

Determination of the Effect of Home Care Fee (HCF) Practice on the Hopelessness and Life Satisfaction Levels of Families Having an Individual with Disabilities: Konya Sample

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Abstract

Aim of this study is to determine effects of home care services on disabled individuals and their families' hopelessness and life satisfaction level. An observational research model, that is, a complementary research model was mainly used in this study. A questionnaire form developed by the researcher to collect the opinions of families receiving home care service, the Hopelessness Scale created by Beck (1963) and the Life Satisfaction Scale improved by Diener et al. (1985) were used. Data was gathered through face-to-face interviews with the families of disabled individuals living in Konya Selçuklu, Meram, and Karatay. In light of these findings, it was suggested the psycho-social support system for both disabled individuals and their families should be improved, a professional caring team should be created for families to provide support especially related to self-care and psychological illnesses, and social support educations should be arranged to strengthen the mothers and women; families should be informed and their awareness should be raised about organization of families and caring commission members visiting families in certain intervals should inform families about caring techniques.

Keywords: Home Care Wage, Disability, Hopelessness, Life Satisfaction

JEL codes: H55, I10, I30, J14

1. Introduction

The state of excitement, hope and happiness experienced by the families after the birth of a healthy baby puts the families into a difficult and backbreaking period which they are not used to if the baby is disabled. Upon being informed of the disability, some feelings such as denial, shock, sadness, depression, guilt, anger, shame, decrease in self-confidence and esteem, and failure are experienced (Darıca et al., 1994) and this period affects whole family physically, emotionally, and socially (Küçüker, 1993). The presence of the baby with disabilities sometimes increases the unrest within the family and may put the integrity of the family at risk. The care becoming more difficult over time causes emotional burnout and chronic fatigue. Additionally, the expenses of the care and treatment of the individual with disabilities may put a strain on the family economically (Kılıç, 2009; Özşenol et al., 2003). Thus the stress experienced by the family members during this period transforms into *hopelessness*, which is felt strongly and intensely after a while (Kuloğlu, 2001). This traumatic situation gets deeper as the family members think of the future of the member with

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disabilities, that he or she will remain incapable in life and will constantly need help (Kuloğlu, 2001; Küçüker, 2001) and individuals' *satisfaction of life* decreases.

2. Literature Review

2.1. The Concept of Hopelessness

The main motivator that keeps people's thoughts about the future progressing, ensures a meaningful future and helps people to continue their relationships with their social circle is *hope*. According to the definition of Cutcliffe and Herth (2002), hope is "not imagining and desiring something to happen, it is a dynamic power ensuring that the individual reaches his or her aim set by him or her".

Hopelessness however is when the person is in a negative, pessimistic attitude with regard to the future and losing motivation towards the future (Lavender & Watkins, 2004; O'Connor et al., 2000). According to Beck (1963), hopelessness is when individuals believe they will not be able to accept their failures, they will never be able to solve their problems, that they attribute a false meaning to their experiences even there is no objective and realistic reason and that they expect negative results even though they do not make any effort to reach their aims.

A negative serious change regarding the life flow of the individual, any situation that may put his or her future life at risk, concerns about their health, and long-term stress are the main factors causing the emergence of feelings of hopelessness. American Psychological Association (1997) (as cited in Engüren & Ehtiyar, 2012) listed the reasons for hopelessness as the restriction of the activities of the individual due to various reasons and the resulting isolation, worsening of physical health, long-term stress, letting themselves go, and losing their faith into nonphysical values. The same organization defines the symptoms of hopelessness as the conversations with pessimistic content, negative statements in the language, passivity, decrease in talking, decrease in the expression of emotions, lack of using initiative, decrease in the response to external stimuli, disinterest to the person speaking with themselves, unconcerned attitude, decreased appetite, increase or decrease in sleeping hours, inattention to personal care, and avoiding social situations.

Hopelessness is the main problem experienced by the families having an individual with disabilities. Because the families may lose their faith in that they will be able to overcome the difficulties they encounter because of the individual with disabilities and they may lose their power to fight. This situation especially arises in the parents who directly undertake the care of the individual with disabilities. Supporting the family members financially and morally by the government and social circle is of great importance to avoid the hopelessness experienced by the family members.

2.2. The Concept of Life Satisfaction

Another problem experienced by the families having an individual with disabilities is the decrease in their level of life satisfaction. The satisfaction of life is the situation achieved by the evaluation of the individual's life from own perspective, in other words, the comparison of the expectations of the individual and what he or she already has. Therefore, satisfaction of life covers the cognitive judgment and evaluations of the individual regarding his or her life (Heller et al., 2006; Rampichini & Deandrea, 1997). From this point of view, satisfaction of life creates the cognitive aspect of happiness and being well (Diener, 1984; Ryff, 1989). The emotional component of being well includes the positive and negative feelings of the individual (Amin et al., 2013).

Neugarten (1961) who used the concept of life satisfaction in the literature for the first time suggests the following criteria to determine life satisfaction: a) People enjoying the activities in the daily life, b) Their life having a meaning, c) Having a purpose about their life

and accepting the responsibility of their past life, d) Having the belief that they have achieved the goals they predict during their life, e) Having a positive "me" image and whatever their weaknesses are being able to accept themselves as a valuable being, and f) Having an optimistic attitude towards life in general.

From here, even though the satisfaction of life is one of the most important goals in the life perception of the family members having an individual with disabilities, hiding that their child is disabled (Karaçengel, 2007), trying to solve their problems on their own (Dereli & Okur, 2008), and not sharing their feelings with their circle (Aysan & Özben, 2007; Bahar et al., 2009), not knowing how to solve their problems or losing their perseverance of solving problems (Natan, 2007; Uğuz et al., 2004), and not having hope for the future (Çürük, 2008) decrease their satisfaction of life (Aysan & Özben, 2007; Erhan, 2005). Also, as the degree of disability increases, it was revealed the family members show more pessimism, hopelessness (Erhan, 2005), depression (Mutlu et al., 2010), their satisfaction of life decreases and their stress level increases (Aysan & Özben, 2007). Besides these, it was also found that as the families' level of income decreases, the level of hopelessness (Erhan, 2005) and depression (Bahar et al., 2009) increases.

2.3. Care Services for Individuals with Disabilities and Home Care Fee Practice

In reducing the problems experienced by the families having an individual with disabilities, it is certain that many services especially those provided by the public (health, education, social services, residential care, financial assistance, etc.) would have many benefits (Sloper, 1999). These services in question are able to provide information about the adaptation methods (problem solving, decision making, communication skills, reaching social media, self-suggestion, raising self-morale, etc.) and thus can reduce the stress of the family members by facilitating their acceptance of the individuals with disabilities. Service providers are able to help to the person in need of care in providing physical, psychological and social functions and adaptation. Additionally, they are able to provide service to people who cannot use rehabilitation due to their special occasion and who are in need of special attention, support and protection even though they use rehabilitation (Seyyar, 2007).

Care services include the provision of the basic requirements with regard to providing and increasing the life quality of the individual in need of care. In this context, the member of the family having an individual with disabilities, who is in need of care can get these services in a care center organization as well as in his or her home or living environment (Oğlak, 2008). The care service is a professional support service offered to the person in need of at home (Seyyar, 2007) and today it is generally in the form of home care. The home care services include services such as home help, home follow-up services, home health services, and food service to home, telephone assistance service, maintenance, and repair services and paying *home care fee* (Danış, 2006).

The home care fee (HCF) practice implemented since 2006 in Turkey within this scope by the Ministry of Family and Social Policies covers a payment at minimum wage to be made to fulfill the needs of the individuals with disabilities, providing information about the care of the individuals with disabilities and providing psychological-social support to the families. With the support provided, it is aimed that the families look more hopeful towards the future, to share their burdens, to prevent hopelessness being experienced and to increase the level of satisfaction.

3. Method

3.1. Information Regarding the Purpose, Type, Population and Sampling of the Study

This study is a descriptive study and its main goal is to determine the effect of the HCF practice on the level of hopelessness and life satisfaction of the individual with

disabilities and his or her family. In the literature search, it was seen that no scientific study has been carried out on the subject of the effect of the HCF practice on the level of hopelessness and life satisfaction of the families having an individual with disabilities. This study aims to remedy the lack of knowledge in the relevant area.

The study was carried out in 2011. The population of the study consists of 5102 families residing in Selcuklu, Meram, and Karatay central districts of the Konya province and who were receiving home care fee. In order to determine the sample size, the formula of Sümbüloğlu and Sümbüloğlu (2004) was used and as a result of the calculation, it was concluded that at least 168 families could represent the population. However, to increase the strength of the sample it was chosen to include more families within the scope of the study and as a result 214 families, which accept to participate in the study were examined within the scope of the study.

3.2. The Data Collection Instruments Used in the Study

In the study, the survey form developed by the researcher to collect the socio-demographic data was used. To determine families' level of hopelessness, "Beck Hopelessness Scale" (BDS) developed by Beck et al. (1974) was used. The scale was translated into Turkish by Seber et al. (1993) and the inner consistency coefficient in the reliability study was calculated as 0.75. The scale consists of 20 articles and the questions of the scale are answered in true-false form. The scale reflects negative expectations. The articles 2, 4, 7, 9, 11, 12, 14, 16, 18, and 20 of the scale are scored as "positive" and 1, 3, 5, 6, 8, 10, 13, 15, and 19 are scored as "negative". There are 11 positive and 9 negative key answers. In every answer that fit with the given key 1 score and that does not with the given key 0 score is given and the total score achieved shows the level of "hopelessness". The scores that may range 0 to 20 show the increase in hopelessness when they are low and increase in hope when they are high (Köker, 1991). Beck et al. (1974) classified the hopelessness scores within four groups based on the answers of the subjects. Accordingly, 0-3 scores show there is not completely hopelessness, 4-8 scores show slightly hopelessness, 9-14 scores show moderate hopelessness, and 15-20 scores show advanced level of hopelessness (Beck et al, 1974). In the study, the participants were asked to answer the questions thinking their situation before and after receiving home care fee and the scale was applied twice in this manner.

In the study, the "Life Satisfaction Scale" (LSS) to determine the levels of life satisfaction was developed by Diener et al. (1985). The adaptation of the scale into Turkish was made by Köker (2001) and the Cronbach Alpha inner consistency coefficient was calculated as 0.70. The scale consists of five articles including *"I am happy with my life, I have everything that I want to have in my life, my life conditions fulfill my ideals with their many aspects, if I would live again I would not change anything and my life conditions are perfect"*. The low total score got from the scale is accepted, as the level of satisfaction is low. In 5-likert-type scale, 5 scores are given to the answer of "I totally agree" and 1 score is given to the answer of "I don't agree at all". The method used in measuring the level of hopelessness was repeated here too and the individuals were asked to answer the questions thinking their conditions before and after.

3.3. Hypotheses of the Study

The main hypotheses of the study are as follows:

- *Hypothesis 1:* Ho= There is no difference in the hopelessness level of the families before and after they get home care fee.
- *Hypothesis 2:* Ho= There is no difference in the life satisfaction level of the families before and after they get home care fee.

- *Hypothesis 3:* Ho= There is no relation between the level of life satisfaction and hopelessness of the people involved in the study before receiving HCF.
- *Hypothesis 4:* Ho= There is no relation between the level of life satisfaction and hopelessness of the people involved in the study after receiving HCF.

3.4. Analysis of the Study Data

The data obtained in the study was transferred to the computer and firstly data control was carried out and the incorrect data was fixed. Statistical analysis was performed using SPSS 20.0 software package. Descriptive statistics and the importance of the *difference between the two matches test* were used on the data.

3.5. Limitations of the Study

Since the study was carried out on families residing in Selcuklu, Meram and Karatay central districts of Konya province and who is using home care service; the findings obtained cannot be generalized to all individuals with disabilities who are using home care service and to their families. Also, in the application of the scales, the feelings synchronously obtained regarding their conditions before and after receiving HCF are also seen as a limitation.

4. Findings

In the tables below, the findings regarding the socio-demographic information and level of life satisfaction and hopelessness of people being examined under the study are provided.

Table 1. Socio-demographic Characteristics of the People who Primarily Undertake the Care of the Individual with Disabilities

Gender	Number	Percentage (%)	Marital Status	Number	Percentage (%)
Woman	173	80.8	Married	197	92.1
Man	41	19.2	Single	6	2.8
Age	Number	Percentage (%)	Divorced	11	5.1
20-29	28	13.1	Educational Level	Number	Percentage (%)
30-39	98	45.8	Illiterate	35	16.4
40-49	76	35.5	Literate	43	20.1
50-60	12	5.6	Primary education	109	50.9
Profession	Number	Percentage (%)	High school	25	11.7
Housewife	165	77.1	University	2	0.9
Officer	7	3.3	Degree of Relationship	Number	Percentage (%)
Worker	18	8.4	Mother	167	78.0
Tradesman	4	1.9	Father	35	16.4
Farmer	10	4.7	Wife	4	1.9
Other	10	4.7	Relative	4	1.9
TOTAL	214	100	Other	4	1.9

In Table 1, socio-demographic information regarding the individuals who primarily undertakes the care of the person with disabilities and answered the questions is provided. As

seen, among the individuals who participated in the study, 173 (80.8%) were women and 41 (19.2%) were men. In terms of age distribution, 28 are within 20-29 (13.1%), 98 are within (45.8%) 30-39, 76 are within (35.5%) 40-49 and 12 are within (5.6%) 50-60 age group. 65 of the participants are (77.1%) housewives, 7 are (3.3%) officers, 18 are (8.4%) workers, 4 are (1.9%) tradesmen, 10 are (4.7%) farmers and 10 are (4.7%) from other occupation groups. In terms of marital status, it is seen that 197 of the relatives of individual with disabilities (92.1%) are married, 6 are (2.8%) single and 11 (5.1%) are divorced. When we look at their educational status, it is found that 35 (16.4%) are illiterate, 43 (20.1%) are literate, 109 (50.9%) are primary school graduates, 25 (11.7%) are high school graduates and 2 (0.9%) are university graduates. When we review the individual with disabilities in terms of degree of relationship, it is understood that 167 of the participants are mothers (78.0%), 35 (16.4%) are fathers, 4 (1.9%) are husbands/wives, 4 (1.9%) are close relatives and 4 (1.9%) are other people.

Table 2. Information Regarding the General Condition of the Individual with Disabilities Whose Care is Provided in the Home

Type of Disability	Number	Percentage (%)	Educational Status	Number	Percentage (%)
Physical	54	25.2	Illiterate	164	76.6
Mental	136	63.6	Literate	20	9.3
Psychological	6	2.8	Primary education	26	12.1
Vision, Hearing, Speech	12	5.6	High school	4	1.9
Chronic disease	6	2.8			
The Condition of Being Home By His or Her Own	Number	Percentage (%)	Being able to Go Out Alone	Number	Percentage (%)
Independent	44	20.6	Independent	38	17.8
Partially dependent	58	27.1	Partially dependent	52	24.3
Completely dependent	112	52.3	Completely dependent	124	57.9
The Status of Being Able to Express Himself	Number	Percentage (%)	Being Able to Self-Care	Number	Percentage (%)
Independent	62	29.0	Independent	34	15.9
Partially dependent	80	37.4	Partially dependent	72	33.6
Completely dependent	72	33.6	Completely dependent	108	50.5

As seen in Table 2, among the individuals with disabilities examined within the scope of the study, it was found that 54 (25.2%) have disabilities due to physical illness, 136 (63.6%) due to mental, 6 (2.8%) due to psychological, 12 (5.6%) due to seeing-hearing-speaking and 62 (2.8%) due to chronic disease. When we examined the educational status of the individuals with disabilities, it was found that 164 (76.6%) are illiterate, 20 (9.3%) are literate, 26 are (12.1%) primary school graduates and 4 (1.9%) are secondary school graduates. When the status of being home alone of the individual with disabilities was evaluated, it is understood that 44 (20.6%) can stay home independently, 58 (27.1%) can stay

home partially dependently and 112 (52.3%) can stay home completely dependently. When we examined the status of the individual with disabilities for being able to go out to social environment, it is seen that 38 (17.8%) can go out to social environment independently, 52 (24.3%) can go out partially dependently and 124 (57.9%) cannot go out to their social environment without the help of their caretaker. When we evaluated the status of the individual with disabilities for expressing themselves, it is seen that 62 (29.0%) can directly express themselves, 80 (37.4%) can do partially dependently and 72 (33.6%) cannot express themselves without the help of their caretaker. When we looked at how much the individual with disabilities does his or her self-care, it is seen that 72 (33.6%) are partially dependent, 108 (50.5%) are completely dependently and 34 (15.9%) are independent in their self-care.

In the study, the people who primarily undertake the care of the individual with disabilities were asked to answer the questions in the hopelessness scale twice by considering their situations before and after receiving HCF. The findings are provided in Table 3.

Table 3. Findings Obtained Regarding the Hopelessness Level

Questions (n=214)	Before Receiving Home Care Fee		After Receiving Home Care Fee	
	Avr.	SD	Avr.	SD
I am looking with hope and enthusiasm towards the future.	0.92	0.28	0.61	0.49
When I look towards the future, I hope that I will be happier than now.	0.71	0.45	0.44	0.5
I am expecting good days rather than bad days.	0.55	0.5	0.3	0.46
I greatly believe in the future.	0.55	0.5	0.37	0.48
I hope to be successful in matters which are important to me in the future.	0.7	0.46	0.57	0.5
I hope to take advantage of the blessings of the world more than an ordinary human.	0.63	0.48	0.5	0.5
For me it is almost impossible to reach a real satisfaction in the future.	0.72	0.45	0.62	0.49
My past experiences prepared me for the future.	0.48	0.5	0.43	0.5
I cannot get good opportunities. There is no reason for me to believe that I will reach in those in the future.	0.68	0.47	0.64	0.48
Since I cannot get the things I desire it would be stupid to want something.	0.56	0.5	0.53	0.5
For me future looks full of inconsistencies rather than nice things.	0.58	0.49	0.55	0.5
I see my future dark.	0.49	0.5	0.47	0.5
The things never go as I want them to go.	0.64	0.48	0.62	0.49
Since I cannot correct the things about myself, it would be better to stop trying.	0.5	0.5	0.48	0.5
I don't think that I will be able to attain the things that I really missed.	0.64	0.48	0.63	0.48
It has really no help to show efforts to achieve	0.69	0.46	0.68	0.47

Questions (n=214)	Before Receiving Home Care Fee		After Receiving Home Care Fee	
	Avr.	SD	Avr.	SD
everything I want.				
I cannot even imagine how my life will be within the next ten years.	0.71	0.45	0.71	0.45
Even the things are going worse, knowing that the things will not always stay like this makes me relieved.	0.38	0.49	0.38	0.49
I have enough time to realize the things I most like to do.	0.7	0.46	0.7	0.46
The future seems fuzzy and uncertain to me.	0.59	0.49	0.6	0.49

As seen in Table 3, the findings obtained have revealed HCF provides a great contribution in decreasing the level of hopelessness of people. The questions with most difference between before and after HCF are respectively: *I am looking with hope and enthusiasm towards the future, when I look towards the future, I hope that I will be happier than now, I am expecting good days rather than bad days, I greatly believe in the future, I hope to be successful in matters which are important to me in the future and I hope to take advantage of the blessings of the world more than an ordinary human.*

The scores got from hopelessness scale were classified as stated by Beck et al. (1974) and the findings shown in Table 4 are achieved.

Table 4. The Findings Regarding the Level of Hopelessness Before and After Receiving HCF

	Before Receiving HCF		After Receiving HCF	
	Number	Percentage (%)	Number	Percentage (%)
There is no hopelessness (0-3)	-	-	8	3.7
Slightly hopelessness (4-8)	45	21.0	62	29.0
Moderate hopelessness (9-14)	96	44.9	95	44.4
Advanced hopelessness (15-20)	73	34.1	49	22.9
TOTAL	214	100.0	214	100.0

The Test of Importance Difference Between Two Matches

	Average	Standard Deviation	t	p
Before receiving HCF	12.45	3.92	14.06	0.000
After receiving HCF	10.83	4.28		

As seen in Table 4, when we examined the level of hopelessness before receiving HCF, it was found that the number of people who do not experience hopelessness is 0 (0%), who experience slightly hopelessness is 45 (21%), who experience moderate hopelessness is 96 (44.9%) and who experience advanced level of hopelessness is 73 (34.1%). When we examined the level of hopelessness after receiving HCF, it was found that there is no sign of hopelessness in 8 (3.7%) people, 62 (29%) have slight, 95 (44.4%) have moderate and 49 (22.9%) people have advanced degree of hopelessness. In order to test whether a difference occurred between the level of hopelessness before and after receiving HCF, the test of importance of the difference between two matches was carried out. According to the test results, it is understood that there is a 1.62-score difference in between the averages of the

hopelessness level before (Avr=12.45) and after (Avr=10.83) receiving HCF and this difference is statistically significant ($p<0.001$). It was seen that the level of hopelessness of people who participated in the study significantly decreased. Therefore *Hypothesis 1* is rejected.

In the study, the people who participated in the study were asked to answer the questions in the Satisfaction of Life Level scale twice by considering their situations before and after receiving HCF. The findings are provided below.

Table 5. Information Regarding the Life Satisfaction Level

QUESTIONS (n=214)	Before Receiving HCF		After Receiving HCF	
	Avr.	Std. Deviation	Avr.	Std. Deviation
If I had a chance to live my life again, I would almost change nothing.	1.93	.906	2.12	1.09
My life conditions are perfect.	2.04	.876	2.33	1.07
In many respects, I have a life which is close to my ideals.	2.04	.892	2.39	1.14
Until now, I achieved the important things I wanted in life.	2.11	.957	2.43	1.16
My life satisfies me.	2.14	.899	2.56	1.12

As seen in Table 5 the question of “*my life satisfies me*” has received the highest score (Avr = 2.59) and the question of “*If I had a chance to live my life again, I would almost change nothing*” (Avr = 1.12) has received the lowest score in the *Satisfaction of Life* level. The findings obtained show that the HCF practice is effective in increasing the level of life satisfaction of the people under the study however the families' level of life satisfaction remains at low levels in general.

The scores got by people who participated in the study were divided in equal interims and the satisfaction of life levels were collected under five groups. The findings are provided in Table 5.

Table 5. The Findings Regarding the Level of Life Satisfaction Before and After Receiving HCF.

	Before Receiving HCF		After Receiving HCF	
	Number	Percentage (%)	Number	Percentage (%)
Very Low (1-5)	20	9.3	20	9.3
Low Level (6-10)	113	52.8	70	32.7
Moderate Level (11-15)	72	33.6	89	41.6
High Level (16-20)	8	3.7	31	14.5
Very High (21-25)	1	0.5	4	1.9
TOTAL	214	100.0	214	100.0

The Test of Importance Difference Between Two Matches

	Average	Standard Deviation	t	p
Before Receiving HCF	10.2336	3.37	12.77	0.000
After Receiving HCF	11.7850	3.94		

As seen in Table 5, when the satisfaction of life level before receiving HCF was classified, it was found that the number of people whose satisfaction of life level is *very low* is 20 (9.3%), *low* is 113 (52.8%), *moderate* is 72 (33.6%), *high* is 8 (3.7%) and *very high* is 1 (0.5%). As seen in Table 5, after receiving HCF, it was found that the number of people whose satisfaction of life level is *very low* is 20 (9.3%), *low* is 70 (32.7%), *moderate* is 89 (41.6%), *high* 31 (14.5%) and *very high* is 4 (1.9%).

In order to test whether a difference occurred between the level of life satisfaction before and after receiving HCF, the test of importance of the difference between two matches was carried out. According to the test results, it was seen that there is a statistically significant difference between the level of life satisfaction before and after receiving home care service ($p < 0.001$) and the level of life satisfaction of families who participated in the study have significantly increased after receiving HCF. Therefore Hypothesis 2 is rejected.

Table 6. Examination of the Relationship in Between the Level of Hopelessness and Level of Life Satisfaction (Correlation Analysis)

Scales	r	p
Level of Hopelessness and Life Satisfaction Before Receiving HCF.	-0.309	0.000
Level of Hopelessness and Life Satisfaction After Receiving HCF.	-0.440	0.000

As seen in Table 6, a simple correlation analysis was carried out between the scores of hopelessness level and life satisfaction level before and after receiving HCF and in both situations, a negative oriented moderate level relationship which is statistically significant ($p < 0.001$) between the variables examined was found. Therefore Hypothesis 3 and 4 are rejected.

5. Results

In this study aimed at determining the effects of Home Care Fee (HCF) practice which has been applied since 2006 in order to support families having an individual with disabilities *in decreasing the level of hopelessness and increasing the level of life satisfaction* experienced by the families, important findings have been obtained. We can summarize the findings as follows:

Within the study, 214 relatives of individuals with disabilities were asked questions. 80.8% of the people answering the questions consist of women and 78% of these consist of the mothers of the individuals with disabilities. 77.1% of the participants are housewives and 50.9% are primary school graduates. These results reveal that generally housewife mothers undertake the care of the individual with disabilities.

When the findings regarding the individuals with disabilities were examined, it is revealed that 63.6% have mental disabilities, 76.6% are illiterate, 52.3% are completely dependent in terms of being able to stay home alone, 57.9% are completely dependent in terms of being able to go out alone to their environment, 37.4% are partially dependent in terms of being able to express themselves and 33.6% are completely dependent and 50.5% are completely dependent in terms of being able to perform out their self-care. These findings obtained bring into mind that the high level of dependency of the individuals with disabilities generally may have a large share in the hopelessness experienced by the mothers who undertake the care and decrease in their satisfaction of life.

It was seen that the level of hopelessness of families who participated in the study has significantly decreased after receiving HCF. For example, there was no one in the group of "no hopelessness" before receiving HCF and after receiving HCF, it was found that there was no hopelessness anymore in 8 (3.7%) people, the advanced level of hopelessness have

regressed from 34.1% to 22.9% and there was a shift towards the slight level of hopelessness. Also, the analysis carried out have revealed that the difference between the level of hopelessness before receiving HCF and after receiving HCF is statistically significant ($p<0.000$). When the questions in the scale are individually examined, they show that large increases are experienced in answers to the questions: *I am looking with hope and enthusiasm towards the future, when I look towards the future, I hope that I will be happier than now, I am expecting good days rather than bad days, I greatly believe in the future, I hope to be successful in matters which are important to me in the future*. These results clearly reveal that the HCF practice reduces the rate of hopelessness of the families.

Another issue examined within the scope of the study was to reveal the effect of the HCF practice on the level of life satisfaction of the families. In this context, the people participated in the study were applied "Satisfaction of Life Scale" developed by Diener et al. (1985). When the scores given to the scale were examined, it was observed the level of life satisfaction of the participants shifted from low level to moderate and high level. For example, before receiving HCF, the ratio of those having low level of life satisfaction improved from 52.8% to 32.7%, moderate levels from 33.6% to 41.6% and high levels from 3.7% to 14.5%. Also, it was found that the difference between the level of life satisfaction before receiving HCF and after receiving HCF is statistically significant ($p<0.000$). However, despite the positive improvements, it is also important to mention that the level of life satisfaction of the families is generally below the average.

Another important and expected result obtained in the study is the relationship between the levels of hopelessness and life satisfaction. The findings reveal a moderate negative and statistically significant relation between the levels of hopelessness and life satisfaction. In other words, as the level of life satisfaction decreases, the hopelessness increases and the support provided causes increase in the level life satisfaction and decrease in the level of hopelessness.

The findings reveal that the home care fee practice applied to the families having an individual with disabilities should be continued increasingly.

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