

INFLUENCE OF MOBILITY IMPAIRMENT ON FAMILY FUNCTIONING

WPŁYW NIEPEŁNOSPRAWNOŚCI RUCHOWEJ NA FUNKCJONOWANIE RODZINY

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SUMMARY

Introduction: Human disability is considered as a particularly important and significant social problem in the contemporary world. Disability most often results in reorganization of family structure. It is a new challenge faced by family members, to which they must adopt. The way with which a family deals depends on many factors, among other things, financial, living and cultural standards, a value system, relationships between family members.

Aim: The aim of this work was to show influence of a family member's mobility impairment on its functioning, that is, financial situation, on existing family ties, social functioning.

Study sample and method: A diagnostic survey method was used and original questionnaire form became its tool. The study sample consisted of 60 people, family members who served as a minder of a mobility-disabled person who made use of health care benefits and services in health care institutions in the area of Busko-Zdrój.

Results: The survey analyses carried out, enabled to state that a family member's mobility impairment influenced changes in family functioning.

Conclusions:

1. A family member's mobility impairment influenced adversely the family's financial situation causing an increase in family expenditures mainly on drug treatment, visits to specialists and rehabilitation.
2. A family member's disability in most cases did not have a considerable influence on the change of family ties. In families in which there were some changes, they had a positive character and enhanced the existing family ties.
3. A family member's disability influenced its social functioning in a different way. In families, in which the changes happened, had one multiple character: from making new contacts, engaging in religious life to limiting interpersonal contacts.

Key words: a disabled person, mobility impairment, family, family functioning.

STRESZCZENIE

Wstęp: We współczesnym świecie niepełnosprawność człowieka powszechnie uznaje się za szczególnie ważny i doniosły problem społeczny. Niepełnosprawność najczęściej powoduje reorganizację struktury rodziny. Stanowi dla rodziny nowe wyzwanie, do którego musi się ona zaadoptować. Sposób, w jaki radzi sobie rodzina, zależy od wielu czynników, m.in.: warunków materialno-bytowych, kulturowych, systemu wartości, relacji między członkami rodziny.

Cel: Celem pracy było przedstawienie wpływu niepełnosprawności ruchowej członka rodziny na jej funkcjonowanie, tj. sytuację finansową, na istniejące więzi, funkcjonowanie społeczne.

Material i metoda: W badaniach wykorzystano metodę sondażu diagnostycznego, którego narzędziem stał się autorski kwestionariusz ankiety. Badaniami objęto grupę 60 osób, członków rodzin pełniących funkcję opiekuna osoby niepełnosprawnej ruchowo, która korzystała ze świadczeń zdrowotnych w placówkach ochrony zdrowia na terenie Buska-Zdroju.

Wyniki: Przeprowadzone analizy badań pozwoliły stwierdzić, że niepełnosprawność ruchowa członka rodziny wpływa na zmiany w funkcjonowaniu rodziny.

Wnioski:

1. Niepełnosprawność ruchowa członka rodziny niekorzystnie wpływała na jej sytuację finansową, powodując wzrost wydatków głównie na leczenie farmakologiczne, wizyty u lekarzy specjalistów i rehabilitację.
2. Niepełnosprawność członka rodziny w większości nie wywarła znaczącego wpływu na zmianę więzi rodzinnych. W rodzinach, w których zaistniały zmiany, miały one charakter pozytywny i wzmacniały istniejące więzi rodzinne.
3. Niepełnosprawność członka rodziny w różny sposób wpływała na jej funkcjonowanie społeczne. W rodzinach, w których zaszły zmiany, miały one wieloraki charakter: od nawiązania nowych kontaktów, zaangażowania w życie religijne do ograniczenia kontaktów interpersonalnych.

Słowa kluczowe: Osoba niepełnosprawna, niepełnosprawność ruchowa, rodzina, funkcjonowanie rodziny.

INTRODUCTION

Disability is commonly considered as a particularly important social problem in the contemporary world. The concepts of organizing care of handicapped people, including mobility disabled ones, require from organizers of this care an interdisciplinary complex approach to enable disabled people to participate fully in social life and give support for their family in the microenvironment in which a disabled person lives and functions.

Disability most often results in reorganization of family structure. It is a new challenge faced by family members, to which they must adopt. The way with which a family deals depends on many factors, among other things, financial, living and cultural standards, a value system, relationships between family members.

AIM OF WORK

The aim of this work was to show influence of a family member's mobility impairment on its functioning. The areas of a particular interest became the determination of: 1. influence of a family member's mobility impairment on their financial situation, 2. influence of a family member's mobility impairment on the existing family ties, 3. influence of a family member's mobility impairment on social family functioning.

STUDY SAMPLE AND METHODOLOGY

A diagnostic survey method was used in the survey and it was carried out with the use of a questionnaire form. The survey was carried out without a pollster, each of the subjects of the survey research filled in the given questionnaire form. A questionnaire form became the original study tool which consisted of 32 questions grouped thematically (annex). These questions helped to characterize the study population and determine to which extent a family member's mobility impairment influenced their financial situation, the existing family ties and their social functioning.

The survey research was carried out in XXI Military Spa and Medical Rehabilitation Hospital, Regional Hospital, "Górka" Complex Rehabilitation and Child Orthopedics Specialized Hospital in Busko-Zdrój. The sample group consisted of 60 people – family members who were minders of the mobility disabled people. The selection of the study popula-

tion was deliberate. Minders of the mobility disabled accompanied by patients in their care during hospital treatment and rehabilitation procedures.

The collected data of the survey was analysed and used in the work. The findings were presented in percentages. Analysing the findings, no statistical method was used and instead of this only a descriptive comparison was applied.

RESEARCH RESULTS

The socio-demographic characteristics of the study population of minders

The sample group consisted of 60 people, family members who served as a minder of a mobility-disabled person. The age of the people surveyed ranged from 24 to 75 years. The median age of a minder was 44.6 years. The people surveyed were divided into three age groups: 1) aged 20–39, 2) aged 40–59 and 3) aged 60 and over. The largest group – 37 people (62%) was made up of minders aged 40–59. The smaller subset of the population was created by people aged 20–39 – there were 16 people (27%). The smallest group of 7 people surveyed (12%) consisted of people aged 60 and over.

There were 46 women (77%) and 14 men (23%) among the people who were surveyed.

The people surveyed represented four categories of education. The largest one was created by people with secondary education – 33 minders (55%). There were 28% of the people with higher education, 10% of the study population with basic vocational education and 7% of the whole group with elementary education.

The next question concerned the issue how a minder and a disabled person are related to each other. Based on the analysis of the findings, it was stated that 23 people (38%) were the minders' parents. The group of 11 charges (18%) were the respondents' children; 8% of the people (13%) took care of his/her spouse; 7 minders (12%) chose the answer – "the other", mentioning their charges as: a grandmother, grandfather, an aunt, a mother in law. For 6 people surveyed (10%) a disabled person was not related, and for slightly fewer people, 5 minders (8%) – a sibling.

Information concerning a disabled person

1) The socio-demographic information

The second group of questions contained in the questionnaire form concerned information about a mobility disabled person.

The people surveyed took care of disabled people in a group which consisted of 35 men (58%) and 25 women (42%). The age of the charges ranged

from 5 to 96 years; the median age of a mobility disabled person was 47.2 years. The population of the disabled was divided into five age categories: 1) under 18, 2) between 19 and 39 years old, 3) between 40 and 59 years old, 4) between 60 and 79 years old, and 5) 80 years old and over.

The largest group – 17 people (28%) consisted of the charges between 60 and 79 years old due to the analysis of the data. The second group as for the size – 14 charges (23%) was made up of people aged 19–39. Slightly fewer people – 13 (22%) belonged to the category – under 18 years old, 11 charges (18%) were over 80 years old, and only 5 disabled (8%) were in the 40 to 59 age bracket. In the group of charges, half of them, i.e. 30 people (50%) lived in a town, and the next half of the disabled lived in the country.

52 charges (87%) lived together with their family and 8 mobility disabled didn't live with their family.

The respondents were also asked about the source of a mobility disabled person's income. In the opinion of the people surveyed – the main source of a disabled person's income was a pension or a disability pension for 33 disabled people (55%), 23 people answered that benefits (namely, nursing care contribution, health care benefits) were such a source of a disabled person's income; 12 people (20%) were supported by their family, 3 people pointed out the main source of their income as paid work. They indicated other sources of a disabled person's income, not mentioning which ones – 2 people (3%).

2) Information concerning disability

The next question about length of care of a mobility disabled person. The largest group of mobility disabled people's minders consisted of people who looked after their charges in a period between 1 year and 5 years. The second group as for the size, i.e. 18 people (30%) was made up of minders who looked after their charges over ten-year period. 10 people (17%) did this in a period between 5 years and 10 years, and again, 10 people (17%) took care of the disabled in a one-year period.

In the next question the people surveyed were asked to determine the reasons for the prevalence of mobility impairment. Due to the analysis of the answers of the minders surveyed in the research, the most frequent reason for mobility impairment was neurologic disease (19 people, i.e. 32%). Arthropathy and splondylopathy were in the second place (15 people, i.e. 25%). Congenital disease (12 people, i.e. 20%), injuries and accidents (12 people, i.e. 20%) and angiopathy (10 people, i.e. 17%)

were the next reasons. A group of 8 minders mentioned other reasons for the prevalence of disability (namely, consequences of oncological diseases).

Next the minders of the disabled people were asked whether the disability were accompanied by other health problems.

Half of the people surveyed (50%) confirmed the existence of other health problems occurred in the charges, among which heart diseases, angiopathy, diabetes, epilepsy, psychic disturbances, urologic problems, psoriasis, glaucoma and allergy were mentioned most frequently. The rest of the minders denied occurring other health problems.

Influence of mobility impairment on doing everyday activities by the charges was identified. The largest group of the people surveyed – 23 people (38%) confirmed that disability slightly limited opportunities for doing everyday activities. Slightly fewer people, because 22 minders (38%) stated that disability significantly limited opportunities for doing everyday activities by disabled family members. The group of 11 respondents (37%) answered that disability completely excluded the charges from doing everyday activities. Only 4 people (7%) stated that disability did not limit opportunities for doing everyday activities.

The respondents were asked to determine the possibility to move freely by the charges. Half of the disabled – 34 people (57%) had a possibility to move, but with difficulty. The second group, as for the size – 16 minders (27%) answered that there was not such a possibility. Only 10 people surveyed (17%) stated that disabled family members could move freely. The disabled moved: by means of locomotion equipment (equipment which enables the disabled to move), such as: walking sticks, crutches, walking frames and wheelchairs – 34 people (57%); with the help of other people – 26 disabled people (43%) or alone, without any help – 13 people (22%).

3) Participation in cultural life

Over half of the mobility disabled (32 people, i.e. 53%) did not participate in cultural life; the third of the mobility disabled (17 people, i.e. 28%) took part in cultural events but after persuasion. However, 11 people (18%) participated in cultural life willingly.

The disabled who took part in cultural life most often chose trips (16 people, i.e. 57%).

The further cultural activities, which the disabled preferred, were: going to the cinema – 14 people (50%), taking part in concerts – 9 people (32%), participating in other forms of cultural life (meeting with friends, pilgrimages, visiting museums, using the Internet, watching sports

matches) – 6 people (21%). Only 3 people (11%) mentioned theatre performances as a form of participation in cultural life.

From the study group of 28 the disabled family members' minders, 16 people (57%) confirmed that their charges had gained from cultural achievements several times a year, 5 people (18%) took part in cultural events every half year. 4 people (14%) took part in cultural life once a year. Only 3 disabled people (11%) gained from the accessible cultural achievements once or several times a month.

Information about family functioning

1) Family's financial situation

The respondents were asked whether mobility impairment of a family member had caused the change of the financial situation. Most of the surveyed people (50 respondents, i.e. 83%) stated that disability in the family had caused the change of the financial situation and it had been most often adverse (48 people, i.e. 96%); 2 people (4%) acknowledged that these changes had been beneficial and connected with extra income. The other minders (8 people, i.e. 13%) did not notice the changes in the family's financial situation.

Due to the analysis carried out, the biggest family's financial burden were equally expenditures for medicines and visits at a specialist as well as costs caused by rehabilitation – 31 answers (52%) each. The detailed information concerning this issue is shown in the figure 1.

2) The situation of family housing

It was recognized whether the prevalence of mobility impairment had caused the change of housing conditions of a family. Three fourths of the people surveyed (45 ones, i.e. 75%) answered that mobility impairment had not caused the changes of housing conditions. The other minders (15 people, i.e. 25%) stated that there had been a change in housing situation of the family, including 8 people (13%) who acknowledged that the situation had changed for better, but 7 minders (12%) answered that housing conditions had worsened.

3) A burden of care on family

Among the people surveyed, the largest group – 38 people (63%) – made up of the minders who declared a significant burden of taking care of a disabled family member. 21 minders (35%) declared a slight burden of taking care of a disabled family member. Only one person (2%) answered that a family member's disability had not placed any burden of care on their family.

4) Free time

In the next part of the questionnaire, the minders were asked to determine the influence of disabili-

ty on the way in which the family spent their free time. Due to the analysis of the findings, disability in a family decreased the amount of free time in more than half of the minders (31 people, i.e. 52%), the form of spending free time changed in 25 families (42%). 3 people pointed out the increase in the amount of free time (5%), and one minder (2%) stated that he/she didn't have leisure time.

5) Family atmosphere and family ties

The next question concerned the influence of disability on changing family atmosphere. The family atmosphere changed in 24 families (40%) under the influence of a close family member's disability. The rest of the minders (36 people, i.e. 60%) declared that family atmosphere had not changed. In the respondents' opinion, friendly atmosphere was presently created in their families (42 people, i.e. 70%). Overprotectiveness towards a disabled person was shown by 15 minders (25%). However, 3 people (5%) stated that atmosphere was indifferent. None of the people surveyed described the atmosphere as unfriendly and hostile.

28 minders (47%) from the study population showed the enhancement of family ties due to the disability of a family member, slightly fewer – 27 people (45%) stated that family ties had not changed. Only 5 minders (8%) answered that family ties had weakened.

The people surveyed were asked to determine whether there had been negative phenomena

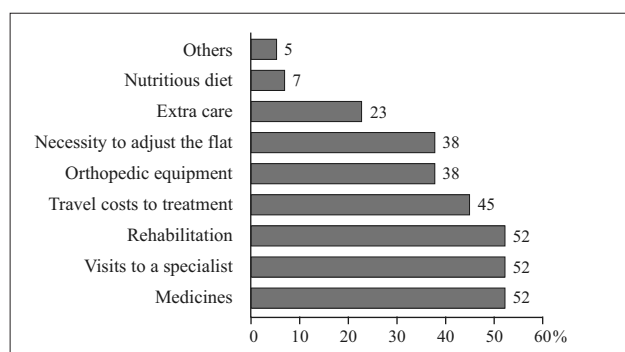


Fig. 1. Factors which cause the big family's financial burden
*The percentages do not add up to 100, because the respondents might choose several answers.

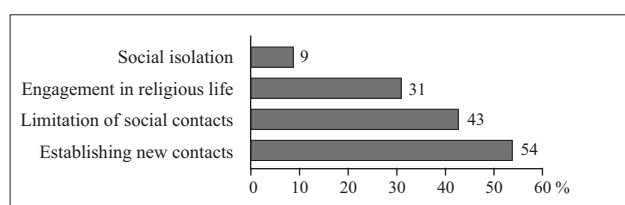


Fig. 2. Kind of changes in social functioning of family due to disability

*The percentages do not add up to 100, because the respondents might choose several answers.

in a family due to a family member's disability. The most of the people surveyed, i.e. 58 minders (97%) answered there had never been any negative phenomena. Only two people confirmed the occurrence of negative phenomena pointing out separations.

6) Social functioning

The next question concerned determining whether a family member's mobility impairment had caused changes in his/her social life. Due to the analysis carried out, 35 respondents (58%) confirmed that a family member's mobility impairment had been the cause of changes in their social functioning (the types of changes are shown in figure 2).

However, in 25 families (42%) disability did not cause any changes in social functioning of a family.

DISCUSSION CONCERNING THE RESULTS

Problems of disabled people, also including mobility disabled ones, are the subject of research and many discussions [1–10]. In 2011 the number of people who were disabled according to the law at working age comes to about 2.0 million (exactly 2 024 000), which was 8.4% of the population at working age. Based on the analysis of the data one can state that the disabled make up a large group and their problems connected with disability also comprise the nearest environment, including the families and are the significant social problem. The demographic data point out so called geriatric tsunami, and mobility impairment occurs more often, just in a group of the elderly [12, 13]. This is connected with the prevalence of characteristic so called "diseases of the third age", i.e. diseases of the cardiovascular system, neurological diseases, degenerative and overloaded changes, increase in incidence of traumas and psychic disturbances [14, 15].

The above mentioned problems confirmed the findings of the own survey research. In the study population, 58% of the mobility disabled people make up a group of people aged 60 and over, and neurological diseases (32%), arthropathy and spondylopathy (25%) and consequences of accidents and injuries (20%) were the cause of their disability.

Long-standing diseases and permanent or temporary disability are connected with a high financial burden. Due to the carried out analysis of the own survey research, one can state that disability influences his/her family's financial situation. There are many factors which are the reasons for this situation, among others things, non-earned sources of income

– as much as 55% of the people surveyed declared that mobility disabled people supported themselves on a pension and disability benefits. These benefits in Poland are not high and many times they are not enough to support the sick and disabled [16, 17]. Moreover, 20% of the study sample indicated financial support from the family as a source of income. The main sources of income for the elderly were pensions (85.8%) and disability pensions (12.8%) in the representative research of PolSenior [13].

An important factor which influences the financial situation of the disabled people and their families is expenditures. In the study population, the expenditures were most often connected with drug treatment, using doctor's advice and visits to specialists, rehabilitation (52% of the study sample). Additionally, a high financial burden for the family was travel costs to treatment (45%), purchase of orthopedic equipment (38%). For a quarter of the people surveyed (23%) a higher financial burden was connected with the necessity to provide the disabled with extra care. Other authors confirm in their research diversity of everyday problems of the disabled people and their families, showing financial, housing and family problems as the most important ones [7–10, 18–20].

Half of the people surveyed also confirmed the occurrence of other diseases and health problems in the mobility disabled people, which causes additional expenditures from the family budget. In the academic literature of the subject concerning disability, the authors pay attention to worsening economic situation of the disabled's families. According to Kawczyńska-Butrym, disability of one of the family members most often means financial difficulties. It causes an increase in expenditures for medicines, visits to a doctor, travel costs to hospital treatment, spa treatment with a considerable impoverishment of the family and limitation of the financial potential [6, 8, 9].

The further consequences connected with disability in a family comprise an emotional sphere and family ties. Due to the analysis of the findings, most of the mobility disabled people (87%) lived with their family. In the study population, the relationship among the family members was strengthened (47%), didn't change (45%) or worsened (8%). The prevalence of these negative phenomena in a family is a very important element of the assessment of the relationship between family members who function with a disabled person. Only slight number of people (3%) confirmed the occurrence of negative phenomena, which were separations of family members. Evaluating the atmosphere in a family, the people surveyed defined it as friendly (70%). The phenomena of the overprotectiveness concerning a mobility disabled person was pointed out by 25% of the people surveyed. The small

part of the respondents (5%) described the atmosphere as indifferent. However, one must underline the certain subjectivity of opinions about the relationship in their own families. One may suppose that they might be overstated.

Also these problems were also the subject of discussion of other researchers. Janocha in his studies stated that the family's attitude to mobility disabled people was friendly and the closest family were the reliable support for mobility disabled people [21]. According to Kawczyńska-Butrym, the prevalence of disability and disease in the family may influence the existing family ties in a different way. On the one hand, this may lead to the worsening of family ties, emotional distance, leaving a sick person, desertion, breakdown of the family, divorce. In many families the changes have the opposite tendency – deepening emotional ties, avoiding conflicts, and “striving for ties and love” [9].

The questions contained in the questionnaire form also allowed to assess social functioning of the family with a mobility disabled person. In most families surveyed (58%), a family member's disability caused changes in its social functioning; in a smaller group of the families surveyed (42%) there weren't any changes of this type.

Changes being made in the families had a manifold character – mostly caused making new contacts (54%) and bigger engagement in religious life (31%). The opposite behavior, i.e. limiting contacts were in 43% of the families surveyed; and 9% of the people surveyed went to social isolation. The reason for limiting social contacts was above all a burden of taking care of a disabled person for the family. The findings of the own survey research showed that a burden of care on families significantly concerns 63% of the families surveyed. Also other factors concerning the disabled person himself/herself were the reasons for limiting contacts, e.g., the way they move. Due to the findings, the limitation of the physical fitness had an influence on keeping social contacts. In the study population, as much as 57% of the mobility disabled people moved with difficulty, and 27% of the disabled did not have possibility to move freely.

Due to the excessive burden of taking care of a mobility disabled person for the family, it is necessary to have various support starting from emotional, through instrumental leading to the matter-of-fact one. Gugąła and co-authors showed that expectations of the families whose members had suffered from chronic diseases, from the health service professionals – nurses concerned the realization of professional health care (keeping the personal hygiene), therapeutic (alleviate pain and suffering), rehabilitation (teaching self-service activities, preventing the consequences of long-term immobilizing).

The people surveyed presented the influence of a family member's mobility impairment on the way the family spent their free time. In most families (52%) a family member's mobility impairment limited the amount of family's free time. The results of the own research show that mobility disabled people did not take part in cultural life (53%), took part in cultural life after being persuaded (28%), but only 18% willingly “were in touch” with culture. In a group of the people surveyed participating in cultural life, the form of participation which was chosen most frequently was trips (57%), a slightly smaller group preferred going to the cinema (50%), but to music concerts (32%). The disabled did not often use cultural achievements. Due to the analyses of the findings, as much as 57% of the disabled took part in cultural life several times a year and only 11% participated in cultural events once or several times a month. The ways of spending free time by the disabled apart from participation in cultural life are tourism and movement recreation, among which rehabilitation treatment, the forms that are preferred, coach trips, package holidays, stays in a sanatorium, and to a lesser extent, strolls and fitness [23].

A family with a disabled person, one can present in two contexts, the former showing the disabled person's situation in the family (e.g. her/his status in the family, living conditions, possibilities of his/her development). This approach refers to a disabled person's functioning from the perspective of an observer outside. The latter shows a family and changes that are made because of disability directly. Under the influence of disability, often occurs destabilization in the family but positive changes can be passed over, improvement of interpersonal relations both in the family and the local environment.

CONCLUSIONS

Based on the survey carried out, where the survey population comprises a group of deliberately chosen 60 minders of the mobility disabled people aged 24–75, the following conclusions were formed:

1. A family member's mobility impairment influenced adversely the family's financial situation causing an increase in family expenditures mainly on drug treatment, visits to specialists and rehabilitation.
2. A family member's disability in most cases did not have a considerable influence on the change of family ties. In families in which there were some changes, they had a positive character and enhanced the existing family ties.
3. A family member's disability influenced its social functioning in a different way. In families, in which

the changes had happened, they had one multiple character: from making new contacts, engaging in religious life to limiting interpersonal contacts.

The indirect conclusion: it is significant that the mobility disabled people and their families will not be left alone to solve the existing problems by themselves but will receive support according to these problems.

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ANNEX

- I. Socio-demographic information about a minder.
1. How old are you? I am years old.
 2. What is your gender?
 - a) male
 - b) female
 3. What is your education level?
 - a) elementary
 - b) basic vocational
 - c) secondary
 - d) higher
 4. How close is a disabled person to you?
 - a) mother/father
 - b) son/daughter
 - c) sister/brother
 - d) wife/husband
 - e) non-relative
 - f) others (which ones)
- II. Information concerning a disabled person.
5. What is gender of a disabled person?
 - a) female
 - b) male
 6. How old is a disabled person? He/she is years old.
 7. Where is the place of residence that a disabled person lives?
 - a) a town
 - b) the country
 8. Does a disabled person live with his/her own family?
 - a) yes
 - b) no
 9. How long have you been taking care of a disabled person?
 - a) less than one year
 - b) between one year and five years
 - c) between five and ten years
 - d) more than ten years
 10. Disability has resulted from?
 - a) congenital disease
 - b) injury, accident
 - c) angiopathy
 - d) neurological disease
 - e) arthropathy and spondylopathy
 - f) other reasons, which ones?
 11. What is the source of income of a disabled person?
 - a) a paid job
 - b) a pension/a disability pension
 - c) a benefit, which one?
 - d) support from the family
 - e) others, which ones?
 12. What is the disability level?
 - a) slight
 - b) moderate
 - c) significant
 - d) is not stated
 - e) an invalidity group, which one?
 13. Is the disability accompanied by other health problems or diseases
 - a) yes, which ones?
 - b) no

14. In which way does the prevalence of mobility impairment influence a disabled person's independence by doing everyday activities?
 - a) doesn't limit
 - b) slightly limits
 - c) significantly limits
 - d) completely excludes
15. Does a disabled person have a possibility of moving freely?
 - a) yes, completely freely
 - b) yes, but with difficulty
 - c) does not have such a possibility
16. In which way does a disabled person move?
 - a) independently, without any help
 - b) with the help of mobility equipment (a walking stick, crutches, a walking frame)
 - c) with the help of other people
17. Does a disabled person take part in cultural life?
 - a) yes, willingly
 - b) yes, but after being persuaded
 - c) does not participate, please go to the question no 20
18. If yes. Please indicate these forms of participation in cultural life.
 - a) cinema
 - b) theatre
 - c) trips
 - d) concerts
 - e) others, which ones?
19. If yes. How often does a disabled person use available cultural achievements?
 - a) once or few times per one month
 - b) once per half a year
 - c) several times a year
 - d) once a year

III. Information concerning family functioning

20. Has disability of a family member caused the change of financial situation?
 - a) yes
 - b) no, go to the question no. 22
21. If yes. What type of changes are there?
 - a) beneficial (additional income)
 - b) non-beneficial (additional expenditure)
22. Which of the below mentioned factors has caused significant financial burden for a disabled person and his/her family?
 - a) medicine
 - b) orthopedic equipment
 - c) visits to a specialist
 - d) travels to treatment
 - e) necessity of use healthy and nutritious diet
 - f) adapting a flat or a house to the needs of a disabled person
 - g) providing a disabled person with additional care
 - h) others, which ones?
23. Has the prevalence of disability caused the change of living conditions of a family?
 - a) yes, for better
 - b) yes, for worse
 - c) hasn't caused any changes
24. How is a family charged with care for a disabled person?
 - a) slightly
 - b) significantly
 - c) is not charged with care for a disabled person
25. How has family member's disability influenced the way of spending free time by his/her family?
 - a) has increased the amount of free time
 - b) has limited the amount of free time
 - c) has changed only forms of spending
 - d) has not had free time

26. Has a family atmosphere changed due to the prevalence of family's member disability?
 - a) yes
 - b) no
27. What is a family atmosphere now?
 - a) friendly
 - b) overprotective
 - c) indifferent/impartial
 - d) unfriendly
 - e) hostile
28. How has disability of a family member influenced family ties?
 - a) has strengthened them
 - b) has weakened them
 - c) hasn't changed them
29. Have any negative phenomena occurred in a family due to the prevalence of family member's disability?
 - a) yes
 - b) no, go to the question no 31
30. If yes, please mention which ones?
 - a) alcoholism
 - b) drug addiction
 - c) drug dependence
 - d) violence
 - e) split-up
 - f) separation
 - g) divorce
 - h) others, which ones?
31. Has family member's disability caused changes in family social life?
 - a) yes
 - b) no
32. If yes, what are the changes?
 - a) a) making new contacts (new contacts via the Internet, conducting activities in associations, foundations)
 - b) b) engagement in religious life
 - c) c) limitation of personal contacts
 - d) d) social isolation