

A QUALITATIVE STUDY ON PSYCHOSOCIAL WELL-BEING AMONG PHYSICALLY ABLED CLIENTS AT KALAPET AND MUTHIALPET, PUDUCHERRY

Mrs. Merlin Rajakumari. S¹, Dr. Navaneetha. M², Dr. Anusuya. D³

¹ Ph. D Scholar, Department of Community Health Nursing, College of Nursing, Pondicherry Institute of Medical Sciences, Affiliated to Pondicherry University, Puducherry - 605 014.

² Professor & Head, Department of Community Health Nursing, College of Nursing, Pondicherry Institute of Medical Sciences, Affiliated to Pondicherry University, Puducherry - 605 014.

³ Assistant Professor, Department of Community Health Nursing, College of Nursing, Pondicherry Institute of Medical Sciences, Affiliated to Pondicherry University, Puducherry -605 014.

Corresponding Author: Mrs. Merlin Rajakumari, S, merlinkr80@gmail.com

DOI: [https://doi.org/10.63001/tbs.2026.v21.i03.S.I\(3\).pp1336-1342](https://doi.org/10.63001/tbs.2026.v21.i03.S.I(3).pp1336-1342)

Received on: 28-07-2026 Accepted on: 15-08-2026 Published on: 25-08-2026	Abstract Introduction: Physical disability affects not only physical functioning but also psychological, social, and emotional well-being. Understanding the lived experiences of physically disabled adults is essential for planning effective rehabilitation and psychosocial support services. Objectives: To explore the psychosocial well-being and lived experiences of physically disabled adults in Kalapet and Muthialpet, Puducherry. Materials and Methods: A qualitative phenomenological design was adopted. Ten physically disabled adults were selected using Snowball Technique. Data were collected through in-depth semi-structured interviews and a focus group discussion. Interviews were audio-recorded with consent, transcribed verbatim, and analyzed using the editing analysis style to identify themes and categories. Results: Six major themes was emerged in the headings:(1) Multidimensional Perception, (2) Emotional and Social Challenges, (3) Self-Coping Strategies, (4) Social Strategies, (5) Supportive Measures, and (6) Health Promotion. Participants reported physical pain, mobility limitations, dependence on others, emotional distress, social stigma, inadequate family support, financial difficulties, and barriers to public services. Despite these challenges, they demonstrated resilience through positive attitudes, peer support, meaningful activities, and adaptive coping. Conclusion: Psychosocial well-being is shaped by interconnected physical, psychological, social and environmental factors. Enhancing psychosocial support, family involvement, community awareness, rehabilitation services, and accessible infrastructure can improve quality of life. The findings provide evidence to strengthen nursing practice, rehabilitation programs, and future qualitative research.
--	--

Introduction:

Disability affects not only physical health but also the emotional, social, and psychological well-being of physically abled individuals, who often face stigma, discrimination, social isolation, and inadequate support. This qualitative study aims to explore their psychosocial well-being, lived experiences, challenges, and coping strategies in Kalapet and Muthialpet, Puducherry, to support the development of inclusive community-based interventions. Despite advances in physical rehabilitation, the psychosocial needs of physically disabled individuals are often overlooked. This qualitative study explores their psychosocial well-being, challenges, and coping strategies among physically disabled individuals in

Kalapet and Muthialpet, Puducherry. The findings will support the development of effective nursing, mental health, and community-based interventions. The objectives of the study isto explore the psychosocial well-being of physically abled clients and to associate psycho social wellbeing with selected socio demographic variables.

Material & Method:

The study adopted a qualitative research approach using a phenomenological research design to explore the lived experiences and psychosocial well-being of physically disabled adult clients. The study was conducted in Kalapet and Muthialpet, Puducherry. The target population comprised differently

physically disabled adults aged 18 years and above residing in the selected areas. Participants were selected using the snowball sampling technique. The sample size was 10 participants. The tool consist of the demographic data of the physically disabled Client such as Age, Gender, Education, Occupation, Marital status, Income, Type of Family & Kind of disability and Interview guide with open-ended questions covering emotional, social, and coping aspects (6 themes).

Data Collection Method:

Data were collected through in-depth, semi-structured interviews conducted individually with each participant. The interviews were carried out in the local language (Tamil) to facilitate effective communication and encourage participants to express their experiences freely. Each interview lasted approximately 30–45 minutes. With the participants' informed consent, all interviews were audio-recorded and later transcribed verbatim to ensure accuracy and preserve the authenticity of the participants' lived experiences for qualitative analysis.

Results:

Frequency and Percentage Distribution of Socio-Demographic Characteristics of the Participants

Table a: Frequency and Percentage of Distribution of Socio-Demographic Characteristics of the Participants

(n = 10)

Demographic Data	Frequency (f)	Percentage (%)
1. Age (in years)		
a. 18–27 years	1	10
b. 38–47 years	7	70
c. Above 47 years	2	20
2. Gender		
a. Male	6	60
b. Female	4	40
3. Educational Level		
a. Primary	2	20
b. Higher Secondary	3	30
c. Degree	3	30
d. Non-literate	2	20
4. Occupation		
a. Unskilled worker/Manual worker	8	80
b. Business	2	20
5. Type of Family		
a. Nuclear Family	4	40
b. Joint Family	6	60
6. Family Income (Rs./month)		
a. < Rs.10,000	4	40
b. Rs.10,001–20,000	2	20
c. Rs. 20,001–30,000	3	30

d. Rs30,001 and above	1	10
7. Type of Disability		
a. Intellectual Disability	1	10
b. Locomotor Disability	9	90
8. Marital Status		
a. Married	9	90
b. Single	1	10

The qualitative findings from the in-depth interviews and focus group discussions revealed six major themes describing the psychosocial well-being of physically disabled adults.

Theme 1: Multidimensional Perception.

a. Physical Experiences

The physically disabled clients expressed physical and mental pain (n=5), mobility impairment (n=1), a positive attitude towards life (n=1), difficulty caring for their child after delivery (n=1), and the feeling that no one should suffer like them (n=3). These statements describe their physical experiences in daily life.

b. Social Experiences

All ten physically disabled clients reported dependence on others for daily activities (n=10), a desire to live like other adults (n=7), and acceptance of their condition as God's plan without feeling like a burden (n=3). These statements describe their social experiences.

c. Psychological Experiences

The physically disabled clients expressed feelings of sadness (n= 8), depression (n= 8), comparing themselves with others (n=8), lack of empathy from others (n=8), while some reported that they did not feel inferior (n=2). These statements describe their psychological experiences.

d. Economic Experiences

Seven physically disabled clients reported contributing to their family's financial needs (n=7), while three did not mention

any economic concerns (n=3). These statements describe their economic experiences.

Theme 2: Emotional and Social Challenges

• a. Physical Challenges

All participants reported depending on others for daily activities (n=10) and requiring more time than others to complete daily tasks (n=10). Seven participants described their life as full of physical pain (n=7), while three accepted their condition as God's will (n=3). All participants also felt that others lacked understanding of their physical health (n=10). These findings describe the physical challenges experienced by the participants.

• b. Emotional Challenges

Participants reported being criticized by others (n=8), while two said they ignored such comments (n=2). All participants experienced sympathy from others (n=10). Seven shared their feelings only with people having similar disabilities (n=7), whereas three did not share their feelings with anyone (n=3). Eight felt a lack of emotional support from their family (n=8), while two reported receiving family care (n=2). All participants expressed the need for financial assistance (n=10). These findings represent the emotional challenges faced by the participants.

- **c. Social Challenges**

Eight participants felt they were treated differently by society (n=8), while two ignored others' attitudes (n=2). Five experienced being mocked by others (n=5), whereas five did not mind such behavior (n=5). All participants found it difficult to express their feelings to others (n=10). Eight reported feelings of worthlessness (n=8), while two believed their life had purpose because of God's plan (n=2). All participants expressed fear about their future (n=10), and seven felt hurt by criticism and negative comments (n=7). These findings describe the social challenges experienced by the participants.

- **d. Emotional Protection**

All participants stated that they protected themselves emotionally by avoiding insults and negative comments (n=10). They also reported feeling rejected by society and believed that others viewed them as incapable of doing anything. These findings describe the participants' emotional protection strategies.

Theme III: Self-Coping Strategies

- **a. Positive Attitude**

Four participants expressed that they felt blessed when comparing themselves with others who were in more difficult situations (n=4). However, six participants described their life as painful (n=6). Eight participants reported not dwelling on their physical or mental pain (n=8), while two frequently experienced physical and emotional distress (n=2). These statements reflect the participants' positive attitude and acceptance of life.

- **b. Keeping Busy**

- All participants reported keeping themselves engaged in various activities such as concentrating on work (n=10), reading books or newspapers, and listening to music (n=10). Some participants also mentioned going on trips (n=2) and spending time reflecting on themselves (n=1). These findings represent the category of keeping busy.

- **c. Maintaining Health**

All participants stated that they involved themselves in household chores and other simple daily activities to remain active and prevent illness (n=10). These statements represent the category of maintaining health among differently abled adults.

Theme – IV (Social Strategies)

- **a. Trusting on my own colleagues (client affected with same problem)**

The disabled adults (n=8) sharing feelings and getting help at anytime from their own colleagues, Where as disabled adults (n=2) stated that their family members trust on them. These statements on trusting on my own colleagues emerged on the theme.

- **b. Ignoring Unwanted Matters:**

All 10 physically disabled adults were expressed that they keep themselves calm to reduce unwanted Issues (n=10). Therefore, these statements emerged with the theme on Ignoring unwanted matters.

Theme V: Supportive Measures

- **a. Lack of Support**

All participants reported receiving support mainly from their spouse and close family members, while support from other relatives was limited (n=10). Many also stated that colleagues with similar disabilities were their primary source of support. These findings indicate a lack of broader family support.

b. Social Support

All participants reported that they did not expect help from others except their spouse but received voluntary support from the community and society (n=10). These findings highlight the importance of **social support** in promoting psychosocial well-being.

Theme VI: Health Promotion

a. Personal Obstacles

All participants reported difficulty climbing stairs, standing in queues, and performing tasks in public places without assistance (n=10). These findings highlight the **personal obstacles** faced in daily life.

b. Lack of Public Services

All participants emphasized the need for ramps, lifts, wheelchairs, and accessible pathways in public places (n=10). Although they received financial and physical assistance from the government, they felt that public accessibility services were inadequate. These findings indicate the need for improved public services to promote health and independence.

Association of Psychosocial Well-being with Socio-demographic Characteristics

The qualitative findings suggest that psychosocial well-being was influenced by several socio-demographic characteristics. The majority of participants were 38–47 years of age, and many described physical pain, dependence on others, emotional distress, and financial responsibilities, indicating that middle-aged adults experienced greater psychosocial challenges.

Most participants were male and employed as unskilled/manual workers, and they frequently reported financial difficulties, dependence on family

members, and barriers to employment, which adversely affected their psychosocial well-being.

Participants with lower educational status appeared to have limited awareness of available support services, whereas those with higher educational qualifications demonstrated better acceptance and positive coping strategies.

Although the majority belonged to joint families and were married, many still reported inadequate family support except from their spouse, suggesting that family structure alone did not ensure emotional support. Spousal support emerged as an important protective factor that enhanced resilience and coping.

Participants with lower monthly family income expressed greater economic burden and dependence on others, which negatively influenced their psychosocial well-being.

As **90%** of the participants had locomotor disability, mobility impairment, dependence in daily activities, difficulty accessing public places, and inadequate disability-friendly infrastructure were consistently identified as major factors affecting psychosocial well-being.

Discussion

The present qualitative study explored the psychosocial well-being of physically disabled adults residing in Kalapet and Muthialpet, Puducherry. The findings revealed that psychosocial well-being is shaped by a complex interaction of physical, psychological, social, economic, and environmental factors. Six interconnected themes emerged, highlighting the multifaceted experiences of the participants.

The first theme, Multidimensional Perception, demonstrated that participants

experienced persistent physical pain, mobility limitations, dependence on others, emotional distress, and financial responsibilities. These findings are consistent with the World Health Organization (2011), which emphasizes that disability extends beyond physical impairment and influences psychological well-being, social participation, and economic independence. Similarly, Shakespeare (2018) reported that disability affects multiple dimensions of life and is strongly influenced by social and environmental barriers.

The second theme, Emotional and Social Challenges, revealed experiences of stigma, criticism, lack of empathy, inadequate emotional support, fear of the future, and feelings of worthlessness. These findings support Sharma and Mehta (2020), who reported that physically disabled individuals frequently experience psychological distress due to discrimination and limited social support. Likewise, John et al. (2019) found that insufficient family support adversely affects emotional well-being and social adjustment.

Participants also demonstrated remarkable resilience through Self-Coping Strategies. Maintaining a positive attitude, engaging in meaningful activities, and remaining physically active helped them cope with daily challenges. Similar findings were reported by Singh and Bose (2022), who observed that positive coping strategies and active community participation significantly improve psychosocial well-being among persons with disabilities.

The theme Social Strategies highlighted the importance of peer relationships. Many participants preferred sharing their feelings with others who had similar disabilities because they felt understood and accepted. This finding agrees with previous qualitative studies showing that peer support promotes emotional security,

social connectedness, and psychological resilience among people with disabilities.

The findings under Supportive Measures emphasized that spouses and peers were the major sources of support, whereas support from extended family members was limited. Although participants appreciated community assistance, they desired stronger family involvement. These findings are consistent with earlier research indicating that family support is one of the strongest predictors of psychological well-being and quality of life among persons with disabilities.

Finally, the Health Promotion theme highlighted significant environmental barriers, including inaccessible public buildings, lack of ramps, lifts, wheelchairs, and difficulty using public services independently. These findings support the World Health Organization (2011) and the United Nations Convention on the Rights of Persons with Disabilities (2006), which advocate barrier-free environments and equal access to community services for persons with disabilities.

Overall, the findings demonstrate that psychosocial well-being among physically disabled adults depends not only on individual coping abilities but also on family support, social acceptance, community inclusion, and accessible environments. These findings underscore the important role of nurses in providing psychosocial counselling, strengthening family education, promoting community awareness, and advocating for inclusive public infrastructure and rehabilitation services.

Conclusion

Overall, the findings indicate that age, occupation, educational status, family income, marital support, and type of disability influenced the lived experiences and psychosocial well-being of the

participants. However, these are qualitative observations rather than statistically significant associations, and they should be reported as observed relationships or patterns rather than inferential findings.

References:

1. Braun, V. and Clarke, V. 2006. Using thematic analysis in psychology. *Qualitative Research in Psychology*. **3(2)**: 77–101.
2. World Health Organization. 2011. *World Report on Disability*. WHO Press, Geneva.
3. Patrick, D.L., Morgan, M. and Charlton, J.R.H. 1986. Psychosocial support and change in the health status of physically disabled people. *Social Science & Medicine*. **22(12)**: 1347–1354.
4. World Health Organization. 2023. *Disability*. World Health Organization, Geneva.
5. Abouammoh, N., Aldebeyan, W. and Abuzaid, R. 2021. Experiences and needs of patients with lower limb amputation in Saudi Arabia: A qualitative study. *Eastern Mediterranean Health Journal*. **27(4)**: 407–413.