in Y City, Jeonnam.

2.2 Study Instruments

A questionnaire consists of 9 sub-areas and 50 items based on researches of 9-12, 9 sub-areas include 1, health, 2. interpersonal relation, 3. family relation, 4. life environment, 5. social environment, 6. job, 7. social participation, 8. economy, and 9. leisure. The Cronbach's alpha by area is shown in Table 1.

2.3 Data Analysis

This study used a 5-point Likert scale which ranges from "1=very important" to "5 = not at all important". The importance of each item(1 = very important, 2 = important) was measured by frequency analysis. Frequency analysis, t-test, and F-test were performed in perception by 9 subareas to examine the importance of quality of life in three factors of sex, age and job category. Based on the results, analysis focused on the order of importance of 9 sub-areas as shown in Table 2.

3. Results

3.1 According to Social Welfare Workers' Sex

Male social welfare workers perceived "family relation (83.1%)", "life environment (79.5%)", and "interpersonal

Table 1.	Scaling of (Quality of Life and	Cronbach's Alpha	Coefficients by Area

Researcher Sub-areas	Mochizuki Tamami (1998)	Park, S. H. (2002)	Oh, J. H. (2003)	Cho, H. J. (2008)	Item No.	No. of Items	Cronbach's α	
1. Health	2,3,4,5,6	1	-	-	1-6	6	.897	
2. Interpersonal relation	7,8,9,10	11,12	-	-	7-12	6	.899	
3. Family relation	13,14,15,16,18	-	-	17	13-18	6	.928	
4. Life environment	19,20,21,22	23,24	-	-	19-24	6	.885	
5. Social Environment	-	26	25	27,28,29,30	25-30	6	.925	
6. Job	31,32,34	35,36	33	-	31-36	6	.924	
7. Social engagement	37,38,39,40	-	-	-	37-40	4	.901	
8. Economy	42,45	44	43	41	41-45	5	.889	
9. Leisure	46,47,48,49,50	-	-	-	46-50	5	.900	
Total	32items	9 items	3 items	6 items	1-50	50 items	.905	

Sub-areas	Importance																
	Sex				Age						Job Category						
	Male	Female	Total	Rank	20s	30s	40s	50s	Total	Rank	Social	Therapists	Office	Day-care	Other	Total	Rank
											Workers		Workers	Center Teachers			
1. Health	78.3 (57)	74.8 (129)	75.7 (186)	2	75.2 (50)		76.9		75.7 (186)	2	73.6	81.5	78.9	91.6	78.6	75.7	2
2. Interpersonal	78.9	71.7	73.9	3	70.6	75.0	74.1	79.7	73.9	3	(125) 71.5	(16) 72.7	(18) 75.3	(6) 100	82.1	73.9	3
Relation 3. Family	(58)	(124) 75.3	77.6	1	71.7	l` í	(47) 84.1	·	(182) 77.6	1	(122) 76.0	77.2	(17) 78.8	(6) 91.6	(24) 80.9	(182) 77.6	1
Relation	(61)	(130)	(191)	1	(47)				(191)	1	(129)	(15)	(19)	(6)	(23)	(191)	1
4. Life Environment	79.5 (55)	67.7 (117)	70.1 (172)	4	70.1 (46)	69.9 (72)	73.5 (46)	1	70.1 (172)	4	70.6 (120)	61.4 (12)	65.2 (15)	80.5 (5)	75.1 (21)	70.1 (172)	4
5. Social Environment	75.5 (55)	64.3 (111)	67.6 (166)	6	67.4 (44)	70.2 (72)		66.6 (9)	67.6 (166)	6	66.4 (113)	64.0 (12)	64.4 (15)	69.4 (4)	79.7 (22)	67.6 (166)	6
6. Job	77.4 (56)	65.1 (113)	68.7 (169)	5	66.1 (44)	69.8 (72)	70.9 (45)		68.7 (169)	5	66.6 (113)	62.2 (12)	74.6 (17)	75.0 (4)	79.7 (22)	68.7 (169)	5
7. Social participation	67.4 (49)	61.9 (107)	63.6 (156)	9	67.9 (42)	63.9 (65)	65.1 (41)		63.6 (156)	9	63.2 (107)	47.3 (9)	65.1 (15)	80.8 (4)	74.1 (21)	63.6 (156)	9
8. Economy	77.4 (54)	64.6 (111)	67.2 (165)	8	68.4 (45)	67.1 (69)	66.6 (42)	1	67.2 (165)	8	64.8 (110)	61.0 (12)	68.6 (16)	80.0 (5)	81.9 (23)	67.2 (165)	8
9. Leisure	76.4 (56)	63.8 (110)	67.5 (166)	7	59.3 (39)	71.6	70.4	62.8		7	67.3 (114)	60.0 (11)	66.9 (15)	69.9 (4)	74.2 (21)	67.5 (166)	7

Table 2. Comparison of 9 Sub-Areas in the Quality of Life Unit: %(persons)

relation (78.9%)" as important factors determining the quality of life in adult with dwarfism. Female social welfare workers perceived "family relation (75.3%)", "health (74.8%)" and "interpersonal relation (71.7%)" as important factors. There was a significant difference in "job" and "leisure" of 9 sub-areas. In the "job" area, 2 of 6 items showed a significant difference in sex. In other words, males perceived "job training facilities and substantiality(t = -2.496, p<0.05)"and \lceil employer's prejudice and discrimination(t = -2.441, p<0.05) more important than females. In the "leisure" area, 3 of 5 items showed a significant difference in sex. In other words, males perceived "sports (t = -2.714, p<0.01)", "a chance of refreshment (t=-2.359, p<0.05)" and "new challenge(t=-2.385, p<0.05)"more important than females. There was no significant difference in sex in the other 7 sub-areas.

3.2 According to Social Welfare Workers' Age

Social welfare workers in 20s perceived "health (75.2%)", "family relation (71.7%)", and "interpersonal relation (70.6%)" as important factors determining the quality

of life in adult with dwarfism. Social welfare workers in 30s perceived "family relation (77.6%)", "health (75.8%)" and "interpersonal relation" (75.0%) as important factors. Social welfare workers in 40s perceived "family relation (84.1%)", "health (76.9%)", and "interpersonal relation (74.1%)" as important factors. Social welfare workers in 50s perceived "interpersonal relation (79.7%)", "family relation (76.1%)" and "health (71.4%)" as important factors. There was no significant difference in sex in 9 sub-areas.

3.3 According to Social Welfare Workers' Job Category

Social workers perceived "family relation (76.0%)", "health (73.6%)" and "interpersonal relation (71.5%)" as important factors determining the quality of life in adult with dwarfism. Therapists perceived "health (81.5%)", "family relation (77.2%)", and "interpersonal relation (72.7%)" as important factors. Office workers perceived "health (78.9%)", "family relation (78.8%)", and "interpersonal relation (75.3%)" as important factors. Day-care teachers perceived "interpersonal relation(100%)", "health

(91.6%)" and "family relation (91.6%)" as important factors. There was no significant difference in job category in 9 sub-areas.

4. Discussion and Conclusion

4.1 Discussion

The findings of research questions are discussed in three points. The first is about social welfare workers' sex in 9 sub-areas of quality of life. According to the findings, both males and females commonly perceived "family relation" as the most important factor in the quality of life of adults with dwarfism. In other words, social welfare workers thought that the quality of "family relation" was the most important in the quality of life irrespective of sex. Theirperception about the importance of "family relation" accords with previous researches. This result could be caused by the expectation of family roles such as emotional support of understanding, empathy, and encouragement of family's difficulties, instrumental support of specific helps as a guardian or informational support of advice and information on family members¹³. As pointed by¹⁴, the importance of "family relation" suggests that the quality of "family relation" has a close effect on individual level of adaptation and well-being¹⁵. Also it indicates that a family is the most important supporter to adults with dwarfism. The second is associated with social welfare workers' age in 9 sub-areas of quality of life. Perceptual difference in social welfare workers' age could be generally proportional to their career as the older the age, the longer. On the other hand, human relationship factors such as "family relation", "health" and "interpersonal relation" were perceived as more important than environment factors such as "life environment", "social environment", "job", "social participation" and "economic relation" in the quality of life of people with dwarfism irrespective of age or career. It reflects subjects' job nature of a social welfare worker. It also suggests that a job of social welfare mainly relies on human relationship. In particular, the fact that all ages perceive "family relation" as an important factor in the quality of life of people with dwarfism can be understood in the same context as that "interpersonal relation" is perceived as a relatively important factor. It is because "family relation" and "interpersonal relation" are basic premises for adults with dwarfism to participate in society completely and equally. The third is regarding social welfare workers' job category in 9 sub-areas of quality of life. Social workers,

therapists and office workers, and day-care teachers perceived "family relation", "health" and "interpersonal relation", respectively, as an important factor in the quality of life of people with dwarfism. The findings suggest that the greatest influential factor is human relationship such as "family relation", "health" and "interpersonal relation" in the quality of life of people with dwarfism. It definitely reflects subjects' job nature of a social welfare worker. In other words, social workers should continuously manage individuals and family to assess clients and provide, connect and use necessary service. In this sense, they know the importance of family more than anyone and perceive "family relation" as the most important factor. Therapists perceived "health" as the most important factor in the quality of life of people with dwarfism. Their main duty is to provide therapeutic service for rehabilitation patients and their top priority would be health.

4.2 Conclusion

This study examined the quality of life of people with dwarfism in 246 social welfare workers working in Y City, Jeonnam. The results are as follows. First, for the perception about the quality of life of adults with dwarfism according to sex in social welfare-related workers, while both males and females perceived "family relation" as the most important factor in 9 sub-areas, they perceived "social participation" as the least factor. Second, for the perception about the quality of life of adults with dwarfism according to age in social welfare-related workers, social welfare workers in 20s, 30s and 40s, and 50s perceived "health", "family relation" and "interpersonal relation" respectively, as the most important factor. Third, for the perception about the quality of life of adults with dwarfism according to job category in social welfare-related workers, social workers, therapists and office workers and day-care teachers perceived "family relation", "health" and "interpersonal relation" respectively, as the most important factor. Based on the findings, the following suggestions can be made. First, this study was limited to one area. Further study should be expanded to more diverse areas. Second, this study analyzed only three factors of sex, age and job category for the quality of life in adults with dwarfism. Further study should examine diverse variables. Third, this study focused on the quality of life of adults with dwarfism evaluated by social welfare-related workers. Further study should examine the subjective life of adults with dwarfism using self-administration.

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