



RESEARCH ARTICLE

Section: *Digital Humanities*

Enhancing disability satisfaction through vocational training and inclusive programs: Evidence from pls-sem modeling

Hairani Siregar^{1*} , Agus Suriadi¹ & Bakhrul Khair Amal²¹Universitas Sumatera Utara, Indonesia²Universitas Negeri Medan, Indonesia*Correspondence: hairani@usu.ac.id**ABSTRACT**

This study investigates the influence of vocational training effectiveness, disability independence, and program inclusivity on disability satisfaction. A quantitative approach was utilized, involving 150 respondents from various vocational training and inclusivity programs. The data were analyzed using Partial Least Squares Structural Equation Modeling (PLS-SEM). The findings reveal that vocational training effectiveness ($\beta = 0.240$, $p < 0.05$) and program inclusivity ($\beta = 0.432$, $p < 0.001$) have significant positive effects on disability satisfaction. These results highlight the critical role of tailored training programs and inclusive environments in enhancing the well-being and satisfaction of individuals with disabilities. However, the study found that disability independence does not significantly affect satisfaction ($\beta = 0.120$, $p > 0.05$). This suggests that vocational training and inclusivity may be more immediate drivers of satisfaction than independence alone. These findings underscore the importance of creating comprehensive policies that focus not only on skill development but also on promoting inclusivity in both vocational and broader social settings. Future research should explore additional mediators between disability independence and satisfaction and consider longitudinal studies to better understand these factors' long-term impact on individuals with disabilities.

KEYWORDS: disability satisfaction, disability independence, effectiveness of vocational training

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1. Introduction

Disability satisfaction is a multidimensional concept encompassing various aspects of life, such as employment, social inclusion, and overall well-being. Understanding the factors contributing to satisfaction among individuals with disabilities is critical for fostering an inclusive society and improving their quality of life. Research highlights how employment, social relationships, and personal circumstances affect the satisfaction levels of individuals with disabilities. In terms of employment, job satisfaction has been identified as a significant factor influencing the well-being of people with disabilities. Several studies, such as those by Pagán (2013) and Sundar and Brucker (2018), underscore the importance of non-pecuniary aspects, like workplace accommodations and supportive supervisory relationships, in enhancing job satisfaction for disabled workers. Moreover, social inclusion in personal relationships and community engagement is crucial to life satisfaction. Research by Li and Jiang (2021) and Repke and Ipsen (2020) indicates that marital satisfaction and perceived social connectedness significantly influence the well-being of people with disabilities, especially across different environmental contexts. While much attention has been given to employment and social inclusion, there is a growing recognition of the importance of vocational training and program inclusivity in determining the satisfaction and quality of life of individuals with disabilities. Vocational training offers a pathway to employment and independence, contributing directly to job satisfaction and overall well-being. However, there is a lack of comprehensive studies examining how vocational training effectiveness and program inclusivity collectively contribute to disability satisfaction. This study aims to fill this gap by exploring the influence of vocational training effectiveness, disability independence, and program inclusivity on disability satisfaction. By employing Partial Least Squares Structural Equation Modeling (PLS-SEM), this research seeks to provide a deeper understanding of how these factors interact and contribute to the well-being of individuals with disabilities. The findings of this study will offer valuable insights for policymakers and practitioners in designing more effective vocational training programs and fostering inclusive environments for people with disabilities.

2. Literature Review

2.1 Theoretical framework

Disability satisfaction is shaped by psychological, social, and contextual factors, grounded in frameworks like disability identity, self-determination theory (SDT), and the capabilities approach. Disability identity enhances life satisfaction by fostering mental well-being and reducing anxiety through a sense of belonging and justice (Bogart, 2015; Monden et al., 2016). SDT highlights the fulfillment of autonomy, competence, and relatedness as essential for life satisfaction, particularly in employment settings where supportive environments and disability acceptance play critical roles (Frielink et al., 2018; Seok, 2015). The capabilities approach emphasizes societal support in enabling individuals with disabilities to achieve their goals, suggesting life satisfaction extends beyond health to include social and economic factors (Burchardt, 2004; Pagán-Rodríguez, 2009).

2.2 Disability Satisfaction

Disability satisfaction encompasses life satisfaction, quality of life, and personal fulfillment, influenced by expectations, social support, and the disability context. It aligns with the gap between expectations and outcomes, as seen in satisfaction linked to improved disability and pain management post-treatment (Krauss et al., 2020) and participation in valued roles (Freedman et al., 2012). Disability type, resilience, and adaptability also shape satisfaction (Arciuli & Emerson, 2020; Camussi, 2023). Quality of life is closely tied to satisfaction, with social support and resilience mitigating negative impacts (Hambrick et al., 2003; Migerode et al., 2012). Accessibility and service quality, like reliable public transport, significantly affect satisfaction, highlighting the role of systemic factors (Verbich & El-Geneidy, 2016).

2.3 Effectiveness of Vocational Training

The effectiveness of vocational training lies in its ability to improve employment outcomes, skill development, and economic contributions. It enhances employability by developing job-related skills and productivity, with well-designed programs significantly boosting employment rates and job quality (Budría & Pereira, 2009; Kluve et al., 2017). However, its impact often unfolds over time, requiring longitudinal studies for a full assessment (Kvist, 2012; Celume & Korda, 2021). Individual traits such as self-efficacy and motivation also play a crucial

role in training success (Hsu & Chen, 2021; Tai, 2006). Additionally, the socio-economic context, including technological advancements, shapes the relevance and effectiveness of vocational programs (Ahmid, 2023).

2.4 Disability Independence

Disability independence encompasses autonomy, self-determination, and functional capacity, defined by the ability to perform daily activities and make life choices. Rehabilitation is vital in fostering independence, as seen in recovery from severe injuries (Oliveira et al., 2022). The social model of disability highlights societal structures' role in enabling autonomy, with employment being key for financial stability, self-esteem, and inclusion (Magrin et al., 2019). Independence also involves managing chronic conditions like multiple sclerosis, where progression can affect functionality despite the absence of acute episodes (Müller, 2023). Social connections and community engagement are essential, emphasizing autonomy and meaningful participation for successful aging and independence (Rurka & Riba, 2023).

2.5 Program Inclusivity

Program inclusivity ensures equitable access to services across education, healthcare, and social contexts, addressing diverse needs regardless of background or ability. Education emphasizes creating supportive environments and reshaping policies to cater to all learners, supported by teacher training to foster positive attitudes and effective practices (Jaya, 2023; Jacob & Pillay, 2022). In healthcare, inclusivity involves expanding access for marginalized populations and strengthening community involvement to enhance program effectiveness (Henry et al., 2018; Sacks et al., 2017). Beyond these areas, inclusivity is central to social justice, advocating for programs that engage and support underrepresented groups in all settings (Oblak, 2023).

2.6 Hypothesis Development

The effectiveness of vocational training in enhancing disability satisfaction involves employability, quality of life, and social inclusion. Structured programs improve employment outcomes, reduce financial burdens, and foster a sense of achievement, particularly for individuals with psychological and intellectual disabilities (Tophoven et al., 2018; Chandrasekaran et al., 2021). Accessibility and inclusivity are critical, with tailored curricula and job matching significantly boosting satisfaction (Adhikari, 2018; Vlachou et al., 2019). Vocational training enhances community participation and life satisfaction through social integration (Terrana et al., 2016; Igei et al., 2021). Disability independence positively impacts satisfaction by promoting autonomy, emotional well-being, and social connectedness. Social support and inclusive environments mitigate isolation and enhance job satisfaction (Repke & Ipsen, 2020; Pagán, 2013). Holistic approaches to balancing work, leisure, and relationships are essential for improving overall life satisfaction (Kim et al., 2021). Program inclusivity significantly enhances satisfaction across educational, social, and health dimensions. Tailored educational adaptations and inclusive recreational activities foster a sense of belonging and community (McMahon et al., 2016; Shapiro et al., 2020). Health promotion programs with inclusive strategies further improve participation and well-being (Rimmer et al., 2014). Parental involvement and stakeholder commitment are crucial in implementing effective inclusive practices (Underwood, 2023; Morales-Martínez et al., 2022).

H1: Effectiveness of Vocational Training Affect Disability Satisfaction

The relationship between disability independence and satisfaction involves emotional well-being, social connectedness, and job satisfaction. Independent living enhances life satisfaction through autonomy and meaningful community engagement (Cegarra, 2023). Social connectedness reduces isolation, with quality interactions and community involvement boosting a sense of belonging (Repke & Ipsen, 2020; Yeung & Towers, 2013). Job satisfaction, influenced by supportive environments, significantly impacts emotional well-being and life satisfaction, while stigma and negative attitudes hinder progress (Pagán, 2013; Nyanga, 2022). A balanced lifestyle incorporating work, leisure, and relationships is essential for improving satisfaction (Kim et al., 2021).

H2: Disability Independence Affects Disability Satisfaction

Program inclusivity significantly enhances disability satisfaction across educational, social, and health dimensions. Inclusive education, with tailored curricula and stakeholder commitment, improves academic

achievement, belonging, and well-being for students with disabilities (McMahon et al., 2016; Morales-Martínez et al., 2022). Beyond academics, inclusive recreational activities foster community connections and enhance social satisfaction (Shapiro et al., 2020). In healthcare, frameworks like GRAID ensure accessible interventions, boosting participation and satisfaction (Rimmer et al., 2014; Herman et al., 2023). Parental involvement further enhances satisfaction by fostering supportive educational environments (Underwood, 2023; Sharma et al., 2022).

H3: Program Inclusivity Affects Disability Satisfaction

3. Research Methodology

To explore the multifaceted nature of disability satisfaction, this study employs a concurrent mixed-methods design that integrates both quantitative and qualitative approaches. This methodological choice is particularly appropriate given the complexity of issues faced by individuals with disabilities, such as socio-emotional factors, structural barriers, and programmatic interventions. A mixed-methods approach enables the triangulation of findings, thereby enhancing the validity, reliability, and contextual richness of the results.

3.1 Research Design

This research is structured around a convergent parallel design, wherein quantitative and qualitative data are collected and analyzed independently but interpreted together to draw integrated conclusions. The quantitative strand relies on structured survey instruments to statistically examine the relationships between the effectiveness of vocational training, independence in disability, program inclusivity, and disability satisfaction. Conversely, the qualitative strand explores individual experiences and contextual realities through in-depth interviews and focus group discussions (FGDs).

For the quantitative phase, two well-established instruments were utilized:

- The Job Satisfaction of Persons with Disabilities Scale (JSPDS): Measures satisfaction across various employment-related domains, including work conditions, interpersonal relationships, and autonomy.
- The Satisfaction with Life Scale (SWLS): A widely validated instrument to assess global cognitive judgments of life satisfaction.

These tools have been previously employed in disability and employment studies, demonstrating strong internal consistency and construct validity (Koller et al., 2017; Kart & Kart, 2021).

In the qualitative phase, semi-structured interviews and focus group discussions (FGDs) were conducted with key stakeholders, including individuals with disabilities, vocational trainers, administrators of inclusive programs, and parents. This phase aimed to capture nuanced insights into personal experiences, perceptions of program effectiveness, and social challenges, including stigma and exclusion.

3.2 Population and Sample Size

The population for this study comprises individuals with disabilities who are either participating in vocational training, employed in diverse sectors, or involved in programs aimed at enhancing independence and inclusion. To ensure representation and statistical rigor, the study employed purposive sampling for qualitative data and stratified random sampling for quantitative data collection.

A total of 200 respondents were selected for the survey, in line with recommendations for minimum sample sizes in PLS-SEM modeling (Dammeyer et al., 2022). This sample size not only ensures sufficient statistical power but also enhances external validity and the potential for generalization of results. For the qualitative component, interviews were conducted with 15 individuals, and two FGDs were held, involving a total of 22 participants representing vocational institutions, special education centers (SLB), and community organizations.

3.3 Construct Operationalization and Measurement

The constructs analyzed in this study are:

1. Effectiveness of Vocational Training (ET)
2. Disability Independence (DI)
3. Program Inclusivity (PI)
4. Disability Satisfaction (DS)

Each construct was measured through multiple indicators using a 5-point Likert scale, ranging from “strongly disagree” to “strongly agree.”

- ET was assessed by examining perceived skill acquisition, relevance of training, employability outcomes, and confidence to enter the labor market.
- DI measured self-determination, autonomy in daily life, and the ability to make independent decisions.
- PI was evaluated through accessibility, program adaptability, community involvement, and inclusive practices.
- DS reflected personal fulfillment, perceived quality of life, and alignment between expectations and lived realities.

Psychometric properties of the measurement model were confirmed through tests of convergent validity (AVE > 0.5), composite reliability (CR > 0.7), and discriminant validity using Fornell-Larcker and HTMT criteria.

3.4 Data Collection Procedure

Data were collected in two phases over a three-month period.

- Quantitative data were gathered via structured questionnaires, both in paper-based and online formats, to accommodate diverse accessibility needs. Respondents were guided by trained enumerators to ensure understanding of items, particularly among those with cognitive or visual impairments.
- Qualitative data were collected through semi-structured interviews and focus group discussions (FGDs) held in accessible community centers and vocational institutions across North Sumatra. All interviews were conducted in the respondents' preferred language, recorded with consent, and later transcribed verbatim for analysis. Where needed, sign language interpreters and family aides were involved to facilitate communication.

The dual-mode collection strategy ensured that a wide variety of voices were heard and allowed the research to capture both breadth and depth of perspectives.

3.5 Data Analysis Strategy

The quantitative data were analyzed using Partial Least Squares Structural Equation Modeling (PLS-SEM) via SmartPLS software. Prior to modeling, data were cleaned, checked for missing values, and subjected to exploratory factor analysis (EFA). The structural model was then tested to examine hypothesized relationships among the latent constructs (ET, DI, PI, and DS). Model fit and explanatory power were assessed using R-squared (R^2) values and path coefficients with corresponding t-values and p-values for significance.

The qualitative data were analyzed using thematic analysis as outlined by Braun and Clarke (2006). This process involved:

1. Familiarization with the data
2. Generating initial codes
3. Searching for themes
4. Reviewing themes
5. Defining and naming themes
6. Producing the report

Themes such as “*barriers to independent living*,” “*inclusive training practices*,” and “*social stigma in the workplace*” emerged and were compared against the quantitative findings to provide a deeper interpretive lens.

4. Results

4.1 Respondent Characteristics

The majority of respondents in this study are women (58%) compared to men (42%). In terms of religion, Christian respondents were the most prevalent, at 68.7%, followed by those identifying as Muslim, at 25.3%. Education levels also show that most respondents attend SLB (64%). In contrast, other formal education, such as elementary (22%) and junior high school (6.7%), have a much lower percentage, with only 1.3% reaching the bachelor's level. Regarding work, the majority of respondents do not work (60.7%), while a small number are students (24.7%), and only a few work as laborers (9.3%), employees (2%), or civil servants (0.7%). This condition shows that people with disabilities still have a low level of education, which contributes to the high rate of economic helplessness, as reflected by the majority of respondents who do not work. Education and work are closely related to the quality of life of people with disabilities [1]. The inability to obtain a job is generally caused by limited access to adequate education and social stigma. Wijaya [2] emphasized the importance of vocational skills training programs to increase job opportunities and empower people with disabilities, especially those who do not have higher formal education. This reinforces the urgency of interventions by increasing access to inclusive education and vocational skills training for persons with disabilities to encourage their economic independence.

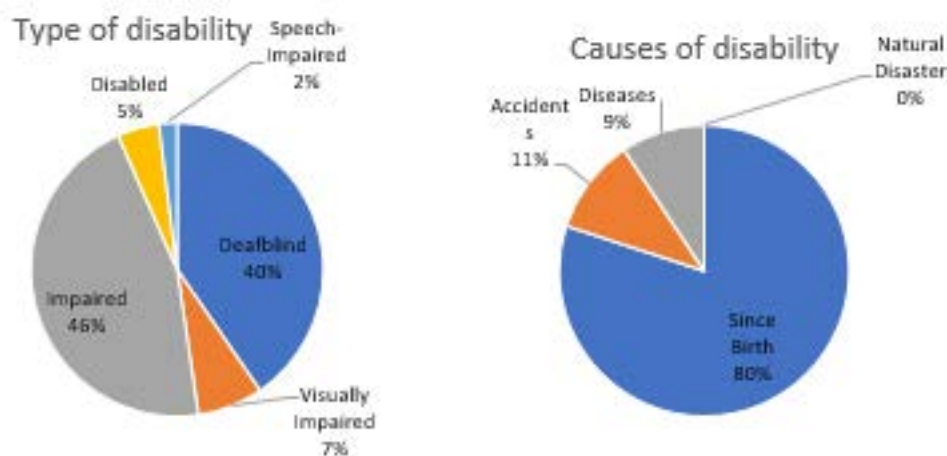


Figure 1. Characteristics of Respondents Based on Types and Causes of Disability

Based on the image above, the most significant number of people with disabilities in this group is the Deaf Grahita at 46%, the Deaf at 40.7%, the Blind at 7.3%, and the Daksa at 4.7%. People with speech impairment only account for 2% of the total. The majority of disability causes come from congenital conditions from birth, which reach 80%, followed by accidents at 10.7% and illness at 9.3%. This data shows that most people with disabilities are born with disabilities, especially with a high proportion of the Visually Impaired and the Deaf. Research by Rahmawati et al. [3] shows that people with congenital disabilities often face significant challenges in terms of educational and job accessibility compared to those who experience disabilities due to accidents or illnesses. The study is also consistent with the research of Putri and Kurniawan [4], which highlights the importance of early intervention programs for people with congenital disabilities to improve their cognitive development and social skills from an early age. This intervention can help people with Grahita and Deaf to adapt and develop better skills to improve their quality of life and independence. This approach demonstrates the need for more inclusive policies to provide support to people with disabilities, especially those with disabilities from birth.

Table 1 Convergent validity

Construct	Item	Loading factor	AVE	CR	Cronbach' alpha
ET	ES1	0.854	0.676	0.890	0.676
	ES2	0.866			
	ES3	0.839			
	ES4	0.792			
	ES5	0.755			
DI	ID1	0.754	0.675	0.881	0.675
	ID2	0.864			
	ID3	0.847			
	ID4	0.825			
	ID5	0.812			
PI	IP1	0.743	0.629	0.855	0.629
	IP2	0.756			
	IP3	0.847			
	IP4	0.843			
	IP5	0.771			
DS	KD1	0.759	0.642	0.877	0.642
	KD2	0.752			
	KD3	0.803			
	KD4	0.856			
	KD5	0.831			

The validity of convergence was tested through the outer loading of each indicator on the variables Effectiveness of Vocational Training (ET), Disability Independence (DI), Inclusivity Program (PI), and Disability Satisfaction (DS). Based on the test results, all the outer loading values of the indicators for each variable are above the recommended minimum value, which is 0.7 (Ghozali & Latan, 2015). This shows that these indicators are valid in measuring the constructs they represent. In addition, the Average Variance Extracted (AVE) value for the Effectiveness of Vocational Training (ET) variable was 0.676, Disability Independence (DI) was 0.675, Program Inclusivity (PI) was 0.629, and Disability Satisfaction (DS) was 0.642. An AVE value greater than 0.5 confirms that more than 50% of the variance contained in each variable can be explained by its indicators, which meet the criteria for convergent validity (Fornell & Larcker, 1981). These findings show that the measured constructs have an excellent and reliable level of validity for further analysis in this study. They also provide a solid basis for understanding the effectiveness of programs related to vocational training, disability independence, program inclusivity, and disability satisfaction.

4.2 Discriminant validity

Table 2 Fornell Larcker Criterion

	ET	DI	PI	DS
ET	0.822			
DI	0.474	0.821		
PI	0.683	0.521	0.793	
DS	0.592	0.459	0.659	0.801

The analysis showed that each variable's AVE root (ET, DI, PI, and DS) was more significant than the correlation between other variables. This means that the discrimination is valid. These findings confirm that the constructs used in this study have good validity and are reliable for measuring the phenomenon being studied (Bagozzi & Yi, 1988).

Table 3 Heterotrait-monotrait ratio (HTMT)

	Heterotrait-monotrait ratio (HTMT)
ET <-> ET	0.776
DS <-> PI	0.745
DS <-> ET	0.662
PI <-> DI	0.591
DS <-> DI	0.541
DI <-> ET	0.539

The results of the Heterotrait-Monotrait Ratio (HTMT) analysis showed the values for each construct pair as follows: ET <-> ET (0.776), DS <-> PI (0.745), DS <-> ET (0.662), PI <-> DI (0.591), DS <-> DI (0.541), and DI <-> ET (0.539). All HTMT values are below the threshold of 0.85, which indicates good discriminatory validity. The highest value (0.776) between ET and ET indicates a strong relationship, while the lowest value (0.539) between DI and ET indicates that the constructs can be measured separately without significant overlap. Therefore, these results show that constructs (ET, DI, PI, and DS) have good discriminatory validity and are reliable for measuring the phenomenon studied (Henseler et al., 2015).

4.3 Inner model



Figure 2 R-square (R^2)

R-Square model: 0.482 means that the ability of the variables ET, DI, and PI explains that DS is 48.2% (moderate)

4.4 Hypothesis Testing

Table 4. Path Analysis

	Relationship	Standard Beta	t-value	P-values	Result
H1	ET<> DS	0.240	2.388	0.017	Supported
H2	DI <> DS	0.120	1.351	0.177	Not Supported
H3	PI <> DS	0.432	4.700	0.000	Supported

The results of the analysis of the relationship between variables in this study show that the first hypothesis (H1) regarding the effect of Effectiveness of Vocational Training (ET) on Disability Satisfaction (DS) has a beta standard value of 0.240, t-value 2.388, and p-value 0.017. A p-value of less than 0.05 indicates that this hypothesis is supported, indicating a significant positive relationship between ET and DS. This implies that increased effectiveness of vocational training contributes to increased satisfaction among persons with disabilities, demonstrating the importance of effective training programs in improving their quality of life. Furthermore, the second hypothesis (H2) that tests the relationship between Disability Independence (DI) and Disability Satisfaction (DS) shows a beta standard value of 0.120, a t-value of 1.351, and a p-value of 0.177. A p-value greater than 0.05 indicates that this hypothesis is not supported. This shows no significant relationship between disability independence and disability satisfaction. These findings may suggest that other factors, besides independence, play a more substantial role in influencing disability satisfaction. Finally, the third

hypothesis (H3) regarding the influence of the Inclusivity Program (PI) on Disability Satisfaction (DS) shows a beta standard value of 0.432, a t-value of 4,700, and a p-value of 0.000. With a p-value well below 0.05, this hypothesis is supported. This shows that inclusive programs significantly affect the satisfaction of people with disabilities, emphasizing the importance of policies and practices that support inclusion in different aspects of life. Overall, the analysis's results show that while ET and PI have a positive and significant influence on DS, DI does not show a considerable influence. This research provides important insights for developing programs and policies aimed at improving the satisfaction of persons with disabilities and highlighting the need for a more holistic approach to supporting their needs.

5. Focus Group Discussion

A focus group discussion (FGD) in North Sumatra involved 22 participants from institutions offering vocational training to individuals with disabilities, such as Happy Center, Yapentra, UPTD PS Ex-Leprosy Sicanang, and several special education schools (SLB). Yapentra focuses on training visually impaired individuals in skills like massage and entrepreneurship, while UPTD PS Ex-Leprosy Sicanang noted that social stigma still hinders employment opportunities for its trainees. SLBs like Karya Tulus and Karya Murni use hands-on methods and therapies to train students with physical and cognitive disabilities. However, challenges remain in managing participants with autism or Down syndrome, who often struggle with memory and focus. Sentra Bahagia and Sentra Insyaf emphasize mental strengthening and entrepreneurship, helping participants build confidence and start small businesses.

Despite these programs' success, social stigma and internal obstacles, such as cognitive limitations, hinder vocational training's success. Recommendations include increasing soft skills training, integrating technology, involving parents, and expanding digital skills training to improve job opportunities in the digital economy. The FGD stressed the need for a comprehensive, flexible approach to vocational training to empower individuals with disabilities and reduce social stigma.

6. Discussion

Vocational training is vital for promoting the independence and socio-economic integration of individuals with disabilities. In North Sumatra, institutions like Sentra Bahagia, Yapentra, and SLB Karya Tulus offer various training programs, including sewing, music, sports, and IT. Though challenges persist, these programs help participants engage in employment and contribute to the economy. Hypothesis tests show a positive link between vocational training effectiveness and disability satisfaction. However, disability independence does not significantly correlate with satisfaction. Social stigma remains a barrier despite vocational training, and participants often face discrimination in the workplace. Additionally, some participants' physical and mental limitations hinder training effectiveness, making hands-on approaches more successful. Inclusion programs are highly effective, with strong correlations to disability satisfaction. These programs help build self-esteem and prepare individuals for integration into society. However, limited technology use in training is a challenge, and regions with poor digital infrastructure face additional barriers. Expanding digital skills training and reducing social stigma can enhance vocational training outcomes for individuals with disabilities.

7. Conclusion

In light of the hypothesis analysis and interview results obtained from participants in the Focus Group Discussion, it can be posited that the success of vocational training and inclusion programs in enhancing the life satisfaction of individuals with disabilities is significantly contingent upon the support of family, community, and government. Implementing adaptive training methodologies, curricula aligned with the demands of the labor market, accessible facilities in vocational and work settings, and a reduction in social stigma are key factors in enhancing the efficacy of vocational training and inclusion programs. While disability independence has not demonstrated a substantial effect on life satisfaction, comprehensive inclusion programs and practical training can facilitate the economic and social independence of individuals with disabilities. A more comprehensive strategy, which encompasses the cultivation of soft skills, technological proficiency, and public education, will further augment the program's success in the future.

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