

XIII. STRESZCZENIE W JĘZYKU ANGIELSKIM

Cancer is a significant health problem for patients both in Poland and around the world. They are included in the group of lifestyle diseases. Diagnosing an oncological disease has long-term consequences, which include both treatment, difficulties related to the side effects of the therapy, lowering the quality of life, limiting professional activity and worsening social contacts. When an oncological disease appears in the family, the life of the patient and the entire family system changes completely. There are changes in actions, feelings and thoughts. The hierarchy of realized values, goals and dreams changes. Every family member experiences changes in mood, activity and mental state. Medical personnel most often focus on diagnosis and treatment methods, often ignoring the family system, forgetting that cancer is a factor that always triggers many changes in the functioning of the family and often causes a complete breakdown of the daily, established rhythm of life.

Palliative care, according to WHO assumptions, is active and comprehensive care provided to all patients whose disease no longer responds to treatment that restores health. The main goal of palliative care is to achieve the best possible quality of life for patients and their families, and to provide holistic care for patients in the final stages of all diseases for which there is no causal treatment (e.g. patients with end-stage cancer, patients with neurological diseases, with heart failure, AIDS patients, patients with non-cancerous respiratory diseases, the elderly). Palliative care is inevitably associated with a hospice. Very often palliative care is confused with care for the chronically ill, long-term care or geriatrics.

The main objectives of the study were to assess the situation in the family in the perception of a sick person and the changes that occurred at the family and social level in connection with the appearance of cancer; assessing the perception of selected aspects of palliative care by families of adult oncological patients and developing a standard for educational support for families of adult oncological patients.

There were 9 research questions and 9 hypotheses. The research in the period from January 2020 to December 2022 covered the second group of subjects: group I consisted of 185 patients diagnosed with cancer, hospitalized at the Białystok Oncology Center and 108 members of their families. The second group consisted of 108 families of patients diagnosed with cancer.

The study used the diagnostic survey method, with the use of:

- Own questionnaires - 1st and 2nd group

- Standardized family wealth assessment scale - FAS - Family Affluence Scale - I group
- Dinner's Standardized Life Satisfaction Scale (SWLS) - 1st group
- Standardized Holmes and Rahe Scale (SRRS - Social Readjustment Rating Scale)
- Standardized Scale of Perceived Stress (PSS 10) - 1st group
- Standardized Coping Inventory for Stressful Situations (CISS - Coping Inventory for Stressful Situations) - Group I
- Standardized Emotional Control Scale (CECS - Courtauld Emotional Control Scale) - 1st group
- Standardized Self-Efficacy Scale (GSES - Generalized Self-Efficacy Scale) - I group
- Standardized Kmiecik-Baran Social Support Scale - 1st group
- De Jong Gierveld loneliness scale (Polish adaptation: P. Grygiel, G. Humenny, S. Rębisz, P. Świtaj, J. Sikorska) - 1st group.

The analysis of the results allowed partial confirmation of two hypotheses and total confirmation of seven hypotheses. Based on the conducted research, the following conclusions were drawn.

Based on the conducted research, the following conclusions were drawn:

1. The group of examined cancer patients showed a low level of satisfaction with life, a high level of perceived stress, a fairly high ability to suppress negative emotions, low effectiveness of coping with difficult situations and obstacles, and a relatively low level of loneliness, which also had an impact on the perception of selected problems of functioning of their family.
2. Respondents with a cancer problem presented low levels of task-oriented style of coping with stress and avoidant coping with stress in both aspects, and a high style of coping with stress focused on emotions, which also had an impact on the perception of selected problems in the functioning of their family.
3. The surveyed patients were convinced that women from their families care more about the fate of the family than men, and the above was influenced by the age of the respondent, the level of stress, the level of emotional control and the effectiveness of coping with difficult situations.
4. In the opinion of the surveyed patients, members of their families received the highest level of informational, instrumental, evaluative and emotional support primarily from other family members, and the lowest from psychologists and nurses.
5. Most of the respondents' families had positive associations with the hospice, and they saw the greatest problems in the care of patients at the end of life in the increasing number of

patients with chronic diseases; in the lack of knowledge of the society about palliative care and of relatives about dealing with a dying patient, in the lack of skills in caring for a dying patient and lack of psychological skills of the family.

6. Most families of the surveyed patients would recommend a hospice as a form of patient care.
7. Most cancer patients believed that their families should expand their knowledge about their disease, and they saw a physician as an educator.

The following demands were also formulated:

It is worth continuing research on patients' perception of their families' problems related to their disease. Undoubtedly, it will be useful to develop and verify support programs addressed to patients and their families in order to strengthen their sense of effectiveness in fighting the disease.

The participation of the family in the provision of palliative care is extremely important, therefore, it is necessary to systematically examine the preferences of family carers, the degree of satisfaction of the needs expressed by them, as well as the level of their knowledge regarding the above, which may not only improve care and increase its quality, and indirectly contribute to greater patient well-being.