Self-esteem of parents with intellectually disabled children in relation to the support of selected social groups

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ABSTRACT

Introduction: Besides family sources of support (husband, wife, children, parents, siblings, relatives), the literature on the problem of social support emphasizes the role of friends, acquaintances, and neighbors.
Purpose: assessment of types and levels of support that parents receive from specific social groups.
Materials and methods: The study included 108 mothers and 108 fathers of intellectually disabled children. The following were used: the authors' questionnaire and the standardized scale of Social Support by Kmiecik-Baran.
Results: There were marked differences between parents in terms of emotional support (standard deviation 3.519), the lowest in informative support (deviation 2.744). General support was poor in the opinion of 34.6% of parents. Strong informative support was enjoyed by 29.5% of respondents. Average institutional support related to 42.9% of parents, strong evaluative support 37.1%, and strong emotional support 41%. Parents received the strongest informative, institutional, evaluative, and emotional support from nurses and physicians. Spouses of the examined gave them poor informative, emotional and institutional support, and average evaluative support. Statistically, fathers received significantly stronger evaluative and emotional support – by more than one point and by more than 3 points in the case of general support – than mothers.
Conclusions: Parents received average social support; however, it was below the average for the Polish adult population. Spouses provided them poor informative, emotional and institutional support and average evaluative support; teachers, physicians and nurses average support in all categories, however, in the case of the latter two – institutional and evaluative support – were close to above-average values. Fathers enjoyed moderately stronger evaluative, emotional and general support from teachers, physicians, and nurses than mothers.
Keywords: Disabled child, parents, social support

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INTRODUCTION

According to Szymańska and Sienkiewicz [1], the concept of social support has been used for a long time in the context of problematic, critical, difficult situations, as well as traumatic events as one of the elements of seeking assistance and mechanisms of health and illness. Recently, it has been used to analyze the problem of stress and methods of coping with it.

Langford et al. [2] and Hupcey [3] distinguish three types of support: *structural* (social network existing objectively in the environment of an individual, consisting of informal and formal possible sources of help, in which a person or persons being potential addressees of the support are settled, which is also a foundation due to which the process of supporting can take place), *functional* (referring to functions and quality of social interaction, in which at least two persons participate and during which the process of supporting takes place, i.e. passing or exchanging different kinds of resources), *instrumental* (consisting of giving information or instructions regarding specific ways of acting in a particular situation), *emotional* (soothing negative feelings, bringing hope, improving self-esteem and mood), *informative* (allowing to better understand and assess critical situations), *material* (actual material and financial help), *spiritual* (referring to the sphere of sense and spirit, soothing suffering and pain connected with e.g. disease or disability), *noticed* (convictions of an individual about the availability of support, and subjective assessment of the quality of received support), and *actually received* (measured objectively or assessed on the basis of an account of the person to whom it is addressed).

Sęk [4,5] distinguishes a few types of support given to sick/disabled persons: *natural* (from a life partner, friends, family, etc. acting spontaneously), *formalized* (professional groups, associations and institutions, including institutions connected with health care, acting according to specific rules, less spontaneously and rarely on the basis of mutuality, and sometimes access to them is difficult and they may even stigmatize), *cognitive/informative* (conducive to better understanding the situation and problem, sharing one's own experiences, creating self-help groups, giving feedback about the effectiveness of different preventive measures and causing maintenance of a sense of control over the situation and authorship), *instrumental* (a kind of training in specific ways of acting, a form of modeling effective remedies used in health and psychological counseling and in justified situations on a clear demand; important for chronically ill persons), *material* (including material and financial help, direct physical actions, charity activity, provision of medicines and treatment measures, acting for the benefit of the needy), *spiritual* (playing an important role in situations of existential crisis, terminal, full of suffering and fear of death; most of all given in hospices and palliative care facilities), *emotional* (giving support, calming, showing care and a positive attitude aimed at care, release of tension and negative feelings, influencing self-esteem, giving a sense of hope), and *social support* (assistance available to the individual in difficult, stressful situations, or showing the needy that they are loved, worthy of care, appreciated and valuable; that they are part of a "network" of mutual obligations in relations with parents, spouse, partner, other relatives, friends, in contacts with the community, church, club or even a favorite pet).

As Piwoński [6] notices, the term social support appeared for the first time in the literature on the subject in the 1970s, mainly in facilities in the United States, Canada, and England [4,5,7].

In the opinion of Cobb [8], social support is "*the process, which should help a person to solve his life problems independently. The support consists of information giving the individual a sense that he is a member of the communication network and mutual obligations, and that he is taken care of, loved and respected*". The information comes to the individual from the environment, causing that he feels loved and appreciated that somebody takes care of him, and that he is a member of the network consisting of people with mutual obligations [8].

The aim of this work was to assess the types and levels of support received by parents of intellectually disabled children from particular social groups (spouse, family, teacher, physician, nurse).

MATERIALS AND METHODS

Consent RI-002/432/2010 for the study was granted by the Commission for Bioethics at the Medical University of Białystok. The study was conducted between October 2010 and October 2012.

The research included two groups: group I consisted of 108 mothers and group II of 108 fathers of intellectually disabled children.

In general, 150 questionnaires were distributed in both groups, and 108 of them from each group were used for the study. The condition for qualifying the questionnaires for analysis was providing answers to all questions by both parents. The difference between the number of the questionnaires that were distributed and those that were used results from the fact that some of them were incomplete or filled in by only one parent, despite a declaration that both parents filled it in.

The study used the authors' own questionnaire and the standardized scale of Social Support by Kmiecik-Baran [9].

The authors' own questionnaire was filled in separately by fathers and mothers. The questionnaire was the same in both groups. The questions referred to e.g.: age, place of residence, degree of relationship with the child, education, profession, sources of family income, material conditions, structure of expenses, length of marriage, degree of the child's intellectual disability, age at which the disability was diagnosed, fact of having other children with intellectual disability.

The Scale of Social Support by Kmiecik-Baran [9] includes statements referring to four types of support, 6 questions for each type (3 positive and 3 negative): informative support, instrumental support, evaluative support, emotional support. The task of the examined was to indicate the extent to which the statement referred to the distinguished social groups using a 5-level scale. The respondents could get 24-120 points. The *general score* – a maximum of 64 points and a minimum of 16 points – allowed to determine the level of social support without dividing it into different types of support, where 32 points indicated a very low level of social support, 33-47 points an average level of social support, and 48-64 points a high level of social support. *The score indicating the level of informative, instrumental, and emotional support* had a maximum of 16 points and a minimum of 4 points, where 4-7 points indicated a low level of informative support, 8-12 an average level of informative support, and 13-16 points a high level of informative support. Social support was also assessed by comparing it with sten norms. To assess the sten results, the following categorization was used: Sten 1-3 – low score; Sten 4-7 – average score; Sten 8-10 – high score [9].

The basic research was based on a pilot study conducted in groups of 30 parents, which allowed verifying the clarity of the statements formulated in the questionnaires and to prepare the final version of the questionnaire.

The methods used in the study included analyses of descriptive statistics, *t*-test, and determination of coefficient R^2.

RESULTS

The examined group included 108 mothers and 108 fathers, mostly biological parents. In both groups there was one case of an adoptive parent. About 3% of men were foster parents.

The vast majority of the examined (166 persons) were aged 31-50; 42.9% were aged 41-50, 36.2% 31-40; 18.1% were over the age of 50; and only three parents were under the age of 30.

Most of the respondents lived in large cities (of more than 50 thousand residents), only 16% in small cities (of less than 50 thousand residents), and 1/3 in villages.

Most of the parents had a secondary education (53.3%); 21% had a vocational secondary education; 17.1% higher education; 8.6% primary education. The rates were not very different from the average values noted for the whole of Polish society, e.g. in 2006, where particular degrees of education referred to 40%, 25%, 14.6%, and about 20%, respectively. Almost 2/3 of the respondents had professional qualifications related to physical work (63.8%), 30.5% intellectual work, and 12 persons (5.7%) did not have any profession.

In the case of 85.7% of the parents, the only source of income was the professional work of the father, and 34.3% the mother. In the case of 14.3% of the respondents it was a pension, 41% indicated benefits, and 5.7% other sources. The rates do not add up to 100 as the respondents could indicate more than one source of income.

A total of 37.1% of the examined parents indicated only one source of income. Among them, 26.7% indicated the work of the father, 5.7% benefits, 4.8% pension. 49.5% of the respondents indicated two sources of income, where 22.9% indicated the work of the father and benefits, and 20% the work of both parents. 10.5% of the parents had 3 sources of income. It is worth paying attention to the fact that 7.6% of all parents indicated the work of both parents and benefits as their sources of income. Two parents indicated all sources of income, and one parent indicated other sources beside pension.

Most respondents declared incomes that were enough for daily expenses, 17% of them could allow themselves to have some savings, 41% were able to cover all expenses without any effort, and 36% could only pay for basic needs. Fortunately, only 6% were in a bad financial situation and were not able to cover daily expenses, or even had debts.

Almost half of the respondents (46.7%) were parents of children with severe intellectual disabilities (98 persons). A total of 42.9% of them had children with moderate disabilities (90 persons) and only 10.5% with mild disabilities (22 persons).

In the examined population, the intellectual disability of the children was diagnosed approximately at age 2. Additionally, in 81.75% of the cases, it was diagnosed approximately up to age 6. The diagram also shows the existence of so-called "deviating observations," meaning that a small group of children was diagnosed extremely late – only at age 14. 78.1% of the parents also had healthy children.

In the research, there was a determined level of social support in five dimensions: general, informative, instrumental, evaluative, and emotional, in terms of the support received from a spouse, family, teachers, physicians and nurses.

The result of general support received by the parents reflected the level of support without dividing it into the different types; however, it

included aggregated support received from all the examined groups. The subscales illustrating the types of support had the same numeric range (the range of results 5-30).

On the basis of the data included in table I, it can be stated that the examined parents felt that they received the least informative support, slightly more emotional support, and significantly more institutional support. The biggest differences between the examined parents were noticed in terms of emotional support (the largest standard deviation reached 3.519), and the smallest in terms of informative support (2.744 deviation).

Table 1. Descriptive statistics for general social support received by the parents (different types)

Type of support	General	Emotional	Informative	Institutional	Evaluative
Arithmetic average	67.379	16.030	15.370	18.411	17.568
Standard deviation	8.854	3.519	2.744	2.670	3.020

In accordance with the results of the social support scale by Kmiecik-Baran, the majority (36.2%) of the examined parents received average general support from all sources. The support was poor in the opinion of 34.65% of the parents. A total of 29.5% of the respondents enjoyed strong informative support. The majority (35.2%) of the examined parents received average informative support. It was poor in the opinion of 33.3% of the parents, and strong in the opinion of 31.4% of them. The results are very similar to those expected and to normal distribution. The majority (42.9%) of the parents received average institutional support. It was poor in the opinion of 33.3% of them and strong in the opinion of 23.8%. The results are very similar to those expected and to normal distribution. The largest (37.1%) group of the respondents declared strong evaluative support; 28.6% declared average support, and 34.4% poor support. The largest (41%) group of the examined declared strong emotional support, 36% average, and 23% poor emotional support. Such distribution of the results indicates the existence of a large group of parents receiving relatively poor emotional support and a very large group of parents receiving significantly strong support of that type. There was a gap between these groups in terms of the amount and quality of the received support.

In the opinion of the parents, over 2/3 of nurses and more than half of physicians and teachers provided strong general support, 2/3 of their spouses and more than half of the parents poor, and in both groups only 19-33% provided parents with average general support (details are not shown).

On average, the examined parents received the strongest general support from nurses. There were also noted high rates of support from teachers and physicians. Relatively poor support (15-25% lower than from nurses) was received from family and spouses. It should be noted that support from nurses, teachers, and physicians was relatively stronger than support from family or a spouse. This means that there is greater variation between the levels of support from family and spouses (considerable difference in the quality of family relations) among the examined parents (Table 2).

Table 2. Descriptive statistics of general support sources

	Spouse	Family	Teachers	Physicians	Nurses
Average	56.790	63.038	69.962	73.029	74.076
Standard deviation	12.133	13.713	10.872	9.396	9.240

On average, the examined parents received the strongest informative support from nurses and physicians. High values of support from teachers and family were also noted. Relatively poor support (25% poorer than from nurses) was provided by spouses. In that case, the parents received the most varying levels of informative support from teachers (this could be explained by e.g. different levels of educational facilities). Details are shown in Table 3.

Table 3. Descriptive statistics of informative support sources

	Spouse	Family	Teachers	Physicians	Nurses
Average	13.267	15.057	15.648	16.200	16.676
Standard deviation	3.617	3.749	3.828	3.253	3.401

On average, the examined parents received strong institutional support from nurses, physicians and teachers. Poor support was provided by a spouse and family, which was certainly conditioned by the specificity of that type of support. The level of support from physicians was relatively uniform for the examined parents; in case of family and spouse it relatively varied (Table 4).

Definitely the strongest evaluative support was provided by nurses, teachers, and physicians; the level was lower in the case of family and spouses. The differences between the different types of support may be interpreted as in the point referring to informative support (Table 5).

Again, on average, the highest level of emotional support was provided by: nurses, physicians, and teachers, and the lowest spouse (as much as 24% lower than nurses). In that case, the difference in levels of emotional support among the parents, irrespective of its source, was relatively similar (Table 6).

Table 4. Descriptive statistics of institutional support sources

	Spouse	**Family**	**Teachers**	**Physicians**	**Nurses**
Average	15.019	16.314	19.752	20.429	20.543
Standard deviation	4.081	4.288	3.875	2.905	3.439

Table 5. Descriptive statistics of evaluative support sources

	Spouse	**Family**	**Teachers**	**Physicians**	**Nurses**
Average	15.190	16.867	17.705	18.905	19.171
Standard deviation	4.504	5.010	3.820	3.610	3.509

Table 6. Descriptive statistics of emotional support sources

	Spouse	**Family**	**Teachers**	**Physicians**	**Nurses**
Average	13.314	14.800	16.857	17.495	17.686
Standard deviation	4.842	5.047	4.548	4.361	4.209

Summing up the results of the analysis of the social support scale (by Kmiecik-Baran), one can state that the parents received social support at the average general level; however, it was lower than the average for the Polish adult population. Only in the case of spouses, the support can be classified as poor. Particular subscales of support were also included in the range of average values; however, they were much lower than the average for the population. The examined parents received the strongest institutional and evaluative support, poorer emotional support, and the poorest informative support.

Analyzing the social support (Fig. 1), divided by its sources, one can state that spouses provided the examined with poor informative, emotional and institutional support, and average evaluative support. Family gave poor informative and emotional support, and the other types of support were at the average level (Fig. 6). Teachers offered average support of all types. However, the value of institutional support was above average (Fig. 6). Physicians and nurses provided the parents with average support in all categories. In the case of physicians and nurses, institutional and evaluative support was close to above-average values (Fig. 1).

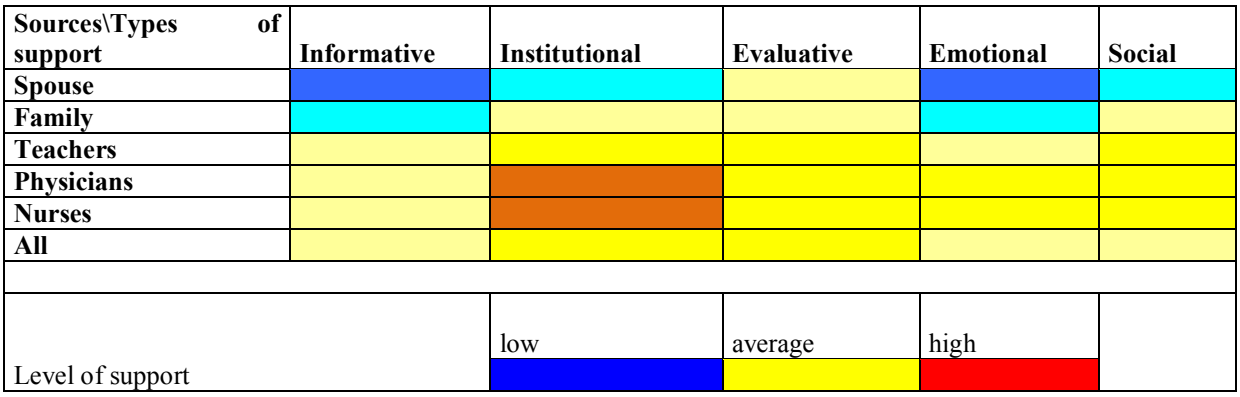

Figure 1. Map of social support by sources and types

On the basis of the descriptive statistics, one can state that in the opinion of fathers they received stronger support than mothers (of all types). This is indicated in Table 7. The importance of that statement is verified statistically. A particularly big difference in the average exists for the last two variables, the highest R2 for the first and the last variables.

On the basis of the results of t tests (Table 8) in the case of variables for general, evaluative, and emotional support, it was necessary to exclude H0 with equal average values between mothers and fathers, which means that in the opinion of fathers, they received statistically stronger evaluative support than mothers by over one point and emotional support stronger by over 3 general points.

Significant differences in the average values for mothers and fathers were found in the case of the last three variables. The value of coefficient of determination R^2 showed that the sex of the parent may hypothetically explain the level of support from 5.6% of teachers, 6.1% of physicians, and 9.9% of nurses (Table 9).

Evaluation of the distribution of variables allows us to see a distinct difference between mothers and fathers in the case of support received from nurses, teachers, and physicians.

The results of t tests (Table 10) indicate that H0 with equal average values should be excluded for the last 3 variables. This means that in the opinion of fathers, they received stronger support from teachers by approx. 5, from physicians 4.5, and nurses 6.7 points more than mothers.

Parents were asked about the forms of assistance they used. The vast majority (as many as 76.2%) declared using visits in school facilities. Almost half of them (49.5%) taking advantage of rehabilitation. Only 12.4% sought help in foundations and associations, 9.5% visited facilities of extracurricular interests, and 6.9% used other forms of help. It is worth noting that almost 4% of the parents did not use any form of support, and 40% used only one option.

Table 7. Descriptive statistics – types of support received by the parents

Type of support		Minimum	Maximum	Average	Standard deviation	R2
General	Mothers	49.800	92.600	65.668	9.225	0.038
	Fathers	52.800	92.600	69.123	8.182	
Informative	Mothers	10.200	25.600	15.147	2.816	0.007
	Fathers	11.800	25.600	15.596	2.676	
Institutional	Mothers	11.000	25.200	18.275	3.144	0.003
	Fathers	14.200	25.200	18.550	2.102	
Evaluative	Mothers	9.200	24.200	16.789	2.996	0.068
	Fathers	12.200	24.200	18.362	2.860	
Emotional	Mothers	9.000	22.800	15.457	3.473	0.027
	Fathers	10.200	22.800	16.615	3.503	

Table 8. The results of t tests for types of support

General support		**Informative**		**Institutional**		**Evaluative**		**Emotional**	
Difference	-3.455	Difference	-0.449	Difference	-0.275	Difference	-1.573	Difference	-1.159
t (Observed value)	-2.029	t (Observed value)	-0.837	t (Observed value)	-0.525	t (Observed value)	-2.751	t (Observed value)	-1.702
|t| (Critical value)	1.983	|t| (Critical value)	1.983	|t| (Critical value)	1.983	|t| (Critical value)	1.983	|t| (Critical value)	1.983
DF	103	DF	103	DF	103	DF	103	DF	103
p-value (Two-tailed)	0.045	p-value (Two-tailed)	0.404	p-value (Two-tailed)	0.601	p-value (Two-tailed)	0.007	p-value (Two-tailed)	0.042
alpha	0.05	alpha	0.05	alpha	0.05	alpha	0.05	alpha	0.05

Table 9. Descriptive statistics – sources of support received by the parents

Type of support		Minimum	Maximum	Average	Standard deviation	R^2
Spouse	Mothers	38	85	56.415	11.909	0.001
	Fathers	36	82	57.173	12.461	
Family	Mothers	41	99	62.547	14.127	0.001
	Fathers	38	99	63.538	13.397	
Teachers	Mothers	50	102	67.434	9.801	0.056
	Fathers	51	102	72.538	11.387	
Physicians	Mothers	50	98	70.736	9.475	0.061
	Fathers	55	98	75.365	8.801	
Nurses	Mothers	51	98	71.208	9.506	0.099
	Fathers	55	98	77.000	8.044	

Table 10. Results of t tests for sources of support

Spouses		Family		Teachers		Physicians		Nurses	
Difference	-0.758	Difference	-0.991	Difference	-5.104	Difference	-4.630	Difference	-5.792
t (Observed value)	-0.319	t (Observed value)	-0.369	t (Observed value)	-2.463	t (Observed value)	-2.593	t (Observed value)	-3.368
|t| (Critical value)	1.983	|t| (Critical value)	1.983	|t| (Critical value)	1.983	|t| (Critical value)	1.983	|t| (Critical value)	1.983
DF	103	DF	103	DF	103	DF	103	DF	103
p-value (Two-tailed)	0.751	p-value (Two-tailed)	0.713	p-value (Two-tailed)	0.015	p-value (Two-tailed)	0.011	p-value (Two-tailed)	0.001
alpha	0.05	alpha	0.05	alpha	0.05	alpha	0.05	alpha	0.05

DISCUSSION

The literature on the problem of social support [4,10], besides family sources of support (husband, wife, children, parents, siblings, and relatives), emphasizes the role of friends, colleagues and neighbors, and draws attention to the fact that the effect of help depends on the kind of stressful situation, severity of stress, and individual needs of the person experiencing difficulties.

Among natural systems of support, Axer [10] mentions all persons from the closest environment: family, relatives, friends, neighbors, and defines them as primary support systems, which are the most durable and reliable sources of social support. In the opinion of the author [10], relatives are also valuable sources of support in the case of unexpected difficulties, crises, or situations requiring constant involvement, e.g. child care or care of a sick family member, as well as neighbors in everyday matters. Whereas, the strength of friendships contains the possibility of free choice [10].

The value of the family as a source of emotional support was also noted by Ponczek et al. [11], confirming that support received from a spouse improves the functioning of the emotionally ill person.

Usually, a family with an intellectually disabled child cannot solve its problems on its own and requires effective assistance from outside. Thus, assistance provided by different institutions, organizations, and associations is necessary. Facilities helping families with disabled children include health care institutions, aiming at e.g. the prevention of disability in a child; and if that has already occurred, diagnosing it as early as possible and undertaking the appropriate actions of treatment and rehabilitation. Also, pedagogization and psychotherapeutic actions are recommended as they may help particular members of the family or the entire family.

The vast majority of the examined parents declared visiting school facilities; unfortunately, it is alarming that almost 4% of them did not use any form of support, and as many as 40% used only one option.

According to Salmon [12], it is believed that the benefits of emotional support are much greater than those of any medical therapy. This was proved by Williams and Waler-Morrison [12], among

others, who claimed that e.g. in the case of serious somatic diseases, such as: coronary artery disease or breast cancer, patients with stronger support recover faster and live longer. The protective factor of support also plays some role in the case of less severe somatic diseases and states, from infections of the upper respiratory tract to pregnancy [12]. The mechanisms connecting support with health status are complex. Most of all, patients with the appropriate support adhere to a physician's recommendations more readily. Their emotional anxiety is also reduced. The anxiety itself may negatively affect treatment and recovery, which probably has a direct impact on some physiological mechanisms blocked by stressors resulting from the disease [12].

Karwowska [13] asked parents of mentally disabled children what in their opinion is the most effective type of support: one-time financial aid, developing skills that would help to solve problems on one's own, or giving slight support for a long period so that the person is able to cope with his/her problems. Only every third parent indicated the second answer. The largest group opted for the first option, which could be the result of their financial problems or a signal informing that the parents did not know what other type of support would be helpful.

The results of the study of Osborne and Reed [14] show that parents' need for help changes with their child's age.

Altiere and Kluge [15] using the systemic family approach and analyzing a group of parents from the support program "Autism in Michigan" assessed relations between such variables in a family as: cohesion, ability to adapt, and social support. It turned out that those parents who assessed their families as "involved," i.e. staying in close relationships, used more positive coping strategies than those with other styles of cohesion. The style may be adaptive for families that encounter some serious challenges [15].

It is emphasized that social support, both actual and perceived, helps reduce stress levels in families, and according to Pisula [16] some researchers, such as Pierce or Sarason, define the concept of support as an "*umbrella,*" including many aspects of this phenomenon.

Kawczyńska-Butrym [17] understands the concept as a "*special method and kind of help offered to particular persons and groups in order to mobilize their strength, potential and resources that they still have so that they could cope with their problems on their own*". In the opinion of Jaworowska-Obój and Skuza [7], social support is "*the assistance available to an individual in difficult and stressful situations.*" According to Kirenko [18], it is "*the assistance that is commonly expected in situations which the individual is not able to cope with on one's own.*" In the opinion of Franks [19], social support is "*a system of social relations and bonds affecting an individual positively, directly or indirectly,*" assuming "*the existence of such a relation between people, which allows the assisted person to see and feel that there are people around him/her that can be relied on, which creates a sense of support and safety.*"

Parents were also examined using the Questionnaire of Social Support by Kmiecik-Baran [9]; we examined how fathers and mothers assessed the support received from spouses, families, teachers, physicians, and nurses. It was shown that parents received social support at the general average level; however, it was below the average for the Polish adult population, and in the case of spouses it was low. Most often, families of the examined offered them low levels of informative and emotional support, teachers offered average support, and physicians and nurses average support in all categories. In the case of physicians and nurses, institutional and evaluative support was close to above-average values.

Social support plays an important role, especially in maintaining human health. It reduces the feeling of loneliness, protects from diseases, supports recovery processes, causes an increase in self-care, strengthens the will to overcome difficult situations, allows modifying one's habits and changing one's attitude toward further therapy, and it is the family that is often considered one of the most important sources of support for sick people.

According to Kurowska and Kościelna [19], the reference books state that many authors "*emphasize a significant role of perceived support, i.e. a sense of its availability.*"

Karwowska [20] proved that the vast majority of mothers of intellectually disabled children confirmed receiving help in the care, rehabilitation, and education of the child from persons with whom they stay in emotional relationships. The majority of mothers (54.1%) confirmed receiving help frequently, and much less (22.7%) claimed that they received it occasionally [20].

At that time, the examined parents received support from close family, where 83.5% was from a spouse, 36.9% other children, and 27.6% grandparents. Other sources of support (e.g. friends, neighbors, clergymen) and other children's parents were in the last position. It was also shown that mothers turned to associations/foundations and facilities of extracurricular interests more often than fathers. Whereas, compared with mothers, fathers enjoyed a moderately higher level of evaluative, emotional, and general support offered by teachers, physicians, and nurses.

Chodkowska [21] emphasized that in the case of modern families, grandparents become a kind of institution compensating for limitations in the realization of parental roles; and according to

Dyczewski [22,34], their influence on shaping grandchildren's personalities is a consequence of long durations of time spent with each other, which is often longer than the children's time with their parents. Moreover, a strong emotional bond is created between them, which makes it easier to internalize the values that they pass on to their grandchildren and standards of nurturing in the process of care and education, and today's grandparents – more fit and educated than in the past, with a mature life philosophy – have a lot to offer their grandchildren, including experience and wisdom [22,23].

In the research of Kowalczuk [24], the involvement of grandparents in taking care of their grandchildren seems significant. More than 4/5 of the respondents, who experienced such care (83%), described their relations with grandparents as very close, and the other 17% as rather close. About 2/5 stated that they learned some practical skills from grandparents (44%), learned about some historical events (43%), and learned how to love their motherland (38%). Every fourth of the respondents claimed that grandparents awakened some interests in them. A relatively small number of them inherited a house (10%) or something else (6%).

Muszyńska [25] emphasizes that grandparents are often someone special for a disabled grandchild, as they offer them not only love but also "*full understanding based on the psychological and social situation of grandparents, who also face deteriorating efficiency or are already disabled and have a relatively small and still reducing group of friends.*" However, we should remember that in such cases, it is usually the grandmother who plays the discussed role, and she is not always able to face her tasks [25]. The emotional support provided by grandparents influences not only the mood and functioning of the persons it is aimed at, but their calmness, caution, and equanimity also affects the so-called home atmosphere. Grandparents are often someone special for a disabled grandchild, as they offer them not only love but also full understanding based on the grandparents' psychological and social situation. The author [25] also emphasized that the relationship between disabled grandchildren and grandparents does not become fragile when the child grows up, as it is often in the case of healthy children.

CONCLUSIONS

1. Parents received average social support; however, it was below the average for the Polish adult population.
2. Spouses provided them with poor informative, emotional, and institutional support and average evaluative support; teachers, physicians, and nurses average support in all categories, however, in case of the latter two – institutional and evaluative support – was close to above-average values.
3. Fathers enjoyed moderately stronger evaluative, emotional, and general support from teachers, physicians, and nurses than mothers.

Conflicts of interest

The authors declare no conflicts of interest.

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