


Open Access Article

 <https://doi.org/10.55463/hkjss.issn.1021-3619.63.28>

Understanding Well-being Determinants among Individuals with Disabilities in Abu Dhabi: Exploring Variations Across Disability Types

Masood Badri^{1,2}, Guang Yang¹, Mugheer Alkhaili¹, Hamad Aldhaheeri¹, Muna Albahar^{1,2}, Saad Yaaqeib³, Asma Alrashdi¹

¹ Department of Community Development, Abu Dhabi, United Arab Emirates

² United Arab Emirates University, Al Ain, United Arab Emirates

³ Zayed University, Abu Dhabi, United Arab Emirates

Received: June 5, 2024 • Reviewed: June 26, 2024 •

Accepted: July 2, 2024 • Published: July 31, 2024

Abstract

Purpose of the Study: In Abu Dhabi, as in other regions, comprehending the factors influencing well-being among individuals with disabilities is critical for enhancing their quality of life. This research aims to investigate well-being determinants among individuals with disabilities in Abu Dhabi and examine potential variations across different disability types.

Methodology: This research analyzed data from the 4th Cycle of Abu Dhabi Quality of Life Survey conducted in 2023, which included 4,195 individuals with disabilities. Descriptive analysis and analysis of variance were used to assess well-being indicators among individuals with disabilities, discerning variations across disability types and gender.

Main Findings: This study revealed significantly higher levels of negative subjective physical health and emotional states among individuals with disabilities, and concerns regarding social relationships and support. Notably, those with multiple disabilities, deaf/blindness, and psycho/emotional disabilities reported the highest number of well-being concerns.

Applications: Disability poses multifaceted challenges to individuals' well-being, necessitating a nuanced understanding of determinants to inform effective policies and interventions. The findings underscore the importance of tailored interventions to address well-being disparities among individuals with disabilities in Abu Dhabi and highlight the need for specific support strategies for different disability types. Future research should delve deeper into the complex interplay between disability and well-being by considering

Corresponding Author: Masood Badri, Department of Community Development, Abu Dhabi, United Arab Emirates; email: masood.badri@addcd.gov.ae

This article is an open-access article distributed under the terms and conditions of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by/4.0>)

other factors, such as age, marital status, education level, and income level to inform comprehensive interventions. Acknowledging the study limitations, further research is warranted to validate the findings and explore additional dimensions of disability-related well-being disparities in Abu Dhabi.

Novelty/Originality: Research focusing on differences in well-being according to the type of disability is crucial. While many studies have examined the well-being of the general population with disabilities, there is a lack of a deep understanding of how different types of disabilities impact well-being. Thus, this study seeks to contribute to a refined understanding of disability-related well-being disparities and inform targeted strategies for inclusivity and quality of life enhancement.

Keywords: disability, disability types, quality-of-life, well-being, Abu Dhabi

了解阿布扎比残疾人福祉的决定因素：探索不同残疾类型的差异

摘要：

研究目的：在阿布扎比，与其他地区一样，了解影响残疾人福祉的因素对于提高他们的生活质量至关重要。本研究旨在调查阿布扎比残疾人福祉的决定因素，并研究不同残疾类型之间的潜在差异。

方法：本研究分析了 2023 年进行的阿布扎比生活质量调查第 4 轮的数据，其中包括 4,195 名残疾人。描述性分析和方差分析用于评估残疾人的福祉指标，辨别不同残疾类型和性别之间的差异。

主要发现：本研究显示，残疾人的负面主观身体健康和情绪状态水平明显较高，对社会关系和支持的担忧也较高。值得注意的是，多重残疾、聋/盲和心理/情感残疾的人报告的福祉问题最多。

应用：残疾对个人福祉构成了多方面的挑战，需要对决定因素有细致的了解，以便制定有效的政策和干预措施。研究结果强调了量身定制的干预措施对于解决阿布扎比残疾人福祉差异的重要性，并强调需要针对不同类型的残疾制定具体的支持策略。未来的研究应深入探讨残疾与福祉之间的复杂相互作用，考虑年龄、婚姻状况、教育水平和收入水平等其他因素，以提供全面的干预措施。考虑到研究的局限性，有必要进行进一步研究以验证研究结果并探索阿布扎比残疾相关福祉差异的其他维度。

新颖性/原创性：根据残疾类型关注福祉差异的研究至关重要。虽然许多研究都调查了一般残疾人的福祉，但对不同类型的残疾如何影响福祉缺乏深入的了解。因此，本研究旨在促进对残疾相关的福祉差异的深入了解，并为包容性和提高生活质量提供有针对性的策略。

关键词：残疾，残疾类型，生活质量，福祉，阿布扎比

1. Introduction

The World Health Organization reports that approximately 1.3 billion individuals, representing 16% of the global population, grapple with significant disabilities (WHO, 2023). A more concerning trend is that individuals with disabilities are more likely to experience premature mortality and develop various health conditions due to prevailing health disparities (WHO, 2023). Governments around the world have outlined the unique health and well-being challenges encountered by individuals

living with disabilities and underscored the imperative of addressing their health needs as a prominent public health priority, demanding comprehensive research, service delivery, and policy initiatives within the healthcare and social sectors (Commonwealth of Australia, 2009; Department for Work and Pensions, 2013; Equality and Human Rights Commission, 2017; US Department of Health and Human Services, 2005).

In the United Arab Emirates (UAE), robust legal frameworks are in place to address various

aspects of well-being for individuals with disabilities, often referred to as People of Determination (PoD), encompassing provisions for employment and education. In 2005, the UAE Disability Act (Federal Law No. 29/2006) was enacted to safeguard the rights of individuals with disabilities, underscoring the UAE's commitment to upholding the well-being of individuals with disabilities. Nevertheless, PoDs may face disproportionate challenges in their daily lives due to disruptions to the services upon which they rely (Badri et al., 2024; UAE Government, 2021).

Although various factors, such as gender, educational attainment, and socioeconomic status, significantly influence the well-being and behaviors of individuals with disabilities (Badri et al., 2024; Chu & Tan, 2019; Gandy et al., 2012), a deeper understanding of these disparities is necessary. While differences in levels of disability and quality of life have been examined (Kujur et al., 2010), one essential aspect of these disparities may be associated with different types of disabilities (Cree et al., 2018). There is a diverse spectrum of disabilities, encompassing conditions affecting various aspects, such as vision, movement, cognition, memory, learning, communication, hearing, mental health, and social interactions (Centers for Disease Control and Prevention, 2024; WHO, 2001).

Research focusing on differences in well-being according to the type of disability is crucial for several reasons. First, existing research often groups individuals with disabilities into a single category, overlooking the diversity within this population. Individuals with different disabilities face unique challenges and require different forms of support. Understanding these differences is essential for developing effective policies and programs that meet the diverse needs of individuals with disabilities. Second, while many studies have examined the well-being of the general population with disabilities, there is a lack of a deep understanding of how different types of disabilities impact well-being. By focusing on specific disability types, researchers can gain more insights into how various impairments impact well-being across different domains, such as mobility, self-care, and independent living (Bodsworth et al., 2011; Petry & Maes, 2009). Third, and more specifically, investigating well-being indicators such as

mental distress across specific disability types can provide insights into the intersection between disability and mental health (Cree et al., 2018; 2020). This knowledge is invaluable when designing targeted interventions to address mental health disparities among individuals with different types of disabilities. In essence, conducting research on differences in well-being according to the type of disability is essential for developing more effective policies and holistic support services that address the multifaceted needs of individuals with disabilities. By recognizing the diverse experiences and needs within this population, policymakers and healthcare providers can tailor interventions to meet the specific needs of individuals with different types of disabilities, ultimately promoting greater well-being and inclusion for all.

2. Literature Review

The extant literature encompasses various types of disabilities and their associations with well-being determinants, with numerous studies focusing on specific disabilities and aspects of well-being.

2.1. Subjective Health

Subjective health, often referred to as self-rated health, serves as a comprehensive measure of an individual's overall well-being perception (Pinquart, 2001). Encompassing factors, such as health status and satisfaction, have emerged as crucial indicators employed in gerontology, illness, and disability research (Baron-Epel & Kaplan, 2001; Jang et al., 2004). Consistent with international studies employing diverse samples (Low et al., 2013) and cross-cultural research endeavors (Skevington et al., 2019), Sun and Moon (2023) elucidated a positive correlation between subjective health and quality of life among individuals with disabilities in Korea, suggesting that subjective health acts as a prerequisite for enhanced quality of life among individuals with disabilities.

It is worth mentioning that in health economics, an expanding body of literature employs well-being valuation techniques to gauge the monetary value of health-related changes, ranging from specific health conditions

to broader health-related alterations equivalent to the loss of one quality-adjusted life year (Himmler et al., 2021; Howley, 2017; Huang et al., 2018). Within this framework, the concept of adaptation in subjective well-being assumes significance because valuation methods often necessitate balancing the relative impacts of health and income changes on life satisfaction to estimate monetary equivalents.

2.2. Disability and Mental Well-being

Adults with disabilities experience frequent mental distress almost five times more frequently than those without disabilities (Centers of Disease Control and Prevention, 2024). In an early study to explore the intricate relationship between depression and perceived disability, Duckro et al. (1995) employed a path analytic model and revealed a direct link between depression and perceived disability, with anger suppression and expression exerting direct influences on depression. Cree et al. (2018) examined frequent mental distress among adults with disabilities across different disability statuses and types, such as hearing, vision, cognition, mobility, self-care, and independent living. Their study underscored the need for targeted intervention programs and policies aimed at ensuring access to mental health screening, care, and support services to alleviate mental distress among adults with disabilities. Additionally, Cree et al. (2020) highlighted the association between frequent mental distress and various adverse health outcomes, including poor health behaviors, increased healthcare utilization, mental disorders, chronic diseases, and limitations in daily functioning. Shaer et al. (2024) also indicated the significant negative impact of various dimensions of mental health disorders, including stress, depression, and anxiety, on quality of life among younger individuals with disabilities. Although social connectedness mitigates the negative impact of stress on quality of life, it fails to alleviate the harmful effects of depression (Shaer et al., 2024). This underscores the complex interplay between mental health and social connectedness in shaping the well-being of individuals with disabilities.

In Abu Dhabi, Badri et al. (2024) specifically examined the impact of the COVID-19 pandemic

on the well-being of individuals with disabilities. Given the stringent restrictions on mobility and isolation implemented during the pandemic, individuals with disabilities were found to be particularly susceptible to experiencing various negative psychological feelings, challenges, and social reactions. Moreover, significant disparities were observed in gender, marital status, educational attainment, nationality, and age among individuals with disabilities regarding psychological well-being concerns, challenges, and reactions, albeit not to a significant extent.

2.3. Disability and Social Support and Connection

Various studies have underscored the crucial role of social support and connections in promoting the well-being of individuals with disabilities, particularly in enhancing their mental health outcomes (Dickinson et al., 2023; Maredpour, 2017). Various studies have consistently indicated that individuals with disabilities tend to have fewer friends and limited social support networks (Krahn et al., 2015; Mithen et al., 2015). Consequently, individuals with disabilities often experience heightened levels of loneliness, perceived social support deficits, and social isolation, contributing to lower overall well-being compared to their non-disabled counterparts (Emerson et al., 2021). Social isolation, typically characterized by infrequent social interactions, has been identified as a key concern among individuals with disabilities (Holt-Lunstad et al., 2015). Similarly, increasing attention has also been directed toward loneliness as an indicator of low social connectedness (Mihalopoulos et al., 2019), which is defined as an emotional state arising from the perception that one's social needs are inadequately met by the quantity or quality of social relationships (Hawkey & Cacioppo, 2010).

On the other hand, perceived social support has been found to be positively associated with disability identity and life satisfaction and negatively associated with psychological distress (Bogart et al., 2018; Silverman et al., 2017). Social support, which encompasses both the perceived availability and actual receipt of social contacts, helps fulfill specific functions, such as providing practical assistance or emotional

support (Berkman & Krishna, 2014; Wang et al., 2017). These findings underscore the critical need for interventions aimed at strengthening social support networks and fostering meaningful social connections among individuals with disabilities to enhance their overall well-being.

2.4. Disability and Religiosity

Numerous studies have explored the significance of religiosity in the lives of individuals with disabilities, addressing their beliefs and practices in navigating profound existential questions (Dickinson et al., 2023; Lee et al., 2014). This area of research highlights the multifaceted nature of religiosity, covering diverse dimensions, various religious orientations, a spectrum of religious experiences, and the various ways in which religiosity impacts the lives of individuals with disabilities (Fleming et al., 2017; Lin et al., 2009). Moreover, it sheds light on the symbolic and meaning-enhancing roles that spiritual devotion plays, as well as its influence on the formation and expression of national sentiment (Harlianty & Paramastri, 2020; O'Shea & Kaplan, 2018).

2.5. Quality of Life

The concept of quality of life has garnered increasing attention in both research and practical applications across various domains related to disabilities, including healthcare, social services, and familial contexts (Canha et al., 2016; Schalock, 2004). According to the World Health Organization (WHO, 1997), quality of life is a multifaceted concept influenced by a myriad of factors, including an individual's physical health, psychological well-being, level of independence, social relationships, and interactions with their environment. Comprising both objective and subjective components, quality of life entails observable and measurable features as well as subjective well-being that pertains to personal experiences (Diener, 2009). Subjective well-being specifically refers to individuals' evaluations of their lives, which can manifest as judgments such as life satisfaction or assessments based on their emotional states, including moods and emotions (Diener & Chan, 2011). Thus, life satisfaction serves as a pivotal metric in quality-of-life assessments because of its straightforward measurement and significant policy implications

(de Hond et al., 2019; Dolan & Kahneman, 2008; Frijters et al., 2020; Kaiser & Oswald, 2022).

Gandy et al. (2012) found that depressive symptoms significantly contributed to higher levels of disability and poorer life satisfaction, while Chu and Tan (2019) investigated the perception of quality of life, communication, and life satisfaction among individuals with Parkinson's disease and their caregivers, revealing lower quality of life among individuals with Parkinson's disease compared to their caregivers. Nosek et al. (1995) investigated life satisfaction among individuals with physical disabilities and found positive correlations between life satisfaction and handicapping, as well as personal assistance satisfaction. Kim et al. (2022) also delved into work, leisure, and life satisfaction among employees with physical disabilities in South Korea, whereas Wang et al. (2022) examined the impact of functional disability on life satisfaction among individuals with infectious viral diseases in Taiwan, emphasizing the role of positive psychosocial factors in buffering adverse effects. Petry and Maes (2009) explored the quality of life of individuals with profound intellectual and multiple disabilities. Sapata (2022) investigated the predictors of disability identity and well-being among members of a blind organization, highlighting psychological distress and life satisfaction. Piko and Dudok (2023) explored the challenges faced by adolescents with specific learning disorders. Sarti et al. (2019) examined socio-emotional functioning and problematic smartphone use among adolescents with specific learning disabilities. Studies on hearing disabilities (Solheim et al., 2011; Wei et al., 2023) revealed lower life satisfaction than those with normal hearing, whereas Bonsaksen et al. (2023) found that promoting work participation and social inclusion could enhance the quality of life for people with visual impairment.

Among individuals with different types of disability, deafness/blindness is associated with poorer psychosocial well-being, including social isolation, loneliness, psychological distress, depression, vulnerability, perceived stigma, and inadequate support (Bodsworth et al., 2011; Heine & Browning, 2014; Hersh, 2013a; Simcock, 2016). Studies on autism spectrum disorder (ASD) have highlighted lower quality of

life in adults with ASD, particularly those with intellectual disabilities (Ayres et al., 2017; Bishop-Fitzpatrick et al., 2017). Agarwal et al. (2012) reported worse quality of life in adults with attention deficit hyperactivity disorder.

2.6. Gender Differences

The literature examining gender differences in quality of life among individuals with disabilities presents mixed findings. Emerson and Llewellyn (2023) analyzed cross-sectional national surveys from 27 low- and middle-income countries and revealed that women with disabilities were less likely to report life satisfaction, whereas men with disabilities showed decreased life satisfaction. Similarly, Kujur et al. (2010) and Oliveira et al. (2017) observed higher life satisfaction among men than among women with disabilities. In contrast, Salokangas et al. (2001) reported higher life satisfaction among women with disabilities. The literature further diverges, with some studies reporting no gender disparity in life satisfaction among disabled individuals (Caron et al., 2005; Shafie et al., 2021; Tate et al., 1997).

The literature review indicated that to date, there remains a notable dearth of targeted research that specifically addresses the relationship between types of disability and various well-being determinants. The existing literature predominantly focuses on broader assessments of disability and well-being without delving into the nuanced differences across different types of disability. Consequently, there exists a pressing need for research endeavors that systematically investigate the distinct impacts of various types of disabilities on well-being indicators.

3. Methods and Design

3.1. Survey Instrument and Distribution

The Abu Dhabi Quality of Life Survey is a large-scale community survey that targets residents aged 15 or older in the Emirate of Abu Dhabi. The 4th Cycle of the Abu Dhabi Quality of Life Survey (QoL-4) was conducted online by the Abu Dhabi Department of Community Development, in partnership with the Statistics Center Abu Dhabi and other government entities. Administered from January to June 2023, the

survey, available in Arabic, English, and six other Asian languages, covered residents aged 15 years and above across Abu Dhabi. Distributed through 50 survey links, the survey aimed to broaden the participation of Abu Dhabi's communities. The Department of Community Development sent encouraging calls and messages to the communities, expressing their desire for their participation. The means of survey distribution also included phone calls, messages, emails, and social media. The responsible survey team made extra efforts to reach all community residents to obtain representative samples. The online survey began with an introductory section about the nature of the survey, which ended with a click on a consent statement confirming the participation agreement.

The QoL-4 witnessed the participation of over 92,000 participants, out of whom 4,195 individuals identified themselves as disabled. The survey further asked individuals with disabilities to identify their type of disability, which they chose from 12 types. The list of types of disability, including multiple disabilities, physical disability, deaf-blindness, visual impairment, hearing impairment, specific learning disorder, psych-emotional disorder, intellectual disability, autism spectrum disorder, cognitive neurological disorder, speech or language impairments, and attention deficit hyperactivity disorder, is largely consistent with international and local classifications (Congressional Research Service, 2020; Disabled World, 2023; ZHO, 2020).

3.2. Survey Items and Indicators

The QoL-4 instrument includes a multitude of dimensions relevant to PoDs, such as economic and business challenges, education-related concerns, health concerns, mental health concerns, community practices, technology-related challenges, concerns about social sector services, and trust in government responses. The survey items used in this study are summarized as follows:

- Type of disability: Do you have disabilities? In case the reply is Yes, 12 choices are provided to select from: multiple disabilities, physical disability, deaf-blindness, visual impairment, hearing impairment, specific learning disorder, psych

emotional disorder, intellectual disability, autism spectrum disorder, cognitive neurological disorder, speech or language impairments, and attention deficit hyperactivity disorder.

- Physical health: In general, how do you assess your current health status? A 5-point scale is provided (1 poor, 2 fair, 3 good, 4 very good, 5 excellent).

- Mental feelings: During the past four weeks, how much of a problem did you have with the following issues: sadness, low or depressed, worry or anxiety, concentrating or remembering, physical pain, fear, loneliness, and boredom. A 5-point scale is provided for each (1 not at all, 2 to a small extent, 3 to some extent, 4 to a moderate extent, 5 to a great extent). The Cronbach's reliability coefficient of the composite was 0.8951, indicating excellent internal consistency across the seven items (Taber, 2018).

- Practicing religion: How often do you practice religion? A 5-point scale is rarely provided, 3 sometimes, 4 often, 5 always).

- Family life: To what extent do you agree with this statement? In general, I am satisfied with my family life. A 5-point scale is provided (1 strongly disagree, 2 disagree, 3 neutral, 4 agree, 5 strongly agree).

- Social relations: To what extent do you agree with this statement? In general, I am satisfied with my relationships with other people. A 5-point scale is provided (1 strongly disagree, 2 disagree, 3 neutral, 4 agree, 5 strongly agree).

- Trust in the healthcare system: To what extent do you agree that the healthcare system in Abu Dhabi can be trusted? A 5-point scale is provided (1 strongly disagree, 2 disagree, 3 neutral, 4 agree, 5 strongly agree).

- Social services/support: How satisfied are you with the following social services in Abu Dhabi provided by federal, local, private, or non-government entities: health services, education services, services for seniors and their families, and unemployment services. For each item, a 5-

point scale was used (1 very unsatisfied, 2 unsatisfied, 3 neutral, 4 satisfied, 5 very satisfied).

- Life satisfaction: All things considered; how satisfied are you with your life nowadays. A 0-10 scale was provided (0 not satisfied at all—10 extremely satisfied).

- Happiness: What is your average level of happiness as an Abu Dhabi resident? A 0-10 scale was provided (0 not happy at all—10 extremely happy).

3.3. Analysis Methods

The analysis was mainly performed using descriptive analysis, t-tests, and analysis of variance (ANOVA). The descriptive statistics included means and standard deviations. One-sample t-tests were used to compare the PoDs between those with and without disabilities. ANOVA was conducted to identify differences by gender, age, marital status, education attainment, and nationality of the PoDs. Where relevant, Cronbach's Alpha was calculated to assess the reliability of the dimension in question. SPSS Version 27 was used throughout the analysis (IBM Corp, 2020).

4. Results

Table 1 presents the demographic profile of the PoDs in the sample. First, most PoDs are male, making up 65.4% of the total. In terms of age, as high as 16.6% of the PoDs were in the 15-19 bracket and a significant portion (14.2%) were in the 60 years and older age category. Overall, the disabled population is widespread across age groups. Three quarters (74.9%) of the PoDs have only completed pre-university qualifications, while those holding a college degree or higher make up 25.1% of the sample, in which just 8.3% possess higher qualifications beyond a college degree. Most of the PoDs in the sample are Emiratis (68.5%). Nearly half of the PoDs are married (48.21%), and a significant proportion are singles (40.02%). Students make up about 18.3% of the PoDs; 16.3% are not employed, and 13.9% are unemployed, highlighting the barriers they face in employment and economic participation.

Among the PoDs in the sample, 1,852 provided details about their specific disabilities.

Table 1. Profile of disabled respondents (developed by the authors)

Gender	Number	Percentage
Male	2,743	65.4%
Female	1,452	34.6%
Age		
15-19	696	16.6%
20-24	387	9.2%
25-29	257	6.1%
30-34	418	10.0%
35-39	506	12.1%
40-44	493	11.8%
45-49	394	9.4%
50-54	278	6.6%
55-59	171	4.1%
60+	595	14.2%
Education		
Pre-university	3,143	74.9%
College degree	703	16.8%
Diploma (post university)	194	4.6%
Maser degree	131	3.1%
Doctorate degree	23	0.6%
Nationality		
Emirati	2,875	68.5%
Non-Emirati	1,320	31.5%
Marital status		
Single	1,695	40.0%
Married	2,024	48.2%
Divorced	239	5.7%
Separated	34	0.8%
Widow/widower	203	4.8%
Work status		
Full time	1,064	25.4%
Part-time	61	1.5%
Self employed	135	3.2%
Unemployed	583	13.9%
Retired	609	14.5%
Student	766	18.3%
Not in the labor force	685	16.3%

Table 2 reveals that 33.4% of the participants reported physical disabilities, highlighting the significant number of individuals grappling with mobility challenges. Another 17% revealed they had intellectual disabilities, shedding light on the cognitive hurdles faced by a sizable portion of the disabled population. Furthermore, 14.2% disclosed that they were struggling with specific learning disorders, indicating the educational barriers faced by a substantial number of PoDs. Significantly 10.8% reported having multiple disabilities, compounding their challenges and making everyday tasks even more daunting. Furthermore, 4.4% of the PoDs had visual impairments and 4.1% suffered from autism spectrum disorder. The remaining 7.1% of PoDs identified a myriad of conditions ranging from hearing impairment, speech or language

impairment, attention deficit hyperactivity disorder, deaf blindness, and cognitive neurological disorders. These statistics paint a stark picture of the diverse and often overlooked disabilities within the Abu Dhabi community.

Table 2. The type of disability (developed by the authors)

The type of disability	Number	Percentage
1. Multiple Disabilities	200	10.8
2. Physical Disability	618	33.4
3. Deaf-Blindness	16	0.9
4. Visual Impairments	82	4.4
5. Hearing Impairment	166	9.0
6. Specific Learning Disorder	263	14.2
7. Psycho/Emotional Disorder	62	3.3
8. Intellectual Disability	314	17.0
9. Autism Spectrum Disorder	76	4.1
10. Cognitive Neurological Disorder	13	0.7
11. Speech or Language Impairment	21	1.1
12. Attention-deficit hyperactivity disorder	21	1.1
Total	1,852	100

The results presented in Table 3 depict the mean scores of the well-being indicators across twelve different types of disabilities among PoDs. When examining life satisfaction, individuals with psycho-emotional disorders and those with multiple disabilities reported the lowest mean scores of 6.548 and 6.590, respectively. Conversely, individuals with cognitive neurological and specific learning disorders reported the highest scores of 9.333 and 8.857, respectively. Turning to happiness, we observe a similar pattern, with individuals with multiple disabilities and psychiatric or emotional disorders reporting the lowest scores at 7.280 and 7.242, respectively. Regarding subjective health, individuals self-identified with specific learning disabilities and attention deficit hyperactivity disorder reported the highest scores of 4.205 and 3.810, respectively. Individuals with deaf/blindness and physical disabilities reported the lowest scores of 1.833 and 2.613, respectively. Regarding religious practices, individuals with specific learning disabilities reported the highest scores (3.357), whereas those with intellectual and multiple disabilities reported the lowest scores (2.441 and 2.423 respectively). Moving on to satisfaction with family life, individuals with cognitive/neurological disorders

reported the highest mean (5.000), whereas individuals with deaf/blindness reported the lowest scores (3.167). Regarding satisfaction with social relations, individuals with cognitive/neurological disorders and speech impairment reported the highest satisfaction across (4.767 and 4.191 respectively). Regarding satisfaction with social support in health, education, senior, and unemployment services, individuals with psych/emotional disorders reported the lowest satisfaction across three indicators: health (4.113), education (4.000), and seniors' services (3.968). On the other hand, individuals with cognitive/neurological disorders recorded the highest level of satisfaction with the three services (4.647, 4.667, and 4.333 respectively). In summary, these findings shed light on the varying levels of well-being among individuals with different types of disabilities, highlighting the importance of tailored support and intervention strategies to address their unique needs and challenges.

Table 4 presents the results specifically on the various mental feelings experienced by the respondents according to the type of disability. Higher scores indicate more negative mental outcomes. Individuals suffering from psycho/emotional disorders, deaf/blindness, and physical disability expressed greater extent of experiencing feelings of sadness, low mood, or depression in the past four weeks before the survey, with mean scores of 2.790, 2.667, and 2.106, respectively. Most notably, individuals with psycho/emotional disorders also experienced a greater extent of other mental issues, such as worry and anxiety (2.500), difficulties in concentrating or remembering (2.452), fear (2.177), loneliness (2.403), and boredom (2.468). PoD patients with cognitive neurological disorder (2.667) identified physical pain as their most severe mental outcome. These findings highlight the diverse range of mental states experienced by individuals with different types of disabilities, with individuals suffering from the most negative mental outcomes.

Gender differences in each of the well-being determinants according to the type of disability are provided in Tables 4A, 4B, and 4C, with each table presenting results for the four types of disabilities. No notable differences were observed between females and males in any of the

well-being indicators among patients with psycho/emotional disorder, cognitive/neuro disorder, or attention/hyperactivity disorder.

In Table 4A, when examining individuals with multiple disabilities, significant disparities between male and female PoDs emerge across three specific well-being indicators: subjective health, mental feelings, and satisfaction with unemployment services. Females with multiple disabilities exhibit significantly lower means of subjective health than males (2.324 compared to 2.915). Regarding mental feelings, females also showed significantly lower means (2.510 compared to 1.748). Concerning satisfaction with unemployment services, males provided a significantly lower mean satisfaction score than females (3.643 compared to 3.957). When examining individuals with physical disabilities, significant differences were observed between males and females across five noteworthy well-being indicators. Females exhibit significantly lower means than males regarding subjective health (2.475 compared to 2.714) and mental feelings (2.203 compared to 1.847). Conversely, women with disabilities recorded significantly higher means of satisfaction with the education system (4.305 compared to 4.174), satisfaction with senior services (4.246 compared to 4.062), and satisfaction with unemployment services (3.988 compared to 3.649). Among individuals with deafness/blindness, women exhibited higher levels of life satisfaction and happiness than men. Males with visual impairment report a higher level of religious practice than females (6.860 versus 6.410). Conversely, females express significantly higher satisfaction than males with two public services: senior services (4.289 versus 3.860) and unemployment services (3.985 versus 3.326).

As shown in Table 4B, individuals with hearing impairment exhibit significant differences between males and females disabled across four indicators. Males reported significantly higher means of life satisfaction (8.066 compared to 7.467) and subjective mental health (1.471 compared to 1.763). Females report higher satisfaction with seniors' services (4.240 compared to 3.868) and unemployment services (4.040 compared to 3.659).

Table 3. Means of well-being indicators according to disability type (developed by the authors)

	Life satisfaction	Happiness	Subjective health	Religious practice	Family life	Social relations	Health system	Education system	Seniors' services	Unemployment services
Multiple Disabilities	6.5900	7.2800	2.705	2.4225	4.3057	3.7700	4.1869	4.0150	4.0202	3.7538
Physical Disability	7.6618	8.3657	2.613	3.2876	4.3460	3.9935	4.2549	4.2289	4.1396	3.7919
Deaf-Blindness	7.3333	7.8333	1.833	3.2500	3.1667	3.6667	4.5000	4.3333	4.5000	3.5000
Visual Impairments	7.2439	8.2439	3.280	3.3232	4.3293	3.8537	4.2317	4.0741	4.0617	3.5926
Hearing Impairment	7.7952	8.6506	3.386	3.2940	4.4096	3.9398	4.3133	4.0964	4.0361	3.8313
Specific Learning Disorder	8.3270	8.7795	4.205	3.3574	4.5247	4.0418	4.3194	4.1293	4.0760	3.5627
Psycho/Emotional Disorder	6.5484	7.2419	2.629	2.7742	3.9344	3.5968	4.1129	4.0000	3.9677	3.7097
Intellectual Disability	7.1943	8.2898	3.019	2.4411	4.2248	3.6752	4.2620	4.1624	4.0796	3.8185
Autism Spectrum Disorder	7.5658	8.1711	3.553	2.5855	4.3553	3.5395	4.6184	4.0395	4.1184	3.8026
Cognitive Neurological Disorder	9.3333	9.3333	3.667	3.0001	5.0000	4.6767	4.5667	4.6467	4.6667	4.3333
Speech impairment	8.8571	9.0476	3.762	3.1667	4.7143	4.1905	4.4286	4.3810	4.0952	3.6667
Attention-deficit hyperactivity disorder	8.0000	8.5238	3.810	3.1190	4.5500	3.7619	4.3810	4.1905	4.1429	3.7143

Table 4. Mental states according to disability type (developed by the authors)

	Feeling sad, low, or depressed	Worry and anxiety symptoms	Concentrating or remembering	Physical pain	Fear	Loneliness	Boredom
Multiple Disabilities	1.9898	2.0051	2.1558	2.0804	1.8737	1.9697	2.0455
Physical Disability	2.1059	2.1178	1.9477	2.2852	1.7398	1.8388	2.0131
Deaf-Blindness	2.6667	2.0000	2.0000	2.3333	1.8333	2.3333	1.8333
Visual Impairments	1.7908	1.7407	1.5062	1.6543	1.5556	1.7037	1.7901
Hearing Impairment	1.6867	1.6667	1.6325	1.5663	1.4909	1.6182	1.6386
Specific Learning Disorder	1.5627	1.5133	1.6008	1.4449	1.4411	1.5076	1.5856
Psycho/Emotional Disorder	2.7903	2.5000	2.4516	2.0645	2.1774	2.4032	2.4677
Intellectual Disability	1.8758	1.7955	1.9172	1.6026	1.6166	1.7834	1.9137
Autism Spectrum Disorder	1.8667	1.8158	2.0395	1.4400	1.4342	2.1579	2.1974
Cognitive Neurological Disorder	1.3333	2.0000	2.0011	2.6669	1.6667	1.0030	1.0000
Speech or language impairment	1.3810	1.4286	1.7143	1.6190	1.3333	1.3810	1.4762
Attention-deficit hyperactivity disorder	1.3500	1.4762	1.6190	1.2381	1.0952	1.3333	1.4762

Table 4A. Well-being indicators according to disability type and gender (developed by the authors)

	Multiple Disability				Physical Disability				Deaf-Blindness				Visual impairment			
	Male	Female	F	Sig.	Male	Female	F	Sig.	Male	Female	F	Sig.	Male	Female	F	Sig.
Life satisfaction	6.636	6.507	0.102	0.750	7.642	7.690	0.072	0.788	6.105	8.001	4.001	0.016	7.512	6.946	1.227	0.271
Happiness	7.233	7.366	0.104	0.740	8.445	8.257	1.296	0.255	6.331	9.331	4.050	0.014	8.512	7.949	1.587	0.210
Subjective health	2.915	2.324	8.752	0.003	2.714	2.475	8.150	0.004	1.672	2.004	0.143	0.725	3.465	3.077	2.583	0.112
Mental feelings	1.748	2.510	21.98	0.001	1.847	2.203	21.90	0.001	1.952	2.333	0.147	0.721	1.522	1.834	3.213	0.077
Religious practice	5.031	4.507	2.061	0.153	6.615	6.521	1.189	0.276	6.334	6.672	0.500	0.519	6.860	6.410	5.298	0.024
Family life	4.331	4.261	0.336	0.563	4.310	4.396	1.739	0.188	2.671	3.004	0.045	0.842	4.372	4.282	0.391	0.534
Social relations	3.853	3.620	2.984	0.086	3.969	4.027	0.931	0.335	3.004	3.332	0.063	0.815	3.814	3.897	0.247	0.620
Health system	4.197	4.169	0.042	0.838	4.222	4.301	1.107	0.293	4.674	4.331	0.500	0.519	4.163	4.308	0.685	0.410
Education system	3.930	4.169	2.867	0.092	4.174	4.305	4.055	0.044	4.331	4.333	0.003	0.999	3.907	4.263	3.427	0.068
Seniors' services	3.961	4.127	1.777	0.184	4.062	4.246	7.669	0.006	4.671	4.334	0.503	0.519	3.860	4.289	5.754	0.019
Unemployment services	3.643	3.957	4.770	0.030	3.649	3.988	17.19	0.001	3.334	3.672	0.200	0.678	3.326	3.985	5.110	0.027

Table 4B. Well-being indicators according to disability type and gender (developed by the authors)

	Hearing Impairment				Specific Learning Disorder				Psycho/Emotional Disorder				Intellectual Disability			
	Male	Female	F	Sig.	Male	Female	F	Sig.	Male	Female	F	Sig.	Male	Female	F	Sig.
Life satisfaction	8.066	7.467	4.246	0.041	8.914	7.770	27.03	0.001	6.511	6.647	0.035	0.852	7.181	7.212	0.012	0.913
Happiness	8.659	8.640	0.005	0.944	9.148	8.430	14.89	0.001	7.178	7.412	0.080	0.778	8.418	8.124	1.432	0.232
Subjective health	3.495	3.253	2.076	0.152	4.328	4.089	4.070	0.045	2.800	2.176	3.706	0.059	3.175	2.818	6.909	0.009
Mental feelings	1.471	1.763	4.977	0.029	1.208	1.814	44.32	0.001	2.321	2.693	1.01	0.321	1.635	1.963	10.81	0.001
Religious practice	6.700	6.453	2.714	0.101	6.658	6.770	1.849	0.175	5.756	5.001	1.744	0.192	5.282	4.365	12.04	0.001
Family life	4.495	4.307	2.623	0.107	4.954	4.459	2.810	0.095	3.909	4.002	0.116	0.735	4.310	4.113	3.828	0.050
Social relations	3.989	3.880	0.862	0.354	4.055	4.030	0.127	0.720	3.622	3.529	0.149	0.701	3.785	3.533	6.244	0.013
Health system	4.264	4.373	0.800	0.372	4.359	4.281	0.834	0.362	4.133	4.059	0.102	0.750	4.261	4.263	0.001	0.989
Education system	4.088	4.107	0.015	0.904	4.148	4.111	0.123	0.726	4.044	3.882	0.490	0.487	4.136	4.197	0.361	0.548
Seniors' services	3.868	4.240	8.031	0.005	4.055	4.096	0.170	0.680	4.022	3.824	0.824	0.368	4.023	4.153	1.890	0.170
Unemployment services	3.659	4.040	6.373	0.013	3.438	3.681	2.961	0.087	3.689	3.765	0.084	0.773	3.638	4.051	14.27	0.001

Table 4C. Well-being indicators according to disability type and gender (developed by the authors)

	Autism Spectrum Disorder				Cognitive Neuro. Disorder				Speech/language impairment				Attention/Hyperactivity disorder			
	Male	Female	F	Sig.	Male	Female	F	Sig.	Male	Female	F	Sig.	Male	Female	F	Sig.
Life satisfaction	7.729	7.009	1.419	0.237	9.889	9.002	0.333	0.667	9.001	8.400	0.268	0.611	8.056	7.667	0.079	0.782
Happiness	8.271	7.824	0.631	0.430	9.789	9.045	0.334	0.668	9.188	8.644	0.314	0.582	8.333	9.667	1.303	0.268
Subjective health	3.661	3.176	3.974	0.050	4.992	3.231	1.333	0.454	3.739	3.221	1.811	0.194	3.889	3.334	0.738	0.401
Mental feelings	1.840	1.832	0.001	0.977	1.003	2.002	0.992	0.477	1.232	2.257	8.818	0.008	1.302	2.071	3.884	0.064
Religious practice	5.203	5.059	0.061	0.805	4.993	6.004	2.004	0.333	6.313	6.400	0.024	0.877	6.278	6.004	0.086	0.772
Family life	4.475	3.941	5.831	0.019	4.992	4.993	0.121	0.889	4.751	4.600	0.263	0.614	4.529	4.667	0.125	0.727
Social relations	3.441	3.882	2.873	0.094	4.666	4.564	0.333	0.667	4.188	4.200	0.002	0.968	3.889	3.002	3.278	0.086
Health system	4.746	4.176	14.62	0.001	4.993	4.523	0.334	0.678	4.375	4.600	0.409	0.530	4.389	4.330	0.014	0.908
Education system	4.051	4.003	0.026	0.873	4.992	4.438	0.316	0.701	4.313	4.601	0.562	0.462	4.222	4.006	0.160	0.684
Seniors' services	4.186	3.882	1.487	0.226	4.990	4.566	0.373	0.722	4.005	4.403	1.034	0.322	4.111	4.333	0.167	0.687
Unemployment services	3.780	3.882	0.099	0.754	4.987	4.217	0.339	0.734	3.500	4.203	1.556	0.227	3.611	4.334	1.217	0.284

For individuals identified as disabled with a specific learning disorder, significant differences were observed between males and females across several indicators, including life satisfaction (8.914 for males compared to 7.770 for females), happiness (9.148 for males compared to 8.430 for females), subjective health (4.328 compared to 4.089), and mental feelings (1.208 compared to 1.814). Significant differences were noted between males and females with intellectual disability across the five well-being indicators. Females report higher means of satisfaction with unemployment services than males (4.051 compared to 3.638), while males exhibit higher means for subjective health (3.175 compared to 2.818), mental feelings (1.635 compared to 1.963), religious practices (5.282 compared to 4.365), family life (4.310 compared to 4.113), and social relations (3.785 compared to 3.533).

Significant differences were observed between males and females with autism spectrum disorder across the three indicators (Table 4C). Males with disabilities recorded significantly higher means for subjective health (3.661 compared to 3.176), family life (4.475 compared to 3.941), and satisfaction with the health system (4.746 compared to 4.176). For individuals with speech/language impairments, a significant difference was observed between males and females in mental feelings, as male PoDs scored significantly lower than females, with a mean of 1.232 compared to 2.257.

5. Discussions

The findings from the Abu Dhabi Quality of Life survey shed light on the prevalent types of disability in Abu Dhabi, with physical, intellectual, and specific learning disorders emerging as the most common. This information has significant implications for policymakers and stakeholders in Abu Dhabi's public health and social welfare sectors. Recognizing the high prevalence of physical disabilities underscores the importance of implementing infrastructure and accessibility initiatives to ensure inclusivity and equal access to public spaces, transportation, and other facilities. This may involve retrofitting existing infrastructure to accommodate individuals with physical disabilities, such as by installing ramps, elevators, and accessible

restrooms. Moreover, addressing the prevalence of intellectual disability and specific learning disorders emphasizes the need for tailored educational and support services. It is crucial to invest in specialized educational programs that cater to the diverse learning needs of individuals with intellectual disabilities and specific learning disorders. This includes providing comprehensive support services, individualized learning plans, and training for educators to effectively support students with learning disabilities.

Overall, the results confirm outcomes from other studies regarding the significance of many well-being determinants in the life of the disabled, which point to the significance of mental well-being (Cree et al., 2018; 2020), life satisfaction (de Hond et al., 2019), subjective health (Himmler et al., 2021; Sun & Moon, 2023), religious practices (Fleming et al. 2017; O'Shea & Kaplan, 2018), social relations (Berkman & Krishna, 2014; Wang et al., 2017), and satisfaction with social services (Dickinson et al., 2023; Maredpour, 2017). Moreover, the nuanced relationship between different types of disabilities and various aspects of well-being among individuals in Abu Dhabi is underscored by this study. Understanding these distinctions is crucial for policymakers and stakeholders to develop targeted interventions and policies that address the specific needs and challenges faced by different disability groups in Abu Dhabi (Albahar et al., 2023; Badri et al., 2023a; Badri et al., 2023b; Badri et al., 2021).

Consistent with Petry and Maes (2009), one notable observation of this study is that individuals with multiple disabilities and psycho-emotional disabilities tend to report lower levels of life satisfaction, happiness, and satisfaction with key services such as health, education, and senior services. These findings highlight the complex interplay between physical and mental well-being and underscore the importance of providing comprehensive support services for individuals with multiple and psycho-emotional disabilities (Olsman et al., 2023). Furthermore, the findings indicate that individuals with deafness/blindness face challenges in their social relationships and access to employment opportunities. In addition to promoting inclusivity and accessibility in both social and

professional environments (Heine & Browning, 2014; Hersh, 2013b), other initiatives such as workplace accommodations, vocational training programs, and awareness campaigns to address barriers to employment and enhance social integration for individuals with sensory disabilities need to be explored.

Moreover, individuals with physical disabilities reported lower levels of subjective health, highlighting the need for targeted health care interventions and accessible health care services. Policymakers should prioritize initiatives aimed at improving accessibility in health care facilities, providing assistive devices, and ensuring health care professionals receive training in disability-inclusive care practices. Similarly, and as reported by other studies (Ayes et al., 2017; Bishop-Fitzpatrick et al., 2017), individuals with autism spectrum disorder express dissatisfaction with their social relationships. This emphasizes the importance of promoting social inclusion and fostering supportive social environments for individuals with autism spectrum disorder (Ayeres et al., 2017; Bishop-Fitzpatrick et al., 2017). Social skills training programs, peer support groups, and community engagement activities are among the initiatives to be considered to facilitate social connections and enhance the well-being of individuals with autism spectrum disorder (Ayers et al., 2017).

The detailed examination of mental states among individuals with different types of disabilities offers valuable insights into their psychological well-being and sheds light on areas that require targeted interventions and support services. First, the prevalence of feelings associated with sadness, low mood, or depression across various disabilities underscores the importance of addressing mental health challenges among individuals with disabilities (Cree et al., 2020). These negative mental states can significantly impact individuals' overall quality of life and functioning. Mental health screening, counseling services, and access to psychiatric care should therefore be prioritized to address prevalent mental health issues effectively (Cree et al., 2018). Additionally, promoting awareness and reducing stigma surrounding mental health within the disability community can encourage individuals to seek support and

assistance when needed. Second, difficulties in concentration and memory are more likely experienced by individuals with disabilities, particularly those with multiple disabilities and specific learning disorders. These cognitive challenges can affect individuals' ability to perform daily tasks, engage in learning activities, and fully participate in society (Noek et al., 1995). Policymakers should explore cognitive rehabilitation programs and assistive technologies to support individuals in managing cognitive difficulties and improving their overall functioning. Third, the experience of physical pain among individuals with physical disabilities and cognitive neurological disorders highlights the importance of addressing both physical and mental health needs comprehensively (Olsman et al., 2023). Chronic pain can significantly impact an individual's well-being and quality of life, leading to limitations in daily activities and increased psychological distress. Health care stakeholders should prioritize services such as pain management and rehabilitation, as well as access to multidisciplinary health care teams to address the complex needs of individuals experiencing physical pain alongside their disabilities. Moreover, the prevalence of boredom among individuals with autism spectrum disorder emphasizes the importance of promoting engagement, social interaction, and meaningful activities in this population. Boredom can be a significant source of distress and dissatisfaction, impacting individuals' mental well-being and overall quality of life (Bodsworth et al., 2011). Recreational programs, vocational training opportunities, and community-based activities are to be developed and promoted to meet the interests and needs of individuals with autism spectrum disorder to foster engagement and enhance their overall satisfaction and well-being. In summary, the findings highlight diverse mental health experiences and outcomes among individuals with different types of disabilities and underscore the importance of adopting a holistic approach to address these individuals' mental health needs.

As presented earlier, research on gender differences in well-being indicators of the disabled tends to focus on specific types of disabilities (Shafie et al., 2021; Kujur et al., 2010)). In this study, a stark gender disparity was

observed among individuals with different types of disabilities, emphasizing the need for a gender-sensitive approach to understanding and addressing the well-being of individuals with disabilities. The findings revealed that gender indeed plays a crucial role in shaping the well-being of disabled individuals. Notably, subjective mental health emerges as a significant area of divergence between males and females across multiple disability types, including hearing impairments, specific learning disorders, intellectual disabilities, and speech/language disorders. This highlights the importance of considering gender-specific factors when designing mental health interventions and support services tailored to the unique needs of male and female individuals with disabilities. Furthermore, notable gender disparities are evident in satisfaction with employment services, with males exhibiting lower levels of satisfaction across disability types, such as multiple disabilities, physical disabilities, deaf/blindness, visual impairments, hearing impairments, and intellectual disabilities. These findings underscore the importance of addressing gender-based barriers and inequalities in accessing employment opportunities, vocational training, and workplace accommodations for disabled individuals, particularly focusing on enhancing the employment prospects and job satisfaction of male respondents. Moreover, other well-being determinants, including subjective health, satisfaction with seniors' services, and religious practices, also exhibit noticeable gender differences among disabled individuals. Overall, by recognizing and addressing gender-specific needs and challenges, policymakers and stakeholders can develop more effective strategies to enhance the overall well-being and quality of life of individuals with disabilities, fostering greater inclusivity and empowerment across genders.

Comparing results from this Abu Dhabi study on gender differences in the quality of life of individuals with disabilities with findings from international research may not be advisable for several justifiable reasons. Abu Dhabi, like any other region, has unique cultural norms, social expectations, and support systems for individuals with disabilities. These cultural factors can significantly influence perceptions of disability,

gender roles, and quality of life determinants. The availability and accessibility of health care services, social support systems, and disability-related policies can vary widely between countries. In addition, the demographic characteristics of the Abu Dhabi sample, such as age, disability type, socioeconomic status and access to resources, may differ from those of international studies.

6. Conclusion

By understanding the specific determinants of well-being for each disability group, policymakers can develop targeted interventions and policies that promote inclusivity, enhance accessibility, and improve the overall quality of life for individuals with disabilities. Thus, this research is crucial for elucidating the specific challenges and needs faced by individuals with different types of disability, thereby informing the development of tailored interventions and support systems to enhance their overall well-being and quality of life. In summary, the findings of this study underscore the importance of adopting a holistic and person-centered approach to address the diverse needs and challenges faced by individuals with different types of disabilities in Abu Dhabi. The study further highlights the intricate interplay between gender and disability in shaping various well-being dimensions among disabled individuals. Understanding these variations can inform targeted interventions and policy initiatives aimed at promoting gender-equitable access to health care services, social support systems, and religious participation opportunities for individuals with disabilities.

In terms of policy recommendations, policymakers should prioritize the development and implementation of disability-inclusive policies and initiatives across various sectors. This may involve enacting legislation that protects the rights of individuals with disabilities, promoting accessibility standards in public infrastructure, and allocating resources for disability-specific programs and services. Furthermore, fostering collaboration and partnerships between government agencies, non-profit organizations, and advocacy groups is essential for creating a cohesive and coordinated

approach to addressing the needs of individuals with disabilities in Abu Dhabi. By working together, stakeholders can leverage their respective expertise and resources to develop comprehensive strategies to improve the quality of life and well-being of individuals with disabilities in the region. Policymakers should consider allocating resources, especially mental health services, counseling, and support programs, to address the unique needs of these individuals and improve their overall quality of life. A tailored and uninterrupted continuum of mobility amenities and services should be carefully tailored to each disability type. An accessible and seamless mobility chain is pivotal in empowering individuals with disabilities to maintain autonomy throughout their journeys and movements. For Abu Dhabi in particular, such tailored mobility solutions can effectively address the diverse mobility needs inherent to different types of disability, thereby facilitating enhanced independence and mobility for individuals with disabilities.

There is an urgent need for public health professionals, policymakers and healthcare providers in Abu Dhabi to implement strategies aimed at enhancing social cohesion, fostering community participation and improving access to quality mental health screening and care. It is important to shine a spotlight on these challenges and work toward creating a more inclusive and supportive environment for individuals with disabilities. Promoting understanding and acceptance of individuals with disabilities can foster a more inclusive society and combat discrimination in employment, education, and social settings. Public awareness campaigns, educational initiatives and community engagement programs can play vital roles in challenging misconceptions and promoting social inclusion.

Additionally, promoting healthy lifestyle recommendations and ensuring inclusion in evidence-based programs are crucial steps in addressing disparities in mental distress among individuals with disabilities. Increasing provider awareness regarding the significance of mental health screening is paramount because it can facilitate early identification and treatment of co-occurring mental health conditions, particularly among adults with cognitive and mobility

disabilities who are disproportionately affected by frequent mental distress.

Future research should focus on gaining a deeper understanding of mental distress among adults with disabilities. This will enable the development of targeted interventions, whether as standalone approaches or integrated components of existing disease prevention and health promotion strategies, thereby further enhancing the overall well-being of individuals with disabilities in Abu Dhabi. Although the current study has shed valuable light on the well-being and gender differences among individuals with disabilities, future research must adopt a more comprehensive and nuanced approach. Beyond solely examining gender disparities and disability types, future investigations should consider a broader range of factors that could impact the quality of life of this population. Specifically, researchers could explore differences according to age, marital status, education attainment, income level, region of residence, and family size, among other relevant factors. By incorporating these additional variables into their analyses, researchers can provide a more holistic understanding of the complexities surrounding the well-being of individuals with disabilities.

References

- [1] AGARWAL, R., GOLDENBERG, M., PERRY, R., & ISHAK, W.W. (2012). The quality of life of adults with attention deficit hyperactivity disorder: A systematic review. *Innovations in Clinical Neuroscience*, 9(5-6), 10-21.
- [2] ALBAHAR, M., BADRI, M., AL KHAILI, M., et al. (2023). A path analytic model exploration of determinants of happiness of older adults in Abu Dhabi. *Ageing International*, 48, 108-131. <https://doi.org/10.1007/s12126-021-09463-5>
- [3] AYRES, M., PARR, J.R., RODGERS, J., et al. (2017). A systematic review of quality of life of adults on the autism spectrum. *Autism*, 22(7), 774-783. <https://doi.org/10.1177/1362361317714988>
- [4] BADRI, M., AL KHAILI, M., ALDHAHERI, H., et al. (2023a). Life satisfaction determinants of older adults with disabilities –

- Hierarchical regression model for Abu Dhabi. *The 3rd Proceedings of the European Conference on Aging & Gerontology (EGen2023)*. July 13-17 UCL, London. UK.
- [5] BADRI, M., AL KHAILI, M., ALDHAHERI, H., et al. (2024). Determined to be resilient: Analysis of the well-being of people with disabilities (People of Determination) in Abu Dhabi during the COVID-19 pandemic. *International Journal of Innovative Research and Scientific Studies*, 7(1), 189-201. <https://doi.org/10.53894/ijirss.v7i1.2598>
- [6] BADRI, M., AL KHAILI, M., ALDHAHERI, H., et al. (2023b). "Wrinkles will only go where the smiles have been": A path analysis of the associations between happiness and health, sleep, physical activities for older people in Abu Dhabi. *BMC Geriatrics*, 23, 554. <https://doi.org/10.1186/s12877-023-04244-y>
- [7] BADRI, M., YANG, G., AL KHAILI, M., et al. (2021). Hierarchical regression of wellbeing and self-rated health among older adults in Abu Dhabi. *International Journal of Environmental Research and Public Health*, 18(15), 8006. <https://doi.org/10.3390/ijerph18158006>
- [8] BARON-EPEL, O., & KAPLAN, G. (2001). General subjective health status or age-related subjective health status: Does it make a difference? *Social Science & Medicine*, 53, 1373-1381. [https://doi.org/10.1016/S0277-9536\(00\)00426-3](https://doi.org/10.1016/S0277-9536(00)00426-3)
- [9] BERKMAN, L.F., & KRISHNA, A. (2014). Social network epidemiology. In L.F. BERKMAN, I. KAWACHI, & M.M. GLYMOUR (Eds.), *Social epidemiology*. Oxford: Oxford University Press.
- [10] BISHOP-FITZPATRICK, L., MAZEFSKY, C.A., & EACK, S.M. (2017). The combined impact of social support and perceived stress on quality of life in adults with autism spectrum disorder and without intellectual disability. *Autism*, 22(6), 703-711.
- [11] BODSWORTH, S.M., CLARE, I.C., & SIMBLETT, S.K. (2011). Deafblindness and mental health: Psychological distress and unmet need among adults with dual sensory impairment. *British Journal of Visual Impairment*, 29, 6-26.
- [12] BOGART, K.R., LUND, E.M., & ROTTENSTEIN, A. (2018). Disability pride protects self-esteem through the rejection-identification model. *Rehabilitation Psychology*, 63(1), 155-159.
- [13] BONSAKSEN, T., BRUNES, A., & HEIR, T. (2023). Quality of life in people with visual impairment compared with the general population. *Journal of Public Health*. <https://doi.org/10.1007/s10389-023-01995-1>
- [14] CANHA, L., SIMOES, C., GASPAR MATOS, M., & OWENS, L. (2016). Well-being and health in adolescents with disabilities. *Psicologia: Reflexão e Crítica*, 29, 32. <https://doi.org/10.1186/s41155-016-0041-9>
- [15] CARON, J., LECOMTE, Y., STIP, E., & RENAUD, S. (2005). Predictors of quality of life in schizophrenia. *Community Mental Health Journal*, 41(4), 399-417. <https://doi.org/10.1007/s10597-005-5077-8>
- [16] Centers for Disease Control and Prevention. (2024). Disability and health review. Retrieved on April 15, 2024 from <https://www.cdc.gov/ncbddd/disabilityandhealth>
- [17] CHU, S.Y., & TAN, C.L. (2019). Perception on the quality of life, communication and life satisfaction among individuals with Parkinson's and their caregivers. *Ethiopian Journal of Health Sciences*, 29(5), 551-558. <https://doi.org/10.4314/ejhs.v29i5.4>
- [18] Commonwealth of Australia (2009). *Shut out: The experience of people with disabilities and their families in Australia*. National Disability Strategy Consultation Report prepared by National People with Disabilities and Carer Council. Canberra: Australian Government Publishing Service.
- [19] Congressional Research Service. (2020). *The Individuals with Disabilities Education Act: A comparison of state eligibility criteria*. Congressional Research Service R46566. Retrieved on April 15, 2024 from <https://crsreports.congress.gov>
- [20] CREE, R.A., BITSKO, R.H., ROBINSON, L.R., et al. (2018). Health care, family, and community factors associated with mental, behavioral, and developmental disorder and poverty among children aged 2-8 years - United States, 2016. *MMWR. Morbidity and*

- mortality weekly report*, 67(50), 1377-1383. <https://doi.org/10.15585/mmwr.mm6750a1>
- [21] CREE, R.A., OKORO, C.A., ZACK, M.M., & CARBONE, E. (2020). Frequent mental distress among adults, by disability status, disability type, and selected characteristics - United States, 2018. *MMWR. Morbidity and Mortality Weekly Report*, 69(36), 1238-1243. <https://doi.org/10.15585/mmwr.mm6936a2>
- [22] DE HOND, A., BAKX, P., & VERSTEEGH, M. (2019). Can time heal all wounds? An empirical assessment of adaptation to functional limitations in an older population. *Social Science & Medicine*, 222, 180-187.
- [23] Department for Work and Pensions. (2013). *Fulfilling potential: Building a deeper understanding of disability in the UK today*. London: Department for Work and Pensions.
- [24] DICKINSON, H., SMITH, C., YATES, S., & TANI, M. (2023). The importance of social supports in education: Survey findings from students with disability and their families during COVID-19. *Disability & Society*, 38, 1304-1326.
- [25] DIENER, E., & CHAN, M.Y. (2011). Happy people live longer: Subjective well-being contributes to health and longevity. *Applied psychology: Health and Well-being*, 3(1), 1-43. <https://doi.org/10.1111/j.1758-0854.2010.01045.x>
- [26] DIENER, E. (2009). Subjective well-being. In E. DIENER (Ed.), *The science of well-being* (p. 11-29). Dordrecht: Springer.
- [27] Disabled World. (2023). Disabilities: Definition, types and models of disability. Retrieved on April 16, 2024 from <https://www.disabled-world.com/disability/types>
- [28] DOLAN, P., & KAHNEMAN, D. (2008). Interpretations of utility and their implications for the valuation of health. *The Economic Journal*, 118(525), 215-234.
- [29] DUCKRO, P.N., CHIBNALL, J.T., & TOMAZIC, T.J. (1995). Anger, depression, and disability: A path analysis of relationships in a sample of chronic posttraumatic headache patients. *Headache*, 35(1), 7-9. <https://doi.org/10.1111/j.1526-4610.1995.hed3501007>
- [30] EMERSON, E., FORTUNE, N., LLEWELLYN, G., & STANCLIFFE, R. (2021). Loneliness, social support, social isolation and well-being among working age adults with and without disability: Cross-sectional study. *Disability and Health Journal*, 14(1), 100965. <https://doi.org/10.1016/j.dhjo.2020.100965>
- [31] EMERSON, E., & LLEWELLYN, G. (2023). The well-being of women and men with and without disabilities: Evidence from cross-sectional national surveys in 27 low- and middle-income countries. *Quality of Life Research*, 32(2), 357-371. <https://doi.org/10.1007/s11136-022-03268-y>
- [32] Equality and Human Rights Commission. (2017). *Being disabled in Britain: A journey less equal*. London: Equality and Human Rights Commission.
- [33] FLEMING, A.R., PLOTNER, A.J., & OERTLE, K.M. (2017). College students with disabilities: The relationship between student characteristics, the academic environment, and performance. *Journal of Postsecondary Education and Disability*, 30(3), 209-221.
- [34] FRIJTERS, P., CLARK, A.E., KREKEL, C., & LAYARD, R. (2020). A happy choice: Well-being as the goal of government. *Behavioral Public Policy*, 4(2), 126-165.
- [35] GANDY, M., HERISEANU, A.I., DUDENEY, J., et al. (2021). Disability and life satisfaction in neurological disorder: The role of depression and perceived cognitive difficulties. *General Hospital Psychiatry*, 73, 16-23. <https://doi.org/10.1016/j.genhosppsy.2021.08.013>
- [36] HARLIANTY, R.A., & PARAMASTRI, I. (2020). The role of religious coping as a moderator of the relationship between psychological burden and quality of life among caregiver of women with breast cancer. *Journal of Psychological Perspective*, 2, 71-78.
- [37] HAWKLEY, L.C., & CACIOPPO, J.T. (2010). Loneliness matters: A theoretical and empirical review of consequences and mechanisms. *Annals of Behavioral Medicine*, 40(2), 218-227. <https://doi.org/10.1007/s12160-010-9210-8>

- [38] HEINE, C., & BROWNING, C.J. (2014). Mental health and dual sensory loss in older adults: A systematic review. *Frontiers in Aging Neuroscience*, 6, 83. <https://doi.org/10.3389/fnagi.2014.00083>
- [39] HERSH, M. (2013a). Deafblind people, communication, independence, and isolation. *Journal of Deaf Studies and Deaf Education*, 18(4), 446-463. <https://doi.org/10.1093/deafed/ent022>
- [40] HERSH, M. (2013b). Deafblind people, stigma and the use of communication and mobility assistive devices. *Technology and Disability*, 25(4), 245-261.
- [41] HIMMLER, S., STOCKEL, J., VAN EXEL, J., & BROUWER, W.B. (2021). The value of health - Empirical issues when estimating the monetary value of a quality-adjusted life year based on well-being data. *Health Economics*, 30(8), 1849-1870. <https://doi.org/10.1002/hec.4279>
- [42] HOLT-LUNSTAD, J., SMITH, T.B., BAKER, M., et al. (2015). Loneliness and social isolation as risk factors for mortality: A meta-analytic review. *Perspectives on Psychological Science*, 10(2), 227-237. <https://doi.org/10.1177/1745691614568352>
- [43] HOWLEY, P. (2017). Less money or better health? Evaluating individual's willingness to make trade-offs using life satisfaction data. *Journal of Economic Behavior & Organization*, 135, 53-65.
- [44] HUANG, L., FRIJTERS, P., DALZIEL, K., & CLARKE, P. (2018). Life satisfaction, QALYs, and the monetary value of health. *Social Science & Medicine*, 211, 131-136.
- [45] IBM Corp. (2020). *IBM SPSS statistics for Windows, version 27.0*. Armonk, NY: IBM Corp.
- [46] JANG, Y., POON, L.W., & MARTIN, P. (2004). Individual differences in the effects of disease and disability on depressive symptoms: The role of age and subjective health. *International Journal of Aging and Human Development*, 59, 125-137.
- [47] KAISER, C., & OSWALD, A.J. (2022). The scientific value of numerical measures of human feelings. *PNAS*, 119(42), e2210412119. <https://doi.org/10.1073/pnas.2210412119>
- [48] KIM, M., JASPER, A.D., LEE, J., & WON, H. (2022). Work, leisure, and life satisfaction for employees with physical disabilities in South Korea. *Applied Research in Quality of Life*, 17, 469-487. <https://doi.org/10.1007/s11482-020-09893-4>
- [49] KRAHN, G., WALKER, D.K., & CORREA-DE-ARAUJO, R. (2015). Persons with disabilities as an unrecognized health disparity population. *American Journal of Public Health*, 105(S2), S198-S206.
- [50] KKJUR, N.S., KUMAR, R., & VERMA, A.N. (2010). Differences in levels of disability and quality of life between genders in schizophrenia remission. *Industrial Psychiatry Journal*, 19(1), 50-54. <https://doi.org/10.4103/0972-6748.77638>
- [51] LEE, M., NEZU, A.M., & NEZU, C.M. (2014). Positive and negative religious coping, depressive symptoms, and quality of life in people with HIV. *Journal of Behavioral Medicine*, 37, 921-930.
- [52] LIN, J.-D., HU, J., YEN, C.-F., et al. (2009). Quality of life in caregivers of children and adolescents with intellectual disabilities: Use of WHOQOL-BREF survey. *Research in Developmental Disabilities*, 30, 1448-1458.
- [53] LOW, G., MOLZAHN, A.E., & SCHOPFLOCHER, D. (2013). Attitudes to aging mediate the relationship between older peoples' subjective health and quality of life in 20 countries. *Health and Quality of Life Outcomes*, 11, 1-10. <https://doi.org/10.1186/1477-7525-11-146>
- [54] MAREDPOUR, A. (2017). The Relationship between religiosity and mental health in high school students using the mediating role of social support. *Health, Spirituality and Medical Ethics*, 4(4), 47-53.
- [55] MIHALOPOULOS, C., LE, L.K., CHATTERTON, M.L., et al. (2020). The economic costs of loneliness: A review of cost-of-illness and economic evaluation studies. *Social Psychiatry and Psychiatric Epidemiology*, 55(7), 823-836. <https://doi.org/10.1007/s00127-019-01733-7>
- [56] MITHEN, J., AITKEN, Z., ZIERSCH, A., & KAVANAGH, A.M. (2015). Inequalities in social capital and health between people with and without disabilities. *Social Science & Medicine*, 126, 26-35.

- [57] NOSEK, M.A., FUHRER, M.J., & POTTER, C. (1995). Life satisfaction of people with physical disabilities: Relationship to personal assistance, disability status, and handicap. *Rehabilitation Psychology, 40*(3), 191-202. <https://doi.org/10.1037/0090-5550.40.3.191>
- [58] OLIVEIRA, G.F., MARANHAO, T.L.G., BATISTA, H.M.T., & DE OLIVEIRA CABRAL, S.A.A. (2017). Disability and life satisfaction scale. *Amadeus International Multidisciplinary Journal, 2*(3), 3-16.
- [59] OLSMAN, E., NIEUWENHUIJSE, A.M., & WILLEMS, D.L. (2023). 'My son has lost his dignity': Dignity of persons with profound intellectual and multiple disabilities. *Disability & Society, 38*(10), 1895-1912.
- [60] O'SHEA, A., & KAPLAN, A. (2018). Disability identity and use of services among college students with psychiatric disabilities. *Qualitative Psychology, 5*(3), 358-379.
- [61] PETRY, K., & MAES, B. (2009). Quality of life: People with profound intellectual and multiple disabilities. In J. PAWLYN & S. CARNABY (Eds.) *Profound intellectual and multiple disabilities: Nursing complex needs* (pp. 15-36). Wiley Blackwell.
- [62] PIKO, B.F., & DUDOK, R. (2023). Strengths and difficulties among adolescents with and without specific learning disorder (SLD). *Children, 10*(11), 1741. <https://doi.org/10.3390/children10111741>
- [63] PINQUART, M. (2001). Correlates of subjective health in older adults: A meta-analysis. *Psychology and Aging, 16*, 414-426. <https://doi.org/10.1037/0882-7974.16.3.414>
- [64] SALOKANGAS, R.K.R., HONKONEN, T., STENGARD, E., & KOIVISTO, A.M. (2001). To be or not to be married - That is the question of quality of life in men with schizophrenia. *Social Psychiatry and Psychiatric Epidemiology, 36*(8), 381-390. <https://doi.org/10.1007/s001270170028>
- [65] SARTI, D., BETTONI, R., OFFREDI, I., et al. (2019). Tell me a story: Socio-emotional functioning, well-being and problematic smartphone use in adolescents with specific learning disabilities. *Frontiers in Psychology, 10*, 2369. <https://doi.org/10.3389/fpsyg.2019.02369>
- [66] SCHALOCK, R.L. (2004). The concept of quality of life: What we know and do not know. *Journal of Intellectual Disability Research, 48*, 203-216.
- [67] SHAFIE, S., SAMARI, E., JEYAGURUNATHAN, A., et al. (2021). Gender difference in quality of life (QoL) among outpatients with schizophrenia in a tertiary care setting. *BMC Psychiatry, 21*, 61. <https://doi.org/10.1186/s12888-021-03051-2>
- [68] SILVERMAN, A.M., MOLTON, I.R., SMITH, A.E., et al. (2017). Solace in solidarity: Disability friendship networks buffer well-being. *Rehabilitation Psychology, 62*(4), 525-533. <https://doi.org/10.1037/rep0000128>
- [69] SIMCOCK, P. (2016). One of society's most vulnerable groups? A systematically conducted literature review exploring the vulnerability of deafblind people. *Health & Social Care in the Community, 25*(3), 813-839. <https://doi.org/10.1111/hsc.12317>
- [70] SKEVINGTON, S.M., EMSLEY, R., DEHNER, S., et al. (2019). Does subjective health affect the association between biodiversity and quality of life? Insights from international data. *Applied Research in Quality of Life, 14*, 1315-1331. <https://doi.org/10.1007/s11482-018-9649-5>
- [71] SOLHEIM, J., KVÆRNER, K.J., & FALKENBERG, E.-S. (2011). Daily life consequences of hearing loss in the elderly. *Disability and Rehabilitation: An International, Multidisciplinary Journal, 33*, 2179-2185.
- [72] SAPATA, M.A. (2022). Social support through a blindness organization predicts life satisfaction and positive disability identity. *Journal of Blindness Innovation and Research, 12*(1). <http://dx.doi.org/10.5241/12-220>
- [73] SUN, K.A., & MOON, J. (2023). Relationship between subjective health, the Engel Coefficient, employment, personal assets, and quality of life for Korean people with disabilities. *Healthcare, 11*(22), 2994. <https://doi.org/10.3390/healthcare11222994>
- [74] TABER, K.S. (2018). The use of Cronbach's Alpha when developing and reporting research instruments in science education. *Research in Science Education, 48*, 1273-

1296. <https://doi.org/10.1007/s11165-016-960>
- [75] TATE, D.G., RILEY, B.B., PERNA, R., & ROLLER, S. (1997). Quality of life issues among women with physical disabilities or breast cancer. *Archives of Physical Medicine and Rehabilitation*, 78(12 Suppl 5), S18-S25. [https://doi.org/10.1016/s0003-9993\(97\)90217-3](https://doi.org/10.1016/s0003-9993(97)90217-3)
- [76] UAE Government. (2021). Caring for people of determination amid COVID-19. Retrieved on July 15, 2022 from <https://u.ac/en/information-and-services/justice-safety-and-the-law/handling-the-covid-19-outbreak/caring-for-people-of-determination-amid-covid-19>
- [77] US Department of Health and Human Services. (2005). The Surgeon General's call to action to improve the health and wellness of persons with disabilities. Washington, DC: Department of Health and Human Services, Office of the Surgeon General.
- [78] WANG, J., LLOYD-EVANS, B., GIACCO, D., et al. (2017). Social isolation in mental health: A conceptual and methodological review. *Social Psychiatry and Psychiatric Epidemiology*, 52(12), 1451-1461.
- [79] WANG, M.H., BROOKS, J.M., IWANAGA, K., et al. (2022). Reducing the effect of functional disability on life satisfaction among persons with a lived experience of an infectious viral disease in Taiwan: A tri-mediation model. *Rehabilitation Counseling Bulletin*, 65(3), 238-248. <https://doi.org/10.1177/0034355220980826>
- [80] WEI, X., WANG, T., ZHANG, Y., et al. (2023). The effect of anxiety, depression, and structural social capital on life satisfaction among people with hearing disabilities: A cross-sectional study in Shanghai, China. *Frontiers in Psychiatry*, 14, 1164324. <https://doi.org/10.3389/fpsy.2023.1164324>
- [81] World Health Organization (WHO). (1997). *The world health report 1997*. Geneva: World Health Organization.
- [82] World Health Organization (WHO). (2001). International classification of functioning, disability and health (ICF). Geneva: World Health Organization.
- [83] Zayed Higher Organization for People of Determination (ZHO). (2022). Third edition of the disability classification manual. Retrieved on April 12, 2024 from <https://www.zho.gov.ae/en/Media-Centre/News/Zayed-Higher-Organization-Launches-the-Third-Edition-of-the-Disability-Classification-Manual>
- 参考文献:**
- [1] AGARWAL, R., GOLDENBERG, M., PERRY, R. 和 ISHAK, W.W. (2012)。注意力缺陷多动障碍成人的生活质量: 系统评价。临床神经科学创新, 9(5-6), 10-21。
- [2] ALBAHAR, M., BADRI, M., AL KHAILI, M., 等. (2023)。阿布扎比老年人幸福感决定因素的路径分析模型探索。国际老龄化, 48, 108-131。 <https://doi.org/10.1007/s12126-021-09463-5>
- [3] AYRES, M., PARR, J.R., RODGERS, J., 等. (2017)。自闭症谱系成人生活质量的系统评价。自闭症, 22(7), 774-783。 <https://doi.org/10.1177/1362361317714988>
- [4] BADRI, M., AL KHAILI, M., ALDHAHERI, H., 等. (2023a)。老年人残疾生活满意度决定因素——阿布扎比分层回归模型。第三届欧洲老龄化与老年学会议论文集 (EGen2023)。7月13日至17日伦敦大学学院, 伦敦。英国。
- [5] BADRI, M., AL KHAILI, M., ALDHAHERI, H., 等. (2024)。决心坚韧不拔: COVID-19 大流行期间阿布扎比残疾人(决心人士)福祉分析。国际创新研究与科学研究杂志, 7(1), 189-201。 <https://doi.org/10.53894/ijirss.v7i1.2598>
- [6] BADRI, M., AL KHAILI, M., ALDHAHERI, H., 等. (2023b)。“皱纹只会出现在微笑过的地方”: 对阿布扎比老年人幸福感与健康、睡眠、身体活动之间关

- 联的路径分析。BMC 老年医学, 23, 554。
<https://doi.org/10.1186/s12877-023-04244-y>
- [7] BADRI, M., YANG, G., AL KHAILI, M., 等. (2021)。阿布扎比老年人幸福感和自我评价健康的分层回归。国际环境研究与公共卫生杂志, 18(15), 8006。
<https://doi.org/10.3390/ijerph18158006>
- [8] BARON-EPEL, O., 和 KAPLAN, G. (2001)。一般主观健康状况或与年龄相关的主观健康状况：这有区别吗？社会科学和医学, 53, 1373-1381。
[https://doi.org/10.1016/S0277-9536\(00\)00426-3](https://doi.org/10.1016/S0277-9536(00)00426-3)
- [9] BERKMAN, L.F., 和 KRISHNA, A. (2014)。社交网络流行病学。在 L.F. BERKMAN、I. KAWACHI 和 M.M. GLYMOUR (Eds.) , 社会流行病学中。牛津：牛津大学出版社。
- [10] BISHOP-FITZPATRICK, L., MAZEFSKY, C.A. 和 EACK, S.M. (2017)。社会支持和感知压力对患有自闭症谱系障碍且无智力障碍的成年人生活质量的综合影响。《自闭症》, 22(6), 703-711。
- [11] BODSWORTH, S.M., CLARE, I.C. 和 SIMBLETT, S.K. (2011)。聋盲与心理健康：双重感官障碍成年人的心理困扰和未满足的需求。《英国视觉障碍杂志》, 29, 6-26。
- [12] BOGART, K.R., LUND, E.M. 和 ROTTENSTEIN, A. (2018)。残障自豪感通过拒绝-认同模型保护自尊。康复心理学, 63(1), 155-159。
- [13] BONSAKSEN, T., BRUNES, A. 和 HEIR, T. (2023)。与普通人群相比，视障人士的生活质量。公共卫生杂志。
<https://doi.org/10.1007/s10389-023-01995-1>
- [14] CANHA, L., SIMOES, C., GASPAR MATOS, M. 和 OWENS, L. (2016)。残疾青少年的幸福感和健康状况。心理学：反射与批判, 29, 32。
<https://doi.org/10.1186/s41155-016-0041-9>
- [15] CARON, J., LECOMTE, Y., STIP, E. 和 RENAUD, S. (2005)。精神分裂症患者生活质量的预测因素。社区心理健康杂志, 41(4), 399-417。
<https://doi.org/10.1007/s10597-005-5077-8>
- [16] 疾病控制和预防中心。(2024)。残疾和健康评论。于 2024 年 4 月 15 日从 <https://www.cdc.gov/ncbddd/disabilityandhealth> 检索
- [17] CHU, S.Y. 和 TAN, C.L. (2019)。帕金森病患者及其护理人员对生活质量、沟通和生活满意度的看法。埃塞俄比亚健康科学杂志, 29(5), 551-558。
<https://doi.org/10.4314/ejhs.v29i5.4>
- [18] 澳大利亚联邦 (2009)。被拒之门外：澳大利亚残疾人及其家人的经历。国家残疾人和护理者委员会编写的国家残疾战略咨询报告。堪培拉：澳大利亚政府出版服务。
- [19] 国会研究服务处。(2020)。《残疾人教育法》：各州资格标准的比较。国会研究服务处 R46566。2024 年 4 月 15 日从 <https://crsreports.congress.gov> 检索
- [20] CREE, R.A., BITSKO, R.H., ROBINSON, L.R., 等. (2018)。2-8 岁儿童的精神、行为和发育障碍以及贫困与医疗保健、家庭和社区因素有关 - 美国, 2016 年。MMWR。发病率和死亡率周报, 67(50), 1377-1383。
<https://doi.org/10.15585/mmwr.mm6750a1>

- [22] DE HOND, A., BAKX, P. 和 VERSTEEGH, M. (2019). 时间能治愈一切伤口吗? 对老年人群功能限制适应情况的实证评估。《*社会科学与医学*》, 222, 180-187。
- [23] 工作和养老金部。 (2013)。 发挥潜力：加深对当今英国残疾问题的了解。伦敦：工作和养老金部。
- [24] DICKINSON, H., SMITH, C., YATES, S. 和 TANI, M. (2023)。 社会支持在教育中的重要性：COVID-19 期间对残疾学生及其家人的调查结果。《*残疾与社会*》, 38, 1304-1326。
- [25] DIENER, E. 和 CHAN, M.Y. (2011)。 快乐的人活得更长：主观幸福感有助于健康和长寿。《*应用心理学：健康与幸福*》, 3(1), 1-43。 <https://doi.org/10.1111/j.1758-0854.2010.01045.x>
- [26] DIENER, E. (2009)。 主观幸福感。在 E. DIENER (Ed.), *幸福的科学* (第 11-29 页)。 Dordrecht: Springer。
- [27] 残疾人世界。 (2023)。 残疾：残疾的定义、类型和模型。于 2024 年 4 月 16 日从 <https://www.disabled-world.com/disability/types> 检索
- [28] DOLAN, P., 和 KAHNEMAN, D. (2008)。 效用的解释及其对健康评估的影响。《*经济学杂志*》, 118(525), 215-234。
- [29] DUCKRO, P.N., CHIBNALL, J.T. 和 TOMAZIC, T.J. (1995)。 愤怒、抑郁和残疾：慢性创伤后头痛患者样本中的关系路径分析。《*头痛*》, 35(1), 7-9。 <https://doi.org/10.1111/j.1526-4610.1995.hed3501007>
- [30] EMERSON, E., FORTUNE, N., LLEWELLYN, G. 和 STANCLIFFE, R. (2021)。 有残疾和无残疾的工作年龄成年人的孤独感、社会支持、社会孤立和幸福感：横断面研究。《*残疾与健康杂志*》, 14(1), 100965。 <https://doi.org/10.1016/j.dhjo.2020.100965>
- [31] EMERSON, E., 和 LLEWELLYN, G. (2023)。 残疾和非残疾女性和男性的福祉：来自 27 个中低收入国家横断面全国调查的证据。《*生活质量研究*》, 32(2), 357-371。 <https://doi.org/10.1007/s11136-022-03268-y>
- [32] 平等与人权委员会。 (2017)。 英国的残疾人：一段不平等的旅程。伦敦：平等与人权委员会。
- [33] FLEMING, A.R., PLOTNER, A.J. 和 OERTLE, K.M. (2017)。 残疾大学生：学生特征、学术环境和表现之间的关系。《*高等教育与残疾杂志*》, 30(3), 209-221。
- [34] FRIJTERS, P., CLARK, A.E., KREKEL, C. 和 LAYARD, R. (2020)。 幸福的选择：幸福是政府的目标。《*行为公共政策*》, 4(2), 126-165。
- [35] GANDY, M., HERISEANU, A.I., DUDENEY, J. 等. (2021)。 神经系统疾病中的残疾和生活满意度：抑郁和认知困难的作用。《*综合医院精神病学*》, 73, 16-23。 <https://doi.org/10.1016/j.genhosppsych.2021.08.013>
- [36] HARLIANTY, R.A., 和 PARAMASTRI, I. (2020)。 宗教应对在乳腺癌女性照顾者心理负担与生活质量关系中的调节作用。《*心理学视角杂志*》, 2, 71-78。
- [37] HAWKLEY, L.C., 和 CACIOPPO, J.T.

- (2010)。孤独很重要：后果和机制的理论和实证回顾。《行为医学年鉴》，40(2)，218-227。 <https://doi.org/10.1007/s12160-010-9210-8>
- [38] HEINE, C., 和 BROWNING, C.J. (2014)。老年人的心理健康和双重感官丧失：系统评价。衰老神经科学前沿，6，83。 <https://doi.org/10.3389/fnagi.2014.00083>
- [39] HERSH, M. (2013a)。聋盲人、沟通、独立和孤立。聋人研究与聋人教育杂志，18(4)，446-463。 <https://doi.org/10.1093/deafed/ent022>
- [40] HERSH, M. (2013b)。聋盲人、耻辱和使用沟通和移动辅助设备。技术与残疾，25(4)，245-261。
- [41] HIMMLER, S., STOCKEL, J., VAN EXEL, J., 和 BROUWER, W.B. (2021)。健康的价值——根据幸福感数据估算质量调整生命年的货币价值时的经验问题。健康经济学，30(8)，1849-1870。 <https://doi.org/10.1002/hec.4279>
- [42] HOLT-LUNSTAD, J., SMITH, T.B., BAKER, M. 等. (2015)。孤独和社会孤立是死亡的风险因素：一项荟萃分析综述。心理科学观点，10(2)，227-237。 <https://doi.org/10.1177/1745691614568352>
- [43] HOWLEY, P. (2017)。更少的钱还是更好的健康？使用生活满意度数据评估个人做出权衡的意愿。经济行为与组织杂志，135，53-65。
- [44] HUANG, L., FRIJTERS, P., DALZIEL, K. 和 CLARKE, P. (2018)。生活满意度、QALY 和健康的货币价值。社会科学和医学，211，131-136。
- [45] IBM Corp. (2020)。适用于 Windows 的 IBM SPSS 统计数据，版本 27.0。纽约州阿蒙克：IBM Corp。
- [46] JANG, Y., POON, L.W. 和 MARTIN, P. (2004)。疾病和残疾对抑郁症状影响的个体差异：年龄和主观健康的作用。国际老龄化与人类发展杂志，59，125-137。
- [47] KAISER, C. 和 OSWALD, A.J. (2022)。人类情感数值测量的科学价值。PNAS，119(42)，e2210412119。 <https://doi.org/10.1073/pnas.2210412119>
- [48] KIM, M., JASPER, A.D., LEE, J., 和 WON, H. (2022)。韩国身体残疾员工的工作、休闲和生活满意度。《生活质量应用研究》，17，469-487。 <https://doi.org/10.1007/s11482-020-09893-4>
- [49] KRAHN, G., WALKER, D.K., 和 CORREA-DE-ARAUJO, R. (2015)。残疾人作为未被认识到的健康差距人群。《美国公共卫生杂志》，105(S2)，S198-S206。
- [50] KKJUR, N.S., KUMAR, R. 和 VERMA, A.N. (2010)。精神分裂症缓解期不同性别残疾程度和生活质量的差异。《工业精神病学杂志》，19(1)，50-54。 <https://doi.org/10.4103/0972-6748.77638>
- [51] LEE, M., NEZU, A.M. 和 NEZU, C.M. (2014)。HIV 感染者的积极和消极宗教应对、抑郁症状和生活质量。《行为医学杂志》，37，921-930。
- [52] LIN, J.-D., HU, J., YEN, C.-F. 等. (2009)。智力障碍儿童和青少年看护者的生活质量：使用 WHOQOL-BREF 调查。发育障碍研究，30，1448-1458。
- [53] LOW, G., MOLZAHN, A.E. 和 SCHOPFLOCHER, D. (2013)。对衰老的态度调节了 20 个国家老年人的主观健康与

- 生活质量之间的关系。健康与生活质量结果, 11, 1-10。
<https://doi.org/10.1186/1477-7525-11-146>
- [54] MAREDPOUR, A. (2017)。使用社会支持的中介作用研究高中生宗教信仰与心理健康之间的关系。健康、精神与医学伦理, 4(4), 47-53。
- [55] MIHALOPOULOS, C., LE, L.K., CHATTERTON, M.L. 等. (2020)。孤独的经济成本: 疾病成本和经济评估研究综述。社会精神病学和精神病流行病学, 55(7), 823-836。 <https://doi.org/10.1007/s00127-019-01733-7>
- [56] MITHEN, J., AITKEN, Z., ZIERSCH, A. 和 KAVANAGH, A.M. (2015)。残疾人和非残疾人之间的社会资本和健康不平等。社会科学与医学, 126, 26-35。
- [57] NOSEK, M.A., FUHRER, M.J. 和 POTTER, C. (1995)。身体残疾人士的生活满意度: 与个人协助、残疾状况和障碍的关系。康复心理学, 40(3), 191-202。
<https://doi.org/10.1037/0090-5550.40.3.191>
- [58] OLIVEIRA, G.F., MARANHAO, T.L.G., BATISTA, H.M.T. 和 DE OLIVEIRA CABRAL, S.A.A. (2017)。残疾和生活满意度量表。Amadeus 国际多学科杂志, 2(3), 3-16。
- [59] OLSMAN, E., NIEUWENHUIJSE, A.M. 和 WILLEMS, D.L. (2023)。“我的儿子失去了尊严”: 智力和多重残疾人士的尊严。残疾与社会, 38(10), 1895-1912。
- [60] O'SHEA, A., 和 KAPLAN, A. (2018)。精神残疾大学生的残疾身份和服务使用情况。定性心理学, 5(3), 358-379。
- [61] PETRY, K., 和 MAES, B. (2009)。生活质量: 智力和多重残疾严重者。J. PAWLYN 和 S. CARNABY (Eds.) 智力和多重残疾严重者: 护理复杂需求 (第 15-36 页)。Wiley Blackwell。
- [62] PIKO, B.F., 和 DUDOK, R. (2023)。有无特定学习障碍 (SLD) 青少年的优势和困难。儿童, 10(11), 1741。
<https://doi.org/10.3390/children10111741>
- [63] PINQUART, M. (2001)。老年人主观健康的相关因素: 一项荟萃分析。《心理学与衰老》, 16, 414-426。
<https://doi.org/10.1037/0882-7974.16.3.414>
- [64] SALOKANGAS, R.K.R., HONKONEN, T., STENGARD, E. 和 KOIVISTO, A.M. (2001)。结婚还是不结婚——这是男性精神分裂症患者生活质量的问题。《社会精神病学和精神病流行病学》, 36(8), 381-390。
<https://doi.org/10.1007/s001270170028>
- [65] SARTI, D., BETTONI, R., OFFREDI, I. 等. (2019)。告诉我一个故事: 有特殊学习障碍的青少年的社会情感功能、幸福感和智能手机使用问题。心理学前沿, 10, 2369。
<https://doi.org/10.3389/fpsyg.2019.02369>
- [66] SCHALOCK, R.L. (2004)。生活质量的概念: 我们知道什么和不知道什么。智力障碍研究杂志, 48, 203-216。
- [67] SHAFIE, S., SAMARI, E., JEYAGURUNATHAN, A. 等. (2021)。三级护理环境中精神分裂症门诊患者生活质量 (QoL) 的性别差异。BMC 精神病学, 21, 61。 <https://doi.org/10.1186/s12888-021-03051-2>
- [68] SILVERMAN, A.M., MOLTON, I.R.,

- SMITH, A.E. 等. (2017). 团结中的慰藉: 残疾友谊网络缓冲幸福感. *康复心理学*, 62(4), 525-533.
<https://doi.org/10.1037/rep0000128>
- [69] SIMCOCK, P. (2016). 社会上最脆弱的群体之一? 一项系统进行的文献综述探讨了聋盲人的脆弱性. *社区健康与社会关怀*, 25(3), 813-839.
<https://doi.org/10.1111/hsc.12317>
- [70] SKEVINGTON, S.M., EMSLEY, R., DEHNER, S. 等. (2019). 主观健康是否影响生物多样性与生活质量之间的关联? 来自国际数据的见解. *生活质量应用研究*, 14, 1315-1331.
<https://doi.org/10.1007/s11482-018-9649-5>
- [71] SOLHEIM, J., KVÆRNER, K.J. 和 FALKENBERG, E.-S. (2011). 老年人听力损失对日常生活的影响. *残疾与康复: 国际多学科期刊*, 33, 2179-2185.
- [72] SAPATA, M.A. (2022). 通过盲人组织提供的社会支持可预测生活满意度和积极的残疾身份. *《盲人创新与研究杂志》*, 12(1). <http://dx.doi.org/10.5241/12-220>
- [73] SUN, K.A., 和 MOON, J. (2023). 韩国残疾人主观健康、恩格尔系数、就业、个人资产与生活质量之间的关系. *医疗保健*, 11(22), 2994.
<https://doi.org/10.3390/healthcare11222994>
- [74] TABER, K.S. (2018). 在科学教育中开发和报告研究工具时使用 Cronbach's Alpha. *科学教育研究*, 48, 1273-1296.
<https://doi.org/10.1007/s11165-016-960>
- [75] TATE, D.G., RILEY, B.B., PERNA, R. 和 ROLLER, S. (1997). 身体残疾或乳腺癌女性的生活质量问题. *物理医学与康复档案*, 78(12 Suppl 5), S18-S25.
[https://doi.org/10.1016/s0003-9993\(97\)90217-3](https://doi.org/10.1016/s0003-9993(97)90217-3)
- [76] 阿联酋政府. (2021). 在 COVID-19 期间关爱有决心的人. 2022 年 7 月 15 日从 <https://u.ae/en/information-and-services/justice-safety-and-the-law/handling-the-covid-19-outbreak/caring-for-people-of-determination-amid-covid-19> 检索
- [77] 美国卫生与公众服务部. (2005). 卫生局局长呼吁采取行动改善残疾人的健康和福祉. 华盛顿特区: 卫生与公众服务部, 卫生局局长办公室.
- [78] WANG, J., LLOYD-EVANS, B., GIACCO, D. 等. (2017). 心理健康中的社会孤立: 概念和方法论综述. *社会精神病学和精神病流行病学*, 52(12), 1451-1461.
- [79] WANG, M.H., BROOKS, J.M., IWANAGA, K., 等. (2022). 降低功能障碍对台湾有传染性病毒性疾病生活经历的人生活满意度的影响: 三重中介模型. *康复咨询通讯*, 65(3), 238-248.
<https://doi.org/10.1177/0034355220980826>
- [80] WEI, X., WANG, T., ZHANG, Y., 等. (2023). 焦虑、抑郁和结构性社会资本对听力障碍人士生活满意度的影响: 上海的一项横断面研究. *中国. 精神病学前沿*, 14, 1164324.
<https://doi.org/10.3389/fpsy.2023.1164324>
- [81] 世界卫生组织 (WHO). (1997). 1997 年世界卫生报告. 日内瓦: 世界卫生组织.
- [82] 世界卫生组织 (WHO). (2001). 国际功能、残疾和健康分类 (ICF). 日内瓦: 世界卫生组织.
- [83] 扎耶德决心人士高级组织 (ZHO). (

2022) 。《残疾分类手册》第三版。2024
年 4 月 12 日检索自
<https://www.zho.gov.ae/en/Media-Centre/News/Zayed-Higher-Organization-Launches-the-Third-Edition-of-the-Disability-Classification-Manual>