XI. STRESZCZENIE W JĘZYKU ANGIELSKIM

Selected aspects of the functioning of visually impaired people

According to the World Health Organization, 285.4 million people worldwide have visual impairment, of whom 14% are blind and 86% are visually impaired. It is important to note that the functioning of a visually impaired person depends on various factors, including the time of sight loss, degree of sight loss, type of disorder and resulting sequelae, life experiences, and support from family and relatives.

The main aim of this study was to assess selected problems in the functioning of people with visual impairment. The specific aims were to evaluate the key issues visually impaired individuals face in everyday life, including their quality of life, satisfaction with life, generalized self-efficacy, degree of loneliness, control of emotions, and the level of social support they receive. Differences in these factors between individuals with congenital and acquired visual impairment were also examined.

A total of 17 research questions and 17 research hypotheses were posed. The study was conducted using the diagnostic survey method in a group of 194 people with visual impairment, following approval from the UMB Bioethics Committee (No. APK.002.252.2023). The following research tools were used: a self-administered questionnaire and standardized instruments, including the Family Affluence Scale (FAS), the abbreviated version of the Quality of Life Assessment Questionnaire - the World Health Organization Quality of Life (WHOQOL)-Bref, the Satisfaction With Life Scale (SWLS) by Diener, Emmons, Larson, and Griffin, in a Polish adaptation by Juczyński, the Generalized Self-Efficacy Scale (GSES) by Schwarzer, Jerusalem, and Juczyński, the Social Support Scale by Kmiecik-Baran, the De Jong Gierveld Loneliness Scale in a Polish adaptation by P. Grygiel, G. Humenny, S. Rębisz, P. Świtaj, and J. Sikorska, and the CECS Emotion Control Scale by Watson and Greer, adapted by Juczyński.

Based on the analysis of the results, the following conclusions were drawn: the main reactions upon learning about the loss of sight were the onset of depressive symptoms, breakdown, and anxiety. The most frequently mentioned difficulties in daily functioning were problems with mobility, shopping, filling out documents, the necessity of having a caregiver or assistant, access to rehabilitation, the possibility of finding a job, and loneliness. According to the respondents, blind or visually impaired individuals do not have full access to social and, in particular, professional life. Most of the respondents

reported experiencing stigmatization due to their disability. The highest average quality of life was reported in the social and psychological domains, followed by the somatic and environmental domains. The level of satisfaction with life was not very high in the study population, with a predominance of respondents being somewhat dissatisfied with life. The level of general control of emotions was relatively high, with the highest levels in the suppression of anxiety, followed by depression and anger. Self-efficacy was low, while the level of loneliness was high. Most respondents rated Support from spouses high, while support from family, friends, psychologists, medical staff, and social workers was rated much lower. People with congenital visual impairment, compared to acquired visual impairment, and who knew Braille, compared to those who did not, rated their quality of life higher, had higher levels of satisfaction with life, a greater sense of ability to cope with diverse life situations, and a lower sense of loneliness. However, no differences were found in the ability to control emotions. A statistically significant relationship was revealed between most assessed areas of quality of life and satisfaction with life, sense of self-efficacy, received support, loneliness, ability to control emotions, perception of society's attitude toward blind people, perception of stigma, and type of visual impairment.

Generally, quality of life and satisfaction were influenced by gender but not by age, education, place of residence, number of people living together, or income. Quality of life in the somatic domain was statistically significantly affected by age, gender, education, and type of disability; in the environmental and mental domains, by gender and type of disability; and in the social domain, by type of disability and number of people living in the household. The majority of respondents felt stigmatized due to their disability, although this feeling was less common among those with a congenital condition. Individuals who experienced stigmatization because of their visual impairment had a lower average level of satisfaction with life than those who did not.

The following recommendations were proposed: it is essential to collect information on the needs of visually impaired people and forward it to those responsible for assisting this group. Educational campaigns should be organized across all mass media platforms to raise awareness about the conditions that can lead to visual impairment and the available support options for affected individuals. There should be easy access to psychological and psychiatric support for people losing their sight. Training should be provided to staff in various services (social welfare workers, ophthalmologists, other medical specialists, and medical staff), as well as to family members and caregivers, on how to provide physical rehabilitation to this group of patients, how to communicate with someone losing their sight, and how to provide comprehensive information on institutions and organizations offering assistance. Educating visually impaired people on where to obtain help and how to use modern technologies to facilitate everyday life is essential. It is worth continuing research on the above topic based on a larger group of people with congenital and acquired defects, expanding the scope of research to include a more detailed analysis of the problem of loneliness in people with visual impairments and a more thorough analysis of the problem of stigmatization of people with visual impairments. The author has also developed some guidelines to improve the quality of life of people with visual impairments.