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## **ASSESSMENT OF INDICATORS OF PERSONAL SPHERE OF PEOPLE WITH DISABLING DISEASES OF VARIOUS NOSOLOGICAL GROUPS**

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**ABSTRACT**

The research work deals with the experimental study of personal indicators of people with disabling diseases of various nosological groups (diseases of the musculoskeletal system, spinal injuries, cardiovascular diseases, cerebral blood flow acute disturbances, oncological diseases, head injuries, diseases of internal organs, central and peripheral nervous systems diseases). The study involved 22 clients (9 women and 13 men) aged 19-60, with functional limitations of various nosology of the I-III disablement groups of the Mixed Type Center of Rehabilitation for the Adults and Children with Disabilities of Melitopol City Council of Zaporizhzhia Region. It has been experimentally proved that the average values on all scales of WAM-Technique are within the statistical norm. Depending on the stage of the study, a clear pattern of changes in well-being (W), activity (A), and mood (N) during rehabilitation procedures has been traced. High rehabilitation potential of individuals of nosological groups of the sample is characterized by high indicators ( $\leq 50\%$ ) and low indicators ( $\geq 50\%$ ) on all scales. High rehabilitation potential has been revealed among people with musculoskeletal system diseases and spinal injuries. In all other nosological groups a low rehabilitation potential has been identified. It has been also proved that a majority of patients have an intrapsychic orientation towards the disease (61%). The process of socio-psychological adaptation of people with disabilities is difficult, because: these people have a low level of life satisfaction; self-esteem also has a negative dynamics; people with disabilities face significant problems in the field of relationships with others; their emotional state is characterized by anxiety and uncertainty about future.

**KEYWORDS**

disabling diseases, rehabilitation potential, attitude towards the disease, adaptive abilities, nosological indicators.

## INTRODUCTION

A number of people with disabilities are steadily increasing, though its causes and consequences may vary. According to the UN's data, every fourth family in the world is facing disability issues, the total number of people with disabilities on the planet is 600 million, and more than a quarter of them are children (including more than 160,000 children with disabilities in Ukraine under the age of 16). In recent years, due to the change of the Concept of Disability, rehabilitation of people with disabilities has become a recognized basis for social policy of the state [1]. The main focus of this policy is a comprehensive (medical, psychological and social) rehabilitation of people with disabilities. It is comprehensive rehabilitation that brings this category of people back to a full and normal life. Well-designed system of rehabilitation procedures can almost completely bring this category of people back to the usual way and rhythm of life. But without taking into account personal characteristics of people with disabilities and assessment of their resource capabilities, it is impossible to design an effective system of rehabilitation measures that can bring a person back to a productive life [2].

It is out of the question that disability limits people's participation in a considerable activity. Such people are detached from various life events that are important for their development as a personality. This influences their self-reflection, adequacy of self-esteem. Inadequate, low self-esteem has a significant impact on human behavior. This insecurity reduces person's ability to succeed. Because of limitations, caused by diseases, people with disabilities consider themselves to be handicapped ones. In particular, it deals with communication with other people. Insufficient level of compensatory abilities development reduced level of adaptive potential, presence of intra-personal conflicts, insecurity about life plans and motifs, inability to be fully integrated into society, feeling of one's own inferiority and incapacity are resulted in a number of socio-psychological problems, which people with disabilities face while longing for self-actualization and self-realization [3, 4]. Therefore, the research of psychological characteristics and dynamics of personal changes of people with disabilities, as well as implementation of qualified psychological support for the representatives of this category of people are among the urgent problems at the present stage of society development.

## RESEARCH AIM

The aim of the research is to analyze and empirically verify the indicators of personal sphere of people with disabilities of different nosology types.

## MATERIALS and METHODS

A complex of empirical methods determined by the aim of research was used: observation, questioning, testing, ascertaining experiment. Following techniques were used [5]:

Technique of diagnostics of rapid assessment of well-being, activity and mood (WAM). Rapid self-assessment of well-being, activity and mood. The questionnaire consists of 30 pairs of opposite characteristics, according to which the respondent assesses his or her state. Each pair is a scale on which the respondents indicate the degree of intensity of one or another characteristic of their own state. The client is invited to describe his or her state at the present moment using a table, which consists of 30 pairs of polar features. The respondent is asked to choose the very characteristic that most accurately describes his or her state, and to identify a figure that corresponds to the degree of intensity of this characteristic.

Technique „Rehabilitation potential of personality” has been designed by I.Yu. Kulagina and L.V. Senkevich. The questionnaire consists of five scales corresponding to five components of the rehabilitation potential – motivational, emotional, self-esteem and communicative, as well as an internal disease pattern. Motivational component reflects the sphere of interests and patients’ degree of activity, their involvement into the process of making every day decisions, solution of professional (educational) problems and tasks related to the preservation of health (recovery). Emotional component represents general emotional background of the patient’s life (positive - negative), its dynamics in connection with the disease and possibility of regulating emotional reactions. Self-esteem component reflects patients’ idea of their most important qualities and attitude towards themselves as people with disabilities. Communicative component reveals specifics of significant social relationships and dynamics of interpersonal relationships during illness. The internal disease pattern is a special component of rehabilitation potential. It is taken into account while identifying the rehabilitation potential as a whole and is analyzed as an independent indicator [6].

Tobol Technique (type of attitude towards the disease). This technique was designed by A.E. Lychko in 1980. It is adapted to specific features of rehabilitation process. The technique is designed in the form of a questionnaire and diagnoses the type of person’s attitude towards the disease on the basis of information about the respondent’s attitude towards a number of potentially most important life problems and situations which are directly or indirectly related to his or her disease. The technique contains 12 types of attitude towards the disease: harmonious, ergopathic, anosognosic, anxious, hypochondriac, neurasthenic, melancholy, apathetic, sensitive, egocentric, paranoid, and dysphoric. There are 12 sets-tables containing from 11 to 17 numbered statements.

Multi-level personal questionnaire „Adaptability” (MLP-AM) was developed by A.G. Maklakov and S.V. Chermianin. It is used to assess personality’s adaptive capabilities, taking into account socio-psychological and psycho-physiological characteristics, which reflect generalized features of neuro-psychic and social development. The technique is based on the idea of adaptation, as a continuous process of active adaptation of a person to constantly changing conditions of social environment and professional activity.

In order to research personal sphere of people with disabling diseases during 2017-2018 we have conducted a psychodiagnostic study on the basis of Mixed Type Center of Rehabilitation for the Adults and Children with Disabilities of Melitopol City Council of Zaporizhzhia Region. Center of Rehabilitation is a state-owned rehabilitation institution which functions within the content of the tasks of rehabilitation of people with disabilities in accordance with the State Basic Program of Rehabilitation of People with Disabilities. In order to provide conditions for the active life and professional development of people with special needs, on May 7, 2012, a Department of Rehabilitation of People with Disabilities was opened in Rehabilitation Center. The Department works with the first, second and third disablement groups of people with disabilities over the age of 18, receiving comprehensive rehabilitation. The center caters for people with disabilities living in the city of Melitopol and surrounding areas. The study sample consists of 22 clients (9 women and 13 men) aged 19-60, with functional limitations of different nosology types of the first, second and third disablement groups (Table 1, Table 2).

Table 1. Quantitative indicators of research sample

Disablement Group	Female	Male
I	2	3
Congenital	1	1
Acquired	1	2
II	3	6
Congenital	1	2
Acquired	2	4
III	4	4
Congenital	1	1
Acquired	3	3

Table 2. Quantitative indicators of research sample according to nosological factor

Disabling disease of the sample	Number of people for rehabilitation
Diseases of the musculoskeletal system, spinal injuries	4
Cardiovascular diseases	3
Cerebral blood flow acute disturbances	7
Oncological diseases	2
Head injuries	2
Chronic diseases. Diseases of internal organs	2
Diseases of central and peripheral nervous systems	2

## RESULTS AND DISCUSSION

The following results were obtained using WAM-Technique (Tables 3, 4).

Table 3. Results of examination of rehabilitants using WAM-Technique

Period of sampling	Dynamics of well-being (W)	Dynamics of activity (A)	Dynamics of mood (H) <sup>6</sup>
Beginning of the rehabilitation course (2017)	3,6	4,3	4,6
Final study period (2018)	4,2	4,5	5,1

As it can be seen from Table 3, the average values on all scales according to WAM-Technique are within the statistical norm. But we can not talk about the favorable state of research participants, because the estimates that indicate a favorable state are in the range of 5.0 to 5.5 points. Depending on the study stage, the table shows a clear pattern of change in the state of well-being (W), activity (A), mood (M) during rehabilitation measures. The greatest changes are observed among indicators of well-being (W) and mood (M). The indicator of activity has changed the least due to the presence of inadequate internal motifs of the rehabilitation process and recognition of rehabilitant's personal role in this process, low level of motivation. The obtained results give the ground to make a conclusion that there is a well-defined periodic dynamics of well-being, activity and mood under the influence of psycho-corrective measures in the process of rehabilitation. Among the indicators of mental state according to WAM-Technique, emotional mood has appeared to be the most interesting issue for the analysis of the manifestations of the adaptation process. In our opinion, according to the indicators of mental state it is possible to identify a general tendency of success of rehabilitation process and adaptation to the changed conditions of life, which is the most clearly manifested among the indicators of emotional tone and comfort.

By means of use of Technique „Rehabilitation potential of the individual” we have obtained the following data on the main components of the rehabilitation potential in each nosological group (Table 4).

Table 4 Indicators of the rehabilitation potential level of sampled respondents according to the disabling disease nosology

	Maximum possible quantity of points	Musculoskeletal diseases, Spinal injuries	Cardiovascular diseases	Cerebral blood flow acute disturbances	Oncological diseases	Head injuries	Chronic diseases, diseases of internal organs	Diseases of central nervous systems
		Average indicator of the nosological group result						
Motivational component	2	6 50%	3%	3 25%	3%	6,2%	3 25%	3%
Emotional component		6 75%	7,5%	3 37,5%	5%	7,5%	4 50%	0%
Self-esteem component		7 87,5%	7,5%	3 37,5%	7,5%	0%	4 50%	0%
Communicative component		6 75%	0%	2 25%	7,5%	5%	5 23%	7,%
Disease internal pattern	0	11 55%	0%	6 30%	10 50%	0%	10 50%	5%
Number of people		4		7			2	

Table 4 shows that a high rehabilitation potential of people of nosological groups is characterized by high indicators ( $\leq 50\%$ ) on all scales, and correspondently low potential ( $\geq 50\%$ ). In the target group, a high RP was found among individuals with diseases of musculoskeletal system and spinal injuries. In all other nosological subgroups, a low rehabilitation potential has been found out. A comparative analysis of rehabilitation potential level according to a disabling disease has shown significantly lower indicators on all scales in comparison with individual indicators. When comparing subgroups of people with disabilities to different disabling diseases, it has been concluded that each type of somatic pathology (pathology related to the disorders of functioning of a certain body system) in the case of disability of a patient forms its own specific spectrum of non-psychotic mental disorders, which most significantly influence the course of main somatic diseases, as well as the processes of rehabilitation and adaptation. The main form of impact of a disabling somatic disease (physical defect) on the human psyche is a person's psychogenic response to the disease (physical defect) and their consequences, which are reflected in the disease internal pattern.

The results of the Tobol Technique have shown that in a majority of cases, 40% of patients started feeling ill with the beginning of the disease, in 15% of cases – they demonstrated a satisfactory level of well-being. It has been found out that a majority of respondents (56%) are in a bad mood due to their disease, 47% describe their mood as an anxious one. According to the research results, many research participants (38.9%) are ready for any treatment and rehabilitation, they try to overcome their disease and work as before, and only a small number of patients (10%) are scared of their disease.

As a result of data comparison, the typology of patients' attitude towards the disease has been determined. Most patients can be referred to the anxious and egocentric type. According to the technique, all 12 types of diseases were grouped into three blocks. The first block contains harmonious, ergopathic and anosognosic types of attitude towards the disease when mental and social adaptation is not significantly impaired. With a harmonious type of response, the respondent adequately assesses his or her state, actively participates in the treatment of the disease, sticks to the prescribed regime and at the same time wishes to overcome the disease and to be socially active. Apart from the harmonic type of response, ergopathic and anosognosic types are also included in the first block. There are following features of attitude towards the disease according to these types: reduction of one's own state criticism, minimization of the disease „value” until its complete displacement, sometimes some behavioral disorders of lifestyle are revealed, „escape” to work during the disease.

However, these patients don't demonstrate a pronounced phenomenon of mental deadadaptation. The second and third blocks contain types of disease response which are characterized by the presence of psychiatric deadadaptation in relation to the disease and they differ mainly in the mental orientation of the disease response. The second block contains anxious, hypochondriac, neurasthenic, melancholy, apathetic types of attitude, which are characterized by the intrapsychic orientation of personal attitude towards the disease, which causes social deadadaptation of patients with these types of response. The emotional-affective sphere of these patients' relations is manifested in deadaptive behavior: reactions, characterized by an irritable weakness, anxious depressed state, „escape” to illness, refusal to fight – „capitulation” to the disease. The third block includes sensitive, egocentric, paranoid, and dysphoric types of attitude, which are characterized by the interpsychic orientation of personal response to the disease, which provokes patients' social deadadaptation. Patients with these types of attitude towards the disease are characterized by a sensitized attitude toward their illness, which is likely to depend most on personality traits. Such sensitized attitude towards the disease is resulted in a deadaptive behavior of patients: they are ashamed of their disease, „use” it to achieve certain goals, have paranoid conceptions about the causes of their disease and its chronic course, demonstrate heterogeneous aggressive behavior, blaming others of their disease.

Table 5 Type of psychological attitude towards the disabling disease

Type of psychological attitude	Quantitative indicator	Percentage correlation
Harmonious	1	4,5%
Anxious	4	18%
Hypochondriac	-	-
Melancholy	3	14%
Apathetic	-	-
Neurasthenic	2	9%
Paranoid	1	4,5%
Sensitive	1	4,5%
Egocentric	3	14%
Dysphoric	2	9%
Anosognosic	1	4,5%
Ergopathic	2	9%
Paranoid	2	9%

As shown in table 5, two risk subgroups have been identified. The first risk subgroup includes participants of anxious, hypochondriac, neurasthenic, melancholy, apathetic types of attitudes towards the disease. The second block (9%). These people are characterized by the intrapsychic focus of personal response to the disease, which causes the violations of social adaptation. Annoying weakness, anxiety, depressed state, refusal to fight for one's own health – all these aspects lead to personal deadadaptation. This means that such individuals are unable to cope constructively with their irritability, anxiety and do not have faith in their own ability to improve their health.

Another risk subgroup – the third block, includes people with sensitive (9%), egocentric, paranoid, and dysphoric types of attitude towards the disease. Adaptation disorders of these individuals are connected with a sensitized attitude towards the disease, which is manifested in the following: they are ashamed of their disease; use their disease to achieve certain goals; have aggressive reactions, accuse others of their disease; have paranoid ideas about the causes of their disease. This means that such individuals are unable to cope with their shame, aggressive reactions, paranoid thoughts (unjustifiably blaming doctors of their disease) and they demand constant attention from others in order to meet their own needs.

Table 6. Type of psychological reaction to the disabling disease

Type of psychological reaction	Quantitative indicator	Percentage correlation	Social adaptation
First block	4	18%	It is not significantly violated
Second block	9	41%	Mental deadadaptation, emotional-affective reactions such as anxiety, depression, „absorption” into disease, weakness
Third block	9	41%	Deadaptive behavior, emotional-affective reactions, disorders of social functioning

When summarizing the results of the analysis (Table 6), the following three categories of patients have been identified:

- 1) patients with adequate attitude towards the disease (8.4%)
- 2) patients with an intrapsychic reaction to the disease (61%);
- 3) patients with interpsychic attitude towards the disease (30%).

Attitudes of patients towards the nature of their disease, formation of adequate model of the expected results of rehabilitation are of great importance for the prognosis of the disease and level of socialization.

Analysis of the results according to the „Adaptability” Technique shows that the integral index of personal adaptive potential is within the low level. Analysis of socio-psychological adaptation has shown significant differences in their socio-psychological characteristics, that confirm statistically significant differences in the following individual-personal adaptation components, which are manifested in: „physical and verbal aggression”, „negativity”, „irritability”, „alexithymia”, „tendency to externality”, „crisis of personal and social identity”, „narrowing of the need-motivational personality’s orientation”, „inadequate self-assessment of one’s own personal qualities, states and self-efficacy”, „dissatisfaction with family relationships”, „anxiety in the family”, „negative attitude towards the future”, in tension of psychological protection: „displacement”, „substitution”, and dominance of emotional-oriented behavior: „aggression”, „hopelessness”, „protest”; as well as social and environmental components of adaptation that show the greatest deficits in such areas as economic instability related to „reduced income level” and socio-psychological instability connected with „change of social status”.

The most important distinguishing feature of successful adaptation of a person having a disabling disease is adaptive problem-solving behavior, provided that he or she has an adequate attitude towards himself or herself and his or her self-efficacy. It is focused on admitting his or her changed capabilities, rethinking and self-realization in new life conditions. We have also researched the manifestations of emotional disorders which are characteristic for the clients with disabilities. Thus, 88% of respondents have a significantly high level of personal anxiety, which can be characterized as a personal trait. Restriction of freedom of action, work or study, active physical activity and social contacts, realization of plans for future associated with chronic diseases increase people’s frustration, maintaining their constant anxiety, including fear of future disease complications. All these aspects sap the strengths of a person.

The survey results have shown that people assess their health state as a low one, despite the fact that their state does not cause any fears from doctors and relatives’ point of view. More than a half (53%) of respondents have acute anxiety and a significant risk of developing depression. 46% of patients have demonstrated the signs of depression, manifested in the expressed passivity, lack of interest to the outside world, low degree of social adaptation, tendency to the depressive type of response to the distress, presence of negative attitude towards the future. An important element of psychological well-being of people with disabilities is their self-perception. Only one in four people with disabilities consider themselves to be a happy person. One third of people with disabilities consider themselves to be passive ones. One in six people consider themselves to be unfriendly. A quarter of people with disabilities consider themselves to be sad. Similar psychological self-assessment features have been identified in groups of people with disabilities of different severity. The most favorable self-esteem is identified among the people of the first disablement group.



Among them there are more „good”, „sociable”, „funny” people. The worse situation is viewed among the people of the second disablement group. It has to be mentioned that among the people of the third disablement group there are less „unhappy” and „sad”, but much more „evil” people, which is a characteristic feature of the problems in socio-psychological sphere. This is confirmed by a number of deeper individual-psychological experiments that reveal psychological deadadaptation, feeling of grievance, great difficulties in interpersonal contacts among the people of the third disablement group. There is also a difference in self-esteem of men and women: 7% of men and 14% of women consider themselves to be „happy”, „kind” correspondently 40% and 60%, „funny” respectively, 15% and 22%, which proves the fact that women have high adaptive abilities. There is also a difference in the self-esteem of working and unemployed people with disabilities: the latter have a much lower self-esteem. This happens partly due to the financial situation of the working people, as they have a higher level of social adaptation in comparison with the unemployed ones. The latter are eliminated from this sphere of social relations, which is one of the reasons for the extremely unfavorable personal self-esteem. Lonely people with disabilities are the least adapted to life.

The deterioration of moral and psychological state of people with disabilities can be also explained by difficult economic and political conditions in the country. Like all others, people with disabilities feel uncertainty about the future, anxiety, tension and discomfort. General concern takes on forms that are characteristic for today's political, economic and socio-psychological conditions. Along with poverty, all these factors cause the situation when minimal difficulties lead to panic and severe stress of people with disabilities. Thus, we can say that nowadays the process of social and psychological adaptation of people with disabilities is difficult because: they have a low level of life satisfaction; self-esteem also has a negative dynamics; people with disabilities face significant problems in the field of relations with others; their emotional state is characterized by anxiety and uncertainty about the future, they are pessimistic. Thus, the conducted empirical study has allowed us to draw the following conclusions. The most disadvantaged ones in the socio-psychological sense are those people who have demonstrated a combination of various unfavorable indicators (low self-esteem, alertness to others, life dissatisfaction, etc.). This group includes people with poor financial status and living conditions, lonely people, people of the third disablement group, especially unemployed, and people with congenital diseases.

It has been found out that the process of development of non-psychotic mental disorders involves all structures of personality's organization; a disabling disease also has a direct impact. The level of anxiety and depression of people with disabilities is significantly increased. The group average reactive anxiety level is  $38.56 \pm 0.63$  points. The group average level of personal anxiety is  $42.75 \pm 0.47$  points. Average score of the depressive disorders reflection is  $23.34 \pm 1.34$  points. Decrease in life sense orientations –  $73.76 \pm 10.26$  points.

## CONCLUSIONS

1. There exists a well-defined periodic dynamics of state of well-being, activity, and mood among people with disabling diseases under the influence of psycho-corrective measures in the process of rehabilitation. Emotional mood has become the most interesting issue for the analysis of adaptation process manifestations.

2. When comparing subgroups of people with different disabling diseases, it has been found out that each type of somatic pathology (pathology associated with disorders of functioning of a particular body system), in the case of disability of the patient, forms its own specific spectrum of non-psychotic mental disorders, which most significantly affect the course of basic somatic disease, as well as rehabilitation and adaptation processes.

3. As a result of data comparison, we have compiled the typology of the surveyed patients according to their attitude towards the disease. Most patients are referred to the anxious and egocentric types. A significant proportion of people are characterized by the intrapsychic orientation of personal response to the disease, which causes the violation of social adaptation, emotional-affective response of anxiety type, depressive state, „absorption” into illness, and weakness. Another risk subgroup consists of individuals with sensitive, egocentric, paranoid, and dysphoric types of attitude. Adaptation disorders of these individuals are connected with a sensitized attitude towards the disease, violation of social functioning.

4. Significantly high level of personal anxiety, which can be viewed as a personal trait, has been identified. Restriction of freedom of action, work or study, active physical activity and social contacts, realization of plans for future related to chronic diseases increase the level of people’s frustration, making them feel constant anxiety, including fear of future disease complications and increasing tension.

5. The most disadvantaged in the socio-psychological sense are those people who have demonstrated a combination of various unfavorable indicators (low self-esteem, alertness to others, life dissatisfaction, etc.). This group includes people with poor financial status and living conditions, lonely people, people of the third disablement group, especially unemployed ones and those having congenital diseases.

6. It has been found out that all structures of personal organization are involved in the process of formation of non-psychotic mental disorders; a disabling disease also has a direct impact. The level of anxiety and depression of people with disabilities is significantly high.

## REFERENCES

- [1] Zakon Ukraïni (1991) «Pro osnovi sotsial'noi zakhishchenosti invalidiv v Ukraïni» [Law of Ukraine «On the basics of social protection of persons with disabilities in Ukraine»] vid 21.03.91., VVR, № 21, st. 252 (in Ukrainian)
- [2] Gol'dblat Y. V. (2006) Mediko-sotsial'naya reabilitatsiya v nevrologii [Medico-social rehabilitation in neurology] - SPb .: Politekhnik. (in Russian)
- [3] Zaigarnik B.V., Bratus' B.S. (1990) Ocherki po psikhologii anomal'nogo razvitiya lichnosti [Essays on the psychology of abnormal personality development] - M. (in Russian)
- [4] Lebedeva S.S. (1998) Aktual'nye problemy obrazovaniya invalidov kak sposobi kh sotsial'noi adaptatsii [Actual problems of education of disabled people as ways of social adaptation] Obrazovanie kak sposob sotsial'noi adaptatsii invalidov: opyt i perspektivy - SPb. (in Russian)
- [5] Raigorodskii D.Y. (2006) Prakticheskaya psikhodiagnostika [Practical psychodiagnosis] - Samara (in Russian)
- [6] Lavrova D.I., Kosichkin O.S., Andreeva M.M. (2004) Otsinka zmistu i rivnya reabilitatsiinogo potentsialu pri riznikh zakhvoryuvannyakh [Estimation of income and rehab of potential potential in case of recession] - Mediko-sotsial'na ekspertiza ta reabilitatsiya (in Ukrainian)

## OCENA WSKAŹNIKÓW SFERY OSOBISTEJ OSÓB Z NIEPEŁNOSPRAWNOŚCIĄ RÓŻNYCH GRUP NOZOLOGICZNYCH

### STRESZCZENIE

Praca badawcza dotyczy eksperymentalnego badania wskaźników osobowych pacjentów z chorobami powodującymi niepełnosprawność różnych grup nozologicznych (choroby narządu ruchu, urazy kręgosłupa, choroby układu krążenia, ostre zaburzenia przepływu krwi w mózgu, choroby onkologiczne, urazy głowy, choroby narządów wewnętrznych, choroby ośrodkowego i obwodowego układu nerwowego). W badaniu wzięło udział 22 pacjentów (9 kobiet i 13 mężczyzn) w wieku 19-60 lat, z funkcjonalnymi ograniczeniami różnej nozologii I-III grup inwalidztwa Mieszanego Ośrodka Rehabilitacji Dorosłych i Dzieci Niepełnosprawnych Urzędu Miasta Melitopol, w obwodzie zaporizkim. Udowodniono eksperymentalnie, że wartości średnie we wszystkich skalach Techniki WAM mieszczą się w normie statystycznej. W zależności od etapu badania, prześledzono wyraźny wzorzec zmian samopoczucia (W), aktywności (A) i nastroju (N) podczas zabiegów rehabilitacyjnych. Wysoki potencjał rehabilitacyjny osobników z grup nozologicznych próby, charakteryzuje się wysokimi ( $\leq 50\%$ ) i niskimi ( $\geq 50\%$ ) wskaźnikami we wszystkich skalach. Duży potencjał rehabilitacyjny został ujawniony wśród osób z chorobami narządu ruchu i urazami kręgosłupa. We wszystkich pozostałych grupach nozologicznych zidentyfikowano niski potencjał rehabilitacyjny. Udowodniono również, że większość pacjentów ma orientację intrapsychiczną na chorobę (61%). Proces adaptacji społeczno-psychologicznej osób niepełnosprawnych jest trudny, ponieważ: osoby te mają niski poziom zadowolenia z życia; samoocena ma również negatywną dynamikę; osoby niepełnosprawne borykają się z poważnymi problemami w zakresie relacji z innymi; ich stan emocjonalny charakteryzuje się niepokojem i niepewnością o przyszłość.

### SŁOWA KLUCZOWE

choroby powodujące niepełnosprawność, potencjał rehabilitacyjny, stosunek do choroby, zdolności adaptacyjne, wskaźniki nozologiczne.



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