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*Intellectual and Developmental Disabilities*

Effects of a Justice-Based Partnership between Employees and Families in Creating Services and Supports to Enhance Quality of Life Outcomes

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**Abstract**

We propose justice-based partnership between employees and family members as a means to create services and support systems for individuals with intellectual disabilities, enhancing quality of life indicators. More specifically, we examine the links from mutual intergroup justice to three outcomes reported by family members: satisfaction with the center, service quality delivered by employees, and performance focused on the quality of life of individuals with intellectual disability. We used data from 111 centers. In each center, a group of family members ( $n = 845$ ) and a group of employees ( $n = 914$ ) participated. Multilevel modelling revealed that mutual intergroup justice (between employees and family members) has a positive effect on satisfaction with the center, perceptions of functional and relational service quality, and performance based on quality of life.

**Key Words:** justice-based partnership; satisfaction; functional service quality; relational service quality; performance based on quality of life; intellectual disability

### **Introduction**

Recent meta-analyses indicated that more than 70 million people around the world (approximately 1% of the global population) have an intellectual disability (Maulik, Mascarenhas, Mathers, Dua, & Saxena, 2011; McKenzie, Milton, Smith, & Ouellette-Kuntz, 2016). To respond to the needs of these individuals, modern societies have created services with the main objective of improving their quality of life. Accordingly, organizational and system-level changes in policies and practices are increasingly oriented towards a quality of life framework in the design and implementation of services, support systems, evaluation, and quality assessment (Schalock, Verdugo, Bonham, Fantova, & Van Loon, 2008). In particular, Systems Thinking is a fruitful approach that aims to expand the vision of interrelationships among the individual, service organizations, and society in order to observe and anticipate patterns of possible interdependency within the support system (Schalock et al., 2008). These changes go hand in hand with the United Nations Convention of the Rights of Persons with Disabilities (UNCRPD, United Nations, 2006), which focuses on avoiding discrimination by fostering the full participation and inclusion of individuals with intellectual disability. In this context, families and employees play a relevant role as pivotal support providers within the individual micro support system (Verdugo, Jenaro, Calvo, & Navas, 2017). In fact, adequate cooperation and partnership between employees and family members are critical in improving the quality of life of individuals with intellectual disability (see Carter et al., 2013; Martínez-Tur, Moliner, Peñarroja, Gracia, & Peiró, 2015).

One important way to make employees and family members creators of services and support systems is through a justice-based partnership where interacting participants treat each other with fairness, respect, and honesty (Neghina, Caniëls, Bloemer, & van Birgelen, 2015). This partnership is based on mutual intergroup justice. The mutuality concept considers both the level of a specific variable and the degree to which the actors involved in the interaction agree on it (shared perception) (Ko, 2014; Martínez-Tur, Estreder, Moliner,

Gracia, Pătraș, & Zornoza, 2018). This concept can be transferred to justice within the interaction between two or more people or groups. Therefore, optimal mutual intergroup justice emerges in the partnership between employees and family members when there is agreement that high justice exists between the two groups.

This approach to justice provides us with specific research and managerial contributions related to services and supports for individuals with intellectual disability. First, mutuality goes beyond the typical one-sided perspective where the employee is the only source of justice. By contrast, according to our view, the family member can also be seen as a source of justice in the justice-based partnership. Second, by introducing mutual intergroup justice, we can provide an indicator of the quality of the partnership that helps to create an environment for adequate performance of services.

### **Linking Justice-Based Partnership to Quality of Life Outcomes**

We propose that an optimal justice-based partnership between employees and family members (high mutual intergroup justice) will be positively associated with three outcomes: family member satisfaction, service quality, and organizational performance focused on the quality of life of individuals with intellectual disability. Traditionally, satisfaction has been based on experiences and outcomes that service users (e.g., family members) receive during service encounters (Moliner, Lorente, Molina, Gracia, & Martínez-Tur, 2017). However, the family member's contribution to an optimal partnership with employees, in terms of interpersonal justice (defined as the degree to which people are treated with respect, dignity, and politeness, see Colquitt, 2001), is also related to his/her satisfaction. Nelson, Layous, Cole, & Lyubomirsky (2016) noted that the individual's pursuit of happiness not only encourages a focus on oneself and one's needs, but it also directs the attention to others. Their research proposed that performing acts out of kindness for others may trigger positive emotions such as gratitude, love, and trust within the relationship, whereas performing an act out of self-kindness may not offer this opportunity. In fact, it might even lead to negative

emotions such as guilt and selfishness. In other words, if individuals do pleasant things for others, they are likely to have greater feelings of joy, contentment, and satisfaction, which will further promote their overall happiness (Nelson et al., 2016). These arguments can be transferred to the justice-based partnership between employees and family members in services for individuals with intellectual disability. It is reasonable to expect a positive relationship between satisfaction with the center and the degree to which the group of employees and the group of family members contribute to good social relations in terms of justice-based partnership. Mutual intergroup justice (employees and family members agree that they treat each other in a fair way) means that the active role of giving good treatment in the service organization is not restricted to the group of employees. By contrast, through mutual intergroup justice, the group of family members also contributes to the formation of good relations with the group of employees, describing an active role in the partnership that is positively related to family members' satisfaction. Based on these arguments, we propose the following hypothesis:

Hypothesis 1: Justice-based partnership, in terms of mutual intergroup justice between employees and family members, is positively related to family member satisfaction with the service.

We also propose that justice-based partnership is linked to service performance. It is generally assumed that a good relationship between employees and family members is crucial in achieving adequate performance in service organizations for individuals with intellectual disability (Carter et al., 2013; Martínez-Tur et al., 2015). After all, both groups can jointly contribute to organizational performance because they both contribute to providing a high quality of life for the person with intellectual disabilities. Mutual ethical actions are relevant for creating services and supports because they involve collaboration, avoid opportunistic

behavior, and reflect a humanistic approach to service interactions (Vargo & Lusch, 2008) as key elements for vulnerable service users (i.e., individuals with intellectual disability).

However, there is a lack of empirical evidence related to this question. Adequate partnerships between employees and family members are characterized by social exchange based on “giving and receiving” fair interpersonal treatment, which means that both groups agree that high levels of dignity and respect exist through mutual intergroup justice. High mutual justice between employees and family members is the adequate *breeding ground* for organizational performance directed to individuals with intellectual disability. Both employees and family members share the same critical goal: improving the quality of life of individuals with intellectual disability. An optimal partnership between these two groups, in terms of interpersonal justice, should facilitate positive organizational efforts to achieve this goal. By contrast, it is likely that low mutual intergroup justice leads to difficulties in achieving satisfactory organizational performance. Accordingly, we propose the following hypothesis:

Hypothesis 2: Justice-based partnership, in terms of mutual intergroup justice between employees and family members, is positively related to service performance.

## **Method**

### **Participants and Procedure**

A total of 118 small centers, each affiliated with an NGO for Persons with Intellectual Disability (“Plena Inclusión”, Spain), participated in the current research study. Each small center is considered a work unit that provides services to individuals with intellectual disability. Two types of informants were surveyed: 937 employees (professionals) and 876 customers (family members). Two types of centers participated in the research study: sheltered workshop and day-care services. Participating employees and families were randomly chosen in each center.

The participation was confidential and voluntary. In order to carry out the random selection (assigning codes to employees and families) and perform the data collection, researchers trained one employee per center. This procedure resulted in a very satisfactory response rate, above 90% for both employees and family members. To be eligible, employees had to have contact with individuals with intellectual disability as part of their daily work. After the families from each center had been randomly selected, one family member per family was invited to participate in the research study. The participating family member was the one who had more direct and frequent contact with the center, its activities, and its employees. Because some of the measures used for the statistical analyses were aggregated at the organizational level, at least three usable surveys per center, from both employees and family members, were required. In addition, participating employees from each center represented at least 60% of the members under the direct supervision of the manager of the center (Liden, Erdogan, Wayne, & Sparrowe, 2006).

Of the total number of participating centers, seven were excluded because they did not meet the aforementioned requirements. Therefore, 111 centers (49.2% were sheltered workshop services, and 50.8% were day-care services) were represented in the final sample (914 employees and 845 family members). Employees ranged from 3 to 24 per center ( $M = 5.06$ ), with an average tenure of 11.28 years. Family members ranged from 3 to 11 per center ( $M = 4.64$ ), and they had used the center for an average of 8.80 years. Regarding the employees, 75.5% were women, and their average age was 37.64 years. In the case of the family members, 67% were women, and their average age was 57.56 years.

### **Measures**

**Interpersonal justice between groups (employees and family members).** To assess interpersonal justice perceptions, three items from Colquitt's (2001) justice scale were used, adapting them to the context of services for individuals with intellectual disability. With this measure, the quality of the interpersonal treatment between family members and employees



was assessed. Employees reported on the treatment they received from family members ( $\bar{M} = .96$ ) (e.g. “Family members treat employees of this center with kindness and courtesy”). Using the same three items, family members reported on the treatment they received from employees ( $\bar{M} = .89$ ) (e.g. “Employees of this center treat the family members with respect”). The justice items were scored on a 7-point Likert scale ranging from 1 = *completely disagree* to 7 = *completely agree*. Justice perceptions were aggregated at the center level for both employees and family members. For this reason, we used the referent shift consensus model in writing the items, considering the center as a whole rather than the individual justice perceptions (Van Mierlo, Vermunt, & Rutte, 2009). More specifically, employees answered the items considering family members from the center as a whole, whereas family members reported their justice perceptions taking into account the employees from the center as a whole. A high score indicates a high level of perceived interpersonal justice.

**Satisfaction with the service.** We used the three-item reduced scale of satisfaction (Gotlieb, Grewal, & Brown, 1994; Martínez-Tur, Peiró, Ramos, & Moliner, 2006), based on Oliver’s scale (1980), which measures satisfaction and feelings of family members associated with the choice of the center ( $\bar{M} = .83$ ) (e.g. “I am happy that my family member with an intellectual disability is using this center”). The response scale ranged from 0 = *completely disagree* to 10 = *completely agree*.

**Service Performance.** In the present research study, we consider three critical indicators of organizational performance that focus on the service delivered to individuals with intellectual disability. The first two indicators are based on the well-known differentiation between functional vs. relational service quality (e.g., Gwinner, Gremler, & Bitner, 1998; Liu, Xiao, Lim, & Tan, 2017; Molina, Moliner, Martínez-Tur, Cropanzano, & Peiró, 2015; Rod Ashill, & Gibbs, 2016). *Functional service quality* refers to the degree to which the core service is delivered with expertise and efficiency. In organizations for individuals with intellectual disability, there are core prescribed tasks that should be

performed as well as possible (e.g., reliability, assurance). However, the service delivery cannot be restricted to functional aspects. *Relational service quality* focuses on emotional and social benefits for the service user beyond the instrumental nature of functional facets. It includes aspects such as empathy, authentic understanding, and little extras or special recognition. These aspects are especially relevant in services for individuals with intellectual disability because they describe a way of delivering the service that “signals appreciation and esteem towards vulnerable service users” (Molina et al., 2015, p. 630). Finally, we also consider a more contextualized indicator of organizational performance that focuses on the main goal of services for individuals with intellectual disability: improving the quality of life of service users. According to Moliner, Gracia, Lorente, & Martínez-Tur (2013), the definition and assessment of organizational performance can be contextualized to diagnose the improvement in the quality of life of service users due to the actions and efforts of organizations. Therefore, a measure of *organizational performance focused on quality of life* captures the particular nature of services for individuals with intellectual disability.

Family members reported on service quality using the 7-item scale validated by Molina et al. (2015). The *functional service quality* measure includes four items that refer to employee reliability, responsiveness, assurance, and personalized attention (e.g. “intellectually disabled people are taken care of as quickly as required by each situation”) ( $\alpha = .74$ ). The *relational service quality* measure includes three items that reflect empathy, extras, and authentic understanding (e.g. “This center does things to make the people with intellectual disabilities feel important and special”) ( $\alpha = .81$ ). All the items were rated on a 7-point Likert scale, ranging from 1 = *strongly disagree* to 7 = *strongly agree*. To measure *performance focused on quality of life*, we used a 5-item scale validated by Moliner et al. (2013) that focuses on the degree to which the quality of life of the individual with intellectual disability has improved due to the actions and efforts of the center, as reported by family members ( $\alpha = .89$ ) (e.g. “The quality of life of the person with intellectual disabilities under

my responsibility has improved because of this center”). The ratings were given on a 7-point Likert scale, with options ranging from 1 = *strongly disagree* to 7 = *strongly agree*.

### **Computing Mutual Intergroup Justice at the Organizational Level**

Mutual intergroup justice was computed as in previous measures of mutual trust (Martínez-Tur et al., 2016; Smith & Barclay, 1997). Accordingly, we followed a two-step procedure: a) aggregation of justice scores at the center level of justice scores, for both employees and family members separately; and b) computation of the square root of the product of family members' justice perception and employees' justice perception. Therefore, the first step consisted of aggregating justice perceptions in order to obtain two scores per center, one for employees and one for family members. To examine whether the aggregation was justified statistically, within-group agreement had to be assessed using a consensus-based approach (computation of the Average Deviation Index, or ADI). The ADI, initially proposed by Burke, Finkelstein, & Dusig (1999), provides an estimate of within-team agreement. Burke & Dunlap (2002) developed and proposed a practical upper limit criterion of  $c/6$  ( $c$  is the number of response categories in the response scale) for interpreting AD indices. For interpersonal justice, we worked with a 7-point Likert scale leading to  $c = 7$ , and consequently, to an upper limit criterion of  $c/6 = 1.16$ . The ADI values were below the cutoff (1.16) for both family members ( $M = .28$ ;  $SD = 0.26$ ) and employees ( $M = .69$ ;  $SD = .30$ ), supporting aggregation at the center level for both informants. Furthermore, we carried out one-way ANOVAs to check whether the expected discrimination between centers existed. Discrimination was confirmed for family members  $F_{(110, 721)} = 1.56$  ( $p < .01$ ), and for employees  $F_{(110, 765)} = 3.30$  ( $p < .01$ ). Taken as a whole, the results supported the aggregation at the center level of justice perceptions, for both employees and family members.

The second step in achieving mutual intergroup justice was to compute the square root product of family members' justice perceptions and employees' justice perceptions (see below). Smith & Barclay (1997) recommended this strategy because it has three main

advantages: a) it respects the original metrics, facilitating interpretation; b) there are fewer inflated correlations due to the size of the groups; and c) it includes both level and agreement. The latter is especially relevant for the current research study, making it possible to capture mutual intergroup justice between employees and family members by considering both the overall (the justice scores of employees and family members taken together) level of interpersonal justice and the level of agreement. The square root product reflects both level and agreement. The extent to which the two parts agree has an effect on the final mutual intergroup justice, with disagreement reducing the final score. For instance, disagreement between employees and family members, with scores such as [3, 1], would produce lower mutual intergroup justice [ $\sqrt{3 \times 1} = 1.73$ ] than agreement, such as [2, 2], [ $\sqrt{2 \times 2} = 2$ ], even though the overall levels in these two examples are identical:  $(3 + 1) / 2 = 2$ ;  $(2 + 2) / 2 = 2$ .

### **Control Variables**

Regarding family members, we controlled for age, sex (as a dummy variable, 0 for women and 1 for men), and individual perceptions of interpersonal justice. It is reasonable to expect that older participants would have more experience with the center in question, which would affect their evaluation of the services. In addition, it is well known that the evaluation of services can be related to the age and sex of customers (Choi, Lee, Kim, & Lee, 2005). We also controlled for family member justice perceptions at the individual level because it is relevant to check whether mutual intergroup justice at the center level is significantly linked to outcomes beyond individual perceptions. In other words, does mutual intergroup justice at the center level have significant relationships with the outcomes, regardless of the treatment each family member perceives? At the center level, we controlled for type of center as a dummy variable: sheltered workshop (assigned with 0) and day-care services (assigned with 1). We considered type of center as a control variable because it is possible that satisfaction and performance evaluations are related to the different characteristics of these two types of centers.

**Statistical Plan for hypothesis testing**

We computed multilevel structural equation modelling (MSEM) with robust maximum likelihood (RML) estimation to assess the hypotheses, using Mplus Version 7.0 (Muthén & Muthén, 2012), with observations nested within units. We used four 2-1 models with two levels (see Figure 1), one per outcome: satisfaction, functional service quality, relational service quality, and performance focused on quality of life.

“INSERT FIGURE 1 HERE”

**Results**

Means, standard deviations, and correlation scores are shown in Table 1. Mutual intergroup justice was positively correlated with satisfaction with the service ( $r = .17, p < .01$ ), functional service quality ( $r = .20, p < .01$ ), relational service quality ( $r = .19, p < .01$ ), and performance based on quality of life ( $r = .23, p < .01$ ). Individual interpersonal justice perceptions of family members also had positive significant links with all the outcomes. Correlations between individual interpersonal justice, satisfaction with services, service quality dimensions, and performance based on quality of life are moderate. The magnitudes of these correlations are probably due to the fact that these variables have been measured at a single level and using one informant. By contrast, correlations between mutual intergroup justice and the other variables are lower because the level is different (organization) and there are two sources of data (employees and family members).

“INSERT TABLE 1 HERE”

The proposed four 2-1 models showed a good fit to the data (see Table 2). Table 3 shows the results of the MSEM analysis. In H1, we proposed that justice-based partnership, in terms of mutual intergroup justice between employees and family members, would be able to predict family members' satisfaction with the service. There was a significant relationship between mutual intergroup justice at the center level (level 2) and satisfaction of family members at the individual level (level 1) ( $\beta = 0.34, p < .01$ ), thus supporting H1.

“INSERT TABLES 2 AND 3 HERE”

Results also supported H2, showing significant relationships between mutual intergroup justice at the center level (level 2) and the three indicators of performance at the individual level (level 1). Our findings showed positive links from mutual intergroup justice to functional service quality (H2;  $\beta = .21, p < .01$ ), relational service quality (H3;  $\beta = .25, p < .05$ ), and performance focused on quality of life (H4;  $\beta = .26, p < .05$ ).

### **Discussion**

The present research study focused on the justice-based partnership between family members and employees as a way to create services and supports, enhancing quality of life indicators. Our findings indicated that mutual intergroup justice, in terms of interpersonal treatment (interpersonal justice), was able to predict the outcomes of family members' satisfaction with the center and service performance.

Justice research has often focused on one side of a relationship where customers have been seen as passive actors who react, with more or less satisfaction, to employees' efforts and behaviors. This perspective becomes limited because service encounters are often bidirectional and, hence, allow the customer to have an active role (see Zablah, Carlson, Donovan, Maxham, & Brown, 2016). This is particularly visible in services for individuals with intellectual disability, where the participation of family members is necessary to achieve

the established objectives. The family member is considered, together with employees, as a significant creator of service and supports (Verdugo et al., 2017). Our findings confirmed that creating a service environment, characterized by justice-based partnerships between family members and employees, explains variance in quality of life outcomes that is not captured by the one-sided perspective of the individual justice perceived by family members.

This justice-based partnership occurs at the organizational level, describing the quality of the relationship between employees and family members. Their relationship usually lasts for years, thus providing an ideal context for the emergence of shared justice perceptions within each group. Over time, employees agree on the way family members treat them, facilitating the emergence of shared perceptions of justice among employees. Similarly, family members perceive the way employees treat them, leading to the existence of shared justice perceptions. Our results corroborated the agreement within each group. However, it is reasonable to assume that intergroup differences can exist (Brower, Lester, Korsgaard, & Dineen, 2009). Therefore, mutuality at the organizational level incorporates the combination of direct consensus and dispersion models (see Martínez-Tur et al., 2018). Direct consensus models postulate agreement among the participants, whereas dispersion models focus on disagreement and the extent to which there is variability among participants (Dawson, González-Roma, Davis, & West, 2008). Justice-based partnership combines the two approaches: on the one hand, agreement is expected within each group, but it is possible to encounter disagreement in the way the two groups (employees and family members) perceive each other. Optimal justice-based partnership reflects an intergroup relationship where both parties agree that high fair treatment exists in their interactions, producing the positive effects found in this study.

One of the positive outcomes investigated in the current research study was satisfaction of family members with the center. The active contribution of family members, as support provider (Verdugo et al., 2017), produces a favorable evaluation of the center. The

role of family members is expanded because they are also able to contribute actively to justice-based partnership, creating a service context that is rewarding to them in terms of satisfaction. Our findings confirmed this proposition, showing a positive link from mutual intergroup justice to family members' satisfaction with the center. The other type of positive outcome examined in the current study was service performance directed to individuals with intellectual disability (functional service quality, relational service quality, and performance focused on quality of life). Although scholars have suggested that a good relationship between employees and family members is necessary to enhance service performance for individuals with intellectual disability (Carter et al., 2013; Martínez-Tur et al., 2015), empirical findings were lacking. Justice-based partnership describes a high-quality relationship characterized by "giving and receiving" fair interpersonal treatment, helping to create an adequate environment for service performance. Our results supported this argument by showing consistent significant links from mutual intergroup justice to service performance indicators.

Our results lead to practical implications. Managers should promote close interactions and cooperation between employees and family members to achieve important goals. These types of actions probably require a training process for both groups in order to share with them the relevance of justice-based partnerships. Additionally, mixed teams (composed of employees and family members) could be created to design and implement projects where one of the functioning requirements is to display fair behaviors.

The current research study has a number of limitations that could provide inputs for further research. First, although our design was based on a survey study in real organizations, solid causal links cannot be established. It would be interesting to confirm our findings using other research designs (e.g., experiments). Second, we used self-reports to measure our variables. Future research studies could consider other measures that are not based on perceptions (e.g., objective indicators of quality of life). Lastly, our study was conducted in organizations located in a specific country (Spain). Verdugo et al. (2017) argued that the



implementation of disability policies depends on cultural factors: “These include the country or region’s level of socioeconomic development, its democratic tradition, and the political will and predominant ideology of the current government” (p. 234). Therefore, future studies could check the generalizability of our findings by examining the role of justice-based partnerships in other countries and cultures.

Despite these limitations, the current study takes an initial step in investigating justice-based partnership between employees and family members, and its links to both satisfaction and service performance directed to individuals with intellectual disability. Our study is congruent with the idea that family members do not have a passive role. Instead, both employees and family members are significant actors in creating services and supports. Fair and mutual intergroup treatment is a positive way to improve the service, describing a context that enhances not only satisfaction with the center, but also performance. The generalization of justice-based partnerships in intergroup relations is confirmed as a constructive way to understand service performance oriented towards individuals with intellectual disability.

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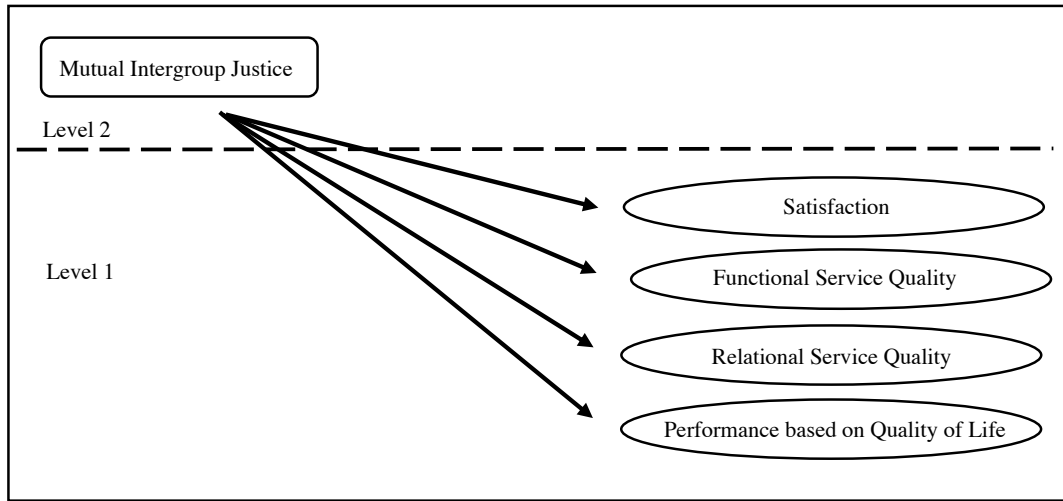


Figure 1. Multilevel Model

Runing head: MUTUAL INTERGROUP JUSTICE

Table 1

Descriptive Statistics and Correlations

	Mean	SD	1	2	3	4	5	6	7	8	9
1. MIG Justice	6.09	0.43									
2. Type of Center <i>Family Members</i>	--	--	0.07*								
3. Sex	--	--	-0.02	-0.03							
4. Age	57.56	11.60	0.02	0.01	-.019**						
5. II Justice	6.70	0.60	0.20**	0.04	-0.04	0.02	(0.89)				
6. Satisfaction	9.26	1.24	0.17**	0.10**	0.01	0.08*	0.41**	(0.83)			
7. Functional SQ	6.13	0.79	0.20**	0.10**	-0.01	0.13**	0.51**	0.55**	(0.74)		
8. Relational SQ	6.27	0.83	0.19**	0.01	-0.01	0.01	0.56**	0.49**	0.68**	(0.81)	
9. P QoL	6.21	0.86	0.23**	-0.01	-0.02	0.01	0.53**	0.58**	0.61**	0.68**	(0.89)

*Note.* SD-standard deviation; MIG Justice-Mutual Intergroup Justice; IJ-Individual Interpersonal Justice; SQ-Service Quality; P QoL-Performance based on Quality of Life. Pearson's correlation coefficient was computed for interval data. Spearman rank correlation was used when the data were dummy. Cronbach's alpha coefficients in brackets. \* $p < .05$ ; \*\* $p < .01$



Runing head: MUTUAL INTERGROUP JUSTICE

Table 2

Fit indices of the hypothesized models

	$\chi^2$	df	RMSEA	CFI	TLI
Model 1. Satisfaction	0.022	1	0.000	1.000	1.059
Model 2. Functional SQ	0.021	1	0.000	1.000	1.026
Model 3. Relational SQ	0.010	1	0.000	1.000	1.897
Model 4. P QoL	0.021	1	0.000	1.000	1.035
Cut-offs	---	---	< 0.10	> 0.90	> 0.90

*Note.* df-degrees of freedom; SQ-Service Quality; P QoL-Performance based on Quality of Life.

Runing head: MUTUAL INTERGROUP JUSTICE

Table 3  
Multilevel Analysis

	Satisfaction		Functional SQ		Relational SQ		P QoL	
	Parameter	SE	Parameter	SE	Parameter	SE	Parameter	SE
<i>within</i>								
Sex	0.05	0.08	0.03	0.06	0.01	0.01	0.02	0.06
Age	0.01*	0.01	0.01**	0.01	0.18	0.15	0.01	0.01
II Justice	0.78**	0.13	0.63**	0.05	-0.04	0.05	0.69**	0.07
<i>between</i>								
MIG Justice	0.34**	0.10	0.21**	0.08	0.25*	0.11	0.26*	0.11
Type of Center	0.21*	0.10	0.12*	0.06	0.04	0.05	0.01	0.06

*Note.* II Justice-Individual Interpersonal Justice; MIG Justice-Mutual Intergroup Justice; SQ-Service Quality; P QoL-Performance based on Quality of Life. Coefficients are unstandardized.  
\* $p < .05$ ; \*\* $p < .01$ .