

Summary

The spinal cord is an anatomical structure in humans, which is part of the central nervous system; its injury leads to impairments in muscle function. Depending on the location of the injury it is possible to distinguish paralysis in lower limbs (paraplegia) and paralysis in four extremities (tetraplegia). Spinal cord injuries may be a consequence of various situations. They are most often incurred as a result of traffic accidents, falls from heights, diving "head-first", as well as sports injuries. Disability caused by this type of injury requires long-time rehabilitation and daily use of orthopaedic equipment, such as a wheelchair, to enable mobility.

Humans are biopsychosocial beings, therefore disability, particularly if it occurs as suddenly and unexpectedly as a spinal cord injury, leads to disturbances not only in the biological but also in the mental sphere and in the social environment of the affected person. Adverse effects observed in the mental sphere include a sense of anxiety, alienation and fear concerning one's own future. In the social sphere consequences of spinal cord injury lead to a change in one's social roles. The related changes also affect one's quality of life and its perception.

Quality of life is one of those indicators describing human life which cannot be precisely defined, even though we do know what it is. Each domain of science defines quality of life in a different way. Diverse definitions of quality of life are used by economists, educationists, psychologists, sociologists and doctors. Yet, they do agree on one issue, the fact that quality of life is affected by both objective and subjective factors, the latter being the self-perceived quality of life. Related research was started by A. Campbell, who in the 1970s investigated this phenomenon in American populations. Improvement in quality of life is the most important goal of rehabilitation and a criterion for activities designed to aid individuals with disabilities.

Self-esteem is an important element affecting perceived quality of life. High self-esteem leads to excessive self-confidence and to egocentric behaviours. Conversely, low self-esteem produces responses of withdrawal, lack of self-confidence and resignation. Important factors affecting perceived quality of life include one's social environment, i.e. family, friends, peers. During the initial phase of life a child relies on his/her parents and draws on their patterns of conduct. With age, however, peers gains more and more value. Sense of belonging in a peer group is important, particularly for

a child with a disability. Self-perceived quality of life is also affected by one's hierarchy of values. In the case of children with an acquired disability, a necessity to redefine their life is of extreme importance.

The purpose of the thesis is to apply the author's own research findings to diagnose the situation and gain more understanding of psychosocial correlates of self-perceived quality of life after spinal cord injury in working individuals.

The thesis consists of three parts: theoretical, methodological and empirical. The theoretical part comprises three chapters. The first one, entitled "*Medical, psychopedagogical and social aspects of spinal cord injury*", focuses on problems linked with biopsychosocial aspects of this medical condition. It describes anatomy of the spinal cord and discusses epidemiology of spinal cord injuries, as well as consequences in the biological, psychological and social sphere. The second chapter, "*Quality of life and its dimensions*", consists of four sections and examines various issues related to quality of life in the social, medical and pedagogical sphere. The third chapter, entitled "*Psychosocial correlates of self-perceived quality of life*" focuses on selected correlates of perceived quality of life, e.g. self-esteem, social environment, sense of coherence and values. The part focusing on methods, entitled "*Methodology applied in the study*" presents the scope and purpose of research conducted by the author, research problems and hypotheses, variables and their indicators, research methods, techniques and tools used in data acquisition, as well as area covered by the study, and the study group. The third, empirical part entitled "*Analysis of the present findings*", shows results acquired by the author, along with the discussion focusing on such factors as self-perceived quality of life after spinal cord injury in working subjects, self-satisfaction as well as satisfaction with one's social contacts, defining a life plan, sense of one's ability to execute the plans, sense of control over one's life, workplace in the hierarchy of values versus self-perceived quality of life. The chapter finally verifies the adopted research hypotheses.

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